

Chapter 4

Data analysis, categories and literature control

4.1 INTRODUCTION

The purpose of this study was to explore student nurses' experiences during clinical practice in the health services, in order to generate guidelines to facilitate optimal learning. The participants were asked to describe their experiences during clinical practice. The objectives of the study were as follows:

- To explore the experiences of student nurses during clinical practice.
- To recommend guidelines for improvement or enhancement of learning during clinical practice.

Data was collected by using unstructured interviews from 11 student nurses who had registered for the final year of a four-year diploma nursing programme on one of the campuses of the Limpopo College of Nursing in South Africa. All the participants were asked one open-ended question which was as follows:

Describe your clinical learning experiences during placement in a clinical learning environment.

Data analysis, organisation, and interpretation, was done using Tesch's method of data analysis for qualitative research (Tesch 1992:117).

Four main categories emerged following the process of data analysis. Each category is discussed with relevant quotations from the participants, and the relevant literature is also cited as a control to the findings of this research. The supplementary data (verbatim transcripts) is presented, without any attempt by the researcher to correct the grammatical errors, and is coded to facilitate audit trailing.

4.2 ORGANISATION OF THE PROCESS OF DATA ANALYSIS

Data was analysed using Tesch's method of analysis for qualitative data (Tesch 1992:117). A detailed description of this method has been given in chapter 2. The researcher has listened to audiotapes, and has also read and re-read the verbatim transcripts, to get a global understanding of the interviews and to familiarize himself with the data. Thereafter, the researcher randomly picked each verbatim transcript, and started analysing them one by one, until all the transcripts had been analysed and similar ideas or topics had been coded. After coding, similar topics were grouped together into categories. From each category, a number of themes also emerged. The participants were also asked to validate the analysed data.

4.3 CATEGORIES AND THEMES

The categories and themes are discussed with accompanying quotations from the data, and supported by literature control. These are presented in table 4.1 below.

Table 4.1 Categories and themes

CATEGORIES	THEMES
4.3.1 Teaching and learning support	4.3.1.1 Accompaniment by college tutors 4.3.1.2 Clinical teaching by ward staff 4.3.1.3 Mentors and role modelling in the clinical setting 4.3.1.4 Clinical preceptors 4.3.1.5 Feedback to student nurses 4.3.1.6 Clinical supervision
4.3.2 Opportunities for learning	4.3.2.1 Clinical allocation and rotation of student nurses 3.2.1.1 Practical opportunities 3.2.1.1 Delegation 4.3.2.4 Involvement of students in teaching and learning activities
4.3.3 Integration of theory and practice	4.3.3.1 Curriculum arrangement versus clinical allocation 4.3.3.2 Discrepancies between what is taught at the college by tutors, and clinical staff practices 4.3.3.3 Recognition of student nurses' learning needs

CATEGORIES	THEMES
4.3.4 Interpersonal relationships between the college tutors, students and the clinical staff	4.3.4.1 Attitudes of ward staff/clinic staff 4.3.4.2 Emotions of student nurses (i) Embarrassment (ii) Unhappiness (iii) Fear (iv) Frustration (v) Anger 4.3.4.3 Labelling of student nurses 4.3.4.4 Communication problems

4.3.1. Teaching and learning support

Table 4.2 below presents the first category, namely, teaching and learning support. Each theme in this category will be individually discussed, and direct quotations from participants' responses will also be presented. Relevant literature will be cited as a control.

Table 4. 2. Teaching and learning support

CATEGORY	THEMES
4.3.1 Teaching and learning support	4.3.1.1 Accompaniment by college tutors 4.3.1.2 Clinical teaching by ward staff 4.3.1.3 Mentors and role modelling in the clinical setting 4.3.1.4 Clinical preceptors 4.3.1.5 Feedback to student nurses 4.3.1.6 Clinical supervision

4.3.1.1 *Accompaniment by college tutors*

All participants indicated that college tutors were neither accompanying nor supporting them in clinical facilities, and that they only came for clinical evaluations. As some of the student nurses remarked below:

“To be honest accompaniment from the college is very poor, because I recall this year we never had accompaniment, they just tell us to go to ward so and so ... when you see them you know there is evaluation” (data 110).

“No I never remember unless if the people from the college want to show us something so that they will come next week for evaluation ... let say they want to evaluate us in three procedures next week they will usually come prior and teach us 8/9 procedures. They usually come prior to evaluations all along you will just be working in the wards, there is no demonstration back they demonstrate for us and we go and work in the ward” (data 150).

“Accompaniments the biggest problem, we do not have it. They only do accompaniment when they are coming to evaluate you ...” (data 226).

“All in all it was fine, the only problem was that when we come to the wards our tutors do not come to the clinical environment, they only come during evaluations that’s the only time you will see them but during the cause of the year they hardly come” (data 235).

Davhana-Maselesesle (2000:126), in her study on problems with integrating theory and practice in selected clinical nursing situations, found that tutors were not fully involved in the accompaniment of student nurses, due to a lack of time and knowledge of practical skills, as well as a lack of confidence in exercising skills in the clinical area.

4.3.1.2 Clinical teaching by ward staff

The participants indicated that ward sisters were not willing to teach student nurses. Ward sisters indicated that they were not paid to teach student nurses, and that they did not have the nursing education bar. The following are some of the comments from student nurses:

“... the other thing is we were asking something from one sister and she said” rine hezwi ari zwi holeli "(meaning we are not getting paid for teaching student nurses" (data 27).

“As the ward sisters have no time to teach us, we only have time to demonstrate back during OSCE evaluations which makes it very difficult for us to practice and we end up

failing. This shows that there is a need for clinical preceptor whom we did not have” (data 48).

“... Other nursing staff end up telling us they do not have nursing education bar and they are not paid for teaching so they won’t find any time allocated for teaching the student nurses” (data 53).

“and the other one who was replacing her was not having enough time as she was also in charge of Ante natal ward and she was the only professional nurse. She was not having time to teach us and she was worried that she wanted to teach us but she has to also consider patient care as she was the only professional nurse in ANC ward this was the thing I realized is lacking in our clinical learning situation” (data 202).

“The only thing I can say we were not having people who were having time to teach us? It would be more helpful for us if we were having people to teach us like ward preceptors as in case of bridging course, they have 1-2hours for clinical teaching. So it is so beneficial that is the thing that we also need” (data 207).

These findings were consistent with those of Bezuidenhout et al (1999:48) and Mhlongo (1996:30), who both found that there was no clinical teaching by ward staff, due to a shortage of equipment and staff, and that this was affecting the conduciveness and effectiveness of the learning environment.

4.3.1.3 Mentorship and role modelling in the clinical setting

The participants indicated that the ward sisters, including the staff nurses, were reluctant to serve as mentors or role models for student nurses. One of the respondents remarked:

“in maternity too when I was doing first year I also come across the sister who does not want to be with her while doing procedures, she did not want company of the student nurses, she said just go out I do not need anybody here because we were there to just observe and assist with vital signs” (data 13).

The other student nurses also commented:

“We indeed go out of the screen and as we were standing outside being in a group of three or four they again shout at us saying are you here to just stand and do nothing” (data 14).

“when I was doing 2nd year there was a call out and I was required to go out alone with out the registered midwife and when you ask to the registered midwife to go with you as I was on my first level in midwifery they will tell you that you do not want to go for call out if you do not go we will no longer teach you, you will have to come with your teacher” (data 16).

”of course if I am doing first year there are procedures like wound dressing I have to go there but if you are allocated with the staff nurse the staff nurse will say next year you will be more than me and will just go there straight do dressings and when you are asking is like you are irritating the person or is like you are questioning the person knowing is like you are searching if the person knows but you arte asking knowing that you want the person to explain to you and then the person is taking it some how” (data 173).

The above findings are in contrast with the fundamental principle of learning in the clinical setting, which is role modelling, the most frequent care learning mode in the clinical environment (Kosowski 1995:239). On the same note, Chabeli (1999:25) found that student nurses needed role models in the clinical setting, in order to learn effectively. Caring behaviour is learned through observing role modelling experts and other expert student nurses' interactions in the clinical situation. Role models are expected to be caring, helpful, and informative, and to act as consultants.

Quinn (2000:417) states that qualified staff should be willing to teach and to act as supervisors, mentors, assessors and preceptors for student nurses, in order to provide a conducive environment for clinical learning of student nurses.

However, the findings of this study were also consistent with those of Shin (2000:259) and Chun-Heung and French (1997:457), who found that student nurses felt abandoned since they were not supervised or taught by ward sisters in clinical practice.

4.3.1.4 Clinical preceptors

All participants stated that there were no clinical preceptors in the wards, and that, in their absence, teaching and learning in the wards became difficult or did not even exist, which negatively affects the clinical learning experiences of student nurses. Without any identified preceptors, student nurses had to rely on the ward sisters, who were also too

busy to supervise and guide student nurses. The following are comments from the student nurses:

"In general wards we do not have preceptors or clinical instructors. Unless if the sister in the ward decides to teach us or we ask and if she is willing she will do it" (data37).

"When sisters have time they teach but you can't just ask every one, but when they have time they do it" (data 38).

"The problems with the hospitals are that there are no clinical preceptors, therefore because the procedures were demonstrated at the college and when we are in the ward we are expected to demonstrate with no one to guide us" (data 47).

"As the ward sisters have no time to teach us, we only have time to demonstrate back during OSCE evaluations which makes it difficult for us to practice and we end up failing This shows that there is a need for clinical preceptor whom we did not have" (data 48).

"This was made worse because our preceptor was not even there as she was on study leave, so we depended on sisters guidance just following the sisters we endure to be called hazard" (data 93).

"They expect us to be taught by preceptors who are not there, and when you do something during evaluations they will ask you who taught you. Accompaniment was good at first year but from 2001 it becomes bad, they never come, when you ask they will tell you they are busy. . We just choose who is the sister in the ward who can be willing to teach us" (data 111).

"Some theatre procedures, some are no longer done, they just tell us that they use to do them like this and like this they no loner do them even in the wards they do not have equipments for such procedures but they taught us you suppose to do this and this" (data199).

"And the other one who was replacing her was not having enough time as she was also in charge of Ante natal ward and she was the only professional nurse. She was not having time to teach us and she was worried that she wanted to teach us but she has to also consider patient care as she was the only professional nurse in ANC ward this was the thing I realized is lacking in our clinical learning situation" (data 202).

All student nurses cited the non-availability of clinical preceptors in the wards as negatively affecting their clinical learning experiences.

These findings were similar to those of studies conducted by Netshandama (1997:105) and Mhlongo (1996:30), who both found that shortage of staff and equipment affected the conduciveness of the clinical learning environment. Mongwe (2001:108) also claimed that shortage of staff and equipment were obstacles to the facilitation of student nurses' learning in the clinical area.

Faller, Dowell and Jackson (1995:346) also asserted that financial constraints on healthcare exacerbated the situation, as the staff became frustrated and depressed by the lack of resources, leaving them with little energy and time to efficiently attend to the needs of the student nurses.

4.3.1.5 Feedback to student nurses

No feedback was given to student nurses, who stated that tutors demonstrated procedures using dolls at the college, but never did follow-ups in real patient care settings. While on the other hand, ward sisters were reluctant to supervise student nurses. One student nurses stated that:

"They usually come prior to evaluations all along you will just be in the wards, there is no demonstration back they demonstrate to us and we go and work in the wards" (data 150).

Other student nurses also commented:

"When you are doing second year the person will force you to take medicine trolley and if you do not take it simply means that you are stubborn and you are not taking the medicine trolley you know that you are not competent you need some one to supervised you or you need some one to help you" (data 174).

"Other wards are different because they do not have interest to student nurses and if you do not have that esteem of learning you do not want to search for your learning you will find it difficult because the person wont even talk to you or supervise you, you will see that this person is like he has taken into consideration that you are there but not doing any thing for you never supervise you and when you ask this person to sign for your procedures he says I never with you but you were working together in the same ward ,you feel being frustrated ... you may think even to quite the course" (data 182).

These findings were similar to those of Reutter et al (1997:152), who found that student nurses were given negative feedback by the ward staff, and staff expected them to know everything. On the contrary, Bezuidenhout et al (1999:481) found that giving feedback to student nurses about their performance at regular intervals is fundamental to creating a conducive learning environment. Quinn (2000:427) and Redmond and Sorrel (1996:25) also shared similar views, i.e. that student nurses should be given regular feedback regarding their performance, in order to enhance learning.

4.3.1.6 Clinical supervision

There is overwhelming evidence that no effective supervision of student nurses while in the wards took place, and student nurses were expected to carry out procedures alone, even when they were not competent, without any supervision by registered nurses, although the situation was better at the clinics. This has affected the student nurses' competency and learning experiences negatively. The staff blames this on workload, shortage of staff, and too many student nurses allocated to the same clinical area at the same time.

The student nurses had the following comments on supervision:

"You see in labour ward as student nurses I have to learn and when doing such procedures like PV I will have my findings but I need the sister to witness and confirm my findings. But when I call the sister to do that you will hear her starting to insult you and complain that she is tired. This hinders clinical learning ..." (data 61).

"The other thing is that whenever there is emergency Caesar they will call the student nurses to go to theatre alone, they do not accompany you. And when complication arise you become more frustrated, you only receive assistance from the doctor. They will call you to take patient to theatre even if you are busy with the other case" (data 62).

"... we go their grasp every thing very fast and from there we were left to do things on our own without supervision and the rule does not allow us to do so. They will say you know what to do that or else you find registered nurses just sitting down and when you try to call someone suddenly they change their face they do not want you to call them to confirm and as student nurses we are not allowed to do this" (data 141).

“... and the other one who was replacing her was not having enough time as she was also in charge of Ante-natal ward and she was the only professional nurse. She was not having time to teach us and she was worried that she wanted to teach us but she has to also consider patient care as she was the only professional nurse in ANC ward this was the thing I realized is lacking in our clinical learning situation” (data 202).

Lita et al (2002:33) and Moeti et al (2004:82) also found that workloads and shortage of staff and equipment limited the opportunities for properly teaching and guiding student nurses allocated to clinical settings.

Shin (2000:259) found that student nurses felt abandoned in clinical settings when they were left alone unobserved, without correction or supervision. On the other hand, Chabeli (1999:25) maintained that student nurses needed and expected to be continuously supervised and clinically evaluated by professional nurses in the unit. This enhanced the clinical learning experiences of student nurses. McGregor (1999:13) further expanded the concept of clinical supervision, by stating that preceptors have a major role in clinical supervision, which involves verifying the student nurses' competence in performing selected procedures, validating physical assessment findings, and observing medication administration. This facilitates the student nurses' acquiring of professional nursing skills and accountability.

4.3.2 Opportunities for learning

According to (Quinn 2000:418), student nurses should be provided with learning opportunities, such as attending doctors' rounds, observing new procedures, having access to patient/ client records, asking questions without feeling guilty, and practicing skills under supervision. Table 4.3 below presents the second category, namely, opportunities for learning.

Table 4.3 Opportunities for learning

CATEGORIES	THEMES
4.3.2 Opportunities for learning	4.3.2.1 Clinical allocation and rotation of student nurses 4.3.2.2 Practical opportunities 4.3.2.3 Delegation 4.3.2.4 Involvement of students in teaching and learning activities

4.3.2.1 Clinical allocation and rotation of student nurses

Participants were not happy with the period of allocation and frequent rotations within the hospital setting, which was one to two weeks in a ward/unit. Participants were, however, satisfied with clinic allocation, which was for a period of one month per allocation. The participants commented as follows:

“The allocation was not good enough as one would be allocated for a week say in paediatric ward and the following week medical this has really affected our learning experiences above all clinic allocation was good and I enjoyed working at the clinic“ (data 20).

“The other thing is the allocation hours. The time may not be enough for the things you are doing for instance in maternity time for maternity is very limited unlike in general and surgical wards, you have to be taught and practice when the time is not enough“ (data 216).

“Learned a lot especially in the general side not in the maternity side, even if I passed. Isn’t that we are not given much time to practice, you find that they have placed us for two weeks” (data 254).

These findings are consistent with those of Robertson et al (2000:48), where student nurses also raised concerns that they were not getting enough clinical time, which negatively affected their learning experiences.

According to Nolan (1998:625), shortness of allocation in a particular clinical area limits the student nurses’ membership of the team, resulting in superficial learning (i.e. I do not belong). Gallagher et al (1999:6-7) also share this view, in that student nurses who

had consistent clinical allocation as opposed to frequent rotation, reported an increase in consistency of evaluation of written work and clinical performance.

4.3.2.2 Practical opportunities

Student nurses were assigned to the wards and clinics in large numbers, which limited their practical opportunities, irrespective of their level of training, and some ward sisters were not interested in working with the student nurses because they were thought to be slow, therefore delaying the routine. The following are some of the verbatim responses from the participants:

“The case that you have to obtain when you are allocated in maternity ward being 30 student nurses you some time find that they were not thirty deliveries in a month as it was not busy, but when you finish the allocation they expect to see you with the full register. They do not care how you got those cases, which encourage us to do fraud, as they won’t allow you to proceed to the next level if the register is not full; therefore they want the book to be full without considering the actual number of deliveries and exposure of the student nurses. Some times you will find that there are only three deliveries during your allocation but they do not consider that” (data 217).

“Shortage of clients or shortage of procedures that needs to be done. For instant you will find that if I am allocated in theatre and only minor operations are done I do not learn more, only minor operations” (data 223).

“There was a patient who was to be admitted with the prescription of indwelling catheter, so when I was to insert it the sister came and stopped me and also insulted me this has embarrassed me because my scope of practice allows me to do that. She stopped me and refused that I should do that. I then realized that this person is just having a problem with me. As the other day I went to x-ray with the patient and when coming back I read the x-ray and the doctor has forgotten to check the x-ray I reminded him I inform him how bad the x- ray was. The doctor then commented to the sister that I did very well as the x-ray was very poor, the sister did not like that” (data 225).

“... and the bad thing that I experienced is that at maternity we do not have much time to practice because you find that we are many there you find that there is college and hospital student nurses allocated there at the same time so there is no much time to practice there (data 253).

"In maternity ward myself with maternity ... it was bad because there was no chance to practice, there is less time to practice there, especially because there are no patients here at ... you may find that today only two patients came, and we are many and with college student nurses we are 15 in number and hospital student nurses are close to 10. The learning environment is not conducive enough, but they do give us time to practice" (data 259).

Mhlongo (1996:30) investigated the role of unit sisters in teaching student nurses in a KwaZulu-Natal hospital, and found that too many student nurses in a clinical setting has a negative impact on clinical teaching and learning opportunities for student nurses. Gibbon and Kendrick (1996:52) also concur with Mhlongo (1996:30), in that the number of student nurses that are allocated to a clinical area should be controlled, in order to avoid overcrowding, since this makes learning and teaching ineffective.

4.3.2.3 Delegation

Most of the time, student nurses were delegated to non-nursing tasks in the wards, which denied them the opportunity to practice nursing skills according to their level of training or scope of practice. The situation has only improved now that they are completing training, as one student nurses stated:

"... but the unit managers do not provide student nurses with that chance, they only thing they do want student nurse's to do duties that are not done when student nurses are not there ... I do not know how to say this but those none nursing duties ... mmmm ..." (data 168).

Another student nurses remarked:

"so we end up being in the ward to patch shortage rather than being taught and actually learning" (data 185).

Chun-Heung and French (1997:457) studied the ward-learning climate in Hong Kong, and found that little opportunity was given for student nurses learning, as most of the time was spent doing routine and menial tasks.

4.3.2.4 Involvement of student nurses in teaching and learning activities

The study revealed that student nurses enjoyed being given or assigned challenging activities during their clinical practice, though there were few unit managers who engaged student nurses in such activities, by using the following strategies: assignments, case presentations, post-clinical conferences, assigning administrative duties to student nurses. The following are some of the comments from the student nurses:

“They even give you homework to go and do it on your own. If you meet the condition in the ward they will ask you about it especially if you do not ask first, if you do not know anything about it they will ask you to go and study at and tomorrow come and tell them something about it” (data 33).

“In general I learned a lot in general wards, because the sister in charge use to allocate topics to student nurses to present and this makes us to learn a lot in female medical” (data 63).

“We are given opportunities to run the unit. This makes me feel very great. This makes us to be more responsible and accountable” (data 66).

“Last week I was assigned to be in charge of the unit. The deputy manager in charge of the unit has informed staff that I was in charge, so I felt very good as I have to check that every thing is going well in that unit checking the drips and if medications were given and the junior nurses were to report to me this was a good experience as I was doing that under the supervision of the sister. It makes me to develop confidence and feel like being the sister. This makes me very happy” (data 67).

According to Chabeli (1999:27), effective management skills were highlighted by student nurses as one of the pivotal aspects necessary to facilitate clinical learning. Student nurses have to be involved in clinical decision-making and problem-solving, in order to develop their negotiation skills without relinquishing their roles as student nurses. On the same note, Khoza (1996:84) and Netshandama (1997:108) maintain that involving student nurses as members of the health team and in administrative duties in the ward and peer group teaching facilitates the learning experiences of student nurses in a clinical setting.

4.3.2 Integration of theory and practice

Student nurses should be provided with opportunities to apply the theoretical knowledge learned in class during their placement in clinical practice, so that there is integration of theoretical knowledge and practical skills. This correlation of theory and practice and the building of meaningful experience must take place in practical settings such as hospitals, old-age homes, clients' homes, clinics, healthcare centres, and the community. It is only in practical settings that the student nurses learn nursing and actual patient care, and are therefore able to apply the theory of nursing to real patient care environments. The clinical learning environment should provide the opportunity for student nurses to apply the theory of nursing, so that an integration of theoretical knowledge and practical skills in the clinical situation becomes the art and science of nursing (Mellish et al 1998:207). Table 4.4 below presents the third category, namely, integration of theory and practice.

Table 4.4 Integration of theory and practice

CATEGORIES	THEMES
4.3.3 Integration of theory and practice	4.3.3.1 Curriculum arrangement versus clinical allocation 4.3.3.2 Discrepancies between what is taught at the college by tutors, and clinical staff practices 4.3.3.3 Recognition of student nurses' learning needs

4.3.3.1 Curriculum arrangement versus clinical allocation

Student nurses indicated that some aspects of the curriculum were taught after they had being exposed to the clinical setting, with particular reference to midwifery. When they are allocated to a maternity ward during their 1st year of midwifery, they have only done normal midwifery, and they do abnormal midwifery in the second year. This creates a problem, as most of the pregnant women who deliver in the hospital have abnormal pregnancies and deliveries, since the normal pregnancies and deliveries are attended to at the clinics and health centers. Therefore, student nurses are concerned that they are exposed to complicated and traumatic situations at the hospitals, before they have been given the necessary theoretical background, which creates confusion for student nurses. Adding to their own confusion, the situation is worsened by the ward sisters, who expect student nurses to know everything in the maternity ward.

One student nurses remarked:

“And it also, becomes a problem when we come to other disciplines because they are other disciplines which we have to attend in another level which are not done in other level like midwifery for example in midwifery there is abnormal and abnormal midwifery and when you are on first level in midwifery you do the normal midwifery and when you go to the clinical situation it does not mean that the abnormal situations won’t come and mostly the abnormal situations are the ones that come to the hospital come to the hospital because the normal ones usually deliver at the clinics so the abnormal ones are referred to the hospital that means we are more exposed to the abnormal situations in the hospital than the normal ones which we are starting with” (data 155).

The other student nurses also remarked that:

“That was for 2001, but I passed, 2002 I was in third-year, we started the allocation in April we were allocated in Maternity it was for the first time and we were blank as were not even having theoretical background” (data 84).

“Actually we started in February in psychiatric ward was we were orientated in psych and we were taught by the preceptor who has just left for post abroad. He used to teach us every day even if we have started allocation before going to class” (data 85).

“You might be having only theoretical knowledge but in practical situation is difficult to go there and do almost every thing like they are expecting you to .The introduction of student nurses to clinical situation must be done gradually, not taking student nurses who never had an experience of a clinical situation and put him in male medical per se, it can be done gradually by introducing him slowly to wards that are not have those stress like paed and surgical wards unlike taking someone straight to medical ward” (data 139).

A study by Lita et al (2002:31) on the factors that influence the selection of learning opportunities for student nurses in primary healthcare, found that there is a lack of guidance and correlation of theory and practice, as well as a lack of knowledge by tutors and ward sisters on how to implement or integrate the primary healthcare approach into the subjects that were taught during clinical sessions. Poor communication was found to be a stumbling block to the effective guidance of student nurses. This seriously compromised learning opportunities for student nurses, as effective communication is

central to the effective management of the unit. Without it, none of the steps in the management process can be effectively implemented.

4.3.3.2 Discrepancies between what is taught at the college by tutors and clinical staff practices

The findings revealed that what was taught by college tutors at college in simulation laboratories, differs to what is practised in real clinical settings. This was worsened by the fact that college tutors were not doing follow-up demonstrations of procedures for student nurses in real ward environments, to reinforce student nurses' learning and enhance their experiences

The following are comments from the student nurses:

"Some theatre procedures, some are no longer done, they just tell us that they use to do them like this and like this they no longer do them even in the wards they do not have equipments for such procedures but they taught us you suppose to do this and this" (data 199).

"... Though at times you will find that what you were taught in the class is not exactly as you find in practice .In the wards they have their own way of doing things quite different from the books and procedures as taught by the tutors at the college" (data 239).

"... and when we are doing the PV's staff the hospitals have their way of doing it and at the college there was the way I was taught how to do it. And on integration when you do it the way you are taught at the college the ward sisters will tell you are wrong and when you do it for the tutors the way it is done at the hospital they also tell you that you are wrong. Therefore it takes time for one to learn the right things" (data 245).

These findings concur with those of Davhana-Maselesele (2000:126), who found that student nurses were having difficulty in applying theory to practice, mainly because the theoretical content of the curriculum is too idealistic and academic, and bears little relationship to the real needs of clinical practice. According to Rolf (1996:1), student nurses experience a "theory-practice gap" when they find themselves caught between the demands of their tutors to implement what they have learned in theory, and pressure from practicing nurses to conform to the constraints of real clinical / ward environments. Moeti et al (2004:82), in their study on clinical competencies of newly

qualified registered nurses in North West Province, found that there were discrepancies between what the registered nurses learned in the classroom and what they observed in clinical areas.

According to Lipinge and Venter (2003:10), student nurses reported negative experiences in clinical settings, such as frustrations experienced during daily practice due to a poor integration of theory and practice.

Shin (2000:262) found that the student nurses experienced confusion, as it was also found in this study that the student nurses recognised how different the worlds were between their university education and the reality of the clinical learning setting.

4.3.2.3 Recognition of student nurses' learning needs

Student nurses were not recognised as student nurses with learning needs, and as a result, they were not delegated tasks according to their level of training or scope of practice... student nurses spent most of their allocation time doing tasks and non-nursing duties. They were not given opportunities to practice according to their level of training or scope of practice, which hampered the integration of theory and practice. The following are some of the remarks from the student nurses:

"Is because you will find that when I go to the wards. I must practice according to my scope of practice so you may find that I will leave the ward without practicing something that is within my scope. I will be doing something else that is below my level of practice and that means at the level that I am in. I will not be knowing what I must do that is relevant to my scope of practice so it also becomes a problem" (data 164).

"There are other duties that are done in the wards like non nursing duties. You will find that non nursing duties are done by student nurses only like dusting, you will find that they remove the cupboards and the television so that you can dust the cobweb that was there for three years you must dust those things because you are student nurses" (data 165).

"... for instance as fourth-year student nurses they will allocate us to do vital signs instead of such task like taking blood or doctor's rounds. I know that vital signs can be done by every nurse, but I must be allowed to do things in our scope of practices, as a 4th year student nurses" (data 8).

“... this make the student nurses to just work and work and get tired and when you knock off you are very tired ,eat and sleep ,you are tired you can't study” (data 30).

“... it was very bad because really we did not learn anything from that ward ... the other thing is like the sisters when we get to the wards they do not take us as student nurses who are there to learn, they take us as people are coming to help where there is shortage ... this will be time that they will be taking extra day off” (data 28).

On the same note, Chabeli (1999:27) found that student nurses were used as a pair of hands or working force in the wards, and very little consideration was given to their clinical learning needs, hence they were unable to reflect effectively on their experiences so as to facilitate clinical learning.

To the contrary, Hart and Rotem (1995:8) suggest that there is a need for a collaborative approach between administration and education in the planning and evaluation of clinical learning experiences. The findings by Hart and Rotem (1995:8) further indicate the need to develop effective strategies to improve the quality of supervision and foster a cooperative approach to performance appraisal, which is directly linked to improving the quality of nursing practice, and supporting formal and informal opportunities for staff to develop a collegial work environment, in order to develop effective strategies and enhance learning opportunities within the workplace, by utilising experienced nurses more effectively as role models and preceptors, and encouraging active participation within in-service sessions. These strategies enhance the positive experiences of student nurses during their placement in a clinical setting.

In the same vein, Troskie; Guwa and Booyens (1998:47) studied the extent of involvement of unit managers in clinical teaching. The findings were that 95% of unit managers indicated that they gave support to student nurses when they experienced problems, which facilitated student nurses' clinical learning.

4.3.4 Interpersonal relationships between college tutors, student nurses and clinical staff

According to Atack et al (2000:389), student nurses-staff relationships play a critical role in creating positive learning experiences for student nurses in the practical setting.

Table 4.5 below presents the fourth category, namely, interpersonal relationships between college tutors, student nurses and clinical staff.

Table 4.5 Interpersonal relationships between college tutors, student nurses and clinical staff

CATEGORIES	THEMES
4.3.4 Interpersonal relationships between the college tutors, students and the clinical staff	4.3.4.1 Attitudes of ward staff/clinic staff 4.3.4.2 Emotions of student nurses (i) Embarrassment (ii) Unhappiness (iii) Fear (iv) Frustration (v) Anger 4.3.4.3 Labelling of student nurses 4.3.4.4 Communication problems

4.3.4.1 Attitudes of ward/clinic staff

Findings were that there were poor interpersonal relationships between the student nurses and the ward staff. Student nurses were called names, harassed, and were in most instances used as scapegoats for any wrongdoing in the wards. Registered nurses were even reluctant to work with student nurses. The following are some of the comments from the student nurses:

“And to touch something on the bad experience I have at the clinical setting first thing I realised is the attitude the lower rank nurses referring to the staff nurses and auxiliary nurses in the hospital per se. What I have realized with the nurses at the lower rank is that they seems to have negative attitude towards student nurses especially integrated student nurses I do not know really the reason why but then I have seen this most of the time when one has to go and consult like when you are in first year you do not know anything ... but because they those people they know that in near future I will be a professional nurse and I will be above them they seem to be ignorant or reluctant in giving us or helping us with some information that is what I have seen in the wards like lets say you go to them for help and they deny say that isn't that you will be sisters soon you must do it yourself” (data 120).

“The attitude of staff particularly if you are still at the lower level is horrible. They will call you names. I will give you example of certain ward. In paedics medical ward I was called septic (dangerous) junior nurse at my first level” (data 134).

“... of course if I am doing first year there are procedures like wound dressing I have to go there but if you are allocated with the staff nurse the staff nurse will say next year you will be more than me and will just go there straight do dressings and when you are asking is like you are irritating the person or is like you are questioning the person knowing ... is like you are searching if the person knows but you are asking knowing that you do not know you want the person to explain to you and then the person is taking it some how” (data 173).

“Some will tell you that student nurses makes the work difficult because they take time to do things they do things procedurally Isn't that we are not competent they want to finish routine as soon as possible, You will find that in the ward is like we must have wards for student nurses only and people who are serious in helping us” (data 181).

“... They will turn to call us names saying that how can you be the third student nurses without knowing caring for such a condition and we turn to be confused we do not even know what to do” (data 161).

Similar findings were recorded by Reutter et al (1997:152), who conducted a study of “Student nurses as Learners”, and found that student nurses-staff relationships were bad, as the student nurses perceived that some registered nurses did not value them or their nursing programme. Almost all the student nurses in the study commented that one of the difficult aspects of being a student nurses is dealing with the implicit and explicit negative feedback received from staff nurses about the Bachelor of Nursing programme. These findings also concur with Mongwe (2001:142), who, in her study, found that poor interpersonal relationships between the registered nurses and student nurses in the clinical area hampered the facilitation of learning of student nurses in the clinical area.

Contrary to the above findings and the literature supporting them, Troskie et al (1998:48) and Mhlongo (1996:30) both found that about 95% and 85% respectively of unit managers were giving student nurses the necessary support, and had positive attitudes towards student nurses.

However, student nurses in this study reported having better relationships with the clinic sisters than with the ward sisters. They attributed this to the fact that most of the clinic sisters had qualified from the same nursing programme (integrated diploma course) they were doing, and therefore understood the learning needs of student nurses, as opposed to the sisters who qualified from a bridging course or midwifery (single qualified), and were mostly working in hospitals. The following are comments from student nurses:

“Then in the ward generally student nurses experience many difficulties than good thing for the student nurses. In the ward most people trained bridging courses being staff nurse or assistant nurses until they become registered professional nurses and then ... is like they do not understand or they do not prefer it to contribute to a person who will be more qualified than themselves. You will see that they have attitude towards you they will never contribute to your learning they will do what they are doing and then not considering you” (data 172).

“Well at the clinics every thing was fine. I did not have any problem there ... The sisters are very nice, when you get into the clinic they will give you the station, you work there and the sister will be next to you. Everything you do not understand or you come across problems she is there to assist you” (data 41.)

“... the experience was very much good. “The people at the clinics likes student nurses I worked in three clinics in those clinics I never had problems” (data 112).

“... they like student nurses and they teach them a lot. We enjoyed at the clinics but when we come to the hospital, we check were we are going” (data 113).

“You find there is a person who has under gone integrated course those are simple is like they know that student nurses do pass this situation they know the situation, they know what is expected in first, second, third and fourth years they do not have problem they will help you ,they know the curriculum” (data 184).

The positive perceptions of student nurses about the community as a clinical learning environment, supports the findings by Dana and Gwele (1998:63) and Lipinge and Venter (2001:8), who found that student nurses had positive experiences during? Dana and Gwele (1998:63) found that student nurses had positive perceptions about their independence in learning, as facilitated by the community as a clinical learning environment during their placement in a community setting, which they attributed to independence in learning and peer support.

4.3.4.2 Emotions of student nurses

(i) Embarrassment

Student nurses felt embarrassed by the way in which the ward sisters treated them. They reported that they were often harassed or scolded in front of patients and colleagues, as student nurses put it in the comments below:

"... also in general wards things were good. In theatre there was another sister who uses to harass student nurses, whenever you try to touch some equipment she will shout at you saying no, no don't touch. You student nurses go away just stand there and when we stand against the wall she will again say ' we are going to chase you away you just come here to stand and when you try to touch something she will say no, no. That experience was really bad for me" (data 10).

"... I remember one day I was sending to take the cidex she wants to clean the diathermy machine, because I was shivering because she has shouted at me the cidex spilled on the floor and she again shouted at me and that day was very bad for me" (data 11).

"The other thing is which is bad experience I had, I can say is too much in maternity section. Since I was allocated in maternity most of the time we were used as a escape goat for wrong doing in the ward for example we were once told after prayer during report giving that we are hazards to patients and that they do not have maternal deaths when student nurses are not there, this was a threat to us as student nurses it means we are hazards to patients we are not free to work in maternity some time we are verbally harassed by those people their verbal out put is harassing us in front of the patients even in this case is not all nurses but there are elements in maternity section. Yes the opportunities are that the only thing is that I work under threat that I am a hazard to patients the opportunities are there but I am not free I am learning the hard way" (data 122).

These findings were consistent with those of Naude et al (1992:2), who found that sisters in the wards were not supportive of student nurses, and their attitudes were bad, since they harassed and shouted at student nurses in front of patients. On the contrary, Quinn (2000:16) states that nursing staff should have a humanistic approach to student nurses, by being approachable, helpful and supportive.

(ii) Unhappiness

Student nurses felt guilty and unhappy when left alone, and they could not help patients because they were not experienced and lacked the necessary skills. The following are some of the student nurses' comments:

"For example if you have never met a condition you can not know but they were putting more pressure to us. They were harsh saying "that you supposed to know everything when you come this side you are supposed to know that you are working with the life of people" and something like that. Usually we were coming to learn, so when they are teaching us we are supposed to go and read. . But they were hash to us talking to us like that. Most of us were not happy when coming to maternity because of staff attitude" (data 205).

"... I had serious problem during my clinical allocation in theatre. ... this was my first allocation in theatre. I still remember I was allocated in recovery room with the other sister, who went to tea and left me alone ... I had trauma that day, unfortunately I was not well conversant with the machines in theatre, but I was supposed to monitor a patient after laparotomy when the alarms started ringing I called the sister for assistance but she did not come, kept on saying that I must press certain button, with no progress as the alarm kept on ringing and then I am having the problem not knowing what to do. Instead of coming to assist me she said that "was making plan to go for tea" I said I can not go for tea and leave the patient. When I studied the machine I found that the pulse was very low and the oxygen saturation was also low, I then called the anaesthetist who was passing through the corridor. He came in with out even changing to theatre attire and we resuscitated the patient and the doctor told me that there is brain damage the patient was then rushed to ICU and the following day I was told the patient has died. This has hurt me a lot as I tried to call the sisters in advance. From there things went well especially in male medical .The bad experience was only in theatre because I have seen I patient dying but not knowing what to do I felt guilty" (data 83).

According to Taylor (2000:173), student nurses encounter ambiguities when they go to new wards, new clinical settings in communities, homes or wards. This happens even when they change the focus of study, e.g. switch from general to psychiatric nursing or midwifery, so they need the faculty to support them in dealing with these ambiguities. These ambiguities affect the student nurses' learning experiences.

Quinn (2000:418) states that qualified staff should be willing to teach, as well as act as mentors, supervisors, and assessors for student nurses. Qualified staff should create an environment that allows student nurses to develop critical thinking and judgment, and that student nurses should be able to ask questions without feeling guilty or disloyal.

(iii) Fear

Student nurses experienced fear during their initial placement in the wards, but were not given the necessary support by the registered nurses.

Student nurses commented as follows:

“The other incident which happen with me was when the ward sister was expecting me to do the procedure called last office, after I have done bed bath and this was on my first day in female medical ward. This was a very scarring moment for me, as I have never done that before, though it was demonstrated to me at the college with the doll. I felt like resigning, as it was my first experience to see a dead person, having to stretch arms close eyes and send the corps to the mortuary. This experience makes me to hate nursing at the time and when you arrive home you tell yourself that wow! Today I come across the dead person and it was a painful experience” (data 59).

“The worse thing that I try to remember is when I was in maternity ... to be honest ... I regretted becoming a nurse. As you know that I am a man, I am not married I was not used to some of the thing and when I saw a person giving birth. I just close my eyes. They were laughing at me thinking that may be I just hate the blood not knowing that I was really afraid of such thing” (data 200).

These findings are consistent with those of Nolan (1998:625), who found that student nurses experienced fear and anxiety during clinical placement, which in turn affected the student nurses' responses to their clinical learning environment.

According to Naude and Mokoena (1998:18), student nurses should be supported in addressing and overcoming fear and anger, so as to provide quality nursing care. Support should be given to student nurses to enable them to identify and handle conflict associated with caring for patients. Naude (1995:182) maintains that the accompanist for student nurses should develop strategies to build trust and create a caring environment for student nurses. On the other hand, Dana and Gwele (1998:63) found

that student nurses' satisfaction with their nursing career was due to the fact that there was a delay in introducing them to traumatic ward experiences, by exposing them to healthy people in the community during their initial years of training.

(iv) Frustration

Student nurses were frustrated by the poor relationship between the ward sisters and themselves, and the lack of good interpersonal relationships amongst ward staff, as this hampered the effective communication with and supervision of student nurses. Some student nurses commented:

"From female medical I went to male surgical, unfortunately they is something not going very well they are some individuals who are not in good terms. You will report something to somebody they will tell you report to the other one and it frustrate the student nurses male surgical they is no serious problem the problem is with the staff they are not in good terms with each other` and you do not know with whom to stand but all in all learning does happen" (data 104).

"But they are problem finders than correctors ... they just let you to do something and knowing very well that you do not know very well and when you make the mistake you are in for it. You will be told that you are a" hazard". "What ... what ..." (data 89).

These findings concur with Bezuidenhout et al (1998:48), who found that poor interpersonal relationships amongst staff members negatively affects the conduciveness of the learning environment.

(iv) Anger

Student nurses experienced a lot of anger while in the clinical setting, mainly due to poor relationships with, and unrealistic expectations of, the ward staff. Ward staff expected student nurses to know everything. Below are some of the remarks by student nurses regarding the expectations of ward staff, which caused anger amongst student nurses:

"In the morning they were giving lesson and from there they started asking lot of questions even to us who were there for the first time. But most of the questions were

not concerning the lesson it was more than that and it was not asked in good spirit. I was never angry like that day in my clinical situation” (data 204).

“... For example if you have never met a condition you cannot know but, they were putting more pressure to us. They were harsh saying” that you supposed to know everything when you come this side you are supposed to know that you are working with the life of people” and something like that. Usually we were coming to learn, so when they are teaching us we are supposed to go and read. . But they were hash to us talking to us like that. Most of us were not happy when coming to maternity because of staff attitude” (data 205).

These findings are consistent with those in a study by Reutter et al (1997:152), who found that the staff nurses expected the Bachelor of Nursing Science programme student nurses to know everything. When student nurses asked questions, it was like: “How come you do not know, you guys know everything over there”.

4.3.4.3 Labelling of student nurses

Student nurses revealed that the ward sisters labelled them as difficult and hazardous to patients, and this has apparently affected their relationships with the ward staff, as the latter could not see anything good in what the student nurses did.

The student nurses remarked:

“The other thing is that the staff may accept you and some may not accept you and hate you with out anything wrong you have done. This might be due to bad attitude reflected by other student nurses making the staff to generalise and label you that the integrated student nurses are difficult and impossible. When you enter the ward ...” (data 214).

“This has happened with me were I hear the staff remarking that student nurses are difficult. It was for the first time for me to work in that ward but they have already labelled me as a difficult student nurses just because I am doing integrated course’s this was discouraging to me. They could not even see good things I could do but they criticize me for everything I do” (data 215).

“When you are doing second year the person will force you to take medicine trolley and if you do not take it simply means that you are stubborn and you are not taking the medicine trolley you know that you are not competent” (data 177).

“But they are problem finders than correctors ... they just let you to do something and knowing very well that you do not know very well and when you make the mistake you are in for it. You will be told that you are a” hazard”. What ... what”.

Contrary to these findings, Quinn (2000:16) maintains that qualified staff should treat student nurses with kindness and understanding, and should try to show interest in them as people. They should be approachable, helpful, provide student nurses with the necessary support, and try to foster student nurses self-esteem. Qualified staff need to be sensitive to the study needs of the student nurses. This view is also supported by Naude (1995:92), who states that the accompanist for student nurses should develop strategies to build trust and create a caring environment. Such an environment enhances clinical learning of student nurses.

On the same note, Kusowski (1995:238) conducted a study on clinical learning experiences and professional nursing care. The purpose of the study was to discover, describe and analyse how student nurses learnt professional nursing care in the clinical context of nursing education. Eighteen Baccalaureate student nurses were interviewed using unstructured face-to-face interviews. The student nurses reported their experiences regarding the learning of care in the clinical environment as being influenced by learning modes such as role modelling, reversing, imaging, sensing and constructing.

Student nurses in a study by Redmond and Sorrel (1996:25) also identified caring behaviours as: good teacher-student nurses relationships, characterised by mutual trust, open and authentic communication and interest in student nurses' personal and academic needs. Student nurses also identified active listening as characteristic of a caring faculty, and that the teachers have to maintain caring relationships with student nurses by using strategies that provide them with ongoing support and opportunities to give and receive feedback. The findings by Redmond and Sorrel (1996:25) were also consistent with those in the study by Netshandama (1997:84), who found that establishing caring relationships is the key to creating a caring learning environment that is conducive to student nurses' learning experiences.

4.3.4.4 Communication problems

It was clear from data analysed, that there was poor communication between the college tutors and the ward staff. This is evidenced by the following comments from the student nurses:

“Accompaniment is the first one, sometimes to have a college tutor makes the sisters in the ward to accept you but if you do not have any one accompanying you, for instance they will send you on a bus to X hospital you meet patients and staff you do not know for the first time not even knowing what to do is frustrating” (data 229).

“Yes we indeed go out of the screen and as we were standing outside being in a group of three or four they again shout at us saying “are you here to just stand and do nothing” (data 14).

“When we tell the college tutors they say “just cooperate” (data 15).

These findings concur with Lita et al (2002:32), who found that poor communication is the stumbling block to the effective guidance of student nurses, and without good communication, none of the steps in the management process can be implemented.

A study by Mhlongo (1996:30) on the role of unit sisters in teaching student nurses in a KwaZulu-Natal hospital, found that, although registered nurses were involved in implementing and planning clinical teaching, they encountered problems such as the non-involvement of college tutors and poor communication between college and nursing units. These findings are also consistent with those of other researchers such as Nolan (1998), Hart and Rotem (1995) and Netshandama (1997). In the same vein, Ewan and White (1996:16) state that adequate preparation and planning should be done with student nurses, tutors and registered nurses in the clinical area. This is because, if the registered nurse knows the objectives of the programme, she will be able to support the student nurses and vice versa.

4.4 CONCLUSION

This chapter has presented data categories and the themes that emerged from data analysis. Relevant literature was also presented as a control to the research findings.

The following chapter will focus on the summary of findings, conclusions drawn by the researcher, implications and recommendations.