FACILITATION OF THE STUDENT NURSE BY A CLINICAL NURSE:
THE LEARNER EXPERIENCE

by

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MASTER OF ARTS

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UNIVERSITY OF SOUTH AFRICA

SUPERVISOR: PROF MM MOLEKI

JUNE 2017
DECLARATION

I declare that FACILITATION OF THE STUDENT NURSE BY A CLINICAL NURSE: THE LEARNER EXPERIENCE is my own original work, and that all the sources that I have used or quoted have been duly acknowledged and referenced as per university requirements, and that this work has not been submitted before for any other degree at any other institution before.

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25 June 2017
FACILITATION OF THE STUDENT NURSE BY A CLINICAL NURSE: THE LEARNER EXPERIENCE

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ABSTRACT

Qualified nurses cannot perform tasks and procedures with confidence due to ineffective mentoring by a clinical nurse during training. Effective mentoring by the clinical nurse, with an additional accredited qualification in his/her field should assist in the development and confidence of the student nurse.

The purpose of this study was to explore the learner’s experience of mentoring and facilitation by the clinical nurse, challenges and their view of the clinical nurse, and if this could be a predictive factor to their level of an independent nurse practitioner at the end of training.

A non-experimental, descriptive qualitative design was used to identify the experience of the students and newly qualified nurses regarding the amount and quality of facilitation given by the clinical nurse in practice. The research population consisted of all categories of student nurses currently in training as well as qualified nurses within the past year from different facilities. An online semi-structured questionnaire survey was distributed among 45 participants and feedback received by 32 anonymous participants in the public and private sector.

The findings of the study indicated that not all newly qualified nurses are able to practice as independent nurses, there’s a lack in mentoring and facilitation by clinical nurses during training and that a clinical nurse should have an additional qualification to better the learner experience.

Keywords
Clinical nurse specialist; clinical learning; experiences; facilitation student nurse.
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There is a saying “never give-up” and that explains my end-result of my dissertation.

A dissertation is not the work of the writer alone and therefore I sincerely wish to acknowledge and thank the following individuals who made it possible to complete my study:

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- My children, Ané and Hendré, for their love and understanding.

My parents, parents-in-law, my sister, family and friends, for all their support, encouragement and understanding.
Dedication

I humbly and respectfully dedicate

FACILITATION OF THE STUDENT NURSE BY A CLINICAL NURSE:
THE LEARNER EXPERIENCE

My husband, Piet Bosch and my two children, Ané and Hendré for their believe in me and the time they’ve spend on their one while my mind was busy thinking and writing
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LIST OF ABBREVIATIONS

SANC South African Nursing Council
CHAPTER 1

OVERVIEW OF THE STUDY

1.1 INTRODUCTION

Clinical facilitation in the education and training of nurses provides the experiential foundation for the nursing knowledge, skills, and values to be consolidated and applied in practice (Moleki & Mogotlane 2011:83). The primary goal for nurse educators is to facilitate students’ transfer of the abstract concepts and skills from the classroom to performance in the authentic nursing environment (Emory 2014:124). In clinical settings student needs significant others who will guide them in correlating classroom theory to practice. However, in practice patient care is a priority and thus student facilitation becomes secondary. This has a negative effect on the quality of student facilitation. The major factor influencing clinical nurses to facilitate students is the shortage of professional nurses in the wards. Fundamentally clinical nurses are expected only to accompany/facilitate students learning in clinical setting. However due to the shortage they are also part of the departmental workforce which result in less clinical teaching and accompaniment to student nurses on training in comparison to patient care which is a priority.

The South African Nursing Council’s (SANC) (2012) position statement defines a clinical nurse specialist as a registered nurse with an additional qualification in the area of speciality and has in-depth knowledge and expertise that enables her or him to focus on facility care and work closely with medical officers on a consultative basis. Clinical nurse specialist is meant to be a role model for student nurses. Student nurses need significant others to mentor and guide them in the correlation of theory to practice including professional socialisation.

This study sought to explore and describe the experiences of student nurses on mentoring and facilitation by clinical nurses during their training.
1.2 BACKGROUND TO THE RESEARCH PROBLEM

The quality of nursing students as well as those who are already trained, leave very little to be desired. This is due to the lack of mentors in the departments where training takes place due to shortage of qualified staff. To cap this situation, in some hospitals clinical nurse specialists were appointed. Their main function was to assist with on-going training and support of nurses in training on those who recently completed their training. This endeavour was meant to improve the standard of nursing subsequently quality patient care.

The clinical environment is very different to a classroom environment and could be a shock to the student, especially when they deal with problem-solving. They had to continuously balance their own needs for appropriate learning experiences and respect for the clinical nurses’ lack of time to provide much needed guidance necessary for competent patient care. In addition, to find the balance between, taking challenges and to express uncertainty in unfamiliar situations make student nurses to feel vulnerable and exposed (Dale, Leland & Dale 2013:1).

From the educational perspective, clinical placement is the venue where skills, knowledge and attitudes developed in the theoretical part of the curriculum are applied, developed and integrated (Tiwaken, Caranto & David 2015:66). According to Tiwaken et al (2015:66), clinical teaching is the means by which student nurses learn to apply the theory of nursing and facilitating integration of theoretical knowledge and practical skills in the clinical setting which becomes the art and science of nursing. The overall objective of clinical practice is to provide student nurses with meaningful learning opportunities in areas of placement according to the level of training to ensure that on completion of the programme, the student nurses are able to nurse efficiently.

Clinical experience has been always an integral part of nursing education. It prepares student nurses to be able of “doing” as well as “knowing” the clinical principles in practice. The clinical practice stimulates students to use their critical thinking skills for problem-solving (Sharif & Masoumi 2005:1). In practice, no real selection of suitable mentors occurs, and it is assumed that all qualified nurses can be effective in this respect (Andrews & Chilton 2000:556). According to the definition of the SANC (2012), the clinical nurse has to be a specialist in the field and therefore should be able to
develop and mentor already trained nurses as well as student nurses. Due to the shortage of nurses, they are part of the workforce or the shift leader. Therefore the student cannot be facilitated by the appointed trained clinical nurses and they have to juggle this role with their allocated workload of patient care over and above the facilitation role. This role ambiguity defeats the primary goal for clinical nurses which is to facilitate students’ transfer of the abstract concepts and skills from the classroom to performance in the authentic nursing environment (Emory 2014:124). Effective teaching methods need to be part of facilitation on a daily basis among nursing students as well as trained nurses. Some of the negative experiences by students are: (1) Clinical nurses and staff don’t know what the objectives are and what exactly the student nurse has to accomplish during his/her time of training, (2) lack of facilitation by the clinical nurse to assist with critical thinking and problem-solving, (3) poor integration of practical and theory possibly a result of lack of mentoring and (4) students work as a lower category skill as what they are registered for, for example a R683 will work as an enrolled nurse and not been mentored by the registered nurse and clinical nurse to learn the skills of critical thinking (SANC 1989).

According to Emanuel and Pryce-Miller (2013:18), it is the responsibility of higher education institutes to prepare nurses to cope with the complex situation in clinical practise. According to Grove, Burns and Gray (2013:666) mentors are defined as people who are more experienced professionally and willing to work with a less experienced professional to achieve his or her goals. Teaching is a major aspect of the mentors’ role; however, mentors often report a lack of both time and resources to facilitate learning, which can lead to students feeling unsupported, and may contribute to higher drop-out rates. Wilkerson (2015:273) stated that one way in which students can deepen their understanding is by designating specific clinical time to shadow and participate in patient care in a new way under the guidance of another health care professional’. Johnson (2015:297) states that effective role models boost the self-esteem of others and inspire improved performance. They encourage people to achieve their goals in spite of difficulties. They help them develop successful work habits, and help them improve their problem-solving skills. Role models help others be successful at work. In 1886, Florence Nightingale as cited in Wickham (2014:168) said: “We do not teach what we preach, but what we are”.

3
A study by Wickham (2014:168, 172) showed that nurses are ill-prepared due to lack of standardisation of facilitation and mentoring hours by clinical nurse specialists. It also stated that the clinical nurse has a tremendous potential impact on patient care in the education role. If this could enhance the learner’s experience in nursing, it would be a positive outcome. This supports the findings of Uys, Gwele, McInerney, Van Rhyn and Tanga (2003:361) that showed that new graduates lacks clinical proficiency supervisors need to plan for realistic support in new situations. This clearly indicates the importance the importance of the role the clinical nurse plays in the learning of student nurses.

1.3 STATEMENT OF THE RESEARCH PROBLEM

Polit and Beck (2012:73) describe the research problem as an enigmatic or troubling condition. Researchers identify a research problem within a broad topic area of interest. According to the National Patient’s Rights Charter of the Health Professionals Council of South Africa (2008), the patient or client has the right to a healthy and safe environment, which means, that the patient or client will be safe physiologically, psychologically, safety and security, environmental as well as holistically. The researcher noted that more qualified nurses cannot perform tasks and procedures with confidence, because facilitation and mentoring were not effective mostly during their training as clinical experience is an integral part of ‘doing’ as well as ‘knowing’. It also stimulates critical thinking in problem-solving.

Nursing students are allocated with patients during their training and they have to work according to the scope of practice. However, it has been noted that in some instances the qualifications of the clinical facilitators may not be according to the SANC requirements and this may add to the challenges in accompaniment. In addition to the shortage of the clinical nurse, as a specialist in his/her field, to facilitate/skilling of these trainees can result in undesired outcome of the product. It is from this problem statement that this research sought to answer these research questions:

1.4 RESEARCH QUESTIONS

- What are the experiences of student nurses regarding facilitation by a clinical nurse in the clinical setting?
• What is the role of the clinical nurse in mentoring and facilitation of student nurses?
• What are the challenges of student facilitation and mentoring in the clinical setting?
• What will enhance student facilitation and mentoring by a clinical nurse?

1.5 PURPOSE

The aim of this study is to explore and describe the experiences of student nurses on facilitation by a clinical nurse.

1.6 OBJECTIVES OF THE STUDY

The objectives of this study are to

• explore the experiences of student nurses on facilitation in clinical practice
• describe the role of a clinical nurse in mentoring and facilitation of student nurses
• describe the student nurses’ challenges regarding facilitation by a clinical nurse, in the clinical setting
• make recommendations which will enhance facilitation, in the clinical setting, to student nurses by the clinical nurse

1.7 DEFINITION OF KEY CONCEPTS

For the purpose of this study, the following terms were used as defined below:

Clinical learning: The SANC’s [s.a.] Nursing Education and Training Standards define clinical learning as part of the educational process that takes place in any practice setting in hospital or community.

Clinical nurse specialist: The SANC (2012) defines a clinical nurse specialist as ‘a person having a qualification in the area of specialising, in-depth knowledge and expertise that enables her/him to focus on facility care and work closely with medical officers on a consultative basis’. Van der Westhuizen (1994:28) describes a clinical
nurse specialist as a person who ‘brings expertise to the day-to-day practice world of nurses. She has the ability to demonstrate excellence in practice, and the opportunity to bring to the clinical setting the expertise that can only be acquired over many years of learning. She promotes care which is personalised and patient-centred, not ritualised or institutionalised.

**Experience**: Refers to the knowledge that comes from being personally involved in an event, situation or circumstance (Grove et al 2013:10). With experience it will enable a person to gain skills and expertise by providing care to patients and families in the clinical setting. In this study experience will refer to the conceptualisation, meaning and perceptions of student nurses students about clinical facilitation accompaniment their units.

**Learning environment**: In nursing education is created in the classroom and in practice and simulation situations. It complies with didactic principles of the philosophy and policy of the SANC (1995).

**Learning experience**: Learning experience refers to a learning opportunity by the student (SANC 1995). It is the possibility for learning created by the registered nurse or midwife in classroom and clinical teaching situations and could be used by the student.

**Nursing student**: The nursing student is either the student nurse in basic training or the nurse in post-basic training. The student nurse who has recently left the secondary school is in a transitional phase of late adolescence and early adulthood – a fact to be considered in the didactic situation (SANC 1995).

### 1.8 RESEARCH DESIGN AND METHODOLOGY

Methodology explains the design and methods or specific ways that the researcher uses to understand the phenomenon.
1.8.1 Research design

Mouton (2005:55) describes a research design is a plan of how you intend to conduct the research. In this study a qualitative, descriptive, exploratory study is chosen for this research.

1.8.1.1 Qualitative design

Grove et al (2013:23) characterise qualitative research as a systematic, interactive, subjective, holistic approach used to describe life experiences and give them meaning. This type of research is conducted to explore, describe, and promote understanding of human experiences, events and cultures over time. Brink, Van der Walt and Van Rensburg (2013:121) further describe qualitative research as a design as focusing on qualitative aspects of meaning, experience and understanding, and these methods are used to study human experience from the viewpoint of the research participants in the context in which the action takes place. In this study a qualitative design was chosen to focus on the purpose and less on the product, to conduct real-life situations, to understand the students’ beliefs, actions and events, to understand the findings in context. This may be inductive in nature and generates more questions. The researcher is seen as the main instrument in qualitative research and is subjectively involved in the research process (Brink et al 2013:121).

1.8.1.2 Exploratory design

Grove et al (2013:27) define exploratory research to be conducted to address an issue or problem in need of a solution, and understanding. This approach will enable the researcher to observe and learn about the respondents’ real live experience in clinical training and the effectiveness of mentoring and guidance by a clinical nurse. To understand the challenges and experiences of the student nurse in training and the feeling of independency by the newly qualified nurse, will assist the researcher to make recommendations to the relevant authorities of the institutions. The main aim is to have an effective facilitation programme for students as well as newly qualified nurses to be creative, independent, and critical thinkers when providing patient care.
1.8.1.3 Descriptive design

A non-experimental, descriptive design will be used to identify the problem in the current practice, to justify the current practice and make judgements or determine what the experience of students and newly qualified nurse are, in similar situations, regarding the amount of facilitation given by the clinical nurse in the clinical setting (Brink et al 2013:112).

1.8.2 Population

Brink et al (2013:131) stated that a population is persons or a group of people who will be of interest to the researcher, although the group or persons may not be accessible to the researcher. To obtain information the researcher has to obtain information regarding the phenomenon to represent the interest of the population. Two populations will be used in the study. All categories of students currently in training as well as newly qualified nurses within the past year, to determine their experiences on the facilitation taking place in the clinical learning environment in the Nelson Mandela Metropolitan. The students’ experience will be used to determine the effectiveness of facilitation by the clinical nurse in the clinical setting, whereas the newly qualified nurse will share the experience they’ve had whilst in training as well as the amount of facilitation in the first year of qualification, which they need to act as an independent nurse.

1.8.3 Sampling

A non-probability purposive sampling of nurses in training and those who completed within a year will be used. The sampling will be done only to those hospitals which are in the cities of the Nelson Mandela metropolitan.

1.8.4 Data collection

Brink et al (2013:148-149) describe data collection as the type of information needed to answer the research question. Aldous, Rheeder and Esterhuizen (2012:43) describe data collection as an instrument to be used to collect the same data from different sources. The instrument may be a questionnaire or a data extraction form. In this study an online survey of structured interview will be a method of data collection to be used on
students currently in training and qualified nurses within the past year. The researcher opted for a structured interview as opposed to unstructured and semi-structured as it permits direct comparability of responses as questions variability has been eliminated and thus answer variability is assumed to be real. In addition the researcher is not interested developing a dialogue or a need for interviewer’s experience and skill to achieve greater clarity (Cooper & Schindler 2014:153). The use of online surveys also offered an opportunity to conduct the interviews within the same parameters and draw participants from a wider geographical area. The structured interview guide will be send by the researcher via e-mail to all participants and will be returned in the same manner. No names will be required on the instrument.

1.8.5 Data analysis

Brink et al (2013:195) stated that data analysis has to be appropriate and correct in order to have a satisfactory answer to the research question. Grove et al (2013:43) describe data analysis as “aims to organise, reduce and give meaning to the collected data. The first step of data analysis will be to manage and organise qualitative data. The structured interview which will be done online will be analysed, coded in the form of graphics as well as transcribing of the participants’ interviews. The graphics need to be displayed accurate and clear as well as the quality of the argument for the conclusions reached by the researcher. Analysis of the data will be done by the Online SurveyTeam and will be compiled in a PDF document format. The data will be used in the form of graphics to ensure it is correct and appropriate.

1.9 VALIDITY

Grove et al (2013:393) the validity of an instrument determines the extent to which it actually reflects or is able to measure the construct being examined. Validity, similar to reliability, is not an all-or-nothing phenomenon but rather a matter of degree. The quality of a research instrument is determined by how valid and reliable it is. Validity is the degree the instrument measures what it is supposed to measure. The instrument needs to be reliable in order to measure the degree of consistency of what it is supposed to measure. “Content validity is an assessment of how well the instrument represents all the components of the variable to be measured” (Brink et al 2013:166). The researcher did not send a pre-test of the instrument to participants in a similar
setting, but did assess the questions and format online, before it was sent to participants.

1.9.1 Methods to ensure trustworthiness

The degree of confidence qualitative researchers have in their data, assessed using the criteria of credibility, transferability, dependability, conformability, and authenticity (Polit & Beck 2012:745). The researcher will make use of evidence to make the data trustworthy. The researcher has to be sure that the findings are credible for the candidates as well as the readers of this research question. This will be seen as an internal validity method. The researcher will clarify the information gathered after the online survey has been done.

1.9.1.1 Credibility

A criterion for evaluating integrity and quality in qualitative studies, referring to confidence in the truth of the data (Polit & Beck 2012:724). The researcher aims to explore a true reflection of the student/learner experience in clinical training and the role of a clinical nurse in facilitation.

1.9.1.2 Transferability

The extent to which qualitative findings can be transferred to other settings or groups; one of several models of generalisability (Polit & Beck 2012:745). The researcher aims to select information-rich participants to give honest information to be able to use in this study.

1.9.1.3 Dependability

A criterion for evaluating integrity in qualitative studies, referring to the stability of data over time and over conditions (Polit & Beck 2012:725). This will be the alternative for reliability if there need to be changes in this study for better understanding.
1.9.1.4 Conformability

A criterion for integrity in a qualitative inquiry, referring to the objectivity or neutrality of the data and interpretations (Polit & Beck 2012:723). The researcher will evaluate how objective or neutral the data is.

1.10 ETHICAL CONSIDERATIONS

Ethics is a system of moral values that is concerned with the degree to which research procedures adhere to professional, legal, and social obligations to the study participants (Polit & Beck 2012:727). The proposal on how the study was conducted and presented to the Department of Health Studies Scientific and Ethics Review Committee. Once ethical clearance was granted, students in training and those who completed within the previous year participated in the online survey.

1.10.1 Participants

- Autonomy: The participant had clear instructions or guidelines on what to expect during the online semi-structured interview.
- Justice: The researcher treated data private and confidential. Participants did not receive benefits from this study.
- Beneficence: The participants understood what the researcher expected. All results were treated confidential.
- Non-maleficence: No harm was done to the participants. Participants were assured that their participation were voluntary especially that the survey was online. The researcher did not have contact with any of the participants.

1.10.2 Researcher

- Autonomy: The researcher made sure all sampling methods were done in a scientific manner in order to have the best research results.
- Justice: The researcher treated all data gathered from the different participants as private. The collected data was locked in a safe for at least five years.
- Beneficence: The researcher handled all matters confidential
• Non-maleficence: The researcher did not do any harm to the participants to gather data.

1.11 SIGNIFICANCE OF THE STUDY

It was envisaged that this study highlighted the lived world of learners on clinical facilitation in clinical setting. The empirical data obtained was used as evidence to advocate for the improvement in the support and the role of clinical facilitator. Similarly clinical facilitators will have insight into the students lived world and experiences as such improvement mechanism will be put into action for both the facilitator and the learner. The goal being to render quality patient care. Management will be awakened on the importance of allocating more staff in order for the facilitator to have more contact with learners without compromising patient care.

1.12 CONCLUSION

There is shortage of nurses globally. This implied that there will be less facilitation and mentoring in the nursing profession. The nurse in training should receive the best facilitation and mentoring by a clinical nurse to send them out in the field with enough knowledge and skills to act independent in their specific roles. It seems that already trained nurses are not facilitated effectively, due to mistakes and old methods been used in nursing patients. With updated knowledge and skills nurses should be able to deliver the highest standard of nursing. They will not be reluctant to facilitate students because they will have the necessary knowledge and skills to do so. In conclusion this study will outline the background to the study, problem statement, research design and methodology, sample, data collection, defined key terms and objectives of the study.
CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

Literature review is defined by Grove et al (2013:97) as an organised written presentation of what you find when you review the literature and is central to scholarly work and disciplined inquiry. Literature review, used in the widest sense of the word, involves the identification and analysis of information resources and/or literature related to one’s research project (Terre Blance, Durrheim & Painter 2014:19). According to Polit and Beck (2012:61), it is not agreed by all researchers to do upfront literature review before collecting data. This could influence the conceptualisation of the focal phenomenon. To get general grounding, other researchers may do a brief preliminary review. Still other researchers believe a full early literature review is appropriate. Researchers review literature in order to find out what is already known about the subject and acknowledge those who have worked in this area, identify the gaps in knowledge, describe how the study contributes to existing knowledge of a topic area, avoid duplication of other researchers’ work, assist in defining the research question, place their research in the context of other studies and how that they have reflected on the research question (Holloway & Wheeler 2014:36). According to Grove et al (2013:100-102), the stages of literature review consist of input (searching the literature), throughput (processing the literature) and output (writing the literature review). The body of knowledge from theoretical and empirical literature were obtained from:

- The Internet; Monographs (in the form of books); unpublished research articles and published research articles.
- Periodicals, sources like, Curationis.
- Journals, Articles, Position paper from The South African Nursing Council.

2.2 PURPOSE OF THE LITERATURE REVIEW

Grove et al (2013:40) state that a review of literature is conducted to generate and understanding of what is known about a particular situation, phenomenon, or problem
and to identify the knowledge gaps that exist. By reviewing relevant studies, researchers are able to clarify which problems have been investigated, which require further investigation or replication and which have not been investigated. A literature review involves the process of identifying relevant literature applicable to the topic of research, to study that literature and actually writing the literature (Terre Blanche et al 2014:31). Brink et al (2013:71) discuss the purpose of literature review for various reasons:

- Conduct a critical analytical appraisal of the recent scholarly work on the topic.
- Identify the research problem and refine research questions.
- Place the study in the context of the general body of knowledge, which minimises the possibility of unintentional duplication and increases the probability that the new study makes a valuable contribution.
- Obtain clues to the methodology and instruments.
- Refine certain parts of the study, specifically the problem statement, hypothesis, conceptual framework, design and data-analysis process.
- Compare the findings of existing studies with those of the study at hand.
- Inform or support a qualitative study, especially in conjunction with the collection and analysis of data.

The purpose of a literature review shows the awareness of what is going on in the field, that there is a theory base for the proposed work, how the study fits into what’s already been done, the work has to have significance and it will lead to new knowledge (Hofstee 2011:91). The length of the product depends of its purpose however a good review requires thorough familiarity with available evidence. Researchers can make a contribution to existing evidence where there may be gaps or whether a replication with a new population is the right next step. Literature review plays a role at the end of the study to try to make sense of the findings (Polit & Beck 2012:95). The review of the literature on clinical nursing and clinical nurse’s role and expectation to student support assisted the researcher to bring the problem into focus, formulate an appropriate research question, and identify unresolved research issues on the clinical facilitation of student nurses in clinical settings. In addition, the researcher was able to obtain clues to the methodology and instruments used by other researchers. The following discussion focuses mainly on the research topic, while concepts related to the topic are
also discussed. The students nurse depends on clinical facilitation to be an independent nurse practitioner at the end of training and therefore the importance to link the clinical nurse or clinical nurse specialist to be part of accompaniment to share their knowledge and skills and ‘moulds’ the student nurse to be the best in her field after completion of training.

Presentation of the content is under the following headings: the concept of clinical nurse/clinical nurse specialist in South Africa, qualifications and job description, clinical learning environment of the student.

2.3 THE CONCEPT ‘CLINICAL NURSE’

The Mosby’s Medical Dictionary (2009) a clinical nurse specialist as “a registered nurse who holds a master’s degree in nursing and who has acquired advanced knowledge and clinical skills in a specific area of nursing practice”. The unique function of the clinical nurse specialist is based on clinical expertise and judgement and include caring for patients, delegating responsibility, teaching other staff members, and influencing and effecting change with respect to the needs of the patient and family and the total health care system”. The SANC (2012) identifies a clinical nurse specialist as “a person having a qualification in the area of specialising, in-depth knowledge and expertise that enables her/him to focus on facility care and work closely with medical officers on a consultative basis”. By means of an additional qualification, this will enable the clinical nurse to gain a qualification in her clinical field, for example, a registered nurse in intensive care will have an additional qualification in intensive care. By having an additional qualification, it will give the clinical nurse knowledge and skills in her field to be able to mentor the student in a better way – not only as a registered nurse, but as a specialist. It is, however, important for the clinical nurse specialist to work in her area of specialisation to stay up to date with new technology, knowledge and research. Van der Westhuizen (1994:28) explains the clinical nurse specialist as an “advanced nursing practice depends upon proper preparation through education and skill development”. Skills should constantly be redefined and improved throughout professional life. Therefore nurses need a safe professional framework in which to practise – called “protected autonomy”. Critical debate between the clinical nurse specialist and nurse practitioner, about practice activity are a means to professional development. Support from a clinical nurse specialist could be an unshackling process – an opening of
previously locked doors. Far from being a corrective experience, it should be seen as an exploratory relationship in an environment which aids development and promotes challenge. The clinical nurse specialist brings expertise to the day-to-day practice world of nurses. She has the ability to demonstrate excellence in practice, and the opportunity to bring to the clinical setting he expertise that can only be acquired over many years of learning. The clinical nurse specialist has a very clear ‘image’ in her head of what nursing is.

She promotes care which is personalised and patient-centred, not ritualised or institutionalised. According to a study done by Elliot, Begley, Kleinpell and Higgins (2012:1088) on development of leadership outcome-indicators of clinical specialists and advanced practitioners “staff are very proud that they have an advanced practitioner (AP) and she is often brought in for undergraduate students…good as a role-model…good for students to know that this post is there and this is the way nursing is developing”. Al-Hamdan, Fowler, Bawadi, Norrie, Summers and Debbie (2014:248, 249) stated that “nursing is a stressful profession, and nursing students and newly qualified nurses need strong support and guidance to cope with integration into the profession”. Mentorship is an important resource for students; a well-functioning student-mentor relationship supports students; and nurses; professional development. Clinical teaching expertise and quality mentorship are both vital to the clinical training and internship experience of students. Nurses who take the mentor role should have special qualities”. A specialist nurse practitioner is a registered nurse clinician with expert clinical knowledge, skills, decision-making abilities, clinical competencies for expanded practice, characteristics of which are shaped by the context and/or the country in which she/he has credentials to practice (Duma, Dippenaar, Bhengu, Oosthuizen, Middleton, Phillips, Naude & Uys 2012).

2.3.1 Qualifications of the clinical nurse

The SANC (2012) defines a clinical nurse specialist “as a person having a qualification in the area of specialising, in-depth knowledge and expertise that enables her or him to focus on facility care and work closely with medical officers on a consultative basis”. In comparison a nurse specialist is a registered nurse with in-depth knowledge and expertise in a specific practice area such as paediatric nursing, not necessarily a post basic SANC qualification, but it may be an additional 6 month course in the specific
field. To become a clinical nurse specialist in paediatric nursing, for example, the nurse will yield a professional registration with the SANC (1993:R212) as a nurse specialist. A “clinical nursing qualification” means a qualification in one of the following study directions: (a) Child nursing science; (b) Community nursing science; (c) Gerontological nursing science; (d) Medical and surgical nursing science; (e) Midwifery and neonatal nursing science; (f) Occupational health nursing science; (g) Psychiatric nursing science according to the SANC (1993:R212). Clinical nurses or advanced practitioners are named differently in different countries; however the main aim is still the same, education and training. The conclusion was in all countries that an advanced practitioner or clinical nurse in the clinical setting should have an additional qualification and or masters’ degree to deliver the best mentoring and role modelling for students and employees. Based on research, qualified clinical nurse specialists work in clinics, units or organisational level in a primary care or hospital setting utilising a wide range of work experience, advanced knowledge attained through a masters’ degree education. They work well in collaboration with the multi-disciplinary team where they have a comprehensive vision and knowledge of the health care system to guide and develop nurses (Jokiniemi, Haatainen, Meretoja & Pietilä 2014:82).

2.3.2 Job description of the clinical nurse

The following criteria are considered essential for the clinical specialist:

- Practise as a nurse in a specific area of specialisation – ICU clinical nurse will practise in an intensive care unit.
- Adhere to the foundational registration of a professional nurse.
- Be sufficiently complex and advanced beyond the scope of a general professional nurse by means of having an additional SANC qualification in the clinical setting she/he works – ICU clinical nurse will have an additional Intensive Care Degree.
- Exist due to a demand and need for the speciality.
- Focus on a recurring problem that lies within the nursing discipline.
- Be based on a core body of nursing/midwifery knowledge, refined by research.
- Have established educational and practice standards.
• Have expertise obtained through approved professional advanced educational programmes administered by a nurse/midwife.
• Have financial and human resources available to support the programme accredited by the profession.
• Ensure that specialist practitioners are organised and represented in interest groups/associations/societies.

By looking at the criteria the main aim of the clinical nurse is to have a huge impact on the standard of patient care through her or his role as an educator/student mentor in the clinical setting. Schmidt and Smith (2015:312) focused on the nurse in the professional development’s role as a change agent, leader, facilitator or education, champion, partner and advocate to lead critical initiatives to improve the workplace environment, quality and safety of care, academic-practice relationship, inter-professional collaboration and professional development which are the roles the clinical nurse should have to better the outcome of the learner experience. There are different viewpoints of the roles and functions of clinical nurses and professional nurses, but it is agreed that the same function is in the area of clinical accompaniment of students. Feedback given by students on accompaniment were that they felt the preceptor or mentor acted as resource for students, acted as role-models and demonstrated procedures and many more contributions (Cele, Gumede & Kubheka 2002:42,48). In other countries, the clinical nurse also plays an integral role in the focus on nursing staff education, skills, and competencies. This was improvement in participation, support of leadership and positive contributions to patients and other staff members in the clinical setting (Catania & Tippett 2015). The clinical nurse is a primary figure for ensuring proper pathway development, ongoing evaluation as well as implementation thereof (Gurzick & Kesten 2010:42-48). Five role components of the clinical nurse specialist reported is spending time in the role of an expert practitioner, educator, consultant, administrator and researcher (Scott 1999:183-190).

2.4 HISTORY OF THE CLINICAL NURSE

The National Association of Clinical Nurse Specialists stated that “clinical nurse specialists have existed for approximately 50 years as models of “expertness representing advanced or newly developed practices [in nursing]” (Peplau 1965/2003:6). During this time span, much has been written about clinical nurse
specialists, including descriptions of the practice, title, role, education and regulation. Over this 50 year period, clinical nurse specialist practice has evolved with changes in (a) patient care needs across the continuum of care, (b) health care systems delivery models, (c) academic education and life-long learning, and (d) research providing the underpinnings of the science of nursing practice and explication of outcomes. Advanced nurse practitioners were introduced in an ‘uncontrolled’ manner. Nurses were identified and trained to be used in a speciality capacity. They were a valuable resource for Nurse Managers and then use them for ‘specialist nurses’, which enabled the registered nurse to ‘return’ into a clinical role in the areas where they functioned. They became excellent role models for students in the clinical setting (Duma et al 2012).

2.5 CLINICAL LEARNING EXPERIENCE OF THE STUDENT

2.5.1 Clinical accompaniment according to SANC

The SANC is very clear on accompaniment in the clinical setting and the learner has to receive the opportunity to obtain knowledge and skills while working in the departments. The SANC (1989:R683) explains accompaniment as “a conscious and purposeful guidance and support for the student, based on her unique needs, by creating learning opportunities that make it possible for her to grow from passive to involvement, independent, critical practice. This process of accompaniment takes place in conjunction with direct involvement and physical presence of a tutor, supplemented by the availability of guidelines and learning aids”. Therefore the accompaniment a student needs is by means to support, facilitate, guide and support to reach the outcomes set by the SANC, with the assistance of the clinical nurse specialist. The importance of accompaniment is to be mentored of guided by a person in the nursing profession with advanced skills and knowledge in the nursing field she’s working. When a relationship between the student nurse and the clinical nurse is established, it could be characterised by support, guidance and sharing of knowledge and skills by the clinical nurse by means of accompaniment and mentoring. The clinical nurse could work closely to be able to correct what needs to be and to support and give a wider vision on what to do next – she acts as a mentor as well as a role-model. Grove et al (2013:10) explain role-modelling as ‘imitating the behaviours of an exemplar’ which is important for a student when learning take place. To achieve the aim of integrating theory and
practice in the clinical setting, the focus is on clinical accompaniment which forms part of clinical education (Beukes & Nolte 2013:304).

2.5.2 The learner experience

The most important purpose of nursing education is to provide students with learning opportunities that will enable them to develop critical thinking skills so that they could become competent, independent, critical-thinking nurses – this practice requires independent thinking and a high level of cognitive development. If a student use problem-solving scientifically, guided by a clinical nurse specialist, they will become safe practitioners (Uys & Meyer 2005:12). The time spent in the clinical setting under supervision and guidance of a clinical nurse will give the student nurse the quality of learning experiences in real-life situations.

A study done on the experience of the first year student in training stated that the students feel insecure due to the lack of guidance and support by nursing personnel and they experienced the learning environment as anxiety-provoking (Carlson, Kotzé & Van Rooyen 2003:38). The learner experience could be changed by supervision, guidance and accompaniment by the clinical nurse. Clinical experience stays an integral part of nursing education and clinical practice. It prepares the student for ‘doing’ and ‘knowing’ to equip and stimulate them to use critical thinking skills for problem-solving. Students raised concerns while in the clinical field – initial clinical anxiety, theory-practice gap, clinical supervision and the professional role. It was clear in this study that the levels of the learner experience worsened as they became senior student nurses due to the increased amount of responsibilities and less support and guidance in the clinical field. Three areas of concerns were raised by students indicating the fear of doing harm to patients, not belonging to the nursing team and not being fully competent on registration. The focus of very good supervision, which could play an important role in the student nurses’ self-confidence, promotes role socialisation and encouragement of independence which leads to clinical competencies (Sharif & Masoumi 2005:4, 6). Nursing must grow and develop in a creative learning environment, with a culture of innovation, evidence seeking and inquiry (Breckenridge-Sproat, Throop, Raju, Murphy, Loan & Patrician 2015:332).
The most stressful parts for students are the initial period in the clinical setting due to lack of knowledge. The relationship between the student nurse and the nurse supervisor or clinical nurse could change the experience to a positive outcome by means of improving the students’ practical competence, confidence, motivation and self-esteem. This relationship may also make the students vulnerable because they are dependent on assessment, judgement and feedback from the clinical nurse (Dale et al 2013:1). With guidance from a clinical nurse adding to the students’ learning experience it may lead to recruitment of the student in the specialised field of the clinical nurse (Tiwaken et al 2015:66). Changes in the support of new graduates are proposed as a means to increase retention in the nursing profession (Moran 2012:270).

Koharchick, Weideman, Walters and Hardy (2015: 65, 66) mentioned 12 imperatives for feedback. To focus on the learner experience, the following could be emphasised:

- Establish a respectful learning environment
- Base feedback on direct observation
- Make feedback timely and a regular occurrence
- Reinforce and correct observed behaviours
- Confirm the learner’s understanding and facilitate acceptance

In a study done by Caka and Lekalakala-Mokgele (2013:2), the clinical learning environment has been defined as an interactive network of forces which influence the student nurses’ outcomes in the clinical setting. The students will be more competent after completion of training – the student nurse needs to have the opportunity to practise patient care under the supervision of a clinical nurse. The inadequacy of clinical experience by the student nurse, may lead to students not integrating in the clinical field. This will enable students to have better problem-solving skills, psychomotor skills and cognitive skills. Mekwa (2014:279) stated the observation that competencies cannot be developed in the absence of calculated measures to guide learners. A study done by Watkins, Roos and Van der Walt (2011) stated the following regarding the learner experience in the clinical setting: “Their collective well-being was threatened by a challenging work environment, lack of role models in clinical settings as well as incongruence between theoretical training and practical application”. The focus on the accompaniment and mentoring by a clinical nurse is supported by Purfeerst (2011:7). Clinical experiences have been identified by nursing students as one of the most
anxiety-producing components of the nursing programme and it is important for clinical faculty to reduce student anxiety through support and promote a positive learning environment. Evidence-based teaching doesn’t have a different approach to teaching. The main focus is on students as lifelong learners, teach them what they know and what they do not know, especially in the clinical setting, students need to be knowledgeable, competent and has skills (Bruce, Klopper & Mellish 2011:393). Modic (2015:303-304) did a study on appreciative inquiry and it is clear that it is both a philosophy and a methodology for positive change as well as a strength-based approach to enhance innovation and facilitate learning. In the clinical setting it is a challenge to mentor or facilitate students, but if there’s a plan with on how to assist the clinical nurse in how to mentor, it could give the student a quality experience (Dyer 2015:274-275). There are challenges in the experience of nursing students, but with a positive attitude it will assist the student nurse to ask questions and with a little determination they may learn a great deal of it. On the other hand students with a negative attitude may have a worse experience as a student. In this scenario the clinical nurse will play an extremely important role to take away the fear of doing and change the attitude and experience to a positive one (Cohen 2012). The role of the clinical nurse in the learner experience is an ideal position to demonstrate values of care as well as the passion for the profession. The learner experience of clinical instructors Meyer, Nel and Dowling (2016:445) was described as those who expressed interest in their well-being, provided guidance and attention and also shared information to develop their appreciation of the meaning of life. Gordon, Lorilla and Lehman (2012:349, 350) discussed the experience of the clinical nurse as someone who improved teamwork, improved collaboration among staff, learned respect for each other, gave the opportunity to openly communicate with the team and made them feel as an advocate in the clinical setting.

2.5.3 Mentoring of students

Uys and Meyer (2005:4) mentioned the importance of students to be accompanied and guided to become an independent nurse practitioner. Students learn the best in the clinical setting by having a mentor, by means of the clinical nurse to ask and guide to be able to make a knowledgeable decision regarding patient care. In the current setting the student nurse seems to work without a mentor and as a lower category, part of the workforce, to ensure all work has been done at the end of the shift. To enhance successful outcomes and ensure internalisation of clinical content and skills, student
nurses need to have clinical supervision, guidance and assessment by clinical nurses and/or specialists in the clinical setting. This will enable the student nurse to function independently on completion of his/her training (Magobe, Beukes & Müller 2011:2). Previously a study by Windsor (1987:150) also revealed that learning takes place in the clinical environment and could be classified as nursing skills, time management, and professional socialisation. Interpersonal skills and psychomotor skills can be taught away from the patient to a certain extent, but when it comes to high stress situations and the real ‘art’ of nursing, it has to be done in the clinical situation by a clinical nurse who’s an expert in her field.

The clinical situation is not only crucial for the development of the student, but also for the survival of the profession’ (Tlakula & Uys 1993:29). Jooste and Jasper (2012:59) stated that ‘competencies at all levels are the key to success. In the nursing profession this is a very important statement in the experience of the learner. The purposes of clinical work is to learn how to perform psychosocial and physical assessments, administer medication and perform needed skills, interact with family, clients and patients and to develop critical thinking to render the best patient care. Without proper mentoring by a clinical nurse, this can’t work in the clinical setting (Awuah-Peasah, Sarfo & Asamoah 2013:22). Emanuel and Pryce-Miller (2013:18) voiced their concern by supporting that nurses and midwives need adequate preparation for them to cope with the complex nature of clinical practice. By doing this, we can help students become knowledgeable, skilled and fit for practice and able to provide high-quality patient care. With this in mind, undergraduate student nurses need to be supported by experienced and competent mentors. The SANC’s [s.a.] Nursing Education and Training Standards has defined mentors as practitioners who facilitate learning, supervise and assess students in the clinical setting and have set standards to support learning in practice. Preparing student nurses for their professional roles as change agents is satisfying and challenging (King 1996:42).

Lubbe and Roets (2013:59) stated that nurses should always work as a safe and proficient health care provider, practicing within a team of health care providers. With the clinical nurse acting as a mentor, this will ensure competent learners and change the learner experience from ‘not-knowing’ to ‘knowing. Morolong and Chabeli (2015:38) explained the importance of the improvement of the system of clinical accompaniment of newly qualified nurses as well as students. The conclusion was that they’ve had little
knowledge on diagnosis, skills, the nursing process and critical thinking, which plays an important role in the nursing care of a patient.

Similarly, Van Graan, Williams and Koen (2015:33-45) focused on a study on ‘clinical judgement’ which was defined as a cognitive skill to evaluate patient needs, adaption of current treatment protocols, prevention of adverse side effects, adaption of treatment protocols and being proactive rather than reactive in the nursing environment, which is the focus in mentoring by the clinical nurse. Cartwright, Bruce and McInerney (2016:68) raised the concern about nurses’ competence in knowledge, skills and the gap between theory and practice. This is a huge concern where there’s a lack of mentoring by the clinical nurse in the clinical setting, which can change to a positive outcome.

2.6 CONCLUSION

The clinical nurse plays a very important role in the experience of the learner in the clinical setting. The mentoring and facilitation by a clinical nurse could change the view of students in training and therefore may lead to more nurses to be trained. Currently the view of nursing seems to be negative due to the learner experience, but this could be changed by having a system in place to better the experience and therefore the outcome of qualified nurses. Let’s not forget about the importance of students’ experiences with patients, families, and other providers in the clinical setting. What are strategies for ‘getting the most’ out of students’ clinical experiences? What evidence is available to guide our decisions about clinical learning activities that help students link concepts and knowledge from class and readings to patient care, gain clinical reasoning and higher-level thinking skills, and achieve other outcomes (Oermann 2015:271)?

This chapter discussed the literature review conducted for this study. Chapter 3 describes the research design and methodology used in this study.
CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

The purpose of this chapter is to describe and justify the research design that was used to delineate the experiences that the cohort of student nurses who participated in the research had of facilitation by the clinical nurse in their practice. In particular, the chapter will outline the research methodology (design and method) used, give an overview of the course of the research process followed, discuss the validity and reliability of the findings, and comment on the ethical considerations that were taken into consideration during the study.

3.2 RESEARCH SETTING

The study took place in the Nelson Mandela Metropolitan area (urban) hospitals. The metro has a total of eight private and public hospitals. The population of this study was student nurses in training as well as qualified nurses in the past year. The population were participants from public and private hospitals. An open invite on social media was of face book was sent inviting those within the targeted group to participate in the study. Respondents who were willing to participate were requested to send their e-mails to the researchers e-mail and the questionnaire could be sent. Anyone who met the criteria was free to participate. Thus the setting was student nurses on training who were with technology acumen and could respond on social media and had e-mails for contact.

3.3 RESEARCH DESIGN

According to Brink et al (2013:121), the research design will flow directly from hypothesis or research questions to the purpose of the study, chosen. Mouton (2005:55) describes a research design as a plan of how the researcher intends to conduct the research. A qualitative, descriptive, exploratory study is chosen for this research.
3.3.1 Qualitative

Grove et al (2013:23) characterise qualitative research as a systematic, interactive, subjective, holistic approach used to describe life experiences and give them meaning. This type of research is conducted to explore, describe, and promote understanding of human experiences, events and cultures over time. Qualitative design focuses on the aspects of meaning, experiences and understanding of the phenomenon under study (Brink et al 2013:121). This design contextualises the viewpoint of the participants as Munhall (2007:4) concurs that qualitative research is known for giving voice to the people, to hearing their own personal narratives as they relate their experiences to the researcher. The qualitative design enabled the researcher in this study to explore and describe the experiences and challenges of student nurses on facilitation by the clinical nurse in their training environment.

3.3.2 Exploratory

Grove et al (2013:27) define exploratory-descriptive quality research to be conducted to address an issue or problem in need of a solution and/or understanding. This approach will enable the researcher to observe and learn about the respondents’ real live experience in clinical training and the effectiveness of mentoring and guidance by the clinical nurse. Grove et al (2013:370) state that exploratory studies are not intended for generalisation to large populations. In this study a small group in a specific metropolitan area took part in the survey which makes it more objective to reveal the findings.

3.3.3 Descriptive

Polit and Beck (2012:226) describe the purpose of descriptive studies to observe, describe, and document aspects of a situation as it naturally occurs and sometimes to serve as a starting point for hypothesis generation or theory development. Grove et al (2013:26) describe descriptive studies as a way to (1) to discover new meaning, (2) describe what exists, (3) determine the frequency with which something occurs, and (4) categorise information. These studies are usually conducted when little is known about the phenomenon and provide the basis for the conduct of correlation, quasi-experimental, and experimental studies (Creswell 2009). Grove et al (2013:26) state that descriptive research provides an accurate portrayal or account of characteristics of
a particular individual or account of characteristics of a particular individual, situation, or group. The researcher strove to uncover new information about the respondents’ experiences during clinical training and the facilitation and mentoring received by a clinical nurse. New insight gained assisted the researcher to formulate recommendations to supervisors and Educational Institutions to better mentor and facilitate students while in clinical training.

3.4 RESEARCH METHODOLOGY

Research methodology, according to Grove et al (2013:58), describes how the study was conducted, and usually includes the study design, sample, setting, methods of measurement, and data-collection process. Polit and Beck (2012:741) define research methods as “the techniques used to structure a study and to gather and analyse information in a systematic fashion”. This approach will enable the researcher to observe and learn about the respondents’ real live experience in clinical training and the effectiveness of mentoring and guidance by the clinical nurse.

3.4.1 Population

Brink et al (2013:131) stated that “a population is a person or a group of people who will be of interest to the researcher, although the group or persons may not be accessible to the researcher”. To obtain information the researcher has to obtain information regarding the phenomenon to represent the interest of the population. Meyer, Naudé, Shangase and Van Niekerk (2009:378) stated that the population is the group of people who the researcher has reasonable access to. The population in this study consists of students currently in training as well as newly qualified nurses within the past year, in the Nelson Mandela Metropolitan.

3.4.2 Sampling

Sampling has to be used according to the specific criteria. Grove et al (2013:549) describe the sample as participants who comply with the research criteria to be included in the study research. Similarly, Holland and Rees (2010:92) describe a sample in research as the number of people who can represent or have knowledge of the topic being researched. In qualitative research the participants in the sample are those who
have knowledge and/or experience of the research topic, while Terre Blanche et al (2014:132) describe it as the process of selecting cases to observe.

In this study a non-probability purposive sampling method has been used to obtain findings that can be generalised to the experience of nursing students in clinical training.

A total of 45 e-mails with the interview questions were sent to those students who responded to the request. Of those sent out, 32 (71%) were received back. Of those that were received back. Students on training amounted to 17(53%) and those qualified the previous year 14 (44%) respondents were qualified nurses within the past year and 1 (3%) respondent marked other. Because of the limited sample the researcher included also this one respondent

In this study an invitation was send on social media and e-mail addresses, received from participants, to take part in this study. Participants send their e-mail addresses to the researcher. With the online survey, the researcher doesn’t know who took part in the survey due to the survey being anonymous and confidential. Forty-five e-mails were sent to participants and 32 respondents took part in the online survey. A non-probability purposive sampling was used. The researcher knew that only those nurses on training and those who recently qualified will be able to give rich information on the phenomenon under study.

**Inclusion criteria**

To be included in this study, the participants had to

- be a current student nurse on training
- a qualified nurse or registered nurse within the past year, registered with the SANC
- have a good command of English as a language
- be willing participate in this study
- be honest on their live experience as a student
- have access to an e-mail address to be able to complete the online survey
3.4.3 Data collection

Data collection is described as the type of information needed to answer the research question. Brink et al (2013:148-149) say it has to be consistent with the problem statement and the objectives of the researcher Meyer et al (2009:384), which requires procession. An on line survey was an approached used for data.

3.4.3.1 Online survey

Holloway and Wheeler (2014:91) stated that the use of computers for research is increasing. The importance to know the possibilities of qualitative interviewing online and through e-mail correspondence where the researcher and the participant don’t meet face to face. E-mail interviews or surveys are asynchronous or non-real time interviews. These interviews are less intrusive and rich data can be obtained. The participants can also be honest about their experience in an online survey. It is however important to understand that some participants will not be able to participate in online research if they don’t have access to a computer. In this study an online survey has been conducted to participants with the similar experience. The participants are still in training, various year groups as well as students who qualified within the past year.

An online semi-structured interview survey was a method of data collection to enable participants to give anonymous feedback on their real live experience. In an online survey the instructions are part of the online survey and the participant has the opportunity not to do the survey if they don’t want to. The importance of getting the necessary permission before proceeding with any data collection is important (Booysen & Bezuidenhout 2013:431). An online survey was sent to participants willing to take part in the research. The study participants who responded to the social media (face book) invite were considered to be consenting to participate in the study. Data collection stayed anonymous and confidential at all times. No names or e-mail addresses could be linked to the respondents’ feedback. In this study feedback has been given in the form of graphics, real live responses from participants, columns and percentages. This will be discussed in Chapter 4.
### 3.4.3.2 Pilot study

Grove et al (2013:343) describe a pilot as an intervention which is recommended. It is a small-scale version or trial run designed to test the methods to be used in a larger, more rigorous study. Pilot studies are not just studies with a small number or participants, nor are they small, exploratory studies (Polit & Beck 2012:195). The focus of pilot studies is not substantive in that their primary purpose is not to answer research questions.

In general pilot studies are useful to:

- Determine whether the intervention as a prototype will work and whether it is feasible.
- Guide the refinement of the intervention and to work out any problems or issues with implementing it in clinical or research settings. Pilot studies are especially valuable when interventions are delivered in the context of usual or routine clinical care. Investigators can determine any barriers to as well as facilitators for the execution of study procedures, and seek support and resources to administer the intervention in the manner intended.
- Test and refine instructions, manuals, or training programmes to ensure that study procedures are understandable and the preparation of study staff is adequate.
- Estimate how long it takes to recruit the study population, implement the intervention, and collect the desired data.
- Assess whether the intervention has been described in sufficient detail to allow clinicians and other researchers to replicate the work. During pilot tests, clinicians and research staff should continually question any concerns or issues that arise.
- Verify whether there are problems in gaining access to study participants and how participants are reacting to study conditions and procedures.
- Ensure that study participants understand what is required of the study and can interpret and complete outcome measures.
- Test the feasibility of the design.
- Obtain reliability and validity estimates for measurement method in the target population.
Ascertain whether there are any unanticipated effects that may be of concern (Grove et al 2013:343).

A questionnaire wasn’t sent to participants prior to the survey. The researcher sent the interview survey to a second personal e-mail address to assess the format and if the participant will be able to complete the survey in an easy, understandable way. It was at this juncture that the researcher noted some ambiguity in two questions and she rephrased them in such a manner that it should read clearly.

### 3.4.3.3 Preparations for an online survey

With an online survey it is important to decide on the participants to take part in the survey. The participants who took part in this study were all from the same profession, nursing. The participants were all still in training or qualified within the past year, which make them still part of the training milieu. An online structured interview was sent to participants who were willing to take part in the research. Data collection stayed anonymous and confidential at all times. No names or e-mail addresses will be linked to the respondents’ feedback. A suitable survey method has been chosen to make it user-friendly for the participants to take part. The participants had to read the clear instructions and had to select the applicable answer. There were questions where they could type in their real live experiences as a nursing student. E-mail addresses were sent to the participants with the online survey to complete. It was a user-friendly e-mail to open and it immediately focused on the online survey. The questions asked were relevant to the objectives of the study, easy to read and understand and to select the appropriate answer. The participants had a week to complete the online survey and to send it back to the researcher. The date was stipulated in the instructions of the survey. The researcher has access to the internet and a computer with an e-mail address, visible to the participants, to receive the results for data collection.

### 3.4.4 Data analysis

Brink et al (2013:195) stated that data-analysis has to be appropriate and correct in order to have a satisfactory answer to the research question. Grove et al (2007:43) describe data analysis as “aims to organise, reduce and give meaning to the collected data”. Meyer et al (2009:361) state that collected data is taken a-part, re-grouped and
re-organised to make sense. According to Brink et al (2013:193), in qualitative research the researcher will make use of non-numerical analysis. The researcher will make use of wording, from the text responses and graphics to give a better understanding. The researcher will make use of Adobe PDF, which was done by the Online Survey Team to capture the information and making use of wording and graphics to explain the results. The document is in a PDF format. Grove et al (2013:594) state that the interpretation of results from quasi-experimental and experimental studies is often based on decision theory, with five possible results: (1) significant results that are in keeping with the results predicted by the researcher, (2) non-significant results, (3) significant results that oppose the results predicted by the researcher, (4) mixed results, and (5) unexpected results (Shadish, Cook & Campbell 2002:??). In this study the researcher found the results as significant results that are in keeping with results predicted by the researcher which is described by Grove et al (2013:594) as “results that coincide with the researcher’s predictions are the easiest to explain and, unless weaknesses are present, validate the proposed logical links among the elements of the study”. These results support logical links developed by the researcher among the purpose, framework, questions, variables, and measurement methods (Shadish et al 2002).

3.5 VALIDITY AND RELIABILITY

Grove et al (2013:393) describe the validity of an instrument to determine the extent to which it actually reflects or is able to measure the construct being examined. Validity, similar to reliability, is not an all-or-nothing phenomenon but rather a matter of degree. The quality of a research instrument is determined by how valid and reliable it is. Validity is the degree the instrument measures what it is supposed to measure. The attempt to ‘check-out’ whether the meaning and interpretation of an event is sound or a particular measure is an accurate reflection of what the intent is to find out (Vithal & Jansen 2010:32). The instrument needs to be reliable in order to measure the degree of consistency of what it is supposed to measure. Grove et al (2013:389) describe reliability of an instrument denotes the consistency of the measures obtained of an attribute, item, or situation in a study or clinical practice. The greater the reliability or consistency of the measures of a particular instrument, the less random error in the measurement method.
3.5.1 Methods to ensure trustworthiness

The degree of confidence qualitative researchers have in their data, assessed using the criteria of credibility, transferability, dependability, conformability, and authenticity (Polit & Beck 2012:745). The researcher will make use of evidence to make the data trustworthy. The researcher has to be sure that the findings are credible for the candidates as well as the readers of this research question. This will be seen as an internal validity method. The researcher will clarify the information gathered after the online survey has been down. There will be clear instructions for the participants to know what to do and to understand the process to be followed.

3.5.1.1 Credibility

A criterion for evaluating integrity and quality in qualitative studies, referring to confidence in the truth of the data (Polit & Beck 2012:724). The researcher aims to explore a true reflection of the student or learner experience in clinical training and the role of the Clinical Nurse in facilitation.

3.5.1.2 Transferability

The extent to which qualitative findings can be transferred to other settings or groups; one of several models of generalisability (Polit & Beck 2012:745). In this study the researcher selected information-rich participants to give honest information to be able to use in this study. The online survey was send three times until saturation was reached; a description of the data was done to enhance the transferability of the study. In spite of this, the study cannot be generalised to all students in clinical training because of the limited sample.

In this study, the researcher, indeed, aimed to demonstrate the significance of the study in relation to understand the learners’ experience in the clinical setting while in training. In order to achieve this, the researcher explained the limitations of the study, provided clear explanations and comprehensively described the study.
3.5.1.3 **Dependability**

A criterion for evaluating integrity in qualitative studies, referring to the stability of data over time and over conditions (Polit & Beck 2012:725). This will be the alternative for reliability if there need to be changes in this study for better understanding. The Online Survey Team compiled all the results in one document, which was dependable and accurate because it was done by an external team.

3.5.1.4 **Conformability**

A criterion for integrity in a qualitative inquiry, referring to the objectivity or neutrality of the data and interpretations (Polit & Beck 2012:723). The researcher will evaluate how objective or neutral the data is. The researcher focused on the data neutrally and was open to the participants’ perceptions. Conformability was enhanced because no personal judgements could be made due to the anonymous online survey, without any names or e-mail addresses.

### 3.6 ETHICAL CONSIDERATIONS

Ethics is a system of moral values that is concerned with the degree to which research procedures adhere to professional, legal, and social obligations to the study participants (Polit & Beck 2012:727). The study proposal was submitted to the Department of Health Studies for scientific review and ethical clearance (Annexure A). However, the management did not grant the researcher permission to conduct the study. It was at this point that the researcher felt that an open invite on social media for the targeted group will enable her to meet the objective of the study.

#### 3.6.1 Protecting the rights of the institution

The researcher didn’t make use of a specific institution. Participants’ from the Nelson Mandela Metro (urban) took part and not only from an institution but in their own individual capacity.
3.6.2 Protecting the rights of the participants

To maintain the ethical principles relating to protecting the participants’ rights, the researcher doesn’t know who took part in the online survey. An open invite was sent on social media inviting the target population. Participants who responded and sent their personal e-mails to the researcher were assumed to be consenting to participate in the study voluntarily.

The researcher protected the rights of the participants and ensured privacy, confidentiality anonymity as no name of the individual or of the hospital where she / he is working had to be indicated anywhere in the survey. Participation was purely voluntary and participants were assured that they can choose not to send back the responses with no untoward reaction.

- Informed consent

The online survey had clear instructions on what should be done and although the participants didn’t give written consent, they had the choice to participate or not. The researcher doesn’t know who the respondents were.

- Avoidance of harm

The researcher avoided any situation that could’ve led to unwarranted distress and discomfort on the part of the participants.

- Deception of respondents

The researcher upheld the principles of honesty, dignity and respect throughout the research interaction with participants to ensure that no information will be linked to any participant.

- Debriefing of respondents

The researcher didn’t do any debriefing with the respondents due to the fact that the online survey was anonymous and no specific institution was used.
3.6.3 Scientific integrity

The researcher presented a true reflection of the results and findings. Scientific honesty on the part of the researcher was ensured by only using the results received by the online survey team. The researcher set aside personal biases throughout the investigation.

3.6.4 Accountability

With regards to accountability, the analysis and reporting of the study was done by the findings of the study were produced objectively by results received from the online survey team using graphics and a compiled text response feedback.

3.6.5 Researcher integrity

In this study the researcher maintained a very high standard, avoided bias and delivered only the genuine altered data. In addition the researcher made known the limitations of the study as well as the data analysis method used.

3.7 CONCLUSION

This chapter described the research design and methodology, including the population, sample and sampling, validity, reliability, data collection and data analysis, and ethical considerations. Chapter 4 discusses the data analysis and interpretation.
CHAPTER 4

DATA ANALYSIS AND INTERPRETATION

4.1 INTRODUCTION

In Chapter 3 the research design and methodology chosen for this study was discussed. In this Chapter the data analysis, interpretation and results are discussed.

Statistics can be used for a variety of purposes, such as to (1) summarise, (2) explore, (3) compare or contrast descriptively, (4) test the proposed relationships in a theoretical model, (5) infer that the findings from the sample are indicative of the entire population, (6) examine causality, (7) predict, or (8) infer from the sample to a theoretical model (Grove et al 2013:542).

4.2 PURPOSE AND OBJECTIVES OF THE STUDY

Grove et al (2013:83) stated that the purpose is generated from the problem, identifies the focus, aim, or goal of the study, and directs the development of the study. In the research process, the purpose is usually stated after the problem, because the problem identifies the gap in knowledge in a selected area and the purpose clarifies the knowledge to be generated by the study.

The purpose of this study is to determine what the experience of the learner is regarding facilitation and mentoring by the Clinical Nurse in the clinical setting and if they are able to function as an independent practitioner after completion of training.

The objectives of the study were to

- explore and describe the learner in training’s experience of a clinical nurse
- determine the learner in training’s challenges regarding facilitation by a clinical nurse, in the clinical setting
- describe the role of a clinical nurse in mentoring and facilitation of student nurses
make recommendations which will enhance facilitation, in the clinical setting, to students nurses by a clinical nurse

4.3 DATA COLLECTION

Data was collected by doing an online survey send via e-mail. A semi-structured interview questionnaire was sent via e-mail. The survey was send to 45 e-mail addresses of participants studying or working in different facilities (private and public sector). The survey was conducted privately and anonymously by the participants. Feedback was received from 32 respondents, not knowing who the respondents were. Initially the feedback was from only 19 participants. The online survey has been sent three times to the new volunteers in order to have a realistic data analysis. The survey was formulated to cover all elements of the research topic. The following questions were included in the online survey:

- What is the age of the participant?
- What is the qualification or year of study of the participant?
- Do you work according to your scope of practise every day?
- Do you have a mentor in the department you work?
- On a monthly basis, do you receive training/facilitation in the ward by the clinical nurse?
- What is your experience as a student or previous student regarding the amount of facilitation by a clinical nurse?
- As a student or previous student, did you working departments as per year of training, for example 2nd year student worked as an enrolled nurse?
- What is your experience of qualified nurses – do they function as independent nurses?
- What would you change as a student or qualified nurse to ensure a better outcome of the learner experience?
- Do you feel competent to do your procedures and work as an independent nurse?
- Did you attend monthly in-service training to better the outcome as an independent nurse?
- Did you receive training, facilitation and mentoring from a clinical nurse?
According to the South African Nursing Council a clinical nurse should have an additional qualification – would this better the outcome of the standard of nurses?

Am I satisfied in the current position I am appointed?

Is or was my experience as a nursing student positive regarding mentoring by a clinical nurse?

What is your overall experience as a student nurse?

Will you recommend nursing as a career?

4.4 CHALLENGES DURING DATA COLLECTION

Although the researcher found the online survey very interesting and as a learning opportunity, there were challenges during data collection. The data collection for this study was supposed to be done through face to face semi-structured interviews of a particular hospital group. Due to company requirements, it couldn’t continue. The online survey was a challenge due to a limited time-frame it could’ve been done for free. The researcher had to ask permission from the survey-support team to have extended time to re-send the survey. The initial feedback was only from 19 participants, but after re-sending a total of 32 participants responded. Some of the participants didn’t complete all the sections of the online survey, therefore some sections was 29 or 30 responds and not 32. However, a very good interpretation could be done. With the text responses it was clear that some of the participants (only a few), didn’t understand the difference between a clinical nurse and a clinical facilitator.

4.5 DATA INTERPRETATION AND RESULTS

Although the study is not a mixed method, the researcher saw if fit that after the data was coded (qualitatively) and analysed, she presented it in tables and frequencies where necessary for the purpose of clarity.

4.5.1 Demographic data of participants

The participants were 32 students or already qualified nurses. The demographic data was presented numerically in using frequency tables.
4.5.2 Participants’ age

The age of the participants ranged between 18 and 65.

Table 4.1 Participants’ age

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-30</td>
<td>23 (77%)</td>
</tr>
<tr>
<td>31-40</td>
<td>3 (10%)</td>
</tr>
<tr>
<td>41-50</td>
<td>3 (10%)</td>
</tr>
<tr>
<td>51-65</td>
<td>1 (3%)</td>
</tr>
<tr>
<td>Other</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>All Data</td>
<td>30</td>
</tr>
</tbody>
</table>

Of the participants, 77% are in the age of 18-30, which is a very important phase of the nursing career for learning and gaining information through mentoring and facilitation, 10% of the participants are in the age of 31-40, 10% in the age of 41-50 and 3% in the age of 51-65.

![Figure 4.1 Participants’ age](image-url)
4.5.3 Participants’ qualification

Table 4.2 Participants' qualifications

<table>
<thead>
<tr>
<th></th>
<th>Student in training</th>
<th>Qualified ENA within a year</th>
<th>Qualified EN within a year</th>
<th>Qualified R/N within a year</th>
<th>Other (Please Specify)</th>
<th>Standard Deviation</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All Data</strong></td>
<td>17 (53%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>14 (44%)</td>
<td>1 (3%)</td>
<td>7.5</td>
<td>32</td>
</tr>
</tbody>
</table>

Figure 4.2 Participants’ qualifications

Of the participants, 53% are still in training, 44% of the participants qualified within a year and 3% didn’t specify.

4.5.4 Scope of practise

Table 4.3 Scope of practise

<table>
<thead>
<tr>
<th>Row 1</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Standard Deviation</th>
<th>Responses</th>
<th>Weighted Average</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4 (13%)</td>
<td>9 (28%)</td>
<td>6 (19%)</td>
<td>6 (19%)</td>
<td>7 (22%)</td>
<td>1.62</td>
<td>32</td>
<td>3.09 / 5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>3.09 / 5</th>
</tr>
</thead>
</table>
Table 4.3 gives a concerning 60% of participants who, either, strongly disagree (13%), disagree (28%) or are neutral (19%). 19% of participants agreed and 22% strongly agreed. Therefore, more nurses work outside their scope of practise due to no mentoring or shortage of nurses. With mentoring by a clinical nurse she will guide the student nurse not to do what is not expected from him/her.

![Figure 4.3 Scope of practise](image)

4.5.5 Mentor

Table 4.4 Mentor in the department

<table>
<thead>
<tr>
<th>Row</th>
<th>Very Unlikely</th>
<th>Unlikely</th>
<th>Neutral</th>
<th>Likely</th>
<th>Very Likely</th>
<th>Standard Deviation</th>
<th>Responses</th>
<th>Weighted Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5 (16%)</td>
<td>6 (19%)</td>
<td>10 (31%)</td>
<td>7 (22%)</td>
<td>4 (13%)</td>
<td>2.06</td>
<td>32</td>
<td>2.97 / 5</td>
</tr>
</tbody>
</table>

Of the participants, 45% don’t have a mentor in the departments they work – very unlikely 16%, unlikely 19%, neutral 31%, likely 22% and very likely 13%. This will affect the outcome of the student nurse to act as an independent nurse when she has qualified.
4.5.6 Monthly training

Table 4.5 Monthly training in the ward by the clinical nurse

<table>
<thead>
<tr>
<th>Row</th>
<th>Very Unlikely</th>
<th>Unlikely</th>
<th>Neutral</th>
<th>Likely</th>
<th>Very Likely</th>
<th>Standard Deviation</th>
<th>Responses</th>
<th>Weighted Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>10 (31%)</td>
<td>9 (28%)</td>
<td>4 (13%)</td>
<td>5 (16%)</td>
<td>4 (13%)</td>
<td>2.58</td>
<td>32</td>
<td>2.5 / 5</td>
</tr>
</tbody>
</table>

Table 4.5 indicates that 72% of the participants didn’t receive or are not sure of receiving training on a monthly basis by a Clinical Nurse – very unlikely 31%, unlikely 28%, neutral 13%, likely 16% and very likely 13%.
4.5.7 Experience of facilitation by a clinical nurse

What is your experience as a student or previous student regarding the amount of facilitation by a clinical nurse?

The text responses indicate that the learner experience of the clinical nurse is a concern.

Responses from the survey:

“Pleasant. Always available when needed; They are very helpful….; ‘No facilitation received; No mentoring or facilitation given to me in the ward’.”

“Got explained on how to read ECG Strips twice, that is all; ‘You don’t get facilitation if you don’t ask only get when you ask. They don’t facilitate; ‘Training staff willing to assist; ‘in some departments a clinical nurse or R/N is very helpful. In other departments the R/N is often too busy to assist with procedures and mentoring. You struggle with proper guidance and assistance; ‘extremely limited. Students feel pressured and learn by trial and error; ‘I was guided and I never felt lost or scared. I am truly happy; ‘I did not experience much facilitation by clinical nurse during my student years; Excellent; Good; The clinical facilitators were always available for assistance when the need arose or made a plan if not available at the time; There is every week a day spend on facilitation; I have no complaints. I gained a lot of knowledge; Negative; I am being facilitated on a daily basis as a student; We hardly ever see the Clinical Nurse unless it is to assess us; It is a privilege and honour to gain my experience from hem as I hope to be and follow in their footsteps. I feel competent in what I do every day as a nurse; Excellent experience; Honestly I think that time spend with the Clinical nurse helps and that more time is needed with them; We did get facilitation on scheduled days. But we needed more facilitation during our practical working hours as that is where the actual learning takes place; Clinical nurses are not available in the wards; There is enough info given by the Clinical facilitator; The clinical nurse visits the ward once a term (if at all) to do a formative evaluation of a specific skill. This is not a problem as the facilitators teach us the necessary skills and trust us to practice under supervision of qualified nurses. This teaches you a sense of responsibility. There will not always be someone to remind you to
Some R/Ns in the ward don’t mind helping us and they will encourage us to ask questions but then others tell you to go do something and when you then ask a question they tell you they don’t have time to explain. It all depends on the person you’re working with.”

4.5.8 Work according to year of study

Table 4.6 Work in departments as per year of study

<table>
<thead>
<tr>
<th>Row</th>
<th>Very Unlikely</th>
<th>Unlikely</th>
<th>Neutral</th>
<th>Likely</th>
<th>Very Likely</th>
<th>Standard Deviation</th>
<th>Responses</th>
<th>Weighted Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>4 (13%)</td>
<td>5 (16%)</td>
<td>8 (25%)</td>
<td>8 (25%)</td>
<td>7 (22%)</td>
<td>1.62</td>
<td>32</td>
<td>3.28 / 5</td>
</tr>
</tbody>
</table>

Figure 4.6 Work in departments as per year of study

By looking at working according to the scope of practice as well as table 6, 56% didn’t answer that they definitely work as per study year – very unlikely 13%, unlikely 16%, neutral 25%, likely 25% and very likely 22%. With a Clinical Nurse mentoring, this shouldn’t happen in hospitals.
4.5.9 Independent nurses

Table 4.7 Experience of qualified nurses – do they function as independent nurses

<table>
<thead>
<tr>
<th>Row</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Standard Deviation</th>
<th>Responses</th>
<th>Weighted Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1 (3%)</td>
<td>7 (22%)</td>
<td>10 (31%)</td>
<td>11 (34%)</td>
<td>3 (9%)</td>
<td>3.88</td>
<td>32</td>
<td>3.25 / 5</td>
</tr>
</tbody>
</table>

Of the participants, 56% don't agree that qualified nurses function as independent nurses – strongly disagree 3%, disagree 22%, neutral 31%, agree 34% and strongly agree 9%. This is what the researcher would like to prove in this study – the importance of the Clinical Nurse mentoring and facilitating nurses in training.

Figure 4.7 Experience of qualified nurses – do they function as independent nurses

4.5.10 Changes to ensure a better outcome of the learner experience

What would you change as a student or qualified nurse to ensure a better outcome of the learner experience?
The responses from participants on what they would like to change:

Orientation programmes in units which are actually performed. They responded as follows:

“Everyone should work an extra mile for their patients. Most RNs don’t even want to change a bedpan.”

“Don’t send students out to other departments. Facilitation to be given to students by training staff in the department. Assistance to be given to students.”

“Students not to be part of the workforce when they need to do procedures. Sometimes you don’t meet your deadlines.”

“Student orientation in the wards. Assistance for students when they do not understand things, not to be treated like they are stupid.”

“Stop treating students as part of the workforce. Give time for students to get training, give time for learning. Say thank you to students for helping out and don’t let them feel they just have to work.”

“Stop sending students out of their allocated departments.”

“Proper orientation programme and buddy system implemented strictly. More in-service training, especially to staff working more than 5 years in a ward. Regular evaluations of competencies.”

“Better orientation, implement buddy system and adhere to it. Orientation by the Clinical Nurse to build a relationship and not afraid to do things.”

“More training and on-the-spot teaching to allow your colleague to gain more knowledge and become independent according to their scope.”

“The clinical nurse could take a more active interest in the student: go up to student when she first arrives in ward and introduce herself, ask what competence the student nurse to do and seek opportunities for the student to learn.”
“Better work circumstances.”

“Lesser workload.”

“More mentors in the wards apart from the clinical facilitators.”

“To encourage wards to learn students more and not to put students as part as workforce. Especially working as an ENA and you are a 2nd year.”

“More in-service trainings and communication.”

“The way they want students to perform above their level of qualification, expected to work not given time to do their school work in the wards.”

“Treat students as students. Not as work force.”

“More in-service training for students.”

“Do not make students part of the workforce in order for them to have more time to focus on their studies.”

“Enough staff which will enable on the spot teaching, etc.”
“Scheduling of working hours should be clustered together, to work a week and the go to class the next and then back to work again is tiring. Also there should be scheduled study leave or off-days for studying as to work a whole week and write a test the next Monday is impractical.”

“Give students enough time to prepare for their procedures.”

“Student should not be counted as part of the workforce and rather be given enough time to carry out student tasks.”

“Student accompaniment in the critical wards and pre-training on the basics of specialised wards.”

“More practicing of skills and allowing and assisting students in the ward to do the necessary skills. The students from different institutions should stop comparing themselves to one another and start working as a team and learn from each other. Students should not only be there to do the work that other nurses don’t want to do. They should be allowed to be part of medicine round and not be caught up with observations the whole day.”

“Take students out of the workforce. At the end of the day permanent staff treats us like we are the only ones that needs to work some of them even voice that we are the new generation of R/N’s and we have to do all the work. Students always get blamed for everything going wrong in the wards. R/Ns need to be given practical training again.”

“They can’t put up drips they don’t know how to insert a nasogastric tube and they don’t know how to clean/change colostomy bags. All that work of the R/Ns become the students work. Some R/Ns leave the student alone to give medication and run off doing who knows what. When we need help they are missing. When admissions come the staff is missing.”

Students need to be taken off the workforce because we are being taken advantage of and being over worked which makes us question our jobs. Students as well as new staff are not being orientated to the ward and the staff are never minded helping them. Students are the ones orientating the other students and new staff members in wards.
4.5.11 Competency

Table 4.8 Competent to do procedures and work as an independent nurse

<table>
<thead>
<tr>
<th>Row</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Standard Deviation</th>
<th>Responses</th>
<th>Weighted Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1 (3%)</td>
<td>4 (13%)</td>
<td>6 (20%)</td>
<td>10 (33%)</td>
<td>9 (30%)</td>
<td>3.29</td>
<td>30</td>
<td>3.73 / 5</td>
</tr>
</tbody>
</table>

Of the participants, 36% don’t agree or strongly agree that they feel competent – strongly disagree 3%, disagree 13%, neutral 20%, agree 33% and strongly agree 30%. With the facilitation and mentoring of a clinical nurse, this should change to a higher percentage.

![Figure 4.8 Competent to do procedures and work as an independent nurse](image-url)
4.5.12 The outcome of monthly in-service training

Table 4.9 Monthly in-service training to better the outcome as an independent nurse

<table>
<thead>
<tr>
<th>Row</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Standard Deviation</th>
<th>Responses</th>
<th>Weighted Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>4 (13%)</td>
<td>9 (30%)</td>
<td>11 (37%)</td>
<td>5 (17%)</td>
<td>1 (3%)</td>
<td>3.58</td>
<td>30</td>
<td>2.67 / 5</td>
</tr>
</tbody>
</table>

Of the participants, 80% didn't agree or strongly agree on receiving in-service training per month – strongly agree 13%, disagree 30%, neutral 37%, agree 17% and strongly agree 3%. A Clinical Nurse should give in-service training as part of facilitation and mentoring to student nurses to better their independent function.

Figure 4.9 Monthly in-service training to better the outcome as an independent nurse
4.5.13 Training received by a clinical nurse

Table 4.10 In-service training, facilitation and mentoring from a clinical nurse

<table>
<thead>
<tr>
<th>Row 1</th>
<th>Very Unlikely</th>
<th>Unlikely</th>
<th>Neutral</th>
<th>Likely</th>
<th>Very Likely</th>
<th>Standard Deviation</th>
<th>Responses</th>
<th>Weighted Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 (20%)</td>
<td>7 (23%)</td>
<td>6 (20%)</td>
<td>9 (30%)</td>
<td>2 (7%)</td>
<td>2.28</td>
<td>30</td>
<td>2.8 / 5</td>
<td></td>
</tr>
</tbody>
</table>

Of the participants, 63% didn’t receive likely or very likely training from a Clinical Nurse – very unlikely 20%, unlikely 23%, neutral 20%, likely 30% and very likely 7%.

Figure 4.10 In-service training, facilitation and mentoring from a clinical nurse

4.5.14 Additional qualification of a clinical nurse

Table 4.11 Additional qualification of a clinical nurse

<table>
<thead>
<tr>
<th>Row 1</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Standard Deviation</th>
<th>Responses</th>
<th>Weighted Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 (0%)</td>
<td>2 (6%)</td>
<td>5 (16%)</td>
<td>11 (35%)</td>
<td>13 (42%)</td>
<td>5.04</td>
<td>31</td>
<td>4.13 / 5</td>
<td></td>
</tr>
</tbody>
</table>

To act as a clinical nurse according to the South African Nursing Council, he/she should have an additional qualification. According to the participants, 72% agreed that this will
improve the outcome of the standard of nursing – disagree 6%, neutral 16%, agree 35% and strongly agree 42%.

![Figure 4.11 Additional qualification of a clinical nurse](image)

4.5.15 Satisfied in the current position

Table 4.12 Satisfied in the current position

<table>
<thead>
<tr>
<th>Row</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Standard Deviation</th>
<th>Responses</th>
<th>Weighted Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1 (3%)</td>
<td>7 (23%)</td>
<td>6 (19%)</td>
<td>13 (42%)</td>
<td>4 (13%)</td>
<td>3.97</td>
<td>31</td>
<td>3.39 / 5</td>
</tr>
</tbody>
</table>

Of the participants, 55% are satisfied in the current position, but should this maybe had a better outcome with better facilitation and mentoring by the clinical nurse in order to have more independent, competent nurses – strongly disagree 3%, disagree 23%, neutral 19%, agree 42% and strongly agree 13%?
4.5.16 Mentoring - experience by a clinical nurse

Table 4.13  Mentoring – experience by a clinical nurse

<table>
<thead>
<tr>
<th>Row</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Standard Deviation</th>
<th>Responses</th>
<th>Weighted Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5 (16%)</td>
<td>3 (10%)</td>
<td>10 (32%)</td>
<td>9 (29%)</td>
<td>4 (13%)</td>
<td>2.79</td>
<td>31</td>
<td>3.13 / 5</td>
</tr>
</tbody>
</table>

Of the participants, 58% didn’t answer positive that their experience regarding monitoring by a Clinical nurse was positive – strongly disagree 16%, disagree 10%, neutral 32%, agree 29% and strongly agree 13%.
Figure 4.13  Mentoring – experience by a clinical nurse

4.5.17  Experience as a student nurse

What is your overall experience as a student nurse?

The responses from participants:

Negative experience as a student

"There is a lot of pressure placed on students to function as part of the work force. Learning is done mostly by means of trial and error within the hospital set up."

"Being taken advantage of … sometimes u feel u don't want to come to work the next day."

"Not many learning opportunities."

"It is hard work and stressful and it is tiring because you work a lot of hours and you work hard because most of the time the wards are short of staff."
“I must say I feel we can be treated better, in order to learn faster and effectively. Emotional stress makes me lose confidence.”

“Students get blamed for too much wrong, never a thank you for the good you do. Never got orientation in any ward. Too much gossiping. No learning opportunity.”

“Lack of ward orientation when starting in a new department.”

“Things that can better include more guidance for lower category students. The buddy system will improve the outcome.”

“Stressful.”

“Stressful.”

“Sometimes the wards let us work part of the work force which doesn’t make time to learn more.”

“It is very interesting to see and learn things every day, but there is too much work to do in very little time as we also have to work as permanent employees for free.”

“It's not always easy you will be treated like a 5 year old, be blamed for almost everything that's wrong in ward will be stressed, but in the end it is worth it. If you follow your Scope of practice you will never drown.”

“I feel as a student nurse you always get the blame when things go wrong or when things have not been done. I enjoy my training and yes there's good and bad days o, but we don't always get treated as students as we sometimes need to neglect our practical work because we are part of the workforce as they would say in the wards.”

“I don't feel like a student because I'm expected to do things of a qualified person.”

“It was hard work, took a lot of dedication but it was worth it!!!”
“Would appreciate more visits from the clinical facilitators.”

“OK, the only problem is being sent to different ward that I am not allocated to.”

“Difficult with completing procedures and the time frame. Specialised units need before-hand training as permanent staff does not have time to accompany students or orientate the students.”

“I hate being a student nurse. I love nursing it is my passion but some members of the multidisciplinary team are making it feel as if it is a bourdon. Not only nurses but doctors as well. People have forgotten what it means to be a student.”

Positive experience as a student

“But overall I enjoyed my time as a student. Most of the staff is helpful.”

“I had a very good experience as a student overall.”

“Good experience. I've learned more by working with the patient than from the textbook.”

“I am very happy, sometimes I do felt that they threw me in the deep end, but I gained out of it, because now I handle difficult situations better.”

“Overall good, just sometimes difficult to get competencies done by deadlines.”

“I enjoyed my learning and learned a lot - I'm still learning.”

“It is very exhausting but I love it!”

“I enjoyed it, because it moulds you to be a good RN.”

“Positive, challenging learning everyday.”

“I love what I do and that motivates me everyday even in dark times.”

“Excellent.”
“My experience has changed my life. I have developed a whole new identity as a student nurse. I am proud to be part of this profession. I have learned to speak and empathise with patients and people in general. The rewards heavily outweigh the small frustrations in the ward during clinical allocations.”

4.5.18 Nursing as a career

Table 4.14 Nursing as a career

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Standard Deviation</th>
<th>Responses</th>
<th>Weighted Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Row 1</td>
<td>1 (3%)</td>
<td>4 (13%)</td>
<td>3 (10%)</td>
<td>9 (29%)</td>
<td>14 (45%)</td>
<td>4.71</td>
<td>31</td>
<td>4 / 5</td>
</tr>
</tbody>
</table>

A positive outcome of this study was to see that 74% still would recommend nursing as a career. The most important thing is to change the 3% of strongly disagree, 13% of disagree and the 10% neutral to strongly agree.

4.6 OVERVIEW OF RESEARCH FINDINGS

The study revealed that, with regard to the learner’s experience of the clinical nurse in mentoring and facilitation, it is a lack in the nursing profession. The overall feeling was
that they didn’t or don’t receive mentoring from the clinical nurse or the registered nurse in the ward to be able to function as an independent nurse at the end of training. The feeling was also that a clinical nurse should have an additional qualification according to the SANC to better the outcome of the learner experience. With this study the main focus was also on the learner’s experience that the clinical nurse, registered nurses and students are all part of the daily workforce and therefore no time for proper facilitation and mentoring which leads to a lot of frustrations and a feeling of incompetence.

4.7 CONCLUSION

The purpose of this study was to explore and describe the learner’s experience of the facilitation and mentoring by the clinical nurse. The data analysis and interpretation indicated that this has been achieved by the results received from participants. This, in turn, enabled the researcher to make recommendations to better assist the learner in training to receive facilitation and mentoring by a clinical nurse to be able to function as a competent independent practitioner. The study revealed a definite concern of students not being mentored effectively while in the clinical setting. The effectiveness of the clinical nurse in the clinical setting is a concern, because they are part of the workforce in departments and don’t have enough time and enough staff to be able to mentor or facilitate effectively. This, in turn, facilitated the formulation of recommendations to hospitals to have a programme in place to better facilitate and mentor students while in training. This will ensure that the learner experience will change to a positive outcome.

Chapter 5 concludes the study, briefly describes findings and limitations and makes recommendations for practise and possible further research.
CHAPTER 5

FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

Chapter 4 describes the data analysis and interpretation of this study. This chapter summarises the research findings and conclusions, describes the limitations of the study, and makes recommendations for the nursing student’s learner experience of the clinical nurse while in training and for further research.

5.2 PURPOSE AND OBJECTIVES OF THE STUDY

The purpose of this study was to explore and describe the experience of the nursing student of the clinical nurse while in training, the challenges they experience, the role of the clinical nurse and recommendations to be made to improve the outcome of facilitation and mentoring.

5.3 RESEARCH DESIGN AND METHODOLOGY

The researcher chose a qualitative, explorative, descriptive design for this study. Data was collected by means of an online survey, with clear guidelines on what was expected from the participants. The study was conducted with 45 participants who received e-mails and 32 participants took part in the survey. The researcher upheld the ethical principles relating to participant protection and researcher integrity.

5.4 SUMMARY OF FINDINGS

The online survey consists of seven main themes. The findings are summarised according to the themes (see figures 5.1 to 5.7).
5.4.1 Do you have a mentor in the department you work

![Figure 5.1 Findings on mentoring in the department you work](image)

Of the participants, 31% marked this section as neutral, 16% as very unlikely, 19% unlikely, 22% likely and 13% very likely.
5.4.2 On a monthly basis, do you receive training in the ward by the clinical nurse?

![Figure 5.2 Findings on monthly training received by the clinical nurse](image)

Of the participants, 31% stated very unlikely, 28% unlikely, 13% neutral, 16% likely and 13% very unlikely. The training received by the clinical nurse will be more objective specific whereas in-service training is on planned monthly training programmes.

5.4.3 What is your experience as a student or previous student regarding the amount of facilitation by a clinical nurse?

Feedback given from participants were that some experienced no facilitation by a clinical nurse, some participants experienced limited facilitation, some participants had excellent experience and some stated no clinical nurse was available. The experience of the student regarding the clinical nurse seemed to be more negative than positive.
5.4.4 What would you change as a student or qualified nurse to ensure a better outcome of the learner experience?

Feedback was given regarding the following important aspects:

- Proper orientation programmes for students in departments
- Students not to be part of the workforce
- In-service training and mentoring by Registered Nurses and Clinical Nurses
- Accompaniment in Special care units
- On the spot teaching by permanent staff
- More interest in the student nurse by the Clinical Nurse
- Teamwork with permanent staff and not leaving duties only for students to do

5.4.5 Did you receive in-service training, facilitation and mentoring from a clinical nurse?

![Findings on training, facilitation and mentoring from a clinical nurse](image)

Figure 5.3 Findings on training, facilitation and mentoring from a clinical nurse
Of the participants, 30% likely received training and facilitation from a Clinical Nurse, 20% very unlikely, 23% unlikely, 20% neutral, and 7% likely.

5.4.6 My experience as a nursing student is or was positive regarding mentoring by a clinical nurse

![Figure 5.4](image)

Figure 5.4 Findings of the experience as a nursing student is positive regarding mentoring by a clinical nurse

Of the participants, 32% stayed neutral, 16% strongly agreed, 10% disagreed, 29% agreed and 13% strongly disagreed

5.4.7 What is your overall experience as a student nurse?

33 responses from participants received of which gave a 60.6% negative experience and 39.3% a positive experience.

5.5 CONCLUSION OF THE FINDINGS

Based on the findings, the following conclusions were reached by the researcher:
• **Fulfilment**

The findings of training, facilitation and mentoring by the clinical nurse has been reflected as not as effective as set out by the South African Nursing Council. Students’ feedback given was that they don’t receive the facilitation and mentoring to empower them to act as independent nurses after completion of their qualifications.

• **Commitment**

According to the participants the clinical nurse are not committed to give mentoring and facilitation as per South African Nursing Council. In the participants’ view the amount of training and facilitation received by the clinical nurse are not enough to better their experience as learners in training.

5.6 **LIMITATIONS OF THE STUDY**

The following limitations were identified:

• The researcher found it difficult to find participants willing to take part in the online survey.
• The online survey initially only gave 7 days of a free trial to do the survey and the time needed was 21 days. The researcher managed to receive more time to be able to get feedback in time.
• 45 e-mails were sending to participants willing to participate and 32 participants gave feedback.
• The study was limited to the Nelson Mandela Metropolitan area and therefore cannot be generalised to all student nurses in South Africa.

5.7 **RECOMMENDATIONS**

The study found that the students’ experience in training was not positive at all times and they are in need for mentoring and facilitation by a clinical nurse to enable them to function as a confident, independent nurse practitioner. Based on the findings, the
researcher makes the following recommendations for nurse educators, clinical nurses, the SANC and further research.

5.7.1 Nurse educators

- Nurse educators to be involved in the role of the clinical nurse in mentoring and facilitation of the learner whilst in training.
- Convincingly lobby the SANC to be more specific on mentoring and facilitation hours to be received by a clinical nurse or registered nurse while in clinical training.
- Monitor students’ clinical progress on an ongoing basis on the amount of mentoring and facilitation received while in clinical training and ensure that they receive it before completion of training.
- Ensure the clinical nurse has the qualifications according to the SANC.
- Ensure that qualified nurses trained longer than five (5) years to be updated on their skills according to the SANC requirements.
- Convincingly lobby institutions to have students not part of the workforce, daily, but to give them an opportunity to work with a mentor a certain amount of hours while in training.

5.7.2 Clinical nurses

The findings reflect that clinical nurses are part of the workforce and don’t give mentoring and facilitation as per SANC regulations. In this regard, the researcher recommends that clinical nurses:

- Ensure their qualifications are according to the SANC.
- Ensure facilitation and mentoring to students to better the learner experience and to enable them to function as independent nurses.
- Do in-service training as per institution policy.
- Encourage students to ask where assistance needed and monitor them on a daily basis for competency.
- Facilitate and mentor already qualified nurses to be able to assist with mentoring of students in training.
5.7.3 The SANC

The researcher recommends that the SANC should:

- Review clinical requirements of students in training not to be part of the workforce in institutions.
- Have clear guidelines to institutions to ensure all clinical nurses to have additional qualifications as per SANC regulations.

5.7.4 Further research

Further research should be conducted on the following topics:

- The clinical nurse – the learner experience in training in other provinces.
- Challenges encountered by clinical nurses to mentor and facilitate students in training.

5.8 CONCLUSION

The study focused on the learners’ experience of mentoring and facilitation by the clinical nurse while in training. Through the study the researcher gained a deeper insight in the learners’ experience and feelings while in training. The findings stressed that learners’ don’t receive enough mentoring and facilitation while in clinical training to ensure independent practitioners with confidence. One of the biggest challenges in mentoring and facilitation seem to be that students and clinical nurses are part of the daily workforce and therefore don’t have time to render mentoring as it should be done in the clinical setting. The experience of the students are, that they are not orientated in a department, and need to work as a skill lower than the year of training. It is the hope that the findings and recommendations of the researcher will contribute to a better learner experience of the learner while in training and more mentoring and facilitation by the clinical nurse. Recommendations have been made to nurse educators and clinical nurses to have qualifications as per the SANC, who need to enforce nurses to have the qualifications. The researcher would suggest clinical institutions look at their allocation of students to be able to receive proper mentoring and facilitation as part of their training to improve the standard of nursing.
LIST OF REFERENCES


Hofstee, E. 2011. Constructing a good dissertation: A practical guide to finishing a Master’s, MBA or PhD on schedule. Johannesburg: EPE


SANC see South African Nursing Council.


ANNEXURES
ANNEXURE A: UNISA ETHICAL CLEARANCE CERTIFICATE

UNIVERSITY OF SOUTH AFRICA
Health Studies Higher Degrees Committee
College of Human Sciences
ETHICAL CLEARANCE CERTIFICATE
REC-012714-039

Date: 10 December 2014
Project Title: Facilitation of nurses in hospital and the influence of acuity on nursing skills and standards.
Researcher: Dinna Helena Bosch
Degree: MA in Nursing Science
Supervisor: Prof MM Molaki
Qualification: D Lit et Phil
Joint Supervisor: -

DECISION OF COMMITTEE
Approved [ ] Conditionally Approved [x]

[Signature]
CHAIRPERSON: HEALTH STUDIES HIGHER DEGREES COMMITTEE

[Signature]
CHAIRPERSON: DEPARTMENT OF HEALTH STUDIES

PLEASE QUOTE THE PROJECT NUMBER IN ALL ENQUIRIES

77
ANNEXURE B: ONLINE SURVEY QUESTIONNAIRE

Instructions

This survey will take 10 minutes to complete - as a Research student I need your assistance to complete the survey on or before the 10th of September 2016.

This survey is anonymous and part of research on the learner experience as a student nurse.

Please answer the questions in an honest way.

The focus is on the experience of the learner of the Clinical nurse as a mentor in the hospital.

No hospital will be named.

A current student nurse in training may take part in this survey as well as a qualified nurse within a year.

Please send back to dianabosch@nashuaisp.co.za.

Thank you for your participation.

1. Age of the participant: Select the appropriate age.

<table>
<thead>
<tr>
<th>Age in years</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>18 – 30</td>
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<tr>
<td>31 – 40</td>
<td></td>
</tr>
<tr>
<td>41 - 50</td>
<td></td>
</tr>
<tr>
<td>51 – 65</td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
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</tr>
</tbody>
</table>
2. Qualification of the participant.

<table>
<thead>
<tr>
<th>Student in training</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Qualified ENA within a year</td>
<td></td>
</tr>
<tr>
<td>Qualified EN within a year</td>
<td></td>
</tr>
<tr>
<td>Qualified R/N within a year</td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
</tr>
</tbody>
</table>

3. Do you work according to your scope of practice every day?

| Strongly disagree |   |
| Disagree |   |
| Neutral |   |
| Agree |   |
| Strongly agree |   |

4. Do you have a mentor in the department you work?

| Very unlikely |   |
| Unlikely |   |
| Neutral |   |
| Likely |   |
| Very likely |   |

5. On a monthly basis, do you receive training in the ward by the clinical nurse?

| Very unlikely |   |
| Unlikely |   |
| Neutral |   |
| Likely |   |
| Very likely |   |
6. What is your experience as a student or previous student regarding the amount of facilitation by a clinical nurse?

__________________________________________________________

__________________________________________________________

__________________________________________________________

7. As a student or previous student, did you work in departments as per year of study, e.g. 2nd year student worked as an enrolled nurse?

Very likely
Unlikely
Neutral
Likely
Very likely

8. What is your experience of qualified nurses – do they function as independent nurses?

Strongly disagree
Disagree
Neutral
Agree
Strongly agree
9. What would you change as a student or qualified nurse to ensure a better outcome of the learner experience?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

10. Do you feel competent to do your procedures and work as an independent nurse?

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
</table>

11. Did you attend monthly in-service training to better the outcome as an independent nurse?

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
</table>
12. Did you receive training, facilitation and mentoring from a clinical nurse?

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
</table>

13. According to the South African Nursing Council a clinical nurse should have an additional qualification – would this better the outcome of the standard of nurses?

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
</table>

14. I am satisfied in the current position I am appointed.

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
</table>

15. My experience as a nursing student is or was positive regarding mentoring by a Clinical Nurse.

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
</table>
16. What is your overall experience as a student nurse?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

17. I will recommend nursing as a career.

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
</table>