

An Exploration of the Role of the Registered Nurse in Enhancing and
Developing the Nursing Skills of Undergraduate Nursing Students in
a Surgical Setting

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Submitted to the University of Cape Town in partial fulfilment of the requirement
for the

Degree of Master of Science in Nursing

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2014

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ACKNOWLEDGEMENTS

I hereby wish to thank the following people for their dedication, knowledge and support for me during the completion of my Research:

- My Supervisor, Ms Nicki Fouché for her patience, support, encouragement and expertise
- Associate Professor Sinegugu Duma, my co-supervisor, for her academic wit, patience, assistance, encouragement and support.
- Jacobus Stevens, my husband, for cooking, cleaning and caring while I was sitting with the books. Also for providing a strong shoulder to lean on when all looked bleak.
- Brent, Melissa and Darryn, my children, for your continuous faith in your moms' ability.
- Antionette, my friend, for always being there for me, for assuring me that even if my work 'bleeds' it will get better, ... and it did!!!
- Mrs. Maureen Ross, Mrs A. Grobbelaar, Mrs. Magdalena Oldjohn my senior managers at work for giving me time off to do my academic work and for allowing me to conduct the research at Groote Schuur Hospital.
- My colleagues at work, for steering the ship at work while I was studying.
- Carleen Dookoo, the clerk, my colleague, friend and 'IT' assistant, for always assisting me with the computer and for encouraging me even when I had no faith in myself.
- Rose Jackson, my editor, for assisting me in making my work more professional and academic.
- The registered nurses, the participants, who willingly shared their insightful opinions and views on their experiences with undergraduate nursing students.

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ABSTRACT

Registered nurses in clinical settings, through years of training combined with experience, become empowered with valuable knowledge and skills. The majority of these registered nurses are employed in public hospitals, caring for patients from culturally diverse backgrounds who face economic, psycho-social, and, in particular, physical challenges. Such conditions often provide a rich environment to undergraduate nurses for experiential learning.

The experienced registered nurses, working in this rich environment, are well positioned to fulfil a crucial role in transferring, developing and enhancing skills for educating undergraduate nursing students. Their role in the development of undergraduate nursing students in the clinical environment should never be underestimated or under-utilised. The clinical environment should be considered as the most important resource for developing the confidence and competencies of undergraduate nurses.

It is within this background that this research study was undertaken. The aim of this research study was to contribute to the teaching and learning roles and functions of registered nurses working in the surgical wards at the study setting in terms of teaching undergraduate nursing students. The researcher intends to make certain recommendations for the improvement of teaching and learning for undergraduate nursing students in the clinical context.

In addition to exploring the feelings and perceptions of registered nurses regarding their teaching role, the minor dissertation seeks to explore some of the misconceptions and challenges relating to the nature, extent and responsibilities of this teaching role. I therefore set out to answer the following research question: “How do registered nurses at a Western Cape academic hospital perceive their teaching and learning role as clinical teachers?”

The research employed qualitative methods through one-on-one interviews to explore the feelings and perceptions of 12 registered nurses of their roles in enhancing and developing the surgical skills of undergraduate nursing students in a surgical setting. Using content thematic analysis, four interrelated themes emerged:

- (i) The humanitarian role of the registered nurse
- (ii) The educational role of the registered nurse
- (iii) The mentoring role of the registered nurse
- (iv) The enabling and empowering role of the registered nurse

The findings revealed that registered nurse were well aware of their teaching roles and had adopted multiple humanistic roles within their approaches to teaching undergraduate nursing students. The study highlights that although the registered nurses experienced heavy workloads on many fronts, providing quality patient care was seen as their primary and priority function. Furthermore the teaching provided by the registered nurses to the undergraduate nursing students, was seldom planned and occurred incidentally and/or opportunistically.

Keywords: registered nurse; undergraduate nursing student; surgical setting; clinical learning; health-care; teaching; themes.

DEFINITION OF TERMS

Clinical Environment/Setting

The clinical environment/setting, is the setting where patient/client care and clinical activities take place. It is in this environment that students training to become health care professionals learn about patient care and the specifics of clinical practice (Stuart, 2007:211). The clinical setting in this context was the surgical wards where nurses are allocated to learn surgical skills.

Decision-Making Skills

The specific skills necessary in the context of the clinical environment for making those clinical and group decisions which involve skills of negotiation, prioritization, collaboration and clinical judgement (Young & Patterson, 2007:577).

Mentor

In the clinical environment, a clinical practitioner who supports, guides, supervises and facilitates student learning during clinical practice (Stuart, 2007:1). In this research the mentor refers to a registered nurse appointed by a tertiary institution such as a College or university for the sole purpose of being a mentor to undergraduate nursing students. These mentors are not affiliated to the health setting at which these undergraduate nursing students are placed.

Mentoring

Mentoring is defined as a process of assigning a more skilled person with the goal of increasing the skills of the less experienced person (Grossman, 2007:2). The mentoring role of the registered nurse in clinical settings therefore refers to the registered nurse assigning a more experienced nurse to assist, guide, coach and support the less experienced undergraduate nurse.

Registered Nurse

A registered nurse is a person registered as a nurse or midwife in terms of the Nursing Act (No.33 of 2005). (Meyer, Naude, Shangase & Van Niekerk, 2009:50).

Role-modelling

A term originating from social learning theory which refers to learning by exposure to attitudes, approaches beliefs and the characteristics of the individual/professional (Young & Patterson, 2007:567).

South African Nursing Council (S.A.N.C.)

The South African Nursing Council is the formal regulating authority established by Section 2 of the Nursing Act, 1978 (Act no 50 of 1978) and continues to exist as a juristic professional body.

Self-directed learning

An approach to the learning process that encourages students, adult students in particular, to identify their own learning objectives or learning needs through self and mutual assessment and through participation (Young & Paterson, 2007:577).

Skills

Skills are defined as actions or behaviours in the performance of tasks carried out with a reasonable and adequate degree of dexterity. These skills could be:

- Psychomotor - involving body movement and dexterity
- Cognitive - involving critical interpretation and decision-making
- Relational - involving communication and being with a client (Young & Patterson, 2007:577).

Socialisation

The process whereby an individual acquires the patterns of thought, feelings and behaviour of a particular social group such as a family, an institution, a professional milieu or society as a whole (Young & Patterson, 2007:577).

Undergraduate Nursing Student

In this study undergraduate nurse refers to the definition in the Nursing Act 33 of 2005 which stipulates that: ' a learner nurse means a person registered as such in terms of section no 32' of the mentioned Act. These nurses are registered under regulation R425 and participate and complete a four year degree program to become registered nurses. Hence the term undergraduate nursing student is used in this research.

CHAPTER ONE: INTRODUCTION AND BACKGROUND

1.1. Introduction and Background

The clinical teaching of undergraduate nursing students is one of the most important functions of registered nurses and other permanent nursing staff in surgical settings. This is particularly so because nursing is a practice-based profession. (McKenna & Wellard, 2009:275; Halcomb, Peters & McInnes, 2012:524). However, various barriers to this practical teaching have been well documented. Both internationally and locally, the hours and duration of this teaching have been drastically reduced due to various factors which include public health budget cuts, patient workload, shortage of experienced staff, and student placement issues (Wigens, 2006:172; Ward, 2013:486).

In both international and local contexts, the issue of student placement is widely debated and is a complex issue which poses a serious challenge to those nursing professionals in the surgical settings, and to nursing education faculty members (Mannix, Faga, Beale & Jackson, 2005:6). Accompanying this challenge is the shortage of experienced nursing staff and the increase in both patient acuity and workload in the surgical settings (Burrit & Steckel, 2010:479). Student placement is further complicated by the fact that most undergraduate nursing students in training have no direct or prior experience in the health-care settings to which they are allocated. Until a decade ago, both globally and locally, nurses were recruited, worked, trained and lived at the training hospital (Mannix, Faga, Beale et al., 2005:4; Mannix, Wilkes & Luck, 2009:60; Walker, Dwyer, Moxham et al., 2013:530). In this context, nurses in training were familiar with the permanent staff and knew the policies and procedures of the hospital. Teaching and learning in a surgical setting were thus taken as a given and were never perceived as being a problem (Mannix et al., 2005:4; Wigens, 2006:172).

However, this situation has changed to the detriment of practical training. Currently, both in South Africa and internationally, nurses in training are recruited and trained in both the theory and practical components of their course by the higher education institutions (HEIs) where they are registered. The undergraduate nursing students are also often living, not in residences

affiliated to a hospital, but in residences affiliated to the HEIs where they train. This has resulted in the responsibility for training and accrediting of nurses shifting from hospitals to HEIs (Papp, Markkanen & Von Bonsdorff, 2003:262; Mannix et al., 2005:3).

Given the fact that teaching and experiential learning constitute a fundamental component of clinical experience in undergraduate nursing education, and since nursing is the backbone of the health-care service, both in South Africa and globally, it is essential that nurses are trained to be highly competent and caring in a variety of health-care situations. The South African Nursing Council (SANC) approves certain academic hospitals for receiving accreditation for teaching undergraduate nursing students. Throughout their training, undergraduate nursing students are allocated to different wards or sections of these hospitals for the purpose of acquiring a variety of professional and clinical nursing skills and competencies (Gaberson & Oermann, 2007:6, Stuart, 2007:365). Competencies in the context of clinical nursing are described by Garside and Nhemachena (2013:542) as 'progressive experiences,' in the course of which 'nurses achieve a level of performance at which they are able to function competently and safely.' Ideally as they 'gain more experience, nurses develop a more holistic and complete awareness of a patient's needs' (Garside & Nhemachena, 2013:542).

While it is a given that competency is the ultimate goal towards which each undergraduate nursing student should aspire, while being guided and supported, and meeting academic requirements in both theory and practice, the achievement of this has become a challenge. Currently, both internationally and in South Africa, a university appointed mentor (refer to definition of terms on page x) who rotates through the different wards of the hospital, is allocated to supervise six to eight undergraduate nursing students. The mentor visits the nursing student to see whether she or he is on duty (thus ensuring the clinical hours requirement is being met), demonstrates, informally assesses, and formally evaluates the student's clinical competencies (Landers, 2000:1552; Burns & Paterson, 2005:6). This globally utilised clinical training method has been widely discussed and debated by researchers and health practitioners as well as policy makers, particularly since it has more recently come to be seen by these researchers and health practitioners as fraught with problems. Several challenges exist, such as the lack of experience and the part-time status of mentors (Mannix et al., 2009:63).

This training method also appears to have encouraged or pushed registered nurses in the surgical setting to take a back seat regarding their role in teaching undergraduate nursing students, resulting in a reduction in teaching in the surgical settings. The reduction of clinical teaching and learning for undergraduate nursing students in the surgical settings has given rise to several discussions on the part of nursing education researchers and practitioners around appropriate approaches to ensure that effective clinical teaching and learning takes place (Lathlean & Vaughn, 1994: 16; Papp et al., 2003:262; Mannix, Wilkes & Luck, 2009:62).

Nursing educators in HEIs, as well as nursing managers and researchers, continue to assume that experienced registered nurses in surgical settings are teaching the undergraduate nursing students adequate clinical skills. However, some studies have been conducted, both in the 1990s and more recently, to determine and evaluate the experiences of undergraduate nursing students in the clinical setting. These studies have revealed that the registered nurses in the clinical settings are not teaching undergraduate nursing students in adequate or useful ways (Lathlean & Vaughn, 1994: 16; Papp et al., 2003:262; Mannix et al., 2009:62).

Other researchers, including myself, would argue that clinical teaching of undergraduate nursing students in an authentic surgical setting is a crucial component in their professional development. In the following sections, important factors in the training of undergraduate nursing students, such as the role of the registered nurse in surgical settings, the problems facing the undergraduate nursing student in the surgical environment, and the various challenges in clinical teaching are discussed.

1.2. The Role of the Registered Nurse in Surgical Settings

Given the importance of the nursing profession in the delivery of primary, secondary and tertiary health-care, particularly in a developing country such as South Africa, teaching of undergraduate nursing students should be an integral function of the registered nurse with the surgical setting as a learning environment. Unfortunately, both undergraduate nurses in training and nursing

educators have found that, in reality, registered nurses spend, or are able to spend, very little of their time teaching undergraduate nursing students (Lathlean & Vaughn, 1994:16; Mannix et al., 2009:62). As has been mentioned, two studies show that in many countries besides South Africa, significant challenges exist concerning the role of the registered nurse in clinical teaching (Lathlean & Vaughn, 1994:16; Mannix, Wilkes & Luck, 2009:62).

In the past (1990s - early 2005), the registered nurse, as well as other permanent nursing staff, were considered to be appropriate and effective clinical teachers (Hinchliff, 2009:101). Past and recent evidence suggests that some registered nurses did not in the past, and still do not, possess the confidence to teach, and have been found to lack the particular skills required for this role (Lathlean & Vaughn, 1994:17; Mannix et al., 2009:62). The literature also reveals that some registered nurses have been reported by undergraduate nursing students to be 'unapproachable' and 'uncommunicative' (Lathlean & Vaughn, 1994:17; Mannix et al., 2009:62-3; Hinchliff, 2009:102). However, other researchers and practitioners propose that every registered nurse should be involved in some way in teaching undergraduate nursing students, whatever their level of competency or 'communicative' skills. Every nurse should contribute to creating a clinical environment which is conducive to learning the particular surgical skills and competencies required in the nursing profession (Mannix et al., 2009:62).

The various and specific ways in which the registered nurse can fulfil her or his clinical teaching role are discussed in detail in Chapter 2. For example, the experienced permanent senior nurse can teach, or demonstrate to, undergraduate nursing students how to do surgical procedures such as the application of sterile dressings to wounds and how to prepare patients for the operating theatre. Introducing undergraduate nurses to the theatre staff and the medical team also contributes to assisting undergraduate nurses to settle in sooner, as will be discussed in Chapter 2.

Clinical imprinting, which is the initial positive orientation and mentoring experience for an undergraduate nursing student, has been described as the 'make or break' component of clinical placement (Andrew, 2012:162). Early clinical imprinting has the potential to have a lasting positive (or negative) effect on undergraduate nursing students. In addition to this initial positive approach, planned clinical learning experiences are widely understood to provide students with a

platform from which to integrate their theory and practical knowledge, refining their practical skills and developing their problem solving and time management skills (Mannix et al., 2005:4).

Nursing practitioners and researchers in this field advocate a practical approach which combines and balances both 'guidance' and 'coaching'. In this context, Gaberson and Oermann (2007:70) identify guidance as a facilitative and supportive process which leads undergraduate nursing students towards achieving their clinical learning outcomes. Within this process, guidance falls into two phases: instruction and questioning. Instruction can be direct, such as the registered nurse giving a demonstration to expand students' understanding of a clinical situation, or indirect in the form of feedback. An essential characteristic of this guidance process is the observation and evaluation by the registered nurse of the undergraduate nursing students' performance in a surgical context.

In the ideal clinical teaching situation, students are observed and evaluated by registered nurses as they carry out the clinical activities delegated to them, and their teachers identify areas in which the students need to continue to learn and develop. In the questioning phase Gaberson and Oermann (2007:70) advocate that, in addition to these observations and feedback, the registered nurse as a teacher asks 'thought provoking questions' of her or his students. These questions should be open-ended and require undergraduate nursing students to think and to problem solve as well as being able to present their rationale for arriving at their clinical decisions. A further factor for teachers to consider is the manner in which the questions are asked: they should encourage a student to consider a range of perspectives and possibilities rather than one solution or action, a view supported by White and Ewan (1994:111) who view the asking of stimulating and challenging questions as one of the most valuable and important teaching skills of a registered nurse.

Coaching is described by White and Ewan (1994:110) as involving three distinct yet overlapping styles of teaching in clinical nursing education. These include the styles known as 'Follow me', 'Joint experimentation', and 'Hall of Mirrors.'

The 'Follow me' coaching style requires an undergraduate nursing student to work alongside the registered nurse as the teacher, who tells her/him to 'follow me.' Ideally, this approach would be interpreted by both teacher and undergraduate nursing student as 'I will show you how' but then 'I want you to show me.'

The 'Joint experimentation' approach would be one in which the teacher says to the student, 'Let's find out together', while the 'Hall of Mirrors' approach would involve the student's seeing the patient problem and his/her intervention from as many perspectives as possible.

McKenna and Wellard (2009) support this 'Hall of Mirrors' approach towards students in clinical settings, and describe a similar approach which they term 'mothering' because of its maternal attributes of nurturing and caring. In one study undergraduate nursing students reported that this hands on approach to skills performance, along with the kind of coaching, encouragement of them, and care a mother would provide, was extremely beneficial to them (McKenna & Wellard, 2009:54).

The teaching role of the registered nurse in the surgical setting can significantly contribute towards developing skills in undergraduate nursing students. In a study conducted in Australia by Mannix et al. (2005), nursing managers, educators and even some undergraduate nursing students, mentioned a decrease in the amount and quality of clinical teaching by registered nurses. The authors, researchers and educators were all of the opinion that the reduction in teaching decreased learning opportunities for undergraduate nursing students in clinical settings (Mannix et al., 2005:3).

1.3. The Undergraduate Nursing Student in the Surgical Environment

According to some nursing education researchers, working in the clinical environment is one of the most anxiety provoking experiences an undergraduate nursing student encounters during her or his training (Dunn & Hansford, 1997:1299; Papp et al., 2003:263; Stuart, 2007:212; Wigen, 2009:22). Unpleasant circumstances such as the difficulties in managing ill surgical patients and

the confrontational behaviour of experienced nursing and medical staff particular in the surgical environment has the potential to negatively affect the undergraduate nursing student's judgement (Papp et al., 2003:263). Thus, according to this research, the registered nurse should at all times be aware of the effect of the surgical environment on undergraduate nursing students and be willing to assist, guide and support students as they encounter unfamiliar and stressful experiences (Henderson & Tyler, 2011:289). This kind of intervention on the part of the experienced nurse can assist the undergraduate nursing student to settle in sooner, especially if she or he is helped to understand the reasons for, and approaches to, certain surgical events and situations he or she has not encountered before.

For the undergraduate nursing student, the surgical setting represents, and is, the real world of nursing and hospital care, where a range of health-care professionals work together to deliver care in their areas of expertise (Stuart, 2007:214; Henderson & Tyler, 2011:289). With appropriate guidance undergraduate nursing students may acquire a range of valuable knowledge and surgical skills from both registered nurses and other health-care professionals in the surgical environment.

1.4. Challenges in Clinical Teaching.

The unpredictable nature of, and multiple stresses particular to, the surgical environment can hinder learning in the clinical setting (Mannix et al., 2009:62). For instance, mentioned previously is the teaching of undergraduate nursing students is negatively affected by patient acuity, high turnover of patients and nursing staff, and a shortage of experienced registered nurses. Therefore, setting time aside for routine, planned educational activities can be very challenging or even impossible for the registered nurse to do (Wigens, 2006:22; Benner, Leonard & Day, 2010:156; Burrit & Steckel, 2010:480).

Undergraduate nursing students are often forced to become part of the workforce in a surgical setting, and consequently have very little time for explicit and directed learning (Lathlean & Vaughn, 1994:19; White & Ewan, 1994:109). The reality of this kind of learning situation is in stark contrast to what nursing education theorists propose: 'the student nurse's primary purpose

in the clinical setting should be to learn specific skills, not simply to work, and the learning of clinical skills should take place in the clinical setting' (Gaberson & Oermann, 2007:5).

1.5. Problem Statement

The research was undertaken at one of the largest academic hospitals in the Western Cape in South Africa and one which is accredited by SANC as an academic teaching hospital for all health-care professionals. The research setting is described in detail in Chapter 3 (3.4) in terms of the numbers of registered nurses, surgical wards and the number of beds.

The patient profile ranges from basic general surgery to highly specialised cardiac and neurosurgery, urology and other kinds of specialised surgery. In addition to this, patients come from culturally, financially and socially diverse backgrounds, with an acuity level ranging from low care to high care/intensive care. The combination of these factors offers a rich learning environment for undergraduate nursing students.

The registered nurses working at the hospital in the clinical settings have a fourfold function: (i) patient care; (ii) research; (iii) administration, and (iv) clinical teaching (Muller, 2009:3). However, due to an increase in the burden of disease, the lack of experienced staff, and a reduction in nurse numbers due to budget cuts, the primary focus of registered nurses is now on patient care. Due to this narrowing of focus, the undergraduate nursing student who has been allocated to the hospital in order to learn skills and competencies is often neglected and is reported to feel like an 'outsider' (Mannix et al., 2005:3).

In view of the fact that clinical experience has been cited as 'shaping' students' attitudes to learning as well as to their profession, lack of appropriate learning experience has been documented as contributing to a student's decision to leave the undergraduate nursing programmes (Peters, Halcomb & McInnes, 2013:187). I believe that a sustainable solution should be found to ensure that ward nursing staff, registered nurses in particular, are more involved in teaching undergraduate nursing students.

One of the job descriptions of the registered nurse, as endorsed by the SANC, clearly stipulates that registered nurses are required to teach undergraduate nursing students (Muller, 2009:3). The relationship between the higher education institution and the health service providers impacts on the quality of student placements, and therefore should ideally be strengthened with sustainable models of support structures for both the registered nurses and the undergraduate nursing students (Halcomb et al., 2012:528).

Finally, as a registered nurse, I have observed in the course of working in the surgical settings that the teaching of undergraduate nursing students is not happening, or is happening in an unplanned, piece-meal fashion rather than in any substantial, planned or integrated way. It is within this background that the current study was undertaken.

1.6. Aim and Objectives of the Study

The aim of this research is to contribute to the teaching and learning roles and functions of surgical registered nurses working in the surgical wards at the study institution in terms of teaching undergraduate nursing students, and to make certain recommendations for the improved teaching of undergraduate nursing students in the surgical settings.

In order to achieve this aim, the study explores the perceptions and views of a sample of registered nurses of their teaching role in a surgical setting. The findings will form the basis for certain recommendations for the teaching of undergraduate nursing students in a more sustained and integrated way.

1.7. Research Question

‘How do registered nurses in a Western Cape academic hospital perceive their teaching and learning role as clinical teachers?’

1.8. Significance of the Study

The proposed study may be of potential value for nurse managers and nurse educators in providing insight into the registered nurses’ understanding of their role in teaching and learning in the clinical learning of undergraduate nursing students. The findings would include the factors that influence this role and may be useful to government health departments, medical institutions and HEIs in drawing up resource allocation plans and programmes for clinical teaching.

1.9. Outline of the Study

Chapter 1 presents a comprehensive introduction and background to nursing education and the registered nurses role, in an ideal situation, in the teaching of undergraduate nursing students in a surgical setting. In addition, the existing context and situation, both locally and internationally, regarding the training of undergraduate student nurses in the clinical environment’, is outlined, as well as the particular inadequacies and challenges involved in clinical teaching as it is presently structured.

The aim and objectives of the study, the research question, and the significance for the study are also presented.

Chapter 2 presents a review of the relevant literature which informs the study, including literature on methods and models of teaching undergraduate nursing students in clinical settings.

Chapter 3 deals with the qualitative research design and methodology, the data collection process, the ethical considerations, and the benefits and risks for the participants.

In Chapter 4 the process of qualitative data analysis is described and explained up to the stage where the emerging themes were presented.

Chapter 5 gives a detailed description and analysis of the findings.

Chapter 6 discusses the findings of the study.

Based on the perceptions and views of the sample of registered nurses of their teaching role in a clinical setting which emerged from the data, Chapter 7 is presented which discusses the conclusion. The conclusion includes the limitations, the implications, the recommendation and what the study adds to the existing literature and nursing knowledge.

CHAPTER TWO: LITERATURE REVIEW

2.1. Introduction

A literature search and review was done involving similar studies conducted in many countries, including South Africa, on developing the clinical nursing skills of undergraduate nursing students. The host search portal EBSCO, which opened access to data bases such as MEDLINE, ERIC, CINHAI, PUBMED and Health Science Academic, was used. Keywords and phrases used in the course of the search included: '*undergraduate nurses,*' '*teaching and learning in wards,*' '*developing undergraduate nurses in wards,*' '*student nurses in clinical environments,*' '*registered nurses' attitude towards nursing students,*' and '*developing undergraduate nurses' surgical skills.*'

The purpose of the literature review was to gain an informed academic insight into the work done by other researchers in the area of clinical learning, within South Africa and globally, for the past 20 years. The literature review process would assist me in determining the magnitude and extent of the problem concerning inadequate practical training of undergraduate nurses in clinical skills, as well as in identifying any gaps in the literature on this topic. The search found there to be a scarcity of literature regarding the role of the registered nurse in developing and enhancing the clinical skills of undergraduate nursing students in clinical settings. I was aware that, on a global scale, discussions and debates around undergraduate learning and teaching in clinical settings have been gaining momentum, and a review of the literature on this subject confirmed the need for the current study in contributing to these debates, particularly in South Africa.

Full text articles to do with both nursing and adult education were found in the following electronic journals: *Nursing Education in Practice*, *Nursing Education Today*, *Australian Journal of Advanced Nursing*, *Journal of Nursing Administration*, *Journal for Nurses in Staff Development*, *Contemporary Nurse* as well as the *Journal for Continuing Education*. In addition several discussion papers and books were selected from the University of Cape Town Health Sciences library shelves, and reviewed.

In the following sections the literature is discussed under three main headings:

1. The registered nurse's role in teaching undergraduate nursing students in the surgical setting.
2. The challenges involved in clinical teaching.
3. The undergraduate nursing students' experiences during their periods of training in the surgical setting.

2.2. The Teaching Role of Registered Nurses in Surgical Settings

That nursing is essentially a practice-based profession, and that clinical nursing education forms an integral part of the preparation of the undergraduate nursing student, is a given (Papp et al., 2003:263; Sharif & Masoumi, 2005:1472; Gaberson & Oermann, 2007:4; Mannix et al., 2009:59). Burns and Paterson (2004:3) emphasise the practical component of nursing programmes, arguing that the aim of undergraduate clinical nursing education is to ensure that nurses are skilled and knowledgeable in both theory and practice. Specialists in the field of nursing practice and education also confirm that, due to the increasing burden of disease resulting in high patient acuity, the primary function of nursing education is to educate nurses 'to think and act' like registered nurses (Wolf, Beitz & Peters, 2008:130; Burrit & Steckel, 2010:479).

Thus, in a global context, and one which, in the specific context of the teaching role of the registered nurses, applies also to South Africa, most researchers and practitioners in the field of nursing education agree on the value of the clinical setting in terms of undergraduate nurses being directly involved with patients (Gaberson & Oermann, 2007:4; Stuart, 2007:212). The reality of the clinical environment has been described by nursing students in a range of studies from several countries as 'less than conducive to learning' taking place. Contributory factors cited are early discharge programmes, resulting in decreased length of stay for patients, shortages of beds, and lack of experienced staff as models for students (Mannix, et al., 2005:4). Compounding this problem are concerns raised by registered nurses that they do not always know what theoretical content they are required to teach undergraduate nursing students, a finding confirmed in research conducted by an Australian university (Halcolm et al., 2012:526).

The confusion around the extent of the responsibility for teaching undergraduate nursing students theory extends to, and is connected with, confusion on the part of both registered and undergraduate nurses around the role of these students in the surgical setting. Several studies conducted involving undergraduate nursing students in the clinical environment reveal that these students sometimes 'struggle to understand their role,' and that they are not always sure 'what their role should entail' (Andrew, 2012:162).

Thus, in this context the teaching role of the registered nurse is a complex, multidimensional and often confusing one. In an ideal world, she or he is expected to orientate the undergraduate nursing student to the clinical setting and staff. The registered nurse is also required to mentor, affirm, support and guide her or him in his or her learning, and to be an excellent role model in terms of interpersonal skills. If the registered nurse is a senior nurse manager he or she is also expected to provide overall supportive leadership to both undergraduate nursing students and clinical staff. The reality is that many registered nurses are not prepared, or are under-prepared, for this demanding teaching role. Compounding this is the confusion around the teaching of theory in addition to practical and interpersonal skills, and the absence of adequate support from, or liaising with, the accrediting HEI. These roles are discussed with reference to, and support from, studies in the literature.

According to Henderson and Eaton (2013), for registered nurses concerned with clarifying the role of undergraduate nursing students in a clinical setting, establishing a professional relationship with students is a very important first step in the students' learning. Establishing this kind of professional relationship is also valuable in not only orientating the students but in helping them to develop a positive attitude towards learning. Orientating and introducing the undergraduate nursing student to the surgical professional team goes a long way towards assisting him or her to settle in sooner (Henderson & Eaton, 2013:198).

In the context of student nurses needing to feel part of a team, a recent Australian study showed undergraduate nursing students highlighting the need to feel a sense of belonging where they

were working in the clinical setting (Walker et al., 2013:531). In the perspective of orienting students to, and supporting them in, the emotional aspects of working in a clinical setting, Andrew (2012:162) argues that this kind of learning and teaching in the surgical setting is the cornerstone of nursing education.

While Mannix, Wilkes and Luck (2009:60) emphasise the responsibility and obligation of registered nurses to teach undergraduate nursing students and to enhance their clinical learning experiences, Andrew (2012:162) takes the argument further in positing that mentoring is the most important aspect of undergraduate nursing student development. Through mentoring the undergraduate nursing student is constantly guided, supported and encouraged in the course of accomplishing essential tasks in a surgical setting (Andrew, 2012:162).

Additional literature reviewed on the clinical teaching and learning of undergraduate nursing students in the workplace revealed that learning is enhanced through supportive leadership and effective management of both the clinical setting and of nursing staff by senior nurse managers (Landers, 2000:1553; Henderson & Tyler, 2011:199; Andrew, 2012:162-3). Research in this area suggests practical ways in which to initiate interaction with undergraduate nursing students, including developing rapport, asking open ended questions and 'hovering' without excessive direct guidance (White & Ewan, 1994:45; Henderson & Eaton, 2013:199).

Landers (2000:1553) suggests other meaningful ways to support students in their learning, advocating for registered nurses to be involved with arranging specific educational learning experiences for their students. Landers explains that, in order for her or his learning to be meaningful, the undergraduate nursing student should be guided and encouraged to become more self-directed through reflecting meaningfully on experiences as they occur in the surgical setting. Nursing students' reflecting meaningfully or critically on their experiences, facilitated by guided questions posed by registered nurses, could enhance the development of those skills essential in caring for patients, such as clinical judgement and reasoning skills. Other research conducted on teaching and learning in a surgical setting revealed that, for these skills to be transferred, three interrelated activities should occur: expert guidance, reflective practice, and role modelling (Bardeau, 2010:246; Burrit & Steckel, 2010:482).

Role modelling by seasoned surgical nurses is regarded as fundamental to the development of undergraduate nurses as professionals. Besides demonstrating to undergraduate nursing students how they should behave, expected standards of how patients should be cared for are also portrayed. These activities from permanent experienced nursing staff assists the undergraduate nursing students to build confidence and to gain useful practical skills (Burrit & Steckel, 2010:483; Henderson & Tyler, 2011:199; Walker et al., 2013:531). The need for experienced nurses to act as positive role models is emphasised by Gaberson and Oermann (2007:34), who express their concern that nursing students might learn or acquire bad practices if left to themselves. Exposure to expert nurses has been found to bring the non-expert undergraduate nurses to view a situation 'through the eyes of an expert' (White & Ewan, 1994:54; Burrit & Steckels, 2010:482).

This was clearly demonstrated in research conducted in an operating theatre placement which revealed that experienced nurses can explicitly articulate patient advocacy skills and ensure that patients maintain their autonomy in the operating theatre. Such excellent and valuable interpersonal skills are observed by the undergraduate nursing student who learns a valuable lesson about how a vulnerable patient should be protected by surgical nurses (Callaghan, 2010:858).

Registered nurses can enhance undergraduate nurses' learning in the surgical settings by providing opportunities for all nurses, both professional and undergraduate, to come together to share difficulties and to explore options in a non-threatening environment (Henderson & Tyler, 2011:200; Walker et al., 2013:531). In such a situation, giving undergraduate nurses recognition, acknowledgement and affirmation can be achieved through simple tasks and gestures such as thanking undergraduate nurses at the end of a shift. Henderson and Eaton (2013:200) suggests that such acknowledgements be accompanied by 'notes of gratitude' for a job well done.

Registered nurses should also be keeping the communication channels open through guidance, coaching, and regular meetings. These are effective and tried-and-tested approaches to developing skills in undergraduate nursing students. The morning handover round, dating back to

1932 (then referred to as 'the morning circle'), is documented by Jensen (2011) as being an important teaching and learning tool because it provides undergraduate nurses with a platform for receiving and gathering advice and feedback from meetings. Specific issues such as those concerning medico-legal matters, professional, ethical and any other significant patient care issue can be shared and discussed. Additionally, deficits in patient care can also be highlighted as well as patient complaints and any other patient management issues can be utilised as learning experiences (Jensen, 2011:1077). This platform also provides an opportunity for undergraduate nursing students to raise issues of concern as well as to build rapport with their more experienced colleagues.

In addition to the above, research has confirmed that registered nurses can also facilitate learning through a structured programme in the form of a teaching schedule. Topics such as those involving patient confidentiality, continuity of care, responsibility, and environmental factors related to clinical nursing can be discussed. Additionally 'climate factors,' such as genuineness, acceptance, empathy and critical reflection have been found to promote learning (Walker et al., 2013:530). Factors found to influence and promote integrated learning experiences of the undergraduate nursing student include the knowledge and surgical skill of the clinical educator and the opportunities available to apply the skill (Walker et al., 2013:532).

Mannix et al. (2005:5) emphasise the stress undergraduate nursing students experience in the clinical areas and use the term 'anxious anticipation' to describe the students' desire to perform well. According to these authors, registered nurses should therefore always be aware of the importance of the need of undergraduate nursing students to be accepted by hospital staff (Mannix et al., 2005:5). A Finnish study concluded that the presence of caring registered nursing staff was one of the most influential factors in increasing the confidence, competence, independence and self-directedness of undergraduate nursing students (Papp, Markkanen & Bonsdorff, 2003:263).

2.3. Challenges Involved in Clinical Teaching

Some of the literature reviewed demonstrates teaching and learning on the part of registered and undergraduate nurses to be integral in the provision of health-care (Papp et al., 2003:266; Stuart, 2007:214; Henderson & Eaton, 2013:198). However, an exploratory study conducted by Henderson and Eaton (2013) on the training of undergraduate nursing students in a surgical setting found that professional bedside nurses were poorly prepared to accept their role of teaching nurses. Additional challenges to teaching identified in this study were insufficient resources and the lack of support from skilled professionals (Henderson & Eaton, 2013:198-9). Burns and Patterson (2004:6) confirm that supportive mentors are important in ensuring that competent professionals are trained. The term mentor in this research refers to any health professional willing to offer support, guidance or encouragement to junior or undergraduate nursing students.

The problem of ensuring quality guidance and teaching to undergraduate nurses, as has been mentioned, is compounded for those registered nurses who are faced with a clinical environment with reduced patient occupied beds, a chronic shortage of experienced staff and the pressure on them to get large numbers of students through a prescribed amount of time in hours (Mannix et al., 2009:62). Under such circumstances, due to the shortage of experienced staff, there is a greater need for undergraduate nursing students to 'hit the ground running,' and studies have reported how difficult it is for registered nurses to ensure that undergraduate nursing students receive the support and orientation they need (Mannix et al., 2009:61).

In addition to these challenges, the role of teaching undergraduate nursing students is perceived as being secondary to the primary role of patient care. Thus the dual nature of the role of the registered nurse is seen as a challenge for the adequate guidance and teaching of undergraduate nursing students (Mannix et al., 2009:61). Furthermore, a recent study has shown that teaching of undergraduate nursing students is complicated by the fact that registered nurses are confronted with students from a range of different higher education institutions. This poses a challenge in the form of differences in the curricula taught at these institutions (Peters et al., 2013:189).

Among the difficulties faced where teaching undergraduate students is concerned, is the increasing number of students being placed by higher education institutions in the clinical settings (Henderson & Tyler, 2011:289). Student placement issues are confirmed in several studies as being problematic. Some of the reasons cited are competition for access to clinical sites and, as has been mentioned (Chapter 1), the need to get a large volume of students through a set number of clinical hours (Mannix et al., 2005:5; Halcomb et al., 2012:528). This often results in the undergraduate nursing student not always being optimally placed and, compounding this, is the fact that surgical areas are not always adequately prepared, or sufficiently resourced to take in allocated students (Mannix et al., 2005:5).

Additionally, studies have shown that the perception by permanent nursing staff that teaching undergraduate nursing students is a burden, coupled with an inadequate understanding on the part of these registered nurses of the preparation for their teaching role, reduces the chances that effective, planned or explicit teaching of undergraduate nursing students will occur (Mannix et al. 2005:63; Halcolm et al., 2012:526).

According to Mannix et al. (2005), in the global context, the role of the unit manager, previously that of leadership with a substantial teaching component, has in the last decade changed to that of more integrated management of her or his area of expertise. The teaching role of the unit manager has therefore been decentralised to the registered nursing staff who are often faced with a reduction in staff, with the result that planned and direct clinical teaching and learning is being pushed aside and viewed as a 'luxury extra' in a busy unit (Mannix et al., 2005:62). Finally, another challenge for registered nurses in the clinical areas is the increasing rate of retirement of those nurses who have the experience to teach and supervise undergraduate nursing students, making it less and less feasible for the clinical settings to take on additional undergraduate nursing students (Halcomb et al., 2012:529).

2.4. The Undergraduate Nurse in Surgical Settings

The literature from the late 1990s on is abundant in research conducted into nursing student experiences in clinical practice (Dunn & Hansford, 1997:1299; Papp et al., 2003:266; Mannix et al.,

2005:59; Sharif & Masoumi, 2005:3). Results from these studies reveal that undergraduate nursing students find the surgical environment to be anxiety provoking, foul-smelling, noisy with unfamiliar sounds, and that, as students, they do not always know what they are required to do, as was mentioned in the previous chapter (1.3). In addition to these perceived unpleasant, confusing and disorientating scenarios, undergraduate nurses are often sent to the clinical areas struggling to provide services to very ill patients, and are finding themselves in an environment with reduced beds and a chronic shortage of staff (Mannix et al., 2005:60; Burrit & Steckel, 2010:479).

The surgical environment in which the undergraduate nursing students often find themselves has also been described as being a hive of activity, where a complex, and to the undergraduate nurse, confusing, network of forces within the clinical setting influences the undergraduate student nurse's learning outcome (Dunn & Hansford, 1997:1299). Peters et al., (2013:187) confirm that pressures due to increased workload can have a considerable negative effect on registered nurses' attitudes towards teaching and to the undergraduate nursing students. This negative attitude can impact on the undergraduate nurse's capacity to perform, as well as having the unfortunate consequence of negatively influencing the nurse's decision to continue with nursing as a profession (Peters et al., 2013:189). This finding also supports and further explains the assertion that some surgical settings are student friendly while nursing staff in other clinical settings are less friendly. Two studies have also found that in some instances students are accepted under 'sufferance' (Mannix, Wilkes & Luck, 2005:60; Peters et al., 2013:187).

Given the argument that many clinical settings are not conducive to teaching and learning, the role of the mentor is substantial in assisting undergraduate students in navigating their way around the clinical areas. Burns and Paterson (2004:5) provide insight into the role of the mentor, claiming that significant mentor contact has had a direct effect on the type and value of activities students engaged in whilst in clinical practice. This finding was supported in their study conducted to explore the best model for providing effective clinical supervision to undergraduate students in clinical settings. Burns and Patterson found that when mentors are absent undergraduate nursing students are often assigned menial tasks which are more in line with those of unqualified surgical nursing staff (Burns & Paterson, 2004:5). More recent research has found the mentoring teaching

model to be more likely to encourage students to 'think critically' in the process of finding solutions to clinical problems (Walker et al., 2011:533; Chan, 2013:559).

Critical thinking is described as an essential skill in a clinical environment and is defined in the literature as 'clear and rational thinking, which consists of clarification, simplification and organisation' (Chan, 2013:558). The lack of this kind of thinking skill amongst registered nurses has resulted in a growing gap between the clinical abilities of nursing staff and patients' real care needs. This situation suggests that, to meet the changing demands of health care systems globally, new graduate registered nurses need to be better equipped than they are at present., They need to have not only practical skills, but also the ability to think creatively and critically (Burrit & Steckel, 2010:480; Chan, 2013: 558).

2.5. Summary

The literature clearly demonstrates that the extent and nature of the role of the registered nurse in the surgical teaching of anxious and inexperienced undergraduate nursing students under difficult circumstances requires on-going debate from multiple perspectives. Since the clinical situation is unlikely to improve in terms of adequate staffing and resources, researchers in nursing, education together with health practitioners and government departments, need to find new ways to improve teaching and learning in the surgical areas. With the changes in the nursing education system throughout the world, the onus is on the higher education institutions to provide effective mentoring and support for both nursing students and registered nurses from whatever source available to them. Stakeholders need to recognise that registered nurses in the surgical areas are an invaluable resource and that willing and eager students will benefit from interacting with them, as will the nursing profession as a whole. Thus it is hoped that the findings of this study will form the basis of the recommendations in Chapter 7.

This chapter presented a review of the available literature on the practical component of the curriculum for undergraduate nursing students, and on the nature of learning and teaching in a surgical setting. It focussed specifically on the role of registered nurses in providing meaningful practical experience and guidance to students in a clinical setting, the specific components of this

role, and the various challenges, constraints and stresses arising from this for both teachers and students in increasingly inadequately resourced clinical settings.

Chapter 3 provides a description, rationale and discussion of the qualitative research methodology and study design.

CHAPTER THREE: METHODOLOGY

3.1. Introduction

The previous chapter reviewed a large body of literature concerning the increasingly complex and challenging role of the clinical teacher, who is often a university appointed individual and unknown to the student and the hospital staff. However, the specifics of the role of the registered nurse in the surgical settings, a role which is crucial in the development of undergraduate nursing students' knowledge, skills and experience, are not well documented or explored; nor are her or his feelings about, and perceptions of, this role. Hence, the need for this qualitative, exploratory, and descriptive study of the teaching and development of undergraduate nurses in surgical settings, and one conducted through the lens of a practising registered nurse in surgical settings.

3.2. Methodology

A qualitative research design using an exploratory descriptive methodology was used to explore and describe the registered nurses' views and understanding of their role in supporting and developing the third year undergraduate nursing students' clinical learning in surgical settings (Holloway, 2005:3; Cresswell, 2007:45). I considered this methodology to be ideal for the affective nature of this research: the exploration of these views and perceptions (Holloway, 2005:3).

3.3. Research Setting

The research setting was a tertiary hospital in the Western Cape accredited by the South African Nursing Council (SANC) as a clinical learning facility for undergraduate nursing students. The hospital has ten surgical wards/units with an estimated 190 permanent nurses of all categories working day and night shifts. Approximately six undergraduate nursing students rotate per month through each of the surgical wards during their third year of training. There is a total of 60 third year nursing students in the hospital at any given time.

3.4. Study Population

The study population included all the day staff registered nurses (all female) working in the surgical wards in the study setting. There is a maximum of seven registered nurses in each of the ten surgical wards working day and night duty, making a total of 70 registered nurses.

3.5. Sampling Method

A convenience sampling method was used. The participants were selected on the basis of their availability at a time convenient to them and to myself (Burns & Grove, 2009:353). The hospital is divided into sections such as medical, surgical, trauma, emergency and maternity. These sections are termed 'pavilions', each pavilion comprising several wards. I focused on the surgical pavilion. The surgical wards were selected using an objective process in the following manner:

- Each of the names of the different surgical wards (F7,F8,F16,F17 and so forth) was written on an equal sized blank paper measuring 7.4cm in length and 54cm in breadth.
- These papers were placed into a box measuring 19cm in length, 16,5cm in width and 15cm in height. The box had a lid and a slit was made through which the pieces of paper were deposited into the box.
- An independent individual working at the reception desk gave the box a vigorous shake and selected the pieces of paper which would each represent the surgical ward from which the registered nurse was to be selected.
- The head nurse in charge of each of the selected wards was contacted and asked to give the names of two registered nurses with more than two years' experience in their surgical ward.
- After confirming whether these registered nurses met the inclusion criteria and when they would be on duty, I went to the surgical wards on the given dates.
- I approached the registered nurses and asked them whether they wanted to participate. The study was explained to the participant who agreed. I also explained what the study was about, agreed upon a time which suited the head nurse, the registered nurse and the surgical. The date diarised for the agreed appointment.

3.5.1. Inclusion Criteria

The inclusion criteria for the participants were males or females who had worked in a surgical ward of a tertiary hospital for more than two years. They were required to have an adequate level of competency in English, the language of instruction at the research setting, should be willing to participate voluntarily, sign a consent form, and to freely share their views and experiences regarding their teaching role of undergraduate nursing students. In addition, they should be on day duty during the research month.

3.5.2. Exclusion Criteria

All the registered nurses working in other highly specialised areas, such as the operating theatres, the trauma unit, the intensive care units, maternity and the outpatient department were excluded. The reason for their exclusion from the study was that those areas require different clinical skills and expertise to those required to be learned and acquired by the undergraduate nursing students in the surgical wards.

Additionally, all registered nurses working night duty were excluded because the study was conducted during the day.

3.5.3. Sample Size

The sample consisted of ten registered nurses, (all female) selected according to the above criteria. Two were from each of the five participating surgical wards. Unlike quantitative studies, in qualitative studies the quality of the information given is more important than the number of participants because the latter does not significantly affect the outcome of the study (Brink, 2006:6).

3.6. Questionnaires

I developed a demographic questionnaire (Appendix F) which included the participant's name (optional) or code used to represent the participant, for example, par03, representing participant number three. The participant had the choice to remain anonymous for confidentiality purposes. The participants' age was optional and, where possible, was included in order to see whether older registered nurses experienced the same problems with mentoring undergraduate nursing students as did their younger colleagues. The date of the interview was included as well as the gender of the participant.

All the participants were female because there were no male registered nurses on day duty during the data collection month. The university or college at which the participant was studying as well as the year of completion of the course was documented. Demographic information ensured that the participants met the inclusion criteria. The ward in which the participant worked, as well as the clinical area, such as 'surgical,' was recorded. This detail provided evidence for a participant's inclusion in the study. The participant's name also appeared on the demographic form, unless otherwise specified by the participant.

3.7. Information Sheet and Consent

An information and consent sheet (Appendix D) with the study name, my and the supervisor's contact details, as well as all the relevant information pertaining to the study, was given to each participant to read. Each participant signed a consent form to indicate that she understood what the study was about and that she agreed to participate. Ethical issues, such as anonymity, confidentiality consent and privacy were discussed (see 3.12). Each participant was assured that nothing would be held against her should she decide to withdraw. The participants were all assured that any questions they might have about the research would be answered and that they were free to contact the academic institution or myself at any time.

3.8. Interview Questions

One-on-one semi-structured interviews were conducted. I formulated nine broad open-ended questions (Appendix E). All the participants were asked the same set of questions. Prompts and probes were used to encourage the free flow of information and to elicit the narration by the participants of their views and experiences in an informal and 'natural' a way as possible.

3.9. Testing of the Data Gathering Tool

I set out to test the data gathering tool (semi-structured interview) with three participants who did not form part of the main study. I had never conducted a formal research process before so testing the data gathering tool was helpful in refining the research questions and the methodology, as stipulated by Burns and Grove (2011:49-50). Managing the audio-recording and the interview proved to be challenging but even these skills were strengthened during the testing of the data gathering tool. Added to this process, I found that it assisted me in determining the feasibility of the study and to address problems with the design. I was able to establish rapport with the participants in all the surgical wards selected for the study setting, and I gained experience with the participants as well as improving my 'interviewing' skills (Burns & Grove, 2009:44).

My intention was to gather authentic information and insight into the views and opinions of the roles that registered nurses play in teaching undergraduate nursing students. The participants gave permission for the interviews to be recorded and this gave me an opportunity to check the audio-recording device for defects. The audio-recording device functioned well. The interview questions required the addition of some probing, such as: 'could you tell me what you mean by giving full reins?' I was mindful of not interviewing the participant for more than 45 minutes to an hour. I also observed and monitored the participant for restlessness, lack of interest and/or discomfort as indicators of possible inadequacies in terms of the questions or the interview environment.

3.10. Data Collection

The data collection process commenced after ethical approval was obtained from the Human Research Ethics Committee of the University of Cape Town and the research setting nursing management. My decision to conduct one-on-one interviews was influenced by the potential of such interviews to provide an opportunity for a rich interactional dialogue with the individual participants, and to collect rich data. Additional strengths of this approach were the informal nature of the interview, the fact that it was topic-orientated and that the information drawn from it was situational and contextual, and thus elicited in and from a 'natural' setting, which is in line with qualitative research (Babbie & Mouton, 2001:82; Mason, 2005:76).

The nursing management at the research setting allocated one week in which to conduct all the interviews. Three interviews were scheduled for the first day, two for the second day, four for the third day (but the fourth participant cancelled), and four for the fourth day. The fifth day of that week was a public holiday.

The wards and participants were selected according to the process described under 'sampling' (3.6). I arrived 15 minutes before the time of each interview, and, from the beginning of the interview, made eye contact with the participant, smiled and enquired about her well-being. The head nurse opened her office and I prepared for the interview. A Sony microcassette m-560 recording tape was used for recording the interview. Each question as it appeared on the questionnaire was written on an A4 blank page and sufficient space was left for the participant's response to be written down.

The aims and objectives of the research were explained to each participant, the information sheet, with the participants' code on it, was handed to the participant to read, and questions regarding the research were encouraged. After my confirming that there were no questions, the participant was assured confidentiality of the interview and of the data, and was allowed to withhold her name from the consent form should she choose to do so. Other ethical issues, such as autonomy, beneficence, veracity and non-maleficence were discussed (3.12). The participant was also told

that she was allowed to withdraw without penalty. Permission was asked from the participant to record the interview and to take field notes. I explained that I might interrupt the participant's responses from time to time in order to obtain clarity and to make sure that the response was written down in the appropriate context. The participant was informed that this process was known as 'member checking,' essential in assuring credibility of the information, and that the length of the interview was estimated to be 30 to 45 minutes, but would not exceed one hour.

Recording the interview and taking field notes was my way of cross checking information and allowing for a form of limited triangulation. Triangulation is the use of two or more 'theories, methods, data sources,' investigators use for analysis methods in a study (Burns & Grove, 2011:558). I explained the security issues relating to the data, and that only people, such as myself and my supervisor, were authorised to access the given information. The participant was assured that there was no right or wrong answer and that there was no penalty for not knowing an answer or not wishing to offer a response.

I posed the interview questions in straight-forward, informal English, and offered further explanations of a question as requested. Open-ended prompts and probes were used to facilitate the flow of information from the participant. Field notes were taken, and transcriptions of the interviews done as accurately as possible (Burns & Grove, 2011:93).

Initially I observed that the participants were tense and anxious about the interview, but I attempted to maintain an easy going, informal, friendly yet firm demeanour to put them at ease. For them, the participants, the interview topic was both an interesting and disturbing one which evoked quite a high level of emotion since the issue of teaching undergraduate nursing students in clinical settings is a topical and controversial one. The discussion between myself and the participants about this was continuous and the registered nurses, once they overcame their initial anxieties, were more than willing to share their views and perceptions in a concerned, responsible and pragmatic manner.

After each interview the audio-recorder was switched off and the discussion/dialogue between myself and the participant was opened up to any queries or questions either of us may have had

concerning the interview. The participant was then thanked for her time, the tape was removed from the recording device, and, together with the field notes and information sheet with the signed consent, placed in a concertina file. Colour coded adhesive tape was used to mark the information in the file (see Chapter 4: 4.2 and 4.3 for a detailed description of this process).

The time between the interviews was used to rewrite the field notes and prepare for the following interview. The same process of data collection was followed with each participant. After the interviews I left the research setting.

3.11. Trustworthiness of the Study

Trustworthiness of the study was achieved using the criteria established by Lincoln and Guba (1985) of credibility, transferability, confirmability and dependability (Brink, Van der Walt & Van Rensburg, 2012:127). Being an experienced senior registered nurse I considered myself to possess a comprehensive and overall understanding of undergraduate nursing students' experiential learning in the clinical settings. In addition, during the course of the testing of the data collection tool, I circulated through the surgical wards and spoke informally to several registered nurses about the issue of registered nurses acting as teachers and mentors for undergraduate nursing students.

These nurses were not the participants in the main study. The purpose of walking through the wards was to build a good relationship with the registered nurses in general prior to commencing data collection. I believed that the trust gained from this interaction would encourage a free flow of honest communication and afford me an opportunity to address any issues in the prepared interview questions which may potentially offend, and/or inhibit, the participant's engagement (See 3.9).

The same procedure for data collection was followed with all the participants. Participants were asked to repeat or confirm information given. I saw this as a form of member checking which is

essential in assuring trustworthiness of the information collected and of the study itself (Brink, Van der Walt & Van Rensburg, 2012:127).

The management, analysis and transcription of the data were done within 24 hours after each interview. Credibility was further ensured by responsible, meticulous handling of the data. The data were all carefully stored in case my supervisor wanted to access them, and also in order to be able to attach the information as an appendix to this dissertation.

3.12. Ethical Considerations

Ethical approval was obtained from the UCT Faculty of Health Sciences Human Research Ethics Committee (HREC REF: 651/2012; Appendix A) and from the research setting (Groote Schuur Hospital) nursing management (Appendix B).

I was guided by the ethical principles constituting the guiding principles of ethical research as stated in the Declaration of Helsinki (Burns & Grove, 2009:185). These principles describe the conduct of a researcher in promoting the welfare and rights of research participants (Dhai et al., 2005:5; Burns & Grove, 2009:185). An information sheet explaining the purpose and process of the study and including the name of the academic institution and the investigator's details was given to the participants.

3.12.1. Integrity

According to Burns and Grove (2009:186) and Dhai et al. (2007:5), researchers must at all times act with honesty and respect for the truth. To honour this principle I explained the process and procedure of the research clearly to the participants. No participant was coerced into participating in the study.

3.12.2. Autonomy/Respect for Person Principle

The participants were treated with respect in terms of their individual autonomy, freedom of choice, dignity and human rights (Dhai et al., 2007:5). Participants giving their informed consent and having the right to choose to participate or not, without any controlling or limiting factor was described in 3.12. Assurance was given to participants concerning their identities being linked to any specific response, or information being shared with their supervisors or employers. The participants were also informed that their participation would not in any way impact on their careers or in their relationship with the University of Cape Town. The participants were also made aware of their right to know to whom the findings would be disseminated within the university and the wider academic community, as well as those communicated through publications in journals (Streubert & Carpenter, 2011:61).

3.12.3. Confidentiality

Confidentiality was ensured by not using the names of participants on the consent forms. However, all except for one participant, allowed for their names to be written on the consent form. A code was used to identify her consent form. In recording responses to interview questions, I ensured the anonymity and confidentiality of the participants by using codes to prevent participants being identified. I kept all recorded tapes, written notes, demographic questionnaires, consent forms, transcribed notes, and a summary of the analysed data in a secured locked cupboard in my office. My supervisor and I were the only ones with access to the demographic information and the data.

3.12.4. Non-maleficence

I attempted to avoid the possibility of causing any psychological harm to the participants by encouraging each participant not to disclose any information which she was not comfortable, and by interviewing the participant in a venue where she was comfortable. The audio-recording was only done by myself once permission had been granted by the participant. After all explanations had been repeated, participants were assured of a relationship of trust and that they need not feel inhibited to speak (Dhai et al., 2007:5; Burns & Grove, 2009:18-6).

3.12.5. Beneficence

Following the guidelines of Dhai et al. (2007:5), I treated research participants with respect and care, attempting to relate to each person as an individual, rather than as an impersonal research subject. In this spirit, I thanked the participants for their participation and undertook to share the outcome of the research with the participants thus making them aware that they had meaningfully contributed to the growing body of nursing knowledge as well as 'owning' the research project.

3.12.6. Veracity

Prior to the interviews, and in response to their questions, the participants were given all the relevant information regarding the topic being researched. They were not being asked to participate in the study for the specific purpose of sharing their clinical experiences and then being asked for additional information not relevant to the study or to their participation. The interview guideline was given to the participants before the interview to ensure that they were not taken by surprise by the nature or extent of the detail they were being asked to reveal and to ensure they were aware of the parameters of the study (Dhai et al., 2007:5).

3.12.7. Justice and Fairness

I tried my best to ensure that all the participants were selected and treated equally and impartially by ensuring that every participant had an equal opportunity and space to present her experiences and views. I also ensured that every participant's contribution to the research was explicitly acknowledged, respected and appreciated (Dhai et al., 2007:5). Written consent was signed after all the relevant information was given and questions were answered.

3.13. Benefits and Risks to the Research Participants

There were no physical risks to the participants. An important intended or desired outcome of the study was the deepening and refinement of my and other researchers' existing knowledge. The role of the registered nurse in the undergraduate nursing students' learning was also highlighted and understood. In addition I considered that the participants would be gaining valuable experience from being involved in the research on both personal and professional levels. I also believed that each participant was given an opportunity to express her views and opinions in a non-threatening environment and in a freely expressive manner. In so doing, I hoped that communication between the students and the registered nurses would be facilitated. I also hoped that the research could ultimately affect the quality of nursing care delivered in hospitals, particularly in public hospitals, to the citizens of South African, which includes the participants in the study.

3.14. Summary

This chapter presented the rationale for, and a description of, the research design and methodology for this study, including the method of data collection.

Chapter 4 presents a detailed description of the stages of the data analysis processes.

CHAPTER FOUR: DATA ANALYSIS

4.1. Introduction

The previous chapter outlined the research design and methodology, including the data collection process. This chapter describes in detail the process of the data management and the eight stages of the data analysis.

For the purpose of this research the term 'data' refers to all interviewed transcripts, recorded tapes, field notes, interview sheets, consent forms, information sheets, the demographic questionnaires, and any section of a document containing a participant's demographic information.

4.2. Data Management

In qualitative studies the researcher collects and manages data simultaneously (Burns & Grove, 2011:79). Since I was the only individual involved in collecting the data, management of the data proceeded as follows:

- The interview sheet, consent form and demographic and research questionnaire were all colour coded and labelled with each participant's code, for example: par03, denoting participant three.
- One participant did not mind having her name written on the data collection documents. Her documents had the first three letters of her name in addition to a number, for example: liz04. Denoting Liz as participant number four.
- After the interview, the interview sheet, recorded tape and field notes relating to the interview were placed in a separate compartment of the concertina file, labelled 'interviews,' The concertina file comprised of ten separate compartments which made it an ideal data management tool because the data from each interview could be filed in a separate compartment. The concertina file was stored in a locked cupboard in my office.

The interviews were transcribed immediately after the interviews (where this was possible), or on the same day. The typed transcript was stored on micro-soft word and on a flash drive, as well as on a personal computer and a laptop, for back-up purposes.

4.3. Data Analysis

Data analysis was done according to Krippendorff's (2004) content analysis model (Graneheim & Lundman, 2004:105; Hsieh & Shannon, 2005:1277; to Krippendorff's (2004:20). I considered this method of data analysis to be appropriate for this qualitative study because it afforded me the opportunity of reviewing the narrative data for particular words and themes related to the research question (Polit, Beck & Hungler, 2001:382; Graneheim & Lundman, 2004:108; Hsieh & Shannon, 2005:1278), a process referred to as manifest content analysis (Polit, Beck & Hungler; 2001: 382; Graneheim & Lundman, 2004:106; Hsieh & Shannon, 2005:1279).

The eight stages of the data analysis are described and explained below (4.5). Briefly, stage one commenced with listening to the recorded micro-cassettes and transcribing the content word for word (Burns & Grove, 2011:93), ensuring as far as possible that any gaps in the field notes were filled.

The second stage involved reading all the data and then reading the text word for word (Hsieh & Shannon, 2005:1278; Brink, 2006:52).

In the third stage the research question was typed out at the top of each participant's questionnaire, together with their responses.

This was done to assist me in stage four of the data analysis: capturing the correct key words (coding) and thoughts which were then highlighted (stage five) and underlined (Hsieh & Shannon, 2005:1279).

Stage six of the data analysis, known as comparative analysis (Polit, Beck & Hungler, 2001:209), involved immersing myself intensively in the analysis process, and reading the content of each interview in a continuous and uninterrupted sequence in order to compare the meanings, or implications, of one participant's response with another, and with the rest of the participants' responses. An example of this kind of comparison was the recurring comments made by several of

the participants about undergraduate nursing students' attitudes. While two different participants spoke about attitudes, on closer investigation I found that one was talking about positive attitudes on the part of the students, such as a willingness to learn, while the other participant was talking about students 'playing hide and seek' as they did not want to get involved in patient care.

As the process of analysis continued, I was able to identify several themes emerging. Each of these themes was recorded on a separate page.

Stage seven entailed 'data reduction', the process of reducing the volume of the data by removing 'phrases and words of little value' to the research (Burns & Grove, 2011:94). The themes were now more visible and their value to the study and its objectives illuminated. Table 1 represents the stages of data analysis:

STAGE		ACTION
1.	Transcribing	Listening to audiotape word for word and writing down exactly what was said including pauses, laughs and exclamation marks
2	Reading	Reading all the data repeatedly and becoming immersed in the content
3	Question	Writing the research question at the top of the participant's interview response sheet to ensure focus on the question
4	Coding	Capturing and grouping key words Identifying and grouping words describing similar feelings
5	Highlighting	Colour coding selected key words with different highlighters
6	Comparing	Comparing one participant's response with another to gain insight into recurring themes
7	Data Reduction	Reducing the data to allow the themes to be illuminated
8	Themes	Thematic analysis by means of eliciting meaningful themes

Table 1: Stages of Data Analysis (table formulated by author: Gwynneth Stevens and Supervisor)

4.4. The Stages of Data Analysis

4.4.1. Stage One: Transcribing the Interviews

The first stage of data analysis involved listening attentively to the recorded tapes as soon as possible after each interview (Burns & Grove, 2011:81), and writing down each sentence word for word, pausing and rewinding when necessary to ensure maximum accuracy of transcription. Pauses were written down as [...], laughs were documented as [laughs] and exclamation marks as [!]. When the participant sighed, hesitated or made any audible sound, it was recorded in this way [sigh](Burns & Grove, 2011:81). A transcription of a single interview would take up to two days.

4.4.2. Stage Two: Reading the Transcribed Notes.

I first read the transcribed notes for each interview carefully. This initial reading was to get a 'sense of the whole' and to get a feeling of how participants generally perceived and felt about their role in developing undergraduate nursing students' clinical skills (Hsieh & Shannon, 2005: 1278). I read the transcripts a second time more slowly and mindfully and became more familiar with the texts to the point of being totally immersed with the contents (Hsieh & Shannon, 2005:1278). As I continued the process of in-depth reading, I deliberately looked for certain key words and thoughts which captured my attention in terms of the research question. I made a note of these words and thoughts in pencil in the margin of the transcribed interview (Hsieh & Shannon, 2005:81; Brink, 2006:186).

4.4.3. Stage Three: Relating the Collected Data to the Research Question

I decided to write the research question at the top of each transcribed interview to assist me in remaining focussed on the purpose of the research. The key word in the research question on which I was concentrating was 'role' in terms of the role, or aspects of the role the registered nurses had experienced, and saw themselves as playing, in enhancing and developing the skills of undergraduate nursing students. Any words, phrases, actions, perceptions or views which the

participants used in describing their experiences of their role were highlighted and eventually clustered and categorised.

4.4.4. Stage Four: Coding

As I became more focussed on, and immersed in, the data, key words and key thoughts were captured and colour coded (see 4.5.3) according to a method of identifying and indexing data (Hsieh & Shannon, 2005:1278; Burns & Grove, 2011:82). An example of such coding in this analysis was the highlighting of words such as 'getting to know the student,' 'introducing ourselves and other members of the team,' as well as 'wanting to know where they have worked, what they know and what they have learnt,' which eventually formed part of a 'humanitarian' theme. The selected words and the name of the theme were shaded in the same colour and eventually corresponding coloured adhesive strips were attached to the pages on which these codes appeared. Each major theme was given a different colour (Burns & Grove, 2011:81). This provided me with a clear indication of the recurrence and value of a theme.

4.4.5. Stage Five: Highlighting

The selected words and phrases from the interview text were highlighted (Hsieh & Shannon, 2005:1279). The highlighted word or phrase was referred to as a code. These codes were grouped into cluster themes. These highlighted codes were shaded from very bright to pale colours. The themes were highlighted in the same colour.

4.4.6. Stage Six: Comparative Analysis

As has been described above (4.4.2), I often found myself reading and comparing two or more participants' interviews in order to compare the response of one participant with that of another and/or others in terms of similarity and frequency of occurrence of the theme. This process was intended to assist in the final determination of a theme (Brink, 2012:185).

4.4.7. Stage Seven: Data Reduction

The reduction of data was a 'pruning' process which involved focussing on and selecting those key words and phrases which related directly to the identified and highlighted themes, removing unnecessary and unutilised sections of the texts, and thus simplifying the process of thematic analysis (Burns & Grove, 2011:81). During this data reduction process, I attempted to attach meaning to the elements of the data (Burns & Grove, 2011:81). In other words, this process of data reduction facilitated the identification and organisation of meaningful theme clusters in terms of the research question (Hseih & Shannon, 2005:1279). Reducing the data also allowed for the value of each theme and sub-theme to be illuminated and was a necessary process in identifying and clarifying the themes emerging.

4.4.8. Stage Eight: Emergence of Themes

These sub-themes were then arranged under categories, and each category was assigned an identifying label (Hseih & Shannon, 2005:1279). These identified sub-themes developed into themes. I had difficulty organising the sub-themes under each theme category because a code often looked as though it could fit under more than one sub-theme. I would reason that this apparent duplication, or overlapping of sub-themes, is inevitable if one sees the educational role of the registered nurse in a holistic way, and these sub-themes as interrelated rather than discrete. Each theme was analysed and extracts were taken from the interviews and quoted to illustrate these themes in the documenting and discussion of the findings of the research (Chapter 5).

Four main themes with sub-themes emerged from this process (see Table 2 below).

THEMES	THEME ONE Humanitarian Role	THEME TWO Educational Role	THEME THREE Mentoring Role	THEME FOUR Enabling and Empowering Role
Sub-theme One	Getting to know the undergraduate nursing student	Teaching the undergraduate nursing student	Supporting the undergraduate nursing student	Collaborative learning through appropriate referral
Sub-theme Two	Involving the undergraduate nursing student	Learning with the undergraduate nursing student	Encouraging the undergraduate nursing student	Allowing the student to 'experience'
Sub-theme Three	Socialising the nursing student into the nursing profession	Barriers to teaching undergraduate nursing student	Facilitating learning	Giving the undergraduate nursing student independence and autonomy

Table 2: Themes and Sub-themes (table formulated by author: Gwynneth Stevens and Supervisor).

It can be debated that these identified themes cannot be seen as totally distinct from one another in terms of the humanitarian role of the registered professional nurse, as well as her or his educational/teaching role. In terms of nurturing, supporting, guiding and developing students in caring and effective ways they can and should be seen as interrelated and part of the total learning process. For the purposes of this research, and the recommendations made in Chapter 6, I found it useful to explore the various dimensions and challenges both individually and as part of the overall educational role of registered nurses.

4.5. Summary

This chapter presented a description of the data analysis process as well as the stages of the qualitative thematic analysis of the data. Various themes were identified relating to the research question, and are seen as interrelated and combined in terms of the teaching and mentoring role of the registered nurse.

A more detailed presentation and discussion of these themes and their subthemes in relation to the research question follows in Chapter 6.

CHAPTER FIVE: RESULTS

5.1. Introduction

Chapter 4 describes the process of thematic analysis. This chapter presents a description of the findings from this analysis. The themes and sub-themes which emerged and were identified are presented, together with extracts from the interviews which support these themes.

5.1.1. Theme One: The Humanitarian Role of the Registered Nurse

The sub-themes identified:

- I. Getting to know the undergraduate nursing student.
- II. Involving the undergraduate nursing student in patient care activities
- III. Socialising the undergraduate nursing student into the nursing profession.

5.1.2. Theme Two: The Educational Role of the Registered Nurse

The sub-themes that emerged:

- I. Teaching the undergraduate nursing student.
- II. Learning together with the undergraduate nursing student.
- III. Barriers to teaching the undergraduate nursing student.

5.1.3. Theme Three: The Mentoring Role of the Registered Nurse

The sub-themes identified:

- I. Supporting the undergraduate nursing student.
- II. Encouraging the undergraduate nursing student.
- III. Facilitating learning.

5.1.4. Theme Four: The Enabling and Empowering Role of the Registered Nurse

The sub-themes that emerged:

- I. Allowing the undergraduate nursing student to gain practical experience.
- II. Collaborative learning through appropriate referral to a number of experts.
- III. Giving the undergraduate nursing student autonomy and independence.

The following section expands in detail on the four themes and sub-themes, supporting and illustrating these with verbatim extracts from the interviews.

5.2. Theme One: The Humanitarian Role of the Registered Nurse in the Training of Undergraduate Nursing Students

Within this theme, the registered nurses as participants demonstrated different ways in which they cared for the student(s) under their supervision. The participants were aware of the initial confusing and alienating impact of the surgical environment on the undergraduate nursing students. The participants also sensed that the undergraduate nursing students needed to be involved within and socialised into the group, and that they, the participants, needed to get to know each undergraduate nursing student individually. Andrew (2012:161) sees the initial mentoring experience as having the potential to 'make or break' a student, depending on whether it is a positive or negative one. It was reassuring to learn that every effort on the part of the registered nurses, I interviewed was being made to make the student nurses' induction and day-to-day experience in the clinical area a positive one. The sub-themes that emerged from this theme were: (i) getting to know the undergraduate nursing student; (ii) involving each undergraduate nursing student in the daily activities of the ward and (iii) socialising the undergraduate nursing students' into the nursing group with permanent staff as part of a professional team.

Each sub-theme with its relevant extract from the interviews will now be presented.

5.2.1. Sub-theme One: Getting to Know the Undergraduate Nursing Student

Getting to know each student's name was recognised as being one of the most fundamental principles of a humanitarian approach. Humanity is commonly accepted by people as an act of kindness on the part of one person towards another person. One could add that this includes relating to, and being interested in, that person as a unique individual. Many participants emphatically mentioned how important it was to get to know each student by name:

"I believe everybody likes the sound of their names so I get to know their names."

Another participant felt that introducing a student to all the members of the multidisciplinary team was a powerful way of getting the student to relax, acquire a sense of belonging and settle in sooner:

"We introduce ourselves and when the doctors and the physiotherapists come we introduce them as well. We make a conscious effort to get to know them ... If their names are difficult to pronounce we ask their first names."

This statement was supported by a fellow participant:

"I learnt to know their names. Introduction to other members of the group is done as soon as possible."

The process and value of getting to know each student individually was also demonstrated by a participant in a very striking way. The participant gave an overview of how she approached getting to know each student including their current level of knowledge and specific learning needs:

"First of all we orientate them to the ward, then we get to know their names. Then we want to know, you know, what you have learnt, where they have worked and what they are capable of because if we delegate we want to delegate what they have learnt."

The participant expanded on this:

"And also you know, we want to know how they see themselves working in an environment like this, what do they expect from us, what are their goals and what are they trying to focus on, and we will accommodate them."

An interesting comment made by a different participant, and a view which supports the theme of getting to know the students and establishing the scope of their existing nursing knowledge, was confirmed by the following statement:

“When they come to the ward they are asked what they know and what they don’t know. What are their scope of practice is also very important. I also ask for their practical books to see what they can do.”

The participants claimed to identify each student as an individual with her or his name, and with unique learning needs, as one participant commented:

“I show an interest in them and I get to know them. I also determine their learning needs.”

A participant who demonstrated a strong nurturing disposition towards the students explained her approach in getting to know the students:

“You have to know their names as soon as you can ... say ... what is your name? How would you like us to call you? But do this in respect.”

A participant who reported being cautious and respectful in her manner when she addressed the students was also very pragmatic in her approach to identifying each student as an individual:

“Sometimes their names are difficult to pronounce. I will then ask them how they would like to be addressed. I also ask them to display their identity cards. This helps to address them properly.”

5.2.2. Sub-theme Two: Involving the Undergraduate Student Nurse in the Everyday Activities in the Clinical Setting

The participants explained how they expressed their caring and respect for, and confidence in, the students by involving them in the same everyday practical activities that the participants were engaging with. This strategy was based on the premise that being involved in this way with the everyday activities of the ward would give the student a sense of belonging, confidence and purpose. She also pointed out the many practical skills learned by the student in in the process of being directly involved in these activities:

“Well you know, it’s involving the student in everything you do. If it comes from ordering drugs let them do it. All activities in the ward ... so that they can be equipped, from doing admin to ordering drugs, ordering equipment, and to know what to do when it comes to broken equipment. I also show, you know, the telephone directory ... where to get it ... how to phone ... how to get hold of the doctor ... how to go about repairs and things like that.”

This participant elaborated further on this experiential learning process:

“I just think of you know involving them in everything you do ... when it comes to equipment, when it comes to patient and nursing care you know, involve them so that they know what to do. Whether it is medication, intravenous drips all of that.”

When describing her role in developing professional relationships with students another participant shared her views:

“I make them part of the team. I do induction and incorporate them in all activities. I really try to get them as involved as possible.”

Providing the student with an opportunity to develop a sense of belonging is further demonstrated by a participant who believed that working and engaging with the students created more learning opportunities:

“I work along with the student and become a unit with them. I involve myself with them, answer their questions and refer them to appropriate resources.”

Getting the students involved in patient life-threatening situations in the wards was viewed as an important stage in the process of skills acquisition. The participant described how she assisted the students to develop and enhance their skills in this respect:

“When there is a resuscitation I get them involved. I just stand by and assist. I also let them write the full report on what happened. They must also call the family and everything.”

The nurturing and developing role was clear in this participant’s description and perception of what is involved in this process:

“We must guide and orientate in all we do. Make them part of the team. If they feel included they feel part of the team.”

5.2.3. Sub-theme Three: Socialising the Undergraduate Nursing Student into the Profession

This theme is clearly related to the previous sub-theme. The nurturing role of some of the participants in supervising students was evident as they described their relationship with the students. A participant briefly described how she believed students should be received in a nurturing and affirming way, and that registered nurses should be sensitive to students' emotions when they come to the wards for the first time:

"They should be welcomed into the ward. They are not to be seen as a nuisance; they are to be seen as a seed requiring water, soil and warmth to grow. They should be nurtured. They are hungry for knowledge; make sure you provide that. They might be third year theoretically ... but emotionally?"

The participants considered the general attitude of the professional towards the nursing student to be one of her or his most important individual attributes in terms of creating a nurturing learning environment:

"You must have a good attitude. This is probably the most important aspect to start with. Also be friendly."

Many participants believed that the sooner the students knew the general layout of the ward and became more familiar with the environment, the sooner they would settle in and be open to learning:

"I orientate them to the physical layout of the ward ... like ... this is where you will find the linen, the stores, bedpan and call roster."

"If possible I like to orientate them and take them around. I show them where the keys are and the linen room. I explain the routine ... where everything is and circulation checks."

"We do a full orientation of the ward so that the student knows where to find what. Induction is on-going and done by all categories of staff."

"I orientate them in the ward so that they get to know the ward."

A clear explanation to the students of the routine of the ward was also considered to be important in orientating students, as was pairing each student with a professional nurse in this process:

“The routine of the ward is explained. I believe in the ‘buddy’ system... the student nurse is connected to an experienced nurse.”

While the ward layout and the routines were clearly explained to student nurses, it was reassuring to hear that the student nurse was not left to work alone, as one participant made clear:

“They are told about the routine of the ward. They get orientated ... they get to know where everything is kept. We always let them work with permanent staff. I believe the blind cannot lead the blind.”

This particular participant obviously displayed an open and affable nature towards student nurses, which made her approachable and encouraged student nurses to come to her for guidance:

“I have an open relationship with them. They can come and ask questions. They can come to me at any time with assignments, questions, queries or if they require help ... I am there for them.”

Another participant communicated her concern about the plight of students in clinical settings in terms of the lack of support from the higher education institution academic staff:

“I have a soft spot for students. Not enough attention is given to them.”

An important revelation on the part of one participant was that all students should be told that their mentors were not infallible; they were not the source of all the knowledge students needed to acquire:

“It is very important for the student to know the registered professional nurse does not know everything.”

5.3. Theme Two: The Educational/Teaching Role of the Registered Nurse

Within this theme, the participants demonstrated their awareness and understanding of their educational role. If they were not directly involved with a student in a situation in the ward, they could relate to and come up with situations where teaching and learning took place. Three sub-

themes emerged: (i) teaching the undergraduate nursing students; (ii) learning along with the undergraduate nursing students; and (iii) perceived barriers to teaching undergraduate nursing students. The sub-theme 'learning with the undergraduate nursing student' developed and was expressed in terms of a pleasant reward for the registered nurses. The educational themes contained one negative sub-theme which the registered nurses felt they had to mention as factors preventing them from teaching. Each sub-theme, with its relevant extract from the interviews, will now be presented.

5.3.1. Sub-theme One: Teaching the Undergraduate Nursing Student.

Involving undergraduate nurses in combination with doctors in teaching rounds was seen by participants as a means of providing a rich learning opportunity in which students could participate, and by means of which they could correlate theory with practice. The participants recognised and related to students as adult learners and guided them towards self-directed learning activities:

"Teaching rounds and doctors' rounds are being done, you know. On the spot teaching is done as well. Also you know I refer them to case studies and patient diagnosis. You know you can also use the patient as an example; it makes it easier for them to remember."

"We do nursing rounds from patient to patient, and through that teaching is done as well. We open up the round for questioning."

The participants also looked at opportunities outside their own clinical areas where students could be sent to learn and acquire experience. The involvement of the undergraduate nursing students in their own learning process in the form of ward demonstrations was encouraged by registered nurses:

"If there is informal training that is happening, you know, ask them to attend and then just to give feedback so that everyone can know about it. Even these demonstrations that we have in the ward ... get them involved as well."

Although there exists an abundance of literature describing the challenges hindering or preventing professional nurses in the clinical areas from teaching students, from the interviews, it became clear that, while little planned or directed teaching was taking place, every possible opportunity

for teaching and learning, formal or spontaneous, was being seized by both registered and undergraduate nurses:

“Unplanned teaching is done. At handover, abbreviations are explained, basic anatomy is explained; but we also expect the student to know something.”

The other participants described their various experiences and their level of involvement in developing and enhancing the clinical skills of undergraduate nursing students:

“When doing tractions call them and say ... you can come around here. Explain the reason why a traction is applied ... Why not on people with broken ankles but for people with broken femurs? Touch on the theory ... Ask questions ... let them contribute ... let them question you ... test their knowledge. If you know what they know you will know how deep you must go. Make a quiz... say ... what are the signs and symptoms of ... ?”

“Well I think if they actually see how something is done with their eyes, for example skin traction ... I go to the patient ... I ask the patient if I can redo the skin traction just to show the students ... I take it off ... and all the pulleys ... I believe visualisation ... is very important ... ”

This active participation in developing students’ skills was described by other participants:

“I explain pre and post-op care, for example mouth wash, and make sure the nurse knows how to look after a tonsillectomy patient.”

“When a patient comes from theatre they are taught how to receive a patient from theatre and make him or her comfortable. They are also taught how to connect all the equipment such as oxygen and how to document all the information from the patient’s folder into the nursing process.”

The participants’ making use of every possible opportunity to teach undergraduate nursing students, and their awareness of doing so, using a variety of teaching methods and resources, while not always planned, or part of an explicit and directed teaching programme, is demonstrated in the following excerpts:

“When doing a procedure call them spontaneously. Show them because sometimes there is not enough time to sit down. When putting in a catheter prepare properly ... remember the students learn the good and the bad ...”

“I sometimes give a visual presentation through pictures and illustrations.”

“I plan lectures, otherwise I just teach as we work along. This gives the student the opportunity to ask questions they were shy to ask in the group. The patient is also used as he presents as a powerful learning tool.”

One participant demonstrated her deliberate and conscious support of students’ learning of complex topics to ensure their comprehension and retention of the content:

“With bleeding into the brain we make the topic as informal as possible. We use easy terms so the nurses can participate as much as possible. We also try to make the discussion fun.”

Exposing the student to many different procedures was seen as a way of supporting the development of a range of surgical skills:

“I believe one should expose the student to different procedures.”

Taking cognisance of the legal framework of nurses’ work, as well as monitoring the performance of undergraduate nurses, was seen as supportive:

“So you will delegate according to their scope of practice and evaluate to see if they are on track.”

5.3.2. Sub-theme Two: Registered Nurses Learning Alongside Undergraduate Nursing Students

While registered nurses undergo extensive training for four years, during which various modules of professional practice, sciences and ethics are taught, they are often faced with unforeseen challenges in the teaching situation which can potentially depict them as lacking adequate medical and nursing knowledge (see also 5.3.1.3):

“The undergraduate nursing students challenge you as a registered nurse because they ask you questions about your practice that you have forgotten about.”

“It is very important for the student to know the sister does not know everything.”

This latter statement links with that in 5.3.1.3 concerning the fallibility of the registered nurse in terms of professional, theoretical or specialist knowledge, and was supported by a participant who explained that if she did not know about a procedure she asked the professor:

“I did not know about nursing a patient with a portovac drain on a low pressure suction but the professor came along and explained it to all of us.”

“Our professor explains special procedures such as pushing a catheter further down in a laryngectomy patient ... “

In this particular ward, the registered professional felt she received no support from her supervisor and she often had to accompany the student when she asked the unit managers' assistance:

“Sometimes you learn incidentally because here you have to ask everything.”

5.3.3. Sub-theme Three: Perceived Barriers to Teaching Undergraduate Nursing Students

While the registered nurses participating in the study were mainly positive about their role in teaching undergraduate nursing students, some factors emerged which the participants perceived as influencing their teaching role negatively.

Negative Attitudes of Undergraduate Nursing Students

Some participants reported apathy and inconsistent behaviour on the part of a number of students towards their learning:

“Some students show very little interest in the clinical learning environment. Some students are hungry to learn, others are not.”

“Nursing students are playing ‘hide’ and ‘seek’ with the ward sisters.”

A few of the participants had a perception that many undergraduate students did not want to become actively involved in actual caring for patients:

“Nursing students do not want to get involved with the ward work.”

The Role of the Mentor

Many participants felt that the role of the professional nurse as mentor was very important while the student was engaging in clinical learning activities. However, the majority felt that the mentor was not involved enough with the students’ learning and/or there were insufficient mentors for the number of students allocated to the ward:

“Mentors must be more available in the wards. If necessary more mentors must be appointed.”

Student Allocation

A perceived significant deterrent to teaching students was related to their allocation in the ward. Clinical staff have no input or control over where and when students are allocated. Some of the registered nurses felt that the nursing students were sometimes placed inappropriately and often had no idea of their or their lecturer’s objectives for the specific area to which they had been allocated:

“Clinical placements need to be addressed. The student is placed in orthopaedics but then they have to do their assessments in neurosurgery, or vice-versa.”

The participants also expressed concern regarding the amount and nature of the content undergraduate nursing students were taught in class:

“Sometimes students come and don’t even know the basics. I have reason to believe that they tell the students they will be taught [these] at the hospital.”

Staff Shortage

The current situation at the study setting is that a minimum number of nursing staff is allocated according to patient numbers and acuity. Permanent staff deficits are filled by overtime or agency staff who, in many cases, cannot be outsourced; overtime nursing staff are nurses from the

hospital who are often those who may be working in a different department on a day off. At the other end of the spectrum, an agency nurse is appointed by an external labour broker and is paid by that agency. Most of the participants agreed on this shortage and saw it as one of the reasons for a decrease in the time and quality of the teaching of undergraduate nursing students:

“There is a shortage of experienced staff. Only very junior staff is on duty most of the time.”

“Mostly overtime staff is on duty so we really do not have experienced staff.”

“There really is a shortage of experienced staff.”

5.4. Theme Three: Mentoring Role of the Registered Nurse

Many of the participants reported on providing continuous guidance and support to undergraduate nursing students. Within this theme three sub-themes emerged: (i) supporting the undergraduate nursing student; (ii) encouraging her or him, and (iii) facilitating his or her learning. While these actions sound very similar, and were on many occasions interlinked, the study participants were very clear about the different dimensions of their roles as mentors. Support for the student was described by the participants as the registered nurses being constantly there for the student, either in their personal capacity as mentors or in the form of allocating a permanent staff member to provide this support. Encouragement in this context was described as ‘pushing’ the undergraduate student to get involved in meaningful learning activities, while facilitating learning entailed making learning easier by focussing on specific clinical situations and pointing out learning situations.

Each sub-theme with its relevant extract from the interviews will now be presented.

5.4.1. Sub-theme One: Supporting the Undergraduate Nursing Student

Some of the participants indicated their awareness of the difficulties the undergraduate students face in navigating their way through the clinical settings with the unfamiliar odours and very ill patients. They also related their concern that students may not have been exposed to many of the procedures done in their areas and reported that, with this in mind, they were deliberately

considerate and sensitive towards their students when allocating tasks and made sure that they received support with these:

“Allocate them with members of the ward team who know the procedures well. If the doctor says remove the sutures then get the students to help ... the experienced nurse should be there to support.”

The participants perceived the allocation of student nurses to performing tasks on their own, in the process of becoming independent, but under the watchful eye of the experienced nurse as offering support to students in a context of experiential learning:

“I just believe the more they can do things for themselves under the correct guidance and support, the better they will master their skills”.

Several of the participants believed that by merely listening to the undergraduate nurses, and by responding to their questions and queries, they were offering support to the students. The literature reviewed confirms that behaviours on the part of mentors of student nurses, such as listening attentively to them, assists learners not only with acquiring knowledge and skills, but with integrating with the permanent staff (Henderson, 2013:198). This view was echoed by another participant:

“I find that just by listening to the students they question me and I believe that by answering their questions they learn.”

Learning support was also being offered indirectly through available resources. One participant shared her views on enhancing and developing undergraduate nursing students through making resources and information accessible to students:

“We have compiled a file with the diagnosis as well as of the common procedures done in the ward. When they have a spare time they can read through the file and get a better understanding of what is going on.”

While registered professional nurses realised they needed to support and teach the undergraduate nursing students allocated to them, they also reminded the students not to forget to refer to the hospital’s resource file as well as their own academic books:

“In our ward we discuss the diagnosis, for example Perthes’ which is a bone disorder. The nurses must read up. We have a disease file where the students can look up. They must also consult their books.”

One participant summed up their purpose and stance on providing on-going support for undergraduate students:

“The undergraduate students are given as much guidance and support as they need to develop into confident competent individuals.”

5.4.2. Sub-theme Two: Encouraging the Undergraduate Nursing Student in her or his Learning

This sub-theme relates closely to, and overlaps with, sub-theme one. The participants described how they reviewed various clinical situations in which they could encourage students to join in meaningful learning activities:

“I encourage the student to join the doctors’ rounds in the first week; in the second week the student is encouraged to go alone.”

The participants explained how they encouraged and helped to develop the undergraduate nurses’ leadership and management skills in the context of supervising and participating in the learning of newcomers to the ward, and how these skills were then monitored by registered nurses:

“Encourage the student to delegate and to carry out what they can ... and, also to supervise ... Always when our new student arrives our older student is expected to show what she has learnt. That way feedback is given.”

While most of the participants focused on the post-operative care of patients in their own areas, one had decided to send students to the high care area so that they could gain a better understanding of the entire medical and nursing plan of the patient:

“Students are encouraged to go to the high care ... there they learn about the immediate post-operative care and pain control in the first 24 hours ... This includes morphine, PCA pumps, epidurals etc. They also learn about gutter pillows, which are used to keep the patient’s limb in a desired position, as well as about turnings and the drugs used there.”

The registered nurses also encourage students to make use of a range of resources available in the clinical setting for their own academic work. They are encouraged to communicate with different members of the multi-disciplinary team, resulting in increased confidence and self-esteem:

“I direct them towards the resources they require to complete their assignments. They must read, talk to patients, doctors, physiotherapists and occupational therapists. There are also patient folders to read. As I said before, I am there for them.”

In addition to encouraging the use of learning resources, appropriate professional conduct is also encouraged:

“Encourage the nurses to read the patient’s file. Professional etiquette is encouraged and nurses should be well dressed.”

5.4.3. Facilitating Learning

While undergraduate nursing students are regarded as adult learners, and therefore as mainly self-directed, independent, and experiential learners, the participants still felt they needed to make learning more directed and easier by highlighting specific matters of interest in their areas:

“They only have theoretical knowledge; they do not have practical knowledge. But for us we are there for a reason. They are dependent on us to show them the ropes and to show them how things are done ... about policies ... and uh ... all that is in the ward ... this is how we do. This is how we go about. They must know that we are there for them.”

Atkins and Williams (1994:10) claim that good role modelling is a powerful way of facilitating learning. One participant demonstrated this:

“When putting in a catheter ... call them ... Prepare properly ... Remember students learn the good and the bad. If they see you prepared poorly they will follow that example.”

5.5. Theme Four: Enabling and Empowering Role of the Registered Nurse

Within this theme, the participants described how the undergraduate nursing students are given more responsibility as well as accountability for managing the clinical areas. The three sub-themes

that emerged under this role are: (i) allowing the undergraduate nursing student to experience real clinical situations; (ii) collaborative learning, and (iii) giving the undergraduate nursing student autonomy and independence in clinical decision-making.

5.5.1. Sub-theme One: Allowing the Undergraduate Nursing Student to Experience Real Clinical Situations

The participants described their experiences of deliberately creating learning situations where the student could take charge of the situation and thus build his or her confidence:

“They get to experience being the sister because at times I take a bit of a back seat. I want to see them in action. They must delegate, supervise, lead and control their areas. I am there; they can consult with me. I believe this gives them a sense of power in the ward.”

Another participant explained how she got student nurses to carry on working on their own:

“I allow students to do things, encourage them to do things for themselves. In that way they build confidence in everything.”

One participant described giving the students the ultimate freedom to experience being a senior member of the nursing staff:

“I give them full opportunity to do the call roster; they do the fire drill. I also allow them to do the allocation. I question them regarding applying their theory. Students are questioned about the level of nurse allocated ... what considerations to take etcetera.”

The undergraduate nursing students were even allowed and encouraged to fully experience such difficult situations as dealing with conflict:

“If there are complaints I say; don’t come to me ... deal with it ... this is what you need to learn to manage ... only if it goes out of proportion do you come to me.”

5.5.2. Subtheme Two: Collaborative Learning

In terms of referring a student to learn a range of knowledge and skills from and with experts, the participants reported being assertive in their role of drawing on a range of available expertise to empower the students. The adage 'give a person a fish and he eats for one day; teach him to fish and he eats for the rest of his life' resonated strongly within this sub-theme:

"Nurses get sent to the physiotherapist to see how patients get mobilised. They also get sent to the occupational therapist to learn about assistive devices such as high chairs over toilets."

The participants used the multi-disciplinary team, who are seen as experts in their own field, as a useful resource from whom undergraduate nursing students could learn:

"The dietician and the physiotherapist are very involved in teaching students. Even the doctors teach the students and explain the diagnosis of the patients and what treatment is given."

The participants also mentioned referring undergraduate students to the doctors and the social workers:

"For blood test interpretation I send them to the intern."

"Our social worker is excellent and is more than willing to teach the students."

In the specific context of collaborative learning with peers, while some discussions are often initiated by the participants, undergraduate students are encouraged to participate in, and contribute to, their own and other students' knowledge by sharing their views and their understanding of the environments in which they work, with the registered nurse as facilitator:

"With discussions they are required to ask relevant questions. They are also required to tell me what they know about, for example, applying a traction. You don't spoon feed them. They must read and you must only fill the gaps."

5.5.3. Sub-theme Three: Giving the Undergraduate Nursing Student Autonomy and Independence

Participants discussed how they empowered undergraduate nursing students:

“They are given independence. They join the doctors’ rounds, handover to the nurses and I listen as they speak. I believe they remember me for the trust I place in them and for making them strong and independent.”

One participant said that simply allowing students to act out their role helps them to become empowered and confident.

“We allow them to practice. They are senior staff so they get free reigns.”

Another participant described nudging a student nurse to work independently:

“I showed a nursing student how to suction a patient ... I guided her ... later she did it herself and asked for support [laughs] ... moral support.”

5.6. Summary

In this chapter the main themes and sub-themes emerging from the transcribed interviews were presented in terms of how the registered nurses in the sample viewed their role, and aspects of their role, as supervisors and teachers of undergraduate nursing students. The registered nurses described the various dimensions of their nurturing and developmental roles which they attempt to fulfil in spite of time and staff shortage constraints. Several of the themes and sub-themes were shown to overlap or to be interrelated in the teaching/learning context.

In Chapter 6, a detailed analysis and discussion of the themes are presented, together with concluding remarks and recommendations for convenors of undergraduate nursing courses at higher institutions, nurse managers at training hospitals, as well as policy makers.

CHAPTER SIX: DISCUSSION OF THE RESULTS

6.1. Introduction

In this chapter, the findings are discussed in detail, together with the relevant literature which provides evidence for, and/or supports or differs from the findings. Application of the literature to the findings was also useful in assisting me to position the findings within international research and practice. The findings are discussed under the four main themes as represented in Table 3 below.

THEMES	THEME ONE Humanitarian Role	THEME TWO Educational Role	THEME THREE Mentoring Role	THEME FOUR Enabling and Empowering Role
Sub-theme One	Getting to know the undergraduate nursing student	Teaching the undergraduate nursing student	Supporting the undergraduate nursing student	Collaborative learning through appropriate referral
Sub-theme Two	Involving the undergraduate nursing student	Learning with the undergraduate nursing student	Encouraging the undergraduate nursing student	Allowing the student to 'experience'
Sub-theme Three	Socialising the nursing student into the nursing profession	Barriers to teaching undergraduate nursing student	Facilitating learning	Giving the undergraduate nursing student independence and autonomy

Table 3. Themes and Sub-themes (table formulated by author: Gwynneth Stevens and Supervisor).

6.2. The Humanitarian Role of the Registered Nurse

The emergence of a humanitarian theme, manifesting as a strong mothering or nurturing component as reported by the participants was very encouraging the researcher. The literature reviewed in nursing training concentrated on aspects of nursing such as the 'caring' aspect of the humanitarian role (Boussaid, Dahlgren & Lindwall, 2012:393), and of the 'mothering' aspect

(Atkins & Williams, 1994; McKenna & Wellard, 2007), as well as studies on the mentoring role of registered nurses (Halcolm et al., 2012).

This humanitarian theme emerged from the manner in which the registered nurses explained how they went out of their way to reduce the undergraduate nursing student's anxieties and to improve surgical experiences for students. I perceived the humanitarian role as much more than caring, as encompassing behaviours such as nurturing, socialising, a sense of belonging and identifying the social and emotional needs of students as well as their training requirements. The registered nurses in the current study explained how they made positive efforts to get to know the undergraduate nursing students by asking their names or for their identification cards, introducing them to colleagues and welcoming and involving them in the team. This research finding therefore differs in many respects from previous findings on undergraduate nurses' experiences in clinical settings. Much of this earlier research has showed that permanent nursing staff are perceived by nursing students as 'unfriendly, unapproachable and not willing to teach' (White & Ewan, 1994:78; Wiggins, 2006:50; Mannix et al., 2009:61).

The humanitarian theme is related to expectations of the role of the registered nurses, a role which has been described as 'the cornerstone of nursing training' and work which sets the standard for 'emotional and organisational agenda' (Wiggins, 2006:50). Studies conducted internationally involving undergraduate nursing students in clinical areas have revealed that these students needed to feel appreciated and supported. The studies also confirmed that undergraduate nursing students valued quality mentoring processes in the ward and wanted to be guided towards being 'self-directed in their learning' (White & Ewan, 1994:78-9; Papp et al., 2003:266; Mannix et al., 2009:61).

Based on the information I was given by the participants, my current study confirmed that these needs were being addressed in the clinical settings. Several of the registered nurse participants sounded sincere in their descriptions of how they behaved in a nurturing and maternal manner. A participant described how she believed that undergraduate nursing students should 'not be seen as a nuisance' but instead they should be seen as 'seeds requiring water, soil and warmth.' This 'mothering', supporting and directing role challenges the popular understanding that

undergraduate nurses are essentially adult learners who should be self-directed in their learning (McKenna & Wellard, 2009:283). Self-directed learning implies that learners use their 'own initiative to discover what they need to know' (Wigens, 2006:29).

The literature also revealed that this 'mothering' role of the registered nurses towards undergraduate nursing students, where it occurs, often goes 'unacknowledged' and 'unnoticed' (McKenna & Wellard, 2009:275; Mannix et al., 2009:61). Activities associated with mothering in a nursing context include nurturing, socialising and physical care of those being 'mothered' (McKenna & Wellard, 2009:276). While physical caring is not included in this theme which emerged from the findings of the current study, emotional nurturance, an important part of the development of the identity of a registered nurse, and which incorporates responding to the emotions and relationships with 'interconnectedness,' is highly relevant to the role of the registered nurse in supporting the learning of undergraduate nurses (McKenna & Wellard, 2009:276). Undergraduate nursing students are often under immense academic pressure and verbalise their feelings of inadequacy and inability to cope with the demanding and emotionally draining effect of caring for sick patients. In light of the above, the initial welcoming and acceptance of the undergraduate nursing student can be seen as an important component of socialising him or her into the unit.

Socialisation is seen by McKenna and Wellard (2009) as a 'process of developing the student within the organisation' and 'arousing the student's awareness of the organisational hierarchies, rules, regulations and policies' of the hospital (McKenna & Wellard, 2009:276), which, in the context of my study, I would see as a form of nurturing. The registered nurses participating in the study explained how they orientated the undergraduate nursing students in ways similar to those described by McKenna and Wellard (2009) as well as introducing them to other members of the medical and nursing profession. The importance of 'deliberate' and 'effective' early socialisation is reported to be the 'legacy of early learning' and may assist registered nurses in identifying an individual who 'fails to thrive' in a clinical setting (Andrew, 2013:163).

Henderson and Eaton (2013:198) claim that behaviours that indicate to undergraduate nursing learners that they are accepted within the 'social ethos' of the clinical setting begin with routines such as showing students around their clinical environment as well as introducing them to medical and nursing colleagues (Henderson & Tyler, 2011:289). This initial positive experience an undergraduate nursing student has in the clinical areas, is said to be the determining factor in terms of whether an individual settles in 'sooner or later' (Andrew, 2012:161). The findings of this study therefore appear to align with those of other studies such as those of Henderson and Tyler (2011) and Andrew (2012) in terms of the importance of initial socialisation processes being recognised and being implemented by registered nurses.

Another dimension of caring was articulated by the participating registered nurses who demonstrated their willingness to recognise the undergraduate nursing students as individuals with varying learning needs by enquiring about their individual goals and professional foci. One participant explained that she asked the undergraduate nursing students 'what their goals were and what they expected from the permanent nursing staff' in the clinical environment. Another participant explained how she asked to 'see the practical books of the undergraduate nursing students in order to determine their learning needs' for the unit to which they were allocated. This gives the student a feeling of being accepted as well as a sense of belonging which, according to the literature, is important for optimising the undergraduate nurses learning in the clinical settings (Wigens, 2006:23; Mannix et al., 2009:62; Boussaid, Dahlgen & Lindwall, 2012:721-22). Additionally, the literature described how undergraduate nursing students verbalised their need for registered nurses to encourage them, act as a resource and to promote a model of good quality patient care (Wigens, 2006:23; Mannix et al., 2009:62; Boussaid et al., 2012:721).

In a study conducted on the link between teaching/learning and caring, a nursing researcher found that students perceived and experienced caring in the context of a teacher-student relationship as maternal in nature (Henderson & Eaton, 2013:198). An experienced nurse can do much to allay the fears and anxieties nursing students experience by speaking to and guiding them in a caring manner while they are being socialised into the unit. In addition to undergoing the initial socialisation process, a study conducted in a surgical setting in Sweden revealed that nurses in training "learned caring from each other by listening to each other, giving each other time to talk

amongst themselves, expressing their actions in words and allowing themselves to be touched by each other's stories" (Boussaid et al., 2012:721).

Other factors identified by Callaghan (2010:854) as making undergraduate nurses feel valued and cared for when registered nurses are working together with them, are professional 'communication, coordination and effective leadership.' Callaghan endorses the idea posited by Boussaid et al (2012:721) that by adopting a professional approach to caring means that one's 'natural' nursing professional conduct is improved. Wiggins (2006:30) maintains that valuable knowledge and experience is gained by witnessing a proficient individual deal with a specific situation and learning from that experience.

6.3. The Educational Role of the Registered Nurse

The theme of the teaching role of the registered nurses emerged clearly from the explicit descriptions of the participants. The participants explained that they made use of every possible opportunity to teach and demonstrate to the undergraduate nursing students allocated to their respective sections. The teaching role of the registered nurses is clearly described in the literature as being crucial in assisting undergraduate nursing students along their journey in acquiring the skills of competent nurses (Henderson & Tyler, 2011:290; Spivak, Smith & Logson, 2011:93; Henderson & Eaton, 2013:198). Competencies are often referred to as the 'educational building blocks of occupational standards and descriptors' (Hinchliff, 2009:71).

Within the theme of the teaching role of the registered nurses, the participants, not only described their role in teaching (as they saw this role), but also their view of the undergraduate nursing student as an adult learner who needed to be self-directed in his or her learning. This view would seem to be in line with international nursing training standards which stipulate that main discussions about, and discourse of, undergraduate nursing education position undergraduate nurses as adult learners who are self-directed (McKenna & Wellard, 2009:283). According to Bardeau (2010), self-directedness is based on the notion that adults learn differently from children, and the 'six basic principles underpinning self-directedness are the ability to assess learning gaps, evaluation of self and others, reflection, information management, critical thinking

and critical appraisal' (Bardeau, 2010:245). The findings of the current study demonstrated that, in many respects, the participating registered nurses' involvement in teaching undergraduate nurses is in fact in line with the principles expressed by Bardeau (2010) of self-directedness, which undergraduate nursing students may sometimes interpret as reluctance on the part of registered nurses to teach them in a 'clear and directed way.'

I realised that the participating registered nurses did not share or subscribe to this particular perception or model of self-directed learning. While accepting the principle of self-directed and independent learning, in reality they adopted a more humanistic and nurturing approach to teaching undergraduate nursing students. The humanistic view is based on personal growth and the development of interpersonal relationships in addition to the development of, or guidance towards, self-direction (Wigens, 2006:12). Some participants explained how, in terms of providing guidance to the students to search for and acquire knowledge themselves, they deliberately referred undergraduate nurses to case studies, policy manuals, induction files, patient folders and many other resources available to support learning in the clinical settings.

In terms of the undergraduate nursing students' independent learning, combining the use of policy manuals and research provides them with a basis for evidence-based research and practice, including their future practice as registered nurses. Evidence-based practice for nursing is defined as a 'discipline according to which nurses make the best clinical decisions using current best research evidence which is then blended with approved policies and clinical guidelines, clinical expertise and judgement, and patient preferences' (Penz & Bassendowski 2006:250). The literature shows that evidence-based practice as part of an in-service model and professional practice has the potential to improve the abilities of registered and undergraduate nurses to challenge common practice and to improve the clinical outcomes of their patients (Penz & Bassendowski, 2006:254; Wigens, 2006:12; Peters et al., 2013:190).

According to the participants, 'on the spot' teaching has become a common mode of teaching undergraduate nursing students. A study participant mentioned how she often spontaneously called all the nursing students in her section together, started applying a skin traction from 'scratch' and how she often questioned students and encouraged them to apply their theoretical

knowledge in such practical contexts. However, a disappointing factor emerged from the study participants' responses and is confirmed in much of the literature: undergraduate nursing students were often found to lack the theory and thus perceived by registered nurses to be unprepared, or under-prepared, for the challenges of clinical practice (Penz & Bassendowski, 2006:254; Stuart, 2007:83; Halcomb et al., 2012:528). Both the findings of the current study and those of similar studies confirmed that, although undergraduate nursing students may be said to be learning theory in depth in their courses on campus, they are not always able to correlate and bring together theory and practice in the clinical setting (Penz & Bassendowski, 2006:254; Halcomb et al., 2012:527).

In this context, both the responses of the study participants in the current study, and the literature, indicated that currently undergraduate nursing students should be given both emotional and physical support in light of the fact that they are found to be less prepared for the challenges of providing care for patients than their predecessors were (Penz & Bassendowski, 2006:254; Stuart, 2007:83; Halcolm et al., 2012:526). This study therefore confirms and supports the findings of much of the recent literature: undergraduate nursing students arrive in the clinical setting unprepared.

It can thus be said with certainty that, based on the findings from more studies in the literature, as well of those from the current study, the need for more direct and planned teaching of undergraduate nurses by the ward nurses, particularly in the situation of an increase in learner numbers and increased pressure on the delivery of nursing care, is now more relevant than before (Stuart, 2007:83; Halcolm et al., 2012:527). Ideally, both the delivery of nursing care and learning should occur simultaneously in a 'coordinated and planned way' (Stuart, 2007:83; Peters et al., 2013:190; Henderson & Eaton, 2013:198). Burns and Patterson (2004:3) explain that the preparation of undergraduate nursing students should equip them with specific nursing skills, together with an appropriate knowledge base, to cope more effectively with the increasingly complex nature of nursing. Given that the clinical environment provides rich learning opportunities for undergraduate nursing students to engage in clinical practice and to correlate theory with this, practising registered nurses should be formally required by accrediting higher

education institutions, public health systems and SANC to support undergraduate nursing students in maximising this practical experience (Burns & Paterson, 2005:5).

Researchers such as Gaberson and Oermann (2007) strongly disagree that undergraduate nursing students should be extensively involved in working in the clinical settings. Their argument being that the undergraduate nursing students' primary focus should be 'that of learning, not of doing' (Gaberson & Oermann 2007:5). However, I would emphasise that it is possible to find that a balance between the two can be found in the clinical setting. Essential to this would be planned teaching, ideally in collaboration with the registered nurses at the hospitals where students are placed, the accrediting higher institutions and the SANC.

In the context of the benefits of collaborative learning in a clinical environment, an Australian study confirmed that nurses who took responsibility for their own learning and the learning of others strongly contributed to creating a learning environment where all staff became involved in developing others, whether students, colleagues or patients (Henderson & Tyler, 2011:287). Unfortunately, while a number of the participants in this study described a reduction in planned teaching, many considered 'on the spot', spontaneous teaching and ward rounds to be important teaching opportunities. Teaching undergraduate nursing students, whether planned or unplanned, is reported in the literature as well as by the participants in this study, and from my own experience, to be beneficial both to the undergraduate student and to the registered nurses in terms of learning: the participants in this study reported that they themselves often felt challenged and 'stretched' by the students.

It can be claimed that for registered nurses, one of the major benefits of teaching undergraduate nursing students is being able to update and maintain the currency of their own clinical skills through mentoring as well as learning together with the learners (Atkins & Williams, 1994:65; Peters et al, 2013:187). A clear example of this came through in an interview with a one of the participants who explained that the nurses must know that the 'registered nurses do not know everything.' This participant elaborated on this further and explained how she did not know about 'nursing a patient with a special drain on low pressure suction.' The registered nurse admitted this to the professor who came and 'explained the procedure to all the nursing staff.' Based on this

and the literature, the participants in the study and undergraduate nursing students report that students view an environment in a positive light if they are afforded opportunities to be proactive and are encouraged to take responsibility for their own learning (Atkins & Williams, 1994:65; Wiggins, 2006:65; Peters et al., 2013:188).

The findings of this study indicated that, while some form of clinical teaching was still being done by the registered nurses, only unplanned teaching such as 'on the spot' or 'incidental' teaching in the course of the registered nurses working along with the students was being done. Whilst only unplanned opportunistic teaching was the reality in many clinical settings described in the literature, some planned educational activities were described by undergraduate nursing students as being for them the 'best learning experiences' (Papp et al., 2003:262; Kendall-Raynor, 2013:10). Learning and teaching situations rated highest by the nursing students in these studies were those involving doctors and nursing ward rounds.

Factors which the participants viewed as hindering nursing staff from planning teaching have been described in detail in Chapter 2: staff shortages, heavy workload and staff attitudes as well as questions and confusion about the university appointed mentor. Nursing staff shortages, particularly of experienced nurses, was a major problem identified. The shortage of nursing staff is a global problem which not only raises concern for the quality of patient care (Seago, Ash, Spetz, Coffman & Gumbach, 2001:832; Burrit & Steckel, 2010:481; Kendall-Raynor, 2013:10), but impacts on the availability of time to teach (Wiggins, 2006:171). There is considerable debate surrounding the issue of nursing staff shortages, with economists claiming that 'staff shortages are related to poor salaries.' Nurse managers are claiming that the loss or reduction in experienced nursing staff can be linked to other factors such as job dissatisfaction, retirement as well as downsizing and restructuring of staff (Seago et al., 2001:832; Caesar, 2005:1426).

The loss or reduction in experienced nursing staff is confirmed in the literature and is known to have a negative impact on continuity of care as well as on learning in the clinical environment (Wiggins, 2006:171). A useful suggestion that has been made by some authors is that nursing management should regard the recruitment and retention of nurses as crucial in preventing the erosion of experienced nursing practitioners. Spivak, Smith and Logson (2010) provide useful

information on appointing, developing and nurturing staff into leadership roles. The underlying premise is that if nurses are made to feel valued and have increased levels of job satisfaction they will be more than willing to support and develop their inexperienced junior colleagues, whether or not they receive remuneration for this (Spivak et al., 2010:96).

Wigens (2006) discusses in depth and detail of the issue of nurses' workloads preventing them from offering adequate teaching to undergraduate nurses. Accompanying the challenge of the workload is the emotional labour and stress involved in caring for ill patients, combined with the stresses of providing support for learners (Wigens, 2006:171). The author proposes that, while these challenges continue to exist in clinical practice, staff should find practical ways to manage the workload. Suggestions proposed by the author include prioritising the workload and allowing staff to work flexi-hours (Wigens, 2006:171). The reasons offered by the participants in this study for not having sufficient time to teaching undergraduate nursing students, such as workload, time constraints and staff shortages, are consistent with those reported in literature in relation to other countries outside South Africa.

According to the participants, no planned teaching was arranged by the hospital and/or higher education institutions, nor was there documented evidence of a coherent program of teaching taking place in the clinical settings. There was also no evidence of clinical teaching by the registered nurses in the ward being monitored or recorded, either by the nurses or by the higher education institutions. It appears from the study that the perception of the medical and higher education institutions that planned and documented teaching was and is taking place in the clinical areas was based on a false assumption. This assumption may indicate the possibility that this study may be the first of its kind in a local setting. Unsurprisingly, and as has been mentioned previously, most of the participants reported that patient care and clinical activities took priority over teaching undergraduate nursing students.

6.4. The Mentoring Role of the Registered Nurse

I propose in this study that the mentoring role differs from the educational role because I perceive that mentoring is the process of supporting and encouraging undergraduate nursing students to

manage their own learning. I also perceive the mentoring role as a more implied role of which the undergraduate nursing student is, or might not always be aware of. The educational role is a more active role in terms of demonstrating and teaching undergraduate nursing students. The undergraduate nursing student often participates and is normally aware that he or she is being taught.

This mentoring role as a theme emerged from the participants' narratives describing how they as registered nurses demonstrated concern for the newly allocated undergraduate nursing student by pairing him or her with a permanent member of the ward nursing staff who would then work alongside the undergraduate nursing student. Supporting undergraduate nursing students in the clinical settings is in line with recent international standards where the nurses at the bedside are often referred to as 'buddy nurses' (Henderson & Eaton, 2013:198).

Many of the study participants mentioned their willingness to work along with the students, a process aptly described by a participant as 'becoming a unit with the student.' The benefits identified by the participating registered nurses of working closely together with the students included the opportunity for students to learn tacit skills. Such skills included interpersonal and communication skills. An opportunity was also afforded to the student to ask questions he or she would otherwise not be able, or have the confidence, to ask.

This view expressed by the participants concerned the importance of working together with the undergraduate nursing students and is consistent with that of White and Ewan (1994) and Stuart (2007), who describe this process as a 'Hall of Mirrors.' The literature confirms that gaining clinical experience prepares the student for 'doing' as well as 'knowing' the clinical principles and practice of caring for ill patients (Sharif & Masoumi, 2005:1473; Henderson & Eaton, 2013:198). The literature further reveals that, through continuous interaction on the part of registered nurses with the undergraduate nurses, the latter benefit from behaviours such as sharing, understanding, open questioning and explaining decision-making, and that this interaction facilitates engagement and learning opportunities for undergraduate nurses (Mannix et al., 2009:252-3; Henderson & Eaton, 2013:198).

The benefit of effective teamwork is considered by most current researchers in the field of nursing to be crucial in achieving patient goals and is seen to contribute strongly to the creation and maintenance of a learning environment where learners engage in clinical practice (Halcomb et al., 2012:525; Henderson & Eaton, 2013:200; Ward, 2013:490). In addition to teamwork, the support received from the health facility, the clinical education team, and from the nurse managers in promoting and creating unique and valuable learning opportunities for undergraduate nursing students, is seen by researchers to be invaluable (Henderson & Eaton, 2013:200).

The findings of this study also demonstrate how the participants were supporting the undergraduate nursing students by listening sympathetically to them and answering their questions: a practice which, according to Henderson and Tyler (2011), contributes substantially to optimising their learning experiences and facilitating the development of their professional skills. As has been mentioned, these findings appear to differ from those in some of the literature, that undergraduate nursing students perceive and experience permanent nursing staff to be unfriendly and unwilling to teach (Mannix, Wilkes & Luck, 2009:252). Stuart (2007) sees an environment which is conducive to learning as characterised by a democratic 'non-hierarchical' structure where good communication and team work are displayed. In addition to this kind of 'non-hierarchical' environment, the area manager should be a leader who can 'identify the ability and learning needs of undergraduate nursing students', and who has the ability to influence and encourage the junior staff to teach (Stuart, 2007:214).

Furthermore, in terms of identifying the learning needs of the undergraduate nursing students, learning in a practical setting is enhanced when permanent nursing staff act as effective role models and fulfil their role in guiding, supervising and supporting junior nursing staff (Henderson & Tyler, 2011: 269; Ward, 2013:490). Some studies have shown that the duration of the period of clinical experience does not always correlate with the registered nurse's mentoring competence (Henderson & Tyler, 2011:269; Peters et al, 2013:528:189; Ward, 2013:490). An interesting finding from the literature, and one which I had not given any consideration to, is that registered nurses are apparently more likely to assist in enhancing and developing the skills of undergraduate nurses if they have undertaken further studies themselves (Henderson & Tyler, 2011:269; Peters et al.,

2013:190; Ward, 2013:490). This creates a balance between a sense of 'good' nursing care and developing the general learning culture of the clinical setting (Wigens, 2006:87). When registered nurses as mentors engage in work alongside learners, opportunities are provided for the learners to engage in situated learning situations. Informal, on the job learning takes place and provides opportunities for the sharing of ideas and for understanding about how nursing care is put in practice.

In this situation, opportunities for the senior and/or registered nurse to alert the undergraduate nursing student to those signals from the patient indicating deterioration in his or her condition may be created. Other skills that can be developed by engaging in this way with the undergraduate nursing students are interpretation of vital sign indicating deterioration in a patients' condition. Signs and symptoms of patients who are ill, and the reading and recording of information in the patients' charts is also highlighted. This allows the physical condition and illness stages of a patient to be noted and the knowledge used and applied by the undergraduate nursing student (Stuart, 2007:261).

In South Africa, as well as in Australia, there is no formal training for registered nurses to become mentors (Peters et al., 2013:190). A key barrier identified to practising nurses mentoring and supporting undergraduate nursing students is the fact that mentoring falls outside those activities that generate remuneration (Peters et al., 2013:190). In terms of this situation, one should be aware and take cognisance of this in the literature, and also realise that this can distort the mentoring role: there can be a fine line between 'mentor' and 'tormentor' (Wigens, 2006:88). Depending on the dynamics and personalities in the clinical setting, the shift from mentor to tormentor might happen when either party enters the relationship with 'unrealistic expectations of time, commitment and objective benefits' (Wigens, 2006:88). Differences in mentors and their teaching styles are documented in various studies: some appear to have the skills to teach undergraduate nursing students, while others have yet to learn the skills necessary for teaching junior staff (Wigens : 2006:82; Halcomb et al., 2012:527).

The inter-disciplinary team, which includes physiotherapists, occupational therapists, dieticians, and doctors comprising a learning and teaching resource in a hospital or clinical setting, was also

considered by the participants to be invaluable. Henderson and Eaton (2013:197) touch on the value of the multi-disciplinary team in the learning experiences of undergraduate nursing students in a situation where this team share their knowledge and expertise. These authors explain how their combined expertise can assist less experienced staff to learn valuable surgical skills from them in the clinical settings. Additionally, some literature suggests that those health-care professionals who are practice-based are ideally positioned for developing learning primarily in the clinical settings, these health care professionals acting as role models for undergraduate nursing students (Wigens, 2009:24; Peters et al., 2013:187; Henderson & Eaton, 2013:198). Reflection on this suggests that, such is the demanding nature of patient care that alternative modes of teaching undergraduate nursing students could and should be considered by those responsible for their training.

Henderson and Eaton (2013:198) claim that insufficient training and preparation for mentors is problematic for maintaining high standards of supervision in practice. Furthermore, Burns and Paterson (2005:8) maintain that the responsibility for supporting undergraduate students' learning in a practical setting should be shared jointly between both service providers and higher education institutions. Strengthening and clarifying the relationship between the higher education institutions, the mentor, and the health care providers may prove invaluable in deepening the development of the surgical clinical skills on the part of the undergraduate nurses.

The lack of communication, and the poor relationships between the registered nurses, the mentors and the higher education institutions was raised several times by both the participants in the current study and those in studies found in the literature, although from different perspectives and with different emphases (Wigens, 2009:24; Peters et al., 2013:187; Henderson & Eaton, 2013:198). Amongst these perspectives, was the length of time nursing students spent in the clinical settings as well as the fact that they often left the clinical settings to do procedures in other clinical settings. There was also limited control by the registered nurses over the students and it appeared that the mentor had more power over the undergraduate nursing students than the registered nurses had. All of these perspectives were specific to the participants of the study.

6.5. The Enabling and Empowering Role of the Registered Nurse

This theme emerged from the descriptions of the participants in the ways in which they provided the undergraduate nursing students with opportunities to act out the role of being the registered nurse in charge. This period of taking full control of the ward, or of a particular medical situation, was perceived by the participants to be enabling and empowering for this group of undergraduate nursing students. The process of empowerment is defined by Grossman as 'being able to encourage an individual or oneself with confidence and demonstrating the ability to pass a sense of authority to another person or oneself' (Grossman, 2007:51). When this theme emerged, I realised that I needed to clarify what the participant meant when she described: 'giving full reigns' (or 'reins') (see Chapter 3, 3.10). I therefore returned to the participant who confirmed that she meant the undergraduate nursing student 'taking full control of the clinical setting.'

This explanation aligned with that of Grossman's (2007:51) definition of empowerment. Taking full control in a clinical setting also means acting out the core functions of the registered nurse in charge. These functions include planning, leading, organising and controlling, all activities requiring specific cognitive and reasoning skills, such as critical thinking, accurate clinical judgement and clinical decision making. The literature showed that newly qualified registered nurses lacked time, workload organisation and general ward management skills, such as delegating, supervising and decision-making skills (Wigens, 2006:82, Stuart, 2007:79; Burrit & Steckell, 2010:479; Halcomb et al., 2012:525). Given these circumstances, educational standards within the research setting of the current study were in line with the documented SANC expectations of the registered nurse in the surgical setting.

Clinical decision-making is fundamental to nursing practice and is described as an 'intricate process' in the course of which nurses make decisions 'based on their observations and decide on what actions to take regarding a presenting clinical situation' (Harman et al., 1990:103). Recently, Burrit and Steckel (2010:479) supported the view that effective clinical expertise begins with the solid foundation of skills and knowledge acquired through basic education in this area. Competent clinical decision making has been found to enhance the undergraduate nurse's ability to assess

patient needs, to identify problems, and to plan personalised care (Harman et al., 1998:103; Burrit & Steckell, 2010:479).

In the process of helping undergraduate nurses to achieve a high level of personalised care, the participants described how they encouraged undergraduate nurses to supervise individualised nursing care given in the clinical setting. For example, a participant explained how she stood close to and observed how an undergraduate nursing student was assisting a doctor when a patient's condition deteriorated. The participant explained how the undergraduate nurse was told to document all the interventions and to inform the patients' family as well. Sharif and Masoumi (2005:1475) describe clinical supervision as a management tool recognised as a developmental opportunity for developing clinical leadership. It is envisioned as an on-going systematic process which is believed to enable undergraduate nurses to achieve quality competency and also supports improved professional practice (Sharif & Masoumi, 2005:1475).

The clinical decision-making approach is similar to problem-based learning which encourages the undergraduate nurse to contextualise and apply his or her knowledge to a given situation, and involves integrating three core concepts: (i) self-directed learning; (ii) reflection and (iii) critical thinking (Bardeau, 2010:245). In addition to clinical decision-making, critical thinking is regarded as a crucial skill with which all nurses should be equipped while being prepared to become professional nurses (Chan, 2013:559). This view is supported by Burrit and Steckel (2010:479) as a way of closing the skill gap of a set of new graduates and addressing the increasing demands of complex health needs and of a changing health-care environment.

The participants also described the ways in which they encouraged undergraduate nurses to lead. A study conducted in Australia revealed that developing effective leadership in health-care service was considered to be a priority to improve patient outcomes. Middleton (2013:86) is of the opinion that leadership enables nurses to see value in leading patients and teams as well as being responsive to changes in the health-care setting. The author stresses that leadership is not positional and that it can be developed and achieved by all.

Through effective leadership the quality of supervision of the leader is strengthened, particularly, as one of the major responsibilities for supervision is to prevent negligence (Jooste, 2009:27). In these situations, if the undergraduate nursing students are given an opportunity to supervise they can act out their role as a registered nurse within the legal and ethical frameworks. Furthermore, they could also be given an opportunity to play out various roles, which include monitoring, planning and evaluating performance (Jooste, 2009:32). Wiggins (2009:23) proposes that, through acting out these roles under the experienced eyes of the registered nurse, the undergraduate nursing students may gain a professional competence, which contributes to the development of clinical competence, resulting in turn in enhanced professional confidence.

6.6. Summary

This chapter presented a discussion of the findings from the study. Although one could say that clinical nursing education, mentoring and empowerment of undergraduate nursing students is taking place in the clinical settings, it is mostly on the spot, incidental, spontaneous and opportunistic with little formal planned training. Evidence from the study suggests a lack of liaising with higher education institutions in terms of the nature and content of this training. It has been noted that clinical nursing training in clinical settings does not appear to be monitored or evaluated by either the higher education institution or an accredited nursing body such as the SANC.

CHAPTER 7: CONCLUSION

7.1. Introduction

Chapter 6 presented a discussion of the research findings. The registered nurses interviewed in this study, despite time constraints, staff shortages, and lack of support from the accrediting HEI, demonstrated a caring, nurturing educating and mentoring approach to the undergraduate nursing students under their supervision. While it can be claimed that it is a valuable experience for an undergraduate nurse to be thrown in at the 'deep end' at times as well as to do clinical work with minimal preparation and guidance, I would advocate for the establishment of some kind of framework for combining and/or integrating this often useful practical experience with planned accredited training.

In the following section I will highlight the limitations as well as the implications of the study for nursing education, nursing practice and nursing research. The chapter ends with recommendations for future research and provides insight into what the study adds to the field of nursing.

7.2. Limitations and Strengths of the Study

The methodology of this qualitative research had a number of strengths in terms of the nature of the study. The structure of the questions, as well as the questions themselves, were flexible enough to allow for the topic to be explored (Appendix B). However, I realised that my knowledge acquired during my extensive experience as head nursing sister working with undergraduate nursing students may have increased the risk of consciously or unconsciously including in the data analysis process knowledge previously gained. This meant that I experienced some difficulty remaining objective.

This was partly remedied by conversation with colleagues to validate my objectivity with regards to the aims and objectives of the study.

A possible obvious limitation was that the study was conducted in a range of different surgical wards in one academic tertiary hospital. It is possible there may be different views and opinions from registered nurses from other similar academic tertiary hospitals in other kinds of research settings.

As has been mentioned, I am also totally familiar with the surgical setting in which the research was conducted, with the result that I was familiar with many of the issues raised by the participants, while being aware of the need for objectivity. An example of how my experience with undergraduate nursing students in surgical settings could have influenced, or possibly compromised my objectivity when interviewing the participants was, when the participants explained issues such as the attitude of students, I often found myself hesitant to probe because I was convinced they were talking about negative attitudes such as reluctance to participate in clinical work.

The registered nurses from ten different surgical wards were represented in the sample and this range of clinical settings adds to the reliability of the findings of the study. Despite this, the findings may not be universal to all health facilities. However, given the fact that the selection of the participants and the wards was conducted in as an objective a manner as possible, bias may be perceived to be minimal.

One of the possible weaknesses or limitations of the study was the small sample size which could possibly have a negative effect on the data, although qualitative research does not require the size of the sample to be large. The possibility exists that the results of the data analysis may have presented with different, or a greater number of, themes if more participants were interviewed.

Another concerning limiting factor was the length of time I was given to conduct the interviews. This resulted in time constraints in terms of in-depth qualitative research, which may have influenced the findings of the study. Finding the participant not ready for the interview when I

arrived, unnerved me to some extent. On one occasion the participant wanted to cancel the interview because the registered nurses working with her were not on duty. In another incident the participant went out to lunch and was delayed in the traffic. The result was that she was late for her appointment with me. In both cases, I managed to take control of the situation, and to proceed with the interview.

A postponement or cancellation of an interview seriously jeopardised my interviewing schedule, causing disorientation and disorganisation to both the participants and myself. In this case I re-scheduled the postponed interview to another time which suited the participant. I then contacted and communicated with the next available participant scheduled for that day. For the cancellation I thanked the scheduled participant for allowing me the time to ask the participants and reassured her that no untoward consequences would result.

In the course of interviewing some of the registered nurses I realised I may have needed to practise interviewing skills before conducting the interviews. At times I experienced difficulty in engaging in and keeping focussed on the topic. I often asked the participant to repeat herself and that did not reflect favourably on me. Realising that I was also nervous, the participants were understanding and accommodating. They continued to answer my questions and to explain how they experienced having undergraduate nursing students. For me, I perceived that the data I received remained rich and informative.

In Chapter 2, there was a lack of literature relating to South African studies of clinical learning. This study appears to be the only South African study in which a registered nurse, working in the surgical settings, conducts research into the teaching role of ward registered nurses. There was therefore very little available literature, particularly in the local context, to compare the views and perceptions of other practicing registered nurses who are not appointed by a higher education institution to perform this role in clinical settings. This limited my ability to compare the findings of this research to those in the studies of other researchers.

7.2. Implications of the Study for Nursing Education, Nursing Practice and Nursing Research

7.2.1. Implications for Nursing Education

An important implication for nursing education is the urgent need to re-think clinical skills training in clinical settings. The clinical setting is under increasing pressure for various reasons such as nursing staff shortages as discussed in chapters 1, 2 and 6.

The fact that the undergraduate nursing students are struggling to correlate theory with practice is an indication that they desperately require on-going and substantial support, possibly in the form of direct instruction for their learning, not only from clinical nurses but also from their higher education institution.

7.2.2. Implications for Nursing Practice

Undergraduate nursing students often do their practical procedures in simulation labs and spend limited time with mentors. This should never be seen as a substitute for, or replacement of, the on-going guidance and supervision by the registered nurses in surgical settings. The role of the unit manager as a motivator of clinical teaching should be emphasised, and the accountability of this role be re-iterated. For example, the unit manager must be able to provide documented evidence of teaching taking place in the unit.

Patient care could be greatly improved if registered nurses in surgical settings were more involved in teaching undergraduate nursing students. This would be evident in improving patient outcomes by minimising complications such as hospital acquired infections and bedsores, and also by reducing their time in hospital.

7.2.3. Implications for Nursing Research

One implication for nursing research is the need to determine ways to improve clinical experiences. These should be learning experiences for undergraduate nursing students. I suggest

that research should be conducted into the establishment of an appropriate and sustainable model to improve collaboration between the higher education institution and the health service provider.

Further research is needed on the current system of mentoring and its impact on nursing training, for example, exploring different and more effective models of mentoring for undergraduate nursing students. Additionally, undergraduate nurses' learning can be enhanced with the professional development of registered nurses who function in the 'buddy' role with them in clinical settings.

7.3. Recommendations

The study proved to be an interesting one with the potential for extensive research which would include opportunities to expand the knowledge bases of a number of clinical nursing education areas. The findings of my study suggests that there is:

A need to strengthen the educational role of the registered nurses through formal recognised mentoring courses which are accredited by the SANC. I recommend a short course in mentoring skills or equivalent which becomes part of the registered nurses' professional and personal development. Higher education institutions such as universities and colleges should consider the above recommendation be applied to clinical mentors coming from these institutions. This may have to be considered in curriculum development and planning

A need to review current policies regarding registered nurses' performance and improving rewards for the educational component in their job descriptions. This could be done by nursing managers at National and Provincial level.

There should be on-going debate for solutions to improve clinical teaching and nursing research should be conducted into clinical nursing teaching. The research may inform the development of standards and strategies for determining and employing best practice and monitoring systems.

The need to acknowledge registered nurses who are identified by undergraduate nursing students as role models in terms of teaching and modelling clinical skills: these individuals should be acknowledged by nursing management and higher education institutions, and be rewarded accordingly. This non-monetary recognition may encourage the less motivated registered nurses to teach undergraduate nursing students.

A need for the establishment of support committees from all the participating institutions such as the HEIs and health facilities to identify and address those challenges which challenges registered nurses from teaching undergraduate nursing students.

7.4. What the Study Adds to Existing Research

This study illustrates that 'on the job' teaching of undergraduate nursing students appears to have declined, and that a more planned, structured, documented and monitored program for teaching by registered nurses in surgical settings is required .

There is a need for registered nurses in the surgical settings to be supported by nursing management if they are to be more involved in providing a better quality of clinical teaching. Support such as an increase in nursing staff to carry the workload or the availability of a nursing clinical teacher appointed by the health service provider to teach undergraduate nurses in surgical settings is required.

While registered nurses in the surgical settings are aware of their four fold function, they are not fulfilling this function adequately. Factors that are deterring registered nurses from teaching, such as negative attitudes of undergraduate nursing students, shortage of staff and a demand for a

more involved role by the mentor, should be addressed. These issues can be addressed by the nursing managers of both health service provider and the tertiary institutions responsible for the undergraduate nursing colleges and universities.

The relationship between the training institutions and the health facilities appears to be fragmented, weak and unclear, particularly in terms of the nature and extent of the teaching role and responsibilities of the registered nurse.

There is a dire need for discussion for the inclusion of the registered nurse as a teacher in the clinical settings. This is long overdue. Inadequate clinical nursing education leads to inadequate patient care. Finally, if all nursing staff took responsibility for the teaching and learning of undergraduate nursing students in clinical settings, all nursing staff would contribute meaningfully to the future of the nursing profession.

Besides exploring the feelings and perceptions of registered nurses regarding their teaching role in the surgical settings, it is hoped that this research has brought to light some of the challenges and misunderstandings relating to the nature and extent of this teaching role. For researchers, other challenges remain as to how this teaching role is or could be allocated and/or shared. These misunderstandings, I believe, are currently shared, not only by the registered nurses, but also by undergraduate students, higher education institutions, and the SANC.

I am of the opinion that the higher education institutions and the South African Nursing Council may be knowingly or unknowingly, shifting their responsibilities in this regard. The responsibility of teaching undergraduate nurses should not be shifted but it should be shared by all parties responsible for the undergraduate nursing staff.

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APPENDICES

APPENDIX A: Permission from UCT Human Ethics Committee

UNIVERSITY OF CAPE TOWN



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21 January 2013

HREC REF: 651/2012

Ms GR Stevens
c/o **Ms N Fouche**
Nursing & Midwifery
Health & Rehab
F45, OMB

Dear Ms Stevens

**PROJECT TITLE: AN EXPLORATION OF THE ROLE OF THE CLINICAL NURSE PRACTITIONERS
IN ENHANCING AND DEVELOPING THE CLINICAL NURSING SKILLS OF UNDERGRADUATE
NURSING STUDENTS**

Thank you for responding to the issues raised by the Faculty of Health Sciences Human Research Ethics Committee in your letter dated on 14th January 2013.

It is a pleasure to inform you that the HREC has **formally approved** the above-mentioned study.

Approval is granted for one year till the 30th January 2014

Please submit a progress form, using the standardised Annual Report Form if the study continues beyond the approval period. Please submit a Standard Closure form if the study is completed within the approval period.

(Forms can be found on our website: www.health.uct.ac.za/research/humanethics/forms)

Please note that the ongoing ethical conduct of the study remains the responsibility of the principal investigator.

Please quote the HREC. REF in all your correspondence.

Yours sincerely

pp *T. Burgess*

PROFESSOR M BLOCKMAN
CHAIRPERSON, FHS HUMAN ETHICS
Federal Wide Assurance Number: FWA00001637.

Institutional Review Board (IRB) number: IRB00001938

This serves to confirm that the University of Cape Town Human Research Ethics Committee complies to the Ethics Standards for Clinical Research with a new drug in patients, based on the Medical Research Council (MRC-SA), Food and Drug Administration (FDA-USA), International Convention on Harmonisation Good Clinical Practice (ICH GCP) and Declaration of Helsinki guidelines.

The Human Research Ethics Committee granting this approval is in compliance with the ICH Harmonised Tripartite Guidelines E6: Note for Guidance on Good Clinical Practice (CPMP/ICH/135/95) and FDA Code Federal Regulation Part 50, 56 and 312.

s.tibonza

APPENDIX B: Permission from the Department of Health at Research Setting



GROOTE SCHUUR HOSPITAL
247 Nursing Administration
Enquiries: Mrs. A.D. Grobbelaar
Email: Andrea.Grobbelaar2@westerncape.gov.za


Mrs.
GR Stevens
Ward D24
Groote Schuur Hospital

Re: Permission to conduct research

Dear Sr. Stevens,

Your letter dated 24/01/2013, addressed to Mrs. MJH Ross, Senior Manager: Nursing has reference

It is hereby confirmed that you received permission from your Assistant Manager: Nursing: Surgery to conduct the research as outlined in your letter.


51529301
Mrs. M. Ross
Senior Manager Nursing
16/10/2014

Main Road, Observatory, 7925
Tel: 021-4621105 Fax: 021-4621370

Private Bag 11, Observatory, 7927
www.westerncape.gov.za

APPENDIX C: Requesting permission from the DOH to conduct the research at GSH

From : Sr. G. R. Stevens
To : Mrs M Ross
Subject : Conducting Research
Date : 24/01/2013

Dear Mrs Ross

As a post graduate student at UCT doing my Masters' Degree in nursing science I hereby wish to ask permission to conduct a clinical nursing study in the surgical wards at Groote Schuur. Information regarding the research is presented in the following tabular format.

Study Title	An exploration of the role of the registered nurse in enhancing and developing the clinical skills of undergraduate nursing students
Population	Registered professional nurses
Amount of professional registered nurses selected as the sample	Thirteen; three for pilot study and ten for the actual study
Research field	Surgical wards
Data collection technique	Interviews
Times	Over week-ends when participants are available
Length of time in research field	One month

In addition I would like to mention that I have received ethical clearance from the Human Research Ethics Committee, reference number 651/2012 (Letter Attached). My supervisor is Ms Nicki Fouche and her telephone number is 021-4066672.

Should there be any queries in this regard I will be only too happy to address them and to submit whatever documents you require in order to expedite the process of approval.

A kind consideration will be appreciated.

APPENDIX D: Information and Consent Sheet

Study Name: An Exploration of the role of the Clinical Nurse Practitioner in Enhancing and Developing the Clinical Nursing Skills of Undergraduate Nursing Students.

Researcher Name: Gwynneth Roberta Stevens

Student number : STVGWY001

Supervisor Name: Ms Nicki Fouche

Assistant Supervisor: Associate Professor: Dr. Sinegugu Duma

How do I contact the researcher? You are encouraged to contact the researcher, Gwynneth Stevens, at work number 021-4043492/3 or at home on 021-7062900 or cellular at 072-9694946. The researchers' supervisor, Ms Nicki Fouche, can be contacted at UCT 021-4066059. Should you require any more information regarding concerns or your right as participant you can contact me at ward D24, New Main Building, Groote Schuur Hospital, Cape Town. Telephone numbers at work 021 4043492/3; 0214043489.

Introduction

As a postgraduate nursing student studying a Masters' Degree in Nursing Science at the University of Cape Town, I am conducting research to determine the role of surgical ward registered nurses in enhancing the clinical surgical skills of undergraduate nursing students. This form therefore serves to give you some information regarding the study and provides a space for you to sign that you are willing to participate in the study..

What kind of study is it? It is a clinical nursing study in which you as the clinical nurse practitioner will be invited to share your views, opinions and understanding of your role in enhancing developing clinical learning skills in undergraduate students. Your participation may positively contribute to strengthening clinical support structures for undergraduate students and /or contribute to the body of academic knowledge.

Invitation to take part: You are invited to participate in the abovementioned study. It is important for you to know that your participation is voluntary and I therefore advise you to read carefully the above paragraph explaining "what kind of study is it". You may discuss it with someone else and you may ask me about anything that is not clear to you. You will be required to sign this form. The information will be analysed and summarised, and the findings will be submitted to the Health Sciences faculty at the University of Cape Town. The faculty may disseminate the results for academic and further research purposes.

How and why have you been chosen? As an experienced registered nurse dealing with undergraduate nursing students on a regular basis you have the correct characteristics and surgical background. I would like to interview three registered nurses for my pilot study and ten registered nurses for my actual study. The researcher has noticed a considerable reduction in teaching undergraduate nursing students. The head of nursing colleges also recently verbalised her concern regarding this. Realizing the enormous amount of knowledge and expertise you may have to share with nursing students, the researcher would like to determine the factors deterring or inhibiting the natural flow of this information, hence the study title.

What will you be expected to do? As soon as the study has received ethical clearance you will be approached by the researcher to discuss your role in the study. You will be asked to read and sign a consent form. You will also be asked to complete a demographic questionnaire with some basic personal information. This will be kept by the researcher for record purposes. You have the right to remain anonymous or to use a pseudonym (False name). None of this information will be made available without your permission to any unauthorised person. The researcher will conduct an interview in the office of your clinical area for one hour at a time which suits you. The researcher will ask you questions that are specific and relating to the study. The interview will be recorded and notes will be taken. This is to ensure that all the information is captured and can be verified. You will then be asked to confirm the written notes.

You are encouraged to give as much information as you can on each question. There is no right or wrong answer and you will not be penalised or victimised for the information you give. The information will not be sent to your employer or held against you. There are no risks involved in the study. The information you give is of utmost importance and may contribute significantly to assisting undergraduate students with their learning needs.

What will happen to the information you collect?

The information will be reviewed by the Research Ethics Committee. When the researcher has been found to be a competent the researcher with the evidence reflected in a formal thesis, the information may be sent to the head of the tertiary institution and to nursing educational institutions.

Are there any Benefits and Risks in participating in the study?

The benefit involved is that you would have gained experience in directly being involved in research. This could be an invaluable learning experience, both professionally and personally. In addition a small gratuity fee will be paid for your time and contribution you are making in nursing knowledge. There are no risks involved. Anonymity and confidentiality are assured at all times.

CONSENT

I..... (I registered nurse: name and surname),working in ward(surgical) hereby agree to participate in the study. I have read the information sheet and understand that I will be permitted to withdraw at any time and that I will in no way be penalised should I wish to do so. I have been told that I will be given an opportunity to raise questions and concerns which will be addressed.

.....

.....

Participant

Date

.....

.....

Witness

Date

APPENDIX E: Interview Questions Research questions

Par01

G.S.1. You know in the past students were employed by and allocated to the wards by the hospital at which they worked. Everybody knew each other and there were no issues with the sisters having problems with students. What is the benefit of having third year nursing students in the ward? Do you think there is still a benefit considering they come from different institutions? Would you like to share your views on that?

P. They assist with the workload.....if I cannot get around to do something.....I ask them to continue...uhm....ok...yes....and I send them on doctors roundthey are senior so I give them responsibility

They assist the doctors with procedures.....

G.S What procedures are you talking about? Can you explain that in a bit more detail please?

P. Well we are an ENT ward so patients come in with epistaxis which is bleeding of the nose. The bleeding then has to be stopped and for that a special procedure with the cauterization of the bleeding artery and the insertion of the BIPP plug is performed. These are unique procedure that the student will only get to see in this ward so I do not let them miss out on this learning experience.

G. Ok, you may continue

P. On weekends when it more quiet I allow them to administer medication.....they are also allowed to do the medication round after four o'clock.

When there is a resuscitation I get them involved.....I just stand by and assist them.....uhm.....[hesitates]

I also let them write the full report on what happened. They must call the family and do everything.

They must "experience being the sister"

G. And do the nurses give feedback on how they feel after they have been left to assist with the resuscitation and do they report on how "being the sister makes them feel?"

P. Yes those who are eager to learn are always grateful for the opportunity and for the trust I place in them. It boosts their confidence

Some nurses will verbalise they are not being usedwith me they work.

I will only be a sister in the background and assist.

G.S.2. Could you please briefly describe your working relationship with students. Explain to me how you manage to connect with them and how you get along with them.

P. As I mentioned in the previous answer I let them do the work..... I assist. So my working relationship with them is hands on.

G.S. That's a powerful statement. So basically you take a bit of a back seat, almost like a Laisses Faire approach?

P. Yes. They are senior and on the verge of becoming registered nurses. They have all the theoretical knowledge so my job is to assist them to live what they have learnt. This will give them a sense of power and autonomy.

G.S. Thanks, is there anything else you would like to add to that?

P. No.

G.S.3. What is your understanding of how students learn in clinical settings. What do you think helps them to remember what they have learnt better.

P. By delegating them with someone experienced they get to learn on the job.....[laughs].....the buddy system has always been a good system.....

[Hesitates].....On the spot teaching is normally very effective because then they remember it better..

I have compiled a file with the explanation of the diagnosis' as well as an explanation of the procedures done in the ward. When they have a spare time they can read through it and get a better understanding of what is going on.....[smiles broadly].....

I also sometimes give a visual presentation of a condition through pictures or illustrations.....

GS So you actually find yourself teaching the students?

Some nurses don't know anything.....[sounds irritated].....the colleges just send the students to the hospitals and the sisters in the ward are expected to teach.....

Sometimes not even the basics are taught in school.....

I have the perception that the colleges stand back and tell the students they will learn at the hospital.

G.S. Anything else you would like to add to that?

P No, nothing for now.

4. In what way do you feel you can contribute to developing undergraduate nursing students' practical knowledge and experience? How can you help them to develop into strong confident sister?

Encourage student nurses on doctors' rounds so that they can become confident and competent

The handover round should also become a teaching round.....

G.S Which handover round are you referring to?

The handover round from night sister to day sister , from doctors to nurses and even the diagnostic rounds all become important teaching rounds.?

GSOK That sounds interesting. Anything else you would like to add

I explain pre and post op procedures for example mouthwash and.....[pauses].....and make sure the nurse knows how to receive and look after a tonsillectomy patient

In examination the student will remember how she looked after the patient...[laughs]

5. How involved are your other colleagues in teaching nursing students? You know I do not believe that only the sisters should teach I believe that all nursing staff and other health care professionals should teach. Do you notice different staff members teachings?

P. [long pause] As far as I know everybody teaches nursing students in the ward.....laughs.....even our professor explains special procedures like pushing a catheter further down in a laryngectomy patient.....

GS Now that is very good because often doctors teach doctors

Another example is that I did not know about nursing a patient with a portovac on a low suction but the professor explained it to all of us.....

Sometimes if the nursing staff do not know how to nurse certain patient they may be accused of neglecting the patients.....

GS...Yes that's true.....

Sometimes you learn incidentally because here you have to ask everything

6. Do you feel that your involvement in teaching nursing students makes a difference in how they master surgical clinical skills? What would you want students to remember you by? Do you think that the manner in which you teach them makes a difference?

Yes.....this is especially true with suctioning.....laughs ...

I showed a student how to suction a patient.....I guided herlater she did it herself and asked for support.....laughs.....more moral support

They feel very good when they manage to do it alonea tracheostomy also required cleaning so I showed the students how.....now they can master it.....

It is very important for the student to know that the sister does not know everything but is willing to look it up in the books

Students will even remind you to ask the professor if you have promised that that is what you will do.

Sometimes I even refer to policies as a powerful learning and guiding tool in the hospital.

7.Do you have any suggestions in terms of what should or could be done to assist the undergraduate nursing student in learning? I just feel that not enough is being done in the clinical areas. What ideas can you put forward please?

Mentors should be appointed

Mentors should be visible in the clinical areas.....I remember when we were in training we were very concerned about the fact that the mentor could come around at any time..... so we did everything right.....or made sure we asked

Planned teaching to be arranged by clinical teachers

8.How do you yourself teach nursing students? What kind of things do you do with them or require them to do?

I teach students to do the discharges.....[hesitates]I then follow it up to see if it was done correctly.....

I also teach advance students to audit the folders.....here they learn advance steps in supervision

On the spot teaching is done frequently and continuously.....

Those who are present benefit and those who don'tits' just too bad

Everything about a patients' diagnosis, procedure and his care is explained

I show them practical aspects of caring such as ensuring the drips are running , observations are done and the patient is reassured.

Students also see and listen to the doctors teaching

GS Well done, Anything you want to add?

9. According to your understanding what does the nursing council stipulate/specify regarding teaching nursing students/

They are very specific about our teaching roleprompt **What difficulties are you facing in this regard?**

I am not planning any teaching because I have too many other things to do

The ward is too unpredictable

There is a shortage of experienced staffonly very junior staff are on duty most of the time

Further prompt.....Do you believe that the manner in which you conduct yourself as a registered nurse and clinical teacher significantly influences student learning?

1. What is the benefit of having third year nursing students around? *This question is formulated to get the clinical nurse practitioner in a positive frame of mind and to allow her or him to feel relaxed.*
2. Can you please briefly describe your working relationship with third year nursing students in the clinical areas? (Interaction, teaching role) *By asking this question, I am trying to determine whether the clinical nurse practitioner manages to connect with the student and makes attempts at building a working relationship.*
3. What is your understanding of how students learn in clinical settings. *With this question I am now starting to probe and to discover what the clinical nurse practitioners' understanding is regarding how undergraduate students learn. Whether they learn formally or informally and whether she or he creates and illuminates learning opportunities.*
4. In which way do you feel that you can contribute to developing undergraduate nursing students practical learning? *For me determining the teaching style and to determine the clinical nurse practitioners direct involvement in teaching nursing students*
5. How involved are your other colleagues in teaching student in the ward? *If the clinical nurse practitioner does not arrange and create teaching opportunities does she notice whether students do get some teaching done?*
6. Do you feel that your involvement in teaching them makes a difference in how they master surgical clinical skills? *Determining whether the clinical nurse practitioner realises the crucial role she plays in students learning is the main reason for conducting the research. This question is very important to me.*
7. What do you suggest should be done to assist the undergraduate nursing student in acquiring surgical clinical skills? *This is my attempt to try to reinforce the role clinical practitioners should play as well as arouse awareness of the lack of clinical teaching.....*
8. How do you teach nursing students in your ward? *This direct question is really formulated to get the direct answer to the clinical nurse practitioners involvement.*
9. What does the nursing act specify regarding your role towards student teaching? *This question is formulated to reinforce the clinical nurse practitioners role in teaching. Do you believe that the*

manner in which you conduct yourself as a clinical nurse practitioner and clinical teacher influences student learning outcomes. (I am not sure whether I should include this question but I do believe that role modelling is a powerful way of teaching because we tend to copy each other

APPENDIX F: Demographic Questionnaire

Name (Optional)..... Age.....
Date Of Interview..... Male/Female.....
Name of Interviewer.....
College/University/Institution of Training
Date of Registration as a Registered Nurse.....
Year Of Registration.....
Hospital Employed.....
Pavillion/Section.....
Ward.....

APPENDIX G: Contact Details

Name of Academic Institution

University of Cape Town

Health and Rehabilitation Sciences

Corner of Main and Anzio Roads

Groote Schuur Hospital

Cape Town

Professor Marc Blockman

Chairperson

Health Sciences Faculty

Human Research Ethics Committee

Telephone number: 021-4066492

Co-supervisor: Dr. Sinogugu Duma

Telephone numbers (w) 021-4066582

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