CRITICAL CARE STUDENT NURSES' EXPERIENCES OF CLINICAL ACCOMPANIMENT IN OPEN DISTANCE LEARNING: A PHENOMENOLOGICAL APPROACH

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ABSTRACT

A qualitative hermeneutic phenomenological approach was used to explore and describe the experiences of critical care student nurses of clinical accompaniment in open distance learning (ODL) and to interpret the meaning attributed to these ODL experiences. Non-probability purposive sampling was used to select participants. In-depth unstructured interviews were conducted with eight participants. Data were analysed thematically using activities described by Kvale (2002:48).

The findings revealed that participants were aware of distance as a factor between themselves and the lecturer. The non-visibility of the lecturer was interpreted as a lack of support and guidance. Students in the clinical settings experienced a lack of recognition as intensive care student nurses compared to the support given to their counterparts doing the same course at residential institutions. As a result, the students' relationships with their preceptors amounted to requesting favours and exercising diplomacy in order to get assistance and guidance in the clinical situation.

The recommendations include that student support could be enhanced by the lecturer's physical visibility, even if implemented through the use of technology. The training of critical care student nurses should be done on request of specific clinical institutions; memoranda of agreement should be in place and accreditation processes should be completed before any student intakes occur. Effective monitoring and evaluation systems should be adhered to.

KEYWORDS: clinical accompaniment, critical care student nurses, open distance learning (ODL)

INTRODUCTION AND BACKGROUND INFORMATION

Clinical accompaniment in the education and training of nurses is an essential and interrelated function that ensures the integration of theory and practice, the integrity of clinical services provided to the clients and the development of student nurses' competencies (Failender & Shafranske, 2003:3). It is meant to ensure that clinical

consultation adheres to ethical standards, legal prescriptions and professional practices to promote and protect the well-being of clients, the profession and society at large (Fairley, 2004:42).

The global shortage of nurses, and specifically of critical care nurses, poses challenges for human resources for health (HRH). In response to this shortage in South Africa and in the region, the Department of Health Studies at the University of South Africa (Unisa), introduced a critical care nurse training course through ODL in 1995. The aim was to enable registered nurses to do their critical care training at many institutions. By so doing the Department of Health Studies, Unisa, fulfilled one of its mandates as a World Health Organization Collaboration Centre (WHOCC) for enhancing the post-graduate development of nursing and midwifery in Africa.

The ODL training of critical care student nurses was also introduced in response to the South African Development Communities' (SADC) agreement, which is aimed at social development in the SADC through collaborative education and human resources development. The Department of Health Studies realised that the development of a critical care nursing course offered through ODL could benefit the healthcare sector in the SADC region. The inception of a critical care nursing course in this department was also motivated by demographics in relation to the increasing number of patients requiring intensive care, against the decreasing numbers of trained critical care nurses in this region.

Bridging theory and practice in a highly technological environment with intense and demanding patient care remains a challenge (Lockwood, 2000:9). In this ODL institution, clinical accompaniment of critical care student nurses posed an even bigger challenge and required another level of co-ordination from the lecturer because the University of South Africa is not attached to any hospital for clinical practice and students are scattered throughout the world. This might impact negatively on the facilitation and acquisition of high standards of clinical competencies, or positively on maximising the students' abilities and motivation to function independently as competent clinical practitioners.

The lecturer in this ODL institution might be unable to meet the students personally throughout their training as a result of geographical constraints. She mostly relied on preceptors and mentors to support the students to meet their required clinical competencies. Some challenges, facing the lecturer in critical care nurse training in ODL, involve problems related to quality assurance, accreditation of clinical facilities, appropriately trained preceptors, appropriately equipped and adequate clinical facilities.

PROBLEM STATEMENT

The role of clinical accompaniment in the training of critical care nurses, the complexity of offering clinical courses such as critical care nursing in ODL could not be ignored. Correlating theory and practice in ODL has been a challenge and a concern for nurse

educators. A similar concern was raised by nurse educators from 18 South African universities at an annual general meeting of the Forum of University Nursing Departments in South Africa (FUNDISA) in 2001. The nurse educators were concerned as to whether ODL is suitable for clinical nursing programmes in view of the clinical accompaniment requirement standards set by the South African Nursing Council (SANC) and the outcry from clinical institutions for competent nurses. It was against this background and the lack of research evidence that the researcher sought to explore the ODL experiences of critical care student nurses' clinical accompaniment.

PURPOSE AND OBJECTIVES OF THE STUDY

The purpose of the study was to explore and describe the ODL experiences of critical care student nurses' clinical accompaniment. The aim was to interpret these experiences and propose guidelines to facilitate clinical accompaniment of ODL critical care student nurses. The objectives were to explore and describe the lived ODL experiences of critical care student nurses' clinical accompaniment; interpret the lived experiences of critical care student nurses to support the development of guidelines for facilitating clinical accompaniment in ODL critical care nurse training; develop guidelines on clinical accompaniment for ODL critical care student nurses.

RESEARCH DESIGN AND METHODOLOGY

The research design was qualitative, exploratory and descriptive within the hermeneutic phenomenology. The qualitative design was chosen because in terms of ontology, there was a need for the emic perspectives of the lived experiences of critical care student nurses of clinical accompaniment in ODL. It was desirable that the contexts of participants' experiences in their natural environments were understood (Patton, 2002:34). The hermeneutic philosophical approach allowed the researcher to explore the situated meaning of the lived experience of the participants while it allowed the researcher not to put aside her personal pre-understanding of the phenomenon (Jones & Barbasi, 2004:5).

Population and sample

Population refers to all elements that meet the criteria for inclusion in the study (Burns & Grove, 2001:320). An 'accessible population' refers to the portion of the universal population to which the researcher has reasonable access. In this study the accessible population becomes practical for sampling (Brink, 2006:1230). The accessible population comprised ODL critical care student nurses registered with Unisa during the time of data collection. The data were collected from all the participants in September 2008. In South Africa, the interviews were conducted on 7 of September 2008. In East Africa, they were conducted on 23 September 2008. For the two participants who were

abroad, a telephone interview was conducted with each of them on the 30th of September 2008.

A non probability purposive sample was used. The sample was purposive in that participants, who met the inclusion criteria, were ideal to discuss the particular phenomenon. Purposive sampling then, was aimed at obtaining insight about the phenomenon and not about empirical generalisation from a sample to the greater population (LoBiondo-Wood & Haber, 2002:246). Eight participants, three from South Africa, one from England, three from East Africa and one from Saudi Arabia participated. The use of participants from different countries and settings maximised opportunities of gathering data across the full range of experiences.

Inclusion criteria

Participants were professional nurses registered for the Critical Care Nursing Science course at Unisa

Data collection procedure

In-depth unstructured tape recorded interviews supplemented by field notes were conducted with eight participants. Six face to face interviews were conducted with participants at their working areas. Two telephone interviews were conducted with one participant working in Saudi Arabia and one in England. A monitor as advocate for the interviewee was engaged during the telephone interviews.

All students registered for the critical care course at Unisa were notified about the study explaining the purpose and objectives of the research. The interviews were informal with only minimal guidance allowing the participants to answer in an unstructured and open manner. The main question was **"How do you experience clinical accompaniment in ODL?"** After this question, probing questions, as guided by the information elicited during the interview, were also used. The probing questions addressed their feelings about the ODL experiences. Following each interview, the researcher summarised the main points and verified these with the interviewee concerned.

Field notes taken during the interview reminded the researcher of the details that could not be captured on the tape recorder. Non-verbal communication, cues and context during data collection in face to face interviews could be observed and captured. Tape recorded information was transcribed verbatim.

Ethical considerations

It was essential that the study be conducted without harm to the participants (beneficence). The researcher-participant power differential had to be considered in this study. Power differential refers to the perception of either the researcher or the participants having more or less status or authority than the other (Campbell, 2006:6). Power differential had a potential of affecting this study in two ways:

- The topic might be perceived as being provocative. Subsequently, the role of the researcher could be perceived as a guise to make judgements about the quality of ODL clinical accompaniment in clinical settings.

- Participants might have felt pressurised into taking part because the researcher knew them and was in a position of potential power as a lecturer.

Considering the potential for researcher bias, such studies are open to careful scrutiny– and issues related to validity needed to be addressed explicitly and comprehensively in order to demonstrate and consequently augment trustworthiness. The interviewer took cognisance of such pitfalls. She made it clear to participants that, as consumers of the service, they were in a better position to share their experiences about the phenomenon under study. The researcher also believed that participants were adults who could give their honest opinions, without being influenced by the researcher. In addition, the researcher was convinced that her interest in the accompaniment of these students reflected a direct concern about their well-being. Her role as the ODL lecturer was perceived as an insider who understood the ODL language and nuances (Lowes & Sprowse, 2001 as cited in Crist & Tanner, 2003:204).

Permission to conduct the study was obtained from the Research and Ethics Committee of the Department of Health Studies of Unisa. Informed consent was granted by each participant and permission to audio-tape the information was also obtained.

Validity and trustworthiness

The use of participants from different countries and settings maximised the opportunities for gathering data across a full range of experiences. The use of purposive sampling minimised the threat of sample variation. Pre-testing established that the interview format would elicit appropriate data. Minimal input by the researcher during interviews ensured that the views expressed were those of the interviewees. Two independent coders, experienced in the use of qualitative methodologies, assisted in data analysis. Comparisons of analyses by different researchers were viewed as credible ways of establishing the trustworthiness of the qualitative data analyses (Silverman, 2000:66).

Data analysis

Transcripts of interviews were analysed by the researcher and two independent coders. The use of more than one coder was important because hermeneutic interpretive researchers are not required to bracket their own pre-conceptions or theories (Johnson, 2000:683; Lowes & Sprowse, 2001 as cited in Crist, &Tanner, 2003:202). Therefore, involving a team ensured control over data interpretation, acknowledging as much as possible any assumption that could influence both the researcher's conduct of interviews, observations and the whole team's interpretations.

In order to provide congruence between the study's philosophical underpinning and the research methodological process through which the study findings were interpreted,

the basic elements of Heidegger's hermeneutic interpretive approach, influenced by activities described by Kvale (2002:48), were used. Field notes were integrated by adhering to the following steps:

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

The researcher read the entire description of the experience to get an intuitive understanding of the text as a whole. Different parts were interpreted. Out of these interpretations, the parts were related to the totality to gain an understanding of the entire text.

- **Gestalt**

The different parts of the text were assembled to form global meanings. Correspondingly, the interpretation of an interview stopped when the meaning of the different parts produced a sensible meaning pattern.

- **Testing**

A comparison between the interpretations of the statements and the global meaning patterns from interviews were compared with other available information about the interviewee.

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

This principle refers to the pre-understanding that the researcher brought into the study. Such a conscious presupposition was necessary because the interviewer and the interpreter unavoidably co-determined the results.

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

Each transcript was read for similarities and differences in the text. These similarities and differences in the interpretation were condensed to form themes and categories.

- **Autonomy of text**

Each text was understood on the basis of its own frame of reference by explicating what the text stated about the theme. During this step, the central themes or meanings that were unfolding for specific participants or the way participants were orientated, were identified.

Recurrent patterns of meaning were then combined to form three main themes considered crucial and specific to the clinical accompaniment of the ODL critical care student nurses.

RESEARCH FINDINGS

The discussion of the findings were organised around the three major themes which, emerged during analysis of the interview transcripts.

Table 1: Themes, categories and subcategories

THEME	CATEGORY	SUB CATEGORY
1 The critical care student nurses' relationship with the lecturer	Physical distance from the lecturer Emotional feelings associated with being cut off from the lecturer	Lack of support by the lecturer Absence of guidance from the lecturer evoked feelings of being lost, frustrated, independent
2 The critical care student nurses' relationships in the clinical settings	Non-supportive clinical environments for students Challenges associated with locating and accessing clinical learning opportunities	Non-acknowledgement of the student's status in the clinical setting A feeling of not belonging Support by management Working in strange environments Mastery of technology
3 Critical care student nurses' relationships with the preceptors	Inconsistency in relationships	Students were burdens, not priorities to facilitators favours

THEME 1: The relationship of the lecturer and the student is challenged by the physical distance

The following statements from the participants describe their perceived physical distance from the lecturer:

"I don't get the support that the full time students are getting because my teacher is not here". "The worst part is that I have never had personal guidance from my lecture"'. "I am glad that you come to see us. We can ask questions and get immediate answers".

"I know I have a preceptor but I ... think you are the most important person. Don't you think so?' Visiting us once a year will make me not feel that you are just dumped or left alone to find your way through". "There is no one to complain to"'. "When I see the tutors of my colleagues teaching them... I really wish my teacher could be here too although I know that I chose distance learning".

Some of the participants expressed feelings of being cut-off from the lecturer, feeling lost and frustrated:

"I feel lost and left alone". "No one seems to understand what you are doing ... You are just alone ... you know".

"I miss the closeness with my lecturer (crying)". "You are nobody's business".

However not all participants were deterred by the situation. Some participants seemed to be motivated by the situation and asserted themselves, and were determined to bring about changes on completion of their training.

"I am glad I am completing. I will look after the students because I know how it is". "Distance learning works for me .... It gives me the space and the independence that I need to do my work on my own".

THEME 2: Critical care student nurses' work relations in the clinical settings

The support received from colleagues and managers in the clinical setting was experienced both positively and negatively.

Participants who did not enjoy support from their colleagues and managers felt that they were not recognised as students and attributed this to a lack of knowledge and understanding of ODL:

"They don't know what you are doing, and therefore you are not a student to them". "I made it clear to the facilitator that just because I am not studying with the college here, that does not mean I should be treated differently, I am a student like all others and she should include me in her programme I mean we all have permission to study ... I am also a student".

"They have never seen your teacher ... they actually don't believe that you are really a student". "Thank you for coming to see us we also feel as students and people can see that we also have teachers and we are really students". "Here you are doing your own thing that no one knows of ..." "Occasional visibility of the lecturer from the university will make them realise that we are also students and we need to be treated as such". "You are nobody's business". "I feel like a second-class student".

The findings in this category indicated that non-supportive clinical environments led to low morale among participants. However, positive experiences were also reported about the support received from managers and colleagues.

"Our manager helps us to seek sponsors". "Some of my colleagues are willing to guide my thoughts until I get the "aha" of why I had intervened in that manner. They make me feel that my contribution is valuable and worthwhile". "I am glad my manager is having a master's degree; she encourages us to study".

Challenges associated with locating and accessing clinical opportunities

Difficulties were reportedly encountered with multiple workplaces and inadequate facilities. The students had to find alternative clinical facilities to augment those unavailable in their working areas in order to meet the programme's outcomes.

"It is difficult to go and work in other areas because you are not on study leave you have to do it during your leave".

"Finding clinical facilities, which are not available in my hospital is a headache, I don't know what to do. If you could arrange for us that would make things easier". "Perhaps a letter from you requesting placement on our behalf will be more official and have more weight". "Sometimes they do not trust to leave you with their patients. Remember that they don't know you… that is why my managers' involvement is very important to me in this case". "Working in another ICU is not pleasant. Technology is different. I … really … felt deskilled".

THEME 3: Critical care student nurses' relationships with the preceptors

In this theme, there was a mixture of experiences in the relationship of the student with the preceptor. Some of the participants perceived themselves to be burdens, not priorities, to their preceptors.

"Perhaps if preceptors can be paid they will not see us as a burden but a job that they have to do". "I think I am a burden to her especially because she is doing this voluntarily". "She will not honour the appointments we made … I don't think I am a priority to her". "Anyone is my preceptor … what do you do … when she resigns in the middle of the year do you start with the new one? I am not a priority in anyway". "Personally I do not have a preceptor. I use anybody who is available. I have a problem that today the preceptor is here the next time she is on night duty for three months. I find this disrupting me and have lack of consistency".

Some participants survived by being polite, friendly and maintaining good relationships to promote positive attitudes in order to be assisted.

"Fortunately we had a good working relationship while she was working in the unit, so when she comes to see her students she attends to me too". "You cannot even ask because you are here to work so you just have to be nice with those who are willing… not a specific person". "I need to be flexible, and diplomatic to get what I need … the signature".

"Building rapport with her is something I have to do".

Participants were also aware of the constraints that the preceptors experienced.

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

*first". "I have a good preceptor I knew I could say anything without feeling stupid".
"I get what I put in so it is my duty to take initiatives". "I have to be one step ahead".*

Relationships constituted recurrent patterns throughout the text, hence they are viewed as pivotal areas of interface, a passage, and central concept through which and by which theory in support of the research findings could be grounded and further explicated (Mongwe, 2007:262).

ANALYSIS AND DICUSSION OF THE RESULTS

The meanings that emerged from the findings in relation to the research question were interpreted in accordance with the lecturer, the clinical setting and the preceptor. The participants' experiences of their everyday world formed the basis for such interpretations.

The **lecturer** as an agent that provided, arranged or co-ordinated clinical accompaniment, was to some extent silent and absent. In relation to the participants' everyday world experiences, this was interpreted as 'being thrown into everyday reality' that differed from that of intensive care student nurses registered at residential institutions.

Frame (2001:28) stated that visibility and guidance from the lecturer are valuable irrespective of the mode of learning. However, research conducted by Cassimjee and Bhengu (2006:47) revealed that contact with the lecturers, even in residential institutions, could pose problems. Reportedly 53% of the third and fourth year students in one residential university had no visit from the lecturer for a period of three months. This situation indicates that university lecturers might regard clinical accompaniment as being secondary to their other academic duties, and it might be left to the discretion of mentors and preceptors (Lambert & Glacken, 2004:664). The lecturer in the clinical milieu should enhance encouragement, independence and self-reliance of students.

The **preceptor** was a substitute for the lecturer who was appointed to accompany students. In this theme the participants '***reclaimed their everyday world***', because they developed survival skills despite their negative experiences.

The **clinical setting,** which formed the basis for a variety of activities to accommodate the dynamics of ODL learning, was experienced as a world of non-recognition and of perceived discrimination compared to their colleagues from residential universities or nursing colleges. A similar study (Flectcher, 1999:130 as cited in Cook, Thynne, Weatherhead, Glenn, Mitchell & Bailey, 2004:270) indicated that equality issues arose constantly in the comparison between ODL students and residential students, in spite of the interest of higher education to expand access through ODL. Concerns over equality in distance learning remain an issue in clinical courses**.** Bick and Spouse (2000:732) emphasise that supportive clinical environments promote interdependence, mutual respect, imitation and identification, and alleviate fears.

RECOMMENDATIONS

The recommendations were built around the concept of more structured support and personal responsibility of ODL critical care student nurses in an ODL setting. Approved and signed memoranda of agreement or understanding between the clinical facility and the educational institution should be standard procedures before students could be allowed to register for clinical courses. This would ensure support and commitment from both the educational and clinical institutions. Accreditation processes should be completed before students register for specific courses. To address the distance factor, the lecturer should visit clinical areas to support both students and preceptors. The preceptor should provide feedback on the student's academic progress to enhance communication between educational institutions and clinical settings. Monitoring and evaluation mechanisms and reporting systems should be in place and used effectively. Development of role identity of ODL students to cope with complexities and demands of accompaniment in ODL is also important.

CONCLUSION

The participants desired deeper connectedness with their lecturer and their preceptors. They reportedly often experienced disconnectedness in their embodiment in their everyday world of "being". Relationships were pivotal in their achievements of clinical practice outcomes. As a result, study guidelines for the facilitation of ODL clinical accompaniment were structured around supportive relationships and self-directedness of these students.

LIMITATIONS OF THE STUDY

Only students participated in this study. Including preceptors and mentors could have added more insights. Although the researcher attempted to be objective, there could be some bias attributed to the fact that participants were registered Unisa ODL students and the researcher was their lecturer.

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