

# **CONTRIBUTION OF UNIT MANAGERS IN THE TRAINING OF STUDENT NURSES IN THE CAPE PENINSULA**

by

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## DECLARATION

I declare that **CONTRIBUTION OF UNIT MANAGERS IN THE TRAINING OF STUDENT NURSES IN THE CAPE PENINSULA** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.



**SIGNATURE**  
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**DATE**

## **SUMMARY**

The purpose of this study was to determine the contribution of unit managers towards the training of student nurses coming to their units for clinical practica.

The sample consisted of students training in the four nursing colleges in the Cape Peninsula, and unit managers working in health services accommodating students for clinical practica in the same area.

The findings revealed that the majority of unit managers were teaching students whenever they had the opportunity. Generally unit managers were prepared for their teaching function, but many students were not satisfied with some clinical learning opportunities presented to them, for example drawing up patients' care plans, discussing patients' treatment plans when handing over report, giving assistance regarding patient care decisions and lending support when students are confronted with patient care problems. There appears to be a need to educate unit managers regarding these and other aspects of the students' training programme.

## **KEY TERMS**

Student nurse, ward learning climate, learning opportunities, clinical teaching, student accompaniment, health service units, unit manager, four year comprehensive course.

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# **CONTRIBUTION OF UNIT MANAGERS IN THE TRAINING OF STUDENT NURSES IN THE CAPE PENINSULA**

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# **CHAPTER 1**

## **ORIENTATION TO THE STUDY**

### **1.1 INTRODUCTION**

In South Africa student nurses spend most of their training time in close contact with unit managers. It is therefore important that unit managers carry out their roles and functions in a manner that will ensure student nurses' professional growth. Roscher (1980:9) refers to the ward sister as the backbone of the health service in our country! Searle also refers to the ward sister as a kingpin and indeed a pearl without price in the entire health service (Searle in Troskie 1990:293). The unit manager is, therefore, the best person to accompany students in the units and lead them to professional maturity.

With the introduction of the four-year comprehensive course (South African Nursing College R425:1985) the status of the student nurse remained unchanged. Students were forced to participate actively in the unit activities because of staff shortage. This had a detrimental effect on training because students were regarded as part of the workforce (Viljoen 1989:25-26).

Bezuidenhout's study (1992:13) supports this view. When the four-year programme leading to registration as a nurse (general, psychiatry and community) and midwife was introduced the students' status was supposed to have changed. Despite this intention, 64% of the ward sisters in Bezuidenhout's study regarded students as part of the workforce. More than 50% of the respondents in this study did not have sufficient time to teach students because of other unit commitments. In the same study 23% of the ward sisters felt that student teaching was of

paramount importance. The unit managers spent most of their time on patient care and administration. Education in the wards took second place. Because of the multidimensional role of the unit manager and because of staff shortage, patient care took priority and student teaching fell behind. The patient was seen as the most important person in the units.

Another issue which surfaced as a problem when the new programme was implemented was that unit managers were not well versed with the training curriculum and needed in-service education. It was difficult for them to assess the students' learning needs and what was expected of them (Jooste 1991:1).

Some colleges appointed clinical tutors to accompany students in the different health units. The role of these tutors in the units was to ensure organised total training of the students and to correlate theory with practica. This was done to enable the students to take reality into consideration (Alberts 1990:7). The shortage of tutors made it difficult for one tutor to spend enough time with each student. Therefore the unit manager has become the best person to train students when they are in the units (Van der Merwe 1989:34). There are times when it is difficult for the tutors to accompany students to the units because they have to teach theory to students who are attending lectures according to the block system. Tutors are now expected to divide their time between the students who are doing theory and those doing practica (Van der Merwe 1989:44). It is, therefore, wise to use unit managers, empowering them to train students allocated to their units. One thing which has unquestionably emerged from research findings is the agreement that unit managers are the most important people in the training of student nurses in the units. Being responsible for patients, staff and everything that takes place in the unit, accepting responsibility for practical training of student nurses requires absolute commitment (Lewis 1989:811-812).

## **1.2 BACKGROUND TO THE PROBLEM**

### **1.2.1 THE PIVOTAL ROLE OF THE UNIT MANAGER**

In South Africa, the South African Nursing Council (SANC) is responsible for approving a health unit for student nurse training. The permission to train is granted after SANC is satisfied that adequate clinical experience is available and that satisfactory arrangements are made for the supervision and teaching of student nurses by professional nurses in all units (SANC R881:1975; SANC R425:1985).

The foundations of learning to nurse are found in the health service units be they midwifery, general, psychiatry or community health nursing units. It is, therefore, imperative that these units should be manned by competent professional nurses who are experts in their fields and are able to impart this knowledge to the students and lead them to professional maturity.

One cannot overemphasize the importance of the role played by unit managers, for they are responsible for quality patient care, the management of day to day activities in the units, the supervision and education of the subordinates.

As the unit manager provides patient care and supervises students, she teaches the subordinates because a large part of effective supervision is teaching (Gerrish 1990:200).

### **1.2.2 THE IMPORTANCE OF THE UNIT MANAGER'S TEACHING FUNCTION**

Gerrish (1990:200) describes clinical teaching as the core of nursing practice and states that clinical teaching is best taught by practising nurses in the real situation. Sometimes units are referred to as resource



centres and the unit managers know exactly what is going on in their units, and are, therefore, resourceful people who can guide student nurses and influence them to learn, grow and be everything they are capable of (Malherbe 1989:2). Because students spend about 60% of their training period in the units practising under the guidance of the unit managers, the educational role of the unit manager is important and needs to be developed.

### **1.2.3 PROBLEMS EXPERIENCED BY UNIT MANAGERS REGARDING THEIR TEACHING FUNCTION**

Fretwell (1982:15) claims that unit managers are ascribed the teaching role whether they want to teach or not, hence unit managers are sometimes reluctant to teach students. The problem of staff shortage is another factor which is responsible for the non teaching of student nurses. Runciman (1983:68) mentioned five other problems which prevent the unit managers from teaching students, namely:- lack of time to teach; lack of knowledge base and teaching skills; lack of confidence in their teaching ability; lack of expert specialist help with teaching, and an inability to assess learner needs and their concomitant performance.

Despite the above-mentioned problems some unit managers are able to create environments where students are allowed to ask questions and feel part of the team.

### **1.2.4 DIFFICULTIES EXPERIENCED BY STUDENTS REGARDING TRAINING NEEDS IN THE UNITS**

The fact that they are both learners and workers is frustrating to the students. It is sometimes difficult to fulfil their learning needs, because they have to work as workers at the same time. In units where the unit managers openly made time to teach and supervise nurse training, patients felt happier than in wards where nurses were told what to do but were never shown how to do it (Bezuidenhout & Basson 1992:17; Smith 1987:414).

Sometimes the unit manager is young and inexperienced and students see her as someone without status and confidence. They have difficulty approaching her with their problems for they know her limitations. It is therefore important for senior unit managers and tutors to support junior unit managers, for they are the key persons in the training of student nurses (Bezuidenhout 1988:8).

#### 1.2.5 **PROBLEMS EXPERIENCED BY COLLEGE STUDENTS REGARDING UNIT TEACHING**

Students always feel uncomfortable when allocated to a unit where they know that the atmosphere is not conducive to learning. They know that the unit manager's attitude towards learning affects the atmosphere in the unit positively or negatively. Sometimes students blame the unit managers when their objectives are not met, for they experience that unit managers do not take an interest in training and fail to delegate functions to subordinates. Students have resigned from nursing because they were not treated well by unit managers, reprimanded in front of patients and colleagues and were denied privileges which had been granted to others (Bezuidenhout 1988:58-59).

#### 1.3 **STATEMENT OF THE PROBLEM**

The problem that this study sets to explore is: to what extent are the unit managers involved with clinical teaching, are they sufficiently prepared to take over this role and do they meet the learning needs of student nurses in the process?

#### 1.4 **STATEMENT OF THE PURPOSE**

The purpose of this study is to determine:-

- the role of the unit manager as teacher and accompanist to the students

- the manner in which unit managers establish a learning climate in the units
- the experiences of the students regarding accompaniment during their clinical practica in the units

## 1.5 **GUIDING QUESTIONS OF THIS STUDY**

To guide this study the following questions are set:-

- Are unit managers sufficiently prepared to provide teaching in the units?
- To what extent are the unit managers involved in clinical teaching of student nurses in the units?
- To what extent are student nurses satisfied with the type of clinical learning opportunities that are presented to them?

## 1.6 **OPERATIONAL DEFINITIONS**

For the purpose of this study the operational terms are defined as follows:-

### 1.6.1 **STUDENT NURSE**

The term "student nurse" refers to an individual who is presently undergoing the required training which has a minimum duration of four years, to fulfil SANC's requirements to become a registered professional nurse (general, psychiatry and community) and midwife (SANC R425:1985).

### 1.6.2 **WARD LEARNING CLIMATE**

The term "ward learning climate" refers to an atmosphere in which the student nurse feels safe to ask questions (Orton 1981:24).

**1.6.3 LEARNING OPPORTUNITY**

Learning opportunity refers to the possibilities for learning created by the tutor in the classroom and clinical teaching situations which are used by the student to reach learning objectives (SANC R425:1985).

**1.6.4 CLINICAL TEACHING**

It is the practice-orientated teaching given to students in laboratory practice situations and these include the service units (SANC R425:February 1985).

**1.6.5 STUDENT ACCOMPANIMENT**

This encompasses the conscious and purposeful guidance and support of the student based upon her unique needs by the creation of learning opportunities that make it possible for her to grow from passiveness to involvement, in order to practice independently. This process of accompaniment takes place in conjunction with the direct involvement and physical presence of the unit manager/clinical tutor, supplemented by available guidelines and learning aids (SANC R425:1995)

**1.6.6 HEALTH SERVICE UNITS**

In this study a health service unit refers to a hospital ward or department or a community health centre where health care is given to clients/patients (Hawkins & Weiner, 1990:780).

**1.6.7 UNIT MANAGER**

This term is synonymous with nurse in charge. For the purpose of this study this refers to a registered person working in a health unit. She/he is in charge of a health team which cares for a specific group of patients/clients within the boundaries of the unit (Lees 1989:8). This term will be used synonymously with the "ward sister" when other research studies are quoted.

#### 1.6.8 **FOUR-YEAR COMPREHENSIVE COURSE**

It is a four-year training programme which is prescribed by SANC and which encompasses the four main disciplines in nursing; that is general, psychiatry, community and midwifery. On completion of this training programme, the trainee will be registered as a nurse (general, psychiatry and community) and midwife (SANC Teaching guide R425:1985).

#### 1.7 **LIMITATIONS**

The findings of this study are valid for the fourth year student nurses studying in the four nursing colleges in the Cape Peninsula who wrote their final examinations at the end of 1995. A representative, random sample of student nurses was selected. A random sample of unit managers working in the health units where student nurses are allocated for their clinical practice namely in general, psychiatry, community and midwifery was selected. Other nurses may have similar problems as encountered by the respondents in this study but these should be verified by research, because the results of this study may not be generalised to other student nurses outside the Cape Peninsula.

#### 1.8 **ORGANISATION OF THE RESEARCH REPORT**

Chapter 1 : Orientation of the Study.

Chapter 2 : Review of literature.

Chapter 3 : Methodology.

Chapter 4 : Data analysis and discussion of the research findings.

Chapter 5 : Comments, conclusions, recommendations and implications for nursing practice.

1.9

## **SUMMARY**

In this chapter a brief review of the problem, its importance and limitations have been highlighted. The purpose, the method and organisation of the report have been given. New literature on the subject will be reviewed to shed light on how other researchers approached the problem and what their findings were.

## **CHAPTER 2**

### **REVIEW OF LITERATURE**

#### **2.1 INTRODUCTION**

Student nurses enter training eager to learn how to give good nursing care to patients. Therefore they should get adequate clinical experience. Satisfactory arrangements should be made for the supervision and teaching of student nurses by professionals in all units, both day and night (Jacka & Lewin 1986:574). In South Africa a student, doing the four-year comprehensive course which leads to registration as a nurse (general, psychiatry, community) and midwifery (SANC R425:1985), spends 60% of this period in training units and the rest in the nursing schools doing theory. In the training units a student is on the job as a novice rendering care to sick patients. Her development into a competent and knowledgeable practitioner depends mostly on the educational environment. The different learning opportunities present in a particular unit determine whether the required learning takes place. It is important for students to be in a unit where it is possible to correlate theory with practice. These two elements should reinforce and complement each other (Jacka & Lewin 1986:573).

Unit managers often experience role ambiguity because of unclear role expectations and uncertainty about work performances and behaviours. Sometimes there is conflict between what the unit manager perceives as her role in relation to teaching and the expectations others have of her. Nurse educators and managers want the unit manager to perform teaching and management tasks sometimes at the expense of her clinical role. Because of staff shortage, unit managers find it difficult to perform all the work that is expected of them (Marson 1990:200-201). Brownlee

(1983:73) in her study "The sisters in charge of hospital wards" researched the four broad functions of the unit managers in academic and non academic hospitals and found that in academic hospitals the unit manager spends 9.2% of her time on teaching activities, 66.9% on nursing activities, 8% on management activities, 14.2% on personal time and 2.1% on research.

## 2.2 **THE MULTIDIMENSIONAL ROLE OF THE UNIT MANAGER AND HOW IT WILL AFFECT HER TEACHING FUNCTION**

The unit manager has a fourfold function namely, that of management, research, patient care and the teaching of subordinates and clients. To fulfil her teaching role she has to incorporate teaching into each of her other roles.

### 2.2.1 **GENERAL OVERVIEW OF THE MANAGEMENT FUNCTION OF THE UNIT MANAGER**

Management is defined as a process by which organisational goals and objectives are met through the use of technical, interpersonal and conceptual skills. It is viewed as control of the processes for carrying out given policies. It requires accomplishing a task delegated by a higher authority and involves processes necessitating working through subordinates. The efforts of a manager are directed towards the attainment of the goals of the institution (Tappen 1989:86).

#### 2.2.1.1 *Practising management*

Unit managers as first-line supervisors have the responsibility to attain organisational goals. Organisational goals and policy are the broad framework according to which procedures are effected within the organisation. The unit manager should teach students and highlight the importance of attaining these goals and the importance of the policy of the organisation (Tappen 1989:87-88).



In her capacity as manager, the unit manager has to regulate the unit environment to accommodate teaching and to stimulate both the physical and psychological environments to support the students in her unit (Bezuidenhout & Basson 1992:20). The unit manager has to consider unplanned interruptions and unanticipated events which may prevent the organisational goals from being met. Student teaching programmes may be affected by these interruptions but one has to be flexible and go through the programme with the students when there is time (Sullivan & Decker 1992:53).

#### 2.2.1.2 *Planning*

It is in the units where students learn to be competent, therefore the unit manager has to plan and create an environment conducive to learning and guide students to be independent practitioners. A purposeful, well planned programme should be drawn up. Students should know the programme in advance, then they will be able to prepare by reading appropriate literature (Lees 1989:29-30). Careful planning is a prerequisite for high standards of teaching and learning. Appropriate planning provides unit managers with tools necessary to control rather than react to change. It enables the unit manager to avoid routinely making crisis or stopgap decisions (Lees 1989:29).

The unit manager has to make nursing rounds with her students at the beginning and end of each shift in order to plan the nursing care that should be given to each patient. She has to teach and show them the importance of nursing rounds and what to observe (Sullivan & Decker 1992:55-56; Tappen 1989:89).

#### 2.2.1.3 *Organising*

Organising means having qualified human resources to deal with any contingencies that may occur in the units (Sullivan & Decker 1992:56). The unit manager has to organise and schedule the duties of all staff

members in the unit and make sure that appropriate staff members with the necessary skills are allocated in each shift according to the needs of the unit. There should be someone to supervise and educate students in the unit at all times. Students should not be left alone to learn by trial and error, as this can be dangerous. The unit manager has to assess and anticipate the needs of her students and patients and organise appropriately (Sullivan & Decker 1992:55-56).

#### 2.2.1.4 *Controlling*

Mellish (1992:193) defines control as to check, verify and regulate. Unit managers have to take control of their units. They must monitor the performances of subordinates and take steps to correct action when it deviates from the set standards of nursing care (Sullivan & Decker 1992:57). It is the duty of the unit manager to lead student nurses to professional maturity. Successful teaching of students cannot be achieved without the control and cooperation of the unit managers (Bezuidenhout & Basson 1992:27). Unit managers spend much time on supervision and while they do so they teach student nurses and other personnel.

Unit managers have to delegate with confidence and judge the ability of their personnel and see whether they are able to teach students and be role models and meet their learning needs without endangering the lives of the patients (Troskie 1990:57; Brownlee 1983:88-89).

#### 2.2.1.5 *Research function*

Research means a careful search for additional knowledge. It strives to find reasons for occurrences and to find answers to problems (Fawcett in Chaska 1983:169). Students can be taught that recording of data, assessment of the patients' progress, carrying out of a doctor's prescription, nursing intervention, which is part of the care plan, could be utilised as research data by some researchers. Brownlee (1983:88)

found that unit managers spend an average of 0.5% - 4.7% of their time doing research. Students should also be involved when research projects are done in the units to familiarise them with the research process.

## **2.3 DAILY DUTIES OF THE UNIT MANAGER**

### **2.3.1 THE UNIT MANAGER AS A FACILITATOR OF PATIENT CARE AND SAFETY**

Unit managers are accountable to see that the product of their training will give a high standard of care as expected by the community they serve (Bezuidenhout 1988:22-22). Unit managers have to guide and teach students to become competent to perform the procedures expected of them in the units. Through support and accompaniment students will have confidence in what they are doing and become mature, independent and competent. The main task of the unit manager is to ensure high quality nursing care. Teaching is an integral part of patient care. Unit managers should avoid using students as an extra pair of hands that are part of the manpower. Students should be taught how to nurse and be good nurses. It is the duty of the unit manager to ensure that students get the learning opportunities that they need (Bezuidenhout 1988:22-24).

Students, on the other hand, should see the unit manager as a resourceful person who is able to organise diligently all activities taking place in the unit (Mellish 1992:188).

### **2.3.2 ASSISTANCE TO THE PATIENT**

Nursing care is concerned with healing and helping the patient to recover. The unit managers are expected to be able to impart their knowledge and expertise to the student nurses who look upon them as their role models (Bezuidenhout 1988:23). The unit manager must educate students to observe any untoward changes in the patient's

condition and act calmly and swiftly in a caring manner. If students follow this role model, they will be able to display a caring approach in delivering the nursing care delegated to them.

### 2.3.3 **THE UNIT MANAGER AS A COORDINATOR OF CARE**

Patients in the units receive care and treatment from the various members of the multidisciplinary team. The unit manager must bring together all the activities that take place in the unit. She must combine all these activities into a working relationship. She also has to maintain good interpersonal relations among the team members so that quality patient care is maintained. Students must be taught this coordinating role and the importance of working as a team should be brought to their attention. She should teach them how to nurse the patient in totality and not in segments. She should regulate all these activities and draw up care plans for the patients as well as teaching programmes for the student nurses in such a way that the patient does not become exhausted (Mellish 1992:192-193).

### 2.4 **UNIT MANAGER'S RESPONSIBILITY IN CLINICAL TEACHING AND STUDENT ACCOMPANIMENT**

It is the role of the unit manager to teach personnel in the units to ensure quality patient care. It has become acceptable that unit managers are responsible for creating a learning environment for student nurses that are allocated to their units for clinical practice. Unit managers can influence the students' practical experience either positively or negatively. Unit managers should be thoroughly prepared for their teaching and leadership roles, because they are training future unit managers, who are a mirror reflection of what nursing is. The public's interpretation of what nursing is, is always based on the nurses' attitudes and actions (Hughes in Hein & Nicholson 1990:33).

Nurses learn to nurse, not in the classrooms, but in the clinical units. This is where students develop the powers of observation based on the knowledge of what to look for and on their ability to make sound judgements.

Clinical teaching equips student nurses with the fundamental skills that go into making a "good nurse" (Mellish 1992:20-21).

#### 2.4.1 **TRAINED NURSES AS TEACHERS**

In Marson's study (1981) on the teaching function of the unit managers, most of the respondents that were interviewed were aware of their teaching function. Some unit managers agreed that they had the benefit of a course, in nursing education, to develop their training function. Such a course has had the effect of widening views on teaching and learning (Marson 1984:14).

Most of the unit managers interviewed, placed student teaching second after patient care. Some unit managers associated teaching with didactic teaching. Their idea of teaching is probably based on their own experience (Marson 1984:14).

##### 2.4.1.1 *Confidence*

Troskie (1990:57) as well as Marson (1984:14) identified among unit managers a lack of confidence in their ability to teach. Unit managers did not know what to teach nor how to teach it and they had problems in evaluating students' competency. Unit managers also had problems in drawing up teaching programmes for students allocated to their units (Lathlean 1987:36-37).

##### 2.4.1.2 *Content*

Unit managers concentrated on teaching nursing procedures, medical tests and diagnosis, that is, the medical model. Very few unit managers

concentrated on interpersonal relationships and management skills. These skills were not considered at all and those who considered them put them last in their list of priorities (Jooste 1991:1).

#### 2.4.1.3 *Communications*

Jooste (1991:17) highlighted that good interpersonal relationships at work are essential. Good communication helps the unit manager to identify the needs of subordinates and clients. Student nurses need a unit manager who will listen to their problems and react accordingly. The unit manager should intervene when students have problems relating to work and personal issues. It is, therefore, important to have a two-way communication system running effectively in the units. Student nurses should have a say in the care that the patients get in the units (Marson 1984:15).

#### 2.4.1.4 *The good teacher*

Students see an effective teacher as someone who cares for their needs and at the same time has some knowledge of the nursing skills and has teaching and managerial abilities. These unit managers motivate their subordinates and give feedback on progress. A good teacher is student and patient orientated, has a general attitude of care and concern for the needs of others, as well as having skills in communication and team building (Marson 1984:15).

#### 2.4.1.5 *The role model*

The unit manager is professionally knowledgeable, competent and up to date with the administrative functions. She is the true role model for students to imitate as she is working with student nurses and subordinates as a preceptor (Jooste 1991:16; Bezuidenhout & Basson 1992:28).

The unit managers have the important function of ensuring patient care and management. They plan all the activities and are accountable for all

the procedures that are carried out in the unit. The Brigg's report stressed the fact that unit managers have the power to affect the morale of the ward, more than it is affected by the nature of the disease cared for in that particular unit (Bradshaw 1985:45).

Lewis (1989:813) sees the unit manager as a professional gatekeeper. She is the person who determines what can be done and what cannot be done in the nursing group. Therefore, the unit manager decides what nursing is and what it is not. What is of concern, is the unit manager who has no time for teaching students. When and what are students allocated to her unit going to learn?

Another concern is that when the level of functioning of the unit manager is incompetent, it is possible that students may copy her incompetent behaviour which will be handed down to generations of nurses (Lewis 1989:815; Jooste 1991:15).

Student nurses get a great deal of stimulus and motivation from working as members of the nursing team under the guidance of a powerful unit manager. Unit managers should be made aware of the ways in which their attitudes and behaviour influence student nurses and should be helped to change and become more effective in facilitating teaching and learning in the units (Jooste 1991:15-16).

## **2.5 THE INFLUENCE OF THE UNIT MANAGER'S LEADERSHIP STYLE ON CLINICAL TEACHING**

Leadership is a quality required by anyone who conducts, guides or directs activities. The unit manager has the power, the right and the duty to see that personnel in the unit give the best possible nursing care to patients. The leadership style of the unit manager is sometimes influenced by the training and guidance she received during her student

years (Mellish 1992:194).

Managers who adopt an autocratic leadership style are very directive. They give orders and the learners have to obey. The unit manager's likes and dislikes are enforced as rules and the learners working under an autocratic manager know precisely what is expected of them (Fretwell 1982:96-98).

The team builder or democratic leader consults with, encourages and praises subordinates. Students working in a democratic milieu are aware of a team spirit and a more flexible routine. Trained nurses are appointed to work with and guide students. Students have freedom to participate actively in their training. They are always asked rather than commanded to do certain procedures that they feel competent to do (Fretwell 1982:96-98).

The most important role of the unit manager according to 26% of the ward sisters in Bezuidenhout's study (1992) is involving and rewarding students for work well done. This is only possible through accompaniment. It was also found that 8% of the unit managers interviewed, felt that it was not necessary to guide and empathise with the students. This is an important aspect that will need attention if unit managers are seen as teachers (Bezuidenhout & Basson 1992:12).

The unit manager's attitude towards her duties influences the teaching environment in the unit. If the unit managers see patient care as a priority they work with the students and teach them as the opportunity arises (Fretwell 1982:99). If the unit managers' attitudes are positive to teaching, the learning opportunities will be used to teach students. The unit manager's attitude towards learners are closely related to her teaching responsibilities. Bezuidenhout (1992) in her study found that 80% of the students rated their relationships with unit managers as



friendly, open and supportive. In these units the managers were teaching and supporting students. Sometimes, because of overload unit managers found it difficult to teach students. Ward sisters spent 25% of their time teaching students, while 68% of the respondents felt that a lot is expected from them because of their multidimensional roles and workload (Bezuidenhout & Basson 1992:12-13).

It is important that formal preparation of unit managers for their educational role is not done in isolation but integrated with the clinical and management components, because all these dimensions are related and flow into one another. However, the unit manager's accountability and responsibility for providing student nurses with good experience in the units should be emphasised and the need for the unit manager to acquire nursing knowledge and competence should be stressed.

## 2.6 **STAFF DEVELOPMENT**

Staff development is the key role of the unit manager and teaching of personnel and patients is part of this function. She has to teach the students from the very first day that they come to the unit; that is orientate them with regard to the type of patients that are admitted, and the care that is given in that particular unit. The unit manager has to assess the students' learning needs and teach them accordingly (Bezuidenhout 1988:24).

Just as much as the unit manager is expected to promote her level of knowledge of and expertise in new developments and changes taking place in nursing, she is also accountable for the well-being of her subordinates and colleagues (Bezuidenhout & Basson 1992:24-25). According to Darling (1985:43) developing staff is an important responsibility of the unit manager, especially now that human resources must be fully utilised in the delivery of cost-effective, quality care. One

can become a mentoring manager by establishing a unit climate where the standards of excellence are upheld and all staff members are motivated to learn, grow and function to their maximum ability.

A good manager is one who is keen to develop other people and is a good teacher. People working with such a unit manager grow and learn. They move up to broader management or clinical responsibilities because their managers have facilitated their growth and helped them to learn.

The good unit managers make sure that there are adequate tools, supplies and facilities for use by the learners. Learners are encouraged to set their own goals and to have access to the necessary information (Troskie 1990:50; Jooste 1991:15-16).

#### 2.6.1 **ORIENTATION IN THE UNITS**

Orientation aims to guide student nurses to be effective and productive in the units as soon as possible after they have started working in the units. It also aims to make them feel accepted and to get them to know how things are done in that particular unit and to reduce anxiety and uncertainty. It is the duty of the unit manager to introduce the students to other members of the health team and to their tasks and responsibilities (Jooste & Troskie 1995:49).

The orientation programme should cater for the learning needs of the student nurses and the new employees. These needs should be accommodated within the organisational goals. The unit manager should take an active, leading and supportive role in the orientation of personnel to the unit. A checklist should be drawn up to check that students are orientated to meet their learning needs. Student nurses can be given manuals on procedure, policy, grievance procedure, disciplinary measures, etc. to read in the units. These manuals will support their orientation programme. Students can be allocated a preceptor to work

with them during the orientation period so that they don't feel lost when the unit manager is not in the unit. Orientation programmes should have shorter sessions to allow the students time to absorb all the information that they have received (Jooste & Troskie 1995:49).

It is important that unit managers should monitor the student nurses' progress in the units. They should be available to answer questions and solve problems that the students may encounter. The unit manager should have feedback interviews with the students to see if they have settled in the unit. Student nurses may also be given time to evaluate the orientation programme and modify it to meet their needs (Jooste & Troskie 1995:33).

## 2.7

### **CLINICAL TEACHING IN THE UNITS**

Planned teaching programmes can be developed and implemented by the unit manager and other members of the team. The choice lies with the student to make full use of this programme by making active use of the opportunities it offers (Hincliff 1986:51). All trained personnel have a teaching responsibility in the clinical area although few will have had formal preparation for this. The units provide an ideal setting for learning because the students have the opportunity to work in close contact with specialists in the field. Tutors teach only the principles of care in the classrooms. In the units these principles should be applied in practice. Correlation of theory and practice should take place in the units in order for the practice to be meaningful and for students to get the necessary experience, because it is in the units where nursing becomes a reality (Bezuidenhout & Basson 1992:28).

The unit manager should never begin a teaching session without setting clear objectives, which is a detailed statement of behaviour expected from the learner at the end of the session to prove that the required

learning has taken place (Lathlean 1987:36; Hincliff 1986:81-82). The teaching sessions should provide the students with some cognitive understanding, for example the patient should be reassured and the procedure explained in simple terms.

The learning atmosphere should be such that students are allowed to make mistakes and should feel free to talk without constraints. Students should also be allowed to ask the unit manager questions. Important aspects in the principles of learning are that students should be allowed to voice their feelings, be encouraged to talk and be made to feel it is normal to make mistakes. They should not feel threatened by the presence of the unit manager. This encourages a two way communication process (Jooste 1991:17). The learning environment should be organised to accommodate all identified styles of learning. Flexibility and variety in the educational programme are essential. Unit managers should use a variety of learning environments and teaching strategies which will make it easy for the student to learn. In addition, the students will develop respect for the uniqueness of others and strengthen their ability to learn, using strategies that are not commonly used in the units. Variety in teaching strategies accommodates creativity and provides for the fact that some students learn better when they use certain teaching strategies (Brink 1988:13; Hincliff 1986:69).

#### 2.7.1 **DETERMINING THE LEARNING NEEDS OF STUDENTS**

Unit managers in training schools should know that the competence of student nurses must satisfy the appropriate examining and training body. Therefore, students have learning needs which correspond with their level of training. Students learn how to nurse in the units, and this is where they gain most of their training experience and where good standards of nursing are set. Therefore, the unit is the most convenient setting for learning if its potential can be used to the maximum (Hincliff 1986:49). This statement is supported by the fact that students learn

much better when they give total patient care in the proper manner. They gain insight into the patients' problems and build a complete picture of the physical as well as emotional and personal needs of the patients. In this manner students become experts in certain procedures and thus are motivated to become better nurses.

The units are places where students should be taught to correlate theory and practice. Theory, as taught in the nursing schools, should be realistic and address the present status quo and should not be based on the traditional methods. Bezuidenhout & Basson (1992:28) found that students put more emphasis on learning the theory and less on clinical practice. The units should be places where the students' learning needs are met. It is therefore a pity that there is little teaching going on in some units by the unit managers and other trained staff, despite the fact that they are supposed to be teaching students.

Jooste (1991:11-12) investigated whether unit managers recognised the learning needs of student nurses. She found that in certain units, the managers did understand that students had learning needs and the students were made to feel part of the team. They were allocated preceptors to work with, who supervised their clinical practice. Students have a need to belong. Therefore, if they are made part of the team, there is less anxiety. Experienced students learn effectively when they know they have someone to turn to when things go wrong, who will show and guide them in the right direction. For effective learning to take place there should be a climate of trust.

It is very important that students should be taught things that are relevant to their learning needs and relevant to their level of training. Students should not be bogged down by being taught things which are beyond their level of training and comprehension. They should have a point of reference, as abstract things are easily forgotten. It is the duty of the

unit manager to build up the student's self image in her unit. Students should be motivated to study further and should be allowed to use their creativity where possible.

Orton (1981:38) argues that students come to the units to learn and should be treated as learners by the unit managers. Some unit managers do not teach student nurses in the units and they are treated as extra pairs of hands.

Bezuidenhout (1988:32) explored the nurses' learning environment and she found that some units do not have environments which are conducive to learning. Students had problems applying the knowledge that they have, because sometimes the ideal description of skills in the schools did not correspond with the realities of the units' practices. The tutor must always be aware of what is going on in the hospitals in these economic times and acquaint themselves with the way procedures are carried out in the units to reduce student anxiety (Alberts 1990:30-31). Sometimes it becomes difficult for students to do things the way they were taught at school, for in the units there are constraints. Because of the economic situation in the country, one finds it difficult to have all the necessary equipment in the units to carry out certain procedures and nurses have to improvise.

Units which have a high level of team work and consultation contributes to any awareness of the subordinates' needs both on the part of the trained staff and the students. The unit managers' attitude is a great influential factor in the units. Their attitude affects the patients' attitudes in getting better, and thus improves the recovery rates. A good ward atmosphere is associated with the stability of the nursing staff. Rapid patient turnover is very sensitive to the units' environment (Smith 1987:44). When staff members are satisfied with their jobs, the atmosphere becomes therapeutic for the patients. The physical and

emotional needs of both the students and patients are met in these units.

It is ideal for nurses to have a "learning contract" because this makes sure that their needs are met. This learning contract should be drawn up by the student and the unit manager. The nurse identifies what she would like to learn and they both draw up a plan to meet these needs (Lathlean 1987:37).

#### **2.7.2 THE NEED FOR EFFECTIVE IN-SERVICE EDUCATION PROGRAMMES**

The SANC has to ascertain whether an organisation has effective, planned and organised in-service training programmes when they do their organisational inspections. The SANC is responsible to the public to see that nurses are trained and are competent practitioners so that the members of the public are not at risk in their hands. The different organisations have to ensure that their practitioners are kept up to date with the rapid changes that they constantly meet.

All in-service education programmes for nurses must be based on sound principles and predetermined learning needs. Nurses must be made aware of their responsibility to instil in students the conviction that continuous education has to be done in order to improve and maintain the standards of performance in nursing (Jooste & Troskie 1995:48-49) Unit managers have to be personally involved in drawing up of in-service education programmes for both senior student nurses and other categories of nurses, for example in Disaster Nursing. Senior students may know about disaster nursing from other units, but they have to be given in-service education or given a refresher course on disaster and emergency first aid. They have to keep up to date with the changing aspects of disaster and have the necessary skills at their fingertips (Mellish 1992:180).

Student nurses have to be rotated among different preceptors to compensate for weaker instructions by some educators and to expose the students to different preceptors and methods of doing the same thing. (Jooste & Troskie 1995:13). The preceptors in the units serve as role models to student nurses. The student nurses do not only learn about work-related tasks, but should also observe the preceptor and learn how to set priorities, solve problems, make decisions, manage time, delegate tasks and interact with others. The preceptor evaluates the student nurse's performance and provides verbal and written feedback to encourage development (Sullivan & Decker 1992:318-319).

### **2.7.3 TEACHING STRATEGIES THAT ARE USED IN CLINICAL TEACHING**

Clinical teaching is a demonstration of a skill or transmission of knowledge from someone identified as a teacher to someone identified as a learner. The unit manager must possess the knowledge and have skills in the application of various teaching strategies. As an expert in her field she should have her own unique teaching approach which she should adopt according to the changing trends in nursing practice (Jooste & Troskie 1995:13).

The following teaching strategies are commonly used in the units:

- Demonstration
- The nursing round
- Group discussion
- Precept and example
- Use of a teachable moment
- Nursing care plan
- Clinical conferences
- Peergroup teaching
- Writing, giving and receiving reports as a teaching strategy
- Case history



- Supervised practice

Student teaching is an integral part of the role of the unit manager which should not be separated from her other roles. All these strategies are available to the unit manager and she should ensure that she utilises them. The unit manager is responsible for the professional growth of the students in the units. She must always bear this in mind as she undertakes her work in the units.

#### 2.7.4 **EVALUATION OF STUDENTS IN THE UNITS**

Students are evaluated in the units to see whether they are progressing towards professional competency and to assess their knowledge and skills (Unisa only study guide NUA202-R 1992:67).

The unit manager should therefore evaluate the students continuously either formally or by observing continuously the student performing delegated functions. Persistent poor performance should be investigated by the unit manager and corrected as soon as possible. Careful investigation is necessary because a lot of factors can be responsible for a student's poor performance. Unit managers are responsible for writing the students' progress reports and should, therefore, be actively involved in the teaching and evaluation of students (Unisa only study guide NUA202-R 1992:68-69).

##### 2.7.4.1 *Guidelines for the evaluation of students*

- Criteria for evaluation should be set up. This is usually drawn up by the nursing college in collaboration with the training hospital and health service units.
- Evaluation should be objective. Bias should be avoided at all costs.

- Students should be informed and familiarized with the evaluation criteria so that they know what is expected of them (Jooste 1991:33).

#### 2.7.4.2 *The evaluation process*

- The unit manager must be aware that evaluation starts when the students are assigned to the unit and continues until they leave that particular unit.
- The unit manager should orientate students to the unit so that they know what is expected of them.
- Each student is unique, therefore, the unit manager must know that no two students can be evaluated in the same way although the criteria are the same.
- Unit managers must know at which level of training the students are before they start with the evaluation process.
- Students should be told when they lack a skill, and assume responsibility for their actions.
- All students should be shown the progress report and know what is expected of them. The progress report is a teaching/learning tool and it should be treated as such and not be a secret document that is kept away from the students.

Unit managers as evaluators of students should be aware that student nurses are not in the units as workers but are there as students who have come to learn their profession (Unisa only study guide NUA202-R 1992:69-70; Jooste 1991:33-35).

Unit managers should give feedback to the students whether it's positive or negative. She should use the feedback sessions as teaching/learning opportunities. Student evaluation should give a true reflection of the student's performance and abilities. The unit manager should not be afraid to give a student very high or low marks if the student deserves that particular percentage.

2.7.5

**UNIT MANAGER'S KNOWLEDGE OF THE COURSE FOLLOWED BY STUDENTS AND PROBLEMS SURROUNDING THE COURSE**

Unit managers should be well informed about the training scheme that is in use in the schools of nursing, as this helps in the assessment of the needs of the students. They should attend in-service education days at the colleges to discuss the student's curriculum and problems. It is essential that each unit manager should have a copy of the students' syllabus and make use of the students' workbook and their learning objectives. The unit manager should see how the experience gained in her unit fits into the students' total training programme. Students are individuals. Even if they are at the same level of training, their needs differ. The age of the student must also be taken into consideration. Adolescent students may present with different needs from the older students. This consideration is essential, for younger students may be devastated when they have to nurse dying patients, whereas older students may not experience that as a problem. They might, however, present with the fear of not being able to cope with the course. Both these categories of students need encouragement and support from the unit managers. Students should be given guidance so that they can overcome stress and a sense of inadequacy (Perry 1996:196).

The unit manager should also be aware of the students' level of intelligence, culture and of their psychological background. This is important for it makes it easy for the unit manager to understand her students, although she may not know all of them. Some students may have language problems and the unit manager may think that they lack intelligence. Therefore the unit manager must be aware of this and she must have a non judgemental attitude (Perry 1974:198). The language problem is common in South Africa, especially when it comes to Black students who are doing their clinical practice in Afrikaans-speaking hospitals, because Afrikaans is their third language and they do not

understand it well. The unit manager should know that students learn at different rates and she should therefore accommodate slower-learning students. The nursing school should give academic support programmes in such instances. In some hospitals these academic support programmes have been implemented to help these students. It is, therefore, imperative for the unit manager, when assessing the student's progress and giving guidance, to know that many different factors are involved in the process.

#### 2.7.6 HOW STUDENT NURSES EXPERIENCE TEACHING/LEARNING IN THE UNITS

Students complain of lack of supervision and teaching in the units for they have a twofold function, that of being a student and a worker. It is this conflict in roles that is frustrating to a lot of students (Bezuidenhout 1988:16). The way the unit manager organises the work affects the students' learning and work in the units. Two students at the same level of training may be allocated to the same unit, but they may not learn at the same rate because of many factors. One of these is the amount of previous experience that each of these students might have. It is, therefore, the crucial role of the unit manager to assess students' individual needs before she draws up a programme for these students.

Learning is facilitated if the interest of the students is aroused. Students should, therefore, be encouraged to take an active part in their learning when they are in the units. Secondly, teaching in the units should be presented in a way that is understandable by students (Hincliff 1986:187; Bezuidenhout 1988:17-18).

Smith (1987:415) supports the above discussion with the results of her study which proved that students have different learning and emotional needs at different stages of their training, and that different units have

different experiences to offer, depending on the student's stage of training. This, of course, is influenced by the students' previous experiences. Students depend on the unit manager and other trained staff members to fill the gaps in their clinical experiences. Some are fortunate to get good unit managers who support and teach them, whereas others are not so fortunate. It is therefore, important that students should have the same or similar types of unit experience during their training.

Bezuidenhout (1988:35) investigated effective learning in the units as experienced by students. In her study she found that students appreciated units where the unit manager was actively involved in their training. They liked teachers who put pressure on them to work and learn. In this study it was found that not all unit managers were prepared to undertake such a teaching role and some of the teachers had little or no training at all for such a role.

Unit managers should act as motivating factors to the students. Students, especially those in the adolescent stage, like people who give them attention and act as role models to them. Students feel that they have learnt when someone tells them something or give a lecture. When it comes to covert learning very few students regard themselves as being taught. They view unit managers who teach them as caring and competent practitioners. Students prefer to do technical nursing rather than basic nursing. Basic routine procedures bore some students and they do not expect to learn when they are doing basic procedures (Marson 1984:15).

In his study, Windsor (1984) highlighted the importance of peer group teaching in the units. Students were mostly helped by their senior peers in the clinical environment. This is important because students should learn how to strengthen their relationship bonds and learn to work closer together. Students may start at this early stage to learn how to teach and

support one another in preparation for their roles as unit managers (Windsor 1987:154; Ogier 1982:31).

Sometimes trained staff have a tendency to label students as stupid or imply that they don't want to learn if they are slower in catching up with their peers. This is evident in some of the statements that are made by students when relating their experiences in the units, "When you first go in the ward, they are helpful, but if you don't progress as quickly as they think you should, they can turn around and be really nasty" (Melia 1987:70-71)

Sometimes one cannot blame the unit managers for this attitude because they have no prior preparation for their teaching role. It is the task of the tutors in the school and the clinical tutors to help these unit managers understand how students learn. Students find that things are done differently in the units from what they are being taught in the nursing schools. The emphasis seems to be on learning how the unit manager likes things to be done in the unit (Melia 1987:71). Students should be taught the basic principles at school and they should learn and be helped to apply these in the unit.

Students are, expected to do things in a short space of time and they are expected to fill in staff vacancies when there are absences. Students often complain that they never get a chance to work with the unit managers in some units; they are helped by their peers (Melia 1987:71). This is a pity because students are supposed to model their behaviour on the unit manager's behaviour. Unit managers are supposed to be supportive to students when they have problems related either to patient care or to their personal lives. They should be there for the students. Further, it is clear that unit managers are the persons responsible for setting a teaching climate in their units and that the units are the best learning laboratories for students as long as the atmosphere is positive

towards students' learning. Students become satisfied with units where there is some kind of learning. They are unlikely to make favourable comments about units which they feel are not orientated to their learning needs (Bezuidenhout 1988:41-44).

## 2.8

### **SUMMARY**

Clinical teaching is the most important function of the unit managers, because it lays the foundation for the improvement and maintenance of nursing standards. Student nurses should be taught right at the beginning of their training that the teaching function of the nurse is a sine qua non for the nursing function and they should be encouraged to develop this function during their nurse training days. Nursing can be effective only if the quality of the professional practice of unit managers is good and they are prepared to teach, to manage and to care for their patients effectively.

# **CHAPTER 3**

## **METHODOLOGY**

### **3.1 INTRODUCTION**

This chapter describes the procedures that were used to obtain the data needed for this study. It also describes the study design, the population, sampling techniques, the research instrument used, the pilot study as well as the ethical aspects involved.

### **3.2 THE RESEARCH METHODOLOGY**

A quantitative descriptive method of research was used in this study. The rationale for the use of this method is that the main objective of the study is to portray accurately the contributions of unit managers and the frequency with which certain phenomena occur in the training of student nurses (Polit & Hungler 1987:528). The questionnaire was quantitatively analysed to test the contribution of unit managers in the training of student nurses.

### **3.3 PERMISSION FOR THE STUDY**

For the researcher to gain information relating to the study in the institutions which are responsible for student nurse training in the Cape Peninsula, consent was obtained from the Director-General of Health in the Western Cape Province. Copies of the research proposal and the research instrument were included in the correspondence.

A letter granting permission for the study was received from the



Department of Health. After receipt of this letter, letters requesting permission for the study were written to the nursing colleges, hospitals and community health centres involved in training student nurses. After receiving letters of permission for the study from the colleges, hospitals and community health centres, arrangements were made to visit the different institutions. Documentation for the consent to do the study is attached in appendix (1).

### 3.4 **THE TARGET POPULATION**

The population consisted of unit managers who supervise student nurses in hospitals and community health centres in the Cape Peninsula as well as student nurses who are assigned to the different units for their clinical practica. The student nurses are supervised in the following disciplines, viz:-

- General nursing
- Midwifery
- Psychiatric nursing, and
- Community health nursing

The student population consisted of student nurses doing the four-year course and who are in their fourth year of study. These students are in training in the four nursing colleges in the Cape Peninsula, and are placed for their clinical practica in the health services which are situated around the Cape Peninsula.

### 3.5 **THE SAMPLING METHOD**

#### 3.5.1 **TARGET HOSPITALS AND COMMUNITY HEALTH CENTRES**

The Cape Peninsula has a number of hospitals which are affiliated to the nursing colleges in the area. Some of these hospitals are big and some are small.

These hospitals also serve as referral hospitals to the community health centres practising comprehensive health care and other smaller hospitals from the rural areas surrounding the Western Cape Province.

The nursing colleges send their students for clinical practice experience to some of these hospitals and community health centres in the Cape Peninsula. For the purpose of this study, four hospitals and three community health centres were selected, namely:

Health Service 1	=	Groote Schuur Hospital
Health Service 2	=	Valkenberg Hospital
Health Service 3	=	Tygerberg Hospital
Health Service 4	=	Lentegeur Hospital
Health Service 5	=	Emfuleni Community Health Care Centre
Health Service 6	=	Khayelitsha Community Health Care Centre
Health Service 7	=	Bishop Lavis Health Care Centre

These institutions were selected because most of the learning institutions and colleges send their students to these hospitals and community health centres for their different clinical experiences.

### 3.5.2 SELECTION OF STUDY UNITS

#### 3.5.2.1 *Selection of study units in the Health Services*

All the units which were used in the health services used in this study, for the training of student nurses were listed and a sampling frame was formed. Each health service had its own sampling frame. The units were randomly mixed so that each unit had an equal chance of being selected for the study. In each health service i.e. in hospitals 25 units were selected. In some hospitals more units were selected. The frame was made larger to include some of the unit managers working in their community based maternity units. In some community health services, because of their sizes, all the units were used.

***Table 3.1      Sampling and selection of study units in the Health Services***

<i>Health Services</i>	<i>Number of Units</i>	<i>Units included in sample</i>
1	60	30
2	50	25
3	60	30
4	50	25
5	2	2
6	6	3
7	2	2
<b>TOTAL</b>	<b>230</b>	<b>117    50,8%</b>

### **3.5.3      SELECTION OF RESPONDENTS**

#### **3.5.3.1      *Selection of student nurses***

Student nurses who were in their fourth year of study were selected for this research.

The respondents were chosen from fourth year students who were writing their final examinations in July and November 1995. Each college had its own sampling frame and every second student was selected from the frame. A total of 50 students per nursing college were chosen for this study. The total sample for the students was 200 (n = 200)

***Table 3.2      Total population and sample of student nurses***

<i>Nursing Colleges</i>	<i>Number of students</i>	<i>Students selected for the study</i>
01	96	50
02	95	50
03	100	50
04	80	50
	<b>371</b>	<b>200</b>

### 3.5.3.2 *Selection of unit managers*

#### 3.5.3.2.1 *In hospitals*

All unit managers working in the health service units which were selected as study units were selected for this study, thus each unit had a unit manager in the sample and if he/she was on leave, the second in charge was included in his/her place. In this sample there were 105 respondents (n = 105).

#### 3.5.3.2.2 *In the community health services*

Because community health centres have fewer unit managers, all the professional nurses working in the three community health centres were included in this study. 50 Unit managers were included for this section (n = 50).

***Table 3.3 Total population and sample of unit managers***

<i>Health Unit</i>	<i>Total No. of Unit Managers</i>	<i>Unit Managers included in sample</i>
01	105	25
02	110	30
03	75	25
04	80	25
05	40	25
06	35	15
07	10	10
	455	155

## 3.6 **THE DEVELOPMENT AND NATURE OF THE QUESTIONNAIRE**

A questionnaire developed by the researcher was used for this study. The researcher consulted the relevant literature and selected questions which were relevant to this study, prior to the formulation of the

questionnaire items.

Two computer-coded questionnaires, one for the unit managers (Category 01) and the other for students nurses (Category 02) were drawn up. Both these questionnaires have 50 similar items which were coded.

The questionnaire were used to test:

- The extent to which unit managers are involved in student teaching.
- Whether unit managers are prepared for this supportive and teaching function.
- Whether student nurses are satisfied with the clinical teaching they receive.

Both questionnaires were divided into five sections.

- The first section deals with the biographical data of the respondents.
- The second section deals with the preparedness of the unit managers for their teaching function.
- The third section deals with the involvement of the unit managers in teaching students.
- The fourth section deals with the assessment of student nurses' abilities by the unit manager.
- The fifth section deals with the provision of a learning climate in the unit by the unit managers and how students perceive this learning atmosphere.

Except for the profile of unit managers and student nurses the rest of the items were the same for both groups.

### 3.7 **MOTIVATING INDIVIDUALS TO TAKE PART IN THE STUDY**

Discussion with members of the target groups were planned. Top managers were very helpful in all the institutions. They were informed verbally and explanations were given on how to fill in the questionnaires. The managers then took the questionnaires and willingly distributed them

among the unit managers at a convenient time. After a month the questionnaires were collected from the management and this ensured a high return percentage although in some institutions this process took more than six months.

### 3.8 **PRE-TESTING THE QUESTIONNAIRE**

A trial run was done to test the clarity and content validity of the questionnaire.

Questionnaires were delivered to one hospital and given to ten unit managers. The same was done in one college where ten fourth-year students that were writing their final examinations in July 1995, were given the questionnaires to fill in.

The respondents were requested to look at the questionnaire critically and evaluate the contents of the questionnaire and give comments where necessary. Feedback from the respondents was that there were some spelling and language mistakes which were corrected.

### 3.9 **RELIABILITY AND VALIDITY OF THE INSTRUMENT**

Reliability and validity are the most important characteristics of a research instrument. An ideal instrument is one that results in measures that are relevant, accurate, unbiased, sensitive, unidimensional and efficient (Polit & Hungler 1991:365). The instrument used in this study has been tested for reliability and validity before the actual data was collected.

#### 3.9.1 **RELIABILITY**

Polit & Hungler (1987:316) described the reliability of an instrument as the degree of consistency with which it measures the attribute it is

supposed to measure.

### 3.9.2 CRONBACH ALPHA-COEFFICIENT

When a questionnaire is applied once only, the only kind of reliability that can be evaluated, is the so called internal consistency. The Cronbach Alpha Coefficients were computed for the entire scale (all 47 items : Question 4 to question 50) as well as for each of the four factors that rotated because the size of the Cronbach Alpha Coefficient is a function of the number of items in the scale. A meaningful comparison of alpha coefficients across scales is only possible when the alpha coefficients are adjusted (using the Spearman-Brown formula) to reflect what the alpha value would be for a fixed number of items, say 47 items. This is done in table 3.4 below.

***Table 3.4 A reflection of the alpha value for a fixed number of items***

<i>Factor</i>	<i>Cronbach Alpha Value</i>	<i>Alpha as estimated for 47 items</i>
Total scale	----	0,98
F1	0,951 (15)	0,98
F2	0,909 (9)	0,98
F3	0,907 (8)	0,98
F4	0,902 (6)	0,99

It is clear from table 3.4 that all the Cronbach Alpha values are very high which indicates that the constructs are measured reliably.

The trial run was also used to test the reliability of the instrument. The respondents in the pilot study answered all the questions and there were no major problems identified.

### 3.9.3 **VALIDITY**

Validity of the instrument is defined by Polit and Hungler (1987:538) as the degree to which an instrument measures what it is supposed to measure.

Face validity was applied to make sure that the instrument measures what it is supposed to measure. The instrument was critically evaluated by the supervisor of the study and corrections were made as suggested.

The instrument was also discussed with three clinical tutors and three area supervisors in the field. These were:

- One supervisor from the community health services
- Two supervisors from the obstetric and maternity services
- One tutor from the Colleges
- One clinical tutor from one hospital
- One tutor who accompanies students in a psychiatric unit

Any discrepancies and errors such as spellings and wrong word usage that were found were corrected.

A statistician from the university was also given the questionnaire and recommendations were made. These were included in the corrections.

### 3.10 **APPROACH TO STATISTICAL ANALYSIS OF RESULTS AND LEVEL OF SIGNIFICANCE**

In this study the Cronbach Alpha Coefficient was computed as an index of internal consistency. Such an index presumes that the group of items for which it is compiled (The questionnaire or a subsection of the questionnaire) measures a single dimension (factor or construct). It was therefore necessary to evaluate the dimensionality of the questionnaire by means of a factor analysis. If factor analysis should uncover a number of dimensions to the extent that these might be interpreted as dimensions around which the questions were generated, the construct or factorial validity of the questionnaire is verified.



When constructing the questionnaire, the following concepts were included in the questionnaire to answer the research questions:-

- Preparedness of the unit manager for her teaching function.
- The involvement of the unit manager in teaching student nurses.
- Drawing up a training programme for student nurses.
- Clinical teaching function of the unit manager.
- Assessment of the student nurses' abilities, and
- provision of a learning climate in the units.

In the present study all factors with an eigen value greater than 1.0 were extracted. This criterion for deciding on the number of factors to extract is referred to as the Kaiser rule (Mulder 1993:113). As it will be seen below, six factors were extracted, but only the first four were interpretable. Only the factor solutions giving the standardised regression coefficient will be reported and studied. These regression coefficients reflect the unique contribution of the factors to each item. It is however by studying the common nature of all items with high loadings on a factor, that the theoretical meaning of such a factor is discerned.

These regression coefficients are called factor loading and it was decided to consider all factor loadings of  $> 0.30$  as significant. This cut-off check point of 0.30 is to a large extent arbitrary and based on judgement by the researcher.

A principle factor analysis was performed on questions 4 to 50. The solution was rotated according to the promax criterion (Mulder 1993:115) and the matrix of standardised regression coefficient are shown in table 4.1. When the items having a high loading on the factors above is considered, it appears that the first four factors (F1 to F4) are represented by a substantial number of items. (See page 54).

### **3.11 COLLECTION OF DATA**

#### **3.11.1 ETHICAL CONSIDERATIONS**

When research studies involve individuals, the rights of the respondents should be protected. The rights of the hospitals and community health centres should also be considered. The hospitals and community health management will be informed of the research results before they are made public. Permission to make the results public will be requested.

#### **3.11.2 INFORMED CONSENT**

The prospective respondents were informed of the purpose and method of research and thus their voluntary participation in the study was ensured.

#### **3.11.3 FREEDOM FROM HARM**

All the participants in this study were ensured freedom from any harm be it physical or psychological.

#### **3.11.4 ANONYMITY OF ALL INFORMATION WAS MAINTAINED**

Research using human beings constitutes some degree of intrusion. People who divulge their personal views should be protected from public disclosure. All participants were assured that they would remain anonymous. The researcher is in no position to link the information to any particular individual. Anonymity of all information divulged will be maintained.

#### **3.11.5 THE METHOD OF DISTRIBUTION AND RETURN OF THE QUESTIONNAIRES**

##### **3.11.5.1 *The unit manager's questionnaire***

At the end of February 1995, the questionnaires were ready for distribution to the various organisations. A planned program of distribution was drawn up. The different institutions were phoned and

appointments were made with the contact persons who were members of senior management. The questionnaires were discussed with them after which they agreed to help with the distribution of the questionnaires to the pre-selected respondents. After some discussions the dates for the collection of the questionnaires were set up. This assistance from top management was appreciated, the more so as it also helped with the high return rate of questionnaires. In some health services, because of a low return rate of the questionnaires a second batch of questionnaires, were sent to try and improve the return rate, which indeed improved, as can be seen in table 3.5.

***Table 3.5 Return of questionnaires from unit managers***

<b><i>FIRST ROUND</i></b>			<b><i>SECOND ROUND</i></b>		
<i>Health Service</i>	<i>Questionnaires sent</i>	<i>Questionnaires returned</i>	<i>Questionnaires sent</i>	<i>Questionnaires returned</i>	<i>Total returns for both rounds</i>
1	30	28	-	-	28
2	25	-	25	20	20
3	25	24	-	-	24
4	25	17	10	-	17
5	10	9	-	-	9
6	25	22	-	-	22
7	15	8	-	-	8
<b>TOTAL</b>	<b>155</b>	<b>108</b>	<b>35</b>	<b>20</b>	<b>128</b>

### 3.11.5.2 *The student nurse's questionnaire*

The contact persons as indicated by the college principals in the different colleges were contacted for appointments to deliver the questionnaires to the fourth year students. In Colleges where the students were studying theory according to the system, the class tutors willingly assisted the researcher with the distribution of the questionnaires to the students at a

convenient time for the class. This help was appreciated and at a pre-arranged date the questionnaires were returned to the researcher.

At colleges where the fourth year students were busy with psychiatric nursing practice, the clinical tutors took the questionnaires and distributed them among the students. The researcher fetched the completed questionnaires from the clinical tutors.

*Response Rate:*

***Table 3.6***      *Questionnaires returned and response rate*

<i>Questionnaires</i>	<i>Category 01</i>	<i>Category 02</i>	<i>Total</i>
Number despatched	155	200	355
Number returned	128	146	274
Return %	82%	68%	77,1%

3.12

### **CODING OF COMPLETED QUESTIONNAIRES**

Each item in the questionnaire was given a code number. A computer analyst at the university did the coding and statistical analysis of the items in the questionnaires.

3.13

### **SUMMARY**

In this chapter the methodology and the construction of the research instrument were discussed. In Chapter 4 the analysis of the data will be discussed.

## **CHAPTER 4**

### **DATA ANALYSIS AND DISCUSSION OF THE RE-SEARCH FINDINGS**

#### **4.1 INTRODUCTION**

The purpose of this study was to determine the involvement of the unit managers in clinical teaching of student nurses in the units. The preparedness of unit managers for their teaching function as well as the satisfaction of student nurses with the clinical learning opportunities presented to them, was also investigated. The discussion that follows is based on the analysis of data collected through questionnaires distributed to both unit managers and student nurses in the above-mentioned health service units, and include:-

- The profile of the respondents
- The discussion of the items in the questionnaire according to their arrangement in factors as it evolved in the factor analysis

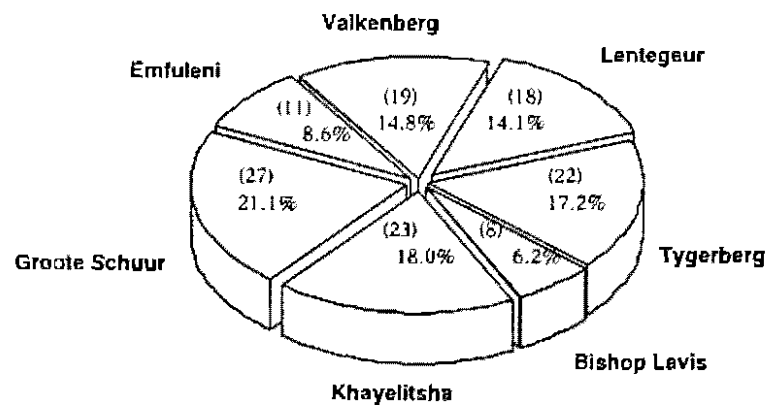
The rotation of the items into factors is displayed in table 4.4. Although six factors rotated, only four were represented by a substantial number of items. Therefore, the items in these four factors will be discussed first, followed by the other items, in the sequence in which they appear in the questionnaire.

#### **4.2 PROFILE OF THE SAMPLE**

##### **4.2.1 UNIT MANAGERS**

In Chapter 3 the sampling plan for including unit managers in this study was described and motivated. In total 180 questionnaires were distributed and 128 unit managers responded. The response rates for unit managers per health service organisation are given in the pie chart below.

#### 4.2.1.1 *Distribution of the response rate of unit managers in the different health services*



**Figure 4.1** *Distribution of unit managers (n = 128)*

From the pie chart it is clear that most of the health services which are used for student nurse training at present in the Cape Peninsula were represented in the study.

#### 4.2.1.2 *Age distribution of unit managers*

The age distribution of unit managers is shown in table 4.1.

**Table 4.1** *Age distribution of unit managers in years*

	<i>Frequency</i>	<i>Percentage</i>
20 - 29	6	4.7
30 - 39	62	48.4
40 - 49	50	39.1
50 - 63	9	7.0
Missing	1	0.8
<b>TOTAL</b>	<b>128</b>	<b>100%</b>

The ages of unit managers ranged from 24 years to 63 years with a mean of 38.7 years. It is clear that approximately 87% of the unit managers in this study were between the ages of 30 - 49 years. It can thus be assumed that most of the unit managers were mature and had the necessary experience.

#### 4.2.1.3 *Professional qualifications of unit managers*

The professional qualifications of the unit managers are tabled below.

***Table 4.2 Professional qualifications of unit managers***

<i>Professional qualifications</i>	<i>Frequency</i>	<i>Percentage</i>
General nursing	123	96.9%
Midwifery	111	87.4%
Community health	51	40.2%
Psychiatric nursing	56	44.1%
Nursing education	11	8.7%
Nursing administration	19	15.0%
Clinical teaching	0	0.0%
Other	33	26.0%

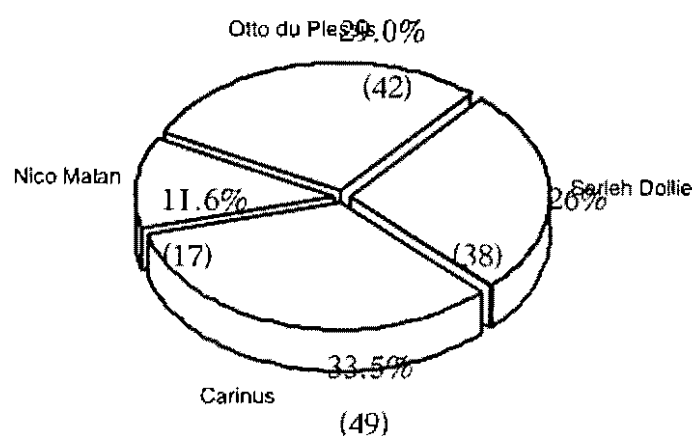
The following is observed:-

- The majority of the unit managers (96.9%) who participated in this study were trained in general nursing and 87.4% were trained in midwifery. This is a normal pattern because the majority of the respondents were trained before the introduction of the four-year comprehensive course which leads to registration as a nurse (general, psychiatric and community) and midwife (SANC R425:1985).
- A relatively small number of unit managers, namely 8.7% were trained in nursing education. This is a post-basic qualification, which is done full time or part time at universities, and few unit managers take study leave to train in this speciality.
- None of the respondents had a qualification in clinical teaching and unit administration. This is to be expected as this course is no longer presented as a speciality. It is now included in the basic training course (SANC R881:1975).
- Only a small percentage of unit managers (15%) were trained in nursing administration. This course is also done as a post-basic course at university level.

## 4.2.2 STUDENT NURSES

The inclusion of the student nurses in this study was discussed in Chapter 3. In total 200 questionnaires were sent to students and 146 student nurses responded. The pie chart below gives a breakdown of the responses per nursing college:-

### 4.2.2.1 *Distribution of the responses of student nurses in the nursing colleges*



**Figure 4.2** *Distribution of the response rate of student nurses per nursing college (n = 146)*

It is observed from figure 4.2 that all four nursing colleges in the Cape Peninsula were adequately represented in the sample.

## 4.2.3 AGE DISTRIBUTION OF STUDENT NURSES

The age distribution of the student nurses who responded to the questionnaire is displayed in table 4.3.



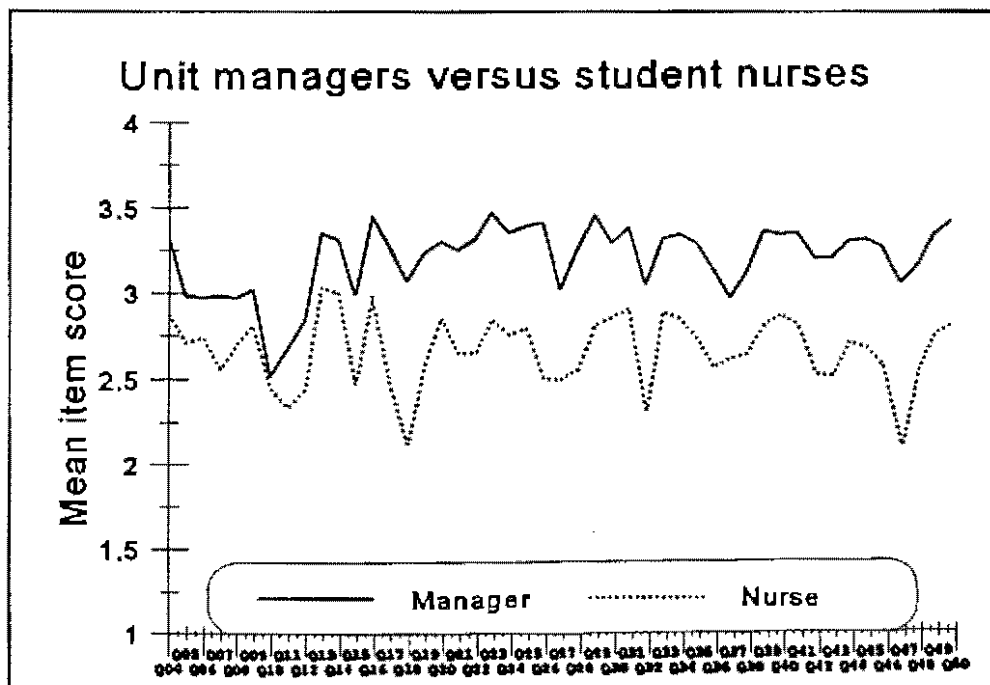
**Table 4.3**      *Age distribution of the student nurses*

Age	Frequency	Percentage
19 - 29	123	84.2%
30 - 39	5	3.4%
40 - 46	3	2.1%
Missing	15	10.3%
<b>TOTAL</b>	<b>146</b>	<b>100%</b>

The majority of the student nurses (84.2%) were between the ages of 19 years and 29 years and the average age was 23.8 years. Only a few students (2.1%) were between the ages of 40 and 46 years. This is to be expected because student nurses have to be below the age of 40 years when they start their training. These students were in their fourth year of study. It would seem as though most of the students commenced their training at the age of 19 years. The students can thus be regarded as a young group, consisting of adolescent individuals with all the emotional and intellectual insecurities which are inherent in this age group.

4.3

### COMPARISON OF GROUP MEANS BY F TEST



**Figure 4.3**      *Comparison of perceptions of student nurses and unit managers*

The responses of the two groups, namely unit managers and student nurses were compared regarding the mean response on the four-point scale which was utilized. For such a test of difference between independent groups, the one way analysis of variance (ANOVA F Test) was done (Polit & Hungler 1987:408). In figure 4.3 the perceptions of unit managers and student nurses were compared regarding each question (4 to 50) - see appendix B. The results are depicted in figure 4.3. It appears that unit managers scored generally higher on the four point scale than the student nurses.

As most of the items showed a significant difference between the unit managers' and student nurses' perceptions, and as the profile showed the managers to be an experienced, mature group and the students still an insecure adolescent group, it was decided not to pay too much attention to these significant differences brought about by the analysis of variance. It was decided rather to see where the real differences between the perceptions of two groups lay, according to the random percentage scores obtained. A cut-off point of a 25% difference was used for this purpose.

#### 4.4

### **THE FACTOR ANALYSIS FINDINGS**

The results of the factor analysis which shows the grouping of items in four distinct groups are shown in table 4.4 (page 54).

**Table 4.4**      *Results of factor analysis*  
*(Six factor, promax rotated, solution:*  
*Standardised regression coefficients (n = 275)*

QUESTION	F1	F2	F3	F4	F5	F6
Q25	0.94	-0.00	-0.11	-0.08	0.01	0.06
Q23	0.79	-0.04	-0.13	0.20	0.06	-0.05
Q24	0.70	-0.08	-0.01	-0.04	0.02	0.10
Q26	0.63	0.02	0.11	0.11	-0.05	0.04
Q30	0.58	0.10	0.22	-0.06	0.05	-0.12
Q29	0.55	0.15	0.03	0.05	0.10	-0.01
Q28	0.54	0.03	0.07	0.23	0.01	0.03
Q22	0.53	-0.16	0.11	0.15	0.08	0.09
Q35	0.52	0.09	0.25	-0.02	-0.00	0.11
Q45	0.52	0.12	0.07	0.27	-0.11	0.08
Q46	0.43	0.15	0.22	0.15	-0.06	0.09
Q31	0.42	0.13	0.24	-0.15	0.12	-0.01
Q34	0.41	-0.09	0.30	0.04	0.24	0.04
Q47	0.39	0.07	0.13	0.16	-0.01	0.06
Q16	0.35	0.14	0.00	0.18	0.25	0.03
Q5	-0.00	0.83	0.18	-0.00	0.10	0.14
Q10	-0.08	0.80	0.24	-0.11	-0.12	0.02
Q9	0.08	0.71	0.15	-0.18	-0.05	-0.07
Q11	-0.06	0.65	0.21	0.01	-0.03	-0.00
Q7	0.14	0.64	-0.13	0.20	-0.00	-0.07
Q8	0.03	0.64	0.03	0.06	0.17	-0.15
Q6	-0.10	0.57	-0.09	0.18	0.23	0.08
Q12	-0.13	0.53	0.23	0.19	0.07	0.00
Q4	0.25	0.52	-0.13	-0.07	0.15	0.07
Q27	0.16	0.27	0.26	0.22	-0.04	0.03
Q37	-0.13	0.00	0.76	-0.06	0.00	0.20
Q36	0.11	-0.01	0.64	0.02	0.14	0.09
Q43	0.30	-0.03	0.51	0.07	-0.04	0.14
Q42	0.23	0.19	0.49	0.12	-0.15	-0.08
Q32	0.19	0.11	0.49	0.16	-0.06	-0.10
Q41	0.06	0.20	0.44	-0.03	0.02	0.18
Q33	0.26	-0.01	0.43	-0.01	0.26	-0.12
Q44	0.34	0.04	0.38	0.19	-0.07	0.04
Q18	0.08	-0.04	0.16	0.69	0.01	0.03
Q20	0.26	-0.02	-0.11	0.67	0.03	-0.00
Q19	0.15	0.02	0.17	0.61	0.10	-0.13
Q21	0.36	-0.09	-0.02	0.54	0.12	0.00
Q17	0.22	0.09	0.10	0.49	0.08	-0.00
Q49	0.20	0.14	0.03	0.45	-0.14	0.23
Q48	0.23	0.06	0.25	0.29	0.06	0.08
Q14	0.19	0.06	0.01	-0.02	0.71	0.01
Q13	0.08	0.11	-0.00	0.06	0.70	0.08
Q15	0.07	0.22	0.23	0.29	0.28	0.13
Q39	0.39	0.04	0.13	-0.08	0.13	0.50
Q40	0.29	-0.01	0.20	0.05	0.01	0.47
Q38	0.02	-0.12	0.43	0.04	0.14	0.45
Q50	0.23	0.07	0.18	0.33	-0.27	0.28

4.4.1

**ANALYSIS OF ITEMS IN FACTOR 1**

Factor 1 contains 15 items which deal with the support that is given by the unit managers to students to meet their training needs. These items will be discussed individually and the perceptions of both groups on the different items will be highlighted.

***Table 4.5 Support of students in meeting training needs (n = 275 unit managers and student nurses)***

<i>Item Number</i>	<i>Factor loading</i>	<i>Item</i>
Question 25	0,94	Assisting students to make decisions related to patient care.
Question 23	0,79	Explaining the reason for specific treatment of patients.
Question 24	0,70	Working with students on occasions.
Question 26	0,63	Providing appropriate support to students.
Question 30	0,58	Involving students in drawing up patient care plans.
Question 29	0,55	Being a role model to students.
Question 28	0,54	Ensuring that students' needs are met.
Question 22	0,53	Giving guidance while students perform procedures.
Question 35	0,52	Involving students in writing problem-orientated records.
Question 45	0,52	Acting as counsellor to students regarding patient care.
Question 46	0,43	Acting as counsellor to students regarding unit management.
Question 31	0,42	Using team nursing to enhance individualised nursing care.
Question 34	0,41	Discussing patients' treatment when handing over report.
Question 47	0,39	Acting as counsellor when students have personal life problems.
Question 16	0,35	Knowing the level of training of the students.

4.4.1.1 Question 25: *Students are assisted to make decisions related to patient care*

Table 4.6 depicts the perceptions of the respondents on this item. The difference between the perceptions of the two groups as reflected in table 4.6 is 26%. It is noted in table 4.6 that a high percentage of unit managers (125) 98.4% compared to (102) 72.9% student nurses agree that student nurses were assisted in making decisions related to patient care.

Table 4.6      *Comparison of perceptions between unit managers and student nurses regarding assistance when making decisions related to patient care*

	<i>Unit managers      n = 127</i>		<i>Student nurses      n = 140</i>	
Agree	125	(98.4%)	102	(72.9%)
Disagree	2	(1.6%)	38	(27.1%)
TOTAL	127	100%	140	100%

The significant difference which occurred between the two groups regarding this matter may be ascribed to the fact that although unit managers feel that they give the necessary assistance, the students do not perceive it as such. The students may lack the necessary background knowledge which the unit manager may think they should possess, with the result that the teaching which the unit manager does, is not perceived to be of value by the student, as intended by the unit manager. According to Marson (1984:13) the unit manager is the most suitable person to teach skills of nursing because she is a team leader and has the necessary experience. Yet one finds some unit managers who feel they do not want to teach and some who feel that they do not know how to teach.

4.4.1.2 Question 23: *The reason for specific treatment of a patient is explained*  
Unit managers should explain the reasons for the specific treatment of

patients to student nurses.

**Table 4.7**      *Comparison of perceptions between unit managers and student nurses on explanation of the reasons for specific patient treatment*

	<i>Unit managers      n = 128</i>		<i>Student nurses      n = 139</i>	
Agree	127	(99.3%)	106	(76.3%)
Disagree	1	(0.7%)	33	(23.7%)
<b>TOTAL</b>	128	100%	139	100%

A very high percentage of unit managers (127) 99.3% agreed that the patient's treatment is discussed with students. This fact is supported by (106) 76.3% of the student nurses. Although there is not a significant difference detected here, 23% is still a notable difference. This would indicate that in accordance with the previous item relating to assistance as far as making patient care decisions, the immature and insecure students may not possess the necessary self-confidence to ask questions where they do not understand certain explanations and/or that they do not understand what the unit manager is imparting to them, because of a lack of background knowledge. According to Bezuidenhout & Basson (1992:20) unit managers should regulate the unit activities to accommodate teaching in the units at all costs. For students to be able to give quality patient care they have to know why specific treatments are given to the patients.

**4.4.1.3**      **Question 24:** *Students are assisted by unit managers working with them on occasions*

It is important that unit managers should work with students regularly to monitor their progress.

**Table 4.8** *Comparison of perceptions of unit managers and student nurses regarding unit managers' assistance with work alongside students*

	<i>Unit managers</i> <i>n = 127</i>		<i>Student nurses</i> <i>n = 138</i>	
Agree	118	(92.9%)	98	(71.1%)
Disagree	9	(7.1%)	40	(28.9%)
<b>TOTAL</b>	127	100%	138	100%

It is clear that most unit managers (92.9%) indicated that they do work with the student nurses on occasions. This was supported by 71.1% of the student nurses. According to Sullivan & Decker (1992:57) unit managers have to monitor the performances of their subordinates and take steps to correct any deviations timeously, although they should avoid intervening too frequently. The difference between the responses of the two groups is less than 25%. Working together of student nurses and unit managers assist students to reach professional maturity.

4.4.1.4 *Question 26: Appropriate support is provided to students when a patient's condition deteriorates*

Table 4.9 compares the responses of unit managers and student nurses on providing the above-mentioned support.

**Table 4.9** *Comparison of perceptions between unit managers and student nurses on provision of support to students when a patient's condition deteriorates*

	<i>Unit managers</i> <i>n = 127</i>		<i>Student nurses</i> <i>n = 136</i>	
Agree	123	(96.9%)	74	(55.4%)
Disagree	4	(3.1%)	62	(44.6%)
<b>TOTAL</b>	127	100%	136	100%

A high percentage of unit managers (96.9%) agreed that they do give support to the students. On the other hand only 55.4% of the students agreed. Almost half the students (64) 44.6% felt that they do not get the

necessary support from the unit managers. This significant difference of 41.5% may be due to a number of factors. Sometimes students are seen as an extra pair of hands because of staff shortages in the units. There are times when the senior students are left in charge of units, especially during the night, and the unit manager is in charge of more than one unit. The students are therefore left alone to make their own decisions about patient care.

In some units one finds the unit managers busy with unit administration which often leaves little time for assisting students in the units. She attends to the patients only when she is needed or when she is doing unit rounds.

Students sometimes do not see the unit manager as a resourceful person, therefore they may not ask her for any explanations about the patient's condition (Mellish 1992:188; Jooste 1991:17). This problem highlights the importance of good interpersonal relations in the units. It is important that unit managers should intervene when students experience patient care difficulties.

4.4.1.5 *Question 30: Students are involved in drawing up patient care plans for individual patients*

Drawing up patient care plans for individual patients is essential for delivering quality care.

***Table 4.10*** *Comparison of perceptions between unit managers and student nurses regarding student's involvement in drawing up individualised patient care plans*

	<i>Unit managers</i> <i>n = 126</i>		<i>Student nurses</i> <i>n = 139</i>	
Agree	121	(96.0%)	101	(72.7%)
Disagree	5	(4.0%)	38	(27.3%)
<b>TOTAL</b>	126	100%	139	100%



From table 4.10 it is encouraging to note that a high percentage of unit managers (96.0%) involve student nurses when drawing up nursing care plans for individual patients. The fact that 72.7% of the students agreed that they are involved with drawing up care plans for the patients is encouraging. The difference between the responses of the unit managers and student nurses (23.3%) is not significant but notable.

#### 4.4.1.6

##### **Question 29: *Acting as a role model to the students when performing tasks***

It is important that students should be able to model their behaviour on the actions of the unit managers.

**Table 4.11     *Comparison of the perceptions of unit managers and student nurses on the role-modelling function of the unit manager***

	<i>Unit managers     n = 127</i>		<i>Student nurses     n = 139</i>	
Agree	125	(98.5%)	94	(67.6%)
Disagree	2	(1.5%)	45	(32.4%)
<b>TOTAL</b>	<b>127</b>	<b>100%</b>	<b>139</b>	<b>100%</b>

The difference between the unit managers' perceptions and those of student nurses regarding role modelling is 30.9% and is significant. Although 98.5% of unit managers are of the opinion that they do act as role models to the students when performing tasks, 32.4% of the students did not agree with this statement. In some units when the student do their procedures according to the way they were taught at school, they are viewed as slow by other members of the team. Students have to adopt the short-cut methods that are done in the units for certain procedures in order to be accepted in the units. Sometimes the unit managers also apply these short-cut methods. Some unit managers would

rather delegate functions to the nursing assistants than to student nurses because they fear that the students might take a longer time to do a certain procedure.

Unit managers have to set the tone on how things are done in the units in order to ensure quality patient care.

#### 4.4.1.7

#### ***Question 28: The students' needs for clinical teaching are met***

Meeting the students' learning needs for clinical teaching is the reason for their being allocated to the different units. In table 4.12 the perceptions of the respondents are indicated.

***Table 4.12 Comparison of perceptions between student nurses and unit managers regarding meeting of students' clinical teaching needs***

	<i>Unit managers</i> <i>n = 126</i>		<i>Student nurses</i> <i>n = 139</i>	
Agree	118	(93.6%)	79	(56.8%)
Disagree	8	(6.4%)	60	(43.2%)
<b>TOTAL</b>	126	100%	139	100%

It is noted with concern that a significant percentage (43.2%) of the students felt that their needs for clinical teaching are not met, in some units. The difference in opinion is 36.8% which is significant. This causes concern as it is important that students should be taught things that are relevant to their learning needs and are not bogged down by being taught things that are beyond their level of comprehension (Jooste 1991:11-12). This may be attributed to the fact that sometimes unit managers may not involve students when they plan their learning needs, and students on the other hand may not know that the unit manager has planned with due consideration of their learning needs. Sometimes because of staff shortage, the unit managers do not get time to teach

students because they are busy with other pressing issues like patient care. In some instances unit managers plan teaching activities with the students but never get the time to actually present them.

4.4.1.8 *Question 22: Guidance during students' performance of a procedure*  
Students need to be guided when performing procedures. Responses to this issue are portrayed in table 4.13.

***Table 4.13 Comparison of perceptions between unit managers and student nurses regarding guidance during performance of procedures***

	<i>Unit managers</i> <i>n = 127</i>		<i>Student nurses</i> <i>n = 139</i>	
Agree	123	(96.8%)	89	(64.1%)
Disagree	4	(3.2%)	50	(35.9%)
<b>TOTAL</b>	127	100%	139	100%

The difference between the students' and the unit managers' perceptions on this item is 32.7% which is significant. Unit managers (96.8%) indicated that they give guidance to students, while performing procedures in the units. This is opposed by a substantial number of students (35.9%) who felt that they are not receiving any guidance while they are doing procedures. Bezuidenhout & Basson (1992:28) argues that the unit provides an ideal setting for learning because students have an opportunity to work in close contact with specialists in the field. Correlation of theory and practice should take place in the units so that the practice becomes meaningful and students get the necessary experience, because it is in the units where nursing becomes a reality. The difference in opinions regarding this matter may be due to some unit managers regarding the college tutors as the main training agents of students. They believe that they are only expected to assist the students when they

have problems while performing procedures which have already been taught to them. Students' expectations are that the unit managers must guide them through the procedures. It is sometimes not realistic to expect the unit managers to teach and guide all the students that are allocated to their units, if one takes into consideration the fact that our units are short-staffed. The unit manager hardly has time to supervise all students as she has to be involved in clinical work and the management of the unit. It is, however, realistic to expect unit managers to do the necessary inspections and give advice on procedures performed, especially if they differ from what is taught at the college. To combat this problem, some colleges have clinical tutors who follow up the students in the units although they cannot spend a lot of time with one student, because of staff constraints.

#### 4.4.1.9

#### ***Question 35: Involvement of students in writing problem-orientated records***

In table 4.14 the involvement of students in writing problem-orientated records is indicated.

***Table 4.14 Comparison of the responses of unit managers and student nurses regarding the involvement of student nurses in writing problem-orientated records***

	<i>Unit managers</i> <i>n = 121</i>		<i>Student nurses</i> <i>n = 138</i>	
Agree	114	(94.2%)	90	(65.2%)
Disagree	7	(5.8%)	48	(34.8%)
<b>TOTAL</b>	<b>121</b>	<b>100%</b>	<b>138</b>	<b>100%</b>

It is observed from table 4.14 that 65.2% of the students are being shown how to write problem-orientated records. On the other hand 34.8% of the students feel that they are not involved in writing problem-orientated reports. The difference between the two groups of

respondents is 29% and is significant. This difference may be ascribed to the lack of communication between the two groups. Moreover in some health institutions the forms that are in use do not give any guidance to the students on how to write out the patient records. In other organisations the forms are more user-friendly.

It is easy for a student to write problem-orientated records when there is guidance either from the form she is using or from the unit manager. Sometimes the forms that are provided are not used properly because the students do not spell out the problems that the patient encountered during that particular day and what was done to solve them. Sometimes it is felt that it is a waste of time to write out or fill in the whole form as stipulated.

According to Bezuidenhout (1988:23) unit managers have to teach students to observe any untoward changes in the patient's condition and to act calmly and swiftly, in a caring manner. Any deviations from the normal should be recorded and reported to the senior nurse in charge at that moment. The choice sometimes lies with the students to make full use of these teaching/learning opportunities.

4.4.1.10 *Question 45: Acting as counsellor to students experiencing problems related to patient care*

The opinions on the role of the unit manager as counsellor to students who have problems related to patient care are displayed in table 4.15.

**Table 4.15** *Comparison of the perceptions of unit managers and student nurses regarding the support given to students when they experience problems related to patient care*

	<i>Unit managers</i> <i>n = 127</i>		<i>Student nurses</i> <i>n = 139</i>	
Agree	121	(95.3%)	94	(67.6%)
Disagree	6	(4.7%)	45	(32.4%)
<b>TOTAL</b>	127	100%	139	100%

It is observed that 95.3% of unit managers felt that it is important to support students when they have problems related to patient care and only 67.6% of the students agreed that they get this type of support. The difference between the perceptions of the two groups is 27.7% which is significant. Unit managers should be available to support the students when they have problems related to patient care. The problem may be detrimental to the patients' health and therefore, the unit manager must intervene before the patients' well-being is affected by the problem that the student encounters. Sometimes students may not be skilled enough to give certain treatments to the patient (for example administering intravenous treatments). The unit manager must always support students to avoid any danger to the patients' health and to avoid lowering the morale and self-esteem of the student.

From the responses to this question and questions 25 and 26, it is clear that students feel that they are not supported by unit managers when they have difficulties related to patient care. This needs to be looked into because unit managers should create a learning environment that allows students to learn without constraints and to feel free to contact the unit manager at any time and talk about their problems and deficiencies in nursing skills.

4.4.1.11 ***Question 46: Acting as counsellor to students who have problems related to the management of the unit***

It is important that students should be supported when they have problems relating to unit management.

***Table 4.16 Comparison of the responses of the unit managers and student nurses regarding support when unit management problems are experienced***

	<i>Unit managers      n = 126</i>		<i>Student nurses      n = 139</i>	
Agree	118	(93.6%)	80	(57.5%)
Disagree	8	(6.4%)	59	(42.5%)
<b>TOTAL</b>	<b>126</b>	<b>100%</b>	<b>139</b>	<b>100%</b>

Although a high percentage of unit managers said that they counsel students when they have problems related to unit management, according to table 4.16, 42.5% of the student nurses disagreed. The difference (36.1%) between the perceptions of the students and unit managers is significant.

This difference of opinion may be caused by lack of communication between unit managers and student nurses. Sometimes when students have a query relating to the unit management they feel that they are viewed as being difficult to get along with. Students leave some units without learning what good unit management is, for fear of being labelled troublesome if they ask too many questions.

Unit managers, on the other hand, may feel that it is not their duty to teach students unit management but that of the college tutors because it is part of their training curriculum. Unit managers must remember that it is in the units where students correlate the theory they have learnt at the college and practica they receive in the units. For example, students may be taught off-duty scheduling in the college, but it is in the units where the student has to learn the real importance of off-duty scheduling and the problems associated with making out duty schedules. Sullivan & Decker (1992:55-56) claim that unit managers have to organise their units in such a way that appropriate staff members with the necessary

skills are allocated in each shift according to the needs of the unit. There should always be someone to supervise and educate the students in the units so that when they are trained they know what good unit management is all about.

4.4.1.12 ***Question 31: Utilisation of team nursing in order for individualised patient care to be realized***

Students have to be taught what team nursing is and how it is implemented in the units. Table 4.17 displays the opinions of both unit managers and student nurses regarding this issue.

***Table 4.17: Comparison of perceptions of the unit managers and student nurses on the utilisation of team nursing for the realisation of individualised patient care***

	<i>Unit managers      n = 124</i>		<i>Student nurses      n = 138</i>	
Agree	119	(95.9%)	109	(79.0%)
Disagree	5	(4.1%)	29	(21.0%)
<b>TOTAL</b>	<b>124</b>	<b>100%</b>	<b>138</b>	<b>100%</b>

Both the unit managers (95.9%) and the student nurses (79%) agreed that team nursing is used in the units for the benefit of the patient. The difference in opinions between the two groups (16.9%) is not meaningful, therefore there is an agreement that unit managers do perform this important nursing function.

4.4.1.13 ***Question 34: Discussing patients' treatment when handing over reports***

In table 4.18 the fact that unit managers inform the other members of staff about the patients' treatment when she is handing over a report, is discussed.



***Table 4.18: Comparison of the perceptions of unit managers and student nurses on the discussion of patients' treatment during handing over of reports***

	<i>Unit managers</i> <i>n = 124</i>		<i>Student nurses</i> <i>n = 140</i>	
Agree	118	(95.1%)	102	(72.8%)
Disagree	6	(4.9%)	38	(27.2%)
<b>TOTAL</b>	124	100%	140	100%

It seems that 95.1% of the unit managers and 72.8% of the student nurses agreed that the patients' treatment is discussed with the students when handing over reports. There is not a significant difference but a notable difference of 22.3% between the opinions of the two groups. It may thus be that students are not instructed as well as need be regarding patients' treatments.

#### 4.4.1.14

***Question 47: Counselling student nurses who experience problems relating to their personal life.***

Students need to be supported when they have personal problems. This is displayed below in table 4.19.

***Table 4.19: Comparison of the perceptions of the unit managers and the student nurses on counselling of students when experiencing personal problems***

	<i>Unit managers</i> <i>n = 123</i>		<i>Student nurses</i> <i>n = 137</i>	
Agree	90	(73.2%)	51	(37.2%)
Disagree	33	(26.8%)	86	(62.8%)
<b>TOTAL</b>	123	100%	137	100%

It is observed with concern in table 4.19 that 62.8% of the student nurses felt that they do not get the necessary support from unit managers when they have problems relating to their personal life. Of the unit managers 26.8% felt that it is not their duty to counsel students when they have

personal problems. These unit managers may feel that they are not competent enough to handle other people's personal problems. They may feel that they did not receive the necessary psychological training and can only give general guidance based on their own life experiences, which may not adequately address the problems of the students, since they are of another generation. Tutors in the colleges have to make sure that there is a counselling centre for students in the colleges or health care centre to which unit managers can refer the students who have personal problems. It is difficult for the unit manager to have time to solve the problems of all the students that come to the unit. Unit managers have to show students that they care and have to refer them to the relevant counselling centres. The tutors should support the unit managers in this regard and should organise referral sources for the students and take the pressure off the unit managers.

#### 4.4.1.15

#### ***Question 16: Knowledge of the training level of students who come to the unit in order to meet learning needs***

Students' learning needs should be met in the units and unit managers should make provision for the students who come to their units.

***Table 4.20: Comparison of the perceptions of unit managers and student nurses regarding the knowledge of the training level of students who come to the unit, in order to meet their learning needs.***

	<i>Unit managers</i> <i>n = 128</i>		<i>Student nurses</i> <i>n = 140</i>	
Agree	126	(98.4%)	112	(80.0%)
Disagree	2	(1.6%)	28	(20.0%)
<b>TOTAL</b>	<b>128</b>	<b>100%</b>	<b>140</b>	<b>100%</b>

In table 4.20, 98.4% of the unit managers and 80.0% of the student nurses agreed that the unit managers are knowledgeable about the training level of students who come to the unit. This allows the unit manager to meet the students' training needs. It can be assumed that unit

managers do teach students in the units according to their learning needs. This may be due to a good working relationship between the colleges of nursing and the unit managers. This is important because unit managers are in a position to draw up an orientation programme which will cater for the learning needs of student nurses if they are cognisant of the training level of students allocated to their units.

#### 4.4.2 ANALYSIS OF ITEMS IN FACTOR 2

Factor 2, as can be seen from table 4.21, deals with the preparation of the unit manager for her teaching function.

***Table 4.21: Preparation of unit manager for unit teaching and advancement***

<i>Item Number</i>	<i>Item loading</i>	<i>Item</i>
Question 5	0,83	Participating in drawing up educational programmes for trained staff.
Question 10	0,80	Organising symposia.
Question 9	0,71	Attending symposia.
Question 11	0,65	Attending college to be informed of student's training programme.
Question 7	0,64	Drawing up educational programmes for other categories of staff.
Question 8	0,64	Presenting in-service education programmes.
Question 6	0,57	Drawing up educational programmes for students.
Question 12	0,53	Going to college to update herself on student training matters.
Question 4	0,52	Attending in-service courses for trained staff.

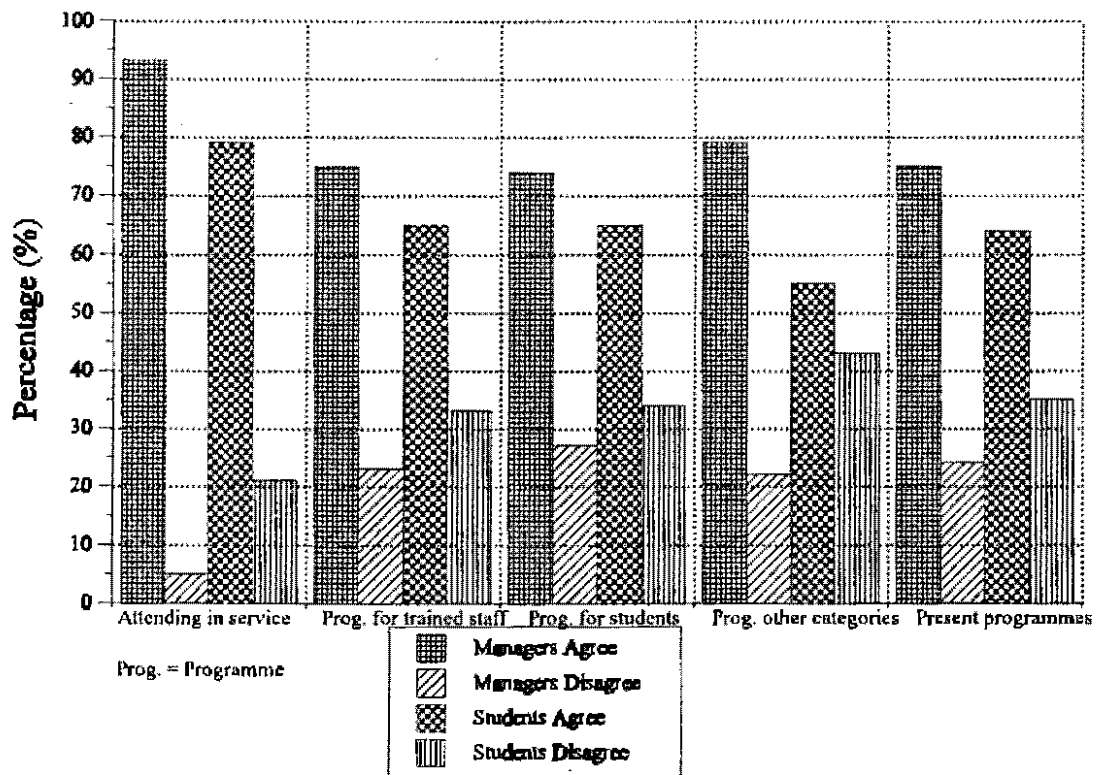
Two methods for preparing unit managers for their teaching role will be displayed in bar graphs. The two methods identified were:-

- Utilising in-service training.
- The preparation of the unit manager outside the unit.

#### 4.4.2.1 *Discussion of the items relating to in-service education of the unit managers*

***Table 4.22: Attending in service sessions for trained staff***

<i>Item number</i>	<i>Item loading</i>	<i>Item</i>
Question 4	0,52	Attending in-service for trained staff.
Question 5	0,83	Participating in drawing up of educational programmes for trained staff.
Question 6	0,57	Drawing up educational programmes for student nurses.
Question 7	0,54	Drawing up educational programmes for other categories of staff.
Question 8	0,64	Presenting in-service educational programmes.



**Figure 4.4:** Preparedness of unit managers for in-service training  
Unit managers n = 128  
Student nurses n = 146

Figure 4.4 gives a graphic presentation of the preparedness of unit managers to use in-service education as a method to fulfil their teaching role. On all the items, the unit managers were more positive than the student nurses. Each item will be discussed separately.

#### 4.4.2.1.1 Question 4: Attending in-service education for trained staff

The responses to whether the unit managers attend in-service education programmes is displayed in figure 4.4 (page 72). It is encouraging to note that unit managers (95.2%) and student nurses (79.3%) both agreed that unit managers do attend in-service education sessions and that there was no significant or notable difference between the two groups. According to Jooste and Troskie (1995:49) in-service education programmes are designed to provide staff with skills and knowledge to meet the demands of their current jobs. Unit managers who attend in-

service training are up to date with what is going on in their profession and are in a good position to teach students and other staff members.

4.4.2.1.2 **Question 5: Drawing up in-service training programmes for trained staff**

It is observed in figure 4.4 (page 72) that unit managers (76.1%) draw up in-service training programmes for trained staff and that the student nurses agree to a large extent with this fact. This is encouraging because in that way problems related to nursing care in a specific unit will be addressed and the unit manager will be equipped to deal with them. It is thus obvious that unit managers do not only attend to student nurses and their needs, but also take the learning needs of trained staff in their units to heart.

4.4.2.1.3 **Question 6: Participating in drawing up an in-service education programme for student nurses**

From figure 4.4 (page 72) it is interesting to note that there was no significant or notable difference between the responses of unit managers (73.8%, agree) and student nurses (66.1%, agree) on whether in-service training for student nurses existed. This is good for student nurse training, because the need for clinical competence varies according to the area of practice. Unit managers are thus fulfilling this task and are, therefore, in a position to highlight any deficiencies that students need to work on in that particular unit.

4.4.2.1.4 **Question 7: Participating in drawing up an in-service education programme for other categories of staff**

It can be seen in figure 4.4 (page 72) that unit managers (78.6%) draw up in-service education programmes for other categories of staff and that only 56% of the student nurses agreed with this fact. It is encouraging to note that unit managers are involved in drawing up in-service programmes for other categories of staff, because staff should be developed from the day they are appointed and this should continue until

that staff member leaves the service (Jooste & Troskie 1995:48). There is though a notable difference between the two groups. This may be due to the fact that students may not be aware of the unit managers' activities regarding this aspect. When staff are well trained, this contributes to job satisfaction. It seems from the findings that the unit managers are actively involved in drawing up in-service education programmes but the students are not informed about this.

#### 4.4.2.1.5 *Question 8: Active involvement in the presentation of in-service education programmes*

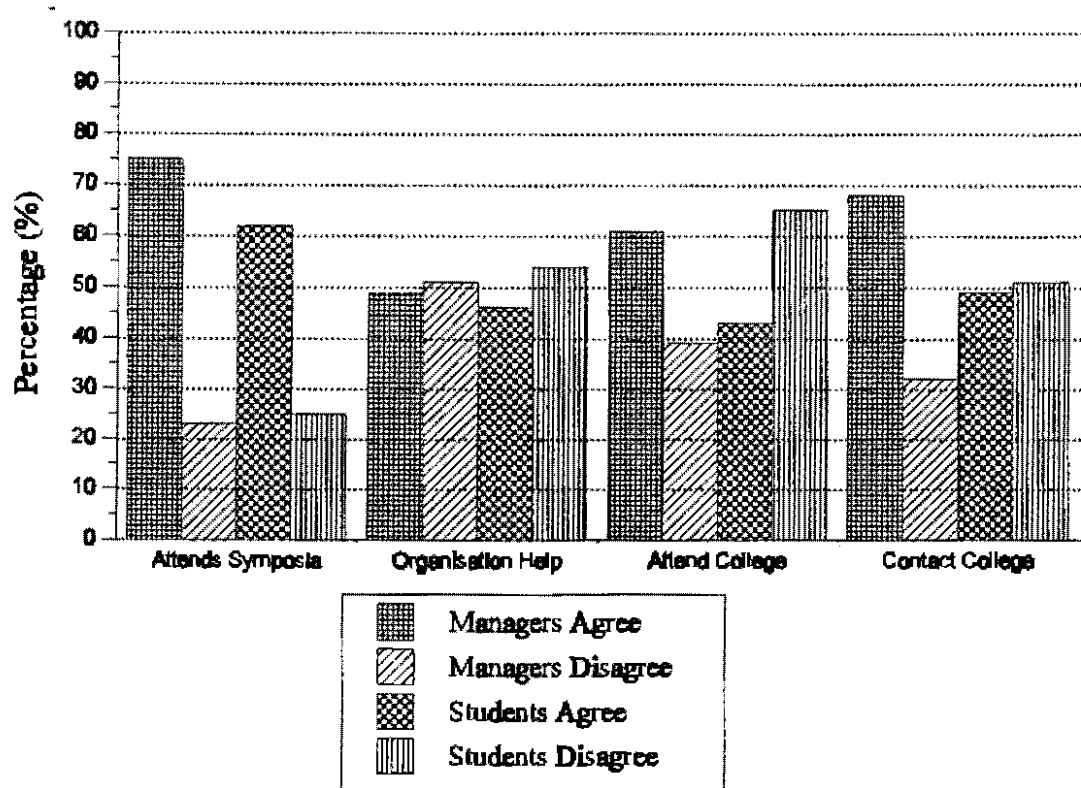
It is seen in figure 4.4 (page 72) that 75.2% of unit managers versus 64.5% students agreed that they are actively involved in presenting in-service programmes to members of staff. Unit managers, because they are professional gatekeepers, should teach students and other categories of staff. It is encouraging to see that this function is carried out by unit managers.

#### 4.4.2.2 *Discussion of items relating to preparation of the unit manager from outside for teaching in the units*

In table 4.23 the items dealing with the preparation of unit managers' from outside for this teaching function, are displayed.

**Table 4.23:** *Preparedness of the unit manager for teaching outside the units*

<i>Item number</i>	<i>Item loading</i>	<i>Item</i>
Question 9	0,71	Attending symposia.
Question 10	0,80	Organising symposia.
Question 11	0,65	Attending college to be informed of students' training programme.
Question 12	0,53	Going to college to be informed of students' training matters.



**Figure 4.5:** Preparedness of the unit manager - preparation outside the unit environment. Unit managers  $n = 128$   
Student nurses  $n = 146$

Figure 4.5 displays the extent to which unit managers are involved in outside activities in preparing themselves for teaching in the units. Both the unit managers' and student nurses' responses are given. The smallest difference between the two groups are with regard to the organisation of symposia. Each item will be discussed individually.

#### 4.4.2.2.1 Question 9: Attending symposia

It is observed in figure 4.5 that unit managers (75.8%) and student nurses (63.1%) agree that unit managers do attend symposia. Unit managers must stay up to date with the latest developments in nursing and in clinical practice. It is therefore reassuring to note that unit managers do prepare themselves for their teaching function in this manner.



4.4.2.2.2 **Question 10: Helping with the organisation of symposia**

It is noted in figure 4.5 (page 75) that only 48.8% of the unit managers and 45% student nurses agree that unit managers do help with the organisation of symposia when the need arises. Symposia are usually organised outside the units and sometimes outside the institutions. Hence very few unit managers are involved with the organisation of symposia.

4.4.2.2.3 **Question 11: Attending days arranged at college to inform unit managers of the students' training programme**

In figure 4.5 (page 75) it is observed that there was not a significant or notable difference between the perceptions of the two groups (managers agree = 60.7% and students agree = 43.4%). It is, therefore assumed that some unit managers do attend the days arranged at the colleges to inform them about the students' training programme. Some colleges do not arrange these days because they have clinical tutors who go to the units for student accompaniment. These clinical tutors inform the unit managers of the students' training programme. It is necessary for student training that there should be a good working relationship between the training colleges and the unit managers. In this way a two-way communication between the unit managers and the college staff is developed. According to Alberts (1990:31) tutors must always be aware of what is going on in the units and hospitals, and should acquaint themselves with the way procedures are carried out in the units, to reduce student anxiety. The same thing is true for unit managers who must know about the students' training programme.

4.4.2.2.4 **Question 12: Contacting college staff to update themselves with new developments related to student learning**

In figure 4.5 (page 75) it is viewed that 68.2% of the unit managers and 48.9% of the student nurses agreed that unit managers do contact college staff to update themselves with new developments related to student nurse training. Of the student nurses 51.1% did not agree with this statement. It is felt that this may be due to the fact that not all unit

managers have direct contact with colleges. Some colleges make use of their clinical tutors who update the unit managers on new developments related to student learning. Training programmes should be based on the students' learning needs and any new developments should be accommodated (Hincliff 1986:49).

#### 4.4.3

### ANALYSIS OF ITEMS RELATING TO FACTOR 3

Factor 3 is concerned with the unit management function. This serves to measure the extent to which students are made aware of the managerial function in a unit and what their function is within it.

***Table 4.24: Unit management function***

<i>Item number</i>	<i>Item loading</i>	<i>Item</i>
Question 37	0,76	Delegation of drawing up off-duty schedules to students.
Question 36	0,64	Delegation of drawing up work schedules for the unit to students.
Question 43	0,51	Teaching students how to refer to other members of the multidisciplinary team.
Question 42	0,49	Having conferences with members of multidisciplinary team.
Question 32	0,49	Giving case studies to students.
Question 41	0,44	Informing students of policies and changes coming from Nursing Service Management.
Question 33	0,43	Doing a unit round with the students.
Question 40	0,38	Informing students of the multidisciplinary team's functioning.

The unit management function of the unit manager has been divided into two aspects namely:-

- Other methods the unit managers use for teaching student nurses.
- Coordination with the multidisciplinary team as a teaching strategy.

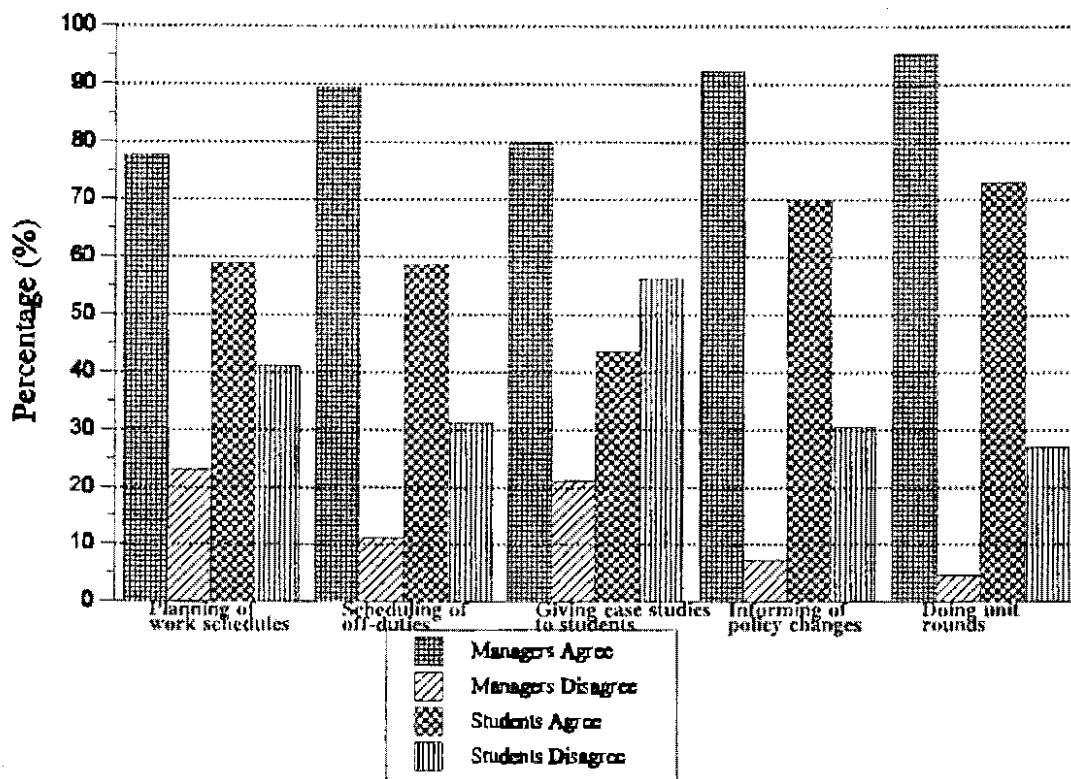
These aspects will be depicted in two bar graphs.

#### 4.4.3.1

#### *Discussion of other methods of teaching student nurses*

**Table 4.25:** *Other methods used for teaching student nurses*

<i>Item number</i>	<i>Item loading</i>	<i>Item</i>
Question 37	0,76	Delegation of drawing up off-duty schedules to students.
Question 36	0,64	Delegation of drawing up work schedules for the unit to students.
Question 32	0,49	Giving case studies to students.
Question 44	0,44	Informing students of policies and changes for Nursing Service Management.
Question 33	0,43	Doing unit round with the students.



**Figure 4.6:** Other methods used by unit managers to teach student nurses.  
Unit managers  $n = 128$   
Student nurses  $n = 146$

Figure 4.6 displays the other methods that unit managers use to teach student nurses in the units as part of their managerial function. The responses of both groups are shown.

#### 4.4.3.1.1

##### **Question 37: Delegating the scheduling of off-duties to student nurses**

It is noted in figure 4.6 that both unit managers (77.6%) and student nurses (58.8%) agreed that unit managers delegate the scheduling of off-duties to student nurses. It is interesting to note that there was no significant difference (18%) between the two groups' responses, therefore a significant number of unit managers do teach this important function to student nurses although in question 36 the students said that they are not taught sufficiently on nursing management functions. It is encouraging to note that students do get the support they need from unit managers and that they will be able to schedule off-duties when they become professionals (Mellish 1985:122).

4.4.3.1.2 **Question 36: Giving students the opportunity to plan work schedules for the unit**

In figure 4.6 (page 79) it is observed that 89.3% of the unit managers and only 58.6% of the student nurses agreed that students are given the opportunity to plan work schedules. There is quite a significant difference of opinion (31%) between the two groups. The big difference in opinion may be due to the fact that in some units, unit managers prefer to do this activity themselves, for fear that the students may not allocate the right person to the right task. Some tasks need to be performed by junior nurses and others by senior nurses. One needs to assess whether there is sufficient staff present on a particular day to carry out all the tasks that need to be done in the unit. The unit manager has to do this methodically and carefully and the staff should know what is expected of them (Perry 1976:177). It might be that some unit managers feel that this is a task they have to do themselves and that students are not yet knowledgeable enough to perform this responsible task.

4.4.3.1.3 **Question 32: Giving case studies to students to understand the nursing care of individual patients**

In figure 4.6 (page 79) it is reflected that only 43.5% of the students and 79.9% of the unit managers agreed that students are given case studies to help them understand the nursing care of individualised patients. The difference between the opinions of the two groups is 36.4%. It is therefore assumed that some unit managers are not making use of this valuable teaching strategy.

Case studies afford the student nurse opportunities to integrate the subject content with the actual practice. At the same time the student is able to interact with the patient and help in giving the relevant nursing care to the patient. In a case study the student has to collect and organise information about the patient and give a well-rounded picture of the patient before and after admission to the hospital. The students are able

to evaluate the care they are giving to patients and suggest alternatives. (Mellish 1992:148). It is, therefore, a pity that some unit managers are not giving student nurses case studies to help them with learning. Students will need the guidance of the unit manager to be able to work out case studies.

4.4.3.1.4 *Question 41: Informing students of policies and policy changes coming from the superintendent or nursing management*

In figure 4.6 (page 79) it is noted that 69.8% of the students agreed that they are being taught about policies and policy changes from senior management. Student nurses have to know the organisational policies and how the unit functions within it. Policies from senior management guide the unit manager and her team on how to do certain things in the units. It is not encouraging to note that there is a notable difference (23.1%) between the opinions of the two groups. It can be assumed that students are not informed regularly about policy changes by unit managers. This is absolutely essential for the smooth running of the units' working activities and patient care functions.

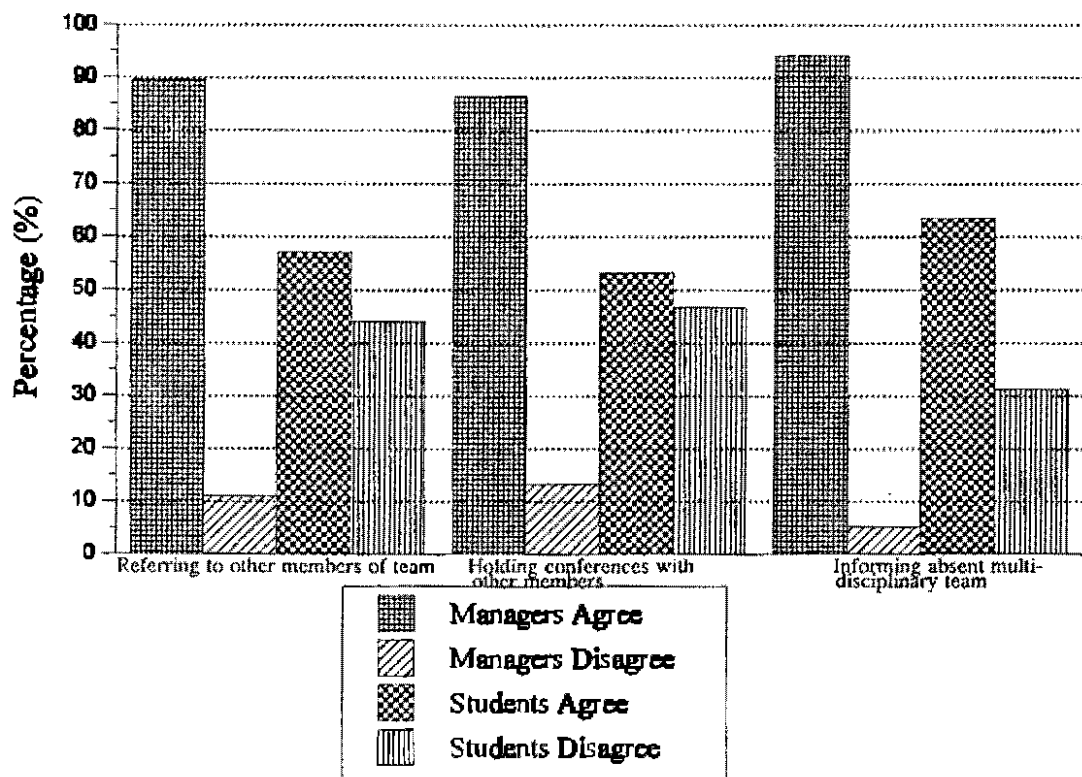
4.4.3.1.5 *Question 33: Performing rounds with student nurses*

It is observed in figure 4.6 (page 79) that a high percentage of unit managers (95.2%) indicated that they do teach student nurses during nursing rounds, although only 72.9% of students agreed with this statement. There is thus a notable difference (22.3%) here between the responses of the two groups. Nursing rounds are a valuable teaching tool that can be used more often by unit managers to teach student nurses. The different types of diseases that patients are suffering from, and the methods used to treat them, as well as the nursing care plans developed for each patient, can all be learnt during a nursing round. According to Tappen (1989:89) unit managers have to make nursing rounds with students at the beginning and end of each shift to plan the nursing care that should be given to the patients.

#### 4.4.3.2 *Discussion of coordination with multidisciplinary team as a teaching strategy*

**Table 4.26:** *Coordination with the multidisciplinary team as a teaching strategy*

<i>Item number</i>	<i>Item loading</i>	<i>Item</i>
Question 43	0,51	Teaching students how to refer to other members of multidisciplinary team.
Question 42	0,49	Having conferences with members of multidisciplinary team.
Question 44	0,38	Informing students of the multidisciplinary team's functioning.



**Figure 4.7:** *Multidisciplinary team*  
*Unit managers n = 128*  
*Student nurses n = 146*

Figure 4.7 graphically shows the coordination of the unit manager with

the multidisciplinary team and how she uses this strategy to teach students in the units. These items will be discussed separately.

4.4.3.2.1 *Question 43: Teaching students how to refer to other members of the multidisciplinary team*

It is observed with concern in figure 4.7 (page 82) that only 56.1% of the students agreed that they are taught how to refer to other members of the health team. There is a significant difference of 33.5% between the responses of the two groups. Unit managers do not only provide direct service for the patients, they also help to convey the services of the other multidisciplinary team members to them. Most of the other members of the team depend on the unit manager to provide conditions favourable to their work.

It is, therefore, important that students should be taught while they are in training how to refer to other members of the team and what is expected of them in return. Medical doctors usually write the referral letter and the students, on the other hand, have to prepare the patients for the other members of the team. The unit manager have to be skilled in cooperating with everyone who is concerned with the patients' needs. She has to coordinate all the activities that are taking place in the unit (Mellish 1992:192-193; Perry 1976:4-6). Possibly some unit managers do not see this role as an important one, and they feel that the students might learn this when they are unit managers themselves.

4.4.3.2.2 *Question 42: Conducting conferences with other members of the multidisciplinary team*

In figure 4.7 (page 82) it can be seen that unit managers (86.4%) compared to only 53.2% of the student nurses agreed that multidisciplinary conferences are held in the units. The difference of 33.2% between the opinions of the two groups may be caused by the fact that not all units hold these meetings. In these meetings the team discusses the patients that they are caring for jointly. The conference



discusses various patients, their physical problems, diagnosis, treatment, responses to treatment, changes made and specific problems that the patients encountered during their stay in the unit. A total picture of care of the patient is given. It would be more appropriate if all the members of the team, including students, can be allowed to participate in these conferences. In some units it is a rule that only the unit manager attend from the nursing side. Students should also be invited to attend.

4.4.3.2.3 ***Question 44: Informing students about the multidisciplinary team's functioning***

It is observed in figure 4.7 (page 82) that, although 94.4% of unit managers felt that they informed the students about the functioning of the multidisciplinary team and where the students fit into it, only 63.5% of the students supported this statement.

Because of the significant difference of 30.9% between the perceptions of the two groups, it can be assumed that the unit managers do not always inform students about the importance of the multidisciplinary team. This may be due to the fact that some unit managers do not think that it is important for the students to know what the other team members are doing to the patient, as long as she, as the coordinator of care, knows. This problem may lead to lack of teamwork which might result in confusion and poor service to the patient. Most probably part of this problem arises because students are usually not taken on rounds when medical staff and other members of the multidisciplinary team visit the patients in the units.

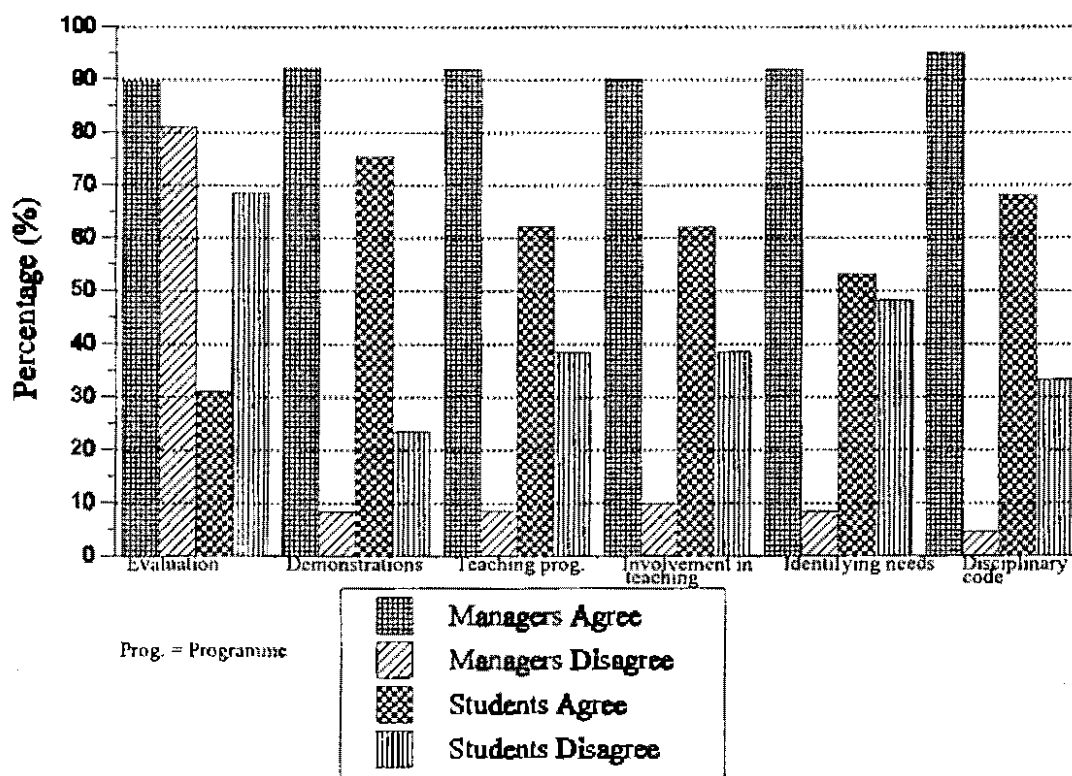
4.4.4 **ANALYSIS OF ITEMS RELATING TO FACTOR 4**

Factor 4 as displayed in table 4.27 deals with unit teaching and evaluation and how students perceive the learning climate in the units.

**Table 4.27: Unit teaching and evaluation**

Item number	Item loading	Item
Question 18	0,69	Weekly evaluation of students' progress.
Question 20	0,67	Giving demonstrations to students.
Question 19	0,61	Drawing up a teaching programme for students.
Question 21	0,54	Personal involvement in student teaching.
Question 17	0,49	Identifying learning needs to enhance unit learning.
Question 49	0,45	Awareness of units' disciplinary code of conduct.

Factor 4 has six items which deal with unit teaching and evaluation of students by the unit managers. The responses to these items of both unit managers and student nurses are given in figure 4.8.



**Figure 4.8:** The unit teaching function and evaluation  
 Unit managers  $n = 128$   
 Student nurses  $n = 146$

Figure 4.8 shows the extent to which unit managers are involved in unit teaching and how students view the learning environment. Each item will be discussed separately.

#### 4.4.4.1 Question 18: Weekly evaluation of student's progress

It is observed in figure 4.8 (page 85) that 68.6% of the student nurses disagreed that their progress is evaluated weekly. From the significant difference of 49% between the responses of the two groups, it is obvious that student nurses' progress is not evaluated weekly in some units. It is important that students should know when they have done well or badly so that their practice can be adjusted accordingly. If students must benefit from their practica in the different units, they must have the benefit of regular assessments.

Some unit managers, because of the pressure of work and staff shortage, find it difficult to evaluate students frequently. They rely on the other members of staff to assist with this aspect of student nurse training. Students need guidance and encouragement from the unit managers in order to gain more confidence in themselves (Perry 1976:219-220).

#### 4.4.4.2 Question 20: Demonstrations given to student nurses

It is observed in figure 4.8 (page 85) that 92.2% of the unit managers and 75.4% of the student nurses indicated that demonstrations are given to the students in the units. It is encouraging to note that student nurses are being given lecture demonstrations in the units, contrary to question 22 (Guidance during students' performance of procedure) where there was a significant difference of 32.7% between the opinions of the two groups. This difference indicated that student nurses are not satisfied with the guidance they were getting in the units while they are performing procedures. Since there is no significant or notable difference between the opinions of students and unit managers on this question (question 20) it is therefore deduced that most unit managers do support

students in the units and make use of this important teaching strategy.

4.4.4.3 ***Question 19: Drawing up a programme for teaching students in the units***

It is important for the unit managers to draw up teaching programmes for the student nurses in the units. In this way the unit managers take into consideration the learning needs of the students. The unit manager is, therefore, in a position to plan and put time aside for the giving of lectures. The unit manager is also in a position to work out a scheme for the presentation of the different parts so that they are seen as an interrelated whole. It is, therefore, regrettable that in figure 4.8 (page 85) the difference in opinion between the two groups on drawing up of teaching programmes is 30.3%. The responses to this item contradict the students' responses to item 6, where the students felt that the unit managers did draw up in-service education programmes for them in the units. This needs to be looked at carefully. Possibly the students do not see being taught in the units while working, as part of in-service training. Programmes should be drawn up so that students can get a chance to read and prepare beforehand for the lectures. Sometimes the difference in opinions may be caused by lack of communication between the two groups. Some students may not have known that the unit managers had drawn up teaching programmes for them. This aspect of the unit manager's role is important as it allows her to meet the learning needs of the students.

4.4.4.4 ***Question 21: Unit managers' personal involvement in student teaching***

The unit manager is regarded as an essential element in training the future members of the profession. She is the most suitable person to teach the skills of nursing, both from her position as team leader and as an experienced nurse with the knowledge and expertise to pass on (Marson 1984:13). In figure 4.8 (page 85) it is observed that although 90.5% of the unit managers see themselves as actively involved in

student teaching in the units, 38.6% of the students disagreed with this statement. The difference between the opinions of the two groups is significant (29%). This is contradictory because the responses of the students to question 8 in figure 4.4 on page 72, which deals with active presentation of in-service education programmes by unit managers, is positive and unit managers do present in-service education programmes to students in the units.

Responses to questions 33 and 41 in figure 4.6 on page 79 suggest that unit managers personally teach students when the opportunity arises. There can thus not be concluded clearly from the answers to this question that nurse managers are not personally involved in student teaching.

#### 4.4.4.5 *Question 17: Identification of students' learning needs by setting objectives together with the students, to enhance their learning in the units*

Learning is more likely to be effective if the students know what they can expect to learn in the units, and the unit managers know what the students need to learn (Perry 1976:189). The unit manager should set clearly defined objectives so that time and energy is spent fruitiously. After the unit manager has held an interview with the students, to ascertain which experiences and skills the students would acquire in that unit, they should both set objectives. The students' attention should be directed towards meeting these objectives.

The difference in perceptions between students and unit managers on the issue of identification of learning needs by setting objectives is 38.5%. It seems that unit managers are not carrying out this function satisfactorily. Students, therefore, do not get the opportunity to discuss with the unit managers their learning needs and set the objectives that need to be obtained. Lathlean (1987:37) argued that it is ideal for students to have a learning contract which is drawn up by students and

the unit managers. The nurse identifies what she would like to learn and they both draw up a plan to meet these needs.

4.4.4.6 ***Question 49: Making students aware of the unit's disciplinary code***

It is observed in figure 4.8 (page 85) that 95.2% of the unit managers do inform students of the unit's disciplinary code of conduct. On the other hand only 66.5% of the student nurses agreed with this statement. The difference in opinion between the two groups is 28.7%. The fact that 33.5% of the student nurses feel that unit managers do not teach them about this important aspect of discipline within the units is a reason for concern. Disciplinary problems in the units will be related to breaches in discipline and the unit manager could follow the guidelines in the disciplinary code of conduct to solve them. Students have to know that the methods of maintaining discipline may be formal or informal, but where students fail to observe the prescribed standards of conduct with regard to their duties, it may be necessary to subject them to formal disciplinary measures (Mellish 1982:289). Students have to know about the disciplinary code of conduct within the units and how this ties up with the broader organisational code. Students must not learn about these things through trial and error.

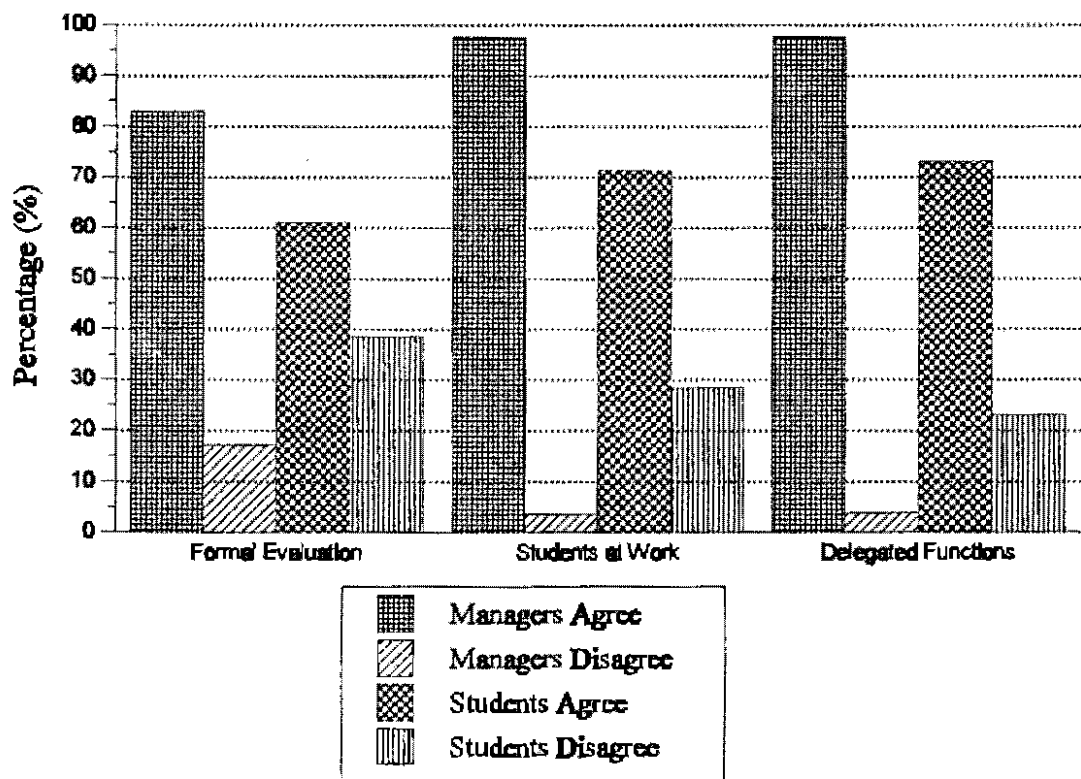
This aspect is an important one especially with the wide labour relations questions currently at issue in our health services. Perhaps some unit managers are themselves not sure about these aspects as so often indicated in studies related to labour relation issues in nursing.

4.4.5 **ANALYSIS OF THE ASSESSMENT OF THE STUDENT'S PROGRESS**

Table 4.28 contains three elements which deal with student assessment in the units.

**Table 4.28:** *Assessment of the students' progress*

<i>Item number</i>	<i>Item loading</i>	<i>Item</i>
Question 39	0,50	Assessment through observing students at work.
Question 40	0,47	Assessment through evaluating delegated functions.
Question 38	0,45	Assessment through formal evaluation of procedures performed.



**Figure 4.9:** *Assessment of the students' abilities*

*Unit managers n = 128*

*Student nurses n = 146*

In this figure the extent to which students are assessed in the units is displayed as viewed by unit managers and student nurses.

Each item will be discussed separately.

4.4.5.1 *Question 39: Assessment through observing students at work*

The percentage difference between the two groups as observed in figure 4.9 (page 90) is 25.6%. It can therefore be concluded that a considerable number of the unit managers do not assess students while they are working. It is more realistic to evaluate the nurses in the units while they are performing procedures, and while they are working with real patients. Some unit managers do not assess the students while they are working because it sometimes upsets the routine of the unit, as the student might take longer. It is important that the unit manager should observe students while working because the students' mistakes can be corrected immediately, and the patient not be harmed in any way. Students should be observed while they are working and should be told when they lack a skill and be expected to assume responsibility for their actions. Responses to question 24 in table 4.8 on page 58 suggest that unit managers do work with students on occasions. This is the ideal time for unit managers to evaluate the student nurses.

4.4.5.2 *Question 40: Assessing the students' abilities through evaluating delegated functions*

It is seen in figure 4.9 (page 90) that the unit managers are evaluating the students' delegated functions to some extent. This can be deduced from the fact that there is no significant difference (21.6%) between the perceptions of the two groups. Unit managers are ultimately responsible for the functions that they delegated to student nurses and they are compelled to see that these are done completely and competently. This is good for student nurse training as the students will know that the unit manager wants well executed and completed tasks and nothing less.

4.4.5.3 *Question 38: Assessing students' ability through formal evaluation*

It is encouraging to see in figure 4.9 (page 90) that the difference in opinions between the two groups is insignificant but notable, that is 22.6%. One can, however, not deduce that unit managers are effectively



evaluating students formally in the units.

Evaluation provides the opportunity for specific and concrete observation of the student nurses. After the problems are identified by the unit manager, the student can receive formal feedback on her progress (Jooste and Troskie 1995:33). In some colleges formal evaluation is done by the clinical tutor. That may be why 39% of the students disagreed that they were evaluated formally by the unit manager.

#### 4.4.5.4

##### Question 27: Coordination with college staff

It is interesting to note in table 4.29 that unit managers do coordinate with the college staff.

**Table 4.29:** *Comparison of the perceptions of unit managers and student nurses regarding coordination of unit managers with college staff*

	<i>Unit managers</i> <i>n = 126</i>		<i>Student nurses</i> <i>n = 114</i>	
Agree	105	(83.3%)	74	(65.2%)
Disagree	21	(16.7%)	40	(34.8%)
<b>TOTAL</b>	126	100%	114	100%

From the insignificant difference between the opinions of nurse managers and students as seen in table 4.29 one can assume that unit managers are informed about the training schemes that are in use in the schools of nursing. Unit managers can also discuss the students' progress and problems with the college staff and solve problems before they become complicated and the students become frustrated. This also helps with the assessment of the students' learning needs.

#### 4.4.5.5

##### Question 48: Provision of sufficient teaching aids in the units

It is viewed with concern in table 4.30 that unit managers are not providing students with sufficient teaching aids in the units.

***Table 4.30: Comparison of the perceptions of unit managers and student nurses on the provision of teaching aids in units***

	<i>Unit managers      n = 126</i>		<i>Student nurses      n = 140</i>	
Agree	112	(88.9%)	74	(52.8%)
Disagree	14	(11.1%)	66	(47.2%)
<b>TOTAL</b>	126	100%	140	100%

It is seen in table 4.30 that 88.9% of the unit managers and 52.8% of the students agreed that unit managers provide sufficient teaching aids for the students. There were however 47.2% of the students who disagreed with the statement and the opinion difference between the two groups is 36.1%. Teaching aids are used by managers to supplement their presentations. The use of teaching aids during teaching, adds an effective dimension to the learning event. Students can have a clearer picture of what the demonstrator is talking about. This makes the presentation dynamic, attractive, relevant and more effective. In some hospitals, the units get their teaching aids from the learning resource centre. These are borrowed prior to the lecture and are returned thereafter, and are not kept in the units. In the units one gets mostly posters and bulletin boards. Other teaching aids like charts, chalkboards, overhead projectors, teaching displays, models etc. are borrowed from the learning resource centre. Unit managers have to make sure that students get the teaching aids when they are needed in the units.

A lack of funds is often responsible for this situation. The unit manager, on the other hand, often fails to budget for these items, as patient care equipment and provision usually take precedence.

#### 4.4.5.6

***Question 50: Teaching students the correct channels of communication***

In table 4.31 the responses on the teaching of correct channels of communication are depicted.

***Table 4.31: Comparison of the perceptions of unit managers and student nurses on the teaching of the correct channels of communication***

	<i>Unit managers</i> <i>n = 126</i>		<i>Student nurses</i> <i>n = 140</i>	
Agree	125	(99.2%)	96	(68.6%)
Disagree	1	(0.8%)	44	(31.4%)
<b>TOTAL</b>	<b>126</b>	<b>100%</b>	<b>140</b>	<b>100%</b>

The percentage difference between the perceptions of the two groups is 30.6%. It can, therefore, be assumed that a significant number of unit managers do not teach student nurses about the correct channels of communication within the units. Good communication improves the working atmosphere in the units. It is ideal for each unit to have structured formal channels of communication and these should be written down and made known to all concerned. Sometimes the nurse managers do not tell students about these and take it for granted that the students know about these channels. Whenever there are any problems in the units this is reported to the unit manager. In her absence the second in charge takes over. These channels of communication in any unit, if they are used correctly, can prevent breakdown in communication.

#### 4.4.6

### ANALYSIS OF THE STUDENTS' ORIENTATION IN THE UNITS

*Table 4.32: Orientation of students in the units*

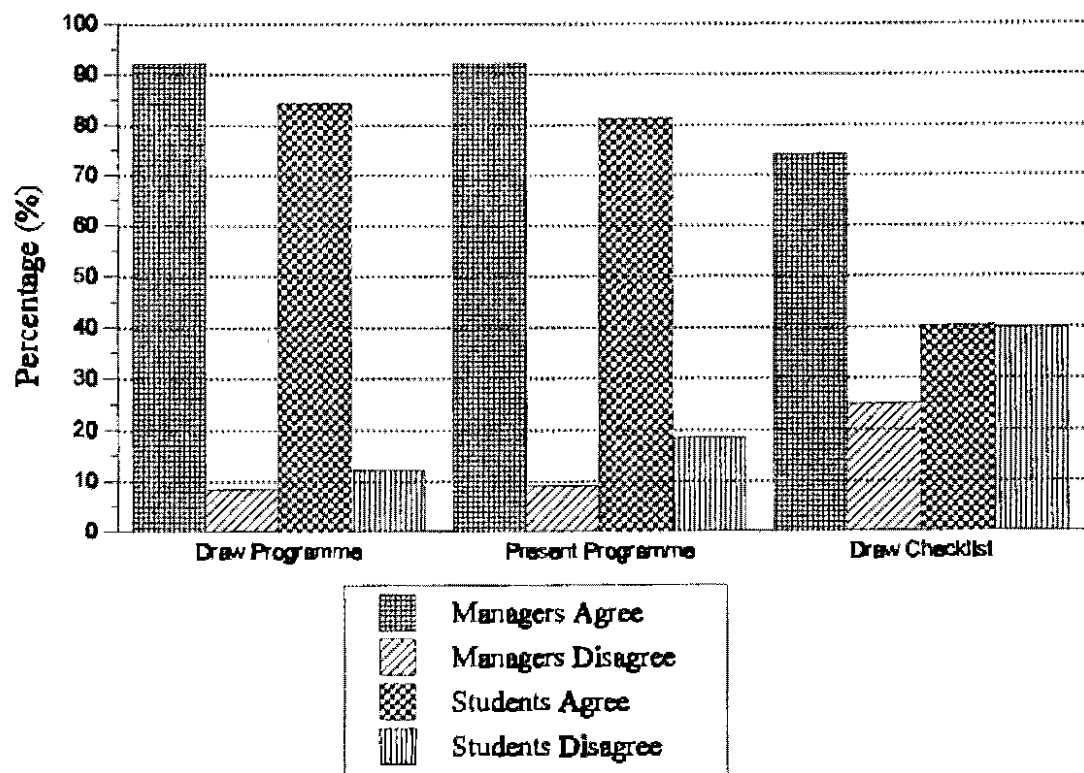
<i>Item number</i>	<i>Item loading</i>	<i>Item</i>
Question 14	0,71	Participation in presenting orientation.
Question 13	0,70	Providing an orientation programme.
Question 15	0,28	Drawing a checklist to ensure adequate orientation.

*Figure 4.10: Orientation of students in the units*

*Unit managers n = 128*

*Student nurses n = 146*

This figure also shows the extent of involvement of the unit managers in orientation of students and how students perceive this involvement.



#### 4.4.6.1

### *Question 14: Participation in presenting the orientation programme*

It is observed that unit managers do present orientation programmes to

the student nurses when they come to the units (Managers agree 92.2% and students agree 81.8%). In that way the unit manager reduces the anxiety of the students. Unit managers then take an active, leading and supportive role in the orientation of personnel to their units.

4.4.6.2 ***Question 13: Providing a programme of orientation to student nurses***

It is observed in figure 4.10 (page 95) that 92.9% of the unit managers and 84.4% of the students agreed that students are provided with orientation programmes in the units to make their stay in the units easy and more acceptable. This is good because according to Jooste and Troskie (1995:48) orientation aims to guide student nurses to be effective and productive in the units as soon as possible after they have started working in the units.

4.4.6.3 ***Question 15: Drawing up a checklist for the orientation aspects***

It is observed in figure 4.10 (page 95) that a number of unit managers do not draw up checklists to check whether the students were fully orientated in the units (Managers agree = 74.6% and student nurses agree = 50.4%). Although the difference of opinions is not significant (24.2%) it is notable because 49.6% of the students disagreed with this statement. It is important to see that students are fully orientated because orientation introduces the student to specific procedures pertaining to that particular unit. Each unit should have its own orientation programme and a checklist to see that students are orientated to all aspects in the units. Nothing should be missed, as this might frustrate the students. It is encouraging to note that unit managers take orientation seriously as seen in the responses to questions 14 and 13 in figure 4.10 on page 95. Unit managers are orientating students fully in the units and are actively involved in this aspect of their work. The students are also satisfied with this aspect of their clinical practice as it is presented to them in the units.

4.5

## **SUMMARY**

In this chapter data relating to the contribution unit managers make towards the training of student nurses was analysed. In Chapter 5, the conclusions of the study and the recommendations relating to the extent to which unit managers are involved in training students; whether they are well prepared for the teaching function; and how the students perceive the learning environment presented to them will be highlighted.

## **CHAPTER 5**

### **COMMENTS, CONCLUSIONS, RECOMMENDATIONS AND IMPLICATIONS FOR NURSING PRACTICE**

#### **5.1 INTRODUCTION**

The unit manager plays an important role in guiding student nurses to professional maturity. In this chapter an overview of the study is given with its limitations, conclusions and implications. Recommendations are made on how the nurse manager can successfully teach and accompany student nurses.

#### **5.2 PURPOSE OF THE STUDY**

The purpose of this study, as indicated in chapter 1, was to determine the extent of involvement of unit managers in student teaching and accompaniment, the preparedness of unit managers for their teaching function, as well as the satisfaction of student nurses with the clinical opportunities presented to them. To guide this study three questions were set:

- Are unit managers sufficiently prepared to provide teaching in the units?
- To what extent are unit managers involved in clinical teaching of student nurses in the units?
- To what extent are student nurses satisfied with the type of clinical learning opportunities that are presented to them?

### 5.3

## **LIMITATIONS OF THE STUDY**

Some of the most important limitations faced by the researcher were the following:

- This study was conducted in the Cape Peninsula. The results can therefore not be generalised to nurses outside the Cape Peninsula.
- Not all the hospitals and community health centres in the Cape Peninsula were included in the study. The sample would have been too large to handle within the prescribed time.
- Only student nurses training in the four colleges of nursing in the Cape Peninsula were included in this study. The nursing departments of the three universities were not included for fear of having too large a sample and because of financial constraints.
- Students included in the study were in their fourth year of study, therefore the results cannot be generalised to students in the other years of study.
- In the instruments that were used for collecting the research data, four columns were used. These were: strongly agree, agree, disagree and strongly disagree, whereas agree and disagree would have sufficed.
- It is not clear whether the question on team nursing (Question 31) was correctly interpreted by the respondents, because of the very high positive response rate on this item. The item relates to team nursing for individualised patient care, while it may appear that the respondents focused more on the concept of working as a team. It



has been the practical experience of the researcher in the units that very few services made use of the team nursing approach in patient allocation.

#### 5.4 **DESCRIPTIVE PROFILE OF THE SAMPLE**

It was found that the age of unit managers that participated in the study ranged from 24 to 63 years with a mean of 38.7. Of the unit managers 87% were between the ages of 30 and 49 years. The majority were trained in general and midwifery and few had qualifications in nursing education and nursing administration.

From the analysis it is deduced that unit managers were of a mature age and that the majority of student nurses were still young as their ages ranged between 19 and 29 years with an average of 23.8 years. It seems that most of them started their training at the age of 19 years. It is clear that both groups were well represented in the study.

#### 5.5 **CONCLUSIONS**

The conclusions will be discussed under the headings as indicated by the research questions.

##### 5.5.1 **ARE UNIT MANAGERS SUFFICIENTLY PREPARED TO PROVIDE TEACHING IN THE UNITS?**

The questions from the questionnaire pertaining to this research question were the following:

- Question 4: Attending in-service education sessions for trained staff.
  - Questions 5, 6 and 7: Participation in drawing up in-service education programmes.
  - Question 8: Active involvement in presenting in-service education programmes.
  - Questions 9 and 10: Attending and organising symposia.
  - Questions 11 and 12: Contact with training colleges.
  - Question 27: Coordination with college staff.
- 
- There were 95% of the unit managers who stated that they regularly attended in-service education programmes for trained staff. This fact was supported by 79% of the student nurses. It is thus obvious that most unit managers made full use of in-service training opportunities presented to them.
  - A large number of unit managers (76%) stated that they participated in drawing up educational programmes for trained staff which was agreed to by 65% of the student nurses (see figure 4.4 on page 72). This reflects that unit managers are actively involved in meeting their need for continuing education.
  - A substantial number of unit managers (74%) indicated that they draw up educational programmes for student nurses. As most of the students (66%) agreed with this, one can assume that unit managers are actively preparing themselves to provide teaching in the units.
  - From figure 4.4 (page 72) it can be seen that 79% of the unit managers indicated that they draw up educational programmes for other categories of staff. Although only 56% of the students agreed with this statement, which is a notable difference, there is no need

for concern as students may not be aware of these programmes if they are not directly involved with them.

- As 75% of the unit managers stated that they were actively involved in presenting in-service education programmes, and 66% of the student nurses corroborated this fact, it can be assumed that unit managers are attempting to prepare themselves for their teaching function in the units.
- It can be observed in figure 4.5 (page 75) that 76% of the unit managers attended symposia, which was supported by 63% of the students. This reflects that unit managers are preparing themselves for their teaching function, keeping updated with new developments.
- Only 49% of the unit managers and 45% of the student nurses indicated that unit managers were directly involved in organising symposia. This is to be expected, as limited opportunities are provided for unit managers to participate in the organisation of symposia.
- Almost two-thirds of the unit managers (61%) attend days that are arranged by nursing colleges to inform them of the students' training programme. As can be viewed in figure 4.5 (page 75), 68% of the unit managers contact colleges to update themselves with new developments related to student training. Only 49% of the students agreed to this, which is a notable difference. Students may not always be aware of unit managers contacting the colleges. Some colleges also make use of clinical tutors to inform unit managers so there is not a need for the unit managers to contact the college. It would appear as though unit managers do coordinate with college staff to prepare them for effective student teaching.

### **5.5.2 SUMMARY REGARDING PREPARATION OF UNIT MANAGERS FOR UNIT TEACHING**

As unit managers are organising and attending in-service education programmes and also attend symposia to keep them updated with the latest developments in nursing education, it would appear that they do in fact prepare themselves for their teaching function in the unit. They are also actively involved in drawing up educational programmes for student nurses and other categories of staff. Coordination with the colleges and to be kept informed of student nurses' training programmes also receive the necessary attention of the unit managers. From these findings it can be assumed that most unit managers are adequately prepared for their teaching function in the units.

### **5.5.3 RECOMMENDATION**

No recommendation seems to be necessary regarding the preparation of unit managers for their teaching function.

## **5.6 TO WHAT EXTENT ARE UNIT MANAGERS INVOLVED IN TEACHING STUDENT NURSES IN THE UNITS?**

As mentioned in chapter 4, the following questions give answers to the above-mentioned question:

- Questions 16, 28, 34 and 35 : Knowledge of level of training of students and meeting the needs for clinical training.
- Question 31 : Team nursing for individualised patient care.
- Questions 22, 24 and 29 : Support when preparing procedures.
- Questions 45 and 46 : Counselling students.

### 5.6.1 KNOWLEDGE OF TRAINING LEVEL OF STUDENT AND MEETING THE NEED FOR CLINICAL TRAINING

The following questions, in sequence of significance, address the above-mentioned aspect:

- Question 28: Ensure that the student nurse's need for clinical teaching is met.
  - Question 35: Involve students in writing problem-orientated records.
  - Question 34: Discuss patients' treatment with students when handing over report.
  - Question 16: Know at what level of training students who come to the units are, in order to meet their needs.
- 
- It is viewed with concern in table 4.12 (page 61) that there is a significant difference in the opinions of the two groups on meeting the students' clinical learning needs. There is a substantial number of students (43%) who felt that these needs are not met by the unit managers.
  - Although 94% of the unit managers indicated that they teach student nurses how to write problem-orientated nursing records, this was only supported by 65% of the student nurses (table 4.14, page 63). With a significant difference of 29% it can be assumed that students are not sufficiently involved in writing problem-orientated nursing records.
  - There is a notable difference of 22% (table 4.18, page 68) in the opinions of the two groups regarding discussing patients' treatment when handing over reports.
  - It is also observed from table 4.20 (page 69) that there is an

agreement between the two groups that unit managers do know at what level of training student nurses who come to their units, are.

#### 5.6.2 SUPPORT OF STUDENTS WHEN RENDERING PATIENT CARE

The following questions pertain to the above-mentioned aspects:

- Question 26 : Provide appropriate support to students when a patient's conditions deteriorates.
  - Question 25 : Assist students in making decisions related to patient care.
  - Question 30 : Involve students in drawing up patient care plans for individual patients.
  - Question 23 : Explain reason for specific treatment of patient.
- 
- It is apparent that not all unit managers support students when a patient's condition deteriorates, as a significant difference of 42% occurred between the two groups as can be seen from table 4.9 (page 58). Students faced with such a stressful situation need the support of the unit managers, but obviously do not always receive it.
  - It can be assumed that unit managers do not give student nurses sufficient support when making decisions regarding patient care, as indicated by the significant difference, (26%) in table 4.6 (page 56), between the two groups.
  - From the notable difference, (23%) in table 4.10 (page 59) between the two groups, it can be deduced that unit managers do not sufficiently support student nurses when drawing up patient care plans.

- Although 99% of the unit managers (table 4.7, page 57) feel that they explain the reason for specific treatment of patients, to student nurses, the students did not really agree. There was a notable difference of opinion between the two groups. Students who are not given this information may not develop the necessary insight when writing individualised care plans for patients.

### 5.6.3 TEAM NURSING FOR INDIVIDUALISED CARE

Question 31 : Use team nursing so that individualised care can take place.

- The results of this item, as indicated under the limitations, are questionable. Although a high percentage of both unit managers (96%) and student nurses (79%) agreed that team nursing was used, from own experience in the units it is clear that team nursing is seldom used for the purpose of achieving individualised care.

### 5.6.4 SUPPORT WHEN PERFORMING PROCEDURES

Questions relating to this aspect are:

- Question 22 : Give guidance while student is performing a procedure.
- Question 29 : Is a role model when performing a task.
- Question 24 : Work with students on occasions.
- As there was a significant difference of 33% (table 4.13, page 62) between the opinions of the two groups regarding guidance when performing procedures, it is clear that students do not receive the

necessary guidance.

- A significant difference of 26%, (table 4.11, page 60), in the opinions of the two groups on role modelling when performing tasks, can be an indication that student nurses do not perceive unit managers as role models.
- A notable difference of 22%, (table 4.8, page 58), on working with student nurses on occasions, could be an indication of insufficient guidance by unit managers in the units.

#### 5.6.5 COUNSELLING OF STUDENTS

Questions relating to this aspect are the following:

- Question 45 : Act as a counsellor to student nurses regarding patient care.
- Question 46 : Act as a counsellor to students regarding unit management.
- Question 47 : Act as a counsellor when students have personal problems.
- Although 95% of the unit managers, (table 4.15, page 64), indicated that they give the necessary support, a significant difference (27%), between the two groups indicate that a large number of student nurses do not receive the necessary support from the unit managers when confronted with patient-care problems.
- It can be assumed that student nurses are not counselled effectively when they experience problems related to unit management, as there was a significant difference of 36%, (table 4.16, page 66).



- There was a significant difference of 36%, see table 4.5 (page 55), between the opinions of the two groups, on counselling student nurses when experiencing problems in their personal lives. Students experiencing personal turmoil cannot function optimally without the necessary support.

#### 5.6.6

#### **SUMMARY REGARDING THE EXTENT TO WHICH UNIT MANAGERS ARE INVOLVED IN THE TEACHING OF STUDENTS IN THE UNITS**

- It would seem as though students' needs for clinical teaching are not met sufficiently by unit managers. This could result in frustration and students being bored because they are not taught things relevant to their level of training. In other instances they could be taught aspects that are beyond their comprehension.
- If students are not involved in writing problem-orientated nursing records they may not be competent in formulating and writing these records. This would then be passed on to the next generation of nurses, if not remedied.
- Teachable moments, through discussing treatment programmes of patients, are not used sufficiently by unit managers when handing over reports. Students who do not receive this teaching may end up not knowing why certain treatments are given.
- Students also do not receive the necessary support when a patient's condition deteriorates, or when they have to make decisions related to patient care. This is also reflected in that students are not always taught to draw up individualised patient care plans. Students experience this as stressful because they feel that they cannot cope.

- Unit managers do not effectively support student nurses when they perform procedures. This is also displayed in the response to working with students, where it was indicated that they only do this occasionally.
- Counselling students is an important role unit managers have to fulfil. As this is not done as efficiently as required, students will find socialising in the units very difficult.

#### 5.6.7 RECOMMENDATIONS

- Student nurses should be taught at least once a month or, whenever a patient is admitted to the unit, how to draw up patient care plans. On regular unit rounds unit managers should accompany student nurses and check the patients' records. This is an opportunity to teach them how to write problem-orientated records and to identify when a patient's condition is deteriorating or improving. At the same time student nurses can be assisted in making nursing decisions, according to the patient's condition.
- Unit rounds, with the student nurse, should be done at the beginning and end of each shift. This will assist the student to understand the importance of handing over reports, as the unit manager will be able to inform her of the observations that need to be done, as well as treatment given or required. Reporting the progress of the patients as well as their reaction to treatment should form part of the reporting process.
- Unit managers need to work with students more often. In this way they will be able to evaluate performance and correct and teach on the spot where necessary.

- Unit managers should act as caring and resourceful mentors to student nurses in the units. A support system should be in place to assist and support students who need professional help. A student counselling centre where a student counsellor, social worker and psychologist are in a consulting position, could be made available to the student nurses.

## **5.7 TO WHAT EXTENT ARE STUDENT NURSES SATISFIED WITH THE TYPE OF CLINICAL LEARNING OPPORTUNITIES PRESENTED TO THEM?**

### **5.7.1 ORIENTATION OF STUDENTS**

- Question 13 : Provide a programme of orientation for students.
  - Question 14 : Participates in presenting orientation programmes.
  - Question 15 : Draw up a checklist to check whether the students are orientated to all the aspects needed.
- 
- Only 50% of the students were satisfied that unit managers draw up checklists to ensure that they received adequate orientation. If it is assumed that a large number of unit managers do not draw up check lists, this could result in student nurses not being orientated to all the necessary aspects in the unit as they are not recorded.
  - Students (82%) were, however, satisfied that managers were actively involved in presenting orientation programmes - a fact which was supported by 92% of the unit managers.
  - The fact that a large number of student nurses (84%), as displayed in figure 4.10 (page 95), agreed that unit managers provide orientation programmes in the units, is an indication that sufficient orientation does take place in the units.

### 5.7.2 PREPARATION OF STUDENTS FOR LEARNING

The following questions pertain to this aspect:

- Question 17 : Identify students' learning needs by setting objectives together with the students to enhance learning.
  - Question 48 : Providing sufficient teaching aids in the unit.
  - Question 19 : Drawing up a teaching programme for teaching students in the units.
- 
- A significant difference of 39% between the two groups, is an indication that almost half of the student nurses do not feel that their learning needs are always identified in cooperation with them.
  - According to table 4.30 (page 93), 89% of the unit managers agreed that they provide teaching aids in the units. In contrast only 53% of the student nurses, a significant difference of 36.1%, agreed with this statement. This difference could be because of different interpretation of the term, teaching aids, by the two groups.
  - A large number of unit managers (92%) agreed that they provide teaching programmes for the student nurses in the units, a fact only supported by 72% of the student nurses. This notable difference between the two groups is an indication that students do not always feel satisfied with the clinical teaching opportunities in the unit.
  - Preparation of student nurses for learning in the units needs a lot of attention as all three the questions related to this aspect showed significant and notable differences in the opinions of the two groups of respondents.

### 5.7.3 INVOLVEMENT IN STUDENT TEACHING

The following questions relate to this issue:

- Question 32 : Give case studies to student nurses to understand the nursing care of individual patients.
  - Question 21 : Are personally involved in student teaching.
  - Question 33 : Do unit rounds with students.
  - Question 20 : Are giving demonstrations to students.
- 
- A significant difference of 36% (figure 4.6 on page 79) in the opinions of the two groups on giving case studies to student nurses, indicates that students are not satisfied with the clinical opportunities presented to them. Case studies help student nurses to nurse their patients in totality and to include members of the family in caring for the patient.
  - There was a significant difference (29%) between the opinions of the two groups on the unit manager's involvement in teaching student nurses. Student nurses (38.6%) disagreed, (see figure 4.8 on page 85), with the statement that unit managers are involved in teaching student nurses. Students may thus not view the unit manager in a positive light, as they feel that they miss out on an opportunity to be taught by an expert in the field.
  - A high percentage of unit managers (95%), (see figure 4.6 on page 79), indicated that they do unit rounds with students, and teach them. There is however a notable difference of 22% on the perceptions of the two groups. One can thus assume that students do not experience this teaching to be as effective as it could be and as suited to their needs as they would like it to be.

- It is encouraging to note that 92% of the unit managers, (see figure 4.8 on page 85), indicated that they give demonstrations to student nurses. In contrast with their dissatisfaction with teaching during ward rounds, using case studies and involvement of unit managers with teaching in the units, student nurses are satisfied with the demonstrations received in the units.

#### 5.7.4 EVALUATION OF STUDENTS' ABILITIES AND PERFORMANCE

- Question 18 : Weekly evaluation of students' progress.
  - Question 39 : Assess the students' abilities through observing students at work.
  - Question 38 : Assess students' abilities through formal evaluation of procedures performed.
  - Question 40 : Assess students through evaluating the delegated duties.
- 
- There was a significant difference (49%) in the perceptions of the two groups on the weekly evaluation of student nurses. More than half of the students were not satisfied with the evaluation on a weekly basis.
  - A large number of unit managers (97%) agreed that they assess student nurses by evaluating their abilities through observing students at work. As only 72% of the student nurses supported this statement it can be assumed that managers do not evaluate the students at work as frequently as expected.
  - Only 61% of the student nurses agreed that they were evaluated formally when performing procedures. It can be concluded that a significant number of the unit managers do not evaluate students as

frequently as required. Thus students may not be aware whether they are competent to perform a certain procedure or not.

- A notable difference of 22% between the opinions of the two groups on assessing student nurses through evaluating delegated functions could indicate that delegated duties are not always evaluated. This may lead to students learning unnecessarily through the process of trial and error.

#### 5.7.5 TEACHING AND UNIT ADMINISTRATION DUTIES

The following questions address the above aspect:

- Question 36 : Give students the opportunity to plan work schedules for the unit.
- Question 37 : Delegate making out off duties to student nurses.
- A large number of unit managers (89%), (see figure 4.6 on page 79), and only 59% of the students agreed that students are given the opportunity to plan work schedules. This is an indication that 41% of the student nurses do not agree that they are allocated to plan work schedules. If it is considered that these are fourth year students, this is alarming as they will soon be professional nurses who must take the responsibility of a unit manager.
- Figure 4.7 (page 79) shows that 78% of the unit managers, as opposed to 59% of the student nurses agreed that scheduling off duties were delegated to the student nurses in the unit. It is cause for concern that 41% of the student nurses did not get the opportunity to learn to fulfil this management function.

From the responses to the two questions above, it would seem as though approximately 40% of the students were not taught these management functions.

#### 5.7.6 **INFORM/TEACH STUDENTS ON GENERAL HOSPITAL ADMINISTRATION AND ROUTINES**

The following questions pertain to the above-mentioned aspect:

- Question 43 : Teach students how to refer patients to other members of the multidisciplinary team.
  - Question 42 : Have conferences with members of the multidisciplinary team.
  - Question 44 : Inform students of the multidisciplinary team's functions.
  - Question 50 : Make students aware of the correct channels of communication.
  - Question 49 : Make students aware of the unit's disciplinary code of conduct.
  - Question 41 : Inform students of policies and policy changes coming from the superintendent or nursing service manager.
- 
- There was a significant difference of 36% between the two groups on teaching students how to refer patients to other members of the multidisciplinary team. A significant number of student nurses as displayed in figure 4.7 (page 82), do not learn how referrals should be made to other members of the multidisciplinary team.
  - It is apparent that unit managers do not regularly hold conferences with other members of the multidisciplinary team, because of the significant difference of 33% between the two groups. The difference may, however, also be caused by the fact that student



nurses may not be invited to these conferences.

- There was a significant difference of 31% between the opinions of the unit managers and student nurses on informing students of the functioning of the multidisciplinary team. Students in their fourth year of training should be aware of how the different members of the multidisciplinary team function to ensure a holistic approach to patient care.
- It can be seen from figure 4.6 (page 79) that 85% of the unit managers, in contrast to 67% of the student nurses, agreed that students are informed about the code of conduct in the units. It is important that all staff should be aware of the code of conduct as it has implications for labour relations, when staff could be called in for disciplinary actions.
- Although 99% of the unit managers indicated that they teach students the correct channels of communication, 31.4% of the student nurses, as can be seen from table 4.31 (page 94) mentioned that they did not receive this information. Information on using the correct channels of communication is an essential part of the training of student nurses to prevent problems in both patient care and staff issues.
- A notable difference (23%) in the responses of the two groups regarding informing student nurses of policies and policy changes could lead to many problems in the units as it could result in students implementing outdated policies.

5.7.8

**SUMMARY REGARDING THE EXTENT TO WHICH STUDENT NURSES ARE SATISFIED WITH THE TYPE OF CLINICAL LEARNING OPPORTUNITIES PRESENTED TO THEM**

- Unit managers are providing satisfactory orientation programmes to student nurses in the units. Having a checklist to ensure that all the necessary aspects are covered would enhance the process.
- Not all student nurses are satisfied with the manner in which their learning needs are identified and objectives set to draw up clinical teaching programmes for them.
- Unit managers should provide the necessary teaching aids in the unit to ensure effective learning opportunities to the student nurses. Teaching is made more meaningful when teaching is complemented with the suitable teaching aids.
- Demonstrations and doing unit rounds indicate the unit managers' involvement in the teaching of student nurses in the unit. This is enhanced by giving student nurses case studies to learn to nurse the patient in totality. There is a need for some of the unit managers to utilise this teaching strategy more effectively.
- Student nurses are not satisfied with the manner in which they are evaluated in the units. This stretches over a wide range of evaluation methods including both formal and informal evaluation.
- Opportunities on unit management skills, like planning work schedules and making out off duties are not taught to a significant number of student nurses. Students are dissatisfied and it can be understood as they will soon be in a position where these duties will be delegated to them.

- To render effective quality care, coordination with the multidisciplinary team is essential. Student nurses do not seem to receive sufficient guidance on working together in a multidisciplinary context.
- The code of conduct in a unit should be known to all the staff in the unit. A number of the student nurses indicated that they did not have knowledge of this. This has implications for grievance procedures and disciplinary actions. At the same time a number of the student nurses were not aware of the correct channels of communication in the unit.
- Policy and policy changes should be made known to all staff to ensure the effective functioning of the unit. Student nurses were not satisfied with the way in which this was done in the units as a number of student nurses indicated that they were not aware of the policies or policy changes in the unit. This could lead to chaos if everyone was using different policies to guide their practice.

#### 5.7.9

#### RECOMMENDATIONS

- Unit managers should have interviews with student nurses when they come to the unit to set their learning objectives with them. This will enable unit managers to draw up a clinical programme to teach student nurses the aspects relevant to their learning needs. Students should be given case studies to work on and to present to other staff members. Case studies allow student nurses to do some research on the patients' condition and treatment as well as the response to treatment. Teaching aids such as overhead projectors, chalkboards and pamphlets should be made available to assist in the teaching process. Unit managers should be actively involved in

planning and presenting clinical teaching programmes. Other members of the multidisciplinary team should be encouraged to teach students and inform them of their different roles within the team.

- Evaluation of students' progress should play a major role in the unit managers' teaching function. Students should therefore be evaluated at frequent intervals, at least once a week. Working with student nurses and evaluating delegated tasks should be done as much as the time allows. Evaluation should be discussed and planned with the student. Students could also be given the opportunity to inform the unit managers when they are ready for evaluation. Evaluation instruments that will be used must be made available to the students beforehand when formal evaluation is done. This will enable students to know what is expected of them during evaluation. Students should be given feedback on their performance and at the same time planning should be done for improvement, where necessary.
- Student nurses should be given the opportunity to plan work schedules and work out off duties for the staff in the unit under the supervision of the unit manager. A programme can be drawn up by the unit manager to indicate who is to plan these schedules or off duties, as this will enable all the students in their fourth year to get the necessary experience.
- Teaching programmes need to be drawn up by the unit manager to ensure that the teaching does not interrupt the unit routine. In the teaching programme the unit manager must include general nursing management aspects and routines. This is important as students will be expected to perform these duties when they have completed their training.

5.8

## **PROPOSED RESEARCH FOR FOLLOW UP**

As a result of the findings of this study the following recommendations for future studies are made:

- An investigation on why some unit managers are more involved than others in teaching student nurses in units, needs to be conducted on a larger scale. Possible causes need to be identified such as work overload or the need for a preceptor to teach and guide the student in the unit. Although a similar study was conducted in Namibia, a repeat in the South African context could be fruitful.
- A study on how to strengthen the working relationship between the unit manager, the clinical tutor and the tutor at the college, who teaches the theory, should be done. If these three professionals could work together more closely, the training of student nurses will benefit.

5.9

## **FINAL COMMENT**

It is apparent from the research findings that some unit managers do teach student nurses when they have the opportunity. Unit managers are prepared for their teaching functions, but need the support of the colleges to ensure that students' learning needs are met. A reasonable number of the student nurses were satisfied with the clinical learning opportunities presented to them. There was, however, a large enough number of the student nurses who was of the opinion that they did not receive the necessary support and guidance from the managers in the units regarding clinical patient care aspects. This warrants attention and rectification.

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## **ANNEXURE 1**

P.O. Box 393  
Mitchell's Plain  
7785

8 June 1994

Deputy Director-General  
Hospital Health Services  
P.O. Box 2060  
CAPE TOWN  
8000

Dear Sir/Madam

**APPLICATION FOR APPROVAL TO DO RESEARCH IN THE NURSING COLLEGE  
AND HOSPITAL IN THE CAPE PENINSULA**

I am working on my MaCur thesis at UNISA. The title of my research project is **CONTRIBUTION OF  
UNIT MANAGERS IN THE TRAINING OF STUDENT NURSES IN THE CAPE PENINSULA.**

I am therefore humbly requesting your permission to send my questionnaires to the student nurses and unit managers to the following nursing colleges and hospitals respectively:

- Nico Malan Nursing College
- Sarleh Dollie Nursing College
- Otto du Plessis Nursing College
- Carinus Nursing College
- Groote Schuur College
- Tygerberg Hospital
- Lenteguur Hospital
- Valkenberg Hospital
- Bishop Lavis Community Health Centre
- Emfuleni Community Health Centre
- Khayelitsha Community Centre

Please find enclosed a copy of my questionnaires and proposal for your perusal.

Hoping that the results of this study will ultimately benefit nurses especially in the Cape Peninsula.

Thanking you in anticipation

Yours faithfully



S.N. GUWA (MRS)

ENQUIRIES  
NAVRAE

TELEPHONE  
TELEFOON

REFERENCE  
VERWYSING

DATE  
DATUM

Miss Malherbe  
(021) 483-4065

H.4/O/12/2

5 July 1994



Hospital and Health Services

Hospitaal-en Gesondheidsdienste

Mrs SN Guwa  
P.O. Box 393  
MITCHELLS PLAIN  
7785

**NURSING RESEARCH: CONTRIBUTION OF UNIT MANAGERS IN THE TRAINING OF STUDENT NURSES IN THE CAPE PENINSULA**

1. Your letter dated 8 June 1994 refers.
2. Permission is given for researcher GN Guwa to obtain the required data from the institutions mentioned in the proposal.
3. The Branch does however require a copy of the complete research proposal as the questionnaire only was received.
4. Kindly submit a copy of this letter with all future correspondence with the services.
5. Wishing you success.

  
DIRECTOR-GENERAL

GJM/RK

J07M1A07



## **ANNEXURE 2**

P.O. Box 393  
Mitchell's Plain  
7785

27 September 1994

Nursing Services Manager

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Dear Sir/Madam

**APPLICATION FOR PERMISSION TO CONDUCT A RESEARCH STUDY  
IN YOUR NURSING COLLEGE**

I am working on my MaCur thesis with UNISA. The title of my research is "CONTRIBUTION OF UNIT MANAGERS IN THE TRAINING OF STUDENT NURSES IN THE CAPE PENINSULA". My target population are the unit managers in charge of your Health Units in your hospital.

Find letter of approval from Head Office attached for permission to conduct the study.

Please find a copy of my questionnaire and proposal for your perusal.

Hoping that the results of this study will benefit nurses especially in the Cape Peninsula.

Thanking you in anticipation.

Yours faithfully



S.N. GUWA (MRS)

P.O. Box 393  
Mitchell's Plain  
7785

27 September 1994

The Principal

.....

.....

.....

Dear Sir/Madam

**APPLICATION FOR PERMISSION TO CONDUCT A RESEARCH STUDY  
IN YOUR NURSING COLLEGE**

I am working on my MaCur thesis with UNISA. The title of my research is "CONTRIBUTION OF UNIT MANAGERS IN THE TRAINING OF STUDENT NURSES IN THE CAPE PENINSULA". My target population is the fourth year student nurses doing the 4-year diploma course which leads to registration as a nurse (General, Psychiatry and Community) and midwifery, in your college.

C.P.A. Head Office has granted me permission to conduct the study (letter attached).

Please find enclosed a copy of my questionnaire and proposal for your perusal.

Hoping that the results of this study will benefit nurses especially in the Cape Peninsula.

Thanking you in anticipation.

Yours faithfully



S.N. GUWA (MRS)

## **ANNEXURE 3**

# CONTRIBUTION OF UNIT MANAGERS IN THE TRAINING OF STUDENT NURSES IN THE CAPE PENINSULA

## QUESTIONNAIRE TO STUDENT NURSES

- This questionnaire is used to test what you as respondents think of the health units as a learning laboratory for student nurses.
- It would be appreciated if you would read through the questionnaire and fill in each and every item by inserting a tick (✓) or answer in the relevant column provided.
- **Please note:** There are no right or wrong answers - all your answers reflect your rightful attitude and opinion.
- The value of the study depends directly on your honest, objective and thorough response to each item.
- Confidentiality will be ensured as no names, hospitals, colleges will be mentioned in writing the report.

*Thank you very much for your time and cooperation.*

## BIOGRAPHICAL AND PROFESSIONAL DATA

1. Indicate in years your present age		
2. Indicate your year of training as a nurse. (Eg. 4th)		
3. In which nursing college are you currently undergoing your training programme;		
3.1 Nico Malan		
3.2 Sarleh Dollie		
3.3 Otto du Plessis		
3.4 Carinus		
<p>Read through the following statements and make a tick (✓) in the relevant block provided.</p> <p>The scale is as follows:-</p> <ol style="list-style-type: none"> <li>1. Strongly disagree.</li> <li>2. Disagree.</li> <li>3. Agree.</li> <li>4. Strongly agree.</li> </ol> <p>Indicate to each teaching function of the unit manager to what extent you agree with the following.</p>		

	Strongly Disagree	Disagree	Agree	Strongly Agree
	1	2	3	4
The unit manager:-				
4. Attends in service education for trained staff.				
5. Participates in drawing up an in-service education programme for trained staff.				
6. Participates in drawing up an in-service education programme for student nurses.				

	Strongly Disagree	Disagree	Agree	Strongly Agree
	1	2	3	4
7. Participates in drawing up an in-service education programme for other categories of staff.				
8. Is actively involved in presenting in-service education programmes.				
9. Attends symposia.				
10. Helps with the organisation of symposia.				
11. Attends days arranged at the college to inform unit managers of the students training programme.				
12. Contacts college staff to update herself with new developments related to student teaching.				
13. Provides a programme for orientation of student nurses.				
14. Participates in presenting the orientation programme.				
15. Draw up a check-list to check that students have been orientated to all the aspects needed.				
16. Ensures that she knows at what level of training students who come to the unit are.				
17. Identifies the student nurses' learning needs by setting objectives together with the students.				
18. Evaluates the progress of student nurses weekly.				
19. Draw up a programme to teach the student in the unit.				
20. Gives lecture demonstrations to student nurses.				
21. Is personally involved in student teaching.				
22. Gives guidance while the student is performing a procedure.				
23. Explains the reason for specific treatment of a patient.				
24. Works with the student on occasions.				
25. Assist the student in making decisions related to patient care.				
26. Provides appropriate support to the student when a patient's condition deteriorates.				
27. Coordinates with the college staff.				
28. Ensures that the student's need for clinical teaching are being met.				

	Strongly Disagree	Disagree	Agree	Strongly Agree
	1	2	3	4
29. Is a role model to students when performing tasks.				
30. Involves students in the drawing up of patient care plans for individual patients.				
31. Uses team nursing to ensure that individualised patient care takes place.				
32. Gives case studies to students to understand the nursing care of individual patients.				
33. Do ward rounds with the student nurses as it is a valuable method of imparting knowledge.				
34. Discusses the patients' treatment with the student nurses when handing over reports.				
35. Involves students in writing problem orientated records.				
36. Gives students the opportunity to plan work schedules for the unit.				
37. Delegates making out of off duties for the unit to the student nurses.				
38. Assesses the student's abilities through formal evaluation of procedures.				
39. Assesses the student's abilities through observing the student at work.				
40. Assesses the student's abilities through evaluating the delegated duties.				
41. Informs students of policies and policy changes coming from the Superintendent or Nursing Service Manager.				
42. Provides for conferences with members of the multidisciplinary team.				
43. Teaches students how to refer patients to other members of the multidisciplinary team.				
44. Informs students of the multidisciplinary team's function within the team.				
45. Act as a counsellor to students who have problems related to patient care.				
46. Act as a counsellor to student nurses who have problems related to the management of the unit.				



	Strongly Disagree	Disagree	Agree	Strongly Agree
	1	2	3	4
47. Act as a counsellor to student nurses who have problems related to their personal life.				
48. Provides sufficient teaching aids in the unit to ensure effective teaching.				
49. Makes student nurses aware of the units' disciplinary code of conduct.				
50. Makes students aware of the correct channels of communication to enable them to perform effectively.				

*Thank you very much for your cooperation.*

## **ANNEXURE 4**

# CONTRIBUTION OF THE UNIT MANAGERS IN THE TRAINING OF STUDENT NURSES IN THE CAPE PENINSULA

## QUESTIONNAIRE TO UNIT MANAGERS

- This questionnaire is used to test what you as respondents think of the health units as a learning laboratory for student nurses.
- It would be appreciated if you would read through the questionnaire and fill in each and every item by inserting a tick (✓) or answer in the relevant column provided.
- **Please note:** There are no right or wrong answers - all your answers reflect your rightful attitude and opinion.
- The value of the study depends directly on your honest, objective and thorough response to each item.
- Confidentiality will be ensured as no names, hospitals, colleges will be mentioned in writing the report.

*Thank you very much for your time and cooperation.*

## BIOGRAPHICAL AND PROFESSIONAL DATA

1. Indicate in years your present age		
2. Hospital/Community Health Centre where the respondent is working		
2.1 Groote Schuur Hospital		
2.2 Tygerberg Hospital		
2.3 Lentegour Hospital		
2.4 Valkenberg Hospital		
2.5 Emfuleni Community Health Centre		
2.6 Khayelitsha Community Health Centre		
2.7 Bishop Lavis Community Health Centre		
	<b>YES</b>	<b>NO</b>
3. Professional qualifications		
3.1 General nursing		
3.2 Midwifery		
3.3 Community health nursing scheme		
3.4 Psychiatric nursing		
3.5 Nursing education		
3.6 Nursing administration		
3.7 Clinical teaching and administration		
3.8 Others (mention)		
<p>Read through the following statements and make a tick (✓) in the relevant block provided:</p> <p>The scale is as follows:-</p> <p>1. Strongly disagree.</p> <p>2. Disagree.</p> <p>3. Agree.</p> <p>4. Strongly agree.</p>		

	Strongly Disagree	Disagree	Agree	Strongly Agree
	1	2	3	4
To what extent are the following true about yourself.				
You as unit manager:-				
4. Attend in service education for trained staff.				
5. Participate in drawing up in service education programmes for trained staff.				
6. Participate in drawing up an in service education programme for student nurses.				
7. Participate in drawing up an in service education programme for other categories of staff.				
8. Are actively involved in presenting in-service education programmes.				
9. Attend symposia.				
10. Help with the organisation of symposia.				
11. Attend days arranged at the college to inform unit managers of the students' training programmes.				
12. Contact college staff to update yourself with new developments related to student teaching.				
13. Provide a programme for orientation of student nurses.				
14. Participate in presenting the orientation programme.				
15. Draw up a check list to check that students have been orientated to all the aspects needed.				
16. Know at what level of training students who come to the unit are, in order to meet their training needs				
17. Identify the student nurses' learning needs by setting objectives together with the students, to enhance their learning in the unit.				
18. Evaluate the progress of student nurses on a weekly basis.				
19. Draw a programme to teach the students in the unit.				
20. Are giving demonstrations to student nurses.				
21. Are personally involved in student teaching.				

	Strongly Disagree	Disagree	Agree	Strongly Agree
	1	2	3	4
22. Give guidance while the student is performing a procedure.				
23. Explain the reason for specific treatment of a patient.				
24. Work with the students on occasions.				
25. Assist the students in making decisions related to patient care.				
26. Provide appropriate support to the student when a patient's condition deteriorates.				
27. Coordinate with the college staff.				
28. Ensure that the student's need for clinical teaching are being met.				
29. Is a role model to students when performing tasks.				
30. Involve students in the drawing up of patient care plans for individual patients.				
31. Use team nursing so that individualised patient care can take place.				
32. Give case studies to students to understand the nursing care of individual patients.				
33. Do a ward round with the student nurses.				
34. Discuss the patients' treatment with the student nurses when handing over reports.				
35. Involve students in writing problem orientated records.				
36. Give students the opportunity to plan work schedules for the unit.				
37. Delegate making out of off duties to student nurses.				
38. Assess the student's abilities through formal evaluation of procedures being performed.				
39. Assess the student's abilities through observing the student at work.				
40. Assess the student's abilities through evaluating the delegated duties.				
41. Inform students of policies and policy changes coming from the Superintendent or Nursing Service Manager.				

	Strongly Disagree	Disagree	Agree	Strongly Agree
	1	2	3	4
42. Have conferences with members of the multidisciplinary team.				
43. Teach students how to refer patients to other members of the multidisciplinary team eg. physiotherapist.				
44. Inform students of the multidisciplinary team's function within the team.				
45. Act as counsellor to students who have problems related to patient care.				
46. Act as a counsellor to student nurses who have problems related to the management of the unit.				
47. Act as a counsellor to student nurses who have problems related to their personal life.				
48. Provide sufficient teaching aids in the unit.				
49. Make students aware of the units' disciplinary code of conduct.				
50. Make students aware of the correct channels of communication.				

*Thank you very much for your cooperation.*