

**A MODEL FOR TRUST IN THE NURSING EDUCATION ENVIRONMENT**

by

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NOVEMBER 2016

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**DECLARATION**

I declare that **A MODEL FOR TRUST IN THE NURSING EDUCATION ENVIRONMENT** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted before for any other degree at any other institution.



.....  
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### **ABSTRACT**

Trust is an important concept in nursing. Nursing is frequently described as a profession which is built on trusting relationships; hence, to produce competent professional nurses the building of trust and trusting relationships in nursing education is of utmost importance. The purpose of the study was to understand trust and trusting relationships between and among educators and students in the teaching and learning environment.

A qualitative approach with a grounded theory design was used to discover the value of trust and trusting relationships and to develop a model for trust in the nursing education environment. All the nursing education institutions offering the R425 nursing programme in the selected province were included. Two nursing education institutions offered the R425 nursing programme in this province, a university and one public multi-campus nursing education institution with three campuses. The target population consisted of educators and students complying with the sampling criteria. Sampling of educators and students was purposive and convenient. The sample size consisted of fourteen educators and sixty students. In-depth face-to-face interviews were conducted with educators and fourteen focus group interviews were conducted with students.

The three stages of Charmaz (2014) were used for the analysis of data, namely initial, focused and theoretical coding until data saturation was evident. Data collection and analysis and the literature review were done concurrently. Three role players were identified to be important in trust in nursing education. The role players are the educator, student and professional nurse. In the study two sets of data, namely the educators' views and students' views on trust in nursing education were synthesised. Four themes emerged, namely: professional relations, expectations of the role players in nursing education, creating a conducive teaching and learning environment

and, finally, outcomes of trust or lack of trust. Ensuing from the findings of the current study, a model for trust in nursing education was developed – an important contribution to the body of knowledge of nursing education.

The study throws light on self-trust, trusting relationships among role players, and trust in the teaching and learning environment. Awareness of trust and trusting relationships among the role players results in positive learning experiences, increased self-trust, self-confidence, motivation and better performance in nursing education. Recommendations made have a bearing on developing self-trust and trusting relationships among role players, the implementation of the model for trust in nursing education, and future studies in trust in nursing education.

### **Key terms**

Trust and trusting relationships; educator; learning; nursing education environment; nursing education institution; professional nurse; student; teaching; teaching and learning environment; view; work-integrated learning.

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## *Dedication*

*This thesis is dedicated to my husband Gerrie whose love, encouragement and support made this possible.*

*My children Jaco and Hymne for your understanding, it kept me going.*

*My mother Nelie Volschenk, I shall never forget your constant believing in me. My late father Izak Volschenk whom I lost in November 2015 and could not celebrate the end product with me.*

*Lastly to all my colleagues at FSSoN: this is a model especially dedicated to you for understanding and implementation with the aim of producing competent professional nurses for our country South Africa.*

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**LIST OF ABBREVIATIONS**

CLE	Clinical learning environment
FSSoN	Free State School of Nursing
FSSoNEC	Free State School of Nursing Eastern Campus
FSSoNNC	Free State School of Nursing Northern Campus
FSSoNSC	Free State School of Nursing Southern Campus
NEI	Nursing Education Institution
UFS	University of the Free State
SANC	South African Nursing Council
WIL	Work-integrated learning

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# CHAPTER 1

## ORIENTATION TO THE STUDY

*“Trust opens our work and dreams to each other, and makes possible continuous improvement of how we teach and what our students learn”*

Glickman (2002) in Tschannen-Moran and Tschannen-Moran (2010:36).

### 1.1 INTRODUCTION

Trust is described as the cornerstone of any human relationship and is important throughout a person’s life. Basic trust is formed from birth. Erik Erikson (1959) in Van Vuren (2012:81) describes trust as the first psycho-social development phase of a human being. A trusting attitude develops and with the synthesis of basic trust and mistrust hope develops; this is of great importance throughout life (Weiten 2008:313-314).The interactional self of Mead (1934) in Weber (2011:425) describes the development and formulation of the self. If the self is based on the perspectives of and interaction with others, self-trust will emerge. Uslaner (2016:71) indicates that trust has become an issue of concern in different academic disciplines globally.

Trust makes social life possible and without it the daily complexities of social interaction and living would be impossible. Trust is built in the everyday interaction among people and it is seen as the foundation for interpersonal relationships that may become enduring for a particular kind of global transformation (Weber 2011:414-415). In organisations, trust affects the ability to collaborate and engage with people, the ability to be innovative and achieve success to the benefit of people and the organisation (Covey & Link 2012:13). Globally there is a concern about a lack of trust in different contexts; therefore, Bencsik and Machova (2016:43) construe that trust is an important topic in the work of many researchers. Tschannen-Moran (2014:8-9) explains that due to the changing expectations of society, trust in schools has become more noticeable and has an impact on education. In education, trust is essential for the progress of individuals, interpersonal relationships and the atmosphere of educational institutions. Therefore, trust is crucial for a positive, trusting culture in a teaching and learning environment (Erdogan 2016:153-154).

## 1.2 BACKGROUND INFORMATION ABOUT THE RESEARCH PROBLEM

Castelfranci and Falcone (2010:9) summarise the trust concept in five aspects. First, trust is associated with an expectation, belief, willingness and an attitude. Second, the trustees are the individuals with characteristics, competencies and capacities for the propensity to trust. In the third aspect actions and behaviours are important for trusting relationships. Fourth, there should be results and outputs that are predictable and favourable for the situation. Finally, risks and uncertainties exist where people put themselves in a vulnerable position. According to Forsyth, Adams and Hoy (2011:17), most scholars agree on the attributes of trust. These attributes could be on multiple levels such as individual, group and organisational levels. Different roles are involved in trust, for example, amongst educators, between educators and students, and among institutions, educators or students. Tschannen-Moran (2014:21) emphasises that benevolence, reliability, competence, honesty, and openness are important for trusting relationship in schools. Vulnerability and confident expectations are crucial aspects of trust. A person is vulnerable and experiences risks which will influence the trust, but with positive expectations trust is strengthened. Finally, trust relations are rooted in interdependence among people, groups and organisations.

In the context of the healthcare delivering system, studies focus on the trust between a medical practitioner and the healthcare user. Sellman (2007:29) remarks that in the health context people may know that a lack of goodwill might exist among medical personnel, but still they trust the personnel. In a report on a study conducted into dental education Shaw (2009:62) emphasises that greater professionalism is required in the education of students studying for a profession. The emphasis is based on the importance of professionals' trustworthiness, virtues and behaviours according to ethical principles to meet the professional standards of the profession (Shaw 2009:60-61). The study of Chiovitti (2015:62) concludes that professionalism as an educational aid supports development, education and practice for nursing students. Trust is a key feature in contact between healthcare users and healthcare professionals and it is the duty of the professionals to regain public trust to ensure that healthcare users are willing to place their trust in the professionals (Bachinger, Kolk & Smets 2009:126; Collier 2012:1455; Sellman 2007:35).

Caring is integral to and weaved through the profession of nursing, hence Adams (2016:1-2) states that caring reflects trust which is essential to professional relationships. Trust is therefore vital in nursing. Luhman (1979) and Pask (1995), quoted in Bell and Duffy (2009:47), agree that in a complex world trust is essential to living and an important component of nursing. Nursing is frequently described as a profession which is built on trusting relationships. Jean Watson's caring theory (Watson 1979) initially purports that nursing is based on ten carative factors and as her work evolved renamed it as clinical caritas processes (Watson 2015:323). Developing and sustaining a helping-trusting, an authentic caring relationship is one of the caritas processes (Watson 2015:324). Watson's philosophy and theory of transpersonal caring emphasise the philosophical foundations of the science of caring. A human-altruistic system of values starts at an early age in life and becomes established through life experiences, and manifests according to nurses 'maturation and ability to promote altruistic behaviour in others. Faith and hope are essential in the caring process and in cultivating self-sensitivity and sensitivity to others. Caritas is required to establish a helping-trust relationship characterised by congruence, empathy and warmth. Another carative factor and caritas process refers to the engagement of a transpersonal teaching-learning experience within a caring relationship to understand the persons' perception and subjective meaning (Watson 2015:324-325).

Hendersons' view of the function of the nurse is to assist the sick or healthy individual, contributing to health and recovery, and becoming independent as soon as possible (Masters 2012:41-42). The unique function of a nurse is to be a problem solver, knowledgeable and to provide individualised and humane care. Nursing is a practical occupation and needs core virtues such as honesty, justice and courage to be trustworthy (Sellman 2011:105). Sellman (2011:131) emphasises the need for trust and trustworthiness in nursing to establish professional trust between a patient and nurse in the practical environment. The need for professionalism in nursing is important, not only for the professional nurse, but also for the nurse educator to create a helping-trust relationship in a genuine teaching and learning environment.

The majority of studies into trust in education examine a lack of trust as a collective issue in schools. Several studies focus on the trust parents put in educators, the principal and trust among educators and how the trust influences achievements of students (Angell, Stoner & Shelden 2009:160; Forsyth et al 2011:4). Studies into trust

conducted at Rutgers University (Forsyth et al 2011:14) describe the importance of trust in schools and universities. Trust is related to concepts such as authenticity, openness, leadership, morale and healthy interpersonal dynamics among educators and students. Many of these concepts are interrelated and mutually dependent. According to Tschannen-Moran (2014:21), schools and educators require much trust because if the school performs poorly it reflects negatively on the educators and students. Findings of a study of Tschannen-Moran and Gareis (2015:82) emphasise professionalism and trustworthy behaviour of educators as important for the fostering of a trusting culture in the learning environment. The results of research conducted by Osterman (2010) as cited in Lovat, Dally, Clement and Toomey (2011:34) indicate that high quality teaching has a positive impact on effective learning. A value-rich relationship has a positive impact on achievements of the students. Strong, trusting relationships between educators and students improve the quality of the learning environment. Students have a responsibility to develop their own competence and need to take charge of their own development of cognitive, affective and working skills.

Education is goal-directed in the preparation of a whole person. In a study of Ng (2015:312) a theme that emerged from participant responses indicated that quality education should emphasise holistic development of students, which includes values, attitudes, social aspects and skills, including academic and non-academic achievements. Dreyer (2008:106-107) maintains that the purposes of education are aimed at the personal intellectual growth of a student; development of knowledge to benefit the economy and society; and to serve the local, regional and national needs of society. Forsyth et al (2011:89) construe that strong educators' trust in students leads to improved performances and stimulates educators to set challenging goals for students to work harder, persist longer, be resilient when confronting difficulties and to seek and use constructive feedback. Forsyth et al (2011:142) also maintain that educators care about students' achievements and the quality of educator and student relationships is central to teaching and learning.

In nursing education, trust is about the mentoring and qualities of stakeholders. According to Eifler and Veltri (2010:623), successful mentoring in nursing is based on trust, open communication and clear goal-setting. In a study of Peltz and Raymond (2016:246), students report that the role modelling of a mentor enhances the belief in their own abilities to succeed in the nursing programme. The need for student

accompaniment by educators for effective and sufficient support should continue during their professional development. It is emphasised that trustworthiness and the ability to guide are perceived as important tasks of an educator in nursing education (Huybrecht, Loeckx, Quaeysheagens, De Tobel & Mistiaen 2011:274). Sandvik, Eriksson and Hilli (2014:286) elucidate that in nursing education learning is not only aimed at skills acquisition, but also at holistic transformation of the student and at students becoming competent nurses.

Nurse educators should enable students to cultivate professional virtues in their practice. Russell (2014:315-316) contends that educators should not assume that students automatically will develop ethics in the class or practice. Hence, educators should deliberately shape the values of nursing students to be aligned with what the nursing profession will expect of them. Nursing educators should develop a professional phronesis in students, that is, the development of practical wisdom in the nursing practice. The educator should demonstrate a special characteristic, namely professional phronimos, meaning that he/she is practically wise (Sellman 2011:187-188). Characteristics such as to be honest, courageous, trustworthy and open-minded are added, because these offer the student a glimpse of what moral practice in nursing requires (Sellman 2011:193).

A situation analysis in South Africa conducted by the National Department of Health (South Africa 2012:42) for a strategic plan in nursing education, training and practice, anecdotal evidence suggests that the standards of nursing have dropped. Furthermore, the Department of Health (South Africa 2012:21-22) is concerned about a lack of good clinical role models, insufficient supervision and management of students. It is speculated that there is a disjuncture between the competencies of nurse educators and the clinical nursing practice. According to the Department of Health (South Africa 2012:22), newly qualified professional nurses are dissatisfied with the accompaniment and facilitation during their training. A lack of integration of theory and practice, as well as of positive role models contributes to their experience that they are not prepared to fulfil their role as a professional nurse. The analysis of the strategic plan for nursing education, training and practice found that there were insufficient numbers of nurse educators and inadequate continuing professional development opportunities available to these educators. This situation influences their quality of teaching, supervision and clinical accompaniment of students (South Africa 2012:23). Furthermore, the

Department of Health (South Africa 2012:24) is concerned about the declining image and status of the nursing profession, due to what is perceived as a lack of professionalism and an increase in unethical misconduct. Reinstatement of professional ethos is a strategic priority to enhance the image and status of the profession and the selection of students with established values (South Africa 2012:24).

The above-mentioned views of the Department of Health and students' experiences of a lack of role models, dissatisfaction due to a lack of effective accompaniment and a lack of professionalism in the clinical services may have an influence on newly registered nurses' trust in nursing education and trust in themselves to practise as a professional nurse. Covey's (2006:41) 'Five Waves of Trust' model is described in 1.7 triggered the researcher's interest in the construct of trust in nursing education. Although the model was not utilised, it provided the researcher with a background to the phenomenon of trust. The research problem ensued from this background information.

### **1.3 RESEARCH PROBLEM**

The education and training of professional nurses entail a comprehensive higher education programme with the expectation of delivering registered professional nurses (Uys 2011:7). The education and training of nurses are the core business in the nursing education environment. Nurse educators and students are interacting in the teaching and learning environment daily. Educators' contact is geared to teach the required knowledge and skills to students. For the students the contact with the educators is aimed at acquiring knowledge and preparing themselves to become professional nurses. To achieve the core business of nursing education, trust and trusting relationships are imperative for both educators and students. A lack of trust may create a gap in the teaching-learning connection between educators and students. Distrust causes feelings of vulnerability in educators and students. Experiences of distrust create stress to educators' self-esteem and affect students' learning achievements.

In an investigation into the causes of the high failure rate of nursing students (Investigation ... [s.a.]:13), various concerns were raised that related to trust. In this investigation conducted at one campus of a public nursing education institution (NEI) of the causes of the high failure rates among nursing students, students reported that they viewed their educators as unapproachable, and with negative attitudes to supporting

students academically. Reasons given for the poor academic progress of students included impatience, negative attitude and lack of academic support from the educator. It was also mentioned that some educators did not know the subject content well and that educators felt threatened when students asked questions. Students maintained that educators did not answer such questions properly and then referred the students to their textbooks and self-study. Factors mentioned that interfere with students' learning were lack of clinical accompaniment, as well as the unavailability of proper support in the clinical environment (Investigation ... [s.a.]:15-16). A sense of distrust in educators was identified as students indicated that educators 'gossiped' about students, favoured certain students, were unfair, and did not treat all students equally (Investigation ... [s.a.]:30-31).

According to the minutes of a Senate meeting of a public NEI (Senate meeting 2013:8), students verbalised that they doubted the way in which test and examination papers were marked; they often were unhappy about poor results in examinations, as well as with the assessments of practical procedures. This lack of trust was due to several mistakes educators made during marking of tests and incorrect calculations of test marks. Students frequently demand to view their examination scripts after the publication of examination results. Having viewed their scripts satisfied them when no marking or calculation errors were found. The pass rate in subjects for the first- and second-year students tends to be low but the pass rate for the third- and fourth-year students is higher. However, the final throughput rate of students who complete the programme is low (Senate meeting 2013:10). In turn, educators felt that their assessments were fair according to the set standards and that students were not motivated to perform better. Some educators raised concerns about the lack of consistency among the campuses and educators' assessment procedures. Educators verbalised their concerns of the type of student who entered the programme. They were of the opinion that some students were not motivated to take on the nursing role because they entered the programme for incorrect reasons, and students simply were not motivated to study. Educators were concerned about nursing values and real patient care no longer being top priority for some students who completed the programme. Academic support sessions, scheduled for students, were poorly attended (Investigation ... [s.a.]:24). Educators maintained that the professional nurses in clinical areas where students are placed for work-integrated learning (WIL) neglected their teaching responsibilities. Such negligence of teaching in the clinical areas put extra demands on

the educators and they were concerned about the type of students who exited the institutions.

The research problem thus was that a lack of trust in nursing education may be one of the reasons for the poor performance of student nurses. Unmotivated students and students who perform academically poor, hold a risk for nursing and the nursing profession. In addition, the poor support students get in clinical services means that role modelling is inappropriate. Nursing is a reputable profession and any lack of trust in students' academic performances, behaviour and skills harms the professional image. These opinions and concerns about mistrust reflect directly on nursing education. To produce competent nurses, education and training should be of a high standard. A lack of a safe learning environment decreases trust in the teaching and learning of students.

Against this backdrop, the researcher realised that trust ought to play a major role in the nursing education environment. Studies into trust, trusting relationships and literature about trust in the context of nursing education are limited. These limitations are applicable to both the theoretical and clinical environments where students are offered learning opportunities to become competent professional nurses. ProQuest, EBSCO, UNISA library online catalogue, Google Scholar, and Yahoo search engines were utilised to identify relevant literature for a preliminary literature review. From the preliminary literature review on the role of trust and trusting relationships in the nursing education environment, the researcher also identified a need for a study to explore and describe the trust and trusting relationships in the nursing education environment. The information in nursing education about trusting relationships and trust in teaching and learning brought the researcher to research questions to which she would endeavour to find answers. Therefore, three research questions guided the study:

- How do trust and trusting relationships affect teaching and learning in nursing education?
- How can trust and trusting relationships be developed in the nursing education environment?
- Under which conditions do trust and trusting relationships develop in the theoretical and clinical environment?

From the research problem and research questions the purpose and objectives for the study emanated.

#### **1.4 PURPOSE AND OBJECTIVES OF THE STUDY**

The purpose of the study was to understand trust and trusting relationships between and among educators and students in the teaching and learning environment. The study aimed to explore and describe the educators' and students' views regarding trust and trusting relationships in the teaching and learning environment of nursing education and to develop a model for trust in the nursing education environment that will promote trust and trusting relationships during teaching and learning. The research was guided by the following objectives (each objective below is comprehensively described in Chapter 2, Section 2.6).

- Explore and describe educators' views on trust and trusting relationships in the nursing education environment.
- Explore and describe students' views on trust and trusting relationships in the nursing education environment.
- Develop a model for trust that will foster trust and trusting relationships in the nursing education environment.
- Make recommendations for the implementation of the model to improve trust in the nursing education environment.

The purpose and objectives elucidate the importance of trust and trusting relationships which adds to the significance of the study.

#### **1.5 SIGNIFICANCE OF THE STUDY**

Nursing is an essential career, the backbone of primary health in the society; therefore, trust in the education and training of professional nurses is imperative. This study contributes unique information and significant knowledge to nursing education. Trust and trusting relationships in the nursing education environment are important for educators and students. They are relying reciprocally on each other in the teaching and learning processes for the production of competent professional nurses. The current changes in nursing education programmes in South Africa will benefit from the findings

of the study. A need for research in this context was identified to contribute to the literature on and knowledge of nursing education in South Africa. It is believed that the findings will contribute to a better understanding of the role of trust and trusting relationships in nursing education. It is hoped that the findings and recommendations will enhance an understanding of educators' and students' views about their expectations of education and training in a teaching and learning environment. Knowledge about the building blocks of trust and how these may be used in a nursing education environment may lead to new approaches in teaching and learning to enhance performances of students.

Raider-Roth (2005:28-29) considers trust in the self and one's own knowledge as important for students in order to build new ideas and understanding of knowledge. This research was aimed at making recommendations on how to build trust to ensure a better nursing education environment. Lovat et al (2011:36) found that in a learning environment where values were constantly shaping the learning process, student learning improved and educators experienced increased job satisfaction. Better academic performance of students and trust in their knowledge, professional competence and skills may enhance their professional image as providers of quality nursing care in society. The fostering of trust and trusting relationships in nursing education will improve a trusting culture in nursing and nursing care. Knowledge generated and produced from this study and the ensuing recommendations may transform teaching and learning in the nursing education environment, and contribute to the improvement of nursing education and nursing. The trustworthiness of the study ensures that the newly developed model might be transferred to other nursing education environments.

## **1.6 DEFINITIONS OF TERMS**

The conceptual definitions are the key concepts which are embedded in the title and theoretical background of the research reported here. The concepts were identified in the problem statement and form the backdrop for model development.

### **1.6.1 Trust**

Trust is the belief that one can depend and rely on someone else. It includes being good, honest and sincere to someone and to do the right thing that is expected (Oxford Dictionary of English 2010v, sv “trust”). Trusting is a tendency to belief in the honesty and sincerity of a person (Oxford Dictionary of English 2010w, sv “trusting”). Fulmer and Gelfand (2012:1174) regard trust as a psychological state in which individuals and groups are making themselves vulnerable to each other by taking risks with confidence, having benevolence, reliability, competence, honesty and openness. The nature of trust is predominantly explained in psychological and sociological literature. Psychology claims that trust is an attitude of mind and a feature of the psyche, whereas sociology emphasises it as a form of social contract. In both disciplines, it is seen as the construction of individual or social relationships and respect (Sellman 2011:111). In this research, trust is viewed as a vulnerable situation between the educator or student, with reciprocal expectations and beliefs to rely on each other during the teaching and learning process of education and training.

### **1.6.2 Nursing education institution**

Nursing is a profession that requires specific skills to practise and provide care to people who are in poor health (Oxford Dictionary of English 2010i, sv “nursing”). Education is the systematic process and instruction of theory and practice in universities and colleges to improve knowledge and the development of skills (Oxford Dictionary of English 2010e, sv “education”). An institution is an organisation that is established for education, for example a university (Oxford Dictionary of English 2010g, sv “institution”). A NEI is a department at a university or a public nursing school with the mission and aim to educate and train students to acquire professional nursing skills. In South Africa nursing schools or departments are accredited with the South African Nursing Council (SANC) in terms of the Nursing Act in South Africa (South Africa 2005:s. 1).

### **1.6.3 Educator**

An educator is a person who especially provides instruction or education to adults at a university or college, with the purpose of paying special attention to the studies and

professional development of a group of students (Oxford Dictionary of English 2010b, sv “educator”). For the purpose of this research the educator is a professional nurse who is a specialised person registered with the SANC, and who has obtained an additional post-basic education qualification to educate and train students in nursing. The terms educator and nurse educator will be used synonymously.

#### **1.6.4 Student**

A student is a person who is studying at a higher education institution for a particular qualification. A student is any person registered for a study programme at a higher education institution (South Africa 1997:s 1xiii). The South African Government Gazette (South Africa 2013:5) defines a student as a person registered in terms of the Nursing Act 33 of 2015, for a certain programme. In this context the student is registered at a nursing education institution and with the SANC as a nursing student in a programme which leads to the registration as a professional nurse and acquiring a higher education qualification.

#### **1.6.5 Professional nurse**

A profession is a vocation or a calling that requires advanced learning or involves learning in advanced science (Oxford Dictionary of English 2010o, sv “profession”). A nurse is a trained person who takes special care of the sick to enhance peoples’ well-being (Oxford Dictionary of English 2010k, sv “nurse”). The professional nurse is a qualified person who is competent to practise comprehensively and independently according to a prescribed level, taking responsibility and accountability for his/her practice (South Africa 2005:s 30 & 31). In this study the professional nurse refers to a registered nurse in the clinical teaching and learning environment where students acquire WIL.

#### **1.6.6 Teaching**

To teach is to instruct someone in important knowledge and skills (Oxford Dictionary of English 2010t, sv “teach”). Teaching is to provide specific information, knowledge and skills to students (Oxford Dictionary of English 2010u, sv “teaching”). In this study teaching is the comprehensive transfer of cognitive, affective, psychomotor and ethical

information of nursing, to guide students to master and apply the knowledge and skills to bring about change in the students' behaviour. The focus is on facilitation of learning.

### **1.6.7 Learning**

Learning refers to acquiring knowledge or skills through experiences, the transfer of information and exposure to practical experiences (Oxford Dictionary of English 2010j, sv "learning"). Dreyer (2008:107) defines learning as "changes in knowledge, understanding, skills and attitudes brought by experience and reflection upon that experience". Learning is knowledge acquired through study, instructions and scholarship. Learning in this study refers to the process where students acquire knowledge and skills through facilitation by educators to achieve the required competence of nursing scholarship, to modify thinking, feelings and behaviour of the students, thus a student-centered approach.

### **1.6.8 Teaching and learning environment**

An environment is the surroundings or conditions in which people operate (Oxford Dictionary of English 2010c, sv "environment"). The teaching and learning environment refers to the physical infrastructure, supporting human resources and technology to transfer and internalise the required knowledge, skills and ethical development of students.

### **1.6.9 Nursing education environment**

According to the Nursing Education Stakeholders Group (NES) (2012:50), students are assisted to integrate the theoretical knowledge obtained in structured teaching in classrooms with practice to enable them to implement scientific nursing care to patients in clinical areas. The student masters clinical practice for WIL to achieve specific learning outcomes. This requires a positive practice environment to acquire clinical practice for role-taking and enables the student to form part of a multi-professional team to learn an authentic nursing role. For the purpose of this study the nursing education environment refers to the conditions and physical areas where teaching and learning of knowledge and skills regarding nursing can be acquired. Nursing education environments are theoretical or clinical teaching and learning environments where

students are exposed to learning opportunities to integrate theoretical with practical knowledge. In the teaching and learning environment socio-psychological processes such as interaction, trust and trusting relationships influence teaching and learning. The educator, student and professional nurse are interacting with each other, which affects the behaviour and development of each other.

#### **1.6.10 Work-integrated learning**

Work is the activity that involves mental and physical efforts or tasks to achieve a result (Oxford Dictionary of English 2010z, sv “work”). Integration refers to combining or linking various aspects to promote coordination (Oxford Dictionary of English 2010h, sv “integrated”). In this study, WIL happens when cognitive abilities obtained in the theoretical environment are integrated with the psychomotor/affective skills in the clinical working environment.

#### **1.6.11 View**

View is the ability to consider something in a particular way or to regard something in a particular way (Oxford Dictionary of English 2010y, sv “view”). Views in this study refer to the particular way educators and students consider or regard trust and trusting relationships in the nursing education environment. Views include the perspectives of what makes sense of, and holds meaning to the educators and students about trust and trusting relationships in nursing education.

Having elucidated the main concepts applicable, the theoretical grounding of the research into nursing education will be discussed below.

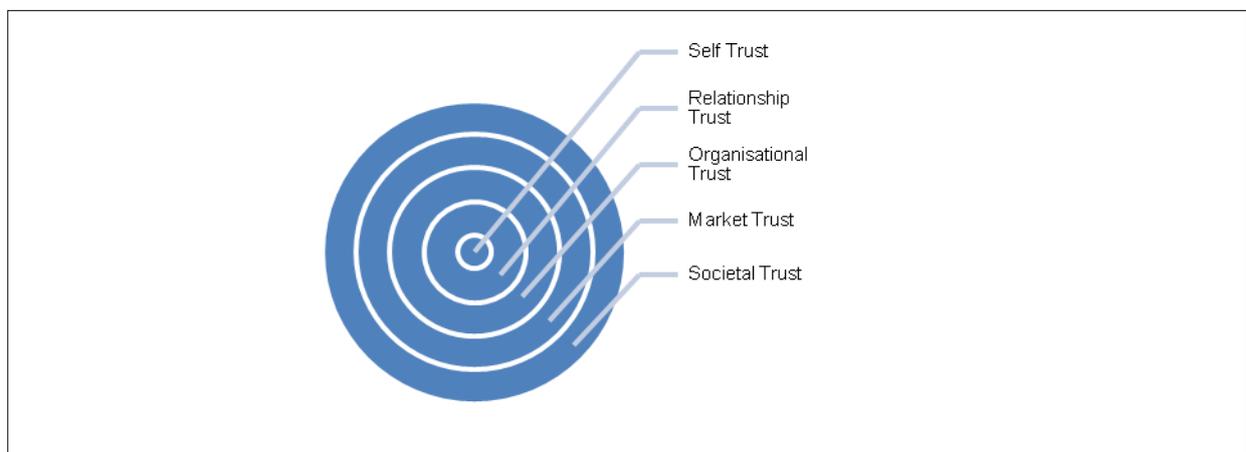
### **1.7 THEORETICAL GROUNDING OF THE RESEARCH**

The type of study (approach and design) usually is determined by the questions the researcher wants to answer and the objectives to be attained. The research questions (Section 1.3) and the research objectives (Section 1.4) therefore determined the researcher’s decision to utilise a qualitative approach and grounded theory design. Jolley (2010:79) explains that grounded theory does not use existing theoretical frameworks but aims to generate a new theory. However, Fain (2004:210-211)

mentioned that a theory can guide a qualitative study or be utilised to develop a theory and refine it. Therefore, in this study Covey's (2006) "Five Waves of Trust Model" was rather used as grounding the phenomenon of trust and not to predetermine a theory or model.

## 1.8 THE PHENOMENON OF TRUST

In the preliminary review of the literature on trust, Covey's (2006) "Five Waves of Trust Model" was found to provide a comprehensive understanding of the different aspects of trust that are underpinned in the definition provided in Section 1.6. Figure 1.1 demonstrates the five-waves. The building of trust lays in the first and second waves, which will be important for the third, fourth and fifth wave. Covey (2006:35) emphasises that all issues in trust can be traced to the first and second waves. The model derives from a ripple effect, which graphically illustrates the interdependent nature of trust and it flows as a wave from the centre to the outside (Covey 2006:33).



**Figure 1.1: Covey's Five waves of Trust Model**  
(Covey 2006:41)

### 1.8.1 Self-trust

The first wave in this model deals with self-trust and the confidence people have in their own abilities. It is the credibility a person acquires through the belief that one is competent with regard to competence, character and intent (Covey & Link 2012:110-111), and the key principle in this wave is credibility with in cores (Covey 2006:34). These four cores are integrity, intent, capabilities and results (Covey 2006:57). Integrity

deals with congruence, which is the root of trust that ensures humility, courage, commitment and honesty (Covey 2006:59-72). Intent is the motive and the reason for the behaviour of a person. It is stated that “the motive that inspires the greatest trust is genuine caring” (Covey 2006:78-81). The capabilities are the abilities and skills of the person in the specific job or situation. These are the talents, attitudes, skills, knowledge and style of a person (Covey 2006:94). The last core is results. It is the performance of the person which will establish the first wave of credibility. Thus, the four cores for personal credibility form the basis for the establishment of trust (Covey 2006:110-112). In this study self-trust refers to the self-trust of educators, students and professional nurses in the nursing education environment.

### **1.8.2 Relationship trust**

The second wave is about ‘relationship trust’, with consistent behaviour as the key principle (Covey 2006:34). Consistent behaviour is described in thirteen types of behaviour. They are: talk straight; demonstrate respect; create transparency; right the wrongs; show loyalty; deliver results; get better; confront reality; clarify expectation; practise accountability; listen first; keep commitment; and extend trust. These behaviours are powerful because they are based on principles that govern trusting relationships. They grow out of self-trust and are based on personal credibility (Covey 2006:126). A relationship is the way in which two or more persons are connected with each other (Oxford Dictionary of English 2010q, sv “relation”). Von der Ohe (2014:15) explains that a trust relationship reflects in terms of openness, honesty, fairness and the intention to motivate one another. Relationship trust is the belief that one can rely on another one for goodwill. In the context of nursing education, relationship trust refers to the trust between and among the educator, student and professional nurse.

### **1.8.3 Organisational trust**

‘Organisational trust’ is the third wave, which refers to leaders generating trust in organisations. An organisation is a group of people who are together in order to achieve a particular aim (Oxford Dictionary of English 2010m, sv “organisation”). The key principle in organisational trust is to have alignment with regard to structures, systems and symbols in the organisation (Covey 2006:34). According to Covey (2006:235), organisation does not only refer to the institution, but also may be applied to the context

in which a person finds him-/herself, such as the classroom context in which students and educators come together. Pokrovskaia, Snisarenko and Golohvastov (2016:258) claim that trust levels in an organisation are determined by peoples' contributions and activities to identify and reach the purpose of the organisation. In the previous two waves of Covey's 'Five waves of Trust Model' (2006), a person may be effective with regard to self-trust and relationship trust, but in the third wave would need effective organisational trust which is built on powerful symbols, systems and structures; these may be either positive or negative (Covey 2006:239-240). Organisation trust refers to the theoretical and clinical teaching and learning environment, such as the NEIs' classrooms, simulation rooms and the clinical facilities where students attain teaching and learning opportunities.

#### **1.8.4 Market trust**

The fourth wave, the 'market trust' and the principle behind this wave, has a bearing on the reputation of the product. The reputation of the product will determine the effort stakeholders will put into the product to increase trust and loyalty in customers towards the product (Covey 2006:35). Market refers to a demand for a particular service that produces a certain product or brand (Oxford Dictionary of English 2010j, sv "market"). A product refers to the result of an action or a process (Oxford Dictionary of English 2010n, sv "product"). Covey and Link (2012:193) refer to the brand as the end product and reputation of the final 'product'. Alfred and Weissman (1989:104-105) construe that the occupational market receives the end product from the universities or colleges. This expectation may affect the stature of the higher education institution in the society. The end product in this study will refer to competent and well trained professional nurse.

#### **1.8.5 Societal trust**

'Societal trust' is the final and fifth wave, with the key principle of contribution. At this level a value should be created for society at large (Covey 2006:35). Contribution is described to be the intent and responsibility to give and create value to society. The importance of social trust is found in the contribution it makes to build a healthy society (Covey 2006:275). In this study, societal trust refers to the knowledge and skills of professional nurses and trust in their caring practices.

Covey's 'Five waves of Trust Model' (Covey 2006) was found suitable for use in this study because it gives a perspective of trust in different situations of stakeholders in nursing education.

## **1.9 RESEARCH METHODOLOGY**

The background, purpose and objectives led the researcher to use a qualitative research approach and a grounded theory design. In Chapter 2 a detailed explanation of the conceptual foundation, research approach and design is given, therefore, only a brief overview of the research methodology is provided.

### **1.9.1 Research approach and design**

A qualitative research approach offers a naturalistic paradigm, suitable for exploring the social processes within human interactions. Glaser and Strauss (1967) originally developed the grounded theory design (Charmaz 2014:7; Gelling 2015:44). The main aim of using this design is to explore the views of participants in the phenomenon under study (Morse, Stern, Corbin, Bowers, Charmaz & Clarke 2009:68). A qualitative approach and grounded theory design were regarded as suitable, because the researcher wanted to explore and describe the views of participants regarding trust and trusting relationships in nursing education. Finally, a model for trust was developed using the steps of Walker and Avant (1995:58).

### **1.9.2 Research setting, population and sampling**

The research setting was in one of the nine provinces in South Africa. The NEIs offering the R425 nursing programme in this province are a university and one public multi-campus NEI with three campuses in urban, semi-rural and rural areas. All the NEIs offering the R425 nursing programme (South Africa 1984 Regulation 425) leading to the registration of a professional nurse in the selected province were included in this study.

The target population consisted of educators and students complying with the sampling criteria as discussed in Chapter 2 Section 2.7.3. Sampling is the process of selecting a portion of the accessible population (Botma, Greeff, Mulaudzi, & Wright 2010:258-259; Brink, Van der Walt & Van Rensburg 2012:131-132). Purposive and convenience

sampling was used to select the educators and students who met the sampling criteria to participate in this study.

### **1.9.3 Data generation**

Data were collected by means of interviews. Two types of interviews were used, namely face-to-face interviews with the educators and focus group interviews with the students. A pre-determined, broad, open-ended question was used to initiate and open the interviews (Chapter 2, Sections 2.8.2.2 & 2.8.2.3). This was followed with probing questions to explore and unveil an in-depth discussion regarding the topic. Interviews were recorded digitally with participants' permission, and transcribed for data analysis purposes (Henning 2004:76; Nieswiadomy 2012:136).

### **1.9.4 Data analysis**

Data collection and data analysis were implemented concurrently (Johnson & Christensen 2012:402) following an inductive approach, that is, one thing led to another (Lichtman 2014:42). The inductive data analysis started after the first interview and continued until data saturation was evident. The three stages of Charmaz (2014) were used for the analysis of data namely initial-, focused- and theoretical coding. Constant comparison led to the initial generation of codes during the study. Through focused coding, categories and sub-categories were identified and relationships were mapped. Finally, through theoretical coding and the steps of model development, a model for trust in the nursing education environment was developed (Walker & Avant 1995:85; Birks & Mills 2011:94; Charmaz 2014:342). Experienced researchers monitored and supervised the study closely for trustworthiness.

## **1.10 TRUSTWORTHINESS**

Trustworthiness ensures that qualitative research is credible and defensible (Johnson & Christensen 2012:264). The term 'qualitative rigor' is to ensure validity and reliability in qualitative research (Thomas & Magilvy 2011:151). According to Kenealy (2012:417) the trustworthy criteria of Lincoln and Guba's (1985) are a realistic model when conducting grounded theory research. The first criterion, credibility, refers to the truth of the participants' views and this was verified by the participants. Credibility was

supported through the engagement of the researcher during the interviews, observations and audit trails. The transferability is evident due to data saturation and the dense descriptions, as well as the in-depth interviews with participants who represented urban, semi-rural and rural nursing education environments, which saturated the categories and sub-categories. Transferability of the findings supports the criterion of dependability in that similar data will be collected under similar conditions in other studies. Transferability was obtained through stepwise replication, memoing and an inquiry audit by the researcher. The criterion confirmability was demonstrated by describing how conclusions were reached and interpretations were made through the in-depth data and dialogue quotes of participants. The final criterion, authenticity, was complied with by presenting the views, feelings and quotes of the participants in an honest manner. Trustworthiness is discussed in detail in Chapter 2, Section 2.10.

### **1.11 ETHICAL CONSIDERATIONS**

The ethical principles were implemented throughout the study. At the University of South Africa, the Department of Health Studies' Higher Degrees Committee provided ethical clearance (HSHDC/114/2012) (Annexure A). Permission for the study was obtained from the Department of Health (Annexure C), the Higher Education Institution (ECUFS Nr 167/2013) (Annexure B), principal of the NEI (Annexure D) and heads of the campuses (Annexures E, F and G). Participation was voluntary (Annexure H), and participants gave informed consent in writing (Annexure I). The three principles for ethical behaviour in research, namely autonomy, justice and beneficence were implemented as discussed in Chapter 2, Section 2.11 that gives a detailed discussion on the research methodology. Ethical issues such as consent, confidentiality, anonymity and prevention of harm were carefully considered and implemented and will be discussed in more detail in Chapter 2.

### **1.12 SCOPE OF THE STUDY**

The broad geographic area of South Africa with nine provinces made it difficult to reach all nurse educators and nursing students in South Africa. The researcher therefore limited the study to the province in which she is working, due to the proximity of NEIs in the vicinity. Two NEIs were in an urban area, one in a semi-rural area and another one

in a rural area. The researcher planned to include a second province should data saturation not be reached within the selected province but this was not necessary.

### **1.13 STRUCTURE OF THE THESIS**

This report comprises seven chapters, covering the following:

**Chapter 1** is an orientation to the study. Background information on the research problem is provided, and the aim and objectives of the study are stated. The significance of the study is emphasised and key concepts defined. An introduction to the research methodology was provided. The scope of the study is given and some limitations are described. Aspects of trustworthiness and ethical considerations are discussed briefly.

In **Chapter 2**, the grounded theory design within a qualitative approach is discussed. The chapter describes the research design of the grounded theory, the population and the sampling in the study. Concurrent data collection and data analysis are described, as well as the manner in which the researcher prepared for and conducted the interviews with educators and students. A thorough discussion of ethical considerations and ensuring trustworthiness concludes the chapter.

The findings derived from the educators' views which emerged during the face-to-face interviews are presented in Chapter 3. The findings are provided in thick descriptions with quotes from the participating educators' responses.

In **Chapter 4**, the findings derived from the students' views are discussed with supporting quotes from the participating students' responses.

**Chapter 5** is devoted to a discussion of the findings of the study, followed by the integration of data and supporting literature. These findings and discussions form the foundation of the development of the model.

The subsequent **Chapter 6** contains a description of the development of the model for trust in the nursing education environment. An evaluation and review of the model by a

panel of model experts are discussed. Amendments and refinement of the model are described.

Finally, in **Chapter 7** includes the final conclusions, recommendations to improve trust and recommendations for future studies as well as the limitations.

## **1.14 CONCLUSION**

Trust is a word often used, but not often enough considered profoundly. Trust, for example, is a vital ingredient in teaching and learning situations, especially so in a professional and human service programme, as explained in the sub-section on the significance of this study. The background to the study emphasises the importance of more attention to this construct in nursing education and training. As trust is not a construct that can be easily measured in quantitative measures, it is obvious why the researcher decided on a qualitative study, by means of which participants' views about the phenomenon might best be investigated. To introduce the reader to the study itself the research approach, design of the study and information on the participants and data collections and analysis methods were shared.

It is hoped that this introduction to the study will make clear the reasons for the study and how it was conducted, and prepare the reader for the in-depth descriptions and discussions that are to follow.

In the next chapter the methodology of the study will be explained. The chapter focuses on the philosophical underpinnings, qualitative research approach and a grounded theory design.

## **CHAPTER 2**

### **RESEARCH DESIGN AND RESEARCH METHODOLOGY**

#### **2.1 INTRODUCTION**

This chapter focuses on the philosophical underpinning of the study, the paradigm and research methodology applied, as well as the qualitative research approach. Grounded theory and processes which guided the study are described as the research design. The collection and analysis of data were done concurrently and the constant comparison processes are described. Important inputs and considerations to ensure trustworthiness and ethical consideration are explained.

#### **2.2 PHILOSOPHICAL UNDERPINNING OF THE STUDY**

Philosophy is concerned with matters such as the purpose of human life and the understanding of the reality (Silva 2012:17). Maree and Van der Westhuizen (2007:31) refer to a paradigmatic perspective as the way of viewing the world, while Polit and Beck (2016:9) call it a world view, a way of looking at a phenomenon, or a general perspective on the complexities of the world. Holmes, Roy and Perron (2012:258) describe a paradigm as an overarching philosophical framework or worldview and this comprises ontology, epistemological underpinnings as well as methodological orientations withal set of assumptions about the basic kinds of entities within which scientific knowledge can be produced. An assumption refers to fundamental ideas that are assumed to be true without having been proven (Brink et al 2012:208), and a researcher chooses the paradigm, makes assumptions and uses certain systems during the study (Maree & Van der Westhuizen 2007:32). A study that has its roots in a specified conceptual model, the framework is called a conceptual framework (Polit & Beck 2016:119) that assists researchers to organise a study in an environment where the researcher examines a problem and gathers data for analysis (Brink et al 2012:26).

### **2.2.1 Ontology**

Ontology is a philosophical study of the nature of existence or being. Du Plooy-Cilliers, Davis and Bezuidenhout (2014:23) describe ontology as a patterned set of assumptions about reality. Ontology refers to the way of knowing, that knowledge can be viewed from two perspectives (Streubert & Carpenter 2011:4) namely, from an external or realistic point of view, or, an internal point of view that knowing can be through words within the individual's conscience (Maree & Van der Westhuizen 2007:31; Streubert & Carpenter 2011:5-6). Pascal (2011:12) indicates that ontological questions are about the nature of reality: "What can be known?" Polit and Beck (2016:11) base ontology on a philosophical question: "What is the nature of reality?" However, Doane and Varco (2012:86) maintain ontology can be interpreted as "begin where we are", and Fouché and Schurink (2011:307) refer to ontology as "how one sees the reality". Brinkmann (2012:33) discusses different arguments about ontology, namely that the human world is made of acts of consciousness (Husserl 1954) or made up of symbolic interactions (Blumer 1969).

Ontological assumptions point out that reality exists for human beings in a world of symbolic meanings (Aldiabat & Le Navenec 2011:1068). The researchers' ontological assumption is that knowledge about trust in nursing education can be discovered by the mind and within levels of individuals' consciousness and interactions. Knowledge about trust in nursing education can be obtained through words from educators and students. The knowledge obtained from words is interpretive, within internal, socially and subjective experiences of the reality.

### **2.2.2 Epistemology**

Schultz and Meleis (2012:227) explain that epistemology has its roots in philosophy and it is defined as the study of knowledge or theory of knowledge. Pascale (2011:[13]) indicates that epistemology is about how and the ways in which the world can be known. According to Maree and Van der Westhuizen (2007:32), knowledge can be viewed in two ways, namely it can be seen as external, real and objective from the positivistic stance, or, according to an interpretive stance, it may be viewed as softer and more subjective. Brinkmann (2012:32) describes epistemology as the knowledge of

reality and knowing as an activity or something people do. Social epistemology is described as knowledge and justified belief that are positioned within a particular social context (Stanford Encyclopedia of Philosophy, sv 2005 “epistemology”). According to Pascale (2011:[13]), epistemology considers the relationship between the knower and how valid knowledge is created and disseminated. Polit and Beck (2016:9-10) state the philosophical question for epistemology as: “What is the relationship between the inquirer and the phenomenon being studied?” Rocour (1976) in Streubert and Carpenter (2011:84-85) purports that interpretative processes entail analytical steps and acknowledge the interrelation between epistemology as the interpretation and ontology as the interpreter. Higginbottom and Lauridsen (2014:10-11) refer to Charmaz (2006) who proposed that a grounded theory methodology is founded on a relativist epistemology, meaning that the interpretations of realities are mutually constructed by the researcher and the researched.

Epistemological assumptions assume that the researcher and participants are interactively linked with mutual relationships in the field of interest to investigate behaviour (Aldiabat & Le Navenec 2011:1064). The epistemological assumption is that knowledge of trust in nursing education arises from understanding and is interpretive and subjective in the social context of nursing education. The stance of the researcher is that this study is founded on a relativist epistemology. The interpretation of trust in nursing education can be created through analytical steps and the interaction between the researcher and the participants.

### **2.2.3 Methodology**

Du Plooy-Cilliers et al (2014:24) refer to Guba (1990) when they describe methodology as the particular ways of getting to know about reality. According to Polit and Beck (2016:10), the philosophical question for the methodology is: “How should the inquirer obtain knowledge?” A methodology to interpret and understand the subjective meaning of social action is an interpretive approach (Fouché & Schurink 2011:309). The interpretive approach relates to social sciences and emphasises the importance of the subjects’ viewpoints to understand social reality (De Vos, Strydom, Shulze & Patel 2011:8; Manning & Kunkel 2014:[2]). Hence, it is indicated that all research is interpretive and is guided by the researchers’ set of beliefs about the world and how it should be understood and studied (Birks & Mills 2011:8).

Manning and Kunkel (2014:[9]) suggest that it is not strange that an interpretive approach is clustered with social constructionist paradigms. Fouché and Schurink (2011:310) are of the opinion that qualitative research is an umbrella term for different approaches or paradigms, and constructionists believe that reality can only be socially and personally constructed through active involvement with the subject. According to Charmaz (2014:12-14), the constructivist paradigm adopts inductive comparisons and an open-ended approach that is iterative and logical. The constructivist highlights flexibility of methods, acknowledges the subjectivity of the researchers' involvements. In grounded theory there are strong trends of social constructivism. Charmaz (2006) in Mitchell (2014:1) indicates the researcher co-creates the theory on the interaction with the participants and the theory is grounded in the experiences of the participants. Giles, De Lacey and Muir-Cochrane (2016:30), assert that Charmaz's (2006) constructivist approach positions the researcher actively in a role as co-creator of experiences and meanings. After a grounded theory study in which a theoretical framework was utilised for the exploration of the research question, Mitchell (2014:9) concluded that the utilisation of a theoretical framework might be the most realistic and trustworthy approach to grounded theory studies.

A methodological assumption assumes that ontological relativist and epistemologically subjectivist grounded theory reshape the interaction between the researcher and participant in the research process (Aldiabat & Le Navenec 2011:1064). The researcher's methodological assumptions is that the knowledge of the phenomenon 'trust' in nursing education can be gained through a qualitative approach to interpret and understand subjective meanings and viewpoints. Knowledge can be gained through interpretive constructivism with the utilisation of textual analysis of narrative data.

#### **2.2.4 Symbolic interactionism**

Symbolic interactionism is a dynamic perspective that gives the researcher a way of knowing and opens views of meaning, actions and events in the field of study. This perspective views interpretation and action as mutual processes that affect each other. Symbolic interactionism assumes that human beings are actively engaged in activities in their natural setting and emphasises how people accomplish these activities. (Aldiabat & Le Navenec 2011:1064; Charmaz 2014:262, 270). In this study the

assumption is that educators and students are involved in a nursing education environment that provides meaning to them related to the phenomenon of trust. The attached meaning and interpretations of trust arise from actions and interactions between them. Meanings of trust and trusting behaviour occur through interpretive processes in the nursing education environment.

### **2.3 QUALITATIVE RESEARCH APPROACH**

Qualitative research is a systematic, subjective approach used to describe meanings, experiences and perspectives of individuals or groups involved in social or human problems and insight is gained through discovering meanings and exploring the depth, richness and complexity of the phenomenon (Creswell 2013:44; De Vos et al 2011:5; Grove et al 2013:57). Qualitative researchers bring certain ideas, beliefs and philosophical assumptions to the research (Creswell 2013:15-22). Qualitative approaches are based on a holistic framework with beliefs that there is no single reality and that reality is dynamic and different for each person and the knowledge gives meaning in the context and situation (Grove et al 2013:57). Qualitative researchers emphasise six significant characteristics of research: They believe in multiple realities; are committed to identify an approach that understands the phenomenon studied; have commitment to the viewpoints of the participants; to conduct the research without disruption of the normal context of the phenomenon; to acknowledge the participants in the research process; and to report the data rich with the commentaries of the participants and in a literary style (Streubert & Carpenter 2011:20). This study was based on a qualitative approach and the characteristics of a qualitative study were evident:

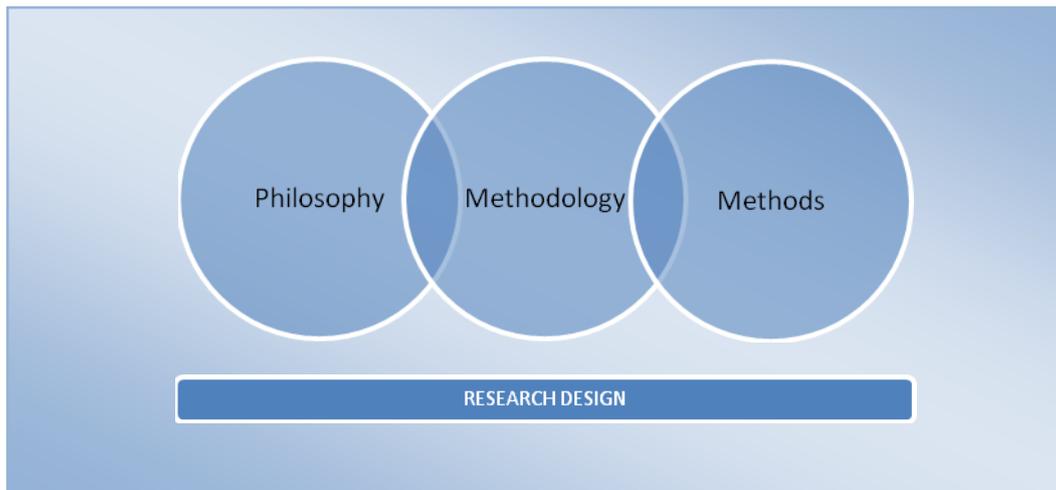
- The researcher attempted to understand trust and trusting relationships in the nursing education environment holistically.
- The researcher put any preconceived ideas aside in order to capture the interpretations of the educators and students.
- Information was collected by means of face-to-face interviews with educators and focus group interviews with students. Both face-to-face and focus group interviews were unstructured with open-ended questions and probing.

- Attempts were made to capture the participants' views on trust concepts and trusting relationships in the nursing education environment without any controlling measures.
- The researcher recognised that subjectivity was inherent in the research process to understand the views of educators and students, but utilised bracketing to remain open for emerging facts from the participants.
- The analysis of narrative data was done in an organised and intuitive fashion to fit a grounded theory design.
- The researcher conducted face-to-face interviews with the educators and focus group interviews with students in their own, familiar environment to gain understanding of their perspective of trust and trusting relationships in nursing education.
- The study is constructive and participants had an active role in the generation of data.
- Inductive and dialectic reasoning were predominant during the study  
(Brink et al 2012:11; De Vos et al 2011:5; Fouché & Delport 2011:64-65; McMillan & Schumacher 2010: 321-323; Streubert & Carpenter 2011:20-23.)

From the philosophical assumptions a qualitative approach was the best approach to the study. The research design was that of a grounded theory.

## **2.4 THE RESEARCH DESIGN – GROUNDED THEORY**

This study had a grounded theory design. Birks and Mills (2011:4) maintain that doctoral research instills in students knowledge of different philosophies and in turn the methodologies and methods that link to these schools of thought. From a congruent philosophy, a methodology and a set of principles, ideas and methods enable the design of a study. There is a fluid interplay between methodology and methods with a philosophical underpinning. Methods are practical procedures that are used to generate and analyse data. Figure 2.1 depicts the interplay of philosophy, methodology and methods.



**Figure 2.1: Components of a research design**

(Adapted from Birks & Mills 2011:4)

According to Schram (2006) in Fouché and Schurink (2011:318), the aim of a grounded theory is to develop a substantive theory that is grounded in data. Through inductive reasoning the relations among concepts, themes, categories and sub-categories can be used for the construction of a model; in the case of this study, a model for trust in nursing education.

A constructivist grounded theory design was employed. There were two qualitative modes applicable to this study, namely the descriptive mode, and the discovery mode to explore and explain the phenomenon. Streubert and Carpenter (2011:3) contend that studies of humans are rooted deeply in the descriptive modes of science. Burns and Grove (2011:78) posit that the descriptive mode provides in-depth detail to answer questions such as “What is going on?”; “How are activities organised?”; “What roles are evident?” Thus, the researcher used the descriptive mode by asking: What is going on in nursing education in terms of trust? How are trust and trusting relationships organised? Is trust evident in nursing education? Employing the discovery mode, the researcher could explore and describe patterns of how trust and trusting relationships are built in the nursing education environment, and through the discovery mode a substantive model was constructed.

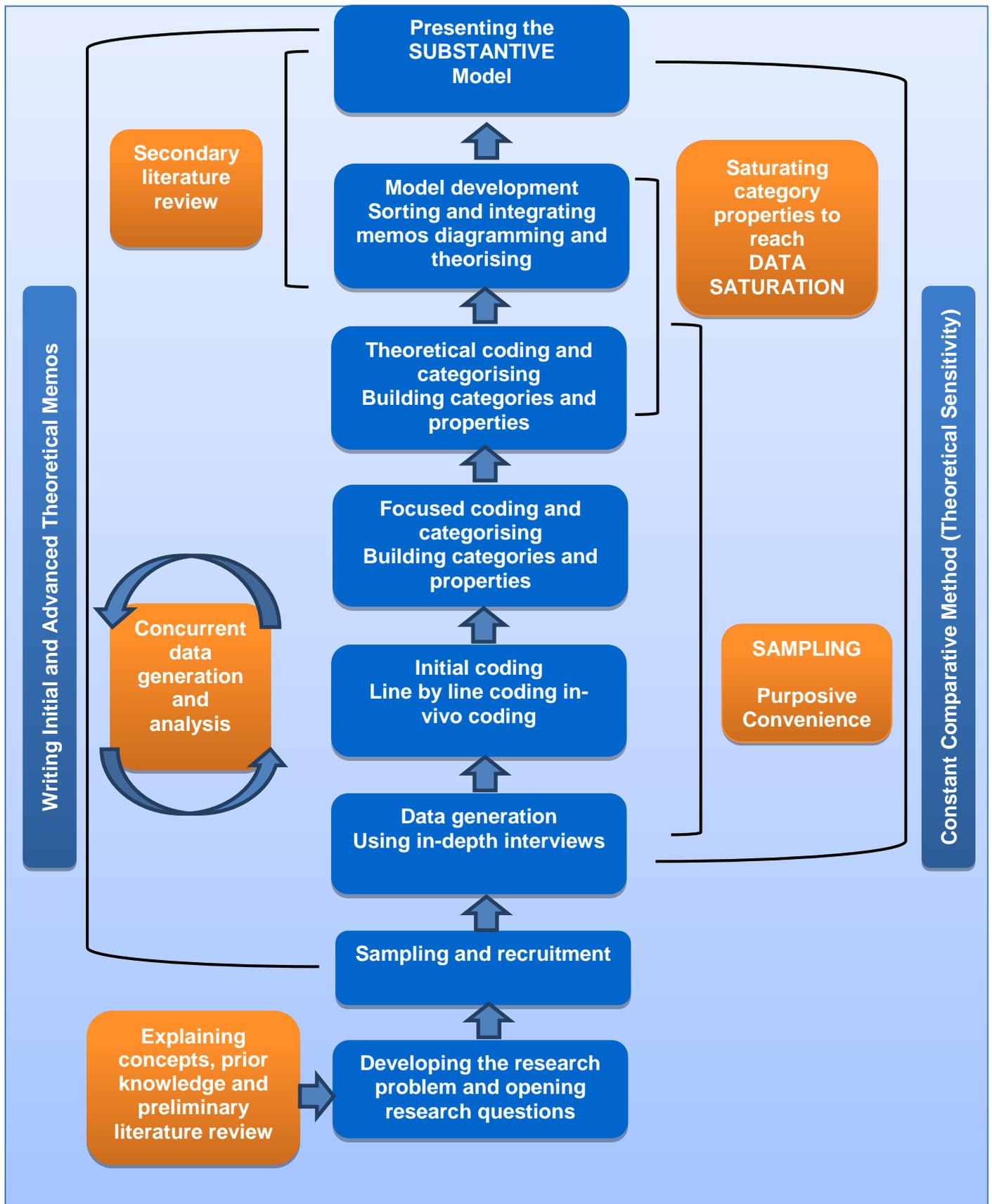
Charmaz (2014:240) explains that grounded theory has a subjective approach to knowledge development due to the involvement in the subjective world of participants.

Both researcher and participants participated in the interpretation of meanings and actions. Charmaz (2014:239) states that the constructivist approach aims to show the complexities of particular worlds, views and actions. Furthermore, Charmaz (2014:239) maintains that constructivist grounded theory studies contribute to the how and sometimes the why in situations. The utilisation of grounded theory as a research method is increasing in nursing and educational disciplines (Charmaz 2006:185). As grounded theory is a qualitative methodology and is inductive in nature, the researcher does not begin the research with a preconceived idea. Sheppard (2004:182) explains that grounded theory is an understanding approach, and it requires that the researcher should seek an empathetic understanding of the participants' views and context.

As stated earlier this grounded study design was used in an interpretative and constructive way with a descriptive and discovery mode of exploration to describe the 'trust' phenomenon. Knowledge of trust was ontologically interpreted and epistemologically subjectively understood in a social context, namely the nursing education environment. Inductive reasoning enabled the construction of a substantive model for trust in the nursing education environment. The researcher wanted to understand the phenomenon and actively involved educators and students to collect first-hand data during the study. Using the constructive paradigm, concepts, codes, categories, sub-categories and linking the relationships between them, provided the foundation for a newly developed model.

Figure 2.2 illustrates the grounded theory design and methods used to guide the current study (Adapted from Giles et al 2016:33). The topic of trust in nursing education was selected, concepts were elucidated and a preliminary literature review was conducted. After the preliminary literature review the research problem and research questions were formulated.

The researcher obtained permission from the stakeholders for the study and access to the research sites. Sampling of educators and students followed for the generation of data. Initial coding followed data collection and the data were concurrently generated and analysed with constant comparison and integration. The concurrent data generation, coding and constant comparison took place cyclically. Categories, subcategories and properties were identified through focused coding until data saturation was obtained.



**Figure 2.2: Grounded theory processes and methods used to guide the current study**

(Adapted from Giles et al 2016:33)

A second detailed literature review was done and the model was developed. From the memos and diagrams of the categories and sub-categories the model originated. Finally the final, substantive model was elucidated.

A challenge posed by grounded theory is to maintain methodological congruence. Quality is most evident in studies that demonstrate congruence in the research design (Birks & Mills 2011:36). The proposal was reviewed and approved by a registered ethics committee (Annexure A). Methodological congruence is the foundation of a credible study, and is achieved if the researcher is honest regarding the limitations of the study, and acknowledges and rectifies the philosophical and methodological inconsistencies (Birks & Mills 2011:36). The implementation of memoing, reflexivity, bracketing and intuiting, as described later in this chapter, was important for quality assurance and for the process of model development. Close supervision and frequent conversations with experienced supervisors ensured that the researcher followed the methodology of grounded theory. All the limitations and methodological inconsistencies regarding the research were reported, noted and described.

Goodman (2011:21) explains that the progress of grounded theory ranges from the elementary to sophisticated steps. The illustration in Figure 2.2 indicates that the progress of this study was from elementary to sophisticated steps. On the bottom of the figure is a preliminary review.

## **2.5 PRELIMINARY LITERATURE REVIEW**

It is stated that grounded theory studies are inductive and do not start with a detailed literature review (Davies, Francis & Jupp 2011:81; Kenealy 2012:408; Sinkovics & Alfoldi 2012:112). However, several arguments about the role of a preliminary literature review for grounded theory indicate that a novice grounded theory researcher should be aware of the arguments for a preliminary literature review being necessary and to be able to defend the use of a preliminary literature review (Dunne 2011:121; Walls, Parahoo & Fleming 2010:15). Open-mindedness should not be mistaken for the empty mindedness of a researcher (Dunne 2011:116). Therefore, the arguments in favour of a preliminary literature review in a substantive area before commencing data collection are compelling. According to Delport, Fouché and Schurink (2011:300), a literature review generates a picture of what is known and not known about the topic and the

research problem. Charmaz (2006) counter-argues against the original conception that the researcher should stay away from doing a literature review (Alemu, Stevens, Ross & Chandler 2015:523). In this study, the researcher gained pre-knowledge of trust by reading a book of Covey (2006) with the title: *The speed of trust: The one thing that changes everything*. The researcher conducted a preliminary literature review, determined a background to the problem, formulated the research question and developed the objectives. The preliminary literature review was conducted to explore the phenomenon regarding trust and trusting relationships in nursing education and this made the researcher aware of a gap in studies into trust and trusting relationships in nursing education. A subject librarian assisted the researcher to obtain literature on trust in nursing education. The search engines used for the preliminary and in the secondary literature review (as indicated in Figure 2.2) were ProQuest; EBSCOHost; UNISA library online catalogue; Google Scholar; and Yahoo. The key words utilised with the search engines were:

- Characteristics of students and educators
- Lack of resources in classroom environment
- Lack of resources in clinical environment
- Nursing education and resources
- Nursing education and trust
- Nursing educational environment and trust
- Preceptor or mentor and mentee relationship
- Professionalism and professional trust
- Resources and clinical environment
- Teaching strategies and nursing
- Trust and caring
- Trust and clinical environment
- Trust and teaching and learning
- Trust and theoretical environment
- Trust and trusting relationships and nursing education
- Value/virtues and nursing education.

A gap in the literature on trust in nursing education was identified. After the preliminary literature review the research purpose was stated and objectives were formulated to guide the study.

## **2.6 PURPOSE AND OBJECTIVES OF THE STUDY**

The purpose of the study was to come to an understanding of trust and trusting relationships between educators and students in the teaching and learning environment of nursing education. The study aimed to explore and describe the educators' and students' views regarding trust and trusting relationships in the teaching and learning environment of nursing education and to develop a model for trust in the nursing education environment that will promote trust and trusting relationships during teaching and learning. To address the purpose four objectives were set. The objectives are described below. The efforts to achieve these three objectives played out in three phases of the study, namely data collection, data analysis and reporting.

The first objective was to **explore and describe the educators' views on trust and trusting relationships in the nursing education environment**. To achieve the objective, an understanding of the meaning that educators attach to trust and trusting relationships was explored. The aspects that educators considered to be important to build trust in nursing education were described.

The second objective was to **explore and describe the students' views on trust and trusting relationships in the nursing education environment**. To attain this objective, students' understanding of trust and trusting relationships was explored. The students' views were explored in terms what they regarded as important to build trust and trusting relationships in nursing education.

The third objective was to **develop a model for trust that will foster trust and trusting relationships in the nursing education environment**. In order to develop the model it was necessary to integrate the data on the educators' and students' views to identify the themes, properties, categories, sub-categories, and core category of trust in the teaching and learning environment of nursing education. The model was developed using the relationships of the identified themes, properties, categories and sub-categories.

The fourth objective was to **make recommendations for the implementation of the model to improve trust and trusting relationships in the nursing education environment**. To comply with this objective, recommendations were made regarding the implementation of the model, and in terms of the improvement of self-trust, trusting relationships and trust among stakeholders in the teaching and learning environment. Recommendations to enhance trust in the teaching and learning environment of nursing education supported the objective.

## **2.7 POPULATION, SAMPLING AND CONTEXT**

In this section the population and the sampling of the NEIs and participants in the nursing education environment are discussed.

### **2.7.1 Research setting**

McMillan and Schumacher (2010:326) posit site selection to be the selection of a site where specific events are expected to occur and information is expected to be found. The research setting was one of the nine provinces of South Africa. This province has one NEI at a university and one public multi-campus NEI with three campuses. The NEIs were in urban, semi-rural and rural areas. All of these NEIs offer the four year nursing programme (R425) as stipulated by SANC.

### **2.7.2 Population**

The population in a study refers to all the individuals that meet criteria to be included in research in which the researcher is interested (Botma et al 2010:200; Brink et al 2012:56). Grove et al (2013:351) refer to the target population as those individuals who are reasonably accessible with a view to making generalisations. The target population consisted of educators and students at NEIs complying with specific criteria for sampling. The reason for selecting educators and students was that both have experiences of interacting with each other in the nursing education environment. Educators have several interactions with students, not only in the nursing education environment, but also from the time when they were practising as professional nurses in the clinical areas. When they commence their careers as educators at a NEI, they

directly interact with students. Educators at the NEIs were responsible for theoretical teaching as well as clinical accompaniment. Students at a NEI have interactive experiences with educators during their training years. Therefore, on the ground of the educator-student interaction experiences both educators and students were identified as the population.

### **2.7.3 Sampling criteria**

Brink et al (2012:131) explain the eligibility criteria as distinguishing descriptors. Distinguishing descriptors clearly stipulate which participants will be relevant for inclusion in the study (Botma et al 2010:200). The eligibility criteria for the educators in were:

- Educators had to be employed at the specific two accredited NEIs, offering the R425 nursing programme in the selected province. They had to be registered with the SANC as professional nurses with nursing education as an additional qualification.
- Educators should have had theoretical teaching and clinical accompaniment experiences in nursing education. The rationale for the education experiences in theoretical teaching was that the educators could contribute to their views about trust in the theoretical environment.
- Educators should have had previous clinical practice experiences and be conversant with the clinical environments.

The eligibility criteria for the students to participate were:

- Nursing students had to be in their third or fourth year of study, registered with the specific two NEIs offering the R425 nursing programme in the selected province that leads to registration as a professional nurse. The rationale for the inclusion of these levels of students was that they have already had at least two years or more experience in the teaching and learning environment. The experiences of third- and fourth-year students in different teaching and learning environments contributed to determine what students regard as important for trust in the nursing education.

#### **2.7.4 Sample**

A sample is a part or fraction of a whole; thus, a selected group from the defined population to represent the research population and participate in the study (Denscombe 2010:25). All the NEIs offering the R425 nursing programme in the selected province were included. The target population consisted of educators and students, complying with the sampling criteria.

#### **2.7.5 Sampling size**

According to Burns and Grove (2011:317), qualitative research focuses on the quality of information, rather than the size of the sample. Polit and Beck (2016:449) indicate that the sample size in grounded theory studies ranges between twenty to thirty people, due to theoretical sampling. Educators and students complying with the sampling criteria were recruited from the university and multi-campus NEIs to participate. A total of fourteen educators participated in the face-to-face interviews and a total of sixty students in fourteen focus group interviews participated until data saturation was reached.

#### **2.7.6 Sampling**

All NEIs offering the R425 nursing programme in the selected province were included in this study. The NEIs referred to a university in an urban area and a public nursing multi-campus NEI. The public NEI's three campuses were situated in urban, semi-rural and rural areas

To sample the participants, purposive and convenience sampling was used. Polit and Beck (2016:492-499) explain that purposive and convenience sampling methods in grounded theory studies may be used initially. Purposive sampling refers to selective sampling where the researcher consciously selects participants to include in the study (Burns & Grove 2011:313). Convenience sampling uses available participants for representativeness of the phenomenon being studied (Burns & Grove 2011:307; McMillan & Schumacher 2010:137).

Educators were purposively selected to participate in this study based on their nursing education experience and ability to contribute in-depth information on trust in nursing education. Participants were conveniently sampled by the researcher based on their availability and willingness to participate in the study. Educators who chose to participate received information letters (Annexure H) and signed consent letters (Annexure I).

Purposive and convenience sampling was used to recruit the students. Third and fourth year students were purposively selected based on the theoretical and clinical exposure to contribute on trust in teaching and learning. The students were conveniently sampled by the researcher based on their availability and willingness to participate in this study. Students who chose to participate received information letters (Annexure H) and signed consent letters (Annexure I).

Sampling continued until data saturation was reached after the refinement of the categories and sub-categories. Theoretical sampling was considered if data saturation was not reached. Theoretical sampling in grounded theory means that the researcher needs specific data to develop the emerging theory and to refine the categories until no new properties in the categories emerged (Charmaz 2014:193). Birks and Mills (2011:71) indicate that geographical constraints might influence theoretical sampling, due to various reasons. The sampling of educators and students were from different NEIs in different geographical regions which made it difficult for the researcher to implement theoretical sampling. As Birks and Mills (2011:71) recommend, the researcher allowed enough intervals between the different NEIs and campuses for data collection, transcribing, analysis and coding. The intervals between data collection in the various geographic regions gave the researcher time to interpret the data, that is, to determine the meanings and emerging categories in the data. In moving from one NEI to the next, the researcher focused on the emerging codes and concepts through probing. After having interviewed educators and students in the two NEIs in different geographical regions, no new properties emerged and data saturation was evident.

## **2.8 DATA COLLECTION**

Glaser (1978) in Goulding (2002:67) views data collection as “the process of data collection for generating theory whereby the analyst jointly collects, codes and analyses

the data and decides what data to collect next and where to find it, in order to develop the theory as it emerges. This process of data collection is controlled by the emerging theory.” Data collection is referred to as field work, where interviews are conducted to obtain the perceptions of participants (Grove et al 2013:271). The researcher ensured that all ethical considerations (Chapter 1, Section 1.10) were addressed before data collection was initiated. A gatekeeper at the university was utilised to invite all the educators via email. Five educators were willing to participate and contacted the researcher for an appointment for the face-to-face interviews. The researcher visited all three public NEIs’ campuses to recruit the educators who were available and willing to participate. Three educators from each campus participated in the face-to-face interviews. The third- and fourth-year classes at all the selected NEIs were visited to explain the purpose and objectives of the study. After the contact session, students who indicated their willingness to participate were contacted to make an appointment for the focus group interviews. The researcher’s experiences, background and refinement of her interviewing skills had to be considered before the researcher commenced with data collection.

### **2.8.1 Researcher’s experiences and refinement of interviewing skills**

Corbin and Strauss (2008) in Birks and Mills (2011:35) identify important personal and professional characteristics of a researcher, which include self-awareness, clarity of purpose, commitment to hard work and internal motivation to do research. The researcher had obtained two bachelor’s degrees, and had a thorough academic background and performances, as well as practical experience in a clinical environment. She had completed a module in research methodology and obtained a master’s degree based on a qualitative approach. The researcher had twenty-one years’ nursing education experience and six years’ experience in management at a NEI. The researcher was supervised by researchers who are experts in qualitative methodology. During the conceptualisation of the proposal the researcher gained clarity on the purpose of the study, which created determination, internal motivation and commitment to contribute towards the knowledge of nursing education.

The preparation to enhance interviewing skills was important and as a novice grounded theorist, the researcher should meet the requirements to enable her to conduct a credible study. As recommended in the literature (Creswell 2013:165; Lacey 2006:26;

Tod 2006:347), the researcher conducted two pilot face-to-face interviews with educators and two pilot focus group interviews with students to ensure credibility of the researcher's interviewing skills. The pilot face-to-face and focus group interviews gave the researcher practical experience in testing the grand tour question, as well as in transcribing and analysing the interviews. The data obtained from the pilot interviews and focus group interviews were not included in the findings of this study. After the pilot studies no changes were required and the interviews commenced.

## **2.8.2 Conducting the interviews**

Interviewing is referred to as a conversation or a conversation with a purpose to capture the attitude of participants. An interview is the central technique of qualitative research that enables the researcher to interpret and generate data, gain intensive, deeper understanding of perceptions of participants and explore the area of interest (Alvesson & Ashcraft 2012:239; Charmaz 2014:85; Lichtman 2014:247). Quality processes as described later in this chapter (Section 2.8.3) were continuously implemented. Before the commencement of the interviews the researcher organised the venue and obtained required consent from all participants.

### ***2.8.2.1 Organising the interview venue and obtaining consent***

Morrison, Haley, Sheehan and Taylor (2012:66-68) advise that the interview should be conducted in a natural context of the participant and have a duration of between thirty minutes and two hours. The goal should be to understand the participants' view of the phenomenon. This means that the researcher has to explore the participants' views and refrain from imposing on participants' concepts or judgements. The researcher approached the interviews according to these recommendations, and also focused on three aspects that Sheppard (2004:138-141) emphasises. First, the interviews were information-gathering exercises to reveal how the participants considered trust and trusting relationships in nursing education. Second, meanings were attached to narrative data to make sense of the participants' perspectives in order to be able to describe how the participants experienced trust in the nursing education environment. Third, as with both the previously mentioned purposes, the interviews represented a social situation with the expectation and goal to gather information, be interpretative and discover meanings.

The researcher obtained permission from the relevant stakeholders before the data were collected. The recruited participants who agreed to participate voluntarily were contacted and appointments were scheduled with them. Face-to-face interviews were scheduled to take place in the offices of the educators or a quiet venue which suited the participant. The researcher booked venues in advance to conduct the focus group interviews with students. The researcher ensured that she was on time for appointments, neatly dressed and she created a comfortable atmosphere where there were no noises, good ventilation and comfortable chairs for the participants. The participants were reassured about the approved permission and ethical clearance from the relevant governing structures and stakeholders (Annexures A, B and C). All participants were issued with informed consent forms to participate and agreements that the interviews might be recorded (Annexure I). A signed copy of the agreement was kept for filing. The researcher stated the purpose of the study and the importance and process of the interviews. The importance of confidentiality and respect was emphasised as participants in the focus group interviews were requested to keep information confidential within the groups. Confidentiality was ensured in the face-to-face interviews.

### ***2.8.2.2 Conducting face-to-face interviews***

Face-to-face interviews are in-depth interviews, which are unstructured, to collect data from the participants by using probes because they generate rich and detailed views (Botma et al 2010:206; Grove et al 2013:271-272; Lichtman 2014:261; Sheppard 2004:145). Unstructured interviews are very informal and may appear more like a conversation than an interview (Tod 2006:340-341). The researcher commenced with the face-to-face interviews using the following grand tour 'question': "*Tell me your views about trust and the trust relationships in the nursing education environment that may affect teaching and learning during the four-year nursing programme*". The interviews conducted were informal, and by using open-ended questions and probing the researcher discovered what the phenomenon meant to participants. Brink et al (2012:153) describe the strengths of interviews which the researcher kept in mind during the interviews. The strengths of these interviews were that they were recorded, direct observations were made and memo notes were taken regarding the reaction of

the participants. In-depth information was generated and collected from the participants through probing.

In-depth interviews attempt to achieve the same deep level of knowledge and understanding of the world of the participants (Botma et al 2010:207; Lichtman 2014:261). Deep understanding begins with commonsense perceptions but aims to explore the contextual boundaries of that perception; thus it goes beyond a commonsense explanation of some events or perceptions (Johnson 2002:106). Deep understanding allowed the researcher to grasp and articulate the multiple views and perspectives. Interview skills were essential for the researcher and this included the ability to establish a positive atmosphere and encourage discussions on sensitive topics during the interview. Probing focused on the discussions of participants when the researcher listened to the meanings participants attached to the trust and trusting relationships in nursing education. Grove et al (2013:272) advise researchers to present a natural front and be relaxed and affirmative during the interview; therefore the researcher purposefully demonstrated communication and listening skills to establish rapport with the participants during the interviews to encourage them to reveal information.

Because interviewing is strenuous, Botma et al (2010:208) recommend that the interview should not exceed an hour and a half. The duration of the interviews ranged from between forty-five minutes and an hour and a half. The researcher concluded the interviews by indicating to the participants that the interview was nearing its end. A last opportunity then was given if a participant wanted to add any new information. The researcher briefly summarised the interview and expressed appreciation to the participants for participating in the study. The researcher was cordial and appreciative during the interviews and the participants were reminded to confirm the data through viewing the transcribed dialogues and analysis of the interviews. The transcribed dialogues were analysed and handed to the participants after the first initial coding for them to review and confirm whether it was a true reflection of their views.

### ***2.8.2.3 Conducting focus group interviews***

Focus group interviews aim to explore specific issues of a topic through in-depth and open-ended discussions (Goodman & Evans 2006:353). Focus group interviews are

used to promote self-disclosure of feelings and experiences among participants on a particular topic in a shorter period than with multiple interviews (Kandola 2012:260). The focus group interviews with students were opened with the grand tour 'question': "*Tell me your views about trust and the trust relationships in the nursing education environment that may affect teaching and learning during the four-year nursing programme*".

The focus groups sizes ranged between four and seven students. The advantage of the size of the focus group interviews was that students were comfortable with their peers in the groups. Spontaneity was obvious among the students during the discussions on what they regarded as important for trust and trusting relationships in nursing education. The focus group interviews were not structured, nor were specified questions used. Good listening and analytical skills enabled the researcher to identify emerging codes and concepts. With the memoing from previous interviews, probing into the emerging codes and concepts maintained spontaneity among the students to elaborate on their views. The duration of the focus group interviews ranged from one hour to an hour and a half.

Creswell (2013:85) states that data collection consists of going back and forth between participants, interviewing participants, and then returning to the emerging model to elaborate on how it works and to fill gaps. During the interviews the researcher implemented quality processes that were necessary for the trustworthiness of the interviews.

### **2.8.3 Implementing quality processes during data generation**

Birks and Mills (2011:47) describe factors which influence quality in grounded theory. The researcher implemented quality processes through communication skills and procedural precision during the conducted interviews.

#### ***2.8.3.1 Communication skills***

During the unstructured interviews the researcher listened carefully to the information shared by the participants. Van Staden, Marx and Erasmus-Kritzinger (2005:43) describe three types of listening, namely attentive, critical and appreciative listening,

which also were used by the researcher. Attentive listening enabled the researcher to listen to the central idea and concentrate on the content of the message. Critical listening was important to establish the intention of the message and the researcher asked questions to make sure she understood and interpreted the messages correctly. Appreciative listening enabled the researcher to listen first and then react, and indicated that the researcher understood the message. Active listening means that verbal and non-verbal feedback is provided to the participants, and that the qualitative interview questions are based on what the participant has said (Morrison et al 2012:71; Van Staden et al 2005:43). The researcher used non-verbal feedback such as nods, positive facial expressions and eye contact. Open-ended questions were used to allow the participants to elaborate, explain and discuss in their own words.

Probes prompted the participants to respond in a more specific and in-depth way to enhance rapport and indicate to the participants that the researcher was interested in understanding their views (Brink et al 2012:158; Kelly 2006:152; Lichtman 2014:268; Sheppard 2004:140; Tod 2006:346; Van Staden et al 2005:43; Warren 2002:86). When the researcher needed more clarity about something that was said, probing was used to engage the participants in more in-depth explanations. Through probing the researcher maintained focus in the interviews and determined whether the information and concepts were correctly interpreted. Probes assisted with the exploration and clarification of information to gain rich in-depth meanings and understanding of the particular way in which the participants considered trust in nursing education. Interviewing, listening, probing and questioning skills equipped the researcher to conduct the data generation process through in-depth interviews.

### ***2.8.3.2 Procedural precision***

The researcher implemented procedural precision to ensure quality in the study. Pilot interviews were conducted before the data collection commenced. The researcher used Birks and Mills's (2011:38-39) guide to ensure procedural precision, namely maintaining an audit trail, managing data and resources and demonstrating procedural logic. Memoing and field notes also played an important role in ensuring a quality process.

### *2.8.3.2.1 Maintaining an audit trail*

An audit trail is a record of steps regarding the researcher's way of analysis of data and thoughts of the researcher throughout the research (King 2012:433). All the decisions, such as what to probe for clarity in the subsequent interviews, were recorded to ensure clarity. The researcher kept a log book and recorded events and decisions during and after conducting interviews.

### *2.8.3.2.2 Managing data and resources*

A systematic method and mechanisms were planned. Interviews were digitally recorded, transcribed, stored, analysed and reviewed. The detail of how the interviews were conducted, recorded, transcribed and finalised is described later in this chapter.

### *2.8.3.2.3 Demonstrating procedural logic*

The correct application of a grounded theory design safeguarded procedural logic (Birks & Mills 2011:39). The process of the research was logical and the researcher kept track of the processes in the study and frequently returned to original data to ensure coding and analysis were done logically.

### ***2.8.3.3 Memoing and field notes – the cornerstone of quality***

Memoing is the process of keeping records, and recording thoughts, feelings, and insights in relation to the research (Birks & Mills 2011:40). The use of memos is critical and important references in the promotion of quality and rigor in grounded theory during the investigatory process (Charmaz 2014:170; Kenealy 2012:414). Rennie (2006:65) refers to Glaser and Strauss (1967) who describe theoretical memos as a method to record the analyst's preconceptions and hunches about the phenomenon. Memos were utilised to maintain an audit trail throughout the study. A logbook was used to note thoughts, feelings, insights, problems and conceptual ideas. Memos focused on the coding and the emergence of possible codes. Advanced memos included the researcher's constant comparison, mind and concept maps, mapping of activities and possible relations between codes, categories and sub-categories (Annexures K, L and M). The memos and mapping of concepts assisted with analytical thinking to interrogate

data with the aim to develop concrete and abstract concepts for the construction of the model. Different types of field notes were taken by the researcher based on observation of participants and reaction of colleagues regarding the topic of interest. Polit and Beck (2016:729) defined field notes as unstructured observations made by the researcher and their interpretation. Field notes were made after the interviews to reflect what the researcher had seen and heard during the interview and the data that had been obtained. The researcher made personal reflective notes about her own personal experiences and feelings during the study (Annexure K). These field notes on the different NEIs were noted and contributed to the reflexivity of the researcher.

#### ***2.8.3.4 Reflexivity***

Reflexivity challenges the opinion that researchers can be neutral and it is an awareness and critical self-reflection on the research process and interpretation of data, as well as on how biases, values and experiences of the researcher affect the research processes and outcomes (Charmaz 2014:155; Creswell 2013:216; Lichtman 2014:255; Tietze 2012:57; Topping 2006:165). Haynes (2012:73) construes that reflexivity enables the researcher to think about thoughts, and distinguishes between reflection and reflexivity in the research process. Reflection is a mirror effect of observation or examining how things are done. Reflexivity is more complex, involving thinking about experiences and questioning the way of doing. Inherent in the research process, reflexivity should be actively implemented to eliminate the possibility of subjectivity. Highly reflexive research increases the validation of the study which includes the monitoring of and reflection on all aspects of the research from the formulation of study ideas until the publication of findings (Davies et al 2011:175).

The researcher was aware that reflection and reflexivity were essential elements in the research and throughout the research process the researcher acknowledged and reflected about diversities, differences and similarities of how participants viewed trust in nursing education. After each interview the researcher reflected on the interviews conducted. Throughout the study the researcher implemented strategies to increase a reflexive awareness which fostered self-assessment, self-awareness, critical thinking and analysis. An essay or summary was written about her beliefs, assumptions and presuppositions about the topic of trust in the nursing education environment. The researcher returned to this throughout the study and reviewed the research questions to

determine if the focus of the study was maintained. The thoughts and feelings of the researcher were noted in a logbook. Memos supported the researcher to identify deficiencies in the interviews. When the researcher transcribed the face-to-face and focus group interviews, she listened carefully for and noted voice and mood changes of the participants.

A reflexive approach was important for the researcher to understand her own experiences and views. Through reflexivity the researcher limited biases to take a stance about all aspects in the study to enhance the credibility of the study.

#### ***2.8.3.5 The process of bracketing***

Streubert and Carpenter (2011:27) state that bracketing is iterative and part of the reflexive journey. Bracketing involves preparing, evaluating and systematic reflection, which is a cognitive process during which the researcher identifies and puts aside own preconceived beliefs, judgements and opinions (Lichtman 2014:115). The researcher deliberately bracketed any possible expectations, thoughts, feelings and perceptions that might influence her perception of trust in the nursing education environment. Bracketing was also applied during the preliminary literature review. The researcher set preconceived ideas aside through reflexivity and field notes. Thus, the researcher was constantly aware of her own beliefs and kept it separate from the information the participants shared during the interviews.

#### ***2.8.3.6 Intuiting***

Intuiting refers to the researcher becoming the tool for data collection (Streubert & Carpenter 2011:81), remains open to the meanings (Polit & Beck 2016:472), and develops an awareness of the views of the participants (Brink et al 2012:122). The researcher then collects data and listens to the participants' views.

Utilising field notes, memos and transcribed interviews promoted the researcher's awareness of the particular way in which participants considered trust and trusting relationships in nursing education. The researcher explored the meaning participants attached to and their views on trust as reflected in the data to create a reality of trust in

the nursing environment. Intuition contributed to the researcher's knowledge and skills to improve quality and rigor.

Data collection and analysis started from the first face-to-face interview and focus group interview. Data collection and analysis were done concurrently in a cyclic process as indicated in Figure 2.2, according to the processes discussed above and taking cognisance of the factors mentioned.

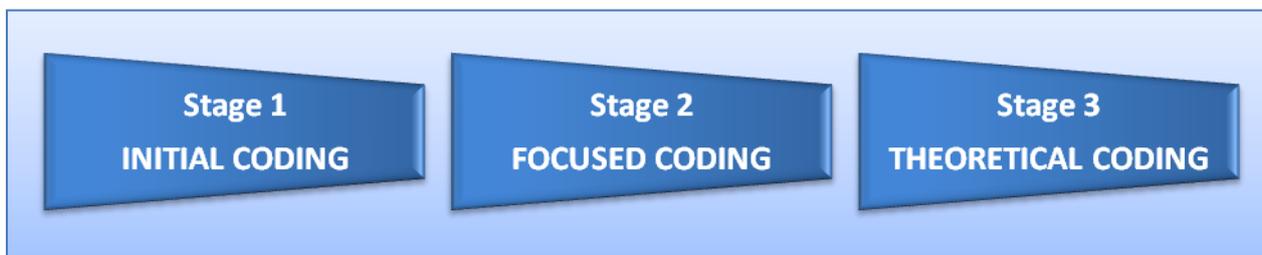
## **2.9 DATA ANALYSIS**

Data analysis starts at the moment of initial contact and first interview with participants (Giles et al 2016:32). Morrison et al (2012:75-76) state that analysis of the data begins during data collection through careful listening and probing in the interviews. Davies et al (2011:175) recommend that the researcher starts transcribing the interviews as soon as possible after conducting the interview and Lichtman (2014:253) advises that the data be analysed from the written text.

According to Johnson and Christensen (2012:402), data collection and analysis in grounded theory are done concurrently and with continual activities. The data analysis is called the constant comparative method (Lichtman 2014:105), which involves the researcher using an intuitive process of interpreting data and analytical thinking, which ensures a constant interplay between the researcher, the data and the emerging model (Charmaz 2014:132; Johnson & Christensen 2012:403; Morrison et al 2012:17; Nieswiadomy 2012:136). The coding of data is done word-by-word, line-by-line, and incident-to-incident when the researcher reads the text carefully (Lichtman 2014:324). The researcher played an active role in the process, which required from the researcher to have theoretical sensitivity. The data were approached with an open and creative mind and the researcher utilised the coding guidelines by constantly comparing and reviewing data for new concepts and codes. When new concepts and codes were identified the researcher purposely probed during the subsequent interviews to confirm whether the concepts and codes were applicable to the emerging model. Throughout the process of coding it was important to use inferences and prepositional thinking.

Morrison et al (2012:80) maintain that qualitative analysis is non-linear and sometimes quite messy because the researcher is a great doodler, writing down concepts, drawing

relationships and listing the conditions of the phenomenon. Dunne (2011:120) confirms that grounded theory is non-linear, and that attempts to present the findings in a linear format are problematic. The coding process was a set of procedures which led the researcher into a maze of cyclic and analytic processes of narrative data which were broken down into distinct meaning units and were labelled to generate codes and concepts for emerging categories and sub-categories. The co-coder verified the line-to-line coding of the researcher that confirmed credibility. Verification supported that the categories and sub-categories are authentic and reflected the views of the participants. Due to the two different types of interviews, namely the face-to-face interviews with educators and the focus group interviews with students, the researcher had two sets of data. Coding of both sets of data followed the coding stages of Charmaz (2014).



**Figure 2.3: Stages of coding**  
(Adapted from Charmaz 2014)

The illustration in Figure 2.3 depicts the coding processes of grounded theory using the three coding stages of Charmaz (2014), namely initial, focused and theoretical coding.

### **2.9.1 Initial coding**

Initial coding (Figure 2.3) is the first coding of the data. Charmaz (2014:111) remarks that grounded theory is about defining the meaning of data and initial coding is about selecting, separating, sorting and categorising segments of data with short names. In the initial stage, the researcher determined what was happening in the data. After each interview, the transcribed verbatim data were scrutinised to identify and define meanings in the data. Holloway and Todres (2006:198) recommend that the data be scrutinised for every possible meaning, line-by-line and sentence-by-sentence. The researcher interpreted the data firstly through line-by-line coding and emergent codes were manually numbered, defined and labelled in a codebook (Annexure J). This coding

allowed the researcher to organise the initial codes into provisional categories. The coding process was interactive and constant comparisons were made with previously collected data and the literature. The field notes regarding the set-up of the interviews and memos about experiences during the interviews brought insight and new ideas for the researcher to probe in subsequent interviews. Charmaz (2014:118) mentions that initial coding prompts the researcher to identify areas which lack and require data; it guides the researcher in terms of what to collect in the subsequent interviews. Through constant comparison of initial coding of data collected from interviews with educators and focus group interviews with students, the researcher was able to identify trends in the data. This interactive process and initial coding ensured that the researcher focused on and remained involved with the data. The researcher compared the data obtained from interviews, and after that the codes from each interview brought new analytical understanding.

According to Birks and Mills (2011:95) initial coding is a reflexive activity. The transcripts of the interviews were reviewed and analysed for new, emerging codes to understand the participants' exact views about the trusting relationships and trust in the nursing education environment. Charmaz (2014:116) remarks that initial coding is close to the data and the first codes reflect actions. The initially coded data link the data to actions. The initial codes also covered the meanings participants attached to trust and what was needed for trusting relationships in nursing education. Initially the first interviews focused more on the expected characteristics of a trusted person. New data and codes of an ideal teaching and learning environment emerged. When new data, such as the role of professional ethics in professional conduct, emerged, the researcher started to probe for the development of initial categories. This form of coding helped the researcher to remain attuned to the views of the participants.

During initial coding, the researcher established links between the data using mapping (Charmaz 2014:220) where initial codes in memos were sorted and clustered for possible new codes. The initial mapping process and the subsequent mapping process made relationships visible which gave insight into concepts and properties of initial categories (Annexure L). The researcher remained involved with the data and constructed action codes with concurrent linking and comparing of codes.

To summarise, initial coding refers as the collection, breaking up, examining, comparing, conceptualising and categorising of data (Botma et al 2010:222; Johnson & Christensen 2012:403). The initial coding was the first part of the process and laid the basis for progress to the next stage of synthesising these initial codes. The following processes were important during initial coding in the grounded theory design.

### ***2.9.1.1 Concurrent data collection and analysis***

Concurrent data generation or collection and analysis are fundamental to grounded theory. Data from interviews were coded as soon as possible, and then subsequent interviews were conducted to collect and generate data.

### ***2.9.1.2 Writing memos***

Clarke (2005:85) refers to memos as the intellectual capital in the bank. Memo writing is also referred to as theoretical memos to record preconceptions about the phenomenon and relationships between codes and categories in all the stages of the inquiry (Rennie 2006:65). Memos were written directly after each interview and contributed to the constant comparisons between participants' views which made the researcher alert to probing in the subsequent interviews. Memo writing developed the analytical abilities of the researcher. The process of memo writing increased the level of abstraction for the development of the model. Memo writing was an ongoing activity from the first coding stage until the completion of the final coding stage. The constant writing of memos after interviews and coding of data provided credibility to the research and development of the model.

### ***2.9.1.3 Constant comparative analysis***

Constant comparative analysis is the genesis and the conclusion in the generation of a theory (Munene 2011:154). Analysis explicitly compares each incident and section of data: incidents to codes, codes to codes, code to category, and category to category (Birks & Mills 2011:10; Holloway & Todres 2006:198). Data were manipulated by constant comparison identifying the differences and similarities; constantly comparing incident with incident, and incident with concepts in order to develop categories and properties thereof. Data of face-to-face and focus group interviews were compared.

Additional data found in the literature were also integrated. Conceptual ideas were developed by comparing various and similar evidence. The concepts were cluster-coded for their properties and descriptive categories. Comparison identified differences and similarities across aspects within the current data and provided guidelines for the collection of additional data. It involves the identification of concepts through initial coding and then explains the relationship between and across the phenomenon (Annexure L).

Birks and Mills (2011:11) explain that grounded theory is inductive due to the process of building a theory from the data itself. Reichertz (2007:220) refers to abductive reasoning as a cognitive logic of discovery, a cerebral process and intellectual act that bring things together that were not associated with each other initially. In this research, constant comparison of narrative data, codes, categories and sub-categories were done until data saturation was evident.

#### ***2.9.1.4 Data saturation***

Theoretical data saturation means that there is a repetition and confirmation of previously collected data (Birks & Mills 2011:176). Thus, no new codes, information or concepts are emerging from the data and a particular category (Birks & Mills 2011:176; Charmaz 2014:197; Johnson & Christensen 2012:404; Lichtman 2014:295; Streubert& Carpenter 2011:128). The researcher conducted face-to-face and focus group interviews to obtain and confirm data saturation. Data saturation occurred when no new evidence and properties emerged once the categories were clearly defined. Data saturation was important to ensure that the study and model have substance. Repetition of incidences indicated data saturation and there was no need to conduct any further face-to-face interviews or focus group interviews.

#### ***2.9.1.5 Theoretical sensitivity***

The researcher develops theoretical sensitivity when becoming aware of important concepts and issues that emerged from the data. Theoretical sensitivity derives from personal and professional experience (Charmaz 2014:160; Lichtman 2014:107). Glaser and Strauss (1967) in Birks and Mills (2011:11) first cited theoretical sensitivity as a two-part concept. First, theoretical sensitivity is deeply personal; it refers to the level of

insight the researcher has in him/herself and the area that is researched. Second, theoretical sensitivity reflects the intellectual history of the researcher regarding the reading knowledge the researcher has acquired and the ability to use it in everyday thoughts. The researcher entered the field with restricted knowledge related to trust in the nursing education environment. The preliminary literature review contributed to refining the problem and purpose. Theoretical sensitivity assisted with avoidance of preconceptions and expectations in the field and was a prerequisite for the development of categories and properties of categories.

The implementation of concurrent data generation, writing of memos, theoretical sampling, constant comparison, theoretical sensitivity and data saturation were of vital importance during the initial coding. The researcher progressed to focuss coding.

### **2.9.2 Focused coding**

Focused coding (see Figure 2.3) is the second stage of coding and Birks and Mills (2011:97) view it as the intermediate coding stage. Focused coding is the process of studying, sorting and selecting data in order to synthesise the data (Charmaz 2014:139).

During this stage, the initial codes were sorted, synthesised and organised to be reduced. Focused coding directed analysis in this research process and the most valuable initial codes were synthesised for refinement. The process of mapping was helpful in sorting, synthesising and organising the initial codes. The focused codes conceptualised larger segments of data and remained together with the codes most relevant to the phenomenon. The focused codes (Figure 2.3) remained after refinement of the initial codes. When data became saturated, it was clustered. From these clustering and synthesis processes the categories and sub-categories were developed. Annexure L illustrates the clustering of data and how categories and sub-categories emerged.

Charmaz (2014:148-149) indicates that she does not use axial coding as Strauss and Corbin (1998) suggest, but shows links between the categories and subcategories. However, axial coding refers to the most advanced form of intermediate coding and builds on initial coding. During the axial coding the concepts are used to organise the

sub-categories and link the possible relationships among the sub-categories in the data (Birks & Mills 2011:12; Charmaz 2014:147; Johnson & Christensen 2012:403; Polit & Beck 2016:547). The utilisation of concept maps makes the flow of information easier in knowledge models (Moon, Hoffman, Novak & Cañas 2011:13). First, codes and concepts were linked forming categories and sub-categories. The relationships and properties were identified and stated. The relationship statements gave details of what, when, who, why and with what consequences it occurred. Second, these sub-categories and emerging categories were linked together. With the sorting, integrations of memos, mapping and diagramming the relationships were sharpened among categories and sub-categories. The mapping and linking processes of the two sets of data are illustrated in Annexure M. In the third chapter the findings of the educators' views are described. The fourth chapter continues describing the views of the students. The findings as described in the third and fourth chapters were integrated and discussed in the fifth chapter with supportive literature. After the stage of focused coding, theoretical coding was possible.

### **2.9.3 Theoretical coding**

Theoretical coding is the final stage (Figure 2.3) and it is viewed as the sophisticated level (Charmaz 2014:150) or advanced coding (Birks & Mills 2011:116). Theoretical coding is the heart of integration of data and becomes the finalisation of the model. The linking of categories and sub-categories led to a new way to integrate them. With synthesis of categories, themes emerged from the data (Lichtman 2014:45). Birks and Mills (2011:12) mention that theoretical integration is the most difficult part to establish in grounded theory.

After data saturation, two sets of data from the educators' and students' views were reduced through concept synthesis to combine the final themes, categories and sub-categories to describe the phenomenon of trust in nursing education. Through theoretical coding and integration of the literature, the researcher was able to present the findings in a story line. The story line presentation of data indicated how themes, categories and sub-categories emerge through the process of abstraction and how the core category has been generated.

According to Glaser and Holton (2007:50), grounded theory procedures result in an emergent analysis and the generation of a substantive or formal theory. However, Mills, Bonner and Francis (2006:7) are of the opinion that the reconstruction of a grounded theory model emerged from the visibility of the text and connections between analytic findings and the generated data. The reading of relevant literature throughout the research process is a useful tool in recognising important concepts for the emerging model (Holloway & Todres 2006:197).

As indicated in Figure 2.2, after theoretical coding, categorising, building of categories and properties, the model development and presentation of the model followed.

#### **2.9.4 Methodology of the model development**

The grounded theory coding stages of Charmaz (2014) and the concept synthesis method of Walker and Avant (1995:58) have similarities in terms of model development. A detailed discussion of the methodology of the model development is in Chapter 6, Section 6.2.

The reduction and synthesis of concepts were iterative, until the properties of the concepts were evident. The process was cyclic and data saturation was obtained by forward and backward cycles. Through diagramming (Annexure N), the final layout of the model and relationships between the categories and sub-categories laid the foundation of the newly developed model. Components of the model were identified. As Giles et al (2016:33) indicate, a secondary literature review is necessary for the final refinement of the model; the researcher conducted a literature review and integrated existing literature, models and theories in the discussion to substantiate the model. The interrelated themes, categories and sub-categories were identified. The relationship statements of the model were formulated and properties of the components were described. Hardy (2012:318) explains that a symbolic model is a set of connected symbols or concepts that represent a phenomenon of interest and indicate the relationships among symbols to increase the understanding of what is going on and why. The model developed in this study is symbolically representing the phenomenon of trust and indicates the relationships of components, themes, categories and sub-categories to increase the understanding of trust and trusting relationships in nursing

education. Hence, this model is substantive in nature and meets the criteria of Strauss and Corbin (1998) as it is described in Holloway and Todres (2006:201), namely:

- Showing systematic relationships between concepts and links between categories.
- Variation should be built into the model in order for it to hold truth under a number of conditions and circumstances.
- The model should demonstrate a social and/or psychological process.
- The findings should be significant and remain important over time.

To summarise, the researcher followed the cyclic, concurrent and comparison processes during initial, focused and theoretical coding in the data generation and analysis processes, according to Charmaz's (2014) grounded theory. The data generation and coding took place cyclically and iteratively. After each face-to-face interview and focus group interview the raw data were transcribed and analysed. First, the researcher brought herself to understanding the preliminary data and the meaning thereof; then, in the second place, she developed codes to identify categories and sub-categories derived from the data; thirdly she linked the relationships of categories and sub-categories to identify a core category; fourthly, she utilised findings (quotes) and literature in the story line description, and finally, developed and presented a substantive model for trust in nursing education. All processes contributed to the trustworthiness of the model and study.

## **2.10 TRUSTWORTHINESS**

Trustworthiness and validity in research ensure that qualitative research is plausible, credible, trustworthy and defensible (Johnson & Christensen 2012:264). The term 'qualitative rigor' ensures validity and reliability in qualitative research (Thomas & Magilvy 2011:151). The model of trustworthiness proposed by Lincoln and Guba (1985) addresses five components, namely credibility; transferability, dependability, confirmability and authenticity. These five criteria are important to judge the rigor of qualitative research (Lichtman 2014:195; Streubert& Carpenter 2011:47-49). In Table 2.1 these criteria are concisely summarised to indicate how the researcher implemented strategies to ensure trustworthiness in the research process.

### **2.10.1 Credibility**

Credibility refers to the ability and effort of the researcher to ensure accurate description of information and interpretation of the information (Lichtman 2014:386; Thomas & Magilvy 2011:152). Topping (2006:169) indicates credibility is assured when there is a 'fit' between the participants' views and the researcher's representation of these views. Hence, Polit and Beck (2016:559) point out this is what enhances the believability of the findings. Quality checks enhance the quality of data with the implementation of common strategies such as independent coding and critical comparison by expert panels; feedback from the participants; and the provision of audit trails (King 2012:433).

It was important for the researcher to ensure credibility of and consistency in the interpretation. Therefore, the researcher was motivated and committed to complete the study. The implementation of quality processes as described in Section 2.8.3 served as a credibility criterion. The researcher obtained knowledge on the research processes by completing a research methodology module. The researcher was previously involved in research during her master's studies that entailed qualitative research. Methodological congruence was confirmed by using memos, reflexivity, bracketing and intuiting in the research. The researcher had opportunities at national and international conferences to present the methodology and findings of the study. The presentations were scrutinised by academics and peers, which increases the credibility of the study. According to Sinkovics and Alfoldi (2012:126), the credibility and authenticity of research may be enhanced by the inclusion of data displays, coding schemes, as well as an understandable and consistent explanation of each step of the research process. The researcher demonstrated procedural logic by maintaining an audit trail, and managing the data and resources. Memoing and field notes were made by using mind maps and mapping of research activities. Johnson and Christensen (2012:265) indicate researcher reflexivity ensures credibility through critical self-reflection regarding potential biases and predispositions. The researcher reviewed the interviews and transcripts for similarities throughout the research process. The reflexivity included an active introspection about experiences and questioning of the way of doing. Bracketing entailed that the researcher deliberately bracketed out expectations, thoughts and feelings. Through intuiting the researcher developed an awareness of the views of the participants.

Prolonged engagement of the researcher in the field until data saturation was reached, establishes the credibility of the findings (Brink et al 2012:172; Streubert & Carpenter 2011:48). The interviewing techniques and communication skills were practised using pilot interviews and by testing the introductory question. The supervisor and co-supervisor checked whether the pilot interviews and interpretations were consistent. The supervisors' approval served as peer debriefing. Four pilot interviews were conducted before the commencement of the face-to-face interviews with the educators and focus group interviews with students. The prolonged engagement over four years with the topic under investigation supported the credibility. Coding of data was done by the researcher without utilising software. The researcher was intensely involved in the coding and development of categories and sub-categories. After transcribing the interviews and analysing data for the initial coding, the researcher returned to the participants to obtain their opinions on whether the interviews were a true reflection of their point of view regarding trust in nursing education. The supervisors and co-coder did the peer cross-checking and debriefing of the findings for accuracy and representation of the findings. The confirmation of the interpretation of the findings supported credibility of the study.

Triangulation means using different sources and methods of data generation (Brink 2012:172). The participants were from different levels, backgrounds and NEIs. Students who participated were third- and fourth-year students. The participating educators possessed bachelors, masters' and PhD degrees. The NEIs were in different geographical areas with differences pertaining to being university and public NEIs. These differences ensured triangulation as the data were obtained from different points of views. Different views were obtained from educators and students through face-to-face and focus group interviews. Structural coherence was obtained through the integration of data in a logical manner such as the story line in the findings and discussion chapters. Structural coherence includes the whole process of interviewing techniques, transcripts, coding processes and compiling the final report.

### **2.10.2 Transferability**

Transferring research findings to another population is equivalent to external validity (Brink 2012:127; Cope 2014:89; Thomas & Magilvy 2011:153). Transferability relates to the applicability should the findings be transferred to another context (Polit & Beck

2016:650). Transferability might be a weakness in qualitative research due to purposive selection of the population and findings being applicable in a particular environment (Johnson & Christensen 2012:270). Transferability is also labelled as fittingness. This refers to the expectation that findings should fit or be transferable to other potential settings (Brink 2012:127; Lichtman 2014:387; Streubert & Carpenter 2011:49). Measures the researcher took to ensure transferability are summarised in Table 2.1.

The participants were from different NEIs situated in urban, semi-rural and rural areas. The participants were purposively and convenient sampled. Face-to-face and focus group interviews were conducted until data saturation was achieved and a model could be developed and refined; therefore, the number of participants sampled was determined by data saturation.

In Chapter 3 a dense description is provided of the findings based on educators' views and in Chapter 4 the findings that emanated from participating students' views are reported. The in-depth interviews resulted in dense descriptions of categories and sub-categories. The rich and thick descriptions of findings were checked by the supervisor and co-supervisor as expert researchers. The emerging categories and sub-categories were saturated and no new themes emerged. Experts contributed by evaluating the model and indicated the transferability of the model to similar situations in nursing education and higher education institutions.

### **2.10.3 Dependability**

Dependability occurs with credibility of a study. Dependability refers to the consistency and is a criterion by which to determine whether the researcher demonstrates credibility and trustworthiness in the findings (Brink et al 2012:173; Cope 2014:89; Streubert & Carpenter 2011:49). Dependability is also referred to as the stability of data and conditions (Polit & Beck 2016:559). If another researcher is transparent and follows the decision trail used in the current study, it confirms dependability (Lichtman 2014:387; Thomas & Magilvy 2011:153). During enquiry audits the documentations, process of investigation, data, findings and interpretations are examined (Brink et al 2012:173). Table 2.1 indicates the activities the researcher applied to enhance dependability.

The dense descriptions of the research methodology and findings ensured dependability. The researcher documented an audit trail, that is, a step-by-step description of how the study was conducted under the close supervision of the supervisor and co-supervisor. A co-coder confirmed similar findings as the researcher. The iterative process of coding and constant comparison of themes, codes, categories and sub-categories served as a stepwise replication in the study. Memoing and continuously writing notes during and after the interviews supported dependability. The supervisors as experts and experienced researchers audited the decision trail, research process and findings of the researcher, and verified and approved the methodology, data analysis and interpretation of the research findings.

#### **2.10.4 Confirmability**

When credibility, transferability and dependability are established, the research meets confirmability (Thomas & Magilvy 2011:154). Confirmability is established when the data, findings and interpretation are clearly linked (Topping 2006:169) and can be confirmed or corroborated by others (Lichtman 2014:387). Confirmability refers to participants' responses and not viewpoints of the researcher (Cope 2014:89). In Table 2.1, it can be observed that confirmability includes an audit trail and reflexivity.

The researcher ensured an audit trail and provided rich and in-depth data from the interviews by using quotes of participants in categories and sub-categories. The researcher implemented the set of criteria of Porter (2007:85) to increase confirmability and rigor in this research project:

- Transparency in the process of knowledge generation. The researcher was open for external feedback and reviews from participants and peers.
- The knowledge gained from the research contributed to the knowledge of the teaching and learning environment of nursing education.
- The data and findings presented the codes, categories, sub-categories and the core category in a storyline and model which are easily accessible and understandable.
- The recommendations and model derived from the research were new scientific knowledge in the teaching and learning environment of nursing education.

- The implementation of ethical considerations as discussed in Section 2.11 contributed to the trustworthiness of the study.

Self-reflection on the part of the researcher made the researcher aware of biases and predisposition. The researcher used memoing, reflexivity and bracketing to put all personal feelings and insights aside during the interviews and analysis of the data. The face-to-face and focus group interviews were recorded electronically, transcribed and analysed. There was a conscious effort to exclude personal views and to capture the real views of the educators and students. Thus, records of all activities, evidence and thought processes that led to the final writing up in a story line and model development allowed the production of new insights and therefore confirmability in the study was evident.

### 2.10.5 Authenticity

Polit and Beck (2016:560) allude to authenticity as the extent to which researchers show a range of realities fairly and faithfully. According to Cope (2014:89), authenticity refers to the ability of the researcher to interpret the emotions and feeling of the participants in a faithful manner. The researcher wrote a story line on the data in the third and fourth chapter, using direct quotes of participants. The presentation in the third, fourth and fifth chapter gave an understanding of what educators and students consider as important for trust, trusting relationships and the importance of trust in nursing education. The process of authenticity allowed the researcher to be critically reflective when data were interpreted.

**Table 2.1: Trustworthiness**

Strategy	Criteria	Application by researcher
Credibility	Researcher expertise	<ul style="list-style-type: none"> <li>• Self-awareness, clarity, commitment and motivation to complete the research</li> <li>• Completed a research methodology module</li> <li>• Experiences and exposure to research during master's degree studies</li> </ul>
	Methodological congruence	<ul style="list-style-type: none"> <li>• Implemented memoing, reflexivity, bracketing and intuiting in the research</li> <li>• Presentation of finding at a conference</li> </ul>
	Procedural precision	<ul style="list-style-type: none"> <li>• Maintained an audit trail</li> </ul>

Strategy	Criteria	Application by researcher
		<ul style="list-style-type: none"> <li>Managed data and resources</li> <li>Demonstrated procedural logic</li> </ul>
	Memoing and field notes	<ul style="list-style-type: none"> <li>Mind maps and mapping of activities</li> <li>Field notes made on information received in the nursing education environment</li> </ul>
	Reflexivity	<ul style="list-style-type: none"> <li>Actively implemented, which involved thinking about experiences and questioning the way of doing</li> </ul>
	Bracketing	<ul style="list-style-type: none"> <li>Deliberately 'bracketed out' expectations, thoughts, feelings and perceptions</li> </ul>
	Intuiting	<ul style="list-style-type: none"> <li>Developed an awareness of the views of the participants</li> </ul>
	Prolonged engagement in research with a special interest	<ul style="list-style-type: none"> <li>Conducted four pilot interviews</li> <li>Face-to-face interviews conducted</li> <li>Four years 'involvement in the research</li> <li>Member checks and interpretation of data</li> <li>Conducted 14 face-to-face interviews with educators</li> <li>Conducted 15 focus group interviews with students</li> </ul>
	Member check	<ul style="list-style-type: none"> <li>Co-coders' inputs; supervisor and co-supervisor's feedbacks</li> <li>Co-coder and supervisors verified the themes, codes, categories and sub-categories that emerged</li> </ul>
	Participant debriefing	<ul style="list-style-type: none"> <li>Participants viewed the transcribed dialogue and first analysis of the face-to-face and focus group interviews</li> </ul>
	Interview technique	<ul style="list-style-type: none"> <li>Practiced and utilised communication skills</li> </ul>
	Peer debriefing	<ul style="list-style-type: none"> <li>Two pilot interviews to practise interview techniques</li> <li>Two pilot focus group interviews to practise interview techniques with groups</li> </ul>
	Triangulation	<ul style="list-style-type: none"> <li>Different data sets namely, the educators and third- and fourth-year students</li> <li>Participating educators had bachelor's, master's and PHD degrees</li> <li>Different NEIs in different geographical areas</li> <li>Face-to-face interviews with educators</li> <li>Student focus group interviews</li> </ul>
Transferability	Representativeness Purposive and convenience sampling	<ul style="list-style-type: none"> <li>Selecting participants with knowledge to contribute to the research</li> <li>Educators and students were included</li> <li>Different NEIs in different geographically regions</li> </ul>

Strategy	Criteria	Application by researcher
	Sampling	<ul style="list-style-type: none"> <li>• Purposive and convenience sampling</li> <li>• Participants from different NEIs, urban, semi-rural and rural. A university and public multi-campus NEI</li> </ul>
	Dense description	<ul style="list-style-type: none"> <li>• In-depth interviews ensued in dense description of categories and sub-categories</li> <li>• The research methodology was explained in detail</li> <li>• Rich and thick descriptions of sampling and data collection</li> </ul>
	Data saturation	<ul style="list-style-type: none"> <li>• The categories and sub-categories were saturated and no new themes emerged</li> </ul>
	Contribution of experts	<ul style="list-style-type: none"> <li>• Supervisor and co-supervisor as experts in research</li> <li>• Model expert reviewers evaluated the model and agreed to the transferability</li> </ul>
Dependability	Dense description	<ul style="list-style-type: none"> <li>• Dense description of research methodology</li> </ul>
	Audit trail	<ul style="list-style-type: none"> <li>• Kept a log book and recorded events and decisions</li> <li>• Co-coder confirmed similar finding</li> </ul>
	Stepwise replication	<ul style="list-style-type: none"> <li>• Coding and co-coding of data. Members checked themes, codes, categories and sub-categories</li> </ul>
	Memoing	<ul style="list-style-type: none"> <li>• Continuous writing of notes during and after the interviews</li> </ul>
	Inquiry audit	<ul style="list-style-type: none"> <li>• The two supervisors audited the research process and the decision trail, and the research process is described in detail</li> </ul>
	Dependability occurs with credibility	<ul style="list-style-type: none"> <li>• The researcher achieved credibility as described above</li> </ul>
Confirmability	Audit trail	<ul style="list-style-type: none"> <li>• All the stages of the researcher process were audited and reviewed by experts</li> </ul>
	Reflexivity	<ul style="list-style-type: none"> <li>• Reflective notes were made</li> </ul>
	Confirmability occurs	<ul style="list-style-type: none"> <li>• Recorded activities and notes on activities until data saturation was reached</li> </ul>
Authenticity	Expressed the feelings and emotions of the participants	<ul style="list-style-type: none"> <li>• Utilised quotes in the story line to support the interpretations of feelings and views of the participants</li> </ul>

## 2.11 ETHICAL CONSIDERATIONS

Ethical considerations were an important aspect in the research. The researcher adhered to the basic ethical principles to prevent any discomfort or exposure of participants. Brink et al (2012:35-38) emphasise the importance of implementing ethical

principles such as: autonomy, justice and beneficence and it is described below and presented in Table 2.2.

### **2.11.1 Autonomy**

Autonomy means that the participants and institution have the right to self-determinism and protection, thus individuals and institutions have the right to be fully informed and to withdraw from the research (Brink et al 2012:35). Polit and Beck (2016:140) contend that self-determinism means participants may decide voluntarily whether to participate or not. Self-determinism is the respect for human dignity.

Ethical clearance was obtained from the Higher Degrees Committee, Department of Health Studies at the University of South Africa (HSHDC/114/2012) (Annexure A). Ethical clearance (ECUFS Nr 167/2013) was obtained from the Higher Education Institution too (Annexure B). Permission was obtained from the Free State Department of Health to conduct the research at the three campuses of the public NEI (Annexure C). At the public multi-campus NEI, permission was obtained from the principal of the NEI as well as from the three heads of campuses (Annexures D, E, F and G).

Participants in the study were informed about the aim and purpose of the research (Annexure H). Participation was voluntarily and participants gave consent by signing an agreement of voluntary participation, recording and confidentiality (Annexure I). Participants had the right to withdraw from the research should they feel that they did not want to participate anymore, but nobody withdrew. The participants' right to privacy and confidentiality was maintained. The participants were not exploited and their anonymity was prioritised. The transcriptions of the interviews were stored in a private place, and no names were attached to the dialogues and quotes used in this or any other report. Participants in the focus group interviews signed and agreed that they would keep the views of other participants confidential. No financial remuneration was given to any person participating in the face-to-face or focus group interviews. The preliminary findings of the categories and sub-categories were made available for member checks and comments. Because the researcher is an assistant manager in one of the three campuses of the public NEI, power differentials were carefully considered. Nobody was forced to participate in the study. The researcher ensured that she acted as researcher and did not take on her management role during the interviews. The

making of field notes of experiences contributed to the researcher taking a reflective stance.

### **2.11.2 Justice**

To adhere to the principle of justice the participants had the right to fair selection and treatment (Brink et al 2012:36-38; Grove et al 2013:172). First, a fair selection of participants took place. Educators, who were requested to participate in the study, voluntarily agreed. Students were recruited from the NEIs third- and fourth-year classes. The third- and fourth-year students had a fair opportunity to participate and those who indicated their willingness to participate were included. Second, the participants had the right to privacy and to be protected from exposure. In the written consent form, the researcher guaranteed that participants' names or identification would not be attached to any data used in the thesis. The line-by-line codes did not refer to a specific participant. The digital recording of interviews and transcriptions were done with the participants' consent and kept on CD in a locked cabinet at the researcher's home. Participants had the right to refuse to answer any question that they might have experienced as exploiting. Third, anonymity was maintained throughout, thus the participants' and institutions' names were kept confidential. Selective quotes from the conducted interviews which are used in the third and fourth chapters of this report do not reveal the names of the participants. Quotes or dialogues were utilised in such a way that neither participants nor the NEIs can be recognised. Fourth, regarding confidentiality, the researcher did not link any information to a specific person or institution, neither do codes attached to the meaning units refer to a specific person or institution. The participants' names were not attached to a code, and the initial references to participants were changed. For, example the first participant was P1 and last participant P14. All participant references – P1 to P14 – were shuffled and new references were attached to them, namely A, B, C, and D. As for the focus group interviews, no reference was made to a specific participant in the group. Therefore, in Chapter 4 a 'G', for example, refers to a specific group and not a participant. In the written agreement assurance of confidentiality regarding the names and institution was given.

### **2.11.3 Beneficence**

Participants have the right to be protected from discomfort and harm being minimised. Polit and Beck (2016:139-140) define beneficence as the right to freedom from harm and discomfort as well as the right to protection from exploitation. Grove et al (2013:175) add that the researcher should maximise the benefits and determine the benefit-risk ratio of the study. Brink et al (2012:35-36) state that discomfort may be physical, psychological, spiritual, emotional and social harm. The participants were not forced into the participation in the research, and were informed about the purpose of the research. The research process was free from physical harm. However, as the study was about trust and trusting relationships, participants might have experienced psychological discomfort, but no participant indicated or expressed that the phenomenon of interest caused any psychological unease or distress. Had any participant experienced discomfort, he or she had the opportunity to withdraw. A thorough explanation of the purpose of the study and the choice of topic lessened any possible psychological discomfort. The awareness of a possibility of discomfort made the researcher sensitive to the participants' viewpoints expressed during the interviews.

Participants also have the right not to be exploited through data presentation and discussion; therefore, the digital recordings and written narrative scripts will be destroyed five years after completion of the research. An explanation of the benefits of the study was given to participants. This included that the research might contribute to enhance the education and training of professional nurses when trust was built into the teaching and learning environment of nursing education.

**Table 2.2: Ethical considerations**

Ethical consideration	Ways in which it was implemented
Autonomy	<ul style="list-style-type: none"> <li>• Fully informed participants:               <ul style="list-style-type: none"> <li>- purpose of the study</li> <li>- recording of the interviews</li> </ul> </li> <li>• Right to withdraw</li> <li>• Voluntary consent</li> <li>• Voluntary participation</li> <li>• Member check</li> <li>• No remuneration</li> <li>• Consent from Department of Health</li> <li>• Consent from University</li> <li>• Consent from all the NEIs</li> <li>• Fair selection for purposive and convenience sampling</li> <li>• Privacy</li> <li>• Confidentiality maintained</li> <li>• No exploitation</li> <li>• Anonymity</li> <li>• No coercion</li> <li>• Power differentials</li> </ul>
Justice	<ul style="list-style-type: none"> <li>• Fair selection according to the eligibility criteria</li> <li>• Sampling until data saturation</li> <li>• Right to privacy and prevention of psychological harm</li> <li>• Right to not be exploited and to refuse answering questions</li> <li>• Anonymity of participants guaranteed when using quotes</li> <li>• Keeping participant information confidential</li> </ul>
Beneficence	<ul style="list-style-type: none"> <li>• Voluntary participation</li> <li>• No physical harm</li> <li>• Punctual with interviews</li> <li>• Honest and sensitive with the participants</li> <li>• Participants' right to withdraw from the research</li> <li>• Participants' right to not be exploited</li> <li>• Secure keeping of transcribed interviews and recorded CDs</li> <li>• Explanation of benefits of the study to participants</li> <li>• Management of emotional discomfort of participants</li> </ul>

## 2.12 CONCLUSION

In this chapter the philosophical underpinning, design, methodology and research techniques were explored and explicated to make the reasons clear behind the researchers' way of thinking. Each decision of the researcher fitted into the final design, approach and methods to render the outcome of the study, namely to investigate and

use the views of educators and students to determine the role of trust and trust relationships in nursing education. From the deliberations it is clear that the study was conducted ethically, and that the researcher complied with the conditions for trustworthiness and its ramifications. Based on this explication of how the study was conducted, the researcher could embark with confidence on discussing the findings, as will be brought to the reader in the next chapter.

## **CHAPTER 3**

### **FINDINGS RELATED TO THE EDUCATORS' VIEWS ON TRUST IN NURSING EDUCATION**

#### **3.1 INTRODUCTION**

In Chapter 2 the methodology was described. The focus of this study was to construct a model using a grounded theory design. In this chapter the findings of the study and relevant literature with regard to the educators' views on trust in nursing education are presented. These views include their expectations of educators, students and professional nurses which are regarded as people contributing to trust and trusting relationships in nursing education. The theoretical environment and the clinical learning environment (CLE) play a role in trust in nursing education. Maintaining standards, support and learning opportunities, as well as availability of resources are essential for trust in the teaching and learning environment.

#### **3.2 BACKGROUND TO THE VIEWS OF EDUCATORS**

A total of fourteen face-to-face interviews were conducted with female educators between the ages of forty and sixty. Five educators from the university NEI participated. All the participants from the university had master's degrees and two had PhD degrees. At the public multi-campus NEI, nine educators with bachelor's degrees participated. One educator had a master's degree and two were busy with their master's degree. Interviews were audio recorded with the participants' permission and settings. The identifying codes, A, B, C and D, as well as the numbers refer to specific participants and settings. The rationale for this was to maintain confidentiality. The term participants in this chapter will refer to the educators who participated in this study.

Participants identified three role players as important stakeholders in trust and trusting relationships in the teaching and learning environment. They were the educators, students and professional nurses in the context of nursing education. The educators' views were not limited to these role players, but included the conditions of the nursing

education environment. The participants' views of the outcomes, values and disadvantages of trust and lack of trust will be described.

Five themes were identified by participants during the interviews as important for trust in nursing education, as depicted in Table 3.1 and discussed subsequently.

**Table 3.1: Themes on the educators' views on trust in nursing education**

1	Professional relations
2	The educator as facilitator of trust
3	The students' role in trust in nursing education
4	The professional nurses' role in trust in the clinical learning environment
5	Teaching and learning environment

**3.3 THEME 1: PROFESSIONAL RELATIONS**

Participants indicated that professional relations refer to the interactions among the role players in the context of nursing education. All role players are interrelated within the teaching and learning context in nursing education. Table 3.2 contains the categories of this theme. For this theme no sub-categories were identified.

**Table 3.2: Professional relations**

<b>Categories</b>
The role of self-trust
Initial professional interactions

The role of self-trust in educators and initial professional interactions formed the foundation of professional relations.

**3.3.1 The role of self-trust**

Participants indicated that educators need to gain trust from students. Students trust educators when they are confident, because confidence portrays self-trust and the students view a confident educator as competent. It was considered by participants that trust originates during the first phases of one's life, when the construct of trust/mistrust

is established. One participant linked the first psychosocial development phase of Erikson (1959) in Van Vuren (2012:81), namely trust versus mistrust, to nursing education, because trust, which is of utmost importance in nursing education, is established during the first phase in the development of a career. The participant stated:

“Suddenly I think about the developing phases where you have ‘trust-mistrust’ ... yes this is that development phase where you ‘trust-mistrust’. Yes this is your first phase, this is your first phase in nursing. Students are like babies and should learn ‘trust versus mistrust’; first-years are like babies, and this is where they are going to learn or not.” (D1)

The first trust-development phase lays the foundation (Van Vuren 2012:81) for self-trust and interpersonal trust and enhances trust in the career of the individual.

Educators’ self-trust and confidence create images of trustworthiness to students. Participants viewed that behaviour linked to their self-image created an image of trust to students. A confident educator with self-trust makes an impression on students and a trustworthy image of educators will win the trust of students.

“Number one: you must have trust in yourself, because if you are having self-trust you appear trustful to other people. And you must, you must appear smart. That is a need in front of the students. The student will then trust you and when you say or when you facilitate or when you teach. You do not have doubts: I’m not sure of this, I am going to look at this. You knew that you are going to facilitate about this thing. So have all the information you must, make sure, be informed. Be well confident with what you are going to present to the students. Because once you’ve fumbled if the student is asking you a question, they will never trust you. I always say ... first impressions last forever. ... They see that this one, she does not know her story ... be fully prepared in the class, have readymade answers for this, facilitate with confidence. Have confidence in what you are teaching. In that way you are gaining the trust from the students and you must not fumble around if they ask questions.” (B3)

Scherkoske (2013:132) links self-trust with integrity that implicates that a person with self-trust regards him-/herself as competent in a specific domain or context. Hence, when the educator believes in his/her own competencies, students will regard the educator as competent.

Internal qualities such as self-trust and confidence enhance reciprocal trusting relationships in nursing education on which initial relationships will be built. Substantive findings of Dinç and Gastmans (2013:508) emphasise that the development of trusting relationship is an ongoing process from initial trust to a specific reconstructed trust. Self-trust of educators enhances their self-knowledge and ability to initiate professional interactions with students.

### **3.3.2 Initial professional interactions**

Initial professional interactions are based on professional values, ethical conduct and respect, and participants explained that educators are role models for students in this regard. Participants indicated self-knowledge as important to portray a positive image of professional interactions to students which would be beneficial to the profession. The self-knowledge of educators created an image of self-confidence when teaching and facilitating students' learning. The self-trust of educators created a platform for students to find their feet within the nursing profession. Once this platform is established, professional relations between educators and students will develop.

“The lecturer must know herself; she must know what her strong and weak points are. She must know how she can use these to the advantage of her profession and her training, etcetera. It just does not help if she does not know herself, because then she will have problems in helping her students to find their own self, therefore the lecturer must also trust herself.” (D1)

The majority participants regarded professionalism as a basic requirement that should be demonstrated by all professional nurses. Participants viewed professionalism as a basis for trusting relationships.

“Look, your professionalism is ... the foundation of everything. If it is not there, there is nothing. Without professionalism there cannot be trust between anybody or group. Because professionalism ... professionalism says that you are a person with certain values, certain ethical norms, certain discipline. This behaviour can be expected of you.” (D2)

Collier (2012:1455-1456) regards professionalism of healthcare workers as an essential feature for trust. Professional values and ethical conduct are fundamental for trusting relationships.

Participants expected students to respect the nursing profession when entering the profession. Participants indicated that respect should be earned and role modelled to students.

“And we also want to see a student with respect, a student respects the profession, and respects anybody in the profession and even the profession.”  
(C1)

“Respect them, you do not demand respect, but you earn it. The students will follow you, they will respect you, if every time I humble myself and talk nicely with my students even if I am furious, I do not even break it. Those students will respect you, they will.” (B3)

Professionalism and respect provide boundaries for initial professional interactions between educators and students. The study findings of Leusen, Lefwich and Brush (2016:255) indicate that interpersonal skills helped in the development of trust-based relationships in education. In the current study participants indicated that initial relationships between the educator and students originated through role modelling, respect and the professionalism of educators. When respect and acknowledgement were evidenced, a trusting relationship can be built between them. Dinç and Gastmans (2013:508-509) surmise that the development of trust in professional nurses is related to competence, interpersonal caring attributes and trustworthiness. In the subsequent sections the views of the educators regarding requirements for trust in the educator, students and professional nurses will be discussed.

### **3.4 THEME 2: THE EDUCATOR AS FACILITATOR OF TRUST**

In organisations the manager is regarded to be the facilitator of trust by creating safe conditions as a platform of trust (Bylok, Cichobtaziński, Pabian & Zawada 2015:49-50). Celik (2011:74) argues that educators' characteristics and competencies are valuable for the standards in education and maintaining professional development. In educational

institutions the educator is the facilitator of trust. In Table 3.3 the categories and sub-categories that emerged from the findings are illustrated.

**Table 3.3: The educator as facilitator of trust**

<b>Categories</b>	<b>Sub-categories</b>
Competencies of the educator	Expert knowledge
	Teaching knowledge and skills of the educator
	Ability to integrate the theory and practice
	Academic support and clinical accompaniment
Setting standards and maintaining consistency	Standards in the teaching and learning environment
	Maintain consistency
Professional credibility	Attributes of trustworthiness
	Professional image
	Professional values and behaviour
Values of trusting relationships	Value of trust in the educator
	Effects of a lack of trust in the educator

### **3.4.1 Competencies of the educator**

According to the participants, educators facilitate trust through competence. Competencies mentioned included the expectations that the knowledge should not be restricted to the content of a subject, but be extended to include teaching skills and clinical knowledge. The ability to integrate theory and practice was emphasised as well as the important role of clinical accompaniment. Sub-categories of this category are expert knowledge, teaching knowledge and skills of the educator, ability to integrate the theory and practice as well as academic support and clinical accompaniment.

#### **3.4.1.1 Expert knowledge**

All participants viewed that they should be experts in the content of the subject they taught and demonstrate effective teaching skills. Students were motivated by the enthusiasm about their subject knowledge and encouraged to show an interest in the subject. Basic knowledge for educators was not sufficient to reassure students. Educators were expected to be dynamic, informed and updated about the changes in the nursing.

“The lecturer must definitely be knowledgeable in her subject because if the student detects any doubt in the lecturer who is to teach them, they will lose their trust, not only in the lecturer but also the school or uhm... the subject area.” (D1)

“They must trust that you have their interests at heart. They must trust you. You must know your subject and demonstrate that knowledge to them. You must also demonstrate the importance of your subject area to them. So you must sell your subject because as soon as you do so they will see what is important to you.” (D2)

Well-prepared and -planned class presentations were regarded central to demonstrate expert knowledge to students. Participants indicated that when they were prepared and assertive they would have self-confidence, and be able to communicate their subject knowledge effectively during class presentations.

“They must be a good professional example, and by being a good professional example they need to be well prepared, know what they are talking about.” (C3)

“... You need to be knowledgeable if you are going into a classroom; you need to be prepared so you need to be assertive, and you need to have self-confidence, and be assertive and have self-confidence and have knowledge; you need to be reliable.” (C3)

Educators are leaders that should be trusted. McLemore (2014:91) in this regard posits that assertiveness is linked to trust and confirms that the person is in control.

According to the participants, educators should have the competence and ability to reach the student, and ensure that correct and applicable information is transmitted as required by the programme. The educators' clinical knowledge should be recent and aligned with current nursing practices. The responsibility of the educators was to update theoretical and practical knowledge to enhance teaching practices in the clinical context. It is expected that there should be a correlation between what has been taught in the class and what is relevant in the clinical environment. Students examined the knowledge of the educator to verify whether they were up to standard.

“... to give them information, knowledge up to date, recent practice, that is expected of them; useful, that they can use it in the practical areas and do not learn things that they cannot use.” (A3)

“... there is time that the student is asking this questions not because she does not really want clarity - she just asks to check how far do I know or actually mock you ... to expose you how little you know, or you do not know.” (C2)

The emphasis on expert and updated knowledge was recognised, because participants believe that the students expected updated knowledge or, alternatively, the provision of alternatives to gain/recover the knowledge.

“... What is important is that you have to know your subject; you have to know your subject because some of the students are very bright and they will catch you out. If you do not know something rather say: ‘I do not know but I will find out or read it up’. Do not spin them a story or lie to them.” (A1)

According to Bencsik and Machova (2016:43), trust leads to the sharing of extensive knowledge and the probability that the information shared will be comprehensive with sufficient depth and value. The knowledge that educators shared with students established trust in the educators’ competencies.

Participants considered basic and expert knowledge as expected by students to enable development of trust in the competence of the educator. The knowledge and skills of educators were not only restricted to the theoretic milieu but also extended to the teaching abilities of educators.

#### ***3.4.1.2 Teaching knowledge and skills of the educator***

The majority participants indicated the importance of their teaching skills and methods to facilitate learning. Teaching styles should accommodate learning styles of students to capture their attention and facilitate learning.

“I need to be focussed on the learning ... more focus on the learning and teaching; make sure that my core duty is for them to learn, no matter what, that’s my duty for them to learn and to help them in any way.” (B2)

“I do not know how they feel the lecturer does not know how to teach, because they are students, so sometimes they’ve got that thing that the lecturer cannot teach, I do not know what they are seeing to say the lecturer cannot teach.” (B1)

“... You must make an effort with your presentations ... different methods that are not the usual old standard, proper nursing education. Different methods of transferring of data, videos, slides, power point, your notes, everything.” (D2)

“... you must be very creative how you present this subject to keep the student interested in the content, and use different techniques ... method teaching.” (A1)

The study of Bencsik and Machova (2016:47) confirms that creativity, an innovative atmosphere and trust are characteristics of an environment conducive to learning.

Participants viewed that the use of technology during teaching made presentations interesting and facilitated learning. The utilisation of several techniques improved students learning.

“... Use all the methods like, using lecture method, group discussion and presentations. We are using debates, depending on the content that needs to be understood and absorbed by the student. We are using ... sometimes we go to the extent using quizzes.” (C1)

“... so maybe the bright student will go and google something and sometimes knows more than the other students or than the lecturers, because they are using technology by themselves. So they may reason ‘why am I in class? I can get the information in another way’. Sometimes I think that is why students absent themselves in the class.” (A1)

A study by Lehr and Schlenger (2016:47) found that using creative interactive strategies enhanced students’ learning and students viewed such interactive strategies valuable for their future nursing practice and professional development. The utilisation of technology and teaching strategies makes teaching and learning easier in nursing education.

Findings indicated that subject knowledge and implementation of teaching skills were important competencies of educators. These competencies should be applied to keep the teaching and learning process challenging for students. The competencies furthermore focussed on the ability of the educator to integrate the theory and practice of nursing in the teaching and learning environment.

### ***3.4.1.3 Ability to integrate the theory and practice***

Participants indicated that the teaching of theory and practice should not be regarded as separate entities. Educators need to prioritise the integration of theory and practice.

“... then the methods of teaching ... like demonstration it does help to correlate theory and practice when you bring more demonstrations. We need to go back to the simulation and demonstration rooms more even in our teaching. Because sometimes I feel we as lecturers, we are the ones separating the theory from practice, because I feel if I teach a certain part, maybe of a certain part, maybe I say that after the lecturing ‘let us go to the ward’, immediately not to see that there is a division of block and practice placements. Even during the lecturing ... can see that is what we combine here ... the part I taught, if I can take them to the clinical area, or to the hospital immediately to see what I taught them.” (B2)

According to Maxwell, Black and Baillie (2015:39-41), a practice educator bridges the gap between the theory and practice. The practice educator is a role model in practical thinking, giving support and assisting with critical thinking skills such as problem solving, clinical thinking and transferability of skills. Trust between the practice educator and student establishes the support role of the educator.

Participants maintained that the integration of theory and practice should be linked to the different subjects to provide a holistic learning experience to students.

“So I should know, if I teach bio-natural sciences, this what I am teaching now is related to the endocrine system and the respiratory system and I must make them aware, that if I teach you about diffusion, once you do respiratory system and all the gas exchanges, you are going to use it again.” (A3)

“... A lack of integration, not only between theory and practice but also between subjects ... We do not see the relationship always that integration is for me mostly on the lecturers’ part. They must see the bigger picture. They must not focus on their own little subject not knowing what happens in the other subjects.” (A3)

For integration of theory and practice, expert theoretical knowledge was required by educators, including of the ability to apply different teaching methods to facilitate student trust in the educator. These abilities should be extended and implemented in the accompaniment of students in the CLE.

#### ***3.4.1.4 Academic support and clinical accompaniment***

According to the participants, educators were to be academic support figures to students during teaching and learning, assessments and when problems were encountered with learning content and other issues in connection with their studies.

“... So, in my mind I say it seems that there were not enough counselling and support for the student. There is not enough support to help our students. There are many that are exiting here as assistants, as enrolled nurses, others you try to push them towards that, you push them towards that, but they cannot. Their IQ may be perhaps low but I don’t know, but with others here, we do not provide support enough.” (B3)

A study finding of Hilli, Salmu and Jonsén (2014:569) indicates that a caring relationship is essential in the process of learning and development. A welcoming, supportive attitude towards students ignites students to participate and to not withdraw from the environment.

Participants indicated that during difficult and traumatic experiences in the clinical environment educators should be available to support students to express their emotions.

“I could have shown more empathy and say to her ‘Yes, I could understand that and we could have spoken about it’, when she came to me and said ‘but this and that happened’ and she feels it should not have happened. I could have ... but it was not emotional ... then I could have gone through the thing with her

analytically and say 'Let us look at the elements, what was right and what was not right.' I would suggest that it could have been managed differently, in other words you tried to remain objective." (D5)

Emanuel and Pryce-Miller (2013:19) emphasise that students learn effectively in supportive environments and students value the educators' contributions during a time when they need it.

According to the participants, structured guidance from educators in the clinical environment assisted students during WIL. Clinical accompaniment by educators was viewed to be an important aspect during WIL and contributed to the trust students developed in the educators. Valuable opportunities may be created for integration of their theoretical knowledge with the diagnosis of the patients and nursing care.

"... and accompaniment is not going in and does a feedback - accompaniment is going to work with the student, asking the conditions of your patients of the day, let's discuss the conditions." (A3)

"So why did you not come to them, why did you not go to that ward? In other words ... so I cannot trust you because you did not go to the ward." (A1)

D'Souza, Venkatesaperumal, Radhakrishnan and Balachandran (2013:30) emphasise that the educators' experience and guidance in the clinical setting establish a knowledge foundation and learning possibilities for students in the field.

The majority of the participants viewed structured clinical accompaniment as opportunities to facilitate learning. Effective accompaniment motivated students to learn.

"... More frequently, be with the students, to make them aware of all the opportunities. If somebody does not tell them, but you must also learn that when you are there, then they will not know and be motivated to do it." (A3)

Participants verbalised the educator-student ratio put unrealistic demands on educators. The shortage of educators influences teachable moments, due to large student numbers. A shortage of educators has an impact on the standards and quality of clinical accompaniment.

“... the accompaniment, it’s not effective that much because of the large group of students that we are having, so sometimes you cannot do it as it is expected - like 30 minutes for each student if you got say 20 students in the clinical area. When are you going to finish the accompaniment, when are you going to do the assessment?” (B1)

“There is a lack of staff and at the end you find that you just go there for checklists, and not for accompaniment. There are too many students and they are scattered all over. So it is difficult and our product at the end is not what we want, is not mature.” (B2)

Bennett (2012:66) advises educators to place students in the clinical area where the best learning opportunities can be obtained. Participants indicated the importance of a planned accompaniment programme, and that accompaniment be goal directed in the CLE.

“... there will be another one that goes to them purposely, the one for the accompaniment, the one with a purpose to accompany the student. The one that will plan and say: What am I going to do today? Am I going to demonstrate something or am I going to support the students there, or am I going there for spot checking?” (C2)

Effective support and accompaniment build trusting relationships between educators and students. Accompaniment of students in the learning environment developed trust in the educators’ competence and abilities. Educators’ competencies should be developed and practice driven to facilitate the setting of standards.

### **3.4.2 Setting standards and maintaining consistency**

Participants indicated the importance of high teaching standards that are applied consistently to instill trust. Standards would be set in theory and clinical areas and include teaching and assessment policies, regulations and rules.

### ***3.4.2.1 Standards in the teaching and learning environment***

Standards in the teaching and learning environment refer to consistency and expected similarities regarding educators' assessments, campuses and procedures in the theoretical and clinical environment. Inconsistency influences trust. Participants viewed that in the simulation rooms the correct standards of the procedure were taught, but students were unable to maintain the same standards in the CLE.

“... Students say that ‘we were taught differently at the college, now we are doing it differently so ... we do not trust you, because we do not see the correct things happening like we were instructed.” (A1)

Participants indicated that assessment standards differed among educators resulting in a lack of trust from students. Participants emphasised that all educators should maintain the same standards during assessment of students, to promote trust in all educators.

“This can cause confusion to the students because I am strict with this and this and this point and maybe it is not that the same with the other lecturer.... We are doing the same thing but do not have the same standard.” (A1)

“That is when they lack trust in us because they think if you are ... more standards, they think you are the cruel one. And that one that has low standards is the good one. So at the end of the day we do not produce the product ... you know the well behave, focused students, because we are having double standards.” (B1)

The need to maintain the standards among the different multi-campus was raised. Participants maintained that standards differed between campuses and this created double standards. Implementation of basic principles of assessments should be aligned in different disciplines.

“The campuses standards are not the same ... remember we are managers on a certain level, now if our standards are low down here, we are not assisting you, to control the standards. So all of us we are all responsible in some way for this lack.” (B1)

“... because one student asked that “why is it not the same in other disciplines.”  
(A1)

Participants verbalised that unethical behaviour of some of their colleagues lowered the standards of nursing education.

“It lowers our standards, it lowers our standards. But it has not been scientifically proven to the extent to which it is a hush-hush thing, where you suspect, you suspect that lecturer so and so has done some favours to the students, but the fact is no matter how little it is happening, it lowers the standards of the education.” (C2)

Participants indicated that enhancing teaching standards could improve the trust in the delivering of nursing care and nursing. The image of nursing education may be enhanced by producing competent nurses.

“To better the standard in nursing care because at the end and we need to be able to be proud of our product and this is the ideal registered nurse that we really want in our society, because there are complaints from the society, unless we as lecturers change our standards we really need to pull up the standards, the things will never change. We need to improve ... I do not know we should improve our standards on our side as lecturers, a thing that is another area that really needs to be attended to it, to us ... the lecturers from our side ... how we present ourselves as lecturers, because from us our dignity, we lower ourselves our dignity.” (B2)

The standards in nursing education varied from procedures that were taught and implemented differently, educator differences during assessments, differences in the standards of disciplines and on campuses. Standardisation enhances trust in educators, and creates a positive image of nursing. Participants emphasised that even when standards were maintained, the need existed to be consistent with implementation.

#### **3.4.2.2 *Maintain consistency***

Policies, rules and regulation in the teaching and learning environment were set by the NEIs. Participants verbalised that the implementation of these policies, regulations and

rules needed to be applied and implemented consistently in all teaching contexts. Policy prescriptions were to be adhered to by all educators. Consistency would create a predictable environment and students would be able to perform within these boundaries as expected from educators.

“I think we need, we need to have discipline and we need to have consistency. Because, if you tell somebody that you want something and they do not do it, and they get away with it, then you need discipline and you need consistency.” (C3)

“I think the trust between me and my colleagues is like things that they will implement regulations and do the same way I do.” (A3)

Inconsistencies by educators during clinical assessments caused confusion for students. Preves and Stephenson (2009:254) indicate that consensus in teaching and assessments have implications for educators' credibility and students' learning. In the current study it was clear that fair and accurate theoretical assessments were required by students as a condition for trust. Educators should be aware that their mistakes and inconsistencies during assessments increased doubt and uncertainty in students.

“... to me it eventually confuses the student and also it comes then ... if they do not know what is the correct way ... this lecturer expects this from me and this lecturer expects that from me. So I think it can have an impact on trust.” (A1) 17

“... from the start you marked correctly, if you are doubted ... if you are marking, you mark correctly if you are assessing, you ask the next person to assist you, marking it and calculating the marks.” (B1)

“... But sometimes another student will be saying that ‘this is not happening for the first time, I wonder if she does not have something against me’, especially when it happens accidentally twice with the student. The students do become cautious around you.” (C2)

“When you say that you are a professional you should work as a team, if I say ‘No, this thing is wrong’ to a student, the next lecturer should also say this thing is wrong. It should not be an issue of now you are seen as the bad one and the other lecturer is good because he or she allows all things to the student so that she is been loved by the students.” (B1)

“When one lecturer is stricter than the other one it creates a problem ... it really creates a problem because the students, they really run away from the strict lecturer to that one.” (B2)

Huybrecht et al (2011:277) conclude that educators should be trustworthy with standardised assessments to prevent assessments where educators “fail to fail an unsafe student”.

Participants held the standpoint that consistency is required among educators regarding the implementation of policies, standards and assessments in nursing education to enhance trusting relationships and teamwork. Inconsistency creates a barrier to trust in teaching and learning.

“... The very same thing not applying the standards, because say maybe I am strict when the student comes late at class, if they come late, I discipline them. You as the next lecturer maybe you do not worry about them come late. Then obviously they mistrust.” (B1)

Participants verbalised their concerns that the education and teaching in a multi-campus context should be implemented consistently throughout all campuses.

“... On the (X) Campus this was not taught to the students but you are teaching it. And then I have to tell them to be able to understand you need this. So you’ve got to need this knowledge and build up from that ground. That is mostly what they are used to complain about.” (C1)

The study of Righetti and Finkenauer (2011:878) supports the perception that self-control influences trust in another person. Participants’ viewpoints were that emotional control of educators influenced the behaviour of students.

“You control your temper, I know we get so furious at a time, but you must really contain yourself and control your temper. Emotion and intelligence and control them.” (B3)

Incongruence in educators’ communication and professional actions affected trust negatively. It hampered the students’ confidence to approach the educator again.

“You know ... yes that is us in the classroom. ... So we cannot be one person in the corridor and another person in the classroom. Or one person is different with you than I am. I must be the same, I must always be professional.” (C3)

Consistency in the implementation of policies, rules and regulations, and congruency of expression of emotions and behaviour were viewed as important by participants. Maintaining standards and being consistent was the cornerstone of professionalism of the educator.

### **3.4.3 Professional credibility**

According to the participants, professional credibility included integrity, openness, honesty and reliability of the educator. Expectations regarding the need for professional behaviour were frequently expressed. The professional image of the educator played a role in trust in nursing education.

“Because as they are here, we are moving them to professionalism and nowadays there is an outcry that nursing professionalism has dropped and really, we need to uplift our standards, so that we can correct whatever the wrong things we have done.” (C1)

Bossons, Kourdi and Sartain (2012:208) affirm credibility as important for educators while teaching. Personal and professional credibility increases the collaboration from students and support to students. Professional credibility requires attributes of trustworthiness.

#### ***3.4.3.1 Attributes of trustworthiness***

Educators' attributes of trustworthiness include evidence of integrity, openness with honesty, reliability and caring.

##### ***3.4.3.1.1 Integrity***

Integrity was viewed by participants as the foundation of professional trust. Educators should demonstrate integrity among each other in their workplace, and not allow students to cause discord among them.

“The problem is again, when the students complain about a certain lecturer to you as a lecturer, why do you entertain such things? Because I always tell them I am not going to entertain anything regarding a lecturer ... but now what I have seen that if a student comes to you and complains about Ms (X), you entertain that.” (B3)

Integrity of educators included that they should maintain a professional distance between themselves and students. Over-involvement blurs the professional boundary. If the educators’ integrity was lacking, unethical behaviour might be detrimental in the educator-student trusting relationship.

“... What is expected from us, according to the principles of education, that we are dealing with students and we also have to treat them as such. We also have to treat them like students, which may be like give them the best treatment.” (C1)

“I can communicate better with this one and not with Ms (X) because of the way you make contact yourself. Not to favour the student, that is another area where we get lecturers that are unable to draw the line to be favouring the students or mothering the student, being the mother of the student.” (C2)

Educators should show integrity in their relationship with their colleagues and students. Another important building block for trust is openness in the educator-student relationships.

#### *3.4.3.1.2 Openness*

Openness was verbalised by the participants as an important aspect of trust between educators and students which created a platform where students were confident to ask for assistance. According to De Nobile (2010:54), openness is identified as an important feature for trust in teaching and learning.

Participants viewed that if students did not trust the educator, the students would not approach the educator with problems. Educators with negative attitudes were experienced as unapproachable and not open to students, which affected the trust between the educator and student.

“...They lose the confidence to come to me with problems if they think they cannot trust me. And then it causes problems for them, they do not get the help they need. They do not feel that they can go to a specific lecturer and they sometimes name them and said that the lecturer was nasty with them. She victimised them and they do not go to her for help. I think that is important that they have the trust.” (A1)

“... She should also be approachable, because sometimes you find that they cannot trust the lecturer, or bring anything to you, because she is not approachable.” (B1)

The majority participants voiced that open communication, sharing of information and transparency created trusting relationships in the learning environment.

“Maybe the other thing that makes us not to trust each other is, now, that the professional will say is a lack of communication, because if we are not informed of what is happening in our institution.” (B1)

Educators with integrity were viewed as those who were approachable and open, with whom a trusting relationship could be developed. Honesty is an important building block for trust, as emanated from the discussions.

#### *3.4.3.1.3 Honesty*

Participants indicated that open communication, transparency, honesty and being ‘real’ to students created a trusting relationship with the educators. Honesty included objective assessments, educators admitting mistakes and correcting them.

“... You must be transparent to them. They should know what you are saying is, and should be believed like that, not that you are actually manipulating the situation that you want them to believe in that. Because as soon as you discover what you told them was wrong, you would come back and tell them and say that is wrong. So they know that now if my lecturer says that, ‘I’ll trust her, because she’d correct it if that was not the case’.” (C2)

“...be honest with your feedback, say, for instance, the example in a feedback and I also think what comes in here is objectivity, that you must really be objective when you evaluate.” (A1)

If educators were objective, they would be fair to all students, and students would experience that everyone was treated equally.

“And then we talked a little bit about trust; trust between you and students is good. Aspects that are important are that you should be fair to them.” (A3)

“With the lenient lecturers it is where now that leniency will not cover all the students. That’s where a person will have a student that he trusts and that the students she favours most and those she does not even worry about them.” (C1)

Participants mentioned they should be honest with assessments and if they made a mistake to admit to it and make efforts to correct it. Honesty of the educator became evident when the educator spoke the truth to students and the content was verifiable.

“It is the principles on which a person can stand, the opposite also - they all did poorly and now you realise, oh dear ... you asked a question about something which is not regarded as being 'in'. That you will then admit to your mistake and say to the students 'but this was my mistake, I admit it was my mistake' and in this manner it will be corrective.” (D5)

“As a lecturer I think students see me as reliable, when they realise that I speak the truth. I want to qualify speaking the truth when I say to them we will have class tomorrow at that time, and then again at that time.” (D5)

“If you know that you do not know the answer of the question the students are asking you, don’t say to them ‘I don’t know’ rather say I shall look at it. Let us put it aside for now. I’ll come back to you.” (B3)

Participants expressed the notion that honest educators communicate with students so that the students rely on the educators’ honesty.

“You must really come back if you are not sure. You must really come back with an answer for that question. That really builds the trust.” (B3)

“And if I say that class starts at eight o’clock, it must start at eight o’clock. If I say we will use this textbook, then we must use the textbook. In other words, the facts I give the students must be proven to be the truth, so it must be reliable.” (D4)

Participants reached the conclusion that students viewed educators as reliable if they were honest and committed.

#### *3.4.3.1.4 Reliability*

The findings reflected that in the relationship between the educator and students the knowledge and manner in which the educator taught the student created an image of reliability. Thus, reliability includes the preparation of the correct subject content and accurate, correct and consistent assessment of students.

“... You need to be knowledgeable if you are going into a classroom, you need to be prepared so you need to be assertive, and you need to have self-confidence. And being assertive and having self-confidence and having knowledge, then I think people .... You need to be reliable.” (C3)

“... if you did not add the marks correctly, or you wrongfully marked the student wrong ... it takes a level, a certain level, of trust for the student to say ‘I can see genuinely Ms that you forgotten to add this five marks, to include it in my total mark’. So it is just it was not intentional.” (C2)

The participants’ views were that students should experience that they could rely or depend on the educators to correct them when they made mistakes. When educators are committed to assist students, the students can rely on educators during accompaniment and appointments.

“If they make an appointment with you, you must make sure that you get there for the appointment, because otherwise if you are not going to do it or the one lecturer is not doing it, then the student also questions the other one.” (A1)

“And also accompaniment if they need you in the ward and you just do not turn up. They can also ask ... ‘Why can this and this lecturer make sure that she is in the clinical areas?’” (A3)

To be experienced as reliable by students, educators have to provide assistance and support to students. Participants indicated that when students can rely on the educator, they view them as caring and supportive.

#### *3.4.3.1.5 Caring and support*

According to the participants, the support expected by students from the educator was more than just academic, and included social support of the student. The support included caring for students and referring them for the required assistance to the appropriate services.

“... see us as parents where they think they can, you know, if they’ve got problems they can come to you as a lecturer and talk to them so that you can advise and assist them when necessary. They should see us as parents who are there to guide them, and our responsibility is to take them through to the end.” (B1)

The caring and supportive role of the educator needs to be demonstrated by educators to students. Interventions from the educator should be in a professional manner and to the benefit of the students.

“If you talk about mothering somebody, it is no longer professionalism. You must be a mother, but in a professional manner. Even when you are solving a problem for students, ... or maybe if there is a conflict between you and a student. You do not have to be that harsh with the student. You need to be, like I indicated, that you need to adhere to the standards all the time.” (C1)

Participants indicated that it was their responsibility to maintain confidentiality regarding any information on students’ academic or private issues. If students do not experience confidentiality, they might feel betrayed.

"I am sure the students also would like to trust us that we will not discuss them behind their backs." (A3)

"... remind ourselves about confidentiality because we were taught about confidentiality as professionals. So if the student is coming to you and reports to you whatever, you keep it to yourself, you assist the student and keep it to yourself." (B1)

"They lose trust ... you find that there are those lecturers where the student will come to the lecturer and vent about the problems and the next thing the lecturer is talking about the student to other lecturers and then it is known by everybody. So they decided not to tell us anything else, they keep it to themselves because lecturers do not keep it confidential." (B2)

The participants agreed that integrity, openness, honesty, reliability and caring are important building blocks in the trusting attributes of educators. Evidence of these attributes will create a professional image of the educator.

#### ***3.4.3.2 Professional Image***

Participants indicated that the educator had to have self-knowledge to portray a positive image to students which could be beneficial to the profession. The self-knowledge of educators created an image of self-confidence when facilitating learning and teaching students. Self-trust of the educator creates an image of trustworthiness to students. All actions of the educator should depict a role model, someone who acted and demonstrated attributes of caring. Educators should be role models in classes and clinical areas where they are interacting with students in front of patients.

"If you are in class you present yourself, with dignity, this is our ... your lecturer, even the things you do you should be like a role model." (B1)

"We are not destroying a person, we are developing a person. So, lecturers should also be ... need to be role models, and in our role modelling we need to show the person the attributes of respect, the attributes of caring." (C1)

“When I get there for accompaniment, I enjoy talking with the patients ... This is the example I present when I am busy with a patient and I trust that she will have more trust in me and see how I treat a patient and then build on it.” (D4)

Knowing oneself well enough means that one understands one’s own moods, feelings and thoughts because these affect the behaviour of a person (McLemore 2014:101). The professional image of the educator emanates from self-knowledge and self-trust. Once these were evidenced, the educator image was viewed by students as that of a trustworthy role model in the teaching and learning environment. The following discussion will be about the values of the profession and the way the educator adapted to and lived by them.

### ***3.4.3.3 Professional values and behaviour***

Inspiring trust requires the expected behaviours (code of conduct) of nurses according to the Nursing and Midwifery Council’s (2008) code (Sutcliffe 2011:36). Nursing is a profession that relies on sound values and ethical codes. A trusting relationship develops between educator and student based on ethical codes and professional values.

“We still need to apply the principles of nursing, all those basic principles they taught, the etiquette story.” (B1)

“It does not help if it is documented but not internalised by the individual, so in the nursing environment I, as a lecturer, will exhibit those ethical codes, values so it is visible for the student, thereby enhancing a trust relationship. I do not say it ensures it but it should.” (D5)

“... I think that each lecturer and each student as a part of their own professionalism, must hold colleagues accountable if they do not live in accordance with the ‘code of conduct’ and not so much ... It is like me seeing how you are dressed, or whatever, and you are now going to the practice area to train students. Must I try to uphold the professionalism and try to say ‘Listen here, get your nameplate and uniform, you really look ...’ ... You know, we must develop that passion for professionalism amongst our students so that it is precious for them too. They will not allow their own colleagues to abuse this.” (D1)

The values of nursing and nursing education should be evident in the day to day activities of educators. The values of the nursing school should be evident in the behaviour of educators towards students. When the educators and students share the same values of patient care, trust is fostered.

“Your values and those which the school adheres to must be part of the lecturers. The student must be able to see that they correlate ... but where the school’s values and the lecturers’ differ, the trust in the lecturer will differ from what the school says they promote. What is documented and what is done are contradictory. You must talk ... you must do what you say and act in accordance with the vision and mission of your school and not display totally different behaviour.” (D1)

“Our views are the same, that is, not the vision and mission, my motives, let us call them motives, or goals are the same. In other words, our patient care is based on the patient. The patient always comes first. So we have the same values as far as caring is concerned; then I can trust that person. I can take him by his word, which is the truth ... yes, if that person says he has done so, then he has, because he will speak the truth. I can trust him, in other words, if he is booked for night duty, he will be on duty.” (D5)

Nursing etiquette plays a role in the trusting relationship between the educator and student. The participants viewed professional values, ethical codes and professional relationships as building blocks of trust. Educators should adhere to professionalism and not entertain gossiping.

“The issue that affects the trusting relationship between the lecturer and students ... etiquette is the most important aspect, because the way I see it is like we are no more emphasising nursing etiquette. Most of the things - I think etiquette is the one that is actually guiding the students towards a good lecturer and student relationship and that also guides the student towards a good relationship ... We need to play a lecturer role and the student needs to play the student’s role.” (C1)

Participants expected that moral standards, ethical codes, values in nursing education, fairness and equal treatment of each student should be prioritised. If educators do not abide by ethical values, it causes them to deteriorate into unethical behaviour.

“... you are trying to be motherly, you will find yourself that this student, who you know is having this problem and then is busy failing and who is likely not to make it at the end of the year; if you overstep the line of being ethical or in the lines of being a parent, you may be falling into a trap, feeling so sorry for the student to an extent that you sneak out some questions.” (C2)

Bylok et al (2015:51) indicate that managerial moral standards affected the building of moral trust in an organisation. Hence, the educator in a middle management situation influences the moral trust and trust in professional standards of nursing education.

If educators do not comply with the ethical codes and values, it may result in a lack of trust from the students.

“But the trust is gone there; there are those lecturers that give the students exactly what is there. They do get the exam question: I cannot say nursing intervention regarding the patient on non-steroidal inflammatory drug. That one is a straight forward question, but if I say non-steroidal drug, it is what is broadly about non-steroidal drugs. So the trust is broken here between the students and lecturers, and what is happening? These students, they do not have confidentiality, they do not tell us. They do tell us that Ms X told us about this and this and this. Why don't you tell us straight? I think they are losing it sometimes. And they do lose it, so there is no trust there. So there is no trust there, really.” (B3)

The educator who has internalised professional virtues will behave professionally as it is expected in a profession. Professional virtues and behaviour of educators were seen by participants in the manner in which the educator supported and assisted students. Benevolence, caring role, student advocacy and keeping confidentiality build trusting relationships between educators and students that will be to the benefit of nursing education.

#### **3.4.4 Values of trusting relationships**

Trust between the educator and student is essential for trusting relationships. Trust and a lack of trust in the educator influence the daily activities of the educator in the teaching and learning environment. The value of trust and the effects of a lack of trust need to be

taken under scrutiny. The values of trust in an educators and a lack of trust in an educator will be subsequently discussed.

#### ***3.4.4.1 Value of trust in the educator***

Participants experienced the trust put in them by students as creating self-worth, building their self-confidence and self-trust, which ultimately led to better class preparation and presentations.

“But when I demonstrate to the students that I know what I am doing, then as a matter of fun play, I say: ‘Yes, you think that we just stand and talk in the class, but we can also do the thing’.” (D2)

A participant mentioned that when students trusted them, educators were motivated to do their best for the students academically and this created a caring and open atmosphere for students, and is to the benefit of the students’ achievements and performance. Trust eliminated anxiety and fears that could hinder learning.

“It is not that I will do more for that student, but it will make me feel good and motivate me to do my best in the class and wherever I go and have anything to do with students, even in practice. Will be there and really try to be an example, professional and friendly ... yes I think if she trusts me it will motivate me to try even more.” (D4)

“They are sometimes scared or anxious, but you must manage it so that it can be overcome, especially with your debriefing sessions after the time. Then any anxiety or fear must be eliminated ... and also perhaps in his belief to do better in practice.” (D4)

Trust between the educator and student will create a relaxed learning atmosphere in the class and students will be more attentive and participate more in learning activities.

“... if the students trust you, it makes life much easier for you because they do not complain about rubbish, they give you a lot more because we all make mistakes. I can be very hard on students, especially when I have said things many times over and they still do it the wrong way. When there is that trust, then, as I told

you, it makes life easier, and they are more participative in the class and co-operate. It just makes things go smoother.” (D2)

Trust in the educator is beneficial as it creates a pleasant teaching and learning atmosphere, but if trust is not experienced, it might result in a negative experience – for educators and students.

#### ***3.4.4.2 Effects of a lack of trust in the educator***

Participants who experienced mistrust, reported that they perceived the students as ignoring them, and not paying attention or participating creatively in the learning environment of the class.

“They stand up and walk out of the class, without notifying the lecturer where they are going, even when you ask ‘Why, why are you going? Is the class on?’ ‘Yes, the class is on.’ ‘But why are you going?’ ‘No it is because I’m bored. It is best I go to the nurses’ home and study the things myself’.” (B3)

When a student mistrusts the educator, it is experienced negatively by the educator who then is on guard during all student learning activities.

“The students did not trust me at all. They did not and the more I tried to tell them, but this stuff is documented, the worse it becomes. This was very bad for me as a person; I did not enjoy going to class. I needed to go and teach them and I knew that there was not a trust relationship, so I presented formal lectures. I tried to count my words in every conversation, and tried to not say anything that could lead to something. It was not nice, it really wasn’t nice.” (D5)

A trustworthy educator demonstrates various competencies. These competencies include adhering to standards and are consistently recognisable. The professional image of the educator includes internal characteristics, which are based on professional virtues and evidenced in the daily behaviour of the educator. These qualities are important in the relationship with students.

### 3.5 THEME 3: THE STUDENTS' ROLE IN TRUST IN NURSING EDUCATION

According to the participants, educators' trust in the student mainly depends on the abilities of the student to be creative and to portray professional credibility as a student. The student is the other role player in nursing education. Suggested attributes of a good nurse include: intellectual and practical abilities, compassion, courtesy and empathy with moral attributes (Begley 2010:527).

**Table 3.4: The students' role in trust in nursing education**

Category	Sub-category
Competencies of the student	Creative learner
	Taking responsibility for own learning
	Critical thinking
	Ability to integrate the theory and practice
Professional credibility	Attributes of trustworthiness
	Professional values
	Professional behaviour
	Unwanted characteristics of students
The Nursing programme and producing competent, qualified nurses	Views of the newly registered professional nurse
	Programme for nursing education
Trusting relationships	

Table 3.4 indicates the categories and subcategories in the theme of the students' role in trust in nursing education. These categories include competence of the student, professional credibility, the nursing programme and producing competent, qualified nurses, and finally trusting relationships.

#### 3.5.1 Competencies of the student

Competencies of students entailed their abilities and expected abilities related to nursing. Participants expected from students to demonstrate abilities which fit the image of an emerging professional. Competence was achieved by being a creative learner, taking responsibility for own learning, critical thinking and the ability to integrate theory and practice.

### **3.5.1.1 Creative learner**

Participants referred to a creative learner as a student having a passion for nursing. Students should be enthusiastic about the learning process and progress in their passion for being a professional nurse. Creative and enthusiastic students are prepared and informed in class about content that has not yet been taught by the educator.

“We also need to see enthusiasm from the student, because without enthusiasm really there is nothing that we can do. We want them to be fast at all times.” (C1)

“Enthusiastic, yes, and willing to assist and be creative. If they mention to you information that you have not taught yet, and then they know it already.” (D4).

Findings of the study of Kantar (2016:393) indicate that a classroom is a dynamic learning environment where students are actively engaging in discussions and sharing ideas, and the educators facilitate the discussions.

Participants viewed that the enthusiasm of the students made them responsible and accountable for their learning in the process to become a professional nurse. A creative nurse with enthusiasm fosters trusts in the educators.

### **3.5.1.2 Taking responsibility for own learning**

Participants expected that students be goal directed and motivated, interested in the work and focused in their learning process. They expected of students to take responsibility for their learning and progress. Students who take responsibility for their own learning are regarded by participants as students who can be trusted. Participants expressed the view that if students performed poorly, they tended to project their poor performances to the educators by blaming them for their failure to perform.

“Ok for me to trust the student. I would expect her to show me that she is determined to do her work, that she has determination and is really focused on her learning, to show that she is really interested. I trust that student that ...really demonstrates that she is really interested in her work -in what she is doing; even in class... , an active student. I would rather trust that student than that one who is relaxed ...” (B2)

“In the whole framework of education, they tend to not look at themselves as part of being responsible for their own performance. They just take it that lecturers are responsible for their pass ... So you find it, they do not take responsibility of their learning because of such reasons and then when they fail the cause is the lecturers who teach them.” (A2)

In the learning environment educators expect of students to take responsibility for their own learning through active listening, showing their interest in the subject, having an inquisitive nature and being attentive in class. Skills of attentive listening lead to active participation, enthusiasm and motivation of the students in the learning environment.

“A good listener. I get very furious if I am facilitating something and a student is talking. It is then I say it is important. So I want a student that listens, a student that will respect me, and a student that will respect other students. A student that will ask questions, mean that the student has an inquiring mind. An inquiring mind, she must inquire even beyond what we are doing.” (B3)

“You know, motivated, they must be motivated and inspired - I was thinking of the word ... enthusiastic. Yes, confident and very helpful and creative. They come up with things, and then when I look for something to do, they have already done it.” (D3)

According to the participants' views, active participation fosters students' development resulting in them becoming critical thinkers who are able to debate different aspects of a problem.

“I mean a lecturer is preparing herself. And if one has to give the students group work, they do their discussion and usually you get that students that are willing to present whatever and in reality I think they are doing it from the bottom of their hearts. So we give them different methods that we can afford. And then they do ask questions. Maybe they are having questions and sometimes they will even enjoy being in class when you are listening to them, when they are debating. Sometimes when you are teaching if one of them comes up with a questions, you feel that I am not going to answer this one and I give it back to the group to discuss. Then they will just discuss it until they come to the final answer or

consensus or whatever was asked. So they are really participating in class and they are trying their utmost best.” (C1)

From the participants’ remarks it may be inferred that students who took responsibility for their own learning would build on their knowledge. Accumulation of knowledge would lead to the ability to apply critically thinking in nursing.

### **3.5.1.3 Critical thinking**

Participants expressed that students should have the cognitive ability to complete the programme, the ability to understand the basic knowledge and to apply it in the context of nursing. Only then they will be able to apply critical thinking, that is, clear and rational thinking about nursing theory and application, and the ability to analyse matters or situations critically.

“Then one must also see that they are on the correct level to be able to learn that. It does not help if you get students who should actually go for ... B training to be at a level to assimilate the information.” (D1)

“Where they really battle to understand basic concepts and then be able to apply them, but if you give them this text to go and study and if you can give them ... they can answer - you know this one-word answer of whatever they get, they do well. But if they have to go and explain what this one word means or things like that then they really struggle.” (C3)

Students develop critical thinking when they have the cognitive ability to expand knowledge and apply it. Participants expected students to apply critical thinking in the learning environment and to question them about the content that was being taught.

“And a student that will ask questions, meaning that the student that is having an inquiring mind... that is critically thinking. (B3)

“Yes, critical thinking and you know such things. And really we do not see it. We still need to work very hard for that.” (C1)

“So you ... your trust towards that student become a bit reserved because you do not know what is going on in that student’s mind. But the one that is forever interacting and participating in everything, who actually voices out when she is not satisfied, who brings in some information and says ‘hey, Ma’m that what you taught us yesterday, when I went to the book I found that there were something contrasting in the book from what you taught us.’ I will trust that student better than the student who just swallows everything that I say without any going back to it.” (C2)

Participants considered students with critical thinking abilities will be able to apply the knowledge gained in the theoretical environment to the clinical areas where they acquire WIL.

#### ***3.5.1.4 Ability to integrate the theory and practice***

Participants expected students to integrate the knowledge obtained in the theoretical environment and link it to the clinical environment during WIL. Students who consider the knowledge they have and apply it in any other applicable or similar situation have critical thinking. The ability to critical thinking and applying the acquired knowledge are viewed to be trusted in the learning environment.

“I would trust those students ... not thinking inside the box but thinking outside the box ... so that will make me more comfortable with the context of trust towards that student rather than the one that sort of takes the content without linking it.” (C2)

Participants’ views on competencies of students were based on evidence that they are accountable and can take responsibility for their learning. Students should have critical-thinking abilities and be able to apply their knowledge in practice, which will enhance trust in students’ professional image.

#### **3.5.2 Professional credibility**

Chiovitti (2015:54) explains that professionalism for a student unfolds over the duration of the programme while the student develops professionally with salient features that are expected by the nursing profession.

Participants expressed the view that they expected students to show their integrity and trustworthiness to ensure professional credibility. When students portrayed respect and integrity in the nursing profession, participants regarded them worthy of trust in the clinical environment.

“If they have to do self-study then they will do that. I do not have to go and check and check it over and over again. Because if they are professionals - when you are a professional not doing the small things correctly with integrity so that people can trust you saying that you did it and you really did it.” (A1)

“And we also want to see a student showing respect; a student respects the profession, and respects anybody in the profession and even the profession.” (C1)

Ng (2015:313) is of the opinion that quality education includes students with good values and moral principles. In the current study, participants expected professional characteristics to be found in students before they could be called trustworthy students.

### ***3.5.2.1 Attributes of trustworthiness***

Characteristics such as openness, reliability, honesty, caring and respect were described as traits expected of students to be considered trustworthy by participants.

#### ***3.5.2.1.1 Openness***

Participants described the expectation regarding openness of students in different ways. Basic interpersonal skills, for example eye contact with educators, were verbalised.

“Interest and professionalism and eye contact ... I don’t know ... I have never thought about it in this way. I just think it is the fact that the student observes, is prepared, and makes an effort with submission of assignments.” (D3)

Motivation to study and to perform was supported by the views that students should be open to learning and allow educators to assist them in the learning process.

“... Another thing for them to talk to us if she or he should have a problem he should be able to talk to the lecturer and explain what the lecturer can see how is the best way to assist them in whatever problem they have.” (B1)

“Firstly there must be a willingness to learn, and it does not help if they come with rigid pre-conceived ideas, or whatever, and you must struggle to break these down, so that learning can take place. Such a person must really have a willingness to learn and the willingness to love the profession.” (D1)

Participants described ‘open students’ as those who were frank about their opinions and spoke about what they thought, that is, students who were open for discussion and would approach the educator to discuss the problems they faced.

“I would trust a student who will speak her mind and sometimes it is annoying when the student speaks her mind or his mind. But, at the moment you will be comfortable but it actually makes you say, what that is ... in the student I can trust. I know when she is happy, she is happy, and when she is not happy she is not happy. But want them to trust us enough to know that they can come to us and discuss the problem.” (C2)

Openness was attached to effective open communication. Transparency with open communication increases trust between the educator and students. The student should be able to discuss and to ask questions in the learning environment. When doing this, they would create understanding upon which new knowledge could be built.

“... they will also be more likely to approach you if they have any doubt in other areas or not be sure of something. In this manner learning also takes place because they have enough trust in you to ask, ‘I am unsure about this’ or ‘I would like more information, because I know about it, but still want to ask you for something extra, maybe’.” (D3)

The openness with educators gave educators the view that students trusted them in assisting them to learn. Students should respect the educators and be able to rely on the educators for support in nursing education.

### 3.5.2.1.2 *Respect and reliability*

Participants expressed that educators as role models, should show respect to students, which will result in the development of trust and well-disciplined students with the purpose of cultivating future professional role models. Reliable students can be trusted in the clinical environment.

“... We also as professional role models should show respect. So I would like them to show respect to each other and to us. They also need to be reliable and responsible and well disciplined.” (C3)

“If it is where you see the person, this is when trust is important to me ... I can leave her there with the patients.” (D2)

It is expected of students to respect the nursing profession, as well as any person, patient or educator they come across. However, the view of reciprocal respect was evident, if educators treat a student with respect, respect will be earned from the student in return. Respectful students are assertive and do not behave unacceptably. Trustworthy students take responsibility for their behaviour.

“We want the students to have respect, the students who are ... they should be assertive but not be aggressive or rude. And they should take responsibility for their actions, for instance, if they absent themselves, they should know that it is not acceptable.” (B1)

Mutual respect is a prerequisite for a good atmosphere in nursing education where educators have the responsibility to guide students in a clinical environment to share knowledge by acting as role models for students (Hilli et al 2014:570).

Respect and reliability between the educator and student are not confined to the clinical environment, but also required in the theoretical environment. Respect increases trusting relationships between educators and students. Students who are punctual and honour appointments give an honest impression.

### 3.5.2.1.3 *Honesty*

The majority of the participants viewed that trustworthy students are honest in various situations. Students should be responsible in their behaviour.

“... and then even in terms of writing tests and examinations they should be trustworthy and you should not expect to see them copying ... they should be responsible.” (B1)

“... to be honest and not to sign for somebody else that was not in class. If they are absent or if they are ill they must let you know that they are ill or within the prescribed time according to the regulation to hand in or produce a valid sick note.” (A1)

“Yes, yes open, the communication ‘I am late because I had this challenge, bla, bla, bla ...’, rather than ‘I was here before you came’ - then you do not trust that student. That student will manipulate the situation every time.” (C2)

Honesty of students in the teaching and learning environment was perceived as important. Participants indicated that honest and caring students are important building blocks for trustworthiness of future professional nurses.

### 3.5.2.1.4 *Caring helping character*

Participants expected from students to be caring towards patients. Patients are vulnerable and a helpful student portrays true nursing care attributes. Students' care to patients should not cause harm to the patients. Patients should trust the nurse and all nursing interventions should be to the benefit of the patient.

“... and you find that some will come and help without being asked to come forward and do something to help them and then you see according to her behaviour saying, ok, this is a nurse, a helping character that is there and they trying to help a person in need. Some of them, some are responsible in the clinical areas.” (B2)

“And then, one would also want to see a caring student, a person one can trust to take care of the patient, the patient that cannot do anything to him- or herself.”  
(C1)

Caring students are trustworthy, which is important in the nursing profession. Trustworthy students care for others, have respect, are reliable, honest and open. These attributes of trustworthiness were viewed by participants as a foundation for the required professional nursing values.

### **3.5.2.2 Professional values**

Participants wished to see students who demonstrated professional values. These professional values include assertiveness and advocacy for the rights of the patients. Students ought to prioritise patient care and advocate the rights of the patients. Participants were concerned about neglecting patient care in the CLE.

“Mmh, professionalism? It is honesty and placing that which is of importance to the patient first and yourself second. So that is actually professionalism.” (D1)

“To stand up for the people’s rights, the rights of the patients. These are negated and broken daily. It is difficult for them to take a stand against it.” (D2)

Students should display a strong value system. They should be assertive about their values and not be influenced to change their value system.

“Responsibility for their actions and have a good value system themselves.” (D1)

“Because some of the students are really ... what can I say, what is that word ... they are able to say that something is not right. But some are taking it bad, instead of creating an learning environment and say ... ‘Oh this is how it is now done’ and whatever, so there is always a misunderstanding, sort of especially for a student, that is to say, this is not the way, it should be done like this.” (B2)

Laabs (2011:434) construes that nurses with moral integrity are able to confront physicians about incorrect instructions and do not participate in activities to which they are morally opposed. Fidelindo (2013:10) maintains that the effective nurse who excels

with values and distinctive excellence portrays the virtues of nursing. The desirable values, such as honesty and respect are important characteristics of students. Professional values are the foundations of professionalism and inspire professional behaviour.

### ***3.5.2.3 Professional behaviour***

Participants expected students' education and learning to mature them to be professionals. Role modelling behaviour was expected from the student. If educators want to see the student develop as a role model, the responsibility is on the educator to demonstrate how to be a role model. Patients in clinical areas such as hospitals or in the community expect nurses to be professional. Professional behaviour of students in the CLE fosters trust from patients in nurses.

“We would like to see a professional nurse, a mature person in the student ... a problem solver and an organiser, a conflict manager and a person who is really mature.” (C1)

Participants mentioned that they often reminded students that the community looked up to them as a nurse and that professional behaviour was important from the beginning. They regarded students who displayed professional behaviour, a trusting relationship was built with more ease with the educator and the community.

“That is what I always remind them of ... at first year you are already a nurse. The people see you in a white uniform, and they see you in the community passing by and call you: ‘Nurse come, I do have this problem’. People just look at the nurse and ask for information because you are a nurse they trust you.” (A2)

Trede (2012:161-162) explains that WIL develops students' professional identities and professionalism. Kantar (2016:395) affirms that the educational endeavour aims to shape students for the development and acquisition of professional skills such as collaborative behaviour, and awareness and management of ethical matters.

Students in a CLE with role models observe professional behaviour which inspires their own professional growth. Students should be professional at all times; however,

participants reported that misconduct of students caused a lack of trust in students from the educators' side.

#### **3.5.2.4 *Unwanted characteristics of students***

Participants proclaimed that students sometimes exhibited irresponsible behaviour. According to them, students with unacceptable characteristics and behaviour could not be trusted. The behaviours they mentioned are irresponsibility, destructive behaviour such as violence, alcoholism, frequent absenteeism, a lack of punctuality, and a lack of commitment and honesty. Irresponsible and unprofessional behaviour are not desirable in nursing students because it harms the professions' image to patients, the community and the society.

“We normally doubt them, you know there are those that are responsible throughout, and this is ... those are the students that you trust and believe they are going to be good. But there are those that act irresponsibly throughout their training and we also do not know if ... they are not that quality of professional nurses. They are trouble somewhere, they are absent, are always fighting unnecessarily and they are different.” (B1)

“But still I do not know if we are getting the right students. We still get students that do not really want to nurse. They come because they get a bursary; they are here for an income. And I understand that completely, it is some sort of income, but they have extended families and help them.” (A1)

“Another thing that also breaks the trust is the use of alcohol by students. You teach such a student, but you see that such a student ... there is such a problem with alcohol and you do not know if you can trust this student with a patient ... So if you see a student is like that, you do not see that student to be a professional looking at the health of the patient. So that is another thing that breaks the trust.” (A2)

“Coming late is something that you can work on, by looking into the reason and some people just have bad habits that are something that can be corrected. But dishonesty, if you are dishonest in one area, you are going to be dishonest in another place. Other misconduct, drugs, alcohol, we know in these programmes we must rehabilitate them, but also, in my opinion, not. If they use drugs and

alcohol they are going to do that as professional nurses with all the consequences.” (A3)

“And we would also like to have a responsible student because with this absenteeism, drinking habits and behaviour, in the nurses home or maybe at work or wherever, it shows that there is a lack of responsibility – really, I won’t like to see a professional like that.” (C1)

Killam, Luhanga and Bakker (2011:443) synthesise unsafe nursing student characteristics in three themes, namely ineffective interpersonal interactions, knowledge and skills incompetence, as well as unprofessional image. Participants in a study of Latham, Morris-Thompson and Plata (2013:22) posited that the recruitment of nursing students should focus on a high calibre candidate with high standards, technical skills, and treating patients with respect and care to ensure a positive image of nursing. A major concern of participants in the current study was about the unprofessional image and behaviour of students.

Trustworthy characteristics and professional values are cornerstones of trust. In the presence of trustworthy characteristics, students would develop professional behaviour, whereas the absence of such features might lead to mistrust. Participants indicated that trustworthy students are those who will be trusted as professionals after completion of the programme.

### **3.5.3 The Nursing programme and producing competent, qualified nurses**

Participants proclaimed that when students portrayed the ability to demonstrate trustworthy characteristics and maintained the basic professional virtues such as professional behaviour, it resulted in trust in newly qualified professionals.

#### ***3.5.3.1 Views of the newly registered professional nurse***

Participants viewed that trustworthiness of students after they had completed the programme indicated that they would be competent professional nurses. They would be confident and have the ability to manage in the clinical environment.

“I know the students that I trained that when there is a situation that needs their attention they will be able to deal with the situation, for example, resuscitation, for attending to handling the clients and all these things when I am not there. I am confident that they will do it because I have trained them. They will be doing it; they will be confident. If I can get that security in myself that to say Yes ... I am confident this is what I trained, this is the product I expect. Then I'll be fine.” (B2)

“And I think if you can have this kind of student from the first day after completing his or her training. Then you can put the student in the ward and say, the ward is yours, and then you are confident that this student is actually going to deal with it one two three, and do the correct things.” (C1)

In contrast with the positive views of participants, concerns were raised that some students did not learn with insight and therefore did not internalise procedures for future application in the practice. Participants viewed that some students sometimes only focused in passing and no real learning actually took place.

“Another thing in terms of the clinical training: we also do not trust our product in the sense that even if they have the checklist, and they know the procedure that is expected, they do not really practise the checklist, do not gain the skill. They only sort of cram them, because they know you are coming and you are assessing them, but they do not really have that thing of applying this thing for the profession for the future as a professional nurse. They just do it to pass the checklist. So that is why we do not really trust that they will be independent practitioners at the end of the day, because they sort of cram the work. They forget it. When you try to relate to it some other day, they do not even remember.” (B1)

The concerns mentioned by the participants regarding educators' trust in newly registered professionals were ambivalent. Participants viewed that students might not be fully competent after completion of their training, but that they would have the ability to build on their basic education and training to be competent as a professional nurse. A lack of clinical exposure caused a lack of confidence in the newly professional. Participants viewed that after students had completed their programme, they should trust their education and training. After a period of clinical exposure, they would be confident and fully functional and trusted as a professional.

“Yes, and if we go back to the trust of a student, I think they also place trust in the student that when they leave here, well ... ok we will not be this, this, how shall I say, 100% functional sister, but that they can survive and function in different circumstances. They must then also trust their training. There we eventually come to what I said: Yes, they must trust their training so that when they leave here, they feel I have not been left to fend for myself, but have received the required information, I must begin to trust myself.” (D1)

“During their studies there is not enough exposure. But I can see they become more confident once they are in the clinical area for two or three years. So you see they become more confident, because when I come in the clinical area I see them there and they will say ... ‘At least we understand now that we know exactly what we are now doing’.” (B2)

A participant mentioned that the basic programme of nursing developed life-long learning in students, and encouraged them to be dynamic and seek the most recent information and technological applications in nursing.

“They must commit to become competent, whatever they do, in the area where they find themselves. Whether it be wounds, or injections, or giving of injections, they must always try to be competent and execute the action perfectly. Also, they should acquire the required information about the latest techniques and let’s say about anything that changes, such as TB. So they must want to be that life-long learner. To look for and share new information and then also to display professionalism in terms of courteousness, where the patient is first - the patients’ needs and safety are first.” (D1)

Bencsik and Machova (2016:45) affirm that trust in an innovative learning environment with teamwork, and creativity stimulates independence and life-long learning (Liberska & Farnicka 2014:13) if the programme promotes a holistic approach to life-long knowledge acquisition.

Life-long learners increase their competence in nursing, and trust in the professional nurse that is committed to life-long learning is enhanced. Participants aired different views about trust in the outcome of the students they trained – views that ranged between confident feelings and ambivalence about the abilities of the students. They

expressed that a student who completed the programme should be motivated to be a life-long learner. These views of their product reflected on the quality of the programme taught in the NEIs.

### ***3.5.3.2 Confidence in the nursing education***

Participants viewed that students who trusted the programme, the teaching they received and learning they acquired would exit with self-trust and confidence to the nursing career and become the future leaders in nursing. When educators are convinced that the students have self-trust and confidence, it increases interpersonal trusting relationships between the educators and students. The transfer of knowledge, skills and attitudes to students during teaching and training transforms students and they might be the future leaders and mentors in nursing.

“The student who has been raised with trust will definitely exit with the right information and more confidence as opposed to someone who has just been left and does not know where to and has to struggle to develop her own self-image and her confidence is non-existing. You will find that they then go and do the same when they work with students or with the people. However, if they have had a good trust relationship with their lecturers and mentors, they transfer the same to wherever they are going. They will then become their own leaders of note, or type of leaders.” (D1)

Participants indicated that not all the students entered the programme for the correct reasons. Some students entered for the financial benefits due to their social demands and stressors. These reasons caused a lack of trust in the type of students which were selected.

“And the other thing is: they come here and they come here for money, because most of our kids are from very poor families. Some of them have parents - they do have parents, but there are those ones whose parents think: ‘You must finish and take care of us’. And then they come here and there is a bursary, a stipend or whatever they call it, and then the parent is going to use that; it creates such a problem. It is just for money for some of the students.” (A2)

Mckie, Baguley, Guthrie, Jackson, Kirkpatrick et al (2012:260) construe that the highlighting of clinical wisdom in curriculums for nursing education contributes to enhancement in clinical practice. Education and training transform students holistically in their personal and professional life. When students are confident that they have benefited from the education and training of the programme and can be a professional nurse, they experience that they are trusted by different persons. These trust experiences have a positive outcome on the students' performances and views about nursing.

### **3.5.4 Trusting relationships**

According to the participants, good interpersonal relationships between the educator and student resulted in trust. However, the self-trust students have regarding their own abilities and skills ensure trust from patients in the clinical environment. The importance of trust in nursing education has a bearing on interpersonal trust between the educators and students and it will extend to interpersonal trust between the student and patient.

“And this will also improve the self-trust and the trust of their patients. If you trust yourself, that you can improvise such things, then you will present your patient with trust.” (D1)

Participants shared their experience that students who trusted their own abilities were prepared for challenges and able to explore their own potential. This enhanced students' motivation and improved performances. If educators trusted the students, positive motivation was created. When the educators believed that students were able to be competent, the students' self-esteem increased and they wanted to improve their performance.

“If there is a trust relationship ... then your students excel. It is just that they then have confidence in themselves and they know that you trust them, that they grow both academically and as a person.” (D5)

Educators who trusted and supported students enhanced the students' self-esteem and self-trust. Participants construed that the personal and professional growth of students

should be trusted. Trust from the educators empowered the students and resulted in efforts being made by students to be trustworthy.

“I think it will enhance her self-trust to such an extent that her self-image will improve, because she knows that her lecturer trusts her. This could have implications for her behaviour in that she will want to improve and do more. But, I think it has to do with empowerment which gives her the self-confidence, ... someone has shown that I am worthy so I want to ...” (D3)

Educators should have an empowering approach that shows belief in the abilities of students. Educators should create conditions for students to grow and develop their skills (Bossons et al 2012:208).

Empowerment of students enhances trust and inspires professionalism. When professionalism is evident, reciprocal trust develops between educators and students. Educators who are honest in teaching students have confidence in themselves because they portray professionalism.

“... let’s say that a group of students experiences a relationship of trust with their lecturer. That will build professionalism. ... if there is a trust relationship you will trust the lecturer and that you are receiving the correct guidance, in other words ... taught the right things, and this will give you confidence to implement the same, leading to professionalism.” (D5)

The responses of participants showed that they believed that interpersonal trust between the educator and student enhanced motivation of students to be committed, show improved performances and behave like a professional. It motivated them to become a competent professional nurse. The value of trust in students is not restricted to the educators alone, but the professional nurse also plays a role in trust in nursing education.

### **3.6 THEME 4: THE PROFESSIONAL NURSE’S ROLE IN TRUST IN NURSING EDUCATION**

The third role player in nursing education is the professional nurse. Students acquire their WIL in the CLE where the professional nurse is the key person in their training.

Participants’ concerns about professional nurses and their conduct, which influences trust, require discussion.

Table 3.5 indicates the categories and sub-categories of the professional nurses’ role in nursing education. The competencies of the professional nurse, creating clinical learning opportunities and professional credibility will be discussed as the role of the professional nurse in trust in nursing education.

**Table 3.5: The professional nurse’s role of trust in nursing education**

<b>Category</b>	<b>Sub-category</b>
Competencies of professional nurse	Knowledge and clinical skills
	Teaching role of professional nurses
Creating clinical learning opportunities	Integration of theory and practice in clinical learning
	Standards in the CLE
Professional credibility	Attributes of trustworthiness
	Professional values
	Professional behaviour

**3.6.1 Competencies of the professional nurses**

According to the participants, the theoretical knowledge and clinical competence of the professional nurse should support the students in their WIL. It is expected of the professional nurse to be knowledgeable and competent in the clinical area where she works. Professional nurses need to portray knowledge and clinical skills, and have the ability to teach.

**3.6.1.1 Knowledge and clinical skills**

Participants regarded the professional nurse as the key person in the clinical area to demonstrate application of theoretical knowledge. The professional nurses’ theoretical knowledge and skills should be on an expert level for the specific CLE in order to assist students in their learning.

“She must also be an expert in the area where she is working, because if the students know more than the sister, the trust will be broken.” (D1)

A key requirement for trust and successful training in the clinical areas is appropriate and profound knowledge and skills of the professional nurse. These competencies must be supported by the experience of the professional nurse in the specific clinical area. The expert knowledge and skills of the professional nurse should be shared with students through their teaching role and role modelling.

### ***3.6.1.2 Teaching role of professional nurses***

Participants revealed that to their minds professional nurses viewed teaching as the sole responsibility of the educators. The ensuing neglect of teaching by professional nurses resulted in limited learning opportunities for students in the clinical environment. Professional nurses should recognise the teaching moments and teach on the spot.

“They do have a negative attitude in the sense that teaching is not their responsibility, they want us to do all the teaching and all the accompaniment in the clinical area. They expect of us to basically be with that student all the time when they are there.” (A3)

Trentham (2011:16) purports that a lack of guidance and assistance from professional nurses to students might lead to unprofessional conduct. Professional nurses should take the responsibility to guide students in the CLE.

However, participants' viewed that professional nurses suffered a lack of confidence to teach. This decreased their willingness to teach and guide the students in the clinical environment. If professional nurses taught students, it would be to the benefit of students' learning, and it would result in better nursing care for patients. Teaching and mentoring of students can support professional nurses by decreasing their workload because they could delegate tasks to the students. Contrary to this, however, participants mentioned that professional nurses could be confident to teach, but that they had a negative attitude to their teaching role. Participants maintained that the reasons given by the professional nurses for not teaching were that there was a shortage of personnel, that they were too busy, and that they lacked time to teach students. It was also mentioned that professional nurses might be too insecure to teach the students.

“So they will say ... we are too busy to help students, and then it is also, the sisters, from their side they do not understand. A student that is doing third year, there are a lot of duties and activities with which they can help them in the ward.”  
(B2)

This participant also claimed that the professional nurses in the maternity wards did not want students with them, because it is difficult to supervise them and keep an eye on everything they do. According to the participant B2 in some clinical areas students are welcome, but in others it seemed as if the professional nurses were scared to have students there – in the participant’s own words: “... *but they do not feel like having students with them* ... .” She continued:

“Yes they normally cite the problem of shortage, so I also think it is a lack of confidence with them. Because I always believe even if there is a shortage, for example, a mature student, a third year, if you teach her something the first week she comes, the following week the student will be of much help. Because she is building on something that she already knows, it is not like a first-year student. So they ... I think they are not confident enough to say that they can teach the student.” (B2)

“So it is basically an attitude problem, more than confidence. I do not really think they do not have the competence to do the work; it is just that they do not feel like it is their work to do it. Maybe they are overloaded with work.” (A3)

Bolzern-Konrad (2015:353) argues that a positive attitude towards people will initiate the trust processes. Hence, positive, open attitudes and approachability from professional nurses will inspire trust in them - from the side of educators and students.

Not all professional nurses were negative towards teaching; there were those who were very motivated to teach students. Some professional nurses accepted their responsibility, did their teaching and training job well, and created learning opportunities for students.

“And then we also have clinical areas where the staff is very motivated to help the students, and then they also learn more. The staff will take them and say let we show you this, and we do this with you, or let us discuss this about patients.” (A3)

“But some of them they do support them, they are different. Some of the wards they are really taking responsibility and they teach the students. ... They [the students] like those wards, because they will normally mention it to the lecturers, ... they were happy in ward X, ‘cause we are really being taught. They gain so much, it is just that the ward is hectic, so they have to work hard, but at least they gain something. ... But when that specific sister is there then she is into teaching the students.” (B1)

Bencsik and Machova (2016:42) mentioned that people sometimes are unwilling to share knowledge, because they consider knowledge as personal and valuable for themselves. Bencsik and Machova (2016:43), however, recommend that sharing of knowledge should be encouraged to build trust.

The teaching role of the professional nurse was discussed as an important component of teaching in the CLE. Professional nurses should assist students to be able to integrate the theory and practice in all CLEs. Trusting relationships should exist between the educators and professional nurses, as well as between the professional nurses and students. Supporting students will enhance trust between students and professional nurses. Whenever educators experience professional nurses as not competent to teach, those educators will not trust the professional nurse. The professional nurses’ role in the clinical environment is to create learning opportunities for students, and if they fail to do that, the trust relationship suffers.

### **3.6.2 Creating clinical learning opportunities**

Students are placed in the clinical environment where WIL ensures the maximum learning opportunities for students. The purposes of WIL is broad that include the exposure to the clinical environment, having contact to the real-life clinical nursing care, practicing clinical and communication skills as well as integrate the theoretical outcomes with the practical outcomes.

### ***3.6.2.1 Integration of theory and practice in clinical learning***

Participants expected that the professional nurses would take responsibility to integrate the theory with practice in the CLE.

“In the clinical areas there is little initiative from the professional nurses to integrate theory and practice. I mean applying theory to practice. They also don’t ..., there are few of them, that are really taking responsibility, saying that when the students are in my ward I am responsible for these students ...” (B1)

According to the participants, CLEs for students should offer a learning opportunity where they could integrate the theory with practice. To enable the integration, effective clinical accompaniment is needed. The view of accompaniment as the responsibility of the educator alone affected the standards in the CLE.

### ***3.6.2.2 Standards in the clinical learning environment***

Participants expressed that educators did not trust the standards of the professional nurses because frequently no supervision took place to ensure that procedures were implemented correctly as students were taught. Standardisation is required in the CLEs to ensure trust in students’ experiences during WIL. Professionals with low standards, allowing and implementing incorrect procedures are not trusted. Participants were concerned that the low standards were regarded acceptable and this impeded the clinical learning for students.

“The standards ... I think there is a real break in the standards the students are experiencing in the ward.” (C1)

“Now the people in the clinical area they also ... we do not trust them in terms of ... they do not do the correct things, you find that even the procedures they are not being done the way it is supposed to be done.” (B1)

“Oh, I think our standards are [smiling and laughing] not even half way how it should be. I think we are accepting ... our standards are too low. I ... because people’s attitudes are ... as well as ... what can we do about it. There is nothing we can do about it. If there is no money, there are no resources. So we just ...

have to accept that. And we accept that. So ... our standards ... [smiling and laughing]. I am embarrassed to say it.” (C3)

Participants maintained that teaching and learning during WIL were crucially important for students. Professional nurses were a key figure in these areas. Standards should be maintained during clinical learning to support the quality teaching and learning, quality of nursing care and ensure the trust in qualified competent professional nurses in the society. These standards of nursing care and professional nurses are evident in their professional behaviour.

### **3.6.3 Professional credibility**

Participants expected professional nurses to set a professional example in the CLE for students to imitate. Professionalism is a basic requirement in nursing and should be demonstrated by all professional nurses. Professional nurses are trusted when they live out their values and ethical code of the profession.

“Look, your professionalism is ... the foundation of everything. If it is not there, there is nothing. Without professionalism there cannot be trust between anybody or group. Because professionalism ... professionalism says that you are a person with certain values, certain ethical norms, certain discipline. This behaviour can be expected of them.” (D2)

The professional credibility of professional nurses relied on attributes which support their trustworthiness, professional values and behaviours.

#### ***3.6.3.1 Attributes of trustworthiness***

Professional nurses are considered as trustworthy by the educators when they show caring qualities, integrity, openness, honesty, and reliability.

##### ***3.6.3.1.1 Integrity***

Participants professed that educators trusted the integrity of the professional nurses when students were placed in the clinical environment. Professional nurses' integrity

meant that they took responsibility to create learning opportunities for students as well as supervise and teach students. The educators could not always be in the CLE; therefore, they trusted professional nurses to create learning opportunities during WIL.

“We place a whole lot of trust in them [professional nurses], we cannot be there always. We are not their supervisors. When we get there, we sometimes see problems and then we discuss it with them. Then we trust that they will correct that, but we actually place the students there with the confidence and the assumption that they will look after them, and make sure they work the hours and not sign it if they haven’t, and teach them when there are opportunities for them. I think there is a lot of trust in them from our side, because we cannot always follow up and because we do not have any authority over them. I cannot tell them what to do. I can only ask them to help the students.” (A3)

As educators expected professional nurses to have integrity, participants considered that openness of professional nurses would contribute to positive learning experiences for students.

#### *3.6.3.1.2 Openness*

Professional nurses should be accessible and approachable for students. Participants mentioned that students obtained more openness from professional nurses in a private clinical environment than in the public clinical environments. In the private clinical environments professional nurses were open and supportive, and assisted and helped students.

“Related to that, there is more support and a lot of assistance, then they trust those staff members, also to help them.” (D4)

Professional nurses should be open to theory and practice integration and this would create a conducive and positive clinical environment which ensured learning opportunities. The professional nurses, who were not willing to teach the students, put forward different reasons why they did not teach and this caused confusion. A lack of openness on the side of the professionals caused educators to be unsure whether students really obtained the learning opportunities that were expected in the specific CLE.

“So you are, one is, never sure whether it is burnout or lack of supervision of the clinical to our students. In general they do not get enough supervision and enough mentoring in the clinical setting as one would want them to get. Now it takes you to check it, what is their attitude, what is making them do that. Is it the shortage or is it the personnel who just are not interested in the student.” (C2)

Participants had the view that professional nurses needed to open up to students in the CLE. Professional nurses with openness are trusted, and valuable in the CLE. When professional nurses were not open, honesty was the next concern.

#### 3.6.3.1.3 *Honesty*

Participants were concerned that professional nurses were not always honest. Some would sign off duties of students without ensuring whether the students actually were on duty to utilise the correct learning opportunities and meet the required hours for their WIL. When dishonesty of professional nurses is noticed, the trust is broken.

“... so it is like when they sign their attendance registers - sometimes they just sign, so whether the students were there or not. We might find out if they were there, and then we checked on the attendance register and find that it was not signed for that day, so it is difficult to say ... I do not want to say that it is hard to trust them. ... So, but is it trust, hey? You trust them to do the job correctly and they don't. So there is a little bit of a ... not well feeling.’ (C3)

The honesty and integrity of the professional nurses obviously were not trusted, for example when they signed documents without verifying whether the students really achieved the prescribed outcomes.

“A little bit of mistrust, believing. Did they actually do this or didn't they? Because we know that some of the people, not all of them, some of them, are like the students who do their work - they just do it to get it done. They'll just sign it, just to get it done.” (C3)

If the honesty of professional nurses is questioned, it influences their reliability.

#### **3.6.3.1.4 Reliability**

Reliability refers to professional nurses who are available and support students. Participants indicated that students felt safe when professional nurses were accessible for support. They mentioned that students did not trust professional nurses who displayed unreliable behaviour because they put students in risky situations where students had to work outside their scope of practice. Professional nurses then did not take responsibility for mistakes that might be made.

“... also there is a lack of trust in the professional nurses themselves, because they absent themselves and then the students have to remain in the wards alone and you find that the professional nurses are absent and then they leave the student ... And then the student loses trust in the sisters because they are supposed to be there.” (B1)

“... you find that when the student is working in that section, they leave the student to do whatever, and the student is angry with the sister. You know there are those problems - we are experiencing them and sometimes you will sit down and talk to the sister and then talk to the student so that the student in the end will get the proper guidance.” (C1)

In the study of Strouse and Nickerson (2016:12-14) caring, altruism and trustworthiness were used to describe expected characteristics of nurses, and these are important for the culture of nursing. The findings of Laabs (2011:433) indicate that a nurse has moral integrity when honesty, trustworthiness and consistency in behaviour are observable. Professional nurses' attributes of trustworthiness mentioned in the current study included integrity, openness, honesty and reliability. Professional nurses in the CLE should portray professional values to enhance nursing care.

#### **3.6.3.2 Professional values**

Participants were concerned that a lack of professionalism among professional nurses was due to the lack of internalising professional values. Educators reported that students complained about a lack of professional values in some professional nurses. These professionals expected students to bribe or do favours for them, before they would sign for achieved learning outcomes. Some professional nurses did not abide by

ethical codes; they did not disclose misconduct of students, for example, they did not expose students when they were not on duty.

“... because the person has probably not internalised it, because, I feel it has not such a strong bond with his own value system, will also then act unprofessionally due to the experience in the unprofessional side.” (D3)

“You will not be able to know anything about student absenteeism. And some of the professional nurses, they are sort of covering for the students - their wrong doings, and they do not even report to the college that so and so has been absent for this time until the lecturers go to the ward and discover that the student was absent. However, it is not all the sisters, some are really reporting.” (C1)

“... I do not experience that, but students do say they refuse to sign unless they do something in return.” (A3)

Professional nurses are the leaders in the clinical area. Gaiter (2013:325) explains that leaders with integrity act consistently according to their own values and do not hide important information and break promises.

According to the participants, professional nurses should have taken responsibility to report absenteeism of students and to discipline them. The professional values of the professional nurse include reporting of misconduct of students. Participants also expected that the professional nurses' personal and professional values should correlate to ensure trustworthiness. The steadfastness of the professional nurse is questioned when there is a lack of these values.

“Your values of your profession will cause you to adhere to them or not. There must be a marriage between the values of the profession and your values and I must recognise that this is so and you must be able to see it in me, then we can have a trust relationship. More so, if I do not see the profession's values, then I cannot trust you.” (D5)

“Then one wonders about the value system of the people who are in practice. I feel if you have an ingrained value system it has to do with how you look, present yourself and how you act, what service you render - then one wonders about the

value system. One is making an assumption, 'What value systems do they have in practice ... the person in practice?' Their behaviour is unprofessional." (D4)

Professional nurses as leaders in the clinical area should build a trusting character, be morally decent and have integrity with continuous honesty (Gaiter 2013:325).

Strong and consistent values of the professional nurses portray an image of professionalism and render them trustworthy.

"I think it is important because a person who has a fixed system, is sort of linked to a person who appears to be more professional. Because this person is proud of his values; he takes pride in himself and his own inner value system." (D4)

Gaiter (2013:327) concludes that leaders who stand for their own values receive in return self-trust and trust from their subordinates.

Participants viewed that professional nurses could not be trusted if they do not display professionalism. Any image of unprofessional behaviour causes a lack of trust in the professional nurse who is not competent in some skills.

"If there is no professionalism then I do not trust the rest. If a person throws away the basic ethical things, then for all I know that person is no longer competent ... Once you have that image, it gives you trust for the rest. If you have that basic professionalism, you have the skill and you will be professional enough to acquire those competencies." (D2)

The values of the professional nurses were built on integrity, honesty and respect. These values of professional nurses would have an impact on the behaviour of the professional nurse.

### ***3.6.3.3 Professional behaviour***

Adherence to professional guidelines and behaviour is expected of professional nurses. This includes knowledge and the implementation of policies. Participants viewed ethical considerations as a high priority in the clinical practice of the professional nurse.

Complying with expectations such as critical thinking, problem solving and experience of professionalism created trust in professional nurses.

“So everything must come from this professional behaviour. You cannot just do what you want to, one day this and the next that, you have guidelines. I believe a professional person is someone who can think quickly, has knowledge, knows the policies and procedures, knows how things are done, because that is the only way in which she can do things correctly in a professional capacity. It also lies within yourself, your self-respect, your ethical environment and what is right is right, fairness ... you know such professional ways of doing things.” (D4)

According to the participants, professional nurses’ professional behaviour creates and enhances an atmosphere of trust in the CLE where students have to work and be trained. A participant construed that professional behaviour inspired students to provide nursing care in the same way as the professional example they were exposed to.

“Because from it ... is trust, it will definitely create trust. When you think about a sister, with whom I worked, I think of a ward where I worked or a unit where I worked when I was a student ... and how professional those were, it built me and taught me how to nurse.” (D4)

The professional nurse should be a role model in the CLE. However, participants expressed that few role models were evident in the CLEs. This lack of role modelling by professional nurses was a concern for participants.

“... As a professional nurse you should be a role model. If you walk, it should be seen as this is how the professional nurse walks.” (B1)

“The professional role model - there are very few, very few role models if there are any, because most of the time you find that when the students are working in that direction, they leave the student to do whatever, and the student becomes angry towards the sister.” (C1)

“Well ... we are on the below 50 side of the availability of role models in the clinical setting. That is my personal view. And you’ve got 60% plus of personnel you would not prefer to be a role model. And then, unfortunately, the professional nurses that we are getting now, clinical areas are our products that we made,

then ... and one is not sure ... is it us or the clinical setting that is the creators of these 'role models'?" (C2)

"Students are really negative towards the clinical area and persons in practice. Here and there you will find a person who stands out where they will say, 'This Mr or that sister was really helpful and made an effort to assist us'. There are, however, many more who tend to be negative and then say, 'The sisters are so rude towards us, we do not really get support from them' ..." (D4)

Russell (2014:313) construes that professional conduct and role models in teaching virtue and ethics to students cannot be overstated. Role models strive to achieve professional ideals and foster professional growth. When educators place students in clinical areas, they should be aware of the negative atmosphere that may exist and be aware of the influence it might have on students.

Professional credibility is based on the integrity and values of the professional nurse. This has an impact on their behaviour and how available they would be to respond to students' needs and support students in the CLE.

### **3.7 THEME 5: TEACHING AND LEARNING ENVIRONMENT**

An environment conducive to learning relies on several aspects such as learning and supporting learning. Liberska and Farnicka (2014:12) conclude that several models of learning environments are based on trust. Optimum conditions should be created to ensure individual development of students through support and technology.

The participants frequently discussed the role of the teaching and learning environments in nursing education. The resources in nursing education are divided into the theoretical and clinical teaching and learning environment. Predominantly, it was expressed that the public multi-campus NEI and public clinical areas suffered a lack of human resources, as well as sufficient equipment and technology to render and support teaching and learning.

**Table 3.6: Teaching and learning environment**

<b>Category</b>	<b>Sub-category</b>
Resources in the theoretical learning environment	Availability of human resources
	Technology available to support theoretical teaching
	Technology to support simulation teaching and learning
Resources in the clinical learning environment	Human resources in the clinical learning environment
	Equipment available to support WIL

Table 3.6 presents the categories and sub-categories of the teaching and learning environment theme. The human and technology resources in the theoretical environment support teaching and learning.

### **3.7.1 Resources in the theoretical learning environment**

Participants reported that a lack of sufficient human resources and adequate equipment was experienced in the theoretical teaching environment.

“Yes you need a lot of improvement. From our side, as lecturers we need equipment, and the issue of human resources - we need like I said, the preceptor. We really need them.” (B2)

“They do not get somebody to be with him or her to learn with them at their own pace. So this is not enough coaching, not enough mentoring for this young nurses, especially ... because in the clinical area they really..., there is a shortage, there is a shortage.” (B3)

Sufficient support for students promotes the learning opportunities afforded to students in the teaching and learning areas. Participants viewed that fitting personnel and appropriate teaching equipment should be available to support students, in order to gain trust, which is linked to quality teaching and training. This availability of supporting personnel and equipment in the teaching and learning environment is important to ensure that students will have implicit trust in their learning.

#### **3.7.1.1 Availability of human resources**

As stated previously in this report, participants perceived a shortage of educators and preceptors for the large numbers of students. A lack of educators increases the

pressure and work stress which may cause burnout due to the demands for support from large numbers of students. Visits of educators to students in the clinical areas were described as being only for assessment and not for effective accompaniment. The availability of preceptors in the CLE is of utmost importance for the successful integration of theory and practice.

“I think the accompaniment is not effective that much because of the large group of students that we are having, so sometimes you cannot do it as it is expected, like 30 minutes for each student if you have say 20 students in the clinical area. When are you going to finish the accompaniment, when are you going to do the assessment? And if you are alone as a lecturer it is problematic. Maybe if you can get assistance then it would be better. So the little that we are doing we are trying, but it is not that effective as it should be.” (B1)

Nardi and Gyurko (2013:317) confirm that globally there is a shortage of nursing educators, and it has negative results for student academic support and clinical accompaniment. In a study conducted by Güner (2015:65) it was found that in state universities in Turkey that the ratio of students-educator was twenty to twenty-eight students per educator, while the desired ratio is eight to ten students per educator.

Participants were concerned that due to the shortage of educators, accompaniment of students could not be done effectively and students were only assessed. The lack of effective support affects the quality of teaching and learning. A need was emphasised for preceptors to support students in the clinical area with assistance of adequate accompaniment.

“They can also ask: ‘Why can this and this lecturer makes sure that she is in the clinical areas?’ Uhm, there is also to me ... I do not know if it is right to mention it here – now, we really, really, really need more people, lecturers or preceptors or whatever they want to be appointed in the school. I really feel sorry for the students and also if you do accompaniment. To me it is not accompaniment when you just go there for feedback, because five or six students booked you to do a feedback, an assessment ...ok, you are giving feedback afterwards so in that way you correct them a little bit... so in a way it is accompaniment, but to me it is not the accompaniment that it should be. So I think you are not really doing accompaniment as how you should. And also, I want to say, due to the large

numbers of students and we have three different hospitals in which you must accompany students.” (A1)

Participants were worried that the absence of educators to accompany and support students in the clinical environment caused a decrease in the trust students should have in clinical learning opportunities. A lack of transport facilities to take educators from the NEI to distant clinical facilities in the rural areas also impeded effective support of students during WIL.

“There is a lack of trust when it comes to the clinical experience and areas. And I think the main causes are related to the institution. That is what I think. Because one time you will be informed that there is no transport to take you to the clinical area. And then if you do not come and you keep on rescheduling that I won't be coming on this day and I won't be coming on that day, then the students start to lose trust and the other thing is the time that we have as lecturers to accompany the students.” (C2)

The study of Walker, Dwyer, Moxham, Broadbent and Sander (2012:533) supports the presence of preceptors in the clinical environment to render continuous support to students and to contribute positively to critical thinking and growth of students.

A shortage of human resources, namely educators, is a concern for effective accompaniment. In the classrooms, a concern is the unavailability of effective technology.

### ***3.7.1.2 Technology available to support theoretical teaching***

Participants indicated that the campuses of the public NEI had a lack of resources. Some of the equipment is outdated and does not meet the expected technological standards in the theoretical teaching environment. Educators were using outdated technology and did not have updated technology in the theoretical learning environment. No creative presentations for teaching could be implemented. Participants perceived that these aspects created mistrust in the educators' abilities. Oppawsky (2014:5) argued that traditional teaching and learning approaches should be supplemented with free media resources which could assist work-based learning.

“You know the trust from our students is gone, with our presentations, because we are still using the old style, we do not have resources. The classroom environment itself, you can go to the classroom ... I mean, you go and see it is just a hall. It is a class, an old table standing there and nothing else. Then you have to use either the books or present from whatever you are presenting. We do not have resources. We do not even have the overhead projector ... So at the end of the day you still use the old method of teaching.” (B1)

Bassendowski and Petrucka (2013:667) emphasise that a combination of technology in the classroom enables educators to create learning opportunities that are meaningful to students.

Participants’ intentions were to use and implement updated technology in the classrooms, but they became frustrated with the lack of available equipment and experienced that nothing was done to improve the situation and it impeded the quality of teaching to students.

“... we must have the necessary equipment that we can use to maybe assist you or make your teaching very interesting, especially with regard to computers, or maybe having the blackboard, work out a nice assignment – your teaching on computer and may be resources. ... We are supposed to be accredited as a Higher Education Institution [Public NEI] but I don’t know how possible it is going to be in the specific circumstances. ... and I think there it comes to the frustration, because why are you talking and nothing is being done ... so then you just say, ‘I am only going to do my job, this little bit I am supposed to do, because I cannot trust these people’ ... they are always asking for inputs and it has been given, but nothing happens and is realised about it.” (A1)

“There is a scarcity of instruments, the resources. We do not have enough projectors, we do not have enough laptops, we only have one in our institution here, and if it is broken, it is broken; you have to improvise other ways of teaching. Yes, we do have the transparencies but to find projectors; also they are not functioning very well.” (B3)

Burkett (2016:4) agrees that the use of technology is important in education. Instructional spaces, such as computer availability, give students a comfortable place for learning and working on group projects.

The lack of resources in the classroom restricted the educators to be innovative in teaching and in utilising various types of teaching methods.

“However, of course with all the problems with the material and resources we find ourselves somehow not being able to utilise some other methods and you know with all the methods of I think one is to give a lecture. I mean a lecturer is preparing herself and then not having quality technology available.” (C2)

The insufficiency of technology was reported to be not limited to the classroom, but it was mentioned that in some campuses of the public NEIs’ simulation rooms were not according to expected standards.

### ***3.7.1.3 Technology to support simulation teaching and learning***

Participants felt that educators demonstrated the procedures correctly, but they faced a shortage of resources to support students’ learning outcomes. They raised the concern that there was a lack of manikins to demonstrate critical procedures to students in simulation. A lack of resources makes teaching difficult for the educators.

“Yes in the demonstration room if I talk about, for example, CPR or whatever, I cannot do a CPR here. So I need to go to the ward to demonstrate the CPR there on dolls. We do not have CPR dolls here. We do not have a simulation room for midwifery setup here - we do not have the resources.” (B2)

“However, of course with all the problems with the material and resources we find ourselves somehow not being able to utilise some other methods.” (C12)

Effective education needs sufficient human resources, technology and equipment to support learning opportunities for students in the theoretical learning environment. Resources also are important in the CLE.

### **3.7.2 Resources in the clinical learning environment**

The CLE is where the students are placed to gain clinical experiences in nursing. A recurrent theme in a study of Emanuel and Pryce-Miller (2013:18) is that students perceive their mentors to be too busy to provide the required support. However, learning opportunities are dependent on the availability of support staff members in the clinical context. Human resources and equipment availability in the CLE affect the quality of learning opportunities provided in the CLE.

#### ***3.7.2.1 Human resources in the clinical learning environments***

Participants' point of view was that previously there were more personnel in the clinical areas who supported students with clinical learning opportunities. Currently the personnel complement is too small to support the students and due to work pressure they do not have sufficient time. The shortage of personnel in clinical areas jeopardised clinical teaching, and learning opportunities could not be utilised optimally.

“And when it comes to you know the activities that are done in the ward. Well, uhm, most of the time they are associating this with the shortage of staff and we really agree that comparatively ... if you compare the staff numbers in the ‘olden days’, there are much fewer now than previously. I mean, the number of staff has decreased nowadays; you do not have enough staff. They will also indicate that they do not have time to teach the students because they are really few in the ward and such things. And perhaps even the systems that we are using are a bit different because sometimes if you could have one sister with four students, where the sister could teach the students and at the end and lecture these things, and then thereafter the student could be left in direct supervision.” (C2)

In a study of Aiken, Rafferty and Sermeus (2014:24), it was found that professional nurses wanted to provide care, but the shortage of professional nurses in the working environment resulted in experiences of ‘uncaring’ behaviour towards patients and students.

Participants felt that the supervision of students in the clinical environment was inadequate. According to them, students are neglected in the clinical environment. A student should be exposed to more supervision and mentoring in the CLE.

“... currently one cannot rightfully say or outright say they are neglecting the students. Because we have the issue of shortage of staff and we’ve got the issue of burnout of the clinical personnel. ... one is never sure whether it is burnout or a lack of supervision of the clinical staff of our students. In general they do not get enough supervision and enough mentoring in the clinical setting as one would have it, want them to get it. Now it takes you to check it, what is their attitude, what are making them doing that. Is it the shortage or is it the personnel who ... are just not interested in the student? So one cannot actually say which one actually is the cause.” (C1)

In the study of Amukugo and Mathew (2015:133), the shortage of health personnel was identified as a cause of the lack of quality nursing care. Personnel pointed out that the staff shortage created burnout because personnel had to run from one patient to another.

A shortage of professional nurses and human resources in the CLE enhanced the risk of shortcuts being taken with clinical procedures. These circumstances created an environment where students were not learning what they were supposed to learn during WIL. A lack of human resources in the CLE resulted in the procedures students had been taught being implemented incorrectly.

“So this is not enough coaching, not enough mentoring of this young nurses, especially ... because in the clinical area they really, there is a shortage, there is a shortage. So sometimes they do not learn what they are supposed to learn, because the sisters have to take a shortcut to finish, seeing that the work is finished in no time. You can do it without doing it the wrong way. So it is that misconception that no ... because we will never finish.” (B2)

“... We teach them one way, but in practice it is not usually done that way - often because there are no resources. Often because the person who is in the clinical area, who is their role model, also takes too many shortcuts, because they do not have time; they are too busy. That is usually their excuse.” (C3)

Proper staffing is important in the clinical environment to promote a clinical environment conducive to learning (McMahon & Christopher 2011:78). In the study of Moonaghi,

Mirhaghi, Oladi and Zeydi (2015:4) participants indicated that in the CLE many techniques are performed in a non-standard way.

Inadequate human resources, for example a shortage of professional nurses, put students at risk of internalising incorrect procedures, and future nursing practices might be negatively affected and result in a decline in nursing standards. Non-availability of equipment in the public CLEs also affected the WIL of students negatively. The shortage of support personnel in the CLE affected the quality of clinical teaching and learning offered to students.

### ***3.7.2.2 Equipment available to support work-integrated learning***

According to the participants, WIL clinical procedures were not practised correctly. This view was linked to the lack of resources and equipment, which resulted in students not gaining and internalising the correct procedures.

“... Many times it could also be because of a lack of resources here in the clinical area, so they improvise, obviously they improvise, meaning that the students do not gain what they are supposed to gain.” (B1)

Participants felt that the insufficient resources exposed students to medical risks when the correct stock and equipment were not available in the CLE.

“We do not have equipment in the ward. You will go there and you find that there are only 20cc syringes in the children’s ward. You do not know how they will be able to calculate ... and you ask yourself, how are they going to compromise to the kids’ treatment with a 20cc syringe, when there are no other equipment ... how are they going to nurse the child or administer the correct dose of medication?” (A2)

Some participants argued that when students had to improvise with procedures due to insufficient stock and equipment it should not harm or put the patient at risk during these procedures and nursing interventions.

“Even if you do not always have the equipment you can improvise to the best of your ability ... carry out some procedure so as not to disadvantage the patient. They should actually be trained to function in this manner so that they can work in rural areas and not only in a technology hospital.” (D1)

The study of Amukugo and Mathew (2015:134) reveals that insufficient equipment in the clinical environments is a big problem and prevents quality nursing care. It was mentioned that a lack of medicine and equipment, such as blood pressure machines and scales jeopardises the quality of nursing.

Participants viewed that the standards of nursing in the clinical learning areas were at risk due to insufficient stock and equipment. Educators experienced powerlessness and embarrassment with this situation. Effective WIL depended to the availability of stock and equipment in the CLE. The concerns of participants were verbalised by them, stating that the availability of human resources, stock and technology might have an impact on the trust placed in the teaching and learning environment.

### **3.8 CONCLUSION**

To conclude the participants' views: Three role players were identified as important figures in the nursing education environment, namely the educators, students and professional nurses. Expected characteristics of the role players included expert knowledge and skills, and professional conduct according to ethical norms and values. The need for accompaniment and support for students was expressed in order to maintain standards and ensure consistent approaches in the nursing education environment. Professionalism is a necessity for the role players in the teaching and learning environment. The shortage of resources in the theoretical and clinical areas impede the teaching and learning in nursing education. Resources mentioned included human resources and sufficient and appropriate stock, equipment and technology which supported the best learning opportunities. According to the participants the deficiencies and issues they mentioned could contribute to a breach of trust between educators and students. In the next chapter the participating students' views will be shared and discussed.

## **CHAPTER 4**

### **FINDINGS ON THE VIEWS OF STUDENTS REGARDING TRUST IN NURSING EDUCATION**

#### **4.1 INTRODUCTION**

In Chapter 3 the findings of the educators' views were discussed. In this chapter the focus will be on the findings on the students' views regarding trust in nursing education with supportive literature. The findings are based on the characteristics of role players and the expectations of students regarding important aspects for trust in the nursing education environment and the teaching and learning environment of students. Views reflected on the maintenance of standards were to create an environment where students could attain the required learning outcomes in nursing education.

#### **4.2 BACKGROUND TO THE FINDINGS**

Fourteen focus group interviews were conducted with nursing students. Field notes and memos made after each of the focus group interviews. In total sixty students participated in the focus group interviews, from which seventeen were males and forty-three females. Thirty students were in their third year of training and thirty students in the fourth year. Twenty-three students studied at the university and thirty-seven students studied at the public multi-campus NEI. Quotes of students' remarks utilised in this chapter are provided with a (G) code plus a number, which indicate that the data were obtained from participants in that specific group.

Students who participated in the focus group interviews will be referred to as participants. 'Role players' refers to the three identified groups involved in nursing education, namely educator, professional nurse and student. In Table 4.1 an outline is provided of themes that emerged from the data obtained from the focus group interviews.

**Table 4.1: Themes of students' views on trust in nursing education**

1	Self-trust and trusting relationships
2	Expectations of role players
3	Professionalism and role modelling
4	Expectation regarding quality teaching and learning
5	Values of trust in nursing education

### **4.3 THEME 1: SELF-TRUST AND TRUSTING RELATIONSHIPS**

Participants indicated that students entered the profession with the internal motivation to become professional nurses. Initial relations were formed between the educator and student in the theoretical learning environment. When students are placed in the CLE, students interact and rely on professional nurses and interpersonal relationships develop between the professional nurses and students. Table 4.2 presents the two categories in this theme. There were no sub-categories.

**Table 4.2: Self-trust and trusting relationships**

<b>Categories</b>
Students entering nursing education with self-trust
Building relationships with educators and professional nurses

#### **4.3.1 Students entering nursing education with self-trust**

Students trust their own capabilities to cope with the challenges of the nursing programme. Part of students' self-trust is trust in the nursing programme what they intend to follow. Participants reported that they commenced the nursing programme without knowing what would be expected from them and they believed in themselves to complete it. The motivation and self-trust of the students inspired them to reach out to someone in the nursing education environment to guide them and whom they could trust. Relationships developed from the students' self-belief and self-trust and the interaction with educators and professional nurses. Nursing is not an occupation where one works alone, but a group of individuals in a team is involved. This emphasises the

importance of developing relationships with educators and professional nurses. Participants remarked on this as follows:

“I think you must have that trust ... you must trust yourself, because it is a whole new environment, now you are doing this nursing now ... it is your job. You have to take care of ... you have to put in everything. So you still feel kind of lost. I am sure you will look for someone in that environment that you can trust, guide you.” (G3)

“And you can trust yourself that you believe in yourself as well. ... You just have to believe in yourself and you work together as a team and you trust that the knowledge that you do have will help you in a situation. So they are not throwing you in the deep end and expect you when you are not able to swim. You know, they trusted that you will swim.” (G2)

According to the participants, first-year students entered the programme with blind trust that the educators would assist them to become competent professional nurses. Participants shared that students had to have self-trust, and trust the school, the system, the personnel and educators.

“You just trust first and then ... I’m trusting myself to sign this contract and I want to be part of this school ... And also trust the system, trusting the management, trusting the lecturers that are going to help you to achieve that thing that you go there, the thing is: I’m going there to be nurse.” (G6)

Blind trust is when a person easily believes another one without verifying the truth (Covey & Link 2012:49-50), and such a person has a high propensity to trust and is gullible (Covey & Link 2012:66). Participants indicated that students entered nursing education with blind trust; they trusted the educators and professional nurses for support and believed the programme would be of a high quality with high standards.

Participants expressed the view, that if students believed in themselves internally it assisted students to succeed. Participants mentioned that students should act with self-discipline to face all the challenges during the nursing programme.

“You must believe in yourself that you are going to make it ... having discipline, self-discipline ... leadership qualities, you should be able to stand up on your own and face a lot of difficulties during the course, and to be a leader.” (G1)

Self-trust of participants was the origin of trust in the nursing education environment. First, students’ self-confidence gave them self-trust to work and relate with others. Teamwork experiences in the clinical environment enabled students to relate with professional nurses. To work in a team is important for patient care in the CLE.

“I think trust is a very important thing for a nurse or a sister, especially in the type of environment in which we find ourselves. You must really trust yourself too ... Because we work with lives. It is not ... you must know what you are doing.” (G13)

Findings indicated that participants viewed self-belief and self-trust as the centre of relationships with the educators and professional nurses. The interactions between students and the educators and professional nurses are fundamental for the development of trust. Weber (2011:413) maintains that trust provides a foundation for interpersonal interaction and can transform to become sustainable trust among people. Covey and Link (2012:20) affirm that trust creates an upward cycle, because if trusting relationships increase in an organisation, engagements among people increases, and that creates a trusting climate.

Students interact with educators and professional nurses and that affect trusting relationships in their nursing education.

#### **4.3.2 Building relationships with educators and professional nurses**

Self-trust was viewed by participants as the basis of all relations. The self-trust ensured the development of relations in nursing education. The rationales for the relationships are for the obtainment of a qualification in nursing.

“Because I think it forms the basis of all relations and it also serves towards the ... not only to the quality produces but the quality that is still in line ... one just enters in a nursing college, for example, but the aim of getting a qualification.” (G10)

Participants shared that initially students entered the nursing education environment without any previous experiences. Students were unfamiliar and uncomfortable in the new teaching and learning environment. A relaxed environment promotes interactions in the teaching and learning environment created openness to build trust.

“And you also get to, you get comfortable with them, you ask questions, because when you get there the first day you are on your own and you see these people for the first time and just looking, you just are not feeling comfortable enough to ask questions yet. But with times, then it is not that bad, and then you asked questions.” (G6)

In the study of Herron, Sudia, Kimble and Davis (2016:332) students stressed the importance of educator-students trusting relationships. If trust was not present, the students believed their learning was affected negatively.

According to the participants, interaction and communication were regarded as important for the development of interpersonal relationships in nursing education. More communication and interaction clarified the misunderstandings and it enhanced interpersonal relationships among members of the multidisciplinary team.

“Communication has a very important role in trust because the more you communicate with someone it is then that you know the way of that person, you get to understand the way they are doing things. When you are seeing someone is doing something and you do not communicate to that person and understand why they are really doing that, you won't trust the person, because of the way they are doing something, whilst you do not know why they do it. ... And it improves the interpersonal relationship between the multidisciplinary team.” (G8).

The professionalism of educators and professional nurses played an important role to build relationships with each other. Through the interactions with educators and professional nurses, participants considered professionalism as the foundation of trust.

“You create trust by being professional. This is the foundation on which, what the purpose of professionalism is. It is to tell people this is what you can expect and why you have state registration.” (G11)

Milton (2012:25-26) emphasises 'acting faithfully' as important for trust in the nurse-patient relationship. Behaviours that illustrate faithfulness create trust in educators and professional nurses. During interactions between students, educators or professional nurses, students expected professionalism to regard educators or professional nurses as faithful.

Participants indicated that there was a need to know the educator, and interaction between the educator and students provided the opportunity to identify the educators' strengths and weaknesses. Students made decisions based on the evaluation of strengths and weaknesses of educators and if they could interact with the educator in a manner where confidentiality would be respected.

“...like maybe build the friendship with them and whether to check the strengths of the person and the weaknesses, whether or what you talk to the person, the two of you, ... is it going to be confidential?” (G11)

From participants' responses it may be inferred that trust and trusting relationships develop from the students' self-trust and interaction with the educators and professional nurses. Students' interactions with educators and professional nurses were the basis of the impressions of professionalism of educators and professional nurses. In the theoretical and clinical environments, interaction with the educators and professional nurses ignited the trust and trusting relationships. Participants viewed students had certain expectations of educators and professional nurses to build trust.

Participants expected educators and professional nurses to have sufficient competencies in nursing education.

#### **4.4 THEME 2: EXPECTATIONS OF ROLE PLAYERS**

Participants indicated that students enter the learning environment with specific expectations of educators and professional nurses and a preconception of what contributes to becoming an ideal nursing student. In Table 4.3 the expectations of the students are summarised, those elements which they considered important for trust, namely, competencies of the educator, competencies of the professional nurses and the learning responsibilities and abilities of students.

**Table 4.3: Expectations of role players**

Category	Sub-category
Competencies of the educator	Subject knowledge
	Theoretical teaching skills
	Clinical teaching skills
Competencies of professional nurses	Clinical and theoretical knowledge of the professional nurse
	Teaching skills and creating learning opportunities
Learning responsibilities and abilities of the students	

#### **4.4.1 Competencies of the educator**

Competencies expected by participants include educators' knowledge, and clinical and teaching skills. The educator is the first person the student comes across in nursing education. Participants expected educators to be friendly, caring and approachable, but participants also wanted educators who had the ability to educate them properly.

"Know her work, know the skills she wants to teach you, that real caring." (G2)

"... she must know her work and she must have the correct skills how procedures must be done and to show it to you." (G12)

"She must also be approachable, because the problem is that when the lecturer is not approachable you sit with problem, not understanding the content, you cannot go to the lecturer and consult, so they must also be approachable." (G6)

"And also friendliness and that openness. Open friendly face to open up, not scared to ask questions." (G4)

Ng (2015:315) is of the opinion that quality education is delivered by good educators, being effective, caring and inspiring. In the study of Herron et al (2016:332) students regarded educators who provided a positive learning environment as approachable and having positive attitudes; students could communicate with them easily. The openness of educators ensured that students would trust educators to assist them to develop clinical reasoning

The competencies expected of educators by participants include subject knowledge, theoretical teaching and clinical teaching skills.

#### **4.4.1.1 Subject knowledge**

Participants viewed educators' knowledge and abilities as an important component of trust. Participants wanted to observe updated subject knowledge from educators. When students experienced educators as knowledgeable, trust developed in the competence of the educator. Educators should apply the latest developments to the subject and programme content, substantiating it with the most relevant and recent books in the field of nursing education.

“You expect that the institution would be more updated and would be more advanced in what they are teaching you ... So the lecturers should also themselves update their presentations and content and rewrite the objectives, so that we can find the information in the most relevant books.” (G1)

The study of Bagcivan, Cinar, Tosun, and Korkmaz (2015:58) revealed that students expected educators to be prepared for lesson, and to utilise appropriate teaching techniques and methods.

Participants expected educators to demonstrate their competence in the CLE. The responsibility of the educators was to update their theoretical knowledge as well as theory-practice integration. Some participants challenged the educators to do procedures in front of students. Participants mentioned that the educators should demonstrate their competencies before they expected students to perform the procedure. The students became frustrated when educators did not know the recent practices in the clinical areas that resulted in doubt in the competencies of and knowledge base of educators. Uninformed educators caused confusion for students.

“And to emphasise what my colleague has said, I think it is very much important to see a lecturer delivering a child, they deliver a baby.” (G7)

“And then sometimes you find that what we were taught in the college it is no longer done there in the practice, things keep on changing, but then with the lecturers they are not updated with what have been done in the clinical area. So

sometimes it creates a problem because you are taught like this at the college and when you come in the clinical it is not like what they have taught you.” (G4)

These comments of the participants are in agreement with the findings of a study done by Bagcivan et al (2015:58), which indicate that educators should demonstrate updated theoretical and clinical knowledge. Hence, in the current study the findings confirmed the importance of educators’ competencies.

Participants doubted educators when they realised a lack of basic theoretical knowledge, outdated knowledge and limited clinical experience existed. Participants indicated that it was discouraging when educators did not have basic knowledge that the student required.

“... you expect this person to give lectures to you, but she does not even know in which unit blood pressure is measured. This is a basic thing.” (G13)

“The lecturer did not know how a patient should walk with crutches ... she showed us incorrectly and I knew it was wrong, I was just surprised, the lecturer had so many years’ experience and she does not know how to walk with a crutch.” (G14)

Hunt (2013:17) is of the opinion that educators should have proper clinical experience before taking on the role as an educator. The study by Bagcivan et al (2015:62) reveals that students expected educators to be well prepared and knowledgeable in their subjects, and that educators should know and utilise proper teaching methods, techniques and strategies.

It thus may be inferred that basic and updated knowledge of educators increased trust in the educators. The knowledge and skills of educators were not only restricted to the nursing milieu, but also extended to the teaching abilities of educators.

#### **4.4.1.2 Theoretical teaching skills**

Participants expected of educators to have competencies to transfer theoretical content with effective teaching skills. Effective teaching skills of educators, according to them, created a comfortable teaching environment. Participants emphasised the importance of

small classes. This enhanced individual attention, gave students confidence, and it boosted their self-trust. Individual attention to students builds confidence to participate actively in class.

“I also feel smaller groups, not big classes. You feel more confident to ask a question, than you do in a large group.” (G12)

Students in the study of Bagcivan et al (2015:58) also indicated that they preferred intensive theoretical lessons and classes that are not crowded. These opinions confirm that effective interaction in class enhances active participation in the learning environment.

Participants mentioned that educators should implement teaching methods which allowed students to build confidence and self-trust. They explained that such methods included the ability to integrate theory and practice and optimise learning opportunities. It may be deduced that trust developed when students perceived educators as being experienced and received guidance and positive feedback during simulation.

“I think in terms of a class situation, I mean our lecturers we know that they are registered nurses, and I mean they have years and years of practice. So we trust them in what they say and I mean you can see it when you do like simulation or say like this past week, when we were given a scenario and we had to act on play. And the feedback they gave us, you know and they help us in that environment, because we had even someone who came there and helped us, and we asked them some guidance and you know they gave us help and you can trust them with that, you know.” (G2)

Fidelindo (2013:11) recommends to educators to create clinical simulation scenarios with built-in ethical dilemmas. Clinical simulations created valuable learning opportunities for students. When clinical simulation scenarios are presented, it stimulates critical thinking of students and the ability to integrate the theory and practice.

The expectations of participants, as reported, were focused on the teaching skills, integration of theory and practice, as well as assistance during the accompaniment of students.

#### **4.4.1.3 Clinical skills and teaching skills**

During the interviews it was reported that participants expected educators to be available and approachable during clinical accompaniment in the areas where students were placed for WIL. Findings indicated that participants appreciated educators that orientated them properly in the clinical environment. Participants felt neglected if educators did not demonstrate and orientate them regarding the procedures and outcomes that they had to achieve in the CLE.

“... you know that week is just for orientation. So when you go to a different placement, you know this is what I am supposed to do, this and this. They are orientated for like a week. ... The lecturer will come there for about two or three days when you are there in the wards and then, just overview.” (G6)

“And I think the lecturers should visit us at least two, three times in our clinical placement instead of placing us there and just come there ... once in a while for a procedure, and then just leave us there.” (G8)

Participants viewed that if educators accompanied students, they would be aware of the difficulties students encountered in the CLE. Participants voiced a need to receive guidance from the educators in difficult situations.

“I feel like our lecturers should come more, because if she expects me to have the equipment the day of the procedure, she must have been there, to see how much I am struggling, so I like to see my lecturer deliver a baby, I like to see that. I like her to see that and say here I am taking the cord and doing it the way she taught me. I'd like to experience that.” (G7)

The study of Maxwell et al (2015:39-40) indicates that the educator should assist the student to bridge the gap between the theoretical knowledge and clinical requirements. The presence of the educator in the clinical environment provided assistance and reassurance to students when difficulties were experienced.

Participants also expected educators to be competent and updated in the clinical environment. Educators should make sure that the clinical teaching is relevant and

clinical teaching should be in line with the relevant information and procedures in the clinical environment.

“And the issue of being competent enough to reach out to students, do not give out information if you are not sure about it. Firstly compare it and then give it out. I understand that you cannot know each and everything because nursing is still ... yes it changes. So yes you should be competent to know, know what is going on out there and what has changed. And, give us the relevant information.” (G6)

The presence of the educator in the clinical area for teaching and accompaniment promotes trusting relationships. Teaching and accompaniment by educators in the CLE develop a sense of trust in the educators’ abilities and skills in an environment where effective learning opportunities can be obtained.

The students’ views regarding the professional nurses will be discussed next.

#### **4.4.2 Competencies of professional nurses**

The professional nurse facilitates mastering of skills in the CLE. Students are allocated to different clinical areas to acquire WIL. Under the supervision of the professional nurse the students should obtain the required clinical outcomes for the programme. Participants expected professional nurses to portray passion for nursing in the CLE. That passion inspires trust and students want to follow this behaviour. Professional nurses should be knowledgeable and approachable to assist students who need information about diagnosis and conditions of patients. Participants also expected professional nurses to assist students to reach their outcomes in the particular clinical areas.

“I thought that knowledge and all characteristics for a ... but I think that a person must also ... actually remember that a person must see the passion in you, do you really have passion for your work because passion is contagious.” (G12)

“And then in clinical areas it makes it easier for you to learn and trust the professional nurse. You can easily go to them and ask them, about the conditions that you are not sure of and it prevents a lot of mistakes.” (G4)

“Others are willing but then ... just a few that are actually willing that say, ‘You know what, I have students and I acknowledge that I have students here and they have certain objectives to meet in this particular ward’, and they will try to cover whatever education or training that they do.” (G6)

The study of Antohe, Riklikiene, Tichelaar and Saarikoski (2016:142) indicates that students’ satisfaction in the CLE depends on the approachability of the staff to provide sufficient and meaningful learning situations in the ward. Thus, positive supervision attitudes from the professional nurses create satisfaction for students during clinical learning.

Not only the passion of professional nurses, but also the knowledge that was shared with the students in the clinical area was regarded as important for trust. It thus may be inferred that the important competencies of the professional nurse include clinical and theoretical knowledge, as well as teaching skills to create learning opportunities for students.

#### ***4.4.2.1 Clinical and theoretical knowledge of the professional nurse***

The professional nurse ought to be able to teach students in the CLE. Participants expressed the need for professional nurses to share their knowledge and skills with students. Participants’ responses indicated that they required professional nurses to be able to answer questions regarding diagnoses of patients and to relate these to their theoretical knowledge. Uninformed professional nurses caused students to have a lack of trust in the professional nurses.

“I again want to say, like the lecturer, but knowledge, because the other day I asked a sister uhm ... about the diagnosis of a patient she was working with. She could not tell me and said he only had an abdominal problem. Yes, she could not tell me why the patient was there. I immediately lost my trust in her and felt that if I want to know something, or need something, I cannot go to her as she cannot explain to me.” (G13)

“I think in the ward you trust people who are qualified, who have the required knowledge and experience. You trust that they will apply the right rules when they

do something. That they will not just ... that there will be trust in the working environment.” (G14)

It became clear in the findings that the clinical and theoretical knowledge of the professional nurses needed to be updated and related to recent practices for the clinical environment. Participants voiced that professional nurses needed to update and upgrade their knowledge through attendance of workshops, which have a bearing on the latest developments in the clinical learning field. Participants expressed that they could not trust professional nurses with outdated knowledge. Participants viewed some professional nurses as practicing outdated practical procedures. Those professional nurses did not have any motivation to change these outdated procedures and resisted changes and innovations students suggested to be implemented.

“I think what is also needed there is with regard to workshops. I understand that like most of our lecturers if I may say, they attend workshops you know now and then, but in the clinical practical settings, sisters do not necessarily attend such things. I think if lecturers as well as professional nurses in the clinical areas can attend the same workshops, I think it is a matter of information, those sisters who are working there, they are having their old ... you know curriculum, where elsewhere we were taught the new things. So it becomes a problem when you have to trust what you have now and also trust the people you are going to face in the real situation. So there is still a gap.” (G10)

“And they are so difficult to us, maybe they are doing the things it was done 20 years back. They expect we must do the things they are doing it, not the new way. They do not accept our fresh ideas. They are so used to the routine they were doing it so many years ago and they make it difficult for us for even the slightest change to implement it.” (G1)

Gemberling, Tretter-Long, Reiner, Potylycki and Davidson (2011:326) conclude that expert knowledge and guidance from professional nurses benefit the learning opportunities for students. The SANC (2007:5) requires from the professional nurses to commit to the development, facilitation and maintenance and of life-long learning for themselves. When students are exposed to required learning opportunities during WIL, they reach the expected outcomes in the CLE.

It was expected from the professional nurse to have theoretical knowledge which would support students in the clinical environment. Hence, professional nurses should share clinical experiences with students through identifying learning opportunities and teaching students.

#### ***4.4.2.2 Teaching skills and creating learning opportunities***

Participants expected the professional nurses to have the willingness and spend time with students to support teaching and learning in the clinical environment. But, according to the participants, professional nurses verbalised that teaching was the responsibility of the educators. This attitude of the professional nurses limited learning opportunities for students.

“What I have seen a lot is that we are allocated by the college to the clinical areas to learn, but 90% of our time we spend a lot of time not learning. We are really working ... I think sometime I do blame the sisters because some of them - they do not know how to teach, they do not have those kinds of skills - not teaching students, because they were once students and at the end of the day they never did education or something like that.” (G10)

According to the study of Dahlke, O'Connor, Hannesson and Cheetham (2016:147-148), it was identified that the workload of registered nurses had a negative impact on the provision of good learning experiences for students. Students were ignored and the registered nurses became impatient with students nurses' questions and learning needs.

Participating students reported that in clinical environments where professional nurses honoured their responsibility and taught students, the students were able to attain their learning outcomes, but some professional nurses just taught them the basics so that the work could get done punctually in the wards. Participants indicated that students became frustrated because they felt neglected and misused. In certain CLEs the students gained a lot of knowledge in a short period of time; however, in other clinical environments students could be placed for lengthy periods but did not gain any new knowledge.

“But they only teach you the key so that you continue with the processes of the ward. So that if seven o’clock comes, everything is done. You did not gain anything in terms of your training. The only thing that you get is that in class.” (G6)

“I’ll say in some wards you learn a lot – say, maybe you are placed there for a week or five days. And then you learn a lot, but then in another ward, you are placed for four to five weeks ... but you will go out of that ward not knowing a thing, because some wards are not interested in students. Some sisters, they are really not interested in students, some sisters are not interested to giving information to the students.” (G3)

“It also depends on the duration that you are placed in the certain area. Because if you are placed in this it is not enough to that, that person needs to know you and once they know you in that clinical area. Like me working in the clinical placement clinical primary healthcare. The longer I stayed, the more the nursing staff liked me. And then this time you get to learn how to do it. So I think it depends on you.” (G7)

Moonaghi et al (2015:3-4) found that when students were placed in the clinical departments the professional nurses were not supportive and did not accompany students, neither did they share valuable experiences in the clinical environment. Nursing personnel have a unique role in providing an educational atmosphere in the CLE; therefore the professional nurses and student relationships were reported as important to contribute to student experiences and socialisation in nursing. Students’ motivation and capacity to learn depended to the experiences of belongingness and support in the clinical environment that affected students’ self-concept and confidence.

Participants viewed that it was the responsibility of professional nurses to teach and supervise students. It was verbalised that professional nurses are envious of students and therefore they would not take responsibility to teach students. Participants felt that professional nurses were discouraging students to become professional nurses themselves, because the students were very young. When students perceived professional nurses as being envious of students, they did not trust those professional nurses.

“You expected the nurse, you expect her to teach you in the clinical setting. But you go there and you find that they are not that free to teach you ... I mean she does not have the time for you - some of them. I mean the students have this mental view that the nurses are jealous, that jealous. That is when the trust is going to break. Because you are not going to trust that nurse that does not have time to teach.” (G9)

“You know they may feel that this child, she will be a professional nurse at the age of 24 and sometimes they are very hesitant to teach us something when we ask them about something, just to discourage us.” (G1)

Trentham (2011:17) emphasises that failing to supervise in the clinical practice is a professional misconduct. Students need professional nurses with the abilities and positive attitudes to teach them during WIL. Support and teaching from the professional nurses will ensure that students attain the required learning outcomes. The SANC (SANC 2007:5) requires from the professional nurses the development and facilitation of learning of others. It is also stated that the scope of practice of professional nurses is to actively engage in education and training of students. Professional nurses who are competent to teaching clinical knowledge and skills are trusted.

Participants as future professional nurses discussed certain characteristics which were expected of the ideal nursing student.

#### **4.4.3 Learning responsibilities and abilities of the students**

The discussion which follows focuses on how participants expected students to behave in the nursing profession. Participants viewed that one can trust a student with a passion for nursing who took responsibility for her/his own learning.

Competencies of students entail theoretical and clinical skills. Participants expected of other students to demonstrate competencies to enhance the image of nursing. Participants indicated that the nursing students should feel a yearning to work with people and a passion for nursing. Students' interest in caring for people will motivate them to become professional nurses.

“I think to be a good nurse, what you really need is the love of helping people. If you came to nursing for money or something, you will get bored and never help a patient and then you will not be a good nurse, properly.” (G 8)

“You must be interested in what you are doing ... And should have a passion to work with a patient, for nursing.” (G1)

“I think you must also show a form of interest. Yes, you must be interested in what she wants to show you.” (G14)

“As for me it is to equip yourself with knowledge, you gain confidence, but, I also feel that your skills in the practical areas have an impact on my confidence.” (G6)

Young (2012:66) encourages students to challenge every learning opportunity during WIL. Students, who are passionate about learning outcomes, take responsibility for their own learning, which will result in behavioural change. Students’ passion for learning motivates them for life-long learning in nursing. One theme of the study by Ng (2015:315) indicates that quality education includes students with strong feelings about and positive attitudes towards learning. They should be motivated, open-minded, and willing to engage in deep learning.

A student with a passion for nursing and who is motivated to enhance her/his knowledge and skills takes responsibility and accountability for his/her own learning. Participants expressed that students need to take the responsibility to succeed, and they mentioned that students should believe in themselves. Students should take ownership of their own learning. Believing in one’s own abilities conveys an image of trust, and students act with self-discipline to face all the challenges during the programme. The motivation to take responsibility for their own learning added to assist students with successful completion of the programme.

“You must believe in yourself that you are going to make it ... having discipline, self-discipline ... leadership qualities, you should be able to stand up on your own and face a lot of difficulties during the course, and to be a leader.” (G1)

“But if you are not sure about how to monitor the vital signs, your self-confidence will be low, because you do not have adequate information. But if you know what

you are doing then ... I think if you just have adequate information, and update in effect ... being updated.” (G8)

In the study of Herron et al (2016:332) students elucidated the role of transformation during the nursing programme. Many students entered nursing with the expectation of spending the major part of their day administrating medicine, but they soon discovered the need of knowledge, clinical reasoning and making decisions to promote safe patient care.

Some participants indicated that students became discouraged when they could not practise what they had learned in the textbooks. The lack of integration of theory and practice was viewed as a problem in nursing education. In departments where procedures were executed according to the theoretical textbooks, the clinical learning was experienced as positive.

“What you do here, sometimes ... what you learn here, and sometimes when you go to the ward, some of the things were the way you learned in the book. But then there comes the problem ... the sister will tell you, 'Now you are doing the things this way here, when you come here, you students are doing it to the book, but in the clinical areas you are doing it according to the ward". It is a problem. But some of the things, like midwifery, it is the way it is in the book ... it is straight forward.” (G11)

Hirst (2016:5) is of the opinion that students are enthusiastic to learn from qualified nurses and to learn guidelines that might enable them to provide quality nursing care. Nursing students are responsible for requesting guidance from qualified nurses when they need support regarding understanding and application. If appropriate learning opportunities arise the students should be informed and should take the responsibility to prepare for the learning activity.

Quality teaching and learning for students need to provide evidence of integration of theory and practice. Students should believe in themselves, act with self-discipline, take challenges and face difficulties. Acting responsibly contributes to leadership qualities and enhances the important professional image. Professionalism is a core factor for trust in nursing education.

## 4.5 THEME 3: PROFESSIONALISM AND ROLE MODELLING

Students are in the process of learning how to be a professional nurse and professional behaviour is expected from them. Trustworthiness supports professional behaviour and role modelling in nursing education. A professional image and role modelling were themes that were emphasised by the participants. Table 4.4 illustrates the categories with sub-categories that depict professional behaviour, role modelling and attributes of trustworthiness.

**Table 4.4: Professional image and role modelling**

Category	Sub-categories
Professional behaviour and role modelling	
Attributes of trustworthiness	Openness
	Honesty
	Reliability
	Caring and goodwill

Bolzern-Konrad (2015:352) believes that clear values are a basis for trust and Shaw (2009:61-62) suggests professionalism during teaching and learning of students builds trust. The expected professional behaviour and role modelling as well as attributes of trustworthiness were voiced as important for trust.

### 4.5.1 Professional behaviour and role modelling

Participants viewed that the educators' professional image and behaviour enhanced trust in education. Acceptable behaviour enhanced the receptiveness of the educators and contributed to the trust in educators. Participants were concerned about the professional image and unprofessional behaviour of professional nurses in the CLE.

“Yes, because I think if the lecturer presents herself professionally, being how you look, how you come over in your preparation, how you share knowledge, how available you are. It feels to me that all this things ... they can play a role in the receptiveness of the students. But, again in practice where there is a lot of unprofessionalism.” (G12)

The image of the educator should be that of a role model to inspire students to be one too. Participants expressed the need to look up to educators and strive to be like the educator after completion of the programme.

“For me she should be like a role model. The day when I’m going to be finished and graduate, I should be like them and as professional like they are; I should look up to them and want to be like them.” (G1)

In the study of Hilli et al (2014:572) the findings indicate that students need an educator or preceptor that can demonstrate role modelling in their teaching and caring attributes. With a role model the atmosphere is open and students have the opportunity to request assistance when needed. Peltz and Raymond (2016:264) state that role modelling plays a significant role in the establishment of relationships between educators and students. Role models provide psychological and emotional support to students.

Participants felt that the professional behaviour and role modelling of the educators were important aspects to trust educators. Attributes of trustworthiness and role modelling of educators were needed to portray professional behaviour. According to the participants, students had to see the educator as a professional example and somebody that students could look up to which gives them something to look forward to – to be like the professional educator.

“Well ... what I see, they set such a pro example I do not know. I do not know what she still needs, I mean they are really, ja, I think they are so professional, really.” (G2)

Interpersonal skills of educators has a major effect on their professional identity and educators as role models need to be aware of their interpersonal skills and actions in an teaching and learning environment (Leusen et al 2016:258).

Participants mentioned that it was expected of students to become professional nurses and during the students’ training professional behaviour and role modelling should be observed. Participants wanted professional nurses to demonstrate the expected

professional behaviour. Only when professionalism was observed in the professional nurses, students trusted and were motivated to be professional.

“... again there are, I will say, there are role models, because if they behave themselves in a professional way, you also like become like them, and you actually say ... I want to be like that person so it boosts you, but if they are not like that, then you become demoralised.” (G11)

The professional nurses' actions in the clinical areas determined whether the students regarded their behaviour as professional. Participants expressed the point of view that professional nurses were unprofessional, influencing their standards and the quality of nursing care of patients. If professional nurses neglected their key responsibility and loyalty to the care of patients, there is lack of trust in professional nurses. Poor role models decrease the standards of nursing care and the quality of nursing.

“You can see which sisters want to be there, those who come to work on a Monday when others just stay at home ... maybe it could be my mother who is the patient, it feels as if ... when they work like that ... it could be for someone whom you love.” (G12)

Participants indicated that trusting relationships developed when students displayed professional behaviour. Students who portrayed professional behaviour were regarded as professional and reliable.

“I think if someone (student) acts professionally they never ever have to prove to you again that you can trust them, it is just ingrained. If someone acts professionally towards you, you will not think that he will harm you. You immediately get the idea that the person is reliable.” (G14)

Bencsik and Machova (2016:47) suggest that everyday care and professionalism are crucial for the shaping of success, building of trust and bringing change to the learning environment.

Role modelling in nursing education is important to foster trust in educators and professional nurses. According to Wiersma (2011:50), professionalism is unique and the foundation of virtues. Virtues refer to the values and moral orientation of the

professional nurses. Educators and professional nurses should have good values and morals that support trustworthiness.

Professional behaviour and role modelling are important aspects in nursing education. The trust in role models is embedded in intentions and attributes of trustworthiness of the educator and professional nurses.

#### **4.5.2 Attributes of trustworthiness**

Attributes of trustworthiness include actions of goodwill, honesty, openness and reliability. It is stated in the study of France, Byers, Kearney and Myatt (2011:47) that there is a need of trust, empowerment, respect and caring among nursing staff in a CLE. Participants regarded trustworthy lecturers as those who were professional, mature, experienced, displayed honesty, shared knowledge to the benefit of the students, and did not mislead students.

“What guide or lead us to trust maybe our lecturers, what we are looking for is the personality of the lecturer, the experience, maybe socially most of the time, and also the level of professional maturity and also their experience. So sometimes, what misleads us or what comes to our mind is that which you trust, or you look at the personality of the certain lecturer and you turn to trust this lecturer and at the end of the day you find that the very same lecturer that you don't trust easily or trustworthy or something like that and you find out that he is the one who is not trusted. So it becomes more difficult to trust again.” (G9)

“I can trust my lecturer that she will give me all the information that she ... is trustworthy in all the things she will give us all the information and we will not hesitate to take the information as it is.” (G8)

“You believing in the person and the person is not going to mislead you ... everything is going to be beneficial to me.” (G11)

According to Peperzak (2013:17), trustworthiness is almost synonymous with a good character and being a good person; one people can “count on” to take a risk to trust. McLemore (2014:21) explains that the foundations for the building of trust rely on peoples' intellect, stability, conscientiousness, friendliness and assertiveness.

Attributes of trustworthiness of educators, professional nurses and students, however, were perceived by the participants as the foundation of professional behaviour in nursing education. Participants indicated that educators' and professional nurses' attributes of trustworthiness included openness, honesty, reliability and caring.

#### **4.5.2.1 Openness**

Openness refers to different aspects such as being approachable, open to change and improvements, as well as open communication and transparency (Tschannen-Moran 2014:176). Participants indicated that educators who were approachable were viewed as demonstrating openness to facilitate learning. Educators who had an openness to teach and facilitate learning were the educators who invited students to discuss problems after class presentations. The openness of educators to assist students with their learning gave a message of trust. Approachable educators created confidence in students when they needed assistance.

“Understand that if I had the courage to go to her to ask her something, and not only when she gives me an opportunity in class ... I would think that would also build trust.” (G14)

“... Those lecturers who announce to everyone that, 'If you have a problem, phone me, my cell phone number is in the book, not just my work number. You can phone me if there is a problem.' This also puts a person at ease.” (G14)

Unapproachable educators with negative attitudes were “not open for students” and therefore could not be trusted. When educators were not open, participants felt that it limited communication and sharing of information between them.

Participants regarded openness of professional nurses as creating learning opportunities and trusting relationships between the professional nurse and students. Students have confidence to approach professional nurses who are open and available for guidance and learning. When professional nurses were not approachable, students would not gain knowledge and they would rather approach their peers for assistance to enhance learning.

“And then in clinical areas it makes it easier for you to learn and trust the professional nurse. You can easily go to them and ask them about the conditions that you are not sure of and it prevents a lot of mistakes.” (G4)

“And you also get to, you get comfortable with them, you ask questions, because when you get there first day you are on your own and you see these people for the first time. You are just more relaxed and just looking; you just are not feeling comfortable enough to ask questions yet. But with times then it is not that bad, and then you ask questions.” (G6)

“Firstly for us as students, when you get to the clinical areas, it is not that easy, you know, to approach somebody, you know, especially the professional nurses. So you cannot just open up and approach them. So it is much easier to us as students to go to my colleagues and say you do not understand this or that, I do not understand this and how must I do that. It is much easier than to talk to the professional nurse. You cannot ask them something, then they will say, ‘At your level, you should know it’, and sometimes they will call you and say but you were supposed to know that. So it is very difficult for us to talk to them.” (G1)

Marshall, West and Aitken (2013:1428-1429) explain that the approachability of professionals, as well as providing knowledge and information, enhances the trustworthiness of professional nurses in the clinical environment. This will enhance patient care in the clinical environment.

Some participants expressed the idea that students should be open or frank and approachable to others. Students needed acceptance and when somebody confided in them regarding private issues, students should be open, but reliable to keep information confidential.

“I will also say that you should be approachable to others, because you should have that kind of attitude: show the others, ok, you can talk to them and seen by someone else that you can keep a secret.” (G1)

Some participants conceded that professional nurses’ unwillingness to teach the students was ascribed to their work load, but, it confused the students, because

professional nurses were just loitering around and had unwelcoming attitudes in the presence of students.

“She says she is so busy, then you see her just sitting there ... and mostly when you say this is not the correct way, she will not teach you anything. As you as student walk in the ward, three or four of them, you can just see their faces change and we always know when you are not welcome there in the ward.” (G3)

The same sentiments were found in the study of Moonaghi et al (2015:4). The students in their study experienced the clinical field as unwelcoming, and considered the clinical environment as tough and difficult because the nurses did not spend time on accompaniment and few responsibilities were delegated to students to support their learning experiences.

Some participants reported their concern about the degree of openness of students. Openness of students referred to students who voiced their concern when incorrect procedures were performed. Participants explained that the students then should be open to correct the incorrect procedures. When students are able to communicate their views, change will occur in the CLE.

“And you must not be unreachable and learn something new, be able to apply. ... You should be able to ask and say, ‘Hey you are doing this for twenty years and I done it this way.’ Things change.” (G8)

The majority participants regarded communication as an important aspect for trust. When students communicate openly during discussions and ask questions, students and the nursing professionals will understand the rationale of certain nursing interventions. A lack of communication and openness brought uncertainty resulting in a lack of trust.

“Communication has a very important role in trust because the more you communicate with someone it is then that you know the way that and you get to understand the way they are doing things and when you are seeing someone is doing something and you do not get to communicate to that person and understand why they are really doing that ... you know that person, you won’t

trust the person, because of the way they are doing something, whilst you do not know why they do them.” (G8)

Openness between the educators and students created motivation and participation of students. Participants viewed that openness made students comfortable in the class and then they could ask questions in class. Openness will result in motivated students to perform better.

“Because if they say to you well done, or very good, or I know you can do better, it sounds much like school. Then that lecturer will also give you ... say you need something from that lecturer, it makes them more willing to do it for you, or give it to you, or whatever ... You will also be more willing to ask the lecturer or go to her. You will work harder, learn harder because you want to show that lecturer, ‘Listen here, that which you believe in is so, I can do it’. I am able to do it.” (G13)

Openness breeds trust and trustworthiness, because through openness a cycle of trust can be initiated which increases levels of trust among people (Tschannen-Moran 2014:31-32). Bossons et al (2012:32) regard openness and honesty as essential in a coaching relationship.

Openness of role players contributes to trustworthiness. Openness and approachability are required to establish communication among the role players in the teaching and learning environment. Openness allowed role players to be honest to each other.

#### **4.5.2.2 Honesty**

Honesty refers to showing integrity, telling the truth and keeping promises. Honest educators keep to what they indicated and have integrity not to mislead students. Participants’ views were that educators who made promises to students should honour these promises. Students did not trust educators when educators did not keep their promises, or misled students regarding content when students were to prepare for assessments.

“Even to go back to the very chart, if you go to class and you do not trust your lecturer obviously whatever she said, you will not trust her, like that for example your lecturer says that is ok, for a certain test you must focus on ‘abc’, and don’t

mind 'd', and yet when you get the test you find that 'd' is there and 'a' not, but it was said that you must not focus on 'd'. Now you know, you see the trust you start to wonder, question, ok but this person I'm supposed to trust but here I'm to gain knowledge and experience from who is standing in front of me, but yet it is misleading. So it also affects the trust." (G6)

Participants demanded that educators should be honest and fair in terms of assessments, and if educators made mistakes, they should admit to it and made efforts to correct it. Objectivity, equal treatment and honesty of educators should exclude prejudices and stereotyping of students.

"... but there is that lack of trust, they do not believe you when you say they are almost like ... let me say like stereotyping, like, say for instance I bring this: I'm an (ethnic group), right they have the stereotyping that a person from a (specific ethnic group) does not come to class and to work on a Monday, so yes, so if I do not come to the class on a Monday, it is stereotyped that because I am (a specific ethnic group) I do not come to class on a Monday. But, what if I had a real problem on that Monday morning?" (G3)

Hunt (2013:8-9) explains that honesty and fairness are related to academic integrity and play a role in trust and mutual respect between educators and students. In the current study, participants reported that they needed honest educators who are congruent in their behaviour. Honesty creates trust and acceptance of the educator.

Some participants were concerned about the professional nurses' honesty with regard to different year groups because there was a tendency to make assumptions that all students were the same irrespective of whether it is a new group.

"And again it being what ... you feeling unappreciated for instance you work and they just notice that little mistake and they just made a huge thing about that and they just generalised. Maybe the previous group was doing wrong and they will tell the next group, you guys you are doing this, and ..." (G6)

According to Tschannen-Moran (2014:25-26) honesty is about persons' integrity, character and authenticity - about true statements. People who make verbal or written promises should demonstrate that another person can rely on his/her honesty.

Honesty of educators and professional nurses was regarded as important for participants in the trusting relationship among role players. Honest educators and professional nurses were regarded by students to be reliable.

#### **4.5.2.3 Reliability**

Reliability refers to being consistent and dependable. In the theoretical and clinical environment trusting relationships between the educators and students depend on reliability. Participants verbalised that students did not have a choice but had to rely on the educators' information. Participants also had to trust and rely on the educators' knowledge and skills. Students needed the presence of educators to rely on the educators' support.

"I have no choice but to trust the lecturers and I have to absorb the information that they are teaching us." (G1).

"It should not be a case of that they know we make the mistakes and just leave us on our own; they should come to you and talk to you that whatever happened that we can correct it with their support." (G1)

However, participants' viewed that reliability was not a one-way responsibility. Reliability was a reciprocal expectation between the educators and students that both should honour.

"I do not know whether this will be included in trust, but I know we all become angry when the lecturer comes to class at quarter past, when the class should have started at ten past ... punctually. ... Yes because, if you are late, you are locked out of the class. So you expect what they expect from you, you expect the same back." (G13)

In the CLE, participants were concerned about professional nurses who displayed unreliable behaviour. Professional nurses sometimes instructed students to do risky procedures but professional nurses were not willing to take responsibility for students' mistakes. Participants felt vulnerable in situations where they could not rely on the professional nurses' support.

“When there is a situation, the sister tells you to do this and that and then when complications arise she says that she did not tell you to do it. So, as far as I am concerned, you must take a stand and I did say so, but it was a mistake and not go back and say she never told you that.” (G13)

It is clear that reliable professional nurses are needed in the clinical environment, in order for students to believe that the professional nurses will support them. Participants expected professional nurses to respect the students. When professional nurses respected the students there would be reciprocal respect.

“They do not treat you like a student at all ... They do not respect you as a student ... They must respect you as a student and you must naturally respect them as your seniors ...” (G12)

Reciprocal reliability and respect among educators, students and professional nurses are essential in trusting relationships. Hence, the students also have a responsibility to be reliable.

Participants viewed students as being reliable in the execution of delegated nursing interventions. Participants experienced trust when professional nurses allowed them to execute requests such as to administer medication.

“So, say now for example she sends you to, say now, and give that medication. She must trust that you will give it and do so correctly.” (G14)

Reliable students in the nursing education environment create the image of being caring and implementing good nursing interventions.

Trust has to do with consistency and predictability. Trust in a person’s reliability implies a sense of confidence that the person will act according to certain expectations (Tschannen-Moran 2014:33). Openness, honesty and reliability were building blocks for participants to establish trusting relationship among role players. Another building block was the experiences of caring and goodwill.

#### **4.5.2.4 Caring and goodwill**

Caring and goodwill as behaviour traits gave participants confidence that the well-being of a person will be protected. Participants regarded educators displaying caring and goodwill in their behaviour as trustworthy. Students need academic and social support, which can be displayed through caring and goodwill. Participants maintained that the ideal educator acts like a mother to students. When educators cannot keep information confidential, students doubted the educators' trustworthiness. Maintaining confidentiality was emphasised, because if confidentiality is broken, the trust between educators and students will be hampered.

"...you can go back to her and again whenever you do have a some private thing, you can go to her, because you know that this person, you will be helped, you can like bridge to her and talk to her." (G1)

"I think it is very difficult to them to keep things confidential. You always hear about it ... Somehow they know about it, maybe of your personal things, they know about it. Even sometimes about your money was not paid out, somewhere, somehow, somebody will know about it and ..." (G3)

"I went to the lecturer in private and I told her something that is personal and then maybe tomorrow she makes an example, apply a situation to it in class, but not like say my name and anything. I will be puzzled and then I will not trust that person again. I won't be able to go to her again and tell her about my problems." (G8)

"I would say that the lecturer should be like a mother, a mother that is open. Most of us are far away from our homes and we should go to the lecturer with any problem we do have, and not receive a negative attitude from the lecturer, we should at least feel comfortable to talk to them, talking to the lecturer with any problem, she should be open to us that you may come to here." (G4)

According to the findings of Holland's study (2015:255), trust develops mutual understanding and an emotional connection establishes a milieu for effective support. In the relationships between educators and students, an emotional bond develops when

an educator has positive attitudes towards students and students feel comfortable to disclose information with the assurance of confidentiality.

Participants expected that educators should advocate for the rights of the students. Participants expressed the expectation that such advocating should be to the benefit of the students. Having educators who speak in favour of students, that is, advocating for them, contributed to the trusting relationships between the educators and students.

“I think our lecturers should advocate for us, they must advocate for us, if we have a problem with our moderator, you call our lecturers, the one that we trust. If the moderator says, this is wrong and says, this is not like this, my lecturer should be able to say ‘no’ this is where the information comes from, in that way, I will be able to trust my lecturer. Next time when she stands in front of me, and give me information I will be able to trust her.” (G7)

Advocacy is not only beneficial for the nurse-patient role, but also between colleagues and in the nursing profession (Begley 2010:529; Lattavo 2014:141). In the educator-student relationship, when the educator advocates for the rights of students, caring is demonstrated by the educator that fosters trust in the educator-student relationship.

According to the participants a caring educator is empathetic to students, and assists students with social problems. A caring figure that understands students’ social situation forms a support system for students. Such caring educators gave students the courage to approach them, not only for academic support, but for social assistance too.

“And she must be empathetic, not sympathetic, empathetic towards us, because sometimes you really have a problem and you don’t have that courage to walk to one of your lecturers because maybe one of your friends does not understand it and you need to talk to someone, so I think the lecturer should be like there, a sort of, ah, like I don’t ... a kind of support, part of your support system, because I mean, they ... we spend our lives the most of our hours with them, so they should be like that support system. We should have that courage and that free will to just go.” (G3)

According to Adams (2016:1), a caring person is described as a person that displays actions of concern, compassion and kindness. Participants viewed that caring educators

should have compassion and empathy and provide support in the teaching and learning environment.

Caring from the side of educators included private and social support to students. Social support refers to caring for and assisting students in appropriate situations. Participants expected that the caring of educators should be extended to the private and social needs of students. When educators care for students, students will be referred to appropriate departments for appropriate support.

“So when you do have a personal, psychological problem, they should refer you to the correct people. If they cannot help, they need to refer us to the correct resources that you need to solve your personal problem.” (G1)

“It will depend on the type of problem the student is having, sometimes it can be psychologically. We like - we are coming from different backgrounds and then sometimes you can have personal problems, so maybe your personal problems are affecting you academically. So that she can refer you to solve whatever problems you are having.” (G4)

Participants viewed professional nurses as caring when the professional nurses communicated with patients and treated them in a manner that would not harm them. When participants observed that the professional nurse treated the patients with a caring approach, they trust the professional nurse. Participants needed professional nurses to have caring attitudes towards them to enhance their learning capabilities in the clinical environment. If professional nurses failed to have empathy and show caring toward patients, students were discouraged.

“I think there is ... to see that also ... she has time for the patient and have effective communication with the patient and you, the patient ... their non-maleficence and beneficence you know. The patient should trust you that you are not going to harm the patient ... beneficence and non-maleficence. Because the patient is ... beneficence I think is also trust, you know the nurse is going to treat you well; professional nurse is going to treat you well. And that is basically all, and fairness for all patients.” (G2)

“Sometimes, you as student will come into the room, then the patient tells you he is in pain. Then you go to the sister and tell her that Mr so and so or Mrs has pain and she says ‘ag these patients’. They moan about everything and I feel yes... you do sometimes get patients who put on, but ... this puts me off.” (G13)

According to Lattavo (2014:141), nurses are responsible for the quality of health care. Nursing interventions of professional nurses should demonstrate quality care to the benefit of the patients and provide the best outcomes for the patients’ health. In the current study, participants indicated that a lack of quality care of professional nurses to patients was unacceptable and caused a lack of trust in those professional nurses.

Participants indicated that a caring characteristic is also expected from students. Students’ intention should be to help people. A good nurse enters nursing with the motivation to serve and help people in need. It was expressed that nursing students’ intention should not be for the remuneration, but the love and passion to care.

“I think to be a good nurse what you really need is the love for helping people. If you came to nursing for money or something, you will get bored and never help a patient and then you will not be a good nurse, properly.” (G8)

Professionalism includes components of caring, compassion, honour, accountability and integrity (Bhugra 2010:323-324). Openness, honesty, reliability and caring are attributes of trustworthiness for the role players. The attributes of trustworthiness are part of their personal and professional values. Professional values lay a foundation for professional behaviour.

According to Dinmohammadi, Peyrovi and Mehrdad (2013:29-30), professional socialisation is an interactive as well as a developmental process. Students are in a professional socialisation process, preparing for the role as a professional nurse. Professional socialisation reconstructs students’ roles and changes them personally through an ongoing process of life-long learning. During their basic education and training, students expect a proper foundation with quality teaching and learning.

## 4.6 THEME 4: EXPECTATIONS REGARDING QUALITY TEACHING AND LEARNING

Nursing education requires an environment that promotes learning opportunities that are of high quality to equip students with knowledge and skills for the future (Ng 2015:313). Erdogan (2016:155) claims that educator-student relationships are important to ensure trust in a learning environment. A learning environment in which students experience caring, openness, and feel safe to ask for assistance is regarded as an environment where learning opportunities will be utilised fully (Hilli et al 2014:572). The quality of teaching and learning in nursing education is imperative to ensure trust in the newly qualified professional nurses. When the newly qualified professional nurses enter the nursing services, they should be able to render quality nursing care to patients. In Table 4.5 the expectations regarding the quality of teaching and learning are provided.

**Table 4.5: Expectations regarding quality teaching and learning**

<b>Categories</b>	<b>Sub-categories</b>
Learning opportunities	Academic support from educators
	Clinical support from professional nurses
	Integration of theory and practice
Standards and consistency in the teaching and learning environment	
Expectations regarding the teaching and learning environment	Theoretical teaching and learning environment
	Clinical teaching and learning environment
Trust in the programme and trust to exit as a competent professional nurse	

### 4.6.1 Learning opportunities

Students are placed in the clinical environment to be afforded academic and clinical learning opportunities. Students' objective in the teaching and learning environment is to attain the outcomes of the programme, and for this they need support to utilise the learning opportunities fully. To obtain learning outcomes and to take advantage of the opportunities, students require academic support from educators, clinical support from professional nurses and the ability to integrate theory and practice.

#### **4.6.1.1 Academic support from educators**

Participants expected assistance and support from educators to facilitate the students and assist students to correct mistakes they might make. These academic support interventions should take place at a time when students need them. Any delays with support would cause students to struggle to achieve their learning outcomes and utilise their opportunities.

“They must also be supportive and especially when you struggle in certain, they must be supportive and be able to identify that a certain student actually is struggling and not actually waiting until ... it is too late for intervention.” (G6)

The clinical support from the educators in the clinical areas was viewed as caring for students, especially when educators assisted them in managing problems in the CLE. Participants expected that educators should visit the clinical environment to support students with clinical problems. However, participants complained that educators mostly were absent in the CLE. The non-availability of educators indicated that they could not rely on educators for support, and this affected the trusting relationships between educators and students, as students experienced it as not receiving sufficient support.

“Another thing that can help us students in the clinical areas is if the lecturers also come to us, not only when we do the feedbacks. They must just make time for us to come to the clinical areas, and see how are we doing, how are we coping and helping with any problems in the clinical areas.” (G4) 109

“You will come with a problem that we have at the clinical areas. And instead of briefing us ... that is what we think has to be done. If we have problems, they are supposed to intervene, they are supposed to make things better for us, but at the end of the day, it is like they just throw us to the ward. Because they will even send us back there.” (G6) 88

Availability and the presence of supportive people are important in building trust (McLemore 2014:63). Hunt (2013:242) claims that holistic caring for students' needs is the first step in fostering success, and trust is an essential component in a caring learning environment. Students need support from the educators to take advantage of

learning opportunities; however, to use these learning opportunities in the clinical area also require support from the professional nurses in the CLE.

#### ***4.6.1.2 Clinical support from professional nurses***

According to the participants, trusting relationships developed when the students received effective orientation from the professional nurses in the CLE. Effective orientation in the CLE puts the student at ease and participants indicated that students trusted professional nurses who orientated students. A lack of proper orientation frustrated the students because they were not able to function at the level that was expected of them.

“And also that orientation - it also builds trust between you and the staff of the ward, because then they can see where your functional level is. For us we’ve been only orientated in our third week here so for the first three week we only did what we thought was correct and it just caused us being uncomfortable with the staff and everything.” (G4)

Participants viewed that it would be a positive learning experience in the clinical environment when professional nurses took responsibility to support students. Participants felt that some professional nurses had negative attitudes towards students. Experiences of negative attitudes influenced the students’ learning abilities because they were afraid to ask questions which might decrease their self-confidence and self-trust.

“To change the way they are treating us like I do not know ... like they never were students before. So I think their attitude of them ... I think it can change and then we will be able to learn more.” (G11)

Participants maintained that some professional nurses did not express appreciation for what students did in the CLE. Participants mentioned that some professional nurses labelled students, based on previous experiences with students and made assumptions about all other students. According to the participants, some professional nurses were prejudiced and stereotyped all students as incompetent, but did not give the students an opportunity to prove their competence.

“And there is this tendency of like say for instance, students do this and students do this, we cannot always do one thing like, when they say ‘Students do not complete the records’. Like we are not going to do the very same thing like what other students did. Why don’t you just tell us that you need to complete the records and we understand that we can complete the records? Not to say ‘students don’t complete the records, I will complete them myself’. I want to know how to complete the records.” (G7)

Participants experienced professional nurses as having negative attitudes towards students. Participants were concerned that some professional nurses sometimes were reluctant to accommodate students in the CLE. The reluctant professional nurses were less supportive and the students felt ignored and not valued. Participants felt very vulnerable in the clinical areas when the educator was not able to visit them frequently and only came to the clinical area for assessments due to a shortage of educators. Unapproachable professional nurses made students anxious and uncertain, and that hindered students in attaining their learning outcomes. The unapproachable professional nurses did not mentor students; thus they made no effort to enhance the students’ competencies. This jeopardised the quality of standards of nursing and nursing education. The lack of support and openness from the side of some professional nurses hampered the trusting relationships between students and professional nurses.

“Our lecturer organised that we would be the first third years that would be there and then the lecturer called the manager and the manager said ‘I do not want third years here, we will not accommodate them’, but she does not want us, the students there. Then I went there, so when I arrived, the other professional nurses taught me, she was just ignoring me, because she did not want the third years to be there. But the other professional nurses taught me and I was able to meet my objectives. So if someone, if the professional nurse does not pay attention to the student, it breaks trust even when she says - maybe she says, maybe she is prepared to teach you something, you won’t take it serious because she is ignoring you all the days.” (G8)

Friendly professional nurses are needed who could understand and support students in stressful situations. Participants viewed the caring and patience of professional nurses

towards the students, as well as towards patients as characteristics students wanted to experience from the professionals. Professional nurses with these characteristics improve trust and students will approach them for assistance.

“Sometimes friendliness helps ... I think it makes you less anxious ... because you are already anxious, it does not matter. Let’s take for example when you have to deliver a baby, it is a stressful story, and your first time. You do not know what to expect. I think it helps to be friendly, and I know it is probably difficult in that situation, but I think friendliness, it plays a role.” (G12)

“Those who are sort of prepared to help you and are not impatient with you, yes, they are patient with you, care for the patients, for example, what I find very bad in labour ward (x) where they do not administer pain medication to the patients whereas in (x) it is a different matter. So those who show a little more caring for the patients, are the ones I will go to.” (G12)

Friendliness, loyalty and trustworthiness of leaders inspire trust (McLemore 2014:92); hence these characteristics are important for students to trust professional nurses.

Supportive professional nurses who cared for patients and supported the students in the CLE built a trusting atmosphere for students when they were placed in CLEs to promote valuable learning opportunities where theory and practice could be integrated.

#### ***4.6.1.3 Integration of theory and practice***

Participants indicated a need for educators and professional nurses who taught them how, and afforded them opportunities to integrate the theory with practice. Students gained confidence when they were able to see how the theory and practice could be integrated. The students’ ability to integrate theory and practice depended on the educators who taught theoretical content and the abilities of educators and professional nurses to support students with the integration of theory and practice in the clinical environment. Some participants were concerned that if students could not apply the theoretical content to the practical experiences, it caused negative learning experiences and damaged the self-confidence of students.

“And again it is not all the sisters who are rude. You get the confidence from the sister who is having time to teach you something. That is where your confidence then started to build from the clinical area. The confidence is up to ... the confidence that you do have now, like now is from the college to the clinical area. The knowledge that we get from the college we are able to pass it on to the clinical areas. That is when the sister is ... the sisters’ roles in ... that are when you are going to gain the confidence. Most of ... not all of them are rude, most of them, some of them are able to get time to teach you. That is when you are able to become confident.” (G9)

Those clinical environments where there was a lack of integration of theory and practice, with no uniformity, caused confusion for students. Professional nurses were doing procedures differently and students complained that the content and procedures they were taught in the school could not be implemented in the clinical environment. This confusion had a negative impact on students academically - they were unable to apply the correct knowledge in the tests because they had internalised the incorrect procedures in the CLE. Such incorrect internalisation of procedures would have a negative impact on future implementation thereof when students become professionals. Students lost trust in the CLE when they were not guided to do clinical procedures correctly. Participants reflected on a gap between what was taught in class and applied in practice.

“Like now we are in the labour ward, there are some of the things we are doing, that we are not supposed to do like that. But you are there for almost four weeks. When you come and you write midwifery, and they ask you this and this, then I remember I did this and this in the ward. I write the wrong thing you see, because I was exposed to that for so many weeks, yeah. And then the lecturer will come up and say, ‘People, I taught you this and this, then why did you write this?’ and then you tell her we are doing that in the wards.” (G5)

“The procedures you learn then, you do the things according to the book. You do it step by step, the procedure. But when you are in the clinical areas you want to do the procedure, you like to do the procedure according to the steps, but the sister will say, ‘(sigh) You are doing the routine, you have to start, the time’. How are you going to do the procedures then step by step while the sister says something like this to you?” (G9)

The lack of integration of theory and practice in the CLE disadvantages the learning experiences of students. Participants required standardisation of procedures and consistency in implementation of procedures. Standards in teaching and learning include correlation between the theoretical and clinical environment. If standards are not consistently implemented, it creates confusion in students. Confusion hinders learning and competency levels, lowering the quality of nursing education and nursing practice.

#### **4.6.2 Standards and consistency in the teaching and learning environment**

According to the participants, standards and consistency gave reassurance to students when rules and regulations were implemented. Congruency in the educators' emotions and behaviour was expected from educators, which would enhance professionalism of educators. Participants regarded standards in the NEIs, such as policies, rules and regulation should be consistently implemented. Students felt safe when they executed nursing activities according to the scope of practice. Hence, the consistency reassured students in their learning environment and it created predictability.

“... where you find rules and regulations you feel safe. You know what will happen next.” (G12)

Only a few participants verbalised that educators should be emotionally mature and demonstrate abilities to manage their emotions. It also was expected that educators' emotional maturity should help them control moods at the workplace. Consistency of the educators' emotions is expected.

“And the day when she is coming ... the mood she is in, and then the next time she comes her mood is. ... (Group is laughing). She must keep her personal feelings aside and just come to work without moods ... she must keep her moods at home.” (G1)

Inconsistency in educators' behaviour causes a decline in the trust and the confidence of students. For example, if an educator gave a deadline for submitting assignments, but later indicated that she did not care about the submission of the assignment, the inconsistency causes a breach in students' trust in the educator.

“You understand if one says that she no longer cares, you must submit the assignment, and then, it will influence your trust immediately because you will never again go to her ... you will never again have the freedom to go to her.”  
(G14)

Varpio and Regehr (2013:704) purport that trust is supported by open and consistent communication. Consistency and congruency of educators promote trusting relationships in nursing education.

In the Nursing and Midwifery Councils' (2008) code of conduct, one of the four standards is to provide a high standard of practice at all times (Sutcliffe 2011:35). Participants expressed the need of standards in nursing education to be assured that their education and training were of high quality.

The majority participants indicated a need for standards in the CLE to ensure confidence in students' experiences. Participants trusted professional nurses who maintained their standards according to the guidelines. Students consulted those professional nurses whom they trusted, rather than one whose standards were questionable.

“I will rather go to a sister who I can see does things correctly and according to the book, not just like the ward, do it later because you can do it quicker, because I will ask her,' Sister I am struggling with this, help me please'. I will trust her to help me do the right thing.” (G14)

Inconsistency and a lack of standards among professional nurses caused a lack of trust from students. Professional nurses were doing procedures differently, but reprimanded the students who did not do the procedures correctly. These differences in standards displayed by professional nurses caused confusion when students were exposed to it during WIL.

“The sister did something and said to me, ‘You know you should not do it like this, you need a kidney bowl’. She told me I must use a kidney dish, but she did it totally differently.” (G13)

“I must say they are sort of ... I do not know but I have experienced, I cannot talk about everyone, I have experienced that ... if you do not do it, if you do it as you were taught, ... they basically force the way they do it onto you. It also depends on which sister you are working with, so one day you will do it this way and the next day when the other sister is on duty, you will do it that way. Then in the end you are thrown around between the two. Which one are you supposed to do?” (G12)

Students in the study of Moonaghi et al (2015:4) are reported to have complained that in the clinical environment many techniques are performed in a different way and by means of non-standard methods. The participants indicated that they had to follow the out-dated methods as applied in the clinical area.

The majority participants experienced an inability to do procedures the way they were taught. In the simulation rooms the correct standards of the procedures were taught, but students were unable to practise the same standard in the CLE.

“Ok, sometimes there is no correlation, because you find, for instance, you are in a ward and there are patients, and you are supposed to be doing wounds ... there are so many patients and there is a shortage of staff. So you want to clean the wounds like how you were supposed to and were taught at school.” (G4)

Participants were concerned that inconsistencies were experienced differently in the CLE. These inconsistencies resulted in a lack of trust. Professional nurses were aware of the inconsistencies but did not allow the execution of the correct procedures due to limited resources (time and staff shortages) available in the clinical settings.

“... they will tell you ‘I know you were taught the right way but that right thing of you is going to waste our time, because if you monitor one patient for an hour and there are 65 people outside, we will not be able to finish ...’ So in order to cover those people you’ll end up doing the wrong thing.” (G5)

“And the thing is if they let you do something like this today and then another way tomorrow, you do not become an expert in that area. So you are a ‘Jack of all trades and a master of none’ ... We are now finalists and you must catch babies, so it must be done. You cannot work in ante-natal if you have not yet caught your

babies. There must be a standard and consistency around it. You must say you have complied with the outcomes in those areas.” (G12)

The application of procedures depends on the context, and procedures were not implemented in the same way in all the clinical areas. Due to such inconsistencies, participants expressed that students needed to ask the professional nurses how the procedures were to be done in that specific clinical area to prevent students from doing the procedures differently from the routines of the specific clinical area.

“You see the thing with procedures, you learn the correct method and how to do it correctly and you do it correctly when your lecturer is coming to assess you, but if you are doing it as part of the team in the ward, it is not correct. You skip some steps. It is said that when you are doing certain things it is just too slow. You do not come here and then you try. It is difficult to bring change in the ward, and especially if you are a student, and you say, ‘You know what, I learned a certain thing’, then they say, ‘Hay that thing will take time’, or whatsoever ... change is sometimes which is difficult to accept.” (G6)

“When you come at the clinic the first day, you have to ask the sister ‘What do you do here and how do you do it?’ So they have to orientate us to the way they do things, and in the other way, and then, in the other clinic you do it the other way. So you end up confused with a lot of information and not knowing exactly what way is right. So should I follow the book or should I follow the way they are doing in that clinic.” (G8)

Participants also expected congruency from the professional nurses in terms of their emotions. Participants expressed the view that if professional nurses are emotionally inconsistent and unstable, a negative atmosphere reigns in the clinical environment which is not congruent with trust in the learning environment.

“The attitudes of the nursing personnel, like some of the nurses, they come to work with their bitterness, and then just, you know, you are going to lose trust because if the person is bitter, you think but this one is responsible for certain things, so she just wants you to be away from her.” (G7)

“... some of professional nurses ... some of them, they are not there to teach the student. So it is a bit of a problem, some of them they are bitter like, or something ... (group laughing) ... really.” (G11)

Bossons et al (2012:251) construe that in a teaching and learning environment, maintaining professionalism and management of emotions is important for trusting relationships.

When professional nurses were inconsistent in their behaviour and emotions, participants experienced an inability to learn. Participants felt unwelcome in the clinical areas where professional nurses rejected them and did not allow them to participate in the unit's activities.

“There are times they even say 'I hate students, I do not want to help students where you stand ... take them, I do not want to help the students. Why do you not go to the professional nurse that is happy to show you everything?' You will be running after her, the four of us or five, because she is open and pay attention, she shows and delegates. But some of them they do not delegate. You just be with the patients, while you are there. When you are in the room with the professional nurse, you expect her to show you the conditions, to say, 'OK, let's palpate, if someone is having right inguinal pain you are querying appendix, let me show an example'. They do not do that, she is just writing, what is your problem this and this and this. She is giving medication, you are sitting there, and you are not learning anything.” (G7)

Active engagement of students in the CLE ensures that students attain their learning outcomes. Standards during teaching and learning in the CLE were important for students doing their WIL. Professional nurses have the responsibility to act consistently and professionally. Quality nursing education requires conditions and an environment conducive to support teaching and learning.

#### **4.6.3 Expectations regarding the teaching and learning environment**

Nursing students' teaching and learning took place in the theoretical and clinical environments where students attained the required learning outcomes. It was expected

that such an environment should be conducive to learning, and contain supportive resources to create relevant learning opportunities.

#### ***4.6.3.1 Theoretical teaching and learning environment***

Participants viewed human resources (educators), physical resources, library services, technology and social media as essential resources in the theoretical environment. Participants indicated that sufficient educators were needed to avail themselves to support students, especially in the clinical units. Educators were not only needed in the academic environment, but also in a supporting capacity in the clinical environment. Participants needed the reassurance and presence of educators or preceptors to support students in process of the attaining learning outcomes.

“You just want to cover the hours and get out. You do not necessarily learn anything. Let me say, if we have a preceptor ... then the preceptor will illuminate all that ... because the preceptor will be solely responsible for ensuring the students welfare and well-being.” (G10)

Participants needed educators who can utilise technology in the classrooms. Updated technology should be available in the classrooms and simulation laboratories. Participants indicated that the lack of technology in the classroom restricted the students to have access to internet to support their learning. According to the participants, the libraries at the public multi-campus NEI were outdated and had limited access to recent resources and literature.

“I do agree with Mr (X) that the new technology should be implemented here ... where as you go to the internet or other technology ... you get similar information. So I think there should be that collaboration and introduction of those new things. They should always be included.” (G10)

“Ma'm and I think we should be allowed again to use any information from internet, if it is relevant because you find that, according to the book these things can be explained in this way and I do not understand. So I google and get the information there ... let's say I understand then the information.” (G9)

In the study of Epstein and Ray (2014:42) it is suggested that educators should control the learning environments. Teaching methods such as blogging can be a valuable tool for students' learning in classrooms.

The lack of technology was not only limited to the classroom but it was mentioned that in some campuses of the public NEI, the simulation rooms were not according to the expected standards. Participants contended that the educators demonstrated the procedures correctly in simulation rooms. However, a shortage of resources such as paper to make handouts and notes for students was a problem to support the learning outcomes and opportunities.

“Because they do the procedure right and they teach us the right ways. It is just the school does not have the materials that ... like paper and to make notes. But they know their thing.” (G5)

In the study of Güner (2015:62) conducted in Turkey, students reported that the technological facilities were inadequate in educational facilities. Computers, internet access, simulation laboratories and access to libraries were reported as inadequate for teaching and learning.

Acceptable resources in the theoretical environment refer to the educator-student ratio to support students. The need for updated technology and basic resources was also a concern for the students. In the CLE, similar issues were experienced.

#### ***4.6.3.2 Clinical teaching and learning environment***

The clinical teaching and learning environment refers to the context where students attain the required outcomes through WIL. Participants were concerned that a shortage of personnel in the CLEs increased the exposure of students to medical legal risks. The shortage of professional nurses caused unprofessional behaviour and it threatened the standards of nursing.

“And sometimes they will tell you we are doing it like this because we are short staff.” (G1)

“I think you know what you can get away with, you know ... they will not fire you so why? Because there is a shortage ... but that is exactly what I say ... why are there not protocols in place to keep things on standard? I also think one can say that there is a personnel shortage due to the high numbers of patients who go to the government hospital.” (G12)

In the study of Emanuel and Pryce-Miller (2013:19) students were reported to experience a lack of support from the clinical staff due to several barriers which prevented adequate support to students. McMahon and Christopher (2011:78) emphasise the importance of proper staffing with an appropriate skills mix to promote a clinical environment conducive to training. Students' WIL depended on the availability of competent professional nurses in the clinical area. Inadequate numbers of personnel in the clinical environment exposed students to risks and internalising incorrect procedures. The nursing standards would be affected if students did not receive the required clinical support. Amukugo and Mathew (2015:133) construe that the shortage of health personnel in facilities impedes the quality of nursing care and procedures seldom are completed in time.

To maintain the standards required for procedures, stock and equipment in CLEs need to be available to support learning opportunities for students. Participants viewed the lack of equipment to provide nursing care to patients as creating negative experiences in the clinical environment. Participants claimed that these shortages made effective nursing interventions difficult.

“The problem with the hospital is the staff, the staff's attitudes and the equipment that are used there. And we do not have enough equipment and not enough at all ... and you find it very difficult. Because sometimes there are no paper towels in the ward, there are no masks; you dress, we dress patients with green linen in the wards.” (G8)

It is stated in the study of Amukugo and Mathew (2015:133) that non-availability and shortages of equipment such as gloves, syringes, test strips, linens, and more reduce the quality of nursing care.

The shortages of equipment resulted in clinical procedures not being practised correctly. Students internalise and improvise incorrect procedures and they thus are exposed to

medical risks when stock is not available. Participants maintained that students could not correlate the theory and practice due to shortages of equipment.

“And I think again like the very same professional nurses, even if they know the content, because of lack of other things they get to improvise and they get used to that improvising. So when you go to the practice, you are going to tell them, ‘but, my lecturer said ...’ So they are going to tell you: ‘So what ... because they do not have this and that, what you want?’ So you are going to experience them improvising more than applying theory to practice, because of a lack of equipment and material, they need to improvise.” (G7)

“... like for instance if now they will teach me the removal of sutures, here in the college and they will teach me the correct thing, the excellent thing, but then you will find when you go to the clinic, there I will not practise what I am supposed to. There is a shortage of gauze, there is a shortage of this and this and then they will come and tell me that you are not going to do that for an hour, when it is taking so many hours. They will say you are just doing this thing of this and this.” (G5)

Participants indicated that clinical environments with a lack of available equipment, students had to do problem solving and improvise with certain procedures. A lack of equipment to implement nursing care affected students’ confidence and had an effect on the trust in the implementation of nursing care.

“And then there is naturally a shortage of stock in public hospitals while there is enough in the private hospital ... so the public’s stock ... this is also not nice because you don’t always have the confidence to improvise. In the public sector there is a lot of improvisation while this is not in the private ... this is how it works and there is enough of that so we can do it like this, but in the public sector there are no ... for example, drip stands, we must make a plan and we do not really know how to do it. Your confidence there is also not so good ... you do not improvise.” (G13)

Quality learning outcomes can be attained through the availability of resources in the theoretical and clinical learning environment. The availability of resources supports the maintenance of standards and support to students to ensure the attaining the learning outcomes. Quality teaching and learning through appropriate support, and maintaining

standards in the teaching and learning environment with sufficient resources to attain learning outcomes determine the trust in the programme and whether the students will complete their studies to become a competent professional nurse.

#### **4.6.4 Trust in the programme and trust to exit as a competent professional nurse**

The programme which the students followed to acquire competencies, to internalise attributes of trustworthiness, and to be able to act professionally should be trusted in order to trust the end product as a competent professional nurse.

Participants indicated that the nursing programme gave students the reassurance that they would have the ability to work worldwide. Therefore, they trusted the programme they were following.

“Yes, when you call yourself a professional nurse, you can go overseas and say yes, I have trained in (X), yes it is very high.” (G7)

Some participants raised the concern that students should be confident when they completed the programme, but they were afraid that when they became professional nurses they would have to take a supervision role of neophytes in nursing and thus be responsible for the other students’ learning.

“For me personally it is a matter of, you are under supervision, now you realise the fact that next year, somebody is going to be under my supervision. That is the main thing that is worrying me. Next year, somebody is going to say, ‘Sister, what do I do with one, two, and three four five?’. And not like the past four years ... we will start learning from next year ...” (G6)

Broad, Walker, Boden and Barnes (2011:1298) explain that the first six months after completion is a stressful time for newly qualified professionals. Therefore, trust in the education and training of the students was important for the participants.

Participants feared the execution of incorrect procedures after completion of the programme. Participants indicated that although they knew the correct procedures, the personnel in the clinical environment would not allow newly qualified professionals to implement the correct procedures and interventions. Participants were afraid that after

completion of the programme, demands from professional nurses in the clinical environment would make them powerless and they would be forced to do the incorrect procedures. The execution of the incorrect procedures is contradictory to what they were taught during the programme.

“And we are also worried, we are going to join that force, where we experience the problems, so meaning we maybe end up being part of that problems ... We will become unpopular professional nurses if you do not go along with the force ... you become unpopular.” (G10)

According to Laabs (2011:434), a nurse with moral integrity will not take short-cuts and do the incorrect procedures, even when someone else is not watching what the nurse is doing.

Although participants expressed fear of the supervision demands once they completed the programme, they trusted the teaching and learning opportunities during the programme. Trusting experiences of students promote trusting relationships and add to the values of trust in nursing education.

#### **4.7 THEME 5: VALUES OF TRUST IN NURSING EDUCATION**

Participants regarded trust as important in nursing education. Participants discussed their views on the value of trust meant to students and to their relationships with educators and professional nurses. In Table 4.6 the categories that emerged from the discussion regarding the values of trust are presented.

**Table 4.6: Values of trust in nursing education**

<b>Categories</b>
Value of students' self-trust
Value of trust in the educator
Value of trust from the educator
Value of trust from the professional nurse
Effects of a lack of trust in students

#### 4.7.1 Value of students' self-trust

Self-trust was viewed by participants as important for any nursing student due to the complex situation in the clinical practice. Initially students doubted whether they would be able to master certain skills but when they had repeated procedures a few times they became confident and started to believe in their own competence.

“Especially when the lecturer talking about it in class, you asking yourself, will you be able to do that. And then we get there, the sister will show you and then you do it yourself the first time, second time and third time and you get actually that confidence and then you trust yourself that I can do that, I can do this.” (G4)

“... I am more than capable than what I thought I was, that self-doubt is no longer there. I am like any other, I am not below average. I am not below another one. If other people can do it, I can do it too, ... so that is what it does to you and you can believe in yourself.” (G11)

The self-trust developed through the knowledge students acquired and the expectation that they should be competent in the situation. Participants' views were that students deliberately equipped themselves with knowledge which created confidence in their ability to function in the CLE.

“As for me it is equip yourself with knowledge, you gain confidence but, there I also feel that you meet along the way that ... what effect your confidence as well, like for instance there are cases that we hear of things that happen especially in the practical areas, that happen this and that, and in those things somehow they have an impact in my confidence in a way of ... even though I equip myself with the knowledge, now my confidence when it comes to being there, working there, especially next year ... yes, my confidence is now is ... I am scared. I am scared I do not know how, ... so as for me, I had equipped myself with confidence through the years, but at some stages my confidence has changed through the years because of things that are happening around.” (G6)

The self-trust of students built self-esteem and self-efficacy to exit the programme and act with confidence in the challenging nursing environment. Self-trust builds students' assertiveness to advocate for a patient in the clinical situation.

“Trust goes outward, like in a ripple effect. It goes outwards and then it bounces back, in order for you to start trusting yourself and project it outside, it needs to come back to you. Yes, and in that way we can say we accomplished confidence. And in that fashion you will know that you have no doubt in yourself and you can go to a doctor and say, 'I do not understand why you give this patient this much' or you do not have fear that you will be rejected by a sister with a 20 year experience ...” (G10)

“You gain confidence so that you do, you have that initiative to do something, so when you trust yourself you get that confidence that you can do something so that you can achieve being a nurse at the end.” (G6)

Laabs (2011:434) is of the opinion that a nurse with moral integrity will speak up when an error is observed or suspected, to advocate for patients' rights. Bolzern-Konrad (2015:354) believes that self-efficacy might have an impact on trust. Thus, a student who believes in him-/herself has self-efficacy and it contributes to self-confidence and self-trust.

The confidence of students increases through learning and then students are more motivated to be successful and this builds their self-trust. Students will then be able to work independently and execute nursing interventions with self-confidence. Participants viewed that students' self-trust increased their confidence to be competent and students felt satisfied with their abilities and took more responsibilities.

“I think you get adequate information and know things and when you do something, you are sure about it. You know about that, it builds your self-confidence. But if you are not sure about how to monitor the vital signs, your self-confidence will be low, because you do not have adequate information.” (G8)

“Trust grows in you. It is very nice to see if a patient was in a ward where you were working, and he was very, very sick very sick and then after the treatment, it boosts your self-esteem. You grow up, you can put up a drip, you can stitch, and you know, you get more responsibilities; you get more exposed to a lot of things, especially when it comes to a drip.” (G3)

Hunt (2013:243) states that confidence influences students' commitment, motivation and persistence behaviours.

Self-trust was seen by participants as the key to being a competent professional nurse and the ability to manage any nursing situation. Participants contended that students wanted to make a difference in nursing, to build a positive image of the profession of nursing, which motivated them to improve their performances.

“Then, in any other situation you can see that that person who has self-confidence, it does not matter how that person has acquired it, will manage the situation better than the person who does not have self-confidence.” (G12)

“I think ... the results will improve, it will improve in terms of quantitative measures but also quality. You know one can be able to describe anything in own words, without losing context. With that element of 'I know I trust myself, and I know that I am trusted', I can deliver what I am expected.” (G10)

Self-trust of students in their own abilities assisted them to take up learning challenges and explore their own potential. This enhanced their motivation to improve performances. Participants expressed that when students trusted educators, educators valued the trust from students and they too believed in themselves.

#### **4.7.2 Value of trust in the educator**

Participants voiced the need that trusting relationships between the student and educator needed to be developed further. This may take time because students rely on previous views of students about an educator. Participants' views were that when students knew the educator, openness and trust could be developed.

“Yes because before you start with them, you hear stories from the previous years-groups and you doubt whether you can trust them, because you hear this lecturer is very strict and that one very casual. Once you get to know them, you realise that it was not always the truth.” (G13)

The study of Alexopoulos and Buckley (2013:381) confirms the duration of exposure between the knowledge receiver (student) and knowledge source (educator) relates to

professional and personal trust. Professional trust is more important in shorter durations and personal trust in longer durations. Hence, the interactions with educators foster trust in the educators.

Experiences of trust in the educator were perceived to be to the benefit of teaching and learning. Participants believed that when educators experienced trust from students, self-worth and self-efficacy developed and it built the educators' self-confidence and self-trust, which ultimately lead to better class preparation and presentations. Trust created a relaxed learning atmosphere. Participants indicated that students would have openness to learning, paying more attention and be participative in the class.

“Say a lecturer gives you a class on CPR or whatever, you ... take that person who is teaching you at their word, you believe everything, that it is the right thing to do. She teaches you the right way with confidence of doing the thing and you feel yes ... if you apply this in the clinical area you have been taught the right way.” (G13)

“Trust is important in the classroom, you should know that, or you should also feel free in class to ask the lecturer if you do not understand something and you trust that person to tell you the truth and to be honest with you and help or correct you in a way.” (G4)

“I think that it creates an opportunity for you to reach your potential. For them as lecturers to do and feel good so that they can feel they are being successful in that which they are transmitting. For you to learn and feel you are progressing and learning something.” (G14)

Tschannen-Moran and Tschannen-Moran (2010:43) emphasise that trust and rapport are essential in the teaching relationship. When there is a lack of trust in educators, the educators will act in ways to prevent disappointments.

In the context of this study, a need was expressed by participants to trust educators. Trust in educators increased confidence and created a relaxed atmosphere in the classes. Hence, the trust educators have in students affected students' learning.

### 4.7.3 Value of trust from the educators

Participants indicated that trust from educators in the students increased students' motivation. Participants mentioned that when the educators believed that students were able to become competent nurses, the students' self-esteem increased and they wanted to improve their performance.

"... but when you hear, that someone is believing in you, it creates that thing in you, that self-esteem in you, that confidence in yourself, so sometimes you need it from another person, so you needed it, maybe from your peers, so maybe ... but it is better if it comes from your lecturer, it is much better. And also they keep on motivating you - that is when you actually start believing in yourself more, believing that you are able to pass the subject. Not only her subject but also the other subjects, if she keeps on motivating you in each and everything." (G11)

Educators, who trusted and supported students, enhanced the students' self-esteem and self-trust. Participants believed that trust from the side of the educators empowered the students and resulted in efforts being made by students to be trustworthy.

"Yes, it is the knowledge that you gain and your experience from the clinical areas, and also the support from our lecturers yes, you do get confidence. I know there are challenges but yes, we gain that confidence, and also by doing the procedures, yes we do gain that confidence. You get it from the lecturer who trusts you, assists you with things." (G9)

Participants explained that when students experienced trust in teaching and learning, they began to participate actively in learning opportunities in the subject the educator taught. The trust students gained motivated students to perform better academically. Students became more intrinsically motivated with regard to learning and experienced improved performances. Participants who experienced trust did not want to disappoint the educators with poor performances. If students sensed a lack of trust, the interest in the subject would decrease and performances would be low.

"And also when they say trust between the lecturer and student, I mean that is when you will become active in that subject. You will not develop that negative attitude against that subject and the lecturer, because you know that I trust that

lecturer and she is giving us that beneficial information so ... eventually your marks will be better, as compare not trusting the lecturer as to that ... if there is that vibe between the two ... I mean also your attitude towards the subject actually becomes questionable. But if there is that trust eventually, you will succeed in the subject.” (G14)

“I think it motivates you because when someone has an expectation of you, you want to meet that expectation. Yes you do not want to disappoint ... I think it motivates you if the lecturer trusts you.” (G12)

“So it will pick up that thing of you ... having that thing that this lecturer trusts me and I have to perform to my level best, because that is what she’s expecting from me. Because she knows the kind of person who I am, so and again then I am giving more ... the lecturer trusts you.” (G11)

“And usually lecturers who create trust in you as student are also the lecturers who will walk the extra mile. So naturally you do not want to disappoint that lecturer because she does the extra mile.” (G13)

Cleary, Happell, Lau and Mackey (2013:65) indicate that positive feedback to students provides a sense of achievement through recognition and encouragement. In the current study, participants highlighted that trusting experiences from the educator created an opportunity for students to reach their full potential and be successful.

Trust from educators in students enhanced the motivation of students to improve their performances. Trust motivated students to become professional nurses. The values of trust in students were not only limited to the educators but the professional nurses’ trust in students played a role in the CLE.

#### **4.7.4 Value of trust from the professional nurse**

From the participants’ responses it became clear that when professional nurses in the CLE trusted the students, students’ self-confidence developed. Participants stated that trust in the clinical environment was important to them (students) because then they did not doubt themselves. This had a spiral effect and further developed their self-esteem and self-trust to be competent in the clinical practice.

“You get the confidence from the sister who has time to teach you something. That is where your confidence starts to build - from the clinical area. The confidence is from the knowledge that we get from the college, we are able to pass it on to the clinical areas.” (G9)

“They develop trust in you and then comes development of trust in yourself. You trust yourself even more, your attitude toward the profession changes, you just become this bold person who is full of energy, who is ... whenever you wake up in the morning you feel like going to work, so you develop trust in yourself, when they trust you, you do not doubt yourselves like you used to.” (G11)

“Just help you with things so that you can build trust ... uhm ... then you will be able to do something else or learn to gain experience. You will become comfortable to do things that they allow you to do.” (G12)

Participants expressed the view that students became independent and participated actively in the clinical environment, which gave rise to a positive clinical learning experience. Students would be self-assured that they would be a professional nurse who had the ability to take charge of a unit. Trust from the professional nurses allowed the students to build self-confidence, experience empowerment and demonstrate abilities to effectively execute procedures with motivation and confidence.

“I think you also become more independent. Because you know that the sister trusts you and she knows that you are able to do the work, so you do not necessarily have to rely on her, and that is what I say you become more independent, you become more active. And also confidence increases.” (G11)

“Say for instance I am working in ICU and I really felt that the sisters trust me, because they leave me on my own with a patient ... uhm ... understand, I must do the blood gases and administer the medicines, I must clean the wound and remove the drains and catheters, all on my own, after the sister has asked me whether I can do it, and I have said yes, she has said alright you can continue. I also think that when I am working in a ward where I am only allowed to write reports, there it feels to me ... the moment that they ... you immediately know when a sister trusts you with something.” (G14)

Gaiter (2013:326) states that when leaders empower people to make independent decisions, it magnifies people's abilities and trust multiplies. In the study of Koontz, Mallory, Burns and Chapman (2010:243) students reported that the more responsibilities they had, the more they experienced trust from the professional nurses.

Participants indicated that trust from the professional nurses increased the motivation of students and enhanced their ability to integrate the theory and practice when the clinical environment provided a positive learning experience.

"Yes you have self-confidence, you are prepared to make eye contact with the personnel and say 'I am sorry but I cannot do that, I am not sure about this, show me how then I will do it', because you know the matron or something is after you. If something goes wrong and you report, 'This has happened' ... It will be easier for you to go back to your books and look up something. Usually you then feel as though you want to be in this profession and that you want to have knowledge ... so I do not want to disappoint the sister and must know it." (G12)

"It makes you a better nurse and happy person if they appreciate you, confident, you will be confident then, once you are confident, then everything is just going smoother." (G2)

A trusting climate in the CLE created reciprocal trust between the student and people around them. Trust in their own abilities and skills created confidence that the patients would trust students.

"I think that that again leads to someone's trust in you ... it is again a picture ... you trust your own skills so you demonstrate confidence, so other people can sort of trust you, because you project those things which we discussed just now .... That which you see leads you to decide to trust. You possess those characteristics so other people can once more trust you. You can trust others and the process starts all over." (G14)

Lundberg (2008:86-87) explains that if students have self-confidence in the CLE they believe in themselves and set challenging goals.

The findings indicated that trust from the professional nurses in students was beneficial in that it created self-trust and motivated them to improve performance to impress the educators or the professional nurses in the teaching and learning environment. But, when the students experienced a lack of trust, it may have a negative influence on them.

#### **4.7.5 Effects of a lack of trust in students**

In the absence of trust in the students from the side of educators, participants had negative experiences in the learning environment and felt that nursing was not the career for them. Participants needed educators who could motivate and encourage them to do better. In the absence of trust in students, participants were concerned that students became negative towards the subjects and uncertain about their abilities; then the students' self-confidence and self-esteem decreased. When participants became negative towards the subject, they lacked motivation and became passive, while their performances deteriorated.

“No self-confidence, no self-esteem, negative towards the subject and the lecturer. ... If there is not that person, you becoming like ... what am I doing here? Nursing is not for me, but else maybe it was for you, you just needed that person who will motivate you and encourage you.” (G11)

“I think distrust automatically causes the opposite of that which we have just spoken about. You will not, you will not have the motivation to do anything neither will you want to excel. It will not be pleasant for you to be in class. Yes I think distrust once more causes uncertainty in one-self, even in things that you really know, you will be unsure.” (G12)

“And in the class you will become less interested in what the lecturer is saying. So you just sit there and be like ... passive ... you are not participating and ... that is when the marks will start dropping ... and a high failure rating.” (G10)

A lack of trust from the educator in the theoretical teaching and learning environment was experienced negatively, as was the case when professional nurses mistrusted them in the CLE. A lack of trust could have an adverse effect on patient care and the delivery of quality nursing care.

“And that naturally influences your self-confidence and the emotional side of things, so, uhm ... naturally you will not enjoy your work and you will be upset and this will influence your patient care.” (G12)

Participants’ point of view in this regard was that when professional nurses did not trust the students, students experienced a lack of self-confidence and verbalised that they were afraid. Participants feared being assertive in the CLE because they might lose any trust that the professional nurses might have in them.

“I would say then you are afraid to even do things like the blood pressure, because she does not trust me, she does not want it to be done this way ... I would also say if she does not trust, then do you trust yourself? She looked at you a ... mmm ... I cannot really trust her to do this and that and am I actually competent enough, am I actually a third year? Or am I here just by luck? Or you know, or am I having the knowledge? And you do, we all have the knowledge to be third-year students, and our outcomes are our outcomes and that are our referee of what we must be able to do, and we can do them. And if we can do them and show the professional nurse who is in charge and a unit manager, they can trust us.” (G2)

“And it is sometimes difficult to say ‘No, I cannot do it’ because you are afraid that you will lose that trust that you now have.” (G12)

Participants indicated that experiences of a lack of trust they had feelings of worthlessness, resulting in negative thinking that they should leave the profession and search for something else.

“And to an extent you know, you are not made for this profession, and you must do something else. How will you ever ... then you think ... no, you better look for something else to do.” (G12)

Participants experienced a lack of trust from the professional nurses when they did not allow the students to do procedures for learning opportunities and required clinical outcomes. Apparently professional nurses preferred to do the procedures themselves, which the students experienced as a lack of trust in them.

“So they do not trust our students at all. At all, they don’t trust our students and we will be saying ok this is a second year student or a third year student, this student should be allocated to do this, this and this. But the professional nurses will tell us blankly that ‘We do not trust your students that is why we will not allocate them to do those jobs. We rather do it ourselves’.” (G3)

“And again, because they are not trusting us they never show us the correct right way to do. Even when you are doing she shouts ‘No!’.” (G6)

Some participants mentioned that the professional nurses have a lack of trust in students because students are young and immature. Participants experienced a lack of trust when professional nurses remarked that previous students could not do certain procedures at the specific level of the programme. The professional nurses verbalised these incidents always and doubted the abilities of the current students.

“Because that sister, some of them will just say: ‘I do not trust this, you can see this student is still young he is still young. I cannot trust him to do this thing’.” (G3)

“In one of the clinics, the sister asked one of the third years to do the blood pressure at the clinic. They are still using the manual BP cuff. And then the student told the sister, that she cannot take the BP like that because she only did it for a procedure in her first year and then she used the machine. Then the sister was furious, and it caused a problem there, and also trust. Because then they ask us every time when we had to something: ‘Can you do urine testing, can we do this, and can we do that’, so that was quite a bit frustrating, because it caused problems for the whole two weeks that we were there. Even though I told the sister I can do it. And then she will ask again: ‘Can you do urine testing, can you do, and can you do that.’ Then you were frustrated because you can.” (G4)

Despite the negative experiences in the teaching and learning environment, participants expressed that there was a positive image of nursing in the society. Participants indicated that nursing was and still is a reputable profession and from an external view the society still trusted the nursing that is currently rendered.

“Nursing, nursing is a very reputable profession, like much of what we experience of the internal problems. From the outside, people still respect us, people still trust us. You find yourself as a student, you ... maybe you are at home and someone do have a problem, they do not view you as a student, they view you as a nurse, and they trust everything they are going to ask you, with whatever condition they have. So it is still a reputable profession. The only problems would be what you experience internally, and I think it is only we work under the government and like the financial way of things are just distorted and many people are running to the private sector. We still love nursing and we still enjoy it, it is just that we are left with lack of resources and lack of staff.” (G6)

In the findings of a study by Chauke, Van der Wal and Botha (2015:4-6) students' perceptions were positive and negative regarding nursing. The perception of nursing as a profession changed positively after appreciative inquiry. These perceptions include aspects such as nursing is a respected profession based on helping others, and nursing is an appreciated and a prestigious profession. The negative perceptions remained negative and were related to the working conditions such as an unsafe environment with low remuneration.

Trust in the students was discussed as important in the teaching and learning environment. Participants with self-trust viewed themselves as confident, trustworthy and creating intrinsic motivation. The trusting experiences from the educators and professional nurses resulted in worthy experiences that benefitted the students' approach towards themselves and to nursing care. A lack of trust in students disadvantaged their self-worth, self-confidence, self-esteem and motivation to be a nurse.

#### **4.8 CONCLUSION**

In conclusion, participants had expectations of the role players regarding competencies, professionalism and support. Self-trust was the foundation of all trusting relationships in nursing education. Professionalism is a necessity and imperative in nursing education. Students need support from educators and professional nurses to maintain the standards and to be afforded the required learning opportunities. Availability of resources in the theoretical and clinical learning environments supported students learning opportunities and outcomes. Participants regarded trust as valuable for their

own self-trust and for trust in the educator. Trusting experiences from the educators and professional nurses inspired the students' self-confidence, self-trust and motivation for better performances.

In Chapter 5, the researcher discusses the findings. The two sets of data are integrated with literature and discussed. The findings and literature will support the development of a model for trust in the nursing education environment.

## **CHAPTER 5**

### **INTEGRATION AND DISCUSSION OF FINDINGS**

#### **5.1 INTRODUCTION**

In this chapter the findings of the educators' and students' views on trust in nursing education are integrated with supporting literature. A background and overview of the concept of trust and the relevance of trust in nursing education will be discussed briefly. Reciprocal trust relationships amongst educators, students and professional nurses form the foundation for trust in nursing education. The expectations of educators, students and professional nurses regarding professional credibility and competencies will be highlighted as important building blocks for trust. Trustworthiness of role players proves the propensity of trust among each other in a teaching and learning environment. In the theoretical and clinical environments an environment conducive to teaching includes expected standards, student support and learning opportunities. Operational human resources and sufficient equipment will ensure an environment conducive to theoretical and clinical teaching and learning. Trust in nursing education contributes positively to the outcomes of teaching and learning.

In the discussion of the integrated findings the terms 'participating educators' or 'participating students' were used when referring to one group only and the term 'participants' when not differentiating between the two groups.

#### **5.2 BACKGROUND OF TRUST IN NURSING EDUCATION**

During the interviews conducted with educators and students, the researcher explored the meaning participants attached to trust. Primarily participants perceived the concept of trust as having faith in someone and believing that the person has the expectations of receiving the best, with no harmful intentions. Sellman (2011:113) suggests that trust is a family of ideas which includes beliefs, faith, expectations, risks and confidence. Participants frequently referred to the attitude of professional nurses toward students. These remarks are explained by Sellman (2011:113) as a psychological view, an attitude of mind, a feature of the psyche, an expectancy of an individual's reliance upon

others for positive outcomes and attributes of an individual nature. From a sociological perspective, trust is described as the glue for building a society, as well as a type of social contract between individuals in organisational situations (Castelfranchi & Falcone 2010:265). Participants viewed the interaction of the role players with one another as relationships in an organisational context such as the classroom, simulation or laboratory room and clinical environment. Trust in nursing and nursing education refers sociologically to the 'glue' that is important for the nursing community and trust in the teaching and learning. Philosophical literature focuses on 'what' one trusts and 'when' (the circumstance) one trusts (Samier 2010:5). The 'what' refers in nursing education to the expected trust characteristics of role players. The 'when' refers to the situations in or conditions of the nursing education environment. Schmidt (2010a:49-50) indicates that in literature related to education, trust refers to interpersonal relationships that focus more on the expectations and moral social values of the principal, educators, students and parents within the school. Participants referred to the interpersonal relationship among the role players in nursing education to establish learning opportunities in an environment conducive to teaching and learning with the profession's codes, etiquette and values. Findings revealed that the relationships of role players need to be professional to promote the teaching and learning in nursing education.

The themes, categories and sub-categories of the educators' and students' views were integrated and synthesised, and new themes, categories and sub-categories were identified. In Table 5.1 the themes are provided.

**Table 5.1: Themes derived from integrated findings**

1	Professional relations
2	Expectations of the role players
3	Creating a conducive teaching and learning environment
4	Outcomes of trust or lack of trust

In this chapter, role players refer to the educator, student and professional nurse and participants refer to the educators who participated in the face-to-face interviews and the students who participated in the focus group interviews.

**5.3 THEME 1: PROFESSIONAL RELATIONS**

The theme, professional relations, refers to the relationships between the role players. Initial interactions among role players established relationships. Participants viewed that in the context of nursing education role players acted in a professional capacity with each other. Participants viewed that self-trust and interpersonal relations were the core of professional relations in nursing education. In Table 5.2, the two categories of the professional relations theme are provided.

**Table 5.2: Professional relations**

<b>Category</b>
Self-trust
Interpersonal relations

Hence, Behnia (2008:1427) indicates that relationships develop when people approach one another and initiates a relationship. Bolzern-Konrad (2015:353) mentions that only those who trust will be rewarded with trust. According to Erikson (1959) in Pokorvskaia et al (2016:257) trust is the core element and foundation of a person’s perception of the world and a person’s internal balance is related to self-trust.

**5.3.1 Self-trust**

Participants indicated that self-trust is essential before interpersonal trust can develop among role players. Integrated finding revealed that role players’ self-trust established confidence and images of self-trust and confidence created trust in students. Participating students stated that students had to believe in themselves having self-discipline to be able to challenge the programme. Participating educators considered self-trust as crucial for educator in nursing education. Self-trust supported educators with confidence during education activities in the theoretical and clinical environments. According Hurley’s ‘Decision to Trust Model’ (Hurley 2012:28-29), there are three self-trust aspects which influence the choice to trust another individual. The first is a risk tolerance and willingness to trust each other; the second is the personality and psychological abilities to adjust in situations, and, finally, the relative power and authority to feel confident in relying on the intentions and actions of another.

Participants viewed self-trust as an important aspect and a core element in nursing education.

To elucidate the above-mentioned three aspects of self-trust: the first self-trust is sufficient trust in oneself to be willing to trust each other in nursing education. Second, the role players should trust their personality and psychological abilities to adjust to the nursing education environment. Finally, role players have to feel confident to rely on the intentions of each other to develop interpersonal relationships. Participants mentioned that reciprocal trust among the role players is important in nursing education. Both educators and students took a step towards a vulnerable situation and took the risk to trust. The step towards each role player establishes interpersonal relationships among role players.

### **5.3.2 Interpersonal relations**

According to the participants interpersonal relations require a mutual commitment and interpersonal trust among role players. One participating educator identified the relevance of Erikson's (1959) in Van Vuren (2012:81) theory of psycho-social developmental stages, trust versus mistrust, as the important first stage in human development. Bolzern-Konrad (2015:351) construes that real trust derives from relationships over time trust develops from an early stage and then expands to other individuals. Hence, in nursing education it is important that trust should develop from an early stage in the individuals' life, based on an intrapersonal foundation and previous positive interpersonal trusting experiences.

In the study of Ng (2015:316) quality education is linked to a quality relationship between educators and students. Hunt (2013:144) emphasises the importance of an educator-student relationship in order to enable educators to teach and mentor the students in a supportive and caring manner. A quality relationship, according to the participants in this study, requires interpersonal trust among the role players to ensure quality teaching and learning in nursing education. Freitag and Traunmüller (2009:787) identify two kinds of interpersonal trust which can be applied to nursing education. First, particularised trust is found in close social proximity and everyday interaction with known individuals. It is based on concrete experiences from past social interaction and is grounded in a rational evaluation of trustworthiness and reputation. The integrated

findings revealed that the role players are interacting, either in the theoretical or clinical learning environments. Positive experiences among role players regarding professionalism and role modelling increase trusting relationships based on the evaluation of their reputation and trustworthiness. Second, generalised trust is primarily a personal predisposition and it is accomplished early in life with non-familiar people, strangers and foreigners. In nursing education generalised trust is important for role players because role players frequently come into contact with different educators, students, professional nurses and patients.

In an educational environment, the educator and professional nurses are involved in the students' learning achievements and they should plan stimulating learning opportunities for the students. Reciprocal interactions among role players were indicated to be the foundation for developing trusting relationships. During interaction and in the presence of trusting relationships, social exchanges occur when students trust educators and professional nurses for their goodwill and sharing of knowledge that will be to the benefit of the students' development. Participating educators pointed out the responsibility of the students to internalise and utilise knowledge to be able to comply with the demands of best practices and nursing care. Samier (2010:12) construes that 'relational trust' emanates from social exchanges which involve respect, integrity, competence and empathy. McLemore (2014:41) regards acknowledgement and appreciation of another person as wise actions to build trust, because the other person will perceive you as trustworthy. In the current study, trusting relationships were reported to develop among role players when attributes of trustworthiness such as goodwill and intentions are identified. During daily contact, the observation of one another's values, positive intentions and abilities contributed to the development of trusting relationships among the role players. Through daily interactions particularised trust among the role players emerged due to role players' proximity as well as frequent contact, which was established on generalised trust. Tschannen-Moran and Gareis (2015:72-75) explain that a trusting climate in education depends on the trust in the principal which creates a positive atmosphere in the education environment that will result in better student performances. From the findings in the current study, it was clear that a trusting atmosphere in NEIs is important to stabilise interpersonal trust and enhance students' achievements.

According to the participants the development of trust originates with self-trust (trust in oneself) during interaction among the role players. Self-trust circled out to interpersonal trusting relationships in nursing education. Role players have certain expectations of each other which should be realised before trust will develop.

## **5.4 THEME 2: EXPECTATIONS OF THE ROLE PLAYERS IN NURSING EDUCATION**

In theme two the integration of the views of the educators and students are about the expectations of the role players in nursing education. Expected general characteristics were described which develop professional trust, professional virtues, competencies, attributes of trustworthiness and professional behaviours. In the theme, expectations of role players, (Table 5.3) three categories with sub-categories were identified.

**Table 5.3: Expectations of role players in nursing education**

<b>Category</b>	<b>Sub-category</b>
Competencies of role players	Cognitive abilities
	Psychomotor skills
	Teaching skills
Professional credibility	Professional virtues
	Attributes of trustworthiness
	Professional conduct
Congruency	

Sellman (2011:40) argues that a virtuous person has a 'perfect' character and that is an enduring disposition. The integrated findings reflected this disposition through expectations on the competencies of the role players.

### **5.4.1 Competencies of role players**

The integrated findings from participants affirmed that specific competencies were expected from the role players. Competencies of the educator and professional nurses were cognitive abilities, psychomotor skills, and teaching skills. Competencies of the students referred to the requirements of cognitive abilities and psychomotor skills that related to the academic year level of the student in the nursing programme. Scherkoske

(2013:129) maintains that self-trust is the basis and virtually an essential condition of a person's capacity and skills. Leaders must have good characters and competencies (McLemore 2014:19), and in nursing education role players should demonstrate the required competencies. The study findings of Bolzern-Konrad (2015:350) confirm that in the presence of high levels of trust, employees' competences will be utilised more effectively. The subsequent discussion will deal with the cognitive abilities, psychomotor skills and teaching skills expected of the role players.

#### **5.4.1.1 Cognitive abilities**

The integrated findings indicated that educators should have comprehensive knowledge in the subject that they presented. Participating students mentioned that educators needed to be updated with the latest changes and development in the content of the subject. The views of the participating educators focused on the expert knowledge of the educator in the specific discipline. Participating educators believed that if educators had expert knowledge and skills, it increased the educators' credibility and created trust from students. The findings revealed that students utilised different ways to determine the knowledge and abilities of educators. Furthermore, participants stated that educators should be able to use creative teaching methods to transfer information and knowledge to integrate the theoretical knowledge with the clinical practice. Celik (2011:79) maintains that the professional knowledge of an educator is expected to be more comprehensive, and rich and sufficiently extensive to bridge theory and practice.

Participants agreed that students should portray positive attitudes towards learning and a willingness to take responsibility for academic knowledge. Participating educators viewed that the selection of prospective nursing students should include students with cognitive abilities to attain basic knowledge, critical thinking and problem solving which are needed in the nursing profession. Furthermore, participating educators maintained that students ought to be enthusiastic and creative, have self-discipline and time-management skills, and abide by due dates for assignments and assessments. The findings revealed that active participation in the classroom illustrated students' acceptance of responsibility for their own learning. In the theoretical environment, participating educators focused strongly on the academic abilities of students. Knowledge and critical thinking of students were emphasised by participants as important attributes of students. Participating educators expected students to reveal

critical thinking characteristics and excel in the ability to develop as mature professionals. With these cognitive abilities student will meet the outcomes in the nursing programme. Frowe (2005:49) remarks that students should be exposed to basic information, interpretation, understanding and prioritising of knowledge, which will form their professional attitudes, experiences, values and expectations. According to Philip, Robert, Evgueni, Wade, Surkes and Dai (2008:1102), critical thinking is the ability to purposely engage in interpretation, explanation and self-regulatory judgment. With critical thinking all possibilities are considered.

According to the participants, professional nurses needed expert knowledge in the specific clinical environment. Participating students urged professional nurses to update their knowledge and skills. Kroll, Ahmed and Lyne (2009:695) mention the need of updating theoretical and clinical knowledge of professional nurses. Participants viewed that students cannot practise in clinical environments where professional nurses are reluctant to update their knowledge. Updating the knowledge of professional nurses is essential because students perceived some midwives as using outdated practices that lack an evidence-based foundation. Participating students viewed that when students were allocated to knowledgeable professional nurses who involved students in the clinical environment, motivation for learning were created. However, the participating students viewed professional nurses who did not facilitate teaching moments as having limited knowledge; therefore professional nurses might be afraid of the exposure of their incompetence. Brammer (2008:1873) states that registered nurses who view students as a nuisance, that disapprove of their presence and exclude them from learning opportunities, will have a negative effect on students and their training, because students are merely seen as a pair of hands.

Life-long learning was frequently mentioned by the participating educators. They had an expectation that the nursing programme should initiate the foundation for life-long learning in nursing for students. However, participants agreed that updating of knowledge is applicable for both educators and professional nurses.

#### **5.4.1.2 Psychomotor skills**

Participating students expected educators to have updated competencies and clinical skills. When educators demonstrated updated psychomotor skills, students trust them.

Some participating students challenged the educators to demonstrate their own abilities in the clinical environment, before expecting the students to perform the procedures. Thus, participating students wanted educators who can demonstrate their clinical skills and judgement during clinical accompaniment. Hunt (2013:16-18) indicates that nurse educators should acquire proper clinical experiences before taking on the role as an educator. The educator with expert knowledge and appropriate experiences will be effective in teaching. Alexopoulos and Buckley (2013:366) claim that the development of trust relies on skills, competencies and shared experiences. Participating educators, in this study maintained that clinical experience should be updated to assist the educator to apply effective teaching strategies and to integrate theory and practice. This active engagement of the educator creates reality for the student that bridges the gap between theory and the structural clinical environment.

Participating educators suggested that students should optimally utilise opportunities and experiences in the CLEs in order to act with confidence and develop as role models with the relevant skills and competencies. Integrated findings suggested that students needed clear principles and guiding steps to perform the correct procedures as they were taught at the NEI. Students, who advocate for the rights of patients to quality nursing care, apply their caring and compassionate skills. The purpose of WIL in nursing education is to link the theoretical teaching content with the practical learning. Competencies of students mentioned by participants included interpersonal communication skills and clinical problem solving, to apply it during WIL in the CLE. Mannix, Wilkes and Luck (2009:62) construe that nursing as a profession, has the responsibility to ensure effective clinical learning experiences to students. Participating educators remarked that WIL included the opportunities where students gained insight in nursing practice and connected theoretical knowledge with clinical skills. Such integration of theory with practice developed students' self-trust, critical thinking and students acting with self-confidence. This integration promoted students' abilities to remember incidents and apply knowledge and skills better in applicable situations. Cowin and Hengstberger-Sims (2006:62) indicate that new professionals are more concerned about their competence and experience than theoretical knowledge and a lack of experience and competencies cause feelings of anxiety in the clinical environment. Participating students expected of educators to regard students' concerns and needs for knowledge and clinical skills as important. Therefore, the integrated findings emphasised the roles of educators and professional nurses in the CLE are to

integrate theory with practice and ensure optimum development of the students' psychomotor skills.

Participants integrated the expectations of professional nurses' knowledge and skills. The theoretical knowledge and psychomotor skills of professional nurses should be on an expert level in the clinical facility where students were placed for WIL. Participating students indicated that they felt neglected when professional nurses did not allow them to execute procedures correct. Several time participants indicated that the professional nurses acknowledged that students did the procedures correct, but the correct executing of procedures wasted time. Such remarks of professional nurses made participating students confused and doubt the standards of nursing care in the CLE.

#### ***5.4.1.3 Teaching skills***

The integrated findings indicated the importance of teaching knowledge and skills of educators to facilitate learning. Different teaching styles should be utilised to create a comfortable teaching environment. Participants expected that educators should use technology and several techniques to give student the confidence to participate in class. The ability of the educator to integrate theory and practice with teaching skills was viewed as essential to optimise learning opportunities. Tschannen-Moran (2014:242) mentions that educators require inspiration and commitment to improve the instructional practice when they teach students. However, it is important to acknowledge that nursing educators rely on adult learning, work-integrated learning, teaching skills and engagement in the clinical practice that are vital in nursing education (Carr 2007:899; Elliott & Wall 2008:582). The study of Alexopoulos and Buckley (2013:384) reveals that there is a direct link between trust and sharing of knowledge at individual, group and organisation levels. The professional and personal trust is influential with regard to effective knowledge transfer from one to another. In the current study, participants expected the educators to be passionate about teaching and organise class presentations with a variety of teaching methods and pursuing all possible learning opportunities for students. Participants agreed that through innovative teaching skills, the educators lay the basis of critical abilities for students. As Sellman (2011:195) explains, educators engage with teaching as the professionally practical-wise person, 'professional phronimos' that is, practically wise and sensible, and excellence is expected when mentoring students. In the findings of the current study it is important

that the theoretical knowledge, clinical skills and utilisation of technological equipment be prioritised to enable educators to support the students' needs, knowledge and skills in the teaching and learning environment.

Participants expected professional nurses to spend time with students and teach them in the CLE, but revealed professional nurses verbalised that teaching is the responsibility of the educators. Professional nurses who teach, mentor students and spent quality time with students were seen as role models by participants. Their openness and sharing of clinical knowledge were of critical importance to the students. Participants regarded quality teaching and guidance from the professional nurses in the CLE as a priority. Professional nurses with positive teaching attitudes and team work abilities, were viewed by participants as trusted. In the CLE, professional nurses are the most ideal person for clinical instructions, supervision, and monitoring of students. These actions will promote positive learning experiences, and build students' competencies and confidence as future professionals (Brammer 2008:1874; Cassimjee & Bhengu 2006:47). Participating students indicated that professional nurses who did not teach or guide students, left students with feelings of insecurity, vulnerability and a lack of self-trust. The professional nurses with negative attitudes made students feel unwelcome. Participating students verbalised that professional nurses who did not take their teaching responsibilities seriously might have a lack of updated clinical knowledge, competencies and skills. The study of Moonaghi et al (2015:4) confirms that the clinical environment is experienced as an unwelcoming field and this has negative effects on students' clinical learning.

Participating students complained that students were not valued in the CLE. Participants frequently emphasised that students were seen as a workforce in the wards and had to perform activities outside their scope of practice (South Africa 1984 Regulation 2598). Such situations left students vulnerable and put them at risk. Participating students emphasised that professional nurses neglected the teaching and mentoring role, resulting in students having a lack of trust in the professional nurses who did not honour their teaching responsibilities. Participants indicated that the availability of preceptors will support teaching and learning in the CLE as well as the integration of theory and practice where on-the-spot teaching will promote clinical analysis and thinking abilities of students.

The above-mentioned expected competencies will ensure that trust will develop among the role players. Competencies of the educators, students and professional nurses play an important role in trust. In combination with the expected competencies, professional credibility of role players is important to establish and maintain trust in nursing education.

#### **5.4.2 Professional credibility**

According to the participants, professional credibility in nursing education refers to the role players' competencies, trustworthiness and professional behaviour. However, it must be noted that virtues have a dual meaning, namely virtue of intelligence and virtue of character.

##### ***5.4.2.1 Professional virtues***

During the interviews, participants' views of a trusted role model included a good character and having competencies in a specific role. Participating students expressed the need to be taught by educators with generally positive characteristics such as friendliness, a positive attitude and being approachable. Participants agreed that role players should demonstrate nursing values and ethics, and acting as role models. Furthermore, role players should have a passion for nursing and demonstrate caring practices.

McLemore (2014:17) indicates that a good character with moral authority inspires trust. A virtue is a moral or intellectual disposition (Sellman 2011:40) with practical wisdom, namely 'phronesis' (Baehr 2013:102). The intellectual virtues of a professional include all knowledge and skills, whereas virtues of character include compassion and truthfulness (Pilgrim, Tomasini & Vassilev 2011:66). Furthermore, they regard practical wisdom, 'phronesis', as the most important intellectual virtue for nursing. Hofmann (2013:125-126) explains that virtue of character is associated with the ability to perform good acts with good intentions and produce true beliefs. Thus, professional virtues are divided into 'intellectual virtues' and 'virtues of character'.

The integrated findings suggested that students should have a desire and a willingness to become a nurse. According to participating educators, the requirements for an

emerging professional had to be evident in the students' characteristics and competencies. According to Choudhury and Barooah (2016:76) there are twenty-four character strengths of students that are classified in six broad virtues, namely wisdom, courage, humanity, justice, temperance and transcendence. In the findings of Choudhury and Barooah's study (2016:83) it is concluded that the character strengths of humour and social intelligence increase the academic achievements of students. These character strengths include appreciation of excellence, teamwork, creativity, curiosity, fairness, gratitude, honesty, hope, kindness, leadership, love of learning and self-regulation (Choudhury & Barooah 2016:78-81).

Participating educators indicated that in the absence of a profound, predetermined personal value system, professional values hardly will be evident. Professional trust and professionalism emerge when expected competencies and ethical behaviour are observable from the role players. Professionalism is associated with three ethical behaviours, namely obeying rules, maximising benefit and being virtuous (Shaw 2009:61).

Sellman (2011:111) argues that a learning environment should be conducive to developing professional virtues of trustworthiness. Integrate findings in the current study revealed that it is expected that role players should have competencies such as 'intellectual virtues' and trustworthiness as the 'virtues of character' for trust in nursing education.

#### ***5.4.2.2 Attributes of trustworthiness***

Participants verbalised that characteristics such as respect and honesty were necessary in trusting relationships. The development of professional images of role players depends on evidence of attributes of trustworthiness. Professional and personal characteristics such as integrity, reliability, openness and caring strongly emerged in interviews and the presence thereof substantiated trustworthiness.

Sellman (2011:136) regards trustworthiness as a virtue. According to Scherkoske (2013:134), a person possesses trustworthiness through self-trust and integrity. Dunn and Schweitzer (2005:736) are of the opinion that expectations of trustworthiness are based on an individual's characteristics and personality that influence the propensity to

trust. A strong relationship exists between trusting behaviours and trustworthiness. Trustworthiness should reflect on a continuum of either trustworthy or not trustworthy (Mayer, Davis & Schoorman 1995:721; Tseng, Chen & Chen 2005:299).

The role of benevolence, reliability, honesty, integrity and openness in trusting relationships will be discussed.

#### *5.4.2.2.1 Benevolence*

Benevolent intentions such as caring behaviours of role players improved trustworthy images in nursing education. Some participating students expressed the need for educators to be like a mother figure that should be aware of the students' social problems and with the ability to support those needs. Caring was seen as a building block of trust and the students should experience a caring role from the educator. Interventions from the educator should benefit students and not harm them. If educators acted with goodwill and with no harmful intentions, their actions would benefit the students when educators supported and assisted students academically and socially. This perception relates to Sellman's opinion (2011:114-115) in which it is stated that trust relies on the goodwill of another and goodwill is an essential feature to trust one another. Chan and Ip (2007:678) confirm that students not only need academic support and caring, but also social support from the educators. Participating students emphasised that students expected educators to maintain confidentiality about any information regarding academic, private or social issues. When students disclosed information to an educator and there was no confidentiality, students experienced betrayal, felt exposed and vulnerable in such a relationship. The concept of advocacy was voiced frequently, referring to the goodwill of educators in protecting students and their needs. Participating students expected that educators should advocate for them in various situations such as fair assessments and moderation. Participants indicated that students view the role of educators as essential to promote a caring environment during learning opportunities. Educators were seen as the role-models to set high standards for students in developing the correct attitude with regard to caring in nursing.

Participating educators expected of students to have caring attributes and display a helping character. The visible caring behaviours of students and professional nurses towards patients were commented on as an important attribute of trustworthiness. The

caring and goodwill expectations of students and professional nurses mentioned included empathy and compassionate behaviour towards the patients with no harmful intentions in nursing. However, caring was not only limited to the patients, but participants also expected professional nurses to care for students by means of accompaniment and teaching in the WIL context. Loke, Lee, Lee and Noor (2015:427) recommend that more caring needs to be made explicit to students during students' nursing educational experiences.

Benevolence refers to caring, positive intentions, supportiveness, goodwill, expressed appreciation, fairness, acting with advocacy and keeping information confidential (Tschannen-Moran & Tschannen-Moran 2010:36). The development of trust is strongly related to professional competence and interpersonal caring attributes of nurses (Dinç & Gastmans 2013:508; Schneller & Wilson 2009:2562). Caring and compassion are linked to trusting relationships (McLemore 2014:101), and McCabe (2006:252) relates caring and compassion to respect of the nursing profession. In the study of Zamanzadeh, Shohani and Palmeh (2015:58) regarding students' perception of educators' caring behaviour, the respectful sharing score is the highest, and control versus flexibility the lowest. Zamanzadeh et al (2015:60) conclude that a reformation is necessary to promote caring in nursing education. Caring environments support trusting relationships, and House (2006:353) states that in a programme education and training for excellence, a relationship which is based on mutual respect, caring and trust are crucial. If these are evident, the standards set by educators can be observed and maintained.

Findings revealed that altruism should be displayed by the role players, meaning to put the needs of the other person first. Forsyth et al (2011:18) emphasise that benevolence or altruism are critical to trust. In an environment where caring of role players is visible, the belief is that such persons are reliable.

Benevolence and reliability are attributes of trustworthiness that are linked with trust in nursing education.

#### *5.4.2.2.2 Reliability*

Participants viewed that goodwill created an image that one can rely on others. Mutual reliability is required among role players. Consistent and predictable behaviour of role players was linked to reliability. In the relationships between the educators and students, participating students remarked that students did not have a choice, but had to rely on and blindly trust the educators. The ways in which the educators taught the students created images of reliability. Furthermore, reliability includes the expectation of content being taught accurately, followed by subsequent consistent and fair assessments. Reliability was not only expected in the theoretical environment, but also in the clinical area where educators should be committed to assist students during accompaniment and appointments made for assessments. Reliability also included the consistency of the educator regarding behaviour, emotions and continuous honesty with students.

Forsyth et al (2011:18) state that people rely on the actions of goodwill of others and these actions create predictability of behaviour. Tschannen-Moran and Tschannen-Moran (2010:41) explain that reliability of a person emerges with consistent behaviour and when behaviour is continuously predictable (McLemore 2014:49).

Reliability of role players is extended to being honest with each other, and actions displayed integrity.

#### *5.4.2.2.3 Honesty and integrity*

Integrity was used as a collective word which includes honesty, openness, reliability and actions of goodwill. It was expected of educators to be honest regarding their capacity, knowledge and clinical abilities when sharing those with students. Actions of integrity and honesty increased the reputation of educators when educators interact with students, professional nurses and colleagues. Participating student expressed the need of fairness of educators during assessments. Students expected educators to practise congruent behaviour as they relied on the educators' promises and knowledge. Honesty displayed by educators should be linked to professional etiquette and the way they applied their own norms and values.

According to participating educators, students were expected to display their honesty by honouring agreements pertaining to the submission of assignments. Students also were expected to keep their promises and take responsibility for their actions and own learning. Honesty also should be applied when writing tests, examinations and assessments. It was assumed that trustworthy students should internalise the values of nursing and their actions should be accordingly.

Participants agreed that in the clinical environment the behaviour of professional nurses should be honest. Any unethical behaviour, such as signing off procedures without evidence that they had been completed, did not comply with the expected professional ethical codes and values and was regarded as dishonest. Such nurses were not identified as trustworthy professionals.

Tschannen-Moran and Tschannen-Moran (2010:37) describe honesty as meaning integrity, being real and telling the truth through honouring promises, agreements with authenticity and responsibility. In this regard, Hunt (2013:8-9) indicates that academic integrity applies to educators and students, and embraces values of honesty, trust, fairness, respect and responsibility. In an organisational context, fairness is perceived as a principle for trust-building behaviour which results in a relationship with confidence and satisfaction (Belcher & Jones 2009:151; Deluga 1994:324).

McCabe (2006:252) is of the opinion that honesty in nursing as a trusting profession is related to issues of ethical behaviour and ethics. Sellman (2011:105) indicates that honesty is a virtue in nursing. Findings in the current study indicated that expectations regarding the honesty of professional nurses included their responsibility regarding teaching and sharing knowledge and experience with students. Their integrity and honesty, ethical behaviour and reactions to patients during nursing care should be displayed at all times. According to Forsyth et al (2011:19), honesty is about the person's character, integrity and authenticity and there should be positive correlations between individuals' words and actions.

Trusting relationships among role players require reciprocal honesty, open-mindedness and approachability.

#### 5.4.2.2.4 *Openness*

Participating students expected of educators and professional nurses to be approachable with a previous and sincere personality and communication style. Such openness ensured the sharing of important knowledge with students, as well as assistance during clinical accompaniment. The openness not only should be displayed with regard to academic assistance, but also at social and emotional levels. Students expressed and shared thoughts, feelings and personal problems with educators under certain circumstances. Those actions exposed students to vulnerable situations in which students depended on the integrity of the educators to keep shared information confidential.

Participating educators expected of students to be open-minded and have an open or candid personality when it comes to learning activities such as paying attention in class with inquisitive minds. Such characteristics render students creative, which stimulates critical thinking and problem solving abilities. Students' receptiveness also resulted in open communication with the educators, professional nurses and patients.

Openness in a relationship includes sharing information and decision making through engaging in open communication (Tschannen-Moran and Tschannen-Moran 2010:39). Open-mindedness is a virtue in nursing and is linked to 'phronesis', that is, practical wisdom (Sellman 2011:153). The integrated findings of the current study indicated that openness, open communication, transparency and approachability in an education environment are decisive factors to increase positive, trusting relationships among role players. The findings of the study of De Nobile (2010:56-58) show that openness and approachability increase opportunities to interact and allow the development of trust and positive relationships. Open and frequent communication promotes trusting teaching and learning environments which are characterised by the sharing of information, decision making and the ability of delegation (Forsyth et al 2011:19; Hurley 2012:32; Tschannen-Moran & Tschannen-Moran 2010:40).

Benevolence, reliability, honesty and openness were identified by the participants as important building blocks for trustworthiness and the foundation of professional trust. With attributes of trustworthiness and ethical values the actions of role players would reflect professionalism.

### **5.4.2.3 Professional conduct**

The behaviour of the role players required professional trust to obtain credibility as a professional. Internalised personal and professional virtues with ethical codes guided the expected professional conduct needed for trusting relationships in nursing education. The integrated findings indicated that some professional nurses did not comply with the ethical codes and the ensuing lack of professional conduct caused a lack of trust by participants in professional nurses. Role players had to rely on sound values and ethical codes that guided ethical behaviours and enhance trust among role players. In the NEIs, the NEIs' visions, missions and values should guide professional conduct of educators and students. The values of the NEIs should be consistently evident in the daily activities of educators and students. Nursing etiquette and the maintenance of professional and ethical codes were regarded as extremely important. It became clear that interpersonal trust among the role players was based on role players' professional virtues, which included competencies and attributes of trustworthiness. Trust and trusting relationships among the role players were supported by actions such as attentive listening and communication, awareness and attending to the learning needs of students, displaying a caring attitude, understanding and respectfulness towards one another. Congruency of role players through consistent professional conduct was expected from trustworthy role players.

Pilgrim et al (2011:67) remark that virtues are reinforced by professional codes of conduct. McLemore (2014:59) indicates that trust is cultivated in a chain, namely from values to motives, then from motives to action. Bolzern-Konrad (2015:352) reveals that positive influences from a person create the perception of trust to another person. According to Hunt (2013:9), educators may use the code of ethics as a guide to pursue honesty, integrity and ethical conduct during teaching and learning of students. Labrague, McEnroe-Petitte, Papathanasiou, Edet, Arulappan (2015:338) construe that educators' caring behaviour and positive role modelling influence the development of students' competence and professionalism. Sellman (2011:45) indicates that the Nursing and Midwifery Council of the USA emphasises that nurses should act consistently according to the Nursing Code of Conduct. In the context of South Africa, the Code of Ethics for Nursing Practitioners in South Africa (SANC 2013) is a legal

guiding tool to direct professional conduct and maintain professional trust in educators, students and professional nurses.

Professional credibility is essential for trust and includes professional virtues, attributes of trustworthiness and professional conduct. It is expected that role players be consistent and reflected congruency.

#### ***5.4.2.4 Congruency***

Integrated findings indicated that consistency is a feature of trustworthiness and congruency between behaviour and emotions. Congruency of emotions, intentions and actions were expected from role players. Participants identified that trusting relationships among role players required proof of trustworthiness and the ability of self-control. Participants viewed control of emotions and consistency of behaviour as expected characteristics of role players that made role players predictable. If congruency reigns in relationships, one can anticipate and predict the actions of others, which create certainty and stability in trusting relationships. Inconsistent or incongruent emotions and actions of the role players caused uncertainty and influenced trusting relationships negatively. In NEIs, policies, rules and regulations should be consistently applied. Strict implementation of these policies ensured compliance with professional virtues and ethics in expected professional behaviour.

Tschannen-Moran (2014:34-35) mentions that reliability emerges when consistency is evident. Sellman (2011:108) views consistency as a core value for trust and Bolzern-Konrad (2015:351) emphasises that stability leads to the enhancement of trust. Hurley's 'Decision to Trust Model' (Hurley 2012:30) regards predictability of emotions and actions as important elements of trust. In a study conducted by Righetti and Finkenauer (2011:878), it was confirmed that self-control has a positive value to the perception of trustworthiness of the trustee and development of a fundamental trust relationship. People with high self-control were judged to be trustworthy partners.

It can be concluded that building and maintaining professional credibility in nursing education are essential to ensure that role players can rely on quality teaching and improved performances in the teaching and learning environment of nursing.

## 5.5 THEME 3: CREATING A CONDUCTIVE TEACHING AND LEARNING ENVIRONMENT

Participants often mentioned the expectation of competencies and professionalism in the role players involved in teaching and learning. However, there is a need to create a teaching and learning environment that is conducive to attaining learning outcomes. To create an environment conducive to teaching and learning, specific influencing factors were mentioned. These were clustered into categories and sub-categories for purposes of discussion (see Table 5.4).

The nursing education environment at a NEI should be conducive to providing quality teaching and enhancing the learning of students to enable students to acquire theoretical knowledge during WIL.

**Table 5.4: Creating a conducive teaching and learning environment**

Category	Sub-category
Theoretical environment	Academic support
	Learning opportunities
Clinical environment	Clinical support
	Learning opportunities
Resources	Human resources
	Technology and equipment
Maintain standards	

Trust is considered crucial in creating a culture and atmosphere required for optimal development and academic growth of students and relationships in a teaching-learning environment (Erdogan 2016:155). It is important to build and maintain an atmosphere of trust through the sharing of knowledge in a learning environment (Bencsik & Machova (2016:48). Thus, it is important to create an environment that is conducive to teaching and learning in order to ensure quality education (Ng 2015:316). Trusting environments result in better management of organisational problems and increase performances (Schmidt 2010b:16). The teaching and learning environment of nursing education include the theoretical and clinical learning environments.

### **5.5.1 Theoretical environment**

Participating students expected a non-judgemental and non-threatening atmosphere and the presence of educators with caring attributes. Quality theoretical environments consisted of the classroom, simulation areas and laboratories where learning facilitation and support can take place to enhance the integration of theory and practice. Participating educators viewed the ideal theoretical environment as an environment where students can obtain learning opportunities with innovative presentations and academic support.

Tschannen-Moran (2014:157) mentions that when educators trust and believe in students' trustworthiness, educators are more likely to create a learning environment that facilitates academic success. The findings of the study of Ng (2015:315) indicate that quality education is made possible through effective teaching and learning processes. Li (2015:37) suggests that positive motivational approaches and interpersonal rapport between educators and students create a caring learning environment.

#### ***5.5.1.1 Academic support***

Quality academic learning support, according to the participants, required fair and equal treatment of all students, including students with learning problems, as well as appreciation of good performances of students. Caring attitudes, openness, honesty and reliability on the side of the educators in the classroom inspire trust and motivate students to utilise all learning opportunities with active participation and commitment to learning.

Participants commented that student learning should be elucidated with innovative class presentations to ensure quality theoretical knowledge and the attainment of learning outcomes. Educators, who have caring attitudes, used effective communication created opportunities for students to participate in their learning processes. The educator was viewed as the facilitator of learning, responsible for creating a comfortable, trusting environment where students participated actively to develop critical thinking skills and independency. Educators should be aware of differences regarding the learning styles

of students, and be prepared for and utilise different teaching methods together with technology to facilitate and support student learning. Reflective teaching in the classroom enhanced positive learning experiences where theory can be integrated with practice.

Bankert and Kozel (2005:228) argue that the transformation from the traditional classroom to an effective teaching-learning environment entails active engagement and participation. Burkett (2016:4) explains that the use of technology and proper infrastructure create a vibrant learning environment that supports quality learning and fosters strong relationships between the educator and students. Creating a trusting learning environment requires openness to one another during the learning experience. A caring approach from educators creates an inspiration for students to learn. Preves and Stephenson (2009:245) proclaim that positive outcomes of collaborative teaching for educators and students are based on successful team building through a process which takes time. In the classroom a sense of belonging establishes a connection of personal and group achievements.

Participants viewed simulation rooms as safe and secure environments for students to practise and obtain confidence without the risk of causing harm to a patient. It stimulates an environment that mimics a clinical environment without exposing students to risky situations that can leave them feeling vulnerable. Direct contact with the student and quality teaching of practical procedures could be accomplished with 'on-the-spot' learning opportunities, assessment of skills and feedback to enable students to repeat the procedure and correct their mistakes. Learning took place without fear that anyone might be harmed, and students learned from their own mistakes during debriefing sessions afterwards. Simulation experiences should be the first exposure of a student to a new procedure and thereafter skills need to be practised and mastered in the structural clinical environment. Academic support in the theoretical environment includes simulation and laboratory teaching and learning.

Advances in technology result in the replacement of old manikins with computerised and interactive high-fidelity manikins that reflect real-life hospital rooms and patients (Hunt 2013:117). The study of Kelly, Berragan and Husebø (2016:312) illustrates that creative simulations in nursing education provide effective learning experiences for students resulting in students adapting to the real CLE with more ease, and that

enhances students' performances. Koontz et al (2010:243) report that students have a lack of skills acquisition when procedures such as intravenous and catheter insertion were performed in the laboratory, with few opportunities in real-life settings afterwards. Hence, students should first practise skills in simulation, and thereafter in the CLE.

Classrooms and simulation rooms are the first environments in which students obtain knowledge and where educators facilitate and support students' theoretical learning. In the theoretical environment educators need to create learning opportunities to integrate the theory with practice in the CLE.

#### ***5.5.1.2 Learning opportunities***

Participants viewed the classroom as the context where theoretical learning takes place. Integrated findings reflected that participants expected educators to be skilful in transferring theoretical knowledge by means of suitable teaching methods and to create innovative learning opportunities. Educators who are experts and creative with various teaching methods have the ability to identify learning opportunities where students can internalise the theoretical knowledge and integrate it with practice. Students trust educators who have these knowledge and integration abilities. However, in the simulation and laboratory rooms learning opportunities can be created during practical procedures and be directly linked to the theoretical content.

Bossons et al (2012:208) indicate that educators have to be creative and innovative, using new ideas and having the abilities to identify ideal moments to create critical thinking and problem solving opportunities. The simulated learning opportunities in the simulation rooms prepare students for the clinical environment.

#### **5.5.2 Clinical environment**

Integrated findings indicated that there should be a supportive and trusting atmosphere in the CLE. This is the environment where WIL takes place. Students entered the CLE with expectations to master learning required for their future career.

The CLE differs from the classroom or laboratory settings in such a way that the classroom or laboratory can be controlled by educators, but the CLE not. The

unpredictable clinical environments make students vulnerable and support from educators and professional nurses are needed to allow students to attain the required learning outcomes. According to Hunt (2013:144), the placement of students in a safe environment is the responsibility of the NEI and educators.

#### ***5.5.2.1 Clinical support***

Participating students verbalised a need for support in uncertain and risky situations to reassure them with regard to nursing interventions with patients. Participants needed adequate support from the educators who should create opportunities where students could rely on the educators' capabilities and support. The integrated findings revealed that the role of student accompaniment could not be ignored. A one-on-one relationship among the educator, student and professional nurse was important for the student as an emerging professional nurse. Trusting relationships developed when the educators and professional nurses shared their knowledge and skills with students during clinical support and accompaniment. Chan and Ip (2007:678) mention that the CLE affects nursing students' behaviour, feelings and growth, and also emphasises the importance thereof for interpersonal, mutual respect and trust. Mannix et al (2009:63) remark that a challenge for education providers is to ensure that competent clinical educators are available during clinical placements of students. Weber (2011:418) states that trust is rooted in the interaction individuals have during face-to-face contact and trust initially emerges when a need cannot be met without assistance of another. In the current study the findings revealed that inputs of educators during accompaniment of students were to the benefit of students and trust emerged when students were supported.

Participating students experienced a lack of accompaniment from professional nurses. According to the participating educators, a lack of accompaniment to students is due to the professional nurses' belief that the educator should be solely responsible in the CLE for teaching and accompaniment. Adequate support and assistance from the educator and professional nurse during accompaniment built the self-trust and competence of students to apply their theoretical knowledge during WIL. Learning support increased respect and trust in the educator and professional nurse. According to Emanuel and Pryce-Miller (2013:19), support and trusting experiences of students during the clinical placement reduce anxiety within students. Mason and Lefrere (2003:265) argue that

with effective assistance and support to students, trusting relationships develop during learning opportunities.

The findings indicated that accompaniment and support from the educators and professional nurses to students created trusting relationships among them which reduced fear and anxiety within the students during WIL. Jones and Barry (2011:490) state that spending time together is a determinant of trust - not only a component, but an important factor and that trust within relationships is influenced by time. In the study of Sandvik et al (2014:290) findings support the notion that students should be in a caring and comfortable CLE with a strong student-preceptor relationship that promotes trust.

Participants viewed the demonstration of competence by educators, students and professional nurses was an important aspect of trusting one another. If role players were competent in cognitive abilities and skills, trustworthiness developed which created a sense of security in the interpersonal trusting relationship among them. Frowe (2005:45-46) explains that professional knowledge has two essential components namely, information (the facts that can be obtained in manuals and textbooks), and judgment which is essential for knowledge but cannot be taught directly like information. It is especially this latter component for which students depend on educators and professional nurses.

Participants indicated that quality accompaniment and support from the educators as important in enabling them to master the integration of learned theory and structural clinical experiences. The presence of educators in the clinical environment made it possible to point out the applicable theoretical content in the clinical environment. The integration of theory and practice made it possible for students to create scientific care plans and predict the outcomes of applied nursing interventions. Participating educators perceived the acquisition of information on the subject, concepts and principles as the foundation for learning in nursing. Students relied on knowledge and experiences to make suitable judgements with regard to nursing interventions. Internalising information promoted quality teaching and learning, critical thinking, and judgement, and supported the integration of theory and practice. Abovementioned findings are verified in previous studies. Themes in different studies portray that trust develops when educators spend time with students through accompaniment, assisting students with the integration of

theory and practice, and being a role model when supporting the students to develop clinical skills (Fotheringham, Lamont, Macbride & MacKenzie 2014:100; Maxwell et al 2015:41).

When educators and professional nurses support students in the clinical environment, an environment conducive to learning is created. Trust increased in the environment when students experienced caring and support to attain learning outcomes.

### ***5.5.2.2 Learning opportunities***

Participating educators expected students to acquire knowledge and skills and to apply these safely and with critical thinking in the CLE to enhance trust in the students. Therefore, applicable learning opportunities should be identified for quality teaching and learning. Emanuel and Pryce-Miller (2013:18) view a CLE as the appropriate place to provide students the opportunity to learn practical knowledge and gain practical skills. The CLE, such as hospitals, health department clinics and care settings, has been acknowledged as essential and central in nursing education, as these environments influence the quality of teaching and learning and afford the students the opportunities to attain their clinical learning outcomes by being actively engaged in patient care (Chan & Ip 2007:678; Elliott & Wall 2008:582; Koontz et al 2010:240-241). In the study of Barkhuizen and Schutte (2014:11) it was found that WIL improves students' self-confidence, self-concept and social skills which support improvement of practical knowledge and skills.

The integrated findings indicated that professional nurses must have expert practical knowledge and share the knowledge through teaching in the CLE. It was agreed that learning activities, such as unit rounds, were seen as good learning opportunities with the multi-disciplinary team, but when students were regarded as part of the workforce, their workload prevented them from participating in such quality teaching and learning moments. Participating students valued learning opportunities through which they could acquire new nursing skills and competencies in the CLE, especially when they received recognition, respect and support.

According to the participating students, the correct practical procedures students learned at the NEI could not always be applied in the clinical settings, and students

sometimes found themselves in situations in the CLEs where personnel prevented them from implementing and practising the correct procedures. The procedures were only performed correctly during assessments and this caused the students confusion, anger, frustration and tension. Students had a lack of trust in professional nurses' credibility and standards when professional nurses prevented the students to execute procedures correctly that would ensure quality learning outcomes and patient care.

According to Mannix et al (2009:66), the success of clinical teaching and learning depends on the experience and skills of the facilitator; the willingness of the professional nurse in the clinical facility to contribute to the teaching and learning experience, and the students' ability to grasp every learning opportunity during clinical exposure. Positive interpersonal trusting relationships will provide students with quality learning opportunities and positive experiences in the clinical environment (Allan, Smith & Lorentzon 2008:546; Dunn & Hansford 1997:1305; Mannix et al 2009:63).

The purpose of placement of students in the CLE is for the attainment of learning outcomes, which can be acquired through effective accompaniment by qualified educators or professional nurses, and appropriate and sufficient resources.

### **5.5.3 Resources**

Participants were concerned about the available resources. Frequently it was raised that the lack of educators and professional nurses affected nursing education. Resources refer to staff members, material, assets, stock or supplies of an organisation needed to function effectively (Oxford Dictionary of English 2010r, sv "resources"). Adequate support from human resources, sufficient technology and equipment enhance the trust in the teaching and learning in the nursing education environment. Cowin and Hangstberger-Sims (2006:67) state that the reality shock for nurses is due to unreasonable expectations in the workplace together with staff shortages and resource difficulties. The availability of human resources, technology and equipment creates an environment conducive to teaching and learning. The sub-categories of human resources and technology and equipments shall be discussed.

### **5.5.3.1 Human resources**

In this study human resources refer to educators, professional nurses and support personnel in the learning environments. Human resources are the personnel with specific skills and abilities who make up the workforce of an organisation (Oxford Dictionary of English 2010f, sv “human resources”). Participants viewed that human resources are a prerequisite for teaching and learning. The low educator-student ratio put demands on the educators and effective accompaniment could not be acquired. The shortage of professional nurses in clinical areas decreased clinical teaching and learning opportunities with the risk of students performing incorrect clinical procedures due to the demand to complete procedures within limited time. This resulted in an environment with a decrease in clinical support of students in their efforts to attain learning outcomes during WIL. Participants recommended that sufficient educators or preceptors should be appointed to provide quality student accompaniment. In the clinical environment, students should not be utilised as part of the working force. Participants indicated students felt vulnerable and this situation might put students at risk where professional nurses expected from the students to do procedures that do not fall in their scope of practice.

### **5.5.3.2 Technology and equipment**

In the context of the theoretical learning environment, technology and equipment refer to items such as projectors, manikins and anatomical models which support the classroom and simulation learning. Participants said educators have to depend on outdated technology. Equipment refers to items that are necessary for a particular purpose (Oxford Dictionary of English 2010d, sv “equipment”). Technology is the application of scientific knowledge such as machinery or equipment to use in practical settings (Oxford Dictionary of English 2010x, sv “technology”).

Participants were concerned that a lack of resources in classrooms limited the educators’ class presentations and participants expressed the need to use innovative and different kinds of teaching methods. The challenges for public multi-campus NEI were reported to be the lack of availability of equipment, internet and technical support in classrooms, simulation rooms and clinical environments to enable quality teaching

and learning in order to integrate theory and practice. Mitchell, Pilkington, Jonas-Simpson, Daiski, Cross, Johnston, O'Grady, Peisachovich and Tang (2016:66) investigated the experiences of educators in utilising e-learning and found that educators and students who were skilled embraced the creativity and learning through e-learning and network spaces to achieve transformation in higher education.

In the CLE, technology and equipment refer to the basic equipment needed for nursing activities and clinical skills development. Participants in the public multi-campus NEI voiced that there was a lack of effective equipment and technology in the clinical teaching environments. Participating students commented that the CLE should be a safe area where students would be able to practise the procedures that were demonstrated correctly, but a shortage of resources such as sterile dressing packs, impaired the students' learning. The lack of equipment in the clinical areas resulted in the inability to practise procedures correctly and often students had to improvise in terms of procedures, risking the possibility of causing harm to the patient. Concerns were voiced that the lack of equipment in the CLE put nursing standards at risk. The need of required equipment and resources was reported crucial for generating trust in the nursing programme.

Resources such as human resources, technology and equipment were identified as essential for an environment conducive to theoretical and clinical learning. Adequate resources are essential for effective teaching and learning opportunities with a view to maintaining the required standards in accredited learning environments.

#### **5.5.4 Maintain standards**

Participants emphasised the importance of standards in the theoretical as well as the clinical environments. In classrooms the expectations, such as about educators' preparedness and presentation of classes, should meet the required standards. Compiling tests and examinations must be done according to the standards of the school. The expectation of fair assessments was confirmed as participating students emphasised that assessments conducted by the educators should be consistently fair and according to the schools' standards. Standards also should be consistent among multi-campus NEIs in terms of content of subjects dealt with in tests, examinations and clinical assignments. Differences in educators' application of standards caused

confusion and resulted in students not trusting educators. Therefore, educators should strive for validity in all assessments, as inconsistencies in terms of nursing standards may cause a lack of trust within the teaching environment. The study of Bagcivan et al (2015:58) reports that students expect of educators to be objective in assessments.

Standards in nursing education are important in theoretical and clinical teaching and learning environments. The competencies of the educators, students and professional nurses were regarded as important for trust to support the expected standards and excellence. Castelfranchi and Falcone (2010:40) assert that standards are qualities with ideal properties which are fundamental for predictions and trust. Sellman (2011:195) refers to the educator as the professional person with practical wisdom who genuinely cares about practical standards. Hence, standard means to maintain excellence in nursing and allow students to engage with quality theoretical and clinical learning.

Participants expected that practical procedures taught in simulation ought to be standardised among the NEIs and in clinical areas. Similarity of procedures and standards support trust for educational purposes. Standards enhance and ensure the maintenance of professionalism in the nursing profession. In Hurley's 'Decision to Trust Model' (Hurley 2012:30), it is emphasised that similarities in behaviour in a specific context are a key factor in situations to ensure trust. Although similarity in Hurley's 'Decision to Trust Model' refers to sameness of individuals' personalities, it can be made applicable to similarity in standards in nursing education.

The findings indicated that differences in standards in clinical units and CLEs caused confusion and uncertainty among students. Participating students felt vulnerable if they had to implement procedures in a way that differed from what they had learnt, and when they had not succeeded to attain clinical learning outcomes. The inconsistencies among different clinical departments and in the implementation of procedures caused insecurity, uncertainty and confusion for students. Students in the study of Bagcivan et al (2015:58) indicated that they feared making mistakes in clinical practice. Participating students of the current study also expressed fear to make mistakes, and admitted to feeling exposed and vulnerable when it was expected of them to perform duties outside their scope of practice in the clinical areas. Standardisation provided students with a feeling of security and consistency, built their self-confidence and reduced doubt with regard to their learning outcomes. Feelings of security are important for trust as it is

emphasised in Hurley's 'Decision to Trust Model' (Hurley 2012:30) that security is an important factor for trust. Integrated findings indicated participants agreed that similar standards amongst the NEIs and clinical environments were fundamental to reduce vulnerable feelings and to ensure that students did not experience insecurities. Correlation and standardisation of procedures taught at NEIs and the implementation of these procedures in clinical environments also require to be practised.

In the learning environment where students need to attain expected outcomes, uniformity of standards is a requirement. To uphold uniformity of standards it is expected that the required resources should be available in the teaching and learning environments.

The outcomes of relationships among role players, expectations of role players and the teaching and learning environment can either be trusted or mistrusted.

#### **5.6 THEME 4: OUTCOMES OF TRUST OR LACK OF TRUST**

Participants viewed that trust among role players resulted in positive outcomes in nursing education. Trust and mistrust (lack of trust) are distinct constructs and mistrust is seen on the opposite side on the continuum between the two constructs. Trust is about openness and transparency, whereas mistrust is about withholding information. Trust contributes to productivity, whereas mistrust stops progress and has consequences for interpersonal relationships (Jones & Barry 2011:489; Jian, Bisantz & Drury 2000:71). However, betrayal is the exact opposite of trust and in any relationship which requires trust, the possibility of betrayal - a violation of human trust - always co-exists (Parse 2010:258; Samier 2010:9). Three categories were identified in the theme of trust or lack of trust in nursing education, as provided in Table 5.5.

**Table 5.5: Outcomes of trust or lack of trust**

<b>Category</b>	<b>Sub-category</b>
Values of trust	Self-trust and self-confidence
	Educators' efficacy influences students success
	Motivation and performances
Programme and student product trust	
A lack of trust and betrayal	

In a trusting environment values of trust, such as self-trust, trusting relationships, product and programme trust are present. Mistrust and betrayal are the consequences when there is a lack of trust.

### **5.6.1 Values of trust**

Participants indicated that the values of trust benefited the role players' self-trust, self confidence and motivation for better performances. In the trust relationships between educators and students both have positive experiences and gain benefits from trust. Trust is a prominent component of job satisfaction (Uhrenfeldt & Hall 2015:5), and trust results in positive outcomes with regard to the professional role (Dinç & Gastmans 2013:507). These positively related outcomes contribute to quality education and training. Self-trust and self-confidence of the role players are important values of trust.

#### ***5.6.1.1 Self-trust and self-confidence***

Participating students mentioned that when students experienced trust from educators and professional nurses they believed in themselves and self-confidence, as well as self-trust improved. When tasks were delegated to students to perform on their own, students experienced this as trust placed in them and that boosted students' self-confidence and self-trust. Students were open to approach problem situations on their own, taking delegated responsibilities and even the risk of performing certain nursing interventions, due to feeling being trusted. Having the educator or the professional nurse closely available encouraged students to take on responsibilities and this reassured them to approach the educator or professional nurse when problematic situations were encountered.

Self-confidence also may be linked to Bandura's Social Cognitive Theory (1986) in Van Vuren (2012:50), which defines self-efficacy as the 'belief one has in the ability to execute a specific task successfully'. In the study of Rowbotham and Owen (2015:564) it is reported that self-efficacy is critical for student motivation, for their learning processes and for maturation to become a professional nurse.

Participating students mentioned that students had faith in the educators and believed that students would master the necessary skills to exit as professional nurses. Students also expressed that confidence developed when they had to act independently. Self-trust was regarded as a prerequisite for acquiring theoretical knowledge and mastering its application. Acquired theoretical knowledge and skills support students' motivation and self-confidence. Lundberg (2008:86) emphasises that instilling confidence in students provides a foundation for gaining knowledge and mastering skills. A person who trusts some-one else should have confidence in the other person to have the abilities and intentions to produce a positive result based on the expectation (Mayer et al 1995:713). Trust differs from confidence, faith and hope (Sellman 2011:109). Confidence is thus distinguished from trust: Trust is internally and individually orientated, while confidence is externally oriented and system related (Sellman 2007:30; Weber 2011:417).

As explained in Section 5.3, trust is associated with beliefs. Students with self-confidence and self-trust believe in their own abilities to complete an assignment or procedure correctly. Repeated successes build self-confidence, perpetuating the drive or motivation to succeed (Lundberg 2008:86-87). Participants indicated that educators and professional nurses need to be aware of the importance of developing students' self-efficacy and self-confidence. Assignments and learning activities such as delegated duties and responsibilities support self-confidence externally and self-trust internally. Educators who belief in students' abilities motivated students for better performances and success.

#### ***5.6.1.2 Educators' efficacy influence students success***

Participating students indicated that when the educators believed in students, it served as motivation to students to improve their performance to prevent educators from being disappointed in them. The students believed that trust from the side of educators had a positive outcome on students' theoretical and clinical performances, and resulted in self-efficacy. Close, trusting relationships between educators and students were regarded important, because, they explained, educators who believed in students' abilities would motivate students to be determined to perform independently and better, that is, to promote self-efficacy. If educators continuously expressed positive beliefs in students'

abilities, desirable outcomes and expectations, students would be motivated not to disappoint educators.

Closely related to above-mentioned discussion of self-efficacy, Tournaki and Podell (2005:309-310) describe teacher efficacy as the belief the educator has about a students' learning. Educators with a high teaching efficacy are more likely to motivate students to be positive and attain their outcomes, than educators who have a low teaching efficacy. In this study educators with teaching efficacy were an important source of the motivation and better performances of students.

### ***5.6.1.3 Motivation and performances***

Participating students indicated that when educators trusted students, it created open relationships and communication. Students approached the educators with confidence when they needed academic and clinical support. Participating educators mentioned that if students trusted an educator, it was an enriching experience which built their own self-esteem, self-confidence, self-trust, motivation and satisfaction. Educators' self-worth manifested in the determination to create an atmosphere of caring and openness to support the students academically and personally.

Tschannen-Moran (2009:240) remarks that when a culture of trust prevails among educators, a stronger commitment to students exists, and they (the students) also benefit as the recipients of this trust. Organisational studies substantiate that trust contributes to commitment and productivity, and improves levels of performance and satisfaction (Jašková 2015:560). Contrary to this, mistrust decreases progress and performances (Jones & Barry 2011:489; Schmidt 2010b:16). Crosnow, Johnson and Elder (2004) in Holland (2015:247) are of the opinion that trusting relationships in an educational environment can increase higher academic achievements. The study of Légal, Chappé, Coiffard and Villard-Forest (2011:360) indicates that participants need trust messages, and these messages result in positive behavioural intentions and expressions. Participating students confirmed that trust enhanced the motivation of the students to perform better, to succeed in attaining outcomes, and they stated they did not want to disappoint the educators. Trust in students helped to increase the student pass rate, and students' personal and academic development which will empower them to be role-models in the profession in future.

In the context of nursing education, educators and students interact as a team. Schmidt (2010b:14) relates student achievements to trust, while the study of Costa, Roe and Taillieu (2001:239-240) indicates that trust in teams improves performances. The results indicate that a high level of trust in teams decreases stress between members, and increases satisfaction with and commitment to their relationship, which then proceeds to positive perception of performances and trustworthy behaviours. In nursing and nursing education, the team involved in teaching and learning are the role players. Findings indicated that trusting relationships among the role players in nursing education promote trust in the programme and product, as well as trust in the quality of teaching and learning.

### **5.6.2 Programme and student product trust**

Some participating educators expected that the programme for professional nurses should form the foundation of life-long learning and a commitment to life-long learning as a future professional. Participants had confidence in the programme in terms of the theoretical content and mastering clinical learning. The trust in the programme to them was a guarantee that their expectation would be realised to be trusted as professional nurses once they have successfully completed the programme. Participants agreed that all theoretical content could not be taught in the programme itself, but that a process of maturation and life-long learning would follow after completion of the programme. Real learning would further be supported in the clinical environment during the students' community service year.

In the results of a study by Dlamini, Mtshali, Dlamini, Mahanya, Shabangu and Tsabedze (2014:151-153), newly graduated nurses indicated that they were not ready for practice and gave as possible reasons inadequate preparation and a lack of support in the clinical environment. However, Ellerton and Gregor (2003:105) mention that newly graduates described themselves during interviews as "unready", but not "incompetent". A few participating educators who were concerned about the professional nurse as an end product, indicated that their point of view was due to a certain 'type' of student who entered the programme for the wrong reasons. Concerns were raised that students did not really develop and utilise critical thinking during the programme. However, on completion of the programme educators observed that the

newly graduated professional nurses' skills had improved. Other concerns were that students studied merely to pass subjects and that real learning and application of new knowledge seldom took place. These students were disillusioned when they entered the nursing profession. Cowin and Hengstberger-Sims (2005:60-61) confirm that the disillusionment of the new graduate is a reality shock, and Duchsher (2008:443) describes new professionals' roles as a shock and disillusionment.

The nursing programme which leads to the registration as a professional nurse is viewed as a foundation for nurses to acquire cognitive, affective and psycho-motor skills. Mastering these skills provided a trusted foundation for future continuous development of the professional nurse. To become trusted and competent newly graduated professionals, students need professional credibility and attributes of trustworthiness, as well as knowledge and skills.

### **5.6.3 A lack of trust and betrayal**

Participating educators revealed that unacceptable characteristics of students caused a lack of trust in specific student nurses. Aggressiveness, the inability to manage emotions, manipulative behaviour, inappropriate ways of expression, inappropriate behaviour and the tendency to abuse alcohol and drugs were mentioned as behaviour which caused mistrust. Educators were concerned about these undesirable characteristics which they regarded as risky and inappropriate for nursing. Inadequate competencies, a lack of attributes of trustworthiness and no professional finesse were added to a lack of trust in those students. Such results were similar to the findings of Killam et al (2011:437) who conducted an integrative review about students contributing to an unsafe nursing environment. The findings of their study indicated that undesirable characteristics of students, such as those mentioned above, were those which caused unsafe nursing environments and which could be linked to students who could harm the image of nursing as a profession. Unacceptable behaviour includes ineffective interpersonal relations, poor communication skills, lack of cognitive abilities and skills incompetence, and an unprofessional image displayed by inappropriate attitudes, behaviour and a lack of accountability. Duchscher (2008:446) concludes that inappropriate behaviours of students should be identified to provide special support. If behaviours remained unacceptable, the students ought to be regarded as unsafe practitioners.

When a lack of trust and self-trust and ignorance are experienced in the CLE, it affects students' self-confidence. Fear could result in self-doubt and prevent students from taking initiative with regard to clinical activities. If students in the clinical environment experienced excessive supervision and were not trusted to perform any nursing activities, it was regarded as a lack of trust in their abilities. Bolzern-Konrad (2015:348) points out that trust takes time to develop, but it can be broken very rapidly in case of disappointment. Lundberg (2008:87) indicates that students with a lack of self-confidence present behaviour such as continuous deferring skills opportunities to other students, demonstrating a lack of involvement in the clinical activities, poor performances and an excessive dependence tendency. In addition, Duchscher (2008:446) states that newly graduated professionals experience excessive supervision as distrust in their abilities.

Participating students mentioned that when students disclosed private issues to educators and the educators did not keep the information confidential, students viewed it as betrayal. Feelings of derogation and betrayal emerged if such situations were encountered. A serious concern was that, if educators had close friendships with certain students and favoured some students above others, students doubted their ethical behaviour and professionalism. Holton (1994) in Sellman (2011:117) states that if one relies on another and does not achieve expected outcomes, feelings of betrayal occur. Milton (2011:207) confirms that one betrays another's trust with the violation of human dignity, while Samier (2010:10) describes betrayal as the failure to fulfil the accepted and expected standards.

A lack of trust in professional nurses was caused by a number of unacceptable behaviours. Unethical conduct, such as a lack of caring for vulnerable patients, inadequate application of theoretical and clinical knowledge, neglecting the professional role and responsibilities of a caregiver, and a lack of attributes of trustworthiness were regarded with doubt and mistrust. This corresponds with Dinç and Gastmans's (2013:507-509) variables which prevent the development of trust in professionals in the clinical environment. In addition, Brammer (2008:1868) agrees that if students identify those registered nurses delivering poor, unsafe and unprofessional services which do not comply with expected standards, it results in negative clinical learning experiences which affect the students' confidence.

The consequences of trust and a lack of trust were discussed. Positive outcomes are related to trusting relationships, while a lack of trust and betrayal are linked to negative outcomes.

## **5.7 CONCLUSION**

In a teaching and learning environment the role players are involved in trust and trusting relationships. Trusting relationships develop from self-trust and interaction among role players. Satisfying the expectations of role players builds interpersonal trust. Competencies, professional credibility and professional virtues are building blocks for trust among role players. In the teaching and learning environment theoretical teaching of content is taken care of, while skills are mastered in the clinical environment. The maintenance of consistency and standards in the teaching, learning and clinical environments was regarded important to ensure trust in teaching and learning. Human, physical and other resources, equipment and stock were regarded as essential to ensure an environment conducive to the teaching and learning. Trust in nursing education resulted in positive learning experiences and achievement of students, but a lack of trust had negative effects on the educators and students. From the synthesised data discussed in this chapter, the researcher developed a model for trust in nursing education.

The steps of model development will be described in Chapter 6.

## CHAPTER 6

### DEVELOPMENT OF THE MODEL

#### 6.1 INTRODUCTION

In the previous chapter, the findings of the educators' and students' views were discussed. This chapter focuses on the development of a model for trust in the nursing education environment. The steps followed in developing the model and the components of the model are described. The evaluation and refinement of the model will be discussed at the end of the chapter.

#### 6.2 METHODOLOGY OF MODEL DEVELOPMENT

The purpose of the research was to explore the views of the educators and students regarding trusting relationships and trust in teaching and learning in order to develop a model for trust in the nursing education environment. A qualitative approach and grounded theory design were used. The background to the model development can be summarised as follows:

- Grounded theory is a subjective approach to knowledge development, due to the involvement in the subjective world of participants (Charmaz 2014:240). The researcher acted interpretively to understand the phenomenon that enabled the development of the model.
- This model was built on a constructive grounded theory design as suggested by Charmaz (2014) in which both the researcher and participants co-construct meaning during data collection and analysis (Alemu et al 2015:523).
- The model for trust in the nursing education environment was constructed through inductive reasoning, which aimed at compiling a substantive and a credible model from the findings regarding trust in nursing education (Birks & Mills 2011:11).
- Grounded theory is interpretive and inductive, thus this model development was not according to the traditional research and did not start with a detailed literature review (Davies et al 2011:81; Kenealy 2012:408; Sinkovics & Alfoldi 2012:112).

Relevant literature was reviewed and applied concurrently during data collection and after data saturation.

- According to Mills et al (2006:7), the reconstruction of a grounded theory model has its roots in the visibility of the text to make clear connections between analytical findings and the data from which they derived. In this model for trust the views of the participants were described in the most trustworthy way possible in Chapters 3, 4 and 5 in order to establish noticeable links between concepts.
- The three coding phases, namely initial, focused and theoretical coding were used, which entailed a process of synthesis (Charmaz 2014:137).
- Walker and Avant's (1995:55-66) steps of concept synthesis and the development of a substantive theory have similarities with the coding phases of Charmaz (2014). Both are based on reduction processes to show and identify the properties of final concepts.
- This model is substantive because substantive theories derive from a specific context and can be applied to similar settings (Holloway & Todres 2006:201; Streubert & Carpenter 2011:128).
- Five components gave structure to the model which derived from inductive reasoning and concept synthesis (Hardy 2012:313). The components of the model (Section 6.2.2) give a holistic picture of the newly developed model for trust in the nursing education environment.

### **6.2.1 Process of model development**

Walker and Avant's (1995:58) description of concept synthesis was used by the researcher to construct a model by means of a grounded theory design. Concept synthesis is an iterative process with steps as discussed below:

- Iterative means the process was cyclic, that is, the steps were going forward and backwards until data saturation was achieved.
- The researcher became thoroughly familiar with the data which included all interviews, literature reviews, field notes and memoing.
- After data saturation, the two sets of data, namely the findings of the face-to-face interviews with educators and focus group interviews with students were reduced

through identification of concepts, and then the concepts were clustered and combined into categories and sub-categories (see Annexure L).

- Categories and sub-categories were compared until concepts had been reduced to an accurate description of the phenomenon (see Annexure M).
- The next step of concept synthesis was to verify the concepts. During the verification process the researcher consulted participants, colleagues and supervisors. Constant comparisons of concepts and the integration of literature served as verification and triangulation processes until no new concepts emerged (see Annexure N).
- The final step of concept synthesis was to determine if the new concepts fitted into the existing model in the substantive area.

## **6.2.2 Components of the model**

The model has five components, namely the frame of the nursing education environment, professional relations, expectations of the role players in nursing education, creating a conducive teaching and learning environment, and, finally, trusting relationships and trust in quality teaching and learning. These components are related to one another and the outcome of the model. The construction of the model relates to the initial problem statement and expected outcome of this study.

## **6.2.3 Relational statements**

Hardy (2012:317) indicates that with the construction of a model, the researcher has to specify the relationships between the components. The relational statements of this model are:

- Professional relations in nursing education depend on the interaction and relationships among the role players, namely the educator, student and professional nurse.
- Self-trust of each role player is the foundation of trusting relationships in nursing education.
- Trusting relationships develop with interaction among role players.

- The presence of professional credibility among role players establishes trust and includes attributes of trustworthiness and professional conduct.
- The evidence of competencies, cognitive abilities and skills of role players establishes trust.
- Professional credibility and competencies have sharing properties such as professional virtues and congruency of the role players.
- Suitable resources and academic support promote an environment conducive to the theoretical teaching and learning environment.
- Suitable resources and clinical support promote an environment conducive to clinical teaching and learning.
- The theoretical and clinical teaching and learning environments share properties of learning opportunities and the maintenance of standards.
- Compliance with the expectations of role players promotes professional relationships among role players, as well as trusting relationships and trust in the newly qualified professional nurse.
- Environments conducive to teaching and learning promote professional relationships among role players, trust in the programme and trust in quality teaching and learning.
- Self-trust and trusting relationships among role players establish self-confidence and enhance motivation for better performances.
- Professional experience of role players in an environment conducive to teaching and learning establishes trusting relationships and trust in the quality of teaching and learning.

Above-mentioned relationship statements will be explained in the description and discussion of the model.

### **6.3 DESCRIPTION OF THE MODEL**

A model is a symbolic depiction of the reality (Brink et al 2012:26) and Nye and Berardo (1966) in Fawcett (2004:88) define a model as a “set of concepts and those assumptions that integrate them into a meaningful configuration”. Brink et al (2012:26) explain a model as a schematic representation in which symbols or diagrams indicate the relationships between the phenomena. This model has been developed from

abstract concepts and narrative descriptions and is presented indifferent diagrams and colours with symbolic meanings.

### **6.3.1 Model presentation**

The model is presented in a manner which enables one to identify and understand the components, relationships among components, themes, categories and sub-categories. It has been constructed in such a structurally 'true' way to reflect its relevance in reality. The schematic presentations and colours have the following symbolic meanings:

#### ***6.3.1.1 The meaning of the shapes***

- This model is embedded in a rectangular frame, representing the nursing education environment which includes the theoretical and clinical teaching and learning environments. This frame includes all role players involved in the interactions among role players during theoretical and clinical teaching and learning activities.
- According to Cousins (2013), a circle is about perfection with completeness, energy, power and in harmony with the environment. The inside of the circle is secured by the surrounding edges. Beyer [s.a.] indicates that circles represent comprehensiveness, unity and infinity. A circle does not have a beginning or an end. Circles are protective symbols, keeping the inside safe from influences from outside the circle (Skau 2012).
- The central inner circle of self-trust represents the role players' internal trust.
- The educator, student and professional nurse in the centre circles are linked to each other with interactive arrows, which indicate that there are mutual interactions between them.
- The circles around the self-trust and role players represent the rotation of the role players. These circles can rotate clockwise or anti-clockwise, which symbolises that each role player has an equal chance on alignment with any other surrounding circles.
- Venn diagrams are circles which overlap, which indicates sharing properties of the circles. This illustrates simple relations between different concepts and properties of the model (Skau 2012). In this model Venn diagrams to the left and right sides are placed separately in rectangles. The overlapping of circles

highlights shared properties, but in the final diagram, both lateral sides support the centre circle to accentuate equilibrium in nursing education.

- The Venn diagram to the left side of the model represents professional credibility, competencies, professional virtues and congruency.
- The Venn diagram to the right side represents an environment for theoretical and clinical teaching and learning with learning opportunities and standards.
- The circles in the Venn diagrams indicate categories and sub-categories.
- The overlapping of the circles in the Venn diagrams illustrates sharing properties and similarities in this model.
- The half circles in both Venn diagrams overlap in three areas and symbolise the need for the continued presence of important sharing properties.
- The six arrows on the lateral sides of the centre circles indicate the interaction between the centre circle and lateral circles.
- The two bended pillars below the centre circles connect thyself-trust and relational trust with arrows to the final outcomes. The pillars and arrows represent supportive structures and offer an indication of the final outcomes of this model.

### ***6.3.1.2 The meaning of colours***

The colours in this model have specific meanings, but the colours will not be identifiable on black and white copies.

- Grey is stable and controlled with conformity and calmness. Grey refers to reliability, maturity and responsibility (Understanding ... 2009). The nursing education environment in the grey rectangle symbolises that it is a holistic environment where role players can rely on stability during education and training of professionals.
- The light orange relates to communication with energy, confidence, enthusiasm and balance (Understanding ... 2009). Light orange encourages self-respect and respect of others. Orange refers to balanced professional relations in nursing education that encourages self-respect and respect to role players.
- Yellow is in the centre and produces cheerfulness and enthusiasm. Yellow stimulates challenges, mental activities, intellect and energy (Understanding ...

2009). Yellow is offering hope and inquisitiveness which awakes confidence and optimism. Yellow is associated with abilities of analytical and critical thoughts which are related to the ego and self-worth. Yellow represents the self-trust of role players which stimulates them to take challenges with confidence. Yellow links with life-long learning and acquiring knowledge.

- Blue is associated with depth and stability which symbolises loyalty and trust (Understanding ... 2009). Blue represents virtues such as faith, wisdom, intelligence, integrity, loyalty and truth. Blue symbolises reliability and responsibility with supporting qualities of caring and trusting relationships. There are four different shades of blue on the left side of the model that indicate the theme, categories, sub-categories and sharing properties related to the expectations of role players for trust among role players.
- Green is the colour nature which symbolises growth, harmony, freshness and fertility (Understanding ... 2009). Green relates to stability and endurance as well as compassion and nurturing. The four different shades of green in the model indicate the theme, categories, sub-categories and sharing properties related to an environment conducive to promoting growth and creation of an environment where optimum teaching and learning can be achieved.
- Turquoise represents stability (Understanding ... 2009). The turquoise between the left and right Venn diagrams controls stability and creates emotional balance. When the yellow in the centre is mixed with the blue shades from the left Venn diagrams it radiates peace and calmness. Mixing the centre of yellow with the green shades from the right Venn diagrams balances growth and inspirational energy. The turquoise around the role players indicates stability when the relations trust circle rotates and role players align with any circle in the Venn diagrams.
- Darker orange in the bottom oval represents the energy and action which are associated with willpower, desires, determination and passion. Orange signifies leadership qualities which are supported by assertiveness, confidence and vigour (Understanding ... 2009). The outcome is represented by dark orange when a professional nurse exits as a leader with willpower for life-long learning.

The meanings of shapes and colours are described in the five components which will be discussed subsequently.

### **6.3.2 Nursing education environment**

As defined in Chapter 1, Section 1.6.9, the nursing education environment refers to the conditions and physical areas where teaching and learning of nursing knowledge and skills can be acquired. In nursing education students are exposed to learning opportunities to integrate theoretical and practical knowledge in the theoretical or clinical teaching and learning environments. In the nursing environment, the educator, student and professional nurse are interacting with each other to ensure teaching and learning.

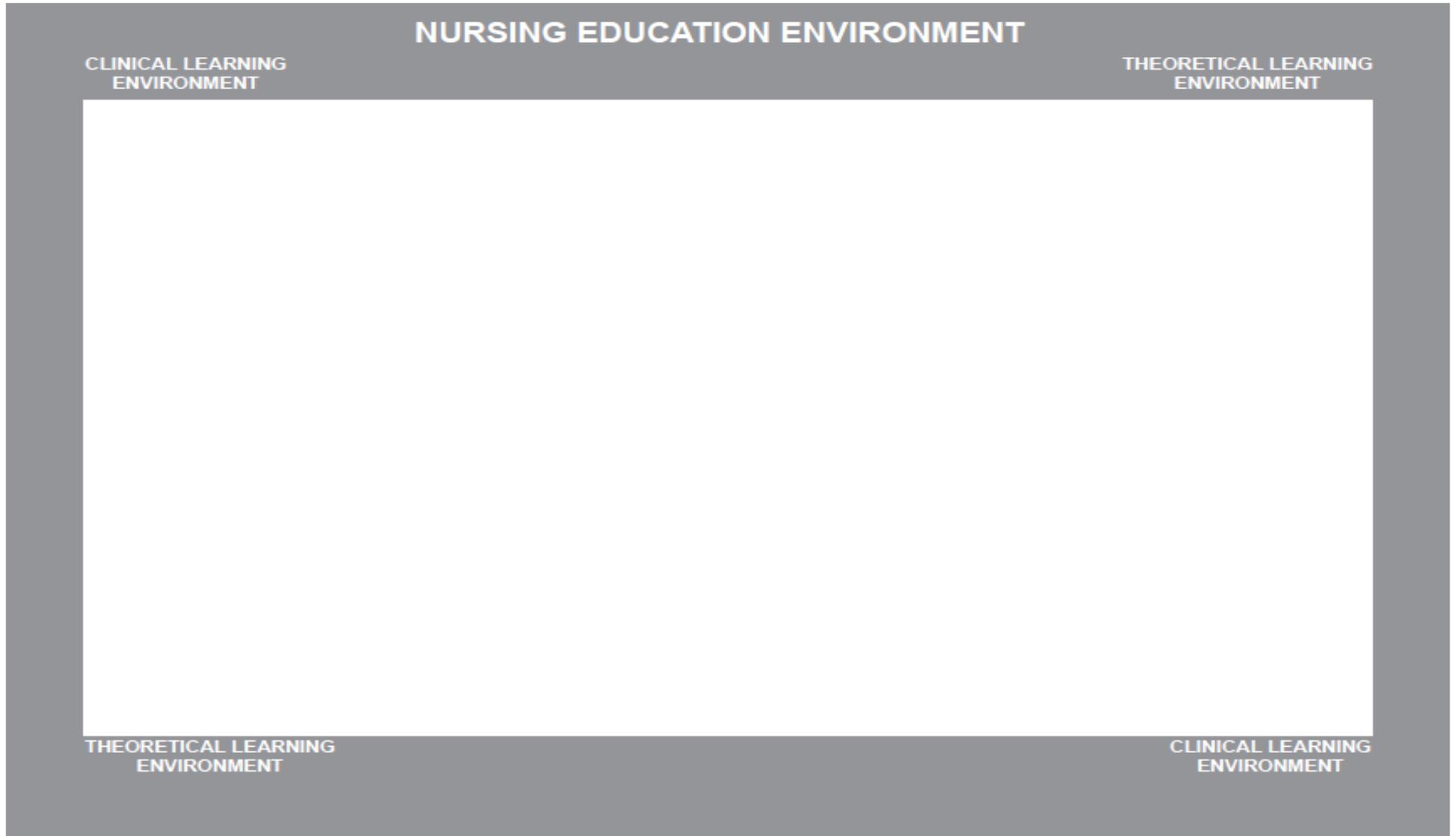


Figure 6.1: Nursing education environment

In Figure 6.1 the grey rectangle of the nursing education environment is broad and accommodates all role players involved in the functioning of nursing education. The nursing education environment includes the physical environment or infrastructure of the NEI where social interactions among role players support teaching and learning opportunities. The NEI's environment is not limited to the theoretical environment for teaching and learning, but it extends to the various accredited clinical areas that support WIL of students. Requirements should be in place before accreditation of a NEI, such as the programme, theoretical and clinical environments.

One of the roles of the SANC is the accreditation of NEIs' programmes, including the theoretical and clinical environment. The accreditation includes alignment of all processes, such as the vision, mission, policies, teaching strategies and assessment methods. Accreditation of NEIs is compulsory in terms of legislation, namely the Nursing Act, Act 33 of 2005 (South Africa 2005:s 42). Kotzé (2013:57) explains that a NEI's primary aim is the provision of a secure and appropriate environment in which nursing education can take place optimally to deliver efficient professional nurses who will cope confidently in a healthcare team. To create an environment for excellence, role players' cohesion and collective goals for education and learning need prioritisation. Chaska (1990) in Kotzé (2013:57) explains that the accomplishment of such an environment can be realised by implementing effective value systems, visions, empowerment, effective communication and adequate resources. In Figure 6.1, the grey rectangle represents the holistic environment of nursing education. It includes all processes and activities to promote teaching and learning with the effective relationships among role players.

### **6.3.3 Professional relations**

Professional relations are placed in a rectangle (Figure 6.2) and the centre circle represents self-trust. Around the centre circle the arrows indicate professional interactions among the role players. The study of Macko, Malawski and Tyszka (2014:49) confirms that trust as a belief has an impact on trusting behaviour. Kotzé (2013:56) is of the opinion that the construction and establishment of relationships develop within oneself. The ability to consider oneself as worthy, having self-respect and appreciation, grows from inside oneself.

# PROFESSIONAL RELATIONS

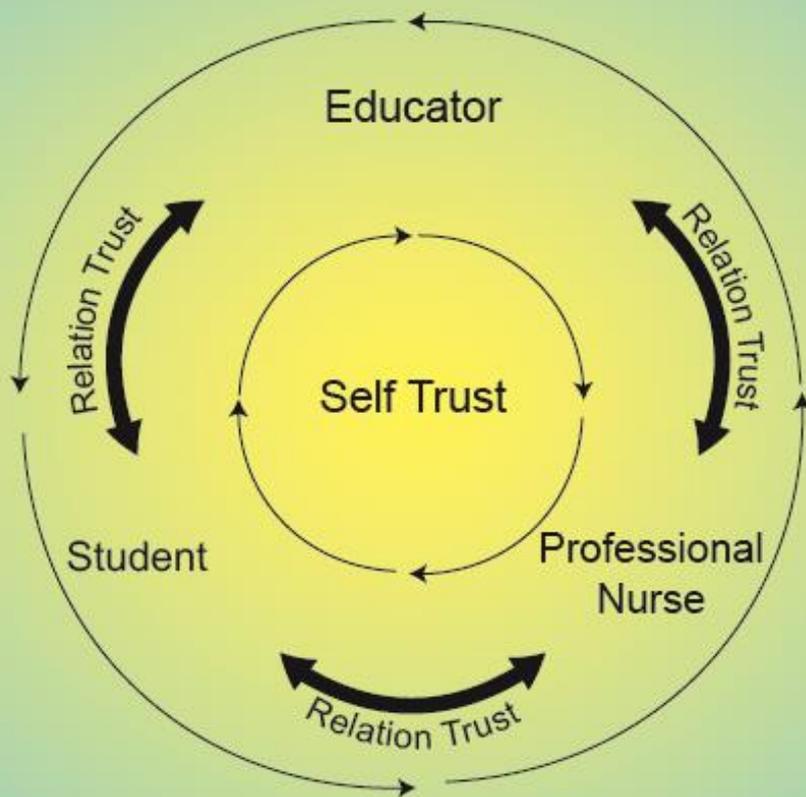


Figure 6.2: Professional relations

In Chapter 5, Section 5.3 describes the role of professional relations in nursing education. In nursing education trust and trusting relationships originate from the acknowledgement of self-trust and relationship trust among the role players. Interaction among role players creates loyalty for the expected outcomes in nursing education. Caring and nurturing attitudes with dignifying norms and morals involve internal processes that move externally when applied to others.

Thus, in this model the core of trust and trusting relationships is found in self-trust. The establishment of self-trust flows to trusting relationships among role players.

### **6.3.3.1 Self-trust**

Self-trust refers to the personal and professional trust role players have in their own competence relating to the acquired knowledge, emotional or affective and practical skills. As described in Chapter 5, Section 5.3.1 and the first wave of Covey's (2006:41) 'Five ways of Trust Model', the origin of trust lies within the person and the personality of each person. As Covey (2006:54-55) indicates, self-trust and confidence depend on a person's integrity, intent and capabilities which give the role players credibility. According to Kotzé (2013:56), trust does not develop from the observation of competence, credibility and integrity, but from the belief and enthusiasm about the task and commitment to achieving the outcomes of education and training.

The model acknowledges self-trust as a centre priority before the next levels of trust can develop. Role players start believing they are worthy in their respective roles of teaching and learning. Self-trust deals with role players' confidence, beliefs and motivation for achievement of the purposes or goals in the context of nursing education. The importance of self-trust ensures the reliance on role players' integrity, willingness for risk taking by trusting another role player, adjusting to situations and relying on the actions of another role player. Figure 6.2 portrays self-trust as the centre of the model and role players around it are directly linked and influenced by self-trust. Role players' self-trust promotes the enthusiasm, beliefs, optimism and accepting challenges to relationship trust confidently. In Figure 6.2 self-trust is the yellow core and radiates trust from the centre to the surrounding relationships trust. Without self-trust, relationship trust will not be stable but in the presence of self-trust, relationship trust will develop.

### **6.3.3.2 Relationship trust**

Relationship trust is the belief that one can rely on another person for goodwill. Goodwill is important (Chapter 5, Section 5.3.2) among role players in their relationships and activities during the nursing education programme of a professional nurse. Mutually trusting relationships follow from self-trust among role players (Figure 6.2). Trusting relationships are part of the core of this model.

The *second wave* of Covey's 'Five waves of Trust Model' (2006:34) is about 'relation trust', which is a key principle. SANC (2014:2) states that educators should develop working relations with students and clinical personnel to promote an environment conducive to learning.

Figure 6.2 demonstrates that role players are interacting and mutually connected to each other for the duration of teaching and learning processes. The centre indicates rotation and mobility. The position of the role players can rotate either clockwise or anti-clockwise.

The professional relations component is placed in the centre of the model and is connected to the lateral sides and the final outcomes at the bottom of the model. The centre placement indicates the relationships with the teaching and learning environment and the outcomes. On the left side, professional relations are related to the expectations of role players in nursing education, which contributes to the development of self-trust and relationship trust among role players.

### **6.3.4 Expectations of the role players in nursing education**

In Chapter 5, Section 5.4 the expectations of role players were described. Figure 6.3 indicates the component, expectations of role players. Four shades of blue represent the theme, categories, sub-categories and sharing properties. The expectations of role players are illustrated in a rectangle with a Venn diagram, and include professional credibility and competencies. The overlapping area of the circles and half circle indicates sharing properties. In nursing education professionalism and competencies are important domains for nursing. Without evidence and reassurance of competencies and professional credibility, trust will be affected among the role players.

# EXPECTATIONS OF THE ROLE PLAYERS IN NURSING EDUCATION

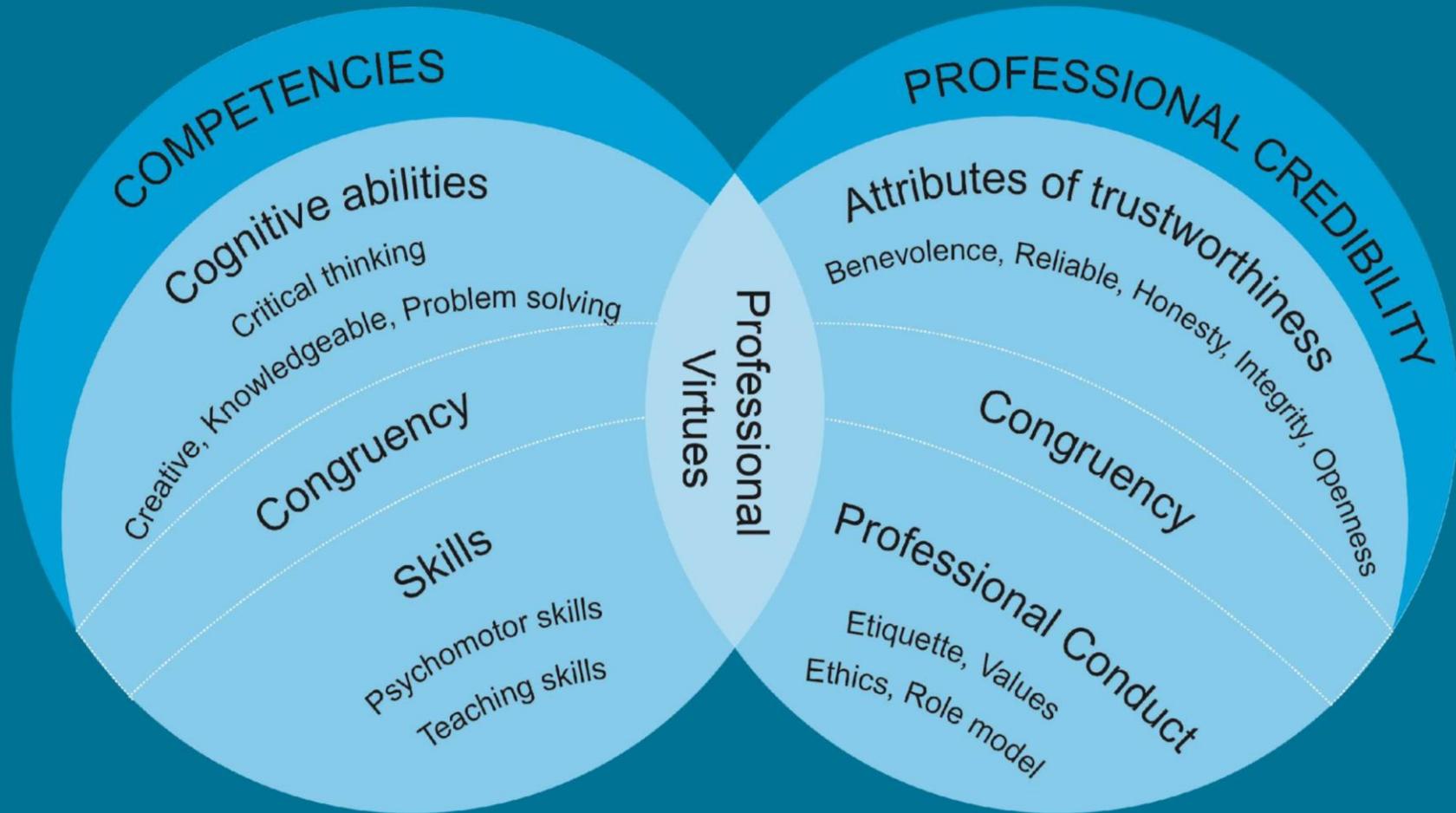


Figure 6.3: Expectations of the role players in nursing education

### **6.3.4.1 Professional credibility**

Covey (2006:90) remarks that credibility is a prerequisite for trust; however, credibility is part of self-trust and includes integrity, intentions, abilities and results. Figure 6.3 illustrates a Venn diagram and the top circle represents professional credibility that includes attributes of trustworthiness and professional conduct of the role players.

#### **6.3.4.1.1 Attributes of trustworthiness**

According to the SANC (2014:2), personal attributes of educators include caring, confidence, patience and integrity. Trust relies on the identification of trustworthy qualities of the person. Macko et al (2014:50) link beliefs of trustworthiness with altruistic motivations and these altruistic motivation and beliefs in trustworthiness influence trusting behaviours. In this component, trusting relations among role players originate in the evaluation of caring, reliability, honesty/integrity and openness. The more these attributes are observed, the more trust and trusting relations are likely to grow. SANC (2013:4-5) emphasises ethical principles such as justice, maleficence, beneficence, veracity, fidelity, altruism and caring to be upheld by any nurse practitioner in a nursing context. Figure 6.3 indicates attributes of trustworthiness, such as benevolence, reliability, honesty, integrity and openness as important for trusting relationships.

Benevolence is the responsibility of role players to be concerned about the welfare of another. Benevolence includes intentions and motives of caring. Chapter 5, Section 5.4.2.2.1 described the importance of benevolence. With goodwill the educators ensure optimum learning opportunities for students. Students' positive intentions regarding nursing and patient care are supporting benevolent attributes. The professional nurses' intentions and motives for quality patient care and caring to students during WIL promote beliefs of goodwill in professionals. Covey (2006:78-81) states that motives inspire the greatest trust through genuine caring. SANC (2014:5) integrates values of respect, professionalism and caring for the development of students as core competencies of educators. Caring actions of role players send messages of reliability.

Reliability is demonstrated through consistency in behaviours (Tschannen-Moran & Tschannen-Moran 2010:41). Consistent behaviour inspires confidence and it assures

reciprocal dependence and reliability (Chapter 5, Section 5.4.2.2.2) among the role players. The reliability among role players is reflected in their behaviours. Educators' and professional nurses' consistency and constant support of students foster reliability and trust. Students are motivated when they observe academic and clinical participation as such participation creates an image of reliability.

Marshall et al (2013:1430) link trustworthiness to honesty and integrity, and view it as the most important component of credibility. Honesty and integrity are the degree to which role players adhere to and expect principles that are acceptable to one another (Chapter 5 Section 5.4.2.2.3). This leads to trust and trusting relations when consistency of intentions, behaviour and fairness are experienced. It demonstrates congruency in one another's intentions and actions. Theart and Smit (2012:1) explain that in the context of teaching and learning, academic integrity requires honesty of students during assessments, assignments, examinations and practical records. Honesty and integrity also are important for the professional nurses in their daily activities with patients and facilitation of learning of students. The role players' reciprocal goodwill and honesty in an open atmosphere will foster trust.

A key aspect of trustworthiness is openness (Chapter 5 Section 5.4.2.2.4), which is important when individuals seek information or support. The experiences of the individual mean that he/she can be trusted to provide the required information and be transparent in all intentions and actions. Openness refers to approachability, a friendly characteristic which supports trust (Marshall et al 2013:1424). All role players have to be fair and open, which means being transparent in all processes. Role players respond positively to each other when they view fairness, openness, approachability and congruencies between intentions and behaviour.

Attributes of trustworthiness promote trusting relationships among role players through frequent interaction and be congruent with role players' intentions and behaviours.

#### *6.3.4.1.2 Professional conduct*

Attributes of trustworthiness are the foundation for professional conduct, which entails the visible characteristics of the role players. Congruency links attributes of trustworthiness and professional conduct.

According to the SANC's Code of Ethics (SANC 2013), role modelling and visibility of professional conduct in role players build trust among role players. The SANC (2014:7) requires from the educators to demonstrate professional integrity, ethical practices and conduct. All role players (SANC [s.a.]:14) should adhere to the code of ethics and standards of the profession. Continuous integration and application of ethical principles develop professional trust (Thomas, Crabtree, Delaney, Dumas, Kleinpell, Logsdon, Marfell & Nativio 2011:4), and professional behaviour with attributes of trustworthiness determines from whom one can seek and receive credible information (Marshall et al 2013:1430). Trustworthy professionals should act with integrity and according to ethical codes (Kenny 2007:14). Professional conduct forms part of professional socialising where competent role models play a key role in learning (Dinmohammadi et al 2013:32). Theart and Smit (2012:7) explain that academic integrity is about students' ethical behaviour with the expectation of acquiring knowledge and skills to provide quality nursing care.

Professional conduct (Chapter 5, Section 5.4.2.3) is the visible part of personal and professional values, etiquette and role modelling in the teaching and learning environment. Professional conduct provides professional credibility to role players. The role players' behaviour should model the accepted and credible actions as expected from each other. This is a reciprocal expectation to act and engage in nursing etiquette to demonstrate professional conduct.

Professional credibility is illustrated in a circle and overlaps with the circle of competencies. The overlapping of the circle in the Venn diagram indicates that there are shared properties with regard to the expectations of the role players.

#### **6.3.4.2 Competencies**

Covey (2006:31) states that character and competence are vital to trust and capable people are credible (Covey 2006:92). Covey's 'Five waves of Trust Model' (2006:94) depicts the capabilities as talents, attitudes, skills, and knowledge and style of a person. Chapter 5, Section 5.4.1 described the expected competencies of the role players. The Venn diagrams in Figure 6.3, illustrate the competencies, which include cognitive

abilities and skills as important expectations of trustworthy role players in nursing education.

#### 6.3.4.2.1 *Cognitive abilities*

Cognitive abilities refer to basic knowledge, expert knowledge for a specific subject, cognitive processes and creativity as important requirements for mutual trust among role players. The SANC (2014:2) states that the educators' knowledge and professional practice are critical to help students for the current nursing practices. In this component, the educator, student and professional nurse should have the abilities of mastering knowledge, critical thinking, problem solving and creativity. Thomas et al (2011:2) mention critical analysis of data, as well as the ability to use theoretical knowledge to improve nursing practices and outcomes as core competencies of nursing practitioners. Cioffi (2012:424) maintains that experts in nursing rely on their skills, knowledge and problem solving abilities in a creative and proficient manner. Educators also ought to keep themselves abreast and updated with the latest developments in nursing, whether in the classroom or clinical environment (Morgan 2012:272).

Figure 6.3 illustrates the cognitive abilities, such as critical and reflective thinking, which are expected from all role players in nursing education. Role players ought to be creative, demonstrate cognitive abilities such as clinical reasoning, problem solving and critical thinking. The expectations differ depending on the specific role player; for instance, the educator should have advanced cognitive and expert abilities; the professional nurse should be an expert in clinical competencies; and the students' must have the required cognitive abilities for their level of training and cognitive developing processes (Chapter 5, Section 5.4.1.1). These cognitive abilities are the foundation for life-long learning and development of role players. Updating of knowledge is not only applicable to educators, but is of essence for the student and professional nurse as well. In this illustration, cognitive abilities form the foundation for skills development of role players.

#### 6.3.4.2.2 *Skills*

Cognitive abilities share properties with skills. In the absence of cognitive abilities, the expected skills will not be achieved. In Figure 6.3, 'congruency' links cognitive abilities

and skills of the role players. Cognitive abilities are not directly observable such as skills, but they form the foundation of the visible skills.

The SANC (2014:2) requires educators' competencies to be applied effectively in facilitation of learning. Educators should be enthusiastic in order to motivate students through utilising different teaching skills. The teaching skills of educators promote transfer of knowledge to students (Southern Regional Education Board 2002:8). The SANC ([s.a.]:33) purports that a skilful educator with recognised approaches and teaching methodologies, support student learning opportunities and enable the required outcomes of knowledge, skills and attitudes in nursing. Specialised skills are not only required of the educator, but of the professional nurse as well. Gemberling et al (2011:326) indicate that in the presence of the expertise of a clinical specialist, students' learning experiences and opportunities benefit invaluablely. Students experience the best learning opportunities in the presence of clinical specialists. Nieminen, Mannevaara and Fagerström (2011:661) contend that the clinical competencies of professionals always should be comprehensive in different fields.

As is depicted in Figure 6.3, skills include the expected clinical abilities, and social and interpersonal skills of role players. The expected skills will develop optimally in trusting relationships among role players as trust contributes to enhanced teaching and learning. The concept 'clinical credibility' refers to the clinical position, experience and approachability of an individual for another to seek information (Bradbury-Jones 2011:1506; Marshall et al 2013:1429). In this component of the model, educators and professional nurses must be clinically credible and experienced with appropriate knowledge, psychomotor and teaching skills. Students ought to have expected psychomotor skills to execute nursing procedures (Chapter 5, Section 5.4.1.2 & 5.4.1.3). Morgan (2012:273) remarks that expert practice, behaviour and attitudes play a crucial role in educators' and professional nurses' achievement and maintenance of clinical credibility. Hence, sharing of properties in terms of knowledge, skills and professional conduct is required for clinical credibility. These shared properties are illustrated in the overlapping of the circles in the Venn diagram. The shared properties of knowledge and skills contribute to the integration of theory with practice; therefore it is connected to congruency in the half circle.

Skills as portrayed in the component are part of the expected competencies of role players and share properties of professional credibility. Cognitive abilities support the visible skills, while professional conduct arises from the attributes of trustworthiness. These expectations are important virtues of the role players. Professional virtues are illustrated in the Venn diagram as the area overlapping sharing properties.

#### **6.3.4.3 Professional virtues**

Figure 6.3 illustrates the expectations, including competencies and professional credibility, of the role players. Frederick (2012:14-15) indicates that Aristotle refers to virtues as 'intellectual virtues' and 'virtues of character' which include knowledge, proper conduct and skills. Lim (2013:10) argues that nursing is a virtue; it is a science and an art. Quality nursing, as well as competent and respected nurses, requires knowledge and skilful application of knowledge, integrated with the values and virtue of education. Properties of professional virtues are professional practice, morality, and intellectual and practical wisdom (Hibbert 2012:65; Kinsella 2012:35). In Begley's study (2010:529) three themes of professional virtues are discussed, namely the intellectual and practical virtues, manifesting in the ability to integrate theory with practice; dispositional virtues with attributes such as compassion, empathy, approachability and kindness; and, moral virtues with attributes of justice, and moral veracity.

Professional virtues were discussed in Chapter 5, Section 5.4.2.1. It was emphasised that virtues in the profession include professional knowledge, skills, trustworthiness, morality and ethical conduct. The Venn diagram illustrates shared properties of competencies and professional credibility of the role players. Professional virtues include expectations of cognitive abilities, skills, attributes of trustworthiness and professional conduct. Searle (2000:97,227) states that trust relationships in nursing imply the expectation that nurses act ethically, with competence, integrity and professional morality. Hence, in this model, evidence of professional virtues promotes trusting relationships among role players. Congruency is a key expectation of role players.

#### **6.3.4.4 Congruency**

Covey (2006:107) mentions that a character should be constant and indicates that integrity is about congruency (Covey 2006:59), which is the root of trust. In Chapter 5,

Section 5.4.2.4, the importance of role players' congruency and consistency is broadly discussed. The study by Macko et al (2014:50) confirms that consistent profiles of altruistic motivations influence trustworthiness and trusting behaviour. Covey's 'Five waves of Trust Model' (Covey 2006:34) considers consistent behaviour as a key principle for relationship trust. Consistency of the role players promotes predictions of behaviour, emotions, actions and fairness. In this component, consistency is linked with congruencies of role players to prove their trustworthiness. Congruency is illustrated by the half circle in the Venn diagram. Consistent behaviour, emotions and skills enhance the predictability of role players, thus making the intentions congruent with their actions. Congruency refers to the correlation between cognitive abilities and skills, as well as the correlation between attributes of trustworthiness and professional conduct. The half-circle lines link the cognitive abilities and skills, which indicate that expected knowledge is congruent with the skills or vice versa. The same is applicable to professional credibility, in which attributes of trustworthiness are expected to be congruent with professional conduct, or vice versa. Congruency is an expectation for trust among the role players and it enhances trust and trusting relationships.

Figure 6.3 illustrates the expectations of the role players in nursing education. The component of expectations of role players is connected with components of professional relations and the outcomes of trusting relationships and trust in quality teaching and learning. Trust in the teaching and learning of nursing is dependent on an environment conducive to teaching and learning.

### **6.3.5 Creating a conducive teaching and learning environment**

An environment conducive to learning refers to surrounding conditions and a milieu in which learning can be achieved (Van Rensburg 2002:129). In nursing education an environment conducive to optimal learning requires theoretical and clinical spaces where outcomes may be attained. The standards of the SANC require adequate and appropriate facilities and resources to be available in the NEIs for nursing programmes (SANC [s.a.]:34).

Figure 6.4 illustrates the environment which is conducive to teaching and learning by means of a Venn diagram. Each circle in the Venn diagram represents an environment which is important in nursing education.

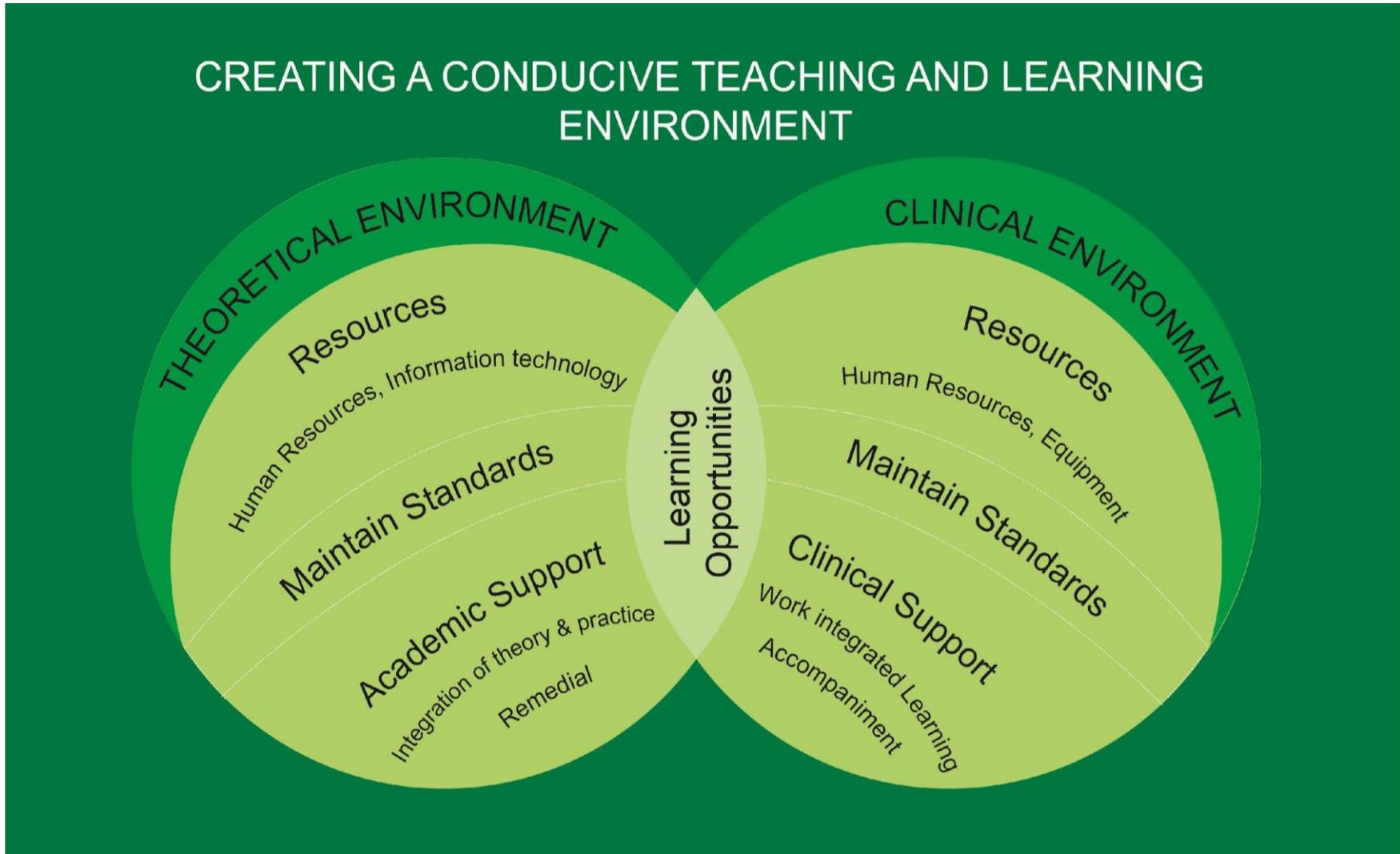


Figure 6.4: Creating a conducive teaching and learning environment

### ***6.3.5.1 Theoretical environment***

Jonassen and Land (2000) explain that all theoretical learning environments have five foundations. The first is a psychological foundation that focuses on how a student thinks and learns. Secondly, pedagogical foundations such as teaching methods are tied to psychological foundations. The third foundation is technology and how media support the learning environment. The fourth, the cultural foundation, represents the value of the learning context. Finally, the pragmatic foundation emphasises the availability of resources. Chapter 5, Section 5.5.1 describes the importance of the theoretical environment for teaching and learning in nursing education. In the theoretical environment mainly educators and students are involved; however, the professional nurse also may become involved in teaching in the theoretical environment. To create an environment conducive to teaching in the classroom and simulation rooms, applicable and updated resources or technology should be available.

#### ***6.3.5.1.1 Resources***

As described in Chapter 5, Section 5.5.3, a sufficient number of educators and adequate teaching resources are needed to promote the facilitation of optimum learning opportunities. A lack of educators and updated technology for teaching and learning purposes decrease students' learning opportunities and challenges. The utilisation of updated technology, innovative teaching methods and the teaching skills of educators ensure effective learning opportunities for students. According to the SANC ([s.a.]:25), relevant technology, such as the internet, simulation laboratories and libraries promotes learning opportunities in the nursing education institution. The SANC (2014:2) and Southern Regional Education Board (2002:7) both maintain that if educators use information technology skilfully, it supports the teaching and learning process. However, the educator requires knowledge and abilities to facilitate learning with technology, and the utilisation of high-fidelity simulation. The teaching and learning process should be student-centred, putting the role players in challenging situations, but providing available resources which stimulate cognitive abilities and skills. Bassendowski and Petrucka (2013:667) explain that using libraries and conventional learning tools such as textbooks are found boring and represent push-pull strategies, while Oppawsky (2014:5) acknowledges that the integration of technologies such as media, the internet

and videos in classrooms creates emotional, spiritual and academic learning opportunities.

The theoretical environment in Figure 6.4 illustrates the importance of adequate educators to provide stimulating teaching methods with the utilisation of relevant technology. The resources, educators and technology should meet and maintain high criteria of standards with the focus on learning opportunities and academic support.

#### *6.3.5.1.2 Academic support*

In this component the theoretical environment requires academic support in an atmosphere where students' cognitive abilities are developed with the openness to express their creativity, critical thinking, problem solving and reflection on their learning experiences. Academic support and student-centred learning are prioritised where students are motivated to become actively involved in their own learning processes. When students receive recognition of their abilities, they take responsibility for their own learning. Chapter 5, Section 5.5.1.1 indicated the importance of academic support to students to promote the integration of theory and practice where students' efforts in learning will be to their own benefit. In situations of students with academic learning difficulties, special remedial efforts and academic support should be available. Appreciation and acknowledgement of good performers should also be present in the theoretical environment.

Academic support includes constructive and positive feedback to students to motivate and promote their self-trust, self-confidence and learning. However, Cleary et al (2013:64) remark that students' feedback to educators provides a valuable opportunity to educators for self-evaluation. This means that, reciprocal openness and acknowledgment should be present between the educator and student. Educators welcome feedback as it informs their appropriateness of teaching and engagement with students. In this component, the engagement creates intrinsic motivation within educators and students that enhances self-confidence, self-trust and trusting relationships. These positive experiences contribute to self-determinism and motivation for better performances of both educator and student.

The role of academic support (Chapter 5, Section 5.5.1.1) emphasises the promotion and monitoring of students abilities. If the standard in the theoretical environment is met, integration of theory and practice is feasible which will lay a foundation for learning opportunities, life-long learning and trust in the programme. The Venn diagram in Figure 6.4 illustrates sharing properties of the theoretical environment with the clinical environment regarding resources, support, standards and learning opportunities.

### **6.3.5.2 *Clinical environment***

The clinical environment is the place where students acquire practical knowledge and skills (Chapter 5, Section 5.5.2). WIL in clinical learning is a fundamental aspect of nursing education. WIL prepares students with expected skills for future clinical practice in different clinical areas which are accredited for the requirement of WIL opportunities. Figure 6.4 illustrates that adequate resources and clinical support contribute to an environment conducive to clinical learning.

#### **6.3.5.2.1 *Resources***

A CLE needs appropriate equipment and resources to ensure that students can practise procedures according to the standards they were taught in the NEI. Available human resources such as professional nurses or preceptors are important for clinical support. The availability of expert professionals and preceptors contributes to accompaniment and learning opportunities for students. Cioffi (2012:424) is concerned about the decline in clinical expertise in nursing which results in a loss of knowledge and has implications for nursing. In this component, the lack of expertise has an impact on the clinical learning opportunities of students. Lack of expertise is a burden and puts a heavy workload on professional nurses, ensuing in unavailability which limits clinical support to students. Aiken et al (2014:22-23) found that frequent complaints about ‘uncaring’ attitudes of nurses may be explained as due to excessive workloads of professional nurses and under-resourcing of services.

Chapter 5, Section 5.5.3, indicated that resources should be available in the CLE. In this component available equipment in the clinical environment ensures proper learning opportunities for students. When procedures are standardised and sufficient equipment is available, students are able to practise procedures in a way similar to what they have

been taught. Adequate equipment in the clinical environment makes the environment conducive to WIL. Thomas et al (2011:3) mention that the integration of theory and practice in the CLE improves and promotes safe, quality nursing care. Hence, in the illustration in Figure 6.4 it is indicated that required human and equipment resources should be available to maintain standards and support learning opportunities, thereby increasing trust in the clinical teaching and learning environment.

#### *6.3.5.2.2 Clinical support*

The purpose of the placement of students in the CLE is to obtain the learning outcomes of the programme. As described in Chapter 5, Section 5.5.2.1, in the context of the clinical practice environment, WIL supports the attainment of the required learning outcomes. Benefits of WIL include the enhancement of interpersonal skills, communication skills, motivation and etiquette (Barkhuizen & Schutte 2014:11-12). In this component of the model, clinical support contributes to the mastering of required skills, as well as adopting professional ethics and conduct. Trede (2012:161-163) argues that WIL develops the conscious self and professional identity. The self-identity develops through experiences aimed at the future self. Furthermore, WIL relates to professional relationships which are external forces that influence the self. Hence, WIL positions the self within professional groups and shapes professionalism, professional conduct and values of professional practices. Rogers (2013:32) emphasises that support of mentors is important to nurture the future professionals. However, the study of Walker et al (2013:533) indicates that preceptors in a clinical environment are important for supporting students during WIL.

To establish WIL, the teaching skills and accompaniment of educators and professional nurses become crucial (Chapter 5, Section 5.4.1.3). The accompaniment by educators and professional nurses establishes maximum learning opportunities for students. The support of students in the clinical environment includes supervising and assisting them in acquiring applicable knowledge, skills and abilities to integrate theory and practice. Arieli (2013:199) states that effective accompaniment in the clinical context promotes learning and the integration of the theory with practice. During WIL, student support includes coping strategies when encountering emotional and stressful situations.

Cioffi (2012:425) indicates that in a clinical environment strong support is conducive to knowledge transferring activities. Placements in clinical environments can provoke anxiety in students, but Chan (2004) in *Creating* (2013:19) states that anxiety may be reduced through acceptance and trust, as well as clinical and emotional support. In a study by Williamson, Callaghan, Whittlesea, Mutton, and Heath (2011:2309) it was found that students believed that it was beneficial when professional nurses supported them in the clinical context to fulfil certain outcomes.

Clinical support during WIL (Chapter 5, Section 5.5.2.1) contributes to the trust among role players. The accompaniment of students supports identifying learning opportunities to integrate the theory and practice that will increase knowledge and clinical skills of the students. Professional role modelling of educators and professional nurses during accompaniment enhances trust among the role players. The Venn diagram in Figure 6.4 illustrates that an environment conducive to clinical learning depends on properties such as available resources, standards and clinical support for learning opportunities where theory and practice can be integrated.

### **6.3.5.3 *Learning opportunities***

Chapter 5, Sections 5.5.1.2 and 5.5.2.2 specify that the theoretical and clinical environment should provide learning opportunities for the students. In Figure 6.4, the overlapping of the circles in the Venn diagram illustrates the sharing of properties of both learning environments. Educators and professional nurses create innovative learning opportunities in the class, simulation rooms and clinical areas with standardised technology and equipment. The SANC (2013:4) describes WIL as the approach to focus on education which includes theoretical learning which is appropriate for the programme. WIL should meet the required standards and expected scope of practice of students at a certain level.

The SANC (2014:2) expects the utilisation of various learning opportunities in the theoretical and clinical environment to support teaching and learning processes. In this component, WIL focuses on any learning opportunity in the CLE which alerts role players for 'on the spot' teaching and learning that relate to their theoretical knowledge. These opportunities enhance students' knowledge and establish a foundation for life-long learning.

According to Young (2012:66), the interaction of educators and professional nurses with students is aimed at reaching the required outcomes. Identifying learning needs and creating learning opportunities put the role players in reciprocal expectations and interpersonal relations where trust and trusting relationships develop. D'Souza et al (2013:28) found that transfer of knowledge and effectiveness of clinical teaching depended on the students' active participation, engagement with experiences, the educator-student interaction and sharing learning opportunities to meet high expectations of standards. Therefore, in this component of the model, learning opportunities in both learning environments depend on available human resources, technology, equipment, and effective academic as well as clinical support to meet the expected standards in nursing education.

#### **6.3.5.4 *Maintain standards***

As described in Chapter 5, Section 5.5.4, the maintenance of standards by role players and in the teaching and learning environment improves trust and trusting relationships. Expected standards have been set which are minimum requirements of a programme in nursing education. The Council of Higher Education (South Africa 2014:14) indicates that adherence to standards provides quality assurance in programmes. A prescribed standard for nursing education and training is the provision of learning opportunities in the classrooms and clinical areas where students develop their competencies, knowledge and skills according to the needs of the respective populations of the society (SANC [s.a.]:31). Jonassen and Land (2000) refer to cultural foundations as the established values of the learning community. Hence, it refers to nursing's rules, regulation and values.

Maintaining standards is illustrated with a half circle in Figure 6.4. Expected standards ensure trust in both learning environments. In the learning environments, human resource standards refer to the qualified educators, professional nurses and supporting personnel which are involved in both learning environments. Students' standards refer to the level at which the student is in the nursing programme. Resources and equipment refer to the standards and availability of information technology, resource centres, libraries and equipment. Required human resources and technology should be according to the prescribed standards for higher education. When these are absent, the

expected standards of the programme will be jeopardised. Availability of standardised resources and equipment and positive learning and practice environments create the best teaching and learning experiences. When standards of NEIs are similar to the standards of the clinical areas, it reinforces learning. If similarities of procedures and standards correlate between NEIs and clinical environments, it establishes a positive practice learning environment.

The SANC ([s.a.]:16) states that expected standards of role players include scientific knowledge with critical, analytical and reflective thinking. In this model, standards in the theoretical environment regarding academic support refer to innovative teaching strategies, such as teaching methods, reflective practices, remedial support for poor performers and appraisal of best performers. The findings in the current study revealed that standards assist the linking of theory and how to apply theory in the clinical areas. In the clinical environment, expectations of support refer to effective accompaniment of students by the educator, preceptor or professional nurse. Accompaniment by educators and professional nurses promotes WIL experiences which will be to the benefit of student learning. The maintenance of standards applies to students as well. Expectations of student performances, theoretical or clinical, are according to the level at which they are in the nursing programme. Adherence to expected standards by all role players creates trusting relationships.

Maintenance of standards contributes to trust in the teaching and learning environment. Blase and Blase (2001) in Schmidt (2010b:17) claim that trusting environments allow students to increase their levels of academic performance. Hence, standards in both learning environments regarding resources and support are imperative to promote optimum WIL and learning opportunities to students. Standards contribute to an environment conducive to teaching and learning which promotes confidence, motivation and performances of the role players.

### **6.3.6 Trusting relationships and trust in quality teaching and learning**

In Figure 6.5, the final component, trusting relationships and trust in quality teaching and learning, is illustrated. The views of an environment conducive to nursing education and the expectations of the role players determine the outcomes. As D'Sousa et al (2013:31) construe, the interaction between the educator and student during WIL

enhances students' learning outcomes in the CLE. The values of trust are discussed in Chapter 5, Section 5.6.1. Trust begins with self-trust and it is needed before entering the teaching and learning environment. Reciprocal trust among role players boosts self-confidence, self-worth, motivation, increased performances and satisfaction. Messages of trust among the role players motivate and inspire each other. Trusting experiences among role players allow feelings of empowerment and inspire confidence in role players for better performances and strengthen the trusting relationships.

During rotation, role players can align with the lateral, surrounded circles and Venn diagrams. When a role player aligns with a circle or Venn diagram, the arrows indicate the connection of the role player with the specific category, subcategory or sharing properties in the Venn diagram. If the role player aligns with the circle of professional credibility, applicable professional conduct and attributes of trustworthiness should be evident in the role player. When the role player rotates to the circle of competencies, the applicable expected cognitive abilities and skills of the role player ought to be observable. Rotation to the opposite circles and Venn diagram, namely the teaching and learning environments, illustrates the specific role of the role player in the teaching and learning process in the theoretical and clinical environment to ensure learning outcomes and opportunities.

As revealed in the findings, trust is based on the competence and professional credibility of the role players. As the centre circles rotate and role players comply with these expectations, trust is extended to each other and strengthens relational trust. In this regard, when the role player completes the programme with expected competencies and professional credibility, the professional nurse, as end product, is trusted. As Evans (2008:20) explains, continuing professional development improves knowledge, psychomotor and reflective skills; thus it is important for professionals to expand their competencies and refine their skills. Hence, trust in the professional nurse requires reassurance that the programme is the foundation of and motivation for life-long learning for the new professionals.

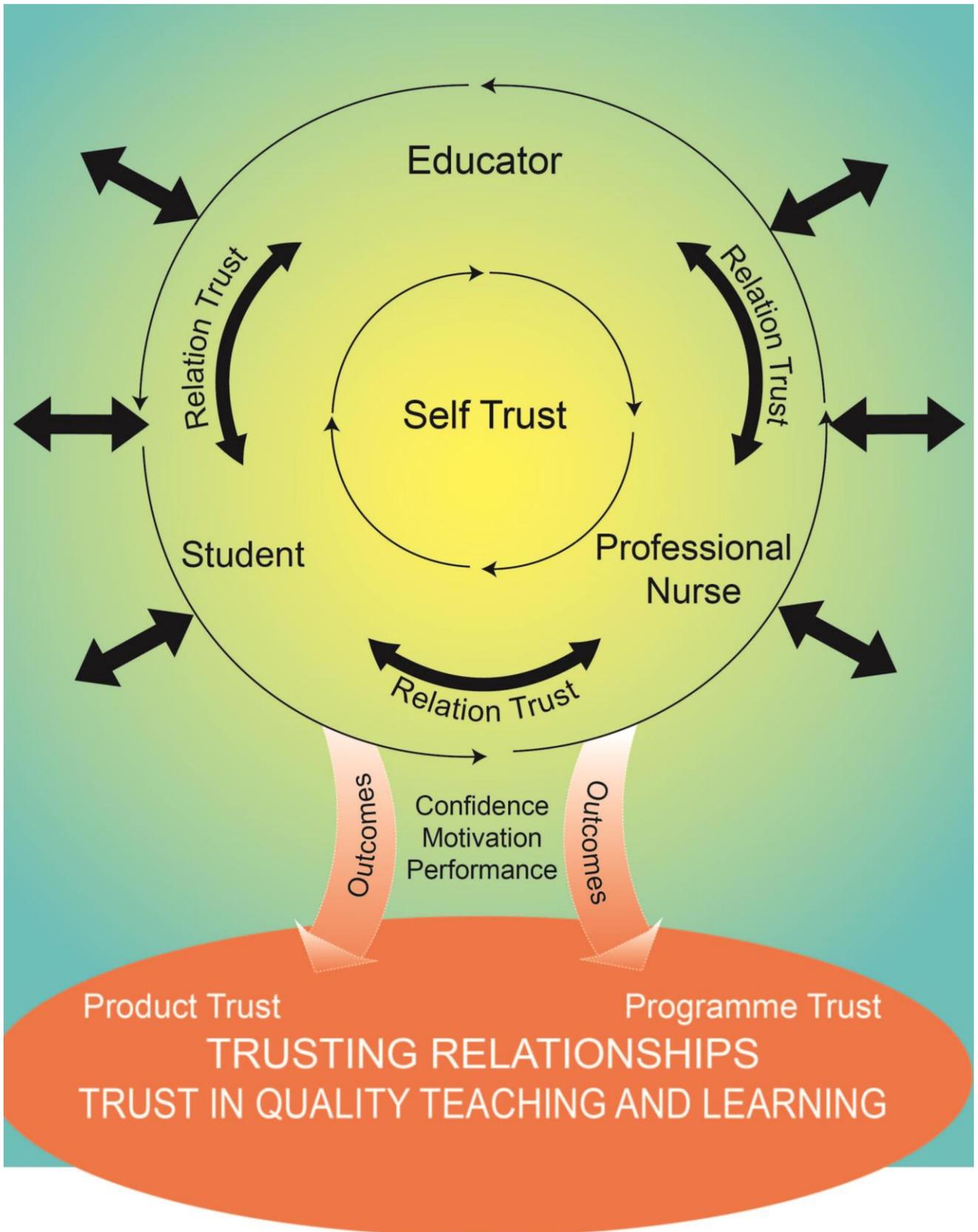


Figure 6.5: Trusting relationships and trust in quality teaching and learning

In terms of a conducive teaching and learning environment (Chapter 5, Section 5.5), the programme which leads to the registration of a professional nurse is trusted by the role players. The purpose of nursing programmes is to produce mature professionals and promote their ongoing life-long learning, integrate the theoretical knowledge with safe quality care and enhance the health of individuals. As end products, they need to reflect their expected competencies, professional responsibilities and integrity in their skills, ethical practice and professional conduct. These trusting outcomes of the programme and product enhance trust in the teaching and learning environment.

Figure 6.5 is placed centrally, linked to the foundation of the model and indicates rotation of role players. The arrows to the lateral sides of the centre circle indicate the alignment of role players with professional credibility, competencies and the theoretical and clinical environment.

The component, trusting relationships and trust in quality teaching and learning, is linked to the component, professional relations. Confidence, motivation and performance are in the outcomes between the two curved pillars and outcome arrows. The two pillars with arrows point to the trust in the product as a professional nurse and programme trust. The combinations of all components finally ended with trusting relationships and trust in quality teaching and learning.

### **6.3.7 Combination of the five components**

There are five components in the model which are discussed and schematically provided. The combination of the five components (Figure 6.6) forms the final model for trust in the nursing education environment.

The nursing education environment component is illustrated in Figure 6.1. All nursing education activities in the theoretical and clinical environment are included in the nursing education environment. The second component, professional relations (Figure 6.2) is in the middle of the model. Self-trust is surrounded by the role players in rotating circles. Interaction among the role players is indicated, which symbolises the development of trusting relationships. The rotations indicate that role players can be aligned with any circle of the Venn diagrams, and sharing properties refer to the role of the role player in a specific category or sub-category in the model.

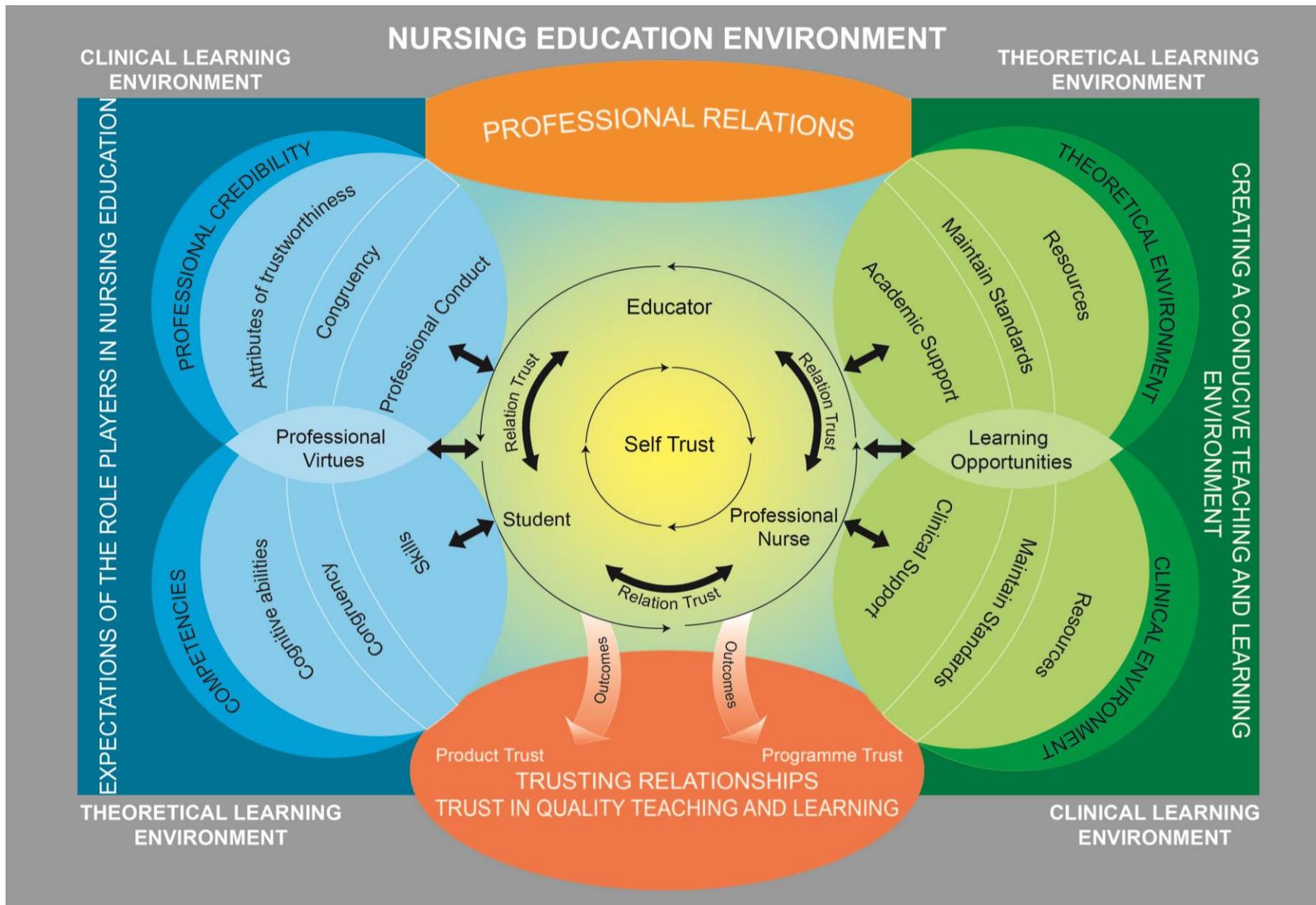


Figure 6.6: A model for trust in the nursing education environment

To the left side of the model is the third component, expectations of role players (Figure 6.3). The components, 'professional relationships' and 'expectations of role players' are linked and illustrated the relationship of these two components. Professional conduct is placed in the part of the circle nearest to the centre of the role players because the behaviour of the role players is the visible part of role players. Role players' attributes of trustworthiness are the foundation for the professional conduct of the role players. Skills in this component (Figure 6.3) are placed nearest to the centre circle where the role players interact with each other. The rotation of the role players in the centre circle indicates that the role players can align with the competencies. Skills are the most visible part for role players and evidence of skills is supported by the cognitive abilities as required competencies.

Hence, in this model sharing properties of professional credibility and competencies are professional virtues. Through visible observation and experiences of the expectations of role players, trusting relationships among role players are established.

The fourth component, creating a conducive teaching and learning environment (Figure 6.4) is placed to the right side of the model. The component, 'creating an environment conducive to teaching and learning' relates to the component of 'professional relations', which contribute to self-trust and trusting relationships. Academic support is placed nearest to the circle of the role players, meaning the role players can align directly with the academic support. This symbolises the role of each role player in academic support during the theoretical teaching. Theoretical teaching and learning is depended to the required resources. The placement of Figure 6.4 on the right side of the model, illustrates that the three role players are involved during clinical support. Role players can align with clinical support directly, which symbolises the role of each role player in clinical teaching and learning. The clinical support is dependent on the required resources. It is illustrated that with rotation, the role players can align with learning opportunities, indicating the expected roles of role players in providing and acquiring learning outcomes and opportunities.

In the component 'expectations of the role players', the half circle indicates the required congruencies of role players regarding professional credibility and competencies. The half circle with standards in the component, 'creating an environment conducive to teaching and learning', indicates the required standards of resources in the theoretical

and clinical environments. The half circles in both Venn diagrams, congruency and maintain standards, can be visualised as meeting each other in the middle, forming a full circle which symbolises that congruency and maintaining of standards have sharing properties in this model. The full circle, standards and congruency, illustrates comprehensively the linking of all the components in the model.

The placement of both Venn diagrams on the sides of professional relations symbolises equilibrium in the model. The final component (Figure 6.5) is inserted in the middle with the focus at the bottom of the model. The balance of both components, namely expectations of role players and creating a conducive teaching and learning environment, promote confidence, motivation and performances of the role players. On the left side, the component 'trusting relationships and trust in quality teaching and learning', links with the expectations of the role players that indicates if the role players meet the expected competencies and professional credibility, there will be trust in the product, namely the newly qualified professional nurse. On the right side, the final component links to the environment conducive to teaching and learning that ensure the outcome of programme trust. The model for trust in the nursing education environment (Figure 6.6), illustrates balance and equilibrium in nursing education with the final outcome as trusting relationships and trust in quality teaching and learning.

#### **6.4 EVALUATION OF THE MODEL**

After the model for trust in the nursing education environment was developed, experts in the fields of nursing education, general education, psychology and graphic design were invited to evaluate the model. The aim was to provide inputs for the refinement of the model. The experts were provided with three documents. The first document was an information letter to request participation with an agreement to participate in the evaluation of the model (Annexure O). The second document contained the model with a clarification of the model. The third document was the evaluation form that contained three tables in which the experts had to respond by providing demographic data, their field of expertise and the evaluation of the model (see Annexure O).

### **6.4.1 Demographic data of expert reviewers**

A total of eleven expert reviewers were purposively selected to evaluate the model. All the experts who responded had doctoral degrees, master's degrees, bachelor's degrees and various diplomas. Unfortunately two, of which one was the graphic designer, did not give feedback. Eight of the expert reviewers' current positions were in nursing education, general education and in psychology and were employed by a Higher Education Institution. One expert reviewer holds a position with a professional nursing education organisation.

### **6.4.2 Field or interest of the expert reviewers**

The fields of expertise of the expert reviewers who responded were model development and model evaluation. There were three fields of expertise indicated, namely nursing education, academic management and education in other health-related disciplines. The interests of the expert reviewers included management of teaching and learning, professional practice and ethos, general-, community- and psychiatric nursing, critical care, research supervision, teaching of anatomy, psychology and reflexology. Additional inputs of expert reviewers regarding their fields of expertise were that they regarded themselves competent and experienced in supervising post graduate students, either in nursing or in health-related disciplines.

### **6.4.3 Evaluation and refinement of the model**

Each expert reviewer received a clarification of the model together with the schematic model presentation. Expert reviewers had to evaluate the model using a Likert-type scale, according to which 1 = Acceptable as described; 2 = Acceptable with recommended changes; and 3 = Not acceptable or needs major revision. A fourth column provided a space for comments (see Annexure O).

Comments included positive responses as well as suggestions for changes. Some expert reviewers referred to the content of the model explanation as well as the schematic representation of the model. In Annexure P is the first model that was sent to the expertise. The feedback about the evaluation and recommendations for

amendments to refine the model will be discussed according to the information provided in the evaluation form.

#### **6.4.3.1 *Clarity, simplicity and consistency***

The general feedback was very positive. However, the component illustrating the outcomes in the schematic presentation of the model was indicated as too small to support the extensive dynamic framework. A recommendation was made that the outcomes should include the word 'quality' teaching and learning. Hence, the outcomes structures in the schematic model were amended with strong arrows at the bottom of the model. The word 'quality' was included in the final outcome, because the findings of the study referred to quality in teaching and learning. Some expert reviewers mentioned that the colours were not very clear. To address this, the shades of the colours were adjusted. A recommendation was to change the text direction in the bottom circles of the Venn diagrams, to be similar to the top circles in the Venn diagrams. This was amended and therefore, in the final schematic presentation, the bottom circle concepts might seem to be upside down, but in both components with the Venn diagrams the terminology directions remained unchanged. Few comments referred to the clarity of the half circles. The lines of the half circle were emphasised with a whiter line to identify the half circles clearly in both Venn diagrams.

#### **6.4.3.2 *Appropriateness and relevance***

The expert reviewers indicated that the model was appropriate as well as very relevant and applicable to nursing education and practice. The model addresses two of the main challenges in nursing education, namely the dual responsibility of educators for both theoretical and clinical learning, as well as the obligation of the clinical nurses to provide clinical support during students' WIL. It was indicated that the aspects covered by this model logically applied to teaching and training in a service profession.

#### **6.4.3.3 *Comprehensiveness***

The expert reviewers' responses indicated that the model was well described and understandable. A suggestion was made to add the theoretical and clinical learning environment in the grey component of the nursing education environment. The

theoretical and clinical learning environments were included in the corners of the grey rectangle to indicate comprehensiveness of the model. An expert reviewer indicated that it was assumed that this model was based on the data obtained from this study and it provided a coherent integration of the topics included.

#### **6.4.3.4 *Adaptability and generalisability***

In one response it was indicated that this model could also be applied to other service professions. It was suggested that one would be able to develop each component further to include detail that in turn could be used to develop modules and programme content and processes.

#### **6.4.3.5 *Practicality and usefulness***

An expert reviewer suggested links to be inserted between the centre circle of the role players and the Venn diagrams to indicate some interaction. With the refinement of the schematic model, six arrows were added in the centre of the model. The arrows indicated interactions between the role players and both lateral Venn diagrams. Another expert reviewer requested more information in recommendations. In Chapter 7 Section 7.3 recommendations are described in detail.

#### **6.4.3.6 *Accessibility***

Three expert reviewers indicated that they were not sure what was meant with accessibility. One expert reviewer remarked that the model should be published and communicated through workshops and/or seminars at education institutions as well as in clinical practice.

#### **6.4.3.7 *Importance for education, practice and research***

The expert reviewers described the model as very important for education, practice and research. However, an expert reviewer commented that one limitation was the exclusion of professional nurses during data collection, and as such, an influential human resource in clinical practice environments did not have a contributing voice in this model. As the focus of the study and context was the teaching and learning

environment, this comment was useful when the recommendations for further research were formulated.

#### **6.4.3.8 Transferability**

Comments received were that this model could be used by any higher education institution, and that this model would also be transferable to post-basic nursing programmes.

#### **6.4.3.9 General comments**

Some of the general comments commended the quality and importance of the model. Examples are:

- *Congratulations on the development of a much needed and well-presented model.*
- *Thank you for the opportunity to evaluate an excellent and very important model for nursing education.*
- *Well done. Good luck with rest of work and dissemination to education institutions and clinical practice.*
- *You can be bold and refer to the model as the Van Dyk model for ... .*

### **6.5 CONCLUSION**

In this chapter the model development and description of the model are explained. The model was constructed by means of interpretative and inductive reasoning using data generated from interviews with participants. The model is based on the findings of the study. The relational statements of the components describe the relationship of the five components in this model which have been illustrated schematically. The five components are: Nursing education environment, professional relations, expectations of the role players in nursing education, creating an environment conducive to teaching and learning, and trusting relationships and trust in quality teaching and learning. The relevance of the model is substantive and visible through real views and experiences of participants in nursing education. The reviews and inputs of model expert reviewers support the trustworthiness and transferability of this model. In Chapter 7, the conclusions, recommendations and limitation will be discussed.

## **CHAPTER 7**

### **CONCLUSIONS, RECOMMENDATIONS AND LIMITATIONS**

#### **7.1 INTRODUCTION**

In Chapter 6 the development and components of the model were described. The refinement of the model was described after the inputs of the expert reviewers. In this chapter the conclusions are discussed according to the objectives of the study. Conclusions regarding the findings of educators' and students' views will be discussed. Then, conclusions about the synthesised findings in Chapter 5 will be explained. Conclusions on the developed model will be discussed. The recommendations focus on the role players, NEIs, nursing education environments and further suggested studies. Limitations of the model are identified and the final conclusion of the study will be discussed.

#### **7.2 CONCLUSIONS OF THE FINDINGS**

The awareness of trust in the nursing education environment makes teaching and learning for stakeholders goal-directed to create a trusting climate and an environment conducive to teaching and learning. The conclusions are discussed according to the four objectives of the study.

##### **7.2.1 Conclusions regarding the educators' and students' views on trust**

Conclusions will be discussed in terms of the first two objectives that relate to the educators' and students' views. The findings of the first objective regarding the educators' views were discussed in Chapter 3. The second objective focused on the students' views. The findings of the data collected were discussed in Chapter 4. Finally the conclusions will be discussed in terms of the synthesis of the findings of the two sets of data.

### ***7.2.1.1 Conclusions regarding the educators' views***

The first objective was to explore and describe the educators' views on trust and trusting relationships in the nursing education environment. To achieve the objective, an understanding of the meaning that educators attached to trust and trusting relationship was explored. The aspects that educators considered to be important to build trust in nursing education were described and the findings were inferred from the educators' face-to-face interviews.

Five themes emerged from the face-to-face interviews with the educators. These themes were professional relations, the educator as facilitator of trust, the students' role in trust in nursing education, the professional nurses' role in trust in the CLE, and finally, the teaching and learning environment.

The educators' self-trust originated within themselves. Interactions among the educator, student and professional nurse are important for the development of interpersonal trust. The educators are the facilitators of trust in nursing education. As a facilitator of trust, the competencies of the educators, such as expert knowledge, as well as knowledge of teaching and skills, support trust in the educator. Trust is linked to the educators' responsibilities to support students' learning through the integration of theory and practice that will develop critical thinking skills of students. The integration of theory and practice takes place in the theoretical environment as well as in the clinical teaching and learning environment during academic support and clinical accompaniment. Supportive educators cultivate trust in the teaching and learning environments. Trust is attached to the abilities and competencies of the educators. The standards and consistencies of educators foster trust in educators. The educators are the central figures to set standards in nursing education and are the persons responsible for overseeing that standards be met in the theoretical and clinical environment. Educators must be consistent in behaviour, emotions, values and fairness in nursing education to foster trust through a professional image. Professional credibility is obtained through the demonstration of attributes of trustworthiness and being professional. Trust in the educators supports trusting relationships between the educator and students and educators are motivated when they are trusted. An educator who facilitates teaching and learning with self-confidence is essential for trust in nursing education.

The educators' trust in students includes expectations regarding competencies and abilities of the students. Students earn trust when they are creative learners and take responsibility for their own learning. Trust is linked to students' competencies, critical thinking abilities, skills and the ability to integrate theory with practice. Students are in the process of professional role taking and should demonstrate personal and professional codes and values with attributes of trustworthiness that will support them to portray professional behaviour. Students who meet the expectations of educators are trusted and trusting relationships between the educator and students are to the benefit of nursing education and an outcome of a trusted, competent professional nurse.

The expectations of the professional nurses' role in clinical teaching and learning environments include the competencies such as knowledge and clinical skills of the professional nurse. Professional nurses are trusted to have competencies and positive attitudes to nursing education. Professional nurses who create clinical learning opportunities for students in the clinical environment are trusted. The support to students, inter alia, depends on the ability of the professional nurse to integrate theory and practice in the clinical environment. The standards set by the professional nurse in the clinical environment, as well as procedural standards in the clinical environment are to the advantage of trust in nursing education. Trustworthy professional nurses act according to personal values and professional virtues, as well as values that support interpersonal trust and trust in nursing education.

Stable self-trust and trusting relationships are required for trust in a teaching and learning environment. Trust in nursing education does not only rely on self-trust and interpersonal trust among educators, students and professional nurses, but professional ethics and the way role players conduct themselves demonstrate professionalism in nursing education and nursing and foster trust. The conditions of the teaching and learning environment where the role players interact should support trust in nursing education. Available human resources such as educators, professional nurses and preceptors are needed to create an environment where students can receive support to obtain the learning outcomes of the programme. Effective support to students in the learning environment promotes trust in nursing education. Adequate and sufficient resources such as technology and equipment are imperative to support teaching and learning in nursing education. When adequate resources are available and students receive effective support in the theoretical and clinical environments, the environments

are conducive to teaching and learning and such an environment fosters trust in the nursing programme and the newly registered professional nurse as the end product.

### ***7.2.1.2 Conclusions regarding the students' views***

The second objective was to explore and describe the students' views on trust and trusting relationships in the nursing education environment. To attain this objective, students' understanding of trust and trusting relationship was explored. The students' views were explored in terms of what they regarded as important to build trust and trusting relationships in nursing education. The conclusions were inferred from the findings of the focus group interviews with the students.

The findings of the students' views comprised five themes, namely self-trust and trusting relationships, expectations of role players, professionalism and role modelling, expectations regarding quality teaching and learning, and values of trust in nursing education.

Students' self-trust originates within themselves, and is related to their motivation and abilities to enter and complete the programme of nursing. The interactions between the educators and professional nurses cause students to rely on them for the development of relationships in the teaching and learning environment. Students rely on the educators' and professional nurses' knowledge, competencies and support to develop trusting relationships with them.

Students trust educators and professional nurses who meet the expectations that students have about trustworthy educators and professional nurses. To be trusted, educators must have professional knowledge of the subject and content they teach. The competencies of educators and professional nurses who are trusted by students include theoretical and clinical knowledge that is updated with recent information and practices. The abilities of educators to transfer the content of subjects and skills to students depend on appropriate teaching skills and methods that satisfy the learning needs of the students at the specific academic level. Students trust professional nurses who have theoretical as well as clinical knowledge. Students also trust professional nurses with effective teaching skills and who create suitable learning opportunities for students.

Furthermore, students trust their fellow students who have a passion for nursing and take responsibility and accountability for their own learning.

Students trust educators and professional nurses who portray a professional image, conduct themselves professionally, and are role models for students. Attributes of trustworthiness enhance students' trust in educators and professional nurses. These attributes include openness, honesty, reliability, caring behaviour and goodwill. Experiencing trustworthiness from educators and professional nurses cultivates trust students have in them.

Students expect quality teaching and learning in the nursing programme. Quality teaching and learning depends on the learning opportunities students have in the theoretical and clinical environment. With support from the educator and professional nurses, the learning outcomes of the programme can be achieved and students trust it will support the integration of theory and practice. The students' trust in the theoretical environment depends on the availability of educators who support them academically with theoretical content. Supportive technologies for learning are required for effective theoretical teaching. In the CLE, students trust an environment with supportive human resources such as educators and professional nurses. Sufficient equipment should be available for students to obtain their learning outcomes through effective learning opportunities. Quality teaching and learning experiences in the theoretical and clinical environments support students' trust in the programme and to exit as a trustworthy professional nurses.

Trust in quality teaching and learning is to the benefit of nursing education. Values of trust in students comprise the building of self-esteem, self-trust, motivation and better performances. Trusting educators and professional nurses enhance trust and trusting relationships in nursing education.

### ***7.2.1.3 Conclusions after the synthesis of the educators' and students' views***

The findings of the two sets of data were synthesised and comprehensively discussed in Chapter 5. The subsequent discussion focuses on conclusions based on the synthesised data.

The synthesis of the findings of the two sets of data resulted in four themes, namely professional relations, expectations of the role payers, creating a conducive teaching and learning environment, and outcomes of trust or lack of trust. These themes were described in Chapter 5.

Self-trust of role players and the interaction among them are imperative for the development of interpersonal trust. Trust develops when the educators, students and professional nurses demonstrate compliance with expectations. The expectations are building blocks for interpersonal trust such as attributes of trustworthiness, competencies and professional conduct. Professional conduct of the role players supports interpersonal trust among role players. Competencies of the role players are essential for the development of trust. Role players' cognitive abilities and psychomotor skills are critical to develop trust in nursing education. Teaching skills of educators and professional nurses are important for building trust with students. Hence, personal and professional virtues which are congruent with role players' intentions and behaviours foster mutual trust among role players. The process of trust in nursing education originates from the self in the presence of the trusting building blocks, when trust is inspired and circles out to trust in nursing education and results in the product, trust as a professional nurse.

The endeavours of interacting role players should be conducive to teaching and learning. Trust in the theoretical environment depends on the availability of expert educators and technology for effective teaching and learning. The utilisation of available technology, library holdings, information technology and educators' support enhances students' academic achievements. Support in the theoretical environment ignites students' trust and interpersonal trust. Trust in the clinical teaching and learning environment depends on effective and updated equipment where nursing interventions are implemented in a safe and secure context with no risks. The presence of devoted educators and professional nurses to support the students in the clinical environment promotes trusting relationships among role players. Trust is reinforced in the teaching and learning environment by the provision of learning opportunities and standards. These learning opportunities and standards promote the achievement of learning outcomes for students and trust in the programme.

Programme and product trust depends on the expected qualities of role players and an environment conducive to teaching and learning. The building blocks for trust in the nursing education environment re-confirm the quality of teaching and learning. In the absence of building blocks of trust, a lack of trust is likely to be experienced among role players. An environment which is non-conducive to teaching and learning affects the trust in nursing education regarding WIL, learning opportunities, standards and the integration of theory with practice. Professional virtues, consistency, congruency and maintenance of standards are considered valuable for trust in teaching and learning. The values are the outcomes of trust which include the reinforcement of self-trust of the role players and interpersonal trust among them. The values of trust are extended to confidence, motivation, better performances and future life-long learning. Finally, values of trust point to trust in the nursing programme and the product, namely a professional nurse, trusting relationships, and trust in quality teaching and learning.

In conclusion, this study was guided by symbolic interactionism. Role players' views on trust are based on the meaning of trust to them. The meaning of trust in the nursing education environment arises from the actions and social interactions among role players. The role players' meanings of trust are influenced by interpretative processes in the nursing education environment. From the final synthesis of data, the core of this study is the newly developed model, namely *A model for trust in the nursing education environment* (Figure 6.6), which emanated from the synthesis of themes, categories and sub-categories.

### **7.2.2 Conclusions regarding the model development**

The third objective of the study was to develop a model for trust that may foster trust and trusting relationships in the nursing education environment.

In order to develop the model it was necessary to integrate the data on the educators' and students' views to identify the themes, properties, categories, sub-categories, and core category of trust in the teaching and learning environment of nursing education. The model was developed using the relationships of the identified themes, properties, categories and sub-categories.

The identified themes, properties, categories and sub-categories as discussed in Chapter 5 led to the systematic development of five components of the model as was described and illustrated in Chapter 6. The model is substantive in nature and the conclusions regarding the model are based on the four criteria as described in Chapter 2, Section 2.9.4. Following are concluding statements related to the four criteria.

**The model shows systematic relationships between concepts and links between categories.** The model provides clarity, simplicity and consistency. The synthesis of data through initial-, focused- and theoretical coding is the process through which the categories and subcategories were developed. Continuous processes of coding and concept synthesis resulted in identified categories. The synthesis of the final categories/concepts forms the four themes, professional relations, expectations of the role players in nursing education, creating a conducive teaching and learning environment, and, finally, trusting relationships and trust in quality teaching and learning. The properties of the themes were identified and described. The themes are supported by literature references and, finally, the newly developed model (Figure 6.6) has five components and the relations among them are schematically presented.

**Variations are built into the model in order for it to hold true under a number of conditions and circumstances.** The model includes interpersonal expectations and conditions of the theoretical as well as clinical learning environment. Expectations and conditions refer to the availability of resources, standards and sufficient support to provide learning opportunities. The described propositions, properties and relational statements of the components hold true in nursing education.

**The model demonstrates comprehensiveness through social and/or psychological processes.** In the centre of the model self-trust indicates the importance of psychological input before trusting relationships can develop. Internal self-trust is a psychological process and self-trust inspires trust. Socially, interactions among stakeholders in nursing education are imperative before the development of trusting relationships. Social interactions support the confirmation of trust expectations of stakeholders. Confirmation of expected trusting characteristics allows the propensity to trust one another and the formation of trusting relationships. Interactions among stakeholders and social exchange take place in the teaching and learning environments of nursing education. The model indicates psychological outcomes such as confidence,

motivation and performance that are valuable for trust in nursing education. Social outcomes of trust in nursing education are the trust in the end product, namely the newly qualified professional nurse, as well as trust in the programme. Finally, social outcomes in this model include trusting relationships and trust in quality teaching and learning from the society.

**The model is significant and remains important over time.** The model demonstrates appropriateness and relevance for the current situation of nursing education in South Africa. This model may be applied, not only to nursing education but also in other disciplines. It is expected that the nursing education programme be offered in an environment conducive to teaching and learning. In South Africa the model is significant for NEIs. In the process of the phasing in of new nursing programmes and public NEIs' alignment with higher education criteria, this model is significant for the transformation and upgrading of NEIs. The model is important for practice in the clinical environment to ensure trust and effective clinical teaching and learning opportunities for students. As mentioned above, the significance of this model is not limited to programmes in nursing education, because model expert reviewers in other health and education-related disciplines indicated that this model is adaptable and transferable to other nursing programmes, as well as other higher education programmes and institutions. Therefore, the model is practical and the usefulness of the model contributes to scientific knowledge and future research.

Based on the conclusions inferred from the two sets of data, synthesised data and model, the following recommendations are proposed.

### **7.3 RECOMMENDATIONS**

The fourth objective was to make recommendations for the implementation of the model to improve trust in the nursing education environment. To comply with this objective, recommendations were made regarding the implementation of the model, and in terms of the improvement of self-trust, trusting relationships and trust among stakeholders in the teaching and learning environment. Recommendations to enhance trust in the teaching and learning environment of nursing education supported the objective.

### **7.3.1 Recommendations for the role players**

The recommendations for the role players are to start with self-trust and then move on to relationship trust.

#### ***7.3.1.1 Developing self-trust of the role players***

Each role player's situation in the nursing education environment is unique; however, self-trust is important for role players in nursing education. Role players need to enter the nursing education environment believing in themselves. Self-belief and self-trust will empower the role players. Recommendations for building self-trust in the role players are fundamentally similar, but on a different functioning or academic level. It is therefore recommended that:

- The role players should know their personal and professional values which contribute to their personal and professional credibility. The role of personal and professional credibility should be emphasised in the education and training of student nurses during the programme for a professional nurse. The vision and mission of the NEIs should emphasise credibility and trust of professional nurses.
- Personal and professional credibility depends on the trustworthiness of each role player. Trustworthiness should be emphasised in the programme during the teaching of ethos and professional practice.
- The attributes of trustworthiness such as openness, honesty, reliability, benevolence should be fundamental in professional etiquette. Educators, students and professional nurses could enhance their credibility through frequent communication, sharing of information and transparency that will establish openness. Honesty could be recognised by keeping promises and being true to oneself. When consistency, commitment and dedication are observable, role players are regarded as reliable. Through positive supporting intentions to others, expression of appreciation and fairness, caring and goodwill will be experienced.
- Professional etiquette should be encouraged as well as professional ethics and behaviour by emphasising the ethical codes of the SANC. During the nursing programme, ethos and professional practice should highlight the expected professional conduct and finesse. The internalisation of professional values should enhance the professionalism of the role player.

- The intent and motives of role players in nursing education should be to the benefit of nursing and nursing education. Thus, integrity of role players should be visible through the actions and behaviour of role players.
- The expected competencies of role players should be in accordance with each role player's role in nursing education. Life-long learning of educators and professional nurses should keep them updated to the latest development in nursing. Workshops, conferences and continuous professional development are examples of updating of competencies. Competencies are about cognitive abilities and skills to establish growth and result self-trust.
- Through role players' competencies, self-belief and self-trust develop that will enhance motivation and performance, as well as the personal and professional credibility of role players.
- Students should be motivated for life-long learning and growth. Career-path information and planning with young professional nurses could ignite them to enhance their competencies. A commitment to life-long learning foster self-belief and self-trust in learning, abilities and development as a professional nurse.
- Skills development sessions and supporting of bursaries to educators and students at the NEIs shall enhance learning opportunities for educators and students.

The self-trust in each role player depends on his/her self-belief. Believing in one-self will lead to believing in others, which supports trusting relationships. Each role player should portray the expectations of trustworthiness that will positively affect the trusting relationships among the role players. When role players' self-trust is strong and firm, it inspires relationship trust.

### ***7.3.1.2 Fostering relationship trust among role players***

The recommendations to foster trusting relationships in nursing education have a bearing on the three role players. Trusting relationships are about the behaviours of role players. Positive teaching experiences created by the educator and positive learning experiences of students in nursing education promote trusting relationships. Hence, it is recommended that:

- The role players must communicate and clarify the mutual expectations they have of each other during interaction. Frequent meetings between the educators from the NEIs and professional nurses in the CLE, will promote collaboration. When expectations are confirmed and experienced the role players should have positive views of each other.
- The reputation of trustworthiness is an asset for role players that will strongly motivate trustworthy behaviour and then be extended to trusting relationships. Trust is enhanced through observing mutual expectations among role players. However, these mutual expectations should be observable in behaviours. Reciprocal attributes of trustworthiness, professional conduct, fairness and being committed, inspire trusting relationships. Meetings, such as 'climate' meetings will enhance the mutual trust among role players.
- Relationship trust relies strongly on mutual trust and collaboration, co-operation, fairness, honesty, transparency and open communication.
- Role players' consistency and congruent behaviour make them predictable that support relationship trust. Congruency supports cooperation, caring, a 'can do' impression and believing in each other. Frequent messages to students regarding the confidence in their abilities foster trusting relationships.
- Mutual beliefs and trust between educators and students support motivation to attain learning outcomes and facilitation of learning opportunities. Educators with teachers efficacy believe that students have abilities to perform better which will enhance students' self-trust and motivation.
- Openness, listening and transparency from the educators and professional nurses ensure a trusting climate in the theoretical and clinical learning environments. When good communication takes place, trust inspires and promotes a trusting culture in nursing education.
- Abiding by commitments that were made should be visible to earn the respect, loyalty and trust of each other. Examples of commitments are punctuality of appointments and assignments, prepared class presentations and active participation in the teaching and learning environment.
- Role players should develop and extend the propensity to trust another who earned trust. Trust messages from educators to students or the certainty in their abilities ignite trust. Professional nurses' support to students in the CLE and their conviction in the students' abilities create interpersonal trust. Through the

extension of trust to another, the personal and professional self-confidence will initiate self-trust and trusting relationships.

- Continuous development of competencies, knowledge and skills are essential for self-trust and trusting relationships among role players. Updated knowledge and skills promote the confidence that the role players have competencies and could be trusted. The sharing of information and knowledge attained at conferences, workshops, continuous development sessions and professional studies, enhance views of competence and support interpersonal trust. When role players take responsibility and accountability for updating obsolete practices and sharing knowledge through support, trusting relationships are fostered.
- The mutual belief in role players' knowledge and skills, and acknowledgment of their contribution to nursing education will foster trusting relationships.
- The role players should be congruent and consistent in their behaviour and interaction with each other. The adherence to the professional code of conduct and etiquette make them predictable and trusting relationships develop when reciprocal expectations are visible and complied with.

Self-trust is the foundation which inspires relationship trust which extends to trust in nursing education.

### **7.3.2 Recommendations for the implementation of the model**

The newly developed model for trust in nursing education could be implemented in NEIs. Recommendations are directed to NEIs, theoretical and clinical learning environments.

#### ***7.3.2.1 The nursing education institution***

The reputation of the NEIs in society depends on the trust society has in the quality of the education and training of professional nurses. It is therefore important to improve trust in the NEI through the following recommendations:

- NEIs should focus on a trusting climate in nursing education. If the mission and vision of NEIs emphasise trust in education and training, a trusting culture may ensue in satisfaction with the education and training efforts of the educators.

- Trust matters in NEIs for the education and training of future trustworthy professional nurses in clinical service and society. Awareness campaigns such as the NEIs' activities in the community, achievement of good performers and graduations of professional nurses create an opinion of trust in nursing education.
- The expectation of educators' standards, professional credibility, knowledge and skills ought to be emphasised. Frequent academic meetings regarding the programme, programme modules, revision of the outcomes of modules and assessment standards shall maintain the standards in the NEI. Acknowledgement of educators' performances, attributes of trustworthiness, role modeling and professional conduct will inspire trust in educators' teaching. Trust messages create a trusting climate in the NEI and support academic optimism that will foster self-confidence, self-trust and motivation for better performances.
- Effective support systems, such as academic and social support to students, should be available. Student support focuses on students with learning problems, as well as appreciation of students performing well in the NEI. Educators in the NEI should guard against any actions that may erode trust in the NEI.
- Trust increases when fairness and equity are experienced in the NEI. When teaching and assessment standards are similar and maintained among different NEI campuses and educators, trust is created in the NEIs and programme.
- Education and training should be the foundation of a life-long learning career for the newly qualified professional nurse. During academic award functions and diploma of graduation ceremonies, motivational speeches can motivate young professional to continuous development. The inspiration to be a continuous learner depends on the quality of the teaching and learning experiences in the NEI.

### ***7.3.2.2 Theoretical teaching and learning environment***

In the theoretical teaching and learning environment, the recommendations are aimed at creating an environment conducive to teaching and learning. Recommendations focus on the quality of teaching and learning in the theoretical environment:

- Trustworthiness, high ethical standards, professional behaviour and the competencies of educators in the theoretical environment have a positive

influence on trust. Therefore, educators' expectations should be evident to students for trust in the theoretical environment.

- The NEIs' resources and infrastructure ought to be conducive to teaching and learning and satisfy the standards of higher education. The standards of the NEI ensure trust in a programme with sufficient qualified educators and available technology to improve and support teaching and learning. Technology in the theoretical teaching and learning environment promote quality education to students.
- The management of NEIs should appoint qualified educators at the NEI for effective support of students in the theoretical environment. Expert educators with competencies and skills in nursing and nursing education foster trust in quality teaching and learning of students.
- Appropriate equipment and technology should be available in NEIs to comply with higher education criteria. Available resources such as high fidelity simulation rooms, updated libraries, equipment and technology will contribute to stimulating teaching methods. Stimulating teaching approaches ensure meaningful learning opportunities for students. The availability and utilisation of updated technology improve quality learning opportunities for students and enhance trust in the teaching and learning of students.
- In nursing education, high teaching and learning standards contribute to trust in the theoretical environment where educators facilitate the integration of theory and practice. The integration of theory and practice ensures quality teaching and learning for students.
- Quality assurance in nursing education fosters trust through consistency and fairness to all students during assessments and assignments.
- Academic support to students gives students self-confidence and motivates better performances. Trust in teaching and learning is created, inter alia, through academic support. Support structures such as vocational counsellors, mentorship programmes, and leader and peer group support should be in place to promote a trust culture in the NEI.
- Set and maintain high standards for students, but motivate all students, poor performers as well best performers, through academic awards. Excellence must be appreciated. Trust is acquired, inter alia, through high standards and individual support and motivation.

- Prioritise role modelling in the theoretical environment. Educators should take the leading role in role modelling and students should be inspired to idealise the role models. Trust in a role model depends on the expectations of educators and students. Role modelling nominations of educators and students in the NEI may motivate professional credibility and foster trust in educators and students of the NEI.

### ***7.3.2.3 Clinical teaching and learning environment***

The clinical teaching and learning environment should be conducive to teaching and learning of clinical skills. In the clinical teaching and learning environment trust is imperative for the clinical learning opportunities that will contribute to trust in nursing care. Recommendations focus on the quality of teaching and learning in the clinical environment during WIL:

- NEIs and educators should identify clinical facilities where students can obtain the required WIL. Students should be placed in an environment that promotes learning outcomes and opportunities during WIL. Teaching in the clinical environment should be prioritised by the professional nurses in order to facilitate students' learning.
- SANC accredited facilities should meet the requirements of qualified professional nurses, available equipment and high standards of nursing care. These accredited clinical facilities need to be conducive to the implementation and practising of the same standards students have been taught in the NEIs.
- Educators and professional nurses have to maintain standards in the clinical environment. When standards in the clinical environment are high, it results in trust in the WIL of students during the programme. Standards in the CLE ensure quality teaching and learning for students.
- Consistency of standards in the clinical environment makes the environment secure and predictable for students, which will diminish students' fear and uncertainties in the clinical environment. When situations are predictable, students do not experience vulnerabilities and the clinical experiences foster trust with confidence, motivation and self-trust of the students.
- Managers in the CLE should emphasise the teaching responsibility of professional nurses. Professional nurses should be available and supportive to

students and have positive attitudes to teaching. A reward system could be implemented in the CLE when professional nurses teach and support students. The openness of professional nurses to teaching will improve interpersonal trust, trust during WIL for students as well as trusting relationships between educators and professional nurses.

- The important role of educators during accompaniment in the clinical environment should not be neglected. Motivation, clinical support and accompaniment to integrate theory and practice contribute to quality teaching and learning and ensure trust in the programme and the newly qualified professional nurse.

### **7.3.3 Recommendations for future studies**

Trust is a topic that currently is investigated globally. Studies of trust and trusting relationships in nursing and nursing education will contribute to enhance achievements in nursing education and trust in nursing in the society. Recommendations for further studies regarding trust in nursing education and nursing are as follows:

- Conducting quantitative research to test the relationship statements of the model. Quantitative results, such as correlations of statements, will make a contribution to the verification and validity of this model.
- Future qualitative and quantitative research with the aim to developing a formal theory of trust in nursing education.
- Further studies to include the professional nurse as a role player in nursing education are recommended to identify their views regarding trust and trusting relationships in the clinical teaching and learning environment.
- A study on the trust in the programme of newly qualified professional nurses who completed the four year nursing programme.
- A study that include managers and professional nurses in clinical facilities, to determine the trust in newly qualified professional nurses.

The recommendations from the findings are aimed at fostering trust in nursing education through self-trust, interpersonal trust and trust in the teaching and learning of students.

#### **7.4 LIMITATIONS OF THE STUDY**

Few limitations were identified. One limitation might be that the researcher included only students at third- and fourth-year levels of the R425 four year nursing programme. The third- and fourth-year students are more mature with more clinical exposure than first- and second-year students. The first- and second-year students' views might have differed due to their limited experience in the teaching and learning environments.

The findings indicated that participants emphasised the important role of the professional nurses in the nursing education environment for trust in nursing education. However professional nurses were not part of the population as the context of the study was the teaching and learning environment and not clinical practice. Including professional nurses as part of the population of a further study was recommended.

#### **7.5 CONCLUSION**

The philosophical underpinning of this study was guided by a constructivist and interpretative paradigm. The researcher gained knowledge about trust in nursing education through individual interpretation. The relativist epistemology was indeed suitable to achieve the outcomes. Interaction between the researcher and participants rendered data through the subjective views of participants regarding trust in nursing education. Knowledge of the phenomenon 'trust' in nursing education was gained through a qualitative approach and interpretive constructivism. The grounded theory design with face-to-face interviews with educators and focus group interviews with students enabled the researcher to understand the views of the participants. Through inductive reasoning, the synthesis of two sets of data collected from the educators and students, resulted in themes, categories and sub-categories which were identified as important for trust in nursing education. The purpose and objectives were comprehensively attained by employing the research approach and design, which contributed to the development of a model for trust in nursing education.

An important conclusion based on the findings is that self-trust of role players and the interaction among them are imperative for the development of interpersonal trust. For trust to develop it is essential that educators, students and professional nurses demonstrate compliance with expectations. Expectations such as attributes of trustworthiness, competencies and professional conduct form the premise for

interpersonal trust. Professional conduct and ethical behaviour, competencies and knowledge and skills of the role players were found to be imperative to ensure interpersonal trust among role players. From the findings it could be inferred that personal and professional virtues, which are congruent with role players' intentions and behaviours foster mutual trust among role players.

In the final analysis the study showed that trust (from the side of the students) in the theoretical environment depends on the availability and accessibility of expert educators employing innovative teaching strategies supplemented with technology for effective teaching and learning. Trust in the clinical teaching and learning environment depends on effective and updated equipment where nursing interventions are implemented in a safe and secure context with no risks and support from professional nurses and educators. Trust is reinforced by sufficient and appropriate learning opportunities and clearly stated standards.

Walker and Avant's (1995:58) description of concept synthesis was used to construct the model by means of a grounded theory design. The model comprises five components, namely the frame of the nursing education environment, professional relations, expectations of the role players in nursing education, creating an environment conducive to teaching and learning, and, finally, trusting relationships and trust in quality teaching and learning.

The model for trust emphasises the importance and value of trust in nursing education. The expert reviewers, who evaluated the model, indicated that the model is very relevant in the current situation of nursing education in South Africa. The expert reviewers also agreed that this model is applicable to nursing education and even transferable to other educational contexts.

It is believed that the findings of the study and the newly developed model will contribute to the scientific knowledge of nursing, nursing education and other educational programmes. It is trusted that the recommendations which emanated from the study will guide NEIs, educators and students to promote trust in nursing education.

Through this study, the researcher as an educator again came under the impression of the importance of trust in nursing and nursing education. The nursing profession is associated with trust and, therefore, trust should be emphasised when students enter the nursing education programme. I believe and trust that this model will be useful when implemented and will contribute to trust and trusting relationships in nursing education and in society.

*Experto credite*

(Trust one who has gone through it)

Virgil 70-19 BC

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## **ANNEXURE A**

Ethical Clearance Certificate, Unisa

**UNIVERSITY OF SOUTH AFRICA  
Health Studies Higher Degrees Committee  
College of Human Sciences  
ETHICAL CLEARANCE CERTIFICATE**

**HS HDC/114/2012**

Date: 12 December 2012 Student No: 483-130-6  
Project Title: A Model for trust in the Nursing Education environment  
Researcher: Ellie Catharina van Dyk  
Degree: D Litt et Phil Code: DPCHS04  
Supervisor: Prof G H van Rensburg  
Qualification: D Litt et Phil  
Joint Supervisor: -

**DECISION OF COMMITTEE**

Approved

Conditionally Approved

  
Prof L Roets

**CHAIRPERSON: HEALTH STUDIES HIGHER DEGREES COMMITTEE**

Dr MM Moleki

  
**ACTING ACADEMIC CHAIRPERSON: DEPARTMENT OF HEALTH STUDIES**

Fol

PLEASE QUOTE THE PROJECT NUMBER IN ALL ENQUIRES

## **ANNEXURE B**

University of the Free State: Permission letter

Research Division  
Internal Post Box G40  
☎ (051) 4052812  
Fax (051) 4444359

E-mail address: StraussHS@ufs.ac.za

Ms H Strauss/hv

2013-11-29

REC Reference nr 230408-011  
IRB nr 00006240

MS EC VAN DYK  
FREE STATE SCHOOL OF NURSING  
(SOUTHERN CAMPUS)  
PRIVATE BAG X20520  
BLOEMFONTEIN  
9330

Dear Ms Van Dyk

ECUFS NR 167/2013  
MS EC VAN DYK  
PROJECT TITLE:

UNISA  
A MODEL FOR TRUST IN THE NURSING EDUCATION ENVIRONMENT.

- You are hereby kindly informed that at the meeting on 26 November 2013 the Ethics Committee approved the study after all conditions have been met when the following were submitted:
  - *The Information Leaflet and Informed Consent in Sotho*
  - *Signed permission letter from Mr R Buys, Dean; Student Affairs*
- Committee guidance documents: Declaration of Helsinki, ICH, GCP and MRC Guidelines on Bio Medical Research. Clinical Trial Guidelines 2000 Department of Health RSA; Ethics in Health Research: Principles Structure and Processes Department of Health RSA 2004; Guidelines for Good Practice in the Conduct of Clinical Trials with Human Participants in South Africa, Second Edition (2006); the Constitution of the Ethics Committee of the Faculty of Health Sciences and the Guidelines of the SA Medicines Control Council as well as Laws and Regulations with regard to the Control of Medicines.
- Any amendment, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.
- The Committee must be informed of any serious adverse event and/or termination of the study.
- All relevant documents e.g. signed permission letters from the authorities, institutions, changes to the protocol, questionnaires etc. have to be submitted to the Ethics Committee before the study may be conducted (if applicable).
- A progress report should be submitted within one year of approval of long term studies and a final report at completion of both short term and long term studies.
- Kindly refer to the ETOVS/ECUFS reference number in correspondence to the Ethics Committee secretariat.



Yours faithfully

  
FOR CHAIR: ETHICS COMMITTEE

**E. Van Dyk - Study Registered**

---

**From:** "Rudi Buys" <Buysbr@ufs.ac.za>  
**To:** <Vandyke@fshealth.gov.za>  
**Date:** 2013/11/14 05:29 AM  
**Subject:** Study Registered  
**CC:** "Vhugala Nthakheni" <NthakheniV@ufs.ac.za>, "Anisha Sewsanker" <Sewsanke...>

---

Dear Ms Van Wyk

Please receive herewith confirmation of your UNISA-study, A model for trust in the Nursing Education environment, approved for student engagement and registered with Student Affairs Research Desk.

We wish you well with the study.

Kind regards,

B Rudi Buys VDM  
Dean: Student Affairs/Dekaan: Studentesake/Hlooho: Ditaba tsa baithuti

MENTORING STUDENT EXCELLENCE/BEGELEIDING VAN STUDENTE-  
UITNEMENDHEID/TATAISO YA BAITHUTI BOIKEMELONG BA BONA!

t. +27 (0) 51 401 2852  
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e. sewsankera@ufs.ac.za

Secretary: Masechaba Kgampe  
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University of the Free State: This message and its contents are subject to a disclaimer.  
Please refer to <http://www.ufs.ac.za/disclaimer> for full details.

Universiteit van die Vrystaat:  
Hierdie boodskap en sy inhoud is aan 'n vrywaringsklousule onderhewig.  
Volledige besonderhede is by <http://www.ufs.ac.za/vrywaring> beskikbaar.

---

Heg asseblief die protokol vir die studie hierby aan, asook die Etiekkomitee aansoekvorm.

Neem asb kennis dat dit die verantwoordelikheid van die navorser(s) is om te verseker dat alle toepaslike handtekeninge verkry word voor hierdie getekende vorm terugbesorg word aan die Etiekkomitee Administratiewe kantoor (D115) Francois Retief-gebou, Fakulteit Gesondheidswetenskappe, UV. Die protokol mag intussen ingehandig word vir Etiekkomitee goedkeuring terwyl handtekeninge bekom word.

A.

Approved / Rejected /  
Goedgekeur / Afgekeur

HEAD OF SCHOOL /  
HOOF VAN DIE SKOOL

SIGNATURE / HANDTEKENING DATE / DATUM

COMMENTS / KOMMENTAAR:

B.

Approved / Rejected /  
Goedgekeur / Afgekeur

DEAN OF THE FACULTY /  
DEKAAN VAN DIE FAKULTEIT

SIGNATURE / HANDTEKENING DATE / DATUM

COMMENTS / KOMMENTAAR:

C.

Approved / Rejected /  
Goedgekeur / Afgekeur

VICE-RECTOR: ACADEMIC  
VISE-REKTOR: AKADEMIËS /

Universiteit van die Vrystaat  
University of the Free State

2013-09-19

SIGNATURE / HANDTEKENING DATE / DATUM

COMMENTS / KOMMENTAAR:

Pro-  
Viserektor: Akademies  
Vice-Rector: Academic

PROF. HR WAY  
VICE-RECTOR: ACADEMIC  
TEL: 051-4013773

D.

If research will include students on campus and if questionnaires will be distributed in hostels on campus the Dean: Student Affairs has to be notified. /

Wanneer studente op kampus by navorsing ingesluit gaan word en wanneer vraelyste versprei gaan word by koshuise moet die Dekaan: Studente Aangeleentehede in kennis gestel word.

## **ANNEXURE C**

Department of Health, Free State Province:  
Permission letter



health

Department of  
Health  
FREE STATE PROVINCE

20 March 2013

Ms EC van Dyk  
Free State School of Nursing Southern Campus  
Private Bag X 20520  
**BLOEMFONTEIN**  
9300

Dear Ms van Dyk

**Subject: PERMISSION TO CONDUCT RESEARCH ON A MODEL OF TRUST IN THE NURSING EDUCATION ENVIRONMENT**

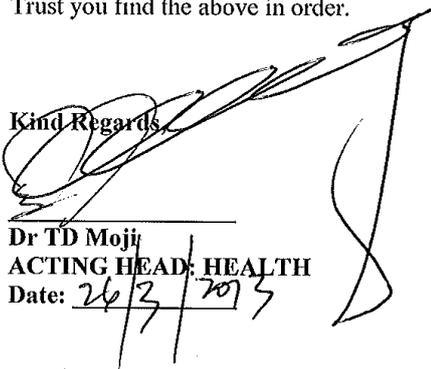
The above mentioned correspondence bears reference.

Permission is hereby granted for the above – mentioned research on the following conditions:

- Participation should be by consent
- Participation should be protected form all forms of harm
- Study should not interfere with service delivery
- Final results before publication are discussed and shared with us.

Trust you find the above in order.

Kind Regards,

  
Dr TD Moji  
ACTING HEAD: HEALTH  
Date: 26/3/2013

Head : Health  
PO Box 227, Bloemfotein, 9300  
4<sup>th</sup> Floor, Executive Suite, Bophelo House, cnr Maitland and, Harvey Road, Bloemfotein  
Tel: (051) 408 1107/8 Fax: (051) 408 1950, e-mail: [hodpa@fshealth.gov.za](mailto:hodpa@fshealth.gov.za)/[fshealth.gov.za](mailto:fshealth.gov.za)

[www.fs.gov.za](http://www.fs.gov.za)



Member of the Executive Council  
for Health  
FREE STATE PROVINCE

**TO: Dr TD MOJI**  
Department of Health  
Free State Provincial Government  
Bloemfontein

Dear Dr Moji

**APPOINTMENT AS ACTING HEAD OF THE DEPARTMENT:  
DEPARTMENT OF HEALTH**

1. Kindly be advised that you are hereby appointed, in terms of Section 32(2)(a), read with Section 32(2)(b)(i) of the Public Service Act, as Acting Head of the Department of Health.
2. This appointment will be effective from 08 January 2013 until said post is filled or otherwise terminated.
3. Your willingness to assume the additional responsibility is sincerely appreciated.

Yours faithfully

  
 M. Z. MASEKO  
 Acting MEC: Health

.....  
Date

PO Box 227, BLOEMFONTEIN, 9301  
 Sophelo House, cor Maitland and, Harvey Road, BLOEMFONTEIN  
 Tel: (051) 408 1105 Fax: (051) 401 1566  
 E-mail: [acomec@fshealth.gov.za](mailto:acomec@fshealth.gov.za)

## **ANNEXURE D**

Department of Health, Free State Province,  
Free State School of Nursing: Permission letter



health

Department of  
Health  
FREE STATE PROVINCE

## INTERNAL MEMO

<b>DATE:</b>	18/04/13	<b>FILE NO:</b>	
<b>TO:</b>	Ms Elna Van Dyk Head of Academic Department Southern Campus Bloemfontein	<b>FROM:</b>	Mrs M.A Mofokeng Acting Rector: Free State School of Nursing

**SUBJECT: Permission to conduct research**

**Topic: A model of trust in the Nursing Education Environment**

Permission is hereby granted for the above mentioned research. The following ethical considerations should be adhered to:

- ❖ Freedom of choice and self determination of the participants including voluntary consent.
- ❖ Adhere to all stipulations of the Head of the Department regarding observing on duties times.
- ❖ Prior arrangement should be done to brief each Campus about the study and consequently relevant permission letters should be obtained from Campus Heads.

  
Mrs. M.A Mofokeng  
Acting Rector



## **ANNEXURE E**

Department of Health, Free State School of Nursing,  
Southern Campus: Permission letter



health

Department of  
Health  
FREE STATE PROVINCE

**Head of Department  
Southern Campus  
BLOEMFONTEIN  
921301**

**Attention: Ms E van Dyk**

RE: REQUEST TO CONDUCT RESEARCH

Your request to conduct research by means of interviews and focus groups, with nursing educators and third and fourth year students as your population, is hereby approved.

Your study theme, findings and recommendations could provide valuable insights into building trust relationships within the college environment and you are wished every success with this endeavour.

We would gladly give you our support and look forward to receiving your communication giving specific dates.

**S R van Niekerk**  
**Head : Southern Campus**  
6 May 2013

S R van Niekerk, Principal Southern Campus, Free State School of Nursing  
Private Bag X20520 , Bloemfontein, 9300

Tel: (051) 403 9831 Fax: (051) 430 6469  
E-mail Address: vnieksr@fshealth.gov.za

[www.fs.gov.za](http://www.fs.gov.za)

## **ANNEXURE F**

Department of Health, Free State School of Nursing,  
Northern Campus: Permission letter



Free State School of Nursing  
Northern Campus  
P/ Bag X290 WELKOM 9460  
Tel: (057) 3963710  
Fax: (057) 396 3719  
Msayi N – Head of Campus

e-mail Address: msayin@fshealth.gov.za

07 / 05 /2013

Ms E. Van Dyk  
FSSON South  
Bloemfontein  
9300

Dear Madam,

**Re: Approval: Request to conduct research at Free State School of Nursing – Northern Campus**

I acknowledge receipt of your correspondence dated 25.04.2013, regarding the above. Approval is herewith granted for you to undertake the proposed research.

Lecturers and students of both 3<sup>rd</sup> and 4<sup>th</sup> year levels have been duly informed of this. The campus will await the specific dates to conduct these interviews with the target groups, as promised.

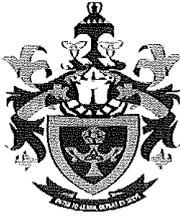
We wish you success with your studies, and are certain that your intended objectives will be met. This would be beneficial in the improvement of the teaching and learning milieu.

Thank you

N. Msayi

## **ANNEXURE G**

Department of Health, Free State School of Nursing,  
Eastern Campus: Permission letter



health

Department of  
Health  
FREE STATE PROVINCE

## INTERNAL MEMO

<b>DATE:</b>	24.06.2013	<b>FILE NO:</b>	
<b>TO:</b>	Ms Elna Van Dyk Head of Academic Department Southern Campus	<b>FROM:</b>	Me Mokoena-Mvandaba Acting Dean Eastern Campus

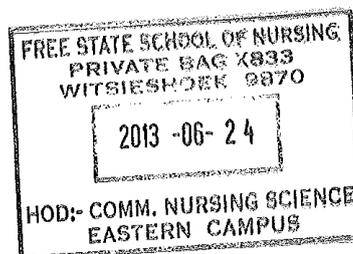
**SUBJECT: PERMISSION TO CONDUCT RESEARCH**

**Topic: A Model of trust in the Nursing Education Environment**

Permission is hereby granted to conduct research at Eastern Campus – Free State School of Nursing.

Thank you.

  
 Me Mokoena-Mvandaba M.M  
 Acting Dean - ECFSSON



## **ANNEXURE H**

Information letter (Educator)

Information letter (Student)

## **Annexure H: Information letter (educator)**

P.O. Box 25809  
LANGENHOVENPARK  
9330

\_\_\_\_\_2014

Dear Ms/dr./

### **REQUEST TO PARTICIPATE IN RESEARCH**

I hereby request / invite you to be part of a research project. I am conducting the research under the supervision of UNISA for a D Litt et Phil degree.

The purpose of the study is to explore the needs of students and the views of educators regarding trust, in order to develop a model of trust for the nursing education environment. I will be conducting personal interviews with the educators and focus group interviews with third and fourth year students in order to explore the phenomenon of trust in the nursing education environment.

I would appreciate it if you could participate in this research. The data will be gathered through a face-to-face interview that will be audio-taped. During the interview and research I undertake to be honest and sensitive to you and shall respect your rights and privacy. You are free to terminate your involvement, or recall your consent to participate in this research, at any time, without the fear of any penalties. You have the right to refrain from answering questions or comment on any discussion, should you experience an invasion of your privacy or any psychological discomfort. Confidentiality and anonymity will be maintained and your identity will not be linked to any information reported on. No remuneration will be given when participating in this research.

Should you wish to discuss any matters relating to the study, please feel free to contact me through any of the contact details provided below.

Thank you for your positive consideration to participate, and willingness to contribute in the scientific knowledge of nursing education.

Yours truly

EC van Dyk (Researcher)

0833467071 or 051 4039832 (W)

**Annexure H: Information letter (student)**

P.O. Box 25809  
LANGENHOVENPARK  
9330

\_\_\_\_\_2014

Dear Participant

**REQUEST TO PARTICIPATE IN RESEARCH**

I hereby request / invite you to be part of a research project. I am conducting the research under the supervision of UNISA for a D Litt et Phil degree.

The purpose of the study is to explore the needs of students and the views of educators regarding trust, in order to develop a model of trust for the nursing education environment. I will be conducting personal interviews with the educators and focus group interviews with third and fourth year students in order to explore the phenomenon of trust in the nursing education environment.

I would appreciate it if you could participate in this research. The data will be gathered through a focus group interview that will be audio-taped. During the focus group interview and research I undertake to be honest and sensitive to you and shall respect your rights and privacy. You are free to terminate your involvement, or recall your consent to participate in this research, at any time, without the fear of any penalties. You have the right to refrain from answering questions or comment on any discussion, should you experience an invasion of your privacy or any psychological discomfort. Confidentiality and anonymity will be maintained and your identity will not be linked to any information reported on. No remuneration will be given when participating in this research.

Should you wish to discuss any matters relating to the study, please feel free to contact me through any of the contact details provided below.

Thank you for your positive consideration to participate, and willingness to contribute in the scientific knowledge of nursing education.

Yours truly

EC van Dyk (Researcher)

0833467071 or 051 4039832 (W)

Posbus 25809  
Langenhovenpark  
9330

\_\_\_\_\_2014

Beste Deelnemer

**VERSOEK OM DEEL TE NEEM AAN 'N NAVORSINGS PROJEK**

Hiermee versoek / nooi ek u uit om deel te neem aan 'n navorsings projek. Ek doen 'n navorsing onder die toesig van UNISA vir 'n D Litt et Phil graad.

Die tema van die studie is: "n Model vir vertrouwe in die verpleegonderrig omgewing." Die studie beoog om 'n model vir vertrouwe in die verpleegonderrig omgewing te ontwikkel. Die doel is om die belang van vertrouwe in die onderrig en leer omgewing te eksplorieer en te beskryf vir die onderrig van professionele verpleegkundiges. Hierdie navorsing is 'n kwalitatiewe studie met 'n gegronde teorie benadering met die intensie om 'n model te ontwikkel en aanbevelings te doen om vertrouwe in die onderrig en leer omgewing te bou vir die program wat lei tot die registrasie van professionele verpleegkundiges. Een-tot-een onderhoude sal gevoer word met dosente en fokusgroep onderhoude met studente wat in hul derde en vierde jaar is. Hierdie onderhoude sal gevoer word totdat teoretiese saturasie bevestig is.

Ek sal dit hoog op prys stel indien u kan deelneem as 'n deelnemer in hierdie navorsing. Die deelname in hierdie navorsing is vrywillig. Die onderhoud sal ongestruktureerd wees en 'n digitale opname sal opgeneem word. Gedurende die onderhoud en navorsing sal die navorser eerlik en sensitief wees en etiese beginsels sal geïmplementeer word. U as deelnemer is vry om u deelname te beëindig of u toestemming te herroep gedurende die deelname van die navorsing. U het die reg om enige vrae te weer indien u beleef dat dit u privaatheid blootstel of sielkundige ongemak gee. Konfidensialiteit sal gehandhaaf word en u identiteit sal nie verbind word met enige inligting van die resultate. Geen vergoeding word van u verwag as deelnemer en geen vergoeding sal gegee word wanneer u in hierdie navorsing deelneem. Terugvoer sal gegee word aan die deelnemers en u het die reg om die navorser te kontak ten opsigte van die resultate en uitkoms van die navorsing.

Die voordele van die navorsing sal nie onmiddelik sigbaar wees nie, maar dat dit tot voordeel sal wees in die toekoms vir die omgewing van verpleegonderrig wanneer strategieë en aanbevelings geïmplementeer sal word om die vertrouwe te verhoog in die verpleegonderrig omgewings. Geen risiko's is geïdentifiseer vir die deelname van deelnemers in hierdie studie. Die navorser is van voorneme om hierdie model in Joernale te publiseer en versoeke te rig om die model by konferensies aan te bied.

Baie dankie vir u postiewe oorweging om deel te neem en bereidheid om 'n bydrae te maak in die wetenskaplike kennis van verpleegonderrig.

Die Uwe

EC van Dyk

Navorser: Sel nr: 0833467071

P.O. Box 25809  
Langenhovenpark  
9330  
\_\_\_\_\_2014

Dear Participant

**REQUEST TO PARTICIPATE IN A RESEARCH PROJECT**

I hereby request / invite you to be part of a research project. I am conducting the research under the supervision of UNISA for a D Litt et Phil degree.

The theme of the study is: *A model for trust in the nursing education environment*. The research aims to develop a model for trust in the nursing education environment. The purpose is to explore and describe the importance of trust in the teaching and learning environment for the scholarship of professional nurses. This research will be a qualitative and grounded theory approach with the intention to develop a model and recommendations to build trust into the teaching and learning environment of the programme which leads to the registration of professional nurses. Face-to-face interviews will be conducted with educators and focus groups interviews with third and fourth year students until theoretical saturation is evident.

I would appreciate it if you could take part in this research as a participant. Participation in this research is voluntary. The data will be gathered through an unstructured interview, which will be recorded on tape. During the interviews and research the researcher will be honest and sensitive and ethical considerations will be implemented. You as participant are free to terminate your involvement or recall your consent to participate in this research at any time. You have the right to refrain from answering questions should you experience an invasion to your privacy or any psychological discomfort. Confidentiality will be maintained and your identity will not be linked to any information used in results. No payment is expected from you as participant and no remuneration will be given when participating in this research. Feedback will be given to the participants and you have the right to contact the researcher for the results of the study upon conclusion.

The benefits of the research will not be evident now directly, but it will benefit in future the nursing education environment when strategies and recommendation are implemented to increase the trust in the nursing education environments. No risks are identified for the participation of participants in this study. The researcher is intended to published this model in Journals and submit requests to different conferences for the presentation of the model.

Thank you for your positive consideration to participate and willingness to contribute in the scientific knowledge of nursing education.

Yours truly

EC van Dyk

Researcher (Cell nr: 0833467071)

Monka-karolo ya ratehang

**KOPO YA HORE O NKE KAROLO DIPATLISISONG TSA MAHLALE**

Ke o kopa le ho o mema ka boikokobetso ho nka karolo dipatlisising tsa mahlale. Ke etsa dipatlisiso tsa mahlale tlasa bodisa ba UNISA jwaloka moithuti wa lengolo la Bongaka (D Litt et Phil degree).

Sehloho sa dipatlisiso: Setshwantsho sa ho tshepana ho tsa thupello ya booki. Sepheo sa dipatlisiso tsena ke ho fana ka setshwantsho sa ho tshepana ho tsa thupello ya booki, ho hlahloba le ho hlalosa bohlokwa ba ho tshepana thupelong ya baoki, diphaposing tsa thupello le dibakeng tsa ho ikwetlisetsa tshebetso. Dipatlisiso e tla ba tsa boleng bo phahameng, tsa motheo, ka maikemisetso a ho fana ka setshwantsho le ho etsa dikgothaletso kahong ya ho tshepana ho tsa thupello ya baoki e lebisang ho ngodiseng jwaloka mooki ya phethahetseng. Mmatlisisi o tla botsa barupelli le dihlopha tsa baithuti ba mophato wa boraro le wa bone dipotso, difahleho di tadimane, ho fihlela a bokelletse bopaki bo lekaneng. Nka thabela ha o ka ba karolo ya dipatlisiso tsena, o sa qobellwe, e le ka boithaopo. Dintlha tsa dipatlisiso di tla bokellwa ka ho buisana le banka-karolo, mme di hatlwe motjhining o hatlang mantse. Dipatlisiso di tla etswa ho ikamahantswe le botshepehi, ho ba sedi, mmoho le melao e sireletsang ba nkang karolo. O ka ikgula kapa wa fetohela tumellano eo o faneng ka yona neng kapa neng ha o se o sa rate ho nka karolo, mme o ke ke wa nyatswa. O na le tokelo ya ho se arabe dipotso tse sa dumellaneng le wena hantle kapa tse ka pepesang makunutu a hao. Ho nka karolo ha hao e tla ba sephiri mme ha ho hloka hore o ipolele, etswe le sephetho sa dipatlisiso se ke ke sa amahangwa le lebitso la hao. Ha ho tjelete eo o e lefang kapa eo o e lefshwang bakeng sa ho nka karolo dipatlisising tsena.

Ba nkang karolo batla bewa leseding ka ditaba tsa dipatlisiso mme mmatlisisi o lokela ho o tsebisa sephetho sa dipatlisiso hang ha di phethetswe.

Molemo o tlang ho unwa dipatlisising tsena o ke ke wa bonahala ka kotloloho ha jwale, empa di tla tswela thupello ya booki molemo kgabareng, ha mehato e kgothaleditsweng ho hodisa ho tshepana thupelong le kwetlisong ya booki e kenngwa tshebetsong. Ha ho kotsi leha a le ditlamorao tse bosula tse hlokometsweng kapa tse lebeletsweng bakeng sa banka-karolo dipatlisising tsena. Mmatlisiso o ikemisedi ho se bapatsa dibokeng.

Ke o leboha ka ho utlwisisa ho nka karolo le ho ikemisetsa ho phehisa ka ditshwaelo morerong ona wa dipatlisiso tsa mahlale thupelong ya booki.

Wa tsena

E.C. van Dyk

Mmatlisisi

(Nomoro ya mohala: 0833467071)

## **ANNEXURE I**

Agreements with the participants

## **Annexure I: Agreement with the educator**

### **AGREEMENT**

I, .....on this.....day of .....20.....

hereby consent to:

being interviewed by EC van Dyk on the topic: *A model for trust in the Nursing Education environment*

follow-up interviews, if necessary

the interviews being audio-taped

the use of data derived from these interviews by the researcher in the research report, as she seems appropriate to the study.

I also understand that:

I am free to terminate my involvement or to recall my consent to participate in this research, at any time

confidentiality will be maintained by the researcher and that my identity will not be linked to information

more than one interview may be necessary

no reimbursement will be made by the researcher for information given or participation in this project

I may refrain from answering question should I feel these are an invasion of my privacy

by signing this agreement I undertake to give honest answers to reasonable questions and not to mislead the researcher

I will be given the original copy of this agreement on signing it.

I hereby acknowledge that the researcher has

discussed the purpose of this research project with me in detail

informed me about the contents of this agreement

pointed out the implication of signing this agreement.

In co-signing this agreement, the researcher has undertaken to

maintain confidentiality and privacy regarding the participant's identity and information given by the participant

arrange in advance a suitable time and place for an interview to take place

safeguard the duplicate of this agreement.

PARTICIPANT:.....

RESEARCHER:.....

DATE:.....

**Annexure I: Agreement with the student**

**AGREEMENT**

I, .....on this.....day of .....20.....  
hereby consent to:

- being interviewed by EC van Dyk on the topic: *A Model for Trust in the Nursing Education Environment*
- follow-up interviews, if necessary
- the interviews being audio-taped
- the use of data derived from these interviews by the researcher in the research report, as she seems appropriate to the study.

I also understand that:

- I am free to terminate my involvement or to recall my consent to participate in this research, at any time
- confidentiality will be maintained by the researcher and that my identity will not be linked to information
- more than one interview may be necessary
- no reimbursement will be made by the researcher for information given or participation in this project
- I may refrain from answering question should I feel these are an invasion of my privacy
- by signing this agreement I undertake to give honest answers to reasonable questions and not to mislead the researcher
- I will be given the original copy of this agreement on signing it.

I hereby acknowledge that the researcher has

- discussed the purpose of this research project with me in detail
- informed me about the contents of this agreement
- pointed out the implication of signing this agreement.

In co-signing this agreement, the researcher has undertaken to

- maintain confidentiality and privacy regarding the participant's identity and information given by the participant
- arrange in advance a suitable time and place for an interview to take place
- safeguard the duplicate of this agreement.

PARTICIPANT:..... RESEARCHER:.....

DATE:.....

## OOREENKOMS

Ek,.....op hierdie.....dag van

.....20..... gee hiermee toestemming dat:

- EC van Dyk 'n onderhoud met my mag voer op die onderwerp: “'n Model vir vertroue in die verpleegonderrig omgewing”;
- opvolg onderhoude mag geskied indien dit nodig geag word;
- die onderhoude opgeneem mag word;
- die data wat van die onderhoud verkry word tydens die onderhoud gebruik mag word in die navorsings verslag soos wat sy goed dink.

Ek verstaan ook dat:

- deelname vrywillig is in hierdie navorsing;
- ek my betrokkenheid kan beëindig of toestemming kan herroep om deel te neem in hierdie navorsing;
- inligting wat ek gegee het tot en met die beëindiging van my deelname, steeds gebruik mag word deur nie navorser;
- die navorser konfidensialiteit sal handhaaf en dat my identiteit nie verbind sal word met enige inligting wat ek gee nie;
- meer as een onderhoud nodig mag wees;
- die navorser geen vergoeding sal gee vir die deelname aan hierdie projek;
- geen kostes van my as deelnemer verwag sal word nie;
- ek mag geen inligting onthul wat 'n deelnemer in 'n fokus groep genoem het, maar sal dit konfidensieël hou;
- ek mag my weerhou om enige vrae te beantwoord indien ek beleef dat die vrae inbreuk maak op my privaatheid;
- met die ondertekening van hierdie ooreenkoms onderneem ek om eerlike antwoorde te gee op billike vrae en nie die navorser sal mislei nie;
- met die ondertekening van hierdie ooreenkoms sal ek die oorspronklike kopie ontvang;
- ek die Sekretariaat van die Etiese Komitee van die Fakulteit van Gesondheids Wetenskappe, UFS mag kontak by die telefoon nommer (051) 4052812 rakende my regte as deelnemer in die navorsing;
- ek die navorser mag kontak indien ek enige navrae of onsekerhede het rakende die navorsings projek;

Ek erken ook hiermee dat die navorser:

- met my die volledige doel van die navorsing met my bespreek het;
- my ingelig het rakende die inhoud van hierdie ooreenkoms;

- vir my die implikasies met die ondertekening van hierdie ooreenkoms uitgelig het.

Met die mede-ondertekening van hierdie ooreenkoms, die navorser onderneem om:

- konfidensialiteit en privaatheid sal handhaaf rakende die deelnemer se identiteit en inligting wat die deelnemer gegee het;
- vroegtydig 'n geskikte tyd en plek sal reel waar die onderhoud uitgevoer gaan word;
- die duplikaat van hierdie ooreenkoms veilig te bewaar.

DEELNEMER: .....

NAVORSER: .....

GETUIE: .....

DATUM: .....

Sel nr: 0833467071

## **AGREEMENT**

I, .....on this.....day of .....20.....

hereby consent to:

- being interviewed by EC van Dyk on the topic: “A model for trust in the nursing education environment”
- follow-up interviews, if necessary
- the interviews being audio-taped
- the use of data derived from these interviews by the interviewed in the research report as she seems appropriate.

I also understand that:

- participation in this research is voluntary
- I am free to terminate my involvement or to recall my consent to participate in this research at any time I feel like it
- information given up to the point of my termination of participation could, however, still be used by the researcher
- confidentiality will be maintained by the researcher and that the identity will not be linked to information
- more than one interview may be necessary
- no reimbursement will be made by the researcher for information given or participation in this project and
- no costs will be expected from me to participate in the research
- I may not disclose any information a participant shared in a focus group interview, but will keep it confidential
- I may refrain from answering question should I feel these are an invasion of my privacy
- by signing this agreement I undertake to give honest answers to reasonable questions and not to mislead the researcher
- I will be given the original copy of this agreement on signing it
- I may contact the Secretariat of the Ethics Committee of the Faculty of Health Sciences, UFS at telephone number (051) 4052812 if I have questions about my rights as a research subject.
- I can contact the researcher if I have any request or uncertainty regarding to the research project.

I hereby acknowledge that the researcher has

- discussed with me in detail the purpose of this research project
- informed me about the contents of this agreement
- pointed out the implication of signing this agreement.

In co-signing this agreement, the researcher has undertaken to

- maintain confidentiality and privacy regarding the participant's identity and information given by the participant
- arrange in advance a suitable time and place for an interview to take place
- safeguard the duplicate of this agreement.

PARTICIPANT:.....

RESEARCHER:.....

WITNESS:.....

DATE:.....

Cellnr: 0833467071

## TUMELLANO

Nna, ..... letsatsing lena la ..... la .....20 ke fana ka tumello hore:

- nka botswa dipotso ke E.C. van Dyk tlasa sehloho se reng: “Setshwantsho sa ho tshepana thupelong ya booki”
- a ka tswella ho mpotsa dipotso ha ho hlokahala
- a ka hatisa puisano ya rona motjhining o hatisang mantswa
- sephetho sa dipatlisiso tsena se ka sebediswa ka mokgwa o fe kapa o fe oo mmatlisisi a bonang o lokela.

Ke utlwisisa hape hore:

- ho nka karolo dipatlisisong tsena ke ba boithaopo
- ke bolokolohing ba ho fetohela tumellano eo ke faneng ka yona le ho ikgula dipatlisisong tsena neng kapa neng ha ke ikutlwa jwalo
- tlhahiso-leseding e neng e se e bokelletswa ho fihlela nakong eo ke ikgulang ka yona, e ka sebediswa ke mmatlisisi
- mmatlisisi o tla boloka ditaba tsa ka le yena e le sephiring mme a ke ke a bolela lebitso la ya faneng ka lesedi
- ho ka ba le dipuisano ka makgetlo a fetang bonngwe
- mmatlisisi a ke ke a lefa motho ya mo fileng tlhahiso-leseding kapa ya nkang karolo dipatlisisong tsena
- ha ho seo ke se lefang ho nka karolo dipatlisisong tsena
- nke ke ka phatlalatsa ditaba tse hlahisitsweng ke e mong nakong eo re botswang dipotso, empa ketla di boloka e le lekunutu
- ke na le tokelo ya ho hana ho araba dipotso tse ka pepesang makunutu a ka.
- ka ho tlabola tumellano ena ke ikana ho fana ka dikarabo ka botshepehi dipotsong tse amohelehang e le hore ke se lahlehise mmatlisisi
- hoba ke tlabole tumellano ena, ketla e fuwa e le leqephe la sethatong, e seng setshwantsho sa yona
- nka ikopanya le Bongodi ba Lekgotla la Melao ya boitshwaro Lefapheng la Mahlale a tsa Bophelo Univesithing ya Freisetata nomorong ena ya mohala (051) 4052812 bakeng sa dipotso mabapi le ditokelo tsa ka jwaloka monka-karolo
- nka ikopanya le mmatlisisi ho etsa kopo e fe kapa e fe, kapa ho hlakisetswa mabapi le dipatlisiso

Ka hoo ke hlahisa le ho ananela hore mmatlisisi o:

- tshohlile ka botlalo sepheo sa dipatlisiso tsena le nna
- ntsebisitse ka dikahare tsa tumellano ena
- ntlhokomedisitse seo ho tlabola tumellano ena ho se bolelang

Ka ho tlabola tumellano ena mmoho le monka-karolo, mmatlisisi o itlama hore a tla:

- boloka tsohle tseo monka-karolo a mmolellang tsona e le lekunutu, mme a ke ke a phatlalatsa lebitso la hae
- hlophisa nako le sebaka se loketseng dipuisano nako e sa dumela
- bea setshwantsho sa tumellano ena se bolokehile

MONKA-KAROLO .....

MMATLISISI: .....

PAKI:.....

MOHLA: .....

NOMORO YA MOHALA: 0833467071

## **ANNEXURE J**

Initial coding

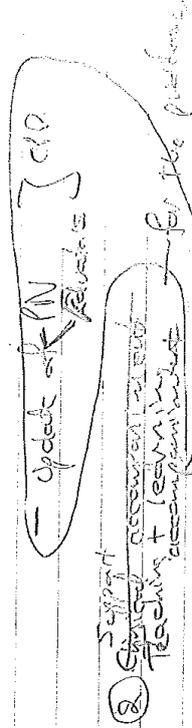
Initial Sub/ Categories	Initial codes	Initial Sub/ Categories	Initial codes	Initial Sub/ Categories	Initial codes
<b>Educator characteristics</b>	1. Accompaniment 2. Caring mother figure 3. Communication 4. Congruency 5. Consistency 6. Fairness 7. Faithful 8. Friendly 9. Honesty 10. Integrity 11. Knowledge 12. Maintain standards 13. Openness 14. Professional behaviour 15. Professional ethics 16. Reliable 17. Role modelling 18. Support academically 19. Support socially 20. Teaching skills and abilities 21. Theory and practice integration	<b>Student characteristics</b>	41. Active participating 42. Assertive 43. Commitment & dedicated 44. Communication 45. Consistency 46. Creative 47. Critical thinking 48. Honesty 49. Integrity / Respect 50. Keep confidential 51. Knowledge 52. Maintaining standards 53. Motivated 54. Openness 55. Passion for nursing 56. Problem solver 57. Professional behaviour 58. Reliable 59. Responsible 60. Self discipline 61. Self-knowledge 62. Theory and practice integration 63. Well-mannered	<b>Professional nurse characteristics</b>	91. Approachable 92. Caring 93. Communication 94. Consistency 95. Enthusiastic 96. Ethical behaviour 97. Experience 98. Honesty 99. Integrity 100. Knowledge 101. Openness 102. Patience 103. Positive Attitude 104. Professional behaviour 105. Reliable 106. Respecting students 107. Self-confidence 108. Supporting 109. Teaching abilities 110. Theory and practice integration
<b>Educators not to be trust</b>	22. All Opposite of trusting characteristics 23. Betrayal experiences 24. Favoring certain students 25. Friendship of educators with students 26. Inconsistencies 27. Lack of confidentiality 28. Lack of openness 29. Unfairness 30. Uninformed and lack of knowledge	<b>Students not to be trust</b>	64. Aggressive students 65. All opposite of trusting characteristics 66. Bad manners and not disciplined 67. Cannot manage their emotions 68. Destructive behavior 69. Do not see learning opportunities 70. Substance abuse	<b>Professional nurses not to be trust</b>	111. All opposite of trusting characteristics 112. Do not maintain standards 113. Lack of accountability 114. Lack of caring 115. Lack of ethical values 116. Lack of professional role modeling 117. Professional misconduct 118. Resistant to change
<b>Benefits / results if educator experience trust</b>	31. Satisfaction 32. Self-esteem build 33. Self-trust develop 34. Self-confidence 35. Self-worthiness 36. Better class presentations 37. Caring to students increase 38. Motivation to support students	<b>Benefits /results if student experience trust</b>	71. Open communication better 72. Better performance 73. Confidence 74. Develop personal and academically 75. Empower the student 76. Enhance professional behaviour 77. Self-worthy 78. Increase self-esteem 79. Self-trust & self-believe 80. Act responsible 81. Motivation 82. Do not disappoint the educator	<b>Clinical environment</b>	119. Adequate equipment 120. Adequate human resources 121. Clinical support 122. Effective accompaniment 123. Integrate theory and practice opportunities 124. Facilitate teaching 125. Learning experiences 126. Learning opportunities 127. Maintaining standards in procedures 128. Technology available
<b>Consequences of mistrusting the educator</b>	39. No possible trusting relationship 40. Uncomfortable atmosphere	<b>Consequences of mistrusting the student</b>	83. Worthlessness 84. Feeling incompetent 85. Low self-trust 86. Low self-confidence 87. Lack in motivation 88. Lack in performances 89. Uncertainties 90. Influence nursing care	<b>Classroom and Simulation room</b>	129. Academic support 130. Adequate resources 131. Adequate technology 132. Integration of theory and practice 133. Remedial support 134. Teaching methods 135. Teaching styles
<b>Consistency / congruencies</b>	136. Congruent intentions and actions 137. Consistencies of implementation of rules and policies 138. Consistent emotions 139. Consistent ethical values and behaviour 140. Consistent fairness 141. Consistent integration of theory in practice 142. Values consistent	<b>Standards</b>	143. Assessment standards 144. Procedural standards 145. Standards amongst campuses 146. Standards amongst clinical areas 147. Standards amongst educators 148. Test and examination standards	<b>Professional</b>	149. Behaviour according to ethical values 150. Ethical behavior promotes trust 151. Internalise ethical values and professional norms 152. Maintain morals and ethical codes 153. Maintain professional norms, values, standards and etiquette 154. Professional values 155. Role modeling
<b>Program</b>	156. Complying to the minimum requirements 157. Program give the foundation of nursing 158. Provide the basis for continues learning	<b>Product</b>	159. After completion functioning independently 160. Confidence with nursing experiences 161. Continuous learner 162. Effective learning oportunities and exposure created trust in the product 163. Mature after completion		

## **ANNEXURE K**

Memoing and field notes

Hansvare K. (Blending + Reflection)

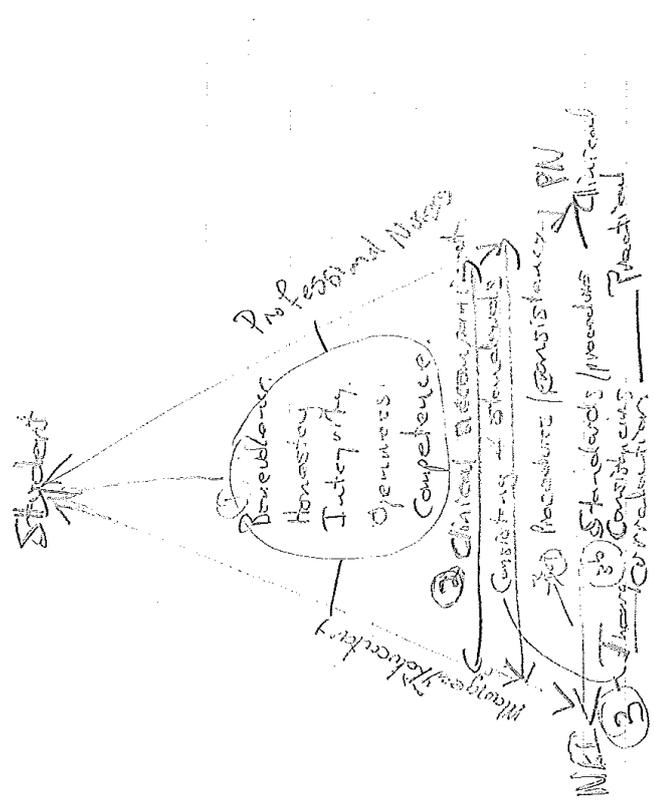
- 3 Categories
  - Consistency
  - Quality assurance
  - Consistency
- Standard - procedures
- Procedural - consistency
- Theory + practice



- Support - in theory/practice
- Support in learning
- Ability to accompany
- Teaching + practice
- Teaching - of PN

- 1 Professional characteristics PN
  - Characteristics
  - Attitudes
- Professional Attitudes
  - PN
  - Attitudes
  - Research

Professionalism



- 3 Categories Professional characteristics
  - Standards
  - Characteristics of trustworthiness
  - Standards/consistency
  - Professionalism (ix case)
  - Conclusion - Theory
  - Practice
- 2 Critical components
  - Teaching/learning

Trust  
 Belief = cognitive  
 Affective = feeling = emotional (qualitative)  
 Behavioral = action  
 Cognitive → 2 body ind. rely upon/not join.  
 Affective → captured  
 Behavioral → captured

Is there a? → Affective Behavioral  
 Then it is Attitude. —  
 Use. — qualitative = test feelings  
 Behavioral

Trust rely

Trust = <sup>cognitive</sup> Belief, in goodness of others.  
 = <sup>affective</sup> love (moral intention)  
 = <sup>behavioral</sup> obligation.  
 → rely on others  
 → st our bodily safety in

Students trust in training

- Content — of course
- Skills — Knowledge Factors } <sup>sketch</sup> Capabilities
- Lecturers — Role model
- Knowledge
- Competence

Personal  
 Moral

Lecturers trust in training

- in product — of Student in society
- SANE / SGB / EQA / Act.
- Curriculum <sup>micro</sup> <sup>macro</sup>
- Methods (teaching / models etc)
- Access?

Teaching  
 Ethics

Organisation Ethical code of Honor

- Skills of lecturers
- Methods using <sup>formative</sup> <sup>summative</sup> evaluation
- Results <sup>macro</sup> <sup>micro</sup> <sup>correction</sup> (R425)
- own
- Minimum <sup>etc.</sup> <sup>periods</sup> <sup>hours</sup> <sup>per</sup> <sup>periods</sup> <sup>etc.</sup>
- Content of course.

Teaching  
 Ethics  
 of  
 Accreditation  
 of  
 Courses  
 +  
 Curriculum

Product - passing <sup>in your degree</sup>

- Qualification / Registration
  - ↳ Comply to minimum requirement
- AN - oath -
  - = meaning of the law
- ? - Henrietta Stockholm
  - ↳ Behavior / Competence of PN.

Society Trust (community  $\leftarrow$  multidisciplinary services public)

- \* Core of PN - to patients
- Behavior of PN - relationship with patient
- Ethics of Professional behavior.
- Competence of PN.
- Characters of PN.

Contextual Situation to Trust	Need for
Situation → Security • Similarity • Interest • Reward/encouragement • Common teacher	Consistency to trust • Maintaining professional behavior • Professional behavior
• Class room environment • Preparation in class • Teachers methods/skills • Comfortable environment • Remedial	Professional behavior • Professionalism • Integrity • Fidelity
• Utilization of IT • Integrate the theory + practice • Active participation	Behavioral consistency • Emotions • Attitudes
• Clinical environment • Human Resources (Accompanied) • Teaching LMS - role • Time management • Resources (equipment) • Student numbers	(5) Integration of Theory + Practice • Standardisation • Standards = APTS • (6) All class learning environment • clinical learning "
• Community • Open Communication • Information • Transparency • Ability to substitute (Wider dis) • Standardisation	(7) Standards consistency • Class - clinical • clinical areas Standards across APTS Community = levels disciplines RSG

Environment  
 Trusting outcomes

Benefits self-trust

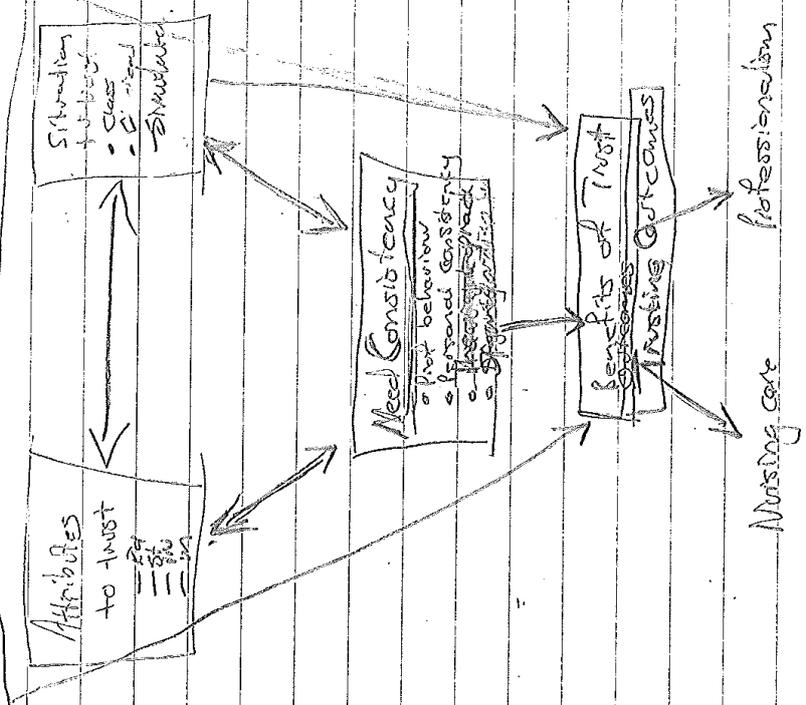
Benefits nursing

Self-trust: Student  
 Educator

Relational-trust  
 FLS

Organisational trust  
 - simulation  
 - School  
 - class  
 - clinical

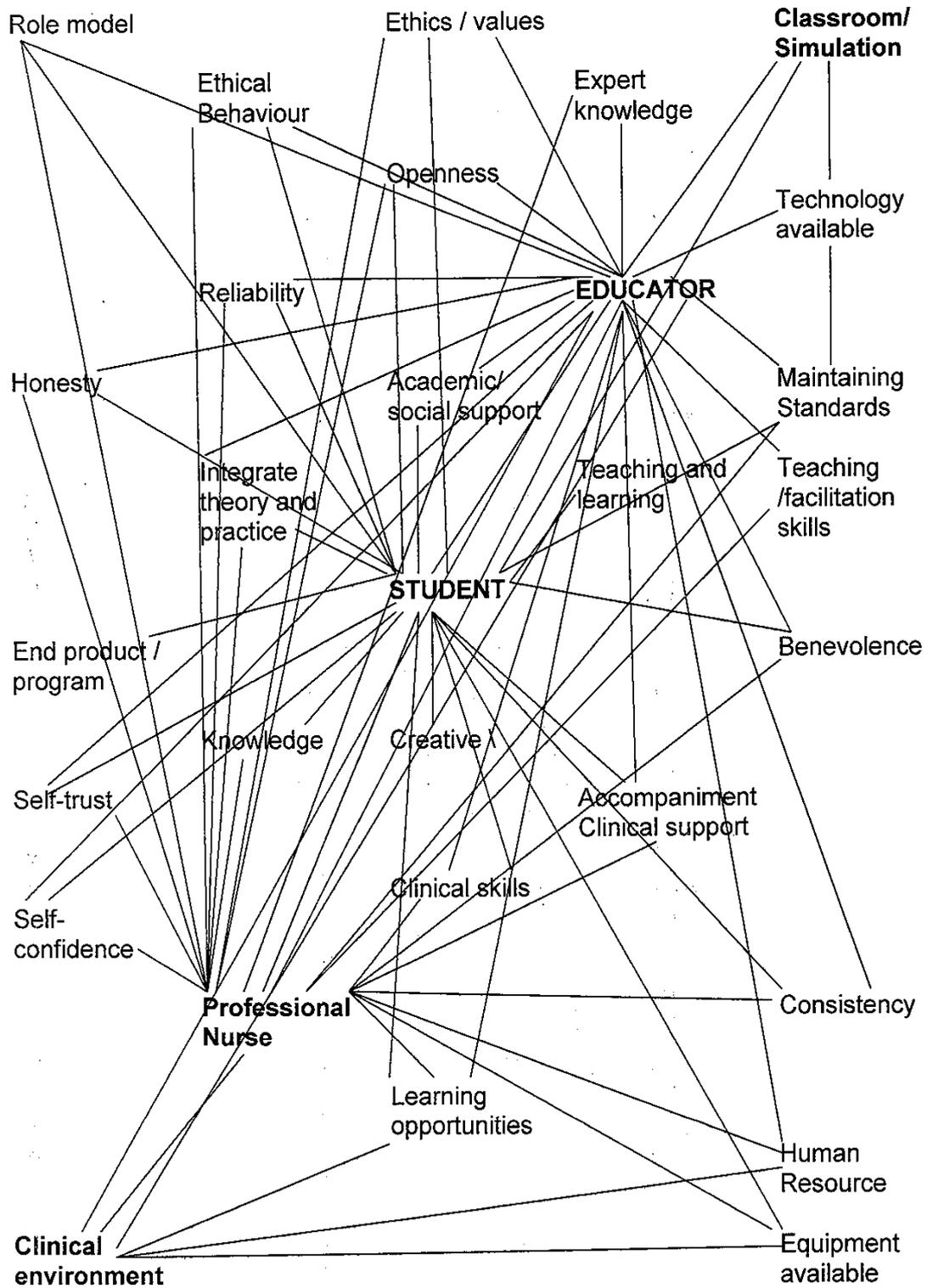
Product trust



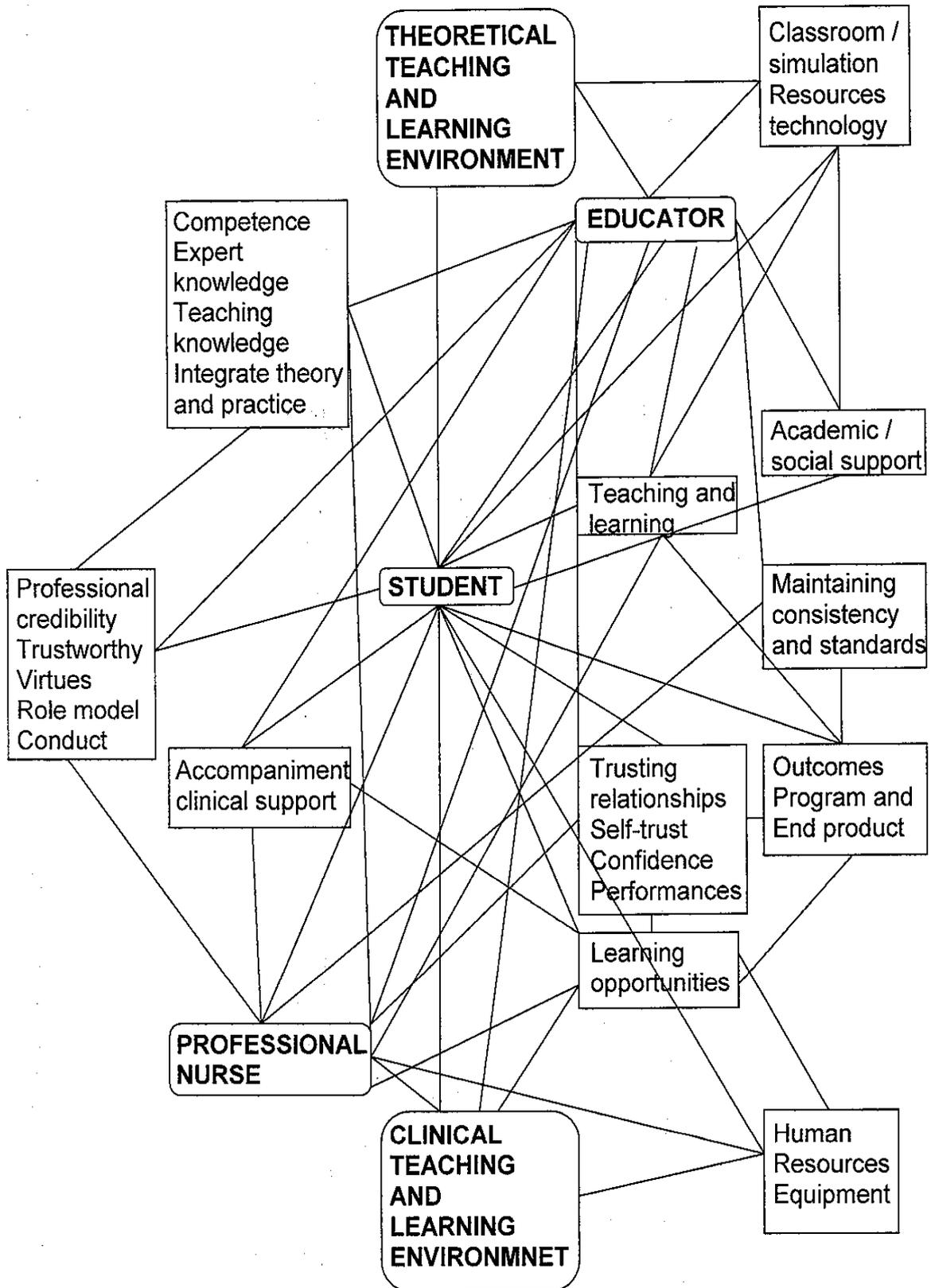
## **ANNEXURE L**

Mapping to identify categories and sub-categories

**Annexure L Mapping to identify subcategories and categories**



**Annexure L Mapping of possible categories and sub-categories**



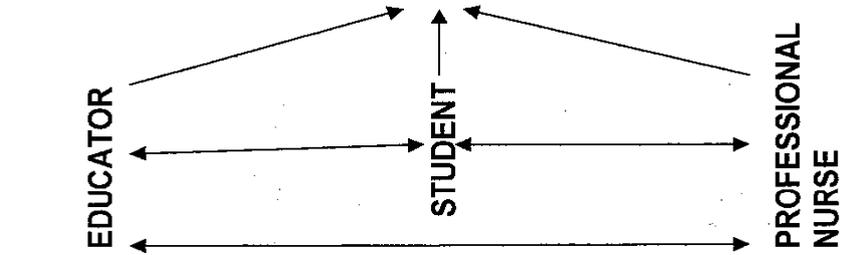
# **ANNEXURE M**

Relation mapping

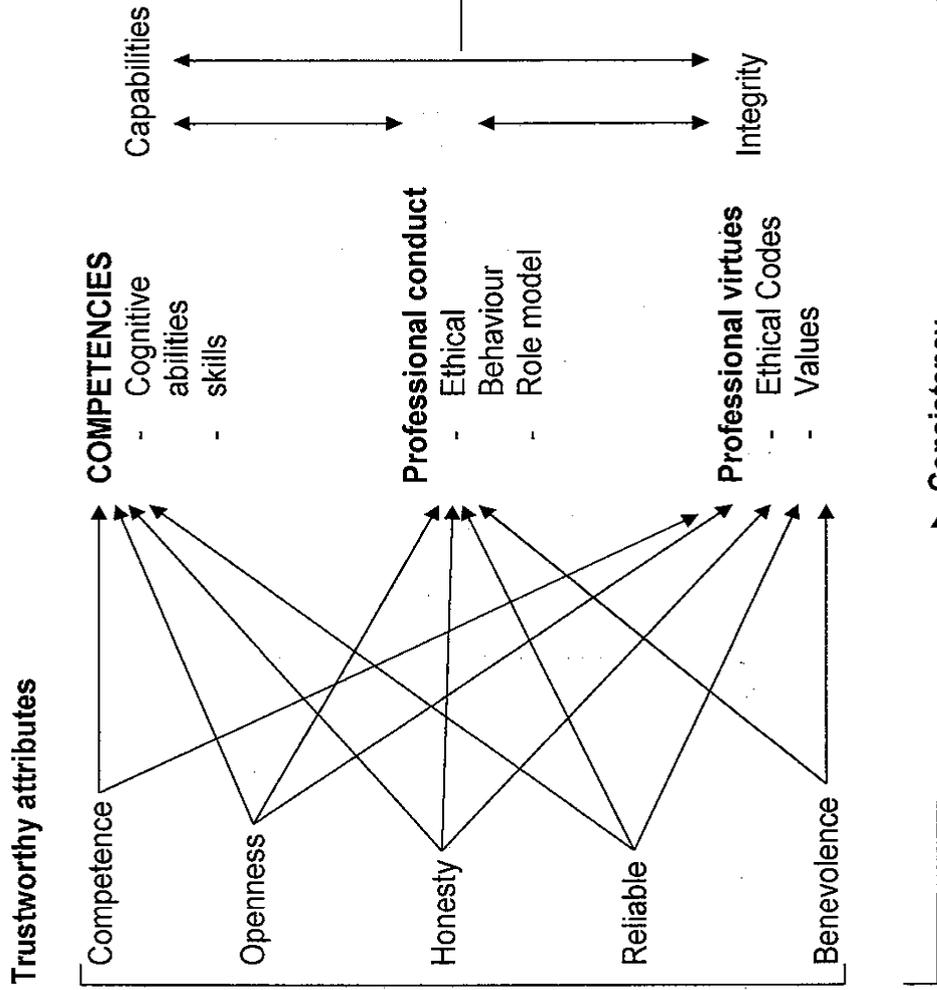
**ANNEXURE M**

**Relation mapping**

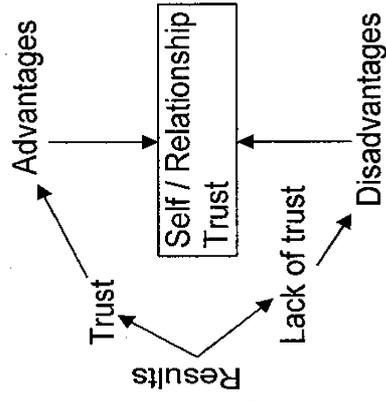
**ROLEPLAYERS**



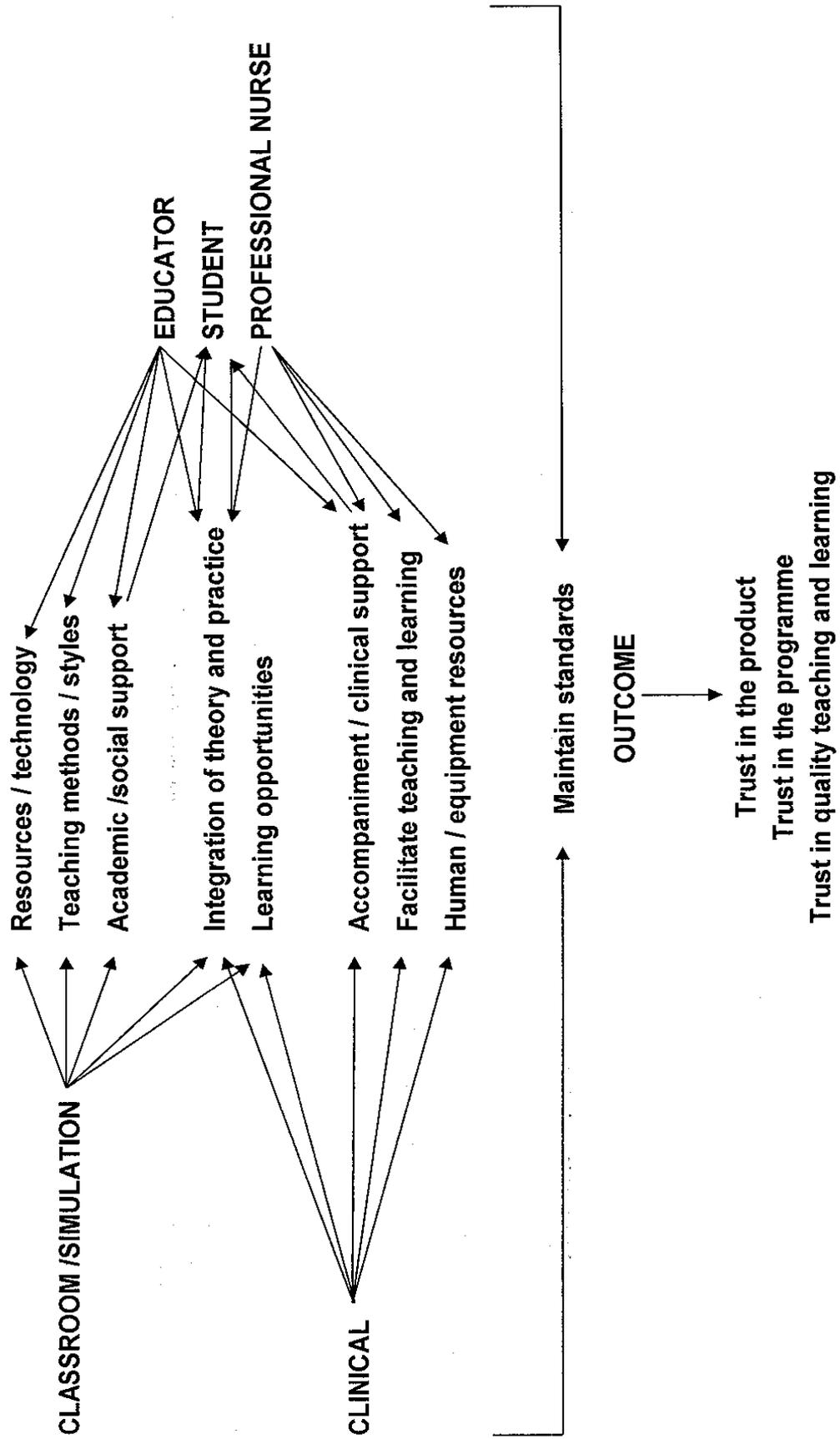
**PROFESSIONAL CREDIBILITY**



**OUTCOME**  
Trust versus lack of trust



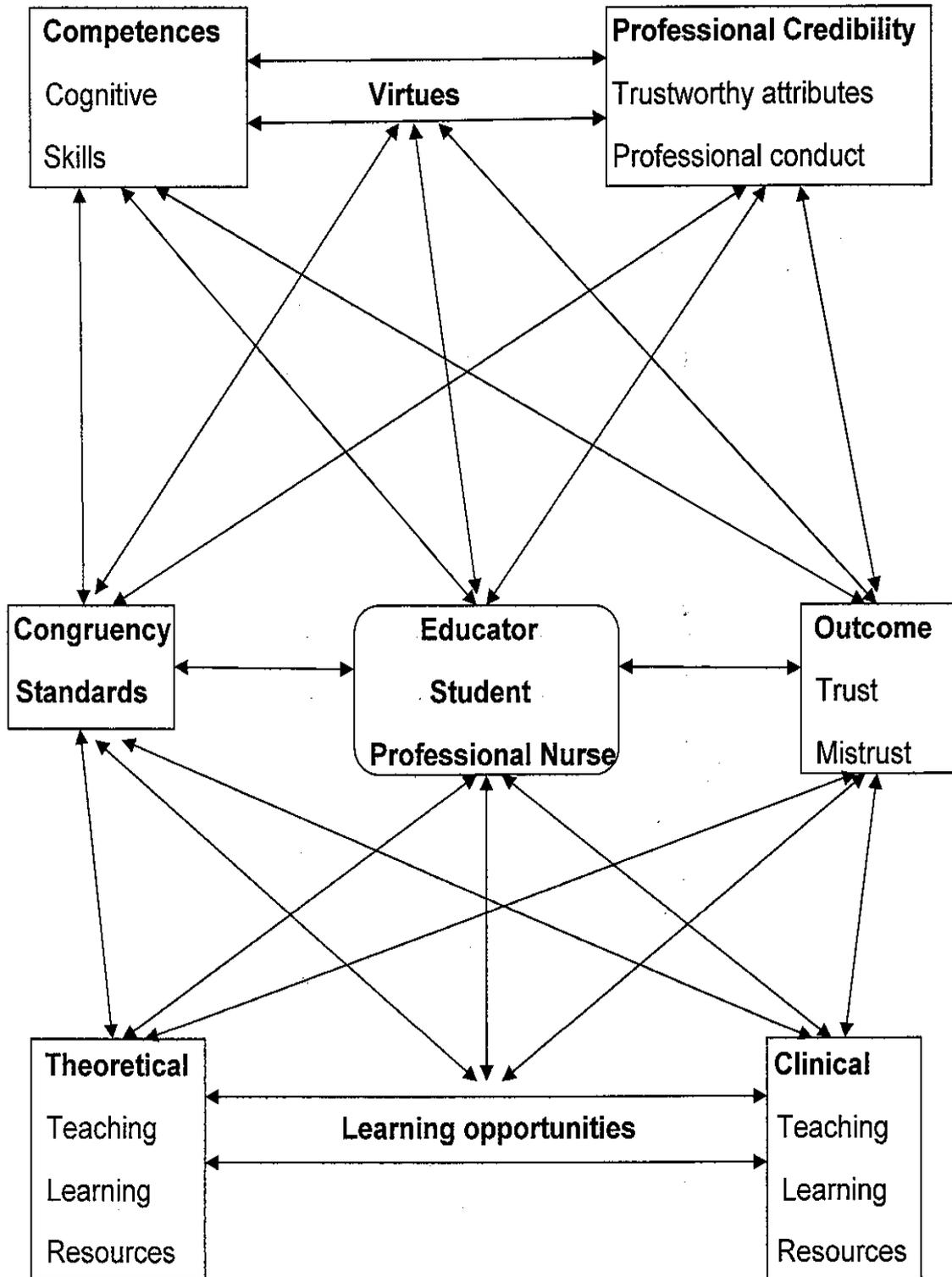
**CONTEXT OF NURSING EDUCATION – Relation mapping**



## **ANNEXURE N**

Relations of categories and sub-categories

**Annexure N The relations of categories and sub-categories**



## **ANNEXURE O**

Request to evaluate the model

Evaluation form of the model

## **ANNEXURE O Request to evaluate the model**

P.O Box 25809  
Langenhovenpark  
BLOEMFONTEIN  
9330  
17 May 2016

Prof / Dr / Ms / Mr  
Institution

Dear Prof / Dr

### **REQUEST TO EVALUATE A NEWLY-DEVELOPED MODEL FOR TRUST IN THE NURSING EDUCATION ENVIRONMENT**

I am a D Litt et Phil student in the Department of Health Studies, University of South Africa (UNISA) and currently in the final stage of my research. An expert evaluation of the newly developed model is essential in order to finalise the study.

The attached model is the result of a qualitative study with a grounded theory design. The purpose of this evaluation is to obtain your expert opinion on the newly developed model. The data were generated from the educators' and students' views on trust and trusting relationships in the teaching and learning environment of nursing education. The educators were registered with South African Nursing Council (SANC) as professional nurses with a nursing education qualification, working at a Nursing Education Institution (NEI) as an educator. Students were in their third and fourth year at NEIs in a programme leading to the registration as a professional nurse (R425). A model for trust in the nursing education was developed as the outcome of the study.

Your participation in the evaluation of the model will enhance its validity. Trust and trusting relationships in the nursing education environment plays an important role in upholding the standards of nursing and trust in the programme for the professional nurse. Nursing education might benefit from the awareness and implementation of the model for trust in the nursing education environment.

Attached is an evaluation form on the proposed model which I request you to complete. The assessment criteria are: clarity, simplicity and consistency; appropriateness and relevance; comprehensiveness; adaptability and generalisability; practicality and usefulness; accessibility; importance for education, practice and research; and transferability. An explanation of the evaluation is indicated on the evaluation form. You may add comments, should you wish to. Your participation in this evaluation is totally voluntarily and you have the right to withdraw at any stage without providing a reason

for your decision. The researcher foresees no physical or psychological discomfort or harm. There will be no financial compensation for participation in this evaluation. It should take between 40 and 50 minutes to do the evaluation. All information obtained will be dealt with in strict confidentiality and no information will be linked to your name during the finalisation of the evaluation, in the thesis or in reports on the thesis in scientific journals.

The Research Ethics Committee of the Department of Health Studies at UNISA approved the study proposal in December 2012 (HSHDC/114/2012). All procedures were conducted according to internationally accepted ethical principles.

If you have any questions, you may contact me (the researcher) at telephone number 051403 9832, or cellular 0833467071, and e-mail address [elnavandyk7@gmail.com](mailto:elnavandyk7@gmail.com) or [4831306@mylife.unisa.ac.za](mailto:4831306@mylife.unisa.ac.za). The study promoter, Prof GH van Rensburg, may be contacted during office hours at tel. 012429 6514 or [vrensgh@unisa.ac.za](mailto:vrensgh@unisa.ac.za).

Should you agree to my request, kindly send back the signed informed consent form. You are kindly requested to return the completed evaluation form by 31 May 2016. The consent form and evaluation document can be send to the research's email address.

Your participation will be highly appreciated.

Yours sincerely

Ms EC van Dyk  
Researcher

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#### INFORMED CONSENT

I hereby confirm that I have been adequately informed by the researcher about the nature, benefits and risks of the evaluation. I have also reviewed, read and understood the above written information. I am aware that the findings of the study will be anonymously processed into a research report. I understand that my participation is voluntary and that I may, at any stage, without prejudice, withdraw my consent and participation in the evaluation. I had sufficient opportunity to ask questions and of my own free will declare myself prepared to evaluate the model.

Participant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Researchers' name: Ms EC van Dyk

Researcher signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ANNEXURE O – Evaluation of the model**

**EXPERTS’ EVALUATION ON A MODEL FOR TRUST IN THE NURSING  
EDUCATION ENVIRONMENT**

**DEMOGRAPHIC DATA**

Please complete the information with regard to your own data:

<b>Academic qualifications</b>		
<b>Current occupation</b>	Manager	
	Model expert	
	Educator	
	Professional nurse	
	Other (specify)	
<b>Employed by</b>	University	
	College	
	Clinical facility	

Indicate your fields/s of expertise or interest from which perspective you would assess the model

<b>Field of expertise or interest</b>	<b>Expertise / interest</b>	<b>Comments (Optional)</b>
<b>Model expert</b>		
<b>Education</b>		
<b>Management</b>		
<b>Other (specify – e.g. General-, Psychiatric-, Community nursing, Midwifery, ethos and professional practice, etc)</b>		

Indicate any other information regarding your expertise you would consider being important to the researcher.

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## EVALUATION FORM

### A MODEL FOR TRUST IN THE NURSING EDUCATION ENVIRONMENT

Please indicate the following according to your view:

**1 = Acceptable as described**

**2 = Acceptable with recommended changes**

**3 = Not acceptable or needs major revision**

**Add any comments if you wish to**

<b>CRITERIA</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>Comments from experts</b>
Clarity, simplicity and consistency				
Appropriateness and relevance				
Comprehensiveness				
Adaptability and generisability				
Practically and usefulness				
Accessibility				
Importance education				
Importance practice				
Importance research				
Validity and trustworthiness				

Any other relevant aspects	
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**Additional comments:**

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Thank you

EC van Dyk

0833467071

[elnavandyk7@gmail.com](mailto:elnavandyk7@gmail.com) or [4831306@mylife.unisa.ac.za](mailto:4831306@mylife.unisa.ac.za)

## **ANNEXURE P**

Original developed Model

