FACILITATING LEARNING OF STUDENT NURSES DURING CLINICAL PLACEMENT: REGISTERED NURSES' PERCEPTIONS

by

RIRHANDZU NORAH MONGWE

submitted in part fulfilment of the requirements for
the degree of

MASTER OF ARTS IN NURSING SCIENCE

at the

UNIVERSITY OF SOUTH AFRICA

SUPERVISOR: MRS H S DU TOIT

JOINT SUPERVISOR: DR D M VAN DER WAL

30 NOVEMBER 2001

DECLARATION

I, Rirhandzu Norah Mongwe, declare that ***Facilitating learning of student nurses during clinical placement: registered nurses' perceptions*** is my own work and all the sources I have used or quoted have been indicated and acknowledged by means of complete references.

RIRHANDZU NORAH MONGWE
Student number 0681-674-6

_____ 2001-11-30

ACKNOWLEDGEMENTS

My soul glorifies the Lord and my spirit rejoices in God my Saviour, for he has performed mighty deeds with his arm upon me, and the following persons:

- Mrs HS du Toit and Dr DM van der Wal, my supervisors at UNISA, for being so kind and prepared to share their knowledge with me.
- Mrs T Burger, the librarian, for the many literature sources she found for me.
- Dr Perold and Dr L DeVilliers, for assisting me with data analysis through the QSR NU*DIST 4.0 computer programme.
- The institution and the participants who provided me with the necessary information.
- Dr LC O'Connell for assisting me with the editing of the final product.
- Dr LB Khoza and Mr V Bvuma, critical readers and encouraging friends.

A very special thanks to:

- My husband, Kenny, for his kind heart, love, patience and support during the completion of this study.
- My four children, Popikana, Lulu, Nhlavu and Rhanda, for their love and patience when I was not always there for them when they needed me.
- Basambilu, my younger sister, for loving and caring for my children when I was busy with this study.

ABSTRACT

The purpose of this study was to explore and describe the perceptions of registered nurses with regard to facilitating the learning of student nurses during clinical placement.

Focus group interviews with fifteen registered nurses were done, followed by participant observations in two clinical areas, to gain a clearer picture of obstacles, as well as the strategies employed during placement of student nurses in the clinical area.

The findings indicate that facilitation of the learning of student nurses during clinical placement is achieved by guidance, involvement, assisting and supervision of student nurses in the clinical area by nurses of all categories, and medical and paramedical personnel. Many obstacles were identified which obstruct the employment of strategies that are suitable for facilitation in the clinical area. Guidelines for the facilitation of learning of student nurses were recommended, to improve facilitation in the clinical area.

KEY CONCEPTS:

The following key words form the core of this study:

- Facilitation
- Facilitators
- Perceptions
- Clinical placement
- Registered nurses
- Nurse educators
- Clinical learning opportunities
- Student nurses

ABBREVIATIONS

The following abbreviations are being used in this study:

RSA:	Republic of South Africa
SANC:	South African Nursing Council
UK:	United Kingdom
UKCC:	United Kingdom Central Council
UNISA:	University of South Africa
USA:	United States of America

TABLE OF CONTENTS PAGE

LIST OF ANNEXURES

LIST OF TABLES

LIST OF FIGURES

CHAPTER 1

INTRODUCTION AND OVERVIEW OF THE STUDY

1.1 INTRODUCTION

Nurses, who are being trained at the nursing schools and the nursing colleges, contribute to either good or poor quality patient care. This depends, among other factors, on whether their facilitators, during clinical placement, displayed a positive or negative attitude towards their facilitating role. It is therefore important that registered nurses in the clinical area understand facilitation, so that they can assist student nurses to gain and develop the clinical nursing skills that are important in nursing.

Although many studies have been conducted on facilitation, most of these involve student nurses and nurse educators. Few studies have been conducted on registered nurses' perceptions regarding facilitating learning in the clinical area. In this study the researcher focuses on facilitation in the clinical area, in an attempt to close the gap left by other research. This study therefore explores and describes the perceptions of registered nurses as facilitators of learning of student nurses during clinical placement, with the view to formulate guidelines for the facilitation of learning of student nurses in clinical practice.

1.2 BACKGROUND OF THE PROBLEM

Due to the restructuring of the South African health services since 1995, the hospital at which the present research was conducted was found to be both suitable and centrally situated to be changed into a regional hospital. It now caters for the surrounding hospitals in the Lowveld region of the Northern Province in the Republic of South Africa (RSA). The changes introduced include a bridging course for all enrolled nurses with a view to be registered as general nurses, according to the Regulation relating to the minimum requirements for a bridging course for enrolled nurses leading to registration as a general nurse, or a psychiatric nurse (Regulation R683 of 14 April 1989, as amended).

Due to the above-mentioned transformation, Hospital X became a training institution. This resulted in registered nurses seeing the facilitation of learning of student nurses as extra work. In addition to this, student nurses complained that their requests for appropriate supervision, guidance and accompaniment were not being met. This reaction generated the question as to whether registered nurses as facilitators of student nurses' learning during clinical placement understood and accepted their role as facilitators of learning; and, if they did, how they perceived facilitation of student nurses' learning during clinical placement. The answers to these questions require an exploration of the concept "facilitation".

Simpson & Weiner (1989) as cited by Mashaba & Brink (1994:130) define facilitation as simplifying and helping the student nurse in order to lessen the labour. According to White & Ewan (1991:112), facilitation enables student nurses to identify their own learning needs and assess their performances accurately. Facilitation focuses more on the student nurses' involvement than on the involvement of teachers or registered nurses. This notion is supported by evidence obtained, among others, by Boman (1986:226), Musinski (1999:29), Rideout

(1994:147) and Rolfe (1996:100), who emphasise that facilitation is a student-centred approach, where student nurses direct and control their own learning.

1.2.1 Aims of facilitation of learning

Registered nurses in the clinical area are expected to facilitate the learning of student nurses, aiming at developing a competent nurse practitioner. The South African Nursing Council (SANC) (1992b. Par 2.8) supports this statement. Internationally it is also supported by Ogier (1989:3) who cites the American Nurses' Code (1985) in stating that there is a need to develop a mature and confident practitioner, willing to accept responsibility, and able to think analytically and flexibly. Hilsop, Inglis, Cope, Stoddart & MacIntosh (1996:171) also cite the report of the United Kingdom Central Council (UKCC) for Nursing (1986) in stating that their objective is to produce a competent nurse practitioner.

Facilitation, like any other approach in education that is used to develop a competent nurse practitioner, also assists student nurses to expand their basic skills (Fothergill-Boubonnais & Higuchi 1995:39; Howard & Steinberg 1999:16; Klopper 1999:6; Nicol & Glen 1999:99; and Nordgren, Richardson & Laurella 1998:32). Facilitation promotes professional socialisation (Benor & Leviyof 1997:206; Fothergill-Boubannais & Higuchi 1995:37; Holmes 1997:489; Li 1997:1252; and Scambler 1991:222). Facilitation could also assist registered nurses to update their knowledge (Howard & Steinberg 1999:16; and Ogier 1989:8).

1.2.2 Obstacles in relation to facilitation

During clinical learning accompaniment the nurse educators usually find that student nurses implement nursing care of patients without being supervised by registered nurses (The researcher's experience since 1994). For this reason it is important to explore the perceptions

of these registered nurses to find out why this occurs. According to Lewin & Leach (1982) as cited by Jinks (1991:127), central problems identified in facilitation, were the quality of supervision received by the student nurses during clinical placement, and the concordance between education and the clinical staff. Ewan & White (1992:107) support this by stating that the problems most commonly identified during clinical placement include the fact that student nurses may either be unwelcome because they just get in the way, or welcome as an extra pair of hands rather than as a student nurse with learning needs. Thomas & Hume (1998:41) and Oermann (1998:197) indicate *"no supportive staff"* and *"failure to provide educational opportunities in the clinical area"* as stressors reported by student nurses.

1.2.3 Strategies that can promote facilitation

Facilitating strategies need to be designed to encourage student nurses to apply abstract information to real-life situations. These strategies include, among others, role modelling which could be done by setting patterns to be imitated by the student nurse (Mellish & Wannenburg 1992:117). Rideout (1994:150) elaborates by stating that role modelling is an effective first step where registered nurses could model the desired behaviour. Several other strategies could be used to facilitate learning of student nurses during clinical placement. Examples of these include: clinical conferences, ward rounds, nursing process, reflective practices, caring practices, as well as delegation of duties (Chabeli 1998:43; Mellish & Wannenburg 1992:109; and Norwood 1998:16).

1.3 PROBLEM STATEMENT AND RESEARCH QUESTION

Due to the transformation that has taken place at Hospital X, clinical staff sees facilitation of learning of student nurses following the bridging course under (Regulation R683 of 1989) as extra work. This account was given during informal discussions with registered nurses. In

addition, student nurses complain that their requests for appropriate supervision, guidance and accompaniment are not being met (Personal encounter: 1994 until currently).

Based on the above, the research question for this study is:

What are the registered nurses' perceptions of their role in facilitating the learning of student nurses in the clinical area?

1.4 PURPOSE OF THE STUDY

The purpose of this study consists of two parts, firstly to explore and describe how registered nurses in clinical practice see and fulfil their role and function to facilitate the learning of student nurses under their supervision; and secondly to propose guidelines for the facilitation of learning of student nurses in clinical practice.

1.5 RESEARCH OBJECTIVES

The research objectives of this study are as follows:

- to explore and describe the concept of facilitation in nursing from the point of view of registered nurses and from the literature; and
- to use the findings of the study to develop guidelines for the facilitation of learning of student nurses in clinical practice.

1.6 SIGNIFICANCE OF THE STUDY

In nursing education obstacles of facilitation of student nurses' learning could be identified and prevented. Guidelines regarding the strategies that enhance facilitation of student nurses' learning in the clinical area could be formulated. In clinical practice the research outcomes could assist registered nurses to become more alert to the opportunities for student nurses'

learning that may exist in their units. Registered nurses could get the opportunity to be given in-service training regarding facilitating the learning of student nurses based on the outcomes of this study. Insight gained from this study could guide facilitation of student nurses' learning, and maximise knowledge, skills and attitudes which could improve the quality of patient care. The research findings may stimulate further research.

1.7 ASSUMPTIONS

Assumptions are embedded in the philosophical base of the framework, study design and interpretation of the findings (Burns & Grove, 1993:45). To this end, theoretical-conceptual, methodological-technical and ontological assumptions were posited for this study.

1.7.1 Theoretical-conceptual assumptions

Qualitative research focuses on the process that is occurring as well as product outcome (Creswell 1994:162). The assumptions in this regard are that:

- the experiences of a registered nurse as a facilitator of the learning of student nurses in the clinical area are unique; and
- qualitative research can elicit the required information from registered nurses in the real situation.

1.7.2 Methodological-technical assumptions

In methodological-technical assumptions, the question about the accuracy of the information may not surface in a study, or, if it does, the researcher talks about steps for verifying the information with informants or triangulating among different sources of information, to mention a few techniques available (Creswell, 1994:7). Under this point it is assumed that focus group interviews and participant observations will bring to light:

- the required information from participants; and
- the perceptions of registered nurses as facilitators of clinical learning, manifested in their moment-to-moment interaction with student nu

1.7.3 Ontological assumptions

With regard to ontological assumptions, the only reality is that constructed by the individuals involved in the research situation (Creswell, 1994:4). The attempt is therefore to understand not one, but multiple realities. Meanings and interpretations are negotiated with human data sources because it is the participants' realities that the researcher attempts to reconstruct (Lincoln & Guba 1985; Merriam 1988 as cited by Creswell 1994:162). In this regard it is assumed that:

- the phenomenon of facilitation does exist in the clinical area;
- individuals can reflect and verbalise role experiences and perceptions;
- facilitation is reflected in all spheres of nursing education including clinical areas;
- qualitative researchers can report faithfully on these realities, and on voices and interpretations of informants (Creswell 1994:4); and

  facilitation as implied in this study is an interactive process.

1.8 RESEARCH METHODOLOGY

1.8.1 Research design

The design of this study is qualitative, exploratory, descriptive and contextual in nature.

- It is qualitative, as the aim is to conduct an in-depth study into the perceptions of facilitators of the learning of student nurses during clinical placement at a regional hospital.

- It is exploratory, as it is aimed at exploring the views of facilitators regarding their role and functions in this regard.
- It is descriptive, as the researcher could observe and translate in understandable language the observed behaviour and verbalised opinions of registered nurses regarding facilitation.
- It is contextual, as the study was conducted in the hospital, and includes registered nurses who were, at the time; working in the clinical areas facilitating learning of student nurses doing the bridging course.

The following section provides a brief orientation of the techniques and methods that were adopted to conduct data collection and analysis, population description and sample selection, as well as methods to ensure the trustworthiness of the results. Detailed information is given in section (3.4).

1.8.2 Population and sample

The population included all registered nurses at Hospital X in the Northern Province in the RSA. Registered nurses were selected for the fact that they are responsible for the supervision of student nurses during clinical placement.

A convenience sample of fifteen subjects was drawn from the target population of seventy-nine registered nurses working in various clinical areas. The criteria for purposive sampling, entailed that informants had to:

- have two years of experience as registered nurses; and
- be exposed to facilitating the learning of student nurses in the clinical area.

In addition to the above criteria, two clinical areas were purposely selected where participant observations were done. The clinical areas were selected with the following in view:

- registered nurses who were selected in the study had to be working in those clinical areas; and
- student nurses had to be available in the selected clinical area.

1.8.3 Data collection approach

Focus group interviews were utilised during the study as this method encouraged participation among the group members. The first group to be interviewed was a group of junior registered nurses, the second was of senior registered nurses, and the third group was of chief registered nurses.

Participant observations were also utilised, whereby the researcher worked with the facilitators during clinical accompaniment.

The recording system during focus group interviews included a tape recorder, and notes compiled during those interviews. Information, which was audiotaped during focus group interviews, was transcribed verbatim for later analysis. Records of all the observations were kept during participant observations for later analysis. These are discussed in section (3.4.2).

1.8.4 Data analysis

Data analysis followed an approach suggested by Tesch (1990) as discussed by Creswell (1994:155), Marshall & Rossman (1995:111-119), Miles & Huberman (1994:10;263-266) and Taylor & Bogdan (1984:128-142).

The results of focus group interviews were read, perceptions regarding the concept "facilitation", and obstacles and strategies, which started to emerge, were marked in the QSR NUD*IST 4.0 computer programme. The same procedure was followed for participant observational results. A computer printout was made of all the sections of the transcripts that seemed to highlight specific perceptions regarding the concept "facilitation" aims, obstacles and strategies. The data were categorised into more descriptive themes. Data materials were bound together for storage and further analysis. All existing data were recorded. These are described in section (3.5).

1.8.5 Measures to ensure trustworthiness

Lincoln & Guba's (1985) model as cited by Krefting (1991:215-222), and Talbot (1995:487-488) was used to ensure trustworthiness in the following manner:

- Sufficient time was invested in learning the behaviours and perceptions by means of doing accompaniment on a daily basis, testing for misinformation, and building trust between the researcher and the facilitators. Persistent observations until saturation of data was attained to identify those factors most relevant to the perceptions of facilitators and to focus on them in detail.
- To ensure triangulation, different methods and data sources were employed, that is, focus group interviews and participant observations as well as literature review.
- Referential adequacy was ensured by tape recording all the information during discussions. Recorded material provided the kind of benchmark against which later data analysis and interpretations could be tested for adequacy.
- A summary of the interviews provided by registered nurses was played back and comments were asked from the groups.

- Measures to ensure trustworthiness of the final report were done by giving the final data interpretations to a panel of experts in qualitative research for verification, thus having final consensus on those reports.

These methods are described fully in section (3.4.3).

1.9 ETHICAL CONSIDERATIONS

A brief explanation regarding ethical considerations is provided in this section, as detailed information is discussed in section (3.3).

The rights of the institution were protected by applying to the regional hospital management, the hospital board and the research committee in the Northern Province for a permit to conduct the study. Clear information was provided regarding how the research would be conducted. The researcher was, however, invited by the research committee in the Northern Province to submit the research proposal.

Providing registered nurses with information regarding the proposed research, the purposes, the designs to be used and the risks and benefits, ensured protection of their human rights. Registered nurses were allowed to choose whether they were interested in participating in the study or not. They were informed that their names would not be recorded during data collection and that the information provided would not be used against them. The risks and benefits of the study were to be provided.

The researcher documented all the data obtained. Data fabrication was, however, avoided.

1.10 SCOPE AND LIMITATIONS OF THE STUDY

The study was conducted in one hospital, and only 15 participants were involved. Therefore, the findings cannot be generalised for the whole of the Northern Province. Its findings were contextualised to the region where the study was conducted.

1.11 DEFINITION OF CONCEPTS

1.11.1 Facilitator

A facilitator is a person who gives the learner the structure to exercise more control over his own development (Klopper 1998:23).

In this research a facilitator is a registered nurse working in the clinical area at the regional hospital responsible for assisting the learners to acquire clinical learning experiences.

1.11.2 Facilitation

According to Van Rooy (1997:4), facilitation entails sharing of responsibility for learning by the facilitator and the learner. The teacher leads and guides the instructional events by giving regular feedback.

In this study, facilitation means guiding, involving, assisting and supervising student nurses during their placement in the clinical area.

1.11.3 Clinical placement

In this study clinical placement means the distribution of student nurses in different clinical units for the purpose of learning clinical nursing skills.

1.11.4 Perception

Perception is the process by which an individual represents reality (King 1981:20).

According to this study, perception refers to how the facilitators of the learning of student nurses during clinical placement see their facilitative role and feel about it.

1.11.5 Learning opportunity

According to SANC (1992b. Par 2.9(8)), learning opportunity is the possibility for learning created by the tutor in the classroom and in the clinical situation.

In this study learning opportunities are created by the registered nurse who supervises the student nurses during clinical placement.

1.11.6 Clinical learning opportunity

In this study a clinical learning opportunity is the possibility for learning clinical nursing skills created by the registered nurse who supervises student nurses during clinical placement.

1.11.7 Nurse educator

A nurse educator is a registered nurse, registered tutor who is up-to-date in respect of clinical practice, preferably with a relevant post-basic clinical qualification (SANC 1992a. Par 3.3.2).

This study defines a nurse educator as a registered nurse, registered tutor who is working at a nursing school/college and who is responsible for training and educating student nurses following the bridging course under (Regulation R683 of 1989).

1.11.8 Registered nurse

A registered nurse refers to the nurse registered with the SANC who is working in the clinical area, responsible for guiding and supervising student nurses during clinical placement.

1.11.9 Student nurse

A student nurse is a student in basic training or a nurse in post basic training (SANC 1992b. 2.9(2)).

This study defines a student nurse as an enrolled nurse undergoing education and training following the bridging course to be registered as a general nurse or a psychiatric nurse (SANC, Reg. 683 of 1989, as amended).

1.12 OUTLINE OF THE STUDY

CHAPTER 1: Introduction, background, problem statement, purpose, objectives, significance, assumptions, scope and limitations, ethical considerations, and definition of concepts referred to in the study.

CHAPTER 2: Literature review on facilitation of learning during student nurses' clinical placement, including the guiding framework for literature review, exploration of the meaning of the term "facilitation", aims of facilitating clinical learning, obstacles associated with facilitating clinical learning and strategies for effective facilitation.

CHAPTER 3: Methodology including explanation of the research design, ethical consideration, data collection techniques, and data analysis techniques.

CHAPTER 4: Presentation of data, including themes and categories with regard to the essence of facilitation in nursing, aims of facilitation of learning during placement of student nurses in the clinical area, obstacles to effective facilitation and strategies employed to facilitate learning in the clinical area.

CHAPTER 5: Summary of findings, conclusions and recommendations.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

Literature review is a systematic search of published works to gain information about a research topic (Polit & Hungler 1995:69; Talbot 1995:114).The primary rationale for reviewing literature relevant to this study is to gain a background understanding of the information available on the facilitation of the learning of student nurses during clinical placement (Burns & Grove 1997:117).

The researcher reviewed literature prior to data collection and analysis, to relate the study to what others have done, and to serve as a guideline to plan questions and an observation schedule. Taylor & Bogdan (1984:135) contend that other studies often provide fruitful concepts and propositions that will help the researcher interpret his or her data. In addition, reviewing relevant literature assists in identifying the range of past research studies, summarising the present state of knowledge, differentiating between commentary and research, or identifying the theoretical base of knowledge and assisting the researcher to gain new insights into new methods that may be used (Clifford 1997:161; Polit & Hungler 1995:70).

2.2 GUIDING FRAMEWORK FOR LITERATURE REVIEW

Relevant literature was searched with the assistance of librarians from the University of South Africa (UNISA). The researcher requested a bibliography, using the following key terms:

- facilitation and nursing students

- clinical learning and nursing students
- perception and nursing students
- registered nurse and teaching student nurses
- facilitation and registered/professional nurses

A great deal of information pertaining to preceptorship and clinical teaching was obtained. However, information on facilitation and perceptions was limited. There were very few articles that focused on the perceptions of facilitators during clinical placement of student nurses.

A topic related to this study, includes the study conducted by Chabeli (1998). This author explored and described the perceptions of registered nurses as reflective clinical facilitators within the context of specific health care in the Gauteng Province. Although the study by Chabeli (1998) focused on the perceptions of registered nurses as reflective clinical facilitators, it provided an understanding regarding the guidelines of strategies for effective facilitation, for example, by reflection.

Through the analysis of published works, the following key concepts were identified:

- clinical area facilitation;
- classroom facilitation;
- clinical teaching;
- preceptorship; and
- classroom teaching.

The researcher examined which attributes were common to the concept "facilitation" to develop a model case and additional cases, as classified in Walker & Avant (1995:42-45). Table

2.1 contains the most general attributes of the different concepts that resemble the different "cases" proposed by Walker & Avant (1995:42-45). The researcher distinguishes among them by using Walker & Avant's (1995) "cases". In this study the cases were distinguished as follows:

2.2.1 Clinical area facilitation

Clinical area facilitation as depicted in table 2.1 represents a model case of the phenomenon "facilitation". It is a "model case" as it contains all the critical attributes of the phenomenon under study in terms of Walker & Avant's (1995:42) definition of a model case. Examples of the attributes are contained in Table 2.1.

2.2.2 Classroom facilitation

This is regarded as a "borderline case", since it contains most of the critical attributes of the phenomenon "facilitation" in the clinical area, but not all of them (Walker & Avant 1995:43). For example, defining a student-centred approach, which is a central concept of facilitation, Bevis & Watson (1989) as cited by Rideout (1994:14), indicate that a student-centred approach is the collaboration between students and faculty, where educational goals and the means to achieve the goals are determined through discussion and deliberation. This approach differs from facilitation in the clinical area, because faculty collaborates with the student nurse, while this study focuses on collaboration between the student nurse and the registered nurse in the clinical area.

2.2.3 Clinical teaching

In relation to Walker & Avant's (1995:44) classification, clinical teaching is defined as a related case, as it is related to the phenomenon under study, but does not contain critical attributes. Li

(1997:1252) identified the ten (10) most important clinical teaching behaviours, of which some demonstrate ideas that are very similar to the concept "facilitation", for example, provide support and encouragement to student nurses.

2.2.4 Preceptorship

Preceptorship is also defined as a related case as it is in some way connected to the concept "facilitation". Preceptorship demonstrates some ideas that are very similar to facilitation in the clinical area (Walker & Avant 1995:44), although preceptorship is done by one registered nurse who directs the clinical teaching of a single student as explained in Nordgren *et al* (1998:27). According to Nehls, Rather & Guyette (1997:224), as the preceptors taught the reflexive, concernful thinking practices of nursing, they simultaneously demonstrated these practices with student nurses. Similarly, Van Rooy (1997:4) indicates that facilitation enables the facilitator and the learner to share the responsibility for learning. Table 2.1 exhibits attributes of both facilitation and preceptorship.

2.2.5 Classroom teaching

Classroom teaching is classified as a contrary case, as it is constructed using ideas outside our own experience (Walker & Avant 1995:44). Classroom teaching is certainly not an instance of facilitation in the clinical area. Classroom teaching is regarded as a traditional teacher-centred approach, as it emphasises essential content and skills as defined by the nurse educator (Bevis & Watson 1989 as cited by Musinski 1999:26; Rideout 1994:147).

TABLE 2.1
ATTRIBUTES OF FACILITATION IN THE CLINICAL AREA (Van der Wal 1999:102; Walker & Avant 1995:42-45)

CASES	MODEL CASE	BORDERLINE CASE	RELATED CASE (1)	RELATED CASE (2)	CONTRARY CASE
APPLICABILITY	**Clinical area facilitation**	**Classroom facilitation**	**Clinical teaching**	**Preceptor ship**	**Classroom teaching**
ATTRIBUTES	Registered nurse with the student nurse directs learning Guiding Simplifying Group work Making learning easier Student- centred Co-operative work Practical information Role modelling Reflecting Caring Encouraging Organising learning resources Clinical area	Nurse educator with the student nurse directs learning Student-centred learning Guiding Group work Co-operative work Theoretical information Classroom teaching	Clinical teacher directs learning Delegation Caring practices Reflective practices Evaluation	Registered nurse directs learning One-to-one reality based Individualised teaching Supervising Evaluation Caring practices Reflective practices	Nurse educator directs learning of student nurses Teacher-centred Theoretical information

From the table 2.1 above, it can therefore be concluded that information obtained on classroom facilitation, clinical teaching, as well as preceptorship, could be integrated and applied to this study.

Table 2.2 exhibits four major aspects according to which the ensuing discussion of the phenomenon "facilitation" is conducted. This information is discussed in section (2.3-2.6). These aspects were arrived at during the scrutiny of the literature on facilitation, and include:

- Attributes of facilitation;
- aims of facilitating learning of student nurses during clinical placement;
- obstacles experienced during facilitating learning of student nurses during clinical placement; and
- strategies that can be carried out to enhance the learning of student nurses during placement in the clinical area.

TABLE 2.2:
FACILITATING LEARNING OF STUDENT NURSES DURING CLINICAL PLACEMENT

FACILITATION	AIMS	OBSTACLES	STRATEGIES
Attributes of the term "facilitation"	Competent nurse practitioner Learning nursing skills Socialisation of the student nurse Updating registered nurses	Increased workload Poor interaction between professional nurses and student nurses	Role modelling Clinical conference Clinical supervision Ward rounds Nursing process Reflective practices Caring practices Delegation

Aspects listed under the concepts "facilitation", "aims", "obstacles" and "strategies", are discussed below with reference to their relevance to this study.

2.3 ATTRIBUTES OF THE TERM "FACILITATION"

According to the Readers' Digest Oxford Dictionary (1993:529), to "facilitate" denotes to make easy or less difficult or more easily achieved. Therefore, "facilitation" means to ease, smooth, assist, aid, help or further promote or advance. In view of the fact that the term "facilitation" in nursing applies to both clinical areas (clinical units) and theoretical areas (nursing schools/colleges), its meaning is drawn from the literature pertaining to both the clinical and classroom facilitation.

Facilitation is explained by White & Ewan (1991:112) as guiding and developing student nurses' skills of critical thinking and self-directed learning by constantly challenging their knowledge base, their ability to identify learning needs and to assess their own performances accurately. Mashaba & Brink (1994:130) corroborate this. By citing Simpson & Weiner (1989) Mashaba & Brink state: "*facilitation means to render easier the performance (of an action), the attainment (of the result); to afford facilities for, promote, help forward (an action or process); to make easier or less abstruse; to simplify or lessen the labour.*" Furthermore, Mashaba & Brink (1994:130) regard facilitation as anticipating, assisting, reassuring and encouraging as a professional equal, smoothing the path and oiling the machinery. The above definitions indicate that facilitation means assisting and encouraging the student nurse to perform clinical nursing skills in an easier manner.

Chabeli (1998:39) supports the above by indicating that facilitation is a goal-directed and dynamic process in which participants (registered nurse and student nurse) interact in a clinical learning environment of genuine mutual respect, in order to learn through critical reflection within the clinical nursing context.

In addition, Van Rooy (1997:4) outlines the following views regarding facilitation:

- The learners are actively involved in the teaching events by participating in discussion, problem solving or the airing of their own views and sharing their experiences with other learners.
- The learners themselves are responsible for finding and mastering the necessary information. Facilitation, therefore, empowers learners to assume responsibility for their own learning and achievement.
- Facilitation includes leading and guiding the instructional event by giving regular feedback.
- Facilitation involves sharing the responsibility for learning between the registered nurse and the student nurse, being jointly responsible for the success or failure of the instructional events.

Klopper (1999:22) expands on this by citing Bailey (1992) in stating that facilitation entails giving the learner a structure to exercise more control over his or her own development.

However, if facilitation is provided to student nurses, the facilitator and the student nurse should feel committed to sharing the responsibility for learning clinical nursing skills so that performing the clinical nursing skills could be less difficult.

Various authors, in particular Musinski (1999:29), Olivier (1998:40; 68) and Rolfe (1996:96), have attempted to extend the idea of facilitation in practical ways as follows:

- Facilitation includes setting the initial mood and climate of the group of student nurses, as well as creating an atmosphere of learning. This could also be done in the clinical area.
- Facilitation should be done by organising and making easily available the widest possible range of resources for learning. These resources would motivate student nurses and help

them to gain knowledge and clinical nursing skills during clinical placement. Examples of these resources in the clinical area are: the unit (itself), the clinical unit registered nurse, planned teaching programme, clinical unit library, etc.

- Facilitation could be done by providing guidance as to *how* and *where* information could be obtained with regard to knowledge, and the skills and processes that should be followed.
- Facilitation should promote self-learning, as well as self-development. To support this idea, Mashaba & Brink (1994:130) indicate: *"No other person can live your life for you, but the facilitator can enable participation without stifling performance."*

The SANC (1992a. Par. 2.1.1) which is a regulatory body, supports this opinion by indicating that it is essential that all available resources be utilised optimally to provide the learning opportunities to ensure that by the end of the period of training, the student nurse is competent to function independently. The registered nurse should facilitate the development of such a competent nurse by encouraging him or her to utilise the learning resources towards the attainment of such competence in clinical nursing skills.

Rolfe (1996:103) asserts, furthermore, that the facilitative attitude rejects formal teaching methods as inappropriate, relying instead on small group work, directed individual study and learning contracts. Facilitation is therefore not only suitable to be done by the nurse educators in nursing colleges/schools, but also for registered nurses in the clinical area during student nurses' clinical placement.

Olivier (1998:40) is of the opinion that what should be done to facilitate, includes demonstrating what needs to be demonstrated, directing learners to capitalise on acquired knowledge and skills and aligning the world of learning with the world of work.

Boman (1986:226) points out that facilitation is a student-centred approach, where the student nurse is an active participant in the learning process in order for learning to result. Rolfe (1996:99) maintains this by stating that a student-centred approach produces thinking, decision-making and autonomous nurses. Olivier (1998:35) asserts that the essence of this approach is that the facilitator sets objectives and then facilitates and manages the learning process to enable student nurses to master the skills by means of the objectives.

According to Musinski (1999:29), in the student-centred approach, the registered nurse assists student nurses to exercise control of his or her own learning. Musinski (1999:29) further points out that this approach allows a student nurse to be an active participant, who is actively involved in his or her own learning.

In contrast, Reed & Procter (1993), as cited by Rolfe (1996:100), argue that student-centred learning emphasises the importance of allowing student nurses to make their own decisions about how to solve problems, and within this problem solving framework student nurses are expected to make mistakes, which is not possible in the clinical areas. Reed & Procter (1993) further indicate that learning by making mistakes in the clinical areas, might put patients at risk. Brookfield (1988), as cited by Musinski (1999:29), corroborates this critique by stating that student nurses cannot be free to pursue each and every activity in whatever way they choose.

Rolfe (1996:100) opposes this argument by stating that the objection displays misconception, because student-centred learning is not learning from mistakes, but facilitation is done where the facilitator of learning works with each individual student nurse. Mistakes are in a way anticipated and avoided. Working together would enable a student nurse to identify his or her own individual learning needs, to plan and implement ways of meeting those needs and

evaluating outcomes. The SANC (1992b. Par.2.9) supports this by explicitly indicating in its philosophy that the student nurse will function as a member of a health team with certain responsibilities from commencement of training. Due to the understanding of the concept "student-centred learning" in contrast to an up-front, directive, pedagogical way of teaching, facilitation is potentialised, and becomes important. This is also, perhaps, facilitation's most distinguishing feature that separates it from classroom teaching.

The registered nurse should therefore facilitate the learning of student nurses with much interaction and creativity from the commencement of training.

The registered nurse in the clinical area is expected to utilise a facilitative approach when student nurses have been placed in his or her unit, rather than using the traditional approach when carrying out their teaching functions. For clarification purposes, the facilitative approach needs to be differentiated from the traditional teaching approach. Table 2.3 outlines the differences between traditional teaching and facilitation as depicted in the literature.

TABLE 2.3: FACILITATION OF THE LEARNING OF STUDENT NURSES AS DEPICTED IN THE LITERATURE (Musinki 1999:29).	
TRADITIONAL TEACHING	**FACILITATION OF LEARNING INSTRUCTION**
Directive	Assisted student-centred learning
Nurse educator responsible for learning and assessment	Learner controls/directs and is responsible for own learning
Traditional rows of students facing teacher (captive audience)	Co-operative work/learning groups encouraged
Didactic presentation with little interaction or regard for learners' needs	Student assisted to locate resources with much interaction and creativity
All teaching done the same way for all students	Instruction done with increased awareness of varied learning styles
"Telling" facts presented and answers necessary for learning are provided	"Asking" questions and situations presented to challenge critical thinking skills and creativity
Strive to make students think like teacher	Respect learners' individuality and view experience as collaborative
Learning	Doing
Authoritarian	Democratic, uncritical, learner-defined strategies
All receive the same quantity regardless of prior knowledge	If student demonstrates competency, material may be modified
Basis of teaching from text/lessons	Strive to relate to real-life situations (create the need to learn)
No special consideration for individuals	Establish collaborative relationship with learner in positive, non-threatening atmosphere
Serve only "felt" needs of students	Confirm student values and behaviours with critical analysis
Direct a dependent student	Assist student to achieve sense of self–actualisation

Summary

In summary it can be said that "facilitation" is an approach that is more student-centred than teacher-centred, as indicated in Table 2.3. The registered nurse is compelled to adopt a facilitative approach when carrying out his or her teaching function in the clinical area. The registered nurse should supportively enable a student nurse or group of student nurses to do or learn the clinical nursing skills rather than do them on their behalf.

2.4 AIMS OF FACILITATING LEARNING DURING CLINICAL PLACEMENT

2.4.1 Development of the competent nurse practitioner

Registered nurses facilitate the learning of student nurses in the clinical area, aiming at developing a competent nurse practitioner. According to the SANC (1992b. Par 2.8), it means providing meaningful learning opportunities in every area of placement according to the level of training of the student nurse. This is done to ensure that on completion of the programme, the student nurse is able to apply clinical nursing skills in the cognitive, affective and psychomotor domains. This was found to be in line with international literature of which some are cited here. Ogier (1989:3) cites the American Nurses' Code (1985) in stating that there is a need to develop a mature and confident practitioner willing to accept responsibility, able to think analytically and flexibly. Hilsop *et al* (1996:171) also cite the report of the UKCC for Nursing (1986) in stating that their objective is to produce a competent nurse practitioner. According to Brown (1993:111), nurse educators are attempting to facilitate the development of nurses who are analytic, flexible and creative practitioners, accountable for their own professional actions.

Howard & Steinberg (1999:15) and Nicol & Glen (1999:5) point out that the clinical areas are staffed with highly competent and motivated staff who are confident enough and have enough

time to pass on their skills to student nurses. It is further commented in the study conducted by Waters & Mcleod Clark (1993), as cited by Nicol & Glen (1999:5), when examining the perceptions of nurse managers with regard to contracting for pre-registration education, that they want an effective, practical nurse at the end of training; someone competent from day one and not someone they will have to train after registration.

Thus, to develop student nurses into competent nurse practitioners, it would be necessary to adopt facilitation, which would enable student nurses to participate actively in their own learning, with the assistance of a registered nurse in the clinical area.

2.4.2 Assist in learning clinical nursing skills

Ewan & White (1992:106) point out the aims of clinical education, which the facilitator is expected to consider while facilitating learning of student nurses during clinical placement. These include supervision of student nurses to learn skills they will need as nurses and to gain understanding of the principles underlying those skills. Examples of clinical nursing skills are those summarised in figure 2.1, namely, perceptual skills, participative skills, clinical nursing expertise, etc.

Figure 2.1 summarises the clinical nursing skills that should be facilitated by the registered nurse during facilitating clinical learning of student nurses.

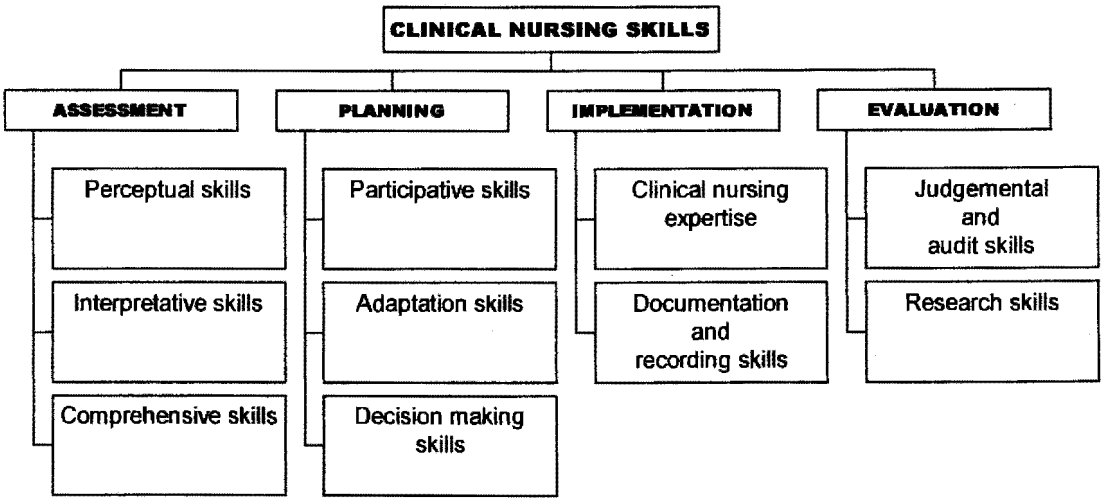

FIGURE 2.1
SUMMARY OF THE CLINICAL NURSING SKILLS TO BE FACILITATED DURING STUDENT NURSES' CLINICAL PLACEMENT (MILES 1984; SANC 1992a. Par 2.2.1)

The clinical nursing skills, which should be learned by the student nurses in the clinical area, are outlined as follows, by SANC (1992a. Par 2.2.1):

- a scientific approach to nursing which involves assessment, diagnosis, intervention, and evaluation;
- application of management principles in the implementation of the nursing regimen and unit management;
- application of teaching principles in clinical teaching, patient teaching and health education;
- application of interpersonal skills in all social interactions, in demonstrating empathy, providing reassurance in crisis management and in exercising assertiveness;
- integration of the nursing philosophy with the practice situation.

Registered nurses in the clinical area are expected to facilitate learning of student nurses, to enable them to acquire clinical nursing skills in the cognitive, psychomotor and affective domains.

Fothergill-Boubonnais & Higuchi (1995:39) point out that through repeated exposure to a variety of patients, student nurses learn to select the most appropriate interventions for a particular situation. Nordgren *et al* (1998:32) support this by stating that the individual attention and multiple learning opportunities student nurses receive during clinical placement, help them expand their basic skills.

Several studies advocate this aim. Howard & Steinberg (1999:16) maintain that student nurses benefit tremendously from opportunities to acquire skills and knowledge from expert practitioners. These expert practitioners include paediatric nurses, orthopaedic nurses, etc.

Nicol & Glen (1999:99) assert that student nurses need to be provided with opportunities in which they will not only learn how to learn from practice, but also enjoy the learning experience enough to continue learning for life. Learning for life implies that when the registered nurse has facilitated learning in the clinical area, the student nurse will approach the learning process intentionally in an active search for meaning through interaction (Klopper 1999:6).

Facilitating the learning of student nurses in the clinical area therefore enables them to learn the skills required to promote better quality patient care.

2.4.3 Promotion of professional socialisation

Scambler (1991:222) refers to professional socialisation as a process by which members of the lay population are turned into members of a particular profession. With reference to the nursing profession, student nurses can be turned into nursing professionals when registered nurses facilitate learning in the clinical area. According to Fothergill-Boubannais & Higuchi (1995:37),

student nurses experience their most intense professional socialisation in the clinical area. In that setting they are expected to meet the requirements of deadlines, to interact with other health professionals, reflect on their unique contribution to patient care and the health care system in general. Benor & Leviyof (1997:206) also believe that facilitation of learning of student nurses during clinical placement is of crucial importance in shaping the professional identity of the neophyte nurse. It is also the prime source of the learning of professional attitudes, values and norms. It is apparent from the literature (Holmes 1997:489; Li 1997:1252), that facilitation of learning during clinical placement offers student nurses the opportunity to explore clinical experience and the context in which these experiences unfold. They also believe that facilitating learning and clinical teaching do not only enable student nurses to integrate the knowledge and skills associated with caring for patients, but also give student nurses the opportunity to internalise the role of the nurse as caregiver.

It is therefore expected that facilitating the clinical learning of student nurses by the registered nurse should also assist student nurses to adjust themselves to the nursing profession.

2.4.4 Keeping registered nurses up to date

Ogier (1989:8) states that some registered nurses found that having student nurses in training allocated to their areas, stimulated them to keep up to date. In addition, Howard & Steinberg (1999:16) state that preceptors who are experiencing burnout, can become rejuvenated through the experience of facilitating the learning of student nurses. Therefore, either a registered nurse or a preceptor can become rejuvenated through facilitating the learning of student nurses in the clinical area.

In the light of the above, it can be said that registered nurses as clinical learning facilitators can also update their own knowledge while facilitating the learning of student nurses during clinical placement.

Summary

The literature reviewed in this section reveals that the aims of facilitating the learning of student nurses include promoting the development of a competent nurse practitioner at the end of training, enabling student nurses to acquire clinical nursing skills, socialising student nurses into the nursing profession and keeping registered nurses updated with knowledge.

2.5 OBSTACLES ASSOCIATED WITH FACILITATING LEARNING DURING CLINICAL PLACEMENT

2.5.1 Increased workload

In a descriptive study carried out to identify the extent of involvement of registered nurses in teaching student nurses, Mhlongo (1996:30) identifies the lack of resources, shortage of staff, too many students, non-involvement of nurse educators and poor communication between nursing colleges and clinical areas as major obstacles in facilitating the learning of student nurses in the clinical area. Byrd, Hood & Youtsey (1997:345) support these findings by stating that the workload of registered nurses is already heavy, without the addition of the facilitative role, which adds additional work and accompanying stress.

It is apparent from the literature that if the number of student nurses increases, the facilitator's workload will also increase. It can thus be reasoned that the facilitating role of registered nurses will also increase as the registered nurse would be expected to perform her duties with each student nurse during facilitation.

2.5.2 Poor interaction between registered nurses and student nurses

According to Lenin & Leach (1982), as cited by Jinks (1991:127), central problems identified during facilitating learning of student nurses are the quality of supervision received by the students on clinical placement and the concordance between education and clinical staff. Ewan & White (1992:107) support this by stating that in the clinical area, student nurses are being welcomed by registered nurses as extra pairs of hands, rather than as learners with learning needs.

Paterson & Groening (1996:1123) identify teacher-induced counter transference. According to this theory, when the relationship between the teacher and student nurse has broken down, the student nurse opts to remain silent. It is apparent that if this situation occurs in the clinical area, facilitation of learning can be impossible.

Another problem related to this obstacle as identified by Paterson (1997:200), is that registered nurses commonly refer to patients as *"our patients"*, while student nurses are referred to as *"your students"* in discussions with the nurse educators. Paterson (1997) further states that it is rare to have registered nurses see a student nurse as an opportunity to teach and learn, instead of just some help with the workload. This division contributes to a poor relationship between registered nurses and student nurses during the facilitation of learning in the clinical area.

In addition, planned educational opportunities are not provided in the clinical area. An example given includes the fact that delegation is learned by *"trial and error"* in the clinical area, which results in student nurses' feelings of frustration, insecurity and incompetence (Thomas & Hume 1998: 41).

According to Oermann (1998:197), the stressors reported by the student nurses include limited knowledge of, and skills for, the practice and difficulties in interacting with the nurse educators and registered nurses in the clinical area. Oermann (1998:200) further states that other inhibitors of learning include non-supportive facilitators.

It is apparent that the reviewed literature indicates that, if the registered nurse does not create a good relationship and communication channel between him or herself and the student nurse, an ineffective facilitative process will result.

2.5.3 Separation between registered nurses and nurse educators

In the Kwazulu-Natal Province, the study conducted by Mhlongo (1996:30) revealed that a problem encountered by registered nurses was non-involvement of nurse educators in the clinical area. Poor communication between nursing colleges and nursing units was also a problem.

According to Paterson (1997:201), a possible explanation for the separation experienced between registered nurses and nurse educators is the perception that the nurse educator's job is *"easy"*, with little accountability. Paterson (1997:202) further explains that the communication and sharing of information between registered nurses and nurse educators is often a problem. Troskie, Guwa & Booyens (1998:45) support this by stating that sometimes there is a conflict between what unit managers perceive as their role in relation to teaching, and expectations student nurses have of them.

In order to minimise the poor relationship between registered nurses as clinical learning facilitators and nurse educators in the nursing schools or colleges, interaction between them should take place regularly.

Summary

The obstacles related to facilitating the learning of student nurses during clinical placement identified from the reviewed literature, include the heavy workload experienced by registered nurses, poor interaction between registered nurses and student nurses and separation between registered nurses and nurse educators. These obstacles obstruct facilitating the learning of student nurses during clinical placement.

2.6 STRATEGIES FOR EFFECTIVE FACILITATION

Facilitating strategies need to be designed to encourage learners to apply abstract information to real-life situations to establish a clear linkage between academic course content and demands of the nursing profession (Goldberg & Brancato 1998:30).

The utilisation of strategies, which give student nurses the opportunity to gain learning experiences, depends on the facilitators' viewpoints and understanding of experiences gained by the student nurses during clinical placement.

The literature in this study only focuses on the strategies related to facilitating learning of student nurses during clinical placement.

2.6.1 Role modelling

Mellish & Wannenburg (1992:117) explain role modelling as the setting of patterns to be imitated by student nurses. In addition, the actions and attitudes of these role models (i.e. registered nurses), are often determining factors in shaping the future attitudes of student nurses. Rideout (1994:150) elaborates on this by stating that role modelling is an effective first step where registered nurses model the desired behaviours in the clinical area.

Jaconono & Jaconono (1995:22) point out that role modelling is acknowledged widely as a way of facilitating professional attitudes and behaviours. Nelms *et al*, as cited by Jaconono & Jaconono (1995:23), contend that people criticise role modelling because it is imitative and observational, hence less active as a form of learning. However, registered nurses must understand the importance of role modelling good nursing care.

Chabeli (1998:42) supports role modelling in that it displays the educational, professional, academic and social roles needed to enhance clinical teaching. Gramling & Nugent (1998:48) point out that student nurses can learn caring from nursing colleges and nursing schools, as well as from registered nurses in the clinical area, using role modelling. This means that role modelling can be used to facilitate learning in the clinical area, as student nurses can copy and perform those nursing skills by themselves.

According to Van der Wal (1992:308), caring relationships are more easily established in the clinical area than in the classroom setting. Nicol & Glen (1999:1) corroborate this by stating that student nurses learn quickly and become more confident from observing the role models practising skills in the clinical areas, rather than in the classroom.

In the reviewed literature, nurse educators were hypothesised as important role models for student nurses' learning. However, registered nurses should also use role modelling to facilitate clinical learning of student nurses in the clinical area.

2.6.2 Clinical conferences

Clinical conferences are described by Mellish & Wannenburg (1992:109) as conferences held by people involved in giving health care. This method promotes excellent teaching and learning opportunities. Rideout (1994:149) is of the opinion that allowing for learning about the contribution of other health care workers should be encouraged. A multidisciplinary approach is thus propagated in facilitation.

According to Bertz, Reynor & Turman (1998:32), an interdisciplinary team model provides student nurses with practical experience in participation, enables them to learn to function as team members and develops expanded interdisciplinary, rather than discipline specific, approaches to assessment and planning services.

A number of studies conducted in the RSA recommend this approach. Some examples of these are Chabeli (1998:43) and Troskie *et al* (1998:48), who state that the multidisciplinary health team should be afforded opportunities to participate in the training of student nurses. Norwood (1998:16) further explains that this method is not a new role: Florence Nightingale practised it during the Crimean war. Norwood believes that registered nurses need to facilitate student nurses' responses by sharing their expertise through the provision of consultation services. Nicol & Glen (1999:58) support this approach by stating that a small multidisciplinary team in a collaboration programme could enable the leaders to develop and co-ordinate the delivery of

the learning programmes and utilise a range of resources. It is therefore the responsibility of the registered nurse in the clinical area to facilitate this collaboration.

To facilitate the learning of student nurses during clinical placement, the registered nurse as a clinical learning facilitator is expected to include student nurses in clinical conferences.

2.6.3 Clinical supervision

Clinical supervision is described by Mellish & Wannenburg (1992:120) as a means by which an expert practitioner in the art and science of nursing guides and directs the work of someone who is less expert.

Clinical supervision aims at enabling the student nurse to achieve, sustain and creatively develop a high quality of practice through the means of focused support and development (Bond & Holland 1997:12). Another idea related to facilitating learning of student nurses in the clinical area, is expressed by McGregor (1999:13), who states that clinical supervision is seen as a major role of the preceptor which involves verifying the student nurses' competence in performing selected procedures, validating physical assessment findings, observing medication administration, etc. It also facilitates student nurses' development in synthesising the responsibilities of registered nurses.

Registered nurses as clinical learning facilitators are therefore expected to supervise and guide student nurses during their placement in the clinical area in order to verify whether they are performing their clinical nursing skills accurately or not.

2.6.4 Ward rounds

According to Mellish & Wannenburg (1992:114), matrons' and doctors' rounds taking place in the ward situation are a means of facilitating the clinical teaching and learning of student nurses. Rideout (1994:48) elaborates on this by suggesting that weekly rounds attended by student nurses and nursing staff involved in the day-to-day provision of care, should be done. Troskie *et al* (1998:48) believe that unit managers should accompany student nurses and check the patients' records during regular ward rounds. In addition, regular ward rounds encourage student nurses to participate actively in learning practical skills.

It may therefore be concluded that effective ward rounds are important to facilitate the learning of student nurses in the clinical area.

2.6.5 The nursing process

The nursing process is the systematic assessment, planning, implementation and evaluation of nursing care. The nursing process can therefore be applied in terms of the teaching of student nurses. According to Mhlongo (1996:29), to facilitate clinical teaching, the unit registered nurse should be involved in the components of the nursing process. Chabeli (1998:48) holds a similar belief about the use of the nursing process to facilitate student nurses' learning, by stating that it should be used creatively to stimulate reflective thinking in clinical learning.

Troskie *et al* (1998:48) make this very evident by suggesting the activities related to the nursing process, which include encouraging student nurses to draw care plans at least once a month. In addition to these, by using a clinical learning plan, a registered nurse becomes the facilitator of self-directed learning and content resource.

It can be concluded from this section, that registered nurses in the clinical area should use the nursing process to facilitate the clinical learning of student nurses during clinical placement.

2.6.6 Reflective practice

Greenwood (1993:1185) cites Schon (1987) in describing reflective practice using two constituent elements, namely, reflection-in-action and reflection-on-action. These elements of reflective practice are closely related to the facilitation of the learning of student nurses in the clinical area. In reflection-in-action, Greenwood (1993) further explains that a student nurse makes sense of the situation he/she is confronted with in the clinical area, and then reflects on his/her understanding of the situation. In reflection-on-action, the student nurse looks back on his/her experience to explore again his/her understanding in the light of the outcomes of the experience.

According to Jones (1995:783), reflective practice is seen as a central component in the education and practice of nurses. He further mentions that it is through critical reflection on one's practice, that expertise can be assured. Rolfe (1996:115) supports reflective practice by indicating that the second phase of the reflective spiral curriculum and nursing praxis is to facilitate the student nurses' reflection on his/her clinical experiences by employing the techniques of reflection-on-action and critical incident analysis. Rolfe (1996:226) further points out that in reflective practice, student nurses are facilitated to generate knowledge and skills during clinical placement.

Thomson & Jolley (1997:73) also believe, in relation to reflective practice, that student nurses should be presented with patient-centred problems and discuss these from the students' own experiences. Thomson and Jolley (1997:73) also mention that opportunities can be created for

students to suggest alternative courses of action and predict their possible benefits, risks and consequences prior to determining a preferred solution from the range of possibilities.

Greenwood (1993:1185) cautions that a practicum in reflective practice may fail if it is too realistic, because it overloads student nurses with practical constraints. Johns & Freshwaters (1998:2) claim that through reflection, the student nurse may come to see the world differently and, based on these new insights, may come to act as a changed person.

In a study conducted to explore how teaching and learning strategies could be arranged to maximise reflective learning, Wong, Locke, Wong, Tse, Kan & Kember (1997:481) indicate that nurse educators and student nurses are partners in the promotion of reflective learning among student nurses. Student nurses were guided to reflect more and to further examine their own learning. As student nurses reflected on their practice in the real world, they gradually gained insight and different perspectives in professional nursing practice.

Klopper (1998:37) supports reflective practice in explaining the reflective process and integrated skills. According to Klopper (1998:37), these include the fact that, in nursing education, it is essential that the learning accompanist reflect together with the adult learner on the didactic situation and their experiences of the co-operative relationship. Registered nurses should reflect with student nurses in the clinical area. Burton (2000:1010) asserts that to reflect effectively and to practise reflectively are now requisite skills for student nurses. Nurse educators should thus guide student nurses in reflection to become reflective practitioners and be role models of reflective practice.

Although the literature reviewed indicates the reflective practices to be used by the nurse educators, both nurse educators and registered nurses should use reflective practice to guide student nurses.

2.6.7 Caring practices

Leininger (1988), as cited by Leininger & Watson (1990:178), describes caring as direct or indirect nurturing, skilful strategies, processes and behaviours related to assisting people in such a manner that it reflects behavioural attributes. According to Khoza (1996:69), senior registered nurses should take cognisance of the fact that they are role models of teaching caring in the clinical practice. These registered nurses need to know how they could facilitate learning of student nurses through caring practices. Logsdon & Ford (1998:34) believe that a major motivation for entering nursing is a desire to help others. Caring may be associated with traditional female care-taking roles, meaning that registered nurses in ward situations should have a desire to help student nurses. In return, student nurses will have a desire to learn how to care for the patients.

A number of studies support the use of caring practices in facilitating the clinical learning of student nurses during clinical placement. For example, Nehls *et al* (1997:224) examined the preceptor model of clinical instruction with the aim of identifying the teaching practices that can be extended and those that should be altered. This study reveals that the preceptors approach teaching as a caring practice and often as a deliberate attempt to teach differently from how they themselves were taught. These researchers recommend that novice nurses must experience teaching practices as caring and at the same time be given opportunities to practice caring. Registered nurses can provide these opportunities to facilitate learning, and enable student nurses to learn. Troskie *et al* (1998:48) believe that unit managers should act as caring

and resourceful mentors and a support system should be put in place for student nurses who need professional help. This will not only help student nurses to care for their patients, but also encourage cooperation during learning in the clinical area. In the SANC Information booklet, Gumbi (2001:4) indicates that the aim of the caring campaign is to promote caring within nursing by re-emphasising the professional values of nursing within the framework of the Batho Pele principles and the patients' rights. These principles could also be emphasised in the clinical area by the registered nurse during facilitation of the learning of student nurses.

It can be concluded from these studies that registered nurses as clinical learning facilitators should demonstrate caring practices with student nurses during facilitation of learning in the clinical area so that student nurses can learn how to be caring towards patients.

2.6.8 Delegation

Delegation is a process whereby duties are assigned to student nurses. During facilitation of the learning of student nurses, the facilitator should allocate tasks to student nurses and guide them regarding how these tasks should be performed. According to Van Niekerk (1989:16), by effective planning of duty rosters and intentional delegation, it is possible to create learning opportunities for student nurses, which, when combined with guidance and supervision by the ward registered nurses, are worth more than formal clinical teaching.

When delegation is done, subordinates should feel involved by being kept informed and by being assisted to improve their skills and abilities (Booyens 1995:149). As student nurses will be practising under the supervision of a registered nurse, duties could be delegated to them, and they could be guided and encouraged. Thomas & Hume (1998:21) indicate that there is a need to have sequenced opportunities for supervised practice of delegation in the clinical area.

The more delegation of duties is used to provide a student nurse with sequenced opportunities for supervised practice, the more he or she is likely to be motivated to learn.

There is limited information emphasising delegation as a strategy that facilitates the learning of student nurses during clinical placement. However, it is apparent that delegation can be done, followed by supervision and guidance of student nurses during clinical placement, to enable student nurses to gain knowledge and skills.

Summary

It may be summarised from the studies reviewed in this section of the literature review, that there are numerous strategies to be employed to facilitate learning of student nurses in the clinical area by registered nurses. These strategies include role modelling, clinical conference, clinical supervision, and ward rounds, nursing process, reflective practices, caring practices and delegation.

2.7 CONCLUSION

In the initial phase of the literature review, concepts like facilitation, facilitators, registered nurse and teaching students, clinical area and teaching students were reviewed.

However, only limited amounts of pertinent literature, regarding facilitation in relation to the registered nurse as a facilitator, were found.

Facilitation was identified in most of the reviewed literature as a recommended approach to be used in the clinical area, because it is a learner-centred rather than a teacher-centred approach.

Table 2.3 indicates how the facilitator could use facilitation. In addition, facilitation as an independent concept was explored.

Another phase of exploration of the literature relating to facilitation of the learning of student nurses during clinical placement, involved the following topics: the aims of facilitating learning of student nurses during clinical placement, obstacles associated with facilitation of learning of student nurses and strategies to be employed during facilitation of the clinical learning of student nurses in the clinical area. Large volumes of literature managed to identify information related to the aims of and obstacles to facilitation, and strategies to be employed during facilitation.

A number of studies focused on facilitation of the learning of student nurses by the nurse educator, but information regarding facilitation of the learning of student nurses by registered nurses, or their perceptions with regard to facilitation, was limited.

In the following chapter, the research methodology and research design is discussed.

CHAPTER 3

THE METHODOLOGY ADOPTED TO STUDY THE PERCEPTIONS OF FACILITATORS OF CLINICAL LEARNING OF STUDENT NURSES

3.1 INTRODUCTION

This chapter is concerned with the methodology of this study. In order to fulfil the purpose of the study, the research design, methods and the plan for data analysis were described, discussed and implemented.

3.2 RESEARCH DESIGN

A research design is an overall plan for collecting and analysing data, including specifications for enhancing the internal and external validity of the study (Polit & Hungler 1995:32; Seaman 1987:169). The design used to explore the perceptions of registered nurses with regard to facilitating the learning of student nurses during clinical placement, is a qualitative research design, which is exploratory, descriptive and contextual in nature.

3.2.1 Qualitative research

According to Creswell (1994:1), qualitative study is defined as an enquiry process of understanding a social or human problem, based on building a complex, holistic picture, formed with words, reporting detailed views of participants, and conducted in a natural setting. Polit & Hungler (1995:15) indicate that it involves the systematic collection and analysis of more

subjective narrative materials, using procedures in which there tend to be a minimum of researcher imposed control.

This study is qualitative, as the aim is to conduct an in-depth study of the perceptions of facilitators of the learning of student nurses during clinical placement at a training hospital. Insight gained from this method could therefore guide the facilitation of student nurses' learning, as well as maximise student nurses' knowledge, which, in turn, could improve quality care of patients.

Qualitative study was used in this research because

- data were collected in close proximity to a specific situation rather than by mail or telephonically;
- the possibility of understanding underlying or non-obvious issues is strong (Miles & Huberman 1994:10);
- relevant variables have yet to be identified (Marshall & Rossman 1995:43);
- with their richness and holism, with a strong potential for revealing complexity; such data provide *thick descriptions* that are vivid, nested in real context, and have a ring of truth that has strong impact on the reader; and
- the strength of qualitative data rests very centrally on the competence with which their analysis is carried out (Miles & Huberman 1994:10).

3.2.2 Exploratory research

According to Polit & Hungler (1995:11), exploratory research is aimed at exploring the dimensions of the phenomenon, the manner in which it is manifested and other factors to which it is related. To this, Marshall & Rossman (1995:45) add that the purpose of exploratory study is to investigate little understood phenomena and to identify important variables.

This study is concerned with exploring the perceptions of registered nurses in the clinical area with regard to facilitating the learning of student nurses during their placement in the clinical area, of which little could be found in existing literature.

3.2.3 Descriptive research

Polit & Hungler (1995:11) point out that the researcher who conducts a descriptive investigation observes, describes, and perhaps, classifies the phenomena. Descriptive studies are used to document the phenomenon of interest in the real situation (Marshall & Rossman 1995:41). According to Taylor & Bogdan (1984:6), the qualitative researcher studies people in the context of the situation in which they find themselves.

This study therefore describes the perceptions of registered nurses with regard to the aims, obstacles and strategies, which are effective in facilitating the learning of student nurses during clinical placement. The researcher also observed and translated into more understandable language, the behaviour of facilitators during participant observations.

3.2.4 Contextual study

Botes (1991:16) describes a contextual study as findings valid within the time-space and value context, where the study is being done. Therefore, this study is contextual, because it was done on location in one institution, and it centres on registered nurses in that institution facilitating the learning of student nurses who are doing the bridging course.

3.3 ETHICAL CONSIDERATIONS

When humans are used as participants in scientific investigations, great care must be exercised in ensuring that the rights of those humans, as well as those of the institution, are protected (Polit & Hungler 1993:353). In this study, the following ethical aspects were provided for:

3.3.1 Informed consent

It is often argued that the people to be studied by the researchers should be informed in advance about the research in a comprehensive and accurate way. They should give their unconstrained consent (Hammersley & Atkinson 1995:264). With this in mind, the following steps were taken:

- The researcher submitted an application letter to the Northern Province Department of Health and Welfare, requesting permission to conduct the research. A detailed research proposal was also submitted with the application letter. The researcher was invited by the Department to present her research proposal on 24 May 2000. Permission to conduct the study in the Northern Province was then granted by the Department of Health and Welfare. A Letter of permission from the Northern Province Department of Health and Welfare is provided in Annexure 2.
- The researcher submitted application letters, the research proposal and copies of letters confirming that permission had been granted by the Department of Health and Welfare to conduct the study to the hospital where the study was to be conducted.
- The researcher also obtained informed consent from the registered nurses to conduct interviews with them through the Assistant Director. The latter was cordially notified of the time and venue involved in conducting focus group interviews and participant observations. The consent form is given in annexure 1.3.

- Although participants had originally consented to the study, the researcher felt it was important to gain separate informed consent for each data collection method.
- To avoid frustration, registered nurses in the clinical area were given explanations regarding the researcher's role as a participant observer and the behaviours being observed.

3.3.2 Freedom from harm

All the participants in this study were assured of freedom from any harm, be it psychological or physical. The researcher considered the framing of questions carefully. For example, by avoiding asking *why* questions during the focus group interview where the participants might have felt threatened. Steward & Shamdansani (1990:65) point out that the way in which questions are worded may place participants in embarrassing or defensive situations. To avoid frustrating the participants during participant observations, the researcher did not attempt to correct those of their beliefs and attitudes, which were inaccurate. This was necessary to maintain the naturalistic nature of the research. However, by so doing, an ethical dilemma could be created. Nevertheless it is apparent that if the participants feel threatened, emotional harm may also result.

3.3.3 Right to participate

It was indicated to registered nurses that participation in the research remained voluntary. Participants were informed that they were free to withdraw from participation at any time during the research. However, data obtained up to such a point in time, would be used by the researcher.

3.3.4 Right to confidentiality and anonymity

According to Burns & Grove (1997:204), confidentiality is grounded on the basis that individuals can share personal information to the extent that they wish to do so, and are entitled to have secrets. One can choose with whom to share personal information. Those accepting information in confidence, have an obligation to maintain confidentiality. Therefore, the name of the institution and those of participants, are not mentioned. Permission to make the results public was, however, requested. It was therefore indicated in the covering letter that confidentiality would be maintained by not recording the names of participants during focus group interviews.

Informing the participants that the information recorded during focus group interviews and during participant observations would not be linked to participants, ensured anonymity. In addition, no information would be used against them.

3.3.5 Competence of the researcher

The researcher underwent a weeklong research methodology workshop at UNISA. This study was conducted under the supervision of professional researchers. The research supervisors who are actively involved in qualitative methodology, assisted in guiding the researcher during the research study. According to Sieber (1982), as cited by De Vos (1998:30), a well-planned research can produce an invalid result if the researcher is not adequately equipped and also if there is not adequate supervision of the project.

The researcher was obliged to be truthful in the planning and conducting of the research and writing the report, not to withhold or change information. Furthermore, final data interpretations of the researcher were given to a panel of experts in qualitative research to

verify, thus having consensus on the final report. In this study the research experts were the researcher's supervisor and joint supervisor with experience in qualitative research. Both have received academic acclaim for their work in the field of qualitative research.

3.4 RESEARCH METHOD

Polit & Hungler (1995:646) define research methods as the steps, procedures and strategies for gathering and analysing the data in a research investigation. In conducting this study, the following methods were pursued:

- identifying population and sampling;
- data collection method; and
- measures to ensure trustworthiness.

3.4.1 Population and sampling

3.4.1.1 Population

Population refers to the aggregate or totality of participants that conform to a designated set of specifications (Polit & Hungler 1995:33). Target population is defined by Burns & Grove (1993:236) as the entire set of individuals who meet the sampling criteria. In this study, the target population included all registered nurses in hospital X in the Northern Province. A sampling frame refers to a list of all elements in the population from which the sample is drawn (Polit & Hungler 1995:236).

The population of all registered nurses in Hospital X in the Northern Province formed the sampling frame for the study at the following levels:

- junior registered nurses;
- senior registered nurses; and

- chief registered nurses.

Table 3.1 provides detailed information of the target population.

TABLE 3.1:
THE TOTAL POPULATION OF REGISTERED NURSES

CLINICAL UNIT	JUNIOR REGISTERED NURSES	SENIOR REGISTERED NURSES	CHIEF REGISTERED NURSES	TOTAL
Out patients' department	4	2	4	**10**
Male medical unit	3	2	2	**7**
Female medical unit	4	0	2	**6**
Paediatric unit	5	1	3	**9**
Male surgical unit	4	1	1	**6**
Isolation unit	3	2	1	**6**
Psychiatric unit	2	3	3	**8**
Female surgical unit	0	2	2	**4**
Obstetric unit	2	2	8	**12**
Gynaecological unit	1	1	1	**3**
Operating theatre	2	4	2	**8**
TOTAL	30	20	29	**79**

3.4.1.2 Sampling

The sampling strategies employed in this study, were convenience and purposive sampling. According to Polit & Hungler (1995:232), convenience sampling is the selection of the most readily available people as participants in a study. Burns & Grove (1997:303) support this by stating that in convenience sampling, participants are included in the study, because they happen to be in the right place at the right time.

A convenience sample of fifteen registered nurses was drawn from the total target population of seventy-nine (79) registered nurses working in various clinical areas. The sample included the following groups of participants:

- five junior registered nurses;
- five senior registered nurses; and
- five chief registered nurses.

Each group was interviewed separately. The purpose of selecting five registered nurses from each group of participants is that a smaller group permits sharing of experience during focus group interviews. Clifford (1997:84) indicates that sampling in qualitative research design is generally small. In addition, smaller groups are easier to recruit and host (De Vos 1998:317). Similarly, Miles & Huberman (1994:27) indicate that qualitative researchers work with small samples of people who are nested in their context and studied in-depth, unlike quantitative researchers, who aim for larger numbers.

Participants were also selected using purposive sampling. According to Burns & Grove (1997:306), purposive sampling involves the conscious selection by the researcher of certain participants to include in the study. To this Clifford (1997:84) adds that in purposive sampling, the researcher goes out to collect data purposefully from the respondent. In order to be selected to this study, participants had to meet the following criteria:

- working in the clinical area; and
- being exposed to facilitating the learning of student nurses in the clinical area for at least two years.

Clinical areas suitable for participant observation were also sampled. As Miles & Huberman (1994:30) point out, sampling decisions are not only about which people to observe or interview, but also about the settings, as well as the events. To Marshall & Rossman (1995:54) site and sample selection should be planned around practical issues, such as the researcher's comfort, ability to fit into some role during participant observation and access to a range of activities.

In selecting the clinical areas, a decision was made in consultation with the nursing service manager to carry out the research in certain clinical areas. However, the researcher purposefully selected two clinical areas that met the following criteria:

- Registered nurses who were selected to participate in the study had to be working in those clinical areas.
- Student nurses had to be available in the selected clinical areas during the data collection period. The reason was to enable the researcher to observe behaviours during facilitation of the learning of student nurses. In addition, availability of student nurses would enable the researcher to fit into the clinical accompaniment role during participant observations, as the researcher is a nurse educator at the nursing school.

One surgical and one medical unit were eventually selected for observing registered nurses on day duty, facilitating the learning of student nurses over a period of four weeks.

Participant observation was done until data saturation occurred. "Data saturation" refers to the sense of closure that the researcher experiences when data collection ceases to yield any new information (Polit & Hungler 1995:53).

3.4.2 Data collection

This study involves two methods of data collection, namely

- focus group interview; and
- participant observation.

The two methods of data collection used will now be discussed.

3.4.2.1 Focus group interview

Krueger (1988:18) defines the focus group interview as a carefully planned discussion designed to obtain perceptions on a defined area of interest in a permissive, non-threatening environment. Polit & Hungler (1995:272) elaborate on this by stating that a group of five to fifteen people is assembled for a group discussion. De Vos (1998:314) and Steward & Shamdansani (1990:11) describe a focus group interview as a purposive discussion of a specific topic, or related topics, taking place between eight to ten individuals with a similar background and a common interest. Steward & Shamdansani (1990:57) contend that too many participants do not afford enough opportunity for individuals to participate actively.

Three focus group interviews, involving fifteen registered nurses, five from each group, were interviewed separately and were conducted to give registered nurses opportunities to describe their views with regard to facilitating the learning of student nurses during clinical placement.

1) Motivation for the use of the focus group interview

The researcher was motivated by the following advantages to select the focus group interview:

- As De Vos (1998:326) points out, it can be conducted in a relatively brief period of time. Polit & Hungler (1995:272) are of the opinion that the focus group interview is efficient, because the researcher obtains the viewpoints of many individuals in a short time.
- Krueger (1988:44) indicates that the focus group interview places people in natural real-life situations, as opposed to controlled experimental situations. De Vos (1998:326) supports this by stating that it exposes the researcher to the participants' worldview.

- According to De Vos (1998:326) and Krueger (1988:45), the focus group interview allows the moderator to probe, creating the flexibility that is so important for exploring unanticipated issues. Krueger (1988) further asserts that the flexibility to explore unanticipated issues is not possible within the more structured typical mail-out survey.
- De Vos (1998:324) points out that the focus group interview allows participants to react and build upon the answers of other participants. This may result in the generation of opinions and information, which might have been overlooked in individual interviewing.

The researcher managed to overcome the following pitfalls of the focus group interview:

- De Vos (1998:325) points out that participants can influence the course of an interview. Krueger (1988:46) asserts that the influence can result in some inefficiency such as detours in the discussion and the raising of irrelevant issues. Therefore, the researcher kept the discussion focused on the objectives of the focus group interviews. These objectives are given in annexure 3.
- According to Krueger (1988:46), focus groups can vary considerably: *"One group can be lethargic, boring and dull; the next, selected in an identical manner, might be exciting and energetic."* Polit & Hungler (1995:272) support this by stating that some people are uncomfortable about expressing their views in front of a group. Therefore, the researcher included three groups of registered nurses during the focus group interviews who were interviewed separately in order to balance the idiosyncrasies of the groups. Therefore, all groups of registered nurses were free to participate during the focus group interviews.

- Focus groups are often difficult to assemble, because the participants have to spend time going to a designated place at a stipulated time to share their views with others for a few hours (De Vos 1998:325; Krueger 1988:47). The researcher asked the participants to arrive fifteen minutes before the interview started. They were also contacted by telephone 24 hours prior to the focus group interview to remind them of the earlier agreement. To minimise inconvenience, the interviews were held at the hospital after consulting the duty schedule.

2) An interview schedule

An interview schedule was developed before conducting the focus group interviews. Taylor & Bogdan (1984:92) define an interview schedule as a list of general areas to cover with the group. Taylor & Bogdan (1984) further state that an interview schedule is not a structured schedule or protocol. Krueger (1988:79-89) and Steward & Shamdansani (1990:83) were used as the main sources for the development of an interview schedule. An interview schedule was then submitted to the research experts for checking and modification. As Miles & Huberman (1994:38) point out, an interview schedule can be modified steadily to explore new leads, address revised research questions or interview a new class of informant. In this study, the interview schedule consists of three (3) sections, namely:

- section 1, which includes a checklist, objectives and introduction;
- section 2, which includes interview questions; and
- section 3, which includes a conclusion.

Section 1 of the interview schedule includes the following issues:

- A checklist designed to check out the logistics and equipment in advance and then rule out unnecessary obstacles. Krueger (1988:89) points out that the most frequent danger

of novice researchers is that they worry about too many things just before a group session, for example, size of the room, comfort, and so on.

- Objectives for the focus group interview were formulated to guide the researcher during the focus group session.
- The introduction, whereby the researcher followed the pattern recommended in Krueger (1988:80), includes the following:
  - a welcome;
  - an overview of the discussion; and
  - the ground rules.

A checklist, objectives, and introduction are given in annexure 3.

Section 2 comprises of interview questions, which are ordered from the general to the specific. Interview questions and how they were formulated are discussed in the next section.

Section 3 of the interview schedule comprises of the conclusion. In this section, the researcher summarised briefly the main points regarding the registered nurses' perceptions. The researcher also needed to thank the participants for participating in the study.

3) *Formulation of focus group interview schedule*

Questions in this research are ordered from the more general to the specific. Five questions are formulated, which are grouped in five different sections as follows:

I. Icebreaker (Section 1).

II. Views on facilitation, who should facilitate and clinical nursing skills to be facilitated (Section 2).

III. Views on the aims of facilitation (Section 3).

IV. Views on the obstacles to facilitation (Section 4)

V. Strategies employed to facilitate (Section 5)

These sections involve questions that explore the views of registered nurses with regard to facilitating the learning of student nurses during clinical placement.

Section 1, Icebreaker. (Please tell us about the last time you received new information about the teaching of student nurses in the clinical area.)

This section was designed to engage all registered nurses, one at a time, in the group discussion. This was a general question and served as an icebreaker. According to Miles & Huberman (1994:25), *"even if you are in the highly inductive mode, it is a good idea to start with some general research questions."* Miles & Huberman (1994:25) further indicate that general questions allow the researcher to get clear about what, in general, is of most interest.

Section 2, Views on facilitation. This section was formulated to explore registered nurses' views about what facilitating is, as well as their views on who should facilitate, and the clinical nursing skills to be facilitated in the clinical area. Open-ended questions were used to give registered nurses an opportunity to express their views. Three questions were asked in this section, one key question (2.1 How will you define facilitation?) and two specific, focused questions (2.2 Who should facilitate learning of student nurses during clinical placement?) and (2.3 Which nursing skills do you usually facilitate during placement of student nurses in your clinical area?) as contained in annexure 3. Key questions are those questions that explore the information the researcher wants to know. Miles & Huberman (1994:25) support this by stating that it also helps to consider whether there is a key question, *"the thing you really want to*

know". As Steward & Shamdansani (1990:83) point out, specific focused questions are useful for carrying a discussion toward a deeper meaning. However, the researcher used specific focused questions to expand the exact meaning of the questions.

Section 3, Views on the aims of facilitation. (What are the aims of facilitating the learning of student nurses during clinical placement?)

This section was formulated to identify registered nurses' views about the aims of facilitating the learning of student nurses during clinical placement. In this section an open-ended question was used. This section comprised of one question.

Section 4, Views on the obstacles to facilitation. (Which obstacles prevent the facilitation of the clinical teaching and learning of student nurses in the clinical area?)

This question was formulated to identify registered nurses' views on the obstacles of facilitating the learning of student nurses during clinical placement. In this section, one open-ended question was asked to provide the opportunity for the participants to answer from a variety of dimensions.

Section 5, Strategies employed to facilitate learning of student nurses. (5.1 Which clinical learning strategies can be employed by registered nurses to facilitate student nurses' learning during clinical placement?)

This section was formulated to identify the strategies that are employed by registered nurses to facilitate student nurses' learning during clinical placement. In this section, an open-ended question was used to give registered nurses an opportunity to express their views.

4) *Pre-testing the interview instrument*

According to Polit & Hungler (1993:40), pilot testing is a small-scale version, or trial run, done in preparation for a major study. De Vos (1998:12) supports this in stating that pilot testing offers an opportunity to test the interview schedule with, for example, the kind of interviewer and the respondent who will be utilised in the main investigation. As Krueger (1988:67) points out, in the focus group interview, not only the nature of questions should be tested, but also the characteristics of the audience, the interactions between participants and the moderator procedures.

The following steps were taken in pilot testing:

- The interview schedule was discussed with a colleague who is a nurse educator and has had research experience. This was done to check whether the content was in line with the topic and objectives, and also to check whether the questions are clearly formulated and non-threatening.
- A focus group interview with participants with the same characteristics as those interviewed in the main study was conducted. An interview schedule with the interview questions was then submitted to the researcher's supervisors for modification.
- The questions were modified after being checked by the experts.
- According to De Vos (1998:183), the main value remains that modification can be made to the questions after the pilot study.

5) *Characteristics of the interviewer*

According to Marshall & Rossman (1995:81), an interviewer should have superb listening skills and be skilful at personal interaction, question framing and gentle probing for elaboration. Therefore, participants were made to feel that their presence and opinions were not only

valued, but were necessary for the success of the discussion. All members of the group were encouraged to speak, one at a time. This was accomplished by asking direct questions that were from the general to the specific.

The researcher in this study is a nurse educator, who is working at the nursing school. The last time the researcher worked in the clinical area was eight (8) years ago. Therefore, the researcher did not have preconceived ideas about the perceptions of registered nurses' facilitation of the learning of student nurses during clinical placement.

6) Structuring the focus group interview

A. Introducing the interview

A focus group interview was conducted during September 2000 at Hospital X. The researcher used a team approach in conducting the focus group interview. According to Krueger (1988:74), a second set of eyes and ears increases both the total accumulation of information and the validity of the analysis. A clinical instructor was invited to serve as an assistant. She expressed her willingness to assist in data collection.

The moderator, who was the researcher, was primarily concerned with directing the discussion, keeping the conversation flowing, and taking the necessary notes. According to Polit & Hungler (1995:272), a moderator is an interviewer who guides the discussion according to a written set of questions or topics to be covered. The assistant was responsible for taking field notes, operating the tape recorder and responding to unnecessary interruptions. However, no interruptions occurred during the focus group interviews. A circular arrangement of chairs was made to allow maximum opportunity for eye contact. As Taylor and Bogdan (1984:94) point

out, in qualitative interviewing, the researcher attempts to construct a situation that resembles that in which people talk naturally to each other, sharing important information.

Registered nurses, the assistant and the moderator were seated around the table to establish a sense of personal space and comfort as recommended by Steward & Shamdansani (1990:88). Participants arrived fifteen minutes before the interview was due to start. The researcher had invited five participants from each category of registered nurses. Details in this regard are exhibited in table 3.2.

TABLE 3.2:
PARTICIPANTS INVITED DURING FOCUS GROUP INTERVIEW

REGISTERED NURSES	INVITED	INTERVIEWED	PERIOD
JUNIOR REGISTERED NURSES	Five	Five	One hour
SENIOR REGISTERED NURSES	Five	Five	One hour
CHIEF REGISTERED NURSES	Five	Five	One hour

In introducing the focus group interview, the following steps were taken:

- The moderator welcomed and thanked the registered nurses for taking the time to join the discussion.
- Group members were introduced to build rapport and a sense of togetherness. (Annexure 3 provides the format used in the introduction.)
- The assistant was introduced and her role in the study was explained.
- The researcher explained that registered nurses were selected because they are responsible for teaching student nurses during clinical placement.
- The researcher created an atmosphere of trust by reassuring participants that no names would be recorded.
- The researcher introduced the topic by stating that the discussion would focus on the views of registered nurses regarding facilitating the learning of student nurses during

clinical placement. The objectives of the discussions were explained to participants, as indicated in Annexure 3.

- Ground rules were established to prevent interruptions during the session. (Annexure 3 provides the ground rules).

B. Type of information looked for during the focus group interview

The information, which the researcher looked for during the focus group interviews, is discussed under section (3.4.2.1):3).

C. Recording information

The manner in which the information would be recorded was explained to participants. This included tape-recording and note taking. The two methods of data recording minimise the danger of missing out any of the participants' comments. Participants were assured that complete confidentiality would be maintained.

D. Closure of interviews

In this section, the researcher summarised briefly the main points with regard to registered nurses' perceptions. The researcher tried to convey an understanding of what the participants had said. The researcher also thanked the participants for participating in the study.

3.4.2.2 Participant observation

Participant observation refers to a research method that involves social interaction between the researcher and participants in the milieu of the participants, during which data are systematically and unobtrusively collected (Taylor & Bogdan 1984:16). According to Punch (1998:188), the role of the researcher changes from detached observer of the situation, to both

participant and observer of the situation. Two clinical areas were used for participant observation as discussed under section (3.4.1.2).

The researcher did participant observations after conducting the focus group interviews to gain a clearer picture of obstacles as well as the strategies employed by registered nurses during facilitation of the learning of student nurses in the clinical area.

During participant observations, the researcher worked with facilitators during clinical accompaniment, to observe the factors that influence their perceptions as well as to unravel and capture the viewpoints of registered nurses as facilitators of the clinical learning of student nurses.

*1) **Motivation for participant observation***

The researcher selected participant observation as a method of data collection in view of the following advantages:

- Registered nurses', as well as student nurses' behaviour in clinical teaching and learning was studied over time. De Vos (1998:291) indicates that by observing the actual behaviour of individuals in their natural settings, one may gain a much deeper and richer understanding. The researcher gained more understanding with regard to the obstacles that obstruct facilitating learning in the clinical area.
- The researcher obtained first hand information. Silverman (1993:31) cites Bryman (1988) in stating that participant observation enables the researcher to *"...see through the eyes..."* by viewing events, actions, norms, values, etc., from the perspective of the people being studied. The researcher had an opportunity to observe the events as well as the actions regarding how the facilitation of student nurses' learning was employed in the clinical area.

The following difficulties were experienced during participant observation:

- The researcher experienced a sense of discomfort associated with the commencement of participant observation, due to thinking that participant observation is a difficult method of collecting data. These thoughts were brought about by the fact that interviews were used as data collection method in most qualitative studies. There were times when, because of this, the researcher experienced considerable vulnerability and unease, and even thought about discussing the possibility of changing the method with the supervisor. In addition to the above, the researcher felt very lonely, since there was no one else using participant observation as a data collection method among those whom the researcher knew at that time.
- The researcher worked closely with her supervisor to get the necessary support. In addition to that, literature focusing on participant observation was read extensively, combining different thoughts. The research literature also enabled the researcher to formulate the participant observation schedule. Information of this nature with regard to a participant observation schedule is discussed in the next section.
- Some participants were not willing to assist the researcher during participant observation. The researcher continued to be friendly, without pushing hostile participants to change their minds. Taylor & Bogdan (1984:44) point out that researchers should not assume that hostile participants would remain hostile forever. They do soften over a period of time. Participants did in fact become friendlier as the researcher continued with participant observation.
- De Vos (1998:292) points out that participant observation is very laborious and time-consuming, involving the researcher full-time for at least a matter of months and sometimes years. Leaving the clinical area when the data becomes repetitive and no longer yields new information was not easy. Taylor & Bogdan (1984:68) also indicate

that leaving the field is at times not easy. The researcher gradually reduced the frequency of visits and told the participants that the research was about to be completed.

2) ***Formulation of a participant observation schedule***

A participant observation schedule was developed after perusal of literature on research, as well as on clinical teaching.

Articles focusing on participant observation and the exact format of an observation schedule were not found. However, the researcher developed a participant observation schedule, using the information obtained from Creswell (1994:148), De Vos (1998:290), Hammersley & Atkinson (1995:185), Seaman (1987:407-416), Silverman (1993:37), Spradley (1980:78), and Taylor & Bogdan (1984).

The participant observation schedule was formulated under three sections:

I. Section 1, which includes the objectives, and some guidelines when entering the clinical area.

II. Section 2, which comprises of aspects to be observed during participant observation.

III. Section 3, which comprises of how the observations are to be concluded.

(Annexure 4 contains the participant observation schedule for this study).

Table 3.3 exhibits an overview of aspects applied in this study, which were used to guide the researcher during participant observations as outlined by Spradley (1980:78).

TABLE 3.3:
ASPECTS OBSERVED DURING PARTICIPANT OBSERVATION

SPACE	ACTOR	ACTIVITY	OBJECT	TIME	EVENT	ACT
Geography Bed arrangement Organisation of the unit	Registered nurses Consulting specialists Student nurses	Stimulation of student nurses' interest Orientation of student nurses Meeting student nurses' needs	Equipment Staffing levels (of all necessary levels) Procedure manual Nursing records and doctors' notes Clinical unit library Clinical unit teaching programmes	The use of teachable moment Meeting student nurses' needs	Role modelling Clinical supervision Ward rounds The nursing process Reflective practice Delegation Caring practices	Utilising opportunities for teaching Interaction between a registered nurse and the student nurse during facilitation of learning

The above-mentioned aspects were applied in this research as follows:

I. Space

According to Spradley (1980:78) space entails the physical place. In this study it entails the following:

- **Geography of the unit**. This was observed to identify whether the moving distance allows supervision of all student nurses by the registered nurses in the clinical area.
- **Bed arrangement**. This was also observed to identify whether registered nurses facilitate skills in a cramped space filled with too many beds or not.
- **Organisation of the unit**. The researcher aimed at identifying whether the ward was organised in such a manner that it gave the best opportunity for facilitating the learning of student nurses and the best care for the patients.

II. Actor

As Spradley (1980:78) points out, the term "actor" refers to the people involved in doing activities. The following people were included to guide this study:

- **Registered nurses**. The researcher wished to observe whether there was a registered nurse continuously available to facilitate student nurse learning in the clinical area.
- **Consulting specialists**. The researcher wished to find out whether registered nurses could provide an opportunity for a student nurse to observe and learn from the contribution of each specialist to total patient care. Examples of specialists are doctors, physiotherapists, dieticians, occupational therapists, stoma therapists, etc. Sedlak & Doheny (1998:42) assert that student nurses need to learn how to develop collaborative relationships with other health care providers.
- **Student nurses.** The researcher wished to observe the interaction between student nurses and registered nurses during facilitating learning.

III. Activity

Spradley (1980:78) describes an activity as a set of related acts people do. The researcher included the following aspect:

- **Stimulating student nurses' interest**. The researcher aimed at observing whether the registered nurse could stimulate student nurses' interest in learning and providing patient care.
- **Orientation of student nurses**. This was observed to find out whether the registered nurse could explain what he or she expected the student nurse to learn during clinical placement, for example, Kersbergen & Hrobsky (1996:19) indicate that during the beginning of training, student nurses are orientated to agency protocols and policies relevant to clinical experience.

IV. ***Object***

Objects are those physical items that were present (Spradley 1980:78). The following objects were included in this study:

- **Equipment**. It was important to check whether the equipment was sufficient to enable student nurses' learning to be facilitated without obstacles.
- **Staffing levels**. This could enable the researcher to identify whether the clinical unit had enough staff of all necessary levels to enable the registered nurse to supervise student nurses, to create an atmosphere for learning in the clinical area, as well as provision of patient care.
- **Procedure manual**. This was checked to identify its availability in the clinical area for quick reference to a specific procedure. A clinical handbook covering specific aspects of care was checked because this would direct student nurses in the beginning of their placement, for example, specific preoperative preparation or doctors' preferences of treatment.
- **Nursing records and doctors' notes**. These were used to obtain data relating to registered nurses' ability to ensure that these records were legible as well as without abbreviations, so that the student nurse could learn and gain knowledge from them.
- **Clinical unit library**. The researcher wished to identify the registered nurses' ability to create a small unit library at affordable cost, as well as the possibility for the clinical unit to collect and develop its own materials, for example, articles from the nursing news, newspapers with information relevant to that particular clinical unit, as well as ward-made charts, diagrams, and copies of interesting x-rays. The small unit library could be used as a facilitating resource in the clinical area.

- **Clinical unit teaching programmes**. These were used to find out whether programmes were available for student nurses at the beginning of their placement in the clinical area. The researcher also wished to identify whether these programmes were planned in such a manner that the needs of student nurses and those of the patients were balanced to achieve maximum benefit for both.

V. Time

According to Spradley (1980:78), time includes sequencing that takes place over time. In relation to time, the following issues were important for this study:

- **The use of teachable moment**. This was observed to find out whether the registered nurse could utilise ample opportunity for teaching student nurses during her or his routine work. For example, showing a student nurse the specific nursing interventions of a post craniotomy patient.
- **Meeting the needs of student nurses**. The researcher wished to find out whether the needs of student nurses correlated with the needs of patients, for example, whether procedures were timed so that a student nurse had the opportunity to develop the skills he or she lacked.

VI. Events

Spradley (1980:78) points out that events are a set of related strategies that people carry out. Therefore, the researcher wished to observe the strategies employed by registered nurses to facilitate clinical teaching and learning of student nurses in the clinical area. Table 3.3 displays strategies such as role modelling, clinical supervision, ward rounds, the nursing process, reflective practices, delegation and caring practices.

VII. Act

In this regard, the following aspects were important during this study:

- **Utilising opportunities for teaching.** This was observed to find out whether registered nurses were able to plan and make use of the available opportunities to facilitate learning in the clinical area.
- **Interaction between a registered nurse and the student nurse during facilitation of learning.** This was observed to evaluate student/registered nurse relationships during the facilitating of learning. This includes the manner in which they communicate, or whether they are facilitator/student nurse friendly.

3) Pre-testing the participant observational instrument

Testing the instrument in participant observation was done to identify whether the aspects indicated in table 3.3 were observable. This was achieved by submitting a participant observation schedule to the researcher's supervisors. Pitfalls such as observation of the perceptions, which was initially mentioned, were corrected.

In addition to the above-mentioned information, the researcher first observed one clinical unit with the same characteristics as the clinical units that were used in the main study. It was, however, identified that activities are limited between 18:00 and 19:00. Therefore, in the main study, the researcher invested more time between 06:45 and 17:00. (Table 1.1 in Annexure 4 reveals such information).

4) ***Structuring participant observation***

A. Entering the field

The researcher obtained consent from the gatekeepers to have access to the hospital records and registered nurses. Hammersley & Atkinson (1995:34) define gatekeepers as actors with control over sources and avenues of opportunity. According to Lincoln & Guba (1985:274), appropriate steps towards clearing with the gatekeepers, gaining fully informed consent, and maintaining courtesy, is mandatory. These steps were explained under section (3.3.1). Gatekeepers in this study are the Department of Health and Welfare of the Northern Province and the hospital managers where the study was conducted. Marshall & Rossman (1989), as cited by Creswell (1994:148), assert that gaining entry may be a continuous problem in a research project when the researcher moves from one site to another, for example, conducting focus group interviews and participant observations. Therefore, the consent to conduct the study using both methods was indicated.

B. The researcher's role during participant observation

The researcher struck a balance between conducting research and doing clinical accompaniment with student nurses. Taylor & Bogdan (1984:35) assert that a problem encountered by field researchers is being told what and when to observe. Therefore, the researcher tried to resist attempts of participants to control her research. The researcher selected the clinical unit and the times to do participant observation with the co-operation of clinical unit registered nurses.

The researcher established rapport with registered nurses, following the guidelines as outlined by Taylor & Bogdan (1984:36). The guidelines include the following:

- Paying homage to their routines. The researcher adapted to the clinical unit routines and ways of doing things. The researcher did not disturb participants when they performed strategies according to their schedules. For example, when the researcher started participant observation at 06:45, morning prayers were conducted with the clinical unit staff, patients and the researcher, although morning prayers were not part of the observation schedule.
- The researcher exchanged casual information with registered nurses in the clinical unit as a method to "*break the ice*" and enable them to communicate, as well as perform their duties freely.
- Helping registered nurses in cases where help was needed was done to build the relationship and establish trust between the researcher and registered nurses; for example, the researcher directed the visitors during visiting hours. However, any participation that interfered with the researcher's ability to collect data was avoided.
- The researcher recorded all the views given by registered nurses without questions, even where the researcher believed such views were debatable. In other words the researcher, was interested in getting registered nurses views without being judgemental.

Following these guidelines promoted the relationship between the researcher and the participants. Therefore, the researcher collected data without experiencing any major problems.

C. Asking questions

The researcher asked questions in such a way as to enable registered nurses to talk about what was on their minds and what concerned them, without forcing them to respond to the

observer's interests, concerns, or preconceptions. In a way, the researcher utilised critical incidents in clinical teaching and asked registered nurses questions about these incidents.

D. Learning language

According to Taylor & Bogdan (1984:51), field researchers must start with the premise that words and symbols used in their own worlds may have different meanings in the worlds of their participants. Therefore, the researcher learnt how registered nurses in the clinical area use their language, for example, when they refer to first year, second year student nurses, and so on. For the researcher, being a registered nurse and knowing the terms and symbols, it was easier to understand the language.

E. Recording field notes

According to Taylor & Bogdan (1984:53), field notes represent an attempt to record on paper everything that can possibly be recalled about the observation. Field notes were recorded after each observation as well as after more casual contacts with participants. The researcher spent four to six hours recording field notes for every two hours of observation.

Field notes included descriptions of the clinical area, facilitating resources, people, events and conversation, as well as the observers' actions, feelings, and hunches or working hypotheses. Hammersley & Atkinson (1995:185) indicate that it is equally important that records of speech and action should be located in relation to *who* was present, *where,* at what *time* and under what *circumstances.*

The field notes were compiled according to the following guidelines provided by Seaman (1987:407), Spradley (1980:69), and Taylor & Bogdan (1984:59-60).

- The researcher started each set of notes with a title page, which included the date, time and place of observation and the day and time when notes were recorded.
- The diagram of the clinical area was included at the beginning of the notes. The researcher's movements were also traced. These served as a reference when the researcher wanted to check on specific events. Annexure 5.2 contains Figure A (Diagram of a clinical unit).
- Activities were recorded according to the aspects identified as important in this study. (Table 3.3 reveals such aspects).
- The researcher left wide margins that enabled the addition of previously omitted items at a later stage of research.
- New paragraphs were often formed. The task of cutting and coding the researcher's notes was greatly eased by the fact that new paragraphs were created for each separate event, thought, or topic.
- Quotation marks were used to record remarks as often as possible. What was important was capturing the meaning and approximate wording of remarks. Pseudonyms for the names of people and places were used to maintain confidentiality. They were referred to as registered nurse A, B or C.
- Three copies of the notes were made. The researcher kept one set at hand, placed one in safekeeping and used a third set for any readers of the researcher's field notes. Once the researcher began analysing the data, one extra set was needed to cut and code the notes. Silverman (1993:37) indicates that items may be usefully assigned to more than one category in order to maximise the range of hypotheses that can be generated. Silverman (1993) further states that it may help to make multiple copies of each segment of data to be filed under several categories.

F. Type of information the researcher looks for during participant observations

Discussion of the aspects, which the researcher looked for during participant observations, is discussed under section (3.4.2.2): (2). The rationale for observing these aspects was to enable the researcher to crosscheck data obtained from the interviews and observations of evidence related to the following questions:

- Question 4.1: Which obstacles prevent facilitating student nurses' learning in the clinical area?
- Question 5.1: Which clinical learning strategies can be employed to facilitate the learning of student nurses during clinical placement?

In this research, the seven aspects identified by Spradley (1980:78) served as a guide during participant observation. According to Spradley (1980:78), these aspects are not equally important for every social situation, but they provide the beginner ethnographers with an excellent guide for making grand tour observations.

G. Leaving the field

Taylor & Bogdan (1984:67) indicate that those who were being studied can feel offended and betrayed when the researcher leaves the field. The researcher therefore notified the participants in time that the research was coming to an end. The researcher left the field when data ceased to yield new information.

Summary

Interviewing three groups of registered nurses enabled the researcher to obtain the needed data. Through observing the space, actors, strategies, objects, time, events and acts in the clinical area, the researcher was able to identify and describe the obstacles that obstruct the

facilitation of clinical teaching and learning, as well as strategies employed during clinical placement of student nurses.

3.4.3 Measures to ensure trustworthiness

To ensure positive results in this study, the researcher applied Lincoln & Guba's (1985) model as well as information obtained from Krefting (1991:217-222) and Talbot (1995:487-488) to ensure trustworthiness. According to Lincoln & Guba (1985) as cited by Krefting (1991:215), trustworthiness is a method of ensuring rigor in qualitative research without sacrificing relevance. Agar (1986) as cited by Krefting (1991:215), asserts that trustworthiness is a term that is used in qualitative research to replace reliability and validity in quantitative research. However, Lincoln & Guba (1985:301) point out that in qualitative studies, trustworthiness may be operationalised under four strategies, namely credibility, transferability, dependability and confirmability.

3.4.3.1 Credibility

Credibility is a criterion referring to confidence in the truth of the findings of a particular inquiry for the participants (Lincoln & Guba 1985:291). This was achieved through prolonged engagement, triangulation, member checking, peer examination, authority of research, and structural coherence (Krefting 1991:215-217).

Prolonged engagement. This was achieved by investing sufficient time in observing the behaviours of registered nurses during the facilitation of the learning of student nurses during clinical placement. Understanding of registered nurses' behaviour was achieved by doing participant observation in the clinical area. Participant observation was done on a daily basis, testing misinformation and building trust between registered nurses as

facilitators and the researcher. Persistent observation was done to crosscheck data obtained from the focus group interviews. This includes the obstacles, as well as the strategies employed during facilitation.

Triangulation. Triangulation is explained by Knalf & Breitmayer (1989) as cited by Krefting (1991:219) as a powerful strategy for enhancing the quality of the research. Krefting (1991) further indicates that this strategy of providing a number of different slices of data also minimises distortion. In this study, method and data triangulation were used. These are discussed below.

Method triangulation. This was used to marry two fundamentally different data gathering methods (Thomson & Jolley 1997:187). These methods include focus group interviews and participant observation. The purpose of these methods was to gain an insight from different points of view with regard to facilitating the learning of student nurses during clinical placement. Combining the two methods of data collection, provided a clearer picture of how facilitating the learning of student nurses was perceived and described by registered nurses on the one hand. On the other hand, through observation, the actual process of facilitation was observed. According to Kimchi *et al* (1991), as cited by Thomson & Jolley (1997:190), the goal of triangulation is to circumvent the personal bias and deficiencies intrinsic to a single method of data collection. Therefore, interviewing registered nurses as facilitators of clinical learning and observation of their behaviour in relation to obstacles and strategies, would reflect the views held by the participants and not the researcher's view. In addition, a literature study was done to help the researcher to set a framework for focus group interviews and participant observation.

Data triangulation. This was done by reviewing relevant literature, and by grouping and interviewing three categories of registered nurses. These were five junior registered nurses, five senior registered nurses and five chief registered nurses. Krefting (1991:219) corroborates this by stating that a different grouping of people contributes to complete understanding of the concept under study.

To avoid misunderstandings, the exact meaning of the questions was expanded by means of using specific, focused questions and probes during the interviews, for example, Neutral probes such as eeh... were used. Data were also obtained during participant observation where observational notes were taken.

3.4.3.2 Transferability

This refers to the degree to which the findings can be applied to other contexts (Krefting 1991:216). Talbot (1995:488) supports this notion by indicating that it allows someone other than the researcher to determine whether the findings of the study could apply in another setting. Transferability or fittingness was ensured by:

Nominated sample. The sampling method included purposive as well as convenience sampling of fifteen registered nurses interviewed and two clinical areas used for participant observation.

Dense description. The researcher provided a detailed data base and a dense description of facilitating the learning of student nurses during clinical placement.

3.4.3.3 Dependability

Dependability is a strategy used to establish consistency. According to Lincoln & Guba (1985:290), consistency is achieved by determining whether the findings of an inquiry would be

repeated, if the inquiry were replicated with similar participants in the same context. Dependability was ensured, by undertaking a procedure referred to as stepwise replication (Lincoln & Guba 1985:316). This was achieved by dividing the participants into three groups. These groups were interviewed separately and later the data obtained were compared.

3.4.3.4 Confirmability

Confirmability is a strategy used to achieve neutrality. Lincoln & Guba (1985:290) describes neutrality as a criteria used to establish the degree to which the findings of an inquiry are determined by the participants and not by the biases or interests of the enquirer. Lincoln & Guba (1985:319) further state that the major technique for establishing confirmability, is by means of an audit technique. Auditability of the study was enhanced by adopting Halpern's (1983) as cited by Lincoln & Guba (1985:319) suggestion for creating an audit trail. The following were kept:

- Raw data, including audiotape records and field notes.
- Data reduction and analysis products, such as write-ups of field notes and summaries of such condensed notes.
- Process notes, such as methodological notes, as well as trustworthiness notes.
- Instrument development information, such as an interview schedule and a participant observation schedule.
- Research instruments were submitted to the research experts for evaluation.

Code re-code procedure. This was ensured by consensus discussion between the researcher and independent experts. Details in this regard are exhibited in section (3.5.1.2).

Table 3.4 represents an overview of how the strategies by Krefting (1991), as cited by Modungwa, Poggenpoel & Gmeiner (2000:63), were applied in this study.

TABLE 3.4
STRATEGIES TO ENSURE TRUSTWORTHINESS (Modungwa *et al* 2000:63)

STRATEGY	CRITERIA	APPLICABILITY OF CRITERIA IN THIS RESEARCH
Credibility	Prolonged engagement	Allow time for respondent to verbalise experiences. Participant observations up to data saturation.
	Triangulation • Data	Literature review. Focus group interview transcripts. Participant observational notes.
	• Methodological	Focus group interviews and participant observations.
	Member checking	Follow-up observations of behaviours after focus group interviews, literature reviews.
	Peer examination	Independent checking by colleague as well as supervision by experts.
	Authority of researcher and referential adequacy	Course work, trained in a workshop and supervised by two experts. Literature review.
	Structural coherence	Focused on registered nurses' perceptions.
Transferability	Nominated sample	The sampling method included purposive and convenience samples.
	Dense description	Researcher described a complete methodology.
Dependability	Audit trail	Keeping of raw data, and recorded tapes.
	Stepwise replication	Three groups of registered nurses interviewed separately, data was compared.
	Code re-code procedure	Consensus discussion between researcher and independent expert.
Confirmability	Confirmability audit	Records include field notes and audiotape recordings. Focus group interview schedule. Participant observational schedule.

3.4.4 Limitations of the study

The study was conducted in one hospital only, and therefore the result should not be generalised for the whole province. Findings will be contextualised to the region where the study was conducted.

The issues, which were considered as threats to participation of registered nurses, were that this study was conducted during the transformation of health services in South Africa. Registered nurses were expected to attend workshops, courses, as well as meetings related to this transformation. When this study was conducted, a computer course, Batho Pele Principles and the Baby-Friendly Hospital Initiative (BFHI), which took almost two months, were some of these workshops. There is a possibility that pressure from attending different workshops could have influenced their perceptions of facilitation of learning in the clinical area.

Only registered nurses working in the clinical area were included in this study, which could raise a problem of bias. However, method triangulation such as the focus group interviews and participant observation gives support to the definition of the scope of nursing education as applicable to this study.

3.5 PLANNED ANALYSIS OF DATA

The purpose of this study was to explore the perceptions of registered nurses with regard to facilitating the learning of student nurses during clinical placement. The discussion that follows is based on the analysis of data collected through the focus group interviews and participant observation.

3.5.1 Data analysis process

Qualitative data analysis is a search for general statements about relationships among categories of data (Marshall & Rossman 1995:111). According to Creswell (1994:153), data analysis should be conducted as an activity simultaneously with data collection, data interpretation and narrative reporting. Hammersley & Atkinson (1995:205) add, *"the analysis of data feeds into research design and data collection"*.

In this study, the methods suggested by Tesch in Creswell (1994:155), Marshall & Rossman (1995:111-119), Miles & Huberman (1994:10; 263-266) and Taylor & Bogdan (1984:128-142), were followed during data analysis. The process of data analysis proceeded as follows:

3.5.1.1 Discovery

Taylor & Bogdan (1984:130) indicate that discovery is a process whereby the researchers gradually makes sense out of what they are studying by combining insight and intuition with an intimate familiarity with the data. This is discussed as follows:

1) Assembling and organising data

The researcher began analysing data by comparing different answers, as well as the words used. This was followed by identification of those opinions, ideas or feelings that recurred, even though expressed in different words and styles.

The researcher reduced data throughout the process of data analysis. Data reduction refers to the process of selecting, focusing, simplifying, abstracting and transforming the data that appear in compiled field notes or transcriptions (Miles & Huberman 1994:10).

Data collected during the focus group interviews of each category of registered nurses and participant observation were analysed separately. The purpose for such a reduction was to

provide an opportunity to examine the facilitation of student nurses' clinical learning as it arises from the meanings given to it as experienced, rather than considering facilitation from a conceptual basis. During the reduction process, the researcher remained faithful to the words and meanings as described by registered nurses themselves. The researcher achieved this by using the steps provided by Tesch in Creswell (1994:155). The steps are described as follows:

The researcher collected transcripts and field notes and read them carefully. The researcher read the verbatim transcripts and listened to the tape recordings simultaneously, to acquire a sense of the complete interview and to clarify the meanings obtained from the words of each participant.

The researcher picked one interview and went through it, thought about it and wrote the thoughts in the margin. Significant statements and phrases pertaining to facilitation as perceived by registered nurses were extracted from each transcript. Once the significant statements were extracted from each transcript, rereading the original transcripts was done to check the accuracy of the significant statements.

The researcher again read all transcripts obtained through focus group interviews, as well as those obtained from participant observation, underlining units of meaning related to major categories. Each transcript was considered many times. Reading and rereading once more through the data forces the researcher to become familiar with the data in intimate ways (Marshall & Rossman 1995:113).

2) Generating categories, themes and patterns

The process of category generation involves noting regularities in the setting or people chosen for study (Marshall & Rossman 1995:114). The researcher recorded any important idea that emerged during reading through the data.

When this task was completed for all the information obtained during the focus group interviews and participant observations, a list of topics was made. Themes and theme clusters were developed.

The researcher constructed typologies or classification schemes in identifying themes and developing concepts and theory. In this study this was used to classify obstacles and strategies employed to facilitate learning in the clinical area according to the registered nurses' views. According to Paton as cited by Marshall & Rossman (1995:114), the researcher may use indigenous typologies or analyst-constructed typologies to reflect the classification scheme used by the people in the setting.

3) Develop concepts and theoretical proposition

According to Blumer (1969) and Bruyn (1966) as cited by Taylor & Bogdan (1984:133), in qualitative research, concepts are sensitising instruments. Blumer proceeds to explain that they provide a sense of reference, and suggest direction. Therefore, the researcher looked for words and phrases in participants' own vocabularies that capture the meaning of what they say or do. The researcher examined themes in the data in the light of these concepts. As the theme was noted in the data, comparison between statements was made, and it was checked whether there was a concept to unite them. As the researcher identified different themes, underlying similarities between them were also identified.

4) Reading the literature

The researcher reviewed the literature, in order to look at some qualitative studies to see how researchers analysed and presented their data. When reviewing the literature, the researcher considered a warning by Taylor & Bogdan (1984:135), which states: *"You should be careful not to force your data into someone's framework."* (Chapter 4 provides detailed information in this regard).

3.5.1.2. Coding

The researcher coded data according to steps described in Taylor & Bogdan (1984:136-140). The steps are described as follows:

The researcher coded the data by combining and analysing all the data having a bearing on themes, ideas, concepts and interpretations, and prepositions.

The researcher assigned symbols to each coding category and indicated which ideas were related to the assigned symbols. For example, category "1" refers to statements on the concept facilitation, category "2" to statements on facilitators, etc. In addition, the mechanical phase of qualitative data analysis was handled by using the QSR NUD*IST 4.0 computer programme. This programme was used to provide a genuine link between coding, retrieving and analysing data. In using this programme, the researcher imported documents (focus group interviews and participant observation data) from a word processor file, browsed the text of document, editing, inserting and annotating text-units. An index system was made up of free nodes. Nodes are referred to as categories that express ideas about the data (Dey 1993:102). Free nodes were created by giving them titles and the definitions of such titles. Table 4.1 displays an example of such coding. The QSR NUD*IST 4.0 programme assisted the researcher to keep

the idea by making a node, where the particular text was coded by storing reference to the text-units, and then browsed what was coded. For example, at text-units 18-19, in facilitation of learning, "received information" was coded as free node (F 7), while at the text-units 27-29; the statements under title "guiding" were coded as (F 51). The researcher made a report of a document and node with coding stripes. The examples of such reports are exhibited in annexure 5.3.

The researcher coded all data including all positive or negative statements, as well as making the codes fit the data. Data that was left out of the analysis was reviewed so that new categories could be formed.

The researcher then re-coded the existing data by means of sending raw data to an independent coder. An independent coder was an experienced nurse educator with experience in conducting and analysing qualitative data. The independent coder was not given any prearranged themes or categories to use, only a protocol with guidelines for data analysis. After discussion consensus about themes and categories was reached between the researcher and the independent coder.

3.5.1.3 Discounting data

1) Solicited and unsolicited data

The researcher discounted all data by looking at how it was collected in order to understand it. This was done by checking whether the participants had answered different things in response to questions asked.

2) Influence of the setting

Since this study involved participant observation, the researcher compared data collected at different phases in the research in order to be equipped to examine how participants' reactions to her presence may have influenced what they said and did.

3) Bracketing the researcher's biases

Method triangulation was done to minimise the researcher's biases. Information in this regard is provided in section (3.4.3.1). According to Miles & Huberman (1994:263), researchers tend to lose their bracketing ability by being co-opted into the perceptions and explanations of participants.

Colleagues and participants who were willing to read draft reports were allowed to do so, in order to assess the validity and credibility of the researcher's analysis. Miles & Huberman (1994:266) suggest that the researcher should show the field notes to a colleague. The researcher's supervisor was shown the interview transcripts and field notes to check *how* and *where* the researcher was misled.

Summary

Data analysis process included assembling and organising data, generating themes and patterns, coding manually as well as using a computer programme. The researcher also discounted data by looking at how it was collected and bracketing the researcher's biases.

3.5 CONCLUSION

This chapter focused on research design and methods of research adopted to conduct the study, as well as a plan for data analysis.

In chapter four the analysis, interpretation and presentation of data obtained through focus group interviews and participant observations are presented.

CHAPTER 4

DATA ANALYSIS AND INTERPRETATION OF RESULTS

4.1 INTRODUCTION

In the previous chapter, the methodology followed in conducting this study was discussed. In this chapter themes and categories that emerged from the data obtained from focus group interviews and participant observations, are presented. A data supplement of 74 pages containing the verbatim results of the interviews and observational notes was compiled. From this data, themes, categories and sub-categories were compiled. This resulted in 4 main themes, 24 categories and 24 sub-categories. Themes, categories and sub-categories are those summarised in figure 4.1.

In presenting the themes and categories, a summary description of each category with illustrative quotes is given. This is followed by a specific category in the form of a table in which the actual data are presented. Each table therefore represents a data category as given by the registered nurses interviewed, as well as statements from the observational notes. Although data of the focus group interviews and participant observations were analysed separately, the data were presented simultaneously when applicable. Data were presented "as spoken" (verbatim) and grammar was not corrected. The transcriptions of the interviews and observations were then imported into a qualitative data analysis programme called QSR NUD*IST 4.0. The coding system was explained in section (3.5.1.2), and presented in table 4.1.

TABLE 4.1: CATEGORIES AND CODING SYSTEM		
CATEGORY	**CODES AND SUB CODES**	**DEFINITIONS**
/Previous information		Information received prior conducting a research by registered nurses
	/Received information (F 7)	Registered nurses were informed about teaching of student nurses
	/Did not receive sufficient information (F 9)	Not receive enough information about teaching of student nurses
	/Received information previously (F 49)	Information received long ago
/Facilitation		Sharing responsibility for learning by the registered nurse and the student nurse by guiding, involving, assisting and supervising
	/Essence (F 5)	Fundamental nature of facilitation
	/Facilitators (F 54)	A person who gives the learner the structure to exercise more control over his/her learning
	/Clinical nursing skills (F 59)	Practical skills in nursing
/Aims		Purpose of facilitating learning of student nurses
	/Correlate theory and practice (F 12)	Aligning what was learned with the nursing skills in the clinical area
	/Promote competency (F 10)	Student nurse's ability required to carry out certain functions in the clinical area
	/Produce a self-directed nurse practitioner (F 11)	Executing duties with confidence, boldly and objectively
/Obstacles		An obstruction to the facilitation of learning in the clinical area
	/Increased workload (F 14)	Increased amount of work to be done by a registered nurse
	/Shortages (F 15)	Lack of equipment and nursing staff in the clinical areas
	/Inadequate knowledge (F 16)	Insufficient knowledge
	/Poor interpersonal relationship (F 25)	Improper interpersonal relationship between registered nurses and student nurses in the clinical area
	/Monthly placement (F 22)	Monthly allocation of registered nurses and student nurses to different clinical areas
	/Lack of interest (F 17)	Not interested in learning
	/Separation between registered nurses and student nurses (F19)	Inability to function as a team
	/Lack of motivation (F 24)	Lack of driving force or incentive to facilitate learning
/Strategies		Activities employed during facilitation
	/Role modelling (F 32)	Exemplifying an ideal pattern of behaviour to be imitated by the student nurse during clinical placement
	/Delegation (F 34)	A process whereby duties are assigned to student nurses
	/Active involvement (F 35)	Giving a student nurse a series of problems to work on in groups in order to give opportunity to apply and practice that, which is learned.
	/Caring practices (F 48)	Direct or indirect nurturing, skilful activities, processes and behaviours related to assisting people in such a manner that it reflects behaviour
	/Utilising resources (F 42)	Available material and human resource to enable the student nurse to learn during clinical placement
	/Clinical conferences (F 36)	Conferences held by people involved in giving health care
	/Ward rounds (F 63)	Doctors' and nursing rounds taking place in the clinical area
	/Clinical supervision (F 6)	A formal process of professional support that enables a student nurse to assume responsibility for their own learning
	/Utilising opportunities for teaching (F 28)	Planning and organising the teaching that is essential in her particular clinical area
	/The use of teachable moment (F 33)	That moment when something occurs during nursing care, which demands immediate intervention and can be used there and then to impart knowledge.

It should be noted in subsequent quotations, that numbers at the end of the given table, on the right hand side, are text unit numbers allocated by the computer programme. These reference numbers eases tracing data in context in the data supplement should it be necessary to do so.

In the discussion of the results, relevant data from the literature is included to back up the categories. Literature support is provided because other studies often provide fruitful concepts and propositions that assist in interpreting data (Taylor & Bogdan 1984:135).

Statements that are not related to the research have been omitted. Taylor & Bogdan (1984:138) assert that no studies use all the data that have been collected. Annexure 5.3 contains an example of reports of verbatim transcripts and participant observational notes. The researcher used a sample of fifteen registered nurses in the focus group interview. In addition to this, two clinical areas were selected for participant observations. The criteria for selection of this sample are given in chapter three, section (3.4.1.2). There were similar characteristics in terms of how long the interviewees had been qualified as a registered nurse, with the majority being qualified over two years. It may therefore be said that all participants met the selection criteria.

4.2 ANALYSIS OF THE GENERAL QUESTION

The researcher asked a general question at the beginning of each focus group interview about the last time the informants had received information about teaching student nurses in the clinical area. The rationale behind seeking the information was to determine whether there was any relationship between knowledge received and participants' perceptions of facilitation in the clinical area. Table 4.2 shows that there are variations, as some informants had received

information, and some had not received sufficient information, while others had received information previously.

TABLE 4.2
STATEMENTS ON PREVIOUS INFORMATION ABOUT TEACHING OF STUDENT NURSES IN THE CLINICAL AREA

	FOCUS GROUP INTERVIEW
RECEIVED INFORMATION	They were giving the information that registered nurses who are working in the ward must help the students while performing... some procedures in the ward (8). We were told that we (registered nurses) in the ward must teach students for the continuous learning to take place (9). We should guide the students while they are Performing procedures (10). Matron A...said we must consider the situation and condition in the ward (15). We use to prepare lectures and teach until when matron ..M ... said we don't need formal preparation but demonstration (18). The last time is when matron told us that we should not prepare the lessons we should teach what ever is necessary (19). Preparation of lessons will be time consuming (20). We were told that that us we should teach following objectives. Tutors gave us objectives so we can follow them when we teach (21).
DID NOT RECEIVE SUFFICIENT INFORMATION	We only have learning objectives but no formal in-service (13). Objectives are there in the ward, which we received from nursing school (14).
RECEIVED INFORMATION PREVIOUSLY	It was last year (6). I can not remember to date (7). We haven't received information recently that was long time ago; except an individual course (11). Myself long time ago in 1997 and 1998 at the X... college learning objectives for 1st and 2nd year in the wards (12).

It may be concluded from these results that the participants had background information regarding teaching of student nurses in the clinical area. Those who indicated that they had not received sufficient information, had a background of teaching student nurses in the clinical area as one of the participants indicated:

> We only have learning objectives but no formal in-service (Data:13).

4.3 ANALYSIS OF THE MAIN STUDY

The following section examines each of the themes and their categories.

Figure 4.1 represents an overview of the major themes, categories and sub-categories identified from participants' view of facilitation in the clinical area.

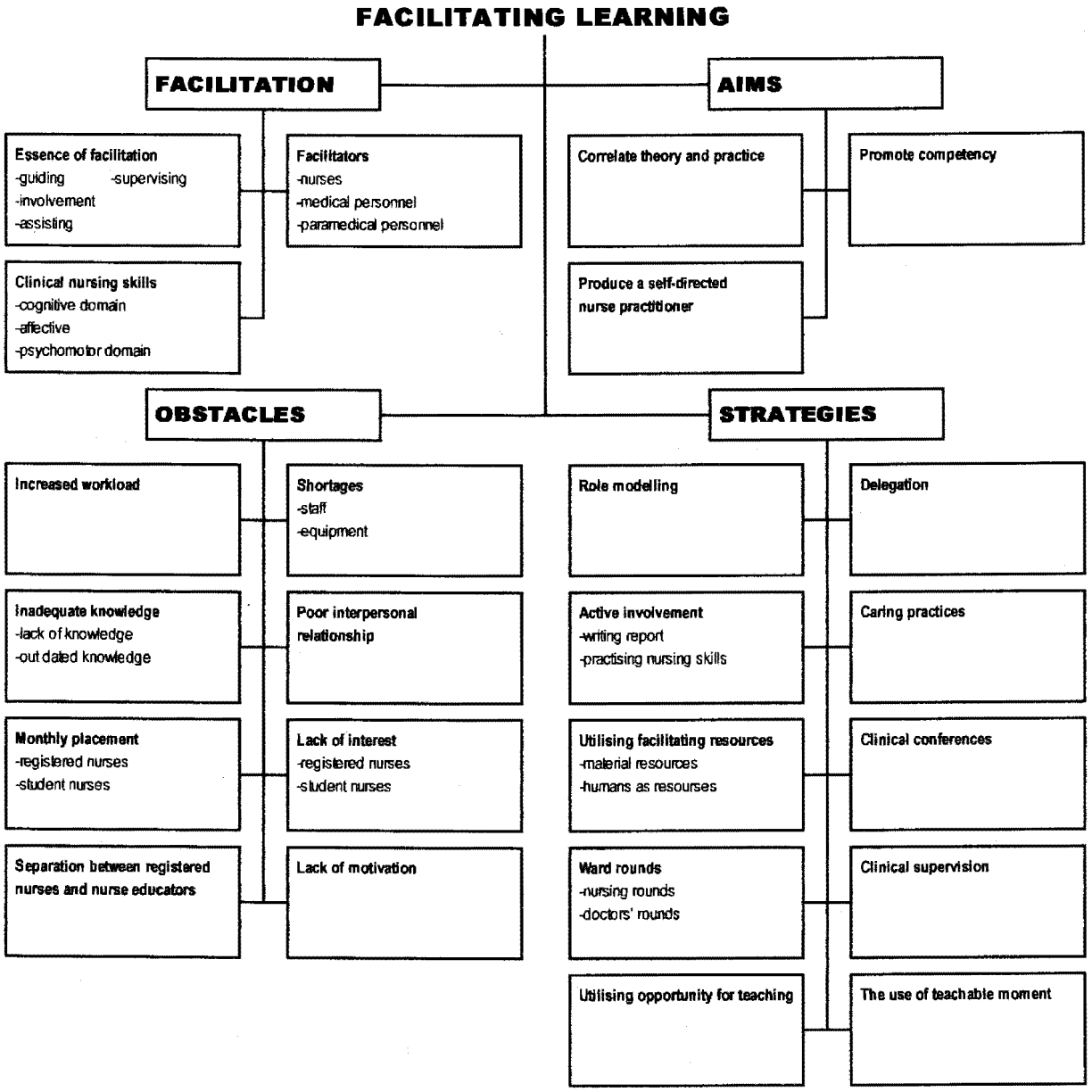

FIGURE 4.1
AN OVERVIEW OF MAJOR THEMES, CATEGORIES AND SUB-CATEGORIES IDENTIFIED

4.3.1 Theme One: The meaning of the concept "facilitation" as applied in the clinical area

4.3.1.1 The essence of facilitation

From the data gathered through the focus group interviews, the concept "facilitation" emerged as the guiding, assisting, involving and supervising of student nurses. Table 4.3 displays the statements on the essence of facilitation in the clinical area. It was said during the focus group interviews that facilitation is guiding. For example, one respondent said:

> You must be there when the student do a procedure then you correct (Data 27).

However, some participants saw facilitation as involvement of student nurses. For instance, one of them said:

> Involve the student to search information; the student is the one who should search this information (Data: 31).

Supervision is also indicated by some registered nurses, in saying:

> Facilitation is to watch the student doing the type of work mm... the procedure (Data: 26).

TABLE 4.3
CATEGORY 1: STATEMENTS ON CONCEPT "FACILITATION " IN THE CLINICAL AREA

	FOCUS ON GROUP INTERVIEWS
GUIDING	You must be there when the student do a procedure then you correct (27). Facilitation is eh... I mean is the doing of any procedure by the registered nurse (28). Guiding them what to do... and when to get the information (29). Directing, guiding student nurses. It can be direct or indirect (32).
INVOLVEMENT	But the registered nurse involved in just eh... checking or guiding the student (30). Involve the student to search information; the student is the one who should search this information (31).
ASSISTING	Helping students to reach goals (35). Identifying the needs of the students, helping the students to pass exams (36). Accelerate teaching, help the student to reach her scope (37).
SUPERVISING	Facilitation is to watch the student doing the type of work mm... the procedure (26). You must be there when the student do a procedure then you correct (27). To check if the procedures are done correctly (38).

4.3.1 Theme One: The meaning of the concept "facilitation" as applied in the clinical area

4.3.1.1 The essence of facilitation

From the data gathered through the focus group interviews, the concept "facilitation" emerged as the guiding, assisting, involving and supervising of student nurses. Table 4.3 displays the statements on the essence of facilitation in the clinical area. It was said during the focus group interviews that facilitation is guiding. For example, one respondent said:

> You must be there when the student do a procedure then you correct (Data 27).

However, some participants saw facilitation as involvement of student nurses. For instance, one of them said:

> Involve the student to search information; the student is the one who should search this information (Data: 31).

Supervision is also indicated by some registered nurses, in saying:

> Facilitation is to watch the student doing the type of work mm... the procedure (Data: 26).

TABLE 4.3
CATEGORY 1: STATEMENTS ON CONCEPT "FACILITATION " IN THE CLINICAL AREA

	FOCUS ON GROUP INTERVIEWS
GUIDING	You must be there when the student do a procedure then you correct (27). Facilitation is eh... I mean is the doing of any procedure by the registered nurse (28). Guiding them what to do... and when to get the information (29). Directing, guiding student nurses. It can be direct or indirect (32).
INVOLVEMENT	But the registered nurse involved in just eh... checking or guiding the student (30). Involve the student to search information; the student is the one who should search this information (31).
ASSISTING	Helping students to reach goals (35). Identifying the needs of the students, helping the students to pass exams (36). Accelerate teaching, help the student to reach her scope (37).
SUPERVISING	Facilitation is to watch the student doing the type of work mm... the procedure (26). You must be there when the student do a procedure then you correct (27). To check if the procedures are done correctly (38).

In this analysis, participants' definition of facilitation, relates to the definition derived from the reviewed literature, section (2.3). It has been shown that involvement of student nurses in searching for information and performing procedures as displayed in table 4.3, is a key concept of facilitation, along with registered nurses' guiding, assisting and supervising during the performing of procedures in the clinical area.

Guiding, involving, assisting and supervising are similar concepts to those identified in section (2.3) (Klopper 1998:22; Musinski 1999:29; Rolfe 1996:96; White & Ewan 1991:112; and Van Rooy 1997:4). In addition to this, Galileo as quoted in Hinchliff (1979:103) says, "*You cannot teach a man anything, you can only help him to find it within himself*".

4.3.1.2 Facilitators of learning

"Facilitators of learning" forms part of the exploration of the concept "facilitation". To add to the essence of the concept "facilitation", it was important to establish registered nurses' perceptions regarding who should facilitate the learning of student nurses in the clinical area. It is shown to be important that all the categories of health personnel can facilitate learning during clinical placement. Table 4.4 reflects that according to registered nurses' perceptions, nurses, doctors and paramedical personnel are deemed important in the facilitation of student nurses' learning in the clinical area. For instance, one respondent said:

> Professional nurse, even a staff nurse can do it (Data:41).

Medical personnel such as:

> Doctors (Data:45-50)

were identified as important in the facilitation of learning in the clinical area. Paramedical personnel were also identified as important facilitators. For example, another respondent remarked:

> Anyone can facilitate, radiographers, pharmacist, and whoever comes to the ward. Even dietician can teach the students about diet (Data:42).

It was evident from participants' description that anyone who is responsible for caring for patients in the clinical area can facilitate student nurses' learning, within the cadre of their (facilitators') expertise.

In this regard, Chabeli (1998:39) identifies registered nurses as facilitators in the clinical learning environment, while in the reviewed literature, section (2.3), nurse educators are hypothesised as important facilitators of learning in the classroom.

TABLE 4.4
CATEGORY 2: STATEMENTS ON FACILITATORS OF LEARNING IN THE CLINICAL AREA

	FOCUS GROUP INTERVIEWS
NURSES	Professional nurse, even a staff nurse can do it (41). A facilitator or registered nurse (43-48). Matrons (45). Tutors who provides the format for teaching (49). Even student who learn .. for example senior student shows juniors how to do procedures (51). You see, like in... (name of the hospital) we were not being taught by registered nurses assistant nurses and staff nurses knows everything (Smiling), they are those who would say "Sister this is not done like that, it is done like this" simple... you see--- (123).
MEDICAL PERSONNEL	Doctors (45-50). Anyone can facilitate ... doctors (42).
PARAMEDICAL PERSONNEL	Physiotherapists (46). Paramedics (47). Anyone can facilitate...radiographers, pharmacist, and whoever comes to the ward. Even dietician can teach the students about diet (42).

Registered nurses gave examples of different categories of the health team, who can be facilitators. They did not explicitly stated that the facilitator should be an expert or competent

in the field. They did not explicitly say that the registered nurse or nurse educator should be the primary facilitator for student nurses as found in the literature.

4.3.1.3 Clinical nursing skills

Table 4.5 represents the domains of nursing skills that were perceived to be essential in the facilitation of learning in the clinical area. These skills appear to be facilitated in the cognitive, affective and psychomotor domain. According to Taylor & Care (1999:31), cognitive skills can be learned through a process of observation, coaching and practice. Van der Merwe, Roos, Mulder, Joubert, Botha, Coetzee, Lombard, van Niekerk & Visser (1996:56) coincide with the findings of this study in identifying the skills as cognitive, interpersonal and psychomotor skills.

TABLE 4.5
CATEGORY 3: CLINICAL NURSING SKILLS IN FACILITATION OF LEARNING IN THE CLINICAL AREA

	FOCUS ON GROUP INTERVIEWS
COGNITIVE DOMAIN	Assessment of patients' condition (54). We teach them how to apply theory into practice (57). Giving health education to patients and visitors (61).
AFFECTIVE DOMAIN	Professional etiquette and---(55). Batho Pele principles (56).
PSYCHOMOTOR DOMAIN	We teach them how to apply theory into practice (57). Application of practical set up (58). Standard procedures (59). Standard procedures like for example, oral medication (60). Intra muscular injections or "IVI".In "ward X" minor operations those who are confident you know, even major operations (61). Specific nursing care of patient's condition (62). Nursing in general (63). Yes, even how procedures are done (64). Even preparation of patients to theatre (65).

Van der Merwe *et al* (1996:56) indicate that interpersonal skills include moving from communicating, to functioning together, moving onto clients' advocacy. Registered nurses articulate this as learning professional etiquette and Batho Pele principles. Through the

psychomotor domain, it involves facilitation of clinical expertise. For example, one respondent pointed out:

> Specific nursing care of patient's condition (Data:62).

The nursing skills perceived by registered nurses in the clinical area, are supported by literature as discussed in section (2.4.2). The cognitive domain includes perceptual skills that, according to this research, registered nurses articulate as assessment of patients' condition.

In the findings of this study it appears that facilitation of the learning of nursing skills can be done in the cognitive, affective, and psychomotor domains.

Summary

The essence of the concept facilitation was perceived by registered nurses as actively involving, guiding, assisting and supervising student nurses in performing clinical nursing skills in the cognitive, affective and psychomotor domains by nurses of all categories, and medical and paramedical personnel.

The following theme includes the discussion of the aims of facilitation as perceived by registered nurses in the clinical areas.

4.3.2 Theme Two: The aims of facilitation of the learning of student nurses in the clinical area

The description of the aims of facilitation in the clinical area is based on the information, perceived as important during focus group interviews by registered nurses. These aims include correlation of theory and practice, promoting competence, and producing a self-directed nurse practitioner.

4.3.2.1 Correlating theory and practice

Correlating theory and practice refers to aligning theory and practice in the clinical area. When reviewing the statements as revealed by registered nurses, it can be demonstrated that correlating theory and practice has links with facilitation because without this, facilitation of the learning of student nurses during clinical placement would be meaningless.

Table 4.6 reveals the statements on correlating theory and practice as perceived by registered nurses.

TABLE 4.6
CATEGORY 4: STATEMENTS ON CORRELATING THEORY AND PRACTICE IN FACILITATION OF LEARNING IN THE CLINICAL AREA

	FOCUS ON GROUP INTERVIEWS
CORRELATING THEORY AND PRACTICE	I think just to highlight the student to correlate the theory and practice in the practical situation or ward situation (71). To correlate between theory and practice (81). I mean giving students chance to learn what the tutors taught (82).

Several other authors, in fact, refer to correlating theory and practice as important aims of facilitation of learning in the clinical area. In this regard Reilly & Oermann (1992:115) indicate that student nurses will gain experience with real clients and real problems, which will enable

them to use knowledge in practice. This is supported by Daley (1996:17) who points out that since the heart of nursing practice is the application of knowledge in the clinical area, it should be ensured that student nurses construct knowledge in the clinical area by themselves.

4.3.2.2 Promoting competency

Facilitation of learning as perceived by registered nurses is aimed at promoting student nurses' competency. Competency as perceived by registered nurses means that learning in the clinical area is facilitated to prevent hazards (Data:85).

The findings of this research include that facilitation of learning should be done to produce a competent nurse practitioner. For example, one registered nurse commented:

> To make student competent to his work or his duties or tasks (Data:73).

This coincides with the literature reviewed in section (2.4.1), (Brown 1993:111; Howard & Steinberg 1999:15; and Nicol & Glen 1999:5).

Table 4.7 displays the statements on promoting competence as an aim of the facilitation of learning in the clinical area.

TABLE 4.7
CATEGORY 5: STATEMENTS ON PROMOTING COMPETENCY IN FACILITATION OF LEARNING

PROMOTING COMPETENCY	To make student competent to his work or his duties or tasks (73). We teach because we want them to become competent practitioners (74). Teaching of students prevent hazard (85).

4.3.2.3 Producing a self-directed nurse practitioner

Generally, the aim of facilitating learning of student nurses during clinical placement is seen as preparing a student nurse to be a self-directed nurse practitioner. Self-directedness refers to the ability to work without supervision, with a sense of responsibility and accountability for the acts and omissions, depending, among others, on her/his scientific knowledge, decision-making skills, problem solving skills and clinical skills as discussed in section (2.4.1).

Self-directedness is a complex concept. Different participants mentioned a single aspect that is related to producing a self-directed nurse practitioner as seen in table 4.8. The participants indicated that they facilitate learning with the aim of making a student nurse able to work as a self-directed nurse practitioner and also to prepare him/her to be a leader. For example one registered nurse commented:

> We want the student to work independent (Data:87).

This notion supports what is mentioned by Reilly & Oermann (1992:116) when indicating that student nurses will develop skills in problem solving and decision-making, as well as commitment towards and responsibility regarding one's own actions. Self-directedness is facilitated when a registered nurse and the student nurse feel committed to sharing responsibility in the clinical area.

TABLE 4.8
CATEGORY 6: STATEMENTS ON PRODUCING A SELF-DIRECTED NURSE PRACTIONER IN FACILITATION OF LEARNING

PRODUCING SELF-DIRECTED NURSE PRACTITIONER	To prepare leadership skills (75). Enhances self-confidence (77). Another thing is teaching students help to be deep holistic lifelong learners (79). We (Registered nurses) teach because we want to build self-confidence (86). We want the student to work independent (87).

Summary

With regard to the aims of facilitation of learning in the clinical area as perceived by registered nurses, correlating theory and practice, promoting competency and producing a self-directed nurse practitioner become apparent. The following theme focuses on the obstacles of facilitation of learning in the clinical area.

4.3.3 Theme Three: Obstacles to facilitation of learning of student nurses in the clinical area

This theme addresses the obstacles as perceived by registered nurses. In contrast to the previous data themes, data pertaining to this theme emerged from both the focus group interviews and participant observation, which were done over four weeks in two clinical areas. Participants reported different types of obstacles to facilitating learning during clinical placement. Figure 4.1 displays all the obstacles that emerged during the analysis of data. The obstacles are described as follows:

4.3.3.1 Increased workload

Registered nurses perceive the workload to have increased in the clinical area. Because of this, they view facilitation of the learning of student nurses during clinical placement to be difficult. It was expressed that they have a lot of patients, which makes it difficult to guide the student nurses. An example of statements that indicate the increased workload reads:

> Or having a lot of patients in the ward we can't have time to guide them (student nurses) in whatever they can want to know (Data 93).

Observations contradict what was said during the focus group interviews. During participant observation, registered nurses appeared to be performing duties normally, which is to say that at times they were observed sitting with student nurses, chatting about general social matters,

although when communicating with the researcher, increased workload was said to be an obstacle.

Data contained in table 4.9 manifests statements on increased workload as viewed by registered nurses.

TABLE 4.9
CATEGORY 7: STATEMENTS ON INCREASED WORKLOAD IN FACILITATION OF LEARNING IN THE CLINICAL AREA

	FOCUS GROUP INTERVIEWS	PARTICIPANT OBSERVATION
INCREASED WORKLOAD	Registered nurses in the ward are being piled with a lot of work (92). Or having a lot of patients in the ward we can't have time to guide them (student nurses) in whatever they can want to know (93). To add on that like if you will be allocated for students for a month, so at X...(name of the hospital) is not possible. So at the X ward there is one (registered nurse) running for students and patients, while in other hospitals one registered nurse is allocated for students (124). Registered nurses do not have time due to overworking ... example, preparing lectures and giving lessons and nursing patients (161).	Researcher, communicating with the registered nurse, she (registered nurse) says: "It is better without computer because mostly this is clerical work which create extra work (40). But there is no nurse in the corridor or in one of the two cubicles. I move to cubicle one there are no patients, only beds that are made so neatly with clean linen. In cubicle two there are five patients sitting with their relatives (174). On communicating with the researcher the registered nurse says, "We are extremely busy in this ward, we are only four, other nurses took their extra days for holidays."(278). I move to nurses bay two where the registered nurse is sitting with the student nurse (261.

Similar opinions, and views that registered nurses' workload are increased, have been identified by several other authors such as Byrd *et al* (1997:37) and Mhlongo (1996:30) as discussed in section (2.5.1).

From the statements given in table 4.9, the question of what can increase the workload in the clinical area came to light. Perhaps the answer could be a shortage of nursing staff, which is viewed by registered nurses as follows:

4.3.3.2 Shortages

Shortage of staff and equipment were also identified as obstacles to the facilitation of student nurses' learning in the clinical area. Table 4.10 exhibits statements on shortages as perceived by registered nurses.

It was revealed that shortage of staff makes facilitation of learning difficult. For example, one interviewee said:

> Shortage of staff... e-eh like in my case in X ward (name of ward) we should be having a permanent staff then it would be simpler to teach, so we don't have time because we are very much few, we don't have time there (Data:118).

Observations made in the clinical area contradict what the participants said during focus group interviews. For a period of four weeks in both clinical areas, nine to eleven nurses were to nurse thirteen or less patients. For instance:

> There are nine nurses with eight patients today. These nurses comprises of three registered nurses, three student nurses and three enrolled nurses (Data:11).

Shortage of equipment is also perceived as an obstacle. In table 4.10, it is demonstrated that screens to maintain privacy, blood pressure apparatus, bath towels and scales are not sufficient. For instance, it was said by one interviewee during a focus group interview that:

> Lack of learning equipment, for example, if you want to demonstrate bed bath correctly you find that you do not have proper equipment for demonstrating bed bath, you find that there is no bath towels or bath scales (Data:164).

Observations confirm what was said during focus group interviews. The researcher also observed a shortage of equipment during participant observation. Evidence in this regard is a shortage of temperature charts, screens, linen and pillows, etc.

TABLE 4.10
CATEGORY 8: STATEMENTS ON SHORTAGES IN FACILITATION OF LEARNING IN THE CLININAL AREA

	FOCUS GROUP INTERVIEWS	PARTICIPANT OBSERVATION
SHORTAGE OF STAFF	Shortage of staff (94). Shortage of staff...e-eh like in my case in X ward (name of the ward) we should be having a permanent staff then it would be simpler for us to teach, so we don't have time to teach because we are very much few, we don't have time there (118). If we are enough in the ward we could at least allocate one person to take charge (151).	There are nine nurses with eight patients today. These nurses comprises of three registered nurses, three student nurses and three enrolled nurses (11). There are eleven nurses and thirteen patients today. The nurses comprise of four registered nurses, four student nurses and three enrolled nurses (104). Three registered nurses take their off at 13h00, and from 13h00 to 19h00 there will be only one registered nurse, one student nurse and one enrolled nurse (105). Off- duties reflect that there are two registered nurses, one going off at 13h00 and the other one going off at 19h00. The nursing staff also includes five student nurses and one enrolled nurse they have thirteen patients (71).
SHORTAGE OF EQUIPMENT	Even lack of equipment in the ward, you find that there is no ... maybe you want to demonstrate certain procedure you find that you cannot demonstrate that procedure properly (111). We don't have proper equipment and materials to demonstrate procedures (130). I say this because when I want to demonstrate urine testing (131). no urinometer or BP machines, e-eh ... sometimes even towels. And sometimes when you want to do aseptic technique no dressing packs, it is a problem really (132). In other wards basins in the dressing room are not there (133). --- or even the resources such as equipment's screens and everything, screens to maintain privacy for the patient (115). Lack of learning equipment, for example if you want to demonstrate bed bath correctly you find that you do not have proper equipment for demonstrating bed bath you find that there is no towels no bath scales (164).	A patient is admitted at 10h30, ask for a pillow to support his head, registered nurse A said there is no pillow in the ward, I asked her what they use if the patient needs to be elevated they said they use blankets, although the blankets are not enough (23). A patient changes his clothes and gives the clothing to the relatives. The registered nurse explains that they don't kit patient's clothes because there is no kit room (81-83). The patient ask for a pillow, then a student nurse tells a registered nurse, then she answers "You want to tell me that you don't know there are no pillows in all this wards?" (166). Student nurse takes a blanket and elevate the lower limbs (206). A student nurse takes temperature, before she could record the readings in the temperature chart, she tells the registered nurse that there is no temperature chart. She draws the lines on the plain paper and record the temperature (284).

The issue of shortage of staff and equipment also finds reference in the work of Makupu & Botes (2000:14) who corroborate this in stating that lack of necessary equipment makes it difficult for student nurses to achieve meaningful learning.

4.3.3.3 Inadequate knowledge of registered nurses

On facilitation of learning, registered nurses are expected to have adequate knowledge. This is so, as several other authors like Musinski (1999:29), Olivier (1998:40;29) and Rolfe (1996:96) indicate that a facilitator should provide guidance to student nurses as to *how* and *where* information can be obtained with regard to knowledge and skills. Some of those interviewed felt that they have a lack of knowledge while others revealed outdated knowledge as an obstacle to facilitation in the clinical area. Table 4.11 shows substantial statements indicating how difficult it is to facilitate learning with inadequate knowledge. For example, one registered nurse commented during a focus group interview:

> So it is difficult for the registered nurse to demonstrate for student what she doesn't know (Data:100).

Out-dated knowledge was also a focal issue as some participants indicated that they were trained long ago. For instance, one of the participants said:

> You (Registered nurse) find that can't demonstrate a procedure to a student nurse, why because it's long that you have been trained you find that she can't even demonstrate ... the ... the procedure to them, so I think in-services can help (Data : 166).

Generally the findings from participant observations substantiate those obtained during focus group interviews. It was observed that some registered nurses are unable to guide student nurses with regard to health education relevant to patients' condition in the clinical area. For example:

> The content of the health education teaching program do not correlate with the target group. For example, collection of sputum is a health education planned to be given to a group of patients and their relatives at 11:00 (Data : 291-292).

TABLE 4.11
CATEGORY 9: STATEMENTS ON INADEQUATE KNOWLEDGE IN FACILITATION OF LEARNING IN THE CLINICAL AREA

	FOCUS GROUP INTERVIEWS	PARTICIPANT OBSERVATIONS
LACK OF KNOWLEDGE	Let say you find that in the ward situation she(Registered nurse) is suppose to guide student in the certain procedure, but you are not sure what you are expected to do (99). So it is difficult for the registered nurse to demonstrate for student what she doesn't know (100). You find that there is lack of information somehow (101). They (Registered nurses) have lack of knowledge of procedures, sometimes we (looking at the group members and smiling) are ashamed to say we don't know (136).	The content of the health education teaching programmes do not correlate with the target group. For example, collection of sputum is a health education planned to be given to a group of patients and their relatives at 11:00 (291-292). The second teaching programmes is planned to be given as an in-service education to the clinical unit nurses. The topic is the nature of teaching carried out by the nurse in specific areas. These are programmes for one week. Registered nurse B comes, says, "I saw this teaching programmes yesterday when I come back from off duty, the registered nurse who was present did not check this programmes." She continues, "Even the student nurse who planned this programmes act as if she knows too much (293).
OUT DATED KNOWLEDGE	It is even difficult to facilitate the registered nurse is not sure of what ... May be in that ward they have registered nurse who has passed long ago (105). Lack of in-service training to the registered nurses about new trends (116). Registered nurses are not having up-to-date knowledge (117). You (Registered nurse) find that can't demonstrate a procedure to student nurse, why because it's long that you have been trained you find that she can't even demonstrate ...the...the procedure to them, so I think in-services can help (166).	

Data contained in table 4.11 supports the findings in the study done by Chabeli (1998:42) who points out that student nurses do not ask questions, indicating that registered nurses are the "BAR ONE" and that they lack knowledge.

It was difficult for the researcher to observe outdated knowledge as revealed during focus group interviews, as it was rare to see a registered nurse demonstrate procedures to student nurses.

It can be generally deduced from these findings that having lack of knowledge and having outdated knowledge obstruct facilitating the learning of student nurses during clinical placement. There is an obvious need to equip registered nurses with the most recent information needed to promote facilitation.

4.3.3.4 Monthly placement

In the context of this study "monthly placement" entails monthly allocation of registered nurses and student nurses to different clinical areas. The interview and observational data given in table 4.12, however, demonstrates that rotating every month interferes with registered nurses' facilitation of learning in the clinical area. For example, one respondent remarked:

> When we rotate every month is a problem because when student nurse ask questions you'll find that you are new in the wards you don't even know the patients (Data:122).

Similar comments made by registered nurses were heard during participant observation, which support data obtained during focus group interviews. An example of these comments include:

> She (Registered nurse) continues, "In this hospital, you will be changed from one ward to another, then it is difficult to know where things are"(Data:22).

TABLE 4.12
CATEGORY 10: STATEMENTS ON MONTHLY PLACEMENT IN FACILITATION OF LEARNING IN THE CLINICAL AREA

	FOCUS GROUP INTERVIEW	PARTICIPANT OBSERVATIONS
REGISTERED NURSES	When we rotate every month is a problem because when student nurse ask questions you'll find that you are new in the wards you don't even know the patients (122).	I walk to nurses bay two I asked the registered nurse B who is working on the computer where I can find the teaching programme, she says, "I don't know as I am new in the ward" (21). She (Registered nurse) continues, "In this hospital, you will be changed from one ward to another, then it is difficult to know where things are"(22).
STUDENT NURSES	Students are being allocated one-by-one... (pointing a finger) ... e-eh one-by-one ..esh..., if it was a group allocation it was better because we could teach them at the same time (137). One other problem is when they come being two ... three ... then you become discouraged to teach them (138).	

Monthly placement of student nurses in the clinical area was also considered to be an obstacle. With regard to the contents of data exhibited in table 4.12, Gallagher, Bomba and Anderson (1999:6) also found that hospital nurses who are key figures in mentoring and supporting students in their clinical experiences, noted that the constant rotation of students put more demands on the staff.

4.3.3.5 Lack of interest

Major features on lack of interest in the facilitation of the learning of student nurses are depicted in table 4.13. In the table, it is demonstrated that registered nurses are not interested in facilitation of learning while student nurses are not interested in learning. For instance, one respondent during the focus group interview said:

> Negative attitude of other ... registered nurses, they says having student nurses waste time in the ward (Data: 192).

Registered nurses also mentioned that the reason for lack of interest is related to lack of student nurses' interest in learning nursing skills. For example, one registered nurse remarked during the focus group interview:

> They (student nurses) are reluctant to give feedback, not interested in assisting in case of emergency some students says "After all I will never work in this ward why should I learn this" (Data: 127).

TABLE 4.13
CATEGORY 11 STATEMENTS ON LACK OF INTEREST IN FACILITATION OF LEARNING IN THE CLINICAL AREA

	FOCUS GROUP INTERVIEWS	PARTICIPANT OBSERVATIONS
LACK OF REGISTERED NURSE'S INTEREST	You find that the registered nurse is not interested in helping the students while performing procedures (103). Registered nurses say there are some tutors at the school who are the ones to give the information to the students (109). Negative attitude of some facilitators in the wards (134). Yes, because if the student nurse is lazy, why should I teach a learner who is lazy (smiling). One tells herself that we are here to work not to teach (135). Negative attitude of other ... registered nurses they says having student nurses waste time in the ward (192). Lack of interest between both a registered nurse and the student nurse (107). The registered nurse is not interested in teaching meanwhile the student nurse is not interested in knowing (laughing) the information. (108). Registered nurses becomes reluctant ... because they become bored (168).	Registered nurse A, answers, "How am I suppose to know, because you (student nurse) are the one who is doing the dressings" (25). We (Nurses and the researcher) were all asked to do our duties, and not to wait for a delegation because she won't have time as she (registered nurse) is always busy (97).
LACKOF STUDENT NURSE INTEREST	Negative attitude of the learners ... e-eh ... and the facilitator, (126). They are reluctant to give feedback, not interested in assisting in case of emergency some students says "After all I will never work in this ward why should I learn this" (127). Students are not eager to learn (154). When you teach them you become a burden...(155). Even when you give them topics they have lack of interest (158). It is not nice to teach students who are not interested ... (laughing) some of them act as if they don't know why they are in the wards. We Registered nurses sometimes wonder if they are there to observe or to learn (169). They, I mean students, run away when you want to teach them they even hate you for that (177). Student nurses show negative attitude some of them they are not initiative (178). Yes, when you delegate them to do a procedure, they don't ask about it even if they do not know (179). Students don't even read the delegation (180). They don't even stay in the wards going to phone, going for tea, forever and come back after some hours (181).	She (registered nurse) says: "Not yet, and the person who is suppose to give this health education is not yet back, students do not understand their role, some of them act as if they are here for observations, or for a jitters (party)" (152). She continues, "You'll see them lingering, going up and down until they knock off" (153). Student nurses are not in the ward they are taking lunch for one hour, from 13:00 to 14:00 (207). Student nurses come from lunch at 14:15 instead of 14:00 (209).

The data contained in table 4.13 contradict the findings in the study done by Troskie *et al* (1998:48) when assessing the extent of the unit managers' involvement in the clinical teaching of student nurses in the unit. It was found that ninety-five percent of unit managers indicate that they give the necessary support to student nurses regarding patient care problems. Similarly positive responses ranging between eighty-six and hundred percent of involvement of

unit registered nurses was found by Mhlongo (1996:30). Thus, their findings denote a positive attitude toward facilitation of learning in the clinical area.

Lack of interest is also emphasised by Makupu & Botes (2000:14) who state that some registered nurses have a negative attitude towards teaching student nurses and this also results in lack of interest on the part of student nurses.

Finally, it can be assumed that lack of student nurses' interest and lack of registered nurses work both ways, and are reciprocal in obstructing the facilitating of learning during clinical placement.

4.3.3.6 Poor interpersonal relationship between registered nurses and student nurses

Table 4.14 addresses statements concerning the interaction between registered nurses and student nurses as revealed during the focus group interviews and those observed during participant observation.

It was identified in this category that interaction between registered nurses and student nurses is poor. This interaction appears to contribute to lack of interest in both the facilitator (registered nurse) and the student nurse as displayed previously in table 4.13. An example of poor interpersonal relationships between registered nurses and student nurses is revealed by one registered nurse in a situation such as:

> Students asking a questions e.g. on warfarin ... then if registered nurse ask the action, they answer: "I don't know, teach us, because we are here to learn" (Data:182-183).

TABLE 4.14
CATEGORY 12: STATEMENTS ON POOR INTERPERSONAL RELATIONSHIP BETWEEN REGISTERED NURSES AND STUDENT NURSES IN FACILITATION OF LEARNING IN THE CLINICAL AREA

	FOCUS GROUP INTERVIEWS	PARTICIPANT OBSERVATIONS
POOR INTERPERSONAL RELATIONSHIP BETWEEN PROFESSIONAL NURSES AND STUDENT NURSES	Students asking a questions e.g. on warfarin ... then if registered nurse ask the action, they answer: "I don't know, teach us, because we are here to learn" (182-183). This is a negative attitude ... because if you ask question you must have an idea to show what you don't understand (184). Student have negative attitude towards other registered nurses, they do not want to be assisted by registered nurses with single qualification (188). They (student nurses) say: "what does this one know to be able to teach us" (laugh) (189). But usually students do not agree when we give them clinical assignment and only to find that you don't have power of telling them (221).	Student nurse asks, "sister did all the patients came for dressing?" Registered nurse A, answers, "How am I suppose to know, because you are the one who is doing the dressings" (25). Student nurse say, "I don't know if I can "hunt" the patients in this ward because I am from another ward and I was not orientated in this ward (26). Registered nurse A, makes announcements she says, "There is someone who had admitted the patient yesterday, she did not take blood for Hb, if you admit the patient and you don't know, you must ask because doctors always blame me for other people's mistakes." (She says this angrily) (146). During bed making, I overhear a student nurse telling another student nurse, "I admitted the patient, but I was not told to take blood, I think it is the sister's duty" (149). Registered nurse caution a student nurse who is late for duty, the student nurse communicate with her, with the hands on his pockets, when asked to remove the hands, he says that it is his body he prefers to put his hands where he wants (214-217). The registered nurse calls a student nurse, "Student X, where is your uniform today?" Student nurse X, (Angrily) "I forgot it in the bag" (297). Registered nurse says: "When you ask them (student nurses) something, they become angry, that is why she goes without telling me she is going off" (299).

The findings may imply that there is a poor relationship between the registered nurse and the student nurse. The researcher could not find a study that directly addresses the relationship between student nurses and registered nurses. This may be an issue that needs to be explored. However, section (2.5.2) of the reviewed literature mentions related opinions about how the registered nurse interacts with the student nurse (Paterson & Groening 1996:1123; Paterson 1997:200; Thomas & Hume 1998:41 and Oermann 1998:197). To substantiate what registered nurses revealed during a focus group interviews, the interaction was observed during participant observation. For instance, the manner in which the registered nurse and the student nurse interact is not conducive to either facilitation or learning. Further exploration into why the situation is so unfriendly is required.

4.3.3.7 Separation between registered nurses and nurse educators

It is shown in table 4.15 that there is a division between registered nurses in the clinical areas and nurse educators in the nursing schools. In addition to that, registered nurses are not being involved in doing any student's activities like drawing a curriculum and formulating objectives, etc. For example, one respondent said:

> No inviting by the school to come and evaluate the student, I mean we should be invited to evaluate so that we can get used to evaluation tool (Data: 152).

Registered nurses complained of a negative attitude between registered nurses and nurse educators. This negative attitude, or rather lack of understanding towards each other's roles is substantiated by the comments recorded during participant observation, that the nurse educators are sitting at school in the sense that they fail to realise that registered nurses are busy in the clinical area.

TABLE 4.15
CATEGORY 13: STATEMENTS ON SEPARATION BETWEEN REGISTERED NURSES AND NURSE EDUCATORS

	FOCUS ON GROUP INTERVIEWS	PARTICIPANT OBSERVATION
SEPARATION BETWEEN REGISTERED NURSE AND NURSE EDUCATORS	You find that there is negative attitude between registered nurses in the ward and tutors. (10). The tutors should distribute recent books to the wards (42). There are no regular meetings with registered nurses and the school (Laugh) (145). Other thing the school does not invite us if any OSCE going on they should involve us so that we will know what is going on with evaluation of students (146). They (Nurse educators) should involve us ... Yaah ... even in drawing curriculum (147). No inviting by the school to come and evaluate the student, I mean we should be invited to evaluate so that we can get used to evaluation tool (152). Even the objectives you ... see ... sometimes we should be involved in drawing the curriculum (153).	As the professional completes writing she says, "It's good when you (researcher) come so that you see exactly what we are going through --- Sitting at school will never make people realise that others are busy, they say students are not taught sitting" (126-127).

The findings in this study concur with the findings of several other authors as discussed in section (2.5.3) (Mhlongo 1996:30; Paterson 1997:201 and Troskie *et al* 1998:45). Chabeli's

(1998:40) findings also reveal that there is no communication between nurse educators and ward registered nurses.

It may therefore be concluded that without co-operation between registered nurses and nurse educators in planning learning programmes like objectives, curriculum, and evaluation tools, facilitation of learning could be obstructed. Thus facilitation of learning during clinical placement will not be optimal.

4.3.3.8 Lack of motivation

The statements given in table 4.16 relate to lack of motivation as expressed by registered nurses during the focus group interviews. However, in these statements, it was indicated that registered nurses feel demotivated because some of them are earning money that is equivalent to that of an enrolled nurse, after having been qualified for more than two years as a registered nurse, performing registered nurses' duties. In addition to this, even when they perform at their level best they are not recognised. They feel that facilitation of student nurses' learning is therefore of no use because when these student nurses complete their training to be registered nurses, they will be given the same treatment.

An example of this obstacle is given in the following quotation when one of those being interviewed said:

> We are called registered nurses by names but not by post and money (Data:173).

TABLE 4.16
CATEGORY 14: STATEMENTS ON LACK OF MOTIVATION IN FACILITATION OF LEARNING IN THE CLINICAL AREA

	FOCUS ON GROUP INTERVIEWS	PARTICIPANT OBSERVATIONS
LACK OF MOTIVATION	Lack of motivation is a problem (170). This is because we are working without motivation (171). This is because we are working without compensation (172). Example, we are called registered nurses by names but not by post and money (173). Even when you work harder but there is no recognition by our seniors. It makes us not being interested in teaching and we also don't have power to do so (175). Yes ... (seriousness on the face) even if you perform better mistakes are selected, then no motivation to teach student results (176).	There is no delegation written in the delegation book, the nurses work according to what they can manage to do (24).

Literature supporting or contradicting lack of motivation as an obstacle to the facilitation of learning in the clinical area was not found. However, some forms of behaviour, like not delegating duties even if it is known that there are student nurses who need such direction, were observed during participant observations. This behaviour indicates lack of motivation. With reference to lack of motivation, Makupu & Botes (2000:16) believe that if the registered nurse is demotivated, and not committed to guiding student nurses in the clinical area, student nurses might find it difficult adjust to such clinical areas.

Summary

The obstacles to facilitation of learning in the clinical area came to light as increased workload, shortage of staff and equipment, inadequate knowledge, monthly placement, lack of interest, poor interpersonal relationship between registered nurses and student nurses, separation between registered nurses and nurse educators and lack of motivation.

The following theme examines the strategies employed in the clinical area to facilitate learning.

4.3.4 Theme 4: Strategies employed during facilitation of learning of student nurses in the clinical area

From the data gathered through focus group interview and participant observations, clinical strategies, which are employed during the facilitating of learning in the clinical area, emerged. The results were prioritised, based on the information obtained through the focus group interviews and participant observation. These results are presented as follows:

4.3.4.1 Role modelling

Registered nurses identified role modelling as an activity that could be said to facilitate learning in the clinical area. Table 4.17 manifests statements of registered nurses interviewed, purporting to the use of role modelling. For instance, one respondent remarked:

> Good registered nurse behaviour can teach student nurse how to behave example, when a sister dodge the ward the student will also dodge (Data: 213).

During participant observation the researcher also observed modelling of both positive and negative forms of behaviour. An example of negative behaviour:

> According to off duties registered nurse X and two student nurses are late (Data: 268).

The forms of behaviour that were usually observed, were contrary to good role modelling and include reporting late for duty, the communication between registered nurses and their subordinates, as well as comments made about patients in the hearing of student nurses.

TABLE 4.17
CATEGORY 15: STATEMENTS ON ROLE MODELLING IN FACILITATION OF LEARNING IN THE CLINICAL AREA

	FOCUS GROUP INTERVIEWS	PARTICIPANT OBSERVATIONS
ROLE MODELLING	Good registered nurse behaviour can teach student nurse how to behave example, when a sister dodge the ward the student will also dodge (213). Students are good in imitating, sisters should show good behaviour (214). Good role modelling so that students can identify with them (215).	After reading the delegation, student nurse tells the registered nurse that the patient says that in cubicle one there is noise (144). The registered nurse responds, "He (Patient) says there is noise, mean while he sleeps alone there, any way if he want to sleep in the side ward we will put him after an operation" (145). According to off duties registered nurse X and two student nurses are late (250; 268). At 7:45 professional B arrives she apologies for being so late, she says it was because of a taxi (269). When I look at her I saw that she don't have her distinguishing devises, no stockings or prescribed shoes (300). I have notice that registered nurse A is not wearing her full uniform either (301).

The findings could imply that registered nurses involved in this study view the modelling of good behaviour as an important activity in the facilitation of learning, although their ability to model good behaviour appears to be lacking according to data obtained during participant observation.

Positive role modelling is supported by literature as discussed in section 2.6.1 (Chabeli 1998:42; Gramling & Nugent 1998:48; Jaconono & Jaconono 1995:22). With reference to role modelling, Van der Wal (1992:308) is of the opinion that in order to expose students optimally to caring, all spheres of the profession should reflect caring. Musinski (1999:29) also emphasises that during facilitation, a facilitator must possess important qualities to succeed in this role, for example, trust and respect, as well as the ability to engage in active listening to enable student nurses to identify with him or her.

It is important that registered nurses in the clinical area model positive behaviour in order to provide an example for student nurses who are aspiring to occupy the role of a good registered nurse and the facilitator of future learning.

4.3.4.2 Delegation

Table 4.18 exhibits the findings of the focus group interviews and participant observations. Delegation of duties is seen to be very effective in the facilitation of learning when it is employed daily. For example, one respondent explains:

> Delegation on daily basis is the best method ... what I mean is that if you don't delegate, student will not learn anything he will go wherever he wants even sitting down and do nothing (Data: 217).

Significant results were also obtained when analysing observational data that substantiate what was mentioned during the focus group interviews. For example on several accounts:

> Registered nurses delegate student nurses to plan delegation of duties, to read the delegated duties and to delegate them to perform duties (Data: 47-50).

The findings revealed in these statements could imply that registered nurses perceive delegation of duties to be an important strategy in facilitating the learning of student nurses during clinical placement.

TABLE 4.18
CATEGORY 16: STATEMENTS ON DELEGATION IN FACILITATION OF LEARNING IN THE CLINICAL AREA

	FOCUS GROUP INTERVIEWS	PARTICIPANT OBSERVATION
DELEGATION	Delegation on daily basis is the best method ... what I mean is that if you don't delegate, student will not learn anything he will go wherever he wants even sitting down and do nothing (217). Students will learn by doing delegation on daily basis then do what has been delegated (218). If they accept clinical assignments in the wards they will learn more ... (220).	There is no delegation written in the delegation book, the nurses work according to what they can manage to do today. Registered nurse A says: "Those who were sitting up did not write the delegation, maybe they were busy" (24). The student nurse takes a book read the assigned duties. Registered nurse A is still writing (47). I notice that numbers are used in the delegation book, Example, (Supervision-1, bed bath-2) etc (48). Team method is used, where a student nurse is expected to perform all the duties in her team (49). Registered nurse B is assigned to give In-service teaching (71). I check the delegation I note that student nurse number ten wrote the delegation, (229). But the delegation does not have the registered nurse's signature only the student nurse signature appears (230). On the delegation student nurse did not assign herself with any activity, she allocated herself in team A where there is no patient (231).

In section (2.6.8), Thomas & Hume (1998:21) and Van Niekerk (1989:16) are supported by the findings of this study that facilitation of the learning of student nurses in the clinical area could be done through involving student nurses in delegating as well as in implementing delegated duties.

The findings of this study emphasise the role of delegation, which is employed by using team nursing. Team nursing appears to be important in facilitation as it could promote self-learning as well as self-development. In addition, it could also assist in producing a self-directed nurse practitioner at the end of training as explained in section (4.3.2.3). Furthermore, by delegating a student nurse, one is actually involving that particular student nurse actively in self-learning. Active involvement of student nurses is discussed in the following section.

4.3.4.3 Student nurses' active involvement

This category can be seen to have an inter-relationship with delegation, which has been discussed in (4.3.4.2). Delegation is the way in which the student nurse can be involved in executing duties, although a student nurse can also implement duties without their being delegated. According to Boman (1986:226), active involvement entails giving students a series of problems to work on in groups in order to give them the opportunity to apply and practise what has been learned. Musinski (1999:25) corroborates this by stating that learning is viewed as an active, not passive activity; one must be actively involved in one's own learning. Musinski (1999:24) further indicates that a motivated student should form a personal learning style and preference, such as working alone or in groups, and learning by listening, reading or doing. This could imply that in the clinical area, the registered nurse could engage a student nurse in learning by doing the nursing skills. Table 4.19 generally reflects statements on the active involvement of student nurses in the clinical area as perceived by registered nurses.

It was, however, revealed that student nurses should be involved in writing, and giving reports to their seniors as well as in performing nursing skills. For example, one respondent remarked:

> Mmm ... involving students to write matron report, when a student write this report, she must go and read it to matrons she will end up knowing something. Even doctors and matrons round (Data: 224).

During participant observation, the researcher observed student nurses writing the patients' report alone, giving medication, etc., but rarely participating in giving the reports to the ward staff, matrons or even doctors.

TABLE 4.19 CATEGORY 17: STATEMENTS ON ACTIVE INVOLVEMENT IN FACILITATION OF LEARNING IN THE CLINICAL AREA		
	Focus group interviews	**Participant observations**
WRITING REPORT	Mmm ... Involving students to write matron report, when a student write this report, she must go and read it to matrons she will end up knowing something. Even doctors and matrons round (224). Report writing is another way ... (pause) if I want a student to learn more I delegate them to write a full report about patients, I teach students that report starts from assessment, planning, implementation and evaluation (243). Report can also include Doctors and matrons report and they should read it to the doctor or matron e.g. at Hospital X, we used to go and read the matron report in the office as students questions were being asked at that moment. by so doing she teaching you to know all the patients conditions, diagnosis and treatment failure so you deserved a punishment. forgetting was not easy (245).	Registered nurse B takes a doctors' trolley and start doing the rounds (227). Student nurses are not involved during rounds (228). In cubicle three, a student nurse is writing notes in the patient's file alone (274).
PRACTISING NURSING SKILLS	Students should be given opportunity to demonstrate, give feedback about the procedures, which was demonstrated to them (208). Students should present information about the patient's nursing care (222). When I want a student to learn, I would allocate the student to do peer group teaching (230). Like in ward X the in charge wants the nurses at 7 o' clock every day immediately after taking a report to role play all the emergency equipment's, she could really create a scenario as if there is an emergency to enable the nurses to learn by actually practising (242). Case studies where the registered nurse will give the student a case to follow it up and present it to the group of nurses in the ward (250).	Registered nurse A calls registered nurse B to come and check schedule five, six and seven drugs in the duty room. As they are checking the drugs, I see a student nurse comes and lean on the bay one (194). Student nurse is writing a delegation for tomorrow (195). Student nurse goes and comes back with a pair of gloves, registered nurse A and the student nurse change a patient's linen (266). Registered nurse B is giving injections with student nurse (321).

Encouraging the student nurse to participate actively in the learning events has featured in the work of Boman (1986), Musinski (1999), Rideout (1994), and Rolfe (1996). They have mentioned that the student should learn by being involved as has been discussed in the exploration of the concept "facilitation" earlier in this study, section (2.3).

It can therefore be said that registered nurses perceive involvement of student nurses in report writing and giving about patient care as well as in practising skills.

4.3.4.4 Caring practices

Caring practices were not mentioned during the focus group interviews. The researcher felt, however, that it was important in the context of this study to observe the caring practices, as this is also a way in which student nurses learn how to care for the patients. Table 4.20 contains statements that illustrate this.

TABLE 4.20
CATEGORY 18: STATEMENTS ON CARING PRACTICES IN FACILITATION OF LEARNING IN THE CLINICAL AREA

	PARTICIPANT OBSERVATIONS
CARING PRACTICES	On admission, the patient is placed on the first bed in cubicle two, next to nurses bay two (76). The registered nurse says, "Tell the patient that there is no need for a pillow because these beds are elevated". I (researcher) walk to cubicle two, to check the degree of elevation which she says can substitute the pillow, but I find that all the beds are elevated more than thirty degrees, which is equivalent to two or more pillows (167). When I enter cubicle two a patient tell a student, "This is like supporting your head with a wall, because an elevated bed without a pillow will not make me comfortable I will feel headache". (In a low voice) (168). I walk to the side ward one, I see a registered nurse and the student nurse changing the patient, in the process the professional nurse showing a student nurse how the patient's position should be maintained (176). A patient asks a bedpan, the registered nurse looks at the site of the patient. In addition, she did not say anything, she continues writing (255). At about 7:35 a patient who asked a bedpan 30 minutes ago is still under the screen, she starts calling, "What did I do wrongly today to be kept behind the screen for so long (263). The patient calls again, student nurse answers, "Hey I've got a reason for doing what I did there." Registered nurse A did not say anything about it (265).

From the findings of this research it can be argued whether registered nurses participating in this study perceive caring to be important in facilitating the learning of student nurses in the clinical area. Registered nurses were observed providing physical care to patients while neglecting the emotional care of the patient. These findings do not correspond with the trend

in the literature regarding caring practices as an activity which could motivate student nurses to have a desire to care for the patients as discussed in section (2.6.7).

Facilitation could enable the student nurse to learn by caring for patients in order to achieve a successful outcome. A further way of addressing the need for employing caring practices in the facilitation of learning during student nurses' clinical placement is required.

4.3.4.5 Utilising resources

Registered nurses in this study perceived utilising resources in the facilitation of learning in the clinical area as important. These resources are categorised as human and material resources. Major features of this category are depicted in table 4.21. In the table it is demonstrated that resources include registered nurses, specialists, patients, etc. Material resources include clinical notes, procedure manual and patients' files. However, in relation to the use of resources as an activity for the facilitation of learning in the clinical area, one registered nurse commented:

> It is possible that you demonstrate the procedure the first day and the student doesn't catch it, if the procedure manual is there, she can use it to refer like in theatre we use a card so that when student want to do specific procedure should refer to the card (Data:234).

Although utilisation of material resources such as referral books, procedure manuals, etc. is perceived to be important by registered nurses, ability to make them available appears to be lacking. For example:

> The file is written (PROCEDURE MANUAL) on the cover, when I open inside the file there is nothing, not even a single paper (Data:58).

It was mentioned during focus group interviews that student nurses should make use of registered nurses in the clinical area. During participant observation, it was rare to see a student asking questions to a registered nurse.

TABLE 4.21
CATEGORY 19: STATEMENTS ON UTILISING RESOURCES IN FACILITATION OF LEARNING IN THE CLINICAL AREA

	FOCUS GROUP INTERVIEW	PARTICIPANT OBSERVATION
MATERIAL RESOURCE	Registered nurses should use the procedure manual (233;239). It is possible that you demonstrate the procedure the first day and the student doesn't catch it, if the procedure manual is there, she can use it to refer like in X (name of the ward) we use a card so that when student want to do specific procedure should refer to the card (234). Report writing is another way, I teach students that report starts from assessment, planning, implementation and evaluation (243).	I note that the procedure manual covers specific aspects of care relevant to this clinical unit. For example, procedure regarding changing of a colostomy bags, specific nursing care of a patient on under water seal drainage, bladder irrigation procedures (14). Nursing records are scanty with little reference to patient's needs (15). I check the Doctor's notes in the admission form and the prescription charts. Abbreviations are used in the patient's prescription chart, it is difficult to interpret these notes (18). Abbreviations such as (o/e), (#) of the femur, or (#) to indicate the diagnose appear on the patient's notes (19). In the nurses bay one, I ask the registered nurse to borrow me a reference book as I want to refer about the specific nursing care of a patient on a traction, registered nurse A, said " Asking about a book here, even if you can go to other wards you will not find such a book when we want to check on something we usually ask students to bring their textbooks" (20). She sends a student nurse to give me the file which is written (PROCEDURE MANUAL) on the cover, when I open inside the file, there is nothing (not even a single paper, just an empty file) (58). She (registered nurse) answers, "We do not have even a book in this hospital, where I've trained, each clinical unit use to have its own book" (62). I note that the manner in which the nursing process is recorded differs from one file to another (170). The registered nurse said that they don't have a teaching programmes (238).
HUMANS AS RESOURCES	Professional nurses should teach as part and parcel of their function (204). Accompaniment by tutors from the school (209). Even when patients goes to theatre , she (student nurse) should be there making follow-ups, and follow the patient until the patient is discharged (212). Even ward rounds, students should also learn by following the matrons or doctors during their rounds (249).	As the Doctor is taking rounds he is explaining to the other doctor may be he was a "house man" (an intern) at times asking student nurses questions and when they fail to answer, the question is directed to registered nurse A (49). Registered nurse explains how communicating with the new doctor is so difficult because he do not know English he is foreign (62). I ask her if the student nurses have chance to learn when he takes rounds, she says, "To be honest with you, it is not possible, because sometimes we use gestures" (63). The physiotherapist goes to cubicle three alone to exercise the patient. (The registered nurse do not involve student nurses) (110). Student nurses are writing the notes on the patients' files while the registered nurse is taking rounds with the doctor (222).

The importance of utilising resources in facilitation is emphasised by Musinski (1999:29) and Olivier (1998:40) by stating that resources should be organised to motivate student nurses to gain knowledge and skills. Chabeli (1998:48), Mhlongo (1996:29), and Troskie *et al* (1998:48) also relate the use of resources such as the nursing process, in section (2.6.5).

It was seen during participant observations that utilisation of resources such as registered nurses, physiotherapists, and doctors among others in the facilitation of learning in the clinical area appears to be lacking. Because there is a lack of material resources, registered nurses should use what is available to a greater extent, namely, the human resources. Registered nurses should be seen offering themselves as resources and encourage student nurses to attend doctors' rounds as discussed under (4.3.4.7).

Student nurses should be encouraged by registered nurses to ask questions through open communication, trust, etc.

4.3.4.6 Clinical conference

The participants saw clinical conference as an important activity in the facilitation of learning during placement of student nurses. All the groups of participants interviewed indicated that student nurses should be invited to special meetings where patients' problems and needs are discussed. For instance, some of those interviewed said:

> By inviting students in special meetings like mortality meeting they can learn (Data:225).

Inviting student nurses to special meetings, although perceived to be important by the registered nurses during focus group interviews, was not confirmed during participant

observation. Registered nurses were seen attending meetings alone while student nurses remained in the clinical area.

TABLE 4.22
CATEGORY 20: STATEMENTS ON CLINICAL CONFERENCE IN FACILITATION OF LEARNING IN THE CLINICAL AREA

	FOCUS ON GROUP INTERVIEWS
CLINICAL CONFERENCE	By inviting students in special meetings like mortality meeting they can learn (225). Like at X Hospital (Name of the hospital), when we do midwifery, we use to have meetings where we discussed about diseases and causes of death and what should be done by Drs' or nurses to prevent mortality (226) Student nurses should also attend special courses (227).

The importance of the data contained in table 4.22 is to point out that student nurses should attend clinical conferences. This could, perhaps, be possible if registered nurses could involve student nurses in the clinical area. These findings support the opinions of Bertz *et al* (1998:32), Chabeli (1998:43), Norwood (1998:16), Troskie *et al* (1998:48) as discussed in section (2.6.2).

4.3.4.7 Ward rounds

Ward rounds are seen as an important activity which could be employed satisfactorily in facilitating the practice of nursing in the clinical area (Mellish & Wannenburg 1992:97).

From the data collected through focus group interviews and participant observation, it became apparent that facilitation of the learning of student nurses could be done by employing nursing rounds and doctor's rounds. Nursing rounds are those rounds, which can be done by the head of the clinical unit, nursing staff, etc. Nursing rounds were not observed during participant observation. For instance, reports about the patients when exchanging shifts were given very briefly in the nurses' bay. The registered nurse was always responsible for taking rounds with

the matrons without involving a student nurse in the clinical area. Table 4.23 exhibits statements regarding ward rounds.

TABLE 4.23
CATERGORY 21: STATEMENTS ON WARD ROUNDS IN FACILITATION OF LEARNING IN THE CLINICAL AREA

	FOCUS ON GROUP INTERVIEWS	PARTICIPANT OBSERVATIONS
NURSING ROUNDS	Taking rounds with student nurses, by registered nurses, tutors even matrons. They (matrons) use to teach us, when they come they will take you so that you tell them all about the patient. They ask you questions (223). Even ward round, students also learn by following the matrons or doctors during their rounds ... I mean students do not like that, they hide when matrons come (249).	The night nurses gives report at the nurses bay one, she says, "All slept well, we did not have an admission last night" (44). No nursing rounds because the report is not given patient by patient (89). Registered nurse A takes rounds with the matron without involving student nurse (233).
DOCTORS ROUNDS	Again, about doctor's round, they use to want a student to give them rounds (246). Students should learn by following the doctors during their rounds (249).	As the Doctor is taking rounds, he is asking questions to student nurses, when they (student nurses) fail to answer, the question is directed to registered nurse A (35). At about 12:00, ward doctors come in, the registered nurse takes a trolley and they take rounds alone without involving student nurses (246). The ward doctor comes at 8:30, to take rounds Student nurses are writing the notes on the patients' files while the registered nurse is taking rounds with the doctor (222). Registered nurse B takes a doctors' trolley and start doing the rounds (227-228).

Ward rounds are seen, in the reviewed literature, section (2.6.4), as encouraging student nurses to participate actively in learning practical skills (Rideout 1994:48; Troskie *et al* 1998:48). This is in line with what was said during focus group interviews, but contradicts what was observed. For example, on several occasions during participant observation, it was observed that whenever the doctor or matron visited the ward registered nurses did ward rounds without involving student nurses.

4.3.4.8 Clinical supervision

According to E-Map Health Care Open Learning (2000:47), clinical supervision is a formal process of professional support and learning that enables individual practitioners to develop competence, assume responsibility for their own practice and enhance consumer protection and safety of care in complex clinical situations.

It was revealed during focus group interviews that student nurses should be supervised when performing procedures. For example, one registered nurse commented:

> By supervising each procedure, which is, being done by the student but you should correct them (Data:236).

However, during participant observation student nurses were mostly seen performing nursing duties without supervision. For instance:

> Registered nurse A is checking the files in cubicle one, student nurses are all in cubicle three identifying patients' problems and needs (Data:224-225).

Table 4.24 addresses comments made by registered nurses as well as the statements from observational notes regarding clinical supervision.

AREA TABLE 4.24 CATEGORY 22: STATEMENTS ON CLINICAL SUPERVISION IN FACILITATION OF LEARNING IN THE CLINICAL AREA		
	FOCUS ON GROUP INTERVIEWS	**PARTICIPANTS OBSERVATION**
CLINICAL SUPERVISION	Also, supervises them (student nurse) (219). By supervising each procedure, which is, being done by the student but you should correct them. (236).	The student nurse is assigned to admit the patient by registered nurse A in nurses bay two. Other student nurses are checking the patient's files and doing assessments and planning for their care. One is working in cubicle one, two in cubicle two. Registered nurse A is in nurses bay one compiling a diet slip, professional B and C are working on the computer and registered nurse D is checking the patients' files alone. All registered nurses are not doing the duties with student nurses (108). Registered nurse A is checking the files in cubicle one, student nurses are all in cubicle three identifying patients' problems and needs (224-225). When I check the teaching programmes, both are planned by the student nurse and these programmes are not counter signed by the registered nurse to indicate that she supervised the student during planning of these teaching programmes (290).

However, it may be seen from the statements exhibited in table 4.24, as well as the evidence from several other authors such as Bond & Holland (1997:12) and McGregor (1999:13) as discussed in section (2.6.3), that facilitation of learning in the clinical area could be based upon clinical supervision. For instance, if the registered nurse directs a student nurse to perform a procedure to a patient, this should also be accompanied by clinical supervision.

In analysing the statements from observational notes, clinical supervision appeared to be lacking. Thus it should be taken into consideration that clinical supervision could assist the registered nurse to identify the opportunities for facilitation in the clinical area. Utilising opportunities for teaching are discussed in the next section.

4.3.4.9 Utilising opportunities for teaching

Utilising opportunities for teaching is explained by Mellish & Wannenburg (1992:50) in saying that the registered nurse should plan and organise the teaching that is essential in her particular unit. In facilitation, this teaching could be organised with the student nurse in the clinical area.

Utilising opportunities for teaching is closely related to facilitation because the registered nurse has to make it possible for student nurses' learning to take place. In this regard, table 4.25 gives the comments made by registered nurses regarding utilising opportunities for facilitating in the clinical area. It is, however, revealed that student nurses should also utilise the opportunities for learning by participating in peer group demonstration, discussion and case presentation. For example, one respondent suggested:

> What about peer group demonstration (looking at the group members) Mmm ... when I want a student to learn I would allocate the student to do peer group demonstration in the ward ... I think facilitation means that (Data:230).

However, it was indicated that registered nurses should also utilise opportunities for teaching by:

> Continuous assessment when a student feels confident can come and book that she want to do a procedure (Data:210).

TABLE 4.25
CATEGORY 23: STATEMENTS ON UTILISING OPPORTUNITIES FOR TEACHING IN FACILITATION OF LEARNING OF STUDENT NURSES IN THE CLINICAL AREA

	FOCUS ON GROUP INTERVIEWS	PARTICIPANT OBSERVATIONS
UTILISING OPPORTUNITIES FOR TEACHING	Continuous assessment when a student feels confident can come and book that she want to do a procedure (210). Case presentation ... is that student will understand by following the patient in everything (211). Even when that patient goes to theatre she(Student nurse) should be there making follow-ups, and follow the patient up until the patient is discharged student should do case presentation by She so that she will be able to present it on her own (212). What about peer group demonstration (looking at the group members) Mmm ... when I want a student to learn I would allocate the student to do peer group demonstration in the ward ... I think facilitation means that (230). I usually group them, then they choose amongst themselves who will teach demonstrate then I supervise them (231). Even groups can work better, you group them to discuss patients' problems and nursing care (232).	The registered nurse says, "A topic for today concerns how to identify the patient's problems and needs" (52). Registered nurse B takes a patient's file to show us how we can identify the problems and needs as well as recording (53). Ward doctor comes, the registered nurse shows him a patient who was admitted, she proceeds taking rounds with the doctor alone while a student nurse is paging the files (84). The registered nurse completes doctor's rounds, she calls a student nurse to count the schedule five, six and seven drugs in nurses bay one (85). Registered nurse A calls registered nurse B in nurses bay one so that they can check schedule five, six and seven drugs. No involvement of a student nurse (118). There is no teaching programmes planned for teaching of student nurses and other nurses today (142). The registered nurse says, "Good morning once more, I would like to teach you about preparation of a patient for discharge (262).

During participant observations some registered nurses were observed utilising the opportunities for teaching student nurses.For example:

> The registered nurse says, "A topic for today concerns how to identify the patient's problems and needs" (Data:52).

Other registered nurses were observed ignoring the use of these opportunities. For instance:

> There is no teaching programmes planned for teaching of student nurses and other nurses today (Data:142).

It may therefore be concluded that utilising opportunities for teaching is important to facilitation of learning since registered nurses as well as student nurses will use these opportunities to benefit the student nurse. However, no studies were found which support or contradict the use of opportunities for teaching in the clinical area.

4.3.4.10 The use of the teachable moment

Teachable moment is described by Mellish & Wannenburg (1992:115) as that moment when something occurs during nursing care, which demands immediate intervention and can be used there and then to impart knowledge to those involved in the particular caring incident.

The use of the teachable moment places emphasis on the learning of student nurses in the clinical area. This is in line with facilitation of student nurses' learning in the clinical area. An example of a teachable moment mentioned by registered nurses during the focus group interview was:

> Spot teaching (Data 206).

Perceptions on the use of the teachable moment in the facilitation of learning in the clinical area are presented in table 4.26. For example, it was said by one of those interviewed during the focus group interview that:

> The moment when a case occur the sister can teach student nurse at the same time so that when exam come student can remember everything. But I usually do that and this is what I see others doing (Data:216).

Some registered nurses seem to support the use of the teachable moment in the facilitation of learning. For example, during participant observations it was observed that:

> I see the registered nurse showing student nurses how to plan for a patient with congestive cardiac failure (Data:304).

At times the use of the teachable moment appeared to be lacking. For instance:

> Registered nurse C, is present, but do not attempt to evaluate if the student nurse have knowledge regarding the patient's diagnose or specific nursing care to be followed (Data:38).

TABLE 4.26
CATERGORY 24: STATEMENTS ON THE USE OF THE TEACHABLE MOMENT IN FACILITATION OF LEARNING IN THE CLINICAL AREA

	FOCUS ON GROUP INTERVIEWS	PARTICIPANT OBSERVATIONS
TEACHABLE MOMENT	Spot teaching (206). The moment when a case occur the sister can teach student nurse at the same time so that when exam come student can remember everything. But I usually do that and this is what I see others doing (216).	Registered nurse C, is present, but do not attempt to evaluate if the student nurse have knowledge regarding the patient's diagnose or specific nursing care to be followed (38). Registered nurse B says "I'm going to help the student nurse to check an emergency trolley (131). I follow her, as student nurse A is checking an emergency, registered nurse B asks questions about the function of an ambubag, student nurse A, says "E-eeh ... this ... I do not remember. I ... took it for granted sister I really took it for granted (132). Registered nurse B tells student nurse to ask, and discuss with her peer group about all the medication including equipment in the emergency trolley (134). The registered nurse start doing the rounds, no student was called to participate (180). I walk to nurses bay two, a registered nurse and the student nurses are preparing the patients to theatre, the student nurse take vital signs while the registered nurse is putting up drips (200). I see the registered nurse showing student nurses how to plan for a patient with congestive cardiac failure (304). The registered nurse in the morning called student nurses to tell them about a patient who was discharged yesterday on acraphane, She said, "I've evaluated her knowledge of self medication. I felt so bad ... really felt very badly. Please" (Continue giving several examples). (350).

It can be said that the teachable moment were used by some registered nurses. Other registered nurses appeared to be ignoring this activity. For instance, student nurses were seen admitting

patients alone in the clinical area. At times when student nurses were evaluated, they would display lack of knowledge. For instance, during evaluation by the registered nurse, a second year student nurse displayed lack of knowledge with regard to the functions of emergency equipment which is kept in all the clinical units, yet the registered nurse did not utilise the teachable moment.

The use of the teachable moment in the facilitation of learning in the clinical area, finds reference in the work of Chabeli (1998:42) who states that there is a need to improve teaching methods by adding case studies and teachable moments in order to stimulate reflective thinking skills in clinical practice. Perhaps this could be achieved by integrating all the strategies revealed in this study.

Summary

In summary, various strategies employed during facilitation of learning in the clinical area were described. It was established that clinical strategies include:

- Role modelling
- Student involvement
- Caring practices
- Clinical conference
- Ward rounds
- Utilising opportunies for teaching
- The use of the teachable moment

4.4 CONCLUSION

In this chapter data presentation and discussion of data were done according to themes and categories on facilitation of learning in the clinical area. These themes are as follows:

- The essence of the concept "facilitation".
- The aims of facilitation.
- Obstacles to facilitation of learning in the clinical area.
- Strategies employed to facilitate learning in the clinical area.

A brief summary of the findings, conclusions and recommendations that emerged out of the findings are presented in the next chapter.

CHAPTER 5

DISCUSSION OF THE FINDINGS, EVALUATION OF THE STUDY, AND RECOMMENDATIONS

5.1 INTRODUCTION

In this chapter, a summary of the findings is presented. Conclusions are also drawn, on which recommendations are based. This study explored the perceptions of registered nurses on facilitation of the learning of student nurses in the clinical area. This exploration was done in the clinical situation, by utilising focus group interviews and participant observation. A brief discussion of findings is given in the following section.

5.2 DISCUSSION OF THE FINDINGS

The purpose of this study was to explore and describe the perceptions of registered nurses as facilitators of the learning of student nurses during clinical placement, with the view to utilise the findings of the study to develop guidelines for the facilitation of learning of student nurses in clinical practice. An emphasis, therefore, has been to explore the concept "facilitation", identifying the aims, exploring and describing the obstacles and strategies employed in the clinical area to facilitate learning.

The research was conducted in a single hospital. Participants in this study were selected using convenience and purposive sampling for both data collection methods as discussed previously in section (3.4.1.2).

In this study, two types of triangulation were used. These included data triangulation where data sources were literature review and answers from registered nurses. Methodological triangulation using different methods of data collection was done. These methods included focus group interviews and participant observation. Within the researcher's choice as a participant observer, it was impossible to observe the behaviour of registered nurses only. Where deemed necessary, the behaviour of student nurses that was mentioned during focus group interviews, was also observed and mentioned. The reason for observing such behaviour was to substantiate the information revealed by the registered nurses. Behaviour such as the manner in which registered nurses and student nurses communicate, and the degree of involvement of student nurses was observed and revealed.

During analysis of the transcribed raw data, data were studied for similarities and dissimilarities. Recurrent patterns emerged and were identified. Finally, major themes were formulated. These themes reflect the findings to address the research questions that were focused on the essence, aims, obstacles and strategies employed in facilitating learning of student nurses during clinical placement.

Data analysis was undertaken using the QSR NUD*IST 4.0 computer programme, which codes and stores ideas about any data. This programme contains nodes, which are containers for coding and for ideas. Within this study, the researcher chose to place the information in a free nodes area as explained in section (3.5.1.2).

Each transcription was examined and meaningful units identified. Four main themes, twenty-four categories and twenty-four subcategories from 752 text-units emerged. These were discussed in chapter four and summarised here as follows:

5.2.1 Theme 1: The meaning of the concept "facilitation" as applied in the clinical area

The first research question relates to the exploration of the concept "facilitation" with regard to its essence, facilitators, and clinical nursing skills. The following categories emerged with regard to this theme:

Category 1: The essence of facilitation (4.3.1.1)

The findings of this study revealed that the essence of facilitation includes:

- guiding;
- involvement;
- assisting; and
- supervising.

Category 2: Facilitators of learning (4.3.1.2)

Facilitators of the learning of student nurses in the clinical area were seen to be:

- nurses;
- medical personnel; and
- paramedical personnel.

Category 3: Clinical nursing skills (4.3.1.3)

Clinical nursing skills, which should be facilitated during student nurses' placement in the clinical area, should be done in the:

- cognitive domain;
- affective domain; and

- psychomotor domain.

5.2.2 Theme 2: Aims of the facilitation of the learning of student nurses in the clinical area

Registered nurses were asked about the aims of the facilitation of learning in the clinical area. The following aims were perceived as important in the facilitation of learning during placement of student nurses:

Category 4: Correlating theory and practice (4.3.2.1)

Category 5: Promoting competency (4.3.2.2)

Category 6: Producing a self-directed nurse practitioner (4.3.2.3)

Registered nurses who facilitate the learning of student nurses during clinical placement revealed that facilitation is aimed at reinforcing student nurses' theoretical knowledge. It was also mentioned that student nurses are assisted to enable them to be competent, as well as to enable them to be self-directed when performing clinical nursing skills. In this regard, Bengu (1997), as cited by Makupu & Botes (2000:16), indicates that the teaching approach is aimed at equipping all learners with knowledge, competence and skills, in order to be successful once they complete their training. This was thoroughly discussed in section (4.3.2).

5.2.3 Theme 3: Obstacles to facilitation of learning of student nurses in the clinical area

The third theme emerged from the research question, which aimed at exploring and describing the obstacles to the facilitation of learning in the clinical area as perceived by registered nurses. The following categories emerged from this theme:

Category 7: Increased workload (4.3.3.1)

Workload was said to be an obstacle to the facilitation of learning in the clinical area. However, it was mentioned that it is worse on busy days. The findings could imply that perhaps the workload is increased when they have many patients in the clinical area. Such workload was not observed during the data collection period.

Category 8: Shortages (4.3.3.2)

Shortages were indicated as a perpetual obstacle to the facilitation of the learning of student nurses in the clinical area, especially with regard to equipment.

During the focus group interviews it was revealed that there was not enough equipment. The researcher saw registered nurses and student nurses improvising when performing procedures during participant observation.

Shortage of staff was also mentioned to be an obstacle during the focus group interviews. The findings in this research that were arrived at through participant observation do not support those of the focus group interviews. For example, it was observed that there were eleven nurses to nurse thirteen patients, or less. At times there were nine nurses to nurse five patients, with only two student nurses.

Category 9: Inadequate knowledge of registered nurses (4.3.3.3)

- Lack of knowledge

It was indicated during the focus group interviews that registered nurses feel their knowledge is not sufficient to facilitate learning.

- Out-dated knowledge

Registered nurses revealed that some of them were trained long ago; therefore they do not have recent information to be used to facilitate learning.

Category 10: Monthly placement (4.3.3.4)

Registered nurses appeared dissatisfied regarding the monthly allocation of:

- registered; and
- student nurses.

It was indicated during the focus group interviews that they are made to rotate monthly. For instance, if they are new in the wards, they do not know how they should direct student nurses in the new environment.

Category 11: Lack of interest (4.3.3.5)

Registered nurses revealed lack of interest in the facilitation of learning in the clinical area on the part of:

- registered nurses; and
- student nurses.

Registered nurses view student nurses' lack of interest as contributing to their negative attitude towards the facilitation of learning. As revealed in Table 4.13, a significant number of statements came to light pertaining to student nurses' lack of interest. Such information is discussed in section (4.3.3.5). However, only a limited amount of literature was found in respect of lack of interest in the facilitation of learning in the clinical area.

Category 12: Poor interpersonal relationship between registered nurses and student nurses (4.3.3.6)

In this data category, it was shown that the interaction between registered nurses and student nurses was perceived as poor, as student nurses are seen to have a negative attitude towards registered nurses in the clinical area. This difficult interaction was verified during participant observation. For instance, a student nurse and the registered nurse would exchange aggressive words during communication as explained in section (4.3.3.6). Related opinions from the reviewed literature that are supported by the findings of this study are discussed in section (2.5.2).

In view of the fact that facilitation depends on a collaborative relationship or collaborative partnership between the registered nurse and the student nurse, it is important that a registered nurse as facilitator promotes a positive, non-threatening atmosphere in her clinical area.

Category 13: Separation between registered nurses and nurse educators (4.3.3.7)

In this category, registered nurses view themselves as being isolated by nurse educators with regard to planning the teaching and learning programmes for student nurses. In addition, it appeared that they want to be involved so that they can facilitate learning, knowing how the curriculum, learning objectives and evaluation tools are planned and used. This separation also contributes to lack of understanding of the roles of the nurse educator and registered nurse, respectively. The findings in this study are in accord with the findings discussed in section (2.5.3). For example, Paterson (1997:201) reported that one head nurse had given directions to the staff that they should avoid having anything to do with student nurses because that is the nurse educator's job.

Category 14: Lack of motivation (4.3.3.8)

In the analysis of the final category of this theme, registered nurses view themselves as being demotivated due to lack of recognition as far as promotion, posts and payment are concerned. In the light of the above, it can be said that facilitation requires a well-motivated facilitator who can motivate student nurses.

Analysis of data categories pertaining to the obstacles to facilitation in the clinical area, however, raises the question of how these obstacles could be removed from the clinical area. The following sections could perhaps provide some ideas.

5.2.4 Theme 4: Strategies employed during facilitation of learning of student nurses in the clinical area

The final data theme on facilitation of learning relates to the strategies employed to facilitate learning in the clinical area. The following categories emerged from this theme:

Category 15: Role modelling (4.3.4.1)

Modelling of good behaviour was revealed during focus group interviews as an activity to facilitate the learning of student nurses in the clinical area. Positive as well as negative behaviour were observed during participant observations. A number of studies reviewed in section (2.6.1), support role modelling (Chabeli 1998:42; Gramling & Nugent 1998:48; Jaconono & Jaconono 1995:22; Musinki 1999:29; and Van der Wal 1992:308).

Category 16: Delegation (4.3.4.2)

Registered nurses perceive delegation of duties to be an activity that can be employed in the facilitation of student nurses' learning during clinical placement. Empirically, it appears that

registered nurses rely on delegating duties to student nurses. It was seen during participant observation that delegation was done through involving student nurses in delegating duties, and delegating student nurses to perform duties. Statements revealed in table 4.18 regarding delegation can be shown to correspond to literature reviewed in section (2.6.8), although the literature emphasising delegation of duties in relation to facilitation is limited.

Category 17: Student nurses' active involvement (4.3.4.3)

The notion of the active involvement of student nurses in their own learning in the clinical area has been a recurrent issue in this study, and this was discussed earlier in section (4.3.1.1) in the exploration of the concept "facilitation". It was revealed during the focus group interviews that student nurses should be involved in:

- writing and giving reports; and
- practising clinical nursing skills.

Student nurses' involvement in report writing, giving reports and practising clinical nursing skills was perceived as important in the facilitation of learning in the clinical area. However, while student nurses were on several occasions seen practising clinical nursing skills and writing patients' reports, they rarely gave the patients' reports to either the nursing staff and matrons, or doctors. Furthermore, it was mentioned during the focus group interviews that facilitation could also be done by encouraging a student nurse to follow up cases, do peer group teaching, and role-play. During participant observation, student nurses were sometimes involved, but not always as explained in section (4.3.4.3). From the findings, it can be said that registered nurses perceive the active involvement of student nurses in their own learning during clinical placement as important.

Category 18: Caring practices (4.3.4.4)

Caring practices were not mentioned during the focus group interviews. However, as explained earlier in section (4.3.4.4), the caring practices observed include placing very ill patients in beds next to the nurses' bay, or giving of medication and changing of patients' positions, etc. These actions could be classified under physical care. However, it was rare to see a registered nurse either giving moral support to the patient or guiding a student nurse to provide such support. The researcher may say that caring practices are insufficient to be used to facilitate learning in the clinical area.

Category 19: Utilising resources (4.3.4.5)

Facilitating resources revealed during focus group interviews include:

- material resources; and
- humans to be used as resources.

Utilising material resources like procedure manuals and clinical unit reference books was perceived by registered nurses to be important. These resources were, however, lacking and not available for use by student nurses. Furthermore, it was mentioned during the focus group interviews that student nurses should make use of registered nurses in the clinical area. During participant observation, it was rare to see a student nurse asking questions to a registered nurse. To this end, it appears that registered nurses lack the ability to organise the range of resources to be used in the facilitation of the learning of student nurses during clinical placement.

Category 20: Clinical conference (4.3.4.6)

In this data category, registered nurses revealed that student nurses should attend special meetings where patients' conditions are discussed. This is congruent with current interests in

nursing education. For example, Bertz *et al* (1998:32) and Norwood (1998:19) indicate that student nurses could, through participation in clinical conferences, develop understanding and learn to function as a team member. This activity was not, however, seen during participant observation.

Category 21: Ward rounds (4.3.4.7)

The following ward rounds were perceived by the registered nurses as important for the facilitation of learning in the clinical area:

- nursing rounds; and
- doctors' rounds.

It was revealed during the focus group interviews that registered nurses, matrons and doctors should take rounds with student nurses. Registered nurses expressed the perceptions that student nurses were uninterested in ward rounds. However, it was seen during participant observation that registered nurses rarely perform ward rounds with student nurses. Based on this evidence, it can be said that in facilitation, registered nurses should involve student nurses in doing ward rounds, as this activity enables student nurses to learn from other members in a group.

Category 22: Clinical supervision (4.3.4.8)

Clinical supervision is seen as an activity for the facilitation of learning in the clinical area. The interview and observational data give conflicting evidence of clinical supervision of student nurses. It is shown in the interview data in this study that student nurses should be supervised while performing procedures, and corrections should be made. During observations in most

cases, however, student nurses were seen performing duties alone. It appears that there is lack of supervision of student nurses in the clinical areas.

Category 23: Utilising opportunities for teaching (4.3.4.9)

The findings of this study reveal that registered nurses perceive utilisation of opportunities for teaching as an important factor in the facilitation of learning. These findings also find reference in the work of Van der Host & McDonald (1997) as cited by Makupu & Botes (2000:16), who state that learning can also occur in terms of considering other circumstances to which the outcome might apply, and deducing rules and principles from experiences.

Generally, it appears that opportunities for learning are not adequately utilised to facilitate learning in the clinical areas.

Category 24: The use of the teachable moment (4.3.4.10)

The final activity revealed during the focus group interviews, indicates that registered nurses should teach student nurses when a case occurs, to use knowledge in clinical practice. However, use of the teachable moment is perceived to be important in the facilitation of learning during clinical placement.

5.3 EVALUATION OF THE STUDY

5.3.1 Positive outcomes

- Necessary research was done, to put the problems regarding clinical teaching and learning in hospital X in the Northern Province in perspective. Data triangulation contributed towards uncovering problems regarding clinical facilitation. Problems were explained earlier in section (4.3.3).

- Phenomena were studied in a real life context and authentic information was generated.
- Findings in this study reveal the opportunity for further studies. Possible studies are mentioned in section (5.5.2.3).
- The researcher experienced personal growth through reflection (methodology) and hands on experience (computer skills).
- Dense description of research allows for repetition of the study in other hospitals of the province. As nursing in South Africa has common norms, values and standards, it may therefore be possible to transfer the findings to other institutions.

5.3.2 Limitations

This research was subject to a number of limitations, which were as follows:

- The study included one hospital only. Had a greater number of hospitals been used, it would have provided a more representative sample of targeted population groups. As a result, these findings should be considered within the context and cannot be generalised for the whole province.
- Research was done in selected clinical areas only.
- Participant observation was done during a time when there were few patients in the wards. This may not always be the case. Findings may differ if more patients are admitted.
- Not all the findings of the research can be dealt with by the facilitators. For example, registered nurses do not have direct control over availability of equipment.

5.4 CONCLUSIONS OF THE RESEARCHER

This study focused on the perceptions of registered nurses on the facilitation of learning during placement of student nurses in the clinical area. Based on the results, the following conclusions can be arrived at:

The registered nurses perceive facilitation as an active involvement of student nurses, guiding, assisting and supervising them in the cognitive, affective and psychomotor domains. They believe that any health care worker can do this. Furthermore, it can be said that registered nurses should act as guides rather than as directors of learning.

With regard to the aims of facilitation in the clinical area, it can be said that theory cannot be separated from practice (category 4), along with promotion of competency (category 5) and being a self-directed nurse practitioner (category 6). Immediately the student nurse steps into the clinical area, these aims should come into the facilitator's mind.

Based on information obtained through the focus group interviews as well as participant observation, inadequate knowledge (category 9), could contribute to the lack of interest (category 11). Lack of interest, in turn, is related to the poor interpersonal relationship between the registered nurse and the student nurse (category 12). It should therefore be realised that poor interaction could result in unsuccessful facilitation, as success depends upon joint responsibility on the part of both the registered nurse and the student nurse.

To conclude the findings with regard to strategies that can be employed in the facilitation of learning, the active involvement of student nurses (category 17) is the most important activity for facilitation, which should be integrated with all the other strategies. The success or failure

of student nurses' learning depends upon the active involvement of student nurses by registered nurses in the clinical area.

It can therefore be concluded that the research questions were answered, and the objectives of this research study achieved.

5.5 RECOMMENDATIONS

5.5.1 General recommendations

The findings of this study generated the following guidelines emanating from the study, which are applicable to registered nurses, student nurses and nursing education in general.

- Reflecting on the findings verify that there is a need for registered nurses to involve, guide and assist student nurses and make their learning easier during their placement in the clinical area. There is a need to emphasise the importance of facilitation of learning in the clinical area.
- Registered nurses are expected to create a climate that is conducive to the facilitation of the learning of student nurses. They should focus on organising and making resources easily available, which would contribute towards successful facilitation in the clinical areas.
- Considering the strained relationship between registered nurses and student nurses, including both parties' lack of interest in facilitation, it should be noted that success or failure of facilitation lies somewhere between the interest and encouragement of the registered nurse, and interest in and acceptance of the registered nurse by the student nurse.

- Shortage of equipment leaves little room for successful facilitation. Serious motivation for the provision of equipment is required.

5.5.2 Recommended guidelines for facilitation of student nurses' learning during clinical placement

5.5.2.1 Guidelines for nursing education and nursing practice

1) <u>The essence of the concept "facilitation"</u>

- ***Registered nurses should know what the concept "facilitation" entails and how they should use it.***

  This can be ensured by including the topic in in-service education on regular basis.

2) <u>The aims of facilitation</u>

- ***Registered nurses should be familiar with theory taught in classroom, in order to facilitate the development of competent nurse practitioners.***

  This can be reached by arranging formal meetings between registered nurses and nurse educators on a regular basis. Copies of the micro-curriculum can be filed in the wards for reference purposes.

- ***Registered nurses and student nurses should be committed to sharing responsibility in the clinical area in order to produce a self-directed nurse practitioner.***

  To ensure this registered nurses should act as role models for student nurses. Registered nurses and student nurses should work as a team. Work allocation and delegation of tasks should be done to ensure active participation of student nurses, taking into account their level of training.

3) *Elimination of obstacles for the facilitation of student nurses' learning*

- ***Student nurses should be enabled to learn effectively and efficiently in the clinical area.***

  Registered nurses should establish a collaborative relationship with student nurses in a positive non-threatening atmosphere. Good planning, open communication and identification of priority tasks enhance this.

- ***Registered nurses should share with registered nurses from other institutions how they identify and solve obstacles in the clinical area.***

  This can be reached by arranging meetings with colleagues from other hospitals in the area and nurse educators to discuss student nurses' learning during clinical placement.

- ***Registered nurses and nurse educators should assist one another by taking forward the process of facilitation of learning of student nurses in the clinical area.***

  This can be reached by regular meetings between registered nurses and nurse educators to discuss the progress of student nurses. Nurse educators can be invited to attend clinical ward rounds on a regular basis.

- ***Registered nurses should update themselves with regard to general nursing and clinical teaching.***

  This can be done by motivating registered nurses to attend in-service education courses, workshops and conferences. Nursing service managers will have to budget for time and money to allow staff to attend on a rotation basis.

- ***Registered nurses should utilise available resources to facilitate learning of student nurses.***

  Registered nurses should be encouraged to use available resources in a creative and innovative way. Human resources should be utilised to the optimum. Nursing service managers should support registered nurses in their efforts to obtain the necessary resources.

4) Strategies for effective facilitation

- ***Student nurses should be actively involved in their own learning.***

  This can be reached by encouraging student nurses to utilise every learning opportunity. They should be allowed to work on their own and in groups in order to apply the theory the clinical practice. A wide range of strategies can be implemented. For example, practical procedures, case studies, field trips ect.

- ***Registered nurses should utilise the teachable moment***

  Registered nurses should be able to recognise and utilise the moment when something occurs during nursing care, which demands immediate intervention to impart knowledge to student nurses.

- ***Student nurses should be involved in group teaching in the clinical area***

  This may be through nursing rounds and clinical ward rounds with the rest of the multi disciplinary health team. Student nurses should be prepared to participate actively and not to be observers only.

- ***Student nurses should be encouraged to reflect on their own learning in the clinical area.***

  The registered nurse should guide and supervise the student nurse in reflecting on clinical experiences. This can take place during a formal session once a week or through informal discussions during on the spot teaching.

5.5.2.2 Guidelines for nursing administration

- ***Nurse managers should ensure that equipment is available to facilitate learning in the clinical area.***

  Registered nurses should be assisted in budgeting and motivating for equipment.

- ***Nurse managers should ensure that registered nurses have sufficient knowledge, nursing skills and teaching skills to ensure facilitation of learning in the clinical area.***

  This can be reached by effective in-service training. Registered nurses should be encouraged to attend workshops and conferences. The relationship between the nurse managers and registered nurses should be open and cooperative.

5.5.2.3 Guidelines for further research

- ***Further studies about the facilitation of learning in the clinical area are required.***

  This can be done in the hospital where this study was conducted, focusing for example on areas such as shortage of equipment. Studies in other institutions may generate new knowledge and will enhance the generalisation of the findings about the facilitation of learning of student nurses in the clinical area.

5.6 CLOSING COMMENTS

Through conducting this study, the researcher has become familiar with facilitation in the clinical area, and with the nursing staff. Using different data collection methods such as the focus group interview, as well as participant observation, provided the opportunity to achieve an understanding of the experience of facilitation from the practical perspective of the registered nurse.

Facilitation is essential to enable all South African registered nurses in the institutions that provide clinical practice for student nurses. Facilitation could also broaden registered nurses' knowledge, and increase their skills and competencies in assisting, guiding and involving student nurses in gathering information and depending on themselves for life long learning, and to be a competent practitioner.

LIST OF SOURCES

Barrett, C & Myrick, F. 1998. Job satisfaction in preceptors and its effects on clinical performance of the preceptee. Journal of Advanced Nursing, 27(2):364-371.

Benor, DE & Leviyof, I.1997. The development of students' perceptions of effective teaching: The ideal, best and the poorest clinical teacher in nursing.
Journal of Nursing Education, 36(5):206-207.

Bertz, CL, Reynor, O & Turman, J. 1998. Use of an interdisciplinary team for clinical instruction. Nurse Educator, 23(1):32-37.

Boman, J. 1986. Facilitating student involvement in large classroom setting. Journal of Nursing Education, 25(6): 226-229.

Bond, M & Holland, S. 1997. Skills of clinical supervision for nurses: A practical guide for supervisees, clinical supervisors and managers. Philadelphia: Open University press.

Booyens, SW. (ed). 1995. Introduction to health services management. Juta:Ltd.

Botes, A. 1991. `n Model vir navorsing in die Verpleegkunde. (Ongepubliseerd). Johannesburg:Randse Afrikaanse Universiteit.

Brown, GD. 1993. Accounting for power: Nurse teachers and students' perceptions of power in their relationship. Nurse Education Today, 13:111-120.

Burns, N & Grove, SK. 1993. The practice of nursing research: Conduct, critique and utilisation. Philadelphia: WB Saunders.

Burns, N & Grove, SK. 1997. The practice of nursing research: Conduct, critique and utilisation. Philadelphia: WB Saunders.

Burton, AJ. 2000. Reflection: Nursing practice and education. Journal of Advanced Nursing, 31(5):1009-1017.

Byrd, CY, Hood, L & Youtsey N. 1997. Student and preceptor perceptions of factors in a successful learning partnership. Journal of Professional Nursing, 13(6):344-351.

Chabeli, M. 1998. The registered nurses as reflective clinical facilitators. Curationis, 21(2):39-44.

Clifford, C. 1997. Nursing and health care research: A skills-based introduction. London: Prentice Hall International.

Creswell, JW. 1994. Research design. Qualitative and Quantitative Approaches. London: Sage.

Dacre, J. 1996. Clinical skills: The learning matrix for students of medicine and nursing. New York : Radcliffe Medical Press.

Daley, BJ. 1996. Concept maps: linking nursing theory to clinical nursing practice. Journal of Continuing Education in Nursing, 27(1):17-28.

Dana, N & Gwele, NS. 1998. Perceptions of student nurses of their personal academic development during placement in the community clinical learning environment. Curationis, 21(1):58-64.

Desimone, BB. 1999. Perceptions of leadership competence between interns and mentors in a co-operative nurse internship. Nurse Educator, 24(4):21-25.

De Vos, AS(ed). 1998. Research at grass roots a primer for the caring professions. Pretoria: Van Schaik.

Dey, I. 1993. Qualitative data analysis. A user-friendly guide for social scientists. London:Routledge.

Duncan, K & Campbell-Grossman, C. 1998. Creating clinical opportunities in a managed care environment. Nurse Educator, 23(5):42-47.

E-Map Healthcare. 2000. NT Open learning: Clinical supervision-Part 2. Nursing Times, 96(5):47-50.

Ewan, C & White, R. 1992. Teaching nursing: A self-instructional handbook. London: Chapman & Hall.

Fothergill-Boubonnais, F & Higuchi, KS. 1995. selecting clinical learning experiences: an analysis of factors involved. Journal of Nursing Education, 34(1):37-41.

Gallagher, P, Bomba, C and Anderson, B. 1999. Continuity of clinical instruction: the effect on freshman nursing students. Nurse Educator, 24(4):6-7.

Goldberg, LK & Brancato, VC. 1998. International education. A United Kingdom nursing student partnership. Nurse Educator, 35(5):30-31.

Gramling, L & Nugent, K. 1998. Teaching caring within the context of health. Nurse Educator, 23(2):47-51.

Greenwood, J. 1993. Reflective practice: a critique of the work of Argyris & Schon. Journal of Advanced Nursing, 18:1183-1187.

Gumbi, 2001. The South African Nursing Council Information Booklet. Pretoria: Government Printer.

Hammersley, M & Atkinson, P. 1995. Ethnograph: Principles in practice. London: Routledge.

Hilsop, S, Inglis, B, Cope, P, Stoddart, B & McIntosh, C. 1996. Situating theory in practice: Student views of the theory-practice in project 2000 nursing programmes. Journal of Advanced Nursing, 23(1):171-177.

Hinchliff, MS. 1979. Teaching clinical nursing. London: Churchill Livingstone.

Holmes, V. 1997. Grading journals in clinical practice: A delicate issue. Journal of Nursing Education, 36(10):489-492.

Howard, EP & Steinberg, S. 1999. Clinical learning for advanced nurses in managed care environments. Nurse Educator, 24(4):15-20.

Jaconono, BJ & Jaconono, JJ. 1995. In my opinion. A holistic approach to teaching responsibility and accountability. Nurse Educator, 20(1):20-23.

Jinks, GH. 1991. Making the most of practical placement: what the nurse teachers can do to maximise the benefits for students. Nurse Education Today, 11:127-133.

Johns, C & Freshwaters, D. 1998. Transforming nursing through reflective practice. UK: Blackwell Science.

Jones, PR. 1995. Hindsight bias in reflective practice: an empirical investigation. Journal of Advanced Nursing, 21:783-788.

Kersbergen, AL & Hrobsky, PE. 1996. Use of clinical map guides in precepted clinical experiences. Nurse Educator, 21(6):19-22.

King, IM. 1981. Curriculum and instruction in nursing concepts and process. Norwalk: Appleton-Century Crafts.

Khoza, LB. 1996. The competencies of newly qualified nurses as viewed by senior registered nurses. Unpublished Doctors' Thesis. South Africa: UNISA.

Klopper, HC. 1998. Nursing education: A Reflection. Johannesburg: Seyfferdt.

Klopper, HC. 1999. Nursing education: A Reflection. Johannesburg: Seyfferdt.

Krefting, L. 1991. Rigor in qualitative research: The assessment of American Journal of Occupational Therapy, 45(3):214-222.

Krueger, RA. 1988. Focus groups a practical guide for applied research. London: Sage.

Leininger, M & Watson, J. 1990. The caring imperative in education. New York: National league for nursing.

Li, MK. 1997. Perceptions of effective clinical teaching behaviours in a hospital-based nurse-training programme. Journal of Advanced Nursing, 26(6):1252-1261.

Lincoln, YS & Guba, EG. 1985. Naturalistics inquiry. Berverly Hills : Sage.

Logsdon, MC & Ford, D. 1998. Service learning for graduate students. Nurse Educator, 23(2)34-37.

Makupu, MB & Botes, A. 2000. The community health clinics as a learning context for student nurses. Curationis, 23(3):12-19.

Marshall, C & Rossman, GB. 1995. Designing qualitative research. London : Sage.

Mashaba, TG & Brink, HI. 1994. Nursing Education: an international perspective. Cape Town: Juta.

McGregor RJ. 1999. A Precepted experience for senior nursing students. Nurse Educator, 24(3):13-16.

Mellish, JM & Wannenburg, I. 1992. Unit teaching and administration for nurses. Johannesburg : Heinermann.

Miles, IM.1984. Nursing Process: Scientific education for scientific nursing. Republic of South Africa: Juta.

Miles, MB & Huberman, AM. 1994. Qualitative data analysis. Thousand Oaks: Sage.

Mhlongo, CS. 1996. The role of the unit sister in teaching student nurses in Kwazulu hospital. Curationis, 19(3):28-31.

Modungwa, N, Poggenpoel, M and Gmeiner, A. 2000. The experience of mothers caring for their teenage daughters' young children. Curationis, 23(3):62-70.

Musinski, B. 1999. The educator as facilitator: A new kind of leadership. Nursing Forum, 4(1):23-29.

Nehls, N, Rather, M & Guyette, M. 1997. The preceptor model of clinical instruction: The lived experience of students, preceptors and faculty-of-record. Journal of Nursing Education, 36(5):220-227.

Nicol, M & Glen, S. 1999. Clinical skills in nursing: the return of the practical room? London: Macmillan.

Nordgren, J, Richardson, SJ & Laurella, VB. 1998. A collaborative preceptor model for clinical teaching of beginning nursing students. Nurse Educator, 23(3):27-32.

Norwood SL. 1998. A course in nursing consultation: promoting indirect nursing strategies. Nurse Educator, 23 (5):16-20.

Oermann, MH. 1998. Differences in clinical experiences of ADN and BSN students. Journal of Nursing Education, 37(5):197-201.

Ogier, ME. 1989. Working & Learning. The learning environment in clinical nursing. London: Scutary press.

Olivier, C. 1998. How to educate and train outcomes-based. Pretoria: Van Schaick.

Paterson, BL. 1997. The negotiated clinical teaching. Journal of Nursing Education, 36(5):197-205.

Paterson, B & Groening, M. 1996. Teacher-induced counter transference in clinical teaching. Journal of Advanced Nursing. 23(6):1121-1126.

Polit, DF & Hungler, BP. 1993. Essentials of nursing research. Methods appraisal and utilisation. Philadelphia: JB Lippincott.

Polit, DF & Hungler, PB. 1995. Nursing Research. Principles and Methods. Philadelphia: JB Lippincott.

Punch, KF. 1998. Introduction to social research: Qualitative and quantitative approaches. London: Sage publications.

Reader's Digest Oxford, 1993. Complete wordfinder. A unique and powerfull combination of dictionary and thesaurus. London: The Reader's Digest Association Limited.

Reilly, DE & Oermann MH. 1992. Clinical Teaching in Nursing Education. New York: National League for Nursing.

Rideout, EM. 1994. "Letting go": Rationale and Strategies for student-centred approaches to clinical teaching. Nurse Education Today, 14(2):146-151.

Rolfe, G. 1996. Closing the theory practice gap. A new paradigm for nursing. Butterworth: Heinemann.

SANC. See South African Nursing Council

Scambler, G. 1991. Sociology as applied to medicine. London : Balliere Tindall.

Seaman, CHC. 1987. Research methods: principles, practice, and theory for nursing. Norwalk: Appleton & Lange.

Sedlack, CA & Doheny, MO. 1998. Peer review through clinical rounds: A collaborative critical thinking strategy. Nurse Educator, 23(5) 42-45.

Silverman, D. 1993 Interpreting qualitative data: Methods for analysing talk, text and interaction. London: Sage publications.

South African Nursing Council. 1989. Regulations relating to the minimum requirements for the bridging course for enrolled nurses leading to registration as a general nurse or a psychiatric nurse. Regulation R683, in terms of Nursing Act no. 50, 1978, as amended). Pretoria: Government Printer.

South African Nursing Council. 1992a. Minimum requirement for the training and guide concerning the teaching of students in the programme leading to registrations as a nurse (general, psychiatry and community) and midwife. (R425 of February 1985) Pretoria : Government Printer.

South African Nursing Council.1992b. Philosophy and policy of the South African Nursing Council with regard to professional nursing education and training. Pretoria : Government Printer.

Spradley, JP. 1980. Participant observation. Philadelphia : Harcourt Brace Jovanich.

Steward, DW & Shamdansani, PN. 1990. Focus groups: Theory and practice. London : Sage.

Talbot, SA. 1995. Principles and practice of nursing research. St Louis : Mosby.

Taylor, KL & Care, WD. 1999. Nursing education as cognitive apprenticeship. A framework for clinical education. Nurse Educator, 24(4): 31-36.

Taylor, SJ & Bogdan, R. 1984. Introduction to Qualitative research methods. The search for meanings. Canada: A Wiley-Interscience.

Thomas, S & Hume, G. 1998. Delegation competencies : Beginning practitioner's reflection. Nurse Educator, 23(1):38-41.

Thomson, S & Jolley, M. 1997. Nurse teachers as researchers. A reflective approach. London : Arnold.

Troskie, R, Guwa SN & Booyens, SW. 1998. Contribution of the unit managers to the training of student nurses in the Cape peninsula. Curationis, 21(4):44-49.

Van der Merwe, AS, Roos, EC, Mulder, M, Joubert, A, Botha, DE, Coetzee, MH, Lombard, A, van Niekerk, A & Visser, L. 1996. A formative model for student nurse development and evaluation. Part 1 developing model. Curationis, 19(4):52-63.

Van der Wal, DM. 1992. Caring in Nursing Education. Unpublished Master's dissertation. South Africa: UNISA.

Van der Wal, DM. 1999. The maintenance of caring concern by the caregiver. Unpublished Doctor's thesis. South Africa: UNISA.

Van Niekerk, S. 1989. Does she have time? Nursing RSA, 4(4):16-18.

Van Rooy, T. 1997. Group and individual facilitation. Pretoria : Matlebe Books.

Walker, LO & Avant, KC. 1995. Strategies for theory construction in nursing. Norwalk: Appleton & Lange.

Waterworth, S. 1995. Exploring the value of clinical nursing practice: The practitioner's perspectives. Journal of Advanced Nursing, 22:13-17.

White, R & Ewan, C. 1991. Clinical teaching in nursing. London :Chapman & Hall.

Wong, FYK, Locke, AY, Tse, H, Kan, E & Kember, D. 1997. An action research study into the development of nurses as reflective practitioners. Journal of Nursing Education, 36(10):476-481.

ANNEXURES

ANNEXURE	**1:**	**Covering letters**
ANNEXURE	**2:**	**Letters for permission**
ANNEXURE	**3:**	**Focus group interview schedule**
ANNEXURE	**4:**	**Participant observation schedule**
ANNEXURE	**5:**	**Examples of data transcripts and report to demonstrate the method followed during data analysis**

ANNEXURE 1

ANNEXURE 1.1

COVERING LETTERS

BOX 1712

LETABA

0870

12 AUGUST 2000

Dear Colleague

I hereby wish to inform you that I am doing research about the perceptions of clinical learning of student nurses during clinical placement for my MACur study. I wish to request your contribution in this regard.

You will be invited to participate in an interview in this regard.

I therefore assure you that the discussed information will be kept confidential.

If you are interested in participating please read and sign the attached agreement.

Your contribution in this regard will be highly appreciated.

Yours faithfully

RN MONGWE (MRS)

BOX 1712

LETABA

0870

03-09-2000

MS/MR..

Sir/Madam

Thank you for accepting the invitation to attend the discussion, which will take place in the sitting room in the new, nurses home because it is near the clinical area. The meeting will be on Wednesday, September 6th 2000, from 9h00.

Since we are talking to a limited number of people, the success and quality of our discussion is based on the co-operation of the people who attend. Your attendance at the session will aid in making the research project a success.

The discussion you will be attending will deal with the teaching of student nurses in the clinical area. We would like to get your opinions and views on this subject.

If for some reason, you find that you will not be able to attend, please contact either of these numbers: 015-3031711 ext. 2285/6 or 0833384891

Thank you.

Yours Sincerely

Norah MONGWE

ANNEXURE 1.2

Sampling questionnaire

This questionnaire will enable you to be selected as an informant on focus group interview of facilitation of student nurse learning during clinical placement, also on the follow-up participant observations by the researcher.

Personal information is needed, in order to contact you if you are needed if you are selected to participate in this study.

May you please supply us with the necessary information?

Name.....

Surname.....

Clinical unit.....

Phone.....

Experience in supervising student nurses.....

I acknowledge that the content of this questionnaire was explained to me, as well as the purpose, which the results will serve .....(PARTICIPANT)

I, RN MONGWE hereby undertake to uphold the anonymity of the respondents

..... (RESEARCHER)

ANNEXURE 1.3

Consent form

Agreement

I,.....on this ..... day of ..... 2000 ... hereby give consent to:

- Being interviewed by R N MONGWE on the topic " Facilitating learning of student nurses during clinical placement: Registered nurses' perceptions.
- Follow-up participant observations and interviews if necessary.
- The interviews being audiotaped.
- The use of data derived from these interviews and observations by the interviewer or observer, in a research report as deems appropriate.

I also understand that:

- I am free to end my involvement or to recall my consent to participate in this research at any time I feel like it.
- Information given up to the point of my termination of participant observation could however still be used by the researcher.
- The researcher grants anonymity and that will under no circumstances be reported in such a way as to reveal my identity.
- More than one interview might be necessary
- No reimbursement will be made by the researcher for information given or my participation in this project.
- I may refrain from answering questions should I feel these are an invasion of my privacy.
- By signing this agreement I undertake to give honest answers to reasonable questions and not to mislead the researcher.
- I will be given the original copy of this agreement on signing this agreement

I hereby admit the truth that the researcher explained the aims of this research project with me. I was informed about the content of this agreement as well as the essence of signing this agreement.

In co-signing this agreement the researcher undertakes to:

- Maintaining confidentiality, anonymity, and privacy regarding the interviewee's identity and information given by the interviewee.
- Arrange in advance a suitable time and place for an interview to take place.
- Safeguard the duplicate of this agreement

---------- ---------- ----------

(Interviewee) (Interviewer) (Date

ANNEXURE 2 LETTERS FOR PERMISSION

ANNEXURE 2

1712
Letaba
0870
14-05-2000

The Assistant Director
..... Hospital

Dear Madam/Sir

PERMISSION TO CONDUCT RESEARCH

MASTERS STUDY: CLINICAL LEARNING OPPORTUNITY: FACILITATORS' PERCEPTIONS

(IMPLICATIONS FOR THE REGISTERED NURSES)

I am a student at the University of South Africa doing my Masters degree in nursing science.

The purpose of this study is to explore the perceptions of registered nurses as clinical learning facilitators with student nurses during clinical placement. The registered nurses of all categories will be interviewed.

May I please be granted permission to collect necessary data from the registered nurses? I would also like to request permission to perform a pilot study.

A copy of provincial permission is therefore attached .

Yours faithfully.

RN MONGWE (MRS)

TEL: (015) 290 9000
(015) 290 9001
FAX: (015) 291 5961
(015) 291 5146

PRIVATE BAG X9302
PIETERSBURG
0700

Enquiries: Sinah Mahlangu

Reference: Research And Quality Improvement

26 May 2000

Letaba Hospital
Private Bag x1430
LETABA
0870

Ms R.N Mongwe

CLINICAL LEARNING OPPORTUNITY: FACILITATORS' PERCEPTIONS.

1. Permission is hereby granted to conduct a study on the above topic in the Northern Province.

2. The Department of Health and Welfare needs a copy of the research findings for its own resource centre.

3. The researcher should be prepared to assist in recommendations where possible.

4. Permission should be requested from institutional management to do research.

Thanks.

Sincerely

SUPERINTENDENT - GENERAL
DEPARTMENT OF HEALTH & WELFARE
NORTHERN PROVINCE

NORTHERN PROVINCE
DEPT OF HEALTH & WELFARE
LETABA HOSPITAL
07 JUN 2000
PRIVATE BAG X1430
LETABA 0870
LOWVELD REGION

DR JAN MOOLMAN BUILDING
34 HANS VAN RENSBURG STREET
PIETERSBURG 0700

ANNEXURE 3

FOCUS GROUP INTERVIEW SCHEDULE FOLLOWED IN INTERVIEWING REGISTERED NURSES IN THE FACILITATING LEARNING OF STUDENT NURSES DURING CLINICAL PLACEMENT

SECTION 1

1.1 CHECKLIST FOR FOCUS GROUP INTERVIEW

Advance Notice

- ✓ Contact participants by phone two weeks before the session.
- ✓ Send each participant a letter of invitation.
- ✓ Give the participants a reminder phone call prior to the session.
- ✓ Slightly over recruit the number of participants.

Questions

- ✓ The introductory question should be answered quickly.
- ✓ Questions should flow in a logical sequence.
- ✓ Key questions should focus on the critical issues of concern.
- ✓ Use considered probes or follow-up questions.
- ✓ Limit the use of "why" questions.

Logistics

- ✓ The room should be appropriate (size, tables, comfort, and so on).
- ✓ The moderator arrives early to make necessary changes.
- ✓ Background noise should be eliminated.
- ✓ Bring extra tapes, batteries, and extension cords.
- ✓ Plan topics for small talk conservation.

Moderator skills

- ✓ Be well rested and alert for the focus group session.
- ✓ Practice introduction without referring to notes.
- ✓ Memorise questions without referring to notes.
- ✓ Avoid signal approval.
- ✓ Avoid personal opinions.

Immediately after the session

- ✓ Prepare a brief written summary of key points as soon as possible.
- ✓ Check to see if the tape recorder captured the comments.

1.2 OBJECTIVES

THE OBJECTIVES ARE AS FOLLOWS:

- **To determine the registered nurses' views on facilitating learning with student nurses during clinical placement**
- **To determine the registered nurses' knowledge regarding the aims of facilitating learning with student nurses in the clinical area**
- **To identify the obstacles of facilitating learning of student nurses during clinical placement**
- **To explore registered nurses' opinions regarding the strategies which can be employed to promote facilitating learning of student nurses during clinical placement**

1.3 INTRODUCTION

Confidentiality will be maintained regarding all information sessions. No names will be documented during the recording of information.

Welcome: Good morning and welcome to our session today. Thank you for taking the time to join our discussion regarding the teaching of student nurses in the clinical area. My name is Norah Mongwe. I am a Masters student at the University of South Africa. (My assistant will also introduce herself). We are particularly interested in your views regarding the teaching of student nurses in the clinical area. Please feel free to share your point of view, even if it differs from what others have said.

1.**Ground rules**: Before we begin, let me remind you of some ground rules

- This is strictly a research projects. The information will not be used against you.
- Please speak up, only one person should talk at a time.
- We are tape-recording the session, because we don't want to miss any of your comments.
- We will use our first names today. In our later reports there will not be any names attached to comments. You may be assured of complete confidentiality.
- Keep in mind that we're interested in negative comments as well as positive comments as, at times, the negative comments are the most helpful.
- Our session will last an hour and we will not be taking a formal break.
- Feel free to leave the table for if you wish to stretch, but please do so

quietly.

- Finally, please say exactly what you think. Do not worry about what I think or what your neighbour thinks. We are here to exchange opinions and have fun while we do it.

SECTION 2

REGISTERED NURSES' INTERVIEW QUESTIONS

1. INTRODUCTION

1.1 Please tell us about the last time you received new information about the teaching of student nurses in the clinical area.

2. VIEWS ABOUT FACILITATING LEARNING OF STUDENT NURSES DURING CLINICAL PLACEMENT

2.1 How would you define "facilitation?"

2.2 Who should facilitate learning of student nurses during clinical placement?

2.3 Which nursing skills do you usually "facilitate" during placement of student nurses in your clinical areas?

3. VIEWS ABOUT THE AIMS OF FACILITATING LEARNING OF STUDENT NURSES DURING CLINICAL PLACEMENT

3.1 What are the aims of facilitating learning of student nurses during clinical placement?

4. VIEWS ABOUT OBSTACLES EXPERIENCED DURING FACILITATING CLINICAL LEARNING OF STUDENT NURSES

4.1 Which obstacles prevent facilitation of clinical teaching and learning of student nurses in the clinical area?

5. VIEWS REGARDING CLINICAL LEARNING STRATEGIES, WHICH FACILITATE LEARNING OF STUDENT NURSES

5.1 Which clinical learning strategies can be employed by registered nurses to facilitate student nurses learning during clinical placement?

SECTION 3

CONCLUSION

We have discussed the following issues:

- Facilitating learning of student nurses during clinical placement.
- The aims of facilitating learning of student nurses in the clinical area.
- The obstacles of facilitating clinical learning of student nurses.
- Strategies that can be used to facilitate learning of student nurses in the clinical area.

Lastly: Is there anything missing from our discussion? Or do we have any additional thoughts? Thank you for your contribution. Have a good day.

ANNEXURE 4

PARTICIPANT OBSERVATION SCHEDULE FOR FACILITATING LEARNING DURING CLINICAL PLACEMENT

PARTICIPANT OBSERVATION SCHEDULE

SECTION 1

Objectives

The objectives are as follows:

- To crosscheck data obtained from focus group-interviews.
- To identify and describe the obstacles as well as the strategies for facilitating learning with student nurses in the clinical area.

Instructions to be followed:

- ❑ Check the observation schedule to confirm hours of work
- ❑ Observations should cover 2-hour periods (except for the night shift, which has fewer strategies). Six to eight hours were used to record field notes as indicated in table 1.1. Observations were done for four weeks daily (except weekends and holidays)
- ❑ Check if the strategies observed were recorded.

SECTION 2

Checklist for participant observation

Observation no.....

Date.....

Time.....

Clinical unit.....

DIMENSION	ASPECTS OBSERVED
SPACE	Geography Bed arrangement Organization of the clinical unit
ACTOR	Registered nurses Consulting specialists Student nurses
ACTIVITY	Stimulation of student nurses' interest Orientation of student nurses Meeting student nurses' needs
OBJECT	Equipment Staffing levels (all necessary levels) Procedure manual Nursing records and doctor's notes Clinical unit library Clinical unit teaching programes
TIME	The use of teachable moment Meeting student nurses' needs
EVENT	Role modelling Clinical supervision Ward rounds The nursing process Reflective practice Delegation Caring practices
ACT	Utilising opportunity for teaching Interaction between registered nurses and student nurses

KEY: Female med= female medical unit

Male surg= male surgical unit

Table 1.1: Weekly schedule observation					
TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	2-04-2001	3-04-2001	4-04-2001	5-04-2001	6-04-2001
6h45-8h45		**Female med**		**Male surg**	
9h00-11h00	**Male surg**		**Female med**		
11h00-13h00					**Female med**
13h00-15h00					
15h00-17h00					
	09-04-2001	10-04-2001	11-04-2001	12-04-2001	HOLIDAY
6h45-8h45		**Male surg**			
8h45-11h00	**Male surg**				
11h00-13h00					
13h00-15h00			**Male surg**		
15h00-17h00				**Male surg**	
	HOLIDAY	17-04-2001	18-042001	19-04-2001	20-04-2001
6h45-8h45				**Female med**	
8h45-11h00		**Female med**			**Female med**
11h00-13h00					
13h00-15h00					
15h00-17h00			**Female med**		
	23-04-2001	24-04-2001	25-04-2001	26-04-2001	HOLIDAY
6h45-8h45		**Female med**			
8h45-11h00					
11h00-13h00	**Female med**				
13h00-15h00				**Male surg**	
15h00-17h00			**Male surg**		

SECTION 3

Notify registered nurses that the research is about to be completed. Thank the informants before leaving a clinical unit.

ANNEXURE 5

ANNEXURE 5.1

PART OF TRANSCRIPTION OF INTERVIEW NO. 1

KEY: Res= Interviewer

Pat= Respondent

INTERVIEW NUMBER 1

1. INFORMATION RECEIVED ABOUT TEACHING OF STUDENT NURSES IN THE CLINICAL AREA

Interview no. 1

General question: "Please tell us about the **last** time you received new information about teaching of student nurses in the clinical area".

Pat: It was last year mm.... I cannot remember to date

They were giving the.... the... information that registered nurses who are working in the ward must help the... students while performing... some procedures in the ward.

Res: Oh... any other information...

Pat: We were told that we (registered nurses) in the ward must teach students for the continuous learning to take place. We should guide the students while they are performing procedures.

ANNEXURE 5.2

PART OF PARTICIPANT OBSERVATION NOTES RECORDED IN THE CLINICAL AREA

RECORDING SHEET

Observer: R.N Mongwe

Monday, April 02, 2001

Clinical area: Male surgical unit

Time: 9h00-11h00

Observation number (#) 01

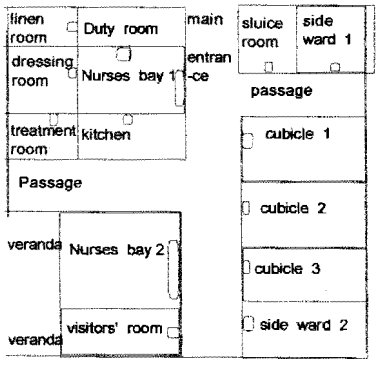

FIGURE A: A diagram of the male surgical unit

I walk to ward four today to start participant observation, I am so nervous because I don't know how the clinical unit staff will react. Just before I enter the clinical unit I see a student nurse and the floor servant counting dirty linen from the sluice room. I greet them then I enter through the main entrance of the male surgical unit (called

ANNEXURE 5.3

PART OF REPORTS MADE USING THE QRS NUD*IST 4.0 COMPUTER PROGRAMME

QSR NUD.IST Power version, revision 4.0.
Licensee: WP40E.

PROJECT: Facilitation of learning, User Nora Mongwe, 7:48 am, Nov 2, 2001.

****
(6) /
This node codes 0 documents.
****
(D) //Document Annotations
This node codes 0 documents.
****
(F) //Free Nodes
This node codes 0 documents.
****
(F 35) //Free Nodes/Active involvement student
This node codes 2 documents.
++
+++ ON-LINE DOCUMENT: focusgroups
+++ Document Header:
* No Header

++
+++ ON-LINE DOCUMENT: Observations
+++ Document Header:
* No Header

****
(F 58) //Free Nodes/Affective domain
This node codes 1 document.
++
+++ ON-LINE DOCUMENT: focusgroups
+++ Document Header:
* No Header

****
(F 40) //Free Nodes/Building relationship
This node codes 1 document.
++
+++ ON-LINE DOCUMENT: Observations
+++ Document Header:
* No Header

****
(F 48) //Free Nodes/Caring practices
This node codes 1 document.
++
+++ ON-LINE DOCUMENT: Observations
+++ Document Header:
* No Header

****
(F 31) //Free Nodes/Case presentation
This node codes 1 document.
++
+++ ON-LINE DOCUMENT: focusgroups
+++ Document Header:
* No Header

****
(F 26) //Free Nodes/Clinical assignment
This node codes 2 documents.
++
+++ ON-LINE DOCUMENT: focusgroups
+++ Document Header:
* No Header

++
+++ ON-LINE DOCUMENT: Observations
+++ Document Header:
* No Header

****
(F 36) //Free Nodes/Clinical conference
This node codes 1 document.
++
+++ ON-LINE DOCUMENT: focusgroups
+++ Document Header:
* No Header

****
(F 29) //Free Nodes/Clinical rounds
This node codes 2 documents.
++
+++ ON-LINE DOCUMENT: focusgroups
+++ Document Header:
* No Header

++
+++ ON-LINE DOCUMENT: Observations
+++ Document Header:
* No Header

****
(F 41) //Free Nodes/Clinical unit activities
This node codes 1 document.
++
+++ ON-LINE DOCUMENT: Observations
+++ Document Header:
* No Header

****
(F 57) //Free Nodes/Cognitive domain
This node codes 1 document.
++
+++ ON-LINE DOCUMENT: focusgroups
+++ Document Header:
* No Header

****
(F 30) //Free Nodes/Continous assessment
This node codes 1 document.
++
+++ ON-LINE DOCUMENT: focusgroups
+++ Document Header:
* No Header

* No Header

++
+++ ON-LINE DOCUMENT: Observations
+++ Document Header:
* No Header

****
(5 14) /Activities/Supervision
This node codes 2 documents.
++
+++ ON-LINE DOCUMENT: focusgroups
+++ Document Header:
* No Header

++
+++ ON-LINE DOCUMENT: Observations
+++ Document Header:
* No Header

****
(5 2) /Activities/Teaching programmes
This node codes 2 documents.
++
+++ ON-LINE DOCUMENT: focusgroups
+++ Document Header:
* No Header

++
+++ ON-LINE DOCUMENT: Observations
+++ Document Header:
* No Header

****
(5 8) /Activities/The use of teachable moment
This node codes 2 documents.
++
+++ ON-LINE DOCUMENT: focusgroups
+++ Document Header:
* No Header

++
+++ ON-LINE DOCUMENT: Observations
+++ Document Header:
* No Header

****
(5 3) /Activities/Utilising opportunity for teaching
This node codes 2 documents.
++
+++ ON-LINE DOCUMENT: focusgroups
+++ Document Header:
* No Header

++
+++ ON-LINE DOCUMENT: Observations
+++ Document Header:
* No Header

****
(3) /Aims of facilitation
This node codes 1 document.
++
+++ ON-LINE DOCUMENT: focusgroups
+++ Document Header:
* No Header

****
(3 1) /Aims of facilitation/Correlate theory and practice
This node codes 1 document.
++
+++ ON-LINE DOCUMENT: focusgroups
+++ Document Header:
* No Header

****
(3 3) /Aims of facilitation/produce independent pactitioner
This node codes 1 document.
++
+++ ON-LINE DOCUMENT: focusgroups
+++ Document Header:
* No Header

****
(3 2) /Aims of facilitation/promoting competency
This node codes 1 document.
++
+++ ON-LINE DOCUMENT: focusgroups
+++ Document Header:
* No Header

****
(3 2 1) /Aims of facilitation/promoting competency/NAME ME
This node codes 0 documents.
****
(2) /Facilitation
This node codes 1 document.
++
+++ ON-LINE DOCUMENT: focusgroups
+++ Document Header:
* No Header

****
(2 3) /Facilitation/Clinical skills
This node codes 0 documents.
****
(2 3 1) /Facilitation/Clinical skills/Assessment skills
This node codes 1 document.
++
+++ ON-LINE DOCUMENT: focusgroups
+++ Document Header:
* No Header

****
(2 3 2) /Facilitation/Clinical skills/Ethical conduct