

**WHY ZIMBABWEAN STATE CERTIFIED NURSES
CONVERTING TO REGISTERED GENERAL NURSES SCORE HIGHER ON
MEDICAL -RELATED ASSESSMENTS THAN NURSING ASSESSMENTS
IN CLINICAL AREAS.**

by

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ABSTRACT

The purpose of study is to investigate why state certified nurses on a conversion programme to become registered general nurses score higher marks on medical – related than on nursing assessments during their fourth practical assessments.

The universal sample is made up of state certified nurses on a one year conversion programme. A purposive sample consisting of 20 student nurses, 10 nurse – assessors and 5 doctor – assessors was recruited into the exploratory quantitative study which was done at Kwekwe Hospital.

A questionnaire for each of the three sample groups was used to collect data to meet the study's objectives.

Data analysis yielded the main finding that students scored higher marks on nursing – related areas than on medical – related practical assessments contrary to the study's assumption.

The implication is that the student nurses were able to acquire nursing care focused skills and knowledge in spite of their former medical care biased training and nursing experience.

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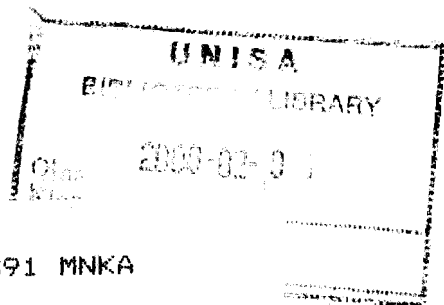
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CHAPTER 1

1.0

OVERVIEW OF THE STUDY:

1.1 INTRODUCTION:

The study sought to establish why in Zimbabwe State Certified Nurses converting to Registered General Nurses score higher on medical related assessments than on nursing related ones in the clinical area of Kwekwe General Hospital.

The researcher is a tutor at the Kwekwe General Hospital School of Nursing. The School is one of the 9 provincial schools of nursing tasked by the Zimbabwean Government to convert State Certified Nurses to Registered General Nurses thus enhancing the formers' performance in the health delivery system of the country.

It was during the course of the researcher's duty that she repeatedly received reports that the conversion course students scored higher on medical related questions than on nursing related ones during their fourth assessment. This is what made her undertake to investigate this phenomenon which was hoped to culminate in getting a research-based solution to the identified problems.

1.2 Contents of the Chapter:

This chapter outlines the whole dissertation and the five chapters are presented in their numerical order. Chapter 1 has the following sub topics, which are discussed in detail namely: -

- Background Information
- Statement of the problem
- Purpose of the study
- Objectives of the study
- Significance of the study
- Definition of terms and
- Scope of the study

1.3 **Background Information**

Traditionally Zimbabwe had 3 groups of nurses namely:-

- Nursing Assistants who trained for three years mainly at mission hospitals
- The nurse orderlies who were later renamed the Medical Assistants and were trained for 3 years as well at government hospitals.
- The third group is that of Registered General Nurses who were trained at government hospitals for a period of 3 years.

The first two groups, that is the nursing assistants, were trained to be assistants for registered general nurses and medical doctors at various levels of health care delivery. Gelfan, (1976: 130-143) states that training of nursing assistants and nurse orderlies was carried out at mission hospitals such as Waddilove Methodist Mission in Mashonaland East Province and Morgenster Mission in Masvingo Province as early as the 1930s. In contrast, the registered general nurses were training for three years at two government central hospitals namely, Harare and Mpilo Hospitals since 1958 and 1959 respectively.

Training of nurse assistants initially faced a problem of recruiting candidates due to illiteracy in the country. This was because only a small number of girls had obtained standard six (equivalent to Grade Seven today) and this was the minimum entry qualification. Traditionally, women in Zimbabwe were educationally disadvantaged though willing to do the course and families preferred that male rather than female offspring should have an education.

The Registered General Nurses were trained at government central hospitals as mentioned earlier. These hospitals were manned by experienced registered general nurses and

medical doctors including various specialists for example physicians, gynaecologists, ophthalmologists, urologists, orthopaedic surgeons and general surgeons. The registered general nurses on completion of their training were registered with the Health Professions Council of Rhodesia now Zimbabwe.

As medical care became more popular to the local people the few missionary doctors could not cope with the ever increasing work load so the government then launched a new programme to train nurse orderlies at Salisbury Hospital (now Harare) and Bulawayo (now Mpi'lo Hospital) from June 1935. The entrance requirement was a pass in standard six (now Grade 7) and the training lasted 3 years. Initially, the course was meant for males only but later females were allowed to do the course.

This nurse orderlies' course differed from that of the registered general nurses' in that the former were trained for 3 years to assist doctors that means the course it was biased towards doing the doctor's procedures such as putting up intravenous infusion, doing minor surgeries like draining abscesses, doing microscopic work to isolate schistosoma haematobium from urine or stools specimens and many other variety of procedures which the registered general nurse did not do.

The other difference was that the entry qualification for the registered general nurse's programme was initially a minimum of the Rhodesia Junior Certificate, equivalent to 2 years of secondary school. This entry qualification was later raised to 'O' level certificate, equivalent to 4 years of secondary education.

The nurse orderlies were tasked to work at rural health centres as "mini doctors" to alleviate the gross shortage of doctors in the country while registered general nurse were in charge of health care units in mission and government hospitals which had qualified medical doctors.

The nurse orderlies were trained to nurse patients as well as diagnose patients' illnesses, order medication and do some laboratory procedures as mentioned earlier.

The rural health institutions run by nurse orderlies also had the following manpower to do the work namely: -

6

- The nursing assistants who gave the nursing care to patients assisted by unqualified staff locally termed "the General Hands" who assisted the nursing assistants and the unqualified staff also did the general cleaning of the health institution.

Some selected mission hospitals such as Morgenster were later recommended by government to train nurse orderlies as well and the first candidates started training there in 1936 and completed in 1938 .(Gelfand, 1976: 150)

From the above account it can be assumed that the nurse orderly's job description was more appealing to the would be candidates than being a nursing assistant. Since the nursing assistants were subordinates to the nurse orderlies one would also assume that the former could have strived to be like their supervisors. The other reason for the nursing assistants to admire nurse orderlies was that the latter were working closely with doctors who even today are still rated as very knowledgeable people with regards to health issues.

Gelfand (1976: 150-151) stated that much later schools for the registered general nurses were opened at United Bulawayo and Andrew Fleming Hospitals after 1959 with the aim of increasing the number of qualified registered general nurses.

In spite of the introduction and sustenance of registered general nurse training the then nurse orderlies or medical assistants' and nursing assistants' training continued at a large scale. The names of these two groups of cadres were changed to State Certified Nurses (S.C.N.). The mission hospitals perpetuated this training not necessarily to meet their institutional needs but for cheap labour as well since missions at that time were not receiving monetary assistance from the then Rhodesian government.

These state-certified nurses received very little input in terms of in depth theory to guide their practical performance because qualified nurse tutors were a rare commodity if not unavailable at that time in mission hospital training schools. This was the main reason for proposing the upgrading of state certified nurses to registered general nurses. When Zimbabwe attained its independence in 1980, some provincial government hospitals were designated to train state certified nurses thus adding to the large numbers produced by mission hospitals. Examples of such hospitals were Bindura Provincial Hospital in Mashonaland Central and Gweru Provincial Hospital in Midland Province. The total output of the provincial schools of nursing was 150 candidates annually. (Unpublished Zimbabwe Nurses' Association Literature).

The co-existence of the two different nurse cadres in Zimbabwe resulted in feuds between them wherever they worked together, a situation which was unavoidable due to the way health services were organised in Zimbabwe (Unpublished Zimbabwe Nurses' Association Literature).

The reasons behind the feud were that:-

- the status of the registered general nurse was higher and so was the remuneration.
- Registered general nurses supervised the state certified nurses and wore a different type of uniform which the state certified nurses envied.
- The state certified nurse was not allowed to be in-charge of a ward and could not handle ward keys especially the drug cupboard keys.
- The state certified nurses did not believe that their training programme to become nurses had many deficits compared to that of general nurses and so felt that they were being treated unfairly. They only realised the difference after they had been upgraded to become registered general nurses, which was after independence.

Those who had completed the upgrading course asserted that their former nurse Training school had training deficits in terms of supervisory manpower and sophisticated equipment such as cardiac monitors used in the intensive care unit. The above mentioned points indicate that state certified nurses experienced deficits in knowledge as compared to the registered general nurses who were trained at more sophisticated central hospitals.

The health authorities became aware of this state of affairs and ruled that the state certified nurses should be supervised by the general nurses which angered the former.

The discontent expressed by the state certified nurses was contained only until independence then they became more vocal about their situation and demanded that the difference be rectified immediately. The grievances were channeled through their Nurses' Association which forwarded them to the Ministry of Health.

The Ministry of Health responded by allowing the state certified nurses to be upgraded to become registered general nurses. This development was decided upon in consultation with the Health Professions Council of Zimbabwe. The central hospitals were given responsibility of starting the upgrading course. In 1990 the Ministry of Health decided to phase out State Certified Nurses' training in favour of producing one type of nurse, the Registered General Nurse(R.G.N.) . The last intake of state certified nurses was in April 1994 nation wide (Zimbabwe Nurses' Association Bulletin 1995.)

The upgrading course to registered general nurse has been intensified since 1990 and selected government and mission hospital schools of nursing were tasked to do this. The total output for the upgrading programme nationally is about 120 nurses per year (Zimbabwe Nurses Association Bulletin 1995).

1.3.1 Entry Qualifications for the Upgrading Course

The candidates should be state certified nurses with minimum of 3 o' level subjects at grade "C" or better and compulsory subjects are English language (official language in Zimbabwe) and any Science for example Human and Social biology. "O" level is the title given to any student who successfully completed 4 years of secondary education and is graded by the number of subjects he or she passes. The highest pass is "A" level followed by "B, then "C' and "D" but "E" and "F" are not passing symbols.

1.3.2 Duration of the Course:

Until 1992 the course lasted eighteen months. It was then changed to twelve months. The period was cut to twelve months because it was realised that the candidates lacked theory mostly and not the practical experience. (Health professions council Training regulations for Upgrading Training Course, 1985)

1.3.3 Summary of Content of the Upgrading Course:

The detail of the programme appears in Appendix IV attached to this study and in summary the following is its outline: -

- The theory is subdivided into five study blocks spread throughout the one year period.
- At the end of each study block the students write a theoretical examination. If the student fails more than once for the same examination he or she is demoted to a group immediately behind his or her own depending on her performance.
If the performance is very poor she is asked to discontinue training.

The students are allocated to various wards to gain practical experience after each study block in order to correlate theory to practice.

Specified clinical assessments are also conducted during the clinical attachments to assess the student's competencies during various stages of training. The clinical placements should be made in a manner which ensures that the students rotate in all relevant areas for training which also assists the service area with manpower. (Health Professions Council Training Regulations for Upgrading Programme 1990).

1.3.4 Assessments for the Upgrading Course

The following assessments are specified in the Training Regulations of 1990: -

- The Aseptic Technique
- The Drug Round
- The Total Patient Care
- The Ward Administration or Fourth Assessment and
- The Obstetric Assessment for non mid-wife student nurses

Each assessment is carried out by two experienced trained nurses one of whom should be a clinical instructor except for the fourth assessment which should be done by 2 charge nurses, a matron and the ward doctor. Two assessors are required at any given time during the assessment to ensure objectivity using the relevant form- see Appendix 111,IV and V attached to the end of this study block.

The Assessment forms appear in Appendix VI,VII, and VIII.

1.3.5 The Teaching Personnel for the Upgrading Course

The following are the personnel responsible for imparting knowledge to the student nurses as well as socialising them to adopt the roles of registered general nurse on completion of training: -

- Nurse tutor
- Clinical Instructor
- Ward sisters
- Ward doctors and
- Matrons

Details of who they are will be covered under definition of terms at the end of this chapter.

1.4. **Problem Statement**

The state certified nurses undergoing the conversion course to registered general nurses were not adequately prepared to focus on doing the nurse's duties during their former training period and therefore experienced difficulties in supervising nursing care delivery at ward level, during their fourth assessment.

1.5. **Purpose of the Study**

The purpose of the study is to investigate the reasons why state certified nurses converting to registered general nurses scored higher on medical related assessments than on nursing related ones in the clinical area during their fourth assessment.

1.6. **Specific Objectives for the Study**

- i. To identify types of health centres for which the State Certified Nurse's Training programme prepared its candidates to work in on completion.
- ii. To verify whether placement of student nurses undergoing upgrading to registered general nurses in various clinical settings enabled them to correlate theory learnt with practice.
- iii. To establish whether learning of upgrading student nurses during their various clinical rotations was directed by specific learning objectives.
- iv. To determine whether clinical supervision for the upgrading student nurses was adequate enough for acquisition of the necessary nursing skills and knowledge in preparation for their final or fourth assessment.

v. To establish how the fourth assessment was carried out.

1.7. Significance of the Study

Both the nursing school and the clinical area teachers will be made aware of areas where they need to strengthen or modify their teaching approach and assessment of student nurses to promote acquisition of the desirable knowledge and skills to render nursing care to patients or supervise other nurses to do so. This will benefit the students, the patients and the nursing profession itself.

The results can be used to ask for funding to carry out the necessary in-service training for nurse educators to be maximally efficient in carrying out their duties.

The results will also equip the nurse educators with research based information to convince the nurse education authorities to initiate change of policy where necessary to promote the learning process of student nurses.

1.8. Definition of Terms

The key terms within the study are defined.

Nurse Tutors

These are registered general nurses with an additional post general nursing qualification which may be one of the following:

- 2 year Diploma in Nursing Education,
- BSC Nursing Degree with an education or teaching major,
- A Masters degree in Medical and Surgical Nursing and
- A Doctorate in Nursing Science.

(General Nurse Diploma Curriculum, 1995)

The nurse tutors teach theory and are assisted by medical doctors who periodically give lectures on speciality areas such as Paediatrics and Obstetrics. The tutors also do some clinical teaching together with clinical instructors. They also direct and co-ordinate student nurse training programmes and assessments.

Clinical Instructors

These are registered general nurses with vast experience in nursing who work both in the school and in the clinical area to teach and assess student nurses. They provide a link between the school and the service area. Their qualifications include post basic courses such as midwifery, health teachers diploma, certificate in family planning and psychiatric nursing diploma.

Ward Sisters

This group includes charge nurses, senior sisters and junior nursing sisters. These are registered general nurses with post basic qualifications such as midwifery diploma and diploma in nursing administration. The charge nurses are the ward managers. Senior sisters are experienced enough to manage wards in the absence of the charge nurses and can carry out the students practical assessments. The junior sisters are the least experienced and work closely with student nurses.

The Matrons

These are nurse administrators who are registered general nurses and some have a diploma in nursing administration. They are the most senior nurses in the hospital setting with vast experience in nursing and their main duties are to direct and supervise nursing care in the hospital. They take part in teaching student nurses. They also conduct fourth assessments.

The Doctors

These are qualified medical doctors who do not necessarily have a post graduate degree for example in Obstetrics or Paediatrics. They teach student nurses during ward rounds using case histories.

Assessment

It is an evaluation activity aimed at measuring the knowledge, understanding, skills and attitude of a student in a school of training and can be in various forms. Gronlund (1985).

In this study's context it involves evaluating student nurses' summative practical skills and knowledge. The evaluation is termed the "fourth assessment."

Test

An instrument or systematic procedure for measuring behaviour. It answers the question: how well does the individual perform, either in comparison with others or in comparison with a domain of performance tasks? (Gronlund 1985:5).

Evaluation

The systematic process of collecting, analysing and interpreting information to determine the extent to which pupils are achieving instructional objectives. (Gronlund 1985: 5) .

In the study's context the evaluation involves awarding or scoring marks for performance observed during the fourth practical assessment.

Measurement

The process of obtaining a numerical description of the degree to which an individual possesses a particular characteristic (Gronlund 1985: 5).

Fourth Assessment

It is the last assessment done by student nurses undergoing the conversion course from state certified nurse to registered general nurse. It is also termed the "Ward Administration Assessment". (Health Professions Council of Zimbabwe Nurse Training Regulations for Upgrading Programme, 1995). The students are assessed on their capability to direct and supervise nursing care delivery at ward level.

The State Certified Nurse

This is a qualified nurse who trained for an initial three year period which was later reduced to 2 years in a Mission or Provincial Hospital School of Nursing and whose academic qualification was below 'O' Level . The programme was limited in content, then termed basic nursing, hence initially called nursing or medical assistants. The medical assistants were trained to assist doctors or to do some of the doctor's duties such as carrying out minor operations for example, incision and drainage of an abscess (Gelfand 1976: 130-143).

Follow Ups

This term is used to describe nursing procedures done by a student nurse while being supervised and is designed to make a student learn to do procedures competently before the actual assessment is undertaken. All corrections are done during follow-ups.

Assessor

This is an experienced ward sister or clinical instructor or tutor who assesses the student during the fourth assessment. The individual who assists him or her is referred to as the co-assessor in the study. Two assessors are needed for each assessment to ensure objectivity during scoring of marks some of the assessors have been trained in the "Art of Examining."

Medical Related Questions of the Fourth Assessment

In the study, the researcher used this phrase when referring to questions that have to do with medical care or care prescribed by the doctor for the patients. This includes making a diagnosis based on medical history, signs and symptoms, and presenting complications, as well as investigations done to confirm the diagnosis and medications given. This information forms the basis for the assessment of the student by the doctor during the fourth assessment as the student will take the doctor's round and the doctor will allocate scores the marks.

Nursing Related Questions of the Fourth Assessment

In the study, the researcher used this phrase to refer to questions asked by nurse assessors during the fourth assessment which relate exclusively to nursing care. The questions are based on any nursing care procedure taught including the rationale for doing it. The questions include basic nursing care, ward hygiene, prevention of infection, knowledge of patients' names and care being given; ward reports, how to manage the ward and any other nursing procedure.

1.9. ORGANISATION OF DISSERTATION

1.9.1 CHAPTER 1

Background information, problem statement, purpose of the study, specific objectives for the study, significance of the study and definition of terms.

1.9.2. CHAPTER II

Review of relevant literature subdivided into the nature of clinical areas, the learning theories used in training student nurses, the learning objectives and the assessment or evaluation of learning.

1.9.3. CHAPTER III

The research methodology or research design, use of quantitative approach to collect data, the population and sample, the setting, ethical issues, the research instrument, reliability, validity and the pilot study.

1.9.4. CHAPTER IV

The setting for the study sample used, administration of research instrument, data collection, presentation, analysis and discussion.

1.9.5. CHAPTER V

Recapitulation of the study's problem statement and objectives, summary of the study, the findings, conclusion, study's contribution to clinical teaching, learning and assessment, recommendations, limitations and suggestions for further research.

1.9.6. BIBLIOGRAPHY.

1.9.7. APPENDICES

CHAPTER II

2.0

LITERATURE REVIEW

2.1 INTRODUCTION

Literature search according to Graham and Skinner, (1991:124) is meant to acquaint one with the full range of material available that is relevant to one's field and avoid the risk of "reinventing the wheel".

The information found relevant to the study in question will be presented under the following headings:-

- the nature of clinical areas
- the learning theories used in training student nurses
- the leaning objectives and
- assessment or evaluation of learning

2.2 The Nature of Clinical Areas

Clinical settings are in various forms ranging from a ward or unit to rural health centers. The researcher will confine herself to the hospital wards where the student nurses are seconded during their twelve months upgrading course. Clinical areas are indispensable for nurse training because the training involves learning by doing to acquire the much needed skills. Historically, this type of training is described as apprenticeship type training by Nightingale, Smith (1984:44). The author goes on to say that the clinical areas are places where the nurses express the calling of being a nurse as evidenced by the Sister of Charity who expressed the love of God by nursing the sick, the aged and also care for the widowed and lonely in 1633.

This information is true because many recruits to the nursing profession who enter it for monetary gains only "fall by the way side" to put it in Biblical phraseology.

According to Roland (1984: 7-8) clinical areas have a long history dating back to the Pre-Christian era though the modern hospitals which emerged later were influenced by the founder of nursing, Florence Nightingale after 1826.

Nightingale was trained by the Kaiserswerth Deaconesses to render nursing services and teach others to nurse sick people. She initiated the first training programme at St Thomas Hospital in London, in 1860.

Nightingale left a legacy that will never be subjected to extinction among nursing culture, so internalised that every graduation ceremony is marked by lamp lighting to remember this great mentor nicknamed the "Lady of the Lamp" for her service to the injured soldiers during the Crimean War in Europe (Dolan, Fitzpatrick & Hermann 1983: 162).

The above information underscores the importance of clinical areas to nursing, clinical training and practice.

Hinchliff (1986: 50 - 119) has this to say about clinical teaching and learning

- i. Patients, while in the ward, act like the ideal audio-visuals for students.
- ii. In the clinical area, learners develop their practical and social skills and at the same time develop a full sense of responsibility to become safe and competent practitioners; and
- iii. that teaching too becomes teaching for reality, thus narrowing the gap between theory and practice.

This means that clinical areas are places where nursing practice is truly set, ready to be used for various diversified roles in any community which needs the nurses' care.

Clinical areas are described as "real life" situations for the trainee nurse (Mellish, 1985: 230). The secondment of student nurses to the clinical areas during training is necessary because this is the place where they can practise nursing by actually caring for

the sick. It also means that if all the teaching takes place in the classroom and demonstration room the student nurses would find difficulties in doing procedures on the patient or would experience "reality shock" with disastrous effects.

Robertson, (1980: 30) states that student nurses see the ward (clinical area) as a place where they learn to nurse.

It is therefore essential to incorporate classroom teaching with clinical learning to make a nurse out of an individual who walks into the training school for the first time equipped only with academic qualifications.

Using a caring framework for teaching and nursing, exposes students to more than an empirical basis for practice; and to effectively teach caring, the clinical supervisors must role model the caring attributes for nursing to students (Bauer 1990: 255-266).

Bauer's statement quoted above advocates that the student nurses should be taught caring attributes through role modelling by their teachers. Attitudes are best taught this way, therefore this method is very valuable to nurse educators. Role modelling is effectively used in the clinical area by trained nurses.

A teacher must be able to organise a learning environment to promote learning whether in the classroom or clinical setting. A service area can provide as rich a learning environment as could be wished for as long as the teacher is organised enough to be able to promote learning (Raybound 1975: 8-30)

This implies that the clinical area is not as conducive to learning as the classroom setting but with good management it can be utilised to the full. In many training schools especially in Zimbabwe, student nurses are used as a second pair of hands as opposed to being supernumerary.

Searle (1976: 50-52) argues that making a student status supernumerary can create a problem in that students would be taken as outsiders. They would not be as involved in

caring for the patients as when they are part of the ward staff. It would be better to have students fully involved in patient's care to maximise acquisition of knowledge and skills. This author also observes that there is insufficient instruction in the clinical area, yet the student nurse spends most of her training period there. The nurse educators should complement student clinical attachment by clinical teaching to strengthen the supervisory capacity. The supervisors have two important roles namely caring for the sick and teaching student nurses. Both roles can be fulfilled well if the staff concerned are periodically updated in ward management and clinical teaching through continuing education.

Pohl (1987:57-58) states that there are two main constraints to clinical teaching;

- i) Firstly the ward nurse besides teaching students has other responsibilities such as ward administration.
- ii) Secondly, some clinical settings, such as where there are critically ill patients who constantly need care, do not lend themselves easily to teaching.

The above mentioned facts underscore the importance of nurse practitioners organising the clinical area to make it conducive to learning.

The following constraints to clinical teaching were also cited by (Roberston 1980:30-39);

- i. that time is a great constraint to teachers who are often too busy to teach student nurses. Ward nurses find it difficult to give care to patients and teach students as well;
- ii. the position of a student as both a learner and employee also creates difficulties as ward demands usually take precedence over learning or teaching;
- iii. distractions and anxiety about work also act as a barrier to learning for student nurses and;

- iv. that students find it difficult to apply theory learnt to practice as some of them view theory as useful only to pass examinations which is a great disadvantage.

According to Pohl (1978: 57-58) clinical teaching is also hampered by lack of preparation on the part of the clinical supervisors to teach student nurses. This makes them feel inadequate and uncertain on how to do it. In view of this, she also said that instructors should be ready and willing to assist the ward sisters to teach student nurses. She described them as "catalysts" in the teaching and learning process at ward level.

The above statement is true because general nurses' syllabus or curriculum does not include student teaching, yet on completion the graduates are expected to teach student nurses efficiently.

Pohl also states that ward environment or "climate" has a great influence on student learning affected by the ward sisters' management style. He says that good management style promotes both patients' recovery and learning at ward level. This is true because a well managed ward affords the students time to discuss conditions being treated in that ward and to ask their supervisors concerning the care given which enhances learning.

The above statements imply that students who are assessed in a badly managed ward may fail to acquire before hand all the skills and knowledge necessary to perform well during the fourth assessment.

Mellish (1985: 231) states that the clinical area as a learning environment is enriched by the fact that a great deal of clinical instruction lies in the hands of the unit sister. The unit sister is described as a traditional teacher in the clinical area since she passes on her expertise developed over the years of thoughtful observant practice and so she is of inestimable value to the student.

The author goes on to say that this task has never been taken away from her and though she needs support and assistance it is a responsibility she cannot side step.

It is in realisation of the above mentioned fact that the charge nurse has to impart that knowledge to the student during training to enable him or her to perform competently; during the fourth assessment and thereafter as a trained nurse.

The ward environment inevitably exposes the student nurses to various medical personnel especially doctors whom they interact with very closely as they render services to the patients as a team.

Historically, nurse training has been dominated by the medical model where more emphasis has been put on diagnoses and drug treatment. This has been reinforced by the fact that almost all the reading material for nurses was written by doctors. Smith (1981) says that nursing activities required obedience to medical directives and to the doctors themselves.

The above information implies that for a long time nurses have been subjected to this model of care hence most practising nurses today still regard medical procedures as superior to nursing procedures. This could be contributory to why upgrading student nurses are alleged to be performing better with medical related questions than with nursing related ones during the fourth assessment, which is the focus of this study.

Hinchliff (1986: 49-80) describes a ward as the ideal place for learning but only if its full potential is realised. She states that learning in the clinical area should be guided by objectives which are stream-lined to suit an individual student's requirements.

Appropriate experience is planned and clinical assessment for learners is very useful to monitor progress achieved. Clinical learning differs from the classroom in the sense that the former is plagued with interruptions and constraints which include the following:-

- A ward is not adapted for learning and is often less equipped even with good ward management;
- Wards are over crowded with beds, chairs, trolleys and patients;
- skills are to be exercised in cramped space, amid noise and activity of the ward;

- teaching and learning are interrupted by unexpected ward events making concentration by the student difficult;
- lack of time is a perpetual problem such as when a clinical instructor follows up a student. This is viewed as interfering with ward routine and
- staff levels to supervise or teach students are difficult to predict- holidays or sick leave may leave a ward very short of nurses.

The above cited literature indicates that both the student nurses and their supervisors have to make a great effort to ensure that the teaching - learning process progresses well since there are so many constraints at ward level. The students should realise that the clinical area is there to make them acquire the needed skills to practise nursing creditably and so should explore its potential maximally.

Hinchliff further states that the usual teaching methods at ward level are:-

- tutorials,
- individual conferences,
- discussions and
- demonstrations.

The clinical teachers at ward level are charge-nurses who should be the main resource persons; the junior ward sisters who are assisted mainly by clinical instructors and nurse tutors who usually visit the ward to offer support for students' teaching. It is also said that the charge -nurses act on a larger scale as role models for students.

Hinchliff (1986: 61) further states that among the teachers of student nurses at ward level are ward doctors. She points out that every ward has time organised for doctors' ward rounds and student nurses as learners should participate fully during these rounds and also accompany the doctor when patients are being examined.

During such procedures the learners should ask questions concerning the management of patients under doctors' care. The author further states that doctors are not prepared for teaching duties; however as they attend to patients they can teach learners, drawing on a

wealth of experience from their practice, and a few are natural teachers who enjoy this role. Since doctors are regarded as highly knowledgeable with regards to medicine, and the fact that most nurses were trained using the medical model, they tend to be very receptive of the doctors' teaching and tend to strive to please them.

Another issue related to the clinical setting as a learning environment is the fact that hospitals can be a source of infection for staff including learners and even patients and their relatives. This means that students' health must be kept at a maximum level at any given time. Hospital environments carry a greater risk of infection than any other especially nosocomial infections (Smith 1981: 166)

However, fear of contracting infection on the part of the learners either motivates them to learn how to protect themselves and the patients from infection or interferes with learning as they hesitate to do certain procedures. A Tanzanian study revealed that 96% of Tanzanian nurses are overly cautious and have negative attitudes towards the care of patients with HIV/AIDS. They were found to be of a contagion described in the study as "AIDSPHOBIA." (Kohi and Horrocks 1994) Thus the presence of AIDS/HIV patients in the learning environment can create a barrier to learning for student nurses.

The advent of HIV/AIDS provides new challenges for every nurse practitioner. It appears that innovative teaching will be an essential approach to maximise student learning.

2.3 THE LEARNING THEORIES USED IN TRAINING STUDENT NURSES

"Learning" is defined as a relatively permanent change in behaviour of a human being both in cognitive and affective fields, which is brought about by individuals' responses to specific situations (Mellish 1986:81) . This concept is so important in the teaching - learning process that it needs further explanation through theories.

2.3.1 WHAT IS A THEORY?

“A theory is invented by humans as ideas meant to explain or speculate about something, what it is like, what its characteristics and attributes are, how something exists in relation to other things, what circumstances or conditions will make things behave in certain ways and what will prevent them from behaving in other certain ways and finally how they can be used in life situations” (Douglas and Bevis 1983:12).

A few learning theories for example Pavlov’s theory have been chosen to explain how learning takes place in the clinical area.

According to Hinchliff (1986:97-113) some of the renowned learning theorists are, Watson, Thorndike, Hull, and Tolman, Kohler, Skinner, Pavlov and Bandura. Each of these theorists contributed something to our understanding of the process of learning. Most of the early works on the learning process, Hinchliff said were derived from widely different experiments with humans, rats, pigeons, dogs, monkeys and octopuses.

2.3.2 WATSON’S THEORY OF LEARNING:

The theory is about learning by “Trial and Error”. It is characterised by initial and inevitable mistakes made but eventually the skill is accomplished, provided rewards in the form of encouragement are offered every time a correct attempt is made (Hinchliff 1986:41).

This type of learning is most suited for the demonstration room teaching where a student nurse is taught to inject an orange several times till the skill is mastered before practicing it on a real patient. Learning to give an injection on a real patient without previous practice as shown earlier would give rise to inflicting pain to the actual patient and causing a lot of anxiety to the learner. This shows that the theory is quite suitable to teach student nurses to give injections.

2.3.3 **PAVLOV'S LEARNING THEORY:**

The theory is based on the experiment which yielded the result that an animal or human being can learn a new behaviour or skill by associating it with a natural characteristic or response to some stimulus given adequate time and conducive environment.

The experiment was done on a dog whose natural response to smell and sight of meat powder is salivation; (unconditioned response) and was taught to salivate with only the sound of a tuning fork used before presenting the meat powder to produce the "classical condition" response. This occurred after the dog learnt to associate the sound of a tuning fork with presentation of meat powder and the dog salivated with the sound of the fork only (Hinchliff 1986:42).

In nursing education this theory is applicable to student nurses who learn to appreciate for example that certain procedures such as giving of injection are stressful to patients. This compels them to be as gentle as possible and explain procedures prior to doing them

2.3.4 **THORNDIKE AND HULL'S THEORIES:**

These two theorists' work complimented each other and were concerned with stimulus – response as opposed to conditioning mentioned earlier. Thorndike published an article on "Animal Intelligence" in 1898. He observed the consistent behaviour of cats escaping from puzzle boxes. Learning was seen as the gradual strengthen of connections between a stimulus and a response as governed by the law of effect. This is when the stimulus and a response connection is followed by a "satisfying state of affair" then the strength of that connection is increased. Thorndike in 1913 defined a "satisfactory affair" as one which the animal does not avoid but does things which maintain or renew it (Stamminers and Patrick 1975:23-24).

2.3.4.1 **APPLICATION OF THORNDIKE AND HULL'S THEORIES:**

Student nurses when first seconded to the clinical area such as a busy surgical ward see the situation as enclosing and anxiety provoking but as they learn to deliver nursing care to patients and being corrected and praised, they continue to learn and perfect their skills. They soon find it .

non-anxiety provoking as they become comfortable using newly acquired skills to nurse their patients.

The theory is therefore very applicable to student nurses' learning in the clinical area.

2.3.5 SKINNERS' LEARNING THEORY

The theory has some similarity to that of Pavlov because it also has something to do with conditioning but it is described as putting more emphasis on "operant conditioning". This idea relates to a person's behaviour being shaped rather than simply conditioned.

The theorist experimented with a rat in a box with an iron bar and food pellets which were released when the rat operated or pressed the bar. He varied conditions for dropping the food pellets, for example putting on the light first and varying intervals for presenting the food pellets. The food pellets acted as reinforcers which made the behaviour to be repeated.

The following were the results of the experiment:-

- that a task performed well received positive reinforcement and was more likely to be repeated;
- giving a negative reinforcement to a learner for a poorly performed task makes the learner improve his/her performance;
- and varying intervals of reinforcement motivate the learner to keep on learning in anticipation of a reward later rather than immediately. (Hinchliff, 1986: 42).

2.3.5.1 APPLICATION OF SKINNER'S THEORY

When applied to teaching students in the clinical field it means that:

- the teacher constantly tries to shape the learner's behaviour towards the right desired one and extinguishes the bad behaviour.
- The theory allows learners to carry out nursing in small steps and receive feedback on their success at each stage; and
- knowledge of results is important especially when teaching the intricate skills of nursing.

According to Child (1986:89) Skinner has three main points to be remembered, namely:

- that each step during the learning process should be short and should grow out of previously learned behaviour;
- that in early stages learning should regularly be rewarded and at all stages carefully controlled by continuous or intermittent reinforcement;
- that reward should follow quickly when correct response appears, called feedback, based on the principle that motivation is enhanced when we are informed of our progress. Therefore approval of others is needed for students to learn, that is they then have a feeling of affiliation.

2.3.6 BANDURA'S THEORY OF LEARNING

The theory described as a social learning states that most learning is possible through live models to "short circuit the acquisition process"(Child 1986:100)

According to Ruch(1984: 421) the central focus of social learning theory by Bandura and others is on the process of " modeling", that is the observation of some other persons' actions and learning from those actions, without the observer necessarily either performing the action or being rewarded for it. Modeling is more complex concept than simple imitation. It refers to abstractions about behaviour rather than exact duplications of behaviour.

An example is that an observer of a model solving a ward problem may later use the same tactics to do the same on a similar problem in the same way the model would have done it, or combine actions learnt from several models to solve a dilemma encountered by the observer.

Modeling involves four major processes for behaviour to be successfully modelled and reproduced at a later date. The processes are that:-

- behaviour should first be attended to, whereby both the observed behaviour and the observer are important;
- retention or memory processes should ensure that observed behaviour is retained for later use;
- motor reproduction process govern ability of the observer to physically perform the modelled behaviour;
- motivational processes are necessary as they offer reason to do the observed act later

The theory described above works well in conjunction with Skinner's theory which talks about the importance of reinforcement and repeated behaviour. The social learning theory notes that a reward given to another person can have an effect on an observer. It also points out that self-reinforcement can be used to encourage one's own actions. All the above make learning more flexible than if action and external reinforcement were required in all cases.

Bandura's theory is very relevant to teaching student nurses in the clinical area because students can learn from their models who are the trained nurses at ward level. According to (Child 1986: 89) as cited earlier, role modelling reduces teaching time especially with reference to the teaching of affective domain related skills.

The learning theories cited above described how teaching and learning should be done in the clinical areas to ensure that students learn and internalise the desired skills and also solve patients' problems. This literature is relevant because it is meant to expose how students should be taught in the clinical area.

2.4 THE LEARNING OBJECTIVES

Having defined the term “learning” in the preceding paragraphs it is essential to define an “objective”. An objective is a description of a performance you want learners to achieve before you consider them competent. It describes an intended result of instruction itself (Mager, 1984: 5). A learning objective is therefore used to direct learning and its evaluation.

The learning objectives determine what is to be taught, methods of teaching and performance expected of the student, that is to say, it has to have inherent provision for measuring the outcome of the instruction given.

The following are the advantages of having learning objectives prior to giving instruction or teaching according to Mager, (1984:5);

- to provide sound basis for selection or designing of instructional materials, content or methods. In other words if one does not know where one is going it is difficult to select a suitable means of getting there;
- to find out whether the objective has in fact been accomplished or not; that is to say it provides for evaluation after its achievement, and
- to provide students with means to organise their own efforts towards accomplishments of those objectives.

A useful objective should be characterised by three qualities namely:-

- performance or action to be done,
- condition under which it would be achieved or done and
- criteria, which means how well one must perform to be considered acceptable.

The criterion is further defined as the “standard by which performance is evaluated, the yard stick by which achievement of an objective is assessed”. A

useful objective should be characterised by a criterion so that students will know the quality of performance expected.

A learning objective should be stated in such a way that it leaves very little or no room for misinterpretation; in other words it should effectively communicate its intent by using action verbs such as to write, to recite, to build, to compare and to identify as opposed to ambiguous ones like to know, to understand to enjoy and many others (Mager 1984: 71).

On analysing Mager's description of what learning objectives are, one can see that they are very useful in teaching whether in the classroom or clinical area to ensure that learning proceeds in the desired direction. This means that students should be given learning objectives for the clinical area to direct their learning.

Redman (1980: 84) stated that the general principles of learning are the following:-

- A major purpose of stating objectives specifically is to help the learner understand them and become self-directive;
- Self directness is also served by having the teacher explain the goals and provide a model of correct behaviour as in demonstrating catheter care and indicating what learners should be able to do and when.

The author said:

- After seeing how well the learner is doing, the teacher provides reinforcement or feedback for desired behaviour which includes correcting errors promptly; thus self-directed learning is guided without waste of time and energy.
- Satisfaction from learning acts as a motivator in self-directed learning
- The teacher assists by setting realistic goals with the aid of the learner.
- If steps are too easy the learner lags, if too difficult, the learner feels overwhelmed and discouraged.
- The teacher should constantly progress to reset goals where necessary.

- The material given, if meaningful to the individual learner, is learnt more readily and remembered for a longer time than the less meaningful material, this refers to the learner's experience in relation to new information.
- There is always transfer with previous experience of prior learning to new learning in any individual with previous experience as opposed to someone with no experience of any sort.
- Forgetting after being taught something is either due to disuse of learnt material which would lead to "decay" or interference from other learning. The third reason is that:
 - The forgetting could be motivated and is in the subconscious mind for example an individual would want to forget an embarrassing situation experienced as quickly as possible.

The principles of learning outlined above serve to emphasise how a student should be assisted to learn apart from having learning objectives. This should be adopted by the clinical teachers of student nurses to maximise their learning.

Objectives can be classified into classes and the classification is called the Bloom's "taxonomy" in education circles. Bloom and his associates classified objectives into three major domains namely:

- cognitive objectives which put emphasis on remembering, reasoning, concept formation and creative thinking;
- affective objectives which emphasise motive qualities expressed in attitudes, interests and emotion and
- psychomotor objectives emphasise muscle and motor skills and manipulation in all kinds of activities such as doing procedures for example in hospital units.

Although there are three domains for which learning objectives can be constructed the important point still remains that each objective should indicate a performance condition for its achievement and a criterion for evaluation.

According to Pohl, (1978: 49) “once the nurse and the learner discover what the learner needs to know, a plan for teaching must be developed.” The first step in this plan is the formulation of objectives.

She said an objective is the goal or purpose of an activity, in this case it is a statement of what the nurse and the learner hope to accomplish together in this teaching-learning experience. The advantages she pointed out for setting objectives are:

- to direct learning,
- to define what is to be accomplished and
- to serve as a key to the evaluation of teaching and learning.

Tyler (1984: 3) said that educational objectives become the criteria by which materials are selected, content is outlined, instructional procedures are developed and tests and examinations are prepared. He also said that if the educational programme is studied systematically and intelligently educational objectives should be identifiable. On analysing this information one finds that the author is talking about broad objectives from which the specific learning objectives should be derived, and should be clear, useful, unambiguous and measurable. This has served the purpose of emphasising that all learning should be directed by set objectives.

2.5 ASSESSING OR EVALUATING LEARNING

Assessment is the process by which the quality of an individual’s work or performance is judged. In schools the assessment of learning is usually carried out by teachers on the basis of impressions gained as they observe their pupils at work or by various kinds of tests given periodically. The assessment could either be objective or subjective. Objective testing is applied to any form of educational assessment in which prejudice, partiality or other distorting effects do not play a part.

Subjective testing or assessment is used where objective form of assessment cannot be performed satisfactorily because the qualities to be assessed cannot be

related to a fixed scale. Opinions, impressions, feelings and personal values play an important part in subjective assessments (Farrat 1991:146-147)

The author went on to say that measurement in the form of assessment in education just like in any other field of science requires instruments calibrated according to a scale. The commonest instruments used in education are tests and examinations which if well constructed can successfully measure pupil's performance on a percentage scale and clearly discriminate between their merits. Although the author was referring to general education the principle is the same in nurse training where tests and examinations are also used to assess progress and practical tests called clinical assessments are included to see what progress has been achieved.

The author cited above talks about monitoring the pupils' progress as the focusing of attention on a process or performance with the objective of drawing attention to particular features that may require corrective action. It is therefore practised regularly by evaluators and should be habitual with teachers.

Standardisation was discussed saying that when used in education, assessment refers to the process by which tests that set out to measure specific qualities such as intelligence, aptitude and personality are made into accurate statistical and reliable measuring instruments.

The author summed up the discussion by saying that increasing attention is being given in education to the process of evaluation whereby the efficiency and effectiveness of teaching and learning are assessed. This has made it necessary for teachers to be more critical of the curricula they teach and the methods they use and to know how to evaluate their own teaching.

Child (1986: 370) refers to evaluation as meant to assist in refining the learning process as well as in measuring the acquisition of knowledge.

He describes the two types of evaluation namely; formative and summative evaluation. Formative evaluation takes place during the developmental stages of a curriculum and is a continuous process.

It can be used when the curriculum is well established for its re-appraising .

Summative evaluation on the other hand is used when the curriculum is well established and measures achievement of those on the course as well as effectiveness of the course.

The author ends up by saying that the aim of evaluation is concerned with the vale of the course using group performance of the pupils in knowing, understanding and applying the skills specified.

The above statement tallies well with what the clinical assessment aim for in Nurse Training. Robert (1969:30-39) states that evaluation of pupil progress is a major aspect of the teacher's job. Testing forms the basis for evaluation of progress.

Evaluation serves four functions, namely:

- a. To motivate the student to study or polish up psychomotor skills. It determines though there are variations, when to study, what to study and how to study. Well constructed examinations can give students an opportunity to test out their knowledge and with prompt and constructive feedback can motivate students to improve on their performance. Poorly constructed ones do the opposite or misdirect learning.
- b. To diagnose problems and for instruction of learners. The teacher plans lessons based on what knowledge and skills should be achieved and tests will indicate if learning of underlying material has been gained.
- c. To define teaching objectives or to make the students realise or know what skills, abilities and knowledge are important in the subject area. It also serves to prevent doubts in the students' minds concerning what he/she should learn, whether it is part of the test or not; in other words the evaluation in the form of a test provides a guide on what is to be learnt.

- d. For differentiation and certification of pupils. Evaluation is also used to appraise individual differences in achieving various objectives by awaiting marks or specific recommendations for elevation into another grade or category. It is a basis for recommending certain students for certain jobs. All objectives should be achieved and measurable.

Robert (1969: 435) discussed limitations of rating procedures and how they can be minimised.

These are:

- a. Generosity Error: this means unwillingness on the part of the assessor or evaluator to make unfavourable judgements of the fellow workers and is mainly pronounced if one identified with the appraised. It is mostly observed as Grade Equivalent: that is awarding average score.
- b. Differences in rater standard, especially if the difference is very wide.
- c. Halo Error : this is a tendency to respond to other persons as a whole in terms of one's general liking or aversion and difficulty in differentiating between specific aspects of the individual personality.
- d. Limited contact between the person doing the rating and person being rated both in amount and in type of situation in which seen.
- e. Ambiguity in the meaning of the attributes to be appraised.
- f. The covert and unbearable nature of many of the inner aspects of personality dynamics.
- g. Instability and unreliability of human judgement.

He went on to say that in view of the above limitations it is suggested that ratings will provide a most accurate portrayal of the person being rated when:-

- a. Appraisal is limited to those qualities that appear overtly in interpersonal relations, and
- b. the qualities to be appraised are analysed into concrete and relatively.

- specific aspects of behaviour and judgements are made of these behaviours
- c. A rating form is developed that forces the rater to discriminate and has controls for rater difference in judging standards.
 - d. Raters are used who have the best opportunity to observe the individual and situations in which he would display the qualities to be rated. This point is taken care of in clinical assessment because the fourth assessment is done by the Ward Charge Nurse who has been with the student longest and a co-assessor of the same calibre.
 - e. Raters are "sold" on the value of the ratings and trained in the use of the ratings instrument
 - f. Independent ratings of several raters are pooled when there are several persons qualified to carry out rating.

Tyler (1984: 180-124) has this to say about evaluation. After completing preparation of a curriculum guided by objectives, evaluation must complement the exercise by identifying the effectiveness of that curriculum.

This is supposed to check validity of the basic hypotheses upon which the instrumental programme has been organised and developed. It also checks the effectiveness of the particular instruments that is, the teachers and other conditions being used to carry forward the instructional programme. Evaluation indicates how effective curriculum is and in what way it needs improvement.

Evaluation is essentially the process of determining to what extent the educational objectives are actually being realised by the programme of curriculum and instruction. Since educational objectives aim at changing behaviour it means evaluation will determine the degree to which these changes in behaviour actually take place.

Taking into account that evaluation indicates to what extent change has taken place, it is imperative that checking should be done more than once to get a good picture of the progress of learners.

This means that it is folly to undertake evaluation only at the end of a programme without knowing where the students were before. Basically, evaluations should be undertaken at various intervals during the programme then at the end to measure the change well. The terminal one is necessary to see if the student still remembers all relevant information or skills for the course.

2.5.1 EVALUATION PROCEDURES

According to Tyler (1984 : 110-115) evaluation tests each objective to see if it has been achieved or not. Procedures act as specifications for evaluation. The following steps should be followed in order to formulate an evaluation procedure.

Step 1: Objective situation should be created to give the student a chance to express self.

Step 2: Identify situation to give the student a chance to express the behaviour implied by the educational objectives, (give them an opportunity to display this behaviour) so one can tell whether the candidate is competent or not. It is also necessary to encourage or evoke the behaviour to see if the objective has been met.

Step 3: Examine available evaluation instruments, choose the most appropriate to test the specific change of behaviour. Check every evaluation device thoroughly for validity and ensure that the situation can evoke the desired behaviours.

Step 4: Choose instrument or construct one to suit particular objectives.

Step 5: Try out one instrument that is testing it. This is to rule out inappropriateness of the tool, also consider whether the wording is proper and whether it can be satisfactorily used.

Step 6: Do the measurement and record the results. The evaluator is warned that giving a percentage only without summarising the particular strengths and weaknesses of each student does not give a better picture to be used to improve the curriculum.

Step 7: Plan of evaluation should be developed before scoring and rating is actually done.

Step 8: Determine how far these ratings or summary methods are objective. Two different persons presumably competent would record similar scores or summaries if scoring for the same behaviour. If the difference is very marked depending on who did the scoring then the instrument is subjective and requires improvement with regard to its objectivity to be more satisfactory.

After a trial run of each instrument one should check to see if the sample of behaviour is adequate. Reliability should also be considered, that is how dependable is the result obtained. There are three criteria which should be fulfilled in any evaluation exercise namely, objectivity, reliability and validity.

Validity applies to the method used and indicates the degree to which an evaluation device actually provides evidence of the behaviour desired. Face validity means evaluation instrument is valid on the face of it because it directly samples the kind of behaviour which it is required to appraise.

Examples are: by observing directly the food children select as basis to infer food habits; or through correlating a particular evaluation device with result obtained by a directly valid measure.

evaluation
 X Tyler stressed that evaluated instruments need continuous reviewing and improvement to remain valid and reliable. He also discussed seven functions of evaluation. (Tyler 1984: 124-125)

- a. The main function is to identify the strength and weaknesses of the curriculum.
- b. It is a powerful device for clarifying educational objectives if not clearly defined in the curriculum planning process.
- c. It has a powerful influence on learning.
- d. It influences teachers and their emphasis by the sort of evaluation which they expect to be done.
- e. Evaluation can be used continuously during the year as a basis for identifying particular points which need further attention or emphasis in the curriculum.
- f. Evaluation helps in the individual guidance of students.
- g. Evaluation indicates the success or failures of the schools to their clientele to promote or downgrade it; that is popularity is determined by evaluation results.

This means the results should be translated in terms that are understandable to parents and public in general.

Gronlund (1985:5-21) asserts that evaluation differs from measurement in the sense that the former includes value judgement as illustrated by the diagram below:

2.5.2

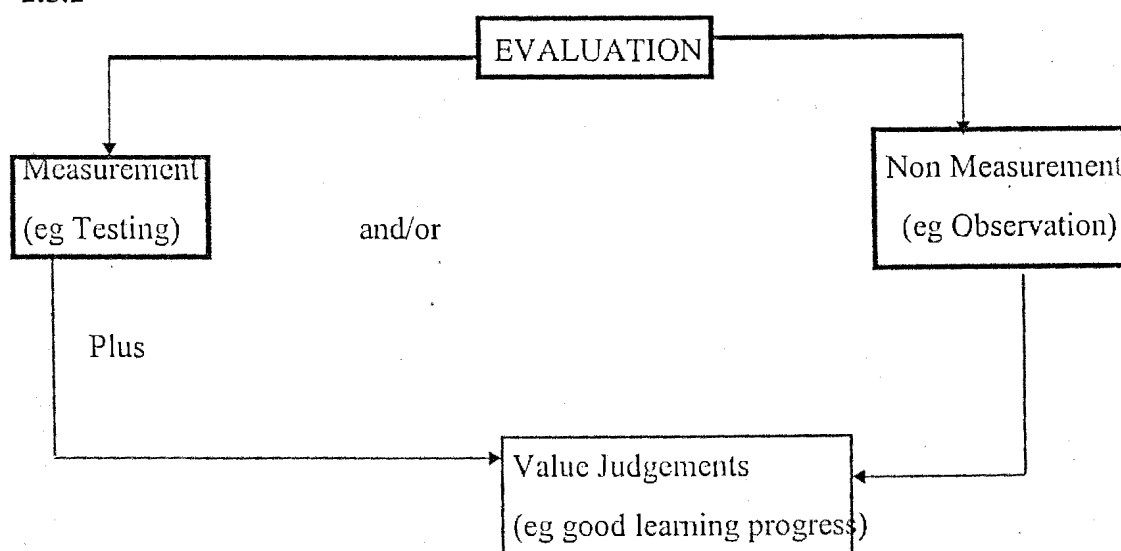


Fig. 2.1: Role of Evaluation Techniques and Value Judgement Evaluation (Gronlund, 1985:6).

EVALUATION DIFFERS FROM MEASUREMENT: GRONLUND

(1985: 6):

It is useful to make a judgement following evaluation, therefore it is a more comprehensive definition than measurement.

Commenting on the onus of evaluation results, Gronlund states that pupil or student evaluation is often regarded as principally benefiting the teachers and administration; an attitude which overlooks the direct contribution of evaluation to pupils or students. If properly used evaluation procedures can contribute to student learning by:

- clarifying intended learning outcomes,
- providing short term goals to work towards,
- offering feedback concerning learning progress, and
- providing information for overcoming learning difficulties and selecting future learning experiences.

Information from carefully developed evaluation techniques can also be used to assess and improve instructions and such information can aid judging:

- the appropriateness and attainability of instructional objectives;
- usefulness of the instructional methods.
- the effectiveness of the instructional methods.

Therefore evaluation procedures can contribute to improvements in the teaching – learning process itself. Evaluation also assists in various administration and guidance functions. An illustration of the instructional process and the role of evaluation is presented on the next page to emphasise that the two aspects of education work hand in hand for successful results.

2.5.3

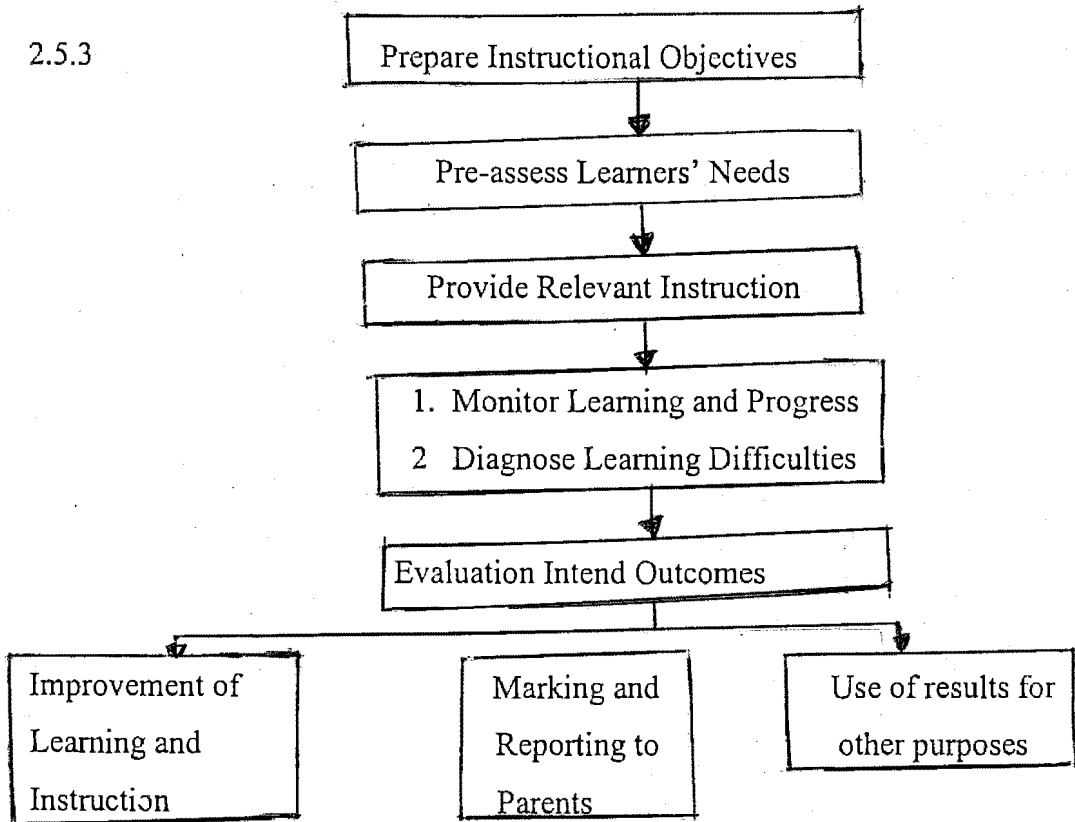


Fig 2.2. Simplified Instructional Mode(Gronlund 1985: 8)

The diagram above affirms that the main function of evaluation is to improve learning and instruction otherwise all other uses are either secondary or supplementary. Gronlund (1985: 18-20) summarised the discussion by stating five principles or guide effectiveness of specific procedures and practices.

These principles are:-

- a. Determining and clarifying what is to be evaluated always has a priority in the evaluation process. This means that no evaluation devices should be selected or developed before purpose is defined or established and that to evaluate students' progress the first step is to clearly identify outcomes to be measured.
- b. Evaluation techniques should be selected according to the purpose to be served. This means that the appropriateness of a technique for the intended purpose should be paramount in its selection, that is considering its accuracy, objectivity and convenience.
- c. Comprehensive evaluation requires a variety of evaluation techniques. This – (continued on next page)

principle is very applicable to student nurse evaluation because they have to exhibit various behaviour changes such as manual dexterity in doing procedures and attitudes towards patients. This is why student nurses undergo theory and practical assessment hence the fourth assessment under study.

- d. Proper use of evaluation techniques requires an awareness of both their limitations and their strengths. This principle is saying that an evaluation tool should be carefully devised or selected to minimise its limitations and demands that it be used by highly skilled personnel in its use or those who have vast experience in its use.
- e. Evaluation is a means to an end not an end in itself. This means that evaluation must be viewed as a process of obtaining information on which to base educational decisions to avoid misuse of tests and other evaluations techniques and that the process should be reviewable and modified where necessary or changed.

Gronlund (1985 : 21) in summary stated that evaluation can take four forms namely:-

- placement evaluation which determines entry behaviour,
- formative evaluation which monitors learning progress,
- diagnostic evaluation which identifies causes of learning problems and
- summative evaluation which measures end of course achievements.

All the above forms are used in nurse training for the reasons also outlined above. However, the study being undertaken focuses on the summative evaluation with regards to testing practical ability in administering the ward or unit in a hospital. Mellish (1985: 285-312) gives her views on what evaluation is all about. She starts off by defining the word "evaluation" as a systematic process whereby a valid appraisal can be made of desired behaviour, skills and attitudes regarding a described level of proficiency in the art and science of nursing. This systematic process must take place under the direction of a competent person or authority. To answer the question: What is to be evaluated in nursing? She says that nature of evaluation for a nurse is very embracing. It covers acquisition of knowledge in human anatomy and physiology and its application to delivery of health care to many human beings. Each of these human beings is unique with different reactions physically, physiologically and psychologically to illness or its

threats and to treatment or medication. Patients lives depend on the judgement of the nurse; who is the person to be evaluated. She mentions that evaluation is more complex now that nursing has moved from aiming at teaching how to carry out doctor's orders to attending to personal cleansing and dressing for those unable to do it for themselves.

Today nursing aims at a much wider field as society is dynamic. It is also said that doctor's prescriptions today because of iatrogenic effects of many drugs require a more knowledgeable nurse since she is the first to notice the signs being with the patient longer than the doctor who at most sees the patient for a few minutes.

The nurse's skills are definitely more and range from stitching a wound to operating the electronic machine breathing for the patient and alerts the doctor at the earliest sign of distress. She is also responsible for disaster planning and action in such circumstances in addition to the above.

Considering that the nurse on qualifying has to care for both healthy and sick people of all ages in various settings she must be evaluated for the following qualities: ability to think, to grasp ideas and communicate effectively, adaptability, curiosity, self-confidence, independence of thought and power to make critical judgement.

This means that there is need for a system of well planned and selection of various methods of evaluation that are able to cater for the above mentioned multiple desired outcomes and should be formative, diagnostic and summative in form.

This would enable the evaluators to declare the candidates competent for release into the nursing practice circulation.

Mellish (1985 : 287) stressed that evaluation must be purposeful and summarised the purposes as follows:-

- a. to determine whether the end product is safe to practise both her independent and dependent functions to protect the society she serves;
- b. to assess what progress the student is making in achieving goals as the course

progresses and is repeated at intervals to decide promotion to further stage;

- c. to supply individual students with an idea of his progress to maintain or improve her performance since knowledge of results is a motivating factor in learning;
- d. to enable the nurse - educators to assess the results of their teaching so as to improve, review or renew methodology as necessary;
- e. to clarify and redefine educational objectives;
- f. to provide certification of satisfactory completion of a course to meet registration or enrolment requirements and enables successful candidates to practise his profession;
- g. to determine if candidate is suitable or ready for promotion;
- h. to determine whether an applicant for a post - basic course is a suitable candidate for a course;
- i. to train those who have not yet acquired evaluation skills;
- j. to have a reliable record of information on those for future reference;
- k. to keep personnel on their toes with regards to what they are expected to know or do by use of a system of continual evaluation and making the results available to them;
- l. to describe whether the programme as a whole and not the individual product is succeeding, and if not, why? This includes determining continuation of programme change or need for in service training for staff.
- m. For student evaluation of their courses and teaching personnel it is a valuable exercise.

The principles of evaluation according to Mellish (1985 : 289) are:-

- a. Objectivity should be defined and observable in terms of what should be measured in terms of :-
 - expected student knowledge at beginning of training;
 - interpersonal skills;
 - habitual performance as opposed to performance under examination type of conditions;
 - valid skills performance at level of training;
 - safety of patients;
 - relevance of behaviour being tested and

- ability to express interpretation in writing or oral reports.
- b. Continuity in evaluation process is an integral part of learning or teaching situations.
 - c. Feedback to students is very important to guide learning or progress.
 - d. Evaluation should be carried out according to the educational programme and its stated objectives.
 - e. Valid measuring instruments should be used to measure accurately what they are intended to measure.
 - f. As many persons as possible concerned with education of students should be included in evaluation in order to have a pool of evaluators.
 - g. There should be regular analysis of and research into evaluation results to ensure that they are still valid.

To answer the question about when evaluation should be done the author said that this is usually specified in the programme. The teachers can be flexible as to when diagnostic evaluation is to be done but for summative evaluation, specific dates are set before hand.

The investigator pointed out that clinical evaluation or assessment should be done in real life situations that is, on patients to assess the candidates' competence as opposed to simulated situations which are "artificial" and were used in the past. The change was necessary to avoid what one author called "reality shock" when doing the same procedures on actual patients on completion of the training.

Disadvantages of doing assessments in the clinical settings are:-

- may interfere with ward procedures;
- real life situations are difficult to repeat for a group of students being evaluated on procedures, and
- the student evaluated may have difficulty reacting normally in an examination type situation so if possible should be made as part of the routine work to perform normally.

2.5.4. ADVANTAGES OF SIMULATION FOR ASSESSMENT ARE:

Simulation means taking the appearance of something else or imitating or Mimicking the reality. (Armstrong, Howe, Smith P. Smith M, and Snider 1979: 853)

According to Mellish and Brink (1989:146), simulation requires the student to demonstrate a skill or technique in a simulated situation, that is a situation which has been made as near to the real thing as possible. In other words, simulation tries to produce the essential aspects of a situation to make it as close to reality as possible.

- * Simulation represents a real life situation that is when actually called upon to practice in real life the situation is quite similar and so the skill can be expressed with minimum difference.
- It is less anxiety provoking for the student.
- There is little or no risk to patient or student during practice.
- It is possible to set up the same set of circumstances for groups of students.

However, no matter how helpful simulation can be it cannot replace real life in term of its value though it may be the only alternative in situations such as:

- unavailability of real-life situations to evaluate the students competence yet the techniques are essential,
- patient is in real danger unless cared for by skilled person or may require long term assessment which the evaluators cannot afford, and
- technique demands actual situation for example cardiac arrest yet during such conditions only experienced personnel need to do it so models are used instead (Mellish 1985:308).

Hinchliff, (1986:93-96) had this to say about evaluation of student nurses: that it is always time consuming but necessary for certain purposes especially the basic levels of knowledge and skill acquisition and that it should be used without judgement. She stated that evaluation should be done by qualified people who appreciate that testing is done to establish whether the training and education of the nurses was proper. She then said that while training is acquisition of knowledge and skills for a specific, education on the other hand goes further than this.

She said it stimulates the development of rational thinking, of critical and creative abilities so that an educated person is able to employ any knowledge and skills he may have in a variety of ways and contexts. The educated person is characterised by what she can do, and more by what the process of learning and knowing has done to her.

All this means that the student nurse programme should produce an educated nurse not only trained, but one who is very articulate and evaluation tools used, should be able to test this.

Abbah and Mac Mahon (1989:228) state that "evaluation is important to see what type of product was produced" The whole point of organising and teaching a course is to produce effective health workers. If the exercise is ineffective then one has to find out what went wrong and where, this means evaluating all the stages. The teachers should make use of continuous assessment data to assess how the candidate is faring. It is said that it is important to follow the products in the field of practice to find out from them whether the course was relevant or not and if not then some changes are needed to suit the job description.

In nursing the researcher feels that this should be done periodically to see if the programme is still relevant or needs modification or change altogether. Another author, Harding & Greg (1994:118-123) state that paucity of assessor preparation and utilisation of assessors with limited professional experience is a direct result of the practitioners' unaccountability for teaching, supervision and assessment of learners.

The above statements indicate that the level of accountability on the part of practitioners responsible for teaching, supervision and assessment of students, should be raised or enhanced by for example in service training and perhaps incentives to improve the quality of student nurse's training to become competent practitioners.

2.6

CONCLUSION

The literature cited consisted of the following topics namely:-

- Nature of clinical areas which are described by various authors for example Searle (1976:50-52).

- Learning theories as quoted from various books, for example Pavlov's theory Hinchliff (1986 : 42).
- The learning objectives as described by (Mager 1984 : 5).
- Assessing or evaluating learning as described by example (Gronlund 1985 : 6 - 21).

The literature documented as a whole has shed light on what other authors say about the subject being studied and will assist to direct the study.

3.0

CHAPTER III

3.1

THE RESEARCH METHODOLOGY:

3.2

INTRODUCTION:

The chapter discusses the research methodology which includes the following sub topics:

- Type of research design
- The setting
- The ethical issues
- The population of the study
- The sampling technique
- The sample size
- The research instrument
- The reliability and validity
- The pilot study

3.3

TYPE OF RESEARCH DESIGN:

Treece and Treece (1986:113) define research design as a scheme of action or frame work for answering research questions. This means that it maps out how the researcher has to organise the strategy to obtain the necessary data required to accomplish what is to be tested or established for the study in question.

Of the many designs that can be used to carry out various research studies the investigator chose an exploratory and quantitative approach because it entails gaining new facts in the actual settings by Treece and Treece (1986:113). This fits well with what the investigator intends to do for this study, that is obtaining data from the subjects.

The researcher opted to collect data from a sample composed of three different respondents namely, student nurses undergoing a twelve month upgrading course to become registered general nurses, their supervisor who are the trained ward

sisters and the ward doctors. The data collected was analysed to meet the study's objectives.

The researcher used a questionnaire as a research tool to obtain the required data.

Treece and Treece (1986:114) state that if one uses a questionnaire for data collection the following issues should be addressed prior to its use:-

- testing of the instrument,
- sample size and
- ethics concerning the participants

The advantages of choosing a quantitative approach or a descriptive survey method for the study are that:

- Information will be directly obtained from the trained ward sisters and doctors who supervise students.
- It will provide insight into training of student nurses, suggest the kind of questions to ask and indicate which direction the study should take.
- It will show clearly the people's thoughts, action, expectations and plans.
- It will provide the researcher with an opportunity to be creative since this determines the area to be surveyed and the methods to be used to extract facts.
- It will indicate a definite purpose and a known goal for training student nurses.
- It will also probe attitudes, reveal problems and uncover strengths in the sample.

The disadvantages of using the descriptive method are as follows:-

- it offers little control over extraneous variables and that
- if the instrument used is not valid and reliable this will be reflected in the study result (Treece and Treece 1986:176-177).

However, the researcher tried to minimise the effects of the disadvantages stated above by being as objective as possible. For example, the respondents were required to fill in the questionnaires individually to avoid distortion of the results. Reliability and validity were ensured by carrying out a pilot study.

The outcome of the pilot study provided the researcher with an opportunity to improve clarity of questions and to avoid ambiguity in some questions.

3.4. THE SETTING

The Oxyford dictionary (1978:779) defines a setting as a surrounding for anything. For the purpose of this study it means the area where the study took place.

The study was done at Kwekwe General Hospital which is one of the largest district hospitals in the Midlands Province of Zimbabwe. It is a 300 bed government hospital in the city of Kwekwe and is made up of the service area and the school of nursing. The hospital admits 3 600 patients per year. The nursing staff includes 8 charge- nurses, 79 registered general nurses and 47 state certified nurses.

Kwekwe City is situated 225 kilometres west of Harare City on the main Harare - Bulawayo highway.

The hospital serves as a referral centre for the whole district which caters for a population of 301 156 people. This institution has various departments which are consistent with its status as a general hospital. However, complicated medical cases are referred to the provincial hospital namely, Gweru General Hospital which is 58 kilometres away along the same highway towards Bulawayo City.

The Nursing School runs two programmes namely: the twelve months upgrading of state certified nurses to registered general nurses; and the six months upgrading of state certified maternity nurses to state certified midwives. Thus, 20 candidates per programme per year are enrolled, giving a total establishment of 40 students per year.

The study will focus on the students doing the one year upgrading programme. These students were observed to be scoring higher on medical related questions than on nursing ones during their fourth or final clinical assessment before they qualified as registered general nurses.

3.5. THE ETHICAL ISSUES

Treece and Treece (1986: 126) refer to ethics as issues concerning the researcher's conduct during collection of data. It also concerns morals. This is meant to protect the subjects used in any study, because they have rights of their own which should be respected.

To ensure safety of the subjects and also prevent violation of human rights the following were done:-

- a letter was written to the Medical Superintendent of the hospital who is also in charge of the school of nursing to seek permission to carry out the study. (A copy of the letter is annexed to this study) Appendix Number I.
- Each questionnaire was accompanied by a letter asking the respondent for permission to use him or her as the study's subject and the consent was given by all the participants. The letter explained the nature of the study and the intended use of the findings for informed consent, see Appendix II.

The investigator intends to give feedback of the findings to the medical superintendent and the respondents on completion of the study to motivate them to be future subjects for other studies to come.

3.6. THE POPULATION OF THE STUDY

Treece and Treece (1986:215) define population as "the entire number of units under study (the whole) for example, all inhabitants living in a city including every man, woman and child living within the city limits".

In this study the population is composed of student nurses undergoing a one year conversion course to qualify as registered general nurses; experienced registered general nurses who supervise these student nurses in the clinical areas; and doctors in government run district nurse training hospitals in Zimbabwe.

3.6.1. THE UPGRADING STUDENT NURSES

These are qualified state certified nurses who were trained either at Mission Hospitals or designated provincial government hospitals for a three or two year course depending on when they were trained as stated in 1.3. Their recruitment is centralised or done from head office of the Ministry of Health and Child Welfare. Each school when ready for an intake asks for an interview list from head office.

The entry qualifications are a minimum of 3 O-Level subjects at "C" or better (for explanation see 1.3.1. Page 7) and two of the subjects should be English language and a science subject. Each candidate should have 2 or more years of nursing experience. The students come for training on salaries from their various employers.

They come into training usually with a vast practical experience in nursing hence the programme is shortened to twelve months and more time is spent on theory which was identified to be lacking.

3.6.2. THE EXPERIENCED GENERAL NURSES

This group of nurses is composed of two categories namely the charge nurses and the matrons. Eight charge nurses and two matrons were included in the sample, making a total of ten participants.

The charge nurses are in charge of wards or units in the hospital while the matrons are their direct supervisors. These two categories of staff are called the "nurse-assessors" in the study.

Their qualifications are spelt out in 1.3. They are responsible for ensuring that each student is competent in rendering nursing care to the patients before he/she completes training to be a safe nurse practitioner.

3.6.3. THE WARD DOCTORS

The ward doctors, who include the hospital superintendent, assess the students too during the fourth assessment. Prior to doing the assessment, the students practise to do ward rounds on a daily basis with these doctors in various wards. Five ward doctors were included in the study.

The ward doctors are qualified medical practitioners who are capable of handling most medical conditions in general and only refer complicated cases to the next level of care that is the Provincial Hospital where there are resident specialists. At Kwekwe Hospital the specialists come regularly to support the local doctors or do major surgery on certain days of the week.

During the fourth assessment the doctors ask the students medical related questions as spelt out under definition of terms. The assessment also includes how well the student presents a patient to the doctor during the round and how things like laboratory results are shown in the patients case notes which will facilitate prescription of treatment for the patient.

The observation made was that student nurses usually do better on this aspect of the fourth assessment than on questions about actually caring for the patient.

The population described above was chosen because the researcher felt that it was going to give information required to identify reasons why students score higher on medical related assessment than on nursing care related ones during the fourth assessment.

3.7. THE SAMPLING TECHNIQUE

The sampling technique used is purposive sampling. According to Treece and Treece (1986: 217), the purposive sampling technique involves the selection of some special groups by the researcher because there is good evidence that it is representative of the total population one wishes to study. The other point is that it takes care of all the characteristics that need to be studied by including a sample of each targeted group.

The investigator wished to obtain data from the three different groups of health personnel involved in carrying out the fourth assessment namely:-

- the student nurses, who are assessed,
- the nurse assessors who supervise the students to acquire knowledge of giving nursing care to the patients and assess them as well;
- the ward doctors who treat patients and assess their progress on a daily basis as well as teach student nurses during ward rounds and then later assess them.

From the above account it is clear that the three groups had to be represented for the results to be meaningful.

3.7.1. THE SAMPLE SIZE

The sample size was limited to the following figures namely:-

- 20 student nurses,
- 10 nurse assessors and
- 5 doctor assessors due to reasons given below.

The reasons for selection of this sample are given below:-

Firstly, due to organisational requirements a general hospital such as Kwekwe is allowed 8 charge nurses and 2 matrons of Grades III and II and a maximum number of six doctors. Secondly, the schools of nursing at district hospital level are organised and run in a similar manner, so the researcher felt that the sample chosen would yield results that could be applicable to other similar schools. However, the researcher bearing in mind that the size of the hospital is small in terms of manpower including the number of student nurses, decided to use both the purposive technique for sampling and also a convenient sample by including all the targeted subjects.

3.8. THE RESEARCH INSTRUMENT

An instrument is defined by Treece and Treece (1986: 237) as a tool used to obtain data. It takes various forms namely: the questionnaire, interview schedule or some other type of tool for eliciting information. Authors prefer to refer to an instrument by its name for example the questionnaire or checklist. The instrument chosen for this study is the questionnaire.

Treece and Treece (1986: 238) define a questionnaire as a clerical tool used as a measuring device or a facilitator of the measuring process. It should have two important components namely reliability and validity.

Clerical tools are used to study people by collecting data on people's feelings, emotions, attitudes and judgements as opposed to mechanical tools that include machinery such as tape- recorders, microscopes, rulers and many others that can be used to collect data too but only for physical science studies.

The investigator is going to use three different questionnaires for three different categories of the sub-samples to collect data from them. The three categories of the sample are: the student nurses, the charge nurses including the matrons and the ward doctors.

The investigator developed the questionnaire. The questionnaire was based on what was being investigated.

The questionnaire for the student nurses comprised of both open ended and pre-coded questions. According to Graham and Skinner (1991: 233), open ended questions are those ones that leave the answer entirely to the respondent.

Such questions are included when there is no way of knowing what answers the respondent is likely to give or if the researcher wants quotable responses. Pre-coded questions on the other hand have a list of answers from which to choose. In a self completion questionnaire the respondent chooses the option or options.

The reason for including the two types of questions was two fold. Firstly, to help the students to focus on issues that were relevant and secondly to allow them to state their opinions on the issues presented to them. The researcher decided to limit the number of open ended questions because they are both time consuming and cause problems with regards to coding and classifying the responses and also anticipated problems during data interpretation.

The charge nurses' questionnaire and that of the ward doctors have equally weighted open ended and pre-coded questions as the researcher believed the responses would reflect the samples' feeling in the open ended questions at the same time allowing precise ones with the pre-coded ones.

The construction of the questionnaire took into consideration the following aspects:-

Firstly, the questionnaire's length. It was made as short as possible to prevent respondent's boredom if a lot of time had to be used but long enough to be able to elicit the required data to answer the research questions.

Secondly, placing of questions on the tool used was carefully done to facilitate answering that is, by placing demographic data at the beginning and those that needed more thinking in the middle and more personal ones at the end.

Thirdly, the researcher also considered using simple language to enable the respondent to understand the questions easily. This was important more so that the questionnaire was answered in the absence of the researcher.

The precise wording of the questionnaire also assisted in shortening the questionnaire to motivate the respondents to answer the questions in a short space of time.

The questionnaires were chosen as the research tools because the researcher found them simpler to test for reliability and validity. Other reasons were that there was a greater chance that they would be returned after completion because the researcher planned to administer them and collect them personally to and from the respondents respectively. The questionnaires also guaranteed anonymity especially for student nurses who become rather timid in front of seniors resulting in failure to express themselves well. The questionnaire enabled the charge nurses, matrons and doctors to say their feelings without fear of causing conflict among them or exposing their lack of knowledge in aspect of students' supervision and assessments, as answers were given privately.

The questionnaires also allowed each respondent to think out the answers without rush or coercion. Questionnaires also enhanced measurement of what the study sought to find out since all subjects from each group responded to the same questions and that analysis and interpretation of data would be easily accomplished.

The disadvantages of using a questionnaire include the following :-

- it is difficult to probe the topic without making the questionnaire too long,
- it is time consuming to construct one,

- some questions could be left unanswered and a few members of the sample may not even return the completed questionnaires in spite of sending reminders and doing follow ups;
- and the researcher never gets the chance to interact with the sample subjects (Trecece and Trecece 1986: 277-278).

The researcher however weighed advantages against the disadvantages of using the questionnaire and found the advantages very favourable for its use in this study.

The researcher distributed the questionnaires to the selected population representatives initially for the pilot study within one day and four weeks later for the main study. The selected population representatives used for the pilot study were excluded from the main study. Attached to each type of questionnaire was a letter addressed to the participant asking him or her to answer the questionnaire. The participant was informed that permission to carry out the study had been granted by the hospital superintendent. Information regarding assurance on confidentiality and anonymity was also included in the letter. Date of collection of the questionnaire and who would collect it were stated as well.

Each type of questionnaire was coded according to groups of sample subjects namely: student nurses, charge nurses, including matrons and ward doctors. This was undertaken to ensure that the right type of questionnaire was handed to the right subjects and to facilitate tracing if not returned in time or not returned at all.

The questionnaires were therefore distributed as follows 20 to student nurses, 10 to the charge nurses including matrons and 5 to ward doctors. The questionnaires were collected over one week to allow for those trained nurses who were off duty to come back and to locate doctors who often cover various departments.

Those who did not complete the questionnaire up to the time of collection were reminded to do so and given an extra day to make a total of 8 days. Those that were not available on either day were counted as non responses.

3.9. RELIABILITY AND VALIDITY

These two concepts are very important in research studies since they affect all proceedings leading to findings, subsequent implications and recommendations given by the researcher. Reliability and validity are ensured if the researcher is objective in approach throughout the study. Objectivity is imperative to ensure that personal preferences do not influence the interpretation of reliability and validity.

Reliability is the ability of the research instrument to obtain consistent results. It can refer to the accuracy of the measuring instrument, Treece and Treece (1986 : 255-256). Inability to obtain accurate data using any instrument is basically due to two sources namely:-

- a malconstructed instrument for instance a questionnaire might be deficient in questioning or it might have several errors and
- inconsistencies of different individuals who collect information using the instrument.

These two factors can be minimised thus :

- by training the individuals using the instrument to do it objectively and
- by ensuring that the instrument for example the questionnaire is well constructed, questions checked thoroughly and tested before administration of the instrument.

(Treece and Treece 1986: 256)

In this study the researcher ensured reliability of questionnaire by getting the questions checked by two research experts soon after the questionnaire was constructed to test the tool and exclude ambiguity and using improper phraseology of questions. A pilot study was conducted using a sample of 5 respondents namely, 2 student nurses, 2 nurse assessors and a doctor at Kwekwe General Hospital. It was done four weeks before collecting data for the main study. Analysis of the information received was also done

personally without the help of research assistants. The pilot study indicated any misunderstandings of some of the questions by the participants and these were then changed or rephrased.

3.9.1. VALIDITY

Validity means the ability of the instrument to measure or test what it is meant to test. Treece and Treece (1986: 261). An instrument which fails to fulfil this is not worthy using because it will not yield data needed to answer the research questions. This means that the researcher should endeavour to establish the validity of the instrument if the study is to be useful. The researcher will ensure validity by constructing the questions carefully and making use of literature cited for the study. It is also necessary to use language that the participants will understand so that they give out the required information easily.

Another way of ensuring validity is the testing of the tool during pilot study to see whether the responses will be consistent with what the researcher requires to yield findings needed to answer the research questions or test the hypotheses. The information described above assured the researcher that the instrument is both reliable and valid.

According to Treece and Treece (1986: 261-269) validity takes different forms and the researcher can choose any of them to validate his or her findings. The forms of validity discussed are :-

- Predictive validity which means the instrument used should be able to foretell what the outcome will be, for example, for the candidate's choice for a course.
- Content validity means the contents of the instrument should be able to elicit data required without any doubts.
- Construct validity means what is desired for measure is not tangible but can be demonstrated, for example with behaviour.
- Face validity means the instrument is deemed to be able to measure what it was designed to do from just observing but not analysing or critically examining it. This

means the instrument is so well constructed that one quickly concludes that it is going to do the job well.

- Internal and external validity is used in experimental situations. Internal validity refers to how valid the interpretations of the findings of the experiment are and external validity refers to how valid the generalisations beyond the study or experiment are relating to the use of findings are.
- Concurrent validity is established by checking to see if subjects are actually presently engaged in the activity or to exhibit the quality measured by the instrument as opposed to predictive validity which is future oriented.

On studying the above forms of validity the researcher chose the content validity and arranged for the checking of the questions by the content which was consistent with the relevant literature.

3.10 **THE PILOT STUDY:**

According to Treece and Treece (1986:378) a pilot study is a preliminary small scale trial of the research instrument. In the study the questionnaires were used to collect data since a pilot study always precedes the gathering of data for the actual research project. It is meant to measure the effectiveness of the research instrument.

3.10.1 **ADVANTAGES OF A PILOT STUDY:**

- It enables the researcher to detect errors or flaws in the instrument for gathering data.
- It allows the researcher to experience mistakes due to for example bad language or ambiguities in questioning. These can lead to failure to elicit the required information from the respondents. Necessary corrections can be done before the instrument is used.
- The researcher can profit from the mistakes made during the pilot study.

- It allows the researcher to go through the process of administering the instrument, gathering data, presenting it and analysing it before the main study thus giving one a chance to practice and perfect the procedure before doing the main one (Treece and Treece 1986:382).
- On analysing the above mentioned advantages one can assume that doing a pilot study prior to the main study actually motivates the researcher to get on with the main study.

3.10.2 **SAMPLING OF THE STUDY:**

Treece and Treece (1986:383) state that the sample should be at least 10% of the total sample so as to reveal any misunderstanding that might arise from wording of items. This was done by the researcher who used 2 out of 22 student nurses, 2 nurse assessors out of 12 and 1 doctor assessor out of a complement of 6. The total sample size was therefore 5 respondents and these were not included in the main study.

3.10.3 **THE SETTING:**

The Pilot study was done at Kwekwe General Hospital four weeks before the main study to allow time to study the procedure and the effectiveness of the instrument used.

3.10.4 **ADMINISTRATION OF THE INSTRUMENT:**

Since there were different questionnaires namely one for the students, one for the nurse-assessors and the third one for the doctor-assessors, they were distributed personally to the respective respondents within a day and collected personally three days later to ensure the return of all the filled in questionnaires.

3.10.5. RETURN RATE OF THE THREE QUESTIONNAIRES

All the 5 questionnaires were returned in record time having been completed. Thus indicating that the respondents were very co-operative in this exercise.

3.10.6. EXAMINATION OF RESPONSES FOR THE STUDENT QUESTIONNAIRE

All the responses to the questions were scrutinised in all the parts and the following mistakes in Part One : Personal and Professional Information were noted and then corrected.

Question 1: On age of respondents : it was noted that the question was relevant because age contributes to how a person copes with administrative duties and so it was left intact.

Question 2: Sex of Respondents: This needed to be corrected to read Gender of Respondents for the main study. However, on close scrutiny the researcher discovered that the question was not relevant and so was dropped from the main study.

Question 3: Highest Educational Qualifications: The responses showed that the participants put professional qualifications instead, so the wording was changed to: Highest Academic Qualifications for the main study.

Question 4: State Certified Nurse Training School Attended

There was no problem with this question, it was straight forward and relevant for the study.

Question 5: For which Health Institution Prepared for as a Qualified State Certified Nurse.

No problem was identified for this question. Item was left as it was.

Question 6: Experience before enrolling for upgrading course

Question was both relevant and straight forward and so was not altered.

Question 7: Where worked before doing upgrading course:

There was no problem encountered with this question.

Question 8: When commenced the upgrading course:

The question was straight forward and was meant to indicate whether the students were of the same group or not.

Part 2 of the Questionnaire : Training Experience of Students

Question 1: Whether theory complemented by classroom or clinical demonstrations . There was no problem with this question which was relevant too.

Question 2: Any evaluation - tests or examination during block time. The question was found to be all right for the study.

Question 3: Placement of students in clinical areas promotes correlation of theory to practice:

The question was appropriately worded.

Question 4: Use of Planned Clinical Learning Programme in each Ward
Responses did not indicate any problem at all.

Question 5: Indicate staff who teach students at ward level:

No problem with this question so it was left as it was.

Question 6: Indicate staff who acted as role models for Student Nurses

The responses showed that the participants were not sure where these role models were operating so for the main study it had to read: **Indicate staff who acted as Role models in the wards or units where you worked.**

Question 7: Students given a chance to be in charge of a ward with clear instructions. There was no problem with this question.

Question 8: Whether students given feedback on performance for being in charge of the ward for practice.

There was no problem identified with this question.

Question 9: Whether students took matron around the ward

No problem was indicated for this question.

Question 10: Were students allowed to do the doctors' round?

There was no problem with this question.

Question 11: From whom do students seek clarification on patients' care?

The question was straight forward to the respondents.

Question 12: Length of stay in a ward.

There was no correction indicated for this question.

Question 13: Part of the fourth assessment which was the most difficult.

The question was straight forward to the participants.

Question 14: Where students scored the highest marks during the fourth assessment. There was no problem with this question as well.

Question 15: How marks were awarded- opinion on this.

No problem was identified with this question.

Question 16:Indicates whether the fourth assessment was useful or not
There was no problem with this question too.

Question 17:Suggestion to improve the way the fourth assessment is done.
The question was responded to very enthusiastically as the two respondents gave a variety of suggestions indicating that the main study would produce much more to improve the situation prevailing at the moment.

3.10.7.

EXAMINATION OF RESPONSES FOR THE NURSE-ASSESSORS' QUESTIONNAIRE

The questions on this questionnaire and the responses by the two participants were examined and scrutinised in the same manner as the student's questionnaire.

Under Part One: Personal and Professional Information

The following correction was made:

- Questions on Gender of Respondents: this was found to be irrelevant and so was left out in the main study.

The rest of the questions in all parts of the questionnaire were all right.

3.10.8

EXAMINATION OF THE RESPONSES OF DOCTOR ASSESSORS' QUESTIONNAIRE

Similar corrections were done as for the gender question and educational qualifications otherwise the rest were straight forward.

After the completion of the pilot study and making corrections, preparations were done for embarking on the main study.

CHAPTER IV:

4.0. DATA PRESENTATION AND ANALYSIS:

4.1. INTRODUCTION

The chapter presents the following aspects of the study:-

- setting for the main study,
- sample used,
- administration of the research instrument,
- presentation of data, and
- data analysis and discussion.

4.2. SETTING FOR THE MAIN STUDY

The main study was conducted at Kwekwe General Hospital. Details of its situation are described in Chapter III.

4.3. SAMPLE USED

The subjects used for the study were 20 student nurses, 10 nurse assessors and 5 doctor assessors making a total of 35 altogether.

4.4. ADMINISTRATION OF THE QUESTIONNAIRES

The researcher distributed the questionnaires to the respective subjects personally one month after doing the pilot study. The raw data was collected over 4 weeks. Response rates are presented in Table 1 below:-

4.5. PRESENTATION OF DATA

Data collected was quantified then presented in the following manner:-

- Table form;
- Pie graphs; and
- Bar charts.

4.5.1. DATA ANALYSIS AND DISCUSSION

Polit and Hungler (1991: 63) state that to analyse data is to render quantitative information meaningful and understandable. This was done using data from the completed questionnaires. The presentation of data proceeded as it appeared in the questionnaires.

Discussion followed the analysis in an endeavour to interpret the findings with reference to the literature cited and tie it to the investigation in progress.

TABLE 1 : Response Rates: N=35

Group of Respondents	No. Issued	Return Rate
Student nurse	20	100%
Nurse Assessors	10	100%
Doctor Assessors	5	100%
Total	35	100%

The result shown above indicates that the respondents were very forthcoming in completing and returning the questionnaires, this was greatly appreciated by the researcher. However, the researcher facilitated the 100% return rate by distributing the questionnaire personally, stressing the importance of returning the completed questionnaires by the stipulated time. The researcher also ensured that all questionnaires were returned by collecting them personally.

Collection of questionnaires was done within 8 days to give ample time to the respondents to complete the questionnaires.

4.5.1.1. **DATA PRESENTATION AND ANALYSIS OF STUDENT NURSES' QUESTIONNAIRE:**

4.5.1.2 **PART ONE: Personal and Professional Information:**

Age of Respondents:

The researcher included this information to find out how the ages of students relate to their ability to cope with the managerial skills they should acquire and later demonstrate during the fourth assessment. The table below presents data on the ages of student nurses in the sample.

TABLE 2: AGE DISTRIBUTION FOR STUDENT NURSES:

N = 20

AGE IN YEARS	RESPONSES
25 - 30	11
31 - 35	4
36 - 40	4
41 -45	0
Over 45 years	1
No response	0
Total	20

The result above shows that the majority of the respondents that is 11 out of 2 are the age group describes by Erickson in Human Developmental Stages, as stable and maximal productive in general (Wilson & Kneisl 1988: 111).

The age group also reflects their of programme which is twelve months upgrading from State Certified Nurse to Registered General Nurse. It shows that these students come for training after working for a minimum of 5 years after qualifications. This experience will equip them with the basis for new learning especially to acquire managerial skills, which they definitely need since After completion of training they are likely to move into managerial positions .

The other 8 were even older students, again emphasising their readiness to learn managerial skills as they prepare for their future roles in health services. The one student aged 45 years left it very late to come for upgrading but definitely. He brought with him a lot of nursing experience, which assisted him to learn Clinical skills readily and he would be an asset to his organisation on completion. Such students are usually very motivated to learn and so are easier to teach skills. However, sometimes their experience causes a problem in terms of change of because they first have to get rid of old habits and this is not an easy task.

4.5.1.3. HIGHEST EDUCATIONAL QUALIFICATIONS

The question was included to ascertain the academic qualifications of the Students undergoing the course to become Registered General Nurse as this has A direct effect on learning new concepts in the upgrading programme.

N = 20

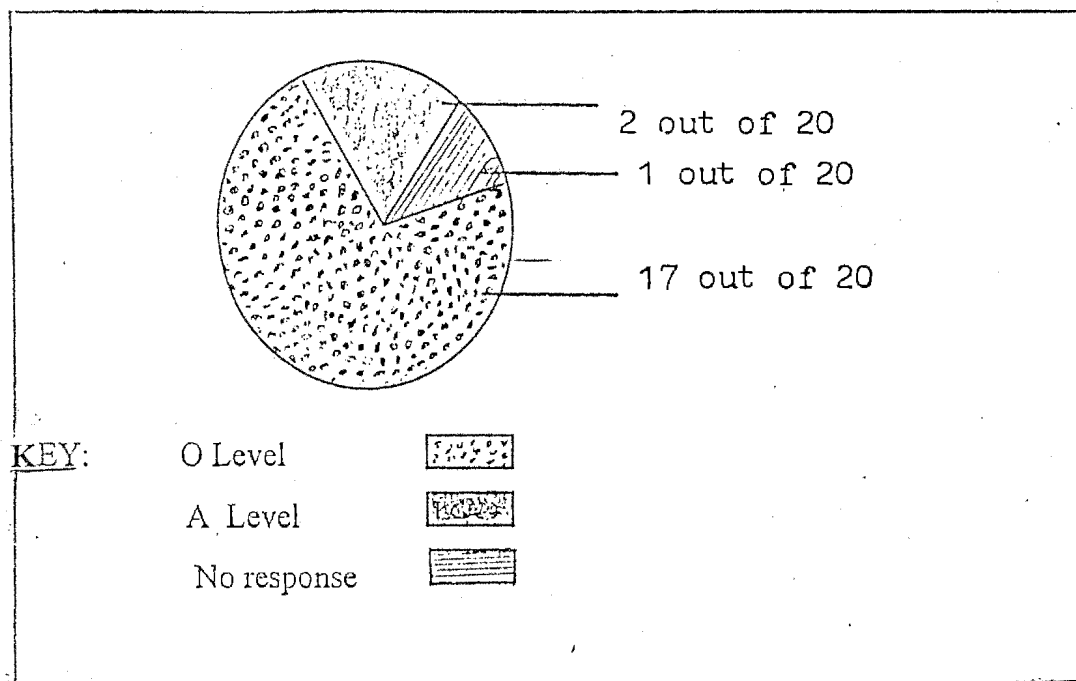


Fig 2.3 Academic Qualification of Student Nurses

The majority of the respondents, that is 17 out of 20 as shown above had obtained Ordinary Level subjects on starting the twelve months Upgrading.

Programme. This indicates that they worked hard to attain that academic level of education considering that their generic State Certified Nurse course enrolled even those with Zimbabwe Junior Certificate. This means that most of the respondents had done "O" Level subjects by distance education. Distance education demands great commitment to study and hard work.

The fact that they seem hard working people from the results of the data analysis poses a great advantage for the tutors for the upgrading programme which is very loaded with information to be delivered within one year including practical inputs.

Academic qualifications must be at certain level for different programmes depending on its level of difficulty and the tasks to be performed on completion. This is confirmed by Mellish (1985. 57-58) who states that “ every school has the right to raise its educational requirements or make them more stringent by determining which subjects or symbols are acceptable to it”. The author goes on to say that getting suitable candidates reduces the attrition rate and prevents student frustration which gives the school a good name.

The two respondents with Advanced level of Education (A' Level) are even more motivated to learn and are more likely to take up advanced nursing courses, to enable them to take up more demanding roles in the nursing field. One person did not answer the question.

4.5.1.4 **STATE CERTIFIED NURSE TRAINING SCHOOL ATTENDED:**

This question was included because the researcher wanted to establish how many were trained at Mission schools as opposed to those at government nursing schools and relate this to how they performed in the clinical area as student nurses.

The fact is that although the programme they went through for 3 years was standardized, there were differences in supervision and preparations.

for future roles, so the researcher wanted to explore the impact of this on the upgrading programme, see Table 3 below.

Table 3 below: - Former Nurse Training Schools Attended by Upgrading Students

N = 20

Type of Nurse Training School	No. of Respondents
Mission Hospital	15
Government Hospital	5
Total	20

The result reflects the history of Nursing in Zimbabwe which according to Gelfand, (1976: 16) was initiated by missionaries at various remote stations of the country.

The Missionaries decided to care for the sick as a service and at the same time spread the word of God to the people. Later they set up Nurse Training Schools at Morgenster, Howard, Mount Selinda and many others. These Mission stations belong to different denominations such as the Dutch Reformed Church, Salvation Army, Methodist and many others. These Mission Hospitals trained many state certified nurses who are employed in mission, government and private hospitals as well as the city health clinics and private doctor's surgeries.

The government concentrated on training registered general nurses and after independence in 1980 established state certified nurse training schools at provincial hospitals such as Bindura School of Nursing in Mashonaland Central. The output from these Schools of Nursing was minimal hence the 5 respondents indicated in Table 3 as having been trained at government schools of Nursing.

4.5.1.5. FOR WHICH INSTITUTION PREPARED FOR AS A QUALIFIED STATE CERTIFIED NURSE

This question was necessary because the type of preparation would determine the experiences they brought with them when they enrolled for the twelve months upgrading programme. These experiences would also have an effect on learning new skills during their practical experience rotation.

TABLE 4 : TO SHOW WHERE S.C.N's. WERE PREPARED TO WORK AS GRADUATES

N=20

Type of Health Centre	No.
Health centre with a doctor	1
Health Centre without a doctor	8
Health centre with or without a doctor	11
Total	20

The findings show that the majority of respondents contended that they were prepared for institutions or health centres with or without a doctor resident there. In other words, they would fit in any of the two types of health centres.

This was an advantage to the health sector in Zimbabwe because the graduates would be deployed to general hospitals with doctors or to rural hospitals and clinics without doctors and still cope well in any of them.

In fact this is true because this is exactly what the situation has been like in Zimbabwe for a long time. However, presently the situation is rapidly changing as more doctors are being trained and on qualifying are deployed to the rural hospitals though assisted by foreign doctors who opt to work in the rural areas after being approved by the government.

The idea of training nurses for both eventualities is noble as they are then equipped to assume their expected roles without any problems and because of this curriculum specialists recommend that each curriculum should specify the job description of the

graduates. This is also echoed by Sullivan and Gaffkin (1997: 2.6) who say that a curriculum should be designed in such a way that students learn the essential knowledge needed to perform their jobs.

The 8 respondents who said they were prepared to work where there was no doctor were a small number but were ready to take charge of all patients' medical and nursing treatment. These nurses used to diagnose and treat patients hence were more of doctors' assistants than nurses. Usually such nurse prefers to do doctors' procedures rather than nurses' procedures hence they are nick named "mini doctors" in Zimbabwe. When these nurses come in for upgrading programmes they are bound to have problems in trying to adjust from being nurse in-charge to becoming a student nurse who solely does nursing duties. This could be due to a lack of practice of the nursing skills over the years. B.F. Skinner explaining his learning theory confirms that if a skill is acquired but is not reinforced then extinction occurs (Ruch 1984:251).

The one respondent who said he/she was trained to work where there is a doctor should be one of those who were trained in government hospitals where medical treatment was the doctors' duty and nursing care was done by nurses. This type of nurse would not cope with running a clinic without a doctor 's assistance as he/she would not be able to handle doctors' duties for example, diagnosing an illness and prescribing the right treatment as such duties would be done by the doctor at the hospital and the nurse just carries out the orders.

Although the nurse is taught to make a diagnosis during the training skill would be lost over the years if not practiced as explained by Skinner in (Ruch 1084:251).

4.5.1.6. **EXPERIENCE AS A QUALIFIED STATE CERTIFIED NURSE PRIOR TO ENROLMENT FOR UPGRADING PROGRAMME:**

The question was included to find out how much nursing experience the students bring with them for training since this has a positive effect on learning.

Table 5: Number of Years Experience as a Qualified Nurse

N=20

Range of Years of Experience	Number
0-2	1
3-5	8
6-10	6
11-15	2
16-20	2
No response	1
Total	20

Data indicates that almost half of the respondents that is 8 out of the 20 enrolled for the upgrading programme have 3-5 years nursing experience. This is in line with the criteria for selection because their experience enhances learning, more so that the programme emphasises theory to fill the gap created by content taught in their generic course which lacked in depth knowledge of conditions and their management. This was exposed during needs assessment.

Half of the respondents had more than 5 years experience which again is a great advantage. According to Sullivan and Gaffikin (1997:1-4), adult learning principles state that "learning is more effective when it builds on what the participant already knows or has experienced".

This confirms that the more experience the students have the easier it is to learn new material because the teacher will build on already existing knowledge.

One respondent had only 2 years experience, but she still managed to cope. She must have had to rely on her colleagues for assistance where necessary. This is something which is encouraged in education to have a heterogeneous group in terms of experience so that students can learn from each other.

Only one respondent did not answer the question.

4.5.1.7. WHERE WORKED BEFORE COMMENCING UPGRADING PROGRAMME

This question was included to expose the type of nursing experience they had prior to starting training. This again contributes to learning and gives the trainers an idea of what each student's experience is which could be shared with other students who did not get that opportunity. This facilitates acquisition of knowledge.

Table 6: Institutions Where Worked

N=20

Type of Institution	Responses
Central Hospitals	4
Provincial hospitals	1
District hospitals	6
Rural Hospitals	1
Rural Clinics	4
Industrial Clinic	1
Urban Clinic	3
Total	20

The result shown above indicates that students came from a variety of health centres although the greatest number of 6 respondents out of 20 were from district hospitals. It is a fact that in Zimbabwe district hospitals have a shortage of doctors and so some of the doctor's duties like putting up intravenous infusion and taking blood from patients are done by nurses. This experience is what these students brought with them for the upgrading programme and is an advantage for learning.

It is also a fact that professional upward mobility of nursing staff is faster at district hospitals than in the city hospitals due to rife rural to urban drift in Zimbabwe. Therefore, reasons for the 6 respondents coming for upgrading course are that they need additional qualifications to fill vacant senior posts and they need a good nursing knowledge base to cope with their extended roles at district hospital level and for better remuneration as all those with additional qualifications are paid extra money in Zimbabwe.

Four respondents were from rural clinics whose situation is similar to that for the district hospitals therefore the reasons for doing the upgrading course are similar.

Four respondents also came from central hospitals to do the upgrading programme and the reason was to improve their knowledge of nursing patients to cope with nursing demands at that level of care and again for better pay.

Three respondents came from urban clinics to gain more knowledge on nursing, so as to get better remuneration and increase their prospects for promotion to a higher grade.

Only one respondent was from a provincial hospital. Since all provincial hospitals in Zimbabwe do the upgrading course most of their state certified nurses get the opportunities to train earlier than those from district health centres hence the smallest number.

Two respondents were from industrial and rural hospitals respectively and like their counterparts came to seek more knowledge to practise nursing more efficiently and be better remunerated.

4.5.1.8. WHEN COMMENCED THE UPGRADING COURSE

This question was included to identify the student group which was in the sample and relate this to when they would take their fourth assessment which is the main focus of the study.

TABLE 7: DATE OF COMMENCEMENT OF THE COURSE

N=20

GROUP	DATE COMMENCED TRAINING	RESPONSES
August 1995	01/08.95	20

The fact here is that all 20 respondents are at the same stage of training and will be when they take the fourth assessment as they started their course on the same day.

4.5.1.9. **PART TWO: QUESTION ON TRAINING EXPERIENCE OF STUDENTS:**

4.5.10 **THEORY LECTURES ALWAYS COMPLEMENTED BY CLASSROOM DEMONSTRATIONS:**

This question was necessary to establish whether tutors ensure that learning has taken place by actual demonstrating procedures related to the theory given either by simulating the ward situation or doing in the real situations whereby the skills learnt are the ones that will be assessed at various levels of training.

Table 8: THEORY LECTURES COMPLEMENTED BY CLASSROOM OR CLINICAL DEMONSTRATIONS:

N=20

TYPES	RESPONSES
Agree	19
Sometimes	1
Disagree	0
No response	0
Total	20

The results above show that the tutors and clinical instructors promote acquisition of the required cognitive, psychomotor and affective domain skills needed to pass the assessments and be competent to practise nursing by the end of training as evidenced by the 19 out of 20 respondents for “agree” response.

Mellish (1985:139) says that if all demonstrations are done in the classroom, when the students go for clinical secondment they will experience “reality shock” which may have a negative effect on learning clinical skills, so this should be avoided.

Only one respondent was uncertain.

4.5.1.11 WRITING OF WEEKLY TESTS AND END OF STUDY BLOCK

EXAMINATION ON THEORY COVERED:

This question was included in the questionnaire to find out if continuous assessment of students during study block is done to monitor students' progress in preparation for final clinical assessment and State Final Examination.

Table: 9: WRITING OF WEEKLY TESTS AND END OF BLOCK

EXAMINATION ON THEORY COVERED

N=20

TYPES	RESPONSES
Agree	20
Sometimes	0
Disagree	0
No response	0
Total	20

All 20 respondents who said that tests and examinations were always given For theory covered in the classroom confirmed that this form of formative evaluation is an integral part of the upgrading programme. The main purpose of doing this evaluation is to monitor learning. In the event of identification of any learning problems, remedial measures are taken as soon as possible. A sound theoretical base forms a strong foundation for learning practical skills during clinical secondment. However, the tests should be both reliable and valid to be beneficial to the students and at the same time become valuable tools for evaluation of theory learnt.

Guilbert (1992:212-213) says that according to psychology of evaluation, "type of evaluation device used determines to a great extent the type of learning activity in which students will engage in classroom level". In other words the teacher should use appropriate techniques of evaluating theory learnt to test both memory and comprehension to enable students to apply what has been learnt.

4.5.1.12. **PLACEMENT OF STUDENT NURSES IN CLINICAL AREAS
ENABLES APPLICATION OF THEORY TO PRACTICE:**

The question was necessary to establish whether placement of student nurses in the clinical area promoted correlation of theory to practice so that the students may appreciate why they learn theory. Their appreciation of learning theory prior to clinical experience would motivate them to learn.

**TABLE 10: PLACEMENT OF STUDENTS IN CLINICAL AREAS FOR
APPLICATION OF THEORY TO PRACTICE:**

N=20

TYPES	RESPONSES
Agree	19
Sometimes	1
Disagree	0
No response	0
Total	20

Data above shows that 19 out of 20 respondents were satisfied that their clinical secondments are scheduled in a way which promotes application of theory to practice. This means that if students have problems in acquiring the required skills to pass the fourth assessment, the problem could lie with the supervision or clinical teaching. Hinchiff (1987:48-49) says that the ward is the ideal place for learning but only if its potential is realized. This means that proper supervision should be done to ensure acquisition of the relevant skills to qualify as a professional nurse.

4.5.1.13. **STUDENTS TAKE OBJECTIVES TO BE ACHIEVED TO THE CLINICAL AREA FOR EACH ROTATION:**

The question was included in the questionnaire to find out if the students' learning is guided by objectives to assist the clinical supervisor to focus on what is to be learnt for each clinical rotation.

Table 11: WHETHER OBJECTIVES ARE AVAILABLE FOR EACH CLINICAL ROTATION

N=20

TYPES	RESPONSES
Agree	19
Sometimes	0
Disagree	1
No response	0
Total	20

The result in the table shows that student nurses are given objectives on going for each clinical rotation to guide their learning. This is supported by Guilbert (1992: 2 –11) who says that education or learning is all about changes in human behavior, the sorts of behavioural changes that the school attempts to bring about constitutes objectives. In other words, the objectives guide learning so that the students may acquire the desired knowledge and skills.

The school therefore did its best to ensure that the students knew what they were expected to do. This means they would strive to meet the objectives if learning is well facilitated.

The only respondent who said objectives were not given would imply that may be the objectives were not well defined or clearly written down. The tutor or clinical instructor should ensure that objectives are given to the students in good time for him or her to read and be able to ask questions or seek clarification before the actual clinical placement.

4.5.1.14. **USE OF PLANNED CLINICAL LEARNING PROGRAMME IN EACH WARD:**

This question was necessary because the response to it would determine if the teaching in the clinical area is well organised or not for the benefit of the students under instruction.

Table 12: ANY PLANNED CLINICAL LEARNING PROGRAMME:

N=20

TYPES	RESPONSES
Agree	6
Sometimes	9
Disagree	5
No response	0
Total	20

The above data reveals that the availability of clinical learning programme in each ward is not guaranteed as evidenced by 9 respondents who were uncertain and the 5 who disagreed. These responses indicate that the clinical learning programme, if available is either not communicated to students or is not used at all to supervise or teach student nurses in the clinical area. This practice should not be allowed to continue because it means clinical learning is being compromised, and that not all the learning objectives are being met.

It also shows that the ward sisters are not committed to teaching student nurses at ward level if they do not have a guide in the form of a clinical learning programme which reflects various students' training levels.

According to Wilson-Barnett, Butterworth, White, Twinn, Davies and Riley (1995: 1152- 1158) clinical attachment is very important because student nurses are given an opportunity to put theory into practice.

The 6 respondents who said that there were clinical teaching programmes in the wards perhaps went to the wards where student learning was structured and the supervision was felt and appreciated by the students which is the ideal situation for learning to progress well.

The overall indication here is that clinical placement does not ensure that clinical learning is maximised. The result may be that during their fourth assessment students may be able to score higher in doctor related questions than in nursing questions.

4.5.1.15. STAFF WHO READILY TEACH STUDENT NURSES AT WARD LEVEL

The researcher asked student nurses this question so as to identify ward sisters who were committed to teaching student nurses at ward level and relate this to their ability to impart administrative knowledge and skills to the students in preparation for their fourth assessment.

Table 13: STAFF WHO READILY TEACH STUDENT NURSES AT WARD LEVEL

N=20

TYPES	RESPONSES
Charge Nurses	6
Senior sisters	4
Junior Sisters	6
All the above	2
Depends on the person	2
Total	20

Only 6 out of 20 respondents said that charge-nurses taught student nurses proving that though the students are taught, their expectations are not met as shown by the low number. The same number of respondents said so too for Junior Sisters. As for junior sisters the reasons could be that they had just

qualified and still remembered what they learnt and also they sympathised with the students, having recently experienced the same plight themselves.

The other reason could be that the junior sisters were not responsible for administrative duties and did duties that were almost similar to those of the senior student nurses, in fact they often worked together.

However, they should be commended for readily assisting student nurses and their assistance definitely helped the students in preparing for their fourth assessment.

Only 2 respondents said senior sisters taught them which shows that they did not fully fulfil their teaching role in the clinical areas, yet they are senior enough to deputise the charge - nurses and could easily be promoted to that grade. This definitely affects student learning in the clinical areas. It could reflect that the senior sisters were not confident to teach students possibly because they lack guidance direction and support from the charge nurses and the school staff.

Two respondents out of 20 said all three categories did clinical teaching and that it depended on the type of person one worked with. This should be the ideal situation since teaching students in the clinical area should be shared for the benefit of the student nurses.

The overall finding here is that the teaching done at ward level is so poorly organised that one could not pin point who did the job well.

The statement that "it depends on the type of the trained person- one worked with to be taught", could indicate that the attitude towards clinical teaching in some wards was viewed as optional and non beneficial to the institution or profession. The result is that situations students will not be ready to tackle various assessments during training if the situation goes on uncorrected.

Wilson Barnett (1995:21) describes clinical supervision as an “umbrella term which embraces both the students’ learning experience and the requirement of professionals to sustain and develop their working life”. In view of this, ward sisters cannot afford to neglect their teaching role at ward level if the nursing profession has to be perpetuated for the benefit of the society.

4.5.1.16. STAFF WHO ACT AS ROLE MODELS FOR STUDENT NURSES

This question is relevant because teaching at ward level is partly fulfilled by role modelling especially to teach good attitudes towards the clients.

Table: 14: STAFF WHO ACT AS ROLE MODELS FOR STUDENT NURSES

N=20

TYPES	RESPONSES
Charge nurses	11
Senior Sisters	2
Junior Sisters	6
Most of them	1
Total	20

In the table above the charge nurses were said to be acting as role models more than any other ward sister as indicated by the 11 respondents of the total responses.

Six respondents said junior sisters acted as role models, where as there were two respondents for the senior sisters and only one said “most of them”.

The charge nurses seem to play this role creditably but should do more than indicated so that the student nurses would aspire to be like them. Role modelling is very important since nurse training is like apprenticeship where one learns by both seeing and doing under supervision of qualified staff to ensure that

the learner is socialised properly into the profession besides acquiring psychomotor skills at ward level.

The charge nurse as an overall supervisor of both staff and students at ward level should play a great role as a role model or mentor especially for the student nurse. Student nurses regard the charge-nurse as a “glorified mentor” whose many roles include the following:-

- facilitating learning,
- monitoring progress,
- supporting staff and students,
- supervising them,
- guiding them,
- role modelling and assessing students.

(Wilson Barnett et al,1995: 1152-1158)

The junior sisters once more used role modelling more than the senior sisters. The reason for this state of affairs could be that the junior sisters were still practising nursing as they were taught, that is remembering all procedures and being able to assist the student, unlike the senior sisters who could have forgotten some skills perhaps because they have not bothered to update themselves were working in a ward or unit where those particular skills were not practised.

Though only one respondent said “most of them” this could indicate that in some wards all the three categories of staff try to role model for the student nurses which in fact it the ideal promote learning.

4.5.1.17. STUDENTS GIVEN CHANCE TO BE IN CHARGE OF A WARD WITH CLEAR INSTRUCTIONS

The question was included because the responses should indicate whether student nurses were well instructed on what to do during practice sessions to act

as sisters in charge of the wards. This determines how well they would do it on the assessment day.

Table 15: STUDENTS GIVEN CHANCES TO BE IN-CHARGE OF WARD WITH CLEAR INSTRUCTIONS

TYPES	RESPONSES
Yes	15
No	5
Total	20

The majority of students that is 15 out of 20 indicated that they are given a chance to act as charge nurses with clear instructions before they undergo a fourth assessment. Giving clear instructions is a good practice which should be promoted by all ward sisters.

It goes without saying that “practice makes perfect” as supported by Sullivan and Gaffikin (1997: 1-4) who say that repetition is necessary to become competent in a skill.

Failure on the part of the student nurse therefore cannot be attributed to lack of practice to be the charge nurse prior to doing the fourth assessment.

The five respondents who said that they were not given the chance to act as charge nurses means that these students did their fourth assessment which involves running the ward that day with inadequate preparation or none at all. This also indicates that monitoring of students’ learning at ward level is not adequate either. If the monitoring of students’ learning was done efficiently then all students should have adequate preparations required before their final or fourth assessment.

Monitoring is a very essential component in the teaching process in order to make corrections wherever possible before it is too late which may jeopardise the life of a patient. According to Booyens (1993: 618) monitoring refers to a planned, systematic process of continuous and appropriate data gathering used to

evaluate the quality of care. In the teaching - learning process this can be in the form of follow ups.

4.5.1.18. IF CHANCE GIVEN TO BE CHARGE-NURSE WAS FEEDBACK GIVEN TO THEM ON THEIR PERFORMANCE

This question was considered by the researcher to be worthy in the questionnaire in order to elicit information which would indicate whether feedback was given after a procedure, as this affects learning directly either in the clinical area or classroom setting.

Table 16: STUDENTS GIVEN IMMEDIATE FEEDBACK

TYPES	RESPONSES
Yes	11
No	3
No response	6
Total	20

Data revealed that the majority of the respondents received immediate feedback after practising to be the nurse in charge of the ward. This is a welcome practice because it provides the student with an opportunity to correct any mistakes she might have done. Feedback is one of the most powerful methods of teaching because it provides the “teachable moment” for the teacher especially if given immediately after the procedure or act. For example Mellish(1985:231) says the best moment should come soon after the demonstration of a nursing technique.

The three respondents who did not get feedback indicate that there are some supervisors who do not teach students properly may be because they do not know how or are not committed to teaching student nurses. Such members of staff need a lot of support from the school staff as well as in-service training to boost their limited knowledge of teaching.

The six respondents who did not respond to the question could have either been denied a chance to be in charge or the feedback could have been given too late so that students could not regard it as feedback but as fresh learning.

It is imperative that supervisors should know that feedback must be given immediately after performance so as to motivate the students and make them more effective in their duties.

4.5.1.19 TAKING MATRON ROUND BY STUDENT NURSES:

The question was asked so as to find out how well the students were being prepared for the fourth assessment.

Table 17: MATRON'S ROUND DONE BY STUDENTS:

N=20

TYPES	RESPONSES
Yes	20
No	0
Total	20

The above results show that matrons are very keen to teach the students at ward level. This is very good for learning purposes. The matron's round is one of the ways and means of ensuring that students know their patients in detail as matrons usually want a detailed information about the patients. The information acquired would include the patients' social background, diagnosis given by both nurses and medical doctors as well as the treatment and care being rendered. The fact that all respondents said they took the matron round in the ward means they get adequate preparations in this aspect for their fourth assessment.

4.5.1.20 DOING DOCTOR'S ROUND:

This question was necessary because it is one of the key factors in the study which seeks to establish how much teaching is undertaken by the doctor as this would affect the students' performance on the fourth assessment day.

Table 18: DOING DOCTOR'S ROUND:

N=20

TYPES	RESPONSES
Yes	20
No	0
Total	20

The results indicate that the students get a fair share of doing the doctor's round which is one of the duties of a charge nurse. It is expected that the student will ask the doctor questions about the patient concerning his or her illness and management. The doctor answers the questions and teaches the student about the patients' care. He also asks the student questions to find out his or her knowledge about the patient's condition. He concentrates on medically related aspects such as investigations, signs and symptoms of particular diseases and the drug therapy specific to each condition. He also expects the student to present each patient to him. The presentation includes the giving of the name of the patient, his home, when he was admitted, what is being done for him and showing the doctor laboratory results on the fourth assessment day. If done properly, students should not have problems mastering what the doctor wants.

4.5.1.21 FROM WHO STUDENTS SEEK CLARIFICATION ON PATIENT'S CARE:

The question was necessary to identify the ward staff who are regarded as resource persons by the students.

N=20

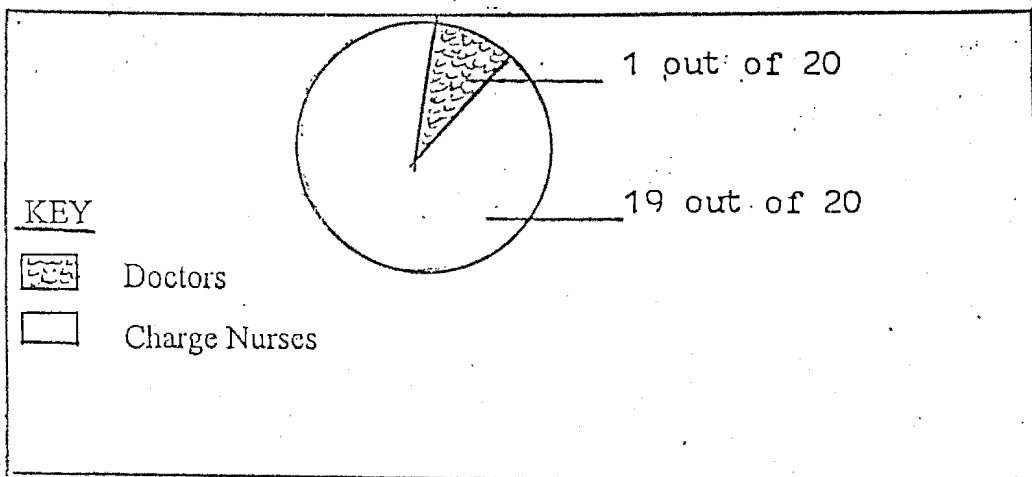
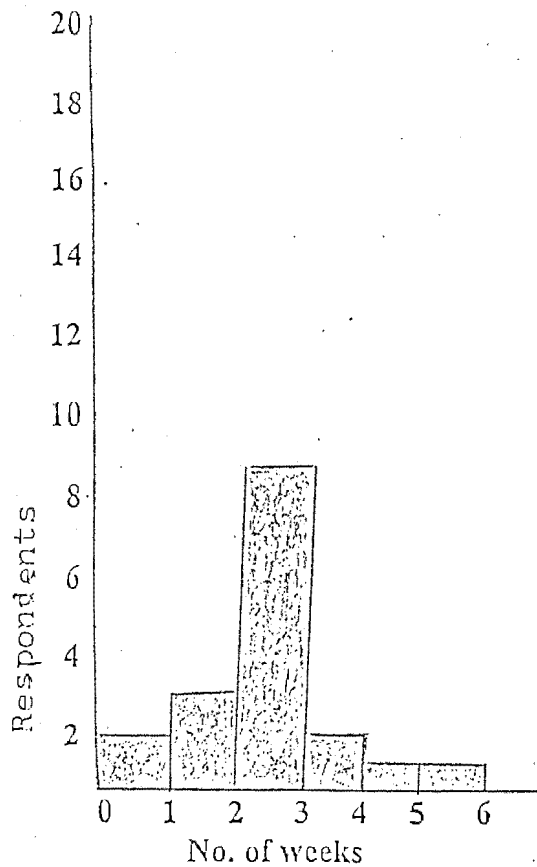


Fig 2.4 FROM WHOM STUDENTS SEEK CLARIFICATION ON PATIENT'S CARE

Out of twenty student nurses who answered the questionnaire, only one identified the doctor as a resource person, the rest of the respondents said they got clarification from charge nurses. This is desirable because nurses are supposed to identify with their mentors who are the charge nurses and they should believe in them so as to be socialised properly into the profession.

This fact is affirmed by Halarambos (1985:5) who says that socialisation means learning the culture of one's society or group and identification with the group so as to internalise the practices that are common to the group members.



KEY

1 week = 2 respondents
2 weeks = 3 respondents
3 weeks = 9 "
4 weeks = 2 "
5 weeks = 1 "
6 weeks = 2 "
No response, 1 respondent

FIG. 3: LENGTH OF STAY IN WARD PRIOR TO FOURTH ASSESSMENT:

Nine out of twenty respondents said they stayed in the ward for three weeks which represents the longest time a student can stay in a ward before her final or Fourth Assessment. Considering that the three year programme nurses stay for a minimum of six weeks before the final or fourth assessment researcher feels that the time may not be adequate.

Three respondents said they stayed for 2 weeks and considering that the first week will be for orientation this means the student had only one week to prepare for the fourth assessment.

Two respondents said they stayed for only one week which is grossly unfair on the part of the student. The period seems too short to prepare adequately for the assessment. Two respondents said they stayed in the ward for four weeks which sounds fairly reasonable considering that after one week orientation the students had 3 weeks to prepare for the assessment. Two respondents out of 20 said they stayed in a unit for six weeks. This was exceptional for a shortened programme. This would happen in wards such as the female surgical ward at Kwekwe hospital which caters for general both surgery and gynaecological cases. The student is expected to focus on each discipline for three weeks at a time. This would result in him/her staying for six weeks in the ward. Only one respondent did not respond to this question.

4.5.1.24 WHICH PART OF FOURTH ASSESSMENT WAS THE MOST

DIFFICULT:

The question was necessary because the researcher wanted to establish where students had difficulty in scoring high marks.

Table 19: MOST DIFFICULT PART OF ASSESSMENT:

N = 20

TYPE	RESPONSES
Matrons' round	5
Presenting New Patients to the Doctor	1
Doctor's round	9
Allocation of duties	3
None	2
TOTAL	20

According to the data above 9 respondents indicated that the most difficult aspect of the assessment was taking the doctor round to see patients. This researcher is of the opinion that because the nurses find the doctors' rounds more challenging they spent more time preparing for these rounds at the expense of the nurse's aspect of the assessment. Usually after the fourth assessment the successful candidates give an informal report on their experiences to their junior nurses and the report is often exaggerated to the degree of terrifying the juniors. However terrifying the report may be, it definitely forces the other students to be prepared mentally and practically for their turn to do the fourth assessment and this is helpful. This can be compared to terrifying stories often narrated by delivered mothers to the primigravida to prepare her for the worst during labour and delivery. This might petrify the expectant mother but it will also prepare her psychologically (Pauline Sellers 1991 : 137).

Five out of 20 respondents said they found the matron's round very difficult. This is the second highest number after the doctors' round which accounted for 9 respondents. The reason could be that the students put less effort on trying to master the matrons' round thinking that the doctors' rounds are more threatening. The students failed to appreciate that the matrons' round is more crucial because it evaluates how the nurse performs the nurse's duties. The nursing aspects of the assessment have more critical areas than the doctor's round which has only one major concern that of carrying out the doctors' orders. If a student fails any of the parts with asterics then he or she has failed the assessment.

The matron is the overall supervisor of the nurses and ensures that nursing care delivery is properly done and is of good quality. Therefore the matron is likely to ask for details concerning nursing care to see if the student nurse who is about to qualify is ready to deliver the desired care. This is most fitting because passing a student who is not yet competent is a disaster for the profession which should uphold the high standards of care.

A standard according to Douglas and Bevis (1983 : 283) is a desired and achievable level of performance that can be compared with a criterion. It makes it possible to

evaluate nursing care delivered to patients and hence improve or correct deficiencies where necessary.

The matron by virtue of her being a mentor has to fulfil her evaluation role. It is therefore right if students feel that the matrons' aspect is difficult because it shows that the matron demands high quality care; what they should do is to make sure they know their nursing care well to master the assessment without problems. One of the respondents said and I quote: "matron's round was the most difficult part of the assessment because she does not acknowledge positives." This would sound like matron only looks for mistakes and yet she wants everything done the proper way. Every care should be done to standard and not substandard.

The third next difficult aspect was "allocation of duties to ward staff" which accounted for 3 such responses. This is quite an involved aspect because it demands a lot of planning and having sound knowledge about who can do what in the ward to get the work done for the day to the satisfaction of the assessors. The other difficulty faced by the students is that of assigning tasks to their seniors. It is particularly very difficult for our local nurses because culturally they have been conscientised into believing that they cannot give tasks to their elders both in the home and at work. This is supported by Goodman and Marx (1978:79) who say that culture is so strong that it becomes one's "complete design for living." In such a case then it is not surprising that students found this aspect difficult.

Two respondents said they had no difficulty at all with any aspect and this accounts for those who had stayed in a ward or unit for 4 weeks or more and had a lot of time to prepare themselves for the assessment. This then supports the notion that students should stay in a ward for at least four weeks prior to the fourth assessment.

One respondent had problems in "presenting new patients to the doctor" and the reason could be that he or she did not make an effort to strengthen that area. He or she could have done that by learning about the patients either on the same morning of the assessment or the evening prior to it.

4.5.1.25

WHERE STUDENTS GOT THE HIGHEST MARKS:

This question was asked because it would indicate straight away where students scored higher marks during the assessment, whether they did so for the doctors' questions or nursing questions. The researcher would then attempt to explain the reason for this performance looking at responses to similar questions in the questionnaire.

Table 20 : WHERE STUDENTS GOT HIGHEST MARKS:

N= 20

TYPE	RESPONSES
On doctors' question	2
Nursing aspects	15
Matrons' questions	3
TOTAL	20

The majority, that is 15 respondents, said they scored the highest marks on the nursing aspects. This is encouraging because they were being trained to do nursing care not doctors' procedures. This indicates that they were ready to be released to deliver nursing care to clients. However, this result refutes the researcher's assumption that student nurses score higher on doctor's than on nursing questions during their fourth assessment.

The 3 respondents who performed better in the matron's questions were also in the right track because matrons ask nursing care related questions which are biased towards ward administration to ensure that proper care is rendered to the patients.

It also indicates that these students were actually good at carrying out administrative duties in the ward.

Only 2 respondents said they got highest marks in the doctors' questions. This could indicate that they had mastered this aspect well or had great interest in doctors' procedures. However, such nurses could be exceptionally good all round usually or they concentrated mostly on pleasing the doctor during their final assessment. Such students have to be monitored closely to ensure that they do not ignore their nursing duties.

The nurse has three roles namely; independent, dependent and interdependent roles and these should all be fulfilled harmoniously otherwise conflicts will arise which affect nursing care delivery. However, the nurse should ensure that during interaction with other members of the medical team she does not disregard her main focus of care. Caring for the patient should be team work involving the nurse, the doctor and the pharmacist thus forming a triad as indicated by Searle (1975 : 26).

Other members of the medical team such as the physiotherapist, the radiologist and many others can also come in to assist in the care of patients depending on what the patients are suffering from.

4.5.1.26

OPINION ON HOW MARKS WERE AWARDED:

The question was asked to find out if the respondents were happy with the allocation of marks since this directly affected the final score which may not reflect the students performance during the assessment.

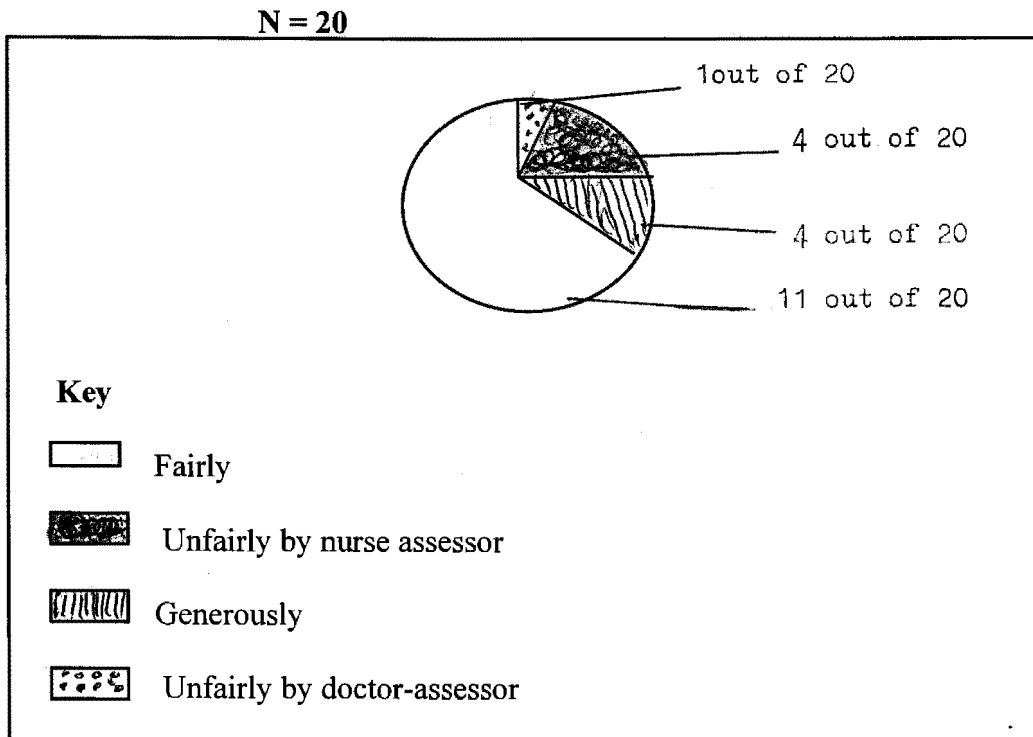


FIG. 3.3 OPINION ON HOW MARKS WERE AWARDED:

Eleven respondents said the awarding of marks was fair. This is an indicator that most students felt they scored marks according to their performance. This could imply that the assessors were objective in their approach. Objectivity is said by many authors to be crucial in ensuring the validity of results and this is supported by Polit and Hungler (1991:374) who say that validity refers to the degree to which an instrument measures what is supposed to measure.

Consequently when students pass their fourth assessment the trainers will be confident that the students are ready to practice nursing. Therefore the evaluation of students is very necessary to establish how much they know before their certification. This is supported by Gronlund (1985:12).

(1985 : 12) who states that summative evaluation typically comes at the end of a course of instruction and among other things is used for the certification of the evaluated graduands. Four respondents said the awarding of marks was unfair especially by nurse-assessors. This could be because the assessors did not consider all contributory

factors to the performance on the day. For example one respondent said he or she was assessed in a ward which was overflowing with patients while others were assessed in a ward with a few patients. The researcher is of the opinion that the assessors should try and create a similar situation for the assessment of students so as to ensure objectivity. Creating similar situations for assessment could be difficult but the assessors in judging a student's performance should consider activities going on in that ward on the assessment day so that the student may not feel disadvantaged.

It is a fact that assessors can experience problems of poor rating for example "Halo error" whereby the rater generally either likes or has an aversion for the person being rated Robert et al (1969 : 435) but the assessor should try to overcome it to be objective during the assessment.

The same applies to the one respondent who said a doctor assessor was particularly unfair in awarding marks. This could be due to pressure of work on the doctor's mind or by nature he is a mean assessor in terms of awarding marks. Both the nurse or doctor assessors could benefit from an organised in-service training to look into what an assessment involves, for them to do the job well.

The remaining 4 respondents said the marks were awarded generously which means these students felt they did not deserve those marks. This again means objectivity was not well exercised by the assessors. The marks should be awarded according to capability not for the sake of adding marks. The assessors therefore have to ensure objectivity during the assessment.

4.5.1.27 THE USE OF FOURTH ASSESSMENT:

The question was used to establish whether students appreciated the necessity of doing the Fourth Assessment as this would affect their preparation both mentally and practically.

Table 21 : USE OF FOURTH ASSESSMENT:

N = 20

TYPE	RESPONSES
Gained ward managerial skills	14
Made me able to manage resources	1
Developed problem solving skills	1
Learnt how to address large group of staff	1
Gained confidence in management skills	1
Made me able to know individual personalities	1
No response	1
TOTAL	20

The majority of the students, who numbered 14 respondents said they gained ward managerial skills. This is a desirable outcome because this assessment is supposed to prepare the nurse for her managerial role before the student is certified as a general nurse. This data assures the trainers that the type of evaluation used is both valid and reliable because it produces what it is supposed to measure.

Validity is ensured when the tools used to measure what is being sought for measures exactly what it is designed to measure; and reliability of an instrument refers to the degree

of consistency with which it measures the attribute it is supposed to be measuring.

(Polit and Hungler 1991 : 367).

All the other responses actually complement the intended outcome as described above.

These were that the students were able to :-

- solve problems at ward level,
- manage resources;

- address a large group of staff during reporting; and
- develop confidence in managing the ward and were able to learn about various staff personalities

The low responses of one respondent per item listed above indicated that individual perception of the usefulness of the Fourth Assessment was very varied yet the students should be clear of its use before attempting it.

There was only one subject who did not respond.

4.5.1.28 SUGGESTION TO IMPROVE THE WAY THE FOURTH ASSESSMENT IS DONE

The question was included in the questionnaire to elicit suggestions from the consumers themselves to improve the way the assessment is carried out. This would give them an opportunity to point out its flaws or suggest ways of making it better. This would also definitely affect its future organisation and how it will be carried out for the benefit of the students and the nursing profession.

Table 22: SUGGESTIONS TO IMPROVE THE FOURTH ASSESSMENT

N = 20

TYPE	RESPONSES
Increase time for secondment and follow up	10
Exclude ward sister of that ward	4
Use similar wards and done within one month and increase resources	3
Is all right as it is	1
Ward staff should be co-operative	1
No staging on assessment	1
TOTAL	20

Half of the sample suggested that the secondment time in the ward before assessment should be increased. This concurs with the results obtained where the majority were in a ward for 3 weeks before the assessment and the minimum was one week in a ward. This certainly is too little a time to make all the necessary preparations before a major assessment.

Although their programme is of 12 months duration, which means generally the period is too short, something should be worked out to ensure that students get adequate preparations.

Four respondents said they would rather be assessed by charge-nurses from other wards than theirs. One would think the students would rather have someone they are familiar with for emotional support and for assisting the student nurse in telling the assessors the usual practice in that particular ward but the study has proved otherwise. The students perhaps felt that the assessors' prior knowledge of his or her performance would affect the awarding of marks and thereby result in a lack of objectivity.

Three respondents said that the assessment should be done in similar wards where availability of resources is similar and that it should be done within one month for all the students who are due for the assessment.

This is a good suggestion because currently availability of equipment is a problem in the wards such that one may have to improvise too much and this may affect the awarding of marks to the student by the assessor.

Similar wards would also help the student perform better. Busy wards are different from less busy ones where administration would be easier since there would be fewer interruptions and emergencies even doctor's orders would be fewer in a less busy ward. The other factor which has an impact on the students performance is staffing. Some

are reasonably staffed on a particular day or month and this would affect care of patients and more still supervision of the staff to get work done.

The other point brought up was that the assessment should be done within the same month which means the students felt that those who have a longer time to prepare would do better than those who had a shorter period. This would affect scoring of marks on the assessment day.

Only one respondent was for the suggestion that ward staff should be co-operative. One respondent actually said that the general hands were very unco-operative. This indicates that they need in-service training concerning their duties and the role they should play on the ward otherwise they make life difficult for the students.

The general hands play a very important role at ward level because they make the place conducive for recovery by ensuring that there are no smells and that meals are collected in time and sometimes even talking to patients and their visitors.

It is possible that the senior student may not have related well with the general hands before she was faced with the assessment hence their becoming unco-operative on the assessment day. According to the functionalist theorists; Davies and Moore in Sociology every class member in society plays a useful role since people cannot do the same jobs due to different talents related to intelligence and literacy levels; (Haralambos 1985 : 522)

This means that general hands or ward cleaners should be respected and taken as part of the ward staff. The student should realise this is what he/she wants to work harmoniously with others whether in training or afterwards.

One respondent said that there should be "no staging" on the assessment day. This is a true observation because the researcher had observed a lot of it also. The students were even using their money to buy things like paper to cover patients' files, and manila to

decorate the ward. The researcher considered this to be unfair on the student. On several occasions the students would ensure that the ward was well equipped for the assessment but afterwards the ward situation became different. This practice should be discouraged so that the student is assessed under the usual ward conditions where she would practise on completion.

The institutions though should be well equipped so that students learn the right way of doing things all the time.

The worrisome fact is that there was some equipment which was only available in the demonstration room and had long disappeared from the wards. This would definitely affect learning and so this discrepancy should be corrected as a matter of urgency.

This is the end of data presentation, analysis and discussion for the students' questionnaire and the next one will be about the questionnaire for the nurse-assessors.

4.5.2. DATA ANALYSIS AND DISCUSSION FOR THE NURSE -

ASSESSORS' QUESTIONNAIRE :

Part One : PERSONAL AND PROFESSIONAL INFORMATION :

4.5.2.1. AGE OF RESPONDENTS

This question was included in the questionnaire to expose the ages of the nurse managers since maturity has a bearing on managerial duties in any field of work.

Table 23 : AGE OF RESPONDENTS :

N = 10

AGE	RESPONSES
25 years and below	0
26 - 30 years	0
31 - 35 years	1
36 - 40 years	1
41 - 45 years	2
46 - 50 years	3
Over 50 years	3
TOTAL	10

The majority of the sample, that is 6 out of 10 respondents were over the age of 45 with 3 of them being over 50 years of age. This showed that most of the nurses in the managerial positions are quite mature. The researcher believes that by virtue of their life experience these are the right persons to administer institutions and units, supervise, assess and evaluate students.

Administration positions in the Nursing Profession are attained through promotion, generally on merit and they usually follow seniority line. Therefore, the result is confirming the usual practice in Nursing.

The remaining four respondents accounted for two in the age group 31 - 40 years and two in age groups 41 - 45 years respectively. The age group 31 - 40 years is the youngest of the nurse administrators in the sample. These could have been promoted possibly due to their exceptional performance or because they were at district level where competition is less stiff due to smaller numbers of staff. However, those few young administrators had done very well in their positions.

The other group that is 36 - 40 years is approaching the age described earlier as the usual age group for being administrators. These are also mature and should be able to do administrative duties as they rise up the professional ladder.

4.5.2.2. QUALIFICATIONS OF THE RESPONDENTS:

This question was necessary in the questionnaire to establish what qualifications they held. These would directly affect their performance as administrators and supervisors of student nurses.

Table 24 : QUALIFICATIONS OF THE RESPONDENTS :

N=10

QUALIFICATION	NUMBER
General Registered Nurse with State Certified Midwife Certificate (GRN and SCM)	9
GRN. SCM. And Nursing administration	1
TOTAL	10

Data analysis shows that the majority of the nurse assessors have a midwifery diploma as a post graduate course and accounted for 9 respondents while only one had a third qualification that is a diploma in nursing administration. Although the majority possessed the minimal qualifications needed to be in-charge of wards and also periodically acted as matrons except for two who are already matrons; the researcher strongly feels that this state of affairs should be changed as a matter of urgency. All administrators should preferably have a diploma in nursing administration to enhance their performance in teaching and assessing students at ward level.

One respondent with the nursing administration diploma is too lonesome to be very effective. However, it is reassuring that at least her presence made a difference among the nurse managers. These nurse managers should be motivated to further their professional education for the benefit of student nurses and patients as well. The diploma in nursing administration in Zimbabwe lasts only one year and nurse managers should be motivated to undertake it.

The above statement is affirmed by Hyett (1988) who states that all human beings have motivation or conscious needs and goals for which an individual is prepared to extend and also the skills including unconscious aspects of personality which push the individual into activity.

Motivation comes in different forms such as monetary or in the form of prestige, power or just praise. These are easily implemented if the authorities are committed to seeing the work done productively in various health institutions. Hyett (1998 : 120 - 121) also says that rewards can be either in the form of economic benefits distributed equally or social rewards where group dynamics are respected by the employing body.

4.5.2.3. NUMBER OF YEARS EXPERIENCE AS A TRAINED NURSE:

This question was included in the questionnaire to find out how much nursing experience the nurse assessors had. This would which directly affect their performance as nurse managers and clinical supervisors.

Table 25 : NUMBER OF YEARS OF EXPERIENCE AS A TRAINED**NURSE :**

N = 10

NUMBER OF YEARS	RESPONDENTS
Under 5	0
6 – 10	1
11 – 15	3
16 – 20	4
21 – 25	1
26 – 30	0
31 – 35	0
36 – 40	1
Over 40	0

Seven respondents out of 10 had nursing experience ranging between 11 and 20 years. This clearly indicates that the nurse assessors had a lot of nursing experience to utilise in doing their supervisory duties. They are the right people to be in-charge of wards or units and as said earlier most of them have undergone an additional qualification besides being a registered general nurse.

They have also undergone workshops on the Art of Examining to sharpen their assessment skills and also on communication and counselling in general. These are essential aspects of nursing administration that ensure efficiency for the benefit of the students, subordinates and the institution itself.

The one respondent in the category 6 - 10 years clearly shows that it takes long for ward sisters to become ward managers as 10 years is quite a long time to be in charge - nurse grade.

The one respondent in the group 21 - 25 years indicates that there were fewer ward sisters with such great experience yet they are the ones needed to teach student nurses effectively.

It means that the health authorities have to offer this category good incentives to keep them. The few that remain may be doing so because they are the dedicated nurses who love their job or believe in the fact that by not changing jobs unnecessarily they are more secure. This group is very invaluable in that they have adequate experience to supervise student nurses as well as direct nursing care proficiently which comes with a lot of practice.

The 36 - 40 years group also accounted for one respondent affirming that the more the staff were experienced the less the numbers. This group however is logically small because after 35 years of practice the individuals usually are too tired to continue and retire gracefully. This is not surprising because Nursing as a profession is very demanding and one would rather give way for more energetic successors.

The above points follow the age of recruitment as stated by Mellish (1983 : 53) who said the minimum age is 18 years although in Zimbabwe it is 17 years. If one adds a working period of 35 years then the nurse will be 52 years old. He/she would be approaching a retirement age of between 55 and 60 years.

4.5.2.4. LENGTH OF TIME IN THE GRADE:

This question was included in the questionnaire to find out the length of period one has been in a particular grade because this is related to the amount of experience one has in a managerial position. This contributes to one's performance as a ward manager - assessor for the student nurse.

Table 26 : LENGTH OF STAY IN THE NURSING GRADE :

N = 10

NUMBER OF YEARS	RESPONDENTS
1 - 5	3
6 - 10	4
11 - 15	2
16 - 20	1
Over 20 years	0
TOTAL	10

The majority of the sample had been in the grade for 6 - 10 years which is quite a long time. This indicates that they are well-versed with what is involved in ward management, and this is an advantage to the student.

The next group accounted for 3 out of 10 respondents and had 1 - 5 years experience. This period is long enough for one to be able to perform to the satisfaction of the institutional authorities. However, those below 5 years of experience were still learning what the job entailed and would need a lot of help from the seasoned managers.

Those who had been in the grade for 11 - 15 years accounted for 2 responses.

These had a sea of experience and were needed greatly not only to do administration in the matron's office but also to guide the newly appointed ward managers. They were looked to by the junior nurse managers as mentors who should lead by example.

This is in agreement with Wilson - Barnett at al (1995 : 1152 - 1158) who say a mentor is "a glorified supervisor who teaches, assesses and praises you." The author went on to say that mentors are highly appreciated if they are readily available.

Only one respondent had been in the grade for between 16 and 20 years. This respondent's presence is most desirable because she acted as a mentor for the new managers.

4.5.2.5. LENGTH OF STAY IN A WARD OR UNIT :

This question was necessary because length of stay in a ward determines how much one is conversant with what goes on in that ward on a daily basis. This knowledge is an essential aspect in the supervision of student nurses seconded to that ward and the running of the ward itself.

Table 27 : LENGTH OF STAY IN A WARD OR UNIT DURING CLINICAL SECONDMENT

N = 10

PERIOD OF STAY	RESPONDENT S
Under 6 months	0
7 – 10 months	1
11 – 15 months	2
16 – 20 months	0
21 – 25 months	0
26 – 30 months	1
31 – 35 months	0
36 – 40 months	1
Over 40 months	4
No response	1
TOTAL	10

Four respondents out of ten had stayed in their respective wards or units for over 40 months or over 3 years. On close check of the responses it was revealed that 2 of them were grade I and II hospital matrons. This is in line with the usual practice that matrons stay for years in one grade or institution as the promotion prospects become

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bottle necked at that level of seniority in nursing. The other 2 respondents were charge - nurses.

For the charge-nurses it is commendable that they had stayed in one ward for over three years. Staying in a ward or unit for long periods is a very good practice for the sake of the students who hold the member highly as a source of knowledge for everything that takes place in that ward.

Hincliff (1986 : 36) emphasised that the senior nurse responsible for the smooth running of her ward draws the ability to do so from her many years of clinical experience; then she becomes a role model and an invaluable teacher. This can be interpreted to mean that charge-nurses should stay for long periods in particular wards to be able to fulfil their roles well.

Two respondents had stayed in a ward or unit for over a year. This is too short a period to be a source of knowledge for subordinates let alone student nurses.

One respondent stayed for a period of 7 - 10 months and this was a very short period of stay and could imply that the ward managers were changed around unnecessarily and this was not a good practice since students' learning may be compromised. The one respondent who stayed for a period of over 2 years is better off because the period is long enough for a manager to know her or his ward enough to be a source of knowledge to learners and new staff to the ward as well.

There was one respondent who stayed in a unit for a period of just over 3 years. This is the desirable length of time for which the manager is supposed to know all it takes to get the ward to run smoothly and efficiently.

One respondent did not answer this question.

4.5.2.6 WHETHER WORKING IN AREA OF INTEREST OR NOT:

This question was necessary because teaching whether in the classroom or clinical area is partly determined by the teachers' interest. It is a fact that presentation of information to a second person determines how it will be assimilated. The more enthusiastic the teacher, the more learning takes place as it arouses interest in the learner. This is confirmed by

Gilbert, (1987 : 330) who states that one of the motivators of learning is being in a good environment which is calm, with a good staff or good student relations, competent teaching staff and a lively atmosphere.

Table 28 : WHETHER WORKING IN AREA OF INTEREST OR NOT:

N=10

RESPONSE	NUMBER
Yes	7
No	3
No response	0
TOTAL	10

The majority of the managers that is 7 out of 10 respondents said they were working in their place of interest. This could mean that the matron must have allocated the wards according to staff interest, in other words democracy was exercised. This is greatly appreciated because it means these ward managers were happy to be where they were in the clinical areas and could be more than willing to give their best into managing the wards and teaching student nurses. They could easily fulfil their role - model responsibility for the benefit of socialising the neophyte nurses into the profession as well and displaying proficiency in performing their duties.

The 3 respondents who said "no" were the unfortunate ones who could not choose where to work may be because their superiors wanted them to gain experience from those respective wards or to add to their overall experience or those were wards

shunned by many managers for reasons such as being very busy or that there are very high death rates due to nature of the patients' illness; also possibly because it admitted infectious patients. However, there are times when a senior manager like the matron has to be authoritarian to get work done and so practise rotation so that everyone of that grade, can also be placed there. At Kwekwe Hospital where the study was conducted, medical wards are shunned by many nurses for the reasons mentioned above.

4.5.2.7. PART TWO : CLINICAL TEACHING:

4.5.2.8 STUDENTS BRING OBJECTIVES WHEN SECONDED TO CLINICAL AREA:

This question was meant to establish whether students' clinical learning is well directed to ensure that all learning objectives are achieved.

Table 29 STUDENTS SECONDED WITH OBJECTIVES TO CLINICAL AREA :N=10

RESPONSES	NUMBER
Agree	6
Uncertain	3
Disagree	1
Total	10

Six respondents said students took objectives with them to the clinical areas. This is a very good practice as asserted by Mager (1984:5) who states that an objective is a description of a performance one wants learners to be able to exhibit before considering the learners competent. The author went on to say that Instructors simply function in a fog of their own making unless they know what they want their students to accomplish as a result of their instructions. Therefore tutors should continue to

provide objectives for the students going into the clinical area to guide the learner and the teachers for better results.

The three respondents who were uncertain that students took objectives to the clinical area could indicate that the practice of providing student nurses with learning objectives to the clinical area was not consistent this is a disadvantage for those left out. This needs to be corrected as a matter of urgency to ensure that learning proceeds in the right direction. The other possible explanation is that the objectives may not be clearly defined or utilised which again demands urgent attention to correct the situation.

The one respondent who disagreed that students were seconded with learning objectives could indicate that nobody explained to the students the objectives the students took to the clinical area since the response was very low for this question. If that is the reason the tutors or clinical instructors should spend sometime with the students, to explain to them what objectives are and how they are used.

4.5.2.9. RESPONSIBILITIES OF CHARGE NURSES:

This question was asked to find out if charge nurses know that clinical teaching was part of their multifaceted roles.

Table 30: RESPONSIBILITES OF CHARGE - NURSES:

N=10

RESPONSES	NUMBER OUT OF 10
Supervising Ward Activities	10
Teaching Student Nurses	8
Doing Doctors' Round	3
Taking Matrons' round	3
Assessing Student Nurses' practical skills	10
As a role model for Junior staff	9
Counselling student nurses	1
Participate in staff development	1
Planning patients care	2
Budgeting for the ward	1
Carrying out research studies	1
No response	1

Data above shows that the whole sample indicated that their responsibilities were mainly supervising ward activities and assessing student nurses. Most of the respondents said that their other main duties were to act as role models and teach student nurses.

These results indicate that very few charge - nurses are aware of their multiple roles which should be fulfilled if nursing care at ward level as well as student learning should co-exist harmoniously.

Three respondents said doing matrons' and doctors' rounds were their only responsibilities. This again shows that charge -nurses shun some of their responsibilities hence student learning and patient care suffers.

Duties like planning patient's care were mentioned by only two respondents and the rest namely counselling, staff development, budgeting and doing research were mentioned by one respondent. This shows that very few charge - nurses were aware that these were some of their essential duties. It is therefore very important that they should be well oriented on these roles by their heads of departments on entering the grade or in the form of in - service training later on in their careers.

Only one respondent failed to answer this question.

4.5.2.10. USE OF PLANNED TEACHING PROGRAMME AT WARD LEVEL:

This question was meant to establish whether clinical supervisors use a guide to teach student nurses at ward level. A teaching guide is important because it ensures that this aspect of ward duties is accomplished.

Table 31 USE OF PLANNED TEACHING PROGRAMME:

N=10

RESPONSES	NUMBER
Agree	2
Uncertain	5
Disagree	3
No response	0
TOTAL	10

Half of the respondents said they were uncertain. This clearly indicates that there is no clear guideline for teaching student nurses in the form of a teaching programme at ward level. This is confirmed by three respondents who said they disagreed and this brought the total of those who did not use a programme to 8.

The teaching or learning programme according to Hinchliff (1986:77) spells out dates, day of the week and what should be taught in a table form. This programme ensures that all learning needed to be achieved in that specific unit is well covered and the teachers have time to prepare for the teaching session. This maximises student learning at ward level. All wards or units in training hospitals should be made aware of such an important teaching guide to ensure that all set learning objectives for that secondment are met.

Two respondents said there was a learning programme. This could mean that there are some wards which practise this but they are very few.

However, the tutors should make a follow-up to see if such an invaluable document is present in every ward so that all students may benefit from it.

4.5.2.11. TEACHING WARD PROCEDURES TO BE LEFT TO CLINICAL

INSTRUCTORS SINCE IT INTERFERES WITH WARD ROUTINE :

This question sought to establish how ward managers viewed teaching students ward procedures while at the same time doing routine ward work. Their attitude would affect students' learning.

Table 32 : TEACHING WARD PROCEDURES TO BE LEFT TO CLINICAL INSTRUCTORS:

N = 10

RESPONSES	NUMBER
Agree	2
Uncertain	0
Disagree	8
TOTAL	10

Eight respondents out of ten stated that teaching students at ward level should not be left to clinical instructors no matter how busy the ward is. In other words they did not view it as interfering with the ward routine. This is a positive attitude towards training of student nurses. They realised that clinical teaching should be done jointly by the clinical instructors and ward staff. This is echoed by Hinchliff (1986: 36) who states that senior nurses at ward level are invaluable teachers calling upon their many years of clinical experience to assist them in this regard.

Two respondents said the teaching should be left to clinical instructors at ward level as it interferes with ward routine. This is retrogressive because every trained nurse especially those in posts such as ward managers should be on the forefront in promoting nurse training.

They should appreciate that on retirement they have to be replaced to ensure that nursing care is always readily available to those who need it.

This negative attitude has to be corrected urgently to ensure that clinical teaching is done and fitted into the daily ward routine. Such members of staff need motivation to be able to undertake the teaching duties enthusiastically.

4.5.2.12. WARD SPOT CHECKS BY MATRONS:

This question was included so that one establishes if ward duties are done well for patients' comfort and also to help students to develop positive attitudes towards nursing care.

Table 33: WARD SPOT CHECKS BY MATRONS :

N = 10

RESPONSES	NUMBER
Yes	7
No	3
TOTAL	10

The majority that is 7 out of 10 subjects said matrons did carry out spot checks in the ward to see if nursing care was being rendered efficiently and also looked at ward cleanliness which would promote the healing of patients. This is a good practice and the matrons should be commended for it. This act can be described as a monitoring exercise to ensure care is well marshalled for patients' sake. According to Booyens (1993: 618) monitoring is used to evaluate the quality of nursing and it is the administrators' duty to do the monitoring.

Three respondents said ward spot checks by matrons were not carried out. This indicates that the spot checks procedure was not done in every ward or this practice is not sustained hence ward managers did not realise that it was done.

The other possible explanation is that matrons might have done the checking at the usual time for the matrons' round and charge nurses could not separate the two. In which case the difference should be explained to the charge nurses after the procedure. This assists in making the staff keep on their toes in terms of ward keeping and nature of care rendered to patients.

4.5.2.13. IF "NO SPOT CHECKS" BY MATRONS WHAT SHOULD BE DONE

This question should elicit suggestions as to what should be done in the absence of the matron's spot checks, thus assists in offering quality nursing care to patients and student nurses would benefit too in the process.

Table 34 IF “NO SPOT CHECKS” ANY SUGGESTIONS ABOUT IT:

N = 10

RESPONSES	NUMBER
Not Applicable	7
Spot checks on daily basis	3
TOTAL	10

DATA ANALYSIS AND DISCUSSION :

The majority of the respondents gave the “Not Applicable,” response because they had stated earlier that the spot checks were done. The three respondents who said it should be done on daily basis must have felt that it would compel nurses to put more effort on ensuring that care was rendered well including making sure that wards were well kept.

This is in line with McGregors’ theory of motivation that says some people need a push to be able to perform their duties (Douglas and Bevis 1983 : 132). The author went on to say for this reason managers should plan and monitor what everyone is doing.

4.5.2.14. DO MATRONS ASK STUDENTS TO TAKE THEM ROUND THE WARD?

This question would elicit information which would show if student nurses are given practice to show that they know their patients and the care rendered to them before their fourth assessment during which they should demonstrate knowledge in this aspect.

Table 35 MATRON'S WARD ROUND DONE BY STUDENTS:

N = 10

RESPONSES	NUMBER
Yes	9
No	1
TOTAL	10

The above data shows that 9 out of 10 respondents said students were asked to take matrons round the ward so that they would practise to be in-charge and to know their patients well before their fourth assessment. This would give the students adequate practice in this aspect.

Only one respondent gave a no response. This is disheartening because it means that the students would perform poorly in this aspect during the fourth assessment as he/she lacks practice. If students are to be ready for the assessment they should all be given a chance to take the matrons round the wards. It could also mean that some ward managers did not explain to students that this aspect is very crucial for the fourth assessment and so should never be overlooked.

4.5.2.15 WARD SISTERS CONFIDENT TO TEACH STUDENT NURSES?

This question directly indicates if ward sisters were readily available to teach students in the clinical area.

Table 36 : WARD SISTERS CONFIDENT TO TEACH STUDENT NURSES :

N = 10

RESPONSES	NUMBERS
Yes	4
No	4
Not demonstrated	1
No response	1
TOTAL	10

Four respondents said they were confident to teach the students. This figure is rather low for trained general nurses. It can only mean that most of them did not have the ability to impart knowledge and skills to students. It can also mean that the ward managers lacked preparation to teach students in the clinical area. This should be investigated thoroughly to promote clinical teaching.

Another 4 respondents admitted that they had no confidence to teach student nurses at ward level. The respondents even suggested that such ward managers need refresher courses to strengthen their teaching role.

One respondent said that ward sisters were not observed teaching the student nurses as shown by the "not demonstrated" response. This indicates that some managers did not even teach the students and left this responsibility to junior staff contrary to what is advocated for in teaching that "it is better done by the most experienced senior nurse in a particular ward" (Hinchliff 1986:36).

One respondent did not respond to this question.

4.5.2.16. THREE : STUDENT ASSESSMENT INFORMATION:

4.5.2.17. STUDENT NURSES GIVEN ADEQUATE PRACTICE TO BE IN

CHARGE OF WARDS:

The question was asked to find out if students practised to be in-charge of a ward which directly affects their performance during the Fourth Assessment.

Table 37 STUDENT NURSES GIVEN ADEQUATE PRACTICE TO BE IN**CHARGE OF WARDS:**

N=10

RESPONSES	NUMBERS
Yes	4
No	6
TOTAL	10

Results show that the majority, that is 6 out of 10 respondents, conceded that students were not given chances to be in-charge of wards. This is an anomaly because the fourth assessment is all about demonstrating that the student nurses can run the wards competently if not proficiently before they qualify to be registered general nurses.

Theory cited earlier has repeatedly stated that theory learnt in class is only translated into practice in the clinical area. There is no way this skill can be demonstrated in the laboratory because no simulation of any sort would resemble the "real situation" where there are patients with all the ward activities taking place and the student having to manage that.

This means that the charge-nurses have to revisit their roles as teachers and revise all principles of learning to be able to appreciate that practice which is repeated is the only answer to equipping the student nurses with this much needed skill.

The hospital authorities should organise seminars to sensitise the charge-nurses into seeing the need to give students practice to run ward prior to the fourth assessment. Lack of practice in this sphere is a direct cause of the students' poor performance in nurse-assessor related questions during the fourth assessment.

Four nurse - assessors said students were given chances to be in-charge. The researcher considers this good, but judging by the greater number that said students were not given chances to be in-charge one can safely say the chances must have been erratic. Follow up should be done concerning this issue.

It is a must that all students practise being in-charge before the fourth assessment. The low percentage of those who said that students practised to be in charge of wards indicates that this aspect needs investigation urgently if students are to meet their learning objectives with regards to ward administration.

4.5.2.18. REASONS GIVEN FOR NOT GETTING TO ACT AS IN-CHARGE

OF WARD

This question was necessary in order to expose the reasons given by ward managers for not allowing students to act as in-charge to practise before the fourth assessment so that they would demonstrate mastery of this skill before being released as qualified nurse practitioners.

Table 38: REASONS GIVEN FOR NOT ACTING AS IN-CHARGE AS STUDENTS

N = 10

RESPONSES GIVEN	NUMBER OF TIMES MENTIONED
Not applicable	4
Inadequate time in the ward	5
Too many students per rotation	2
Wards too busy	1
Wrong response	1

Inadequate time spent in the ward before the assessment came up 5 times which indicates that the ward managers run short of time to both orient the students to the ward routine and allowing them to be in-charge before the fourth assessment.

According to Booyens (1993 : 367) orientation involves introducing the newcomer to her supervisor, her fellow workers, to the nursing department where she will work and to her job responsibilities. This means that this aspect of making a student nurse familiar with her job environment and what is done there is very important to inspire confidence and motivation to

work. If the time is short then there is some short circuiting which happens to the disadvantage of the student nurse.

This indicates that the time of secondment should be increased per rotation to the individual wards. Four respondents gave a "not applicable" response. This corresponds with the earlier of 4 nurse-assessors who said that the chances were given. The charge-nurses who allow the students to practise being in-charge of units or wards should be commended for a job well done.

"Too many students per rotation" was mentioned by 2 respondents and this means that there are some ward managers who feel overwhelmed if the students are too many. The researcher agrees with them to some extent but believes that student numbers could be used to the wards' advantage. The ward manager should organise them in such a way that two could be followed up per day, one in the morning and the other in the afternoon. The following day they could swop duties. This response could mean that some ward managers need a lot of in-service training to strengthen their administration skills.

One respondent said that because the wards were too busy the ward sisters failed to give students the opportunity to take charge of the wards. This is not a good excuse for not allowing students to be in-charge of wards. The students are supposed to do this under supervision until they are competent enough to do it on their own.

Again, this could mean that charge-nurses need assistance to sharpen their administrative skills.

The "wrong response" just indicates that the respondent did not understand the question hence gave a wrong answer.

4.5.2.19. WHETHER STUDENTS PREPARE AND DO DOCTORS ROUND AS

PRACTICE TO BE CHARGE - NURSES:

This question was asked to find out if student nurses were allowed to practise to do doctors' rounds as this is part of the Fourth Assessment. This is also essential because it directly affects the studys' outcome. The study seeks to establish reasons behind students performing better in doctor related questions than nurse - related ones.

Table 39 STUDENTS PREPARE AND DO DOCTORS' ROUND AS PRACTICE TO BE CHARGE - NURSES:

N = 10

RESPONSES	NUMBERS
Yes	9
No	1
No response	0
TOTAL	10

The result shows that the majority were given this chance. It is good to note that the students practise this important aspect of ward administration. This would assist them to perform better during the actual assessment. Repeated practice actually instils confidence in the student to perform the duty well.

One respondent said students did not practise to do the doctors' round. This indicates that students in her ward were disadvantaged in this regard. It could also mean that on the assessment day they could find themselves anxious to perform their duty well. Anxiety is very unnerving indeed and should be avoided at all times. According to Ruch (1984 : 473) anxiety is stimulus linked. That means when a student is doing the assessment all its symptoms can be evoked making the student fail to perform to expectation.

Therefore the ward managers should always safe - guard against this anomaly to facilitate good performance during the essential fourth assessment.

4.5.2.20. DO DOCTORS TAKE TIME TO TEACH STUDENTS DURING

WARD ROUND:

This question was asked to see if students practised on this aspect of the Fourth Assessment. This directly affects how the students would perform on the assessment day.

Table 40 : DOCTORS TAKE TIME TO TEACH STUDENTS DURING WARD ROUND

N = 10

RESPONSES	NUMBERS
Yes	2
No	6
No response	2
TOTAL	10

Six respondents said the doctors did not generally take time to teach the student nurses during the ward round. Some of them also said that they did not teach students because the rounds were hurried all the time. One respondent even said that they had other "work to do."

This is a very sad situation because if students are to pass the assessment they either rely on the ward sisters or do rote learning in areas where the doctors could have assisted them.

Rote learning is not good for practical aspects of nursing because one is bound to forget what one ever learnt. Practice should be built on sound understanding of why certain procedures are done.

Two respondents out of 10 said the doctors took time to teach the students. This figure is too low to be acceptable in a teaching hospital. It clearly signifies that very little teaching takes place during ward round. Hinchliff (1986 : 61) states that though doctors are not trained teachers they teach well by drawing from their deep knowledge of various conditions in medicine and from their experience. The author also said the learner should participate in ward rounds and medical procedures and be with the doctor as he examines each patient. She should know the reasons for treatment, the purpose of investigations and the progress of the patient. All this stresses that the students should definitely be taught by the doctor during ward rounds to become competent in this aspect of nursing care.

Among those who said doctors teach students, there were two outstanding comments added, namely that "not all of them do" and "only just before the assessment". These statements are worrisome because they point to the fact that the teaching is not sustained at all. This definitely needs correction otherwise the students would come off training without fulfilling all their learning objectives.

Two respondents did not answer this question.

4.5.2.21. ANY TENDENCY BY STUDENT NURSES TO LISTEN TO DOCTORS' TEACHING MORE THAN TO WARD SISTERS' TEACHING AT CLINICAL LEVEL:

This question was meant to expose which teaching input the students were more likely to retain during their clinical attachment. This would determine how they answer questions during the fourth assessment.

Table 41 : TENDENCY BY STUDENTS TO LISTEN MORE TO DOCTORS' THAN NURSES' CLINICAL TEACHING

N = 10

RESPONSES	NUMBERS
Yes	3
No	2
To both equally	3
Trained Nurse's teaching	1
No response	1
TOTAL	10

Three subjects said student nurses tended to be more attentive to doctors' than to ward sisters' clinical teaching. This is not surprising because presently at ward level in Zimbabwe the doctor is the only one with a degree, an achievement which is ranked highly by society. The second reason is that nursing has been taught for many generations under the medical model. It is only now that nursing is using its own body of knowledge. Under such circumstances student nurses would feel that the doctor is more knowledgeable than the trained nurse not realising that nursing is a separate entity which operates both independently of and interdependently with other medical professions.

In a study carried out by Booth and Waters (1995 : 700 - 706) the nurse's role was described as being the central lynchpin of activity in a health institution. If student nurses realises, how knowledgeable and useful a trained nurse is, they would pay more attention to their mentors than any other professional where nursing care is rendered.

Three respondents said the attention was shared equally between doctors and ward sisters. This is a fair situation because both contribute to students learning although nursing should be their central focus. Two respondents said "NO" there was no tendency to listen more to doctors clinical teaching than to nurse teaching. This could mean that there is very little teaching done by doctors hence there is nothing to listen to.

One respondent said students tended to listen more to ward sisters' than to doctors' clinical teaching. This should be the ideal situation since these students are being trained to be ward sisters not doctors. They should learn to differentiate between nurse's duties and doctor's duties and should realise that nurses and doctors work together in a collaborative role for the good of the patient.

One respondent said nothing on this question.

4.5.2.22. UPGRADING STUDENT NURSES PREFER TO DO DOCTORS' THAN NURSING PROCEDURES AT WARD LEVEL:

This question was meant to find out whether students are committed to their nursing duties or not as this directly affects their acquiring nursing skills.

Table 42 : UPGRADING STUDENTS PREFER TO DO DOCTORS' THAN NURSES' DUTIES AT WARD LEVEL

N = 10

RESPONSES	NUMBERS
Yes	3
No	6
Uncertain	1
TOTAL	10

Six members of the sample denied that upgrading students preferred to do doctors' than nurses' duties at ward level. This indicates that most of the student nurses stick to their duties although their numbers should have been higher. This means that most of the students realise how important nursing care is to the patient since the nurse is with the patient for 24 hours a day. This is echoed by Booth and Waters (1995 : 700 - 706) who describe the nurse as "the central focus where everyone goes and everything goes via her"

Three respondents said upgrading student nurses preferred to do the doctors' procedures. This is quite substantial to be overlooked since it indicates that some students ignore their duties in favour of doing the doctors' procedures. This should be discouraged if nursing is to fulfil its

role in a creditable manner. However, this is not surprising as was cited under the background information to this study that some of the state certified nurses were trained initially to assist doctors or to work where there was no doctor. This history made them admire and wish to be doctors hence this exposed behaviour of a tendency to be doing doctors' duties.

This should definitely be discouraged because it compromises the acquisition of the much needed skills to nurse the sick. Nurses are not meant to diagnose illness and prescribe treatment as the doctors do. The nurses learn to do their own assessments, come up with the nurses' diagnoses and initiate care whilst working together with doctors of course.

One respondent who said she was "Uncertain" indicates that the respondent had not observed this behaviour at all, possibly because she was not sure whether the nurse should do both duties or not. Such trained staff need sensitisation towards their job description to be clear of what a nurse should do to be able to concentrate on the nurse's duties and promote health or the healing process of the clients.

4.5.2.23. PLACEMENT PERIOD BEFORE THE FOURTH ASSESSMENT

ADEQUATE OR NOT

The question was meant to find out whether the students were given adequate time to familiarise themselves with the ward in which the assessment would be done including practice run sessions for being in-charge of the ward. This would definitely affect the students' performance during the required evaluation.

Table 43 : PLACEMENT PERIOD ADEQUATE OR NOT :

N = 10

RESPONSES	NUMBERS
Yes	4
No	6
Uncertain	0
TOTAL	10

The majority indicated that the time was inadequate. This could be the reason for the students' poor performance on nurse-assessor related questions. Allocation time should be adequate because nursing aspects are multifaceted and need time to be mastered. This finding is supported by the mastery learning approach which states that participants in any programme can master or learn the required knowledge, skills or attitude provided sufficient time is allowed and appropriate training methods are used Sullivan and Gaffikin (1997 : 1 - 2). Therefore inability to allocate adequate time for attachment to clinical areas ear-marked for the fourth assessment for the student nurses is a gross anomaly for learning purposes.

Four respondents indicated that the time was adequate. This could be because the few student nurses happened to do the fourth assessment in a ward such as the children's ward which was allocated more weeks than others, usually six weeks at a stretch.

The longer the period of attachment before the assessment, the better the chance of learning and scoring higher marks during the assessment.

4.5.2.24. IF "NO" WHAT WOULD BE THE IDEAL PERIOD PRIOR TO

FOURTH ASSESSMENT

This question enabled the researcher to find out from the nurse - assessors how much time was ideal for preparations prior to doing the Fourth Assessment.

Table 44 : SUGGESTIONS FOR IDEAL PERIOD NEEDED PRIOR TO**FOURTH ASSESSMENT**

N = 10

RESPONSES	NUMBERS
0 – 1 week	0
2 weeks	1
3 weeks	1
4 weeks and over	4
Not applicable	4
TOTAL	10

Four respondents suggested that 4 weeks and above would be the ideal period to make the necessary preparations for the fourth assessment. This sounds a reasonable amount of time for such aspects as orientation and actually practising to do what is expected of a charge-nurse at ward level. It is difficult for every student to get a maximum of 4 weeks or more in a ward or unit due to the fact that the upgrading programme from state certified nurse to general nurse lasts only one year. Within that one year one has to cover all relevant units including theory input time and two weeks leave.

Four respondents gave the “not applicable” response and reflect the same figure which said that the time allocated for attachment prior to the fourth assessment was adequate. This implies that there is no need to increase the time spent in a unit prior to doing the fourth assessment.

One respondent said 2 weeks would be adequate. The low figure indicates that the time is inadequate especially for slow learners who need time to master the required skills.

The remaining one respondent said 3 weeks were ideal. This is still low but at least if one spends one week for orientation and the other two for actual practising to be in charge the chances are that she could just manage on the day. Due to the short training period this is the period usually afforded upgrading students prior to the fourth assessment. The low figure clearly demonstrates that the time is too short for the students to learn all that is expected of them to do in 3 weeks.

4.5.2.25. WHICH ASPECTS OF THE FOURTH ASSESSMENT DO THE STUDENTS FIND MORE DIFFICULT:

This question was necessary to establish which aspect students found difficult to handle in comparison to others.

Table 45 : ASPECT OF THE FOURTH ASSESMENT FOUND TO BE MOST DJFFICULT :

RESPONSES	FREQUENCY
Knowing Patients medical and social history	2
Doing doctors' round	2
Giving ward report to oncoming staff	1
Supervision of staff	3
Report writing	1
Checking delegated duties	1

Two responses were for "knowing patients' medical and social history". This shows that students were lazy to learn this aspect because if one puts his or her mind into it this is easily mastered. Another possibility is that may be the students were not given enough follow-up or practice on this aspect prior to the fourth assessment.

Two responses were for “doctor’s round”. This could mean that some student nurses were not given adequate time to practise taking the doctors round to see patients hence found it difficult to handle this aspect of the fourth assessment.

Three responses were for “staff supervision” as a ward manager. This could mean that practice in this aspect was lacking prior to the assessments. Supervision needs skill otherwise work is not done properly and the patients suffer in the process. Supervision skills should be well developed during training so that delivery of care to clients is guaranteed. Wilson - Barnett et al (1995 : 1152) state that the functions of supervision are formative that is the educative process of developing skills; restorative, that is supportive help for professionals working constantly with distress and stress and normative that is the managerial and quality control aspects of professional practice.

“Report writing” and “checking delegated duties” and “handing over report” was each mentioned wants. This shows that these were areas of difficulty for a few students as compared to the ones mentioned earlier.

It is interesting to note that on the whole nursing aspects were mentioned eight times as compared to doctor’s aspects which were mentioned twice. This shows the tendency to score higher on doctor -related questions than on nursing related ones. The main point here is that the doctors’ aspect is small compared to the many varied nursing aspects.

4.5.2.26. ANY PROBLEM IN ALLOCATION OF MARKS TO STUDENTS DURING THE FOURTH ASSESSMENT:

This question was asked of the assessors so that it could be established if they had problems in awarding marks for performance noted. This affects the total scoring of the whole assessment.

Table 46 :ANY PROBLEMS IN ALLOCATING MARKS DURING THE FOURTH ASSESSMENT:

N = 10

RESPONSES	NUMBERS
Yes	1
No	9
Uncertain	0
TOTAL	10

The results show that the majority of the assessors that is 9 out of 10 respondents had no problem in allocating marks for specific performance during the Fourth Assessment.

This is reassuring because it makes the researcher believe that whatever score is written down was given on merit and not subject to inability to give the right judgement. In other words, the scoring was done objectively. Only one respondent said she experienced difficulty in allocating the marks. This is rather unfortunate on the part of the assessor because it means that the scoring does not necessarily reflect the actual performance of the student. In other words the assessor is exhibiting the classic problems faced by assessors. Examples of these problems are instability and, unreliability of human judgement; generosity error and differences in rating standard (Robert 1969 : 30 -39).

4.5.2.27. WHERE STUDENTS SCORE HIGHER ON DOCTORS' OR NURSING QUESTIONS DURING THE FOURTH ASSESSMENT:

This question was asked to elicit information from the nurse - assessors to establish whether it is true that students score higher on medical related questions than in nursing questions.

Table 47 : STUDENTS SCORE HIGHER ON DOCTORS' THAN ON NURSING QUESTIONS DURING THE FOURTH ASSESSMENT:

N = 10

RESPONSES	NUMBERS
Yes	7
No	3
Uncertain	Nil
TOTAL	10

The majority of the sample as shown above stated that students score higher on doctor related questions of the assessment than the nurses' aspects. The explanation could be that the state certified nurses historically in Zimbabwe were trained to work where there was no doctor thus they did both doctors' and nurses' duties.

Due to pressure of work most of the nursing duties like changing linen, and feeding the patients were delegated to general hands thus leaving the nurse to concentrate on diagnosing the patients, illnesses and treating them. Sometimes they did laboratory work like microscopic examinations. This led to their being labelled "mini doctors" and they enjoyed this status for many years. They are therefore, bound to find reverting back to their intended duties difficult.

The second possible reason is that the doctors' aspect on the fourth assessment is limited and not challenging as compared to items on the nursing aspects. If given adequate practice the student would master the doctors' aspects faster than the nursing part.

Another possibility is the fact that doctors' questions always take the same format. For example the questions focus on the social history of the patient, signs and symptoms,

diagnosis and treatment so that if the student had several teaching sessions from the doctor she is bound to do well.

The situation is different with nursing questions which may not be asked in the expected way. For example, instead of asking the student when to turn the patient, she may be asked which patients need two hourly turning and why? This makes it difficult for the student to cram she has to really understand why the procedure is done and how. However if the teaching - learning process took place properly the nurse should perform better on nursing questions than on the doctors' aspect because this is his or her focus of training. Everyday of her training time is spent on learning how to nurse patients. Problems occur if there is inadequate clinical teaching and mentorship as explained in earlier results.

Three respondents who said students scored higher on nurses' aspects of the assessment must have witnessed this. This shows that for those who put their mind to it and remember that their main focus is nursing can score higher on nursing aspects than on doctors' aspect of the assessment. It indicates that if the tutors, clinical instructors and ward sisters put their heads together to teach students it can result in student nurses performing very well on nursing aspects thus ensuring that all learning objectives have been fulfilled.

According to Guilbert (1992 : 3 -30) participants mentioned that they learn best when motivated by the relevance of the goals to their personal or professional needs. This affirms that student nurses should learn nursing aspects better knowing that it is what they need as professional nurses.

4.5.2.28. IF THE ANSWER IS "ON DOCTORS' QUESTION" WHAT COULD BE

THE REASON :

This question was meant to find out from the assessors what they thought could be the reasons behind students scoring higher on doctors' than on nurses aspects of the fourth assessment.

Table 48 : REASONS FOR STUDENTS SCORING HIGHER ON DOCTORS' THAN ON NURSING ASPECTS OF THE FOURTH ASSESSMENT:

N = 10

RESPONSES	NUMBER OF TIMES MENTIONED
Medical treatment more important than Nursing	1
Did doctor's work mostly at clinics	1
To impress the doctors	1
Doctors not objective on scoring	3
Doctors teach what they will ask	1
Not applicable	3

The nurse assessors according to the result above felt that scoring by doctors during the Assessment was not objective and this was mentioned three times. This is a serious indictment on doctors because if it is true the students get marks they do not deserve. Also where the student should have failed so that she can practice more and do the assessment again she is passed undeservedly. This result could indicate that doctors need in-service training on the art of examining for them to do the assessment properly.

Three responses were for "not applicable" because in the previous question the respondents had said that it was not true that students scored higher on doctors' than on nursing questions.

The other reasons given were:-

Students rate medical treatment as more important than nursing treatment. This attitude should be dispelled because the two disciplines are complimentary to each other or are inseparable. It is the duty of the trained nurses to socialise these students to internalise that none is more important than the other except that nurses should focus on nursing duties while

doctors focus on medical treatment. No discipline no one is subordinate to the other. The trainers should be convinced about this first so that they can impart this information to the student nurse.

The other point mentioned was that the nature of the job the student nurses did at clinics prior to enrolment made them so familiar with doctor's work that it becomes difficult to ignore it and concentrate on nursing procedures. This was indicated by the result of the question immediately prior to this one. This also tallies together with another reason given that students try to impress the doctor by showing him that they can do his job well and in the process ignore their own duties.

The other point raised was that doctors teach what they will ask on the assessment. This drilling exercise does not give the student the chance to comprehend what they have learnt. This means that the result of the assessment cannot be predictive of what the student is able to do on passing the programme. This should be discouraged. If it is allowed to continue it means doctors will not teach the student on a daily basis but leave it until just before the assessment, yet it is meant to prepare the student to practise nursing safely long after the assessment exercise.

4.5.2.29. IS THE FOURTH ASSESSMENT USEFUL FOR THE STUDENT NURSE?

This question sought to establish how much value the nurse assessors placed on the Fourth Assessment as part of training the student nurse. The value given definitely determines how the assessment is conducted.

Table 49 : WHETHER FOURTH ASSESSMENT IS A USEFUL EXERCISE TO**STUDENT NURSES:**

N = 10

RESPONSES	NUMBERS
Yes	10
No	0
TOTAL	10

All the respondents were of the opinion that the Fourth Assessment was a useful exercise for the student nurses. The nurse - assessors as ward managers and matrons wanted to ensure that the nurse, besides being able to render nursing care, is also capable of administering wards or units where the care is given. Mellish (1985: 285-312) mentioned that among other things an assessment is done to determine whether the end product is safe to practise both her independent and dependent functions to protect the society she serves. This is a critical point because the qualified nurse should be able to organise delivery of nursing care hence should undergo the fourth assessment which focuses on ward administration from 0700 hours to 1600 hours the same day. The student during these hours acts like the ward manager in all aspects till she hands over the duties to other oncoming nurses at change of shift.

The assessment which is meant to find out if the student is ready to manage a ward comes at the end of training just several weeks before the final written examination.

The fact that it comes at the end of training qualifies it to be called summative evaluation which according to Gronlund (1985: 6-21) is meant to measure an end of course achievement. If students fail this assessment on first attempt they are given a second chance and if they fail again then they will be back grouped to give them time to master this aspect of nurse training.

4.5.2.30. SUGGESTIONS ON HOW CONDUCTING THE FOURTH ASSESSMENT

CAN BE IMPROVED :

These suggestions were invited so that they would form part of the recommendations put forward by the researcher to improve the conduction of the Fourth Assessment for student nurses.

Table 50 : SUGGESTIONS GIVEN TO IMPROVE CONDUCTION OF THE FOURTH ASSESSMENT:

N = 10

SUGGESTIONS	NO. OF TIMES MENTIONED
There should be time limit to the assessment	6
Make atmosphere conducive for the assessee	2
Avoid window dressing on the day	3
Charge nurses should role model all the time	1
Tutors should follow-up students prior to the Fourth Assessment	1
No response	1

The majority mentioned the time factor as crucial to the assessment. According to the respondents the assessment sometimes took too long to be completed even finishing as late as 1800 hours instead of 1600 hours. This is too late as both the student and the assessors would be tired. Tired assessors may not score marks objectively. This may be a contributory factor to the awarding of low marks on nursing care aspects. The doctor's care aspect is usually finished within an hour so the assessor will presumably still be very functional and is likely to award marks objectively as opposed to the one who awards them to a student twelve hours later.

The assessors cited the matrons' round as too long as she usually asks for too many details on social history aspect so that by the time she finishes her assessment the student will be exhausted.

The other point was that the doctor usually delayed to do the doctors' round and this sort of puts the other routine procedures behind schedule, for example the dressings and discharging patients.

The other suggestion was that the atmosphere for the assessment should be conducive to exhibition of the desired behaviours of managing the ward well. Usually the situation becomes so tense that the student forgets to do what is expected of her. For example if the assessors follow her every minute instead of watching her at times from a short distance the student can be quite unnerved. The student should be allowed to produce her best and not get very tensed up.

One suggestion was that students should avoid "Window Dressing" meaning that they should avoid doing things so differently from what happens in everyday life. Examples are that the ward is well decorated for the day with very stimulating pictures, files of patients are well covered and linen and equipment is suddenly available yet usually it is inadequate. This is the ideal situation one would want to see in a ward but actually this is not the case and it would be more proper for the student nurse to be assessed with what is always in that unit to see if she is fully functional in that situation.

One response was that "charge nurses should role model on a daily basis." This must have come from the fact that the student being assessed could not perform as expected of her by the charge-nurses and one rationalised by saying that may be the student did not have a mentor to copy from. Role modelling is a powerful teaching method. Wilson –Barnett et al (1995 : 1152 - 1158) describes role modelling as that a "mentor teaches, assesses and praises you." Everyone strives to do better if praised because this acts as a motivator.

Another suggestion was that tutors should follow-up students during the period just before the fourth assessment so that if there are problems intervention can be initiated immediately for the benefits of the students. This is the time when students are encouraged to use initiative to

facilitate nursing care delivery and are guided on what to do. It is also the time when the ward manager should promote students' initiative by acknowledging it where they are successful.

All the above suggestions if implemented would definitely improve this very important summative evaluation of students.

4.5.3 DATA ANALYSIS OF DOCTOR - ASSESSORS' QUESTIONNAIRE :

PART ONE : PERSONAL AND PROFESSIONAL INFORMATION :

4.5.3.1 AGE IN YEARS OF RESPONDENTS:

This question was asked to find out how mature the doctor - assessors were as maturity assists in handling the assessment. This affects how the assessment is conducted including scoring of marks.

Table 51: AGE OF RESPONDENTS IN YEARS :

N = 5

AGE IN YEARS	NUMBERS
Under 25	0
26 – 30	1
31 – 35	2
36 – 40	0
41 – 45	0
Over 45 years	2
TOTAL	5

The results above show that the majority of the respondents were 31 years old and above that is two for 31 - 35 years and two for over 45 years of age. This shows that the doctor-assessors had vast experience in their job and could teach and assess the students efficiently. The remaining respondent was still young which is advantageous in that the

individual was still fresh from school and still remembered what he had learnt to be able to teach others. The second advantage is that he had not learnt “short cuts” and so was expected to teach the students in detail and properly. However, his lack of experience could have caused difficulties when it came to scoring marks for the student during the Fourth Assessment as this requires a lot of experience.

4.5.3.3 PROFESSIONAL QUALIFICATIONS:

This question was included in the questionnaire to establish the qualifications of the doctor-assessors since this determines how they perform their duties on a daily basis.

Table 52 : PROFESSIONAL QUALIFICATIONS:

N = 5

RESPONSES	NUMBER
Doctorate in medicine	4
Advanced Clinical Nurse	1
Total	5

Four out of five respondents were well trained doctors which means the students were taught and assessed by qualified people in that field. In other words the doctors were well versed with doctors’ duties; and this meant that the students were definitely given the right information. Generally, medical doctors are very scarce in Zimbabwe and having 4 doctors at one district hospital is very welcome especially for Kwekwe which also trains nurses.

Doctors, besides their duty of treating to treat the sick, are also required to teach and also assess student nurses for their Fourth or Final Ward Management Assessment. However, the doctors were not trained to teach students but their deeper knowledge of illnesses and experience make them perform such a duty with ease.

Only one of the doctor - assessors was an advanced clinical nurse who was trained locally after qualifying as a general nurse, registered mental nurse and state certified midwife to do doctors' work and alleviate the great shortage of doctors. He does everything that doctors do including teaching student nurses and assessing them. He also draws his inspiration to do this from his vast experience as a nurse and as an acting medical doctor. This also confirms that the man can assess the student nurses without problems.

4.5.3.4. WHERE TRAINED AS A DOCTOR:

This question was necessary to establish where the doctor - assessors were trained as this could have a bearing on their performance.

Table 53 : WHERE TRAINED AS A DOCTOR:

N = 5

RESPONSES	NUMBERS
University of Zimbabwe	3
Mpilo Hospital (Zimbabwe)	1
Bangalo Medical College (India)	1
Total	5

Three of the respondents were locally trained which means these doctors were familiar with the health service delivery system in Zimbabwe including the type of training the nurses go through. This means that these doctors are psychologically prepared to do duties such as the training of nurses. They saw their superiors taking time to go and lecture to student nurses in fields like orthopaedics, paediatrics and gynaecology.

Some of them were student doctors who were trained side by side with student nurses and know what student nurses need to be taught. Therefore it is an advantage that locally trained doctors are in the majority in a training school like Kwekwe Hospital.

One respondent was trained at Mpilo Central Hospital as an advanced clinical nurse to alleviate

a shortage of doctors. In other words, he does doctor's duties. This clinician is of great help to student nurse training because professionally he is a trained nurse. This means that he is able to supervise them better by drawing from his experience as well as his deeper knowledge of the disease process. The student nurses are more likely to learn more from this officer than from the actual doctors.

The remaining respondent is a doctor who trained in India. Although he is from a foreign country, his qualification and experience were sufficient enough to be able to teach and assess student nurses. The other advantage is that India is British oriented in its practices as it was previously colonised by Britain and so was Zimbabwe. For example, both countries use the English Language as an official language in tertiary educational institutions.

4.5.3.5 NUMBER OF YEARS OF PRACTICE:

This question was necessary to establish how much experience the doctor - assessors had. This could determine how well they would be able to carry out the assessment procedure; thus including awarding marks for students' performance.

Table 54 : NUMBER OF YEARS OF PRACTICE:

N = 5

RESPONSES	NUMBER
0 - 1 year	1
2 - 3 years	1
4 - 5 years	0
6 years and above	3
TOTAL	5

The majority of the doctors had been in the field for at least 6 years which affirms that they were experienced enough to carry out student nurses' assessments comfortably. These doctors were more likely to have developed a good relationship with student nurses having learnt what they needed to know over the years. In such circumstances the students develop trust in their supervisors and this promotes learning Wilson – Barnett et al (1995 :1152 - 1158).

One respondent had about 3 years experience which gave him a chance to have learnt to do his duties efficiently if his mentors performed creditably.

One respondent had only one year experience. This doctor if there were enough doctors should have been excused from assessing students as he needed more practice. However, if he was well instructed by his superiors he should have been able to carry out the assessment at least competently because he just needed to ask the student the medical model of caring for the patients which was his field. For example, he could ask about investigations done on clients and drugs given and why.

4.5.3.6 PART TWO : CLINICAL TEACHING INFORMATION:

4.5.3.7 DOCTORS INFORMED OF STUDENTS' LEARNING NEEDS:

This question was asked to find out if the doctor - assessors were aware of students' learning needs with regards to doctors' input at ward level. This would directly affect students' clinical teaching and subsequent assessments to evaluate their learning.

Table 55 : DOCTORS INFORMED OF STUDENTS' LEARNING NEEDS:

N = 5

RESPONSES	NUMBERS
Agree	3
Disagree	2
Uncertain	0
TOTAL	5

Three respondents out of five were informed of students' learning needs at ward level. This is pleasing because this is the ideal practice so that the supervisors know what the students need to know. It would enable the doctors make proper preparations both in the materials to be taught and also for psychological preparedness.

Two respondents stated that they were not informed of students' learning needs. This was rather sad because all clinical supervisors of students should know what to teach them as this directs learning and also ensures that the supervisors do not teach the students irrelevant information. For example doctors may teach more doctors' duties which have nothing to do with the nurses' day to day activities. This should be corrected urgently because it affects students learning. It also affects the subsequent assessment of students as well as the scoring of marks if the assessor does not know what is supposed to be evaluated. Mellish (1985 : 240) states that one of the requirements among many for an assessor to do this task efficiently is that he or she must have an appreciation of what can reasonably be expected from the student being assessed. In other words, she should have prior knowledge of what she is expected to do after being taught. If this is not done then there would be a problem in this aspect of training.

4.5.3.8. SOME OF DOCTORS' WARD DUTIES

This question was needed to indicate what the doctors understood to be their duties which they were obliged to do routinely. If they knew that teaching student nurses was one of them then they would probably spare time or set aside time to do just that for the benefit of student nurses.

Table 56 : SOME OF DOCTORS' WARD DUTIES :

N = 5

TYPE OF RESPONSES	FREQUENCY
To teach student nurses	4
To assess student nurses	2

Data analysis indicates that the majority of the respondents knew that teaching student nurses was one of their duties. This is encouraging because it is a fact that doctors working in Nurse

Training Hospitals are also clinical teachers or supervisors. This means that they always prepare to teach students during their course of treating patients on a daily basis. It also shows that students could be readily taught by doctors at ward level without leaving everything to ward sisters since the ward doctor is a co-assessor during the fourth assessment.

However, the picture was different where assessment of students was concerned. Only 2 respondents indicated that it was also their duty to assess student nurses. It shows that the ward doctors did not realise that they were also supposed to assess the students particularly for the Fourth Assessment. This could mean that most of the doctors did not prepare themselves psychologically to handle this task and hence were more likely not to carry it out well. It also shows that the majority were more likely not to prepare the students for this form of evaluation by teaching them what doctors expect them to do as part of the main health care givers at ward level. The doctor needs the nurse and vice versa for good care of the patient.

The nurse is particularly invaluable in the care of the patient at ward level because she provides a link between the patient and other care givers and spends more time with the patient than any of the others. This is echoed by Booth and Waters (1995 : 700 - 706) whose research findings state that "the nurse was the central focus, everyone went to the nurse and everything went via the nurse."

At ward level the nurse and the doctor have to do team work so as to fully socialise the student nurse to enable her to meet all her learning objectives prior to being a registered nurse.

4.5.3.9. STUDENT TEACHING AT WARD LEVEL IS INTERRUPTIVE TO

WARD ROUTINE:

This question was asked to find out from the doctor - assessors if they felt that teaching students at ward level interfered with their ward routine and if they felt like that then the chances were that student teaching was neglected. This would affect the students' performance on the Fourth Assessment.

Table 57 : STUDENT TEACHING INTERRUPTIVE OF WARD ROUTINE:

N = 5

RESPONSES	NUMBERS
Agree	0
Disagree	5
Uncertain	0
TOTAL	5

All the respondents asserted that teaching was not disruptive of ward routine at all. This shows that the ward doctors appreciated the importance of training nurses so that the health services are not disrupted by a shortage of nurses as for example, old ones retire, die or emigrate to neighbouring countries. It again shows that the ward doctors value nurses' contribution to the care of the sick and see them as partners.

This finding reassures the researcher that the doctors are likely to be sensitive to students' learning needs. The doctors probably realised that students need help as they remembered the time they were students too and where on several occasions given assistance in their learning by the greatly experienced charge-nurses in the wards.

4.5.3.10 ANY INTEREST IN TEACHING STUDENT NURSES:

This was necessary to find out if the doctor-assessors had a driving force towards teaching students, lack of which would result in poor performance in this aspect of their duties. It would again affect how they awarded marks during the fourth assessment.

Table 58 : INTEREST IN TEACHING STUDENT NURSES:

N = 5

RESPONSES	NUMBERS
Yes	5
No	0
TOTAL	5

Data above indicates that all the doctor-assessors were interested in teaching student nurses. This is an advantage to the students because they are more likely to receive clinical teaching on a daily basis as the doctor does daily ward rounds. Interest in doing a thing is a great motivator or driving force urging the individual to perform maximally. Motivation according to Mellish (1985 : 88) “creates in the individual a need or desire which prompts her to take action.” In this instance it compels the doctor to teach the students who should in turn be motivated to learn. It is also the clinical teacher’s responsibility to motivate the student to learn by letting her see the importance of acquiring the necessary knowledge and skills to nurse patients.

4.5.3.11 ANY OBSERVATION OF WARD SISTERS TEACHING STUDENT

NURSES:

The question was paused to establish the ward sister’s participation in teaching students at ward level. If taught well then students would perform well during assessments.

Table 59 : OBSERVATION ON STUDENT TEACHING BY WARD SISTERS:

N = 5

RESPONSES	NUMBERS
Yes	3
No	2
TOTAL	5

Although the majority of the doctor - assessors said they saw ward sisters taking time to teach student nurses it is disheartening to note that two of them said they did not observe any teaching going on. This is a high figure which indicates that the teaching could be done but in an erratic manner.

This is a serious issue because it means the ward sisters did not create or arrange time to instruct students on all nursing procedures to enable them to pass their fourth assessment. This could be one of the reasons why students perform poorly on nursing questions during the fourth assessment.

4.5.3.12. IF “YES” WERE WARD SISTERS CONFIDENT TO DO IT?

This question sought to establish whether the ward sisters’ confidence to teach student nurses was evident to observers like doctors who worked very closely with them.

Table 60 : WARD SISTERS CONFIDENT TO TEACH STUDENT NURSES:

N = 5

RESPONSES	NUMBERS
Yes	2
No	1
Not applicable	2
TOTAL	5

Data above shows that only 2 respondents observed that ward sisters confidently taught student nurses at ward level. This shows that perhaps very few of the ward sisters exhibited this behaviour. Lack of confidence in doing something can lead to shying away from doing such a duty and this could compromise students’ learning.

Three out of five respondents said “no” or “not applicable” which could indicate that very little clinical teaching took place in the wards and where it did, it was on a very small scale and the teachers were not sure of what they had to teach. This could be a result of the fact that they lacked the skills to teach students or they did not keep up - to date with modern nursing trends or techniques to do certain procedures.

4.5.3.13 STUDENTS GIVEN CHANCES TO DO WARD ROUNDS WITH DOCTORS TO PRACTISE BEING IN CHARGE OF THE WARD

This question was needed to establish whether students were adequately prepared to tackle doctor-related questions or procedures during the Fourth assessment. This would directly affect scoring of marks on these aspects of the assessment.

Table 61 : CHANCE GIVEN TO DO WARD ROUND AS PRACTICE TO BE

IN-CHARGE

N = 5

RESPONSES	NUMBERS
Yes	4
No	1
TOTAL	5

Data indicates that the majority of doctors said that the students were given chances to do doctors' round to practise being in-charge of the ward. This is commendable and must be promoted because it provides a learning opportunity for the students. The student is then taught how to present cases to the doctor and also advocates for the patient. The doctor gets an opportunity to teach the student what he expects her to know to partner him in serving the sick. This exercise which excluded the aspects of ward management prepared the student for the fourth assessment. If the student mastered the aspect well then she would score high marks during the fourth assessment.

One respondent asserted that students did not get such chances routinely especially I quote "sometimes towards the fourth assessment." This does not allow students to practise adequately to be able to master this aspect before the assessment. This could lead to failure or low marks in this aspect of the assessment.

4.5.3.14. STUDENT VERY ATTENTIVE TO DOCTORS' TEACHING

DURING ROUND

The above question was included in the questionnaire so as to find out if retention of information given by doctor to students was related to their being very attentive during the teaching, hence able to answer questions well during the assessment.

Table 62 : ATTENTION TO DOCTORS' TEACHING BY STUDENT NURSES:

N = 5

RESPONSES	NUMBERS
Yes	4
No	1
TOTAL	5

Four of the respondents said that students were generally very attentive to the doctors' teaching, possibly because doctors are generally regarded as very knowledgeable and therefore it would be a good thing to be attentive to them because one can learn a lot from them.

One respondent said the students were not attentive to the doctors' teaching during the ward round. Fortunately this is a small figure but still it is not right that some students do not pay attention to doctors. However, the fact that it was observed means that students need to be given information on the importance of being attentive to clinical teaching regardless of who is giving it to maximise learning.

4.5.3.15. UPGRADING STUDENT NURSES ARE FORTHCOMING IN ASSISTING DOCTOR TO DO WARD PROCEDURES:

This question sought to expose whether student nurses did doctors' procedure ignoring their own at ward level. This affected their learning of nursing procedures hence leading to poor scoring of marks during the fourth assessment.

Table 63 : STUDENTS FORTHCOMING TO DO DOCTORS' PROCEDURES:

N = 5

RESPONSES	NUMBERS
Yes	4
No	1
TOTAL	5

The majority said the upgrading student nurses were forthcoming in doing the doctors' procedures.

This is not surprising because their generic training to become state certified nurses had prepared them to work mostly where there was no doctor hence they did doctors' work. This was also indicated in an earlier analysis of a question asked the ward managers. This again would make the students score high marks on doctors' aspects of the fourth assessment.

Only one respondent said "NO" which indicates that there are a few students who realise that they have to do nursing procedures foremost then the other duties second. This should be encouraged to ensure that nursing care delivery is efficient. Students can assist doctors but should not make that duty a priority or their key result area of practice.

4.5.3.16. STUDENTS' STAY IN WARD PRIOR TO FOURTH ASSESSMENT

LONG ENOUGH:

This question was meant to find out from the doctor-assessor's point of view if the stay in a ward was enough before the fourth assessment as this definitely affected the students' performance on the assessment day.

Table 64 : STUDENTS' STAY IN A WARD LONG ENOUGH PRIOR TO FOURTH ASSESSMENT:

N = 5

RESPONSES	NUMBERS
Yes	0
No	5
TOTAL	5

All the respondents said the time was not enough and this means that practice before the fourth assessment is very limited. In such circumstances students are bound to perform below expectations of supervisors or assessors especially for nursing aspects which are extensive. They may manage with the doctors' aspect of the assessment since there are fewer things to learn than for nursing. It means the student will be loaded with information leading to reduced retention and recall. According to adult learning principles one learns better by building on previous learning or experience hence the Upgrading student nurses would learn the doctors' procedures better than the nursing ones since, before coming for training they practised doing doctors' procedures in their daily work in rural health centres.

4.5.3.17 IF "NO" HOW LONG WOULD BE IDEAL:

The question was set to elicit suggestions on period of stay which would promote students learning and preparedness for the fourth assessment.

Table 65 : IF "NO" SUGGESTED LENGTH OF STAY IN WARD:

N = 5

RESPONSES	NUMBERS
1 - 2 weeks	1
3 - 4 weeks	0
5 - 6 weeks	2
7 - 8 weeks	2
9 - 10 weeks	0
TOTAL	5

Two respondents felt that the student should stay for 5 - 6 weeks in a ward to be able to practise and master being in-charge of that ward and do well on the assessment day. This is a good suggestion except that for some wards the rotation period is as short as 2 weeks so the period suggested would not apply.

Two respondents said 7 - 8 weeks, this is rather too ambitious because there is no attachment for the shortened programme which goes beyond six weeks so the period is impossible. However, this response actually pointed out that time for preparation for the fourth assessment needed to be increased. Only one respondent said 1 -2 weeks' stay is enough. The period could be adequate for brilliant students but not for average students.

4.5.3.18. DESCRIPTION OF STUDENTS' PERFORMANCE FOR FOURTH

ASSESSMENT:

This question was necessary to hear the doctor - assessors' view on students' performance during the fourth assessment as this affects awarding of marks.

Table 66: DESCRIPTION OF STUDENTS' PERFORMANCE DURING THE FOURTH ASSESSMENT:

N = 5

RESPONSES	NUMBERS
Excellent	0
Very Good	0
Good	1
Average	2
Below expectation	2
Poor	0
TOTAL	5

Two of the respondents said the performance was average which indicates that the student just managed to pass as indicated earlier. The reason could be an inadequate period of stay in a ward prior to the assessment. The other possible reason could be lack of clinical teaching on the part of the doctor or charge - nurse prior to the fourth assessment.

Two responses were for "below expectations" which also indicates that the student just passed with very low marks. The respondents put it as "below expectations" because for the students level of learning which was just before writing state final examinations the performance did not match that. The reason again could be inadequate time spent on preparing for the fourth assessment or that the clinical teaching was inadequate as well.

Only one response said it was good and this is a very small number indeed. It shows that on the whole students did not perform well and that action must be taken to correct this if nursing schools are to produce quality practitioners.

Some of the comments or reasons given for poor performance were that "more time was spent on decorating the ward than learning how to manage a ward." This is true because on the assessment day the ward is well decorated and one would expect the student to do well to

compliment the ward appearance. This is the reason why some trained nurses complain that there is a lot of “staging” on the assessment day.

The other comment was that “student not with the doctor for a long time” which could mean that time allocated to the student per ward before the fourth assessment is too short for the doctor to give meaningful clinical teaching input.

4.5.3.19 ANY PROBLEM IN ALLOCATING MARKS DURING THE FOURTH ASSESSMENT:

The question sought to establish if doctor-assessor had problems in awarding marks for performance during the fourth assessment which would affect students score.

Table 67 : ANY PROBLEM IN ALLOCATING MARKS:

N = 5

RESPONSES	NUMBERS
Yes	0
No	5
TOTAL	5

All the respondents said they had no problem with awarding marks to the students during the fourth assessment. This actually meant that the allocation of marks was objective. Therefore whatever the score obtained was well deserved.

4.5.3.20. WHETHER IMMEDIATE FEEDBACK WAS GIVEN AFTER THE FOURTH ASSESSMENT BY THE DOCTOR - ASSESSOR:

This question was attempting to establish if the doctor - assessor gave feedback to the student after performing the assessment procedures as this would assist the student to

learn from her mistakes and correct them especially for those who may have to do a repeat performance if they fail on their first attempt.

Table 68 : FEEDBACK GIVEN IMMEDIATELY AFTER FOURTH ASSESSMENT:

N = 5

RESPONSES	NUMBERS
Yes	3
No	2
TOTAL	5

The majority indicated that doctor - assessors gave feedback immediately after the fourth assessment which is what is recommended by learning principles. This enables the learner to correct her mistakes when they are still fresh in her mind. Mellish (1985: 167) states that errors made by a learner can provide a teachable moment. Therefore, making corrections and pointing out their effect on the patient by the assessor is very valuable to the student being assessed and provides a good opportunity to learn.

The other two respondents who did not give immediate feedback after the fourth assessment let down the student because she would lose the best opportunity to learn the right behaviour from her mistakes. It shows that some of the doctor - assessors need to be made aware of teaching and learning principles to perform better.

4.5.3.21 IS FOURTH ASSESSMENT A GOOD EVALUATION TOOL:

The researcher included this question in the questionnaire so that she could find out if doctor - assessors regarded the procedure as important. Their attitude will determine whether they did it whole heartedly leading to objectivity in awarding marks to the students or they dismissed it as one of those things they have to get over and done with.

Table 69 : FOURTH ASSESSMENT, A GOOD EVALUATION TOOL OR NOT?

N = 5

RESPONSES	NUMBERS
Yes	5
No	0
TOTAL	5

All the doctor - assessors in the sample felt that the fourth assessment was a good evaluation tool. In other words they were convinced that it would tell the assessors whether the student was ready for release into the health system or not. The fourth assessment is meant to test if the student can organise nursing care at ward level efficiently. According to Gronlund (1985:6) evaluation aims at giving value judgement for example to check on students learning progress.

4.5.3.22. IF "YES" WHAT PURPOSE DOES IT SERVE:

The question sought to establish if doctor - assessors know its purpose and if they did then they were more likely to do a good job during the assessment period.

Table 70 : PURPOSE OF FOURTH ASSESSMENT:

N = 5

RESPONSES	NUMBERS
Assess students' competency in ward administration	3
Makes them study hard to pass the assessment	2
TOTAL	5

Three of the respondents indicated that the aim was to assess competency in administering the ward to ensure patients care was done properly. It shows that generally the doctor assessors knew why the fourth assessment was done.

Two respondents said that it makes the students read well so as to be able to pass the assessment. This is a good thing because it gives room for the students to revise what they learnt and put it into practice to consolidate learning. This prepares them to do the fourth assessment.

4.5.3.23. ARE YOU HAPPY WITH THE WAY THE FOURTH ASSESSMENT IS

DONE:

The researcher wanted to find out if the doctor - assessors were unhappy with the way it was conducted as this would affect awarding of marks.

Table 71 : HAPPY WITH THE WAY FOURTH ASSESSMENT CONDUCTED :

N = 5

RESPONSES	NUMBERS
Yes	1
No	4
TOTAL	5

Four of the respondents said they were not happy with the way the Fourth Assessment was conducted. Some of the reasons have already been identified in earlier results for example short stay in a ward prior to doing the fourth assessment. However the next question will indicate how it could be improved.

Only one respondent indicated that he/she was happy. This is a very small figure and could indicate that there were few wards which had made proper preparations for their students hence, the assessment progressed well and students' performance was probably good.

4.5.3.24. SUGGESTIONS TO IMPROVE THE WAY FOURTH ASSESSMENT

WAS DONE:

The suggestions could actually point out where improvement was needed which would make the fourth assessment a better measuring tool.

Table 72 : SUGGESTIONS TO IMPROVE CONDUCTION OF THE FOURTH ASSESSMENT:

N = 5

RESPONSES	NUMBERS
Students should do ward rounds for at least 2 weeks before the fourth assessment	1
Assessment should last 2 days	1
Not sure	3
TOTAL	5

Three respondents stated that they were “not sure” of suggestions to make. In other words, they did not know how it could be improved although they felt there was something wrong with it.

One respondent said the students should do ward round daily with the doctor for at least 2 weeks prior to this assessment. This would definitely give the student nurse the time to prepare for it and perform well.

One respondent felt that the assessment was very long hence should be done over 2 days. This is a good suggestion and so a recommendation will be put forward to the policy makers to look into the possibility of increasing the time allocated to doing the fourth assessment. This would definitely relieve pressure on the student. Stress may lead to poor performance during the fourth assessment.

In the next discussion the three different questionnaires already discussed and data interpreted separately will be put into perspective together in order to reach substantive conclusions in relation to the objectives of the research study in question.

4.6. **CROSS EXAMINATION OF QUESTIONNAIRES' DATA ANALYSIS**

RESULTS IN RELATION TO THE OBJECTIVES:

In this section of data analysis the results of the three different questionnaires were examined compared and related to the study's objectives.

The questions in the three questionnaires besides the demographic data were arranged in a collaborative manner to facilitate comparison of results to meet the specified study objectives.

4.6.1. **RESTATEMENT OF THE PROBLEM STATEMENT AND THE**

OBJECTIVES:

4.6.2. **THE PROBLEM STATEMENT:**

The state certified nurses undergoing the upgrading course to be registered general nurses were not adequately prepared to focus on doing the nurses' duties during their former training period. They therefore, experience difficulties in supervising nursing care delivery at ward level during the fourth assessment.

4.6.3. **THE OBJECTIVES OF THE STUDY:**

1. To identify types of health centres for which the state certified nurse training programme prepared the candidates to work in on completion.

2. To verify whether placement of student nurses undergoing upgrading to registered general nurses in various clinical settings enables them to correlate theory learnt to practice.
3. To establish whether learning of upgrading student nurses during their various clinical rotations is directed by specific learning objectives.
4. To determine whether clinical supervision for the upgrading student nurses is adequate enough for acquisition of the necessary nursing skills and knowledge to be ready for their fourth assessment and subsequent practice on completion of training.
5. To establish how the fourth assessment is carried out.

4.6.4. **DISCUSSION OF RELATED QUESTIONS FROM THE THREE**

DIFFERENT QUESTIONNAIRES:

The following questions attempted to elicit responses to meet objective number 1.

4.6.5. **QUESTIONS FROM STUDENT'S QUESTIONNAIRE:**

- Indication of where the student had been trained as a state certified nurse.
- Indication of whether they were trained to work in health centres where there were doctors on completion of state nurse training.
- Indication of how long a student worked as a qualified state certified nurse prior to doing upgrading course.

- Indication of where the upgrading student worked prior to enrolment.

4.6.6. CORRESPONDING QUESTIONS FROM NURSE - ASSESSORS'

QUESTIONNAIRE:

- Indication of whether upgrading students preferred to do the doctors' procedures to nursing ones at ward level.
- Indication of whom students paid more attention to during clinical teaching between doctors and ward sisters.

4.6.7. CORRESPONDING QUESTIONS FROM DOCTOR-ASSESSORS'

QUESTIONNAIRE:

- Indication of whether student nurses were more attentive to doctors' than to sisters' teaching at ward level.
- Indication of whether student nurses are forthcoming in assisting doctors in various procedures at ward level.
- The results of data analysis on the students' questionnaire with regards to questions (1 - 4) were as follows:

On where the respondents had been trained 15 out of 20 respondents said at Mission Hospitals. This implies that they had to learn to do some of doctors duties because there is a shortage of doctors in mission hospitals so that on several occasions nurses have to fill in the gap. On where they were trained to work or practise, 11 respondents said they were trained for health centres "with or without a doctor resident there;" and 8 respondents said "where there is no doctor." This again implies that the state certified nurses had to learn to do some of the doctors' procedures to be fully functional at the stated health institutions. (See 4.5.1.4; 4.5.1.5; 4.5.1.7.)

On length of period of practice prior to enrolment in upgrading course eleven respondents said they worked for over six years, implying that they had practised both nurse related duties and doctor related ones over that length of time. On where the respondents worked prior to enrolment as an Upgrading student 15 out of 20 respondents had worked at health centres with very few or no doctors at all.

The above results show that the student nurses undergoing the upgrading course to become registered general nurses were also prepared to do medical duties, meaning that they were prepared to be doctors' assistants rather than focus only on nursing duties. The medical procedures included giving intravenous drugs among others. On completion of their training, they worked independently of doctors. It can then be concluded that the first objective was met and sought to identify types of health centres where and for which state certified nurses were trained. At these health institutions it was required of them to do some of the doctor's procedures. This could be one of the reasons why upgrading students scored higher on doctor - assessors' questions than on nurse assessors' during the fourth assessment.

The above results were however refuted by the results from the nurse – assessors' questionnaire where only 2 out of 10 respondents said doctors took time to teach student nurses; and only 3 out of 10 respondents said students tended to listen to doctor's teaching more attentively than to ward sisters' teaching.

Results from the 2 questions mentioned earlier from the doctor - assessors' questionnaire were that 4 out of 5 respondents stated that the students were very attentive to doctors' teaching and that students were always willing to do doctors' procedures at ward level. (See 4.5.3.14; 4.5.3.15.)

These results seem to support the results from the students' first four questions that students scored higher on doctors' than on nursing questions during the fourth assessment as a result of the type of training they received as state certified nurses.

These are some of the reasons why they did the doctors' procedures well and were attentive to their teaching. This could result in their scoring high marks during the fourth assessment.

In fact the state certified nurses greatly admire the doctors. According to adult learning principles the adult learner is motivated by the relevance of what is being learnt for his or her personal or professional needs (Guilbert (1992 : 3.30). This implies that the student nurse undergoing an upgrading course would endeavour to do the doctors' duties to polish up these skills to be used later at a health centre without a doctor. In spite of the above identified points the overall research results indicate that the research assumption is refuted as evidenced by the result in table 20 page 98.

The questions below attempted to meet objective number two. The questions are from the three different questionnaires namely:

4.6.8. FROM THE STUDENT NURSES' QUESTIONNAIRE:

- Indication of whether lectures on nursing subjects are followed by practical procedures either in the demonstration room or in the wards.
- Indication of whether students on study block always write weekly tests and end of block examination on what will have been covered including practical procedures.
- Indication of whether student nurse placement in various clinical areas enabled the students to apply theory learnt to practical situations.

4.6.9. FROM NURSE - ASSESSORS' QUESTIONNAIRE:

- Indication of whether teaching students ward procedures interferes with ward routine and should be left to clinical instructors.

- Indication of whether matrons do spot checks on ward activities daily to ensure that patients are cared for in the right manner and in a clean environment.
- Indication of what should be done if the answer to the question above was “NO”
- Indication of whether matron asks students to take her around the ward during her routine rounds.

4.6.10. FROM DOCTOR - ASSESSORS' QUESTIONNAIRE:

- Indication of whether teaching students at ward level interferes with ward routine and should be left to the clinical instructors.
- Indications of whether the respondents observed ward sisters taking time to teach student nurses in the ward.
- Indication of whether those ward sisters who taught students were confident to do so or not.

The results for the questions from the students' questionnaire were as follows: Result for the question on whether all theory input in class was followed by practical demonstrations indicated that 19 out of 20 students said that was the routine practice. Data analysis to the question on whether weekly tests and end of block examination were written including practical procedures, all respondents said these were done.

The results to a question on whether placement of the students enabled them to correlate theory to practice indicated that most respondents said “Yes.” The results put together affirm that the way lectures were arranged in the school to correspond with practical input enabled the students to correlate theory to practice. The way the evaluation was done again promoted correlation of theory to practice. The placement too in the clinical area further complimented this practice.

(See 4.5.1.10; 4.5.1.11; 4.5.1.12.)

The results of questions from the Nurse - Assessors' questionnaire were as follows:-

- On whether students teaching was interruptive of ward routine the result was that 8 out of 10 respondents said it was not. This means that students would be given opportunities to correlate theory to practice. (See 4.5.2.11.)
- On whether matrons did spot checks to supervise care of patients or not 7 respondents said they did, again meaning that these matrons would ensure correlation of theory to practice. (See 4.5.2.12.)
- On suggestions to improve matrons' visits to the ward the majority said it should be done on a daily basis and the researcher considers this reasonable. (See 4.5.2.13.)
- On whether matrons are taken around by the students during ward visits 9 out of 10 respondents said they did. (See 4.5.2.14.)

The results of questions from the doctor - assessors' questionnaire with regards to correlation of theory to practice by students were :

- On whether students' teaching at ward level was interruptive of ward routine, the response was unanimous that it was not disruptive at all (See 4.5.3.9.)
- On whether ward sisters were observed taking time to teach the students, 3 out of 5 respondents said they did. This means that though the other 2 respondents did not observe ward sisters doing so at least a sizeable number taught students at ward level as shown by the results above. (See 4.5.3.11.)
- On whether the ward sisters who taught the students were confident to do it or not, only 2 respondents out of 5 said they were. This shows that learning was not maximised since some supervisors lacked confidence to teach the students. (See 4.5.3.12.)

However, the results also confirmed that the students were given chances to correlate theory learnt in the classroom to practice in the clinical area.

4.6.11. DISCUSSION OF QUESTIONS TO ANSWER OBJECTIVE THREE:

Objective three was about establishing whether learning was guided by specific learning objectives. The questions below from the three different questionnaires attempted to meet objective number three.

4.6.12 RELEVANT QUESTIONS FROM THE STUDENTS' QUESTIONNAIRE:

- On whether students took specific learning objectives to their various clinical areas the results were that 19 of the 20 respondents said they did. (See 4.5.1.13.)
- On whether each unit used a planned learning programme to direct teaching and facilitate learning only 6 respondents said it was used and the rest that is nine respondents were “uncertain” and the remaining 5 “disagreed.” This indicates that teaching was not well planned at ward level. This could lead to inability by the students to fulfil all their specified learning objectives. (See 4.5.1.14.)

The results above indicate that though specified learning objectives were taken to the clinical area the ward supervisors did not always plan the teaching to meet those objectives.

4.6.13. RELEVANT QUESTIONS FROM THE NURSE-ASSESSORS'

QUESTIONNAIRE

- On whether the doctors were informed of what the students needed to learn in the clinical area the results were : 6 out of 10 respondents said they were informed. This affirms the above results that students' learning was well guided at ward level. (See 4.5.2.20.)

4.6.14 RELEVANT QUESTIONS FROM THE DOCTOR-ASSESSORS'

QUESTIONNAIRE:

On whether the doctors were informed of what the students needed to learn in the clinical area the results were that 3 out of 5 respondents said they were informed. This was an advantage because it guided the doctors when teaching student nurses. Two out of 5 respondents said they were not informed. This means that the practice of informing the doctors of students' needs not practised in every ward and so needs strengthening. (See 4.5.3.7.)

4.6.15 DISCUSSION ON QUESTIONS TO MEET OBJECTIVE FOUR:

The objective was : to determine whether clinical supervision for the upgrading student nurses is adequate enough for acquisition of the necessary nursing skills to be ready for their fourth assessment.

4.6.16 RELEVANT QUESTIONS FROM THE STUDENT NURSE QUESTIONNAIRE

On whether members of staff readily taught students at ward level the results were:

- six respondents said charge nurses and junior sisters taught students at ward level.

Four respondents said senior sisters did, two said all the ward sisters and the remaining two said "it depends on the person". The low figures indicated that the ward sisters were generally not enthusiastic to teach students at ward level.

On who among ward staff acted as role models, the result was: 11 out of 20 respondents said charge nurses. Again, the figure is rather low confirming the lack of commitment in playing this role. (See 4.5.1.15; 4.5.1.16.)

- On whether students had practised to be in charge of the ward before the fourth assessment 15 out of 20 respondents said they were allowed to do so. This shows better supervision of students but one would have expected it to be higher. (See 4.5.1.17.)

- On whether students practised doing doctors' round, the results was that all the 20 respondents said "yes" which implies that they were given good practice in preparation for the fourth assessment on this aspect. (See 4.5.1.20.)
- On length of stay in ward prior to the fourth assessment the result was 8 out of 20 respondents said they stayed in the ward for 3 weeks and that is the highest figure indicating that the time was very inadequate for one to acquire the needed skills. This would result in student supervision being adversely affected. (See 4.5.1.22.)

4.6.17. RELEVANT QUESTIONS FROM NURSE -ASSESSORS

QUESTIONNAIRE:

- On whether working in area of interest in the clinical area the result was: 7 respondents out of 10 said they did work in an area which interested them. This means that they were more likely to teach the students the relevant skills. (See 4.5.2.6.)
- On which nursing activities were considered the charge-nurses' responsibility the result was that 10 respondents said supervising ward activities and assessing student nurses ; 9 said acting as role models and 8 said teaching students. The results show that the supervision of students and patients care were the charge - nurses' main duties. This would be an advantage to the students' learning. (See 4.5.2.9.)
- On whether students are given adequate time to be in-charge of the ward prior to the fourth assessment, the majority, that is 6 respondents out of 10, said "NO." This means that the students were assessed before they were ready for it hence scored lower marks on the nurse's aspects of it. (See 4.5.2.17.)
- On reasons given for not giving students the chance to be in-charge of the ward, the main reason given was that the secondment time prior to the assessment was too short. This also affirms the result above that students did not have adequate time to acquire the required skills and knowledge to be demonstrated on the fourth assessment day. (See 4.5.2.18.)

- On whether the students also did the doctors' round as in-charge of the ward, the result was : 9 respondents said they did. This shows that they had enough exposure on this aspect to enable them to handle the fourth assessment with regards to doctors' questions. This could be the reason why students scored higher marks on this aspect than on the nurses aspects. (See 4.5.2.19.)
- On whether doctors took time to teach students during the ward round, 6 respondents said "NO" This indicates that not all the doctors were keen to teach the students. (See 4.5.2.20.)

4.6.18 RELEVANT QUESTIONS FROM DOCTORS' QUESTIONNAIRE:

- On what the doctor believed were the doctors' duties with regards to teaching student nurses and assessing them, the result was that : 4 out of 5 respondents said teaching students and two said assessing them. This at least affirms that the teaching of students is done. However, the ward doctors must be fully informed that assessing the student nurses is also part of their teaching role. On whether doctors enjoyed teaching students during the doctors' round, all of them said they did. This indicates that students' teaching is surely done by the ward doctors. (See 4.5.3.8.)
- On whether students do the doctors' round for practice, the result was that 4 out of 5 respondents said they did, again indicating that students were taught by doctors as they assisted them during ward rounds. (See 4.5.3.13.)
- On whether students' length of stay at ward level prior to the fourth assessment was adequate or not, the result was that : all of them said "NO." This shows that something must be done because the stay is so short that the teaching - learning process is compromised.

Summary of results to meet objective number four which was : To determine whether clinical supervision for the upgrading student nurses is adequate enough for acquisition of the necessary nursing skills to be ready for the fourth assessment. (See 4.5.3.16.)

- Ward sisters of all grades were generally not enthusiastic to teach student nurses at ward level.
- Students were given adequate practice to be both in-charge of the ward and to do the doctors rounds in preparation for their fourth assessment.
- The time allocated for students' stay per ward prior to the fourth assessment was very short.

The overall result is therefore that clinical supervision prior to doing the fourth assessment is inadequate and something must be done to correct this.

4.6.19 DISCUSSION OF QUESTIONS TO MEET OBJECTIVE NO. 5

The objective is to establish how the fourth assessment is carried out.

4.6.20 RELEVANT QUESTIONS FROM THE STUDENT - QUESTIONNAIRE

- On which part of the fourth assessment was the most difficult to do, the response was that 9 out of 20 respondents said the "doctors round. This was also the highest figure. The other response suggested the matron's round and allocation of duties got less than the two mentioned above. (See 4.5.1.24.)

The result could indicate that the way the doctor's round was done was not student friendly. On where the student nurse got the highest marks during the fourth assessment, the result was that 15 out of 20 respondents said on the nurse's aspect. (See 4.5.1.25.) This is contradictory to the reason for the study which sought to investigate repeated reports that students were scoring higher on the doctor - assessors' aspect than on the nurse - assessors' aspect of the fourth assessment.

The study has proved that this is not the case as evidenced by the result shown above and others such as that 9 out of 20 respondents which was the highest figure said the doctors' round was the most difficult aspect of the fourth assessment; implying that the students were more likely to score low marks.

The other supporting evidence was that 11 out of 20 respondents indicated that their mentors at ward level were charge - nurses which implies that the student nurses would rather do everything in their power to be like them hence would endeavour to impress them during their fourth assessment by scoring high marks on the nurse - assessor's aspect. (See 4.5.1.16.)

The third supporting evidence was that 15 out of 20 respondents were given chances to act as in-charge of wards prior to the fourth assessment to ensure that they are ready to perform well during the fourth assessment. On how the assessors awarded marks to the students being assessed the result was that 4 respondents said doctor assessors awarded marks unfairly, and another 4 said nurse assessors were unfair. This shows that the manner in which the marks were awarded by the assessors was faulty in the students' view. (See 4.5.1.17; 4.5.1.25.)

On whether the fourth assessment was useful or not to the students, the result was that 14 respondents said it made them gain ward managerial skills which is exactly what it is meant to do. This means it was very useful to them. (see 4.5.1.27.)

On what suggestions they had for improvement of the fourth assessment, the result was that 10 out of 20 respondents said secondment time should be increased to about 3 to 4 weeks prior to the fourth assessment. Three respondents said resources should be adequate and the assessments should be done in the same ward. (See 4.5.1.28.)

4.6.21 RELEVANT QUESTIONS FROM THE NURSE - ASSESSORS'

QUESTIONNAIRE:

On which part the student found difficulty; the results were that three responses were for "supervision of ward staff" whilst two responses were for "doctors rounds". Two were for "knowing the patient's history" One response was for "giving ward report, "report writing" and "checking delegated duties" This shows that generally the whole assessment was difficult as evidenced by the identification of six different aspects. It can be concluded that most of the students were not ready for it. (See 4.5.2.25.)

On any difficulty in the allocation of marks 9 out of 10 respondents said they had no problems in this aspect. This indicates that awarding of marks was rather on the objective side. On trying to establish where the students scored higher marks the doctor's questions or nurses: 7 out of 10 respondents said on doctors' aspect.

The above result is opposite to what the students said : that is 15 out of 20 respondents said they scored higher on the nurse's aspect of the assessment than on the doctor's. (See 4.5.2.26; 4.5.2.27; 4.5.1.28; 4.5.1.24.)

The implications are that the nurse-assessors took isolated incidences which could account for the 7 out of 10 nurse assessors who said students scored highly on doctor's aspect to generalise for most students.

This result could also imply that at the end of the day, at 1600 hours, the nurse - assessors who do the adding up of marks do not always check to see where the student scored more but remember only the student's performance which usually takes place quite early in the day. On whether the fourth assessment was useful for student training the result was that : all the nurse- assessors said it was useful. This indicates that the nurse assessors should be objective in their scoring of marks as they regard the fourth assessment as a valuable tool to evaluate the students' overall performance as a nurse. (See 4.5.2.29.)

On suggestions which could be used to improve how the fourth assessment was done, the result was that : there were several suggestions as shown earlier in the study, 4 out of 10 respondents, the highest number of respondents said there should be a time limit to when it should end. This indicates that for some students the assessment took longer than expected. This left both the assesseees and the assessors exhausted. This should be discouraged or done away with. (4.5.2.30.)

4.6.22 RELEVANT QUESTIONS FROM DOCTOR - ASSESSORS

QUESTIONNAIRE :

On how the assessor would describe the students' performance the result was :

2 respondents out of 5 said that the students' performance was "average " and 2 said, was "below expectation." This could indicate that preparation was inadequate. (See 4.5.3.18.)

On whether the assessors had problems of allocating marks to the assesseees the result was that : all 5 doctor - assessors said "NO" which means the marks were likely to match the actual performance. (See 4.5.3.19.)

On whether feedback is always given after the doctors' round to make corrections, 3 out of 5 respondents said they gave feedback and the other 2 did not. Failure to give immediate feedback to the student by the doctor after the ward round contributes to poor performance during the fourth assessment. (See 4.5.3.20.)

On whether the assessment was a good tool to measure ward administrative skills, the result is that : all respondents said "yes" it was. This shows that the doctor - assessors took the procedure seriously and so were likely to be objective in awarding marks. (See 4.5.3.21.)

On whether it was valuable or not and what its purpose was the result was that 3 out of 5 respondents said that its purpose was to assess students' competence to run the ward, with 2 saying it keeps the students busy studying. Both purposes were relevant to learning. (See 4.5.3.22.)

On whether the doctor - assessors were happy with the conduction of the Assessment the response is that 4 out of 5 respondents said "NO" This shows that there was room for improvement.

On suggestions of how it could be improved 3 respondents were "Not sure" indicating that the majority did not know what could be the correct procedure and so needed orientation on this aspect. One respondent said the students should have 2 weeks of practising to do the doctors' round prior to the Assessment and one said the assessment should be done over 2 days. Both suggestions could assist in making the assessment more tolerable to the student and should be considered when reviewing how the fourth assessment should be done. (See 4.5.3.24.)

On comparing of the results from the three questionnaires the indication is that the results from the students' questionnaire shows that there is room for improvement in the manner in which the fourth assessment is done as evidenced by responses such as that the environment is not student friendly and that the preparation time is too short.

The results from the nurse assessors' questionnaire confirmed the above as evidenced by the various suggestions put forward to improve how the fourth assessment is conducted.

The doctor - assessors' questionnaire yielded the fact that they were not happy with how the assessment was conducted.

However, results from the three questionnaires indicated that all parties viewed the fourth assessment as a good tool to assess the competence of the student nurses before qualifying to be nurse practitioners.

The next chapter will summarise the study

SUMMARY, CONCLUSION AND RECOMMENDATIONS OF THE STUDY**5.1. INTRODUCTION :**

This chapter gives a brief account of the study, draws conclusions from the findings and presents recommendations based on data analysis. The limitations of the study are indicated and suggestions for possible future research studies related to this study are given.

5.2. RE-CAPITULATION OF THE STUDY'S PROBLEM STATEMENT**AND OBJECTIVES OF THE STUDY :****5.2.1. PROBLEM STATEMENT:**

The state certified nurses undergoing the upgrading course to be registered general nurses were not adequately prepared to focus on doing the nurses' duties during their former training period and therefore experienced difficulties in supervising nursing care delivery at ward level during their fourth assessment.

5.2.2. OBJECTIVE OF THE STUDY:

1. To identify types of health centres for which the state certified nurse training programme prepared the candidates to work in on completion.
2. To verify whether placement of student nurses undergoing upgrading to registered general nurses in various clinical settings enabled them to correlate theory learnt to practice.
3. To establish whether learning of upgrading student nurses during their various

clinical rotations was directed by specific learning objectives.

4. To determine whether clinical supervision for the upgrading student nurses was adequate enough for acquisition of the necessary nursing skills and knowledge to be ready for their fourth assessment.
5. To establish how the fourth assessment was carried out.

5.3. SUMMARY OF THE STUDY:

The main focus of the study was “To Investigate Why State Certified Nurses Converting to Registered General Nurses Were Scoring Higher on Medical Related Aspects of The Fourth Assessment than on Nursing Ones.”

The fourth assessment which comes at the end of the student’s training is a summative form of evaluation of the student nurses’ acquisition of clinical skills and knowledge for nurse practice.

The researcher attempted to prove or disprove the assumption being investigated by exploring possible contributory factors to the situation observed. Some of the areas explored were :

- type of training the candidates had during their generic state certified nurse course;
- finding out whether there was any correlation of theory learnt to practice;
- who the students’ clinical teachers were;
- whether students took specific learning objectives to the clinical area to direct their learning;
- whether clinical supervision was adequate or not and

- how the fourth assessment was done.

It was hoped that the findings would assist the nurse educators to revisit their methods of teaching in the clinical area to ensure that the student nurses excel in the nurse's aspects of the fourth assessment since that is their central focus. Scoring higher in the doctor - assessor's related aspects than on the nurse - assessors' ones implies that the students ignore some of their duties to do the doctors' procedures. This disadvantages the patient. It also implies that the students do not put great effort in acquiring nursing skills to run the ward on the day of the assessment which again affects nursing care delivery to the patients. For the purpose of defining the topic and its scope background information was given which consisted of definition of terms. A historical background of nursing education in Zimbabwe and a summary of the Zimbabwe general nurse training curriculum was included.

The study was limited to Kwekwe Hospital because of the problem of cost of financing the study and inaccessibility of possible respondents due to lengthy bureaucracy to get permission to use the incumbents. The chosen hospital was also representative of other provincial training hospitals offering the conversion course because they were similarly organised and the schools shared the same curriculum.

The significance of the study is that the findings might indicate problems faced by the students in their endeavour to acquire knowledge and skills to be capable of giving and supervising nursing care to patients at ward level by the end of their training. The findings might also indicate any flaws in the way the fourth assessment is conducted. This could then be corrected to perfect this important evaluation tool for the benefit of student nurses.

The background information and organisation of the study were followed by a literature review which discussed other authors' views on the subject and these were related to this study. The literature review was discussed under four subheadings namely :

- the nature of clinical areas;

- the learning theories used in training student nurses;
- the learning objectives and
- assessing or evaluating learning.

A descriptive, quantitative research design was used because this was found to be the most appropriate in describing the existing situations concerning teaching and learning in the clinical area and evaluation of that learning.

The questionnaire was used as a tool to gather data from three different sample groups namely, the student nurses, the nurse-assessors and the doctor assessors.

The questionnaire was selected mainly because the researcher found it to be a rapid and efficient method of gathering data. The respondents were going to respond to the same questions and it was easier to test for reliability and validity. This was done by checking the questions asked with the literature search. The pilot study was also done to ensure reliability of the tool and it was very useful in this regard.

The questionnaire's reliability and validity were also established by getting them thoroughly checked and scrutinised for language and appropriateness of questioning by research experts.

The permission to conduct the study at Kwekwe Hospital was obtained through the medical superintendent. A pilot study was conducted at the same hospital a month prior to the main study using three different but similar questionnaires for the three sample groups that is the student nurses, the nurse-assessors and the doctor - assessors.

The pilot study indicated a need for modifying the questions and ways for analysing data.

After preparing a total of 35 questionnaires these were distributed personally to 20 students who had done their fourth assessment, 10 nurse - assessors and 5 ward doctors.

Following collection of data, a return rate of 100% was realised and the researcher was pleased by this response. All the data collected was presented in tables and graphs, then analysed and discussed. The presentation was expressed in simple frequency and figures.

Each sample groups' questionnaire was analysed and discussed individually, then the three questionnaires were cross-examined and cross-checked to reach the findings.

5.4. THE FINDINGS

The main findings were that ;

- i) Nine out of 10 respondents who were the nurse - assessors were actually the most senior ward clinical supervisors and had more than 10 years of nursing experience, meaning that they were very capable of teaching student nurses at ward level.
- ii) Charge - nurses (the nurse - assessors) did not stay long enough in a ward to become experts in that field so as to become very confident in teaching student nurses. This is evidenced by only 4 out of 10 respondents who had stayed in one ward for 3 years.
- iii) All of the nurse-assessors had been in the grade for 5 years and above, indicating that they were well versed with their roles.
- iv) The majority of the upgrading student nurses had been trained as state certified nurses at Mission Hospitals which had limited resources. The trainee nurses were taught to do both the nurses' duties and some of the doctors' duties such as putting up intravenous infusions.

- v) The majority of the student nurses said they had been trained to work at health centres with or without a doctor and so could do both duties.
- vi) The majority of student nurses who came for the upgrading course had worked for over six years and so were very experienced in their practice.
- vii) The majority of student respondents had worked at health centres with either a limited number of doctors or no doctors at all.
- viii) The majority of the upgrading student nurses were very forthcoming to do the doctors' duties.
- ix) Very few nurse - assessors indicated that students preferred listening to doctors' teaching than to ward sisters' teaching indicating that there were other factors which made students score higher on doctors' aspect of the fourth assessment than on the nursing part.
- x) Theory input was always followed by practical demonstrations and it was also ensured that tests included practical procedures to promote correlation of theory to practice.
- xi) Clinical rotations for the upgrading student nurses enabled them to correlate theory learnt to practice.
- xii) The majority of nurse - assessors and doctor - assessors said that clinical teaching was not interruptive of ward routine.

- xiii)** Most of the ward sisters took time to teach student nurses at ward level although only a few of them were confident enough to do so.
- xiv)** Students took specific learning objectives to the clinical area but a few ward supervisors used a planned ward learning programme to teach students.
- xv)** Very few ward supervisors were enthusiastic to teach students.
- xvi)** The majority of the charge - nurses were seen as role models to students.
- xvii)** The majority of students were given chances to act as in-charge of the ward but fewer practised to take the doctors' round.
- xviii)** Most of the students always sought clarification on nursing duties from the charge-nurses.
- xix)** Length of stay in a ward prior to the fourth assessment was very short.
- xx)** Most of the nurse-assessors worked in their area of interest at ward level which promoted teaching of students.
- xxi)** The charge - nurses' main duties were indicated as being to supervise student nurse and patients' care.

- xxii) Most of the doctors had an opportunity to teach the majority of students during ward round and liked it.
- xxiii) Fifteen out of 20 student respondents said they scored higher on the nurses aspect of the fourth assessment while 7 out of 10 of nurse - assessors said the students scored higher on the doctors' aspect of the fourth assessment.

The doctor - assessor's result to a similar question was : 2 out of 5 respondents said the students performed below - expectation and 2 said the performance was average and only one said it was good. Therefore the overall result was that students scored higher on nursing aspects.

- xxiv) The way the fourth assessment was conducted needs to be improved for reasons such as that it takes too long to complete and that rating of marks was faulty.
- xxv) All respondents agreed that the fourth assessment was a good evaluation tool.

5.5 CONCLUSIONS:

Examination of the implications of the above mentioned findings yields the following conclusions:

- the fact that the study came up with a negative result to the assumption under investigation indicates that students acquire the necessary nursing skills in spite of inadequate supervision at times and so this area should be strengthened. It also

means students performed below their nurse supervisors expectations. Therefore the supervisors need in-service training or continued education to be more effective in clinical teaching.

It was revealed that the sequence of teaching the relevant subjects, the types of tests and examinations set, plus the clinical rotations enabled the upgrading students to correlate theory to practice. This implies that the inability of students to acquire the necessary skills and knowledge if any could be accounted to inadequacies in clinical teaching and learning.

Since student nurses always take specific learning objectives to various clinical settings the ward supervisors should have no problems in ensuring that these are met. However, it was revealed that the problem could be that the ward supervisors did not have planned ward learning programmes as advocated by (Hinchliff 1986 : 77).

The other problem revealed was that very few clinical supervisors had confidence in teaching students possibly because they were not formerly prepared for this.

Another problem was that ward supervisors did not stay long enough in a ward or unit to be able to develop skills to be confident enough to teach students so as to achieve all their learning objectives.

The implications here are that nurse - educators have to ensure that ward supervisors are given orientation or in-service training to be able to teach students efficiently. The ward supervisors should also be left in a ward for a sufficient length of time to be experts in that field. The fact that students take specific learning objectives to the clinical area, implies that the nurse educators value their use and this should be strengthened.

- On whether clinical supervision is adequate enough for students to be able to acquire the necessary skills and knowledge for practice on completion of nurse training, the result was that generally it was inadequate as evidenced by the result that students' stay in each ward

was too short and that few managed to be fully in-charge of a ward several times before doing the fourth assessment.

This implies that supervision at ward level needs improvement, for example, increasing secondment time per ward or hard work on the part of supervisors supported by the school staff.

- On how the fourth assessment was conducted the result was that there were many flaws attached to it. For example, student respondents said awarding of marks by doctors was unfair and that preparation time was very short. This means that the scoring of higher marks on doctors' aspects than on nursing ones during the fourth assessment could be related to scoring error as opposed to getting them by merit.

Other contributing factors to this state of affairs could be that the doctors' part of the assessment is short compared to the nursing part, meaning that the student could easily learn it better than the massive nursing aspects. The other reason could be that to the former state certified nurse, doctors' duties were part of their daily routine so it is easier to score higher there.

However, analysis of data in Chapter 4 revealed that the majority of the students actually scored higher on the nursing aspects than on the doctors' aspect of the fourth assessment and this was collaborated by doctor - assessors' responses.

The implication is that even with various clinical teaching constraints such as inadequate ward secondment time, the students still learnt their necessary nursing skills. It also implies that considering the upgrading students' background, the nurse - educators should work hard to motivate the students to focus on doing nursing duties than doctor related ones.

The study established that the students actually scored higher on nursing aspects of the fourth assessment than on doctors' aspects in spite of the constraints to clinical teaching. It was made clear that the few who scored higher in the doctors' aspects than on nursing ones did so due to faulty awarding of marks and that the aspect was short enough to be easily mastered during the fourth assessment. This can be remedied by improving ward supervision of students, equipping ward staff with current knowledge in the field of nursing and clinical teaching skills; and also orienting doctor - assessors on Art of Examining so as to be objective on awarding marks during the fourth assessment.

The study successfully met all the study objectives. The achievements can be summarised thus:

- i) State certified nurses were trained to work at health centres with or without a doctor and as a result did both medical and nursing duties culminating in being master of none.
- ii) Theory input and clinical rotation enabled student nurses to correlate theory to practice and this promoted learning.
- iii) Students carried specific learning objectives to the clinical areas and this promotes learning.
- iv) The clinical supervision for the students need improvement to promote acquisition of the necessary skills and knowledge for nurse practice.
- v) The way the fourth assessment is conducted needs improvement so that marks are scored objectively.

The conclusion and implications discussed will form the basis of recommendations in the next subsection.

5.6. STUDY'S CONTRIBUTION TO CLINICAL TEACHING : LEARNING AND ASSESSMENT :

This study has contributed the following points as new knowledge to the subject of clinical teaching, learning and assessment:

- i) Design of nurse training programmes determines the graduates' practice and so should be thoroughly scrutinised before implementation.
- ii) Proper correlation of theory to practice promotes acquisition of practical skills.
- iii) Specific learning objectives are a guiding tool to learning, especially in the clinical areas.
- iv) Nurse- educators should eliminate or minimise hindrances to learning in the clinical areas to promote acquisition of the necessary skills and knowledge for nurse practice.
- v) Assessments should be carried out by people with an Art of Examining skills or those who are oriented to doing so, otherwise scoring of marks becomes non-objective.

The nurse - educators can use this knowledge to improve clinical teaching, learning and assessment of students for the benefit of students, patients and the nursing profession.

5.7. RECOMMENDATIONS:

1. Any nurse training programme should focus on nursing duties to avoid role diffusion on completion which affects nursing care delivery to patients.
2. Number of doctors should be increased in the clinical areas to enable nurses to do the nurses' duties as opposed to doing the doctors' duties.
3. The practice that charge - nurses should be rotated every six months should be changed to every 5 years so that one becomes an expert in one's field of practice to teach student nurses and supervise nursing care delivery proficiently. This is what clinical teaching specialists advocate.
4. All assessors of students' clinical performance should be oriented to the art of examining or actual organising the in-service training for it. This will ensure that scoring of marks during assessments becomes objective.
5. All ward sisters in a training hospital should be encouraged to use a ward learning programme to facilitate learning. The programme consists of all the content to be learnt in each ward, fitted in a time table which shows days on which each planned lesson is given (for reference see Appendix XII)
6. All ward sisters should have in-service training on clinical teaching since it was

indicated by the finding that though clinical teaching was done only a few were confident to do so.

7. Ward doctors should be given incentives such as monetary allowances for teaching students at ward level. This would definitely motivate them to take time to teach students during ward rounds as evidenced by the finding that “ward rounds were often hurried so that the doctors could attend to personal business.”
8. Ward doctors should be oriented on the students’ learning objectives on initial arrival to the ward so that he knows what should be taught to the student and focus on that.
9. Ward secondment period should be made long enough to allow the student to achieve all her specified learning objectives for safe practice on completion.
10. The length of time spent doing the fourth assessment for each student should have a time limit to prevent exhaustion of both the assessees and the assessors. There should be a clear policy concerning this issue. It is extremely important that a time limit be observed as time management is very important to a manager more so for nurse-managers who supervise among other things the giving of drugs at specified times.

These recommendations will be communicated to nurse - education authorities and Kwekwe Hospital authorities including the nurse tutors and ward supervisors via the hospital medical superintendent for use.

The next subsection will briefly describe the limitations of this study.

5.8. LIMITATIONS OF THE STUDY:

The researcher in retrospect acknowledged that there were some factors that could place some limitations on the study findings and implications drawn from them. The following factors were taken note of:

- i) there could have been over sensitivity to certain nursing issues since the researcher is a nurse by profession but this was minimised by endeavouring to focus on the importance of being objective.
- ii) It is a possibility that the researcher as a nurse tutor could have been over enthusiastic with some of the recommendations but an attempt was made to put forward only feasible ones based on the findings of the study.
- iii) The study sample was limited to one training school as collection of data could have been difficult considering that most medical people do not value the importance of research for practice. It should be however, noted that all the provincial nurse training schools are similarly organised and the curriculum is standardised for all of them.
- iv) A convenience sample was used which was inclusive of all the three selected groups. This was mainly because of their limited numbers and also the fact that the three groups interact closely to do the fourth assessment and so were the best source of the needed information for the study.

Considering the above limiting factors, the findings should, therefore, be interpreted cautiously to avoid generalising them for the other provincial hospital training schools.

The researcher, however, believes that the investigation was able to explore the topic under study systematically and accurately enough to produce useful findings for nursing education, and these findings cannot seriously be invalidated by the above

identified factors.

5.9. **SUGGESTIONS FOR FURTHER RESEARCH**

The researcher suggests that a study be done on the impact of rotating charge - nurses of wards or units every six months on clinical supervision of student nurses as a follow-up to this study.

TITLE OF THE DISSERTATION

WHY ZIMBABWEAN STATE CERTIFIED NURSES CONVERTING TO REGISTERED GENERAL NURSES SCORE HIGHER ON MEDICAL- RELATED ASSESSMENTS THAN ON NURSING ASSESSMENTS IN CLINICAL AREAS.

TEN KEY TERMS DESCRIBING THE TOPIC OF THE DISSERTATION :

1. Conversion Course for nurses
2. Clinical areas
3. Ward learning Programme
4. Learning theories
5. Clinical supervision/ teaching
6. Clinical rotation
7. Evaluation of student nurses
8. Assessments
9. Scoring marks
10. Role modelling

11. Farrat J.S. 1991 **The Principles and Practice of Education** Longman Group : United Kingdom Longman House, Burnt Mill Harlow, Essex England.
12. Gelfand M 1976 : **A Service To The Sick** Mambo Press. Gwelo, Rhodesia (Zimbabwe): Mambo Press.
13. **General Nurse Diploma Curriculum** 1995: Ministry of Health and Child Welfare Publication Harare – Zimbabwe.
14. Gillis L.S. 1986 **Guidelines in Psychiatry** Juta & Company Limited, Wetton, Cape Town, Johannesburg. R.S.A.
15. Goodman N. & Marx T.G. 1978 **Society Today** Random House, New York.
16. Graham A. & Skinner C. 1991. **Handbook for Research Students**. A member of the Taylor & Francis Group London, New York, Philadelphia.
17. Gronlund N.E. 1985 **Measurement and Evaluation in Teaching** Macmillan Publishing Company New York.
18. Guilbert J.J. 1992 **Educational Health Personnel** World Health Organisation Offset Publication N.35.
19. Haralambos M. 1985: **Sociology Themes and Perspective** Richard Clay (The Chancer Press Ltd) Bungary, Suffolk.
20. Harding C & Greg M. 1994. **Issues of Accountability in the Assessment of Practice**. *Nurse Education Today* April, 14 (2)

21. Health Professions Council Training Regulations for Upgrading Training Course 1995. Zimbabwe.
22. Hinchliff S. 1986. Teaching Clinical Nursing Churchill Livingstone Edinburgh, London.
23. Howard S.R. 1984. Nurse's Almanac An Aspen Publications. Aspen Systems Corporation Rockville, Maryland, Royal Turnbridge Wells.
24. Hyett K. 1988. Nursing Management Handbook Churchill Livingstone, Edinburgh.
25. International Journal Of Nursing Studies 1994 February : 31
26. Kohi TW and Horrocks M.J. February 1994. The Knowledge, Attitudes and Perceived Support of Tanzanian Nurses Caring for Patients with AIDS International Journal of Nursing 31 (1)
27. Mager R.F. 1984 : Preparing Instructional Objectives. Pitman Learning Inc. Belmont, California
28. Mellish J.M. 1985. Teaching the Practice Of Nursing. Butterworths, Durban.
29. Mellish J.M. and Brink H. 1989: Teaching The Practice Of Nursing : A Text In Nursing Didactics : Butterworths, Durban.
30. Mellish J.M. 1988. Ethos of Nursing, A Text for Basic Student Nurses.

Butterworths, Durban.

31. McCall Sellers P. 1992 Midwifery: **A Textbook and Reference Book for Midwives in Southern Africa**: Juta & Company Limited. Creda Press Solar Road Cape Town. R.S.A.
32. Pohl L.M. 1978 **The Teaching Function Of The Nurse**. W.M.C. Brown Company Publishers, Dubuque Iowa.
33. Polit D.F & Hungler B.P. 1991. **Nursing Research and Principle of Methods** J.B.Sippincott Company, Philadelphia.
34. Raybound E. 1975 **A Guide For Teachers of Nurses** Blackwell Scientific Publications. Oxford.
35. Redman B.K. 1980 **The Process of Patient Teaching In Nursing**. The C.V. Mosby Company, St Louis.
36. Robert L. 1969. **Measurement and Evaluation in Psychology and Education** John Wiley & Sons, Inc New York.
37. Robertson C.M 1980: **Clinical Teaching**: Pitman Press Belmont Great Britain.
38. Roland S.H. 1984: **The Nurses Almanac** Second Edition An Aspen Publication, Rockville, Maryland Royal Turnbridge, Wells.

39. Ruch J.C. 1984 : **Psychology The Personal Science** Wadsworth Publishing Company, Belmont.
40. Searle C. 1975: **Some Aspects of Nursing Education** South Africa Nursing Association, Private Bag X105 Pretoria 0001. South Africa.
41. Searle C. 1976: **The History Of the Development of Nursing in South Africa** Print Park (Cape) limited, Dacres Avenue Epping Cape.
42. Sellers P.M. 1993: Midwifery, A Textbook and Reference Book for **Midwives in Southern Africa**: Juta & Company Limited Cape Town
43. Smith P.J. 1981: **Nursing Science in Nursing Practice** Butterworths & Company Ltd Republic of South Africa.
44. Smith J.P. 1994. **The Measurement Of Nurse Performance and its Differentiation By Course of Preparation.** Journal of Advanced Nursing Volume 20.
45. Stamminers R. and Patric J. 1975: **Psychology of Training.** The Chances Press Ltd, Bungay Suffolk.
46. Sullivan R. and Gaffikin L. 1997: **Instruction Design Skills for Reproductive Health Professionals** JHPIEGO Corporation Brown's Wahrf 1615 Thames Street, Suite 200 Baltimore Maryland 21231 - 3447. U.S.A.
47. Treece C. W. and Treece J.W. 1986: **Elements of Research In Nursing.** The C.V. Mosby St. Louis.

48. **The Oxford Illustrated Dictionary** 1978 Edited by Coulson J Corr C.T. Hutchinson, Eeagle Dorothy. Oxford at the Claredon Press.
49. Tyler R. W. 1984: **Basic Principles of Curriculum and Instruction**. University of Chicago Press, Chicago.
50. Vogt J.S. Velthouse B.A., Cox J.L. and Thames Barbara H 1983: **Retaining Professional Nurses, A Planned Process**. The CV Mosby Company, St Louis.
51. Walker C. & Fanta J.M. 1992: **Nurse Educator** January to February 17 (10
52. Wilson - Barnett J. **Butterworths T, White E, Twinn S. Davies S. and Riley L** 1995: **Clinical Support And Project 2000 Nursing Student : Factors Influencing This Process**. Journal of Advanced Nursing 21
53. Wilson H.S. & Kneisl R.C. 1988. Psychiatric Nursing Addison - Wesley Publishing Company, Health Sciences Division Membo Park California, U.S.A.
54. World Health Organisation 1992: **Health Research Methodology, A Guide for Training Research Methods**. Regional Office for the Western Pacific, Manilla.
55. **Zimbabwe Nurses Association Bulletin 1995**: Harare

APPENDIX I

KWEKWE HOSPITAL SCHOOL OF NURSING
P.O. BOX 391
KWEKWE

10 JULY 1996

THE MEDICAL SUPERINTENDENT
KWEKWE GENERAL HOSPITAL
P.O. BOX 391
KWEKWE

RE: Permission to conduct a Research Study at the hospital by Mrs A. Mnkandla

Dear Sir,

Could you please allow me to carry out a research study in the hospital using the trained nursing staff, the student nurses and the doctors as the study population from a sample will be obtained.

The study will investigate why student nurses perform poorly on nursing Aspects of the Fourth Assessment as this could indicate that students finish training with nursing knowledge deficits which affect caring for the patients. The results will be communicated to you and the student nurse supervisors to improve clinical teaching of students.

The study is also done as a fulfillment of obtaining an MA (Cur) in Nursing Education.

Your positive response will be greatly appreciated.

Yours faithfully
A. Mnkandla

KWEKWE HOSPITAL SCHOOL OF NURSING

BOX 391

KWEKWE

16 JULY 1997

THE PARTICIPANT

KWEKWE GENERAL HOSPITAL

BOX 391

KWEKWE

Dear Participant,

I am undertaking a research study to establish whether students undergoing the one year upgrading Course from State Certified Nurse to Registered General Nurse are able to achieve all their clinical learning objectives before they complete to ensure competence for practice.

Permission to conduct the study was obtained through the Medical Superintendent of the hospital. The information will be treated with strict confidentiality and used for the study's purpose only.

Will you kindly complete this questionnaire and seal it in the self-addressed envelope. All responses will be collected personally by the researcher.

Thank you in anticipation for your support.

Yours sincerely

A. Mnkandla (Mrs)

Tutor Kwekwe School of Nursing

APPENDIX III

STATE CERTIFIED NURSE TRAINING
TWO YEAR PROGRAMME: THEORY CONTENT
(SUBJECTS TAUGHT)

FIRST STUDY BLOCK: 8 WEEKS (MINIMUM)

<u>SUBJECTS</u>	<u>PERIOD</u>
Human Biology	50 hrs
Community Health and Microbiology & Parasitology	42 hrs
Basic Nursing	50 hrs
Basic Surgery	17 hrs
Skin Diseases	6 hrs
Respiratory Diseases	8 hrs
Advanced Nursing	65 hrs
Total	238 hrs

- NB a) *32 hrs on Saturdays not included above and are used for Clinical Nursing, tests and study periods*
b) *End of Block Examinations = 6 hours*
c) *First assessment is done 5 months into training*

SECOND STUDY BLOCK: 4 WEEKS

<u>SUBJECTS</u>	<u>PERIOD</u>
Human Biology	8 hrs
Pharmacology	10 hrs
Infectious Diseases	11 hrs
Tropical Diseases	11 hrs
Abdominal Medicine	15 hrs
Abdominal Surgery	15 hrs
Neurology & Neurosurgery	10 hrs
Advanced Nursing	60 hrs
Total	140 hrs

- NB a) *16 hours on Saturdays not included same hours were used for tests and study periods*
b) *End of Block Examinations 6 hours*
c) *Second Assessment was to be done 10 to 15 months into training*

THIRD STUDY BLOCK: 5 WEEKS

<u>SUBJECT</u>	<u>PERIOD</u>
Human Biology	20 hrs
Advanced Nursing	70 hrs
Family Planning	15 hrs
Ward Clinical	10 hrs
Sexually transmitted Diseases	8 hrs
Orthopaedics	15 hrs
Gynaecology	15 hrs
Cardio - Vascular Diseases	15 hrs
Diseases of the Sexual Organs	7 hrs

- NB a) 20 hours on Saturdays used for tests & study periods not included above
 b) End of Block Examinations = 6 hours

FOURTH STUDY BLOCK: 5 HOURS

<u>SUBJECTS</u>	<u>PERIODS</u>
Human Biology	15 hrs
Advanced Nursing	61 hrs
Ward Clinical	28 hrs
Paediatrics	10 hrs
Ears Nose and Throat Diseases	6 hrs
Ophthalmology	6 hrs
Urology	10 hrs
Blood Diseases	4 hrs
Total	140 hrs

FIFTH STUDY BLOCK: 4 WEEKS

<u>SUBJECT</u>	<u>PERIOD</u>
Advanced Nursing	40 hrs
Revision	20 hrs
Ward Clinical	20 hrs
Anaesthetics	5 hrs
Health Legislation	8 hrs
Nursing Administration	8 hrs
Community Health & Nutrition	15 hrs
Psychiatry and Psychology	5 hrs
Thoracic Surgery	6 hrs
Total	127 hrs

- NB a) 20 hours on Saturdays used for study and tests
 b) Hospital final Examinations = 6 hours
 c) Ready for final Examinations in 4 weeks time

CLINICAL AREA ALLOCATION SCHEDULE"

STATE CERTIFIED NURSE PROGRAMME: 2 YEARS

1.	Surgical Nursing	=	12 weeks
2.	Medical Nursing	=	12 weeks
3.	Paediatric Nursing	=	12 weeks
4.	Out-Patients Department	=	12 weeks
5.	Casualty Department	=	8 weeks
6.	Community Health Nursing	=	8 weeks
7.	Operating theatre	=	4 weeks
8.	Laboratory	=	2 weeks
9.	Theory Blocks	=	26 weeks
10.	Leave	=	6 weeks
11.	Sick leave	=	2 weeks
12.	Training period	=	104 weeks

B a) *Each student would do 3 lots of Night duty of 7 nights each per year*

b) *Assessments:*

- *First Assessment: Sterile Procedure*
- *Second Assessment: Drug Round*
- *Third Assessment: Clinical Round (Parts 1 & 2)*

FACULTY:

Theory Input: - Nurse Tutors
- Ward doctors

SUPERVISORS IN THE CLINICAL AREA

1. Clinical Instructors
2. Ward Sisters (Registered General Nurses)
3. Ward Doctors
4. Experienced State Certified Nurses

State final Examinations were centralised

APPENDIX IV

Name of student : A. Mnkandla

Ref No :411-6257...

TWELVE MONTHS UPGRADING PROGRAMME:
FROM STATE CERTIFIED NURSE TO REGISTERED GENERAL NURSE:
THEORY CONTENT (SUBJECTS TAUGHT)

<u>FIRST STUDY BLOCK: 3 WEEKS</u>	<u>PERIOD</u>
Nursing Ethics and etiquette	2hrs
Basic Nursing Procedures	10 hrs
Applied Sociology	10 hrs
Applied Psychology	10 hrs
Applied Biophysics	12 hrs
Applied Biochemistry	12 hrs
Psychiatric Nursing	10 hrs
Weekly Tests	3 hrs
End of Block Examinations	6 hrs
<u>Total Hours</u>	<u>75 hrs</u>
<u>SECOND STUDY BLOCK: 4 WEEKS</u>	
Basic Surgery	12 hrs
Gastro-Intestinal Tract Conditions	18 hrs
Hepatobiliary Conditions	6 hrs
Obstetrics Conditions	10 hrs
Tropical Diseases	10 hrs
Infectious Diseases	10 hrs
Respiratory Tract Diseases	12 hrs
Gynaecology	12 hrs
Orthopaedics	12 hrs
Nursing Science and Art	44 hrs
Weekly Tests	5 hrs
End of Block Examinations	6 hrs
<u>Total Hours</u>	<u>157 hrs</u>

THIRD STUDY BLOCK: 4 WEEKS

Community Nursing	15 hrs
Cardiovascular Diseases and Anaemia	15 hrs
Neurological Conditions	12 hrs
Sexual Transmitted Infections (AIDS included)	10 hrs
Urological Conditions	12 hrs
Endocrine Diseases	8 hrs
Nursing Administration	12 hrs
Paediatrics	15 hrs
Nursing Science and Arts	34 hrs
Family Planning	12 hrs
Weekly Tests	5 hrs
End of Block Examinations	6 hrs
<u>Total Hours</u>	<u>156 hrs</u>

FOURTH BLOCK: 2 WEEKS

Ophthalmology Conditions	12 hrs
Dermatology Conditions	6 hrs
Thoracic Surgery Nursing	6 hrs
Plastic Surgery Nursing	6 hrs
Ear, Nose and Throat Conditions	8 hrs
Health Legislation	8 hrs
Anaesthetics	6 hrs
Radiology	4 hrs
Nursing Science and Art	30 hrs
Tests - weekly	2 hrs
End of Block Examinations	6 hrs
<u>Total</u>	<u>84 hrs</u>

FIFTH STUDY BLOCK: 2 WEEKS

Revision and Clinical Rounds	10 hrs
Field visits	24 hrs
Individual Tutoring and study	30 hrs
Final Examinations over two days	6 hrs
<u>Total</u>	<u>70 hrs</u>

Appendix II TWELVE MONTHS UPGRADING PROGRAMME

A. MNKANDLA

Ref: 411-6257

ASSESSMENTS

		WEEKS																											
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26		
1	1st block	cccccccccccccccccccc										ssss							ssssssssss	tttttttttt	ffffffffffff								
2		cccccccccccccccccccc										ssss							ssssssssss	tttttttttt	ffffffffffff								
3		tttttttttt					pppppppp	ssssssssss					2nd block						ssss	kkkkkkkkkkkkkkkkkkkk	vvvvvv	3rd block							
4		tttttttttt					pppppppp	ssssssssss											ssss	kkkkkkkkkkkkkkkkkkkk	vvvvvv								
5		kkkkkkkkkkkkkkkkkkkkkk										ddd							cccccccccccccccccccc										vvvvvv
6		kkkkkkkkkkkkkkkkkkkkkk										ddd							cccccccccccccccccccc										vvvvvv
7		ssssssssss					ffffffffffff											cccccccccccccccccccc										cccc	ffff
8		ssssssssss					ffffffffffff											cccccccccccccccccccc										cccc	ffff
9		cccccccccccccccccccc										ddd							tttttttttt					vvvvvvvv	ffffffffffff				
10		cccccccccccccccccccc										ddd							tttttttttt					vvvvvvvv	ffffffffffff				

1. TOTAL PATIENTS CARE
 - a) Drug round
 - b) Aseptic Technique
 - c) Bathing
 - d) Feeding and
 - c) Others
 - e) Report writing
 - f) Handing over report
2. Obstetrics
3. Ward Mangement

		27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52									
1	4th block	kkkkkkkkkkkkkkkkkkkkkk										vvvvvvvv	ddd							ddd	pppppp	yyyyyy	vw	Leave						ssssss	yyyy	vvv				
2		kkkkkkkkkkkkkkkkkkkkkk										vvvvvvvv	ddd							ddd	pppppp	yyyyyy	vw							ssssss	yyy	vvv	revision			
3		cccccccccccccccccccc										ffff	vvvvvvvv	4th block						ffffffffffff					yyyyyy							vvvvv	ssssss	block		
4		cccccccccccccccccccc										ffff	vvvvvvvv							ffffffffffff					yyyyyy							vvvvv	ssssss	and		
5		ffffffffffff					yyyyyy	vvvvvvvv	ddd							ssssss	vvvvv	tttttttttt							vvv	ssss	ssssssss	final								
6		ffffffffffff					yyyyyy	vvvvvvvv	ddd							ssssss	vvvvv	tttttttttt							vv	ssssssssss	examin.									
7		pppppp	yyyyyy	kkkkkkkkkkkkkkkkkkkkkk																dddddd	tttttttttt	ssssss							vvvvvvvv	sss						
8		pppppp	yyyyyy	kkkkkkkkkkkkkkkkkkkkkk																dddddd	tttttttttt	ssssss							vvvvvvvv	sss						
9		kkkkkkkkkkkkkkkkkkkkkk										ssssssssssssss											yyyyyy	pppppp	vvvvv							ssssss	ddd	ffff		
10		kkkkkkkkkkkkkkkkkkkkkk										ssssssssssssss											yyyyyy	pppppp	vvvvv							ssssss	ddd	ffff		

- CLINICAL AREA EXPERIENCE
- Medical wards 5 weeks
 - Surgical wards 5 weeks
 - Paediatrics 6 weeks
 - Out-patient & casualty 2 weeks
 - Theatre 2 weeks
 - Gynaecology 2 weeks
 - Psychiatry 6 weeks
 - Ophthalmology 2 weeks
 - Obstetrics 6 weeks

KEY

ffffffffffff	surgery
ffffffffffff	
vvvvvvvv	medicine
vvvvvvvv	
ssssssssss	paediatrics
ssssssssss	

KEY

tttttttttt	OPD & casualty
tttttttttt	
pppppppppp	theatre
pppppppppp	
yyyyyyyyyy	gynaecology
yyyyyyyyyy	

KEY

cccccccccc	psychiatric
cccccccccc	
dddddddddd	ophthalmology
dddddddddd	
kkkkkkkkkk	obstetrics
kkkkkkkkkk	

5. General Comments: Maximum marks:... 230

.....: Less N/A :
.....: Total :
.....: Final % :
.....:
.....:

6. Signatures:

Assessor I

Assessor II

.....

.....

Student

Date

THE QUESTIONNAIRE

(For Student Nurses)

Please tick in the appropriate box or write answers in the spaces provided.

PART ONE - PERSONAL INFORMATION

1. Age in years

under 25	.....
26 - 30	.....
31 - 35	.....
36 - 40	.....
41 - 44	.....
45 and over	.....

2. Highest academic qualifications obtained:

3. Where did you do your State Certified Nurse Training?

Mission Hospital	.....
Government Hospital	.....

4. The State Certified Nurse Training equipped you with knowledge and skills to practice nursing where?

a) there is no doctor	.....
b) there is a doctor	.....

5. Years of experience as a qualified State Certified Nurse Prior to Enrolment after Upgrading Programme.

6. Where were you working before coming for the Upgrading Course?

- Central Hospital
- General Hospital
- District Hospital
- Rural Hospital
- Urban Clinic
- Other specify

7. When did you commence the Upgrading Course from State Certified Nurse to Registered General Nurse? (Day, Month and Year)

PART TWO: TRAINING EXPERIENCE

Please indicate your views by placing a tick to the phrase or statement which most reflect your answer.

1. All nursing subjects lectures in the school of nursing are followed by practical procedures either in the demonstration room or in the wards

- Agree
- Sometimes
- Disagree

2. Students write weekly tests and end of study block examination on what will have been covered in theory and nursing procedures for every study block

- Agree
- Disagree

3. Placement of students nurses to various clinical areas enables them to apply what they will have learnt in theory to practical situations

- Agree
- Sometimes
- Disagree

4. Before attachment to various wards or units students are given objectives to be achieved

during each clinical rotation

Agree

Sometimes

Disagree

5. Each ward or unit has planned clinical learning programme used to direct clinical teaching by the ward staff

Agree

Sometimes

Disagree

6. Which of the following members of staff readily teach the student nurses at ward level?

Charge-Nurses

Senior Sisters

Junior Sisters

Any other specify

7. Which of the following ward staff members act as role model for students to copy or emulate?

Charge-Nurses

Senior Sister

Junior Sister

8. Towards Fourth Assessment are you given adequate number of chances practice being in-charge of a ward with clear instructions of what you are expected to do by the charge-nurse?

Yes

No

9. If the answer to the above question is "Yes" was feedback on your performance given immediately?

Yes

No

10. Wherever you practised to run the ward did you take Matron round?

Yes

No

11. When practising to run the ward did you do the doctor's round as well?

Yes

No

12. If you needed clarification on a patient's management whom would you ask at ward level?

Sister-In-charge

Ward doctor

Nurse Clinician

13. For how long had you been in that ward before you did the Fourth Assessment?

.....

14. Which part of the Fourth Assessment was the most difficult to you?

.....

15. Where did you get highest marks

a) On doctor's questions

b) Nursing aspects

c) Matron's questions

16. In your opinion what would you say about how the assessors awarded marks during the fourth Assessment?

.....

.....

17. In your opinion of what use was the Fourth Assessment to you?

.....
.....
.....

18. Give suggestions (If any) that you think would improve the way Fourth Assessment is prepared and conducted.

.....
.....
.....

Thank you for your co-operation and support.

Yours Sincerely

A. Mnkandla (Mrs)

Senior Tutor

THE QUESTIONNAIRE

(For Nurse- Assessors)

PART ONE - PERSONAL AND PROFESSIONAL INFORMATION

1. Age 25 and under
- 26 - 30 years
- 31 - 35 years
- 36 - 40 years
- 41 - 45 years
- 46 - 50 years
- Over 50 years

2. Professional Qualification:.....
.....

3. Number of years of experience as a Trained Nurse

4. Present designation

5. For how long have you been in the grade?

6. For how long have you been in this ward of unit?

7. Are you working in your nursing area of interest
 Yes
- No

8. If the answer to the question is "No" state your nursing area of interest
.....
.....

PART TWO: CLINICAL TEACHING INFORMATION:

Please indicate your views by placing a tick in the appropriate box or write responses in the spaces provided.

1. Students when coming for clinical secondment bring clearly defined learning objectives from the school

Agree

Uncertain

Disagree

2. Which of the following Nursing activities are considered responsibilities of charge - nurses?

a) Supervising ward activities

b) Teaching student nurses

c) Doing the doctor's round

d) Taking Matron's round

e) Assessment student nurses' practical skills

f) Acting as a role model for junior staff

Any other - specify

.....

3. To teach students at ward level the ward sisters use a planned teaching programme

Agree

Uncertain

Disagree

4. Teaching students ward procedures interferes with ward routine and should be left to clinical instructions

Agree

Uncertain

Disagree

5. Matron's do spot checks on ward activities daily to ensure that patients are cared for in the right manner and under clean environment

Yes

No

6. If the answer to the above is 'No' what do you think should be done by Matrons

.....
.....

7. Do the Matrons ask students to take them round when they visit each ward?

Yes

No

8. In your opinion are the ward sisters confident in teaching students at ward level?

.....
.....

PART THREE: STUDENTS ASSESSMENT INFORMATION

Please tick in the appropriate box or write responses in the spaces provided.

1. Students nurse are given adequate opportunities to practice to be in-charge of wards before doing their Fourth Assessment.

Yes

No

2. If the answer to the above is "No" what are the reasons?

.....
.....

3. Do students prepare and do doctors round as practice to be charge - nurses?

Yes

No

4. In your opinion do ward doctor's take time to teach the students during the ward rounds?
.....
.....
5. Do students tend to be more attentive to doctor's than nurses' clinical teaching at ward level?
.....
.....
6. The Upgrading students prefer to do doctor's procedure than Nursing ones at ward level
Yes
No
7. Do you find of stay in a ward for a student before the Fourth Assessment to be adequate?
Yes
No
8. In the answer to the above question Is "No" what would be the ideal period before the assessment?
.....
.....
9. As an assessor which aspect of the Fourth Assessment do students have difficult in?
.....
10. Do you have any problems in allocating marks for students' performance on the Fourth Assessments?
Yes
No

11. Comparing scoring of mark on doctor's and nursing questions here do students usually score higher?

- a) Doctor's round
- b) Nursing aspects

12. In the answer to the above is a) in your opinion what could be the reasons?

.....
.....
.....

13. Is the Fourth Assessment a useful exercise for the student nurse?

- Yes
- No

14. Give suggestions on how conducting the Fourth Assessment can be improved

.....
.....
.....

Thank you for your co-operation and support.

Yours sincerely

A. Makndla (Mrs)
Senior Tutor

- e) To teach student nurses
- f) To assess the student
- g) To put intravenous infusion
- h) To do procedures on patients such as lumbar puncture

3. Teaching student nurses at ward level interferes with ward routine and should be left to clinical instructors

- Agree
- Uncertain
- Disagree

4. Do you enjoy teaching students during the doctor's ward round?

- Yes
- No

5. From your observation do ward sisters take some time to teach student nurses in the ward?

- Yes
- No

6. If the answer to the above is "Yes" do you think they are confident to do it?

- Yes
- No

7. Are students given opportunities to do the ward round with the doctor to practice being a charge - nurse?

- Yes
- No

8. Do you think students will be ready when they actually do the Fourth Assessment?

.....

.....

.....

9. Would you say student nurses are very attentive to what you say during the doctors' round?

Yes

No

10. Do you find Upgrading student nurses forth coming in assisting the doctor to do various procedures at ward level?

Yes

No

11. Would you say that student nurses' stay in a ward is long enough before the Fourth Assessment?

Yes

No

12. If the answer above is "No" what would you suggest as the ideal length of stay in weeks?

.....
.....

13. How would you describe student's performance in general during the Fourth assessment with regards to the doctor's round?

.....
.....

14. Do you have any problems in allocation the marks for students using the scale on the Fourth Assessment Form?

Yes

No

15. Do you give feedback to the students on their performance immediately after the doctor's round?

Yes

No

16. Do you think the Fourth Assessment is a good evaluation tool for student nurses?

Yes

No

17. If the answer to the above is "Yes" what purpose does it serve?

.....
.....

18. Are you happy with the way the Fourth Assessment is done?

Yes

No

19. If the answer is "No" give suggestions on how it can be improved:

.....
.....

Thank you for your support

Yours faithfully

A. Mukandla (Senior Tutor)

EXAMPLE OF WARD LEARNING PROGRAMME

Ward learning programme - gynaecology experience. Time Table of forman sessions

Week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1.	Current trends in gynaecology	Teaching / report or ward round		Revision of / relevant anatomy and physiology		Pre-operative care planning	Student project - case study
2.	Total pat. care in gynaecology	Teaching report or ward round		Revision of / menstrual cycle / sex hormones		Post-operative care planning	Student project - case study
3.	Assessment of common gynaecological problems	Teaching report or ward round		Investigation / of gynaecological problems		Gynaecology nursing skills	Student project - case study
4.	Care plan - prolapse & repair	Teaching / report or ward round		Infections / of genital tract / ectopic pregnancy		Catheterisation	Student project - case study
5.	Care plan - hysterectomy	Teaching / report or ward round		Needs of / patient with malignant disease		Emergency care	Student project - case study
6.	Care plan - 'infertility'	Teaching / report or ward round		Hormonal / treatment and drugs in gynaecology		Involving the family in care	Student project - case study
7.	Abortion	Teaching / report or ward round		Abortion - / seminar		Nursing care wounds and drains	Student project - case study
8.	Genetic counselling	Teaching / report or ward round		Research in / gynaecological nursing		Contraception	Student project - case study
9.	Clinical teacher	Ward staff or doctor		Tutor / specialist staff		Ward staff	Learner