CRITICAL CARE NURSING STUDENTS' EXPERIENCE OF CLINICAL ACCOMPANIMENT IN OPEN DISTANCE LEARNING (ODL): A PHENOMENOLOGICAL PERSPECTIVE

by

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DECLARATION

I declare that **THE CRITICAL CARE NURSING STUDENTS' EXPEREINCES OF CLINICAL ACCOMPANIMENT IN OPEN DISTANCE LEARNING: A PHENOMENO-LOGICAL PERSPECTIVE** is my own original work (except where acknowledgements have been made by means of complete reference) and that this work has not been submitted before for any other degree at any institution of tertiary education or examining body.

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SIGNATURE   **DATE**

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ABSTRACT

The role of clinical accompaniment in the training of critical care nurses cannot be over emphasised because critical care nursing is a complex and technical clinical specialty, designed to equip critical-care nurses with special skills to care for critically ill patients and their families.

The purpose of the study was firstly, to explore and interpret the meaning of the experiences of critical care nursing students about clinical accompaniment in open distance learning (ODL). This aspect has not been researched before and as such, there is no empirical data about the clinical accompaniment of the critical care-nursing students in ODL. Secondly, to develop guidelines for facilitation of clinical accompaniment in critical care nursing in ODL.

A qualitative hermeneutic phenomenological study was conducted. Non-probability purposive sampling was used to select participants to provide information about clinical accompaniment in ODL. Data was obtained through in-depth interviews supplemented by field notes compiled during fieldwork.

The study findings revealed that participants regard relationships and communication as important for clinical accompaniment. The distance factor inherent in distance learning was problematic for student's motivation and support. The presence and visibility of the lecturer was pivotal for the students. Of importance also were the relationships with the managers and colleagues. The perception of participants was that managers of clinical facilities were not as readily accessible as would have been the lecturer. Although

negative experiences were described, paradoxically these experiences seemed to have empowered the student to develop survival skills, patience and assertiveness to take action on how to deal with the situation.

From the findings the researcher was able to develop guidelines the implementation of which, is hoped to ensure effective clinical accompaniment of critical care nursing students in ODL.

KEY CONCEPTS

Clinical accompaniment, critical-care nursing, open distance learning.

ACKNOWLEDEMENTS

Dedication

Mama In the poverty that we grew up in, you kept on saying "one day I wish to see my children being students". Those words were my inspiration, Masombuka, Mkoneni, Thabethe ka-dudukana.

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List of abbreviations

CHS   College of Health Sciences

DHS   Department of Health Studies

ETQA   Education and Training Qualifications Authority

FUNDISA   Forum of University Nursing Departments in South Africa

NCHE   National Commission of Higher Education

NQF   National Qualification framework

OBE   Outcome-based education

ODL   Open distance learning

SADC   South African Developing Communities

SANC   South African Nursing Council

SAQA   South African Quality Authority

TSA   Technikon South Africa

UNISA   University of South Africa

VUDEC   Vista University of distance education campus

WHO   World Health Organization

WHOCC   World Health Organization Collaboration Center

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CHAPTER 1

Orientation and overview of the study

1.1   INTRODUCTION

Clinical accompaniment 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. Clinical accompaniment is an essential and interrelated function to ensure the integration of theory and practice, the integrity of clinical services provided to the clients and the development of competence in nursing students (Failender and Shafranske, 2003:3). In addition, it is meant to ensure that clinical consultation is conducted in a competent manner in which ethical standards, legal prescriptions and professional practices are applied to promote and protect the wellbeing of clients, the profession and society at large (Fairley, 2004:42). It is therefore an integral facet of clinical practice that is influenced by behaviour of both the learner and the facilitator of learning (Stevenson, Keith, Saunder and Naylor, 1998:22).

As a result, the accompaniment of students is a distinct activity in which the education and training aimed at developing science-informed practice are facilitated through a collaborative interpersonal process involving psychomotor, cognitive and affective skills (Flynn 2003:42). Included also is the observation, evaluation, feedback, facilitation of student's self-assessment and the acquisition of knowledge and skills. These skills are achieved through instruction, modeling and mutual problem solving (MacLeod, 1996:8).

This study stemmed from the educational, professional, personal interest and need, to explore and describe the everyday experiences of critical care nursing students on clinical accompaniment in open distance learning (ODL). The exploration of experiences allows for the dynamism of the practice to be brought to the fore for scrutiny (MacLeod 1996:8). The other reason for in-depth consideration of everyday experiences is its relationship to the development of clinical competence in career-oriented professions (Forthergil-Bourbonnaise, 1999:32). The critical-care nursing students referred to in this study are registered nurses on training to acquire an additional qualification in Medical Surgical Nursing (Critical Care) according to the South African Nursing Council (SANC)

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Regulation R212 of February 1997 as amended (South African Nursing Council, 1997:1).

In this chapter, an overview of the study, the background to the study, the research problems, purpose and objectives, research question, the paradigmatic perspectives and the significance of the study are described. Theoretical terms are identified and their meanings discussed in context.

1.2   BACKGROUND TO THE RESEACH PROBLEM

In this background the researcher intends to orientate the reader to the clinical world of critical-care nursing and accompaniment process at the University of South Africa (UNISA), the only approved university dedicated to distance learning in South Africa (National Commission of Higher Education (NCHE) White Paper, 1999:45).

Critical-care nursing is a complex and technical clinical specialty, which is developed to provide for the health care needs of patients and families with actual or potential life threatening conditions. The role of clinical accompaniment in the training of critical-care nurses cannot be over emphasized, as this is vital in ensuring that the required competencies to function as a clinical practitioner, educator, consultant, leader and researcher within the critical-care domain are acquired(Viejo 2006:2. It is a well-recognised phenomenon that critically ill patients especially those nursed in intensive care units (ICU) present the most challenging aspect of nursing practice. Their management and treatment incorporates the utilisation of a complex array of biomedical equipment, sophisticated diagnostic and therapeutic regimens (Urden, Stacy and Lough, 2006:134). Thus, as a specialist clinician, the critical-care nurse requires knowledge and skills in technical operations, problem solving, clinical decision-making, critical thinking, reflective practice, leadership and teamwork (Williams, Schmollgruber and Alberto, 2006:400).

The level of preparation required for the specialist critical-care nurse is beyond the scope of undergraduate/basic nursing programmes. It is for this reason that the preparation of critical-care nurses requires a post basic registration nursing education programme to achieve the depth and the breadth of clinical knowledge, skill and attributes necessary to render competent nursing care. The programme prepares the

general registered professional nurse to be an expert clinician in the context of ICU, in which patient care requirements include complex monitoring therapies, high-intensity nursing interventions or continuous nursing vigilance within a range of high acuity care. Therefore, the incumbent in the programme must be the one who is able to dexterously integrate cognitive and manual skills which will enable him/her to create order from chaos, in the context of complicated resuscitations and high technological environment of critical- care nursing (Tobin, 2005:2).

In view of the technical nature of critical-care nursing demands, nurses should be dexterous and organised. Critical-care nurses should be able to make sound clinical decisions in a highly vulnerable, complex environment that requires intense, vigilant nursing care. The fact that it is undertaken by already registered nurses, means that it builds on clinical competencies acquired in the basic training focusing only on those practices which would make the nurse a specialist practitioner in the area of critical-care nursing.

It follows, therefore, that nursing by its nature is a practice-based discipline lending itself to a requirement whereby nursing students should learn through experience and from experience. Learning through experience means that an activity through which learning may take place is set up. Learning from experience means that students are encouraged to reflect upon personal experience as a means of discovering solutions to problems using past experiences (Parker, Webb and D'Souza, 2005:112). Hence, clinical practice forms the heart of experiences in nursing programmes. It is meant to ensure support, as well as to equip the students with skills and knowledge to correlate theory with practice and to foster educational opportunities in the clinical setting which will facilitate competent safe practice (Lukhuleni, Van der Wal and Ehlers, 2004:15). Following is a brief overview of UNISA as an Open distance learning institution.

1.2.1 Overview of UNISA as an open distance learning institution

UNISA is the oldest university in South Africa (Harris 1996:45). It was established in 1873 as the university of Cape of Good Hope using the distance-learning mode of tuition. Its name changed in 1916 to the University of South Africa

The terms 'open learning',' open education' and 'flexible learning' are used in conjunction with 'distance education' (Novotny 2000:5). UNISA has been known as a distance education institution for 134 years (2015 UNISA Strategic Plan, 2006:9). In 1997, the Minister of Education, following the recommendations of the National Commission of Higher Education, declared that a single, predominately distance education institution that provides innovative and quality programs was required in the country. The Minister then declared that UNISA be expanded as the comprehensive learning institution dedicated to distance learning (National Commission of Higher Education (NCHE), White Paper, 1999:45). In 2004 the University merged with Technikon South Africa (TSA) and Vista University for Distance Education Centre (VUDEC) to become a comprehensive distance education university (University of South Africa (UNISA) 2015 Strategic Plan:8).

In 2006, in line with the merger, the University of South Africa's Council board approved that the process of reinventing UNISA as an ODL institution be undertaken. This process was achieved through consultative forums of different stakeholders internally and externally with ODL experts. The stakeholders agreed that UNISA is in a good position to be an open distance learning institution that embraces student centeredness in the context of the three elements of open distance learning, namely:

Open: Flexible access, flexible tuition methods and flexible criteria of assessing.

Distance: Anywhere, any time, at own pace.

Learning: Active construction of meaning mediated by the lecturer and facilitated in a variety of ways.

'Open learning' in the context that UNISA uses it, denotes a shift from content base to learner and outcomes based approach.

In Africa, UNISA is the leading responsive public comprehensive ODL higher education institution. It is committed to student-centeredness through offering affordable and a comprehensive range of articulated qualifications. This is evidenced by the increase in the number of students registered with UNISA nationally and internationally. In 2006, according to the student registration record, there was a total number of 232 595

registered students comprised of 474 international students and 232 121 students in Africa.

Amongst others, the Department of Health Studies at UNISA offers critical-care nursing science at an honours degree level.

1.2.2 Structural overview of the Department of Health Studies at UNISA

The Department of Health Studies is located in the School of Social Sciences within the College of Human Sciences (CHS) at UNISA. The Department of Health Studies, then known as the Department of advance Nursing Science, was established in 1975. It was the first nursing department to offer nursing courses through a distance-learning mode in the world (King, 2000:63).

In 1975, South Africa was in the throes of apartheid and, as such, black nurses did not have access to university education that took place only in white universities, at that time. UNISA opened its door to all population groups. In 1976, the first 700 nursing students registered (Mashaba and Brink, 1994:62). By 1992, the Department of Advanced Nursing science at UNISA was the largest Nursing Department in the world in terms of student numbers. In 2002, the name of the Department of Advanced nursing was changed to the Department of Health Studies. This was due the high demand of actual and potential growth for health related programs. As such, the department is offering a master's in public health (MPH) that is open to other health-allied groups, including nurses. The name change was in response to the need to increase access to health professionals.

The Department of Health Studies offers opportunities for nurses to advance their academic and professional studies nationally and internationally (Tjallinks, Moleki and Hattingh, 2005:12). By 2006, about 1800 students registered at the Department of health studies distributed all over the world, comprising of 1 336 undergraduate students, 409 master's degrees and 62 doctoral students.

In 1999, the Department of Health Studies became a World Health Organization Collaborating Center (WHOCC) for Post-graduate Distance Education and Research for Nursing and Midwifery Development (Tashiro 1999:1). A WHOCC serve as the

technical arm of the World Health Organization in building capacity among nurses and midwives. When the Department of Health Studies at UNISA was designated a WHO Collaborating Center its mandate was to build research capacity among nurses and midwives, especially in Africa. This, it was to achieve by strengthening postgraduate programs, hence the strong postgraduate commitment (King 2002:2). Another activity that is related to research is writing and publishing of articles, hence the *Africa Journal of Nursing and Midwifery* (*AJNM)*, which has been accredited as a professional journal in 2008. Based on the nature of the institution, being that of ODL, and the status of a WHOCC, the department is in a good position to offer post-graduate studies in Africa and other parts of the world. The department has also become prominent in that it offers clinical professional programmes on distance learning, such as advanced midwifery, critical-care nursing and trauma nursing. This meant that registered nurses could train towards achieving these qualifications without leaving their employment, an aspect that was most appreciated and supported by employers.

The staff establishment consists of 29 full time academic teaching staff and 7 full time administrative staff with 22 part time external markers.

1.2.3 Inception of critical care nursing at UNISA

The general shortage of nurses and of critical-care nurses, in particular, around the world poses a challenge for human resource for health (HRH). According to a study conducted by Williams, (2004:394) the decreasing number of nurses, especially in critical-care settings, is a critical issue. It is critical because the number of patients in need of intensive care nursing continues to increase compared to the number of critical care nurses trained to meet the demand. The key explanations for the workforce's ever increasing demand in critical care nursing are:

- The nature of patient care in ICU, which is labour intensive. Many patients require individual attention 24 hours per day.
- The migration of many critical care nurses, who are in high demand in every part of the world (Williams, 2004:394).

This shortage could also be attributed to the fact that, worldwide, institutions are recruiting nurses with critical-care training and this makes retention of these nurses in

any one given area problematic. Over and above the migration of nurses, other factors include the lack of formal critical care training institutions in most African countries. In these countries the medical doctors or anesthetists supervise nurses working in intensive care units (ICU), as there are no nurse educators trained in critical care nursing in the larger parts of the continent (Halima, 2008: 2; and Gofwan, 2007:3).

Worldwide, this cadre of nurses is very limited, to the extent that, in South Africa, this category of nurses is classified under the scarce skills cadre. In response to the increasing demand of critical care nursing not only in the country but also in the region, the Department of Health Studies (DHS) at UNISA introduced critical-care nurse-training course through distance learning in 1995. The aim was to reach many registered nurses and disseminate critical care training and make this technical program available as widely as possible. By so doing the Department of the Health Studies at UNISA is responding to its mandate as the World Health Organization Collaboration Centre (WHOCC) for the post-graduate development of nursing and midwives in Africa.

The inception of critical care nursing course in this department was therefore motivated by demographics in relation to the increasing number of patients requiring intensive care nursing combined with decreasing numbers of trained critical care nurses in the region. This notion is supported by Viejo (2006:2) who also highlighted statistics on the increasing numbers of patients in need of ICU with a decrease in number of critical care nurses offering the care. An example of such a situation is illustrated in table 1.1. This table shows the increase in the number of patients admitted in ICU of one public hospital in Gauteng Province in South Africa with the decrease in staff acuity. This ICU has 20 beds and bed occupancy on a daily basis is mostly 100%. The total number of the nursing staff establishment in 2005 was = 54. In 2006, the total number of nursing staff was 48, including 2 registered nurses on study leave and 4 unit managers. Staff that was actually on bedside nursing was 42 for both day and night duty (Patient admission record in one public hospital in the Gauteng province (Department of Health 2004-2006).

Table 1.1   Patients admitted in ICU during 2004 to 2006

MONTH	NUMBER OF PATIENTS ADMITTED AT ANY GIVEN TIME		
	2004	2005	2006
January	52	84	134
February	102	103	159
March	81	92	128
April	79	76	81
May	75	82	86
June	82	99	145
July	78	79	97
August	64	85	88
September	78	88	81
October	82	86	99
November	72	78	108
December	58	78	89
TOTAL	**903**	**1030**	**1295**
Averages of patients per month	75.2	86	107.9
Nursing staff	61	54	48

(Adapted from the records of a public hospital in Gauteng Province: Department of Health 2004-2006)

While there is a shortage of trained critical-care nurses in South Africa, there are six contact universities and three nursing colleges offering critical care nurse training. However, it is not every hospital that can afford to give study leave for full time study. At the same time, not all individuals can afford to leave their employment or places of residence to study full time or through contact sessions because this may also involve leaving one's area to be in another area or part of the country or world. Therefore the demand for critical care nurse training in open distance learning in Africa and other parts of the world has not risen in isolation but also as a response to:

- **Cost**: Over the years, distance learning has proved to be cheaper for many persons. The escalating tertiary education fees in residential universities have proved to be beyond reach for many students. The great need for cost-effectiveness, made possible by UNISA as a distance education resource, has given opportunities to those candidates who could not afford a residential university while keeping their employment. Additionally those who were reliant on their income and could not afford to take time out of paid employment to study, were able to participate in the programme.

- **Access**: The admission criterion at UNISA takes into consideration the age of individual, thus enabling students who are 23 years and older to be given a conditional exemption to gain access. As indicated in the White Paper, that distance education as a resource base learning has a crucial role to play in meeting the challenges to expand access, diversify the body of learners and enhance quality in the context of limited resources (NCHE: White Paper, 1999:57).

  Chapman (2000:34) reach similar conclusions, namely that the distance learning approach has widened access to post secondary education for those who have been previously marginalised as a consequence of their personal and professional commitments.

- **Political change**: Shifting markets and demands from further and Higher education, emphasis on the lifelong learning and accumulation of credits for professional registration have also contributed to the increased access (Jawett, and Stead, 2000:7). Lifelong learning is now viewed as essential to maintaining professional competency (Goppee, 2000:724). In line with the views of the WHO, employers increasingly recognise and allude to the fact that flexible innovative continuing education for nurses is the global necessity in order for nurses to meet the ever-changing demand in disease profile and technology and remedies for patient care (World Health Organisation 2007, Global advisory Group on Nursing and Midwifery). As a result, Rogerson and Harden (1999:56) confirmed that distance learning is ideally suited for courses that include work base and problem based learning to achieve continuous professional development.

It is clear that a need for critical-care nursing in ODL did not arise as the result of technological advances only but also as a result of the changing contexts of society including the place of learning within it.

The training of critical care was also a response to the mandate as a result of the Southern African Development Communities (SADC) agreement, which aims at social development in SADC through collaborative education and human resources development. The Department of Health Studies at UNISA realized that the development of post-basic clinical nursing programmes such as critical care nursing

offered through the medium of open distance learning holds benefits for the health care service in SADC.

In addition, the World Federation of Critical Care Nurses also expressed support for critical care nursing programmes to be offered through distance learning (Williams, 2004:3). The organisation stated that in the light of the financial burden faced by nurses undertaking post-registration critical-care courses; educational institutions should implement innovative educational strategies that will facilitate access to post registration courses for critical-care nurses from a range of geographical locations. This recommendation clearly highlights the need for distance education in critical-care nursing.

Despite the positive rationale for critical care training through ODL, it must be acknowledged that bridging theory and practice in distance learning remains a challenge with critical-care nurse training (Lockwood, 2000:9). Students must demonstrate the ability to put theory into practice in a highly technological environment with intense and demanding patient care. Hence clinical accompaniment is meant to ensure that graduates in their clinical settings display the goals of measurable clinical competencies. According to Andrews and Andrews (2006:869), clinical educational models are influenced by support students receive in the clinical setting. Figure 1.1 that follows hereafter explains the impact of clinical placement on acquisition of clinical skills and the competencies thereof.

Figure 1.1 Clinical Accompaniment models
(Adopted from Andrews and Andrews 2006:870)
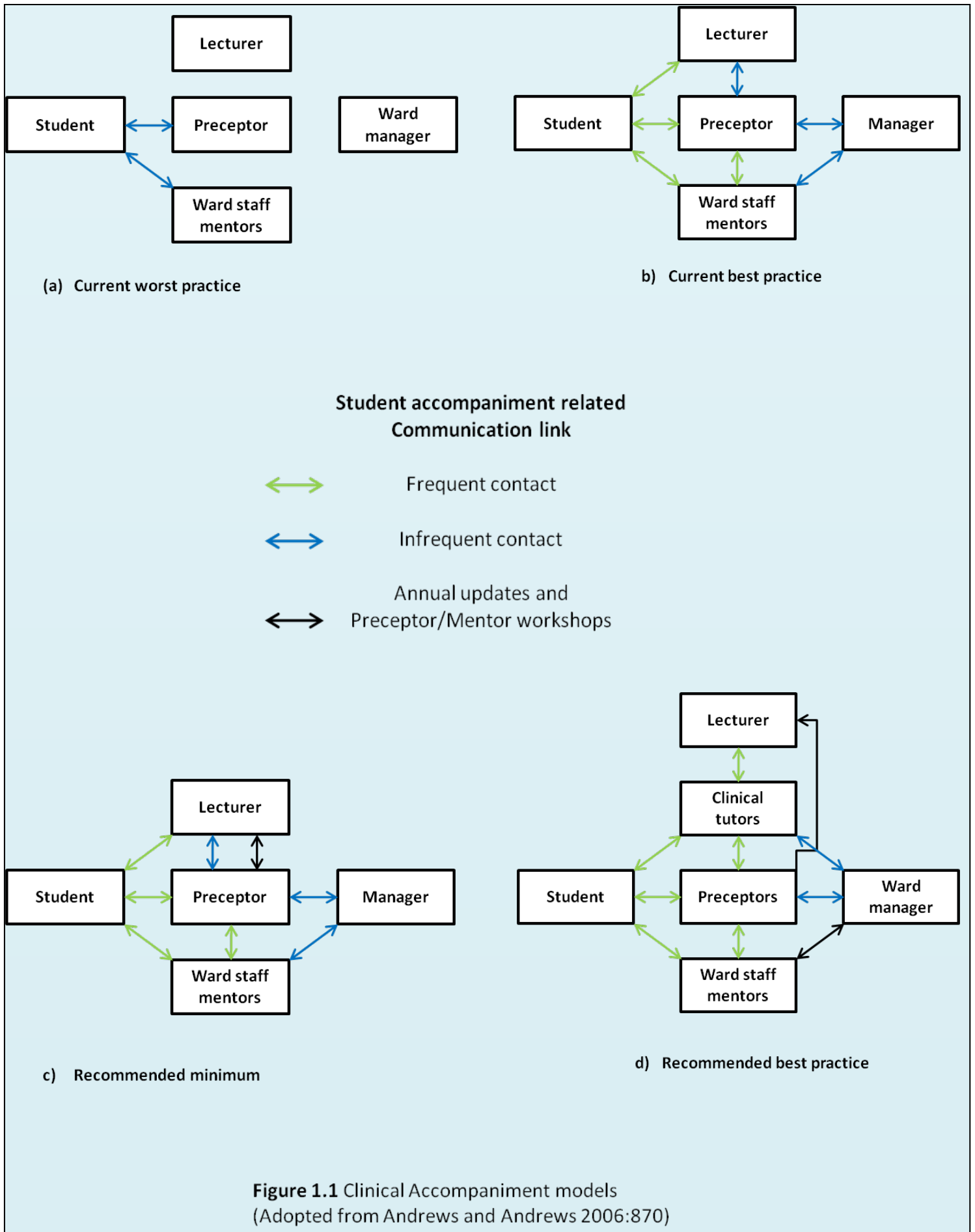
Figure 1.1(b) is an acceptable standard of clinical accompaniment. Nevertheless; there is no link between the lecturer and the unit manager; there is also no direct link between the lecturer and the ward staff. The preceptor plays the key role in linking all involved, but she/he also has a minimum link with the ward manager and the lecturer.

Figure 1.1(c) differs from figure 1.1(b) because of the added annual communication between the lecturer and the preceptor, otherwise the measures are similar. Additionally to figure 1.2, there is an increasing establishment and preparation of preceptors.

Figure 1.1(d) represents an ideal best practice model of clinical accompaniment and educational collaboration. The student receives positive learning support from preceptors and colleagues, and, there is a frequent link with the lecturer. There is also communication including annual workshops updates between preceptors, the lecturer, ward staff and ward managers.

1.2.4 Challenges in clinical accompaniment in open distance learning at UNISA

Clinical accompaniment of students in requires another level of coordination from the lecturer because the university is not attached to any hospital for clinical practice and students are scattered throughout the world. This poses challenges, which might impact

- negatively on the facilitation and acquisition of high standards of clinical competencies.
- positively on maximizing the student's abilities and motivation to function independently as competent clinical practitioner (Mouton, Cooper and Palmer, (2000:44).

Some of the many challenges facing the lecturer involved in critical care nurse training in distance learning as summarized by Tjallinks, Moleki and Hattingh (2005:12), involve the following:

Quality assurance: Although all mechanisms are put in place to ensure that a high standard of clinical practice is upheld, the quality of the clinical accompaniment and assessment lies solely on the integrity of the preceptor. In some instances the nursing

service manager, where the clinical practice takes place may be contracted to assist in the monitoring of the process.

Issues: In such situations, standards may be compromised because the preceptor and the nursing service manager are usually desperate for a trained critical care nurse and may therefore overlook untoward practices.

Accreditation of clinical facilities: In South Africa, the clinical facilities are accredited by the South African Nursing Council. Where students are outside the boarders of South Africa, students are requested to send in a detailed situational analysis of the clinical facilities that are available and willing to allow students to undertake practice. Then the lecturer at UNISA judges the facility on the information as provided in the situational analysis. The accuracy of the situational analysis may depend on the presentation.

Appropriately trained preceptors: In South Africa, it is possible for the lecturer at UNISA to visit the learner and the preceptor at the facility where clinical practice is taking place. Outside the boarders of South Africa, this becomes complicated and the UNISA lecturer is not sure whether the preceptor does have the qualifications to ensure that the learner's competency in the field will be at a high level. In most areas in Africa, where there are no nurses trained in the field offered, medical doctors especially anaesthetist are identified as preceptors, these may not lay emphasis on nursing per se.

The lecturer in ODL may therefore not be in a position to meet the students in person throughout the training as a result of geographical constraints. She/he mostly depends on preceptors, facilitators and mentors to support the students to meet the required clinical competencies as guided by the program outcomes. In order to achieve the best possible learning, clear accompaniment guidelines and the learning experiences should be established (see letter to preceptor's: Annexure 8.).

Inadequate facilities: In some hospital/clinics equipment is outdated or there is no equipment to ensure that learners get the best training expected of them.

Limited access: Traditionally, nurses who are trained and experienced in practice, best acquire skills through practice, observation and supervision by people who are trained

and experienced in the trade. Critical-care nursing skills, like all other skills depend on the guidance that is provided by other trained critical care nurses. The problem as it presents now is that there are not many nurses to provide the guidance in critical-care nurse training and because of its clinical and technical intensity, the admission requirements are stringent resulting in fewer nurses being taken into the program. The limited resources for clinical placement in accredited clinical areas also restrict the number of nurses to be trained. For example, the number of students who have qualified as critical care nurses since the inception of the course at UNISA in 1995 is 126.

1.2.5 Organisation of courses at UNISA

As an ODL institution, teaching and learning are separated in terms of time, place and pace. The courses are designed and developed by a team approach consisting of specialists in areas of critical-care nursing. Teams are flexible and are constituted according to specific course design needs. Innovative delivery modes such as interactive video conferencing, online delivery mode are used even though much of the delivery mode is still print- based. As stated earlier, for the clinical course, including critical care nursing, practica (practicals) are conducted in accordance with SANC requirements and preceptors at all the facilities where students' work are exposed to face to face guidance.

1.2.5.1 Registration and training requirement

In South Africa critical-care nursing is a clinical specialty that can be registered as an additional qualification with the SANC. As such, the provisioning of this programme is in accordance with SANC requirements.
Candidate must be a registered professional nurse with SANC in possession of a four years diploma/ degree or an equivalent. She/he must at least have one-year experience working in critical care units and must work in the field of critical care nursing accredited for him/her for the duration of the training (UNISA calendar part 5:117).

For the training to be effected, a situational analysis form (see Annexure 9) is completed by the nursing service manager indicating the available clinical facilities, the learning opportunities and the preceptors who will accompany the student for the duration of

training. Both the educational institution, in this case the University of South Africa, and the hospital, sign the service contract ((UNISA calendar part 5:117).

The situational analysis serves as a contract between the educational institution and the clinical institution in the training of the student. For South African students, the situational analysis form is submitted to the SANC, (which is the statutory body responsible for the accrediting of training programmes), and also as an application for approval of the facility for training. The candidate must be registered as a student with SANC for the duration of training and practice may be undertaken only at those facilities that are approved SANC.

However, it must be noted that SANC has no jurisdiction over countries outside of South African boarders and that their situational analysis forms are not submitted to SANC for approval of their clinical facilities. These situational analysis forms are interpreted by the lecturer for suitability in the provision of learning opportunities Another important aspect of the situational analysis form is that the lecturer or the clinical manager can indicate preceptor/s who will be able to accompany the students for the duration of the students' training. The lecturer has to orientate the preceptor on the training progrmme she/he is to follow with the student. The preceptor is to keep record of activities undertaken with the students and present a quarterly report to the lecturer. The quarterly report is inclusive of formative assessment. Figure 1.2 outlines the relationship between the university (lecturer) and the clinical setting as represented by staff. It further represents learners as the central aspects of communication and activities.

Lecturer outlines the objectives of the programme

COMMUNICATE OBJECTIVES

PROVIDE FEEDBACK

LEARNERS

AND

COMMUNICATION

Preceptor facilitates attainment of the objectives through learning

Clinical staff facilitate attainment of objectives through learning

PROVIDE FEEDBACK

Clinical managers enable learning to take place

COMMUNICATE OBJECTIVES
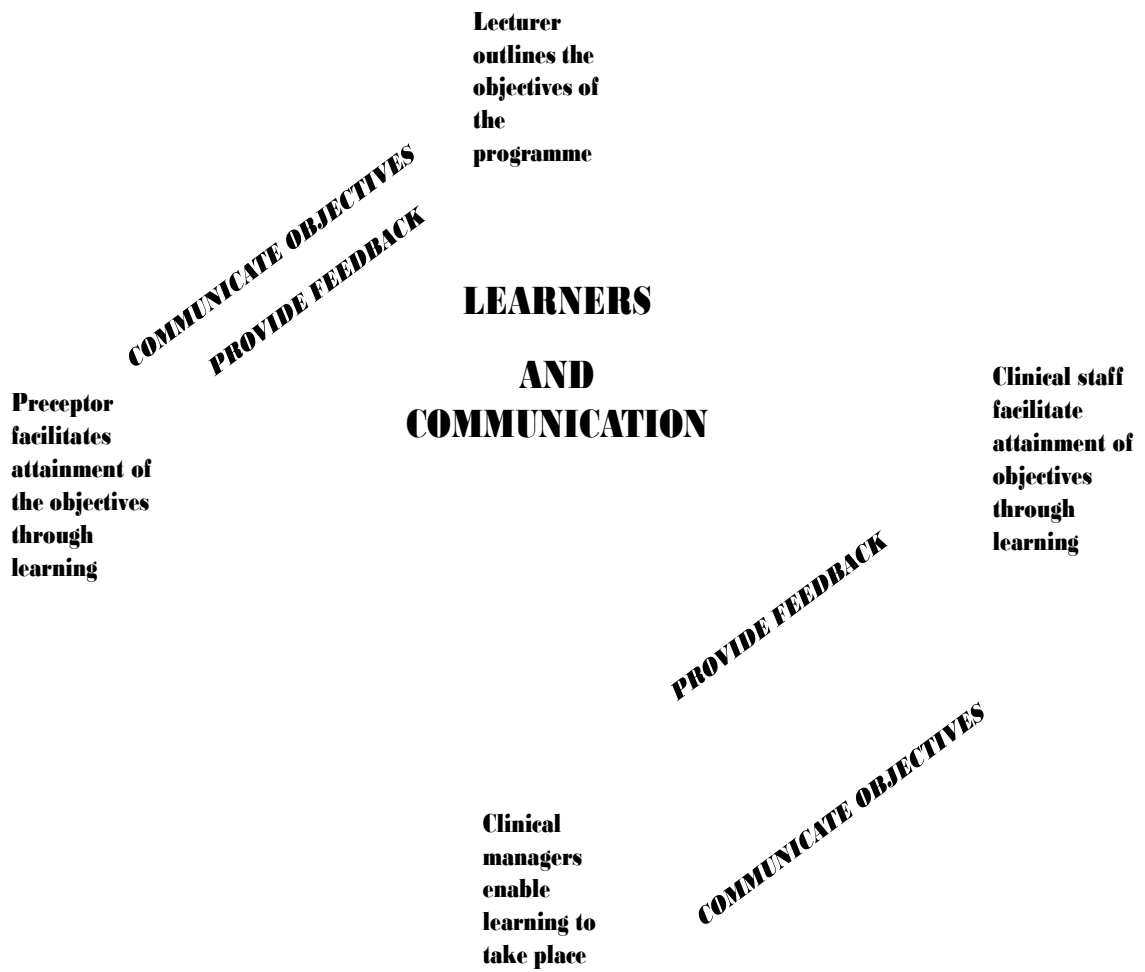
Figure 1.2   The function of role players
               in clinical accompaniment

1.2.6 Statutory bodies responsible for critical care nursing

There are three statutory bodies responsible for the training of critical care nursing programme. The SANC sets the minimum requirements for experiential learning. It also serves as the accrediting body of the training clinical facilities as well as an Education and Training Quality assurance (ETQA) entity. Thus, SANC ensures that the minimum requirements are met. Within the South African context, other important authorities include the National Qualification Framework (NQF), and the South African Qualification Authority (SAQA) who have to register all higher education qualifications (Wessels, 2001:217).

1.2.7 Norms and standards of critical care training

Every country has different standards for nursing practice and as such it may be impossible to establish guidelines and standards that are applicable or accepted to every country. Notwithstanding this difficulty, in May 2003, the World Federation of Critical Care Nursing wrote a position statement which was presented, discussed and endorsed by 300 critical care nurses at a consensus forum during the Ninth world Congress of Intensive Care Medicine in Buenos Aries, Argentina, in August 2006, in which the South African critical care society was represented (Williams *et al.,* 2006:394). Consensus was reached on the following:

- The critical-care nurse provides competent and holistic care for critically ill patients, through integration of advanced knowledge, skills and human values. For that reason, the preparation of a critical-care nurse should be offered after basic training to achieve the depth and breathe of the required attributes.
- The knowledge should be in a range of clinical, management and practice areas and clinical competence should be assessed against pre-determined competency standards.
- Postgraduate programs require a balance of theoretical content and clinical practice exposure.
- The critical care nurse specialist is required to actively contribute to the process of nursing research and to use relevant research for practice. For these reasons it is necessary for the nurse wishing to specialise in the field of critical care to be prepared in a post graduate program at a university level or its equivalent.

- Congruence and collaboration between critical care nursing employer and educational provider be effected whereby the three stakeholder groups and their representative should be involved in curriculum development and review, course implementation and evaluation and where possible establish joint research (SANC, Regulation R212 1997 as amended by R75:1).

- The characteristics that are the essence of critical care nursing should include:
  - Clinical judgment
  - Clinical inquiry
  - Facilitation of learning
  - Collaboration
  - Advocacy and moral agency
  - Caring practices
  - Response to diversity

It is from this background that the following problem statement was formulated.

1.3   PROBLEM STATEMENT

Critical care nurse training is a complex and, technical clinical speciality. Traditionally, students training in the critical care-nursing program are allocated in clinical areas to acquire the necessary clinical skills. However, correlating theory with practice in open distance learning has been a challenge and a concern for nurse educators. Moore and Thomson, (1999:10) have raised the concern of many educators about the accompaniment of students registered for clinical programs in distance education. A similar concern was raised by nurse educators from 16 South African universities at an annual general meeting of the Forum of University Nursing Departments in South Africa (FUNDISA), in 2002. The nurse educators were concerned as to whether open distance learning is suitable for clinical nursing programs in view of the clinical accompaniment requirement standards as set by the SANC.

The proposed norms for accompaniment by Gauteng Department of Health (2000:4) stipulate that critical care nursing student should have direct accompaniment by a qualified critical care nurse for a minimum of 90 minutes per week. When new skills are being introduced, as in the first 3 months of the course, a minimum of 5 hours per week

of accompaniment should be done. The document also stipulates that at least one member of a Nursing Education Institution must form part of a team to do the summative evaluation of each student. It is further stipulated that a member of the educational institution or a trained appointed preceptor should visit each student at least once a week (Gauteng Department of Health 2000:4).

The preliminary literature review shows that several studies have attempted to understand the experiences of nursing students on clinical learning (Baille, 1993:156; Hart and Rotem, 1994:28; Duke, 1996; Curtis and Ranson, 1998:14; Uys and Meyer, 2005:12; Carlson, Kotze and Van Rooyen, 2003:2; Lukhuleni *et al.*, 2004:56; Tsele and Muller, 2003:4). These studies provide an important understanding of the complexity of the clinical accompaniment of either basic students or students in residential institutions.

A gap identified in the literature was the lack of evidence of studies conducted in South Africa or elsewhere in Africa on the experiences of critical care nurses on clinical accompaniment in open distance learning. No benchmarking could be done in South Africa, since UNISA is the only dedicated open distance learning institution in South Africa.. There were no studies found which examined the critical care nursing student's experiences on clinical accompaniment in open distance learning since the inception of the course within UNISA. It is against this background and the lack of research evidence, as well as the role of clinical accompaniment in the training of critical-care nurses, and the complexity of offering the critical care nurse training programme in a distance learning mode that the researcher sought to explore the experiences of critical care nurses about clinical accompaniment in ODL.

1.4   PURPOSE AND AIM OF RESEARCH

The purpose of this study is, firstly, to explore and describe the experiences of critical-care nursing students with regard to clinical accompaniment in ODL, and secondly, to interpret the meaning that the critical-care nursing students attribute to their experiences, the aim being to propose and describe guidelines that will facilitate clinical accompaniment in critical care nurse training in ODL.

1.5   OBJECTIVES OF THE STUDY

To achieve the above purpose, the following objectives were outlined:

- To explore and describe the lived experiences of critical-care nursing students about clinical accompaniment in open distance learning.
- To interpret the lived experiences of critical-care nursing students to support the development of guidelines for facilitation of clinical accompaniment in critical care nurse training in ODL.
- To develop guidelines on clinical accompaniment for critical care nursing students in ODL.

1.6   RESEARCH QUESTION

To address the research problem, individual critical-care nursing students had to answer the following question:

> *How do critical care nursing students experience clinical accompaniment*
> *in open distance learning?*

1.7   PARADIGMATIC PERSPECTIVE

A paradigm directs human activities or behaviour, thinking and interpretation of activities (Botes, 1995:17). It also gives philosophical ideas on which the research is based (Holloway and Wheeler, 1996:9). As such the actions of the researcher require reference to a paradigm to guide his/her thinking. Lincoln and Guba (1985:15) stated "as the man thinks so is he".

Guy, Edgley, Arafat and Allen (1997:280) define a paradigm as a pattern of beliefs, values techniques and theories shared by members of a scientific community. Wilson (1989:728), views a paradigm as an idea about the world and the nature of knowledge in social reality. This worldview is representative of predictive or envisaged set of beliefs. It includes methods, theory and traditions that guide research in a discipline. As Patton (2002:69) put it, a paradigm is a worldview, a way of thinking about making sense of the complexities of the real world. As such, a paradigm is deeply embedded in

the socialization of the enquirer of what is important, legitimate and reasonable. This can be summarized according to Field and Morse's (1985:138) view that a paradigm is a collection of sequentially connected concepts and assumptions that provide a theoretical perspective or orientation that frequently guides the researcher's approach towards the topic.

In research, paradigmatic perspectives are related to two main assumptions that underlie social research: the positivist also referred to as the logical empiricism and interpretive paradigm that is the socially constructed knowledge claim paradigm (Lincoln and Guba, 1985:103).

1.7.1 Positivist paradigm

Positivism is a philosophical position that holds the belief that the goal of knowledge is to describe, and in some designs to explain and also to predict the phenomenon that is being experienced whether qualitatively or quantitatively (Imenda, Nkonyana and Lebitso, 2001:14). In the positivist view, science is seen as the way to get the truth, to understand the world well enough so that it can be controlled by a process of prediction (Henning, Van Rensburg and Smit, 2004:17). Positivists seek facts or causes of social phenomena. Thus, the problems studied by positivists reflect a need to examine causes that influence outcomes. Positivism is also reductionist in nature in that the intent is to reduce the idea into small, discrete set of ideas that can be tested, such as, variables that constitute the hypothesis and research questions (Bocher and Ellis, 2002:26).

The knowledge that develops through positivism is based on careful observation and measurement of the objective reality that exists out there in the world (Neuman, 2000:67). The positivist sees scientific work as neutral and free from human emotion, beliefs, value judgments, attitudes, distortions and prejudices and as being based entirely on objective facts. One of the rules in the positivist paradigm is the quest for objectivity and distance so that personal biases can be avoided (De Vos, 2000:241). The investigators search for patterns and regularities and believe that universal laws and rules or law-like generalities exist for human action (Holloway and Wheeler, 1996:11). The favoured research design in positivism is the quantitative research.

Contrary, Chalmers, (2001:56) asserts that the search for objectivity in quantitative research may be futile for scientist. They may strive for it, but their own biases, experiences and opinions intrude. Similarly, Henning, et al (2004:61) supports this view by stating that the main criticism of positivism is that, it does not take into consideration cultural influences on interpretations and meaning. This strong criticism resulted in a shift from positivism to interpretive paradigms.

1.7.2 Interpretive/socially constructed knowledge paradigms

A research is classified as interpretive if it is assumed that the knowledge of reality is gained only through social construction such as language, consciousness, shared meanings, documents, tools and other artifacts (Klein and Myers, 1999:69). The socially constructed knowledge claim originates from works of authors such as Berger and Luckmann (1967:8), on social construction of reality, Lincoln and Guba (1985:34) and Schwandt (2001:14), on naturalistic inquiry.

The proponents of social construction claim that paradigms share the goal of understanding the complex world of lived experiences from the point of view of people who experienced these (Schwandt, 2001:14). Social construction attempts to understand phenomena through meanings that individuals assign to them. The use of interpretive research as in this study is aimed at understanding the context of the phenomena 'clinical accompaniment in distance learning and the process whereby clinical accompaniment influences and is influenced by the context (Ngwenyama and Lee, 1997:276). The principle of context is based on insight that there is an inevitable difference in understanding between the interpreter and the author of the text that is created by the historical distance between them. The uncovering of the tension between the text and the presenter is therefore, one of seeking meaning in context (Gadamer, 1998:54).

The role of the researcher as the co-creator of meaning in the individual's experiences becomes more important. Interpretive researchers believe that the goal of science is the acknowledgment that there are multiple interpretations of reality that exist within people's minds (Polit and Beck, 2004:15). Interpretive paradigms are fundamentally concerned with meaning. The researcher in this approach addresses the process of interaction within a specific context (Lincoln, 2000:121).

This research is situated within the interpretive hermeneutic phenomenological research paradigm with emphasis on experience and interpretation. The interpretive paradigm seeks to produce a descriptive analysis to provide a deep interpretation and understanding of phenomena (Johnson, 2005:4). This ties in with the focus of this research, as its purpose is to gain empirically based understanding of the lived experiences of critical care nursing students about clinical accompaniment in open distance learning from the standpoint of their unique context. The decision to use this approach to inquiry was guided by the research question which is concerned with experiences and the meaning the students attribute to clinical accompaniment in ODL.

The foundational assumption of the interpretive paradigm is that, most of the knowledge gained, filters through by the use of social construction such as language and consciousness (Trauth, 2001:291). The enquirer in this study achieved this through the analysis and interpretation of the text to look for the way in which the students make meaning of their experiences. Thus, the frame that shapes the meaning holds that the research in this study is extremely sensitive to the role of context (Henning *et al.,* 2004:20). The interpretive approach in this inquiry, pointed to the use of qualitative research method, both in collecting and in analysing data. Qualitative data collection and analysis was meant to capture the 'insider's' experiences and knowledge of the phenomenon under study.

1.7.3 Paradigmatic assumptions

All research paradigmatic perspective whether positivistic or interpretive, encompasses a set of philosophical assumptions that guide one's approach to the inquiry (De Vos, 2000:243). Some of the assumptions within a paradigm are concerned with the very nature of existence (ontological assumptions) that refers to the nature of reality and human behavior. From this, basic assumptions about the theory of knowledge arise (epistemological assumptions). The epistemological assumptions are concerned with knowing or deciding what sort of statements will be accepted to justify what is believed to exist. This existence relates to the relationship of the researcher to the reality and the road that he/she will follow in the search for the truth of that which is being researched or the philosophy that guides the study (Holloway and Wheeler, 1996:9). The process of research, principles and ideas which researchers base their procedures on is referred to

as the methodological assumptions. De Vos (2000:243) and Creswell (2003:5) suggest three fundamental interrelated questions that the inquirer should ask in order to understand the assumptions of each paradigm. These questions are:

Ontological question: What is the nature of reality?

Epistemological question: What is the relationship of the researcher to that which is researched?

Methodological question: how can the researcher go about finding out whatever he/she believes can be known (process)?

The research paradigm therefore defines for the researchers what they are about, and what falls within and outside the limits of legitimate research (Denzel and Lincoln, 1994:108).

Within the context of this study, the researcher selected certain assumptions from the phenomenological perspective in response to her interaction with the phenomenon.

These assumptions included the Meta-theoretical, ontological, epistemological and methodological assumptions.

1.7.3.1 Assumptions underlying the study

An assumption is a proposition or statement whose truth is either considered self evident of what has been satisfactorily established by earlier research (Burns and Grove, 2003:157). Assumptions are basic principles that are accepted as true on the basis of logic or reasoning without proof or verification (Polit and Hungler, 2003:528). In research, the assumptions are embedded in the philosophical base of the framework or study. These assumptions influence the development and implementation of the research process. Their recognition leads to the development of a more rigorous study (Burns and Grove, 2001:146). According to Chinn and Kramer (1999:76), assumptions are not intended to be empirically tested, but are underlying propositions, which can be challenged meta-theoretically.

In this study the assumptions are derived from phenomenology and are related to adult and experiential learning philosophies. The assumptions that are related to meta-

theoretical, ontological, epistemological and methodological stances were posited as follows:

- *Meta-theoretical assumptions*

The term "meta-theory" refers to critical reflection on the nature of scientific inquiry. Meta-theoretical reflection typically addresses issues such as the nature and the structure of scientific theories, the nature of scientific growth, the meaning of truth, explanations and objectivity (Babbie and Mouton, 2002:20). Meta-theoretical assumptions are interrelated sets of concepts, beliefs, commitments and propositions that constitute the study (Henning *et al.,* 2004:15). Their origin is philosophical in nature, and therefore not meant to be tested. Meta-theoretical assumptions denote commitment to the truth of the theories and laws of a particular paradigm (Mouton and Marais 1999:19). Creswell (2003:11) postulates that qualitative research focuses on the process occurring as well as the product.

Botes (1995:17) explains that meta-theoretical assumptions serve as a framework within which theoretical statements are made. The author argues that while these assumptions are not testable, they must be reconcilable with theoretical statements.

The assumptions that were made about clinical accompaniment, which is intricately linked to nursing practice were related to the person, environment, health and nursing (Oerman, 2001: 32). In this regard it is assumed that:

Person: The critical care nursing students are adult learners who are self directed, in constant interaction and co-existence with their lived world in the clinical setting and the critically ill patient who is the main concern for critical care nursing discipline.

Environment: critical care/intensive care unit is the clinical setting (lived world) where clinical accompaniment is implemented to enable the critical care nurse to develop clinical skills to care for critically ill patients. The learning environment selected for the student's clinical experiences is specified by the curriculum.

Health: Critical care nursing is a nursing discipline within the health sciences. Clinical education of critical care nurses is experiential in nature. Clinical accompaniment equips

the critical care-nursing students to render competent, compassionate care to critically ill patients.

Nursing: The caring aspect is the core of nursing. As a result of caring the nurse moves away from his/her own view point and look at things from the viewpoint of others and make other (patient) a priority. Critical-care training course equips the critical care-nursing students to be a competent nurse specialist and practitioner who will be able to render a competent safe service to critically ill patients.

- *Ontological assumptions (the nature of reality)*

According to Bell (2002:209), ontology is the study of the nature of existence and of coming to being. The ontological assumptions deal with the nurture of reality as an object of inquiry. The reality in this study is the experiences of critical care nursing students about clinical accompaniment in open distance learning. Realising that reality is dynamic, ontological assumptions were that:

- Realities are seen as multiple and dynamic with differences among them which cannot be resolved through rational processes or increased data. Thus realities cannot be studied by quantitative methods as these methods assume that there is one reality and it should be objectively studied.
- Individual realities are subjectively constructed and are self created. The realities are lived experiences of critical care nurses about clinical accompaniment in open distance learning.
- Realities are social constructions of mind, and there exist as many such constructions as there are individuals (Guba and Lincoln, 1994:43). Rather than trying to resolve differences, these are compared to enhance each other's meanings.

In this regard it can be assumed that the subjective reality of clinical accompaniment in open distance learning can only be understood within the context of the lived experiences of each participant. Qualitative research reports faithfully on these realities and on the voices and interpretations of participants (Creswell, 2003:6).

- *Epistemological assumptions (the relationship between the researcher and the [participant*

Epistemological assumptions refer to the relationship between the researcher and participants. In this relationship, the researcher and the participants are interactive and inseparable. Epistemological assumptions are theoretical perspectives of interrelated sets of assumptions, concepts and propositions that constitute a view of the world (Henning *et al.,* 2004:15). They are about the nature of knowledge and science, or assumptions on the content of truth and related ideas (Mouton, 2000:123).

The researcher approached the study with an open mind with no pre-set theoretical framework. As Lopez and Williams (2004:729) suggest that interpretive phenomenological approach does not negate the use of a theoretical framework because it is not interested in generating the hypothesis to be tested. Instead an orienting framework can be used to give the focus of the study and to make explicit the study assumptions and frame of reference. The researcher stated broad assumptions as indicators that clarified the existence of the phenomenon under study. In this study, assumptions from the adult learning theories proposed by Knowles (1990:124). Rogers (1998:243) and Pathak (2003:27) on interpretive paradigm perspectives were selected in response to the interaction with the research field that directed the thinking and activities thereof. In so doing, the researcher did not describe or predict the phenomenon or pre-empt any theory.

The epistemological assumptions about critical-care nurses were the following:

- They are adults who are assumed to be independent and self-directed learners.
- They take responsibility for identifying what they wish to learn, and they have a partial or fully formed self -concept.
- They have accumulated a reservoir of experience that becomes an increasing source for learning.
- Their need to learn is increasingly influenced by developmental tasks and their social roles.
- Their perspective has changed from postponed application of knowledge to immediate application, and they are particularly interested in how acquired knowledge can be applied (Knowles (1975) as cited in Novotny, 2000:9).

- Experience is a personal knowledge gained by an encounter in practice.
- Students learn from their clinical experience and must be well versed with the use of reflection.
- Personal experience and construction of meaning by individuals are rich sources of knowledge.
- The phenomenology is rooted in the assumption that knowledge of the lived experiences becomes known or it is filtered through social constructions such as language in a form of descriptions of reality (Henning *et al.,* 2004:21).

It is therefore assumed that clinical accompaniment in open distance learning should be based on the context of adult and experiential learning. Whereas the study is based on the interpretive hermeneutic phenomenological approach, it is important to introduce the conceptual framework that will be considered in the development of the guidelines for clinical accompaniment in ODL.

1.7.4 Conceptual framework

According to Dickoff, James and Wiedenbach (1968:245), a conceptual framework provides a rationale or structure that guides the development of the study. It forms an understanding on which the study is based. Furthermore, a conceptual framework enables the researcher to link the findings of the study to the body of knowledge and conceptualise this in practice (Burns and Grove, 2003:799). It is made up of propositions, sets of concepts and statements integrated into a meaningful configuration (Fawset, 2005:34).

Dickoff *et al.,* (1968:242) provides a survey list, as a framework to conceptualize and describe the process of clinical accompaniment, from the discussions on meta theoretical assumptions in relation to the clinical accompaniment that is done in a clinical setting in order to improve skills and build capacity of learners. The concepts used, purpose or terminus, the agent, recipient, framework or context and procedures can be linked to person, the environment, health and nursing which are concepts that are used to explain the assumptions and the process of clinical accompaniment. According to the survey list of Dickoff *et al.,* (1968:245):

The **'purpose'** or 'terminus; relates to the type of activities, their boundaries and goals that a person engages in. In this study the purpose is to identify (boundaries) the type of activities, which students (person) need to undertake. These activities although already outlined in the curriculum, have to be identified in the clinical setting as opportunities for learning. The identified activities address realities in the clinical setting and provide for intentional learning among learners.

The **'agent'** according to the survey list is someone who has the knowledge and ability to perform identified activities or provides a solution to a problem (Dickoff *et al.,* 1968:246). In this study an agent is a lecturer, preceptor and /or capable ward staff (person) who facilitate clinical accompaniment. Furthermore, in the context of this study, the agent (person) is further qualified as a transformative intellectual agent who is:

- A professional nurse registered with SANC as a critical care nurse and nurse educator.
- And is supportive of a nurturing environment which characterises learner growth, autonomy, self-directedness and self-actualisation.

The **'recipient'** is the beneficiary of the activities designed by the agent. In this study the critical care nursing students are the recipients (person), therefore beneficiaries and active participants in the program of clinical accompaniment. Furthermore, other beneficiaries are the patients as the improvement in the students' skills translate to quality nursing care.

The **'framework'** is presented as the **context** or **environment** in which activities takes place. This provides for living experiences and it applies to the clinical setting as well as to the patients who are to be looked after in the clinical setting. In this study the lived experiences (activities) of learners in the critical care nurse-training program are explored. These may be subjective as well as objective and are dependent on the dynamic environment in which they are encountered.

The **'dynamics'** provide the energy source or the motivating factors for clinical accompaniment. The dynamics in this study include the outcomes of the programme as articulated in skill acquisition. Nurse educators, preceptors and ward/unit staff as employees are appraised on performance. Hence these are motivated to guide students to achieve the required skills to be able to function efficiently in the clinical setting

The procedures according to Dickoff *et al.,* (1968:245), survey list are the techniques or protocols that guide the activities. In this study the procedures are the clinical guidelines that direct nursing and nursing systems. The lecturer as the transformative agent intentionally creates a context that is constructive and directive for clinical accompaniment. Figure 1.3 illustrates the clinical accompaniment conceptual framework as outlined by Dickoff *et al.,* 1968:246).

**Clinical Facilities
Health**

**Recipient
Student
Person**

**Patient
Health**

**Context
Framework
Environment**
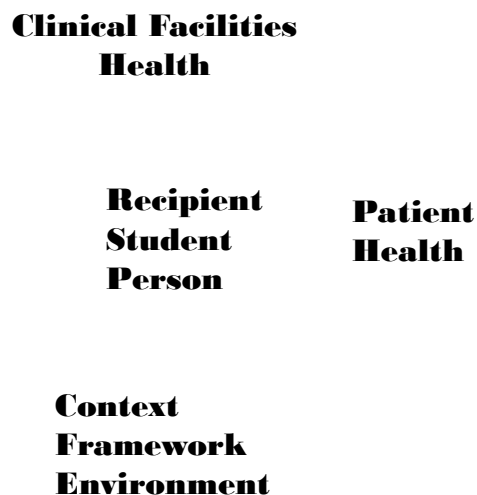
Figure 1.3   Clinical accompaniment
                         Conceptual framework

30

The conceptual framework of this study is based on Dickoff *et al.,'* (1968:245) survey list, which provides for exploration and description of lived experiences of critical care nursing students in clinical accompaniment. The framework also provides the basis for the development of guidelines in relation to clinical accompaniment of critical care nursing students in the clinical setting by whoso ever is designated the responsibility.

1.7.5 Definition of theoretical concepts

The explanation of the following concepts is given to provide an understanding of their use in this study.

- **Accompaniment**

'Accompaniment' is derived from the French word 'accompanier' (to keep company). It means to go with, escort, attend, and co-exist with. It is directional, a movement towards a goal (Goodchild and Brown, 1987:5). Similarly Jawett and Stead (2000:7) defines accompaniment as a deliberate pairing of a more skilled or experienced person with a lesser skilled person with the agreed upon goals of having the inexperienced person grow and develop specific competencies. In this study 'accompaniment' refers to the supportive relationship between the learner, lecturer and preceptor in the critical care environment or clinical setting.

- **Clinical accompaniment**.

Different terminology is used to describe clinical accompaniment. In some studies clinical accompaniment is located within the spectrum of mentorship, preceptorship and coaching (Oliver and Angleton, 2002:3). Clinical accompaniment happens at a clinical setting which is defined as a learning environment in which the student acquires specific skills related to the needs of specific patients (Carlson *et al.,* 2003:32).

Clinical accompaniment is a one to one relationship between an experienced nurse and the novice-nursing student in the clinical setting (Lockwood 2000:9). In nursing it implies, the purposeful guidance and support of the learner to translate theory (knowledge) into practice (affective and psychomotor) in the clinical setting (Hrobsky and Kersbergen, 2004:7). The process of clinical accompaniment takes place with the

direct involvement and physical presence of the accompanier, supplemented by the availability of clear guidelines (SANC, 1999: 5). In this study clinical accompaniment will refer to all the supportive activity of the health team who assist the student to learn in the clinical setting.

- **Critical care nurse**

Critical care nurse is an advanced nurse practitioner with additional qualification in Medical Surgical Nursing Science critical care (SANC, 1997:4). She/he provides competent and holistic care to critically ill patients through the integration of advanced level-knowledge and skills (Ottawa, 2002:36). He/she is a specialist practitioner within the nursing discipline that deals with human response to life threatening health problems (Viejo, 2006:1).

- **Critical care nursing programme**

Critical care nursing program is designed to produce a knowledgeable and highly skilled nurse in the area of critical care nursing science (Fairley, 2004:1). It is a post registration nursing program that prepares a registered professional nurse in post basic clinical course in medical surgical nursing in accordance with the SANC Regulation R212 of 1997, as amended (SANC, 1997:1).

In this study, critical care nursing program will refer to a post basic program of advanced medical surgical nursing (critical care) offered at a University of South Africa using ODL.

- **Critical care nursing student**

A student is an individual who is engaged in studying something or a person who takes a particular interest in a subject (Waite, 1999:1060). In the context of this study, a critical care nursing student refers to a professional nurse who has registered for post basic clinical nursing course leading to an additional qualification in medical surgical nursing (critical care) in accordance to Regulation R212 of the South African Nursing Council using ODL mode of tuition.

- **Distance education**

'Distance education' is a term that encompasses both distance learning and distance teaching (Keegan, 1996:34). It is an educational approach in which the majority or all education occurs with the learners and instructors at different places often separated by geographical location or time, occurring with the aid of self-study package materials (Chapman, 2000:33). Communication technology such as telephones, video-conference, computer, and Internet e-mail on line are often supportive sources (Rowentree, 2000:1).

- **Experience**

Experience refers to the knowledge gained through an encounter with the person, object or situation (Parker *et al.,* 1995). Evans (1997:22) refers to it as the knowledge that adults bring or have been exposed to depending on where they have been. The knowledge that makes them who they are, what they are and where they have been. In this study experience will refer to the conceptualization, meaning and perceptions of critical care nursing students about clinical accompaniment in ODL.

- **Experiential learning**

Experiential learning is a process in which a particular experience is, on reflection, translated into concepts which in turn become guidelines for-new experiences (Dauffenbach, Murphy, Zellner, 2004:71). It refers to a process whereby knowledge is created through transformation of experience. In this study, it will mean a cycle of concrete encounters in the clinical setting, leading reflective observations of what has been learned, leading to abstract generalization and experimentation of the encounter in a particular useful mature learning.

- **Lived experience**

Streubert and Carpenter (2003:44) hold that lived experience is that which presents to an individual as true or real in his/her life.

- **Facilitation**

'Facilitation' refers to the technique by which one person makes things easier to others with the purpose of co-creation of new knowledge through the process of critical reflection and dialogue between the learner and the facilitator (Harvey, 2000:578). Similarly, Dickson, Walker and Bourgeois (2006:417) suggest that it is a goal oriented dynamic process in which the participant works together with the facilitator or coach within an atmosphere of mutual respect and trust in order to achieve the set goals.

- **Open distance learning(ODL)**

Downs (2003), as cited in De Beer and Bezuidenhout (2006:66), state that the open distance learning is a philosophical view of learning based on the principle of flexibility to increase access and equality to education and training.

Pathak (2003:6) describes 'open learning' as an environment in which the timing, frequency and duration of learning is set by the learners themselves. Further the learners are involved in their own assessment, negotiating criteria by which assessment takes place. Bailey (2002:983) supports this view by stating that open distance learning is according to the degree of control that the learner has on the learning. In the context of this study open distance refers to an organised education activity that uses a variety of media and/ or technological material in which constraints on studying are minimised in terms of accessibility, flexibility in learning provision, tuition method and criteria of assessing learning processes (Kilfoil, 2006:1).

- **Preceptor/preceptorship**

A preceptor is an experienced individual who consent to mentor an inexperienced person (Jawett, 2000:1). It is a time limited relationship that provides students with guidance, supervision and mentoring in the clinical area, bridging the gap between theory and practice (Engel, 2004:449). In the context of this study preceptorship refers to the relationship between the students registered in the critical care nursing program at UNISA and an experienced professional nurse trained in critical care nursing appointed by the educational institution in collaboration with the clinical institutional management to accompany the student. The term 'students' will also refer to 'learner'

1.8   METHODOLOGY

Once the researcher had made her theoretical assumptions and formulated a conceptual framework, it was necessary to make methodological assumptions. Methodological assumptions explain the methods and specific ways that the researcher uses to understand the phenomenon. In this study the researcher intended to gain insight into the meaning of the experience of critical care nursing students with regard to clinical accompaniment in open distance learning.

The methodological approach used in this study was both descriptive, in terms of describing the nature and meaning of the phenomenon, and interpretive (hermeneutic) since it is claimed that there could be no description without interpretation (Van Menen, 2002:45). The philosophical framework of this study is derived from Heidegger phenomenology.

The interpretive paradigm, pointed to the use of qualitative inquiry as appropriate in the study. Qualitative paradigm in particular, that relating to phenomenology was seen as the most appropriate approach, as it offered a methodological and philosophical perspective whose purpose was to develop a greater understanding through description, reflection and awareness of meaning of a particular phenomenon (Little, 2000:391). The methodological process and the data analysis were predominately informed by Heiddeger's hermeneutic phenomenology although the process described by Kvale's (2002:48) contributed to the data analysis.

1.8.1   Qualitative research

The term qualitative is an umbrella term covering an array of interpretive techniques which seek to describe, decode, translate and otherwise come to terms with the meaning, not the frequency of certain naturally occurring phenomena in the social world (Imenda *et al.,* 2002:16). Qualitative research is based on the relativist perspective that all people can have access to different, equally valuable and authentic conceptual scheme or worldviews (Millan and Schumacher, 1999:57). Accordingly, qualitative research assumes that there are multiple realities that are socially constructed through individual and collective definitions of the situation. As Denzil and Lincoln (1994:3) put it, the main aim of qualitative research is not to search out data or evidence to prove or

disprove hypothesis formulated before the study commences, as is the case in the positivistic quantitative approach. Construction of meaning and knowledge by both the researcher and participants is central to qualitative research.

Qualitative research approach was chosen because it is systematic in capturing people's experiences. It attempts to capitalize on the subjective as a means of understanding and interpreting human experiences.

A detail discussion of qualitative research is discussed under research methodology in chapter 2.

1.8.2 Phenomenology

The phenomenological approach provides the caring goal of understanding the lived experiences of the individual and the world in which this individual lives. In phenomenological research, the purpose is to establish the essential characteristics of a given phenomenon, idea or subject without which, in the eyes of the beholder, such a phenomenon would cease to be known as such.

Heidegger's hermeneutic ontological phenomenology provided the philosophical approach, which is concerned with the human way of being in the world. It acknowledges that researchers cannot put aside their own personal pre-understanding or assumptions when seeking to explore phenomenon that is of interest to them (Jones and Barbasi, 2004:5).

The researcher as an experienced critical care nurse was interested in exploring the experiences of critical care nursing students on clinical accompaniment in ODL. Thus she brought to this study her background as a critical care nurse and an accompanist. This interacted throughout the interpretive process and allowed for interpretation based on both the participant's experiences and the researcher's understanding and experience of clinical accompaniment.

As a result, it was not possible for the researcher to bracket her pre-knowledge and experience on the topic as suggested by Husserl's, the founder of phenomenology. In the interpretive hermeneutic phenomenology as in this study, the main data collection

was in-depth interviews, with the researcher and participants as full co-participants. A detailed discussion of phenomenology is discussed in chapter 3. The underlying methodological assumptions are that qualitative research and phenomenology -

- Form part of the debate not the fixed truth. Qualitative research and phenomenology attempt to capture the sense that lies within and structure what we say and what we do.

- Are exploratory, and elaborate on the significance of the defined phenomena (Latimer, 2003:27).

- Are based on the belief that there is no single reality and that reality is based on perception which is different for each person and what is known has meaning, only within a given situation and context (Burns and Grove, 2001:61).

- Are dependent on the researcher's personality because the researcher becomes closely involved with the informant's experiences in order to interpret them.

- Are inductive, in that they allow the ideas to arise from the data rather than imposing pre-existing framework on the data.

- Are incremental, in that unstructured formal qualitative interviews and experiential descriptions elicit the required information from informants.

1.9   SIGNIFICANCE OF THE STUDY

It is envisaged that exploring the experiences of critical care nursing students on clinical accompaniment in ODL will give an understanding and insight into the nature of their lived experiences and provide answers to whether distance learning is suitable for clinical courses with regards to the bridging of the gap between theory and practice.

The dynamics involved in the clinical accompaniment of critical care nursing students in ODL could be illuminated and relevant didactic elements could in turn improve the quality of the clinical accompaniment in the critical care nurse training program in ODL.

1.10   CONCLUSION

In this chapter the researcher presented the orientation and overview of the study, problem, problem statement, research question and objectives, the paradigmatic perspective of the research and the conceptual framework.

CHAPTER 2

Methodology: phenomenology as a guiding framework

2.1   INTRODUCTION

In this chapter, the fundamental importance of phenomenology as a method of inquiry and data generation is illuminated. Also Included is the examination of the philosophical basis of knowledge development as an essential component of nursing scholarship and its application to this study (Packard and Polifoni, 2002:160).

Historically, for many years, the aim of nursing and other health professions had been to use research to predict and control care using traditional scientific methods, such as quantitative or empirical methods (LeVasseur, 2003:410). However, a phenome-nological approach offers clinicians and scholars a scientific approach to inquiry that has a good fit with nursing philosophy and nursing art and science. It also presents a credible display of living knowledge about nurses and nursing (Jones and Barbasi, 2004:99). Hence, nurse researchers embrace the phenomenological approach because it proves to be a philosophy, a science and a research approach that is firmly based on practice and the lived experience of individuals. Thomas (2005:63) confirms that nursing studies conducted in a phenomenological stance yield compelling description and interpretation of meaning about the lived experience of individuals with diverse diseases, conditions and situations in nursing practice and nursing education.

In brief, phenomenology ensures that experiences are not reduced to quantitative measures (Stephenson and Corbin, 2000:116). To the phenomenologist, the understanding of the unique individual's experience and its meaning, interaction with others and their environment proves to be a fruitful source of knowledge (Little, 2000:394). Donalek (2004:522) extends this notion by stating that phenomenology makes researchers sensitive and competent in understanding experience in practice, as well as situating personal experience contextually.

The phenomenological approach used in this study is interpretive (hermeneutic) in terms of interpreting the nature of the meaning of the phenomenon with special

attention to the context in which it is originally created and the context in which it is subsequently interpreted (Patton, 2002:113). At the same time, descriptive phenomenology has also been used, since there could be no interpretation without description (Van Menen, 2002:12). Specifically, the assumptions underpinning the guiding philosophical framework of this study are interpretive, consistent with Heidegger's ontological way of knowing the difference between the nature of reality and the human way of being in the world (Thornton and White, 1999:267). The main focus of hermeneutic phenomenology is the understanding of reality and discovering how phenomena present themselves in the lived experience of human existence through self-interpretation and self-involvement. Elucidating the conditions under which understanding takes place is a central feature of interpretive hermeneutic phenomenology (Wilkins, 2006:230). Therefore, the interpretive approach of inquiry attempts to describe the relevant meanings of research to a certain degree of depth and richness (Bernette, 2000:1).

In this chapter, the following aspects of phenomenology are discussed.

- Definition of phenomenology
- The main schools of phenomenology
- Phenomenology as a philosophy and a research method
- Criticism of phenomenology
- Application of Heidegger's philosophical underpinnings to the methodology and conceptual framework guiding the study
- Rationale for the use of interpretive hermeneutic phenomenology in this study
- Conclusion

2.2   DEFINITION OF PHENOMENOLOGY

Although the term 'phenomenology' is used frequently in nursing research, Jones and Barbasi (2004:99) notice that it is frequently accompanied and surrounded by confusion about its nature; hence, defining the term might resolve this confusion.

2.2.1 Phenomenology defined

Phenomenology is essentially the study of the lived experience as expressed by those affected (Van Menen, 1997:4). Literally speaking, it is the study of the nature of occurrences or events and how they actually happen or occur (Smith, 2003:29; Van Menen, 1997:10). In the context of research, that which appears to the researcher could be different to that which is experienced by the people constituting a given research sample.

Oiler (1999:78) and Moran (2000: 24) further point out that phenomenology is a way of seeing and describing a phenomenon or occurrence precisely in the manner in which it appears in the conscious. As a result, Stephenson and Corbin (2000:117) specify that the purpose of phenomenology is to describe and understand the essence and meaning of experience in a qualitative way. In addition, Wilson (2002:1) extends this notion by stating that the aim of phenomenology is to study how human phenomena are experienced in the cognitive and perceptual act, as well as how they may be valued or appreciated aesthetically. According to Valle, King and Holling, 2006:67), the focus of phenomenology is the structure of consciousness as experienced from the first person's point of view. The aim is to study experience as lived by the person, not the experience or reality as a separate entity from the person. Such experience range from perception, thought, memory, emotions, desire, volition, to bodily awareness, embodied actions and social activities. Included are linguistic activities, such as meanings, communication and understanding.

Phenomenology therefore seeks to understand how persons construct the meaning of their reality. The key concept to the construction of this meaning, according to Wilson (2002:1), is inter-subjectivity, based on the premise that one's experience of the world is with and through others but expressed by the self. According to Boeree (2002:26), this implies that whatever meaning one creates has its roots in human actions, including the totality of social artifacts and cultural objects grounded in human activity. The inter-subjective relationship is, therefore, embedded in the fact that making sense of the world and creating meaning are socially constructed and must be understood within the social context and systems of relevance (Streubert and Carpenter, 1999:44). Phenomenology is thus distinguished from other scientific forms of inquiry by its emphasis on the subjective experience (Paley, 2005:107). In addition, phenomenology

attempts to provide an understanding of the internal meanings of persons experienced in the lived world. It is for this reason that phenomenologists strive to understand the meaning rather than provide a casual explanation (Van der Zalm and Bergum, 1999:212). In the context of this study, the phenomenon is the clinical accompaniment in ODL in which critical-care nursing students have to express their experiences.

The inter-subjective concept has a methodological implication, since it forms the basis for understanding the self and others, thus paving a way towards investigating the lived experience of critical-care nursing students in relation to clinical accompaniment through observation and in-depth interviews. The lived reality (experience) of critical-care nursing students serves as the focus of inquiry in this interpretive study, with subjective and objective realities merging in an alliance between participants' reality and the researcher's knowledge.

2.2.2 Different perspectives relating to phenomenology

The term phenomenology has been widely embraced by qualitative researchers as a research method, and various perspectives are exhibited (Patton, 2002:104). Firstly, phenomenology can be referred to as a philosophy (Husserl, 1967), an inquiry, a paradigm (Lincoln and Guba, 1985), an interpretive theory (Denzil and Lincoln, 2000b:14), a social science analytical perspective or orientation (Harper, 2000:727; Schutz, 1967, 1970), a major qualitative tradition (Creswell, 2003:15), or a research method framework (Moustakas, 1994:23). Secondly, there are a number of schools of phenomenology with some commonalities (Jones and Barbasi, 2004:99).

Emphasising the disparities between these schools, Lowes and SpProuse (2001:472), supported by Dowling (2006:131), name various phenomenologists, such as Husserl (positivist), Marleu-Ponty (1950s) (post-positivist), Heidegger (1927), Van Menen (1990), Giorgi (1992) (interpretive), and Gadamer (1975) (constructivist). These disparities, according to Rapport and Wainwright (2006:228), are brought about by the fact that nurse researchers using phenomenology tend to divide phenomenology into two camps of descriptive and interpretive phenomenology, despite the fact that they are all concerned with the lived experience (Rapport and Wainwright, 2006:229). The concentration of these two camps is based on the two key differences between Husserlian and Heideggerian doctrines, namely:

- The degree to which it is possible to suspend pre-knowledge and pre-supposition.
- The degree to which it is possible to know the world prior to conscious awareness.

Having noted these differences, it is worth pointing out that in both camps there are unique qualities and similarities in phenomenology.

2.3   THE MAIN SCHOOLS OF PHENOMENOLOGY IN NURSING

As indicated, there are two main schools of phenomenology in nursing. There are those who base their approach on Husserl and those who appeal to Heidegger. In this section, both Husserl's and Heidegger's phenomenology will be illuminated. Although they are both located within the phenomenological tradition of the lived experience and have some commonalities, the distinct features between them are marked.

2.3.1   Husserl's school of phenomenology

Edmund Husserl (1885–1938), a German philosopher, was the founder of phenomenology. He sought to establish a secure basis for human knowledge (Moran, 2000:46). Husserl believes that the foundational principle of knowledge is not found within the established framework of metaphysics but in the reality. He looks at reality as it presents itself to human consciousness. He rejects the extreme idealist position that the mind creates the world and the extreme empiricist position that reality exists apart from the passive mind. He seeks to create a path that would ground and confirm the objectivity of human consciousness as it relates to the life world (Kearney and Rainwater, 1996:164).

Phenomenology, according to Husserl, is the study of how people describe things and experience them through their senses. Husserl's goals are strongly epistemological (study of knowledge) and he considers experience as the fundamental source of the meaning of knowledge. His philosophical idea about how science should be conducted gave rise to the descriptive phenomenological approach to inquiry (Cohen, and Omery, 1997:137). Moran (2000:98) reiterates that Husserl was influenced by Brenato's (1838-1917) phrase of descriptive psychology, often referred to as descriptive

phenomenology. He permits neither induction nor deduction but only intuiting on the basis of precise analysis and exact description. The key assumptions of Husserl's phenomenology are intentionality, free imaginative variation essence and phenomenology reduction (bracketing). These key assumptions are discussed, since they are of significance in nursing research and in this study.

2.3.1.1 Intentionality

Husserl adopts Brenato's account of intentionality as the fundamental concept for understanding and classifying conscious acts and experiential mental practices. The principle of intentionality denotes that every mental act is deliberate and has a meaning (Moran, 2000:48; Van Menen, 1990:182). Therefore, the assumption of intentionality implies that all acts that one is conscious of are always intentional (Jarzomberk, 2002:42).

The belief is that, whatever is experienced happens because a mental meaning and interpretation is made. As such, the experience, as perceived by human consciousness, has value and should be an object of scientific study. The subjective information should be important for researchers seeking to understand human motivation, because human actions are influenced and are directly intended to be the reality (Van Menen, 1997:249). Therefore, the goals of Husserl are strongly epistemological, because he regards experience as the fundamental source of knowledge. In Husserl's view, the aim of phenomenology is the rigorous and unbiased study of objects as it appears, in order to arrive at the essential understanding of human consciousness and experience based on free imagination (Valle, King and Holling, 2006:4).

2.3.1.2 Free imaginative variation

A researcher employs free imaginative variation in order to arrive at the essence of meanings (Hassouneh-Phillips, 2003:682). The point of this exercise is to stretch the proposed transformation imaginatively to the edge until it no longer describes the experience underlying the subjective naïve description. Van Menen (1994:107) describes this process as a concern to discover aspects or qualities that make the phenomenon what it is and without which the phenomenon could not be what it is. Therefore, free imaginative variation in data analysis varies whether the theme belongs

to a phenomenon essentially or rather incidentally. Walker and Avant (2005:78) add that free imaginative variation asks the question: "Is this phenomenon still the same if the researcher imaginatively change or delete this theme from the phenomenon?" Hence, it is important that the transformation process should be publicly variable so that other researchers can approve of it.

Consequently, researchers using Husserl's approach employ free imaginative variation in order to arrive at a higher level of meanings. The concept of free imaginative variation has an implication for the data analysis of phenomenological studies (Patton, 2002:119). Each description of the experience holds a specific meaning that differs from all other descriptions in a sample. These cited specific meanings from different experiences and need to be raised to a more general level if one is to make a typical claim of the global meaning. In other words, one seeks trans-situational statements from the text (Parse, 2003:192).

On Husserl's account, in so doing, the individual becomes aware of different objects. These objects could either be universal or ideal, and this gives the reason why the scientific phenomenological method involves description, reduction and a search for level variance meanings of essential structures that are typical of the context (Parse, 2003:92). This leads to the third Husserlian assumption, namely that of 'essence'.

2.3.1.3 Essence

Husserl's phenomenology is the reflective study of the essence of consciousness as experienced from the first person's point of view referred to as 'universal essence' or 'structures'. According to Husserl, essences are core meanings mutually understood through a phenomenon commonly experienced. In phenomenology, essence is always presented in terms of meaning and structure (Moran, 2000:78). According to Cohen and Omery (1997:145), Husserl's assumption of essence in phenomenology is based on the following:

> "There are essential structures to any human experience. These structures are what constitute any experience. Each unique experience is made up of distinctive structures that pattern the specific experience to be unique. When these structures are committed to consciousness, they take a

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meaning and that is the meaning (or truth) of that experience for participants".

Streubert and Carpenter (1999:52) regard phenomenology of essence as perusing the data for common themes or essences and establishing patterns of relationships in them. In this way, the meaning of the phenomenon is determined. This is contrary to the reductive process adopted by Clark and Wheeler (1998:128), Colliazi (1978:61) and Van Menen (2002:102), which refers to the process of reducing data, in each case, as involving identifying key themes extracted from interview transcripts and then organising them into categories. This process of analysis requires that researcher should make inferences from the data, at all stages (Wilson, 2002:11).

Conversely, Jasper (1998:310) and Paley (1997:194) dispute this reductive way of thinking by stating that there is no empirical procedure in such a process, but that it is rather an imaginative one, because all techniques of data analysis involve a manipulation of data in each case and it broadly takes the same form. Paley (1997:194) further argues that the essence of a person's experience is not identical to another person's experience. The author asserts that when there are two numerically different experiences, each will be patterned uniquely by its distinctive structures. Therefore, the description of meaning will be specific to each experience.

Paley (2005:112) takes the issue of reductive way of thinking further by arguing that nurse researchers use phenomenological results in abandonment of scientific rigour. However, Maggs and Rapport (2001:373) respond with a reminder that phenomenology is not an empirical analytic science, but a human science in which the object can be defined and re-defined through the medium of subjects and its relationship with them.

The problem of reductionism then concerns the difference between the particular and the universal essence, because there is no clarity on what justifies the move from that, which is subjectively meaningful, to that which is essential. In the light of that, one person's lived experience of marriage, for example, may be a constant strain, but it does not follow that this is fundamental and essential to the experience of marriage (Paley, 1997:195). In the same manner, Allen (1995:176), in support of Paley, argues that the essence generated through phenomenological research in one correct interpretation of the participants' experience cannot be an essence of all such

experiences, because, by so doing, reality would not have been taken into consideration. LeVasseur (2003:412) further contends that the belief that essence can be abstracted from the lived experience without considering the context is a reflection of values of traditional science and represents Husserl's attempt in making phenomenology a rigorous science within the prevailing tradition (LeVasseur, 2003:412).

Giorgi (2000:45) disputes the above opinions by suggesting that in human science, intuition is based on descriptions offered. These are imaginatively varied and carefully described to provide the most variant alternative for the given context. In his opinion, this is not an inferential process but a descriptive one (Giorgi, 2000:45).

Recognising these debates, Husserl later made a distinction between the act of consciousness and the phenomenon at which it is directed to. The fundamental thinking was that what is observed is not the object as it is in itself. Individuals who are research subjects provide a description of the experiences from their perspective. The researcher then provides the analysis and the description thereof from within the phenomenological reduction perspectives and from specific meaning to the study. In order to hold subjective perspectives and theoretical constructs in abeyance and facilitate the essence of the phenomenon to merge, a phenomenological reduction through bracketing was devised.

2.3.1.4 Bracketing

According to Husserl, the 'life world' is understood to be what individuals experience pre-reflectively, without resorting to interpretations. Therefore, an attempt is made to understand the essential features of the phenomenon as free as possible from the cultural context. Moran (2000:4) states the following:

"An explanation is not to be imposed before the phenomena have been understood from within. The focus is on the primeval, that which is immediate to the consciousness before ways of understanding or explaining it are applied".

This means that the experience must be understood the way it is before the researcher has thought about it. Therefore, the description of the experience must be gleaned before it has been reflected upon (Flemming, Galdys and Robb, 2003:114). Hence, the term "natural" is used to indicate what is original and naïve prior to critical or theoretical reflection, which Van Menen (1997:7) and Dowling (2006:136) refer to as "Epoche" meaning, refraining from judgment or staying away from everyday common perception of things.

The assumption of bracketing purports that in order to grasp the essentials of the lived experience of those being studied, it is equally essential for the researcher to shed prior personal knowledge about these experiences. This, according to Natason (2003:14), implies that the researcher must actively strip his or her consciousness of all prior knowledge, as well as personal biases. This is bracketing. Through bracketing (reductionism) the researcher holds in abeyance ideas, preconceptions and personal knowledge (Drew, 1999:237). As a result, some researchers advocate that descriptive phenomenologists should not conduct a detailed literature review prior to initiating the study (Struebert and Carpenter, 1999:65). The goal of the researcher is to achieve transcendental subjectivity, which denotes that the impact of the researcher on the inquiry is constantly assessed, biases and preconceptions neutralised. The aim is to allow the researcher to view the phenomenon in its uncontaminated nature. This recommendation concurs with Husserl's belief that it is not only necessary to bracket the individual consciousness, but also that of the outer world, as acquired through society, culture and history, which may be contained in the literature reviewed (Koch, 1999:827).

Taking into cognisance the above beliefs of not conducting detailed literature reviews, Morse and Field (1996:34) caution that there are ethical implications of involving participants in unnecessary research. This could be due to the fact that much may have been undertaken if the phenomenon under study had been researched previously, either wholly or partly.

The researcher in this study took these arguments into cognisance and debates that each description of the experience of the students with regard to clinical accompaniment contains some unique experiences and special moments. Each of those experiences included features, which were intrinsic to that experience and which made it what it was. Therefore, the findings might not be generalised to other experiences of the same phenomenon. In addition, the researcher, as an experienced critical-care nurse, brought to this study her background as a critical-care nurse and a clinical accompanist. This background was interacted throughout the interpretive process and it informed the interpretations of the data but did not influence them. It is from this premise that the researcher in this study adopted Heidegger's (hermeneutic) phenomenological school of thought.

2.3.2 Heidegger's school of phenomenology

Heidegger's (1889-1976) school of phenomenology within which this research has taken place focuses on the relationship and meanings that knowledge and context have for each other in research (Lincoln Guba (1985), as cited in Struebert and Carpenter, 1999:54). Heidegger disagrees with Husserl on the importance of description rather than understanding (Racher and Robinson, 2003:465). Heidegger does not agree with the construction of phenomenology as purely descriptive. According to Heidegger, any description of a phenomenon automatically presents an interpretation (Mackey, 2003:181).

Heidegger's phenomenological perspective emphasises interpretation of meaning as an ontological foundation of understanding research through being in the world by proposing that consciousness is not separate from the world of human existence (Racher and Robinson, 2003: 472). Indeed, for Heidegger, phenomenology implies that individuals and their activities occur in reality and are experienced as such (Woodruff, 2003:34). Heidegger's philosophical quest was the understanding of 'das sein', translated as 'being and time'.

In this regard, Heidegger's 'being' relates to the everyday world. He proposes that all knowledge originate from people who are already in the world. Therefore, rejecting the individual subjectivism and objectivism, which are consequences in human consciousness relating to the world, is taken as primordial. He shifts the focus from

consciousness of being to the everydayness of the lived experience. His ontological point is, therefore, inquiry into being, not as an isolated subjective mind, because the world and the mind are inter-subjective 'being'. This ontology subverts the pre-assumption of any absolute separation between the self and the world. Instead, it insists on their essential communion. This led Heidegger to advocate the utilisation of the hermeneutic approach as a research method founded on the ontological view that the lived experience is an interpretive process (Racher and Robinson, 2003:465). He refers to phenomenology as a method that seeks to uncover an understanding or meaning of 'being' as hermeneutic, designating it as an interpretive rather than a descriptive process.

The idea of accessing peoples' day-to-day experiences in research is consistent with the philosophy of Heidegger, who emphasises the human experience of understanding and interpretation through language, history, commitment to a culture that one inherits in an intuitive sense called embodied knowledge (Crotty, 1996:67). The essential notion of Heidegger's philosophy offers a perspective on the clinical accompaniment of critical-care nursing students in ODL. This perspective results from the fact that the researcher and the participants, as self-interpreting beings who constitute their world (critical-care nursing), are seen to define themselves and their environment ('their world') of critical-care nursing. Furthermore, participation in their world is fundamentally dependent on the embodiment of common activities that are symbolic of shared practices and shared understanding. In line with the interpretive phenomenology, the researcher was able to reflect on the lived, conceptualised realities and concerns of practice by critical-care nurses.

In using Heidegger's approach, the researcher seeks an answer to the nature of the existence or being of the critical-care nursing student with regard to clinical accompaniment in ODL.

Participants in this study expressed their experiences in narrative interviews, which were tape-recorded as well as written, thereby producing text that could be interpreted. Therefore the research method in this study had to be hermeneutic, meaning, a method based on interpretation.

2.3.2.1 Heidegger's hermeneutic phenomenology

Hermeneutic interpretive phenomenology based on the Heideggerian philosophy is a qualitative research methodology used when the research question is seeking the meaning of a phenomenon (Crist and Tanner, 2003:202). It is both a philosophy of understanding and the science of textual interpretation. Interpretation is an attempt to grasp and recreate meaning, so that complete or different understanding occurs (Crist and Tanner, 2003:202). The understanding and interpretation as the primary concerns of hermeneutic phenomenology are:

- **The nature of understanding**: What is it and how does it come into being and how can the many levels of meanings be construed from the text?

- **Textual plurality**: How interpreters, influenced by their understanding, ask questions of and receive answers to interpret the same text differently.

- **Interpreter accuracy**: How is the interpretation evaluated?

Through all these levels, the task of bringing the text into understanding remains the heart of hermeneutic endeavours (Gadamer, 1999; Heidegger, 1962; Ricoeur (1989), as cited in Geanelos, 1998:154). Heidegger applies hermeneutics, as a research method founded on the basis that the lived experience is an interpretive process. The hermeneutic approach is the framework for the interpretive understanding of meaning, with special attention to context and the original purpose of the research (Patton, 2002:114).

The term "hermeneutics" is derived from the name of the Greek god "Hermes", who was responsible for making clear or interpreting messages between the gods (Thompson, 1990:98). The emphasis is that everyone exists through interpreting and finding meaning in their lived world. Humans cannot abstract themselves from the world. It is not the pure content of human subjectivity that is the focus of hermeneutic inquiry, but the construct of reality on the basis of the interpretation of data with the help of participants (Van der Zalm and Bergum, 1999:214).

Hermeneutics is not meant to develop a procedure of understanding, but to clarify the conditions in which understanding takes place (Koch, 1999:830). Therefore, the reference of hermeneutic phenomenology is not some object outside its realm of meaning, but the essence of the meaning itself (Anders and Norberg, 2004:145). Gadamer (1989:34), following from Heidegger, asked the question:

"*How is this understanding possible*?"

He used this question to outline hermeneutics. Gadamer (1999:35) pronounces that understanding may be possible only through dialogue, with the researcher being open to the opinion of others (Fleming *et al.*, 2003:117). Moreover, while interpretive diversity is inevitable, it is also desirable if dialogue about understanding is to be continued rather than perish through the pursuit of interpretive agreement (Mackey, 2003:123). This view is in keeping with Gadamer's notion that interpretation is an open and ongoing dialogue permitting no final conclusion (Fleming *et al.*, 2002:117). Furthermore, understanding others can never be achieved totally, since it is constantly evolving (Johnson, 2000:737), as in the hermeneutic circle.

2.3.2.2 Hermeneutic circle

The hermeneutic circle refers to the flow of understanding that takes place through being in the world. It refers to the back and forth movement between partial understanding and the more complete whole. Hence, the researcher should not be empathic in understanding the phenomenon of interest. Understanding should be shared.

2.4 PHENOMENOLOGY AS A PHILOSOPHY AND A RESEARCH APPROACH

Phenomenology is both a philosophy and a qualitative inductive research approach (Ray, 1998:117). In particular, it has become a way of researching the gaps in the research discipline, particularly those areas that were previously not considered important to research because they had little to do with the public and patriarchal world of research (Mymford, 2001:42). Mackey (2003:179) concurs that phenomenology offers an interpretive approach to understanding that is not offered by other research

methodologies. In contrast to the scientific method, it is both poetic and interpretive (Mackey, 2003:179).

According to Maggs and Rapport (2001:337) and Giorgi (2000:23), researchers who describe themselves as phenomenologists need to consider the philosophical assumptions underpinning the selected method of inquiry. In addition, the researchers must examine whether those assumptions are consistent with their own view; they must ensure that the methods used reflect those assumptions and account for them at all stages in the research Drauker (1999:361), because the philosophical ideas are crucial in ensuring quality and the adequacy of descriptions in their research, and provide continuity and coherence to its conduct and outcomes (Ashworth, 1999:23). These philosophical ideas determine the appropriateness of the methodological processes for research. They also guide the researcher's approach to data analysis.

On the basis of these beliefs, Stubblefield and Murray (2002:152) recommend that researchers who describe themselves as phenomenologists need to articulate the link between the methods used and statements of their philosophical underpinnings that guided the research method. The argument by these authors is that implementing a method without examining its philosophical basis can result in research that is ambiguous in its purpose, structure and findings, because the findings generated depend on the philosophical assumptions that drive the methodological decisions.

Similarly, Beech (1999:34) asserts that the omission of clear statements about the philosophical underpinnings of the research results in a methodological confusion that may impact on the overall quality and rigour of the research endeavour. Given the previous views, Little (2000:398) advises that researchers should take cognisance of the values and claims associated with each approach before making a commitment to the choice of methods (Little, 2000:398).

In summarising the above views, Mackey (2003:179) concludes by stating that phenomenology is a research approach and philosophy with both epistemological and ontological aspects that influences knowledge development and is related to other fields of research.

2.4.1 The relationship of phenomenology as a philosophy and research method to other core fields in research

Phenomenology is distinguished from and is related to other core fields in research, such as:

- **Ontology:** Ontology is the study of the nature of reality and not just one reality but multiple realities that are constructed and can be altered by the knower (being) or others. Heidegger's philosophical phenomenology used in this study is ontological in the sense that it is aimed at an understanding of 'being' itself. Heidegger considers that inquiries must seek an answer to the primordial ontological question of 'what does it mean to be?' The central question is what does it mean to 'being' before looking to examine what can be known about the existence, truth and nature of reality (Mackey, 2003:179).

In order to appreciate the ontological nature of phenomenology, Gelven (1998:97) states that the process of conducting research should include both descriptive and interpretive activities. This reiterates Heidegger's approach to research, which reflects the rich description to be found in everyday living as the interpretive basis of all understanding. Hence the utilisation of an interpretation requires the researcher to accept and value descriptions given by participants and their ontology.

- **Epistemology**: Phenomenology as a research method helps to define the phenomenon on which knowledge claims rest. Husserl's aim is to reveal knowledge, which transcends human experience (Padgett, 2000:249).
- **Logic**: Phenomenology explicates the intention or semantic force of ideal meaning, and prepositional meaning, which are central to the logic theory.
- **Ethics:** Phenomenology plays a role in ethics by offering analyses of the structure of value for others, such as empathy and sympathy. One explicit phenomenological approach to emerge in ethics is in the works of Levinas (2006:42) that focus on the significance of the "face of others", thus developing a basis for ethics in phenomenology.

Therefore, phenomenology, as a research method and philosophy, ties into the areas of ontology, epistemology, logic and leads into parts of ethics.

2.5   CRITICISMS OF PHENOMENOLOGY

Although phenomenology offers an understanding that is not offered by other research methodologies, those working from an emancipator's view of the role of the research express dissatisfaction that phenomenology does not go beyond interpretation (Campbell, 2006:8). In addition, phenomenology is challenged on the basis of its focus on experience. Crotty (1996) (as cited in Fleming *et al.*, 2003:113) states that nursing researchers do not keep to the original intentions of phenomenology. Crotty (1996) draws this conclusion based on thirty nursing studies that were reviewed. While such conclusions appear to embrace only Husserl's approach, Paley (1997:34) supports this criticism by stating that nurses misuse Husserl's notion of essence, and he therefore suggests that they should abandon their attempts to base phenomenological research on Husserl's philosophy.

Paley (1998:820) takes this argument further by suggesting that Heidegger's phenomenology, too, does not have the methodological implications usually ascribed to it in nursing literature. In addition, Dennette (2005:21) also criticises phenomenology on the basis of its explicitly first person approach, which is incompatible with the scientific third person approach. He goes so far as to coin the term "auto-phenomenology" (first person approach) to emphasise this aspect and to contrast it with his own alternative, which he calls hetero-phenomenology (third person approach). As part of the ongoing debate, Searle (2004:56) emphasises that much of the work done by phenomenologists on the philosophy of mind suffers from what is termed 'the phenomenological illusion'. This illusion is defined as the mistake of assuming that that which is not phenomenological is not real and that that which is phenomenological is an adequate description of how things really are.

The researcher noted and acknowledged these debates. Nevertheless, she approached this study from Heidegger's hermeneutic interpretive phenomenology perspective. In line with Heidegger's approach, the researcher is interested in the possibility of 'being', which is based on the premise that understanding is possible because of relationships. Therefore, the idea of accessing the experience of critical-care nursing students with regard to clinical accompaniment in ODL is consistent with the philosophy of Heidegger that emphasises the understanding and interpretation of human experience through language, commitment to culture and context that is inherent in the intuition sense

called 'embodied knowledge'. This perspective suggests that nothing can be encountered without reference to the background understanding. As such, the philosophical assumption underpinning the research methods of this study is the following:

> *"The critical-care nursing students' experience and interpretation of being in the world (clinical world) are embodied in the background that can only be understood and interpreted by another being (researcher) in the world".*

2.6 APPLICATION OF HEIDEGGER'S PHILOSOPHICAL UNDERPINNINGS TO THE METHODOLOGY AND THE CONCEPTUAL FRAMEWORK GUIDING THE STUDY

In order to provide congruence between the study's philosophical underpinnings, conceptual framework and methodological process through which study findings are actualised, the researcher was obliged to discuss these concepts as they were applied to the methodological aspects of this study. This notion was motivated by Struebert and Carpenter (2003:56), who state that to understand the process of data analysis, researchers really need to reflect on the original work during the 'high days' of specific methodology, and to the philosophical underpinnings of that research.

2.6.1 Relating the philosophical underpinnings to the data analysis process

The methodological insights for data analysis, revealed in the conceptualisation of Heidegger's hermeneutic philosophical ideas of 'being' as 'being-in-the-world', pre-understanding, time and space, influenced the data interpretation process and perspective of understanding "being" and the interpretive process.

2.6.1.1 Being-in-the-world

Heidegger views the subject and the object 'being' as inseparable and represents this in the use of the term 'being-in-the world'. This implies that human beings cannot exist except in the framework of an encompassing world, although that world does not entirely constitute or determine their "being". Heidegger(1962) as cited in Macquarie

and Robinson, (2005:124)believes that there are many ways for human beings to be in the world but that the most significant way is being aware of one's own being.

This awareness is in the consciousness, which is in the body, hence, the term 'embodiment'. 'Embodiment' means that through consciousness one is aware of 'being-in-the-world', and that it is through the body that one gains access to this world. One feels, thinks, touches and talks sometimes about expanding the mind. All these feelings and thoughts take place in the body within the consciousness (Streubert and Capenter, 1995: 53). The concept of 'being-in-the-world' necessitated a view that the person and the world are co-constituted, an indissoluble unity, since a person makes sense of the world from within its existence and not while detached from it (Annells, 1999:5). As Zimmerman (2003:27) puts it:

> "*Self and the world belong together in one (das sein). Self and the world are not two beings, as subject and object, but self and the world are in the unity of the structure of being in the world*".

Similarly, in human sciences, objectivity and subjectivity are not mutually exclusive categories. They find their meaning and significance in the orientated personal relationship that the researcher establishes with the object. Objectivity in this context means that the researcher remains true to the object while subjectivity relates to the researcher being as perceptive, insightful, discerning and as receptive as one can be in order to disclose the richness and greatness of the object of the study (Racher and Robinson, 2003:471).

Heidegger (1962:38) considers that describing 'das sein' in the everyday state of being would reveal the essential structures that are determinative of the character of being (das sein). He emphasises the rich descriptions to be found in everyday living as the interpretive basis of all understanding. As such, Gelven (1998:32) states that the process of data analysis, when using Heidegger's phenomenology, requires that the researcher should engage in both descriptive and interpretive activities. The interpretive approach to data analysis requires that the researcher should accept and value the meaning given by participants, and their reality and their understanding of the phenomenon in terms of their everyday world (Koch, 1999:234).

In this study, interpretation of the participant's world began when the researcher focused on the phenomenon of the clinical accompaniment of critical-care nursing students in ODL, since the researcher's prior awareness, attention and anticipation was directed towards the phenomenon. The interpretation continued as the researcher listened to and read the participants' descriptions of their experiences and became immersed with the data. Immersion in the text necessitated keeping a running account, incorporating what had been said and what was being said (Benner, 1994:199). This also enabled the researcher to link expressed thoughts as demanded by effective, concurrent interpretation.

The researcher achieved this by direct reference to the dialogue and by simple reflective comments on what the participant said. The aim was to source out what was hidden in the narrative account and interpret it based on the background understanding of the participant's experience. It was therefore required of the researcher to go beyond the literal meaning of the participant's words to pursue the meanings held in the data.

2.6.1.2   Being-in-the-world with others

The core of interpretive phenomenology is the creation of meaning by individuals and their subjective reality. The notion is that one exists in the world where there is reciprocal interdependence between the self, others and objects which slowly come into their awareness as a need arises. This then means that individuals exist amid a world of shared meanings and understanding in social contexts as a mode of being human existing in reality. Our being in the world is a specific but holistic form of existence, which merges reciprocally and interdependently with other beings.

The role of the researcher as the co-creator of meaning in individual experiences and the agent in giving direction in clinical accompaniment becomes important. These meanings are not always apparent to the participants but can be gleaned from the narratives produced by them (Solomon, 1998:142).

Imperative to this interpretive approach is the acknowledgement that there are multiple interpretations of reality that exist within peoples' minds (Polit and Beck, 2004:15). In that way, knowledge on the part of the researcher is a valuable guide to inquiry and, in fact, makes the inquiry a meaningful understanding.

Heidegger's philosophy provides insight into this research. Heidegger suggests that access to being is to be achieved through an account of 'das sein' (everydayness). For this study, this was a preparatory step, one that opened the way for interpretation and understanding, which is achieved through a hermeneutic process. This process is guided by Heidegger's phenomenology and requires that the researcher should engage in both descriptive and interpretive activities (Racher and Robinson, 2003:472); hence, the rich descriptions to be found in the everydayness of the critical-care nursing student's experience of clinical accompaniment in ODL Koch (1999:829) states the following:

> *"Utilising an interpretive approach requires the researcher to accept and value the descriptions given by participants as their reality and understanding of the phenomenon".*

It then follows that the interpretation of 'das sein' begins when the researcher focuses her attention on the phenomenon. The researcher's prior awareness continues by listening and reading the participants' descriptions of the everydayness of the phenomenon, resulting in the co-constitution of meaning. In so doing, she becomes immersed in the data.

2.6.1.3 Co-constitution of meaning

In order to put in place the object of the study context, the principle of contextualisation requires that the researcher should place herself and the subject into a historical perspective. An interpretive approach suggests that facts are to be produced as part and parcel of the social interaction of the researcher and the participants (Klein and Myers, 1999:74). It follows from this that interpretive researchers must recognise that the participants can be seen as interpreters and analysts, in the same manner as the researcher.

Therefore, interpretation is an ongoing and evolving task. It is an interactive act because the researcher and the participants form the integral part of the research world and co-constitute meaning or understanding of the critical-care world in relation to clinical accompaniment in ODL. Therefore, the meaning is constituted synergistically.

2.6.1.4   Pre-understanding

Pre-understanding is what is known or understood in advance of interpretation. Heidegger (1989:129) states that interpretation functions as a disclosure of what is already there in its totality. Gelven (1998:97) adds: 'when meaning is achieved then reality of what is already available is made manifest'. Supporting this statement is Gadamer (1989) (as cited in Fleming *et al.*, 2003:118), who also emphasises the notion of pre-understanding as a historical awareness, because consciousness is not independent of history. In this context, it implies that it is impossible to lose one's pre-understanding. This justifies the researcher's pursuance of the study regardless of her pre-understanding of the topic in question.

Pre-understanding required bracketing, where the researcher had to confront her preconceptions (prejudices) that guided the research design and set aside her biases to be able to interpret research findings objectively. In positivist social science, pre-understanding is seen as a source for bias and therefore a hindrance to true knowledge. Objectivity according to positivists is best attained if a social scientist adopts a value-free position and does not let biases interfere with his/her analysis (Holroyd, 2007:10). By contrast, hermeneutics recognises pre-understanding as the necessary starting point of one's understanding. Hermeneutics finds it is impossible to rid the mind of a background of understanding that has led the researcher to consider a topic worthy of research in the first place (Koch, 1999:34). This belief is supported by Benner (1994) (as cited in Lindsay, 2006:29), in that researchers cannot avoid their social background influencing their judgment when it comes to interpreting data. As Mitchell (2003:61) comments, that there is no understanding without pre-understanding; it is precisely one's preconceptions or unity of understanding that channels new ideas and guides interpretation (Mitchell, 2003:61).

The belief in interpretive phenomenology is that it is the researcher's knowledge base that leads to specific ideas about how the inquiry needs to proceed to produce useful information. In that regard, personal information in interpretive (hermeneutic) scholars is both useful and necessary, but the suspension of pre-understanding is necessary if the researcher is to understand a text in full. As Gadamer (1989:125) points out, this does not mean that the researcher simply sets aside her pre-understanding; rather, it means that the researcher becomes aware of her pre-understanding.

According to Uys and Meyer (2005:23), the most important point is that the researcher should make the historical/background basis of the research as transparent as possible to the reader and to herself. As such, the researcher in this study presented a detailed background to the research problem in Chapter 1. Accordingly, the topic for research was analysed from her involvement in education and clinical accompaniment in the training of critical-care nurses. In acknowledgement of her pre-understanding, the researcher had to go beyond the literal meanings of the participant's words to pursue the fore-structures of pre-understanding.

Imperative to the process of this interpretive approach is the acknowledgement that there are multiple interpretations of reality that exist in pre-understanding (Polit and Beck, 2004:15). Hence, the researcher must examine the influence that social context has upon the actions under study by seeking out and documenting multiple viewpoints along with the reasons for them.

Based on the researcher's experience as a clinician and nurse educator in critical-care nursing and her inevitable immersion in the data collected, there was a need –

1.   to acknowledge that she would not be value-free from all her presuppositions; therefore, she self-consciously designated her opinions and qualified them;

2.   to develop fore-structures about the nature of clinical accompaniment by using Heidegger's notion of fore-structures integral to clinical accompaniment – according to Heidegger fore-structures are projections based on the pre-knowledge of aspects; and

3.   to note her personal reactions, noticing that her own horizon was operating in the way the interpretations were made, and documenting differences in the way events were analysed versus the meaning those events had in their natural context.

2.7 RATIONALE FOR THE USE OF INTEPRETIVE HERMENEUTIC PHENOMENOLOGY IN THIS STUDY

The decision to use the interpretive hermeneutic approach to this inquiry was guided by the research question, which was concerned with the interpretation of the meaning the critical-care nurses attributes to a phenomenon of clinical accompaniment in open distance learning. Interpretive hermeneutic phenomenology was seen as more appropriate, since it offered a methodology and philosophical perspectives whose purpose it was to develop a greater understanding through the interpretation of the description, reflection and awareness of the many meanings of a particular phenomenon (Van Menen, 1997:324). The interpretive hermeneutic phenomenology allowed the researcher to go beyond the descriptive data by attaching significance to what was found to be making sense of the findings. Moreover, it enabled the researcher to bring to light hidden features of the meaning of the experience that would have been overlooked in a purely descriptive approach (Rather, 1994:263). The researcher realised that the aggregation of descriptive data only would not in itself have answered the research question:

How do you experience clinical accompaniment in open distance learning?

Only interpretive phenomenology deals with the question of the meaning that can be found in the words of the participants.

The researcher examined the descriptions of experience in the transcripts as fully as possible. She made references considering meanings that might have direct relevance for practice, at the same time, pointing out whether the understanding thereof has been confirmed or negated by the participants' comments (Svedlund, Danielson and Norberg, 1999:197). In this regard, Schwandt (2001:196) concurs that the researcher exercises the situated freedom, which, according to Leonard (1999:315), denotes that humans are embedded in their world to such an extent that subjective experiences are inextricably linked to social, cultured and political contexts.

The focus on interpreting the data was based on the researcher's understanding as a critical-care nurse, the setting for critical-care nursing, and the understanding of open distance learning. The narratives, as provided by the participants, were scrutinised, not

only for the content themes, but also for what they implied about the experiences of the participants. The aim of the analysis was to understand and interpret the experiences critically. However, this implied that other researchers, who had different backgrounds, used different methods or had different purposes, and would most likely develop different types of interpretations of the topic.

Hermeneutic theorists argue that one can only interpret the meaning of something from some perspective, a certain standpoint, a praxis or a situational context. Thus, the researcher, rather than seeking pure descriptive categories of a real or perceived world in the narrative/text of participants, focused on describing them against the meaning of the individuals being in their world (Smit, 1997:249). The role of the researcher as the co-creator of meaning in the participants' experience becomes important. She constructed reality of meaning on the basis of her pre-understanding, keeping in mind that the meaning of experience depends on the context in which it was originally created, as well the context within which it was subsequently interpreted. Clinical accompaniment in critical-care units in distance education was the context of the study.

The researcher and the participants, as self-interpreting beings, who constitute their world, are both seen to understand and articulate themselves in terms of being able to participate within their own unique environment ('their world'). Furthermore, participation in sharing their experience in their world is fundamentally dependent on the embodiment of common activities that are symbolic of critical-care nursing and the shared understanding of clinical accompaniment in open distance learning.

The interpretation of the meanings was characterised by the concept of the hermeneutic circle, which was central to this research. The hermeneutic circle involves a continuous, circular process whereby the researcher moves back and forth between the whole and the parts of the text derived from participants (Johnson, 2005:190). The participants narrated their experience from their own interpretation and the researcher described and interpreted it from her background and experience. The researcher had to take back the interpretations to the participants for validation (Johnson, 2000:373). Such an approach was appropriate and useful, because it enabled the researcher in this study to explore a phenomenon that dealt with persons' perspectives and brought to light a great understanding and awareness of the meanings the study participants attributed to their experience.

Phenomenology was, therefore, particularly appropriate for this study, since the researcher and participants were inter-subjectively linked in the exploration of the phenomenon under study (Van Menen, 1997:345). In order to understand the meaning of clinical accompaniment, as experienced by critical-care nursing students in ODL, the participants and the researcher had to be linked together in a journey of exploring the phenomenon.

Furthermore, phenomenological inquiry requires that the integrated whole be explored. Hence, it is a suitable method for investigating phenomena important to nursing practice, because nursing encourages detailed attention to the care of people as humans, and its practice is grounded in a holistic belief system, namely that of caring for the mind, body and spirit. The holistic approach to nursing is rooted in nursing experience. Consequently, the benefit of phenomenology resides in providing an understanding of a phenomenon, as described by people in the everyday world. Hence, the description of experience is the best data source for the phenomenon under study.

2.8   CONCLUSION

Phenomenology has been defined and described as a guiding framework in this chapter. The two main schools of phenomenology, namely the Husserlian school (descriptive phenomenology) and Heideggerian school (interpretative phenomenology), were discussed, including the criticisms thereof. Heidegger's interpretive phenomenology provides a perspective on how to describe the narratives about clinical accompaniment in ODL and to provide the understanding and the interpretation of the meanings behind the descriptions. The researcher realised that the aggregation of the descriptive data only would not in itself answer the research question of this study. The interpretive phenomenology allowed the researcher to interpret text as fully as possible while pointing out areas where understanding has been confirmed or negated by participants' comments. The concepts of embodiment, intentionality and inter-subjectivity were seen to be important as concepts of the worldview. In the next chapter, chapter 3, qualitative research paradigm methodology is discussed.

CHAPTER 3

Research design and methodology: a qualitative paradigm

3.1   INTRODUCTION

This chapter describes and explains the research design, setting and the main reasons behind its choice. Furthermore, it describes the methods used in the identification of the population, selection of the research sample, data management and its components namely data collection and data analysis. Issues of ensuring the quality of data and the research process comprising of ethical guidelines and trustworthiness of data are also discussed (Streubert and Carpenter, 2003:19).

3.2   RESEARCH SETTING

The selection of a suitable setting is critical for the study to be put into context. Polit and Beck (2004:28) suggest that the ideal setting is where entry is possible, where there is a higher probability that a rich mix of the processes, people, interaction structures that may be part of the research question will be present.

This study took place in a naturalistic setting. This is in line with Patton's (2002:280) stipulation, that in-depth qualitative studies are undertaken in a natural setting to be able to put the participants' experiences into context. Within this study the selected sites were the open distance-learning environment, that is the University of South Africa and practice environments (clinical settings where students were working) for critical-care nursing students nationally and internationally. The Selection of different countries is supported by Nahas (1998:665), who asserts that the lived experiences of participants coming from different settings enhance the richness of the data collected. Two international participants one from Saudi Arabia and the other from England could not be visited in their clinical settings. The researcher gleamed their clinical setting and context through the situational analysis form that they had submitted on the clinical facilities in their areas. The layout of their units could also be accessed from their website and the summarised overview of ICU's of the Saudi Arabia and England where students are employed (see Annexure 10). An overview about UNISA and the

department of Health Studies and the critical care programme was provided in chapter 1:1.2.1, 1.2.2 and 1.2.3.

3.3 RESEARCH DESIGN

Any research project or study requires a plan of action and this plan is referred to as a research design.

A research design is defined as a structural frame of the study (Burns and Grove, 2001:795). It is a blue print of how the researcher intends to conduct the study (Polit and Hungler, 1995:55). Mouton (2000:57) refers to a research design as the way in which the research is conceived, executed and how findings are eventually put together. The research design ensures that the researcher strives for objectivity and that approach to the knowledge is systematic (Holiday, 2001:15).

In this study, a qualitative, explorative, descriptive, contextual and interpretive phenomenological research design was used to explore, describe and interpret the meaning of the critical care nursing students' experiences about clinical accompaniment in ODL. The phenomenological approach used in this study is in line with Heidegger's interpretive approach. Components of the research design are discussed in the following subheadings.

3.3.1 Qualitative design

According to Denzil and Lincoln (2000b:157), qualitative research is a multi perspective approach to social interaction, aimed at describing, making sense of, interpreting or reconstructing the interaction in terms of meanings that the subjects attach to it. There are a number of terms or labels used that refers to qualitative designs. The most commonly used terms are field research, naturalism, ethnography, interpretive and constructivist research (Lofland, and Lofland, 2004:167). These terms and their definitions further qualify qualitative designs as inductive, interpretive and field oriented in nature.

Qualitative designs are sensitive to the contexts in which people interact with each other (Mouton, 2000:194). They rest on a paradigm that explains humans as conscious self-

directing beings who are continuously constructing and re-constructing social reality (Tjale, 2004:293). They are not aimed at explaining human behaviour in terms of universally valid laws of generalization, but rather to understand and interpret the meanings and intentions that underlie every human action (Mouton, 2000:67).

Qualitative designs are also naturalistic in nature. This research took place in the real world setting and the researcher did not attempt to manipulate the phenomenon of interest (Patton, 2002:39). Participants presented their experiences in words and narratives about clinical accompaniment in the clinical setting in the ODL mode to construct meaning from the presented data (Henning *et al.,* 2004:56). As Gills and Jackson (2002:182) state that one of the major distinguishing characteristics of qualitative research is that the researcher attempts to understand the people in terms of the explanation of their world rather than numbers and quantities. Equally, Norman and Yvonnas (2003:95) reiterated that the participants' ability to independently provide explanations from their own experiences is the core value in understanding their world view first hand in qualitative designs.

3.3.1.1 *Attributes of qualitative research*

The attributes of a qualitative research design, in accordance with the phenome-nological endeavours can be summarized as follows:

- **Naturalistic in nature**: Qualitative research is naturalistic to an extent that the research takes place in the real world setting. The researcher does not attempt to manipulate the phenomenon of interest (De Vos, 2000:280).

- **Inductive reasoning**: This is a process where reasoning is from the specific observation to a more general rule (Polit and Beck, 2004:720). The thinking process is also interactive, moving back and forth from data collection and analysis checking with members and validating data with participants (Creswell, 2003:183).

- **An emic perspective:** Qualitative researcher has an emic perspective because people's conception of reality is not directly accessible to outsiders or strangers.

These inquiries capture and unravel the view point and the experiences of participants (Patton, 2002:34).

- **Triangulation**: Qualitative researchers employ multiple data collection methods that are interactive and humanistic. This is an effort to explore the phenomenon studied. Triangulation of data such as in-depth face to face and telephonic interviews, review of record and artefacts are used to provide thick descriptions of phenomena studied (Creswell, 2003:181).

- **It is emergent rather than pre- figured**: Several aspects emerge during the study. The research question may change and be refined as the inquirer learns what to ask and to whom it should be asked. Data collection methods might change as the study develops (Creswell, 2003:182).

- **It is interpretive**: This means that qualitative research formulates and interprets the data. This includes developing a description of an individual setting, analysing data for themes or categories and finally making an interpretation or drawing a conclusion about its meaning personally and theoretically (Creswell, 2003:182).

- **Holistic in approach:** Social phenomena are viewed holistically and are expanded upon to make a broad analysis and to give them panoramic views rather than depicting microanalysis (Creswell, 2003:181).

In this study, a qualitative design was used because:

- In terms of ontology, there was a need for the emic perspective of the lived experiences of critical care nursing students about clinical accompaniment in open distance learning. It was desirable that meanings, process and context of the experiences of students in their natural habitat are understood.

- The purpose of the study was to generate theory. The researcher achieved this by approaching the study open-mindedly with no pre-set hypothesis to guide the study (Burns and Grove, 2003:62).

The choice of a qualitative research designs in this study is also influenced by the focus on the subjective perspective for the understanding of human experiences, which, in this case relates to the experiences of critical care nursing students about clinical accompaniment in ODL.

3.3.2 Explorative design

Explorative designs are used where there is little or nothing known about the phenomenon to find more about issues researched. In some instances, they are designed to develop or refine hypothesis or to test and refine the data collection methods (Polit and Hungler, 2003:529). Brink and Wood (2001:100) emphasizes that exploratory designs are suitable to probe a single process, variable or concept in a way that covers all aspects of the problem. While Latimer (2003:80) also suggests that explorative studies are mostly conducted -

- to satisfy the researchers curiosity and desire for better understanding of the phenomenon;
- to test the feasibility of undertaking a more extensive study;
- to develop the methods to be employed in any subsequent studies, to explicate central concepts; and
- to determine priorities for further research (Latimer, 2003:80).

The exploratory approach was suitable because not much is known about the experiences of critical care nursing students on clinical accompaniment in ODL. Moreover, no literature could be found on the views on of critical care nursing students on the phenomenon. The researcher had to depart from the position of what she knows as a critical care nurse, nurse educator and facilitator of clinical accompaniment. In-depth interviews were used to explore the experiences of critical care nursing students about clinical accompaniment in ODL.

3.3.3 Descriptive design

In qualitative research, descriptive studies open up a world of knowledge for the reader through which detailed and concrete descriptions of phenomena could be viewed (Denzil and Lincoln, 2000:97). In this way the reader can understand the phenomenon

under study and draw her/his own interpretation about the significance thereof (Patton, 2002:428).

In addition, a descriptive design in qualitative research is used to provide a picture of situations as they naturally happen. In a descriptive design, no manipulation of variables is necessary, since the aim is not to establish causality but to describe the phenomena as it appears (Polit and Hungler, 2003:142). Descriptive designs are also used to develop theories, identify problems with current practices, justifying current practices, or determine what is done in other similar situations (Waltz and Brussell, 2001:58). In this study, a descriptive design was used to describe the experiences about the phenomenon so that the nature or its meaning could be interpreted and understood.

3.3.4 Interpretive design

This research is situated within the interpretive hermeneutic phenomenological research design with emphasis on the experiences of critical care nursing students, their descriptions and interpretation thereof. The interpretive design seeks to provide an understanding and meaning of the phenomena from the descriptions presented (Johnson, 2005:4). This ties in with the focus of the this study, as its purpose was to gain empirically based understanding of the meaning of the lived experiences of critical-care nursing students about clinical accompaniment in open distance learning from the stand point of their unique context.

The core of interpretive approach is the creation of meaning by individuals and their subjective reality. The role of the researcher as the co-creator of meaning in the individual(s) experiences becomes more important. Interpretive researchers believe that the goal of science is the acknowledgment that there are multiple interpretations of reality that exist within peoples' minds (Polit and Beck, 2004:15). Hence, researchers in this approach address the process of interaction within a specific context (Lincoln and Guba, 2000:121).

The foundational assumption of the interpretive design is that, most of the knowledge gained, filters through by the use of social construction such as language and consciousness (Trauth, 2001:291). The enquirer in this study achieved this through the analysis and interpretation of the text to look for the way in which the students make

meaning of their experiences, that is, not only what they experience, but also the meaning they make of the experiences.

In this study, interpretive (hermeneutic) phenomenological research approach, guided by Heideggerian principles, had an impact on the research process. Phenomenology was seen as appropriate to develop a greater understanding of the phenomenon under study (Johnson, 2005:3). Moreover in data analysis, all data was related to the meaning of the whole. The hermeneutic circle which, is essential for gaining understanding, was only fully experienced when the process of interpretation was characterised by openness towards the lived experiences (Cronquist, Lutezen and Nystrom, 2006:406).

The frame that shapes the meaning holds that the research in interpretive design is extremely sensitive to the role of the context (Henning *et al.,* 2004:20).

3.3.5 Contextual design

Context represents the setting, that is, the location within which the phenomenon is studied. It provides an understanding of where, how and the circumstances under which the human meanings are molded. Context becomes the framework, the reference point, and the map. It is used to provide space and time for activities to take place and as a resource for understanding what the people say and do at that time in that space (Patton, 2002:62). The context is rich with clues for interpreting the experiences of the participants (Patton, 2002:63). By looking at the context the researcher is primarily concerned with the process rather than the outcomes of the phenomenon (Bogdan and Biklen, 1999:213). Specific conditions that may arise and be applicable to actions, time, space and environment are considered (Holloway and Wheeler, 1996:193).

In a phenomenological study such as this, symbolic reality as in language forms a strong determinant of the context of the data. In phenomenological studies it is not what the people say they experience and what they do that is important but how they say it and do it, what they omit and which discourse is dominant in the information (Henning *et al.,* 2004:24). Context is therefore only valid within the time and place in which the phenomenon happens. Consequently this study's context is the clinical setting where clinical accompaniment in open distance education takes place (De Vos, 2000:201).

The researcher described the context of this study, including the background in chapter1.

3.4   RESEARCH METHODOLOGY

Babbie and Mouton (2002:75) distinguish between the research methods and research methodology. Research methodology is regarded as the epistemological home of an inquiry, because it addresses the development, validation and evaluation of the research tools and the research process as a whole (Babbie and Mouton, (2002:23). According to Henning et al (2004:36), methodology goes beyond the reasoning strategies that the researcher uses.

The term 'research methods' denotes a coherent group of activities that compliment one another to deliver data and findings that will reflect a response to research questions and address the research purpose. These methods include the specific different stages and concrete means used by the researcher to implement specific tasks of the research process (Creswell, 2003:17) such as the population, sampling and sample, data collection methods, data analysis and ethical considerations. These specific tasks, according to Silverman (2000:79), are useful depending on their fit for the purpose.

3.4.1 Population

In order to answer the research question, individuals, objects or elements that can shed light to the issues related to the topic under investigation have to be identified. These are termed the 'research population'.

'Research population' refers to all elements that meet the criteria for inclusion in the study (Burns and Grove, 2001:320). Patton (2002:228) refers to the population as the unit of analysis. Groups or individuals are selected as a unit of analysis when they possess an important characteristic that separates them from the others and that characteristic has an important implication for the study. This means that the primary focus of data collection is on what is happening to individuals in a setting and the activities within it (Polit and Beck, 2004:76). Babbie and Mouton (2002:174) view 'population' as the theoretically specified aggregation of study elements from which the sample is actually selected.

In this way, terminology referring to 'population' includes universal population sometimes called the 'target population' and 'accessible population' (De Vos, 2000:198). 'Universal population' refers to all elements with the attributes that the researcher is interested in (De Vos, 2000:198). Within the universal population, there is what is called 'accessible population'. An 'accessible population' refers to the portion of the universal population to which the researcher has reasonable access. The universal population might not be manageable due to size, location, numbers and other practical considerations. In this instance the accessible population becomes practical for sampling (Brink, 2006:1230).

The accessible population in this study comprised of critical care nursing students registered in open distance tertiary institutions with lived experiences of clinical accompaniment in distance learning.

3.4.2 Sample and sampling technique

A 'sample' is a subset of the population that is selected for a particular investigation. It is a set of elements considered to be representative of the accessible or universal population, while sampling technique refers to the process of selecting a portion of the population to represent the entire population (Babbie and Mouton, 2002:174). There are two types of sampling technique namely, probability sampling and non-probability sampling.

3.4.2.1 *Probability sampling*

In probability sampling the researcher select a sample randomly that each member of the population has an equal chance of being included in the study. (Babbie and Mouton, 2002:174). Random sampling can be stratified, clustered or systematic in nature.

3.4.2.2 *Non-probability sampling*

In non-probability sampling, the researcher has no way of forecasting or guaranteeing that each element of the population will be represented in the sample. Furthermore, some members of the population have little or no chance of being sampled. Selection is based on the sample availability or activity. The three types of non-probability sampling

include convenience sampling, quota sampling and purposive or judgemental sampling (Polit and Beck, 2004:731).

In qualitative research, as indicated earlier, the focus is on quality data not statistics. The sample is purposeful in that subjects are selected based on their knowledge of the phenomenon. The sample size is also small to allow for an in-depth interview to be conducted. In this study a non-probability purposive theoretical sampling was conducted. The manner in which the sampling process was conducted is presented in the following discussion.

- *A purposive sampling*

Purposive sampling then, is aimed at obtaining insight about the phenomenon and not about empirical generalization from a sample to the greater population (LoBiondo-Wood and Haber, 2002:246).

The logic and power of purposeful sampling lie in selecting information-rich cases for in-depth study (Patton, 2002:230; Henning *et al* 2004:45). Furthermore, the sampling approach is used based on the judgment of the researcher to look for elements who fit the criteria (De Vos, 2002:99) and will provide the needed information. This criteria assume that the researcher's knowledge of the topic, the population, its characteristics and the nature of the research purpose is sufficient to enable her to select cases deemed to be meeting the inclusion criteria (De Vos, 2000:99). As such, purposive sampling is selected because participants will offer useful manifestations of the phenomenon of interest and will respond to the research questions relevantly and shed light in the understanding of phenomena (Creswell, 2003:185).

In this study, purposive sampling was used to conveniently select eight (8) participants, who, according to the researcher's judgement were able to provide aspects on multi-culturalism and information on different clinical settings. The sample, therefore, included three (3) students from South Africa, one (1) England, three (3) East Africa and one (1) Saudi Arabia. The selected students were all adult professional nurses registered for the critical care course at UNISA. The number allowed in-depth face-to-face interviews to reveal true meaning of clinical accompaniment in ODL as experienced by the participants. The selected students had completed the core modules because theory

had to be integrated with practice in these modules. These students could articulate their experiences and were likely to yield information on clinical accompaniment in ODL.

3.4.3 Sample size

In qualitative research the sample size is not usually the focus as is the case in quantitative research. As this study is practice based, there was no specification of the sample size. Streubert and Carpenter (2003:22) also point out that in qualitative research pre-determining the sample size is usually not possible. and as such emergent cases are used until data saturation is reached. Data saturation is a stage where no new information is obtained from participants when interviewed (Patton, 2002:123). In this study data saturation was achieved by undertaking an exhaustive exploration of the phenomenon studied through in-depth interviews (Leininger, and Mcfarland, 2002:124) and this was considered after the 8th participant did not provide any different information.

3.4.4 Inclusion criteria

Inclusion criteria give direction or a list of the characteristics essential for inclusion in the sample. (Burns and Grove, 2001:336). The following were criteria for inclusion:

- Participants were professional nurses registered for the critical care nursing science course in ODL and had completed their core modules in critical care nursing science training.
- Were willing to participate.

All those who were approached to participate and were not willing, were not coerced and were therefore excluded.

3.5   DATA COLLECTION PROCESS AND METHOD

Data collection is a process whereby information pertaining to a phenomenon is sourced through instruments such as interview schedules and guides, questionnaires, records, artefacts, observations and field notes. The method and instruments for data collection are determined by the research design and research approach, which can either be qualitative or quantitative or both. Where both approaches are used the methods usually complement each other.

Quantitative data collection methods are used to collect quantifiable data, which will be reported in numbers, while qualitative data collection methods provide narratives and are analysed in rich descriptions. The data collection and successful fieldwork are usually determined by the accessibility of the setting and the researchers' ability to build up and maintain relationships with gatekeepers (De Vos, 2000:258). Data collection within qualitative research occurs simultaneously with data analysis (Burns and Grove, 2003:594).

Several data collection methods are used in qualitative studies. Examples of such methods include but are not limited to interviews, observations, records, reflexive journals and analysis of artefacts. In this study in-depth interviews were used and reports from the practice areas were reviewed.

3.5.1   Data collection process

Data collection. It was executed in three phases. The phases were derived from the work of De Vos (2000:312) and Patton (2002:213), namely preparatory phase, gaining access in the field and leaving the field.

- **Preparatory phase**

The preparatory phase involved the gathering of adequate information about the investigation, including the rigorous integration of the research method, preparing the interview guide and identifying the target population. For logistic preparation in this case, the researcher had to, among other things, determine when and how to gain

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access to the clinical areas as well as making the necessary arrangements to inform the target population.

The preparation of the researcher whereby she had to equip herself with requisite skills, competencies and knowledge beforehand in order to be an effective research instrument. Of importance in this instance was the technical, emotional and attitudinal preparation of the researcher.

- **Gaining access in the field**

The field in this context encompassed the clinical setting where students were employed as well as the units where students were allocated. Congruent with Heidegger's interpretive phenomenology, it was important that the participants are informed of the researcher's background and interest in the study prior to commencing the interviews. The association that the participants had with the researcher, as a lecturer, helped in gaining credibility and thereafter access. The use of pre-existing relations of trust removed barriers to entering the research setting (Lofland and Wilkblud, 2001:69). Further, the sharing of information about the researcher as the critical care nurse educator made it easy for both the researcher and the participants to engage in the interview and for hospital and unit managers to engage with the researcher as this could improve their clinical setting.

All students were notified about the study in a letter and e-mails that were posted to them. A date that suited the available students for interview was secured in advance. The ethical considerations of the study were observed, whereupon an informed consent form was provided for the students to sign. Participants were also informed that the interviews would be tape-recorded following their permission and the researcher would take notes during the interview. A tentative telephonic interview was agreed upon for those who were likely to be physically inaccessible.

The ethical approval to undertake the study was obtained from the Department of Health Studies Ethics and Research Committee, at the University of South Africa and from the selected facilities. The approval ensured that the research proposal had been fully scrutinized, adding credibility to the quality of the study.

Ethical issues were also explained and participants were assured that they could withdraw from the study or refuse to answer any question, which might seem to be of discomfort to them with no penalties. Where telephone interviews were conducted, a monitor as an advocate for the interviewee was engaged.

A quiet area was secured in the face-to-face interview. The tape recorder was checked for functionality prior to the interview. For the telephonic interviews, date and time was set to the convenience of the interviewee and the connectivity of the telephone lines tested well before the interview.

- **Leaving the field**

This stage actually marks the end of the inquiry. It involved the when and the how of terminating the study as well as addressing the related ethical and emotional questions (De Vos, 2000:262). The following criteria guided the appropriate conclusion of the fieldwork. Firstly the field could be left only when the researcher was satisfied that the data had maximally highlighted the experience and explained the key concepts, adequately addressed the objectives and satisfactorily answered the research question. This was with an understanding that the researcher can return for more information or clarity if this was required. Secondly, the field could be left when the actions under scrutiny become predictable, when there are no new developments, insights or knowledge forthcoming indicating data saturation (De Vos, 2000:262). In the case of the current study, having satisfied these criteria was the key guiding principle for termination of the fieldwork.

3.5.2 Data collection method

Burns and Grove (2001:738) complemented by Patton's (2002:342) approach, constituted the key guidelines followed to ensure a comprehensive coverage and acceptable depth of qualitative data collection. According to these authors, rich or thick detailed data, consisting mainly of in-depth verbal accounts, ideas and qualities are obligatory in qualitative research. Hence, the data collection method was in-depth interviews using interview guide supplemented by, telephone interviews and field notes, which were written from observations during the interviews.

3.5.2.1 Interviews

An interview is a constructive conversation between two people or groups with one person or group guiding this conversation. There are two types of interviews, that is a structured interviews, where an interview schedule with a written list of open and/or closed question is used or unstructured interviews where an interview guide that may have one or more leading question(s) is used. The question(s) open(s) a conversation and paves the way for probing questions.

As stated, a structured interview uses an interview schedule that is used by an interviewer in a person -to- person interaction (this may be face-to-face, telephonic or by electronic media). One of the advantages of the structured interview is that it provides uniform information that assures comparability of data. Holloway and Wheeler (1996:56) warn, however, that structured interviews direct the participants' responses and therefore may be inappropriate in qualitative approaches. These authors suggest that qualitative research should use structured interviews only to elicit demographic data (Holloway and Wheeler, 1996:56).

The belief in interpretive qualitative method as in this study is that interviews should not be analyzed for content only, but, should always include other aspects of discursive analysis in order to highlight the possible hidden meanings that are created during the process of data collection. Thus the interviewee should not be seen as someone who gives information but as someone who accounts for the information given.

An unstructured interview can be described as social interaction between equals in order to obtain relevant information (Bert 1998:29). As stated before an interview guide is usually used whereupon there are a few questions or points that are written down to get the conversation started and keep it focused and to ensure that data collected is relevant to the question. Equally Wood (2001:63) also suggest that only one initial question need to be asked based on the premise that the interview process will generate data with no further guidance to participants.

However, Holstein and Gubrium (1997:9) caution that in unstructured interviews, the interviewer has to control the process in order not to let the interviewee deviate from the topic and also to make sure that no leading questions are asked and there is no

contamination of information in any way. The principle is *guidance without interference or conversation from the interviewer*.

Denzil and Lincoln (1994:6) have suggested that the aim of unstructured interviews is to actively enter the world of people from the point of theory that is grounded in the behaviour, language, definitions, attitudes and feeling of those being studied. Questions are deliberately not formulated. Instead, questions develop spontaneously in the course of the interaction (Frey and Fontana, 1993:368). Unstructured interview starts with a general broad question of the study (Holloway and Wheeler, 1996:54). The intention of unstructured interviews is to yield an informal conversation, not a question and answer session. The strength of this informal conversational method resides in the opportunity it offers for flexibility, spontaneity and responsiveness to individual differences and situational changes (Patton, 2002:342). The advantage of unstructured interviewing is also closely related to the construction of reality from the world of the interviewee (Morse, and Field 1996:177).

Unstructured interviews have their own disadvantages. Morse (1989:172) is of the opinion that challenges such as the effective use of self to establish rapport with participants is compromised and coping with unanticipated responses to the interview may derail the process. Recording and managing the large volume of data is a challenge for interviewers.

Criticism of unstructured interviews is mostly to do with the fact that the interview itself is not seen as data generating process, but just as data eliciting mechanism (Johnson, 2005:190). This criticism means that the process of interviewing itself gives rise to a type of interaction that cannot be completely neutral.

The other criticism levelled against the unstructured interview and its inherent logic, is that the interview itself as a site for knowledge making and as such, a discursive event is ignored (Holstein and Gubruim, 1997:115). In this view the interaction, and the interplay between the participant and the interviewer is seen not as a reality in and of itself, but as a neutral and even clinical instrument (Alvesson and Skoeldberg, 2000:145). Thus, the way in which the interviewees construct their speech, how they say what they say and the sequence of what they say are all important discursive

qualities that can enlighten the researcher's quest for understanding and interpretation of phenomena (Alvesson and Skoeldberg, 2000:147).

The comparability of questions asked and responses obtained is another problem since the interview guide does not list the specific questions asked to participants. As the researcher gains experience during interviews, the questions asked to participants change. To minimize this problem, in this study the data collection process was pre-tested before final data collection and a final interview guide was then drafted.

Polit and Hungler (1995:273) advise that, even though unstructured interviews are conversational in nature, this should not be entered into casually. Thoughtful and purposeful preparations are required in advance. The researcher acknowledged that although she aimed at gaining the participants perspectives, she needed some control of the interview so that the purpose of the study can be achieved and the research question explored. Therefore, an interview guide was developed before in-depth interviews were conducted.

The interview guide consisted of three sections, which included the following:

Section 1 of this part comprised of the checklist designed to assess the logistics and equipment in advance to avoid problems related to the interview. It also provided introductory remarks to build rapport between the researcher and the participant including the objectives of the study so that the participant can also keep to the study requirement.

Section 2 comprised of the main research question.

How did you experience clinical accompaniment in critical care units?

Probing questions, as guided by the information elicited during the interview were also used. The probing questions were thus not prepared in advanced. Examples of the probing questions included:

Feeling question: *How do you feel about this/how does this make you feel/what does this mean to you?*

Experience questions: *What did you learn from the experience?*

Support question: *What support did you have /who was your support system what support do you think you needed?*

Section 3: Conclusion

The researcher summarised the main points and verified these with the participants as to whether what was recorded was the true reflection of the discussion.

Conclusive remarks on the interviews

The purpose of an interview therefore, regardless of type is to allow the researcher to enter into the persons' perspective of the phenomenon based on the fact that not everything can be observed. In reality interviews are a purposeful data generating activity, characterized and defined by particular philosophical position adopted by the researcher. Van Menen (1997:53) emphasizes that the world lived experiences can only be investigated if one orientate oneself in a strong way to the question of the meaning of that experience. The assumption is that interviews are able to make the perspective of others meaningful, knowable and explicit (Patton, 2002:240). Hence researchers in following Heidegger's line of thought accept that every interview response is influenced by, or reflects the premise which challenges interpretation of the interview data claiming to be representative of only the participants' subjective experiences.

The approach in this study was that of unstructured in-depth interviews which encouraged participants to reflect with the interviewer rather than to recall anecdotal experiences. In using 'in-depth interviews' the researcher did not acquaint herself with the existing literature fearing that this might influence her objectivity (De Vos, 2000:300). This allowed the interviewer and the interviewee to move back and forth between the topics in order to elaborate upon meanings and consider possible similarities between events whilst maintaining a firm focus upon the fundamental research question:

How did you experience clinical accompaniment in critical care nursing science in ODL?

3.5.2.2   *Other data collection instruments methods*

Another characteristic of qualitative research is triangulation of data collection methods. Some of which include the researcher as a data collection instrument and the telephone calls, field notes and observations as methods.

- **Researcher as a data collection instrument**

Another data collection instrument used in this study was the researcher herself. The use of the researcher as an instrument is primarily founded on the researcher as the observer, note taker interviewer as well as interpreter of data collected (Streubert and Carpenter, 2003:18).

The researcher as an instrument in qualitative research takes a transformative role during the research process. Reinharz (1998) as cited in Struebert- and Carpenter (2003:66) articulated five steps that occur in phenomenological transformation process. These steps were also applied in this study namely:

- People's experiences were transformed into language. During this step, the researcher through verbal inter-action created an opportunity for the lived experiences about clinical accompaniment in distance education to be shared.

- What was seen and heard was transformed into an understanding of the original experiences. In this study the researcher relied on individual data that the participants shared and respected the viewpoints of each participant, as lived experiences are never exactly the same.

- What was understood was transformed into conceptual categories that were the essence of the original experience.

- Those experiences were transformed into a written document. They were captured when the researcher had thought about the experiences and reflected on the participants' descriptions or actions. Therefore the researcher allowed the participants to view and confirm the transcripts to ensure that their experiences were correctly captured.

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- The written document was transformed into final statements of the phenomenon of interest. The resulting synthesis captured the meaning of the experiences, giving an exhaustive description and interpretation of the experiences of critical care nursing students in relation to clinical accompaniment in distance education (Reinharz (1998), in Strubert and Carpenter, 2003:66).

In line with the Heidegger's phenomenology, the researcher together with the participants, co-created data and made a unique significant contribution to the research endeavour. Further Kvale (2002:79) reiterates that co-creating the meaning with participants fosters the reciprocal positive feelings of curiosity, and respect on a cognitive and affective level for both the interviewer and the interviewee.

Co-participation enabled a deep understanding of the phenomenon under study to emerge and this had a richness potential to add to the data collection and analysis (Dilthey, 2001:67; Drew, 1999:7; Jenks, 1995:91; Streubert and Carpenter, 2003; and Lowes and Prowse, 2001:476). Given the involvement of the researcher in this study the researcher was careful that the questions are not worded in such a way that they elicited accounts merely to reflect the interviewer's value and benefit, even though Etter-Lewis (1999:98) pointed out that bias free research is humanly impossible. However it is reasonable to expect that interview based data is generated and interpreted from the world-view of the participants rather than that of the interviewer/researcher.

In addition to the above the interviewer worked with the participants to highlight meaningful points, focused on exploring detailed interpretation of the ways in which critical care nursing students made sense of the meaning attached to clinical accompaniment and was sensitized about the coping mechanisms students used in the clinical setting

- **Telephone interview**

Telephone call was another method used to source data from participants. The participant from Saudi Arabia could not be physically reached. Data was collected through a telephone interview. A mentor was present during the telephone interview to serve as an advocate for the interviewee. It was easy to secure interviews telephonically

as Polit and Beck (2004:235) state that telephone interview can be convenient where there is the infrastructure as it was the case in this study.

The research question together with the purpose and objectives of the study were sent to the participants vial e-mail. A consent form was also attached. The date and time for the interview were secured and the interview was conducted as scheduled. The interview was also tape- recorded.

- **Field notes**

Memorizing observations during data collection is sometimes not possible. It is also not wise to rely solely on one's memory to preserve data for analysis (De Vos, 2000:285). Field notes were taken to document the non-verbal communication, cues and the context during data collection in South Africa and in East Africa. Notes were also taken during telephonic interviews. These notes reminded the researcher of the detail that could not be captured on the recorder and added on the data collected. The researcher also made theoretical notes to interpret, infer and hypothesise in order to formulate an analytical scheme. Polit and Hungler (2003:369) describe theoretical notes as interpretive attempts to attach meaning. During the study the researcher also made methodological notes or reminders about how subsequent observation would be made. These notes included instruction or reminders that the researcher wrote for herself to ensure that similar observations across interviews were interpreted in like manner.

3.5.2.3   Interview process

Kvale (2002:115) suggest that a complete interview process in qualitative research should include the following:

- Thematization: The purpose of the interviews and the concepts to be explored are clarified.
- Designing: Refers to the layout of the process through which the interviewer will accomplish her/his purpose including a consideration of the ethical dimensions
- Interviewing: Which refers to the actual conducting of the interviews
- Transcribing: Consist of writing a text from the interview.

- Verifying: Entails checking for the reliability and validity of the data collected sometimes with participants and or/tape recordings.

- Analysis: The fact of determining the meaning of gathered data in relation to the purpose of the study and

- Reporting or telling others what has been learned.

The choice of using interviews as a method of data collection was motivated by the following advantages:

- Access to sample: It was easy for the researcher to access participants, as, where possible, interviews were conducted during a visit to clinical areas although this was not possible with participants abroad. The researcher travelled to the clinical areas of the participants in Africa in order to have the contextual background of the setting.

- Quality of responses: Because the interaction in each interview is unique, the quality of the responses obtained from different participants varied significantly.

- Quality of information: The quality of data depended on the quality of the interaction between the interviewer and the interviewee.

- In-depth interaction could be obtained through probing.

- During interviews the researcher could observe non-verbal reactions and this supplemented the interview context, as observations were included in the field notes.

The following disadvantages were also noted:

- Interviews are time consuming and expensive. The researcher had to travel to almost (80%) of the participants in order to have the contextual background of the setting and conduct face-to-face interviews. In the other 20%, telephone discussions had to be arranged and this was not cheap.

- Also, because the interaction in each interview is unique, the quality of the responses obtained from different participants varied significantly, thus providing a lot of information, which, in some instances was difficult to capture.

- The quality of data depends on the quality of the interaction between the interviewer and the interviewee. It was fortunate that the rapport between

interviewer and interviewee remained good all the time, otherwise this could be an issue.

- There may also be instances when the research interviews can be inflexible, based on a structured interview guide such as when the investigator is to keep strictly to the questions decided beforehand. Similarly, interviews can also be flexible or unstructured such that interviewees are asked different questions making it difficult to collate such information.

- **Conducting interviews**

During the in depth interviews the hermeneutical principles for interviewing as discussed by Conroy (2003:10) were observed. Box 3.1 reflects the summary on a typical hermeneutical qualitative interview.

BOX 3.1   Summary of a typical hermeneutic interview (Conroy, 2003:10) adapted from Conroy (2003:10) pathway for interpretative phenomenology
During the interview the researcher –   - sought to understand the participants' world of significance through emersion in their world.   - made explicit the shared world of understanding between the researcher and the researched.   - maintained a constantly questioning attitude in the search for deeper understanding.   - encouraged self-reflective practice by the participants through allowing them to offer a narrative account for the researchers' understanding and interpretation.   - viewed every account as an interpretation based on a person's background.   - Viewed any topic narrated by the participant as significant.   - looked beyond the participant's actions, events and behaviour during the interview to the larger background context and its relationship to the individual.

The researcher conducted the interviews at the participants' working areas with the exception of two international participants, as one international participant was on leave

from England and the data was collected from her home, while the other (in Saudi Arabia) was a telephonic interview

> Note: The student from England was in South Africa on holiday during the data collection phase and was kind enough to agree to an interview and a telephonic follow up on the interview as she had returned to the UK.

In East Africa and South Africa, clinical settings were visited to conduct face to face in depth interview. The duration for each interview ranged from 45-80 minutes. The researcher as the interviewer worked with the participants to highlight meaningful points, focused on exploring detailed interpretation of the way in which critical care nursing students made sense of the meaning attached to clinical accompaniment and was sensitized about the coping mechanisms students pursued in the clinical setting

Rapport with the interviewees was created by firstly getting acquainted with each other. Introductions were made especially that it was for the first time that the researcher met with some of the interviewees. For example those from East Africa, a social conversation were used as a brief mediating activity to establish rapport and a relaxed non- threatening atmosphere. The issue of ethical principles was reiterated namely confidentiality, anonymity and the right to withdraw from the study with no penalties. Informed consent was obtained from each participant before the interview could commence. A request was sought and obtained to record the interview. Participants were requested to explore their experiences, elaborate on these including the events, feelings and meaning together with memories that were attached to those experiences. This allowed the interview to develop spontaneously. The interview was intended to yield a conversation not a question and answer session.

In order to collect reliable information, the researcher continuously evaluated the responses of the participant and stimulated the participants to elaborate on their responses through probing in a friendly, reassuring and non-threatening manner (De Vos, 2000:311). The researcher consciously avoided leading and provocative questions.

Participants were monitored for signs of exhaustion, lack of interest or emotional dispositions. Where there was emotional outburst, the interview was interrupted with a

moment of silence and water and face tissue offered. The interview continued after the interviewee had regained composure. No sensitive questions were asked but the participants were allowed to verbalize their frustrations.

Follow up interviews on tape recordings

Follow up interview were conducted with three participants after the researcher had transcribed the interviews verbatim. Participants responded to the follow up interviews and areas that needed some clarification were indicated. The other reason to undertake the follow-up interviews was to more fully explore some of the initial preliminary data analysis.

3.5.2.4   *Reflection*

Reflection and introspection were vital during the interviews and the whole process of the study. The researcher kept a reflective journal to explicate her perceptions throughout the research process. She needed to know that her preconceptions were acknowledged and transparent

Before and after each interview, the researcher's thoughts about the questions were recorded. Keeping a reflective account of all stages of the research, including the interviews, helped to bring these preconceptions into view.

The researcher reflected on her feelings and impressions that became part of the data. This enabled her to understand the setting and the context on which the data collected was based. During data collection, the researcher as an interviewer and observer took in information and formed impressions that go beyond what can be fully recorded even in the most detailed field notes. On-going logs were kept. According to Ranzack (1999:68), ongoing logs help to track the researcher's understandings, misunderstandings and decisions. The logs in this study provided an account of the research process, interview cancellations from the participants and one's own perceptions. These logs were used in the interrogation of the researcher's interpretations of the data collected. These interrogations provoked insights into one's role as a researcher and the influence of the researcher on the process. Decision-trail,

insights and inspiration log supplemented the research process and contributed to the ongoing interpretation.

Sharing reflections with participants was essential. The researcher aimed at drawing upon critical care nursing students' ability to think, reflect and   articulate their experiences about themselves and their lived world. This was achieved by actively listening to the participants' narratives about clinical accompaniment at the time when they were doing the critical care modules. Reflective silence, repetition of statements and refocusing on responses was also used. Probing questions guided by the information elicited during the interview were employed.

To further fathom the experience of participants, the following questions as suggested by Becker (1994:41), were kept in mind during the interview:

- Has the phenomenon been explored adequately?
- Has enough details and meaning been gathered?
- Can the essential features of the meaning attached to the experience be summarised?
- Are there any other experiences about the phenomenon that have not yet been mentioned in this interview?

Deliberating on these questions in accordance with Benner (1994) as cited in Conroy (2003:21), the researcher immersed herself in the narratives. This necessitated keeping a running account of what has been said and what is being said. Emersion in the interview enabled the researcher to assist the participant to focus on the topic or to link previously expressed thoughts as demanded by effective concurrent interpretation. The process of reflection and data analysis required the use of reasoning strategies.

3.5.2.5   *Reasoning strategies*

The researcher used reasoning strategies in the transformation of data analysis. Reasoning is the processing and organising of ideas in order to reach meaningful conclusions (Burns and Grove, 2001:8). In science knowledge is either generated from deductive or inductive reasoning (Wilson, 1989:23).   Chinn and Kramer (1999:78) identify inductive and deductive reasoning as products of logic reasoning. The process

of theory development requires the use of reasoning strategies including analysis synthesis, deduction and induction (Chinn and Kramer, (1999:62). The use of reasoning strategies enables the formulation of logic argument to assist with the exploration and description of the phenomenon under study (Polit and Hungler, 2003:155). The transformation process used during data analysis in qualitative study is based on inductive reasoning (Burns and Grove, 2001:674). The logic is revealed in the systematic move from the concrete description in a particular study to the abstract level of science.

In this study, the phenomenon was clinical accompaniment in open distance learning and the reasoning strategy would serve to generate guidelines for the facilitation of accompaniment in critical care nurse training in open distance learning.

- **Inductive reasoning**

Inductive reasoning moves from the specific to the general (Chinn and Kramer, 1999:214). Qualitative research methodology is of essence inductive in nature (Patton, 2002:54). It starts with specific observations of the phenomenon and builds towards general patterns. The strategy of inductive reasoning allows the important analysis dimension to emerge in the patterns found under study without presupposing the important dimensions (Henning *et al.,* 2004:27). In this study during data analysis specific statements were combined to form a whole, which gave the meaning of the experiences of critical care nursing students on clinical accompaniment in ODL. This is supported by De Vos (2000:336), who purports that the researcher should attempt to identify concept relationships or patterns through close scrutiny of the data generated.

In line with testimonies of inductive reasoning, the researcher identified her pre-conceived ideas about the phenomenon studied and reflected on her past and current experiences so as to keep the meaning of those personal experiences separate from those revealed by critical care nursing students who participated. This was done intuitively. In addition inductive reasoning was used when conclusions on the meaning of the experiences of critical care nursing students in ODL was drawn from the themes and categories that emerged.

- **Deductive reasoning**

Chinn and Kramer (1999:79) define deductive logic as reasoning from the general to the specific. In this way predictions are made from principles. Researchers who subscribe to deductive reasoning (positivist) view science as the way to get at the truth and to understand the world enough so that it can be controlled by a process of prediction (Henning *et al.,* 2004:17). The positivist argues that the world operates by laws of cause and effect that can be detected by scientific methods (Burns and Grove, 2001:8).

The use of deductive reasoning enabled the researcher to make predictions about the clinical accompaniment of students in general. The logic process of intuition, analysis, synthesis and description was applied when guidelines were developed based on the emergent constructs, which formed the core meaning of the participants, which were greater than the individual conclusions. Recommendations were also drawn from in-depth analysis of literature and deductions that combined ideas from observations and intuitive insights of the researcher.

Intuition is the 'gut feeling'; it is on an explanation of a phenomenon that has no scientific support. Intuitive interpretations were in this study, based on the researcher's experiences as a critical care nurse and lecturer

Analysis is the process of reviewing information that has been collected in a study, and identifying areas of commonalities and differences, in order to group this data into usable categories (Streubert and Carpenter, 2003:60). By the process of analysis, the constant variables of factors that are relevant to the understanding of a phenomenon are isolated (Mouton and Marais, 1999:102, Walker and Avant, 2005:24), De Vos 2000:336).

Synthesis is defined as a process or result of building up separate elements of ideas into connected wholes (De Vos 2000:337). By means of synthesis the relationships between variables that are relevant to the understanding of the phenomenon are reconstructed to provide insight into the factors being studied (De Vos, 2000:337). Synthesis was used in data analysis to identify relationship between concepts and categories. The findings of this study were examined based on the literature search and motivation of the study.

Description is the process whereby the researcher gives detailed descriptions of the characteristics and identifies relationships between categories. The purpose of describing aspects is to communicate and bring written and verbal reports of critical elements of the phenomenon together

The researcher attempted to give a full description of the setting. Through a detailed description and rich quotations, the researcher attempted to show readers the world of reality of critical care nursing students' experiences about clinical accompaniment in ODL.

3.5.2.6 Pre-testing of the interview guide

The researcher pre-tested the instrument to be used for data collection on three participants who did not form part of the final sample. Pre testing of the interview is designed to create a climate, which provides for the refinement of the final data collection instrument. The participants signed an informed consent form (see Annexure 4). An in-depth interview lasted one and half hour to two hours and was tape-recorded. The researcher transcribed the tape recordings verbatim. Field notes and memos were completed during the interview.

The exercise served to elicit whether the questions asked were comprehensible or not. It also indicated areas where probing could be necessary and the length and time to be taken for each interview. The exercise also increased the depth and quality of the researcher's interviewing skills, including note taking, tape recording and transcribing. Consultation with an expert concluded that the order in which questions were asked was vital. Appropriate and necessary changes were made to the interview guide.

3.6   ETHICAL CONSDERATIONS

The science of ethics is concerned with the conduct of research (Mouton, 2002:238). Scientific research is part of human conduct. It is therefore imperative that the researcher in the endeavor to search for the truth should not do so at the expense of the participants. Before commencing with fieldwork it was necessary to seek and gain ethical approval from the relevant authorities, as it was essential that the study be conducted without harm to participants (principle of beneficence).

Naturalistic researchers by implication of their own paradigm, values, complexity, and depth need to remain true to the principles of developing true partnership with the participants. In considering ethical issues the researcher took into cognisance the framework of certain theorists as well as related principles. The general theories include the *utilitarian pragmatic* approach, which focuses on the usefulness and benefits of the research action to the stakeholders and the ontological view, which bases the inherent goodness of actions on the extent to which they are not exploitative and harmful to participants (Imenda *et al.,* 2002:12). The conventional view emphasises the importance of observing the terms of the agreements by all the parties involved. Furthermore the *relational* view highlights the importance of equality and an attitude of partnership in the relationship between the researcher and participants. Lastly there is the *ecological* view that has to do with considerations, such as culture and environment that one has to make in order to prevent any insult, harm or injury to conserve the integrity of the setting.

The above theories and principles served as parameters for the following precautionary measures that address important ethical-legal issues as described by Guba and Lincoln (1999:43) in Patton (2002:322). The ethics related to the participants, institutional and scientific integrity were observed.

3.6.1 Human rights of the participants

The constitution of the Republic of South Africa (Act no 108 of 2005) contains the description of basic human rights that aim at protecting its citizens. Nurse researchers have an ethical responsibility to the nursing discipline (Jackson, 2003:347).

3.6.2 Securing informed consent

Informed consent in qualitative research is an ongoing process to inform participants. Holloway and Wheeler (1996:224) posit that informed consent is problematic in qualitative research, as participants cannot be fully informed at the beginning of the study because the research context is in constant flux. The researcher could not tell the participants exactly what data would be dealt with even if she wanted to do so. This is due to the fact that qualitative researchers focus on the participants' meanings and

interpretations. Further the researchers develop ideas that were grounded in data, rather than testing previously constructed hypothesis.

Although the researcher could not disclose the exact details of the data to be elicited, informed consent requires the researcher to disclose information about the study to the participants (De Vos, 2000:26). The purpose, objectives of the study, the procedures to be followed, the credibility of the researcher and how results will be published and their likely impact on participants were explained (see Annexure 4). This information was given so that the participants could fully comprehend the investigation and consequently be able to make a voluntary and thoroughly reasoned decision about their possible participation. It was explained that participation was purely voluntary and participants had a right to withdraw without any penalties at any time even after signing the consent. Participants were not coerced into participation.

3.6.3 Privacy/confidentiality and anonymity

Ethical issues around data collection, analysis and reporting were attended to right from the beginning of the study. Privacy and confidentiality can be viewed as synonymous. Sieber, and Mackintosh (2001:145) define privacy as that which is normally not intended for others to observe or analyze. Privacy relates to the elements of personal privacy while confidentiality is about the handling of information in a confidential and discreet manner (Dunne, 2004:510). Anonymity implies that participants should not be identified in person or otherwise. Information that is given anonymously naturally ensures the privacy of the subject. During the present study, privacy, confidentiality and anonymity were ensured by ensuring that the information obtained from the participants would remain between participants, researcher and the supervisors. No any other person not involve in the study would gain access to the information without the permission of the participants. In this study anonymity was not complete because participants were known to the researcher but the information they provided was confidential and the participants were not identified in any manner in this regard. They were assured that even in the publication of the study no names will be mentioned. Tapes and notes bore no identification of participants and were to be destroyed after an agreed upon period.

3.6.4 Participant researcher relationship (power differential)

Although the researcher endorsed subjectivity as an essential character of Heideggerian phenomenology, the researcher also has a clinical role with her study participants. The researcher needed to consider in some depth issues related to subjectivity and interview bias. There were some concerns in relation to the relationship between the researcher and the participants.

According to Peterson (1994 303), cited in Van der Wal (1995:279), 'power differential' refers to the perception of either the researcher or the participants having more or less status or authority than the other. Participants who perceive themselves as subordinates or lesser in power to the researcher may wish to please the researcher or to gain the researchers approval. This may naturally alter their responses and behaviour accordingly. The other important issue regarding the power differential is the participant's perception of the researcher as an insider or an outsider. However, both these positions have advantage and disadvantage (Campbell, 2006:6).

Power differential might affect this study in two ways. Firstly the topic might be seen as provocative. The role of the researcher could be seen as a guise to make judgement about the quality of clinical accompaniment in ODL and the clinical settings. Secondly participants might feel pressurized into taking part because the researcher knows them and is in a position of potential power as a lecturer.

In fact, given the potential for researcher bias, such studies are open to more careful scrutiny, so that issues related to validity needed to be addressed explicitly and comprehensively in order to demonstrate and consequently augment trustworthiness.

The researcher took cognisance of such pitfalls. She made it clear to the participants that as consumers of the service they are in a better position to share experiences on the phenomenon under study. The researcher also believed that the participants were adult enough to give their honest opinions without being influenced by the researcher. In addition the researcher was convinced that her interest in the accompaniment of these students reflected a direct concern about their welfare. Her role as the lecturer in ODL was perceived as insider who understood the language and nuances of ODL (Lowes and Prowse, 2001:146) and of accompaniment in critical care units. This was an

advantage as the participants quickly became comfortable with the interview. The interview was more conversational and not interrogative.

3.6.5 Rights of the institution

In research it is imperative that institutions be treated as a person by the researchers. As a result the proposal was submitted to the Department of Health Studies Research and Ethics committee for approval. Ethical clearance was granted for the researcher to continue with the study (see Annexure 1). Permission to use UNISA as the learning institution was sought from the Directorate of research and post-graduate studies (see Annexure 2).

3.6.6 Scientific honesty

Scientific honesty refers to publication of true findings, and avoidance of plagiarism. In qualitative research this involves honesty in data collection, analysis and interpretation, giving the emic view of the phenomenon. An attempt was made to portray the views of the participants not those of the researcher. Data collection continued until the point of saturation. The researcher maintained a high integrity by acknowledging the sources that were used.

In addition the researcher was compelled to be truthful in the entire research process starting from planning, implementation and report writing. Furthermore, final data interpretation was given to a panel of experts in qualitative research to verify, thus having a consensus on the final report. On reflection the researcher is confident that she complied with the general principles of ethical considerations. However, all the details mentioned would have been insignificant had the researcher not complied with the principles and criteria for establishing rigor and trustworthiness.

3.7 RIGOUR AND TRUSTWORTHINESS IN THE STUDY

Any worthwhile qualitative research must be able to withstand rigorous scrutiny in the scientific world (Conroy, 2003:33). In this study this was achieved by observing the principles of trustworthiness as outlined by Lincoln and Guba (1985), namely:

- Credibility
- Dependability
- Transferability/Applicability
- Conformability

3.7.1 Credibility

Credibility refers to confidence in the truth or information as expressed by people within their environmental contexts (Leininger and McFarland, 2002:88). According to Koch (1999:977), credibility is further enhanced when researchers describe and interpret experiences, which is an indication of their involvement. As a result, credibility depicts the truthfulness of the experiences as lived by the participants.

The researcher increased the credibility of the study by explicating her beliefs and knowledge about the research. The researcher's personal interest and her pre understandings were not denied, but were made explicit at the beginning of data collection by keeping a personal log to describe her existing knowledge of the phenomenon of clinical accompaniment. In this regard the researcher is a nurse educator with postgraduate preparation in critical care nursing and research. She has extensive experience in the teaching of critical care clinical course and its clinical accompaniment. The researcher continually explored her position and role, and how it influenced the participants' responses thus she was in a better position to approach the topic honestly and openly. By so doing the researcher employed the term 'reflexivity' more than bracketing and continuously engaged in self criticism and self appraisal throughout the research process (Mitchmann, 2004:34). Member checking was ensured by engaging more than one coder and other academics in the department of Health Studies who were familiar with the phenomenon under study. The researcher also provided preliminary findings to participants for critical commentary, thus aligning herself with Donalek (2004:516), who states that research is not truly phenomenological unless the researcher's beliefs are interrogated and incorporated in data analysis.

Explication of personal beliefs made the researcher more aware of the potential judgments that may occur during data collection and analysis based on the researcher's belief system rather than on the actual data as presented by participants. Triangulation as suggested by Holloway and Wheeler (1996:164), was also used in the methods of

data collection whereupon, face-to-face interviews and telephone interviews were conducted and field notes written on the observations made in the setting and on the participants. According to Streubert and Carpenter (2003:20), credibility is maintained by being knowledgeable in research and the field of study. This the researcher achieved it by prolonged engagement with the data in the in-depth interview and member checks as well as her knowledge of the phenomenon gained in her capacity as a critical care nurse and educator as stated earlier.

- **Immersion into the data**

Immersion in the data is a product of extended exposure to the data. In this study the researcher had prolonged engagement with participants through conducting in-depth interviews, transcribing these, reading and rereading these before analysis, such that she knew everything about the data to be able the develop themes and categories. Furthermore, discussions were taken back to the participants for verification and confirmation of interpretation.

This prolonged relationship and openness built confidence in the participants that only their true experiences would be reported upon.

- **Member checking**

For credibility and validity Hammersley and Atkinson (1995:79), recommend the involvement of both insiders and outsiders. These consist of both participants, scientific community including the researcher and her promoters'. These provide quality check on processes as well as data collected. In order to carry out the member checking, copies of the transcripts were sent to all the participants asking them to comment on their accuracy, correct them as required and provide supplementary explanations if they thought it necessary to do so. Data analysis and interpretation were clearly documented throughout the original work and these along with the transcripts remained available for the audit. The promoter and the joint promoter also checked the findings to ensure that these are reported accurately and correctly.

- **Independent coders**

The involvement of outsiders not involved in the study added weight to the credibility of the study. Two independent coders analyzed the transcripts of the raw data. These were advanced clinical nurse practitioners and educators in medical surgical nursing who had experience in qualitative research. The independent coders were asked to do the open coding of the raw data as they were not given any prearranged themes and categories to use. A protocol with guidelines for data analysis was given to the coders (see Annexure 5).

The two co-coders independently analyzed the data. A meeting was set for reporting back. Similar themes with little difference from one were identified. Once the data analysis process was discussed and the consensus was reached, the main themes, categories and sub categories were agreed upon.

- **Triangulation**

Triangulation promotes the validity of data findings by allowing the researcher to explore the phenomenon more fully from a variety of angles while using a variety of methods to encourage comprehensive understanding and explanation (Jenks, 1995:71; Maggs, 1997:321). In this study triangulation took place at data collection (data triangulation). The data was collected through face-to-face interviews and telephone interviews. Combining a data collection approach, which gives voice (interviews) to the participant and the one that allows them to tell their story without interruptions (narrative) and probing (interviews) seemed to have some resonance with the realities of this study.

3.7.2 Dependability

'Dependability' in qualitative research refers to 'data stability over time and over condition' (Polit and Hungler, 2003:313). According to Crowford, Ceybourne and Arnott (2000:11), and (Guba and Lincoln, 1985:242) cited in Holloway and Wheeler, 1996:160) dependability is parallel to reliability as conducted in qualitative studies. In dependability an enquiry must provide its audience with the evidence that, if it were replicated with the same or similar participants in the same or similar context, the findings would be repeated. However, the authors also acknowledge that reliability in qualitative research

is different to achieve as participants change over time. The researcher in this study treated such changes and shifts as hallmarks of maturing research. Silverman (2000:187) points out that one of the ways in which a research study may show dependability as opposed to consistency, is in the documentation of the process followed, known as audit trail.

An audit trail was established to enable other researchers to scrutinize the research method and the researcher's interpretations. When reading the audit trail, other researchers should be able to arrive at comparable conclusions. The research, including data analysis, was conducted under the supervision of experienced researchers who are also advanced practitioners in nursing and in clinical accompaniment with experience in ODL. Raw data, notes, reports with coded data and interpretations provided were for dependability.

3.7.3 Conformability

Conformability refers to "the objectivity or neutrality of the data, such that two or more independent people would reach an agreement about the data (Polit and Hungler, 2003:315). Similarly Guba and Lincoln (1999:318) points out that conformability means that data are linked to their sources for the reader to establish that the conclusions and interpretations are directly from them. Leininger and McFarland (2002:88), add that documented verbatim statements and direct observational evidence from participants, situations and other people who firmly and knowingly confirm or substantiate the data or findings implies conformability.

Conformability was enhanced through a process of leaving an audit trail that entails a full and accurate description of the data collection, analysis methods and procedures and by ensuring that there is coherence between these aspects (Polit and Hungler, 2003:315). The researcher also sought confirmation from the participants that her interpretations were a true reflection of their experiences of clinical accompaniment. This was done through sharing the reflections with the participants and asking them to validate the transcripts. Neutrality was aided by blind reading of interview texts by co-coders who had no connection to the academic environment where the study occurred.

3.7.4 Transferability

Transferability refers to the extent to which findings from data can be applied/transferred to other settings or groups and is thus similar to the concept of the 'generalizability' of findings (De Vos 2000:331). According to Leininger and McFarland (2002:88), 'transferability' refers to whether the research process is clear enough for it to be replicated in other similar settings. In this study the researcher provided thick descriptions of the research process and where the findings could not be generalized the study could be replicated in similar situations.

3.8   DATA ANALYSIS PROCESS ADHERED TO IN THIS STUDY

The purpose of data analysis in research is to organise order on a large body of information so that general conclusions can be reached and communicated in the research report (Polit and Hungler, 2003:500). As indicated before, data analysis in qualitative research is ongoing, emergent and interactive. It is a non-linear process that involves continual reflection about the data.

A detail discussion of data analysis is presented in chapter 4.

3.9   CONCLUSION

Chapter 3 provided a detailed discussion of the research design, methodology and the reasoning strategies used. This study adopted the basic elements of Heidegger's hermeneutic interpretative approach influenced by activities described by Kvale (2002:48). This discussion is continued in chapter 4 where the researcher explicates data analysis and the interpretive process used.

CHAPTER 4

The data analysis and interpretation process adhered to in this study

4.1 INTRODUCTION

In the previous chapter, the research methodology used in this study was discussed. This chapter sets out the data analysis and data interpretation process. Crist and Tanner (2003:202) emphasise the importance of the different steps of data analysis and the interpretive process. They argue that even though hermeneutic phenomenological methods are being used in nursing research studies, reports and findings are generally not specific regarding the analysis or interpretation thereof. Those authors believe that outlining the process of data analysis and interpretation help prevent a haphazard data analysis process. Giorgi (2000:11) terms this process "the laying of cards on the table for inspection so that the reader can check and trace the steps followed".

The data for analysis was obtained through in-depth interviews. The challenge was in making sense of the massive amount of data and transforming that into findings. This involved reducing the volume of raw information, sifting trivial from significant, identifying significant patterns and constructing a framework for communicating what the data revealed. Transcribed interviews for analysis resulted from the research question:

> *How did you experience clinical accompaniment in critical-care units in open distance learning?*

Eight verbatim transcripts from the tape-recorded interviews became the raw data for analysis. This was done in plain text format (see Annexure 6).

In line with idiographic research strategies, which concentrate on the context of understanding events and meanings, every interview text was documented sequentially, as were follow-up interviews. This resulted in a series of documents for one participant. For example, participant A's transcription of the first interview was FILE A.1wpd and the initial analysis of this transcript resulted in FILE A.2wpd. The follow-up transcript, if any,

resulted in FILE A 3wpd, and the analysis thereof was File A.4wpd. These were all sequentially numbered and filed for the purpose of auditing and providing an audit trail.

In hermeneutic phenomenological research, the analysis of data for interpretive purposes is both similar to and different from content analysis. The process is similar in that the data looks for pertinent themes via coding and categorisation. It is different because the premise on which interpretive research is based is that there are multiple meanings and that the clue to those meanings needs to be found in the interpretation (Henning *et al.*, 2004:117). During the analysis, the researcher kept the following in mind:

- Firstly, participants were actively engaged in the text and did not only talk as speakers, but also as professionals, thus co-constructing the reality.
- Secondly, while trying to find clues about the meaning in the participants' phrases of their experience and how they understood their reality, the researcher was also on the lookout for some symbolic use of statements in the experience that substantiated the experience and understanding. Thus, when planning the data analysis of transcripts, as well as field notes, the researcher was also searching for signs and actions that indicated the way in which the participants were trying to make sense of their reality (examples in the utterances).

In this instance, a constant questioning attitude was necessary when analysing the data, because there were always vague areas that may confuse the researcher. Dwelling with special persistence on these areas and interrogating their context created a sense of understanding. Questions said and unsaid searched for meaning in the participants' narrations. Some of those questions are depicted in Box 4.1 below.

BOX 4.1 Said and unsaid commentary questions

What is it that is being said by the participant?

What is the line of thought within the segment and across the words uttered by this participant?

What is it that the participant wants to express and is not expressing?

Am I listening or responding within the participants' world or from a world outside his or her own world or from my own world;

How synchronised am I with what the participant is saying?

What is the historical nature of the experience to the participant?

What is the body language telling me?

What is the common thread; therefore, themes that run through this text, as presented?

(Adopted from Conroy, 2003:23*)*

This line of inquiry was developed after the three (3) interviews for pre-testing were conducted. They also assisted in the probing that was done (Benner, 1994:134).

4.2   DATA ANALYSIS AND INTERPRETATION PROCESS

In order to provide congruence between the study's philosophical underpinning and the research methodological process through which study findings were interpreted, the researcher was obliged to use or develop an approach for textual analysis. As a result, the basic elements of Heidegger's hermeneutic interpretive approach, influenced by activities described by Kvale (2002:48), guided the data analysis and interpretation process in this study.

Heidegger's philosophy of interpreting research interviews was chosen because it supports the pursuit of hermeneutic phenomenology, which underpins the science of interpreting human meaning and experiences (Crist and Tanner, 2003:202). However, other approaches were incorporated, where additional clarification or alternative methods were thought to be desirable. In particular, elements of the process of analysis

described by Benner (1994:96) and Van Menen (1997:34) were found to enhance the overall research process. In the following discussion, the hermeneutic data interpretation process, as influenced by Heidegger's philosophy, is discussed.

4.2.1 Heideggers' hermeneutic data analysis and interpretation process

Heidegger (1962:61), as cited in Crist and Tanner (2003:203), introduces interpretation as both a concept and a method of phenomenology that aimed at understanding the meaning of 'being'. This understanding in hermeneutics is designated as an interpretive process (Mackey, 2003:181). Heidegger's hermeneutic data interpretation seeks to unveil meanings, which arise either implicitly or explicitly within the text that relates to the lived experience. In particular, there is an attempt to reveal those shared practices and common meanings embedded in the lived experience.

The belief in Heidegger's interpretive theory is that knowledge about the phenomenon is constructed not only in an observable phenomenon but also by the interpretation of people's intentions, beliefs, values, reasons and self-understanding (Streubert and Carpenter, 2003:64). The phenomenon and events are understood through mental processes of interpretation, which are influenced by and interact with the social context (Kvale, 2002:34), the fundamental concern being to provide an interpretation of the social phenomenon. This ties into the focus of this study, since its purpose was to interpret the meaning of the lived experience of critical-care nursing students with regard to clinical accompaniment in ODL and, as such, to gain a deep level of understanding of their experience.

The theoretical assumptions of Heidegger's interpretive theory, which were also applied during the present study, are the following:

- Individuals are not passive vehicles in social life but they actively interact with their environment (being-in-the-world).
- The meaning of the text is negotiated among a community of interpreters to the extent that some agreement is reached about the meaning at a particular time and place. The text must then be situated within some context.
- Any event or action is explainable in terms of multifaceted realities and processes (mutual interdependence).

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- The view that the world is made of multiple realities that are best studied as a whole recognises the significance of the context in which experience occur.

- One can only interpret the meaning of something from some perspective, a certain standpoint or praxis of context (pre-understanding).

4.2.2 Data analysis method using Kvale's hermeneutic steps of interpretation

Although not required for analysis in hermeneutic phenomenology, the researcher involved the use of two independent coders for data analysis and categorisation. Colleagues who were specialists in the area of critical-care nursing and qualitative research were also involved. By using several interpreters for the same interview, a deeper meaning of and insight into the interviews were reached through debate and brainstorming.

In addition, the involvement of other members of the Department of Health Studies and the coder as outsiders is important because hermeneutic interpretive researchers are not required to bracket their own pre-conceptions or theories (Johnson, 2000:683; Lowes and Sprouse, 2001:471). Therefore, involving the members ensured control over data interpretation, acknowledging, as much as possible, any assumption that could influence both the researcher's conduct of interviews and observations and the whole team's interpretation.

The elements of Heidegger's hermeneutic interpretive approach, described by Kvale (2002:48), were used for data analysis and interpretation. Kvale's (2002:48) frame relies on constant movement between textual description and the data building of themes and categories (Stayt, 2006:625). The researcher and the independent coder initially read transcripts of interviews, independently and separately, before scrutinising the data in the steps described below.

- **Back and forth process between the parts and the whole**

This involves the hermeneutic circle, whereby the entire description of the experience is read to get an intuitive understanding of the text as a whole. Its different parts are interpreted, and out of these interpretations, the parts are again related to the totality. In

this study, the researcher read the transcripts and listened to recorded data several times so that she could gain an understanding of the text.

Furthermore, in an attempt to interpret the data, the researcher divided the whole text into meaning units, which were parts of the sentences or even paragraphs, expressed by the participants. When dividing the meaning units, there were parts that did not relate to the research questions. Those parts in the texts were taken into consideration during the analysis but did not contribute to the formulation of the themes. The meaning units were read through and reflected on against the background of the naïve understanding to get the gestalt (Kvale, 2002:48). The naïve understanding of the text is regarded as a first conjecture and has to be validated or invalidated by subsequent readings until one gets the gestalt.

- **Gestalt**

Gestalt refers to the whole. In the process of reading, the researcher interacted with the data by highlighting certain sections of the transcripts, transcribing text, asking questions about it, proposing ideas about its meaning, considering what really stands out from the description and pondering on what might be absent. She read through the parts and assembled them to form the whole to have global meanings. Correspondingly, the interpretation of an interview stopped when the meaning of the different parts made a sensible pattern and entered into a coherent unity.

- **Testing**

This step entailed a comparison between the interpretations of the single statements and the global meaning of the interview, possibly with other information about the interviewee. Once the researcher got the gestalt of the transcript, the multidimensional structure of the experience was approached in terms of thematic meaning units. These were checked with participants.

- **The principle of pre-suppositions on interpreting the text**

This principle refers to the pre-understanding the researcher brought into the study, because she could not exclude her own understanding of the phenomenon even if she

so wished. Such a conscious presupposition was necessary when using an interview as a research method, because the interviewer and the interpreter will unavoidably co-determine the results.

- **Creativity**

The researcher in data interpretation went beyond the immediate given, by bringing forth new differentiations and interrelations in the text, extending its meaning. An example is provided in the following precept, as stated by a participant:

> *"Sometimes at night I have a thought of something and wish I could wake up and go to my lecturer for answers and guidance or advice in the morning but it is not possible".*

On a follow-up question, the participant was made aware that the lecturer is only a telephone or e-mail away from her. The participant's response was:

> *"Sometimes you cannot put down what you feel adequately on an email rather than when I could be telling you personally. Besides, Ma'm, technology has its problem and telephoning you is too expensive. So you just leave it."*

When reading this transcript/narrative of naïve interpretation, the impact of physical distance was apparent. However, on further interrogating the meaning unit through creativity, the meaning unit above presented a problem for the lecturer, since the student is not comfortable with writing, neither with telephonic communication, for it is expensive. The interpretation of this means the student needs physical contact with the lecturer, which is not possible in ODL.

The process of creativity enabled the researcher to view the meaning from different perspectives. As such, her understanding of the text was enriched. Correspondingly, the immediate experienced meanings in the interview situations were expanded and refined.

- **Knowledge about the themes of the text**

The meanings of each unit were read through for similarities and differences. These were condensed into meaning units, which were assembled to form themes, for example:

"*I know I have the skills but I find it difficult to be evaluated*".

The researcher, then, in her interpretation as the educator, attributed meanings to the sentence as 'begging for supervision' while the interpretation served for categories and sub categories (Category 3.1), evaluation (Subcategory 3.1.2), a relationship factor (Theme 3).

These themes formed a thread of meaning that penetrated the text in part or as a whole (Anders and Norberg, 2004:149). These themes are seen as conveying meaning of the lived-experience formulations, which, in phenomenological terms, portray experiential structures rather than conceptual formulations (Van Mennen, 1994:175). The interviewer was sensitive to the nuances of meanings expressed and the different contexts into which the meanings might enter.

- **Autonomy of text**

According to Diekelmann and Diekelmann (1999:245), the text should be understood on the basis of its own frame of reference by explicating what the text states about the theme. The researcher explored the content of the statements made and tried to understand what participants expressed about their world.

"*My son was not talking to me and critical care was not talking to me*".

The above statement indicated the world of silence for the participant. Silence at home and silence from the lecturer. Hence, the researcher continued to interrogate the data to allow the text its autonomy.

As meaning emerged, so did data patterns emerge. The examination of each transcript revealed composite sub-themes. Composite sub-themes that were found to be present

in two or more transcripts were combined to form recurrent themes. These recurrent themes broadly reflected common meanings. During this step, the central themes or meanings that were unfolding for specific participants or the way participants were orientated were identified. Recurrent themes, were then combined to form four main themes, which were considered to be crucial and specific to the clinical accompaniment of the critical-care nursing students in ODL.

4.3 RELATING THE DATA ANALYSIS TO THE PHILOSOPHICAL UNDER-PINNINGS AND THE GUIDING FRAMEWORK OF THE STUDY

Struebert and Carpenter (2003:56) are of the opinion that to understand the process of data analysis, researchers really need to reflect on the methodology and the philosophical underpinnings used in the research. Hence, the methodological insights for data analysis revealed in the conceptualisation of philosophical ideas of 'being' as 'being-in-the-world', pre-understanding, time and space influenced the data interpretation process and perspective of understanding "being" and the interpretative process.

4.3.1 Being-in-the-world

According to Heidegger (1962:38), when people describe their everyday state of being, it will assist in revealing the essential structures that determine the character of being. Heidegger (1962:38) rich descriptions are to be found in everyday living as the interpretive basis of all understanding. As such, Gelven (1998:32) states that the process of data analysis, using Heidegger's phenomenology, requires both descriptive and interpretive activities. This approach requires that the researcher should accept and value the meaning given by participants about their reality, their understanding of the phenomenon in terms of their everyday world (Koch, 1999:827).

In this study, the interpretation of the participant's world began when the researcher focused on the phenomenon, as the researcher's prior awareness, attention and anticipation was directed towards the phenomenon. The interpretation continued as the researcher listened and read the participants' descriptions of their experience and became immersed with the data. Immersion in the text necessitated the keeping of a

running account incorporating what had been said and what was being said (Egan, 1999:378).

The researcher achieved this by direct reference in the dialogue and by simple reflective comment on what the participant had said. For example:

> *"I said to myself, critical care is not talking to me and my son is not talking to me. I feel lost and abandoned."*

In interpreting the above precept, the aim was to find out what was hidden in the narrative account and to interpret it based on the background understanding of the participant and the researcher. The researcher was therefore required to go beyond the literal meaning of the participant's words and to pursue the meanings held in the data.

On probing further as to why the participant is personifying the critical-care course, the interviewer later discovered that the hidden meaning was that of silence at home and at educational level because the participants' son was born deaf; therefore, he could not speak.

4.3.2 Pre-understanding

Pre-understanding is what is known or understood before the interpretation of data. Ricoeur (1998:174) states that the trick in interpretive data analysis is to interact with the data and yet keep some distance from it by dealing with the researcher's pre-understanding during the interpretive process. In addition, Wilblud *et al.,* (2002:114) concur that; inherent in pre-understanding is a struggle to approach the text with an open mind, since it tends to direct the researcher's attention in a particular direction. Having said this, it should be noted that the notion of data analysis in Heidegger's hermeneutic (interpretive) phenomenology involves the background of the researcher, the significance of the existing world, and its meaning to the researcher. In choosing this approach, the researcher was motivated by the statement that hermeneutics were constructing the reality on the basis of the interpretation of data with the help of participants who provided the data for the study (Kvale, 2002:234). As such, hermeneutic studies are not value-free (Morse, Barrett, Moyan, Olson and Spiers, 2004:4). In this regard, when participants said:

"Thank you for coming to see us, we also feel as students and people can see that we also have teachers and we are really students."

"Thank you for coming to see us because now our colleagues can see that we are also students".

The researcher, as the lecturer and having had an experience of teaching in a residential university, interpreted these statements based on her pre-understanding of the difference between residential and open distance learning educational institutions. As a result, the researcher was continuously informed by her personal experience and from engaging in discussion with colleagues with similar experiences.

Consequently, the process involved in data analysis occurred in a reciprocal way rather than as discrete activities. Heidegger (1962:195) conceives interpretation as a circular process, which is termed the 'circle of understanding'. It refers to the back and forth movement between partial understanding and the more complete whole (Leonard, 1989:45; Thomas, 2000:683; Geanelos, 1998:239). Thomas (2000:684) describes this hermeneutic circle as "a process of moving dialectically between a background of shared meaning and a more finite, focused experience".

The influence of Heidegger's hermeneutic data analysis and interpretation, in addition to Kvale's description, is also seen in the work of Benner (1994:117), and (Mackey, (2003:183). who suggests that analysis involves moving between parts and the whole. This is the process whereby a text is read and analysed as fully as possible for overall understanding. Through a circular process of reading and rereading, writing and re-writing, the researcher clarifies, promotes, reflects and allows deeper meaning to be revealed

4.3.3 Time

Heidegger purports that understanding through interpretation cannot be achieved unless interpretation is grounded in the consideration of time, which is the fundamental structure of existence. Hence, time is considered as the basis of all understanding of being and a way of interpreting. As such, interpretive phenomenology considers all human experience as grounded in time. The experience of time is fundamental to an

understanding of 'being'. This means that what is experienced in the present is coherent with what was experienced in the past and might influence the future (Turetzky, 1998:154). This, therefore, means that researchers must situate themselves and the participants and their experiences in time, so as to reveal the experience in the search for ontological understanding. The researcher is required to be alert to the rich descriptions of participants of their experience, because their experience places (situates) the participants in their world. Awareness of this situatedness also permeates the interpretative process and is evident in the discussion of the phenomenon.

An exemplar could be deduced in the participant's description of time when she asked the researcher this question:

> *Where were you all this time when I was struggling with practica ... I had nobody to share my frustrations with ... where were you?*

According to the researcher's interpretation of the question, the student had not been supervised or directed and was frustrated by the situation at the time.

This exemplar shows that the participant had placed the interviewer's contact with her within a certain time frame in their co-existence*.*

4.3.4 Space (context)

This implies that what is brought into the foreground of the horizon of space and what is relegated to be the background depend on the unique situatedness of the person in the world (Polio *et al.*, 1997:215). It was important that the researcher, in her interpretation, situated the participants' experience in space. She listened attentively to their descriptions of their experience. She then situated that which was brought close or into the foreground of her attention. In addition, listening to what was experienced as remote, as highlighted by the field notes, was important. Through the interpretative process, the researcher aimed at analysing and reflecting upon the state of concern existing between the person and the phenomenon experienced. An exemplar for this situation was when one participant said:

> *"Here you are nobody's business you are doing you own thing".*

Interpretation of the above precept is that the there is no recognition of who the students is within the (space) in which she is allocated learn. In revealing the situatedness of the person in this way, the researcher links the particular experience of the phenomenon with the ideals of interpretative phenomenology.

4.4   CONCLUSION

In this chapter, the data analysis and the interpretation process employed were discussed. Heidegger's hermeneutic theory, guided by Kvale's activities as an interpretative basis of all understanding, was illuminated. Analysis of the interviews allowed the emergence of themes that reflected the feelings and experiences of critical-care nurses with regard to clinical accompaniment in ODL. Themes, categories and subcategories that emerged from the data analysis that were representative of a nomothemic (general) view are given in table 4.2.

The data analysis and the interpretive process were also related to the philosophical underpinning of the study. In the next chapter, Chapter 5, the research findings and the classical meaning of emergent construct encompass the meaning of the lived experience of critical-care nursing students with regard to clinical accompaniment in ODL. A schematic summary of the themes depicting in table 4.1 is displayed on the next

Table 4.1   The nature of the lived experience of critical-care nurses with regard to clinical accompaniment in ODL

Nature of the lived experiences on clinical accompaniment

The lived experience in relation to the lecturer	Lived experience of work is in the amount of support in the clinical setting	The lived experience with the preceptor	The lived experience with self of the critical care nursing student
Lack of support	The concept clinical accompaniment	Absent and inconsistent relationship	Ability to initiate and maintain good working relationships
Absence of guidance	Non acknowledgement	Relationship of favours	Personal difficulties experienced simultaneously with distance learning
Feeling of being cut off	Conflicting role		
	Not belonging		
	No support by management and colleagues		

CHAPTER 5

Presentation of the research findings with specific literature support

5.1   INTRODUCTION

In chapter 4 data analysis and the interpretive process was discussed. In this chapter the research findings are presented in the meanings that the critical care nursing students attached to their experiences. The presentation of the findings is related to the four major themes encompassing the critical care nursing students' experiences on clinical accompaniment in ODL. From these themes, an ontological interpretation of the meaning of clinical accompaniment by critical care-nursing students in open distance learning is constructed.

The research findings are discussed supported by other published research work in the form of literature so as to demonstrate the usefulness and implications of the findings (Morse and Field, 1996:106). The literature was reviewed –

- to formulate a foundation of knowledge on which to base the findings of the study (LoBiondo-Wood and Haber, 2007:79)
- to establish whether the identified themes have previously been documented (verification of identified themes) as such establish the credibility of the findings
- to point out the general agreements and disagreements among previous researchers on the identified themes
- to indicate contextually where the study fit within the scientific body of knowledge

5.2   RESEARCH FINDINGS

5.2.1 Participant's profile

As indicated in the sample section, the participants were from East Africa, South Africa, England and Saudi Arabia. Their experience of working in critical care units ranged from 2-10 years. The participants were all working in critical care units. The cultural context in

which they were all operating in was that they were all adult students in distance learning.

As adult learners they fulfilled the role of being students, workers and some fulfilled the role of a spouse, and parents and motherhood are not unusual in these instances. A number of studies reporting on the characteristics of distance learners have documented the advantages of ODL as the opportunity it affords adult learners to study while keeping their employment and staying at home with their families. Pierre and Orsrbon (1999:23) found that 57% of these students work more than 40 hours a week, while Robinson (2001:12) reported that 59% of them are not only working but are also married.

Although gender was not a priority, the sample consisted of two (2) males and six (6) females. This is also typical of the demographics of nursing as it is still a female dominated profession.

5.2.2 Experiences about the programme

At the beginning of the interview the researcher requested the participant to share their feeling, expectations and experience about the course in general. This was important especially because for some of the participants, this was an opportunity to express their feelings about the program. The participants' expectations and layout of the course were received with a good attitude presented in statements such as:

> "*The general overview of the course covered many of my expectations*"

> "*The guidelines about all aspects of the course, procedures for finding resources and communication links to resources, assignments and criteria and submission details, contact list and introduction to personal lecturer were clear. I was able to proceed with my studies by myself*"

Some participants indicated that on receiving the packs of tutorial materials and having seen their clinical expectations, felt overwhelmed.

"I must admit that when I first saw all the work involved I was completely overwhelmed. It took me 2 weeks just to read the entire tutorial materials. I had to read it several times to get the grasp of it".

"I was very excited when I got my tutorial material with all the information. It all looked really interesting. I was a bit worried I would just get sent directions on where to find information to read and would be left very much by myself … but when I got the package of my tutorials, there was all these lovely modules that had loads of information and I thought I have got all the guidelines I need to learn, I am not going to have to panic about not having all information".

"I was please to work with somebody who responded to my e-mails as quick as you did".

Although the researcher asked the participants on their perception and experience on the overview of the course, this was not the focus of the interview hence this data was not included in the themes. Following is the discussion of the research findings supported by relevant literature. The empirical data exemplars/precepts were used as evidence/meaning units to substantiate the interpretation. In line with the verbatim nature of data transcription, grammar was not amended. A summary of the themes, categories and subcategories is presented in table 5.1.

5.2.2.1 Themes, categories and sub categories that emerged

Table 5.1   Themes, categories and subcategories that emerged

THEME	CATEGORY	SUB-SUB CATEGORY
1 The critical care nursing students' relationship with the lecturer	1 Physical distance from the lecturer	1.1.1 Lack of support by the lecturer 1.1.2 Absence of guidance from the lecturer evoked feelings of being:
	1.2 Emotional feelings associated with being cut off from the lecturer	1.2.1 Lost 1.2.2 Frustration 1.2.3 Independence
2 The critical care nursing students' relationship in the clinical setting	2.1 Non-supportive clinical environment to students	2.1.1 Non-acknowledged of student status in the clinical setting 2.1.2 A feeling of not belonging 2.1.3 Support by management
	2.2 Challenges associated with locating and accessing clinical learning opportunities	2.2.1 Working in strange environments 2.2.2 Mastery of technology
3 Critical care nursing students relationship with the preceptor	3.1 Consistency in the relation-ship	3.3.1 Burden not a priority 3.3.2 Favours
4 The critical care nursing students relationship with self	4.1 Personal challenges as experienced in ODL	4.1.1 Isolation 4.1.2 Discipline 4.1.3 Family support 4.1.4 Time management

5.3   DISCUSSION OF THE THEMES CATEGORIES AND SUBCATEGORIES DERIVED FROM THE COLLECTED DATA

The discussion of these findings is based on the four themes that emerged from the data collected namely the relationship of the students with the lecturer, clinical settings, preceptor as well as self.

5.3.1 Theme 1: The critical care nursing students' relationship with the lecturer is challenged by physical distance

In education the lecturer becomes the facilitator of learning. In ODL the effectiveness of clinical accompaniment is directly related to the extent to which the lecturer is able to empower the students and mentors to meet the clinical outcomes. In this theme, the relationship of the critical care nursing students with the lecturer was challenged by physical distance and emotional feelings encountered with being cut off from the

lecturer. In the data analysis these have further yielded subcategories and have been aligned to the meaning units.

Table 5.2 displays category 1 about physical distance and the related sub-categories namely lack of support by the lecturer and absence of guidance.

Table 5.2   Physical distance from the lecturer

CATEGORY	SUB-CATEGORY	MEANING UNIT
Physical distance	Lack of support by the lecturer	I don't get the support that the full time students are getting because my teacher is not here (P7).
		When I see the tutors of my colleagues teaching them … I wish my teacher could be here too although I know that I chose distance learning (P1, P3,).
		At least coming to see us once a year will be nice … It will make me feel in touch with you (P5,).
		Visiting us once a year will make me not feel that you are just dumped, left alone … to find your way through (P1).
		Mrs Moleki …, you don't know how it feels not knowing your lecturer (P4).
		Thank you for coming to see us … we also feel like students. Our colleagues can also see that we are students and we do have a lecturer. (P1, P2 & P3).
		I feel lost and left alone. There is no one to complain to … (P6).
		Where were you all along when I was struggling with my assignments? Why were you so quiet? I only heard from you in July (P1).
	Absence of guidance	The worst part is that I have never had personal guidance from my lecturer (P1).
		Having your lecturer guiding you gives you motivation to complete 1,2,3.(P6)
		I am glad that you come to see us. We can ask questions and get immediate answers (P3).
		Visiting us once a year will make me not feel that you are just dumped … left alone … to find your way through (P1).
		It is difficult to find clinical facilities, which are not available in my hospital I don't know what to do. If you could arrange for us that would make things better (P2).

CATEGORY	SUB-CATEGORY	MEANING UNIT
		A letter from you requesting placement on our behalf will be more official and have more weight (P1, & P3). I know I have a preceptor but I … think you are the most important person. Don't you think so? … I am not even confident to say that I am a competent critical care nurse … (P1). Sometimes you cannot put down what you feel adequately on an email rather than when I could be telling you personally. Besides mam, technology has its problems and telephoning you is too expensive. So you just leave it (P1).

5.3.1.1 Category 1: Physical distance

The findings revealed that the physical distance between the lecturer and the student was a major problem. This was because in distance learning the opportunities for spontaneous interaction are limited as a result, tutorial materials are designed in such a manner that these are interactive and as complete as is possible (White, 2003:4). In distance learning the distance between the lecturer and the student is typically mediated and bridged by the effective communication media that not only facilitates delivery of instructional interaction to occur, but also enables effective and satisfying access to learning resources (DeBourgh, 2003:149). These include electronic communication means such as e-mail, video or telephone conferencing and telephone calls and paper based communication in the form of study guides, tutorial material and letters.

According to Frame (2001:28) and Novotny (2000:148), the very nature of physical distance between the lecturer, the student and from other students characterizes distance learning. In ODL, both parties (the students and the lecturer) are deprived on noting body attention, gestures, facial expressions, direct eye contact and the voice tone, which all provide contact and assist in making meaning in the encounter. The lack of physical contact with the lecturer becomes a challenge especially for those students who are less confident, less self-directed and need more frequent contact with the lecturer (Pea, 2004:285).

As such, Lee and Chan (2007:85) warn that students studying in ODL are at considerable risk of withdrawing or failing due to the lack of physical contact unless they quickly develop academic survival skills. Kilcullem (2007:95) therefore suggests that the lecturer in distance learning must be visible, be responsive and provide support to students.

Subcategory 1.1:   Lack of support by lecturer

The participants in this study reported on the need for support by the lecture.

"I don't get the support that the full time students are getting … because my teacher is not here" (P7).

"When I see the tutors of my colleagues teaching them … I really wish my teacher could be here too although I know that I chose distance learning" (P1, P3, P7).

"At least coming to see us once a year would be nice. It will make me feel in touch with you" (P1).

"Visiting us once a year will make me not feel that you are just dumped or left alone to find your way through" (P1).

"Mrs Moleki, you don't know how it feels not knowing your lecturer" (P4).

"Thank you for coming to see us … we also feel as students. Our colleagues can also see that we are students and we do have a lecturer" (P1, P2, P3).

"I feel lost and being left alone. There is no one to complain to" (P6).

"Where were you all along when I was struggling with my assignments? Why were you so silent I only heard from you in July …" (P1).

The above comment/response comes across as aggressive. Although the lecturer initiated the communication in July enquiring about the assignments, which were not forth coming, the participant perceived this as being late as evidenced by the phrase 'I only heard from you in July'. The interpretation is that communication with the students should have happened much earlier than it did. In interpreting these findings, there seem to be an expectation that the lecturer should initiate contact.

Although physical presence and interaction with the lecturer has benefits for student learning, research has revealed that contact with the lecturer even in residential institution is a problem. A study conducted by Cassimjee and Bhengu (2006:47) revealed that 53% of the third and fourth year students in one residential university reported to have had no visit from their tutors for a period of three months. Twenty-three percent (23%) of these students indicated that they did not even have a single visit from their clinical instructor in three months. This situation, clearly indicates that University requirements for lecturers to conduct research and publish articles has resulted in clinical accompaniment being secondary and frequently left to the discretion of mentors and preceptors (May, 1997:145; Watson and Harris, 1999:231 and Lambert and Glacken, 2004:664).

Learmont (2002:108) reported that lack of perceived immediacy and contact with the lecturer has a negative impact on the student. A study conducted by Hackman (1999:200) pointed out that learners' satisfaction about the lecturer is increased when the teacher uses deliberate techniques and behaviors such as social presence that increase interaction with students. The presence of the lecturer also brings with it other students as in distance learning the absence of contact amongst colleagues also enhances lack of support.

Corlett (2004:499) highlighted the importance of lecturers visiting their students. The author reported that students who are visited by their teachers felt supported in terms of discussing problems and their progress. However, for clinical accompaniment, clinical facilitators expressed negative views of teachers engaging in teaching practical skills, because teachers would work with the student, spending a lot of time providing care for one patient. This was seen as unrealistic, inappropriate and frustrating to the clinical staff. Elliot (2005:3) also tallied with this view by stating that the clinical staff does not regard teachers as clinically credible. Hence, lecturers must provide information about

the course and problems and support preceptors to carry out their clinical preceptor role.

Subcategory 1.2:   Absence of guidance from the lecturer

Practice of critical care nursing represent a complex domain of applied knowledge that require expert skills of decision making, clinical problem solving and effective reasoning skills in a highly technological environment. Opportunities for developing these expertises occur with application of theory to practice. The guidance given in the clinical setting is the foundation for acquiring such skills. Experiences of the lack of contact can be traumatic especially when this is perceived as lack of guidance . Guidance in the context of the students was not related to the study material or the learning outcomes but to the physical presence of the lecturer.

> *"The worst part is that I have never had personal guidance from my lecturer" (P1).*

> *"Having your lecturer guiding you gives motivation to complete 1.2.3" (P6).*

> *"I am glad that at least you came to see us. We can ask questions and get immediate answers" (P1).*

> *"Visiting us once a year will make me not feel that you are not e … just dumped … and left alone to find your way through".*

> *"I know I have a preceptor but I think you are the most important person. Don't you think so …? I am not even confident to say that I am a competent critical care nurse. I do not feel competent that after my training I can surely say I am a good critical care nurse" (P1).*

There is evidence in the data collected that for some participants, taking responsibility for their own learning was compounded by the need for guidance. As indicated by the following precepts:

"It is difficult to find clinical facilities which are not available in my hospital and I don't know what to do .If you could arrange for us that would make things better" (P1, P, P3).

"A letter from you requesting placement on our behalf will be taken more serious and official and have more weight" (P1, P3).

"Sometimes you cannot put down what you feel adequately on an email rather than when I could be telling you personally. Besides mam, technology has its problem and telephoning your is too expensive. So … you just leave it" (P1).

The meaning unit above present a problem for the lecturer, as the student is not comfortable with communicating her concerns in writing. The interpretation of this means that student needs physical contact, which is not possible in ODL. Considering the dynamics in distance learning and of critical care nursing, the lecturer in a supportive clinical milieu must encourage independence and self-reliance of learners (Reilly and Oerman, 2000:34). With such independence the students' learn how to be self-directed.

In clinical setting students need freedom to explore questions and provide answers for questions. If critical thinking, independence and self-directedness are inhibited, students will not be able to take sound clinical decisions. This opportunity is well provided in ODL although this does not exempt the lecturer from guiding the students (Ihlenfield, 2005:175).

The findings in this category are in line with the study findings of Qakisa-Makoe (2005:51), which reported on a major conflict that applies to distance learning. The author highlighted that expectation on distance learners is that they should be independent. However, the author noted that in most African cultures, learners become very much dependent on the educators because it is believed that children learn that which has been told to them. From a young age dependency relationship is nurtured and strengthened between the child and the source of knowledge.

Furthermore, Sawadogo (1995:282) as cited in Qakisa-Makoe, (2005:53) reported that learners in developing countries are more field dependent, meaning that, they learn best through visual modeling, and are extrinsically motivated. Whereas, in developed countries, learners are more independent and as such ask questions to check the veracity of issues or statement (Qakisa-Makoe, 2005:53).

Research conducted by Holmberg (2000:124) supported the above view in stating that there are those learners who are clinically field dependent and those who are not. Field dependent learners demonstrates less analytical skills and prefer situations involving interactions with others while field independent learners are high in analytical skill and favor task accomplishment methods that require analysis rather than those that emphasizes the interpersonal dimension. Similarly, Dunne (2004:508) notes that workers in clinical settings who rely on the relationships are more motivated by external stimuli hence they look towards others for reinforcement of opinions and attitudes. As the result, the author cautions that induction of students should aim to assist distance learners in being self-directed so that they rely less on the lecturer to guide them step-by-step. Such learners should be assisted to be more self-directed and self-reliant including being assertive to inquire where they need assistance.

In this regard, the researcher in interpreting the findings took into cognizance the context of the students' course, critical care nursing and of being distance learners. The researcher is of the opinion that some of the arguments cited are as a result of lack of self-directedness on the part of the participants. As Simonson, Schlosser and Hans (1999:24) state that self-direction, centers in the desire or preferences of the students to assume responsibility for own learning. Thus, self-directed learning refers to both the external and internal characteristics of the students, as depicted in the Personal Responsibility Orientation Model (PROM) displayed in figure 5.1.

- **Conclusion**

The study findings revealed that physical distance of the lecturer was perceived as lack of support and guidance. Participants emphasised that support and motivation are prompted by face-to-face contact with the lecturer. Hence they expressed the need for the lecturer to create opportunities for visibility. The researcher in interpreting the data noted that there seemed to be an expectation from the participants that the lecturer

should initiate contact. Chapman (2000:36) emphasises that the balance between supporting and guiding at the same time being careful not to create dependency need to be found by the lecturer.

The point of departure in adult learning is the notion of personal responsibility. Personal responsibility means that the individuals must assume ownership for their own thoughts and actions. In this study participants have control over how they wish to respond to situations that faces them in the clinical settings.

Although it is important that they be supported, they are responsible for their learning as adults and should be able to identify and communicate their learning needs. Student support that encourages self-directed learning and provides opportunities for competence is the ideal for practice (see figure 5.1 as depicting the Personal Responsibility Orientation Model).
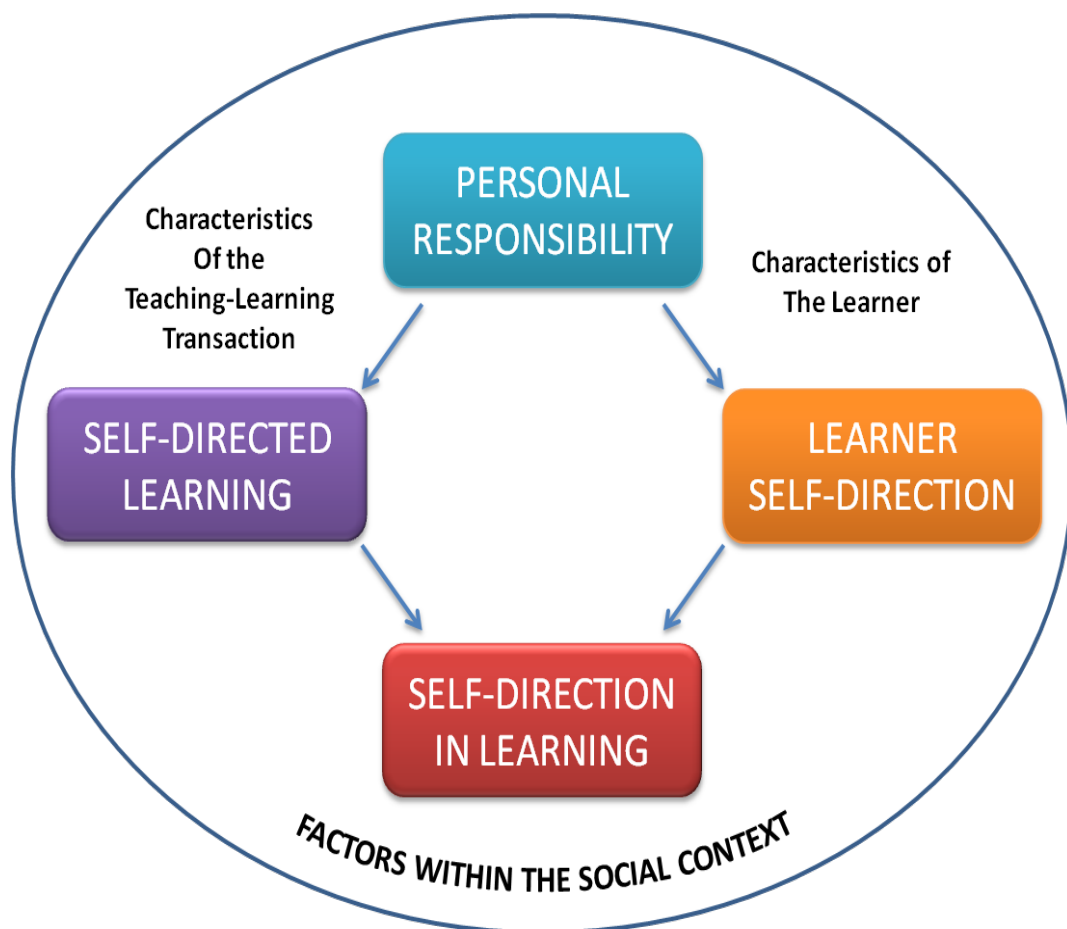
Figure 5.1 Personal Responsibility Orientation (PRO) Model
(Adopted from Simons et al 1999:24)

5.3.1.2 Category 2: Emotional feelings associated with being cut off from the lecturer

Emotions can be negative or positive. Muldary (2003:41) describes negative emotions as having disruptive effect on thinking and work performance and might result into burnout exhibited by poor coping strategies on the other hand positive emotions have the potential to enhance coping. In this study the emotions of being cut off from the lecturer resulted in the negative feelings of being lost and frustrated. Similarly positive feelings of independence were expressed. Table 5.3 outlines the category, subcategory and meaning units thereof.

Table 5.3   Emotional feelings associated with physical distance from the lecturer

CATEGORY	SUB-CATEGORY	MEANING UNIT
Emotional feelings of being cut off from the lecturer	Feeling of being lost	I feel lost and left alone there is no one to complain to … (P1).
		Here you are nobody's business (P6).
		No one seems to understand what you are doing …. You are just alone … you know (P5).
		I miss the closeness with my lecturer (crying) (P1)
		Being a distant learner attached to a university hospital when you see other students being followed by their faculty …, you feel lost (P3).
		My studies are seen as my own thing that no one knows of (P2).
	Frustration	I miss the closeness with my lecturer (crying) (P1).
		If your own preceptor is not clear about this course who else should be on your side? This is really frustrating (P4).
		I feel frustrated because the seniors in the unit treat me differently from those who are on full study time I can see that … and it makes me angry why treat us different … (P7).
		They know you are on training but you are given chronic patients that do not contribute to your learning why? I mean I have outcomes to meet and you talk it, you are perceived as refusing delegation. That puts me off (P8).

CATEGORY	SUB-CATEGORY	MEANING UNIT
	Independence	My son was not talking to me and being my only child (deaf and mute). This threw me in the deep and I lost interest in continuity with my clinical (P1)". I am glad I am completing I will look after the students because I know how it is … (P2). Distance learning works for me …. It gives me the space and the independence I need to do my work on my own (P8).

Subcategory 2.1: A feeling of being lost

Some participants expressed a feeling of being lost because there was no one to complain to. Seeing other students being with their teachers made them to feel lost because their teacher was absent. One participant went further to indicate that she felt as if she is doing her own thing that no one knows about. Preceptors were also not versatile with ODL, as they were not exposed to it before.

I feel lost and left alone, there is no one to complain" (P1).

"Here you are nobody's business" (P6).

"No one seem to understand what you are doing … you are just alone" (P5).

"I miss the closeness with my lecturer the participant was crying. This was documented in the field notes" (P1).

"Being a distant learner attached to a university hospital when you see other students being followed up by their faculty you feel lost" (P3).

"My studies are seen as my own thing that no one knows off" (P2).

The above statements according to Crossland and Culham (2000:21), indicate that the students studying in ODL miss the pastoral role that the lecturer plays to students in contact sessions.

Subcategory 2.2: Frustration

According to Barnhart and Barnhart (2005:1568), frustration refers to disappointment dissatisfaction, irritation, annoyance and displeasure. Some of the students in this subcategory felt frustrated because they expected their preceptors to be knowledgeable of what they were expected and this seemed not to be the case. They were also frustrated because of the conditions under which they were working. Concerns relating to allocation were also raised.

> *'If your own preceptor is not clear about this course who else should be on your side this is really frustrating" (P4).*

> *"I feel frustrated because the seniors in the unit treat me differently from those who are on full time students. I … can see that … and that makes me angry why treat us differently?" (P7).*

> *"My son was not talking to me and being my only child (deaf and mute). This threw me in the deep and I lost interest in continuity with my clinical" (P1).*

> *They know you are on training but you are allocated … a chronic patient that does not contribute to your learning why? I mean I have outcomes to meet and you talk it out … you are perceived as refusing delegation that put me of" (P8).*

Frustration in critical care nursing students can also be attributed to the ICU environment on its own. As Briggs and Smith (2001:98) states that ICU is one area with the largest concentration of sophisticated biomedical equipment in hospital. The nurses in the ICU are regularly exposed to the huge demands that are placed upon them all around them cause's tension and disjuncture**.**

Subcategory 2.3: Independence

Not all participants were deterred by the situation. Some participants seemed to be motivated by the situation and asserted themselves, and were determined to bring about a change on completion of their course. Positive feelings were expressed by the participants who stated that future critical-care nursing students at their institutions will benefit from their experience, since they will be guiding with insight.

> *"I am glad I am completing. I will look after the students because I know how it is" (P2).*

> *"Distance learning works for me …. It give me the space and the independence I need to do my work on my own" (P8).*

- **Conclusion**

Although the participants in this study are skilled, knowledgeable and need minimal guidance as compared to basic students, it is fair to assume that a positive, and allowable climate between the lecturer and the student is a precondition for learning (Cash, 2001:42). In this category positive emotions and negative emotions were expressed. According to Crossland and Culham (2000:21), these responses are necessary when one is in crisis, because they are a manifestation of basic psychological defense mechanism for survival and they are normal. Of importance is the management thereof. It is important that the participants should reflect on their reactions and be able to identify the triggers of these emotions in order to deal with the situation in a positive way.

5.3.2 Theme 2: The critical care nursing students' work relationships are in the amount of support they received

Clinical practice environments can be excellent for gaining experience and building confidence and competence. They are rich with resourceful persons who are experts in their respective fields. In the training of critical care nurses, these practitioners in clinical settings are charged with the duty to impart their experiences, skills and knowledge to students who come into their units. It is during this period that the student are equipped

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with competencies which enables them to maintain the physiological stability of the patient, assimilate information, respond with confidence and adapt to rapidly changing patients' conditions as well as the unique needs of the patients and their families.

The accompaniment of these students in critical care units is aimed at the development of analytical, critical, evaluative and creative clinical decision making mechanisms for independent judgments (Bick and Spouse, 2000:732).

Table 5.4 illustrates the meaning units of category 2.1 related to non-supportive clinical environments.

Table 5.4   Non-supportive clinical environments

CATEGORY	SUB-CATEGORY	MEANING UNIT
Non supportive clinical environment	Non-recognition	Remember you are here to work not to study, asking for evaluation will be asking too much (P6).
		They don't know what you are doing, and therefore you are not a student to them (P3).
		I made it clear to the facilitator that just because I am not studying with the college here, that does not mean I should be treated differently …. I am a student like all others and she should include me in her program I mean we all have permission to study … I am also a student (P7).
		They have never seen your teacher … they actually don't believe that you are really a student (P2).
		Thank you for coming to see us … we also feel as students and people can see that we also have teachers and we are really students (P1, P3).
		Here you are doing your own thing that no one knows of … (P2, P3, P5).
	Not belonging	You are nobody's business (P5).
		I feel like a second class student (P6)
		Thank you for coming to see us now colleagues can see that we are also students too (P1, P3).
		I am glad my manager is having a master's degree; she encourages us to study (P2).

CATEGORY	SUB-CATEGORY	MEANING UNIT
	Support by management and colleagues:	Our manager helps us to seek sponsors (P1).
	Positive	Some of my colleagues are willing to guide your thoughts until you get the "aha" of why you intervened in that manner. They make you feel your contribution is valuable and worthwhile (P4).
	Negative	Balancing my studies and my work is difficult especially that we do not even get a study or contact day like others (P8).
		You are allocated to chronic patients who do not contribute to your objectives I don't think it is fair (P6).
		Occasional visibility of the lecturer from the university will make them realize that we are also students and we need to be treated as such just like students doing the course here (P7).

Category 1: Non-supportive clinical environment

The findings in this category indicated that non-supportive clinical environments led to low morale for the participants. Recognition by peers and management as students was important for effective clinical accompaniment for the participants. According to Bick and Spouse (2000:732), supportive clinical environments promote interdependence, mutual respect, imitation and identification, alleviation of fear and reassurance to the students. In this study the participants expressed a perception of not being recognized as students. They attributed this to the fact that their course was through distance learning. This was based on the discrimination that they experienced in comparison to their colleagues who were doing the critical care course in residential Universities or Nursing Colleges (private sectors). However, some participants experienced their colleagues and management in a positive way.

Subcategory 1.1: Non-recognition

The following is a short list of significant comments that support non-recognition as a student.

> *"Remember you are here to work not to study, asking for evaluation will be asking too much" (P6).*

> *"They don't know what you are doing, and therefore you are not a student to them" (P3).*

> *"I made it clear to the facilitator that just because I am not studying with the college here that does not mean I should be treated differently …. I am a student like all others and she should include me in her program. I mean we all have permission to study I am also a student" (P7).*

> **"***They have never seen your teacher they actually don't believe that you are really a student" (P2).*

> *"Thank you for coming to see us … we also feel as students and people can see that we also have teachers and we are really students" (P1, P3).*

The above exemplars indicate that recognition of students status is important in their clinical learning. This is in line with the results of the study conducted by Hamilton (2001:267). In the discussion on motivating factors in the work place, the author states that recognition and acknowledgement is rewarding to individuals. The participants compared themselves with the local/residential students. These perceptions are in line with the study conducted by Fletcher (1999:130), which indicated that equality issue rose constantly in the comparison of distance learning students and the residential students. The author stated that despite the interest of higher education to expand access through ODL, the many concerns of equality in distance learning remain a concern in clinical courses**.**

Subcategory 1.2: Not belonging

A sense of not belonging was expressed:

> *"Here you are doing your own thing that no one knows of"* *(P2, P3, P5).*

> *"You are nobody's business" (P5).*

> *"I feel like a second class student" (P6).*

> *"Thank you for coming to see us because now our colleagues can see that we are also students"(P1, P3).*

The issue of discrimination is not only about distance learning students, however, in this study participants seemed convinced that discrimination in clinical setting was magnified enormously in relation to distant learning students Although they were officially recognized as equal in stature to residential students (i.e they are registered for critical care nursing course according to the same regulation of SANC regulation R213 of 1987, as amended) Participants decried the implicit diminution of status accompanied by learning via ODL.

It is acknowledgeable though, that the benefit of distance learning is the need to draw upon the clinical skills of students while on training and contributing to service. To this effect, Ihlenfield (2003:134), see the distance-learning students as well-established members of the unit; this significantly influences the support and supervision that they receive from co-workers, assessment of practice and time for educational activities. This notion is confirmed by Thwala (1999:47), who found that adult learners are looked upon as part of the staff and also as extra help with the workload. However, the supervision done by co-workers may demand too much time of the service and may be perceived as creating an undue burden on the existing staffing resources activities (Endacott *et al.,* 2003:781).

These findings confirm that conditions in the clinical setting are challenging and trying for mentors, students and managers appropriately (Hutching, Williamson and Humphrey, 2005:946).

Subcategory 1.3: Support by management and colleague*s*

There were positive and negative experiences on the support received from managers and colleagues.

The participants who felt unsupported acknowledged that some of their colleagues were unaware that they are studying.

> *"To be honest some of my colleagues don't know that I am studying, therefore I cannot blame them" (P5).*

However, they felt that even those who knew did not recognise that they are students. In these study findings the need for visibility of the lecturer was viewed as a catalyst, to make their colleagues and management recognize them as students as expressed as in this precept:

> "Occasional *visibility of the lecturer from the university will make them realize that we are also students and we need to be treated as such just like students doing the course here" (P7).*

James, Kotze and Van Rooyen (2005:47), have commented that managers and colleagues should maintain a supportive relationship and be sensitive to subordinates feelings to enhance job satisfaction. Hence, the lack of recognition by the seniors and peers results in negative feeling of being lost and not belonging. According to James *et al.* (2005:48), a relationship that makes each person feel supported, adequate and worthy will generally lead to mutual feelings of closeness and sense of belonging. Some of the participants have suggested an appointment of the clinical lecturer /facilitator as measure of support from management.

The majority of the participants acknowledged that they have to take the initiative and arrange the support that they need. Cronquist, Lutezen and Nystrom (2006:410) believe that support in ICU is relative and interrelated to the three components of availability, access and receptivity. These authors state that support may be available but the students may not be receptive to the support offered. Similarly it may be available but

not accessible or the students could be receptive to whatever support that could be offered but not accessible because of workload.

Cohen, Gattlieb and Underwood (2000:148) are is of the opinion that collegial support, which create a sense of belonging occurs when experiences can be shared. Therefore, it can be assumed that nurses who advocate peer support experience a strong group alliance which have been reported to have a positive correlation with organizational work satisfaction (Bratt, Bromme,Kelber and Lostocco, 2000:310).

- **Conclusion**

The findings in this category revealed that the participants considered recognition by management and colleagues as conducive to clinical accompaniment. In interpreting this category, it is important that participants should understand that clinical autonomy is constructed within a particular situation of contractual space such as working independently and being allocated patients without any direct supervision from the person in charge of that shift. Recognising the participant's practice experiences is one of the most important facets of their education. The provision of shared partnership, commitment and joint support by the clinical service and educational institution is essential. In interrogating the meaning and the interpretation of this category there were feelings of being unable to distinguish the reality of support given. At the same time there were those who felt supported and were positive about experiences gained in the clinical setting.

Equal treatment for students in ODL and those in residential institution was essential as this would provide the needed student status.

Category 2:   Challenges associated with locating and accessing clinical opportunities

As a result of inadequate facilities in one's working area participants are expected to look for learning experiences in other clinical settings outside their working places in order to achieve the set clinical outcomes. This exercise was experienced as being unpleasant. Some of the participants voiced their concerns because they had to make

arrangements on their own and go to those facilities at their own time or arrange leave. These are displayed in the meaning units in table 5.5.

Table 5.5   Challenges associated with locating clinical facilities

CATEGORY	SUB-CATEGORY	MEANING UNIT
Locating clinical facilities	Working in strange environments	It is difficult to go and work in other areas … because you are not on study leave you have to do it during your leave (P1, P4, P3). Finding clinical facilities, which are not available in my hospital is a headache I don't know what to do. If you could arrange for us that would make things easier (P4). A letter from you requesting placement on our behalf will be more official and have more weight (P1, P2, P3). Sometimes they do not trust to leave you with their patients. Remember that they don't know you … that is why my mangers involvement is very important to me in this case (P2 ,P3). Even the things that I know seemed difficult because of the different environment and technology (P3).
	Mastery of technology	Working in other ICU is not pleasant. Technology is different. I … really … felt deskilled (P1, P2, P5). It was the first time I see a balloon pump I must be honest I don't wish to work there (P2). Even the things that I knew seemed difficult because of the different environment and technology (P3).

Subcategory 2.1: Working in a strange environment

Difficulty with multiple workplaces due to inadequate facilities was eluded. Participants had problems arranging for clinical placement in other areas. Some participants raised concerns and were uncomfortable with working in strange environments. There were also difficulties related to time as participants had to arrange for leave to be able to move into other facilities. Another problem was related to issues of practice whereupon students could not be allowed to work with patients in a place where they were not

employed, issues of indemnity were paramount To this effect, there was a need for hospital memoranda of agreement of understanding.

> *"It is difficult to go and work in other areas because you are not on study leave you have to do it during your leave" (P1, P4, P3).*

> *"Finding clinical facilities which are not available in my hospital is a headache. I don't know what to do. If you could arrange for us that would make things easier" (P4).*

> *"A letter from you requesting placement on our behalf will be more official and have more weight" (P1, P, 2, P3).*

> *"Sometimes they do not trust to leave you with their patients remember that they don't know you that is why my mangers involvement is very important to me in this case" (P2, P3).*

> *"Even the things that I knew of seemed to be difficult for me because of the different environment and technology" (P3).*

> *"Requesting placement on our behalf will be more official and have more weight" (P1, P2, P3).*

According to Corlett (2004:14), an experience of lacking confidence is common in individuals working in multiple work places. Inherent in this are the issues of different technology in ICU and different approaches to patient care both of which may contribute to the feeling of insecurity and diminished self- assurance.

Subcategory 2.2: Mastery of technology

It is facts that nowhere in nursing than in critical-care do technology and technological relationship exist. In critical-care, nursing technology presents a significant constituent of the very day lived-world. The mastery of technology was experienced as a hindrance in working in critical-care units, especially those units where the participants did not normally work.

"Working in other ICU's is not pleasant. Technology is differen … I really felt deskilled" (P1, P2, P5).

"It was the first time a see the balloon pump. I must be honest … I do not onto wish to work there" (P2).

"Even the things that I knew of seemed to be difficult because of the different environment and technology" (P3).

The advanced technology in ICU could become intrusive and this would disturb even a well skilled practitioner. It is unfortunate that critical care nursing and distance education itself are technology intensive environments. A study conducted by Boston (2002:46) indicated that issues related to human interface with technology include the promptness of the lecturer to students' questions and the students' intimidation by unfamiliarity to technology and/or lack of operational knowledge (technology anxiety) As a result learners who are unable to interact with technology will be prevented from interacting successfully with the expectations of the course

- **Conclusion**

The majority of the participants described how technology competence was an issue in their learning world especially when working in unfamiliar areas. They described how turmoil, even a sense of panic, would ensue on being faced with unfamiliar equipment. As a result some felt deskilled.

5.3.3 Theme 3: The critical care nursing students' relationship with the preceptor

In ODL, clinical accompaniment would not be realized without the preceptor for the student. Students need significant others who will assist them in the active use of all the educational opportunities available within the service to become proficient and competent in clinical practice.

In critical care training, the preceptors are identified as key persons in the clinical area. They are experienced clinical nurses who provide individual guidance to a less experienced nurse (Kerr and Baubonnaise, 2007:1544) The primary role of the

preceptor in clinical practice is to bridge the gap between the reality of the workplace and the idealism of an academic environment without compromising professional ideals (Mackintosh 2006:954). Additionally, the preceptors act as a role model and are responsible for the supervision, teaching and assessment of students during clinical placement (An Board Atranaise, 2003:3).

As the facilitator of learning, they provide an ongoing interaction and guidance of the student along the continuum from novice to expert (Myrick and Yonge, 2002:176). As McGown and McCormrack (2003:34) emphasise that preceptors ensures that competencies, which are structural measures of capabilities are maintained, for, without these the student may be influenced by the culture of the unit and ritualistic practices, rather than best practice.

According to Jackson (2001:48), criteria to be met by an effective preceptor in ICU include:

- A minimum of two years experience working in the ICU and being trained in the discipline.
- Strong communication and interpersonal skills.
- Enjoy sharing knowledge and experience.
- Have successful mechanisms for coping with stress and conflict resolution.
- Ability to evaluate personal strength and weaknesses.

Category 3.1: Consistency in the relationship

The result of this study revealed that the development of a positive collaborative supportive relationship among the critical care nursing students and the preceptor influences the practice experience in terms of learning and satisfaction of students (Dunne and Hansford, 2004:2). To ensure its success preceptorship requires time money and human resource. It is also important that benefits that support and reward the role are implemented for sustainability of the role. In this study the relationship of the preceptor and the student was associated with a mixture of experiences. Table depicted 5.6 depicts the units related to consistency in the relationship.

Table 5.6   Category 3: Consistency in the relationship

CATEGORY	SUB-CATEGORY	MEANING UNIT
Consistency in the relationship	**Negative** Burden/not a priority	Perhaps if preceptors can be paid they will not see us As a burden but a job that they have to do (P2).
		I think I am a burden to her especially because she is doing this voluntary (P4).
		I find the inconsistency disturbing, She goes on night for 4 months without informing me (P3).
		Anyone is my preceptor ... what do you do ... when she resigns in the middle of the year do you start with the new one? I am not a priority in anyway (P1)
		She will not honour appointments we made … I don't think I am a priority to her (P3).
		Perhaps if she could be paid she will not see me as a burden but a duty she must perform (P3, P7).
		I do understand that if preceptors are not given time to spend with the student they end up being overworked and often not bound to assist you because patient care comes first (P6)*.*
		Personally I do not have a preceptor. I use anybody who is available. I have a problem that today the preceptor is here the next time she is on night duty for three months. I find this disrupting *me and have* lack of consistency (P1).
	Favours	Fortunately we had a good working relationship while she was working in the unit, so when she comes to see her students she attends to me too (P5).
		You cannot even ask because you are her to work so you just have to be nice with those who are willing not a specific person (P5).
		I need to be flexible, and diplomatic to get what I need … the signature (P7)
		I know I have the skill, but it is not easy to be evaluated (P5).
		Building rapport with her is something I have to do (P4).
		I have good preceptor I knew I could say anything without feeling stupid (P8).
		I get what I put in so it is my duty to take initiatives (P7).

CATEGORY	SUB-CATEGORY	MEANING UNIT
		I have to be one step I head I just I am going to do such a procedure can you come and watch me (P8). I do understand that if preceptors are not given time to spend with the student they end up being overworked and often not bound to assist you because patient care comes first (P7).

Sub-category 3.1: A burden and not a priority

Some participants perceived themselves as burdens for those preceptors who were not remunerated. For the job they were doing, hence the recommendation to appoint facilitators to accompany distance learners.

"Perhaps if preceptors can be paid they will not see us as burden but a job that they have to do" (P2).

"I think I am a burden to her especially because she is doing this voluntary (P4).

About the inconsistency, the students were concerned about the shifts that preceptors get allocated to as these interrupted the preceptorship thereof

I find the inconsistency disturbing; she goes on night for 4 months without informing me" (P3).

"Personally I do not have a preceptor. I use anybody who is available. I have a problem that today the preceptor is here the next time she is on night duty for three months. I find this disrupting me and have lack of consistency" (P1).

There was also the issue of not appointing standing preceptors for the students as a result anybody who was willing tended to volunteer supervisory services.

"Anyone is my preceptor ... what do you do … when she resigns in the middle of the year do you start with the new one. I am not a priority in anyway?" (P1).

The other issue was that of no commitment where people who were suppose to offer supervision did not do that resulting in students feeling rejected.

> *She will not honour appointments we made ... I don't think I am a priority to her" (P3).*

> *"Perhaps if she could be paid she will not see me as a burden but a duty she must perform" (P3, P7).*

> *"I do understand that if preceptors are not give time to spend with the student they end up being overworked and often not bound to assist you because patient care comes first" (P6).*

Having noted this, Shu-Yu and Kuei-Feng and Yonge (2006:324) warns that multiple preceptorships may result in lack of progress that could inhibit the process of socialisation and learning.

Research conducted by Engel (2004:4) has shown that changing preceptors in the midst of a clinical experience generally requires establishing a new relationship and new loss of trust and independence. Although some students stated that they do not have preceptors, in this open distance learning clinical course it is important that each students be an allocated preceptor. The lecturer can only know about the performance through reports written by the preceptors. The progress of students with no preceptors cannot be monitored and thus the problem areas cannot be identified.

Effective preceptorship is related to the ability to form a relationship between the preceptor and the preceptee and can increase professional socialisation (Chapman, 2000:33). Furthermore, it can reduce the risk of learned helplessness and improve empowerment when learning in practice situations (Ohrling and Hallberg 2001:23).

Sub-category 1.2: Relationship of favours

The results indicated that the key to effective accompaniment was to build positive relationships with preceptors. Accordingly relationships can block or promote access to effective clinical accompaniment. Statement such as:

"Fortunately I was working with my preceptor while she was working in the unit. So when she comes to see her students she attends to me too" (P5).

AND

"You cannot even ask because you are here to work so you just have to be nice with those who are willing not a specific person" (P6).

are indications that students feel they have been done a favour.

These statements suggest that being polite, friendly, preparedness and being organised were strategies that promoted positive attitude for being assisted.

Some students identified a need to be assertive and proactive about their accompaniment taking all opportunities offered. There was a general acknowledgement by participants that:

"I need to be flexible, and diplomatic to get what I need ... the signature" (P7).

"I know I have the skill but it is difficult to be evaluated" (P5).

"Building rapport with my preceptor is something that I have to do" (P6).

Some participants reported that ability to identify one's readiness for accompaniment and making arrangements prior to the time was a positive way of getting assistance.

"I have to be one step ahead, I just say I am going to do such and such procedure tomorrow can you please come and watch me" (P8).

The participants were also aware of the constraints which preceptors experienced in their role as given in the following statement:

"I do understand that if preceptors are not given time to spend with the student they end up being overworked and often not bound to assist you because patient care comes first" (P6).

- **Conclusion**

The findings in this theme suggest that the role of preceptors is not without its problems and more emphasis need to be placed on the importance of this role and its effect on the nurse development in clinical settings. Although negative experiences were described, participants seemed to have learned something positive from such experiences. Patience, politeness assertiveness was developed. The recognition that participants took responsibility for their own learning is positive. Strategies like 'staying one step ahead' imply that students have a greater degree of awareness in managing their environment (Lofmark and Wilkblud, 2001:123). The candidates felt that maintaining good relationships makes their clinical experience pleasant

5.3.4 Theme 4: Critical care nursing students' relationship with self

Category 1: Personal challenges as experienced within ODL

Participants identified a range of common needs that they experienced as exclusively associated with distance learning status. They emphasised the need to be disciplined, motivated, more dedicated and determined to complete the course work irrespective of their isolated nature in their studying. Support by the family members and friends was important for them to cope with the demands of the clinical settings as listed in table 5.7.

Table 5.7   Personal challenges as experienced within open distance learning

CATEGORY	SUB-CATEGORY	MEANING UNIT
Personal challenges as experienced within ODL	Isolation	Contact details of other students will help because we can share (P2, P3, P5).
		Although we might not be able to meet but talking to someone who is in the same situation will make me not feel so alone (P8).
		Knowing other colleagues in my area we might encourage us to form study groups or just to network with people who understand my plight (P3).
		Perhaps it would be better if we register as a group from the same hospital to support each other (P7).
		I miss the closeness of my lecture and that of my colleagues like in class you know what I mean? (P1).
		Distance learning works for me It gives me the space and independence that I need to do my own things (P8).
	Discipline and motivation	I must take the initiatives to be evaluated how else will my preceptor know what I need (P3, P5, P8).
		I need to take the lead and stick to my programme even if it means not having leave for this year (P3, P1).
		It is up to me to make sure that I am evaluated (P5, P8).
		Personally I do not have a preceptor. I use any body who is available. I have a problem that today the preceptor is here the next time she is on night duty for three months. I find this disrupting as such have lack of consistency (P8).
		I need to be discipline on my time management. Once have set a plan must stick to it but it is not easy being a family person and working in ICU. Before you are aware the year is over and you have not reached your goals (P3).
		If I get negative comments from my family this wares me down (P6).
		I convinced myself that the support of my husband will pull me though (P5).

CATEGORY	SUB-CATEGORY	MEANING UNIT
	Family support and multiple roles	Somebody "saying call when you need a cup for tea" it keeps me going (P8).
		I am trying to manage my time, once I have set a plan I must stick to it but it is not easy (P2, P6, P8).
		Time flies; before you are aware the year is over ... and without completing my practicals (P7).
	Time management	The real reason why I am studying in distance learning is that I can manage my time by myself (P7).

Sub-category 4.1: Isolation

Isolation refers to separation, segregation, remoteness, loneliness as well as seclusion (Barnhart and Barnhart, 2005:156). The feelings of isolation were expressed by the majority of the participants, supported by exemplars such as:

"Contact details of other students will help because we can share" (P2, P5).

"Although we might not be able to meet but talking to someone in the same situation will make me not to feeling so alone" (P8).

"Knowing other colleagues in my area might encourage us to form study groups or just to network with people who understand my plight" (P3).

"Perhaps it would be better if we register as a group from the same hospital to support each other" (P7).

The above meaning units indicate that students of all kinds want to have a sense of belonging to a larger community rather than simply being an enrollee or a statistic in a course. The feelings of isolation in distance learning were indicated by the result of the study conducted by Hass, Coyer and Theobald (2005:148). The study revealed that although participants acknowledge the benefits of distance learning, a significant draw

back was the lack of collegiality. The distance learner is isolated, and deprived of a supportive physical presence of other students or lecturer. He/she lacks intellectual fellowship. The distance learner is on what Learmont (2002:108) calls essential isolation.

> *"I miss the closeness of my lecture and that of my colleagues like in class. You know what I mean?" (P1).*

Similarly, Bernnette (2000:51) and Lovie (1999:32) expressed a concern about vulnerability of distance learners who study in isolation with little or no face-to-face support. Other authors such as Fletcher (1999:128) and Burt (1998:32) also pointed to the reduction in face- to- face contact with lecturers as the major drawback in distance learning. Lee (2000:34) further emphasised that the isolation can be stressful resulting in anxiety and can hinder motivation and prevent successful completion of a programme.

Despite the isolation factor of distance learning, some students choose distance learning because they prefer the very isolation or do not want to be in a group or a classroom situation. Other students are forced into loneliness by remoteness from other people or personal circumstances (Adey, Gouse ,Le Roux and Smith, 2002:42).

> *"Distance learning works for me. It give me the space and the independence I need to do my work on my own" (P8).*

For many students studying isolation can be an important factor that impacts positively or negatively on their lived experience.

Sub-category 4.1.2: Discipline and motivation

The participant emphasised the need to be disciplined and to stay motivated in order for them to meet the clinical outcomes as set in the curriculum. In distance education, success frequently depends on the personality of the student. With 'personality' Thompson (2005:14) refers to the cognitive, emotions and behaviours that remain relatively stable across time and situations as exemplified in the following statements:

"I must take the initiative to ask my preceptor to evaluate me. I am the one who knows what I need" (P3, P5, P8).

"I need to take the lead and stick to my programme. Even if it means not having leave for this year" (P3).

"It is up to me to make sure that I am evaluated" (P8).

"I need to be discipline on my time management. Once have set a plan must stick to it but it is not easy being a family person and working in ICU. Before you are aware the year is over and you have not reached your goals" (P3).

A cluster of characteristics has been noted that seem to accompany preferences for success in distance learning such as autonomy, tolerance and discipline. These attributes are summed up in Eastman's (2002:34) as the students' locus of control or orientation towards self-directedness.

According to Dille and Mezack (1998:16), internal locus of control is positively correlated with success. Alternatively external locus of control has been reported to characterise at risk distance education students. Hamilton (2001:267) noticed that external locus control was a strongest predictor of failure or withdrawal in distance learners.

Motivation was viewed by participants as an important factor for sustaining discipline. This view is in line with Carnevale's (2005:1) research findings, which indicated that motivation for adult distance learners is a tool for success. Carnevale (2005:1) reported that such students were more likely to be independent learners, self-directed, and possess internal motivation (Gibson, 2003:32).

Different motivational theories have documented factors that enhance success or failure in people's behaviours. There are three main groups of ideas behind the development of theory of motivation of which is also applicable to the participants of this study. The first theory suggests that motivation is an inner impulse based on the need or drive. The second says motivation can be learned. The third claims that motivation relates to goals set for acceptance by self.

The theory of motivation as an impulse implies that all purposeful learning comes from a sense of need, interest and desire. Some writers have talked about a primary need related to bodily functions and secondary need (psychological) that come into play only if the primary need has been met. The thinking is seen in Maslow hierarchy of needs.

The fundamental importance and implication of these theories is the understanding that the motivation for the participants depends on the mixture of needs. These needs in adult learners change according to their situatedness in time and space. They experience their motivation to do well in their clinical fieldwork based on their 'Being' as expressed in time and space. This will constantly change in accordance with the individual's life situational changes. This can be seen in this exemplar:

> *"My son was not talking to me and being my only child (deaf and mute). This threw me in the deep end and I lost interest in continuing with my clinicals" (P1).*

As Maslow's motivation theory states the primary needs that are not met automatically impact on the higher level needs. Participant viewed studying as self-actualisation (secondary need) not a primary need. Motivation is clearly related to the needs and drives of learners, the interaction of the individual and their experiences and the goals that they set for themselves. All experiences are located with a particular time and place. Hence motivation is influenced as much by the setting as by internal drives.

Herzberg'S (1982's:81) work as cited in (Rogers, 2002:99) is of direct relevance to the clinical accompaniment. In line with competency theory, practicing newly developed skill and mastering challenging task engender positive emotions, feelings of efficacy. This is due to the fact that adult learners educational programmes with a strong need to apply what they have learned to their real world, they are continually attentive to how they are learning. As such, they are more motivated when the circumstances under which they assess their competence are authentic to their actual lives. Some participants expressed feelings of despondency and being demotivated when their educational and personal circumstances not conducive to their learning.

"Personally I do not have a preceptor. I use anybody who is available. I have a problem that today the preceptor is here the next time she is on night duty for three months. I find this disrupting me and have lack of consistency" (P8).

Sub-category 4.1.3: Family support and multiple roles

It seemed that students' expectations of support served as a useful point of reference to evaluate what students believed distance learning involves and how they might best be supported during periods of their study.

"If I am getting negative feedback from my family or friends then it wears me down" (P6).

"I convinced myself that the support of my husband would pull me through" (P5).

This participant found it supportive to have people who are considerate of the situations. A small gesture is interpreted as a caring attitude. Statement such as*:*

"*Somebody saying call when you need a cup of tea. That keeps me going"* (P8).

Support of one by the family was viewed as being crucial to the distance learner and the appreciation and the understanding that the student needs time and space to study. According to Johanson, Fridland and Hildingh (2005:289), social support is instrumental to development as it is defined as an interpersonal transaction that involves emotions, information and appraisal.

Social support is also described as a meta construct with distinct conceptual components that reflect ongoing dynamics transactions between individuals and their social network (Pryde and Ardal, 2001:969). What students considered as supportive by their families should be understood in the light of how they experience the course. In some instances it can be understood as empowerment in terms of both internal and

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external resources to trust one self. This dimension concerns the fact that it is supportive for the student to trust in his/her own abilities:

Sub-category 4.1.4: Time management

Participants' as matured students identified that time management is critically important for them to meet their clinical outcomes. They expressed time as a constraint for completing their clinical work and to be effective employees, exemplars are as follows:

> *"I need to be discipline on my time management. Once I have set a plan, I must stick to it ... but it is not easy being a family person and working in ICU. Before you are aware the year is over and you have not reached your goals" (P7).*

> *"The real reason why I am studying in distance learning is that I can manage my time by myself" (P7).*

Managing time successfully does not mean that one needs to apply rigid time slots. Rather it does mean that in a positive rewarding sense, one needs to plan and rank activities into order of priority and control the environment at home and at work to be able to achieve the set goals and objectives.

Conclusion

The participants' experiences on discipline indicated that the majority of the students have an intrinsic motivation to complete their studies. They indicated that they needed to take responsibility for their clinical learning In this category the researcher noted that there seemed to be a change of perspective from that of dependency to that of being independent

Participants with extrinsic motivation needed to be supported and demotivating external factors that created a sense of identified and addressed. Family support was viewed as important for survival in ODL.

5.4   CONCLUSIONS RELATED TO THE FINDINGS.

On the basis of the research findings, the meanings that emerged in relation to the lecturer, the clinical setting, preceptor and self were interpreted in accordance with 'Being' According to this, the:

(a)   Lecturer as an agent that provides, arranges or coordinates clinical accompaniment is in an unusual world that of being silent, where there is no physical contact because of distance. The learner interprets this as abandonment and experiences frustration.

(b)   Preceptor, as a substitute for the lecturer provides normality in that she/he is appointed to accompany students in the clinical setting.

(c)   The clinical setting becomes a base for a variety of activities to accommodate the learning, which is undertaken.

(d)   Student /learner becomes the lecturer recipient of the knowledge co-ordinated by the lecturer and imparted by the preceptor in the clinical setting.

Figure 5.2 diagrammatically illustrate the meaning of the critical-care nursing students' experiences of their everyday world about clinical accompaniment in ODL.
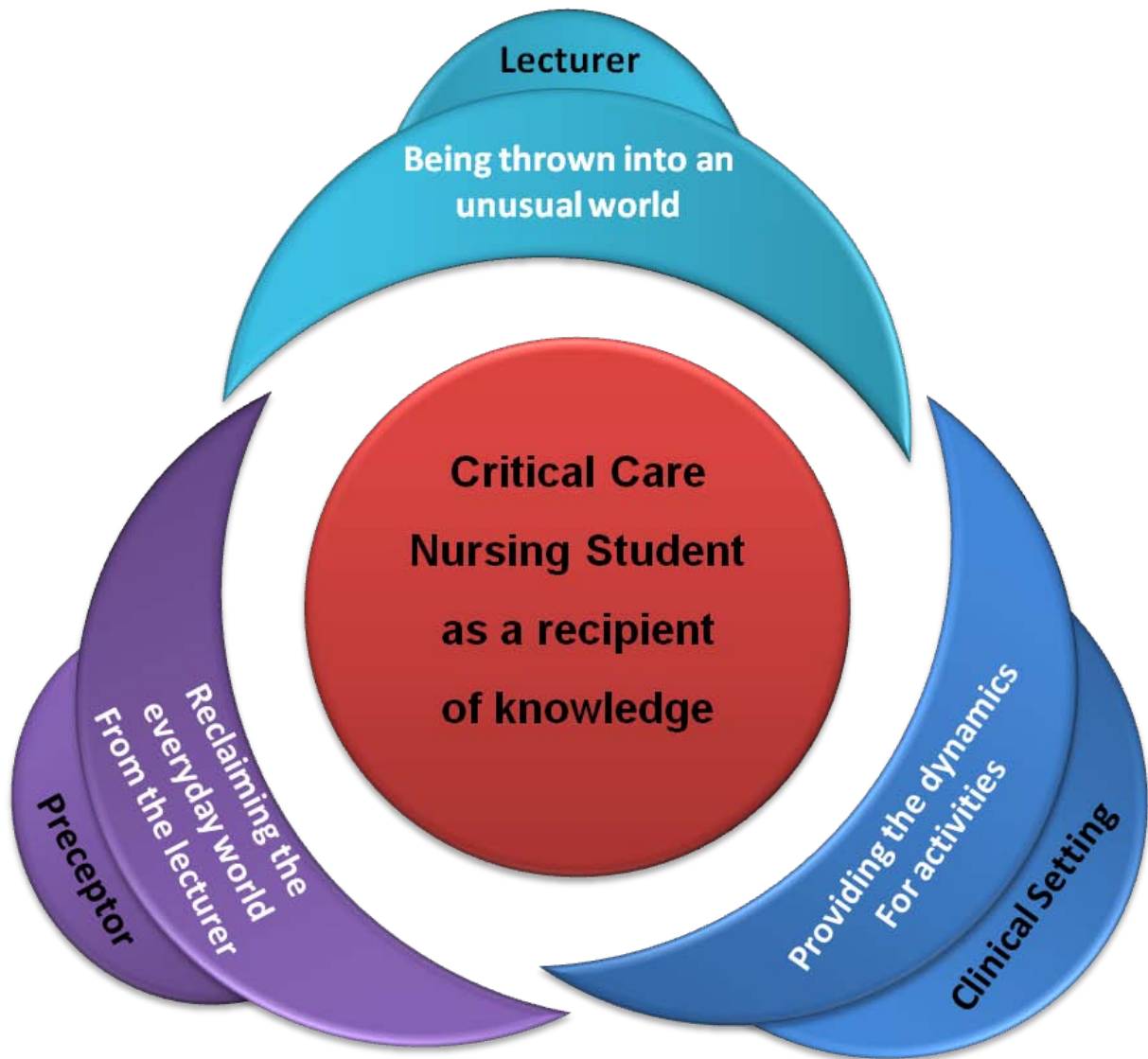
Figure 5.2 Synergy model on the meaning of clinical accompaniment in ODL by critical care nursing students.
Adapted from Patient-Nurse Synergy model by (Curley 1998:68)

5.5   THE EMERGENT CONSTRUCT /CLASSICAL MEANING

Once the data was interpreted, the researcher was bound to compare and contrast different themes, categories and subcategories to get the comprehensive structural interpretation that contains the classic (core) experience for the whole group of participants. After making conclusions that seemed reasonable, sensible and believable the researcher had to determine whether everything made conceptual sense by (1) establishing the discrete findings (2) relating the findings to each other (3) naming the pattern and (4) identifying a corresponding construct (Polit and Beck, 2004:30). By so doing the researcher looked beyond the inherent experience of individuals who together made a group. In adhering to this viewpoint, the researcher returned to the data interpretation and asked this question:

What is the underlying meaning of the core experiences of all the participants?

After careful deliberation and contemplation involving all the different themes, categories, and subcategories as explicated, the researcher arrived at a conclusion that the essential meanings encompassing the themes and categories without which the study will not make sense in the experiences of critical care nursing students in ODL in their Being (everyday world) is **relationships.**

The notion of relationships was found to be crucial in the accompaniment of students. This concept was designated as a constitutive pattern as it recurred across the text. Hence relationships were viewed as a pivotal point, an area of interface, a passage, and central concept through which, and by which theory in support of the research findings can be grounded and the findings further explicated (Mongwe, 2007:262).

In grounding the notion of relationship, the researcher examined the experiences of participants. It was evident that relationship with the lecturer, preceptor, and the clinical environment and with 'self' (of the critical care nursing student) was a complex phenomenon which provided a kind of "Being" for the student.

According to Tondres and Wheeler (2001:6), grounding the constitutive pattern experience finds a particular resonance for nursing research because nursing research often approaches phenomena that are complex and subtle and best defined by

reference to the concrete experience, in a definitive manner. A term such as 'relationship', can become defined in an overly abstract manner that can lose touch with reality, which is the kind of experience that gives the term its grounded meaning or presence and will give context to this study. As a result, conceptual meaning of the concept 'relationships' needed to be created.

5.5.1 Creating conceptual meaning of the emergent construct

According to Chinn and Kramer (2005:134), supported by Walker and Avant (2005:65), creating conceptual meaning is a strategy that the researcher to examine attributes and characteristics of the emergent construct. It coveys thoughts, feelings and ideas that reflects the human experience Within the context of this phenomenological enquiry, conceptual meaning is intended to contribute to the unveiling of hidden meaning of the experience Therefore in this study it provided a method to examine the ways in which the concept 'relationships' was used with the variants meanings to explore the extent to which the meanings were consistent with the research purpose.

With these s concerns in mind the researcher became interested in identifying those aspects of clinical accompaniment practices, which best typify relationships. In examining this aspect the researcher noted that the elements such as caring, acceptance, trust, responsiveness, support and other interpersonal activities that show concern for the individuality and uniqueness of the participants are used interchangeably. Therefore, by grounding the concept one is able to use experiential descriptions and interpretations in a way that can display or invoke the lived experience of participants. This sense of understanding is useful to nursing knowledge in that it is not just conceptual but also experiential and will thus empower practice and ethical judgment (Euswas and Chick, 1999:178).

In the following discussion the emergent construct was related to the guiding philosophical stance of the study.

5.5.2 Relating the emergent construct "relationship" to the underlying philosophical stance of the study: Heidegger's hermeneutic phenomenology

Relationships have a history within different fields and disciplines and have come to be known as interaction oriented theories (George, 2002:9). Symbolic interaction is an encompassing concept for the majority of the interaction-oriented theories, which had a considerable impact in sociological research. In nursing, reference to the work of theorists such as Peplau (nurse-patient relationship), Orlando (dynamic interaction systems) and Paterson and Zderand (humanistic nursing practices) to mention a few is made to emphasise the general theory of interaction in nursing.

The value of symbolic interaction theoretical approach to this study is based on the premise that man is born in society, characterized by interaction with the environment and with others (co-existence). The symbolic interaction theory has synergy with phenomenology on relationships. Heidegger's phenomenology purports that human existence is world relatedness. Human beings as relational beings cannot exist except in the framework of relationships. Thus existence of the humans is amid a world of shared meaning and understanding. This therefore that whatever individuals understand about themselves is bound up in own as well others' destiny.

According to Levinas (2006:226), human beings and the world they live in cannot be defined in any other manner except relationally. Being in the world is existence of self, therefore a becoming which shows itself in terms of experiential qualities and actions expressed in the world by human presence (Heidegger, 1962 as cited in Levinas 2006:227). The link between experience, understanding and self- understanding takes account of being and the relationships of being with others not for others.

Being in the clinical setting for clinical accompaniment it is a relationship of responsibility for all those involved (students, preceptor, lecturer and the significant others). As a result in clinical accompaniment, the relationship with others must be conceived in terms of proximity and symmetry; because the character of the obligations and expectations involved; symmetry, because the participants (students) are the ones who must take responsibility for their learning. Hence the connection of proximity expresses itself in terms of shared responsibility (Levinas 2006:229). The relationship is

in the understanding of others. This view is also highlighting the intersubjective nature of interpretive research.

In exploring the experiences of critical care nursing students about clinical accompaniment in ODL, the unified relationship the participants had with their world of clinical environment and its effects on them could not be ignored. The relationships of the participants and the researcher in 'Being' is always intentional which refers to the way human consciousness becomes aware of being in the world within the direct contact with the world through embodiment. 'Embodiment' denotes that one is and gains access to the world through the body (Moran, 2000:170).

Embodiment and intentionality allows for being in the world asserting that every human is explicitly or implicitly self-understanding by means of understanding others. As a result, understanding the meaning of the experiences of the participants required that the researcher describe her intentional stance of events from the point of view of experiencing person (Thomson, 2000:703). The researcher clearly stated her pre understating based on her experience of being a critical care nurse and lecturer and accompanist in ODL. As such the relationship of the participants and the researcher was co- existence.

Relationships result from our embodiment through our consciousness of Being in the world. The body is the unwavering vantage point of experience. When the relationship between the body and the world is disturbed, the person's existence is profoundly shaken. The data analysis revealed that the participants in this study longed for deeper connectedness with both the lecturer and their preceptors. But more often experienced disconnectedness in their embodiment and in their Being in the world (Thomas and Polio, 2002:14). Hence the concept relationship was viewed as pivotal in their achievement of practice outcomes.

Having discusses the above; one can therefore say that all knowledge is dependent on specific perspectives. According to Polit and Becker (2004:45), one's understanding of life can be enriched by accessing vantage points. Ultimately the understanding of interpersonal relationships is enhanced from the point of different construct and perspective.

5.6   CONCLUSION

This chapter presented the research findings with regard to the critical care nursing students' experiences about clinical accompaniment in ODL. The findings were based on the four relational themes, which form the pillars of clinical accompaniment. Each of these themes relied and contributed to each other through a synergistic confluence, either enhancing or compromising the accompaniment process. In interpreting the data, the meaning that emerged from the research findings in relation to "Being" (everyday world) of the critical care nursing students about clinical accompaniment in open distance learning was relationship between and among the lecturer, the clinical setting, preceptor and the self (participant). Conceptualization and interpretation of the meanings attached to the ontological and philosophical perspective of Heideggers' everyday world of Being were integrated by means of literature control (De Vos 2000:341). Based on these research findings, chapter six (6) will focus on the formulation of the guidelines to facilitate clinical accompaniment in open distance learning. The guidelines will be discussed through inductive and deductive reasoning from the conclusions made in the data findings

CHAPTER 6

Guidelines for facilitation of clinical accompaniment of critical care nursing students in open distance learning

6.1   INTRODUCTION

In this chapter guidelines for facilitation of clinical accompaniment of critical care nursing students in ODL are developed. The guidelines are based on the findings of this study, intuitive insight of the researcher and deductions that combined ideas from several fields of research. A criterion suggested by Chinn and Kramer, (2005:110) was used to evaluate the guidelines.

6.2   PROCESS OF DEVELOPING THE GUIDELINES

The guidelines were formulated in relation to the four major themes that emerged from data analysis on the lived experiences of critical-care nursing students about clinical accompaniment in ODL. As stated in the previous chapter the emergent construct was 'relationships'. According to the findings the lecturer, peers, preceptors and unit staff were identified as influential in creating and sustaining supportive relationships in clinical accompaniment.

In developing these guidelines, the use of the term 'facilitation' was found to be congruent with the culture of higher education models in nursing education. Facilitation responds to non-prescriptive student centered approaches that promote self-directedness, critical thinking and life- long learning (Lambert and Glacken, 2004:668). Therefore, in the context of this study's interpretation, facilitation embraces elements such as empowerment, enabling, resource provision, critical reflection and goal attainment (Lambert and Glacken, 2004:668).

The first step in the development of guidelines was the consideration of the conceptual framework as outlined in chapter 1. The concepts in the framework were applied to

provide structure in each guideline. Therefore included in each guideline is the purpose, the agent, the recipient, context, dynamics and procedures.

The second step was the actual phrasing of the guidelines based on summarized conclusions of the themes. It is therefore suggested that practitioners or educators who wish to implement the guidelines, read chapter one and five of this thesis in order to gain a deeper understanding of the context.

6.3 APPLICATION OF THE CONCEPTUAL FRAMEWORK TO THE DEVELOP-MENT OF THE GUIDELINES

The guidelines reflected on activities proposed by Dickoff *et al.,*'s (1968:245), survey list consisting of purpose or terminus, the agent, recipient, framework (context), dynamics and the procedures.

6.3.1 Purpose or terminus

According to Dickoff *et al.,'s* (1968:222), survey list all activities within a guideline have to be identified. The purpose of each guideline was –

- to facilitate appropriate accompaniment practices, which foster supportive relationships between the agents and the recipients;
- to empower the recipients to develop self-directed learning and to take responsibility for own learning, based on the understanding that human beings have a natural desire to have control of the outcomes; and .
- to promote reflection on own self and on practice undertaken in order to realise that situations could be different.

6.3.2 Agent

Dickoff *et al.,* (1968:225) identified the agent as someone who has the knowledge or ability to perform an activity or provide a solution to a problem. Stanhope and Lancaster (2006:215) view an agent as the person who has varying kinds of influence or someone who acts as a precipitating cause of events. The agent in this study was the lecturer, preceptors and/or health team who are the facilitators in clinical accompaniment.

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The characteristics of the agent (lecturer, preceptor, health team) is –

- professional nurse registered under the Nursing Act or relevant regulatory Council. In South Africa this will be Nursing Act no 33 of 2005.
- The said professional nurse should be allocated to work in the intensive care units.
- Responsible for clinical, managerial and research activities in the ICU.

In South Africa this registration entitles her/him to practice as an independent nurse practitioner. As the agent of clinical accompaniment, she/he is supportive of a nurturing environment, which characterises growth, autonomy, self-directedness and self-actualisation of learners. Based on the broad functions of the agent, the term 'facilitation' is viewed as an appropriate approach that is all encompassing in ODL.

6.3.3 Recipient

Recipient is the beneficiary of the activities designed by the agent. Critical-care nursing students were the recipients of the guidance in clinical accompaniment so that they could develop professional competencies and self-directed learning under the guidance of the said agents (Gravett, 1999:33).

6.3.4 Framework (Context)

Dickoff *et al., (*1968:223) define a framework as the context or setting in which activities take place. Clinical accompaniment takes place in the clinical setting where patients are looked after. The clinical setting provides for learning opportunities and is influenced by both the external and the internal context of the recipients. The external context of the recipient includes the world of biomedical science, technology, education, political and social worlds. The internal context pertains to the personal world of the individual (self), which interacts, with the external world for clinical accompaniment to be meaningful. As such the interaction between the critical-care nursing students, lecturer and patients is determined by the circumstances in the clinical setting.

6.3.5 Dynamics

In Dickoff *et al.,'s* (1968:233) survey list, dynamics is refer to energy sources or motivating factors within an individual for success. In this study motivating factors impact on the agent as well as the recipient where upon the attainment of the outcomes of the program will benefit all.

Firstly the agent will be positively appraised for appropriate accompaniment practices. Secondly, the students will achieve the required skills in critical care nursing.

6.3.6 Procedures

The procedures include the techniques, protocols that students have to master. They included the implementation of specific behaviours by the agent and supportive guided clinical accompaniment strategies in the quest to facilitate individual clinical accompaniment in ODL.

6.4 FORMULATION OF GUIDELINES FOR FACILITATION OF CLINICAL ACCOMPANIMENT OF CRITICAL CARE NURSING STUDENTS IN OPEN DISTANCE LEARNING

The guidelines presented here are a synthesis of the researcher's conclusions drawn from the study findings, constructed in here with Dickoff *et al.,'s* (1968:243) survey list model. The guidelines related to the activities (dynamics and procedures) to be undertaken by the preceptor/lecturer unit staff (agent) in the clinical setting (context) for the benefit of the student (recipient).

6.4.1 THEME 1: Guideline to address the critical care nursing student relationship with the lecturer is challenged by physical distance and contact

There were two guidelines developed from this theme in line with the categories that emerged from the theme.

Category 1.1: Guideline to address physical distance

The purpose of this guideline is to address issues relating to lack of support in clinical accompaniment due to the inability of the lecturer to be physically present in the clinical setting. Also to develop supportive strategies, which will enable the students to understand that the very nature of physical distance between the lecturer, the student and other students characterizes distance learning (Frame, 2001:28).

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BOX 6.1 Summarized statements for theme 1 category1.1: Physical distance

The study findings revealed that:

- Physical distance between the students and the lecturer was perceived as lack of support and guidance.
- Participants emphasised that support and motivation are prompted by face-to-face and contact with the lecturer.
- The lecturer to create opportunities for visibility.
- A balance between supporting and guiding the students at the same time being careful not to create dependency need to be found by promoting self directedness of students.

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GUIDELINE 1: To facilitate appropriate supportive relationships between the lecturer (agent) and the student (recipients)

Recommended activities and procedures for the implementation of the guideline

(1)   To reduce physical distance and promote support and contact

- Criteria for admission into the program one (1) years experience in ICU
- Appoint preceptors in the participating facilities where students work
- Provide detailed documentation on the advice and guidance about the dynamics of studying in distance learning.

- Provision of information to students about available support systems in place for communicating with the university and the lecturer.

- Maintain communication through e-mails, telephone calls, SMS, students on line facility (Myunisa) postal mail telegrams and inform students about relevant professional development seminars.

- Send occasional notes of greetings from the lecturer to break the silence and promote caring and contact.

- Provide detailed study material

- Encourage the students to visit the main campus if possible to experience a sense of belonging.

- Appoint a linking tutor (preceptor) who will be based at the academic institution to solely function as an overseer of the clinical aspects of the students. This appointment has merit on the building of bridges between the clinical facility and the education institution. This role also has a potential of promoting retention and recruitment of students (Lofmark and Wilkblud, 2001:44). With increased emphasis on research and evidence based practice in clinical courses, it is also a role that might promote the implementation of evidence-based practice and strengthen collaboration between health service provision and academic institution (O'Melley, Cunliffe, Hunter and Breeze, 2000:46).

  Furthermore, the linking tutor's role will allow the lecturers to focus on the development of quality study material and keep lecturers abreast with health service delivery process. In this way students will have a person dedicated to their clinical aspect.

- Quarterly newsletter's distributed to students and preceptors on the events in the university to keep the students informed and feel closer to the university and the lecturer.

(2)   To create opportunities for contact and visibility by the lecturer

- Visits by the lecturer at least twice a year in areas within reach at the beginning of the year and before exams.

- Provide a photo of the lecturer on the web for student to know the face of the person that they will be communicating with through telephone calls and e-mails.

- Plan and communicates videoconference sessions to students well in advance. This will also provide the students' connectivity and interaction when linking different countries at the same time.
- Make computer literacy a pre-requisite for students in ODL for effective communication.
- Encourage the students to ask questions and not to be afraid to make because in so doing they are developing.

Category 1.2: Guideline to address the emotional feeling associated with being cut off from the lecturer

The purpose of this guideline is firstly to assist the students to be able to discuss their feelings without feeling vulnerable or threatened. Secondly, to exercise appropriate discipline without resorting to negative feelings for solving problems.

BOX 6.2 Summarized statements for category 2: Emotional feelings associated with being cut off from the lecturer

- In this study it was evident that perceived disabling situations tend to evoke emotional reactions in the participants (Ross and Deverell, (2004:37).
- According to Crossland and Culham (2000:21), the emotions exhibited by participants are necessary responses when one is in crisis, because they are a manifestation of basic psychological defense mechanism for survival and are normal).
- Of importance is the management thereof and to assist the participants to reflect on their reactions and be able to identify the triggers of these emotions in order to deal with the situation in a positive way.

GUIDELINE 2: To empowered the students to explore and use challenges as opportunities for learning

Recommended activities and procedures for the implementation of the guideline

- Make the students aware that they have a choice on how to respond to the negative feeling as the result of experiences encountered during clinical accompaniment. They could either resign themselves to negative feelings as described and accept the status quo or choose to act in a way designed to alter the situation.

- Provide an open line for communication with students 24hrs a day and 7 days a (24/7) a week.

- Provide counseling services by motivating students constantly through SMS, occasional note of greetings (Weils and McGill, 1998:42).

- Encourage students to analyse their feeling before reacting in order develop awareness of one's feelings and revised interpretation of the meanings of the feelings experienced, which will guide subsequent understanding, appreciation and future reactions and actions.

Journal writing

Assist students to write and keep journal of day- to- day experiences specific to clinical accompaniment .The review of these journal will highlight challenges experienced in the clinical setting and mechanisms to address these can then be derived accordingly.

Learned conversation with self

- Self-reflection involves learned self-conversations. Within this conversation, emotive aspects, feelings, responses, intuition and sensing are central as the learner deliberate, breaks traditional modes of thoughts to prompt forward leaps in creativity. The learned conversation with self result in emancipator learning, which frees the individual from personal, institutional and environmental forces that may be preventing him/her from seeing new directions and gaining control of persona life. The outcomes of learned conversation with self are a changed assumption about self and the world, resulting in a corresponding change in behavior, feelings and relationships (Francis and Humphrey, 2000:282).

6.4.2 THEME 2: Guideline to address the critical care nursing students' relationships in the clinical setting

The guideline for relationship with clinical setting will address issues related to accessibility and nature of the environment.

Guideline for category 2.1: Guideline on to address supportive clinical environments

The purpose of this guideline is to promote supportive relationships between the academic institution and service units to foster positive working environments and explicit support from critical care nursing students from management and unit staff.

BOX 6.3 Summarized statements for category 1:   Non-supportive clinical environments

- The findings of the study revealed peers and management did not recognize critical care nurse who were registered on ODL to study critical care nursing as students and as such students were reminded that they are to fulfill work obligations as well.
- Students registered on ODL (critical care nursing) were not accorded the same status with those studying through residential nursing colleges and University departments.

GUIDELINE 3: To promote supportive relationships in the clinical setting for critical care nursing students

Recommended activities and procedures for the implementation of the guideline

Recognition of students' status and promotion of students' identity

- Provide student tags for students to wear in the clinical setting. These tags must bear the academic institution logo and the student name and course registered.
- Ensure that service contract, memoranda of agreement or understanding to be approved and signed before students can be allowed in the clinical setting.

These should enlist commitment to mentoring of students by colleagues in the service area.

- Allocation of students to take into cognizance their learning outcomes to be met.
- Unit managers to consider reducing their workload and allow them time to rotate in different units in order to meet the set outcomes and the required number of hours as stipulated in the curriculum.
- Support students by enabling them an opportunity to work in the same shift alongside their facilitators and mentors to allow the integration of theory to practice.

Category 2.2: Guideline to address the challenges associated with locating and accessing clinical learning opportunities

The guideline will enable the students to access learning facilities other than those facilities that they are working and allocated at for the purpose of gaining experience and skill on other techniques and services that may be unavailable in the official place.

BOX 6.4 Summarized statements for category 2: Challenges associated with locating and accessing clinical learning opportunities

- Participants described problems related to locating and making arrangements for clinical learning experiences not available in their workplace.

GUIDELINE 4: To facilitate collaboration between or amongst clinical facilities and enhance skill development in clinical practice in critical care nurse training

Recommended activities and procedures for the implementation of the guideline

- Service contracts and memorandum of understanding between the hospitals in the geographical area to be negotiated to allow clinical exposure of critical care nurses to technology and those procedures, which may not be available in original places of work.
- The lecturer from the academic institution to take initiative to put in the request on behalf of the students for allocation in the alternative facilities.

- The lecturer from the academic institution to take initiative to ensure that each alternative facility is approved for training by the regulatory authorities of the relevant country.
- Clinical standards of care to be advocated for through professional organizations for similarity of principles in caring for critically ill patients which will allay anxiety for students working in alternative facilities.

6.4.3 THEME 3: Guideline to address the relationship between the critical care nursing students' and the preceptor

The purpose of the guideline here under is to facilitate formal participation of the preceptor in the accompaniment of students in clinical setting.

Guideline for category 3.1: Consistency in relationship

BOX 6.5 Summarized statements for category 1

- Lack of incentive, commitment, workload and lack of understanding of ODL impacted negatively on the relationship. As the result the relationship of the students with preceptors was described as that of favors, students perceived themselves as a burden not and not a priority for the preceptor.
- Role clarification and support to the preceptor by the lecturer was important.
- Students appreciated the accompaniment that happened.

GUIDELINE 5:   To facilitate consistency in the relationship between the preceptors and the students

Recommended activities and procedures for the implementation of the guideline

- Approved and signed contracts between the preceptor and the educational institution and approved and signed memoranda of agreement or understanding between the education institution and the relevant health facility. .

- Design monitory and evaluation mechanism and a reporting system to be used by the education institution health facility, the lecturer, preceptor, unit staff and the student.

- Provide incentives for preceptors to enhance commitment needed.
- Provide orientation to the preceptor with regard to the clinical requirements for the students' evaluation and grading of students experience.
- Set expectations with the preceptee at the beginning of the encounter.
- Sign contract for performance by the preceptor.
- Set up open communication lines between the lecturer and the preceptor on an ongoing basis regarding students' progress.
- Quarterly report on the progress.
- Assist the students to provide feedback about the clinical accompaniment progress.
- Arrange workshop for preceptorship (Engel, 2004:74).
- Preceptors to display and advocacy role for the student.
- Ensure that supportive learning environments are provided for the students at all times.
- Encourage the communication between the preceptor and the student.

The student to note the following responsibilities towards the preceptor:

Activities pertaining to the student

- Encourage the student to identify and communicate own learning needs.
- Motivate the student to accept responsibility for own practice within legal, ethical and practice standards of the discipline and the institution.
- Ensure that the student is guided to work collaboratively with the preceptor and the clinical staff.
- Provide feedback to preceptor regarding learning progress.
- Assist the students to do self evaluating skills first as directed in their work books to assess themselves before being evaluated by the preceptor this will provide an opportunity for self critique of their own learning.

- Ensure that the student endeavors to create an atmosphere of openness and trust which will promote better performance, development of positive attitude and feelings of independence specific to the accompaniment in clinical settings.

6.4.4 THEME: 4: Guidelines to address the relationship with self (student)

The purpose of the guideline is to empower the student to manage his/her studies effectively.

Category 1:   Personal challenges as experienced within ODL

<table>
<tr><td>BOX 6.6   Summarized statements for personal challenges related to open distance learning</td></tr>
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- Personal attributes and family support were described as a priority e for progression in ODL.
- Constraints of self-discipline, motivation, time management and family issues were commented upon.

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GUIDELINE 6:   To empower the students to manage personal challenges experienced within the ODL

Recommended activities and procedures for the implementation of the guideline

- Ensure that the student understand that the point of departure in ODL is that learning lies with the individual. The student must accept a high degree of responsibility for learning, which is the starting point for self-directed (Moore 1998:5).
- Provide the students with a user friendly package on time management in relation to ODL
- Impress upon the students the importance of family support and inform and include family in her/his study.
- Provide the students with a name list of other students together with their contact details to facilitate communication between and amongst themselves.

- Encourage students to recruit other candidates so that they can enroll as a group and support each other.

- Encourage the students to clearly articulate their vision for future, their potential, motivation and aims that they consider worthy to pursue in relation to their studies. They should be encouraged to imagine how things might be different from what they are. Once this has been established, this should be used as motivation for sustenance of learning with minimal presence of the lecturer.

In concluding these guidelines, a supportive culture for facilitation of clinical accompaniment in ODL should be empowering, caring, challenging, motivating, visionary, creative and autonomous in nature. The summary of the guidelines is displayed in figure 6.1.

6.5   ANALYSIS AND EVALUATION OF THE GUIDLINES

Analysis according Rogers (2002:34) deals with an objective breakdown of the statements in to components. This is done to identify relationships between statements and relative hierarchy of ideas contained in the guidelines. Analysis facilitates:

- Recognition of stated and unstated assumptions.
- Identification of motives.
- Comprehension of the interrelationships among statements.
- Detection of logical fallacies (Sieber and Mackintosh, 2001:5).

Evaluation in contrast to analysis involves judgment about the value, logical structure of the guidelines. Determining the extent to which the guidelines satisfies certain external criteria and meets certain standards makes the judgment for evaluation. Evaluation of these guidelines allows the reader to draw judgment conclusions about their validity. The above guidelines in this study were evaluated for clarity, simplicity, generality, relational structures and operational adequacy.

| Agent Lecturer | Recipient CCN Student |

Procedures

Procedures entails the guidelines proposed by the agent in the quest to facilitate Clinical accompaniment in critical care units in ODL.

➢Facilitate appropriate relationships between the lecturer and the student

➢Empower the student to manage emotional feelings

➢Promote supportive relationships in the clinical setting for the critical care nursing student

➢Facilitate collaboration between or amongst clinical facilities and enhance skill development in practice in critical care nurse training

➢Facilitate consistency in relationships between the preceptor and student

➢Empower the student to manage personal challenges experienced within ODL

Dynamics

The dynamics are the energy source or motivating factors for clinical accompaniment of critical care nursing students in ODL.

➢Clinical accompaniment in ODL is a dynamic interactive process which is built on supportive relationships

➢Implementation of appropriate accompaniment processes lead to self actualisation of student and to the benefit of patients in ICU

➢Supportive relationships will allow students to exhibit emancipatory behaviours such as pioneering spirit, focus on own goals and seek opportunities to change the situation

➢Attainment of outcomes will benefit the agent through positive appraised for appropriate accompaniment

➢The student will achieve required skill in critical care nursing

Terminus

Responsibility for own learning, meaningful relationships, acceptance of challenges associated with ODL

Figure 6.1 Framework to facilitate clinical accompaniment in critical care nursing students in ODL
(Adapted from Dickoff *et al*., 1968:220-223)

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6.5.1 Clarity

The guidelines were evaluated for semantic clarity and structural clarity. Semantic clarity questioned the theoretical meaning of concepts. While structural clarity reflects the connection between the concepts in the theory guidelines and the rest of the study. Of importance was to provide clarity on the language use to develop the guidelines, the meaningfulness of the guidelines was verified with the promoters. Accordingly the guidelines were clearly stated and were related to the purpose.

6.5.2 Simplicity

The guidelines were evaluated to establish their applicability to the clinical accompaniment in ODL. For them to be simple, these had to be few, logically organized and clearly written.

6.5.3 Generality of the guidelines

Generality refers to the breath of the scope and purpose of the guidelines. The guidelines were developed to foster supportive relationships for the students, preceptors, the lecturer and unit staff in the clinical accompaniment process. Additionally, they were meant to equip/empower the students to take responsibility for own learning and be reflective critical thinking practitioners.

6.6 CONCLUSION

This chapter comprised of the guidelines for facilitation of clinical accompaniment of critical care nursing students in ODL. These guidelines were aimed at empowerment of both the student (recipient) and the accompanist (agent). Evaluation criterion for the guidelines was also explicated. Chapter 7 will conclude the study by reflecting on the findings, the limitations and suggest recommendations for future research education and practice.

CHAPTER 7

Conclusions, limitations and recommendations of the study

7.1 INTRODUCTION

In this chapter the summary of the research findings, the conclusions, limitations, recommendations for further research and evaluation of the study is presented. The overall objective of the study was to develop guidelines for the facilitation of clinical accompaniment in ODL. This was accomplished by using a qualitative explorative and interpretative contextual research design within the hermeneutic phenomenology, guided by the following research question:

How did you experience clinical accompaniment in open distance learning?

7.2 THE AIM AND OBJECTIVES OF THE STUDY

The aim of the study was to describe the guidelines for facilitation of clinical accompaniment in ODL to fulfill the aim of the study the following objectives were formulated:

- To explore and interpret the lived experiences of critical care nursing students to support the development of guidelines for facilitation of clinical accompaniment in critical care nursing in ODL.
- To describe the lived experiences of critical care nursing students in ODL in order to support the development of guidelines for the facilitation of clinical accompaniment in critical care nurse training in ODL.
- To develop guidelines on clinical accompaniment of critical care nursing students in ODL.

7.3   CONCLUSIONS ON THE RESEARCH OF THE STUDY

The conclusions of the study were drawn from the summary of the results of the study findings and from the evaluation of the research methodology.

7.3.1   Conclusions on the summary of the research findings

The results revealed that to a large extent, the effectiveness of clinical accompaniment requires a mechanism that fosters healthy relationships between the clinical service, the lecture, the student and the preceptors. Apprehension about the loss of personal contact with the lecture was expressed. Indeed visibility and frequent encouragement from lecturer was valuable to the students.

The students in this study valued the support of managers and their preceptors. It was important that equal treatment of students from different institutions be promoted. Reciprocally, the students needed to take responsibility of their own learning and be actively involved in their clinical accompaniment as adult learners. The critical care nursing students needed to realize that behaviour is the consequence of human choices, which individuals can freely exercise. Students had a choice to choose how to respond to the negative experiences they encountered during their clinical learning. They could either resign themselves to negative feelings or accept the status quo, or they could choose to act in a way designed to alter the situation. This within the context of learning, is the ability and /or the willingness of individuals to take control of their own learning that determines their potential for self-direction.

As a result, the study guidelines for facilitation of clinical accompaniment in ODL emphasized supportive relationships, contact, self-directedness of the students, self-reflection and reflection in practice by all parties involved. The role of the lecturer as a transformative intellectual/agent was to guide the students towards achieving skills for appropriate nursing practice in supportive and positive working environment.

7.3.2   Conclusion on the objectives of the study

In concluding this study the researcher is of the opinion that the objectives of the study were actualised. The first and second objective was addressed when the researcher

explored and described the experiences of critical care nursing students about clinical accompaniment in ODL. This was derived through data collection using in-depth interviews (see findings in chapter 5: 5.3). As envisaged in the third objective, the meaning of the experiences was analysed and interpreted using Heidegger's interpretative process influenced by Kvale (2002:48) hermeneutic steps (see chapter 4: 4.2.2).

The meaning derived from the data interpretation was related to the guiding philosophical stance of the everyday world (Being) of critical care nursing students in ODL. The emergent constitutive concept (relationships) was in relation to the lecture, preceptors, unit staff, clinical setting and the students. (chapter 5: 5.4) and so were the development of the guidelines, which addressed the last objective of the study.

7.3.3 Theoretical assumptions

The guidelines for facilitation of clinical accompaniment in ODL were based on the assumptions from phenomenology (lived experiences), ontology (the nature of reality and realising that reality is dynamic), epistemology (adult learning theories, experiential learning and nursing education and critical care nursing theories) and meta-theory (person, health, nursing and environment). Included in the meta-theoretical assumptions was the framework for the development of the guidelines as proposed by Dickoff *et al.*, (1962:245) consisting of the purpose or terminus, agent, recipient, context, dynamics and procedures.

7.3.4 Data collection

Data was collected through in-depth interviews and the analysis of the data was conducted by employing Kvale (2002:48) hermeneutic steps**.**

7.3.5 Validity and trustworthiness of the data

Validity and trustworthiness of the data collected was achieved by:

- The use of participants from different countries and settings which maximised the opportunities for gathering data across the full range of experiences. This was

based on the premise that different people have different experiences unique to each clinical setting.

- Pre-testing established that the interview format would elicit appropriate data.

- Minimal input by the researcher during interviews ensured that views expressed were those of interviewees and not influenced by the researcher as evidenced by the research findings.

- Two independent coders experienced in the use of qualitative methodologies assisted in data analysis. After categorisation of the transcripts comparison was made with the transcripts produced by the researcher. A high level of agreement was reached as Silverman (2000:66) suggest that a comparison of analysis by different researchers is the most credible ways of establishing trustworthiness of qualitative studies. Credibility was also established by comparing the study findings with published literature.

- Prolonged engagement with the data was ensured through in-depth interviews and detailed transcription of steps and transferability was made possible by the audit trail.

7.4 EVALUATION OF THE GUIDELINES

Colleagues within the critical care nursing discipline were requested to critique the guidelines. The guideline for their critique was provided in chapter 6. According to their feedback the proposed guidelines, indicated that:

- The main concepts in the guidelines were clear, consistent and appropriate for the purpose of the guidelines.

- Compatible and coherent structures were suggested for different parts of the guidelines to enable the reader to follow the discussion.

- After the changes were implemented, the guidelines were re-sent to the peer reviewers who indicated that they were congruous and logically organised.

Although the research aim and objectives were met, there were limitations which, were realised in the study.

7.5 LIMITATION OF THE STUDY

7.5.1 Sample

The study was approached from the student's perspective. However, it is the researcher's opinions that the inclusion of preceptors and mentors in the clinical area would have added more insight.

7.5.2 Sample bias

Although the researcher attempted to be objective, there could be some bias attributed to the fact that participants were pipeline students and the researcher the only lecture. These could have restricted response on the part of the participants.

7.5.3 Generalization

The researcher used a qualitative research design with emphasis on interpretation since the aim was to interpret the meaning of the student's experiences. While this method was seen as suitable, it does not offer substantial theory that has some level of generalizability. The sample size was also small to provide worldview.

7.5.4 Personal limitations

The researcher kept the reflective journal to record her experiences, logistics, personal feelings and information on remarks. This was difficult because of time needed for various academic responsibilities. The information that she managed to keep helped her to focus on her goal irrespective of the feelings and the increased work load that she encountered. The researcher occasionally, found it difficult to keep an emotional distance when reading the reported experiences.

The feelings experienced by the researcher confirm literature reports (DeBourgh, 2003:149) that conducting investigation on own subject is potentially emotional threatening to both the researcher and the researched.

7.6   RECOMMENDATIONS

The researcher considered the study to have contributed in a positive way to the body of nursing knowledge and the education in general. Although the sample size was not large, the results that emerged were thought provoking. Clearly there is a need for further research. The study did not aim to provide solution to issues highlighted but there are a number of recommendations that may assist others who are keen to explore accompaniment in critical care nurses in ODL are made. Following are the recommendations for research, education and practice.

7.6.1   Recommendations for further research

- It is recommended that a large study be conducted. The study should include the preceptors and mentors of clinical accompaniment in the clinical setting.
- Although the researcher did touch a bit on self- reflection and reflection in practice, Jones and Barbasi (2004:23) suggest that a study on reflection should be conducted because there exist a dichotomy on experiential learning between the clinicians and the academics. The author believes that such a study will bring an understanding of praxis. Praxis is theory and practice that is interrelated, integrated and dialectical in nature.
- The various theoretical assumptions and statements which were described during the study can be used to formulate hypothesis on which to base further empirical studies.

7.6.2   Recommendations for nursing education

- Collaboration between preceptors and the lecture on accompaniment of students is important
- Knowledge of information technology use to be a prerequisite for post basic students
- For some while, approaches in adult courses have focused on the importance of active participation by adult students because they know what their needs are. This appears to reflect a largely informal approach lacking definitive preparation to help students develop constructive ways to maximize learning opportunities.

Therefore literature on how best to enable students to learn from their clinical experiences need to be identified.

- The guidelines should be implemented to facilitate clinical accompaniment in ODL in order to assess their suitability in terms of value, meaningfulness and significance.

7.6.3 Recommendations for practice

- Development of role identity is important to ODL students as this is currently hindered by lack the of recognition as students.
- It is important to dialogue and discuss with students and peers on how to cope with complexities and demands of accompaniment in ODL.
- If clinical accompaniment is to be effective, there is a need for stronger communication links between educational institutions and clinical settings (Arnold and Boggs, 1999:67).
- Approved and signed memoranda of agreement or understanding must be a standard procedure before placing students in a facility.
- Explore the possibility of link facilitators between education institution and the clinical settings.

7.7 CONCLUSIVE REMARKS AND REFLECTION OF THE LECTUER

Conducting this phenomenological hermeneutic study in the lived experiences of critical care nursing students in ODL was a huge learning curve for the researcher. It was a learning opportunity both methodologically and ontologically.

The most positive part for the researcher was the active participation of the students and their enthusiasm about the course. As an educator she had grappled with the notion of encouraging and fostering independence, self-directed learning and ensuring that the students will be competent safe practitioners at the end of their training. She recognized the value of relationships in clinical accompaniment and for the students to become self-directed learners and acquirers of knowledge.

The researcher has once again become aware of her role in the facilitation of accompaniment in ODL.

The summary of the findings, limitation of the study, evaluation of the study and recommendations for further research, education and for practice are presented to conclude this study. The suggested guidelines and activities are compatible to problem-based, community-based and outcomes-based curriculum and in critical care nursing content.

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ANNEXURE 1

Approval by the Ethics Committee

ANNEXURE 2

Request for permission to conduct the study

ANNEXURE 3

Approval to conduct the study

ANNEXURE 4

Invitation to participate in the study

ANNEXURE 5

Protocol for independent coders

ANNEXURE 6

Plain text verbatim transcripts

ANNEXURE 7

Interview guide

ANNEXURE 8

Letter to preceptors

ANNEXURE 9

Situational analysis

ANNEXURE 10

Saudi Arabia's ICU