CLINICAL LEARNING ENVIRONMENT AND SUPERVISION OF STUDENT NURSES' IN A PRIVATE NURSING COLLEGE: A CROSS SECTIONAL STUDY

BY

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DECLARATION

This serves to state that "Clinical learning environment and supervision of student nurses' in a private nursing college": is my own creation, obtained from the sources occasionally referred to as acknowledged. It is also my submission that all that I have stated is, as far as I know, never done before, nor am I aware of any work previously produced by anyone.

_____   _____

Signature of the Student   Date

APPROVED FOR FINAL SUBMISSION

_____   _____

Supervisor   Date

DEDICATION

Dedication to my Lord and Saviour, Jesus Christ.

"For I know the plans I have for you, declares the Lord,

Plans to prosper you and not to harm you, plans to give you hope and a future''

Jeremiah 29: 11

ACKNOWLEDGEMENTS

ABSTRACT

BACKGROUND: it is in my view that nursing education relates to the process of teaching and learning, given by nurse educators and clinical facilitators to nursing students. The teaching and learning process is conducted in a special Clinical Environment (CLE) entailing theoretical and practical learning. In addition to the teaching personnel, the clinical facilitators are responsible for placement of students in positive learning facilities for practical orientation in the clinical learning outcomes. It is these interactive processes that determine the state of readiness of the students in regards to their suitable attitudes required to provide nursing care.

AIM OF THE STUDY: The purpose of this study is to describe nursing students' experiences of clinical learning and clinical supervision at a private nursing college in eThekwini, in order to achieve improvements.

METHODOLOGY: This study is influenced and guided by the quantitative, descriptive cross-sectional survey. It was done among student nurses (n = 120) at a private nursing college in eThekwini which offers the bridging course leading to registration as a Registered Nurse (R683) (South African Nursing Council 2006). In this study, data was gathered using the Clinical Learning Environment and Supervision (CLES) questionnaire developed by Mikko Saarikoski (2002), and it was analyzed by means of IBM SPSS statistics version 21.

RESULTS: According to the study a general consensus has provided meaningful situations in the clinical learning environment. The clinical managers should give feedback to student nurses as it enhances their learning process.

DISCUSSIONS: Findings in this study revealed that most participants were motivated and optimistic, and according to them, there was a positive clinical atmosphere; which is the most important features of a good clinical environment.

RECOMMENDATIONS: It is encouraged that the clinical facilitators make more visits to the wards where the students are allocated for greater learning ability by the students. Professional nurses in the wards are to create a positive learning environment and use the presence of the students to maintain trust and prevent confusion.

KEY TERMS: clinical learning environment, clinical learning, clinical facilitation, clinical accompaniment, clinical supervision, student nurses, experiences of nursing students.

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CLE   Clinical Learning Environment

CLES   Clinical Learning Environment and Supervision

GMNA   Gandhi Mandela Nursing Academy

NEI   Nursing Education Institution

SANC   South African Nursing Council

CHAPTER 1

BACKGROUND TO THE STUDY

1.1 INTRODUCTION AND BACKGROUND TO THE STUDY

Nursing education relates to the process of teaching and learning, given by nurse educators and clinical facilitators to nursing students, to give them the desired chance to acquire the much-needed knowledge, skills and attitudes crucial in nursing care (Letswalo and Peu, 2019: 5849-5857). The clinical learning environment (CLE) forms the essence of the nursing education program. It is evident that the current nursing education in South Africa, is one of the foundations in which the nursing students learn the practical skills and the application of theory in the clinical setting, while caring for patients. Implied hereby is that it is evidence-based learning and outcomes. It is implied also; that the learning environment has to be conducive to student learning (Katete 2014: 477- 481). It is the primary objective of Clinical learning to produce motivated and competent nurses of sound knowledge and decisions, who demonstrate skills and professional values (Chuan and Barnett 2012: 253- 255).

According to Saarikoski and Leino-Kilpi (2008: 1233- 1237), clinical learning can be divided into two distinct phases, namely; that of patient contact within the wards, and the second, being that of clinical supervision by senior staff. The quality of the CLE produces the desired quality in the nursing students' clinical experience. It is therefore, important that the clinical facilitators select suitably equipped facility for placement of students to ensure achievement of positive clinical learning outcomes (Balang 2012: 2).

Bruce, Klopper and Mellish (2017:254-255) state that the CLE should enable student to acquire sustainable lifelong knowledge to enhance their ability to be productive. Combining theory and practice in a conducive CLE produces the best students' ability to grasp, yielding mutual respect and trust among all the parties (Anderson 2012: 453- 457).

Bumble (2015: 927- 934) indicates that the CLE enables student nurses to integrate effective, cognitive and psychomotor skills through recognition of the actions and the nursing practice in the clinical environment. Such nursing practices can then be applied to their own practice. According to the South African Nursing Council (SANC), all the clinical facilities where students are placed have to be appropriately accredited for training purposes to qualify as professional nurses. This is a mandatory requirement as per Government Notice No. R425 of 1998 (South

African Nursing Council 2005). The SANC stipulates that clinical departments should formulate and adopt policies, rules and regulations as well as clinical learning objectives for each learning area of the program for students' guidance. It is the SANC's requirements and guidelines relating to clinical learning (SANC 2006: 11) that the overall objective of clinical practice is to enable the student nurses to acquire meaningful learning in every area of placement according to their level of training; to ensure that at the end of the program the student nurses become efficient.

At this point, the student nurses are be able to identify and solve problems, as well as mastering the nursing exercise; from the initial assessment, through to full rehabilitation of the patient.

The study conducted by Mabuda, Potgieter and Alberts (2008:19-23) at the Limpopo College of Nursing, in South Africa, reveals that student nurses maximize their effort in basic tasks, like monitoring of vital signs, whilst the professional nurses' delegation of tasks did not meet the satisfactory levels of training or scope of practice. The study also reveals that placement support system, such as supervision, mentorship and interpersonal relations among the stakeholders produce a conducive supportive environment. Student nurses are therefore competent to integrate theory and practice in such an environment.

It is a popular practice for the institutions of higher learning in South Africa to use work placement or service-learning projects (Council on Higher Education 2011: 6). It is believed that work integrated learning stimulates motivation among the students to learn and perform optimally (Council on Higher Education 2011: 7). It is also believed that this enhances their opportunities and attainment of critical competencies in the nursing profession (Houghton, 2014:2367- 2375). It therefore, stands to reason that in order for effective practical experience, nursing students are expected to spend at least 1000 hours per academic year on allocated tasks in the clinical environment. This can be achieved through close supervision by the clinical facilitators as stipulated in the SANC rules and regulations (SANC 1997:1).

According to Brink (2013: 11) supervision in nursing by competent personnel, such as clinical facilitators is crucial, since the exercise is dealing with real-life situations concerning patients' lives. The CLE should provide such an ideal environment that enables nursing students to acquire basic clinical skills. It should enable them to attain independence and efficiency to provide safe and effective nursing care in any clinical environment. This can only be achieved in an environment that conducive to learning and development.

1.2 RESEARCH PROBLEM

The newspaper reports and studies conducted in KwaZulu-Natal province, South Africa, attest to the theory that nursing students face numerous challenges in the CLE that could adversely affect their training and competence.

A research problem is the area of interest where the concept under study where there is a knowledge gap, as defined by Grove, Burns and Gray (2012: 68). It was discovered while the researcher was conducting a study at a private nursing college in eThekwini, South Africa, during the researcher's clinical accompaniment in one of the hospitals where the researcher observed the need for greater supervision as problems in the clinical environment were, in fact greater than known. Some of the problems observed were:

- Uncooperative clinical staff;
- Excessive work for nurses, thus affecting their performance through not having enough time to assist the students on their learning needs.
- Clinical staff who do not regard clinical learning as their responsibility; thus, neglecting the nursing students.

The accompaniment of student nurses by the clinical facilitators from a private nursing college to the CLE is a must, it is compulsory for NEI team to accompany students to the CLE. Mogale (2011:88) reported that they were many trials and tribulations students were faced with, complaining about the lack of support in terms of clinical accompaniment. The clinical facilitators have to spend a minimum of 30 minutes on each student per week. Whilst supervised by clinical staff, clinical facilitators, doctors and nurse educators, students are placed in different wards and departments, it is the professional and enrolled nurses that supervise the students more than the other categories.

1.3 SIGNIFICANCE OF THE STUDY

This study brings to the fore the better understanding of the students' expectations from the clinical staff and clinical facilitators during their experiences when allocated to the wards. The findings will assist the clinical facilitators in improving their supervision of students, as well as assisting in developing better methods to improve the quality of clinical exposure.

The findings of the study must be made available to the NEI and the recommendations must be made to address any further problems or threats in the clinical learning of nurses.

1.4 AIM OF THIS STUDY

The aim of this study was to describe nursing students' experiences of clinical learning and clinical supervision at a private nursing college in eThekwini.

1.5 RESEARCH OBJECTIVES

For fulfillment of the aim of the study, the objectives were to:

- Describe the experiences of nursing students in the clinical learning environment in relation to clinical atmosphere, leadership style of the clinical managers, premise of care in the CLE, as the clinical learning environment.
- Describe the supervisory interaction and understanding between professional nurses and student nurses.

1.6 RESEARCH QUESTION

The research questions seek to find solutions and guide the researcher to place emphasis on the type of data to be collected Burns & Grove (2013: 212).

The study aimed to find solutions to the following questions:

- How are the nursing students experiencing the clinical learning environment at a private nursing college in eThekwini?

- How is the supervision of student nurses conducted in the CLE at a private nursing college in eThekwini?

1.7 A MODEL GUIDING THE STUDY

This study is guided by the model of CLE and supervision by Saarikoski and Leino-Kilpi (2002: 259- 267), which highlights its quality and supervision. This includes; clinical atmosphere, leadership style of the clinical manager, premise of nursing care, premise of learning on the clinical, and supervisory relationship.

1.8 DEFINITION OF KEY TERMS

For the purposes of this study, the following terms were used as defined below.

1.8.1 South African Nursing Council

This body that sets, regulates, enforces maintains standards of nursing education and practice in the Republic of South Africa. It is an autonomous, financially independent, statutory body,

initially established by the Nursing Act, No. 45 of 1944 and currently by the Nursing Act, No. 33 of 2005 as amended (Republic of South Africa 2005).

1.8.2 College

The college is an institution of higher education that offers programs beyond high school level. It is a institution that provides necessary training for learners pursuing academic-specific professional careers. This study focuses to a nursing college which specifically provides training in a two-year nursing course, leading to registration with the SANC, in accordance with Regulation R683 (14 February 1989, as amended). Such college has strategic association with a hospital for the essential clinical exposure for nursing students within eThekwini.

1.8.3 Clinical accompaniment

Clinical accompaniment is a structure, proposed by a nursing education institution (NEI) to facilitate assistance and support rendered for the student nurse education at a clinical facility to ensure the attainment of the program outcomes (SANC 2011:2)

1.8.4 Clinical Learning Environment

A CLE is an appropriately equipped and suitable environment, specifically designed for student nurses to gain knowledge in patient healthcare. It also serves to enhance healthcare to individuals and groups. (SANC 2013:58). It is in this study that the CLE refers to hospitals in eThekwini where student nurses from GMNA are accommodated acquire clinical skills development.

1.8.5 Clinical learning

The purpose of Clinical learning is to produce a competent professional nurse, adept in the provision of nursing care that is based on sound knowledge and judgement. It is from this competence that they are able to practice skills and professional values (Bruce, Klopper and Melish 2011: 254). In this study, clinical teaching is assumed to be any context in which the clinical facilitator/Registered Nurse, patient and student have face-to-face contact, and focus on learning and teaching in order to produce competent professional nurses able to provide quality nursing care.

1.8.6 Clinical skills

Clinical skills are techniques, methods, attitudes and behaviors essential for the execution of nursing care, according to the standards set by the SANC guidelines (Regulation R683 of 1989, as amended) (SANC, 2006:2). Among these, are cognitive, affective and psychomotor skills.

1.8.7 Clinical facilitator

A clinical facilitator is an educator, whose key responsibilities are focused on the facilitation of teaching and learning of nursing students within the CLE. Such person is employed by the school of nursing or the hospital. He or she contributes to the students' learning processes and overall experiences in clinical practice (Saarikoski *et al.* 2013:78-82).

1.8.8 Clinical supervision

SANC (2011:3) describes clinical supervision as the process, which relates to the backing and support rendered to a student by a professional nurse and clinical staff in a CLE to develop competence and independence to student nurse. It also forms the essence that gives rise to the guidance, support and assessment of student nurses by clinical staff. This process occurs in an individual supervisory relationship or in group supervision (Saarikoski *et al.* 2013: 78-82).

1.8.9 Bridging course for enrolled nurses

The bridging course is a two-year diploma that is programmed for enrolled nurses by the education and training. This leads to the registration of such persons (enrolled nurses) with SANC as General Nurses, Regulation R.683 of 1989, as revised (SANC 2006:2).

1.9 Conclusion

Evident in this chapter, is that the study was introduced; and the research problem, research question, aims and objectives were discussed. This study aimed at describing the nursing students' experiences in clinical learning environment, and clinical supervision at a private nursing college in eThekwini. Also, a model which was used to conduct this study was also stated. In the next chapter, a comprehensive literature review undertaken in the study is discussed.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

The chapter aims to focus on the reviewing of the literature relating to the Clinical Learning Environment (CLE). It also serves to review the supervision methods performed on nursing students at a private nursing college in eThekwini. Burns and Grove (2013:97) state that a literature review is a well-organized written presentation of the previous research on a topic. Literature review also helps the researchers in making things easier and the nature of the identified research problem. (De Vos 2011: 134).

The national and international studies on students' experiences in the CLE are dealt with in this literature review. This motivated the researcher to conduct this study to establish the current situation in the CLE in eThekwini. Reviewing this literature assisted the researcher in identifying the shortcomings that have manifested, together with the necessary solutions. The method used to explore suitable literature, as well as seeking Medline, Cinhal and Google scholar search engines; and other databases were sourced by means of key words: clinical learning environment, clinical facilitation, and clinical supervision. With the help of the librarian, the researcher was able to view theses and dissertations.

The chapter begins with the literature on clinical learning environment (CLE) on studies conducted globally and in South Africa. This study deals with the quality of the clinical learning environment and supervision for nursing students at a private nursing college in EThekwini. The CLE makes the student to become good future leaders and teachers. They should therefore, be given a chance to be conversant with the practical aspects and tactics of clinical environment, and become competent within the peer groups. The above assertions are further supported in the statement of the objectives of clinical environment as stated by Meyer et al (2008:171).This relates to the application of theory in the clinical setting and enabling the student nurses to attain self-sufficiency in nursing care.

Clinical learning is an educational strategy which endeavors to bridge the gap between theory and practice in nursing education, as well as health care delivery that continues to be a major challenge in the nursing profession (Rahnavard et al 2013: 174-181). In the study conducted in the Limpopo province, South Africa, it was noted that clinical learning provides the means wherein the student nurses learn to apply the theory of nursing and facilitating integration of theoretical knowledge, together with the practical skills in the clinical environment, which constitutes the art and science of nursing (Mabhuda 2008: 19-27),

The review referred to was mainly guided by the preliminary model of CLE and supervision by Saarikoski and Leino-Kilpi (2002: 266), which highlights the quality of CLE and supervision which includes clinical atmosphere and leadership style of the clinical manager, premise of nursing care, premise of learning on the clinical and supervisory relationship (see Figure 2.1).
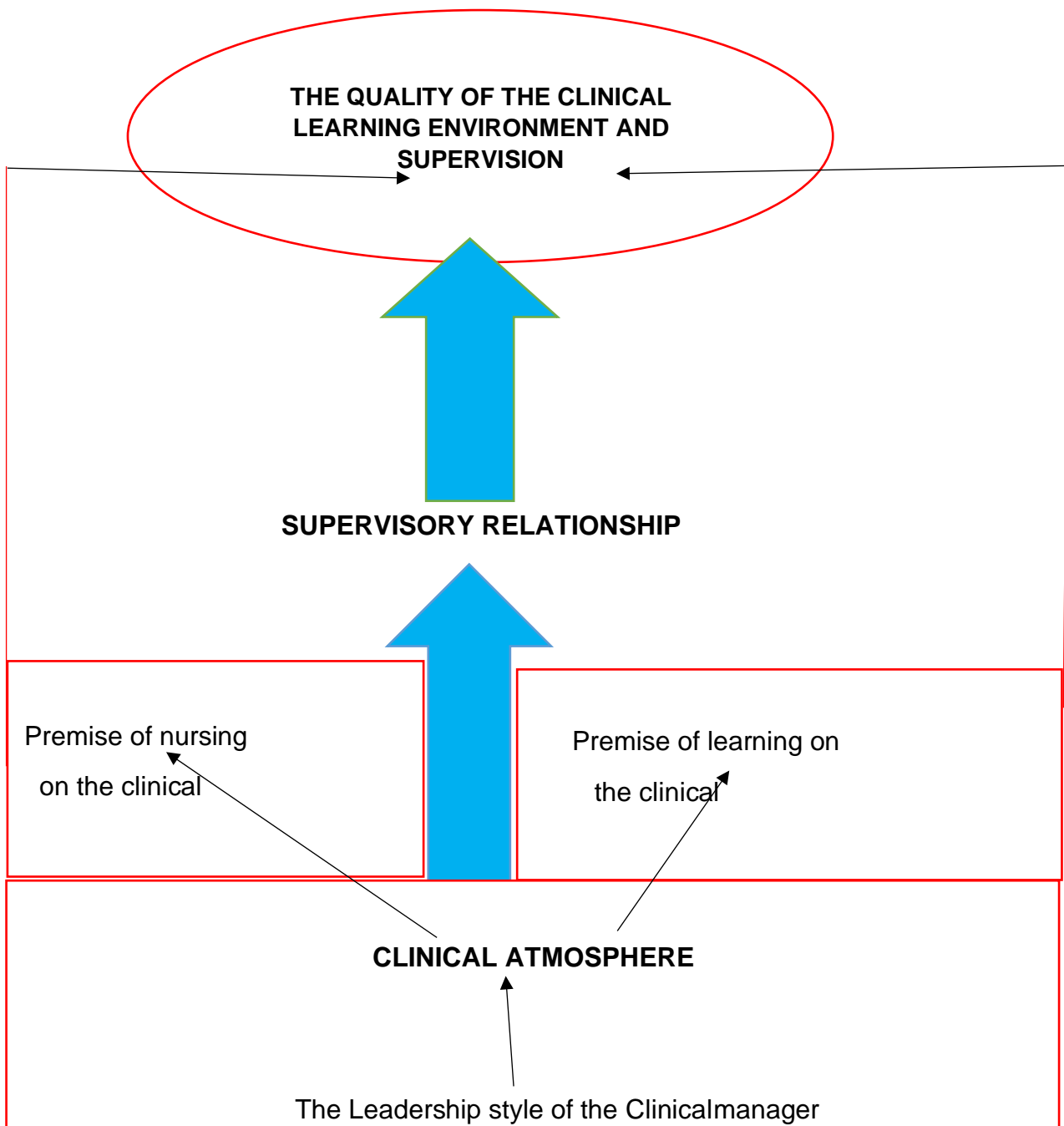
Figure 2.1 A preliminary model of CLE and supervision by Staff Nurses (Saarikoski and Leino-Kilpi 2002: 266)

2.2 CLINICAL LEARNING ENVIRONMENT

According to Woodley (2013:141- 161) the clinical learning environment is a system wherein all the multi-disciplinary team members collaborate within the clinical environment meant to influence the learning outcomes to benefit the students. It is also critical for the transformation of the nursing students into competent professionals whilst preparing them to function as nurses. Included herein, is everything that revolves around the student, influencing their

professional development in the clinical environment. The CLE is the environment wherein the theoretical components of the curriculum can be merged with the practical aspects, and gradually developed into professional skills and attitudes within a comfortable environment (Steven, Pearson and Magnusson 2014:34). It is known from the nursing students' perception that CLE is the most frustrating component of nursing (Dimitiadou, Papastavrou and Efstathiou 2015:17), as they have to deal with a dual role; that of the student as well as that of the nurse. Joolaee, Jfarian and Farahani (2015: 13 - 17) asserts that the students get familiar with their professional obligations as nurses in this environment. They also assert that CLE has been cited as the cause for either quitting or continuing with the nursing profession. McKenna and McClelland (2013:880) conclude that during initial periods of clinical placement, students undergo feelings of uncertainty and need time to better familiarize themselves with the staff, patients and the clinical. According to Van-Horn (2013: 180- 189) CLE must be conducive for students to obtain solving problems and critical thinking skills in their journey towards their professionalism. The professional skills are a product of a combination of theoretical and practical aspects of the curriculum. (Steven, Magnusson, Smith and Pearson 2014:277)

The SANC regulation (2011:58) reveals that CLE is the environment where care is rendered and the health of individuals, groups is encouraged including the training of student nurses. It is in the CLE where the students obtain clinical nursing skills, including patient care, nursing communication skills, critical thinking skills and clinical values. They also grasp what they have studied in the classroom and practiced in the CLE. Bruce (2011:255) also speaks of the CLE as a "practice setting", which is an environment where students are able to obtain clinical nursing skills. No NEI may be accredited by the SANC without an accredited CLE (SANC 2011:58) as it is where the students obtain skills and knowledge. It is the environment where student collate what they have studied in the classroom with what they practice in the CLE.

The best description of clinical environment, according to Garberson and Oermann (2014: 58-65) it is the environment in which students enhance the knowledge that they have gained from the classroom to be applied in a practical setting. This is the environment that creates a chance for nursing students to actively explore, improve and to develop the acquired theoretical knowledge to mental, psychological, and psychomotor skills that are crucial for patient care.

2.2.1 The importance of Clinical Learning Environment

Nursing is a performance-based profession in which the clinical environment is essential for achievement of professional skills, abilities and for training of the nursing students to progress

to the nursing profession and becoming professional nurses (Jonsen and Melender 2013: 297302). The CLE provides a secure and comfortable environment to the students, tending to motivate them, encouraging them to ask questions towards attainment of positive learning outcomes. Bruce, Klopper and Mellish (2017: 254) state that the CLE aims to produce competent professional nurses capable of providing nursing care based on sound knowledge. According to Bruce (2011: 255), CLE is the "practice setting" which means an environment where student nurses can safely learn and develop clinical nursing skills.

According to Meyer (2011:112), CLE offers students, guidance and support by all staff members, they feel welcome as part of the team, be recognized but also as professional in making. This gives them self-confidence, self – esteem and sense of belonging, thus preparing them to utilize available learning opportunities. As the most significant factors for their development, the students receive quality learning and support provided by the clinical staff. (Rahmani, Zadeh and Abdullah-Zadeh (2011:253- 256). The clinical staff should accordingly manage allocation of tasks and the distribution of workload to team members to assist and direct the learning needs of students, also to manage and facilitate the requisite learning (Longworth 2013:231-237).

2.2.2 Theory and Practice

SANC (2014:38) stipulates that theory and practice should be coherent in the execution of teaching and learning of students. Acquisition of correlated theory and practice is the mandate of the NEI in order to meet the students' learning outcomes as indicated on their program (Bruce, Klopper and Melish 2017: 284).

According to Mothiba et al (2012:195-204), the students were able to collate theory and practice because the clinical facilitators were performing demonstration techniques of clinical skills in real-life clinical environment. The literature reviews highlight the notion that the students are inspired to perform optimally towards attainment of their clinical learning targets if the demonstration of skills was performed on real-life clinical environment. Bray (2013:23) has the perception that students encountering challenges when they applied theory into practice, because the demonstration techniques taught by clinical facilitators was different from what was done at the clinical learning environment. Also; the study conducted by Dlamini (2011:88- 89) in KwaZulu-Natal, South Africa revealed that the main challenges causing the students' difficulties in applying theory into practice was the lack of proper communication between NEI and clinical facility which was poor, as well as the absence of mentors in the CLE.

The study by Dale et al (2013:1-7) conducted in Norway shows that student nurses were made to participate in difficult and strenuous conditions without taking their level of competence into cognizance, thus creating a gap between theory and practice. This discussion demonstrates that good cooperation between nursing education institution and clinical learning environment is important; in order for the clinical staff and students to have up-to-date procedure manuals and clinical tools.

The SANC (2005:6) reiterates that teaching and learning techniques should enhance a balance of theory and practice. The students should be actively involved in the teaching and learning process for effective and appropriate clinical supervision. The students should be supported in the CLE within the process of integration of the theoretical knowledge from different learning areas. Frith & Clark (2013:163- 189) state that nursing students have to learn and understand the CLE to act responsively to the identified need to reach a positive outcome of theory and practice integration (SANC, 2005:6).

2.2.3 Role players in Clinical Learning Environment

The partnership between the NEI and clinical facilities has to be constant over the communique and shared data. (SANC 2014: 105). Good relations between NEI and clinical facilities is essential to connect the theoretical and practical training (Bos 2014: 51). The importance of this theory is illustrated in the study conducted by Padayachee (2014: 48) in KwaZulu-Natal, South Africa, which found that students performed poorly owing to CLE lacking the procedure manuals to guide the students during supervision and assessments due to inefficient communication between the NEIs and clinical facilities. Communication has to be maintained between the NEI and the clinical learning facilities regarding student academic performance and progress.

Figure 2.2 below portrays the interpersonal relationships between the stakeholders in the clinical environment and how they influence each other.

Clinical learning opportunities and experience
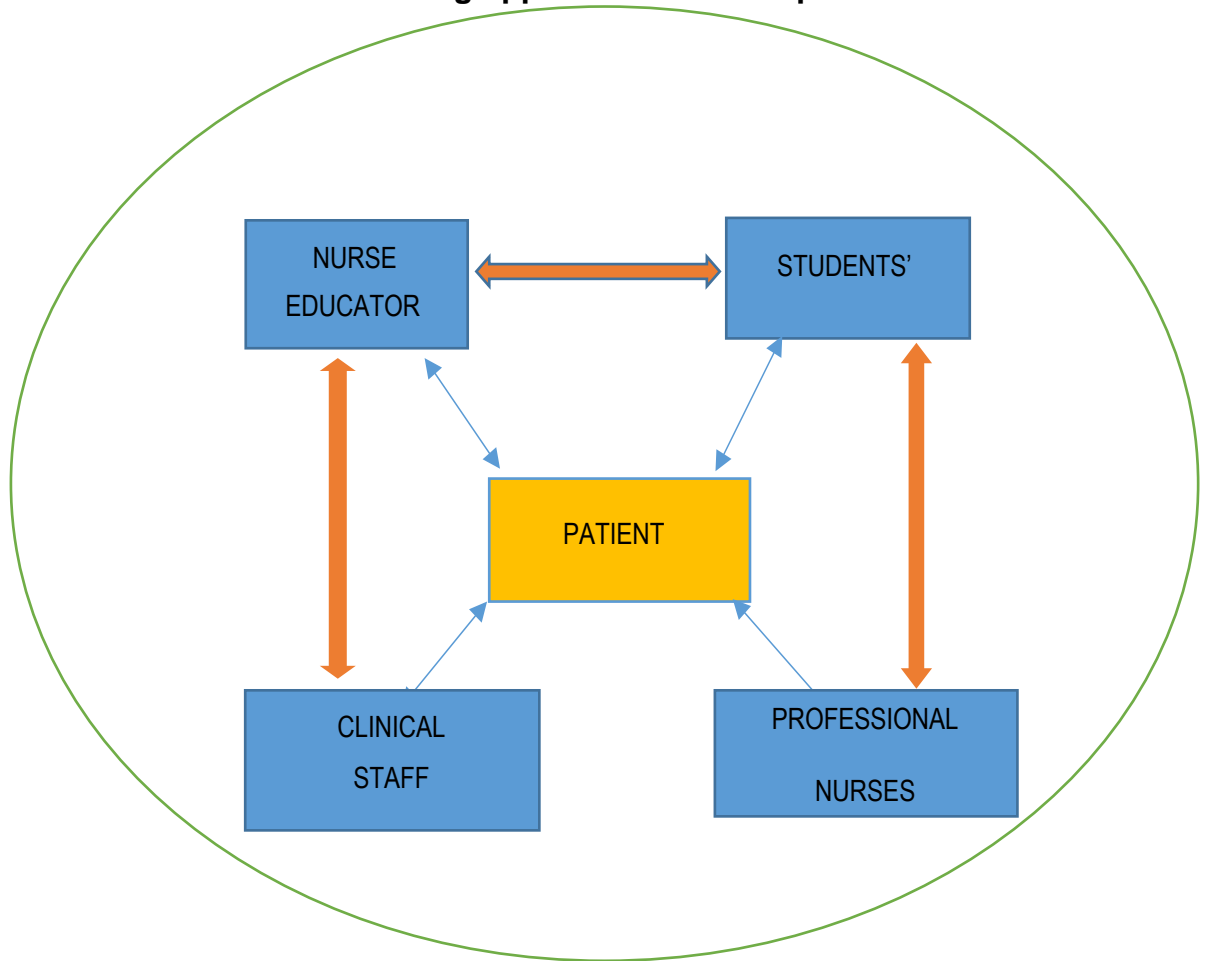
Figure 2.2: Interpersonal relationships in the clinical learning environment
Adapted from Meyer *et al.* (2011: 113)

A good CLE experience relates to a scenario where all the participating stakeholders are mutually focused on quality patient care. Student are to receive guidance and support from clinical staff, professional nurses and clinical facilitators in relation to patient care. Ideally, students have to be involved as active participants within the team in order to be inspired by their supervisors as their role models (Meyer *et al.* 2011: 113). Walker, Dwyer, Broadbent, Moxham, Sander (2014:403-409) place emphasis on the theory that peer support, self-assurance and presence of positive role models reassures the student nurses of a sense of professionalism. The CLE team, as the active role-players supervises and mentors the student nurses assigned for clinical practice. When the students are assigned to the CLE, professional

nurses and the participating role-players have a responsibility to oversee and guide the student nurses assigned for clinical practice; while ensuring that they are smoothly integrated into the health team (SANC 2013:9). According to Hughes and Quinn (2013:361) the clinical need to exhibit courtesy towards the student nurses to give them the sense of being part of the clinical team.

According to Borrageiro (2014:20) the nurse educators and clinical facilitators have to be impactful in the CLE as their responsibility is pivotal in coordinating and connecting theory and practice and implementing cooperation between NEIs and CLE. Clinical facilitators have individual's responsibilities to fulfil at CLEs including doing clinical accompaniment.

2.2.4 Role of orientation in the clinical learning environment

Orientation is the process of adaptation to a new environment with regards to environment, atmosphere, social profile and other aspects of place. Masakona (2013:26) emphasizes that for a CLE to be inspiring and conducive to learning, the student nurses should be given a full, detailed orientation on their first day of the clinical practice. The orientation process should include full acquaintance with the environment of the clinical facility, protocols, rest rooms, ward routines and allocations, off duty roster; institution and unit policies, channels of communication, knowledge and adoption of mission and vision statements of the unit and learning support system of students that responds to their learning objectives according to their level of training.

2.2.5 Positive Clinical Learning Environment

For optimal learning to take place, a conducive clinical learning environment is key. Implied hereby is that the CLEs require clinical facilitators who are considerate of, and sensitive to the students' aspirations; and the clinical facilitators who are committed to render the best for the student nurses to be motivated to learn. (Ali, Banan and Seraty 2015: 5). It is noteworthy, that the student nurses should always be mindful of the fact that it is onus upon them to cooperate for their own benefit, not the clinical facilitators, nor clinical staff; thereby implying that they must use the best of what they hear, learn and see.

2.2.6 Negative clinical learning environment

Hamshire, Willgoss and Wibberley (2012:182) observe that it must not be a general expectation or notion that all clinical learning environments are suitable or capable of effecting positive impact on students' learning outcomes. The CLE may be unconducive to clinical learning.

Unconducive CLEs will obviously have an adverse impact on the students' perception of the entire nursing and healthcare career. Some of the reasons a CLE becomes rendered as unconducive are; the institution's shortcomings, a poor coordination between students and clinical staff, negative attitudes and behaviors by some of the clinical staff (Lofmark, Thorell Ekstrand 2014:275). There are instances where students have expressed dissatisfaction with the conduct of some clinical staff, citing poor interactive communication (Sweet, Broadbent 2017:30). The clinical staff were not easily accessible, thus the students had difficulty in connecting theory and practice on their own without the intervention of the clinical staff. This resulted in the students encountering hardships in getting across to the clinical staff to express their shortcomings (Jonsen, Melender and Hilli 2013: 297).

According to Msiska, Smith and Fawcett (2014: 39), three challenges which reflect a CLE as unconducive for learning, namely: (i) unplanned methods of clinical teaching which some clinical facilitators use, (ii) lack of motivation among the clinical facilitators and clinical staff to teach es evidenced among some of the nurses, and (iii) lack of suitable or inadequate resources. Students have to be sensitized of their individual obligations to commit to the course of teaching and learning through cooperation, as they are accountable for their own responsibility to attain positive learning outcomes. Thus, it is onus upon them to optimize on the available opportunities. (Ford et al. 2016:101). Furthermore; lack of knowledge and skills in the clinical environment may result in lack of self-esteem and confidence, leading to despondency. (Dale, Leland, & Dale (2013: 6)

2.3 Clinical supervision

Clinical supervision takes place in a CLE when a professional competent person imparts knowledge, receives response from, gives support and guidance to nursing students to develop knowledge and skills in nursing practice (Papastavrou et al 2010:176- 182). Supervision is an oversight clinical role played by the unit manager and professional nurses. These professionals are responsible for the quality aspects of the training process, as well as ensuring that the student nurses receive proper training. Supervision is "the active process of guiding, directing and influencing the individual's performance outcome" according to (Meyer et al. 2011:224). Clinical supervision is an ongoing activity performed by a professional competent person, encouraging the student nurses through actively implementing and overseeing professional practice. In the SANC Government Notice (2005:4) clinical supervision is the intervention rendered by a professional nurse to the student nurse in a CLE, through to the point where the student nurses develop into capable professional nurses themselves. This intervention also

serves as a precaution that the nursing student develops professionally, ensuring a safe environment for patients, thereby ensuring realization of added efficiency and knowledge in the science of patient care.

Cordial relations between a supervisor and a student should be cardinal in the execution of patient care where students have to be given opportunities for active execution of procedures (Dale, Leland and Dale 2013: 1-7). As defined by Quinn and Hughes (2013: 359) clinical supervision is "a formal process of professional support and learning which enables the nursing students to develop knowledge and competence, undertake responsibility for their own practice and enhance consumer protection and safety of care in complex clinical situations"

The cardinal feature of clinical supervision of students is that it gives the student nurse the opportunity to enhance their skills and knowledge, and by extension, benefitting the patient care exercise (Rajweswaran, 2016: 1-6). It is the prerogative therefore, of the supervisor to ensure safe environment for the student nurse to evolve and professionally grow, overcoming clinical environmental challenges; encouraging the culture of self-sufficiency and confidence. This enables them to progress to the next level of professional development. Supervision therefore, effects greater students' performance on the aspect of comprehension, improved management practice, superior quality patient care, improved staff outputs and reduced stress levels, translating into optimal overall outputs (Anderson & Edberg, 2012:26).

For good clinical learning to take place, it is crucial that the clinical staff exhibit good professional demeanor within the CLE, whilst empathizing and keeping pace with the students, thus allowing successful clinical learning to be achieved. Faith and confidence in the clinical staff result in good professional relations between them and the student nurses. (Walker et al. 2014:409). A pillar of service expected of professional nurses is supervision and guidance, mentoring of student nurses, Katete (2014:58) also stressing on student mentoring in CLE as being critical for the students' meeting their learning needs and objectives; thus, achieving clinical practical competency. Yet, Tshabalala (2011: 40) found differently that the professional nurses at a CLE were noncommittal to the student nurses' interest in assisting through using the valuable allocated teaching time. Kgafela (2013:143) reported that the clinical staff at a CLE showed neglect of their supervisory mandate of ensuring effective clinical teaching and learning.

Whilst it offers orientation and competence, clinical supervision is not a unique, indispensable element in the application of nursing training and an approach to training that the students' development requires. Clinical supervision also renders mechanisms that support growth

throughout professional development (Falender and Shafranske 2012:129- 137). Supervision encourages nursing students because they then have an experienced competent person in their midst.

Clinical supervision forms an important part in the training part of nursing education. The services and roles of the clinical supervisors is an intrinsic element in the clinical practice, thus play an important role in clinical teaching and learning at the NEI (Bimray et al., 2014: 1750- 1761).

2.4 SUPERVISORY RELATIONSHIPS

The purpose of supervision is to ensure responsive application of systems, activities and use of resources for the attainment of the target objectives (Setati and Nkosi 2017:134- 137). In the field of nursing training, the competent person in the CLE is to render guidance and support for the student nurse to conform to the clinical practice prescripts, and maintaining the required quality levels in all aspects of applications. Close and good relationships between supervisor and students will culminate in successful student learning. The supervisor must demonstrate commitment and objectivity in applying their supervisory relationship with the student nurse, which in turn impacts the learning experiences of the students. Saarikoski, Leino-Kilpi and Warne (2013:1014-1024) indicates that students' clinical learning will be improved if the supervisor's attitude is positive, whilst constantly communicating with the student nurses, maintaining mutual trust and respect between the supervisor and the student. Conclusively, the positive relationship between the supervisor and the students is very important for the learning process of the students to be achieved (Neupane, Pandey and Sah 2018: 36- 41).

According to Bruce (2017: 256), it is onus upon the supervisor is to ensure that the supervisor's supervisory responsibilities effectively achieve the best health care for their student's patients in their care. It is crucial therefore the student nurse is capable of providing such care. If students fail to do so, the supervisor has a fiduciary obligation to teach, mentor and supervise the student nurses. Essentially, unit managers are effectively the supervisors of student nurses in the CLE, as they are the closest to the student nurses. As a result of this, informal teaching occurs as teachable moments as they become available during the patients' care.

To encourage and motivate the students, it is advisable that they are progressively informed of their performance. What motivates the student more is looking up to the professional nurses as their role models, inspiring them to look up to their status as their professional career idols (Kaphagwani and Useh 2013:181- 185). Active participation of nursing students as members

of the team instills the a sense of achievement, team acceptance, comfort and cordiality, making them to feel at liberty to explore, ask questions and objectively utilize the available learning opportunities and learning aids.

According to the study conducted in Finland by Saarikoski *et al.* (2008:146), one of the most important identified aspect of their learning experience was their supervisory relationship with their supervisors. A good and effectual relationship of the supervisor and the students is key for objective learning process by the students.

2.5 THE WARD ATMOSPHERE

The ward atmosphere relates to the ambience, the social culture, including language, peoples' demeanor and attitudes; being relevant and comfortable for the student nurses' learning to take place. Friendly atmosphere; one that makes the student nurses to feel comfortable is one of the most important elements of an ideal clinical environment. Saarikoski and Leino-Kilpi (2013:215) points out that the nursing staff should be welcoming and amicable. This will make students to feel at home and easily adapt to the working environment. The ideal clinical learning climate is one that is free of learning obstacles or threats, and the environment should be one that promotes the culture of question and answer for the benefit of the students. The professional nurses and clinical facilitators must be readily available, exhibiting a positive attitude and willing to respond to the nursing students' inquisitions; encouraging the nursing student. The culture of critical debate must be promoted for effective learning.

Teamwork should be encouraged. All the members of the multi-disciplinary team in the CLE should know and understand the students' expectations; engage them in the allocation of tasks as part of the team (Muller 2012: 334). It is the responsibility of the professional nurses to ensure that a positive psychological climate that is conducive to learning as a safe physical environment prevails (Mather, McKay and Allen 2015:625- 631). A safe learning environment is equally beneficial for both the student and patient, to enhance the student nurses' development prospects to become an adept and efficient future professional who will be inclined to prioritize their health care service delivery objectives (Mamaghani, Rahmani and Campell (2018: 216 - 222)

The ward should be the most conducive environment for students' relations. This is where such relations are formulated and developed in a manner that is amenable for the clinical staff and the students. A learner friendly clinical atmosphere and a mutual cordiality are the ideal elements a conducive clinical environment. Saarikoski (2013: 256-257) suggests that the

clinical staff should be cordial in order for the student nurses to be comfortable within the clinical environment.

Harmonious interpersonal liaison between clinical staff and student nurses, efficient student guidance, such learning support systems as positive staff attitude constitute a conducive supportive learning environment. According to Mabuda, Potgieter and Alberts (2008: 19), such shortcomings as lack of support in a CLE and deficient supportive learning opportunities are apt to demotivate the leaners and impede any growth opportunities and success prospects.

However, Kgafela (2013:140) points out that the unit manager exhibited pessimism and demotivation, failing to concede inefficiency on his part; blaming the students for inefficiency and failing to compliment them. Student nurses need the clinical support of the unit manager to enable them to function as adept CLE leader of the multidisciplinary team. Student nurses need motivation and enthusiasm when they are required to accompany unit managers and doctors on their clinical tasks, especially during their advanced level of training (Papastavrou, Dimitriadou and Andreou (2016:01- 10).

According to a study conducted by Du Toit (2013:56) in North-West Province in South Africa, students were enthusiastic and motivated when working in the company of doctors; expressing their preference of the doctors over the nursing staff to work with. Likewise, Kgafela (2013:241) after their study in Gauteng Province, they discovered that students were given hands-on opportunity to work with the patients' documents and files with the guidance and assistance of doctors and clinical clerks.

Students should be viewed and construed as a part of the healthcare personnel, thus should be academically developed as such by participating clinical staff. It is then imperative that all the role players must be cooperative and tolerant of one another with the common objective of teaching the nursing students. An environment that is welcoming, friendly approachable and available influences learning positively. Dale et al (2013:1- 7) states that a dedicated and supportive multi-disciplinary team, an amenable ward atmosphere, motivated student nurses and good relationships are the hallmarks of positive learning outcomes.

2.5.1 The leadership style of the clinical manager

Good leadership style of the unit manager is important because the manager is responsible for serving as a guide to the clinical staff and to the students (Neupane and Pandey 2018:36-41). It is this person's leadership style that effects a positive impact on the quality of patient care and student nurses' overall performance. The unit manager, together with the clinical staff

supervise and mentor the student nurses in the CLE. As stipulated by SANC (2013:9) under the provision of Nursing Act No 33 of 2005, the unit manager, in collaboration with the clinical staff have the responsibility to supervise and teach the nursing students in the CLE, ensuring smooth integration into the healthcare team.

According to Hughes and Quinn (2013: 360) good personality and leadership style of the unit manager have a positive impact on the quality of the clinical environment, as they have an educational role. They have to be of appropriate academic competence, exude the right attitude and be objective in teaching and management skills and techniques. It is onus upon the unit manager to ensure that the healthcare team has the value-adding feeling in the teaching and learning process for the student nurses' clinical learning.

According to Bruce and Botma (2017:315- 343), the key responsibilities of the unit managers and the clinical staff is to ensure that the best possible healthcare is administered to the patients. To achieve this, the clinical staff have to make the student nurse enabled to render the requisite quality of patient are. It is the occupational and professional obligation of the unit manager to teach, mentor and supervise the students if they fall short of doing so. In the wards or units, the clinical staff have to be always with the students, as informal teaching and learning occurs as teachable moments during patient care. Unit managers assume the responsibility for the students' the growth and development as the students are allocated to the unit for specific clinical learning experience. Whilst clinical supervision was perceived as having a positive influence on the academic and personal development aspect of clinical learning, it was perceived as being less important than ward routine (Setati and Nkosi (2017: 130-137)

According to Tiwaken, Caranto and David (2015: 66- 75), each student has to be regarded and treated uniquely as an individual. Every allocated student's performance and learning outcomes must be known to the unit manager. It is advisable that peer group teaching and learning be adopted, where a student found to excel in a specific learning skill be used to demonstrate such to other fellow students in the CLE. That will obviously motivate and inspire them; making learning and teaching stimulating. According to Polit and Beck (2017:256) Unit managers have to assume full responsibility for nursing students' quality of clinical learning and the managers are to actively part-take in mentoring of the student nurses

2.5.2 Premise of nursing care in the clinical learning environment

The essence of nursing care in clinical learning environment is essential as it offers an environment for student experiences. Contact with patients is an important element to learn

more about nursing in the CLE. Saarikoski (2013:28-32) further states that high quality nursing care is the cardinal defining aspect for success in clinical learning experience.

Every nurse in a healthcare facility has a moral obligation to ensure that all patients in their care are given the best quality in healthcare. To achieve this, the clinical staff is to ensure that the persons that are assigned to patient care, have to be the most capable in all aspects to provide such care (Bruce, Klopper and Melish 2011: 255). If, by any means there is uncertainty of the students' capabilities, it is the responsibility of the clinical staff, especially the professional nurses to ensure that this is properly done through teaching, mentoring and supervision of the students. (Donough 2014: 112).

It is a stipulation by the Department of Health in South Africa that the patients have constitutional rights. It is therefore, mandatory that all multi-disciplinary team members should respect and follow, uphold and adhere to these patient protection rights throughout the patient's stay in a health care facility. The induction of all students must include emphasis on these obligations, sensitizing them to the patients' rights. They must be encouraged and guided to always practice and respect the patients' rights.

Represented below, are the primary patients' rights to be upheld:
- A healthy and safe environment
- Participate in decision-making
- Access to health care
- Knowledge of one's health
- An insurance/medical aid scheme
- A choice of health services
- Treatment by a named health care provider
- Confidentiality and privacy
- Informed consent
- Refusal of treatment
- A second opinion
- Continuity of care
- Complain about health services

Essentially, students must be made aware of the patients' rights and compelled to apply them according to the Batho Pele principles for improved patient care. In South Africa there are principles which have been developed in the interest of improving the public healthcare service delivery, and to enhance the quality of nursing care called the Batho Pele principles. The Batho

Pele motto is an ongoing and dynamic process, meaning putting the patients' interests first (KwaZulu-Natal Department of Health 2001). Student nurses need to be taught the importance of abiding by these principles as part of the efforts to enhance the quality in nursing care.

The Batho Pele principles, as formulated and issued by the Department of Public Service and Administration (1997) are as follows:

- Consultation
- Service standards
- Information
- Courtesy
- Access
- Openness and transparency
- Redress
- Value for money
- Encouraging innovation and rewarding excellence
- Customer impact
- Leadership and strategic direction

Setati and Nkosi (2017: 130- 137) reported that the student nurses' dissatisfaction expressed was sufficiency of time spent by clinical staff, citing; "although there was support for clinical supervision by the nursing staff, the main problem was insufficient time for clinical supervision since they were always busy". The clinical staff, in view of this notion is; they perceived clinical supervision exercise as time consuming, at the expense of the actual healthcare responsibilities. As a consequence of this, the primary responsibility of the unit manager in the CLE is the ultimate quality healthcare for the patient. That can only be achieved if the student nurses assigned to the CLE are fully capable. If students are unable to do so, the professional nurse has a moral duty to teach, mentor and supervise them (Jeggels, Traut and Africa 2014: 257).

Naturally, patients must have confidence in; and view the healthcare professionals as fully knowledgeable, thus the students need full support, guidance and encouragement for them to be competent in what they are doing.

2.5.3 The ward as a learning environment

Active learning in a CLE is an important aspect of nursing education, because nursing is an active profession. (Jonsen 2013:257). To produce quality nursing care of superior quality competence, the CLE has to provide a conducive, supportive environment with adequate

equipment (Muthathu, Thurling and Armstrong 2017: 215). A clinical facilitator is an important professional in the CLE for student accompaniment in all clinical placements for patient care to optimally discharge the clinical duties (Cele, Gumede and Kubheka 2012:41- 51). This will enable students to attain independence and autonomy when the clinical facilitators are not present.

The professional nurses need to guide and support the students when performing tasks in which they are not yet capable. This support will transform the students' knowledge and ability to greater healthcare practitioners (Felton and Royal 2015:15). It is onus upon the students to be actively involved in the learning process for their own good. (Hellstrom-Hyson 2012:105) Professional nurses and clinical facilitators are liable for the students' learning in clinical environment, they also act as role models in shaping student nurses to become professionalized (Haskins 2014:42)

When assigned to the CLE, there have to be constant support visits of student nurses by the clinical facilitators should have support visits from clinical facilitators in order to encourage the students (D'Souza, Venkatesaperumal, Radhakrishnan & Balachandran 2015:833- 840). There is an established clinical model prescribed by the NEI designed to provide support for students during clinical practice (SANC 2014:15).

2.5.3.1 Clinical accompaniment

The NEI has a structured supporting clinical accompaniment process, designed to support the student nurse education in a CLE, to ensure the attainment of the program outcome (SANC 2013: 58) thus culminating in the student's development toward self-reliance. When assigned to the CLE, student nurses should be regularly monitored by clinical facilitators in order to motivate them. (D'Souza *et al.* 2014: 839). According to Mtambo (2009: 27) accompaniment is the supportive clinical activity provided by a clinical facilitator in a clinical environment.

The statutory body South African Nursing Council prescribes that nurse educators and clinical facilitators ensure that students are accompanied during clinical placement. SANC (2011: 7) requires the NEI to submit the details of the responsible persons for the for the accompaniment and guidance exercise in the clinical facility. Details of these regular accompaniments must be regularly logged and archived (SANC 2011: 7).

The literature review revealed a variety of findings regarding clinical accompaniment. It was found by Mothiba (2012:201) that the clinical facilitators accompanied the students during their clinical practice. The clinical facilitators were not spending enough time on student nurses'

attention according to Moagle (2011:71). Senti and Seekoe (2014: 83) however, found that students were accompanied by facilitators who were uninspiring and displayed a negative attitude towards the students. In the Western Cape, South Africa, Makhakhe (2010:41) and Masakona (2013:41) found and reported that student nurses were accompanied by the clinical facilitators but on irregular schedules.

2.5.3.2 Mentor

The multi-disciplinary team in the CLE has to be viewed and construed as mentors to the student nurses. According to Bruce, Klopper and Melish (2011: 352), a mentor is a mature, professionally competent colleague with clinical experience, who collaborates with and guides the students, providing constant praise. While ensuring good communication, that person will share clinical experiences with the student nurses (Dale, Leland and Dale 2013:171- 175).

Bruce, Klopper and Melish (2011: 352-353) emphasized that the mentor must serve as a role model, helping the student to acquire orientation in the culture of the organization. In Gauteng Province, Kgafela (2013: 140) found that the unit manager displayed a negative attitude towards the students, making unfounded accusations of students, and found it difficult to give appraisals to the students for good work. The literature revealed that the unit manager should possess and exercise good communication skills with student nurses in order to stimulate effective clinical learning. Bruce et al (2017: 201) defines the characteristics of a mentor as a person who;

- Is enthusiastic about the subject and about life
- Is knowledgeable
- gives advice and guidance
- has high level of competence
- is a role models leadership with patience
- instills vision, encourages and inspires by sharing a dream
- has superior problem-solving skills
- promotes independent decision making

As mentors are widely used, many student nurses consider them as ideal medium to bridge the gap between theory and practice (Sedgwick and Harris 2012:1). The mentors are popularly engaged to enhance the clinical nursing education system. It is naturally anticipated of a mentor to demonstrate and appear appropriately to be considered an ideal role model for the student nurses.

Absence of mentors behind the student nurses in a CLE, renders clinical learning and teaching difficult or none at all. (Mothiba 2012: 1990; Mampunge and Seekoe 2014: 63). This is evidence that mentors should show a sense of responsibility and willingness to assist the students, when allocated to the CLE for clinical learning. Seekoe (2014: 6) asserts that it is the responsibility of the mentor to see to it that the student nurses in their care are academically and emotionally ready; adequately resourced and empowered to in order to be successful.

2.6 CONCLUSION

The literature review was delivered, related to CLE and supervision of student nurses' in a private nursing college in eThekwini. Literature highlights the role and importance of the CLE, supervision and clinical facilitation for the student nurses. The CLE is an essential element of the clinical practice for the benefit of the student nurses. This obviously brings to the fore; the learning capabilities of the students being trained. It is deduced by the researcher that supervision, support and guidance, is critical for attainment of the desired professional maturity of the student.

In the next chapter, the research design and methodology are discussed.

CHAPTER 3
RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter describes the research methodology; outlining the steps, strategies and procedures used to capture and analyze data in the study (Polit and Beck 2008: 758). The research approach employed includes the data gathering, synthesis and analysis, sampling technique; tool pre-testing, and ethical considerations.

3.2 RESEARCH DESIGN

According to Polit and Beck (2012: 145- 160, a research design is a plan to be followed in a quest to obtain answers to research questions. LoBiondo-Wood and Haber 2017: 577). De Vos (2011: 134) states that the research design describes the findings established through inquiry, outlining the methodology employed to find the anticipated results.

The method used to describe the student nurses' experiences and supervision in a CLE can be scribed as a descriptive cross-sectional survey and quantitative one. The quantitative research produces measurable data and lends itself to an evaluation process that requires exact scope and extent, often entailing prescriptive and demanding design (Polit and Beck 2012:145- 160). According to Grove (2013: 706), quantitative research sheds light on; and explores the relationships between the extremes to establish the average effects of their interrelations LoBiondo-Wood and Haber (2017: 584) describe quantitative analysis as a method analyzing relationships, differentiating, and determining the causal relationship of variables.

Descriptive research seeks to observe, explore and describe occurrences in real-life situations. According to Burns and Grove (2013: 68) concepts and relationships that provide a basis for further quantitative research theory and testing are described. According to Polit and Beck (2012: 150) the object of descriptive research design is to identify and record aspects of status quo, as it naturally occurs. In this study, the researcher used a descriptive design because it enabled the researcher to collect data about the subject's status quo as it naturally happens (Grove 2013: 212).

A cross-sectional study was conducted using validated instruments, namely, the CLES (Clinical Learning Environment and Supervision) tool available online developed by Saarikoski (2002: 340-349) LoBiondo-Wood and Haber (2017: 576) asserts that a cross-sectional study "looks at

the instant present data at one point and is non-experimental". The researcher opted for a cross-sectional design to collect data from student nurses as it allows the researcher to determine the crucial details of the study (Grove 2013:210; Polit and Beck 2012: 160).

3.3 STUDY SETTING

The research setting means a place where the data is gathered, according to Grove, Burns & Gray (2017:39-43) the study was conducted at a private nursing college in eThekwini, a Joint medical holdings (JMH) subsidiary which is a progressive institution in healthcare. This institution offers a variety of health and medical services including Peadiatrics, Medical & Surgical wards, Operating theatre, a Maternity unit (Ante-natal, Post-natal and Labour ward) and Trauma. This NEI provides a bridging course leading to registration as a General Nurse (R683), which helps student nurses to regularly focus on how they can become competent and effective professionals and improve their practice, develop new skills and improve their patient care.

3.4 STUDY POPULATION

Population refers to the whole group of persons (N) who satisfy the criteria the researcher is interested in (Brink 2013: 131). This study's target population consisted of 120 students enrolled under the R683, which is the bridging course for Enrolled Nurses leading to registration as a General Nurse. Grove et al (2017:44) notes that a population includes all the people to be included in the criteria that meets the requirements.

Such students, who are trained as enrolled nurses, males and females ranging from 21 and 40 years of age and above, were the correct population for the participation since they had already been assigned or exposed to all clinical settings in various wards or units, and were therefore able to easily focus on their experiences. These students were mainly from the province of KwaZulu Natal. They were mostly of South African Black origin and spoke various languages, depending on where they came from. English is the major communication language during students' facilitation at the college.

Only those who gave their written consent have been enrolled as study participant.

3.5 SAMPLING STRATEGY

Polit and Beck (2012: 274) state that the method of choosing a part of the population to represent the whole population is sampling. According to Brink (2013: 132) sampling refers to

the process of hand-picking the sample from the population by the researcher in order to obtain information on a process in a way that represents the population of interest.

In this study, consecutive sampling of 120 nursing students studying on a bridging course leading to registration as a General Nurse according to R683, was used. Consecutive sampling method was used because it recruited all the members of the population who met the eligibility criteria over a specific time interval (Polit and Beck, 2017: 254).

3.5.1 Inclusion criteria

1. For nursing students who are enrolled in a course leading to registration as a General Nurse (R683 of 14 April 1989, as amended)
2. All first- and second-year student nurses were included as they are already exposed to the clinical learning environment.
3. Students over 18 years and older.

3.5.2 Exclusion criteria

Brink (2012: 131) describes exclusion requirements as those theoretically excluded from the study.

1. Students under 18 years.
2. Students in the NEI who were not enrolled on the R683 bridging course leading to registration as a General Nurse.

3.6 RESEARCH QUESTIONNAIRE

The researcher used a data gathering tool. A data gathering tool is "a structured, script, in which participants complete the instrument themselves in a paper and-pencil format", designed to collect data on a subject's awareness, attitudes, beliefs, and feelings (Polit and Beck 2012: 105, LoBiondo-Wood and Haber 2017: 275).

Data was gathered via the CLES tool (Appendix A). The CLES was developed by Mikko Saarikoski (2013: 340-349). Attempts have been made to get permission from the developer of the instrument without success (Appendix B). However, the instrument and supporting literature is freely available on the internet. This questionnaire comprises two sections. The first section is made up of the items that require the participants' biographical information, viz. age, gender, year of study, physical and mental stress experienced by students; and the second section is made up of the information on the CLE and supervision. This information is measured on a five-

point Likert type scale. The variants of the Likert type scale are: (1) fully disagree, (2) disagree to some extent, (3) neither agree nor disagree, (4) agree to some extent, and (5) fully agree, to establish their view and to assess the experiences of the students. Table 3.1 outlines the different divisions of the tool.

Figure 3.1: Questionnaire sections

SECTION A	SECTION B
Biographical Information	Clinical learning environment and supervision

3.7 PRE-TESTING OF THE QUESTIONNAIRE

A pre-test according to Brink (2010:211) is a trial run to assess whether the instrument is simply worded and free of significant prejudices; and whether the desired information is being solicited. Pre-testing detects issues in the design and order of questions, establishes the reliability and validity of the questionnaire according to LoBiondo-Wood and Haber (2017: 525).

The researcher pre-tested the tool, or the questionnaire on five consenting students from a private college of nursing. The main aim of the questionnaire pre-testing was to check any uncertainty, and whether the questions were clearly understood and interpreted as being intended by the researcher; and to eliminate any ambiguous aspects that could affect data collection.

This pre-testing was used to assess readability and ease of understanding. A Flesch-Kincaid grade level test was conducted, and questions were appropriate to respondents' clinical experience of the environment and supervision. The pre-test participants were asked for feedback and no suggestions or adjustments were made. The students who participated in the piloting were not included in the main study.

3.8 DATA COLLECTION PROCESS

Data collection, according to Grove et al (2013:523) a comprehensive, systematic collection of data or information that is relevant to the study's aim, objectives and question of the study. Because the researcher was their nurse educator, the researcher's colleague invited the nursing students to partake in the study (Appendix C), to avoid unnecessary pressure for student nurses to participate. The researcher's colleague arranged one of the classrooms at the private nursing college away from the wards where nursing students were placed, a quiet

area with no disturbances from outside, for example, telephone ringing. The students were briefed about the study and were given a Letter of Information (Appendix D) and allowed some time to read the letter. Following the information session, they were asked to partake in the study and if they concurred, they were requested to sign a consent form (Appendix E) and questionnaires were then distributed after the consent form was signed. The questionnaire was submitted in English, which is the language of contact during the students' facilitation campus. The data collection took approximately two months, each session taking about 15 to 20 minutes. After completion of the questionnaires, the participants were requested to deposit the completed questionnaires into a box provided for that purpose in the classroom, which would then be collected by the researcher after 30 minutes. That was to enable the students to choose to complete the questionnaire or not and not feel they have to complete it because the researcher is present.

3.9 RELIABILITY AND VALIDITY

Reliability and validity are important scientific research concepts. LoBiondo-Wood and Haber (2014: 290-291) state that the everyday use of these terms provides a sense of what they mean. The reliability of an instrument points to what extent it measures the attributes of a variable or construct consistently (Polit and Beck 2010: 373), whereas validity is the degree to which an instrument correctly tests a concept's attributes. The instrument's validity relates to the measurement level to be gaged by the system (Polit and Beck 2013: 336).

The researcher used a validated tool, CLES. Reliability was tested by measuring the alpha coefficient of Cronbach's per subscale to ensure that the construction is correctly calculated by all items in the instrument.

Table 3.2 represents the evidence for the reliability and validity of CLES.

Table 3.2: Reliability and validity of CLES

TITLE OF JOURNAL	AUTHOR	VALIDITY	RELIABILTY
Clinical learning environment & Supervision of international students: A cross sectional study.	Mikkonen, K, Elo, S, Miettunen, J, Saarikoski, M	Report validity construct validity	Cronbach's alpha varied 0.79+0.97 Total = 0.95
Clinical learning environment and Supervision: Students' experiences within a private health care in the Western Cape.	Filomena Borrageiro	Selected as being the most suitable validated tool for this study	Reliability is measured by the Cronbach's alpha coefficient that ranged from 0.73 to 0.94
Clinical learning environment and Supervision. Development and Validation of the CLES evaluation scale.	Mikko Saarikoski	Confirmed using both non- statistical methods and statistical methods. Construct validity of CLES was analysed using factor analysis. Concurrent validity of CLES was evaluated using correlation tests	Internal consistency reliability of CLES has been analysed twice in this article: in the Pilot study (n=162) and with data from the main sample (n=416). Cronbach's was used in this analysis varied from 0.73 to 0.94

3.10 DATA ANALYSIS

Polit and Beck (2012: 379) identify data analysis as "the systematic research data organization and synthesis". According to Grove (2013:691), the interpretation of data is carried out to bring information in order to give sense to the collected data.

Statistical analysis was conducted on the data (Appendix F). The results included correlation, t-test, and ANOVA and chi-square research of Pearson. Where the criteria for applying a parametric test were not satisfied, non-parametric equivalent tests, or exact tests were used, where applicable. These were used for a p-value of 0,05 to suggest significance. The study was performed via the use of the most recent SPSS update. Statistical procedures help researchers in summing up, arrange, analyze, interpret and communicate numerical information (Lo-Biondo-Wood and Haber, 2017: 310-318).

3.11 RESEARCH ETHICS

Ethical clearance was issued by the Ethics Committee of the Durban University of Technology (Appendix G). The letter, was submitted to the private nursing college principal, to inform and seek permission to conduct the study (Appendix H) and permission was duly granted (Appendix I). The participants then signed the informed consent forms before taking part in the study, and were notified that participation is on their free will; they were told that they could pull back from the study at any point without being intimidated, with no questions asked and that there would be no penalty. The participants were assured of total anonymity at all times since their names were not being used on the questionnaires. The consent forms and questionnaires were kept separate and remained unattached. Students' welfare at the private nursing college was reaffirmed. They were told that the research authorities would have the results and recommendations made available, and a copy would be stored in the NEI library. Data will be held under lock and key for five years and, subsequently, materials shredded for information security as per the private nursing college policy. The following ethics principles were observed;

- Beneficence

According to (Polit and Beck 2012: 152) beneficence relates to mitigation of harm, and doing welfare for the participants. In research, it means the necessity to ensure that there would be no harm to the participants, but maximum benefits are essential. In this study, the right to protection from damage and pain was upheld, as participants were not threatened with any risk of harm or injury. The researcher supported beneficence by speaking with the participants about the benefits of the study, and confirming that the study's benefits are maximized and risk is minimized.

- Respect for human dignity

Polit and Beck (2012:153) describes respect for human dignity as right to engage in, or withdraw from the research at any moment they feel dissatisfied. The researcher treated the participants with respect and dignity, gave all participants a letter of information, and explained the intent of the study, risks and discomfort. The letter further clarified the value of confidentiality as the privacy of the research was maintained by refusing to use of or mention of the any name.

- Justice

Polit and Beck (2012: 155) define justice as treating participants equally and maintaining confidentiality. The right to privacy has always been safeguarded by keeping the data gathered under lock and key. Justice requires the right to equal care and the right to privacy, researchers

will ensure that the privacy of the participants in the study is protected (Polit & Beck 2012:155). LoBiondo-Wood and Haber (2017: 255-256) define ethics as a method or branch of philosophy dealing with the nature of research procedures and the professional, legal and social responsibilities of the researcher towards the participants in the study.

3.12 CONCLUSION

This chapter explained how the research was performed, and how data was gathered. The selected sample was appropriate for gathering data because it addressed students participating in the research. A quantitative cross-sectional descriptive survey was used and the questionnaire pre-test processed before data collection. The chapter ended with a description of the ethical issues related to it.

Chapter 4 below discusses the findings

CHAPTER 4

PRESENTATION OF RESULTS

4.1 INTRODUCTION

In this chapter, the researcher focuses on the study of the questionnaire responses. The aim of this chapter was to present the information gathered from the participants, and to discuss the objective of the study, to explain the clinical learning and clinical supervision of nursing students at a private nursing college in eThekwini. The researcher utilized a standardized questionnaire to gather the participants' data.

The research targets were:

- To identify nursing students' experiences as encountered in the CLE with reference to nursing care, relationships, the clinical manager's leadership style and learning.
- To determine the supervisory relationship between professional nurses and the student nurses.

4.2 THE RESEARCH INSTRUMENT

The data evaluated was by means of a quantitative approach. The CLES which consisted of 32 items with Likert-type inquisitions was employed to gather information to determine the opinions and encounters of the participating student nurses. The options used with the Likert type scale were: (1) fully disagree, (2) disagree to some extent, (3) neither agree nor disagree, (4) agree to some extent, and (5) fully agree.

4.2.1 Pre-testing of the questionnaire

The use a small-scale version of the proposed study was necessary in order to refine the technique and check the instrument to be used in the main study (Polit and Beck 2012: 195). Five NEI students (two from first year and three from second year) performed pre-testing of the questionnaire. The key reason of the questionnaire pre-testing was to check for any ambiguity, and whether the questions were clearly understood and interpreted as being intended by the researcher, and to avoid any ambiguous aspects that could affect the process of data collection.

Pre-test participants volunteered after they were explained the details of the study and all participants signed informed consent. The pre-testing participants had not been involved in the main study.

4.3 SAMPLE REALISATION

Out of 120 questionnaires issued to the student nurses, 116 came back as usable. Participants 19, 20, 21 and 120 were deleted for validity purposes. A sample realization of 96.67% was achieved.

4.4 STATISTICAL ANALYSIS

The IBM SPSS statistics software version 21 was used for data analysis.

4.4.1 Tests used in the analysis

- The descriptive statistics method was employed, and the frequency, percentages and means of the participants also measured. Descriptive statistics, which is the term given data analysis that helps to explain, view or summarize data in a meaningful manner so that trends can emerge from data, for example, patterns might emerge from the data, (Statistics SA 2014:230-235). Frequencies are represented in tables and graphs.
- Pearson's correlation refers to a number between -1 and 1, signifying the theory that the range to which two variables are linearly related. Correlations assess how variables are connected to rank orders (Statistics SA 2014:230-235). Pearson's coefficient of correlation is a linear measure of association.
- One sample t-test is a statistical technique used to decide whether a sample of observations could have been made by a particular mean method ((Statistics SA 2014:230-235) and tests if a mean score varies considerably from a scalar rating.
- Independent samples t-test: a test that compares two different groups of events.

4.5 RESEARCH RESULTS

4.5.1 Demographics of the participants

It is obvious from the results (Figure 4.1) that most of the participants in this study were females, (87.9%, n = 102), with males which constituted 12.1% (n = 14) of the sample.
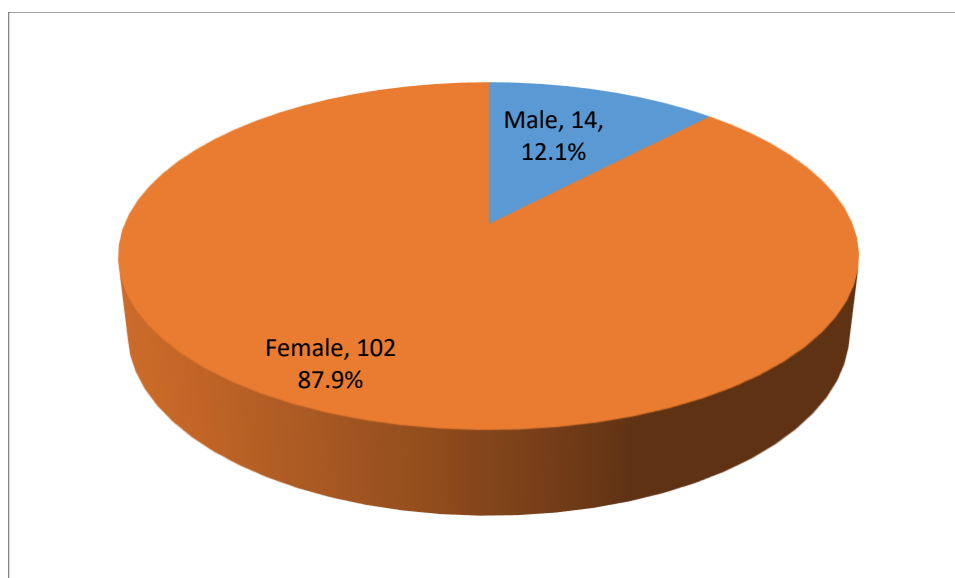
Figure 4.1: Gender

4.5.2 Age

Seventy percent (n=81) of the participants were within the age group 21-29 years, 25.9 % (n = 30) were aged between 30-39 years and 4.3% (n = 5) were 40 years and older. The median age was 33.4 years (Table 4.1).

Table 4.1: Age categories

AGE	FREQUENCY	PERCENTAGE
21 – 29	81	70%
30 - 39	30	25.9%
40 & above	5	4.3%

4.5.3 Level of training

Just under half (46.6%, n = 54) of the participants were found to be in year one, whilst 53.4% (n = 62) were participants in year two of training (Figure 4.2).
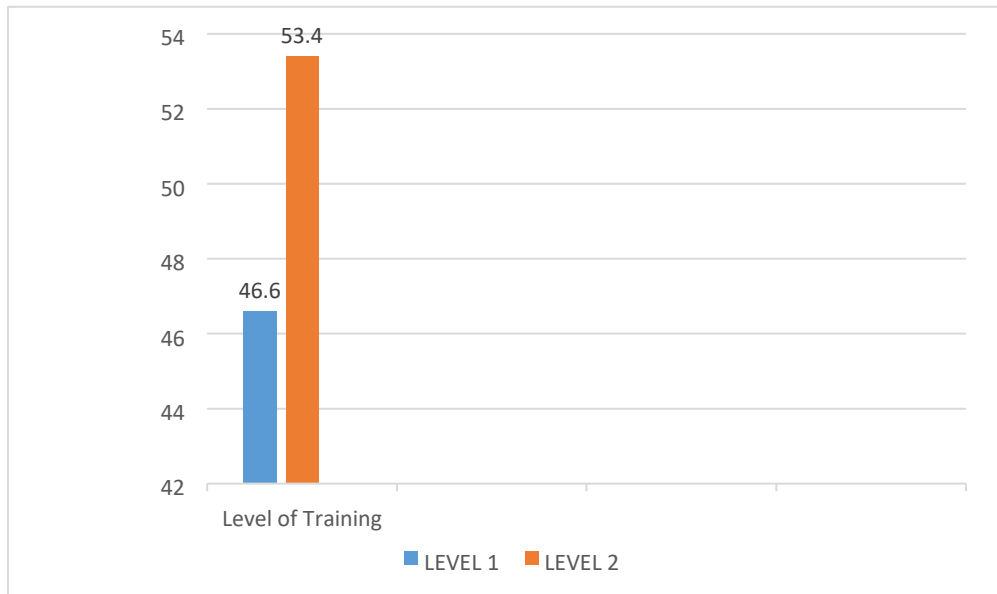
Figure 4.2: Level of training

4.5.4 Physical and emotional stress level

Question 1.4 (Table 4.2) asked participants to rate their physical and emotional stress in the clinical and they answered using a Likert scale where: 1 = no stress and 5 = very high stress.

The average physical stress score of 3.59 is significantly greater than a central score of '3', thus indicating significant above average physical stress, t (115) = 5.846, p <.0005.

The average emotional stress score of 3.28 is significantly greater than a central score of '3' thus indicating significant above average emotional stress, t (115) = 2. 644, p = .009.

Table 4.2: Stress Levels

	One-sample statistics	One-sample Test		
	Mean	t	df	p value
Physical stress	3.59	5.846	115	000
Emotional stress	3.28	2.644	115	.009

4.6 CLINICAL LEARNING ENVIRONMENT AND SUPERVISION (CLES)

The experiences of student nurses assigned to the CLE.

4.6.1 Objective 1

To identify nursing students' experiences as encountered in the CLE with reference to nursing care, relationships, the clinical manager's leadership style and learning.

4.6.1.1   Nursing care in the CLE

The students defined their experiences regarding nursing care in the CLE (Table 4.3). They evaluated whether the nursing philosophy was clearly described, whether the patients were given individual care or not; and if the information supply and documentation was valid.

Over two thirds of the participants (69.0% n = 80) indicated that the documented material on nursing was clear, while 25.5% disagreed. There was significant agreement that documented material on nursing (e.g. nursing plans, daily recording of nursing procedures etc.) was comprehensible, M = 3.79, t (115) = 6. 964, p < .0005.

A little under a quarter (23.2% n = 27) of participants refuted the theory of absence of problems in the information flow related to the patient care, and most of the participants 65.5% (n = 76) agreed. There was significant agreement on the absence of problems in the information flow related to patient care, M = 3.71, t (115) = 5.986, p < .0005.

With regards to nursing care quality on the clinical, 63.8% (n = 74) expressed the view that patients in the clinical were given superior quality nursing care; while 15.5% (n = 18) disagreed. There was overwhelming agreement that most of the patients were afforded superior quality nursing care M = 3.66, t (114) = 5.949, p< .0005, with a further 66.4% (n = 77) pointing out that patients were given individual attention, while 19% (n = 22) disagreed. There was significant agreement that patients were given individual attention, M = 3.63, t (113) = 5.306, p < .0005.

Over two thirds of participants (67.3%, n = 78) concurred that the nursing care philosophy was lucidly described, while 18.1% (n = 21) disagreed, with 14.7 (n = 17) being neutral. There was overwhelming consensus that the nursing care philosophy was lucidly described, M = 3.68, t (115) = 6.234, p < .0005.

Table 4.3: Nursing care in the clinical

Item	Scale	Frequency	Percentage
Documentation of nursing (e.g. nursing plans, daily recording of nursing procedures etc.) was clear	Fully agree/ agree to some extent	80	69.0%
	Fully disagree/disagree to some extent	25	21.5%
	Neutral	11	9.5%
There were no problems in the information flow related to patients care	Fully agree/ agree to some extent	76	65.5%
	Fully disagree/disagree to some extent	27	23.2%
	Neutral	13	11.2%
Overall, the patients received high quality nursing care	Fully agree/ agree to some extent	74	63.8%
	Fully disagree/disagree to some extent	18	15.5%
	Neutral	23	19.8%
Patients received individual nursing care	Fully agree/ agree to some extent	77	66.4%
	Fully disagree/disagree to some extent	22	19%
	Neutral	16	13.8%
The wards nursing care philosophy was clearly defined	Fully agree/ agree to some extent	78	67.3%
	Fully disagree/disagree to some extent	21	18.1%
	Neutral	17	14.7%

4.6.1.2 Relationships in the clinical

The clinical relationships included information on affability of the nursing staff, whether or not the clinical atmosphere was conducive, and whether the staff had developed knowledge of individual students by name.

Almost 60% (56.9%, n = 66) of the participants stated that the clinical staff were cordial, whilst 31% (n = 36) disagreed, 12.1% (14) were neutral. There was great understanding that the staff were friendly, M = 3.30, t (115) = 2.804, p = .006.

Close to 60% of students (59.5%, n = 69) pointed out that the atmosphere was comfortable for their learning; just under a quarter 23.2% (n = 27) disagreed that there was a positive atmosphere in the clinical and 17.2% (n = 20) were neutral. There was significant agreement that there was a positive atmosphere on the clinical, M = 3.45, t (115) = 4.304, p = < .0005.

Fifty-eight students (58.6%) agreed with the statement "The staff learned to know me by name" while 27.6 (n = 32) disagreed and 13.8 (n = 16) were neutral. There was significant agreement that the clinical staff knew me by name, M = 3.53, t (115) = 4.251, p < .0005.

Table 4.4: Clinical relationships

Item	Scale	Frequency	Percentage
The staff were easy to approach	Fully agree/ agree to some extent	66	56.9%
	Fully disagree/disagree to some extent	36	31%
	Neutral	14	12.1%
There was a positive atmosphere on the ward	Fully agree/ agree to some extent	69	59.5%
	Fully disagree/disagree to some extent	27	23.2%
	Neutral	20	17.2%
The staff learned to know me by name	Fully agree/ agree to some extent	68	58.6%
	Fully disagree/disagree to some extent	32	27.6%
	Neutral	16	13.8%

4.6.1.3 The clinical as a learning environment

Participants measured the clinical as a learning environment with regards to adequate essential learning conditions, the learning conditions were multi-faceted with regards to their content, that the clinical could be treated as a good learning environment, and that the number of learning options were not in proportion to the student numbers in the clinical.

Fifty-eight percent (n = 67) of participants were of the convergent view that there were adequate significant learning situations in the clinical, while 21.6% (n = 25) disagreed and 19.8% (23) were neutral. There was a significant agreement that there were adequate significant learning situations in the clinical, M = 3.43, t (114) = 3.676, p < .0005.

Greater than half 56.9% (n = 66) of the participants pointed out that the learning situations were multi-faceted with regards to content, 19.8% (n = 23) disagreed, while 22.4% (n = 26) were neutral. There was significant agreement that the learning situations were multi-faceted with regards to the content, M = 3.45, t (114) = 4.464, p < .0005.

The majority (65.6%, n = 76) of participants pointed out that the clinical can be regarded as a good learning environment, while 20.7% (n = 24) disagreed. There was significant agreement that the clinical could be viewed as a conducive learning environment.

M = 3.64, t (115) = 5.705, p < .0005.

Sixty two percent (n = 72) concurred that the number of learning opportunities were not in proportion to the number of students on the clinical, while 22.4% (n = 26) disagreed and 15.5% (n= 18) were neutral. There was significant agreement that the number of learning opportunities were not in proportion to the number of students on the clinical, M = 3.54, t (115) = 4.665, p < .0005.

Table 4.5: Clinical as a learning environment

Item	Scale	Frequency	Percentage
There were sufficient meaningful learning situations on the ward	Fully agree/ agree to some extent	67	57.8%
	Fully disagree/disagree to some extent	25	21.6%
	Neutral	23	19.8%
The learning situations were multi-dimensional in terms of content	Fully agree/ agree to some extent	66	56.9%
	Fully disagree/disagree to some extent	23	19.8%
	Neutral	26	22.4%
The ward can be regarded as a good learning environment	Fully agree/ agree to some extent	76	65.6%
	Fully disagree/disagree to some extent	24	20.7%
	Neutral	16	13.8%
The number of learning opportunities was not in proportion to the number of students on the ward	Fully agree/ agree to some extent	72	62%
	Fully disagree/disagree to some extent	26	22.4%
	Neutral	16	13.8%
Basic familiarization was well organized	Fully agree/ agree to some extent	69	59.5%
	Fully disagree/disagree to some extent	26	22.4%
	Neutral	21	18.1%

4.6.1.4   Leadership style of the clinical manager

In this section participants expressed their views on the manner in which the clinical manager treated clinical staff in the CLE, if the individuals' employees were appreciated, or if the clinical manager did give progress reports to the student nurses and, if it was beneficial or not; whether the clinical manager regarded the staff as a key resource and whether basic familiarization was well organized.

The results show that 56.9% of participants (n = 66) suggested that the clinical manager acted as the part of the team, while 27.6% (n = 32) disagreed and 15.5% (n = 18) were neutral. There was notable consensus that the clinical manager acted as part of the team, M = 3.38, t (115) = 3.000, p = .003.

The majority (55.2%, n = 64) of participants expressed the view that the endeavors of the individual employees was valued, while 32 (27.6%) disagreed with this statement, and 20 (17.2%) were neutral. There was overwhelming consensus that the effort of individual employees was valued, M = 3.34, t (115) = 2.888, p = .005.

Sixty three percent (n = 73) affirmed receipt of progress that the clinical manager's constant updates were constructive and had an enhancing effect on their learning, while 19.9% (n = 23) express dissent, while 17.2% (n = 20) were neutral. There was overwhelming consensus that the nursing students acknowledged constant receipt of updates from the clinical manager and perceived such as a learning experience, M = 3.55, t (115) = 5.091, p < .0005.

Furthermore, 62.9% (n = 73) of the participants were of the view that the clinical manager considered the clinical staff on the CLE as essential resources, and 23.3% (n = 27) disagreed. There was overwhelming consensus that the clinical manager considered the clinical staff as an essential resource, M = 3.53, t (115) = 4.541, p < .0005.

Ost of the participants (59.5%, n = 69) indicated that basic familiarization was well organized, 22.4% (n = 26) disagreed, and 18.1% (n = 21) were neutral. There was significant agreement that basic familiarization was well organized, M = 3.47, t (115) = 3.998, p < .0005.

Table 4.6: Leadership style of the clinical manager

Item	Scale	Frequency	Percentage
The ward manager was a team member	Fully agree/ agree to some extent	66	56.9%
	Fully disagree/disagree to some extent	32	27.6%
	Neutral	18	15.5%
The effort of individual employees was appreciated	Fully agree/ agree to some extent	64	55.2%
	Fully disagree/disagree to some extent	32	27.6%
	Neutral	20	17.2%
Feedback from the ward manager could be easily be considered as a learning experience	Fully agree/ agree to some extent	73	62.9%
	Fully disagree/disagree to some extent	23	19.9%
	Neutral	20	17.2%
The ward manager regarded the staff on her/ his ward as a key resource	Fully agree/ agree to some extent	73	62.9%
	Fully disagree/disagree to some extent	27	232.3%
	Neutral	16	13.8%

4.6.2 Objective 2

To assess the supervisory interactions between multi-disciplinary team and the student nurses.

4.6.2.1   Supervisory relationship

Participants rated their interactions with the supervisor in respect of whether reciprocal respect was prevalent in their interactions with the supervisor, whether their interactions were characterized by a sense of trust, were participants motivated during supervision, and if the supervision promoted participants' progress.

Just over half of those sampled (51.7%, n = 60) reported that reciprocal respect and approval was prevalent in their interactions with the supervisor, while 32.7% (n = 38) disagreed. There was significant agreement that reciprocal respect and approval was prevalent in the interactions with their supervisor(s), M = 3.24, t (115) = 2.071, p = .041.

Fifty three percent (n = 61) of participants expressed the view that their association was characterized by a sense of trust, 24.1% (n = 28) disagreed and 23% (n = 27) were neutral. There was significant agreement with the statement "my relationship was characterized by a sense of trust", M = 3.35, t (115) = 3.126, p = .002.

A little over half (52.6%, n = 61) of the participants agreed that they were sufficiently stimulated during supervision, 26.7% (n = 31) participants disagreed, while 20.7% (n = 24) were neutral. There was significant agreement that participants were sufficiently stimulated during supervision, M =3.34, t (115) = 2.911, p = .004.

Just over half (53.5 %, n = 62) of the participants reported that the supervision promoted their learning, 25.8% (n = 30) of the participants disagreed and 20.7% (n = 24) were neutral. There was significant agreement that the supervision promoted learning, M = 3.34, t (115) = 2.818, p = .006.

Table 4.7: Supervisory relationships

Item	Scale	Frequency	Percentage
Mutual respect and approval prevailed in my relationship with my supervisor(s	Fully agree/ agree to some extent	60	51.7%
	Fully disagree/disagree to some extent	38	32.7%
	Neutral	18	15.5%
My relationship was characterized by a sense of trust	Fully agree/ agree to some extent	61	52.5%
	Fully disagree/disagree to some extent	28	24.1%
	Neutral	27	23.3%
I was sufficiently stimulated during supervision	Fully agree/ agree to some extent	61	52.6%
	Fully disagree/disagree to some extent	31	26.7%
	Neutral	24	20.7%
The supervision promoted my learning	Fully agree/ agree to some extent	62	53.5%
	Fully disagree/disagree to some extent	30	25.8%
	Neutral	24	20.7%

4.7 FACTOR ANALYSIS

Factor analysis was applied to see what latent factors were present in the 32 items of the questionnaire. The ProMax rotation factor analysis was applied.

KMO and Bartlett's test were done too: KMO is an analysis method used to gage the manner in which the data is suitable for factor analysis, while Bartlett's test of Sphericity equates the correlation matrix to identity the matrix and established if there is an overuse between variables that can be summarized with some factors.

(Available https://www.statisticshowto.datasciencecentral.com/kmoandbartlettstest). The KMO statistic (.879) suggests that the information was adequate for proper extraction. Bartlett's test (p < .05) indicates that equation between items are just right.

In the current study the following four factors were extracted and accounted for 63.94% of the variance in the data. Items 2; 12; 23; 27; 28 and 30 were dropped because they either loaded onto more than one factor or did not load strongly onto any factor.

The factors were interpreted as F1, F2, F3 and F4. These factors were tested for reliability using Cronbach's alpha.

Table 4.8: Factor analysis

Factor	Cronbach`s Alpha
F1 Nursing on the clinical	.905
F2 Relationships on the clinical	.892
F3 Supervision on the clinical	.911
F4 Learning on the clinical	.852

An alpha >.7 was considered a reliable measure.

4.7.1 Objective 1

To describe the experiences of student nurses in the CLE with reference to nursing, relationships, learning and the leadership style of the clinical manager.

4.7.1.1 Nursing in the clinical learning environment

There was significant agreement that the 'situation on the clinical' is good

(M=3.59), t (115) = 6.373, p<.0005.

4.7.1.2 Learning in the clinical learning environment

There was general approval of the learning process (M

= 3.51), t (115) = 5.294, p < .0005.

Table 4.9: Clinical learning environment and supervision (CLES) Factor analysis

Factor	Construct Name	Questions	% of Variance	Cronbach's
1	Nursing on the ward (WARD)	2.20 There were no problems in the information flow related to patients care	.861	.905
		2.22 Patients received individual nursing care	.798	
		2.19 Documentation of nursing (e.g. nursing plans, daily recording of nursing procedures etc.) was clear	.731	
		2.21 Overall, the patients received high quality nursing care	.669	
		2.32 Basic familiarization was well organized	.582	
		2.29 The effort of individual employees was appreciated	.546	
		2.31 The ward manager regarded the staff on her/ his ward as a key resource	.503	
2	Relationships on the ward (REL)	2.6 The staff learned to know me by name	.811	.892
		2.1 The staff were easy to approach	.740	
		2.11 My supervision was based on a relationship of equality	.727	
		2.4 Within the team I was regarded as equal	.599	
		2.10 My relationship was characterized by a sense of trust	.553	
		2.5 There was a good spirit of solidarity among the nursing staff on the ward	.545	
		2.8 Mutual respect and approval prevailed in my relationship with my supervisor(s)	.523	
		2.7 During the staff meetings I felt comfortable taking part in discussions	.522	
		2.9 The staff were generally interested in student supervision	.499	
		2.3 I felt comfortable going to the ward at the start of my shift	.488	
3	Supervision on the ward (SUP)	2.17 I was sufficiently stimulated during supervision	.971	.911
		2.15 My mentor showed a positive attitude towards supervision	.847	
		2.14 I felt that I received individual supervision	.835	
		2.18 The supervision promoted my learning	.754	
		2.13 I continually received feedback from my mentor	.543	
		2.16 Overall, I am satisfied with the supervision I received	.527	
4	Learning on the ward (LEARN)	2.25 The learning situations were multi- dimensional in terms of content	951	.852
		2.24 There were sufficient meaningful learning situations on the ward	.800	
		2.26 The ward can be regarded as a good learning environment	.516	

Table 4.10: Mean and p value for the four factors

Factors	Mean	p value
1- Nursing on the clinical (Clinical)	3.59	p < .0005
2- Relationships on the clinical (Rel.)	3.16	p < .064
3- Supervision on the clinical (Sup)	3.19	p < .066
4- Learning on the clinical (Learn)	3.51	p < .0005

4.7.2 Objective 2

The aim was to assess the supervisory interactions between professional nurses and the nursing student.

4.7.2.1   Supervision on the clinical

There was neither significant agreement nor significant disagreement that relationships on the clinical (M = 3.16), t (115) = 1.870, p .064 and supervision on the clinical [(M = 3.19), t (115) = 1.859, p .066] was 'good'.

4.7.3 Significant differences across the demographic variables

There were no significant differences in the four factors measured across gender or level of training.

Pearson's correlation was applied to test the linear correlation of the four factors with age, physical stress and emotional stress.

Both physical and emotional stresses were significantly correlated with all four factors – nursing on the wards, relationships on the clinical, supervision on the clinical and learning on the clinical. These results indicate that the lower stress scores were associated with agreement that nursing on the clinical was good, relationships on the clinical were acceptable, supervision on the clinical was satisfactory and learning on the clinical was meaningful. There was a stronger relationship with emotional stress than with physical stress. These results show a relationship in the expected direction – lower stress with more agreement.

Table 4.11: Correlation results of physical and emotional stress across the four factors

Measure	Nursing on the ward	Relationships on the ward	Supervision on the ward	Learning on the ward
Physical stress	r -.278 p .003	r -.273 p .003	r -.312 p .001	r -.217 p .019
Emotional stress	r -.416 p <.0005	r – 487 p <.0005	r -.516 p <.0005	r -.306 p .001

4.8 CONCLUSION

Frequencies were conducted, means and fractions were portrayed. Illustration and interpretation were magnified via the use of tables. Some tables were used to magnify illustration and interpretation. Descriptive statistics, Pearson's correlation, and one sample t tests were used to establish whether a sample of observations could be made via a process with a specific mean. It has become obvious from the outcomes of the study that most of the participants were females, aged between 21 and 46 years, with an average age of 28 years. Student nurses sampled in this study indicated significantly above average physical stress and emotional stress.

The first objective for this study was to give analysis of the student nurses' experiences in the CLE, with reference to nursing, relationships, leadership style of the clinical manager and the clinical as a learning environment. The majority of the participants reported that the clinical staff were easy to approach. Sixty-eight students agreed with the statement "The staff learned to know me by name". More than the half of participants indicated that the documentation of nursing was clear. With regards to the quality of nursing care in the CLE, a maximum number of the participants reported that patients in the clinical learning environment were given superior quality nursing care.

The second objective was to assess the supervisory interactions between professional nurses and the nursing students. Just over half of those sampled reported reciprocal respect and prevalent approval in the interactions with the supervisor, and some pointed out that the relationship was signified by a sense of trust. Lower levels of physical and emotional stress were correlated with greater agreement that nursing on the clinical learning environment was good, relationships on the clinical environment were acceptable, supervision on the clinical learning environment was satisfactory and learning on the clinical environment was meaningful.

The next chapter discusses the results of the study.

CHAPTER 5

DISCUSIONS OF FINDINGS

5.1 INTRODUCTION

The study investigates bridging students' experiences of CLE and their supervision at a private nursing college in eThekwini. In the former chapter, the data collected was analyzed and presented and this chapter places emphasis on the discussion of the outcomes. The discussion of the results was guided by the study model, which is the preliminary model of CLE and supervision (Saarikoski Leino-Kilpi 2013: 266), which highlights the quality of the CLE and supervision, the clinical atmosphere, leadership style of the clinical manager, premise of nursing care, premise of learning on the clinical and supervisory relationships, all included in this study model. To be discussed for further research also, are the limitations and recommendations of this study.

5.2 OVERVIEW OF THE RESEARCH DISCUSSION

The study aimed at describing the clinical learning and clinical supervision experiences of student nurses at a private nursing college in eThekwini. A quantitative, descriptive cross-sectional survey was conducted to identify the participants' experiences and their supervision. Quantitative research design is a formal, objective, systematic process using numerical data to obtain world information (Burns and Grove 2013:97).

The research design chosen for the study was a quantitative study using a survey design administered to a bridging course group of 120 students, leading to registration as a General Nurse (R683).

This was descriptive research because its purpose was to observe, explore and describe occurrences in real life situations. The purpose of a descriptive research design according to Polit and Beck (2012: 93-100), is to observe, describe and document aspects of a situation as naturally occurring. In this study, the researcher used a descriptive design because it allows researcher to gather information about the situation under the study (Grove 2013: 211).

A cross-sectional survey was carried out, using a validated tool, namely, Saarikoski's CLE questionnaire (2002: 340-349) which is available online. LoBiondo-Wood and Haber (2017: 576) points out that a cross-sectional study "looks at the instant present data at one point and is non-experimental".

From a student perspective, the researcher analyzed the variables present in the CLE with respect to the particular areas found in the CLES.

5.3 DISCUSSION

5.3.1 Participants' demographic profile

This section analysis the various demographic characteristics of the participants. Demographics refers to particular characteristics of a population, such as the age, gender, ethnicity, level of education etc. it provides data regarding research participants (Connely 2013:165- 174) Supporting tables and figures are provided.

5.3.2 Gender

The study reveals that female representation in proportion to males was greater. According to the study the majority (87%) were female and only 14% were males of the sample population. It is a general trend that most men perceive nursing as inherently a female profession, which explains why few males join the nursing profession. The study carried out by Nxumalo (2011: 82), reveals that in Limpopo province, out of all the students registered for R425, 1 232 were females and 480 were males. Among other reasons for the males not joining nursing were that they received none or little career guidance regarding nursing in high schools. Nursing remains a female-dominated profession as indicated by the national and international statistics. According to SANC (2015) statistics the total number of student nurses in training at the SANC in 2015 was 20 549, out of which16 504 were females and 5 146 being males.

5.3.3 Age

According to the study, the participants were aged between 21 and 29, the age range between adolescence and early adulthood. This is a critical stage of growth which tends to have an impact on the participants' learning progress. The above assertion is reiterated by Mkhwanazi (2007: 72) who states that adolescents always encounter such changes as growth and development, illegal behavior, pregnancy and therefore require backing and direction from the clinical staff. It has been established through a study done by Muthathi (2017: 83) that the average age of the participants who began their training in 2009 was 26 years, where the youngest was 17 and the oldest was 55 years of age; some students started the bridging course when they were even older, and for some nursing was their second qualification.

5.3.4 Physical and emotional stress level

Clinical education is an integral aspect of the nursing education program. It aspires to attain a set of skills, coordinate the theory with practice and improve critical thinking and decision-making abilities in the CLE. The CLE has been regarded as worrying for all student nurses, strategies such as mentoring programs have been applied for experienced professional nurses to ensure attainment of positive learning environments (Li and Wang 2011:203- 210). Student nurses encounter a high level of strain and anxiety throughout their learning experience. Actually, student nurses encounter greater anxiety in comparison to other students from any other healthcare profession according to Turner and McCarthy (2016: 22). Students experience stress due to the fact that they have to work in the wards while attending college as nursing involves theory and practice (Turner and McCarthy, 2017: 21-29)

The common causes of physical and emotional stress in nursing students include the fear of unknown, working with equipment in the clinical staff, who are not supportive and not making the effort to teach the students, the theory and practice gap, and fear of making mistakes, not forgetting the professional nurses who are shouting at student nurses (McKenna, Plummer and Nelwati 2013:56-65). On the contrary, Walker *et al.* (2014:403- 409) regards clinical facilitators and professional nurses as being supportive, exhibiting demeanor that students could emulate. Ford *et al.* (2016: 102) states that student nurses succeed when treated with respect.

5.4 CLINICAL LEARNING ENVIRONMENT AND SUPERVISION (CLES)

Nursing education is made up of both theoretical and clinical practice elements. As theoretical knowledge occurs in a classroom situation, the clinical practice occurs in the CLE, which is comprises the patients, clinical staff, doctors, peers, clinical facilitators. According to Meyer (2009: 112), a CLE for nursing students should be a conducive one, providing guidance and support from the multi-disciplinary team. Hughes and Quinn (2013: 356) emphasize the importance of CLE for the experiential clinical learning of the students.

5.4.1 Quality of the clinical learning environment

Participants agreed that there were adequate meaningful learning situations in the CLE and pointed out that the learning situations were multi-faceted in terms of their composition. CLE needs to be appropriately equipped for learning. Ali, Banan & Seraty (2015:5) states that CLE which is appropriately equipped for learning should be made up of clinical staff who regard student nurses' emotions and go beyond the call of duty to assist them; and in turn the student

nurses will look forward to coming to the CLE. Hughes and Quinn (2013:361) indicates that clinical staff must do their best in treating the student nurses with courtesy; make them to feel as an important part of the clinical team.

Rahmani, Zadeh and Abdullah-Zadeh (2012:253- 256) asserts that the quality of clinical learning and the support from the clinical facilitators and clinical staff are the most important elements of the clinical learning for nursing students. According to Bruce, Klopper and Melish (2011: 244) NEIs should see to it that the nursing students are to be allocated to the respective wards according to their level of training in order to attain the expected outcomes, ensuring a conducive clinical environment for both clinical learning and patient care. Setumo (2013:57) and Mothokoa (2015:73) discovered that the nursing students were not allocated in accordance with their respective clinical learning aspirations.

5.4.2 Ward atmosphere

Relationships between the clinical staff and nursing students, unity and a conducive learning environment are important for learning in the clinical setting. Most participants felt that, the clinical staff were approachable. This is important because it improves the relationships between the clinical staff and nursing students, and this results in enhancement of the teaching and learning process. According to Levett-Jones (2009: 316- 324) the atmosphere will inspire the students and contribute to their sense of security, and allow them to pose questions for attainment of good learning outcomes.

Regarding the spirit that prevailed in the clinical learning environment, most of the participants reported a strong spirit of solidarity in the CLE. This is absolutely important because it aids the creation of an environment that facilitates successful student learning. Rani, Brennan and Timmons (2011: 2) emphasizes the notion that if the student nurses are well treated, they will be content and comfortable with their clinical allocation. In respect of the clinical setting, most participants observed a positive atmosphere in the ward. Saarikoski et al (2013: 407-415) suggests that the most important features of "good" clinical environment were a positive atmosphere and a good team spirit and if the clinical staff worked together, and were motivated, the students felt both supported and well overseen.

5.4.3 Leadership style of the clinical manager

The clinical manager's leadership skills will affect the students' studying in the CLE. More than half of the participants reported in this study that the clinical manager was also part of the

clinical care team, and most of them reported that the clinical manager received guidance that was positive and improved learning for the students and they also suggested that the clinical manager valued the efforts of the clinical staff. Feedback to the students is a way to show them their progress and correcting any of their acts that have not been carried out according to the planned norm (Klopper et al (2013:162- 173).

It can therefore be inferred that if the clinical manager can be part of the team and respect the efforts of junior staff in their clinical work and display positive attitude towards the work in the ward and supervision of nursing students as supportive learning environment can occur and the rest of staff can enjoy working in that particular clinical learning environment. This can be beneficial to the nursing students as well. The temperament and leadership style of the unit manager are imperative factors of a conducive clinical environment (Hughes and Quinn 2013: 360).

In respect of the degrees of the nursing students' contentment with the latest placement, the student nurses reported that the clinical situation was fine. Students were treated as part of the health team according to Bruce et al (2011:284). Even Meyer (2011: 101) supported the above statement that the student nurses should be viewed holistically, since they are special human beings. Stokes and Kost (2012: 288) emphasized the importance of positive relationships in the CLE because the quality of the interaction between the nursing students and the clinical staff had a bearing on the learning outcomes. This is not always the case though. Daniels, Linda, Bimray and Sharps (2014:1756) reported in the Western Cape in South Africa, and in KwaZulu-Natal Sibiya and Sibiya (2014:1943- 1948) reported that students were regarded as staff, they were used as scapegoats for anything done wrong, and as the CLE was always engaged in its ordinary business, it was difficult for the student nurses to practice their skills. Ma, Li, Liang, Bai and Song (2014:1- 9) suggested that for learning to take place, CLEs have to be equipped with all the essential resources as well as caring clinical staff and a caring learning environment.

5.4.4 Premise of nursing care

Student nurses consider professional clinical staff as exemplary. Therefore, the clinical staff need to act according to the profession's expectations so that the students can learn the best practices. Cele, Gumede and Kubheka (2012: 30- 39) stated that professional nurses and clinical staff serve as role models for student nurses and resource people. They provide them

with clinical instruction, they guide them in the clinical field, and by providing direction, support and motivation, and they allay their fears and anxiety.

Throughout this study, most of the participants indicated that patients provided clinical treatment, there was no issue with patient-related information flow, and there was a good documentation of nursing care plans and daily routine procedures were clear. This is important because it reveals that students are exposed to the right practices and premises regarding patient-care. One of the essential aspects of good demonstration is for the nursing students being afforded the opportunity to practice and master the demonstrated skills (Bruce, Klopper and Melish 2011: 252). SANC (2014:9) asserts that once the nursing students are assigned to the CLE, it is the responsibility of the unit managers, professional nurses and the clinical staff to supervise and educate the student nurses designated for clinical practice and ensure that they are integrated into the health team.

More than one third of the participants indicated that the nursing philosophy was not clearly defined, this is a problem because it means that some of the students did not understand the clinical expectations and therefore, may not have provided nursing care to the clinical standards expected. The nursing philosophy is defined by Mellish (2011: 9) as a statement of principles and ideals embodied in nursing that are used as the basis for thinking and behaving in the clinical practice. In other words, the theory of nursing puts together a shared interpretation of the treatment and all the practices the nurse engages in. If the staff members, including the nursing students, understanding the nursing philosophy, then the nursing care can be well coordinated (Bruce et al 2014: 65-71). It suggests that if the nursing students do not grasp the theory, they may not respond to the clinical standards, thereby jeopardizing the quality of clinical care. Mothiba et al 2012:1990; Mampunge & Seekoe 2014:63 mentioned that some CLEs had no caring professional nurses to assist the student nurses accordingly and that teaching became difficult or did not occur. This indicates that when allocated for clinical learning, professional nurses should be prepared, and have responsibility over the students.

5.4.5 Premise of learning on the clinical learning environment

Learning premise includes meaningful learning conditions in the CLE, a healthy learning environment, and the involvement of the clinical staff in supervising, and calling student nurses by their names, as well as the provision of learning opportunities.

Referring to whether there were sufficiently meaningful learning situations on the ward, most of the participants indicated that there were enough meaningful learning situations, while over a third of the participants suggested that the learning atmosphere was not meaningful. Meaningful learning atmosphere means that the students are enabled to perform on various tasks and procedures thus able to achieve their targets. Ford *et al. (*2016: 101) notes that student nurses should be prepared to cope with the demanding CLE, and they should be responsible for their own learning. Mueller and Billings (2012:173) explain that the nursing students are expected to be exposed to the practice at their CLE orientation. Orientation provides opportunities for students to receive reliable information regarding procedures, to familiarize themselves with the nature of work. Setati (2013: 49), Kgafela, Coetzee and Heyns (2015:234) and Mothokoa (2015: 72) reported that during their clinical placement, student nurses earned clinical orientation, because the main purpose of the orientation program is to alleviate concerns and doubts.

Murathi *et al.* (2005: 15), reveal in her research that unit managers admitted that there was inadequate student orientation due to poor coordination between the NEI and the clinical staff, and often found themselves unable to meet the standards of the students. Good orientation is therefore essential, as it helps students to start learning as early as possible and with no or less fear and confidence in what they are expected to do.

The majority of participants suggested that a healthy learning atmosphere can be considered as the clinical. It is very important because the students spend much of their time with the clinical staff in the CLE. The findings in a study conducted by Pillay and Mtshali (2008:46- 56) were that during clinical practice, clinical staff is the key factor in shaping the learning atmosphere f the student nurses. The SANC (1994: 9) stresses that the ultimate goal of the clinical practice is to provide appropriate learning opportunities for students in each placement area according to their level of preparation, to ensure that the student nurses are able to work excellently when the program is completed.

5.4.6 SUPERVISORY RELATIONSHIP

Supervisory relationship is the clinical staff's educational task. The supervisory relationship included whether, in the participants' relationship with the supervisor, mutual respect and acceptance existed, whether their relationship was defined by a sense of confidence, whether the participants were motivated during supervision, and whether supervision promoted learning among participants. Hughes and Quinn (2013: 371) state that the exemplary of the student nurses should be gentle and helpful.

Just over half of those sampled, reported that reciprocal respect and acceptance prevailed in their relationship with their role model, while more than one third disagreed, also reported that the supervision promoted their learning. In the South African Nursing Strategy for Education, Training and Practice released in March 2013, the Minister of Health, Dr A. Motsoaledi, announced the introduction of the New Model for Clinical Nursing Education and Training with a view to provide reliable and qualified nurses through the re-establishment of clinical teaching units in all health facilities, assisted by a centralized network of health facilitators and clinical supervisors (Blaauw et al 2014:1) This will help to support the notion of providing adequate guidance to the students in order to produce optimum results.

A little over half of the participants accepted that during supervision, they were adequately stimulated, and that a sense of confidence defined the relationship. Saarikoski, Leino-Kilpi and Warne (2003: 1014-1024) indicates that the supervisor should have a positive attitude towards supervision, as the supervisory system aims at facilitating those relationships between the supervisor and the student nurses to promote learning and individual encouragement and guidance for the students. If there is no, or limited clinical supervision, the student nurses feel exposed and dissatisfied. Babenko-Mould et al (2012:223) emphasized that in their CLE, clinical staff help students' learning results in trust and personal effectiveness among students. Nevertheless, Sundler Johansson et al (2014:15-16) conducted a cross- sectional analysis to examine the CLE perceptions of student nurses with regards to supervision, the results revealed that the student nurses were not satisfied with the level of supervision and support they provided, making them crucial for clinical learning. A positive CLE helps students achieve their potential and gives an inspiration to the students for success.

5.5 CONCLUSIONS

This study aimed to describe the experiences of nursing students at a private nursing college in eThekwini regarding CLE and clinical supervision. The results show that the students are satisfied with their CLE and supervision they receive from the wards' clinical personnel. The clinical staff were approachable and positive, as was the general spirit among them and the learning environment for students was constructive. There is a need, nonetheless, for the students to become more involved in the educational activities to make them feel as being the part of the team, making their learning complete. Most of the participants appreciated the leadership style of the unit manager, nevertheless, it is necessary for the unit manager to have

regard for the clinical staff in the clinical as equally essential in both provision of patient care and student supervision.

This study also revealed that the supervisory interactions was focused on confidence and shared understanding between the supervisor and the students; however, as the supervisor to the students, clinical staff and professional nurses needs to provide consistent positive input to promote learning and understanding. This finding will encourage clinical facilitators to improve clinical learning in the student's clinical placement process, with the goal of creating professional and practicing nurses who are ready to complete their training.

5.6 LIMITATIONS OF THIS STUDY

The following are the limitations identified in the study:

The quantitative nature of the study limited the participants' responses since they had to answer a closed-ended questionnaire. A qualitative study would provide an opportunity for elaboration of views and generate more opinions.

The research was premised on context, it included only one NEI and one hospital. If it included more NEIs and more hospitals, the effect could have been compared, and a larger range of views could possibly exist. The results cannot therefore be generalized.

The research was confined to the student nurses who had registered for the bridging course in terms of R683 of 1989, as amended (SANC, 2006).

5.7 RECOMMENDATIONS

The researcher has the following guidelines, derived from the study results, which are made with a particular regard to nursing education, nursing practice and further studies.

5.7.1 Nursing education

In this research, it was decided that the clinical facilitators did not often or routinely meet, or supervise students. It is also recommended that the clinical facilitators increase the frequency of ward visits, while students are in the clinical placement, so that each student will have a chance of being watched by them.

The NEI may need to regularly have specific clinical facilitators who are trained in the clinical supervision that are available to students in the clinical placements as some students mentioned.

In the study, it was found that team supervision was the most common form of supervision. Therefore, it is recommended that the NEI find more qualified individuals who can supervise a sufficient number of students, so that they can be adequately monitored by all of them.

It may be necessary for the nursing college to regularly have specific clinical facilitators who are trained in clinical supervision that are available for students in the clinical placements as this was mentioned by some students.

It was found in this study that the most popular method of supervision was team supervision. It is recommended that the college finds more competent individuals who can supervise a reasonable number of students so that all students can be adequately supervised.

An accompanying method needs to be created that will be user-friendly to clinical facilitators. This method should also be readily grasped by students at all levels and should be able to cover most certain areas of patient care that all students will know. An accompanying tool could help enhance clinical facilitation at this college in future and in other training facilities which may use it when necessary. Colleges should ensure that clinical facilitators should supervise their implementation by putting together individual clinical accompaniment programs that are suitable for students and person-in-charge.

5.7.2 Nursing practice

Professional nurses should make a positive learning environment through observation of nursing standards for optimal promotion of CLE quality; in the event that diversion from the norm becomes necessary, they shall use it as a teaching opportunity in order to maintain trust with the student and prevent confusion.

Nursing students, clinical facilitators and Professional nurses and unit managers should be made fully conversant with the learning objectives in order to ready them for their teaching and learning expectations. Professional nurses who are devoted or interested in teaching nursing students during their clinical placements need to be identified and be recognized or rewarded. In order to emphasize the value of preceptorship roles, NEIs could award certificates of recognition and appreciation to those who effectively partake in clinical facilitation and to show gratitude for their preceptorship role. This might have the added effect of encouraging

Professional nurses to teach in the clinical placement, as they will feel supported and more involved in the student's development, plus improving the standard of clinical teaching.

Nursing management in those hospitals accredited for training of students should commit themselves to supporting nursing students as well as the professional nurses who supervise those students on a daily basis (SANC, 2006). This statement is supported by the SANC guidelines (R683, as amended). The unit managers, as professional nurses, should ideally facilitate the learning of students, thus creating learning opportunities and thereby assisting students towards achieving their learning outcomes. The researcher also endorses that the unit managers should delegate a professional nurse on a daily basis to supervise the students. Clinical staff should hold quarterly meetings to discuss problems affecting and influencing the clinical teaching of students.

5.7.3 Further research

It was stated that some clinical staff lack confidence in supervising students and the nursing college may need to conduct a survey to obtain the opinions and feelings of the clinical staff with regard to student supervision.

The researcher recommends that further research be done on the experiences of the nurse educators and clinical facilitators regarding their views on clinical facilitation.

An accompaniment tool must be developed which can be easily used by both nurse educators and clinical facilitators in all training programs. This tool should also be user friendly to students and assist them to be critical thinkers.

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APPENDICES

Appendix A: Questionnaire

Bridging Course leading to registration as a Registered Nurse (R683)

PARTICIPANT NO.

PLEASE MARK YOUR RESPONSE WITH A CROSS IN THE APPROPRIATE BLOCK

SECTION A: BIOGRAPHICAL DATA

1.1 Gender

Male   Female

1.2 Age in years

1.3 Level of training

First year   Second year

1.4 Rate, from 1 to 5, the levels of physical and emotional stress in the clinical learning environment, where 1 = NO stress and 5 = VERY HIGH stress

Area of Stress	Stress rating				
1.4.1 Physical stress	1	2	3	4	5
1.4.2 Emotional stress	1	2	3	4	5

1.5 Duration of clinical placement in months

Months

SECTION B: CLINICAL LEARNING ENVIRONMENT

INDICATE YOUR LEVEL OF AGREEMENT WITH EACH OF THE FOLLOWING STATEMENTS

	Fully disagree	Disagree to some extent	Neither agree nor disagree	Agree to some extent	Fully agree
2.1 The staff were easy to approach					
2.2 There was a positive atmosphere on the clinical					
2.3 I felt comfortable going to the clinical at the start of my shift					
2.4 Within the team I was regarded as equal					
2.5 There was a good spirit of solidarity among the nursing staff on the clinical					
2.6 The staff learned to know me by name					
2.7 During the staff meetings I felt comfortable taking part in discussions					
2.8 Mutual respect and approval prevailed in my relationship with my supervisor(s)					
2.9 The staff were generally interested in student supervision					
2.10 My relationship was characterized by a sense of trust					
2.11 My supervision was based on a relationship of equality					
2.12 I would commend this clinical to other students					
2.13 I continually received feedback from my mentor					
2.14 I felt that I received individual supervision					
2.15 My mentor showed a positive attitude to clinical supervision					

2.16 Overall, I am satisfied with the supervision I received

2.17 I was sufficiently stimulated during supervision

2.18 The supervision promoted my learning

2.19 Documentation of nursing (e.g. nursing plans, daily recording of nursing procedures etc.) was clear

2.20 There were no problems in the information flow related to patients care

2.21 Overall, the patients received high quality nursing care

2.22 Patients received individual nursing care

2.23 The clinicals nursing care philosophy was clearly defined

2.24 There were sufficient meaningful learning situations on the clinical

2.25 The learning situations were multi- dimensional in terms of content

2.26 The clinical can be regarded as a good learning environment

2.27 The number of learning opportunities was not in proportion to the number of students on the clinical

2.28 The clinical manager was a team member

2.29 The effort of individual employees was appreciated

2.30 Feedback from the clinical manager could be easily be considered as a learning experience

2.31 The clinical manager regarded the staff on her/ his clinical as a key resource

2.32 Basic familiarization was well organized

Appendix B: Request to use CLE tool

M Gmail   Phindi Mbonambi <phindimbonambi@gmail.com>

REQUEST TO USE CLE TOOL

3 messages   **Appendix B: Attempts for permission to conduct study**

Phindi Mbonambi <phindimbonambi@gmail.com>   Tue, Apr 11, 2017 at 11:47 AM
To: mikko.saarikoski@turkuamk.fi

Good day
My name is MP Mbonambi from South Africa, I am a student at Durban University of Technology in the Faculty of
Health sciences, doing Masters and my study is about - Student nurses experience of the clinical learning
environment and supervision.

I am requesting to use your your tool which is about Clinical learning environment and Supervision (CLE)

Your approval will be highly appreciated

Thank you
Yours sincerely
MP Mbonambi

Sent from my iPhone

Phindi Mbonambi <phindimbonambi@gmail.com>   Thu, May 25, 2017 at 10:50 PM
To: Phindile Mbonambi <phindim@jmh.co.za>

Sent from my iPhone

Begin forwarded message:

[Quoted text hidden]

Phindi Mbonambi <phindimbonambi@gmail.com>   Wed, Oct 11, 2017 at 12:42 PM
To: Phindile Mbonambi <phindim@jmh.co.za>
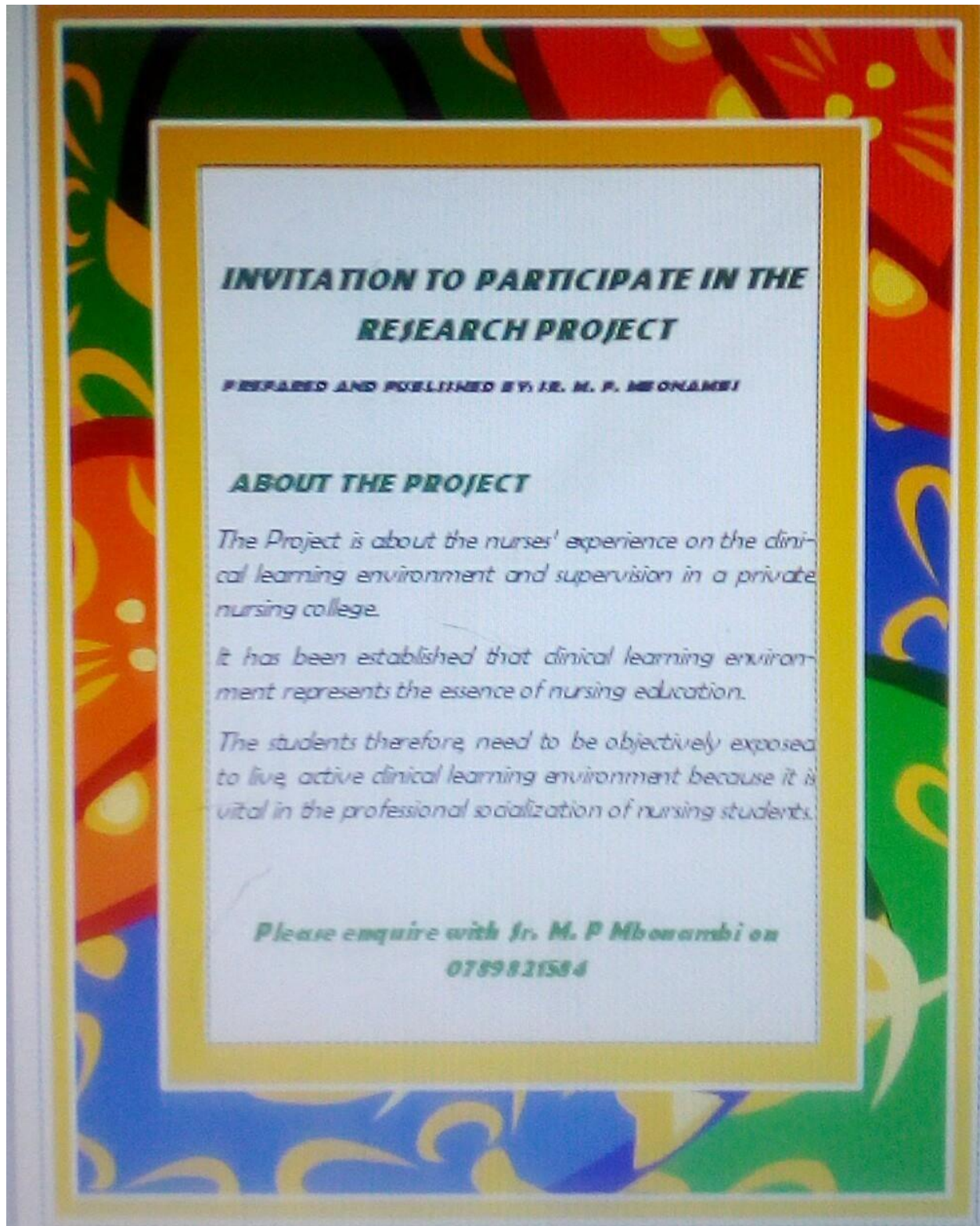
Sent from my iPhone

Begin forwarded message:

From: Phindi Mbonambi <phindimbonambi@gmail.com>
Date: 11 April 2017 at 11:47:02 SAST
To: mikko.saarikoski@turkuamk.fi
Subject: REQUEST TO USE CLE TOOL

[Quoted text hidden]

73

Appendix C: Invitation to participate

INVITATION TO PARTICIPATE IN THE RESEARCH PROJECT

PREPARED AND PUBLISHED BY: SR. M. P. MBONAMBI

ABOUT THE PROJECT

The Project is about the nurses' experience on the clinical learning environment and supervision in a private nursing college.

It has been established that clinical learning environment represents the essence of nursing education.

The students therefore need to be objectively exposed to live active clinical learning environment because it is vital in the professional socialization of nursing students.

Please enquire with Sr. M. P Mbonambi on
0789821584

Appendix D: Letter of Information

LETTER OF INFORMATION

Warm greetings, thank you for agreeing to participate in this study.

Title of the Research Study: Clinical learning environment and supervision of student nurses' in a private nursing college: A cross sectional study.

Researcher: Maureen Phindile Mbonambi - Nurse Educator

Supervisor: Penny Orton, Senior Lecturer
Co-Investigator: Nolundi Radana, Lecturer

Brief Introduction and Purpose of the Study: My study is about Clinical learning environment and supervision of student nurses' in a private nursing college. It is known that clinical learning environment represents the main part of nursing education, so student's need to be exposed to clinical learning environment, because it plays a crucial role in the professional socialization of nursing students. Nursing training is a combination of theoretical and practical learning experiences to enable nursing students to acquire the knowledge, skills and attitudes for providing nursing care (Nabolsi, Zumot,Clinical mw & Abu-Moghli 2012: 5849- 5857

The purpose of the study will be to describe experiences by student nurses' during their clinical placement and supervision in order to provide evidence based information which can be used to support or form basis for future planning for existing nursing programmes, also to recommend an improvement of the clinical facilitation component for the nursing students to gain enough knowledge and skills through clinical facilitation. The study is aimed at identifying problematic areas with regard to the students experiences of clinical accompaniment and supervision and making recommendations that could contribute to improved clinical accompaniment of students.

Outline of the Procedures: This study will be conducted at a nursing education institution in eThekwini health district, Information letter regarding the purpose and aim of the study will be explained, following the information session students will be asked to participate in the study and if they agree, they will be asked to sign the consent form and the researcher will distribute the questionnaires to the consented chosen student nurses, which will be written in English as a medium of communication. Session will take about 15 – 20 minutes. Participants will be asked to drop their completed questionnaire into a box placed in classroom which will be collected by the researcher after 30 minutes.

Risks or Discomforts to the Participant: None

Benefits: The answers that will be obtained from the student nurses will worth the institutions and will correct the problems that being researched, in order to provide evidence based information which can be used to support or form basis for future planning for existing nursing programmes, also to recommend an improvement of the clinical facilitation component for the nursing students to gain enough knowledge and skills through clinical facilitation.

Reason/s why the Participant May Be Withdrawn from the Study: students will be told that their responses to the study is voluntarily, they have the right to withdraw from the study without being pressured and their human rights are occurrence of the problem will be prevented.

Remuneration: there will be no monetary or any type of remuneration will be given as the research study purposes and for the benefit of the nursing education institution.

Costs of the Study: there will be no cost to them as they are participants

Confidentiality: anonymity and confidentiality will be ensured as questions will be coded and envelop provided. All collected data will be given directly to the researcher, and all questionnaires will be stored in a secured archives and will be destroyed after five years.

Research-related Injury: there will be no research related injury being anticipated in this study.

Persons to Contact in the Event of Any Problems or Queries:

Please contact the researcher; Ms MP Mbonambi – 0789821584, my supervisor; Dr. Orton-- 031 373 2537 or My Co- supervisor; Ms Nolundi Radana – 033 845 8800 or The Institutional Research Ethics Administrator on 031 373 2900.
Complaints can be reported to the Director: Research and Postgraduate Support, Prof S Moyo on 031 373 2577 or moyos@dut.ac.za

General:

Potential participants must be assured that participation is voluntary and the approximate number of participants to be included should be disclosed. A copy of the information letter should be issued to participants. The information letter and consent form must be translated and provided in the primary spoken language of the research population e.g. isiZulu.

Appendix E: Consent form

<div align="center">

CONSENT

</div>

Statement of Agreement to Participate in the Research Study:

- ☐ I hereby confirm that I have been informed by the researcher, **Ms. M P Mbonambi**, about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number: _____,

- ☐ I have also received read and understood the above written information (Participant Letter of Information) regarding the study.

- ☐ I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.

- ☐ In view of the requirements of research, I agree that the data collected during this study can be processed in a computerized system by the researcher.

- ☐ I may, at any stage, without prejudice, withdraw my consent and participation in the study.

- ☐ I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.

- ☐ I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

_____   _____   _____   _____
Full Name of Participant   Date Time Signature   /   Right Thumbprint

I, **M P Mbonambi** herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the study.

_____**Full Name of Researcher   _____Date   _____Signature**

_____**Full Name of Witness _____Date   _____Signature**

_____**Full Name of Legal Guardian (If applicable) Date _____   Signature_____**

Appendix F: Letter from statistician

Gill Hendry B.Sc. (Hons), M.Sc. (Wits), PhD (UKZN)
Mathematical and Statistical Services

Cell: 083 300 9896
email : hendryfam@telkomsa.net

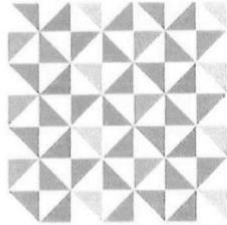### Appendix F: Letter from the Statistician

16 August 2019

Re: Assistance with statistical analysis

Please be advised that I have assisted Maureen Phindile Mbonambi
(Student number 21646755), who is presently studying for an MHSc
(Nursing) at DUT, with the data analysis for her study.

Yours sincerely

Gill Hendry (Dr)

Appendix G: Permission from DUT IREQ

Institutional Research Ethics Committee
Research and Postgraduate Support Directorate
2nd Floor, Berwyn Court
Gate 1, Steve Biko Campus
Durban University of Technology

P O Box 1334, Durban, South Africa, 4001

Tel: 031 373 2375
Email: lavishad@dut.ac.za
http://www.dut.ac.za/research/institutional_research_ethics

www.dut.ac.za

Appendix G: Permission from DUT IREQ

23 May 2018

IREC Reference Number: **REC 11/18**

Ms M P Mbonambi
983 45th Avenue
Sherwood
4091

Dear Ms Mbonambi

Clinical learning environment and supervision of student nurses' in a private nursing college: A cross sectional study.

The Institutional Research Ethics Committee acknowledges receipt of your notification regarding the piloting of your data collection tool.

Kindly ensure that participants used for the pilot study are not part of the main study.

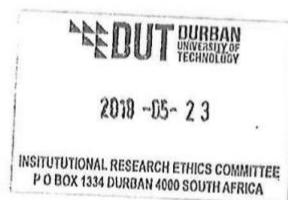In addition, the IREC acknowledges receipt of your gatekeeper permission letter.

Please note that FULL APPROVAL is granted to your research proposal. You may proceed with data collection.

Any adverse events [serious or minor] which occur in connection with this study and/or which may alter its ethical consideration must be reported to the IREC according to the IREC SOP's.

Please note that any deviations from the approved proposal require the approval of the IREC as outlined in the IREC SOP's.

Yours Sincerely,

Professor J K Adam
Chairperson: IREC

DUT DURBAN
UNIVERSITY OF
TECHNOLOGY

2018 -05- 2 3

INSITUTUTIONAL RESEARCH ETHICS COMMITTEE
P O BOX 1334 DURBAN 4000 SOUTH AFRICA

Appendix H: Letter to College to conduct study

10/05/2018

City hospital

83 Lorne Street

DURBAN

4001

Request for Permission to Conduct Research

Dear Dr. J. Challen

My name is Maureen Phindile Mbonambi, ref. no. 01011, a Master's degree student at the Durban University of Technology. The research I wish to conduct for my Masters dissertation involves Clinical learning environment of student nurses' and supervision: A cross sectional study.

I am hereby seeking your consent to conduct my study at your campus.

I have provided you with a copy of my proposal which includes copies of the data collection tools, consent form and letter of information to be used in the research process, as well as a copy of the approval letter which I received from the Institutional Research Ethics Committee (IREC).

If you require any further information, please do not hesitate to contact me M P Mbonambi – 0789821584, phindimbonambi@gmail.com.

 My supervisor; Dr. Orton- 0313732537, pennyo@dut.co.za.

Thank you for your time and consideration in this matter.

Yours sincerely
M P Mbonambi
Durban University of Technology

Appendix I: Letter from Joint Medical Holdings

JOINT MEDICAL HOLDINGS LIMITED
Registration No. 97/10001/06

83 Lorne Street	**Subsidiaries:**	
Durban. 4001	City Hospital	(031) 3143000
P O Box 48143	Durdoc Hospital	(031) 3275100
Qualbert, 4078	Isipingo Hospital	(031) 9137000
Fax : (031) 309 1401 (Management)	Maxwell Clinic	(031) 3143000
Tel : (031) 374 8075 (Management)	Ascot Park Hospital	(031) 3748000
	Gandhi Mandela Nursing. Academy	(031) 3093094
	Citi-Med Ambulance	(031) 3091178
Appendix I: Letter from College to conduct study Toll Free		0800 333 911

15ᵗʰ May 2018
To : Ms M.P.Mbonambi
Student No. 21646755
Durban University of Technology

Title: A Survey : Clinical Learning environment and supervision of student nurses in a

private nursing college.A cross sectional study.

Dear Ms Mbonambi
The JMH Ethics Committee acknowledges receipt of your request for permission to undertake the above survey at GMNA as part as part of your reseach study.

I am pleased to inform you that you are granted permission to conduct a research for the above study to take place at Gandhi Mandela Nursing Academy.

JMH wishes you the best of luck with your studies.

Thanking you

Yours faithfully
Prof.Miriam Adhikari
Chaiman JMH Ethics Committee

Appendix J: Editing certificate

DR RICHARD STEELE

BA, HDE, MTech(Hom)
HOMEOPATH
Registration No. A07309 HM
Practice No. 0807524
Freelance academic editor
Associate member: Professional Editors'
Guild, South Africa

110 Cato Road
Bulwer (Glenwood), Durban 4001

031-201-6508/082-928-6208

Email: rsteele@vodamail.co.za

EDITING CERTIFICATE

Re: **MAUREEN PHINDILE MBONAMBI**
Master's dissertation: **CLINICAL LEARNING ENVIRONMENT AND SUPERVISION OF STUDENT NURSES' IN A PRIVATE NURSING COLLEGE: A CROSS SECTIONAL STUDY**

I confirm that I have edited this dissertation and the references for clarity, language and layout. I returned the document to the author with track changes so correct implementation of the changes and clarifications requested in the text and references is the responsibility of the author. I am a freelance editor specialising in proofreading and editing academic documents. My original tertiary degree which I obtained at the University of Cape Town was a B.A. with English as a major and I went on to complete an H.D.E. (P.G.) Sec. with English as my teaching subject. I obtained a distinction for my M.Tech. dissertation in the Department of Homeopathy at Technikon Natal in 1999 (now the Durban University of Technology). I was a part-time lecturer in the Department of Homoeopathy at the Durban University of Technology for 13 years.

Dr Richard Steele
05 December 2019
per email