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EVALUATING THE CLINICAL LEARNING ENVIRONMENT OF FIRST YEAR NURSING STUDENTS AT A NURSING EDUCATION INSTITUTION IN GAUTENG: AN APPRECIATIVE INQUIRY APPROACH

BY

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Declaration

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I declare that **EVALUATING THE CLINICAL LEARNING ENVIRONMENT OF FIRST YEAR NURSING STUDENTS AT A NURSING EDUCATION INSTITUTION IN GAUTENG: AN APPRECIATIVE INQUIRY APPROACH** is my own work and that all sources that I have used or quoted have been indicated and acknowledged by means of complete references and this work has not been submitted for any other degree at any other institution.

________________________ ____________________

Name **Date**

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This thesis is dedicated to my husband Takalani and my children Mpho, Mukhethwa and Tanzielani Nyelisani

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"Let us not be weary in doing good, for at the proper time we will reap a harvest if we do not give up."

Galatians 6:9

First and foremost, to God the Almighty who gave me the strength to persevere through difficult and trying times. I give Him all the glory and honour.

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Abstract

Quality education and training should enable nursing students to master the theoretical and clinical component of a programme, clinical education (practica) forms a vital part of the curriculum of nursing programmes. Clinical education takes place in a Clinical Learning Environment (CLE) where the nurse educator monitors the needs of both the patient and students. Nursing students are provided with an opportunity to combine cognitive, psychomotor, and affective skills within this environment. A supportive CLE is important for first year nursing students for successful teaching and learning. Many nursing students view the CLE as anxiety and stress provoking; they feel vulnerable in the CLE as most activities are unplanned in relation to the classroom activities.

In order to make the most of the first year students' clinical learning experience, the overall aim of this study was to by means of an Appreciative Inquiry (AI), evaluate the clinical learning environment they are placed in to rotate as part of their clinical component of the training programme.

In this study a qualitative and descriptive design has been utilised. Nursing students in their first year reflected on their clinical experience and provided inputs regarding the CLE as part of their learning in comprehensive four-year programme. Data was collected by means of self-reported interview schedules which were distributed to the nursing students where they reflected their inputs regarding their experiences in the CLE. Data was collected using the four phases of AI, in the **discovery** phase the first year nursing students had the opportunity to reflect and (e)valuate the "*best of what is*" within the CLE. During the **dream** phase the first year nursing students had the opportunity to dream and envision "*what could be*" the ideal CLE for them to rotate through and work in, to gain knowledge and the required skills. During the **design** phase the first year nursing student had the opportunity to give inputs and make recommendations towards designing "*what should be*" the ideal CLE.

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During the **delivery** phase the researcher had the opportunity to present the recommendations to the involved stakeholders

Recommendations were compiled based on the findings of the study, to enhance the clinical learning environment for first year nursing students and work towards educational excellence in this unique CLE.

Key words

Appreciative Inquiry, evaluation, four-year comprehensive programme, nursing education institution and nursing student.

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Table of contents

Page

Declaration ... ii
Acknowledgements ... iii
Abstract ... iv
Table of contents ... vi
List of tables ... xii
List of figures ... xii
List of annexures ... xiii
List of abbreviations ... xiii

CHAPTER 1 ... 1

ORIENTATION TO THE STUDY ... 1

1.1 INTRODUCTION ... 1
1.2 BACKGROUND TO AND RATIONALE FOR THE STUDY ... 1
1.3 STATEMENT OF THE PROBLEM ... 2
1.4 AIM AND OBJECTIVES OF THE STUDY ... 4
1.5 RESEARCH QUESTION ... 5
1.6 FRAME OF REFERENCE FOR THE STUDY ... 5
1.6.1 Role of the researcher ... 5
1.6.2 Setting ... 6
1.6.3 Paradigm ... 7
1.7 CONCEPTUAL FRAMEWORK ... 8
1.7.1 Appreciative Inquiry (AI) ... 8
1.7.2 Defining/definition ... 10
1.7.3 Discovery ... 11
1.7.4 Dream ... 11

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1.7.5 Design ... 12

1.7.6 Delivery ... 13

1.8 RESEARCH DESIGN ... 13

1.8.1 Qualitative ... 14

1.8.2 Descriptive ... 14

1.9 RESEARCH METHODOLOGY ... 14

1.10 ASSUMPTIONS ... 15

1.11 SIGNIFICANCE OF THE STUDY ... 16

1.12 LIMITATIONS OF THE STUDY ... 17

1.13 ETHICAL CONSIDERATIONS ... 17

1.14 DEFINITIONS OF KEY TERMS ... 19

1.15 OUTLINE OF THE STUDY ... 21

1.16 CONCLUSION ... 21

CHAPTER 2 ... 23

LITERATURE REVIEW ... 23

2.1 Introduction ... 23

2.2.1 Definition ... 24

2.2.2 Characteristics of the CLE ... 25

2.2.3 Clinical facilitator’s role in the CLE ... 26

2.2.4 Evaluation of the CLE ... 28

2.3 Overview of Appreciative Inquiry (AI) ... 29

2.3.1 Definition of AI ... 31

2.3.2 Value of AI ... 32

2.4 PROBLEM-SOLVING APPROACH ... 33

2.5 Principles of Appreciative Inquiry ... 33

2.5.1 Constructionist principle ... 33

2.5.2 Simultaneity principle ... 34

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2.5.3 Poetic principle ... 34

2.5.4 Positive principle ... 35

2.5.5 Anticipatory principle ... 35

2.5.6 Enactment principle ... 36

2.5.7 Wholeness principle ... 36

2.5.8 Free choice principle ... 36

2.6 Evaluation of AI ... 36

2.7 Critique of the AI process ... 38

2.8 CONCLUSION ... 38

CHAPTER 3 ... 40

RESEARCH DESIGN AND METHODOLOGY ... 40

3.1 INTRODUCTION ... 40

3.2 AIMS AND OBJECTIVES OF THE STUDY ... 40

3.3 RESEARCH DESIGN ... 40

3.3.1 Qualitative ... 41

3.3.1.1 Natural setting ... 42

3.3.1.2 The researcher as key data-collection instrument ... 42

3.3.1.3 Complex inductive reasoning ... 43

3.3.1.4 Researcher’s focus on participants’ perspectives ... 43

3.3.1.5 Interpretive inquiry ... 43

3.3.1.6 Holistic account ... 43

3.3.2 Exploratory ... 44

3.3.3 Descriptive ... 44

3.4 RESEARCH METHODOLOGY ... 45

3.4.1 Population ... 45

3.4.2 Sampling and sample ... 46

3.4.4 Data collection ... 47

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3.4.4.1 Data-collection instrument 47

3.4.4.2 Preparation for the interview 48

3.4.4.3 Data-collection process and the role of the researcher 48

3.4.5 Data analysis 50

3.5 TRUSTWORTHINESS 52

3.5.1 Credibility 52

3.5.1.1 Prolonged engagement 53

3.5.1.2 Triangulation 53

3.5.1.3 Member checks 53

3.5.1.4 Peer debriefing 53

3.5.2 Dependability 54

3.5.3 Confirmability 54

3.5.4 Transferability 55

3.5.5 Authenticity 55

3.6 ETHICAL CONSIDERATIONS 55

3.7 CONCLUSION 56

CHAPTER 4 57

DATA ANALYSIS AND INTERPRETATION AND FINDINGS 57

4.1 Introduction 57

4.2 DATA ANALYSIS 57

4.2.1.1 Category 1.1: Exposure to the profession 59

4.2.1.2 Category 1.2: Exposure to patient care 60

4.2.2 Theme 2: Fulfilment 61

4.2.2.1 Category 2.1: Facilitate healing 62

4.2.2.2 Category 2.2: Patients' gratitude 62

4.2.3 Theme 3: Value 63

4.2.3.1 Category 3.1: Teamwork 65

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4.2.3.2 Category 3.2: Role of nurse educators 65

4.2.4 Theme 1: Support for students 68

4.2.4.1 Category 1.1: Nurse educators' support 69

4.2.4.1.1 Subcategory A: Orientation (CLE, clinical learning outcomes and clinical study guide) 70

4.2.4.1.2 Subcategory B: Facilitation of learning 71

4.2.4.2 Category 1.2: Professional nurses' support 72

4.2.4.2.1 Subcategory C: Orientation (day-to-day activities) 73

4.2.4.2.2 Subcategory D: Supportive attitude 74

4.2.4.2.3 Subcategory E: Clinical accompaniment 75

4.2.4.2.4 Subcategory F: Role model (competent and caring) 77

4.2.5 Theme 2: Conducive learning environment 78

4.2.5.1 Category 2.1: Teamwork 79

4.2.5.2 Category 2.2: Quality patient care 80

4.2.5.2.1 Subcategory 2.2.1: Equipment and supplies 81

4.2.5.2.2 Subcategory 2.2.2: Provision of basic needs 81

4.2.5.3 Category 2.3: Students' learning 82

4.2.5.3.1 Subcategory 2.3.1: Learning opportunities 83

4.2.5.3.2 Subcategory 2.3.2: Theory and practice correlation 84

4.2.5.3.3 Subcategory 2.3.3: Students' advocacy 85

4.3 CONCLUSION 86

CHAPTER 5 87

FINDINGS, LIMITATIONS AND RECOMMENDATIONS 87

5.1 Introduction 87

5.2 AIM AND OBJECTIVES 87

5.3 FINDINGS 87

5.3.1 Participants' views on the CLE 88

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5.4 LIMITATIONS 91

5.5 RECOMMENDATIONS 91

5.5.1 Clinical practice 91

5.5.1.1 Nurse educators 92

5.5.1.2 Professional nurses 92

5.5.1.3 Provision of resources 93

5.5.2 Future research 93

5.6 PERSONAL REFLECTION 94

5.7 CONCLUSION 95

LIST OF REFERENCES 68

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5

List of tables

Page

Table 1.1	Specific units and number of students' placement per month	7
Table 1.2	Research methodology	16
Table 1.3	Assumptions of Appreciative Inquiry (AI)	17
Table 2.1	Characteristics of the CLE	25
Table 2.2	Clinical facilitators' key characteristics	27
Table 2.3	History of Appreciative Inquiry (AI)	30
Table 3.1	Characteristics of a qualitative research design	42
Table 3.2	Number and gender of participants	46
Table 3.3	Steps in data analysis	51
Table 4.1	Participants' most satisfying/peak experiences during first-year CLE	58
Table 4.2	Participants' wishes/challenges for the CLE	67

List of figures

Page

Figure 1.1	5-D Cycle of Appreciative Inquiry	10
Figure 3.1	Data collection process	49

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List of annexures

Annexure A	Ethical approval
A.1	University of Pretoria
A.2	Gauteng Department of Health
A.3	Nursing Education Institution
Annexure B	Participant information leaflet and informed consent
Annexure C	Coded interview schedule
Annexure D	Declarations
D.1	Editor
D.2	Co-coder

List of abbreviations

AI	Appreciative Inquiry
CLE	Clinical Learning Environment
DOH	Department of Health
NEI	Nursing Education Institution
SANC	South African Nursing Council
SAQA	South Africa Quality Assurance

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CHAPTER 1

ORIENTATION TO THE STUDY

1.1 INTRODUCTION

Quality education and training should enable and equip nursing students to master the theoretical and clinical components of a programme. Clinical education (practica) forms a vital part of the curriculum and takes place in a complex social context (clinical learning environment) where the nurse educator monitors the needs of both patients and students (Chan 2002:624). Engaging the student in the clinical learning environment (CLE) is essential for pre-registered nursing students. The CLE provides nursing students with an opportunity to combine cognitive, psychomotor, and affective skills (D'Souza, Venkatesaperumal, Radhakrishnan & Balachandran 2013:25).

1.2 BACKGROUND TO AND RATIONALE FOR THE STUDY

Nursing education and training programmes for students to become registered nurses differ from country to country. For example, in the United States of America (USA), nursing students follow a three-year diploma programme offered at hospitals, a three-year associate degree offered at community college, or a four-year bachelor's degree at universities or senior colleges. In the United Kingdom (UK), nursing and midwifery programmes are separate professions maintaining separate nursing education programmes. Currently, nursing education programmes and qualifications are being reviewed and changed in South Africa (Bruce, Klopper & Mellish 2011:60; Dillard & Siktberg 2009:75).

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In South Africa, the National Policy on quality in health care (Department of Health [DOH] 2007:15) stipulates that "providing quality care to patients requires training skilled health workers and establishing a culture that values lifelong learning and recognises its important role in improving quality". This requires a national commitment to continuously measure, improve and maintain high-quality health care for the country. Furthermore, the South African Nursing Council (SANC), the regulator of nurses and midwives in South Africa, sets standards for the education and training of nurses, including clinical learning programmes, and approves such programmes that meet the requirements of the *Nursing Act, 33 of 2005*.

Clinical learning is "a period of transition, which allows students to consolidate knowledge and *practical* skills acquired during clinical placement" (Chan 2002:69). For that reason, students are expected to develop specific competencies and the application of knowledge, skills, attitudes, and values when placed in the clinical learning environment (CLE). Nursing is essentially a practice-based profession, therefore clinical placement is vital and allows nursing students to combine cognitive, psychomotor and affective skills (Chan 2002:517). A supportive CLE is essential for successful teaching and learning.

1.3 STATEMENT OF THE PROBLEM

As a nurse educator and clinical facilitator, the researcher has over ten years' experience in the CLE and has facilitated many students rotating through the different units. Currently the researcher is involved in the education and training of first-year students enrolled for the comprehensive four-year programme. Through her observation and interaction with nursing students in the CLE and their verbalisation, the researcher realised that many students view the CLE as anxiety and stress provoking. They feel vulnerable in the CLE as most activities are unplanned in relation to the classroom activities (D'Souza et al 2013:26).

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Some of the challenges experienced by nursing students in the CLE, they commented are as follows:

- "I [student] need to know and understand how observations should be done post-operatively in the unit and the implications thereof, I [student] am scared of making mistakes."
- "I [student] am unable to communicate with patients, their family and staff."
- "I [student] need to know and understand different procedures being done in the unit by observing and assisting where necessary under supervision of professional nurses."
- "I [student] am having a communication problem with some of the staff members, they expect too much from me [student] yet I am still learning."
- "We [students] are allocated skills but supervision is done by nursing auxiliary staff, professional nurses are busy with other tasks."
- "Lack of support and guidance by staff is frustrating to us [students]..."

Watkins, Roos and Van der Walt (2011:1) maintain that it is important for nurse educators to evaluate the personal, relational and collective well-being of nursing students. Accordingly, as a nurse educator involved in the education and training of first-year nursing students, the researcher decided to explore and describe the challenges they experience in the CLE. According to the SANC (Regulation R425), it is a prerequisite for nursing students enrolled for the four-year comprehensive nursing programme to work 1000 hours per year in the CLE to acquire clinical experience as well as meet their clinical learning opportunities (SANC 1985). The CLE forms the most significant part of the nursing education curriculum, as it provides the students with opportunities to learn and apply theory to practice and to be socialised into the expectations of the employment setting (Stokes & Kost 2009:283).

To ensure quality education and training, it is imperative to "improve programme effectiveness and demonstrate accountability" through continuous programme

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evaluation, as this will ensure continuous excellence in nursing education and practice (Dillard & Siktberg 2009:86). In order to maximise students' clinical learning experience, there is a need to evaluate the CLE of first-year nursing students. The nursing programme at the specific NEI where the study was conducted is accredited by the South African Nursing Council (SANC) as a body of Education, Training and Quality Assurance (ETQA). At the time of this study, the CLE of first-year nursing at the specific NEI had not been evaluated for ten years as the focus of evaluations was predominately on the theoretical component of the programme. The researcher also wished to make recommendations (strategies) based on the findings of the study, to enhance the CLE for first-year nursing students and work towards educational excellence in this particular CLE.

The researcher concentrated on the evaluation of the CLE as an effective learning environment where the nursing student is required to achieve specific clinical skills and integrate theory with practice. During clinical placement students are expected to develop competencies in the application of knowledge, skills, attitudes and values inherent in the nursing profession (Chan 2002:518). The purpose of clinical rotation in a nursing programme is to integrate knowledge and skills from the classroom (theoretical) setting into the clinical practice setting. Reed (2007:2) states that AI concentrates on exploring ideas that people have about what is valuable in what they do, and then tries to work out ways in which this can be built on. The emphasis is firmly on *appreciating* the activities and responses of people, rather than concentrating on their problems.

1.4 AIM AND OBJECTIVES OF THE STUDY

The overall aim of the study was to evaluate the CLE of first-year nursing students registered for the four-year comprehensive programme to explore their views regarding the CLE and make recommendations to enhance the CLE.

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In order to achieve this aim, the objectives were to

- explore the views of first-year students on the CLE
- make recommendations to enhance the CLE of first-year nursing students

1.5 RESEARCH QUESTION

In order to achieve the aim and objectives, the study wished to answer the following research question:

How do first-year nursing students view the clinical learning environment they rotate through as part of the clinical component of the four-year comprehensive programme?

1.6 FRAME OF REFERENCE FOR THE STUDY

The frame of reference of the study consisted of the role of the researcher, the paradigm, setting, conceptual framework, and assumptions.

1.6.1 Role of the researcher

The role of the researcher as a primary research instrument is vital in qualitative research and the researcher should be involved in a sustained and intensive experience with the participants (Creswell 2014:188). In this study, the researcher drew upon her own experience as a resource during engagement in social inquiries (Creswell 2014:188).

Creswell (2014:188) identifies the following elements of the researcher's role:

- Comments that provide background to the topic, setting, and participants, including the researcher's descriptions of the connections between the participants and the research site. The researcher also described her experience, especially with students in the CLE. It was evident to the researcher that the

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nursing students experienced challenges as they worked in the CLE (see section 1.3).

- Permission to conduct the study and gain entry to the research setting. The researcher obtained permission conduct the study from the ethics committee of the University of Pretoria and to enter the premises of the NEI from the Department of Health and the head of the NEI (see annexures A1, A2 and A3). Permission was also obtained from the participants (see section 1.13).
- Connections between the researcher and the participants with regard to the research setting were indicated. In this study the connections between the researcher and the participants did not influence the researcher's interpretation.
- Ethical considerations were upheld (see section 1.13).

1.6.2 Setting

Burns, Grove and Gray (2013:373) define the setting as "the site or location used to conduct a study". This study was conducted at a government funded NEI in Gauteng. This setting is the real everyday situation in which the first-year students study and do their theoretical component as part of the comprehensive four-year programme. At the NEI there are 276 registered students for the first year and 12 nurse educators involved in the clinical accompaniment of the first-year students when rotating through the different units in the CLE. This indicates a nurse educator-student ratio of 1:23.

The CLE consists of the different units in a specific tertiary hospital affiliated with the NEI in the Gauteng Province, where first-year nursing students rotate. During their rotation to the different units the first-year nursing students function under the direct supervision of the professional nurse, and the clinical accompaniment of students is done by the nurse educators as well as the professional nurses working in the different units where the students rotate. The students are required to spend a total of 1000 hours (*practica*) in the clinical area (*Curriculum for Gauteng Nursing Colleges for the Diploma in Nursing [General, Psychiatric and Community] and Midwifery and R425*).

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Table 1.1 presents the different units in the hospital through which the first-year nursing student rotate during the first year of the nursing programme.

Table 1.1 Specific units and number of students' placement per month

Units	Number of students per unit monthly
Surgical wards	38
Medical wards	22
Orthopaedic wards	16
Cardio-thoracic	4
Neurology	5
Paediatric	12

Student allocation is done by the tertiary hospital in conjunction with the nurse educators involved in the education and training of the first-year nursing students at the specific NEI. The nurse educator and clinical facilitator are responsible for the clinical accompaniment of nursing students in the CLE.

1.6.3 Paradigm

A paradigm is a way of looking at natural phenomena that encompasses a set of philosophical assumptions and that guides one's approach to inquiry (Polit & Beck 2012:11). Polit and Beck (2012:15) further add that paradigms are lenses helping to sharpen the researcher's focus on a phenomenon.

The researcher used the naturalistic or constructivist paradigm as the framework for the study. The naturalistic paradigm holds that there are multiple interpretations of reality, thus reality is not fixed, and that the goal of research is to understand how individuals construct reality within their context (Polit & Beck 2012:759). The naturalistic paradigm assumes that knowledge is maximised when the distance between inquirer and the participants in the study are minimised (Polit & Beck 2012:15). Social constructivists believe that individuals seek understanding of the world in which they live and work

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(Creswell 2014:8). Individuals develop subjective meanings of their experiences. The meanings are varied and multiple, leading the researcher to look for complex views rather than narrowing the meanings. According to Polit and Beck (2012:14), constructivist inquiry takes place in a natural setting. The basic and most fundamental assumption of constructivism is that knowledge does not exist independent of the learner. In this study the researcher interacted with the participants and their views of the CLE were explored. The researcher asked open-ended questions to acquire an understanding of how the first- year participants viewed the CLE they rotated through as part of the clinical component of the programme.

1.7 CONCEPTUAL FRAMEWORK

Burns and Grove (2013:116) define a framework as an abstract, logical structure of meaning. The study framework is referred to as the conceptual framework and guides the development of the study. In this study, the conceptual framework was based on the 5-D cycle of Appreciative Inquiry (AI) which involves asking positive questions to a group of stakeholders (first-year nursing students) in order to craft and implement action plans (recommendations) for excellence (Reed 2007:2).

1.7.1 Appreciative Inquiry (AI)

Serrat (2008:1) describes AI as the process of facilitating positive change in organisations. Every organisation has something that works well. AI is therefore a generative approach to organisational development. AI is thus a group process that is used to positively challenge the existing assumptions of an organisation by asking questions about the strengths and successes of an organisation or a component of the organisation with the purpose of developing and implementing an improvement plan for the organisation or a specific component of the organisation (Preskill & Catsambas 2006:1; Havens, Wood & Leeman 2006:463).

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Appreciative Inquiry enabled the researcher and the participants to evaluate the CLE using a positive, constructive process. Billings and Halstead (2005:543) states that the purpose of program evaluation is to judge the worth of the total program that is being evaluated and the individual elements of the program. Preskill and Catsambas (2006:46) point out that AI can be applied in a wide variety of evaluation contexts and for many different purposes. The application of AI is particularly successful when:

- Organisations (NEI) are interested in using participatory (lecturers and students involved) and collaborative approaches to evaluate.
- Organisation members (nurse educators) are open and committed to individual, group, and organisational learning from inquiry.
- There is a desire to build evaluation capacity – to help others (professional nurses from practice as well as other nurse educators) to learn from and about evaluation practice.
- Evaluation includes many different stakeholders (nurse educators, nursing students, managers at the NEI as well as the hospital).
- Evaluation must be particularly efficient with regard to time and cost (data was collected from students when they came to the NEI for a block).
- The organisation values innovation.
- The organisation is engaged in organisational change and wants to use the evaluation as a means for assessing and preparing members' readiness for change.

According to Serrat (2008:2), the process of AI is usually worked out using a 5-D Cycle, namely the ***Defining/Definition*** (of the affirmative topic); ***Discovery; Dream; Design*** and ***Delivery*** phases (see figure 1.1).

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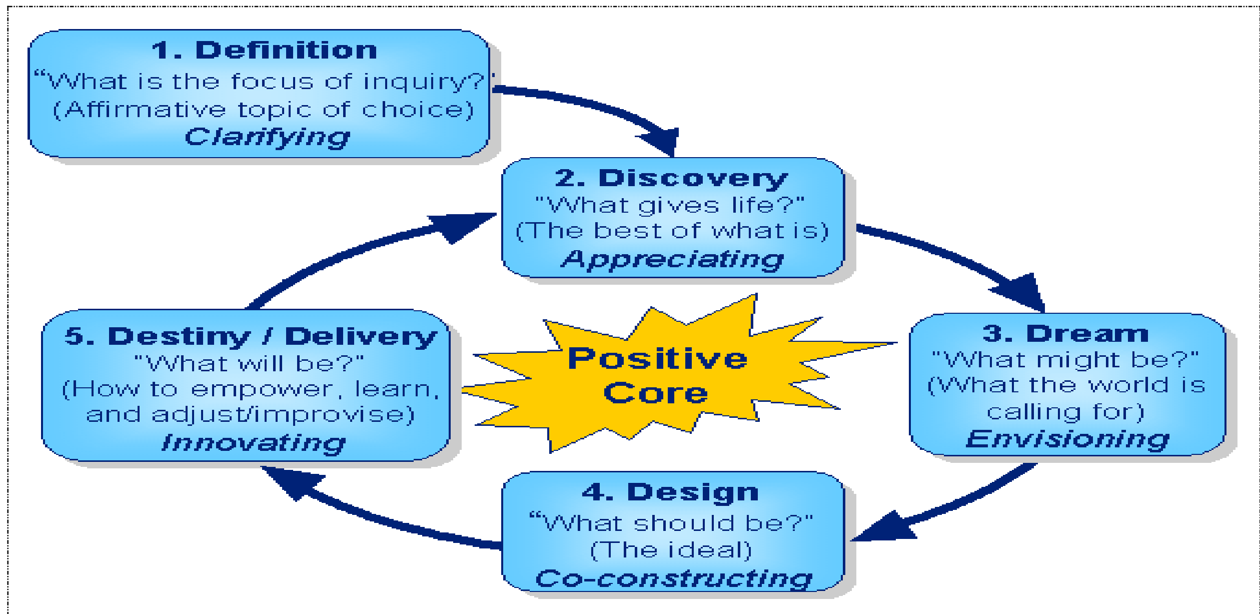

Figure 1.1 5-D Cycle of Appreciative Inquiry

(Source: http://www.metavolution.com/rsrc/articles/what

Serrat (2008:1) refers to AI as the process of facilitating positive change in organisations. Every organisation has something that works well. AI is therefore a generative approach to organisational development. AI is thus a group process that is used to positively challenge the existing assumptions of an organisation by asking questions about the strengths and successes of an organisation or a component of the organisation with the purpose of developing and implementing an improvement plan for the organisation or a specific component of the organisation (Preskill & Catsambas 2006:1; Havens et al 2006:463).

1.7.2 Defining/definition

Watkins and Kelly (2010:23) refer to the first phase of AI as the “define” phase where members of the organisation decide what to learn about and create the inquiry. During the defining phase the researcher defines (clarifies) the topic of inquiry for the study. In this study the topic of inquiry was to explore the views of first-year students on the CLE they rotated through and worked in as part of the clinical component of the programme.

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This phase was done in the background (see section 1.2) and problem statement (see section 1.3) of the proposal. During this phase the researcher also developed the interview schedule for the Appreciative Inquiry (see Annexure A for the interview schedule).

1.7.3 Discovery

The next phase is **discovery**, which is the phase identifying positive "stories" and having them circulate among the organisation (Cojokaru 2012:127). During the discovery phase, people talk to one another about when the organisation is functioning at its best. The AI interviews are designed to bring light to organisation's positive capacity in order to discover and make explicit "*what works*" (Havens et al 2006:465). According to Bushe (2011:2), the participants reflect on and discuss the best of the object of inquiry. Sometimes it is an inquiry into the "life-giving properties" of the organisation. Watkins and Kelly (2010:21) describe the discovery phase as conducting an inquiry into the topic and assembling the stories and key ideas that come out of the inquiry.

During the discovery phase, the first-year participants had the opportunity to reflect and evaluate the "*best of what is*" within the CLE where they worked as part of the *practica* component of the programme.

1.7.4 Dream

The next phase is the **dream** phase. During the dream phase participants are encouraged to envision the organisation through the peak moments identified in the discovery phase as the norm rather than an exception (Serrat 2008:2). During the dream phase, participants look at the stories generated during the AI interviews and identify the key positive attributes and skills the stories reflect. The positive attributes and skills are presented to the participants, who are asked to expand on the positive core and articulate dreams and desires (Havens et al 2006:465)

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Mohr, Smith and Watkins (2001:10) emphasise that in this phase, based on the information obtained from appreciative interviews, participants envision themselves and their organisation functioning at their best. Reed (2007:28) adds that the assumption of valuing the different contributions made and the use of positive encouraging language is critical for the success of this dreaming phase.

During the **dream** phase in this study, the participants had the opportunity to dream and envision "*what could be*" the ideal CLE for them to rotate through and work in, to gain knowledge and the required skills.

1.7.5 Design

The design phase uses data collected in the first two stages. This phase deals with the projection of infrastructure and management systems needed to support the system's vision (Cojokaru 2012:127). With common dreams in place, participants are asked to develop concrete proposals for the new organisational state (Bushe 2011:2). In the design phase, participants develop ideas about the organisation's socio-technical architecture infused with what has been discovered (Watkins & Kelly 2010:21). Participants have the opportunity to look at the processes and structures that need to be in place for the dream to become a reality. Design elements can include changes to structures, policies and procedures, meetings, measurement tools, scheduling processes, communication links and more (Havens et al 2006:465).

During the **design** phase, the participants had the opportunity to give inputs and make recommendations for designing "*what should be*" the ideal clinical environment. The participants based their suggestions/inputs for the ideal CLE on the findings of the discovery and dream phases.

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1.7.6 Delivery

The final phase delivers the dream and the new design. The delivery phase implements the plans for support, maintenance, adjustment and development of what was envisaged (Cojokaru 2012:127). According to Watkins and Kelly (2010:21), the Deliver/Destiny phase covers the innovation/alignment of the organisation's socio-technical architecture with the Dream and Design phases and building AI learning competencies into the system.

The delivery phase is about the implementation of the co-constructed action plan: what activities will be done, by whom and when, in order for the plans to be realised (Reed 2007:33). Participants in the delivery phase focus on sustaining the AI's positive approach to improvement and organisational development. With ongoing focus on seeking the positive, participants build relationships, continue to redesign structures and sustain processes based on the organisations best attributes (George, Farrel & Bruwitzki 2002:38; Havens et al 2006:465).

During the **delivery** phase the researcher had the opportunity to present the recommendations/action plan to the management of the NEI and the tertiary hospital, lecturers and clinical facilitators to move the CLE towards excellence.

1.8 RESEARCH DESIGN

A research design is the plan for the research that provides the evidence needed to answer the research question, including specifications for enhancing the integrity of the study. (Moule & Goodman 2014:171; Polit & Beck 2012:741). De Vos, Strydom, Fouché and Delport (2011:142) define a research design as a process of focusing on the end product and all the steps in the process to achieve the anticipated outcome. In this study, the researcher used a qualitative and descriptive research design.

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1.8.1 Qualitative

Qualitative research is the investigation of phenomena, typically in an in-depth and holistic fashion, through the collection of rich narrative materials using a flexible research design (Polit & Beck 2012:739). Qualitative research is "a systematic, subjective methodological approach used to describe life experiences and give them meaning" (Burns & Grove 2013:551). De Vos et al (2011:66) add that a qualitative research design is flexible, unique, and evolves throughout the research process.

1.8.2 Descriptive

Descriptive research has accurately portrayed all of the characteristics of persons, situations, or groups, and the frequency with which certain phenomena occur in real life situations (Polit & Beck 2012:725; Burns & Grove 2013:692).

In this study, the researcher described the participants' peak experiences, wishes and vision for the CLE. Based on the findings, the researcher developed an action plan/ recommendations the NEI and the academic tertiary hospital can utilise to enhance the CLE for students, when rotating and working in the different units.

1.9 RESEARCH METHODOLOGY

Research methodology is the plan for conducting the specific steps of a study (Burns & Grove 2013:707). Burns and Grove (2013:62) add that qualitative research methodology is both flexible and evolving as the researcher explores the depth, richness and complexity of the information (data). Research methods are "the techniques researchers used to structure a study and to gather and analyse information relevant to the research question" (Polit & Beck 2012:741). The methodology describes how the study is conducted and usually includes the study design, treatment, sample, methods of measurement, and data-collection process (Burns & Grove 2013:46).

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Table 1.2 Research methodology

Population	Sampling	Sample	Data collection	Data analysis	Establishing trustworthiness
First-year nursing students studying for the four-year comprehensive (see chapter 3, section 3.4.1).	Purposive sampling (see chapter 3, section 3.4.2).	178 Nursing students (see chapter 3, section 3.4.3).	Self-reported interview schedules (see chapter 3, section 3.4.4).	Content analysis (see chapter 3, section 3.4.5).	Strategies used: • Credibility • Dependability • Confirmability • Transferability (see chapter 3, section 3.5).

Table 1.2 indicates the methodology used in this study, namely the population, sampling and sample, data collection and analysis, and strategies to ensure trustworthiness. Chapter 3 discusses the research design and methodology fully.

1.10 ASSUMPTIONS

Assumptions are principles that are accepted as true based on logic or reason, without proof (Polit & Beck 2012:720). In this study, the researcher believed that the student nurses are unique and holistic human beings who can function effectively in a CLE which promotes learning and motivates students to provide quality nursing care. In addition, the researcher believed that in every student, organisation and within the CLE there is something good and positive (see Table 1.3).

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Table 1.3 Assumptions of Appreciative Inquiry (AI)

Assumption	Application to study
• In every society, organisation or group, something works	• The researcher believes that there are aspects of the CLE that are working well.
• What we focus on becomes our reality	• The researcher is of the opinion that if one focuses on the positive aspects in the CLE and works towards excellence in the CLE, it will become a reality.
• Reality is created in the moment, and there are multiple realities	• The researcher believes that all stakeholder involved in the CLE can give valuable inputs towards creating excellence in the CLE.
• The act of asking questions of an organisation or group influences the group in some way	• The researcher believes by asking positive questions relating to the CLE stakeholders will become more positive towards the CLE and will collaborate to work towards educational excellence.

(Source: Yoder 2005:48)

1.11 SIGNIFICANCE OF THE STUDY

Utilising the AI evaluation process gave the participants an opportunity to voice their challenges and give inputs for future students working in the CLE. In addition, the findings will make nurse educators aware of what works well in the CLE as well as the aspects that need to be addressed to move the NEI towards excellence. This knowledge can be used to adapt and improve the education and training of nursing students at the NEI and specifically to address the challenges students face in the CLE.

By dissemination of the research results in academic journals, at national conferences and to the Department of Health, collaborative action plans can be co-constructed – and introduced − to address the challenges and enhance the CLE of first-year nursing students. This study should contribute significantly to the nursing profession at large, through addressing challenges in the education and training of students which in turn can enhance the academic development of students and the quality of patient care.

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1.12 LIMITATIONS OF THE STUDY

A limitation of qualitative research is its lack of generalizability of the conclusion that needs to be acknowledged (Holloway & Wheeler 2002:35). This study was limited to first-year participants' experience of the CLE at a specific tertiary public hospital. In addition, the study was conducted at only one NEI in Gauteng therefore the findings cannot be generalised to all NEI institutions in the province or the country.

1.13 ETHICAL CONSIDERATIONS

Ethics deals with matters of right and wrong. Ethical considerations are essential to the design of any research involving human subjects in order to protect the rights of the research participants (Polit & Beck 2008:167). Human rights are claims and demands that have been justified in the eyes of an individual or by the consensus of a group of people. The human rights that require protection in research are rights to self-determination, privacy, anonymity and confidentiality, fair treatment, and protection from discomfort and harm (Burns & Grove 2005:2). In this study, the researcher upheld the principles of beneficence, respect for human dignity, and justice.

- **Beneficence**

Beneficence imposes a duty on researchers to minimise harm and to maximise benefits. Human research should be intended to produce benefits for participants themselves or for other individuals or society as a whole (Polit & Beck 2012:152). According to Maltaby, Williams, McGarry and Day (2010:349), all researchers need to ensure that the welfare of all study participants are safeguarded and it is considered unethical to undertake research that will be of no benefit to either the participants or the society as a whole. Portney and Watkins (2014:65) refer to beneficence as "the obligation to attend to the well-being of the participants".

In this study, the researcher ensured that the participants were able to make informed decisions by providing them with the relevant information. The benefits for the

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participants were that they were able to give inputs and make a contribution for future students to benefit from the recommended changes to the CLE.

- **Respect for human dignity**

Respect for human dignity involves the participants' right to self-determination, which means participants have the freedom to control their own activities, including their voluntary participation in the study (Polit & Beck 2012:154). Mellish, Oosthuizen and Paton (2010:141) emphasise that participants have the right to make decisions about their life without the interference of other people. In this study, the researcher assured the participants that participation was voluntary (free) and that they could withdraw from the study at any time.

- **Justice**

Justice includes the right to fair treatment and the right to privacy. The principle of justice imposes particular obligations to individuals who are unable to protect their own interests to ensure that they are not exploited for the advancement of knowledge. Researchers should ensure that participants' privacy is maintained throughout the study (Polit & Beck 2012:155). Maltaby et al (2010:349) stress further that the researcher needs to be fair to participants and that the needs of the participants have to come first before the objectives of the study. Portney and Watkins (2014:65) refer to justice as "fairness or the equitable distribution of the benefits and burdens in the research process".

The researcher assured the participants of privacy and that any information that they provided would be treated with strict confidence. To protect the participants' anonymity and privacy, only student numbers were used during the study. However, the student numbers were not used in the study report. The staff members were only referred to as nurse educators and managers. No names or student numbers were revealed in the report (Polit & Beck 2012:180).

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- **Informed consent**

Informed consent refers to participants' right to adequate information on the research, its purpose and significance. Participants then have the power of free choice to voluntarily consent or decline participation (Polit & Beck 2012:176). Informed consent implies not only that researchers have imparted the information to participants but that they fully understand that information (Burns & Grove 2005:217).

Informed consent involved informing the participants of the purpose of the study; type of data to be collected; data-collection procedures; nature of their commitment; potential risks and benefits, alternative procedures, confidentiality, voluntary consent and participation; the right to withdraw and withhold information, and the contact information of the researcher (Polit & Beck 2012:176). The participants signed the informed consent form before participating (Polit & Beck 2012:157).

1.14 DEFINITIONS OF KEY TERMS

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

- **Clinical learning environment (CLE)**

Chan (2004:666) maintains that "the clinical learning environment is an interactive network of forces within a clinical setting that influence the students' clinical learning outcomes". The CLE is the environment that allows students to develop attitudes, competence, interpersonal communication skills, critical thinking and clinical problem-solving abilities (Chan 2004:666). Papp, Markkanen and Von Bonsdorff (2003:263) point out that the CLE encompasses all that surround the student nurse, including the clinical setting, equipment, staff, patients, nurse mentor, and nurse teacher.

In this study, the CLE encompassed all the units in the tertiary public hospital, where first-year nursing students are allocated to work as part of the clinical component of the programme. Furthermore, in each unit the students are exposed to patients with different diagnoses and diseases as well as different equipment. The professional

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nurses and the nurse educators are part of the CLE and there to support and facilitate learning within the CLE.

- **Evaluation**

To 'evaluate' is forming an opinion of the value, quality and the systematic use of research methods to make judgements about the effectiveness and overall merit, worth of some form of practice (Hornby 2006:500 ; De Vos et al 2011:452). Polit and Beck (2012:726) describe evaluation in research as the assessment how well a programme, practice or policy is working.

In this study, evaluation referred to how the researcher made judgements about the effectiveness of the CLE with regard to the participants' views and made recommendations to enhance the CLE.

- **Nursing education institution (NEI)**

The *Nursing Act, 33 of 2005* defines a 'nursing education institution' as "any nursing education institution accredited by the South African Nursing Council for education and training of students (learners)" (South Africa (Republic) 2005:6). In this study, the NEI referred to a specific NEI in Gauteng, where the comprehensive four-year programme for the training of professional nurses is offered.

- **Nursing student**

Student is referred to as a person who is studying at school, college, university, etc. (Hornby 2006:1470). A 'nursing student' refers to "a learner who has enrolled for the education and training of a four-year comprehensive programme, leading to registration as a Nurse (General, Psychiatry, Community) and Midwife" (Curriculum for Gauteng Nursing Colleges 2007:6). In this study, a nursing student referred to a student who was studying at the specific NEI and was currently registered for the second year of study, as they reflected on their experience of the CLE in first year. Students who were repeating the first year were also included as they had worked for a year as first-year students in the CLE.

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- **Four-year comprehensive nursing programme:**

A nursing programme refers to the four-year programme of training leading to registration as a Nurse (General, Psychiatry, and Community) and Midwife as stipulated by the SANC Regulation R425) (SANC 1985). In this study the nursing programme referred to the comprehensive four-year programme offered at the specific NEI.

1.15 OUTLINE OF THE STUDY

The study consists of five chapters. Chapter 1 introduces the study and briefly discusses the problem, purpose, research design and methodology of the study.

Chapter 2 discusses the literature review conducted on the CLE and the AI approach used in the study.

Chapter 3 describes the research design and methodology of the study.

Chapter 4 discusses the data analysis and interpretation and findings, with reference to the literature review.

Chapter 5 discusses the conclusions and limitations of the study and makes recommendations for practice and further research.

1.16 CONCLUSION

This chapter introduced the study, outlined the background to and rationale for the study, the problem, the conceptual framework underpinning the study, research design and methodology, trustworthiness and ethical considerations.

Chapter 2 covers the literature review on the CLE and AI conducted for the study.

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CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

Chapter 1 described the problem, purpose and significance as well as research design and methodology of the study. This chapter discusses the literature review conducted for the study.

A literature review is an organised, written presentation of what has been published on a topic (Burns & Grove 2007:92). The purpose of the review is to convey to the reader what is currently known regarding the topic of interest. In addition, it assists researchers to comprehend and extend their knowledge of the phenomenon under study (Polit & Beck 2008:105). With this in mind, the researcher undertook the literature review to find similar studies, identify any gaps, and ensure that there was a theoretical base for the study (Hofstee 2006:91; Babbie & Mouton 2002:507). The researcher also wished to determine how best she could make a contribution to the existing base of evidence (Polit & Beck 2008:106).

The literature review covered the clinical learning environment (CLE); pre-graduate students' perceptions and experiences in the CLE; the definition, history, principles, and assumptions of AI; using AI as an evaluation process, and a critique of AI.

2.2 CLINICAL LEARNING ENVIRONMENT (CLE)

The South African Nursing Council (SANC) Regulation R425 stipulates that an institution providing the four-year comprehensive nursing programme should provide

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pre-graduate students with both classroom and clinical learning opportunities (SANC 1985). In the CLE, students synthesise the knowledge gained in the classroom and apply it to practical situations. Chan (2004:2) maintains that clinical learning is best done in an environment conducive to learning.

According to Lechasseur, Lazure and Guilbert (2011:1934), practical knowledge is acquired through clinical experience. This knowledge is acquired through participation in real tasks in the practical area and through interaction with other nurses. Nursing is a practice-based profession therefore clinical placement is a vital and integral component in the curricula of the pre-registration nursing courses. Placement of the nursing students in the clinical field allows them to combine cognitive, psychomotor and affective skills, which enables them to develop competencies in the application of knowledge, skills and attitudes (Chan 2002:517). The CLE has a positive influence on the student. Chan (2004:666) emphasises that it is “within this environment that students develop their interpersonal communication skills, critical thinking and clinical problem-solving abilities”. The CLE forms the most significant part of the nursing education curriculum, as it provides the students with opportunities to learn and apply theory to practice and to be socialised into the expectations of the employment setting (Stokes & Kost 2009:283).

2.2.1 Definition

Chan (2004:666) defines the CLE as an interactive network of forces that is within a clinical setting influencing the students’ clinical learning outcomes .The CLE is seen as an environment that allows students to develop attitudes, competence, interpersonal communication skills, critical thinking and clinical problem-solving abilities. Swinny and Brady (2010:60) states that in the CLE students have the ability to learn about the complex health issues of patients, practise selected technical skills. According to Salamonson, Bourgeois, Everett, Weaver, Peters and Jackson (2011:262), the clinical environment provides a real-life context that is essential for the development of knowledge, values and skills. As a practice discipline, nursing requires students to

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develop clinical skills that are essential in caring. Nurse educators play an important role in the learning process of the nursing students in the clinical setting (Madhavanprabhakaran, Shukri, Hayudini & Narayanan 2013:38).

2.2.2 Characteristics of the CLE

Placement of students in the CLE is important and characterised as an irreplaceable component of nursing education (Bjork, Berntsen, Brynildsen & Hestetun 2014:2958). Graduate nurses contend that they are more likely to work in settings where they had positive experiences during undergraduate clinical placement. It is therefore an important task to ensure effective learning environments in all clinical placements used in nursing education (Bjork et al 2014:2959). Table 2.1 lists the characteristics of an effective CLE.

Table 2.1 Characteristics of the CLE

Characteristics	Explanation
1 Conducive environment	• Professional learning requires the CLE to be conducive to applying theory and developing skills, necessitating support for the students (McIntosh, Gidman & Mason-Whitehead 2011:98). Students learn effectively in environments that are encouraging, supportive and make them feel part of the team. An unpredictable and unstructured environment makes students feel vulnerable and anxious (Emmanuel & Price-Miller 2013:20). • The CLE needs to be supportive and conducive to learning so that students will develop the qualities, skills and abilities needed to become competent professionals (Billings & Halstead 2012:311).
2 Communication of goals	• Students are provided with all the information they need and should be given the opportunity to ask questions relevant to placement (Elcock & Sharples 2011:70). • Students need to be orientated; that is, be shown around the placement and helped to become familiar with an environment (Hart & Holland 2010:165).

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Characteristics	Explanation
3 Providing learning opportunities	• Practical knowledge is acquired through clinical experience. This knowledge is acquired through participation in real tasks in the practical area and through interaction with other nurses (Lechasseur et al 2011:1934). • The CLE provides the real-life context that is essential for the development of the knowledge, values and skills (Salamonson, et al 2011:262). • Clinical mentors (clinical facilitators) should ensure that the CLE is a suitable environment for learning and is prepared for students before their arrival so that they can practice skills and increase their competencies (Elcock & Sharples 2011:33).
4 Providing evaluation and feedback	• The nurse educators in the clinical setting should be responsive to students' needs; observe and give feedback to students, and create a supportive environment for learning (Darcy Associates 2009:16) Simulation benefits students by enhancing active learning, a safe learning environment, assessment, immediate feedback to the students, increased confidence, learning at their own pace, and unlimited repetition of learning opportunities (Bruce et al 2011:243).
5 Self-directed learning	• Students in clinical placements found that they gained independence through self-directed learning if they were offered the opportunity (Bjork et al 2014:2959). • Mentors believe that students should take more responsibility for their own learning so that they can recognise opportunities themselves (Emmanuel & Price-Miller 2013:20).

2.2.3 Clinical facilitator's role in the CLE

Clinical faculty members (clinical facilitators) have a significant role in the education and development of nursing students. Nurses who take on the mentor role should have special qualities to develop student nurses to be competent professionally (Sabog, Caranto & David 2015:5). Creating an effective and conducive CLE requires that Clinical Facilitators (CF's) have certain key characteristics and qualities (Bruce et al 2011:109; Sabog et al 2015:10). Table 2.2 presents these characteristics and their application in the CLE.

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Table 2.2 Clinical facilitators' key characteristics

Key characteristics	Application
Approachable	• CF's need to be understanding and considerate. This has a great impact students' performance in the clinical area (Sabog et al 2015:10). • Nurse educators (CF) need to develop a caring relationship with students, they should be approachable, available, encourage mutual respect and attentively listen to students (Bruce et al 2011:109).
Welcoming	• Orientation is one of the best ways to ensure that students feel welcomed in the clinical placement area. Students are provided with all information they need (Elcock & Sharples 2011:70). • Clinical mentors (clinical facilitators) should ensure that the CLE is a suitable environment for learning and is prepared for students before their arrival so that they can practice skills and increase their knowledge (Elcock & Sharples 2011:33).
Supportive	• Nursing students have complex support needs, to achieve both academically and clinically added to their family and personal responsibilities (McIntosh et al 2011:192). Nurse educators must be committed and competent to support students. • Clinical supervision allows students to receive formal professional support given by skilled clinical supervisors (Gopee & Galloway 2011:151). • Each student needs a personal mentor (tutor) from the NEI who supports and advises the student with regard to personal and course-related difficulties (Hart 2010:34, 36).
Available	• Students need to have a personal tutor from the nursing school (NEI) whose role is to be available support them throughout their programme (Walsh 2012:199). • To be able to perform interventions safely and appropriately, the clinical instructors' guidance is a necessity (Sabog et al 2015:16).

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Key characteristics	Application
Knowledgeable	• Clinical instructors need to be knowledgeable and competent in their own field and agree that knowledge and competence are the most important and essential components for effective teaching (Sabog et al 2015:15) • The nurse educator plays a major role in the personal, professional and academic development of the nursing student. She needs to have skills and attributes necessary to facilitate students' learning (Bruce et al 2011:107). • The roles of a mentor/nurse educator include organising and co-ordinating students' learning activities in practice; assessing performance, including skills, attitudes and behaviour; liaising with stakeholders; supervising students' learning and providing constructive feedback, and setting and monitoring achievement of objectives (Sharples & Elcock 2011:23).

2.2.4 Evaluation of the CLE

Nursing students need mentoring and positive professional support throughout their training during rotation in the hospital (CLE). It is important that the students be guided and supported in the CLE. CLE staff need to foster and maintain good interpersonal relationships among the staff and with the students (Rikhotso, Williams & De Wet 2014:5).

The CLE impacts directly on the student. Chan (2004:666) stresses that it is "within this environment that students develop their attitudes, competence, interpersonal communication skills, critical thinking and clinical problem-solving abilities". Students welcome and prefer hospital environments that recognise their individuality, provide them with adequate support, and allow them some degree of flexibility within limits. Students frequently feel vulnerable in the CLE because they are learning to provide care and are also concerned with staff reaction to their efforts. The researcher was of the opinion that, based on the experiences of first-year nursing students, it should be possible to co-construct action plans to enhance their experiences, which in turn should

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enhance the CLE. This study therefore focused on the evaluation of the CLE as an effective learning environment where nursing students are required to achieve clinical skills. Since AI is a constructive positive inquiry process that searches for everything that “gives life” to organisations, communities and larger human systems, the researcher used AI in the study (Cooperrider & Atival 2004:xii).

2.3 OVERVIEW OF APPRECIATIVE INQUIRY (AI)

In the 1980’s David Cooperrider and Diana Whitney, doctoral students at Case Western Reserve University, Cleveland, Ohio, developed Appreciative Inquiry, a tool for organisational change which challenged the problem-solving approach mainly used at the time (Kessler 2013:1). Cooperrider and Whitney wanted to focus on what people appreciated about a situation and discover how they could have more of what they appreciated. They interviewed people to discover the possibilities that were in people’s minds that could solve the issue at hand (Watkins & Stavros 2009:3). Cooperrider collaborated with his advisor, Dr Suresh Srivastava. Cooperrider was a doctoral student, involved with a group from Case working with the Cleveland Clinic in a diagnosis or analysis in search of “what is wrong with the human side of the organisation?” Cooperrider was amazed by the level of positive cooperation, innovation, and egalitarian governance he found in the organisation. Cooperrider obtained permission from Dr William Kiser, the clinic supervisor, to totally focus on a life-centric analysis of the clinic. This analysis focused on the factors contributing to the highly effective functioning of the clinic when it was at its best and disregarded everything else. Table 2.2 illustrates a brief history of the development of AI.

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Table 2.3 History of Appreciative Inquiry (AI)

Date	Event
1980	**Cleveland Clinic Project is initiated.** As a young doctoral student, Cooperrider was asked to do an organisational analysis of "what's wrong with the human side of the organisation?" In gathering his data, he became overwhelmed by the level of cooperation, innovation and general social effectiveness he sees in the organisation. Having been influenced by earlier writings by Schweitzer and Rader, he obtains permission from the clinic's board of directors to focus totally on an analysis of the factors contributing to the highly effective functioning of the clinic. The Cleveland Clinic becomes the first large site where a conscious decision to use an inquiry focusing on life-giving factors forms the basis for an organisational analysis.
1984	**Cooperrider presents his still evolving ideas about AI to the Academy of Management** where his ideas are derided.
1986	**Cooperrider completes his doctoral dissertation *Appreciative Inquiry: Toward a Methodology for Understanding and Enhancing Organisational Innovation*** at Case Western Reserve University in Cleveland, Ohio. What began as a study of the development of generative theory had evolved into a strategy for organisation change.
1987	**Cooperrider and Srivastva publish *Appreciative Inquiry in organisational life.*** This marks the first time that the term 'Appreciative Inquiry' appears in a professional publication. The article is noteworthy not only because it makes public the term Appreciative Inquiry but because it represents the beginning of the transition from thinking of AI as a theory-building approach to seeing its potential as a full blown intervention model.
1987	**The first public workshop on AI** is held in San Francisco with David Cooperrider as the key presenter.
1990	**Suresh Srivastva and David Cooperrider publish *Appreciative management and leadership: the power of positive thought and action in organisations*** containing Cooperrider's article entitled "Positive image; positive action".
1994	**First professional development workshop in Appreciative Inquiry** is conducted by Jane Watkins and Cathy Royal. Subsequently, Watkins, Royal, Mohr and Sloan present annual workshops in basic AI, and AI practicum workshops.
1995	**Cooperrider is elected as president of National Academy of Management.**
1996	***The Thin Book of Appreciative Inquiry* is published** by Sue Annis Hammond, providing the first basic introduction to AI as a philosophy and methodology of change.
1998	***Lessons from the Field*,** edited by Hammond and Royal, is published. It is the first book of case histories of organisational development projects done from an appreciative perspective.
2002	***Appreciative Inquiry: Change at the Speed of Imagination*,** written by Watkins and Mohr is published in the Jossey-Bass Pfeifer series of innovations in the field of Organisation Development.

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(Adapted from Watkins and Kelly 2010:6)

2.3.1 Definition of AI

AI is a method for studying and changing social systems (organisations, groups and communities) that advocates collective inquiry into “what is” in order to imagine “what could be”, followed by collective design of a desired future state that is compelling and does not require the use of incentives (Kessler 2013:1).

Watkins and Kelly (2010:2) define appreciate as “to value, admire highly, to perceive those things that give life (health, vitality, excellence) to living systems”. Watkins and Stavros (2009:4) define ap-pre-ci-ate as “(1) to recognise and like a favourable critical judgement or opinion; to perceive those things that give life (health, vitality, excellence) to living systems; (2) to feel or express gratitude; (3) to increase value; (4) to be fully aware of; realise fully (value, prize, esteem and honour). In-quire means “(1) to explore and discover; (2) to question; (3) to be open to seeing new potentials and possibilities”. Havens et al (2006:463) describe AI as a philosophy and methodology for promoting positive organisational change through creating meaningful dialogue, inspiring hope and inviting action. Appreciative organisations engage members in practices of realising organisation settings based upon appreciation.

AI is the process of facilitating positive change in organisations (Serrat 2008:1). Every organisation has something that works well. Appreciative enquiry is therefore an exciting generative approach to organisational development. AI is thus a group process that is used to positively challenge the existing assumptions of an organisation by asking questions about the strengths and successes of an organisation or a component of the organisation with the purpose of developing and implementing an improvement plan for the organisation or a specific component of the organisation (Preskill & Catsambas 2006:1). Watkins and Cooperrider (2008:1) describe AI as a paradigm of thought and understanding holding organisations to be affirmative systems created by humankind as solutions to problems. AI is used in place of the traditional problem-solving approach of finding what is wrong and forging solutions to fix the problems is.

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2.3.2 Value of AI

AI had a profound impact on organisation development practice in business, non-profit and governmental organisations in that it produced transformational change without causing crisis. Its huge significance is bringing social constructionist theory into managerial practice, identifying the power of possibility versus problem centric change strategies, forcing examination of the impact of positive emotions on change processes, and offering generativity instead of problem-solving as a way to address social issues (Kessler 2013:4).

AI seeks to look for the positive moments of joy and satisfaction. It provides an intellectual construct and practice that gives organisations an expanded way of viewing reality and practical rationale and method for creating a desired future (Watkins & Cooperrider 2012:1). Yoder (2005:54) emphasises that AI searches for the best in people, their organisations and the world around them. It is emotional intelligence that motivates people to pursue their unique potential and purpose. This approach allows all those involved in the system to have a stake in its future direction. It views organisational development as a journey rather than an event. By starting from an affirmative standpoint, AI sets a positive frame for that journey. The process of AI is an inclusive one which engages all parties in co-constructing the future of the organisation.

Appreciative Inquiry enabled the researcher and the participants to appreciate the positive components of the CLE. In addition, the researcher asked positive questions on the strengths and successes of the CLE, with the aim of building future plans (action plan/recommendations) based on the participants' wishes for the CLE. This might move the CLE towards excellence.

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2.4 PROBLEM-SOLVING APPROACH

AI is the process of facilitating positive change in organisations. Its basic assumption is that every organisation has something that works well. An AI is therefore an exciting generative approach to organisational development (Serrat 2008:1). According to Cooperrider, Whitney and Stavros (2008:5), AI can be successfully used in focus groups; coaching; communications; strategic planning; team development; organisational culture change; surveys; meetings and employee development.

Watkins and Kelly (2010:21) refer to AI as dichotomous, as a substitute for problem solving. AI is a way of doing Action Research that chooses to focus on information that locates and highlights generative and creative forces in the organisation rather than to focus on deficits. Watkins and Cooperrider (2012:5) describe AI as a paradigm of thought and understanding holding organisations to be affirmative systems created by humankind as solutions to problems. AI can be used instead of the traditional problem-solving approach, finding what is wrong and forging solutions to fix the problems.

2.5 PRINCIPLES OF APPRECIATIVE INQUIRY

AI is a transformative approach for initiating shared leadership and organisational learning based on eight principles: constructionist, simultaneity, poetic, positive, anticipatory, enactment, wholeness and free choice (Somerville & Farner 2012; Kessler 2013).

2.5.1 Constructionist principle

The constructionist principle recognises that organisations are socially co-constructed realities. Therefore, AI should involve as many members as possible in the inquiry into desirable collective futures (Somerville & Farner 2012:11). Cojokaru (2012:126) adds that the constructionist principle sees organisations as living human constructions

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based on the knowledge, ideas and beliefs urging people to examine the mental models they have in organisations.

The constructionist principle proposes that what people believe to be true determines what they do, and thoughts and actions emerge out of relationships (Kessler 2013:2). According to the constructionist principle, knowledge about an organisation and the destiny of that organisation are interwoven (Watkins & Kelly 2010:14). Watkins and Stavros (2009:8) emphasise that the constructionist principle is an understanding and acceptance of the social constructionist stance towards reality and social knowledge. What we believe to be real in the world is created through social discourse; through the conversations we have with each other that lead to agreement about how we will see the world, and how we will accept reality.

2.5.2 Simultaneity principle

The simultaneity principle refers to the fact that research and organisational change are simultaneous moments. Research is an intervention and the questions we ask people are starting points for future images (Cojokaru 2012:126). The simultaneity principle proposes that people inquire into human systems and change them (Kessler 2013:2).

According to Watkins and Kelly (2010:15), this principle works in harmony with the constructionist principle. It recognises that inquiry and change are not separate moments but are simultaneous. The things that people think and talk about, the things that people discover and learn, and the things that inform dialogue and inspire images of the future are implicit in the very questions they ask.

2.5.3 Poetic principle

The poetic principle refers to the ongoing construction and reconstruction of an organisation, organisations change according to the way the organisations' stories change (Cojokaru 2012:126). The poetic principle provides an opportunity for dialogue

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to enhance value and elevate your team's spirit and work .It brings to life the stories that empower positive relationships. The value of storytelling as a way of holistic information is that it includes not only facts but also human feelings.

Somerville and Farner (2012:11) add that the poetic principle states that organisational life is expressed in the stories that people tell one another and the story of the organisation is constantly being co-authored by people within the organisation. According to Watkins and Kelly (2010:14), the poetic principle acknowledges that human organisations are open books. An organisation's story is constantly being co-authored by the people within the organisation as well by those outside who interact with it.

2.5.4 Positive principle

The positive principle states that the momentum for change requires positive thinking and social bonding qualities like hope, inspiration and joy in creating with one another. (Watkins & Kelly 2010:16). Kessler (2013:2) adds that the positive principle proposes that the momentum and sustainable change require positive affect and social bonding.

The more positive questions are asked, the faster social change is brought about, hence the organisation moves in the direction which is being considered (Cojokaru 2012:126). Somerville and Farner (2012:11) point out that the positive principle recognises that sustainable change is fuelled by positive emotional energy

2.5.5 Anticipatory principle

The anticipatory principle holds that what individuals do today is guided by their image of the future (Kessler 2013:2). Cojokaru (2012:126) states that the anticipatory principle teaches people that projections on the future guide the system's behaviour and actions that lead to the emergence of the future. Positive images lead to positive actions Behaviour and decisions about actions are based not only on what individuals were

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born with or learned from the environment, but also on what they anticipate, think or imagine will happen in the future (Watkins & Kelly 2010:15).

2.5.6 Enactment principle

According to Buchanan (2014:35), Ghandi's "be the change you want to see" embodies the enactment principle because to really make a change, individuals must "be the change they want to see". Positive change occurs when the change is a living model of the ideal future. The enactment principle states that people have to try something new and embody what they want (Kelm 2005:2).

2.5.7 Wholeness principle

This principle is about engagement of the whole system. According to Buchanan (2014:35), the wholeness principle brings out the best out in people and organisations, while also bringing stakeholders together in a large group. Kelm (2005:2) states that wholeness provides more expansive thinking than reductionism and learning to be present to the emerging whole.

2.5.8 Free choice principle

The free choice principle holds that people perform better and are more committed when they have the freedom to choose how and what they contribute (Buchanan 2014:35). Free choice stimulates organisational excellence and positive change. Kelm (2005:2) maintains that freedom from internal and external forces is one type of freedom and that freedom of inner clarity allows people to pursue life freely.

2.6 EVALUATION OF AI

The goal of an evaluation is to improve an organisation or project. The AI approach to evaluation accomplishes this by focusing on "what is life-giving" or "what is working"

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rather than on determining “what is wrong” so as to “fix” it . It discovers the root causes of the success. By focusing on the root causes of the success, it creates continuous opportunities to look back on those moments of excellence and use them to guide the organisation/project toward a more positive future. It also builds capacity for learning and change within organisations and communities (Ohja 2010:12). Moreover, the evaluation process requires involving more stakeholders, designing evaluation to boost use, focusing on performance improvement, building evaluation capacity, and completing the evaluation quickly and cheaply without compromising the quality.

According to Serrat (2008:3), AI can helps to:

- build a common vision where one is lacking
- challenge preconceived notions of what might be the best of what exists
- discover, understand, and amplify the positive forces that exist in organisations
- create openness and rapport between people and groups where a negative work climate has prevailed
- forge new approaches to human resource issues that will be accepted by staff and lead to positive change
- provide an alternative to conventional team-building processes
- demonstrate the power and value of teamwork by highlighting ways in which teams give life to organisations
- open up opportunities

The AI design allows people to have those simple conversations; the methodology encourages reflection and participation not only at cognitive level, but emotional level as well. People perform well and at their best in an atmosphere of respect, empathy and open communication (Yoder 2005:46).

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2.7 CRITIQUE OF THE AI PROCESS

The 4-D model was criticised because it omitted the first step of identifying the focus itself (Bushe 2010:1). The critics suggested "Define" as the first step of the AI process. In response, the 5-D model was developed. A criticism of the problem-solving approach was that as a tool for social innovation, it did not do a very good job and might be counterproductive. Organisations were best viewed as socially constructed realities that were constrained only by human imagination and the shared beliefs of organisational members.

AI has been accused of being naive and idealistic in concentrating on positive experiences, which paint an unduly sanitised picture of human life. AI has been accused of focusing on positive aspects to the extent that it ignore or suppress negative experiences (Reed 2007:10).

A common criticism of AI is that it ignores or even denies problems, which is untrue. AI does address issues and problems, but from a different and often more constructive perspective: it reframes problem statements into a focus on strengths and successes (Coghlan, Preskill and Catsambas 2003:6).

2.8 CONCLUSION

This chapter discussed the literature review undertaken for the study, which covered the clinical learning environment (CLE); pre-graduate students' perceptions and experiences in the CLE; a brief history, the definition, principles, and assumptions of AI; using AI as an evaluation process, and a critique of AI.

Chapter 3 describes the research design and methodology used in the study.

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CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

Chapter 2 described the literature review conducted for the study. This chapter describes the research design and methodology used in the study, including the population, data collection and analysis, and ethical considerations.

3.2 AIMS AND OBJECTIVES OF THE STUDY

The aim of the study was to evaluate the clinical learning environment (CLE) of first-year nursing students registered for the four-year comprehensive programme.

In order to achieve this aim, the objectives were to

- explore the views of first-year students on the CLE
- make recommendations to enhance the CLE of first-year nursing students

3.3 RESEARCH DESIGN

A research design is "the overall plan for obtaining answers to questions being studied and for handling some of the difficulties encountered during the research process" (Polit & Beck 2008:66). Hofstee (2006:113) describes the research design as "the section where one names and discusses the overall approach to be used when testing the thesis statement".

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Moule and Goodman (2014:171) define a research design as “the research plan that provides evidence needed to answer the research question”. A research design focuses on the end product and all the steps in the process to achieve the outcome anticipated (De Vos et al 2011:142).

In this study, the researcher designed a plan of how the study would be conducted up until the data was analysed. The researcher took into consideration the aims and objectives of the study. A qualitative, explorative and descriptive design was selected for the study.

3.3.1 Qualitative

Qualitative research is a means of exploring and understanding the meaning individuals and groups ascribe to social problems (Creswell 2014:246). Researchers in nursing use a qualitative approach to look at participants’ life experiences, actions, beliefs and perceptions. This approach explores the relationships and experiences within the research setting. The researcher comes closer to the participants when undertaking the research and involves them during data collection (Moule & Goodman 2014:206). Qualitative research investigates phenomena in an in-depth and holistic manner, through the collection of rich narrative information using a flexible research design (Polit & Beck 2012:739).

This study wished to evaluate the CLE of first-year nursing students. Table 3.1 presents the characteristics of a qualitative research design (Creswell 2014:185; Moule & Goodman 2014:207).

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Table 3.1 Characteristics of a qualitative research design

Characteristic	Application in study
Natural setting	Data was collected in the NEI; participants were in close interaction with the researcher.
The researcher as key instrument in data collection	The researcher collected data on her own, using interview schedules.
Involves complex inductive reasoning	Data was organised into themes, categories and sub-categories
Focuses on participants' perspectives	The researcher focused on learning the meaning that the participants had about the CLE.
Interpretive inquiry	The researcher conveyed her experiences and the benefits of the study to participants.
Holistic account	The researcher developed a complex picture of the problem under study.

(Adapted from Creswell 2014:185; Moule & Goodman 2014:207)

The characteristics of a qualitative research design are discussed with

3.3.1.1 Natural setting

Qualitative researchers collect data in the field at the site where participants' experience the problem under study. Information is gathered by directly talking to people and seeing them behave and act in their context. Researchers have face- to-face interaction over time. The setting in this study was the NEI where students were data was collected, the participants were in close interaction with the researcher.

3.3.1.2 The researcher as key data-collection instrument

Qualitative researchers collect data themselves through observation, interviews and examination of documents. Researchers in qualitative research tend not to use or rely on questionnaires or instruments developed by other researchers. In this study the researcher used a self-developed interview schedule with open-ended questions.

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3.3.1.3 Complex inductive reasoning

Inductive reasoning is a logical process where the researcher moves from the general to more specific. Data was organised into themes, categories and sub-categories, and analysed inductively, recursively and interactively.

3.3.1.4 Researcher's focus on participants' perspectives

The researcher focused on learning the meaning that the participants had about this study, their meanings and their subjective views, not the meaning she brought to the study.

3.3.1.5 Interpretive inquiry

Researchers interpret what they see, hear, and understand. The interpretations cannot be separated from their own background, history, context, and prior understanding.

3.3.1.6 Holistic account

In a holistic view of social phenomena, researchers try to develop a complex picture of the problem or issue under study. This involves multiple perspectives, identifying the many factors involved in a situation, and generally sketching the larger picture that emerges (Creswell 2014:185; Moule & Goodman 2014:207).

In order to do so, the researcher undertook a qualitative study. The researcher interviewed students using an appreciative narrative interview schedule in which the participants described their lived experiences of the CLE. The researcher collected in-depth data on the CLE.

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3.3.2 Exploratory

Exploratory research investigates the full nature of the phenomenon, the manner in which it is manifested, and other related factors. This type of research is conducted for a problem that has not been clearly defined. It helps determine the best research design, data-collection method and selection of participants (Polit & Beck 2012:18).

Exploratory research explores a topic under study. Research is conducted to address an issue or a problem that needs a solution. Exploratory research is designed to increase knowledge of a field of study and not intended for generalisation to large populations (Burns & Grove 2013:694). The researcher undertook an exploratory study to discover new insights and investigate the effectiveness of the CLE for the participants.

3.3.3 Descriptive

Descriptive research has the accurate portrayal of the characteristics of persons, situations, or groups, and the frequency with which certain phenomena occur as its main objective. Descriptive research explores and describes phenomena in real-life situations (Polit & Beck 2012:725). Burns and Grove (2013:215) point out that descriptive research is used to gain more information about the characteristics in a particular field of study. According to Holland and Rees (2010:288), the main purpose of descriptive research is painting a picture of a situation in words, allowing a clear and accurate representation to emerge.

In this study the researcher asked the participants to reflect on their experiences in the CLE, write about their peak experiences, wishes and visions for the CLE.

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3.4 RESEARCH METHODOLOGY

Research methodology is the process or plan for how the study will be conducted and includes the population, sample and sampling, data-collection instrument, and data collection and analysis (Burns & Grove 2013:264). Research methods are the techniques used to structure a study and to gather and analyse information relevant to the research questions (Polit & Beck 2012:741). Research methodology focuses on the research process and the kind of tools and procedures to be used in the study (Holland & Rees 2010:291).

3.4.1 Population

A research population refers to the entire set of elements, individuals or objects in which a researcher is interested (Polit & Beck 2008:337). Taylor (2014:306) describes a population as the entire group of individuals that a researcher wishes to study. The population encompasses all elements that meet certain criteria for inclusion in a study (Burns & Grove 2013:544). Polit and Beck (2008:338) distinguish between the target and the accessible population. The target population is the aggregate of cases about which the researcher would like to generalise. The accessible population is the aggregate of cases that meet the inclusion criteria and are accessible as participants for a study.

In this study, the population consisted of the second-year student nurses who were registered at the particular NEI for the four-year comprehensive programme, leading to registration as a Nurse (General, Psychiatric and Community) and Midwife (Regulation R425) (SANC 1985). At second-year level, they had been exposed to the CLE and rotated through the medical, surgical, paediatrics, orthopaedics, neurological and thoracic wards/units in the CLE. They were able to reflect on their experiences in the CLE as first-year students.

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3.4.2 Sampling and sample

Sampling is the process of selecting a part of the population to represent the total population (Polit & Beck 2012:290). According to Holland and Rees (2010:92), in qualitative research the participants in the sample are the individuals who have knowledge and experience of the research topic.

Purposeful or non-probability sampling is used in qualitative research to select study participants because they understand the research problem and phenomenon under study (Creswell 2014:225). In purposive or non-probability sampling, the researcher selects participants based on personal judgement about which ones will be the most informative (Polit & Beck 2012:291). Taylor (2014:306) describes a purposive sample as one that is based on the selection of participants who have experienced the phenomenon under investigation. Accordingly, the researcher chose second-year students to reflect back on their experience as first-year students and give inputs based on how they experienced CLE. They would, therefore, be able to share their experiences, wishes and visions for the CLE.

Holland and Rees (2010:92) point out that in qualitative research the sample size is usually small; the key outcome being to have depth and richness of data rather than a large number of responses. Moule and Goodman (2014:267) state that there are no specific rules for the sample size. The size should be based on the need to obtain sufficient information (data saturation) to answer the research questions. Qualitative researchers use smaller sample sizes to allow for richness, depth and detail in data collected (Taylor 2014:192).

To be included in this study, the participants had to

- be second-year nursing students registered for the four-year comprehensive programme
- have passed their first year of training and those repeating the first year .

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- have rotated in the medical, surgical, paediatrics, orthopaedics, neurological and thoracic wards/units in the CLE

Out of 194 second-year students, 178 participated in the study. Table 3.2 indicates the number and gender of the participants.

Year of study	Gender	Race	Age	Number of students
Second year	Females	Black ,white coloured and Indian.	18-48	167
	Males	Black and coloured	19- 44	11
	TOTAL			178

3.4.4 Data collection

Data collection is the precise, systematic gathering of information relevant to the research purpose or specific objectives of a study (Burns & Grove 2013:41). Data collection in qualitative research involves the participants in the study as part of co-enquiry methods and, rather than remaining detached, the researcher is involved with participants (Moule & Goodman 2014:190). Qualitative data collection uses various forms such as interviews, observations, documents and records (Creswell 2014:291). In this study the researcher used a self-reported appreciative narrative interview schedule to collect data.

3.4.4.1 Data-collection instrument

An interview schedule is a guide "which provides the researcher with a set of predetermined questions that might be used as an instrument to engage the participant and designate the narrative terrain" (De Vos et al 2012:352). Self-reported interview schedules are a method of data collection that involves a direct report of information by participants (Polit & Beck 2012:742). Self-report methods of data collection allow participants to provide information about their perceptions, fears, what they think, feel, or believe. Through self-reports, researchers can gather retrospective data about past

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activities and events or information about future behaviours which people plan to engage in (Polit & Beck 2012:297).

In this study, the researcher developed a self-reported appreciative narrative interview schedule based on the 5-D cycle of AI for data collection. The interview schedule was submitted to the supervisors for approval. Given the number of participants involved, this method was convenient in terms of saving time and gave all second-year students willing to participate an opportunity to give inputs. A participant information leaflet was given to each student prior to data collection (Polit & Beck 2012:537; Reed 2007:128).

3.4.4.2 Preparation for the interview

The researcher obtained written ethical approval for and permission to conduct the study from the University of Pretoria (UP), the Department of Health and the NEI where the study was done (see Annexure A1, A2 and A3).

3.4.4.3 Data-collection process and the role of the researcher

The role of the researcher is to be involved in a sustained and intensive experience with the participants (Creswell 2014:187). The researcher was introduced to the nursing students by nurse educators. This was not the researcher's first encounter with the students as the researcher, she is also a nurse educator in the NEI accompanied the students in the CLE for the duration of their first year.

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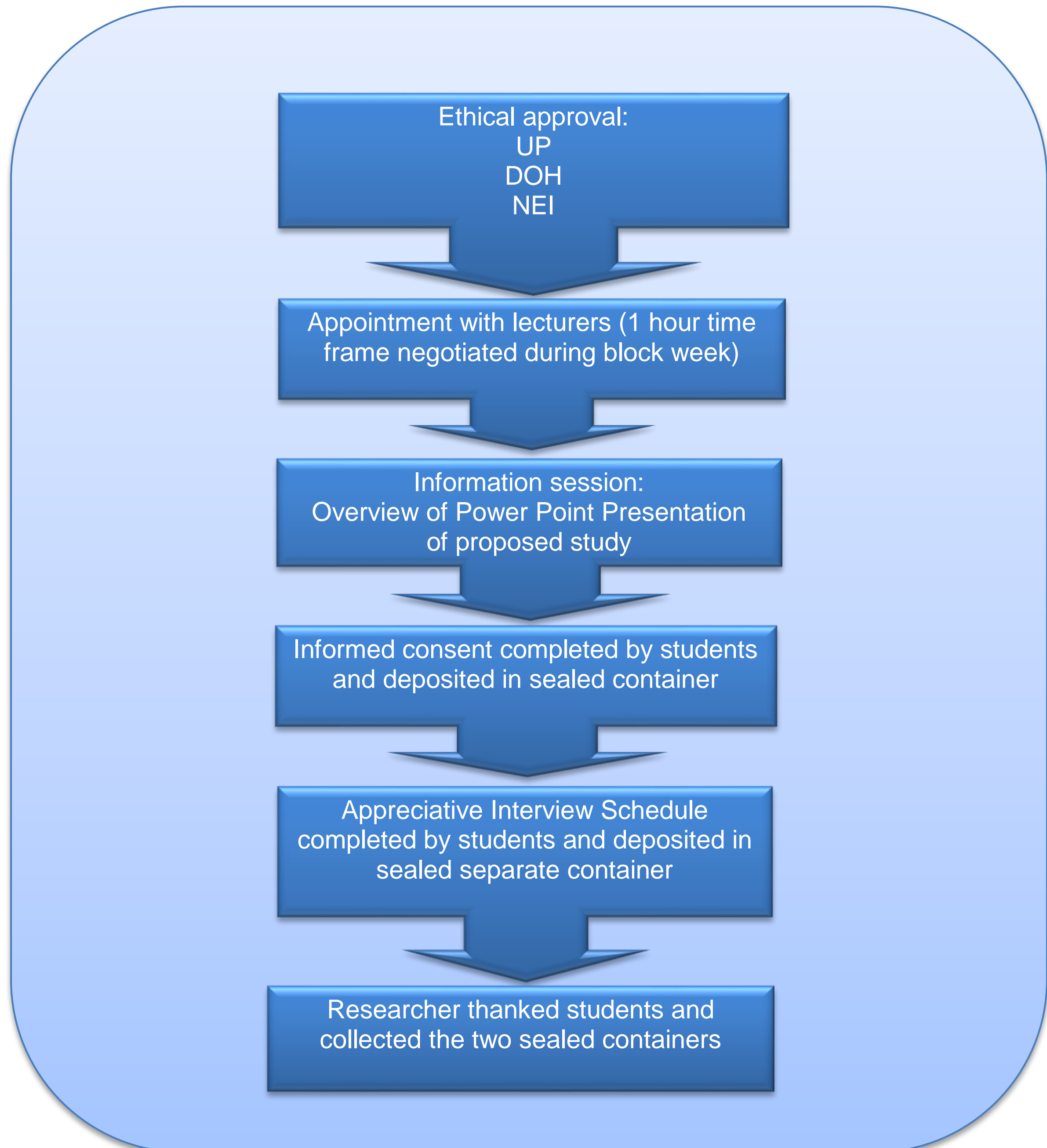

Figure 3.1 Data-collection process

The researcher personally collected the data. The researcher spoke to the second-year nursing students at a time when they were at the NEI for the theoretical components of the programme. This approach was the most convenient and had the advantages of maximising the number of completed self- reported interview schedules and allowing

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the researcher the opportunity to clarify any possible misunderstandings (Polit & Beck 2012:537).

The researcher obtained permission from the individual lecturers to use approximately one hour of the lecture time to allow the students to complete the self-reported appreciative interview schedule (questionnaire). The researcher presented a power point general overview of the study to the students. During the presentation researcher explained the aim and objectives of the study, what was expected of the students, and how data collection would take place. The researcher reassured the students that their participation in the study was voluntary and would not have any influence on their academic outcomes.

The researcher handed a participant information leaflet to each student. Once the informed consent form was completed, the students deposited them in a sealed container, which enhanced their anonymity. Then the students were given time to complete the self-reported appreciative interview schedules. The completed interview schedules were deposited in a separate sealed container. The separate sealed containers ensured that no correlation could be made between the interview schedules and the participant's informed consent.

3.4.5 Data analysis

The researcher used Tesch's (1990) eight-step method of data analysis (in Creswell 2014:191) as follows to analyse the data:

Data analysis is a process of bringing order, structure and meaning to the mass of collected data (De Vos et al 2005:339). Polit and Beck (2012:725) define data analysis as "the systematic organisation and synthesis of research data". The data collected by means of the self-reported interview schedules was analysed by means of content analysis.

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Data was analysed by the researcher and a co-coder from the University of Pretoria. The co-coder is a lecturer with a PhD in Nursing and involved in Nursing Research in the university. The researcher used Creswell's (2014) and Tesch's (1990) in Cresswell data analysis process (see table 3.3).

Table 3.3 Steps in data analysis

Step 1
• The data was organised and prepared for analysis. The data was contained in the self-report interview schedules, was sorted and arranged into different types depending on the information.
Step 2
• The researcher read through the data to obtain a general sense of the information and to reflect on its overall meaning, including the ideas and impressions from the participants, their tone, overall depth, credibility and use of information.
Step 3
Detailed analysis started with coding. Creswell (2014:197) refers to coding as "the process of organising the material into 'chunks' before bringing meaning to those 'chunks'". The data was categorised and labelled. Creswell (2014:197) refers to Tesch's (1990:142-145) eight-step data analysis as follows: • First of all, read through all the transcriptions carefully in order to get a sense of the whole. • Then pick up one document, perhaps the shortest, most interesting one, and read through it to get the underlying meaning. Repeat the same procedure with several documents and write down thoughts down in the margin. • Make a list of all the topics from the documents. Cluster similar topics together and form them into columns as major, unique topics, and leftover topics. • Abbreviate the topics as codes next to the appropriate segments of the text. • Find the most descriptive wording for the topics and turn them into categories. • Reduce the total list of categories by grouping topics that relate to each other. • Make a final decision on the abbreviation for each category and list alphabetically. • Assemble the data for each category in one place and perform preliminary analysis. Recode the existing data, if necessary.
Step 4
• Coding was used to generate a description of the setting or people as well as categories or themes. This involved a detailed rendering of information about the participants. Then the coding was used to generate a small number of themes or categories. These themes appeared as major findings and were stated under separate headings in the findings. The themes were shaped into general descriptions as in phenomenology. •

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Step 5
• The themes were described in the form of categories and sub-categories. The themes were discussed in detail, using figures and tables. The researcher presented the theme, categories and sub categories in tabular form and discussed them with reference to the literature review.
Step 6
• Finally, the data was interpreted, the results reviewed and compared with the findings from the literature reviewed. It also suggested new questions that needed to be asked.

(Source: Creswell 2014:197; Tesch 1990:142-145 in Cresswell 2014)

After completing the coding and identifying emerging themes and categories from the data, the researcher met with the co-coder to discuss and confirm the identified themes and categories. The co-coder's inputs were incorporated to refine the coding process. The researcher, co-coder and supervisors reached consensus on the themes, categories and sub-categories that emerged from the data analysis.

3.5 TRUSTWORTHINESS

Trustworthiness is "the degree of confidence that qualitative researchers have in their data, using the strategies of credibility, dependability, confirmability, and transferability" (Polit & Beck 2012:745). The criteria allow the researcher to demonstrate how the interpretations in the data and conclusions drawn reflect participants' experiences (Moule & Goodman 2014:191).

To ensure the trustworthiness of the study, the researcher used credibility, dependability, confirmability, transferability and authenticity (Lincoln & Guba 1985:301).

3.5.1 Credibility

A study has credible findings if it reflects the experience and perceptions of participants (Moule & Goodman 2014:455). Credibility is a criterion for evaluating integrity and quality in qualitative studies, referring to the confidence in the truth of the data and interpretations of them (Polit & Beck 2012:724). Credibility validates that there is a

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match between the participants' experiences and the researcher's reconstruction and representation of them (De Vos et al 2011:420).

To ensure credibility, in this study the researcher established trust and rapport during data collection. Credibility can be established through prolonged engagement, member checking, triangulation and peer debriefing (Polit & Beck 2012:589-594).

3.5.1.1 Prolonged engagement

Prolonged engagement is the investment of sufficient time collecting data from participants under study (Polit & Beck 2012:589). The researcher in the study was present on the site where the study was done (NEI), spent sufficient time with the participants during data collection and has an in-depth understanding of the participants as she has more than ten years' experience as a lecturer.

3.5.1.2 Triangulation

Triangulation is validating of data in the study by verifying the same information using multiple data sources to increase credibility (Polit & Beck 2012:589).The researcher verified data by using literature to confirm data and an independent coder was used to verify data, including verification by the researchers' supervisor and joint supervisor.

3.5.1.3 Member checks

In member checking the researcher provides feedback to participants about the emerging interpretation and obtains their interpretations (Polit & Beck 2012:591). During data collection the researcher restated and summarised information. The researcher informed the participants that the findings of the research would be shared with them, and that they would affirm that the findings reflected their views and experiences.

3.5.1.4 Peer debriefing

Peer debriefing involves sessions with peers to review and explore various aspects of the research (Polit & Beck 2012:595). After data collection, the raw data was given to the co-coder to summarise into emerging themes, categories and sub-categories. The

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data was further analysed and reviewed by the researchers' supervisor and joint-supervisor.

3.5.2 Dependability

Dependability refers to the process that confirms stability (reliability) of data in a study (Moule & Goodman 2014:457). Dependability is a criterion for evaluating integrity in qualitative research, referring to the stability of data over time and conditions (Polit & Beck 2008:539). Taylor (2014:303) refers to dependability as "the audit trail demonstrating the routes to decisions made by the researcher at every stage of the research process".

In this study dependability was achieved through dense description of data. Data was categorised and coded. Interview materials, documents, interpretations and recommendations were kept safe and were only accessible to the researcher and any other researcher for future use. An audit trail involving a systematic collection of materials and documentation allowed independent auditors to come to conclusions about the data (Polit & Beck 2012:591).

3.5.3 Confirmability

Confirmability is a criterion for integrity in qualitative inquiry and refers to the objectivity or neutrality of the data and interpretations (Polit & Beck 2012:585; Moule & Goodman 2014:455). Confirmability demonstrates credibility, dependability and transferability of a study (Taylor 2014:302).

In this study, the researcher remained objective throughout to ensure confirmability. The researcher kept information obtained from data collection and observations made and made them available for future reference by other researchers.

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3.5.4 Transferability

Transferability refers essentially to the generalisation of data; that is, the extent to which the findings can be transferred to or have applicability in other settings or groups (Polit & Beck 2012:585; Taylor 2014:308). Transferability refers to the probability that the study findings have meaning to others in similar situations (Streubert & Carpenter 2005:49). Moule and Goodman (2014:466) describe transferability as the extent to which research findings can be transferred from one context to another by providing thick description of the data.

In this study, the researcher provided the background to the study, literature review, methodology and information of participants involved. Other researchers will be able to use the information or findings of the study for future research.

3.5.5 Authenticity

Authenticity refers to the extent to which researchers fairly and faithfully show a range of realities. Authenticity in a report conveys the tone of participants' lived experiences (Polit & Beck 2012:585).
Authenticity in this study was ensured by the researcher following all the process of research ensuring that quality is maintained throughout. The researcher faithfully and fairly described participants' experiences.

3.6 ETHICAL CONSIDERATIONS

When humans are used as study participants care must be taken in ensuring that their rights are protected (Polit & Beck 2012:166). Moule and Goodman (2014:36) maintain it is good practice to secure ethical approval prior to sampling and data collection. According to Taylor (2014:194), in all research there are ethical principles that researchers need to follow to ensure the rights, safety and well-being of participants ensuring that no harm is done.

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The human rights that require protection in research are rights to self-determination, privacy, anonymity and confidentiality, fair treatment, and protection from discomfort and harm (Burns & Grove 2005:2). In this study, the researcher obtained permission to conduct the study and upheld the principles of beneficence, respect for human dignity, and justice. The researcher explained to the participants that all information given will be kept confidential and that they will not be physically harmed during the process but protected throughout the research process.

3.7 CONCLUSION

This chapter described the research design and research methodology used in the study, including the population, data collection and analysis, measures of trustworthiness and ethical considerations. Chapter 4 discusses the data analysis and interpretation, and findings.

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CHAPTER 4

DATA ANALYSIS AND INTERPRETATION AND FINDINGS

4.1 INTRODUCTION

Chapter 3 described the research design and research methodology used in the study. This chapter discusses the data analysis and interpretation and the results. The findings of the study are discussed with reference to the literature reviewed.

4.2 DATA ANALYSIS

The researcher used a self-reported interview schedule to collect data. The data was then analysed and organised into themes, categories and sub-categories that emerged. The data is discussed according to the questions on the self-reported interview schedules.
The researcher coded 50% of the data as the co-coder indicated that data saturation was reached at 50%.

The first question required the participants to reflect on and write about their best experiences in the CLE:

> Reflecting back on the first year of your four-year programme, what was your most satisfying/peak experience in the Clinical Learning Environment? (Please write the story.)

Three main themes emerged from the participants' most satisfying or peak experiences during the first year when rotating through the CLE, namely excitement, fulfilment and

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value. Table 4.1 outlines the main themes that emerged from the data, and the categories identified under each one.

Table 4.1 Participants' most satisfying/peak experiences during first-year CLE

Theme	Category
4.2.1 Theme 1: Excitement	4.2.1.1 Category 1.1: Exposure to the nursing profession 4.2.1.2 Category 1.2: Exposure to patient care
4.2.2 Theme 2: Fulfilment	4.2.2.1 Category 2.1: Facilitate healing 4.2.2.2 Category 2.2: Patient's gratitude
4.2.3 Theme 3: Value	4.2.3.1 Category 3.1: Teamwork 4.2.3.2 Category 3.2: Role of nurse educators (clinical facilitator)

4.2.1 Theme 1: Excitement

The first theme that emerged from the participants' peak experiences was a feeling of excitement when they were curious to see and experience the CLE, including what it feels like to be a nurse. According to participants,

Box 1

"My first year of nursing was an awesome year because I was curious and eager to go to the hospital for the first time to see what was happening there."

"I loved the moment when I was given the opportunity to give feedback about the patient I nursed for the first time."

"I look back at my first year in nursing with a smile because I had the best experience ever. I got the feeling of what it means to be a nurse."

Most of the participants indicated a positive experience and excitement in the CLE. McIntosh et al (2011:95) found that learning environments that students perceived as positive facilitated their participation in learning and a positive approach to their studies. When students embrace learning in the clinical placement they enjoy and see it as a

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first step towards becoming professional nurses (Hart & Holland 2010:172). Gopee (2011:116) found that students came to the CLE with great excitement, expectations and hopes of achieving their learning outcomes.

The two categories that emerged from this theme were *exposure to the nursing profession* and *patient care*.

4.2.1.1 Category 1.1: Exposure to the profession

The participants appreciated being part of the nursing profession for the first time. They were excited about their placement in different wards in the CLE. This was a peak experience and learning opportunity for them. According to participants,

Box 2

"Wearing my uniform for the first time made me feel like a real nurse."

"Being exposed to different situations in the CLE was an eye opener for me."

"My peak experience was learning about all different diagnoses/diseases and how to manage them."

"I did not know how to care for patients but rotation in the CLE was a good experience for me."

The participants appreciated being placed in the CLE for the first time. The SANC Regulation R425 stipulates that it is a prerequisite for nursing students enrolled for the four-year comprehensive nursing programme to work in the CLE to acquire clinical experience as well as meet clinical learning opportunities (SANC 1985). According to McClimens, Kenyon and Cheung (2013:12), it is important to expose students to new clinical areas and different roles when they are placed in the CLE in their first year. McIntosh et al (2011:98) maintain that ensuring an effective learning environment for students who are exposed the CLE requires nurse educators and nurse practitioners in

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the CLE to foster a supportive environment in which education and learning are facilitated.

4.2.1.2 Category 1.2: Exposure to patient care

According to the participants, being placed in the CLE to care for patients and seeing the patients getting well and going home was satisfying. The participants reported that they appreciated it when patients thanked them for what they had done, which in turn made them feel valued and appreciated:

Box 3

"It was a good experience to be next to the patient. I learned a lot."

"The patient care was very satisfying and patients thanked me for the care I gave them."

"Looking after patients was very satisfying. I felt proud when I was able to monitor a patient's blood pressure for the first time."

The participants appreciated rendering care to patients for the first time and acknowledged that they had learnt to take care of patients in the CLE. According Billings and Halstead (2012:322), patient care provides students with opportunities to integrate and use skills that are learned in theory. Nurse educators and clinical facilitators prepare students in advance for their clinical experience. Students need to be involved in the planning of their clinical experience as it can be beneficial for them as they have a degree of control over their education. Caring for patients can be both exciting and stressful hence Clark and Cox (2011:144) point out that student nurses are required to learn accountability and act in the best interest of the patient, upholding the name of the profession and work guided by the scope of practice. To deliver effective patient-centred care students need to have an understanding of and the ability to engage in a nurse-patient relationship (Webb 2011:30-31).

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4.2.2 Theme 2: Fulfilment

The second theme that emerged from the data was fulfilment. The participants indicated that a peak experience of fulfilment was when they managed to care for patients and see their conditions improving. They reported that patients came to the hospital (CLE) helpless and seeing them discharged was fulfilling.

Box 4

"I was placed at my first hospital (CLE), seeing patients become well again and being discharged made me feel good about myself."

"My peak experience was to render basic nursing care, feeding the patients, bathing them and providing them with blankets."

"To care for a patient and see them smile made me feel that I am making a difference; nothing can be more satisfying than that."

Most of the participants felt fulfilled when patients appreciated the care they rendered. Caring relationships contribute to fulfilment in staff (Custers, Westerhof, Kuin & Riksen-Walraven 2010:737). Banks and Bailey (2010:1496) found that self-fulfilment for nurses contributed to improvement of a patient's health status and made a difference in the patient's outcome. Student involvement and satisfaction become increased in the students' clinical learning when they spend longer periods in the wards. According to Burton, Ormrod and Holland (2011:292), preceptors play an important role in helping students transition to become qualified nurses in ensuring that students provide safe and effective care. In addition, preceptorship helps students to apply skills, knowledge and confidence in clinical practice.

Two categories emerged from this theme, namely *facilitation of healing* and *patients' gratitude*.

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4.2.2.1 Category 2.1: Facilitate healing

The participants indicated that fulfilment came from facilitating healing when nursing patients and seeing them healed. Some participants indicated that seeing someone recover made them feel proud.

Box 5

"Nursing a sick patient and seeing him getting healed was a big achievement for me."

"My peak experience was seeing bedridden and very ill patients getting better and going home in a satisfactory condition."

"My peak experience was impacting on other people's lives in a positive way, with a touch of healing."

The participants indicated that they felt fulfilled when a patient was healed. Hornby (2006:690) defines 'healing' as "the process of becoming or making something healthy again". France, Byers, Kearney and Myatt (2011:47) emphasise that the core of nursing practice is creating a healing environment that provides quality patient care and it is through trust, respect and empowerment of nurses that a healing environment can be created. Facilitation of healing in patients starts with a nurse-patient relationship where the nurse has a responsibility to interact, educate and share information putting the patient's best interest at the centre (Burton et al 2011:292).

4.2.2.2 Category 2.2: Patients' gratitude

The participants indicated that they experienced fulfilment through patients' gratitude. After taking care of patients, they felt important and proud to nurse when patients thanked them for their help.

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Box 6

"Helping someone in need and after helping them, hearing them saying 'thank you', this made me feel important."

"I nursed a patient from surgery, who had given up on life. I encouraged him not to give up. He was discharged and came back to thank me personally for playing a big role in his recovery. That made feel proud."

"My peak experience was when patients I had nursed looked me in the eye and said thank you when they went home in a better state."

Patients are frequently grateful after they have received care from nurses. Gratitude for commitment and dedication is expressed in the letters and notes sent in by patients and their families which indicate the impact of the nurses' work. According to Lunde (2013:1), gratitude shifts the focus from what life is lacks to the abundance that is already present. Gratitude enriches human life, no matter what the situation. Several participants referred to appreciation from patients and family members. This is centred on the recognition of an individual's need to be appreciated for their efforts (Banks & Bailey 2010:1496)

4.2.3 Theme 3: Value

The third theme that emerged was value. The participants valued the fact that the nursing staff and doctors worked together and that they were able to ask questions without fear and were made to feel at home. The participants stated that they valued the environment in which patients received care as it was peaceful and conducive for patient care. According to participants the following comments was verbalised:

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Box 7

“The staff and doctors’ communication made me feel welcome and I was able to ask questions.” “I felt that I am where I am supposed to be. The sister and staff made me feel at home.” “I appreciated the peaceful environment where staff treated patients with utmost care.”

A value is a personal belief about something that is worthy. Attitudes, customs and objects that set standards that influence behaviour. Values differ from one individual to another; the values that individuals hold reflect cultural and social influences which may change over time (Potter, Perry ,Hall & Stocker 2013:288).

Geyer and Vasuthevan (2013:228) state that values represent a way of life, and can be expressed in behaviours or standards of conduct that people maintain. Values can be personal, cultural or professional. Individuals discover their own values as life goes on. Professional values are promoted by ethical codes and nursing practice.

Nursing as a profession embodies many values inherent in those who pursue nursing careers. Nurses identify their core values as honesty, responsibility, pursuit of new knowledge, belief in human dignity, equality of all patients, and the desire to prevent and alleviate suffering. Nurses choose the profession to help others in need and to improve the quality of life for all (Gokenbach 2012:1).

Two categories emerged from this theme, namely *teamwork* and *the role of nurse educators*.

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4.2.3.1 Category 3.1: Teamwork

The participants reported that a good CLE is where all do their work as delegated, and where they are responsible and accountable for their work. They reported that when students and staff work together the ward becomes a better place.

Box 8

“A good clinical learning environment where everyone does their delegated work.” “Staff is responsible and accountable for their work.” “Students and staff working together make the ward a better place to be in.”

In the practical setting, students join different social groups and work teams. Students are placed in groups and go through the process of forming, storming and norming within the nursing team. Student nurses spend most their time in these teams and have the opportunity to assert their needs and character (Webb 2011:83-84).Teamwork is regarded as beneficial for an organisation in that the members in the team work co-operatively together to achieve better organisational performance in the form of increased productivity and profit (Muller, Bezuidenhout & Jooste 2011:334). Furthermore, Burton et al (2011:134) add that within teams it is not only the team members’ professional expertise, knowledge and skills that enrich teams, but their own personality and personal attributes as well.

4.2.3.2 Category 3.2: Role of nurse educators

The participants appreciated the role of the nurse educators. They described the role of nurse educators as facilitators of learning because they taught them about different conditions in nursing and how to demonstrate skills as required. The nurse educators were present, taught them to take care of patients and made them aware of different conditions that patients can present with. They appreciated that they were corrected constructively when they made mistakes. Some participants stated that they would

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appreciate it if nurse educators could be more available in the CLE. According to the participants, the nurse educators were professional and competent.

Box 9

"I did not know how to take a patient's temperature; they taught me how to do it."

"I did not know much about the conditions of patients; they gave me the opportunity to do rounds with the doctors and I learned about many conditions."

"They taught me how to admit a patient and take history from a patient. That, for me, was very important because a nurse needs to know her patient well."

According to Burton et al (2011:192), the role of nurse educators includes teaching by means of different approaches (direct instruction, interactive instruction and constructivist teaching); facilitating learning; creating an environment for learning and practice; evaluation, assessment and accountability, and establishing effective working relationships. Elcock and Sharples (2011:23) describe the roles of a mentor/nurse educator as organising and co-ordinating students' learning activities in practice; assessing performance − including skills, attitudes and behaviour; liaising with stakeholders; supervising students' learning and providing constructive feedback, and setting and monitoring achievement of objectives.

The second question required the participants to write their wishes for the CLE for first-year student nurses enrolled for the four year programme:

What are your wishes for the CLE for first-year student nurses enrolled for the four-year programme?

The third question required the participants to reflect back and write the challenges in the CLE for first-year student nurses:

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What are your challenges for the CLE for first-year student nurses enrolled for the four-year programme?

The data analysis revealed that the challenges and wishes gave the same findings, therefore, the two questions are discussed as one:

What are your wishes/challenges for the CLE for first-year student nurses enrolled for the four-year programme?

The participants were asked to write their wishes and challenges in the CLE for first-year student nurses registered for the four-year programme. Table 4.2 outlines the two main themes that emerged, namely *support for students* and *a conducive learning environment*. Categories included the nurse educator and the professional nurse.

Table 4.2 Participants' wishes/challenges for the CLE

Theme	Category	Subcategory
4.2.4 Theme 1: Support for students	4.2.4.1 Category 1.1: Nurse educators' support	4.2.4.1.1 Subcategory A: Orientation (CLE, clinical learning outcomes and clinical study guide)
		4.2.4.1.2 Subcategory B: Facilitation of learning
	4.2.4.2 Category 1.2: Professional nurses' support	4.2.4.2.1 Subcategory C: Orientation (day-to-day activities)
		4.2.4.2.2 Subcategory D: Supportive attitude
		4.2.4.2.3 Subcategory E: Clinical accompaniment
		4.2.4.2.4 Subcategory F: Role model (competent and caring)

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Theme	Category	Subcategory
4.2.5 Theme 2: Conducive learning environment	4.2.5.1 Category 2.1: Teamwork	
	4.2.5.2 Category 2.2: Quality patient care	4.2.5.2.1 Subcategory 2.2.1: Equipment and supplies 4.2.5.2.2 Subcategory 2.2.2: Provision of basic needs
	4.2.5.3 Category 2.3: Students' learning	4.2.5.3.1 Subcategory 2.3.1: Learning opportunities 4.2.5.3.2 Subcategory 2.3.2: Theory and practice correlation 4.2.5.3.3 Subcategory 2.3.3: Students' advocacy

The themes, categories and subcategories are discussed next.

4.2.4 Theme 1: Support for students

From the data it was evident that the participants wished to receive support from their nurse educators and professional nurses in the CLE:

Box 10

"My wish is for nurse educators and staff to be supportive and never give up on me."

"I am placed in the CLE to correlate theory with clinical practice. My wish is for nurse educators to be there all the time to assist me do the practical skills."

"The lecturers/nurse educators should come to the ward and practice skills with us."

The participants indicated that nurse educators and nursing staff could be more supportive and recognise that they are only students who are learning. They further wished to have nurse educators available in the CLE at all times to support them. According to McIntosh et al (2011:192), student support is an essential component in

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nursing education. Nursing students have complex support needs to achieve both academically and clinically added to their family and personal responsibilities. Hence, health care educators need to have strong commitment and competence to support students.

Students need to have a personal tutor from the nursing school (NEI) whose role is to support them throughout their programme (Walsh 2012:199).Nursing students receive support in the form of clinical supervision which allows the student to receive formal professional support in the workplace given by an appropriately skilled clinical supervisors (Gopee & Galloway 2011:151).

4.2.4.1 Category 1.1: Nurse educators' support

The participants indicated the need for nurse educators' support when they are placed in the CLE. According to participants the following was verbalised:

Box 11

"We as students need nurse educators who are approachable, understanding; who love their job and do everything from their hearts."

"It was my first time in nursing and I had no background of nursing. When I was placed for practical, I found myself at ease as my anxiety was alleviated when the nurse educator was around."

"Accompaniment by our clinical lecturers (nurse educators) is less stressful, and gave me knowledge on how to perform skills."

The participants wished they could see the nurse educators more often in the CLE. Some indicated that they felt less stressed and anxious when the nurse educators were there to offer support. According to Bruce et al (2011:107), the nurse educator plays a major role in the personal, professional and academic development of the nursing

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student. She needs to have skills and attributes that are needed to facilitate learning in a student.

When students are placed in the CLE they need practice-based support, consequently nurse educators as clinical facilitators are there to guide, teach and assess students. The nurse educators are accountable for what students do in the CLE and students are also personally accountable and responsible for their actions. Every student needs a personal mentor (tutor) (1:20 ratio) from the NEI who supports and advises the student with regard to personal and course-related difficulties (Hart & Holland 2010:34, 36).

Gopee (2012:8) emphasises that as a practice teacher, the nurse educator has the following purposes in supporting learning in practice: providing support and guidance to the student when learning new skills and application of new knowledge; acting as a resource to the student to facilitate learning and professional growth, and managing the student's learning in practice in order to ensure the protection of the public.

Two sub-categories emerged from the theme: *orientation* and *facilitation of learning*:

4.2.4.1.1 Subcategory A: Orientation (CLE, clinical learning outcomes and clinical study guide)

Participants indicated the wish to be orientated in the CLE and especially to the outcomes in the clinical workbook they need to complete when placed in the different wards as part of the CLE.

Box 12

“My wish is for the nurse educator to be more patient with students.” “Nurse educators (mentors) should explain to us what is expected us and the use of the clinical study guide.” “The environment should be more friendly and welcoming.”

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According to Hart and Holland (2010:165), orientation means to be shown around the placement and be helped to become familiar with an environment. Orientation forms are given as a guide to all the essential things the student needs to know.

Orientation is one of the best ways to ensure that students feel welcomed in the clinical placement area. It should be a process that ensures that the students are provided with all information they need and they should be given the opportunity to ask questions relevant to placement (Elcock & Sharples 2011:70).

The students have a right to expect a warm welcome from their mentors as the mentors will be expecting them. Mentors usually call the students in advance to make sure that they are present during orientation. Students are required to listen to their mentors and follow the instructions reflected in the information brochure given on the day of orientation (Hart & Holland 2010:165). Billings and Halstead (2012:500) stress that students' orientation to the clinical practice should include a review of relevant policies and clarification of professional students' behaviours.

4.2.4.1.2 Subcategory B: Facilitation of learning

The participants wished that professional nurses would do their teaching function in the CLE. They wished that professional nurses would teach them how to take care of patients, monitor vital signs as required, and nurse very sick patients. They also wished to be included in doctors' rounds to learn about conditions of patients.

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Box 13

"I didn't know how to do a patient's temperature; I could not see the mercury in the thermometer."

"I did not know much about the conditions of patients. I wish they [professional nurses] could give me the opportunity to do rounds with doctors so that I could learn about many conditions."

"I was surrounded by very ill patients. I had no clue how to nurse or how to take away their pain."

According to Lechasseur et al (2011:1934), practical knowledge is acquired through clinical experience. This knowledge is acquired through participation in real tasks in the practical area and through interaction with other nurses. Moreover, practical experience provides students with knowledge of technical procedures and some degree of performance skill acquired during their studies.

According to Salamonson et al (2011:2629), the clinical environment provides the real-life context that is essential for the development of the knowledge, values and skills. It also provides an optimal environment for students to observe role models, to practise nursing skills, and to reflect on what is seen, heard and done in the clinical environment. Students benefit from clinical placement in various ways, with the main benefit being the opportunity to experience practice nursing and to consider practice nursing as a career (Sykes & Urquhart 2011:416).

4.2.4.2 Category 1.2: Professional nurses' support

The participants indicated the wish for professional nurses not only to focus on their daily tasks of rendering patient care and writing patient reports. They wished that professional nurses were also able to go down to the students' level to show them the basics in nursing care. They indicated that professional nurses should not disregard their teaching role, but should be mentors to students and be proud role models. The

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participants wished that professional nurses would include them in their daily activities as students also wanted to be part of the multidisciplinary team and engage in teamwork.

Box 14

"The professional nurses did not focus on the medication trolley or paper work only, they taught us nursing care. I was really inspired; I wish they could be more basic."

"The first day, the professional nurse orientated me to the ward, the orientation was too short. I wished she could give notes regarding the ward."

"I was with the sister in many instances and would ask what do they mean by this and that."

Professionals are individuals who are expected to display competent and skilful behaviours in alignment with their profession (Gokenbach 2012:1).

The following sub-categories emerged: *orientation*, *supportive attitude*, *facilitate learning*, and *role model*.

4.2.4.2.1 Subcategory C: Orientation (day-to-day activities)

The participants indicated the wish for the professional nurses to offer them effective orientation to the CLE. They indicated that they wish to be orientated to the ward surroundings and to day-to-day activities in the ward, and introduced to other staff members so that they can work as a team.

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Box 15

"The sister in charge (professional nurse) should start the day with a lecture, following the orientation to the ward."

"The welcome should be good. We have to be orientated to the ward, the routine and to other staff members."

"The reception in the ward should be the best on the first day and the unit manager (professional nurse) should give us an orientation of the ward."

Hart and Holland (2010:165) stress that orientation means to be shown around the placement and be helped to become familiar with an environment. Students are given orientation forms which are a guide to all the essential things students need to know.

Orientation is one of the best ways to ensure that students feel welcomed in the clinical placement area. It should be a process that ensures that the students are provided with all the information they need and they should be given the opportunity to ask questions relevant to placement (Elcock & Sharples 2011:70). Students are required to listen to their mentors and follow instructions reflected in the information brochure given on the day of orientation (Hart & Holland 2010:165).

4.2.4.2.2 Subcategory D: Supportive attitude

The participants wished professional nurses would treat them with respect; be supportive and helpful also in rendering patient care, and be willing to teach them. They indicated the wish for professional nurses not to delegate tasks and leave them alone, but to support and supervise them to ensure that they are doing what is required of them.

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Box 16

"I wish they were helpful and had respect for us and supported us each step of the way." "I wish they could be able to accommodate us and be willing to educate us." "In the different wards I have worked in, some of the sisters had time for us but other sisters left us to work alone."

Some participants indicated that professional nurses delegated duties to them but they wished that the professional nurses would always offer support and not leave them to do work alone. Most participants indicated that they wished professional nurses would offer support to them in the CLE. Bruce et al (2011:256-257) indicate that it is the moral responsibility of professional nurses to ensure that they teach, mentor and supervise students in the CLE, and they are also responsible to enable growth and development of a student into a competent independent practitioner. Elcock and Sharples (2011:350) add that as a mentor to student professional nurses should ensure that they are prepared for the role of mentoring and supporting the students. McIntosh et al (2011:98) maintain that students' support in the CLE is a key to enabling learning, and health care educators and practitioners need to work together to foster a supportive learning environment.

4.2.4.2.3 Subcategory E: Clinical accompaniment

The participants indicated their wish to be exposed more often to the CLE. They indicated that they did not know much about nursing but through clinical accompaniment have learned how take care of patients and they have learned about different diseases. The participants indicated that they wished they could spend more time in the CLE:

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Box 17

“I learned a lot in the hospital environment (CLE). I started not knowing anything. It is a good experience to be next to the patient.” “Correlating theory and practice is good because what we learn in class is put into practice in the hospital, I wish I could learn more but time is limited.” “I did not know how to care for the patient. Through rotation in the hospital I wish I had enough time to learn and ask questions on how to improve the life of a patient.” “Being assessed by our nurse educators about the experience in the wards was very exciting. I felt like a nurse and wished to spend more time in the clinical area.”

According to Lechasseur et al (2011:1934), practical knowledge is acquired through clinical experience. This knowledge is acquired through participation in real tasks in the practical area and through interaction with other nurses. Furthermore, practical experience provides students with knowledge of technical procedures and some degree of performance skill acquired during their studies.

Salamonson et al (2011:262) maintain that the clinical environment provides the real-life context that is essential for the development of the knowledge, values and skills. It also provides an optimal environment for students to observe role models, to practise nursing skills, and to reflect on what is seen, heard and done in the clinical environment. There are various ways in which students can benefit from clinical placement, the main benefits to providing placements is the opportunity for the students to experience practice nursing and to consider practice nursing as a career (Sykes & Urquhart 2011:416)

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4.2.4.2.4 Subcategory F: Role model (competent and caring)

The participants wished professional nurses to be role models who give care to patients, are supportive to students, and display professionalism at all times. Participants further wished that the professional nurses behaved well and show respect and give hope to hopeless patients.

Box 18

"I wish they had the love and care for patients." "I wish that they would show respect for patients." "I wish they would be more kind to patients and to us as well."

Most students commented that although professional nurses take care of patients as they are required they wish that the professional nurses could show respect and give hope to the hopeless patients, and be competent role models. A role model is according to *Churchill Livingstone's Dictionary of Nursing* "a person who acts as a model for another person's behaviour in a particular role (Brooker 2006:216). According to McIntosh et al (2011:168), competent role models perform three main functions namely,

- they exhibit behaviour that strengthens the constructive behaviour of others;
- their conduct helps students to resist developing destructive behaviours;
- their actions help to inform the practice of the students.

Role modelling should, therefore be seen as a healthy route to development of students. Elcock and Sharples (2011:2) add that mentors (professional nurses) who create a positive impression on students are also role-modelling positive attributes of the mentoring role for the student to demonstrate as a qualified nurse.

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4.2.5 Theme 2: Conducive learning environment

The participants mentioned that not all the clinical environments were clean, warm and open for patients; they indicated their wish for a conducive environment for patients. They indicated that there was a lack of equipment in some wards, which made it difficult to render care to patients; they wish for enough equipment for patient care and to facilitate learning.

Box 19

"I wish the environment [CLE] was clean, warm and open for patients who are admitted to the ward and I wish all the wards could be like that."

"I wish there was enough bed accessories and linen to accommodate patients admitted."

"I wish the hospital had enough equipment. It is difficult to work in an environment without resources."

The participants believed the CLE could be conducive if there were adequate resources to work with. It is necessary for students to work in an environment that is conducive to that they can be able to correlate theory to practice.
According to Hornby (2006:303) conducive means "making something easy or possible for something to happen" George (2011:302) defines an environment as "all conditions, circumstances, and influences that surround and affect the development and behaviour of humans as adaptive systems". According to McIntosh et al (2011:98), professional learning requires the CLE to be conducive to applying theory and developing skills thus necessitating support for the students. Billings and Halstead (2012:311) maintain that it is essential that CLE's be supportive and conducive to learning so that students will develop the qualities, skills and abilities needed to become competent professionals.

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The categories that emerged here were *teamwork, patient care* and *learning*.

4.2.5.1 Category 2.1: Teamwork

Participants indicated that they did not experience teamwork as they rotated in most of the wards. The participants wished that nurses would work in harmony as a team and students seen as students and not part of the workforce. Participants indicated that they wished to see health professionals working together to render quality care and ensure that students are adequately trained.

Box 20

"I wish that students would be seen as students, not as substitute staff." "My wish is to see nurses working hand in hand in harmony." "My wish is to see nurses in all ranks working together as a team." "I would like to see a clinical facility where everyone works well together."

Participants reported that they had observed that teamwork among staff ensures that patients are well cared for and they wish to see every one working well together as a team in the CLE. Brooker (2006:238) defines team nursing as "a method providing maximum continuity of patient care, where a team is led by a registered nurse responsible and accountable for care of patients" Gopee and Galloway (2011:179) regard teamwork as a pre-requisite for good practice in health care and the benefits of teamwork are effectiveness, innovation and patient safety. Muller et al (2011:335) state that effective teamwork is a necessity and is achieved where there is synergy.

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4.2.5.2 Category 2.2: Quality patient care

The participants reported that quality patient care cannot be rendered in the CLE if the environment is not conducive for patient care. The participants added that if equipment and other resources are not available, quality care to patients will be impossible.

Box 21

"If the staff nurses have a negative attitude toward patients, and the environment is not conducive for patient care, patients are going to suffer and this will prolong healing."

"Shortage of equipment used for monitoring the patients' condition leads to poor care."

"In the CLE where patients are nursed it is noisy, I wish that the staff nurses would reduce noise levels for patients to rest and recover."

Participants stated that although some staff had positive attitudes towards patients, the environment in which patients are taken care of is not conducive due to noise and a shortage of resources. According to Geyer and Vasuthevan (2013:164), patients have a right to be nursed in an environment that is not harmful to their well-being and the clinical practice (CLE) should provide biophysical safety for patients. Sullivan and Garland (2010:282) maintain that it is the responsibility of the ward manager to build a culture of safety and quality that ensures a low-risk and high-quality environment for the patient. George (2011:51) states that Florence Nightingale was concerned about noise in caring for patients. She held that noise was cruel and irritating for the patient and that it was the responsibility of the nurse to assess and stop noise.

The subcategories that emerged were: *equipment and supplies*, *provision of basic needs*, *students' learning*, *learning opportunities*, *theory and practice correlation*, and *students' advocacy*:

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4.2.5.2.1 Subcategory 2.2.1: Equipment and supplies

The participants indicated that lack of equipment and supplies is a challenge and it hinders their learning they wished that there could be enough equipment and supplies. They further indicated that equipment was not available for use for patient care in the CLE.

Box 22

"Inadequate equipment in the CLE ends up hindering our learning."

"Lack of equipment is a huge challenge."

"My wish is that the CLE should have enough equipment needed for patient care."

The participants reported that lack of equipment and inadequate equipment was a challenge that prevented them from learning adequately. Geyer and Vasuthevan (2013:10-11) states that the improvement of the physical environment is important for the well-being of humans. Moreover, Florence Nightingale recognised the role of nurses of improving the environment as necessary for proper nursing care. Students thus need such an environment to learn adequately. It is the manager's role in the unit to ensure that equipment is renewed regularly therefore they need to plan effective 'capital budget' that will assist in the identification of physical renovation and replacement of equipment (Sullivan & Garland 2010:231). According to Blaise, Hayes, Kozier and Erb (2006:155), to ensure that learning is transferred to students the nurse should ensure that all equipment and visual aids are functioning properly.

4.2.5.2.2 Subcategory 2.2.2: Provision of basic needs

The participants indicated that lack of equipment and resources affects their provision of basic needs to the patient.

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Box 23

"Lack of resources and equipment makes it difficult for us to function." "My wish is that the CLE be provided with enough equipment to do procedures on the patient. Most of the time there is no linen to put on the patient's bed." "Lack of enough staff in the units affects our patient care, hence I wish there could be more staff to render patient care."

The participants were unable to provide basic nursing care due to lack of resources and staff. According to Geyer (2013:23), nurses should always be conscious that patients rely on them to provide competent, compassionate care to them and that they are vulnerable. Student nurses will not be able to provide care if provision is not made for basic needs of a patient. Shortage of staff was seen as a problem by the participants; they were seen and treated as workforce rather than students who in training. Muller et al (2011:55) state that the cause of shortages of staff is due to skills shortages and migration of staff to other countries and this leads to difficulties in realising human resource plans in a health care institution.

4.2.5.3 Category 2.3: Students' learning

The participants indicated that lack of equipment and staff made it difficult for them to work and affected their learning. The participants wished that the professional nurses would teach them in the CLE. According to participants,

Box 24

"Lack of functional equipment inhibits successful learning from taking place." "My wish is for professional nurses to teach students and not be impatient when working with the students." "There is a lack of staff in the CLE and students are forced to work and do things that

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are beyond their scope of practice."

The participants stated that professional nurses in the CLE should not be impatient with them but teach them as required. According to Bruce et al (2011:257), professional nurses should familiarise themselves with clinical learning requirements of students that are allocated to their unit and make use of the teachable moments to enable the growth and development of the student. Some participants reported that lack of staff in the CLE and shortage of nurse educators affected their learning in the clinical setting (CLE). According to Billings and Hallstead (2012:100), the shortage of nurses along with aging of nurse practitioners and shortage of educators poses as a threat to patient safety and quality of care rendered. This will in turn affect the student learning in the CLE. According to Elcock and Sharples (2011:33), clinical mentors (clinical facilitators) should ensure that the CLE is a suitable environment for learning and is prepared for students before their arrival so that they can practise skills and increase their knowledge.

The following sub-categories emerged: *learning opportunities*, *theory and practice correlation*, and *student advocacy*.

4.2.5.3.1 Subcategory 2.3.1: Learning opportunities

The participants wished that the professional nurses and clinical facilitators would give them opportunities to learn and be exposed to different learning experiences and opportunities.

Box 25

"My wish is for us to be given a lecture every morning so that we can know conditions better."

"I wish we could be allowed to attend doctors' teaching rounds, to be equipped with lots of information."

"My wish is for sisters to give themselves time to teach us about patients' conditions."

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The participants expressed the wish to be provided with opportunities to learn in the CLE. Elcock and Sharples (2011:33) define a learning opportunity as “any event or activity that exists in a placement area that a student might learn something from either by taking part of observing”. The nurse educators and clinical facilitators should provide learning opportunities for students in the CLE. Bruce et al (2011:108) state that a nurse educator should possess knowledge and skills and be up to date with trends and developments as they relate to learning outcomes of students. According to Billings and Halstead (2012:315), clinical practice provides the students with opportunities to practise the art and science of nursing. Furthermore, the students should be provided with opportunities to work as members of the interdisciplinary teams, the goal being to foster interdisciplinary relationships while enhancing contribution to each discipline.

4.2.5.3.2 Subcategory 2.3.2: Theory and practice correlation

The participants indicated that it is difficult to correlate theory and practice as they are not given the opportunity to do so. The participants were not given enough time to practise skills due to high workload. They wished there was a skills laboratory where they could practise learned skills:

Box 26

“We find it difficult to practice what we have learned in class; the hospital staff does not give us the opportunity to do so.”

“Students are not given enough time to practice skills as the workload is too much.”

“I wish there was a skills laboratory in the CLE where we could practice skills.”

The participants indicated that because of a heavy workload (too much work), they were not given enough time to practise skills. They expressed a wish for a skills laboratory where they could practise learned skills. Bruce et al (2011:243) refer to simulation as “a situation that resembles or mimics reality; simulation benefits the students by enhancing active learning, a safe learning environment, immediate feedback to the students,

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increased confidence, learning at own pace and unlimited repetition of learning opportunities". According to Billings and Halstead (2012:339), psychomotor skills need to be practised repeatedly to maintain competence and follow-up demonstration sessions of skills may benefit students. Simulations are a common strategy for the practice of psychomotor skills, by using simple models or manikins and simulated patients. Griffin and Novotony (2012:176) add that learning labs in nursing schools have expanded from low- to high-fidelity simulators, and nursing schools must have the necessary skills and technological support to provide high quality simulation experiences for student teaching and learning.

4.2.5.3.3 Subcategory 2.3.3: Students' advocacy

The participants felt challenged by not being recognised for their status as students and wished to be treated as students, not as part of the workforce. According to participants,

Box 27

"I wish that students could be recognised as students not a workforce."

"Whenever there are learning opportunities in the ward we would be reminded of work to be done in the ward."

"I wish that permanent staff would treat students with respect."

The participants indicated that they wished to be treated with respect and that the clinical facilitators would advocate on their behalf to be given opportunities to be part of ward rounds to learn and be recognised as students not as the workforce. The *Oxford English Dictionary* (2010:11) defines an advocate as "a person who pleads a case on someone else's behalf". According to Bruce et al (2011:109), nurse educators need to develop a caring relationship with students; should be approachable and available; encourage mutual respect; provide support and encouragement, and listen attentively to students. According to Jooste (2009:15), as supervisors, nurse educators and clinical facilitators are responsible for advocating on behalf of students for their needs.

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4.3 CONCLUSION

This chapter discussed the data analysis and the findings. The findings were validated with relevant literature applicable to the themes, categories and sub categories.

Chapter 5 discusses the conclusions, limitations of the study, and the researcher's personal reflections, and makes recommendations based on the findings.

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CHAPTER 5

FINDINGS, LIMITATIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

Chapter 4 presented the data analysis and interpretation, and findings with reference to the literature reviewed.

This chapter briefly presents the findings, limitations of the study, and the researcher's personal reflection, and makes recommendations for practice and further research.

5.2 AIM AND OBJECTIVES

The aim of the study was to evaluate the CLE of first-year nursing students registered for the four-year comprehensive programme. In order to achieve the aim, the objectives were to

- explore the views of first-year students on the CLE
- make recommendations to enhance the CLE of first-year nursing students

5.3 FINDINGS

The findings are summarised under the two objectives.

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5.3.1 Participants' views on the CLE

The first question required the participants to describe their peak/most satisfying experiences in the CLE. Three themes emerged from the findings, namely *excitement, fulfilment* and *value.*

The participants indicated that their peak/most satisfying experience during their first-year placement in the CLE was a feeling of **excitement**. The participants appreciated being part of the nursing profession. They were excited to be in nursing for the first time and placement in different wards in the hospital was a peak experience and a learning opportunity for them.

The participants indicated that caring for patients for the first time and seeing them get well and go home made them feel good and proud to be nurses. Furthermore, it was a good experience to be next to the patient and they learned a lot from being exposed to patients in the CLE. They also stated that they appreciated it when patients thanked them for what they had done.

The participants indicated that they felt **fulfilment** when they managed to care for patients and saw their conditions improving. They stated that patients came to the hospital (CLE) helpless, and seeing them discharged in a good condition was fulfilling. To care for patients and see them smile made them feel that they were making a difference on the patients' way to recovery and nothing could be more satisfying than that.

Participants indicated that fulfilment came from impacting on other peoples' lives in a positive way, with a touch of healing. Some participants added that patients' gratitude after providing care, made them feel important and proud to be nurses, especially when patients thanked them for their help. Gratitude from patients enriches human life, no matter what situations nurses face.

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The participants **valued** the fact that the nursing staff and doctors worked together and that they were able to ask questions without fear and were made to feel at home. The participants stated further that they valued the environment in which patients received care as it was peaceful and conducive for patient care. Moreover, they appreciated and valued the peaceful environment where staff treated patients with utmost care.

The participants described a good CLE as a place where all staff did their work as delegated and were responsible and accountable for their actions. They stated that when students and staff worked as a team the ward becomes a better place.

Regarding the nurse educators' role in the CLE, the participants valued the presence of their nurse educators in the CLE and the positive attitude displayed by them. They indicated that they did not know how to do skills and the nurse educator was there to teach them these skills/procedures by demonstrating them in the CLE. The participants saw the role of the nurse educator mainly as organising and co-ordinating students' learning activities in practice; assessing their performance, including skills, attitudes and behaviour, and liaising with stakeholders. Supervising students' learning and providing constructive feedback remains one of the most important roles of a nurse educator.

The second question required the participants to describe the ideal CLE. The participants were asked to write about their wishes and challenges separately, and the data revealed that the wishes answered the challenges.

The participants were asked to write their wishes/challenges for the CLE for first-year student nurses enrolled for the four-year programme. Two main themes emerged from the findings: *the wish for support for nursing students* and *an environment conducive to learning.*

The participants wished to receive **support** from their nurse educators in the CLE. The nurse educators should be supportive and never give up on or intimidate them. They

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wished that nurse educators could be there all the time to assist by demonstrating and assessing the practical skills in the CLE.

The participants stated that they needed nurse educators who were approachable and understanding; loved their job, and did everything from their heart. The participants needed to receive support in the form of clinical supervision which allowed them to receive formal professional support from an appropriately skilled clinical supervisor in the workplace.

According to the participants, they needed the support of the nurse educator more during their first placement in the CLE as they felt anxious when nurse educators were not around. When they were accompanied by nurse educators they felt less stressful as they gave them knowledge and guidance to perform skills. The participants wanted the nurse educator to be more patient with them and explain what was expected of them. In addition, the use of the clinical study guide should be explained during the orientation period.

The participants wished that professional nurses would be more basic and not teach complicated procedures at first-year level. They found the orientation to the CLE too limited, and needed the professional nurses to give them the orientation programme which they could refer to as they worked as a reminder of what was said during the first day of orientation. The participants stated that professional nurses need to have knowledge of what was happening in the CLE and the skills to answer questions related to patients' conditions. The participants indicated that they needed to be given more opportunity to do rounds with doctors so that they could learn more about patients' conditions. The participants stressed that the professional nurses should not neglect their teaching role in the CLE. Some participants indicated that the professional nurses were not ideal role models as they lacked respect for patients.

The participants indicated the need for an **environment conducive to learning** for taking care of patients. They indicated that there was a lack of equipment in the wards,

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which made it difficult to render care to patients and this affected their ability to learn. Participants indicated that teamwork among staff in the CLE is lacking and it is essential for quality care of patients. The participants that it is difficult to correlate theory and practice as they are not given the opportunity to learn, they are regarded as part of the workforce rather that students on training. The participants stated that they were not given enough time to practise skills due to the heavy workload. They indicated there was no skills laboratory in the CLE and wished there could be a skills laboratory where they could practise learned skills.

5.4 LIMITATIONS

This study was limited to first-year students at a specific NEI in Gauteng, allocated at three public hospitals for clinical learning. The study cannot be generalised to other NEIs offering the four-year comprehensive programme in Gauteng and in South Africa as students might have different views on the CLE for first-year student nurses. Moreover, the study did not include the views of nurse educators and professional nurses.

5.5 RECOMMENDATIONS

Based on the findings, the researcher makes the following recommendations for practice and future research.

5.5.1 Clinical practice

The recommendations for clinical practice cover nurse educators, professional nurses and resources in the CLE.

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5.5.1.1 Nurse educators

Nurse educators should adhere to:

- be committed to support the students during their first exposure to the profession by designing and implementing an orientation programme prior to their exposure to the CLE
- provide orientation to the prescribed clinical study guide and assessment information before the students are placed in the CLE so that they are aware of what they are expected to do
- provide effective clinical placement which allows students to integrate theory with practice and provides them with the opportunity for diverse clinical experience leading to confidence and competence
- provide learning outcomes of students to registered nurses in the ward so that they understand what the students are expected to learn in that ward
- be approachable, accessible and available on a daily basis to assist the students in the CLE
- motivate in collaboration with nurse managers for provision of a fully equipped Simulation/Skills Laboratory in the CLE for students to practise skills
- have adequate skills and attributes to facilitate students because clinical teaching is an important aspect of nursing education where nursing students are educated into the profession of nursing
- Motivate in collaboration with Head of Nursing Education Institution for an increase the number of nurse educators.

5.5.1.2 Professional nurses

Professional nurses should

- provide an orientation programme for students in the units to familiarise the students with the daily practices in the ward and the conditions that are nursed in that ward − orientation should be done on the students' first day of arrival in the unit
- be competent role models who assist the students to integrate theory with practice, by assisting and supporting them to achieve their learning outcomes

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- offer the students the opportunity to be involved with other members of the multidisciplinary team (engage in doctors' rounds to learn more about patients' conditions)
- have a positive attitude and encourage students to communicate if they experience problems in the ward
- acknowledge student nurses when they perform well in the clinical area
- create a positive and healthy physical environment conducive for learning
- be committed to their work, as pledged
- be competent role models
- recognise their teaching role and schedule time for learning
- encourage and support students in communicating their learning needs

5.5.1.3 Provision of resources

The Department of Health and the management of NEIs and hospitals should provide

- adequate, well-functioning equipment and provide regular maintenance thereof
- a fully equipped skills laboratory for skills practice and feedback discussion
- adequate consulting rooms/offices for the nurse educators in the CLE to enable them to consult with students in the clinical area

5.5.2 Future research

Further research should be done on the following topics:

- An assessment of first-year nursing students' experience of the CLE in other Provinces outside Gauteng.
- A comparison of first-year nursing students' experience of the CLE in Gauteng and Limpopo/KwaZulu-Natal.
- Nurse educators' and professional nurses' perceptions of the CLE for first-year nursing students

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- Nurse educators' and professional nurses' perceptions of their role in the CLE
- Nurse managers/nurse educators/professional perceptions of the purpose of CLE
- Perception of first- year nursing students of the role of nurse educators/professional nurses.

5.6 PERSONAL REFLECTION

I would like to share my journey through the study. At the beginning it seemed that the journey would be relatively straightforward and easy – even though at first I was not sure if the topic made sense. The journey provided me with many challenges, including surgery to both knees and the passing on of my parents one year apart. At times I thought I would not make it. However, with the support of my family, friends, colleagues and supervisors I managed to pull through.

With my supervisors' constant support, guidance, constructive criticism and help the topic was refined to what it is today. In my turn, I have grown personally and professionally through this study – from learning to search for articles, appreciating the contributions to nursing and nursing education by our sisters and colleagues in the nursing profession, to being able to pinpoint areas that needed to be worked on and corrected. Most beneficial in this journey was discussion with supervisors and group discussions as well the workshops arranged by supervisors.

Data collection was a highlight for me and with the help of the co-coder I was able to make sense of the data collected. The sleepless nights and personal time with my family and friends that was sacrificed was worth it in the end. With God's grace and through hard work and dedication I managed to pull through. I have encouraged my colleagues to study and some have already registered for their Master's degree and seek advice from me. This study and my newfound skills have equipped, encouraged and motivated me to undertake further research. Finally, I am not the same nurse educator (facilitator) I was before. I have been further enriched by the whole experience

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of the study, everything I learned from my supervisors, and the participants' sharing and input.

5.7 CONCLUSION

This chapter concluded the study; summarised the findings; described the limitations; presented my personal reflection, and made recommendations for practice and further research. The findings of this study should benefit nurse educators, professional nurses, nursing students and the Department of Health in improving the CLE and nursing.

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ANNEXURE A

Ethical approval

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ANNEXURE A.1

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UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Health Sciences Research Ethics Committee

13/09/2012

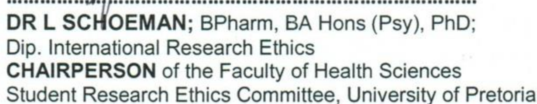
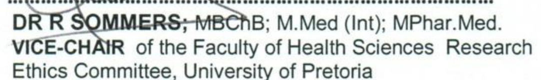
Number	:	**S166/2012**
Title	:	Evaluating the clinical learning environment of first year nursing students at a nursing education institution in Gauteng: An Appreciative Inquiry approach
Investigator	:	Mrs Maggie Nyelisani, Department of Nursing Science, University of Pretoria (SUPERVISORS: Dr IM Coetzee / Co-supervisor: Dr T Heyns)
Sponsor	:	None
Study Degree:		**M Cur: Nursing Education**

This Student Protocol was reviewed by the Faculty of Health Sciences, Student Research Ethics Committee, University of Pretoria on 13/09/2012 and found to be acceptable. The approval is valid for a period of 3 years.

Prof M J Bester	BSc (Chemistry and Biochemistry); BSc (Hons)(Biochemistry); MSc (Biochemistry); PhD (Medical Biochemistry)
Prof R Delport	(female)BA et Scien, B Curationis (Hons) (Intensive care Nursing), M Sc (Physiology), PhD (Medicine), M Ed Computer Assisted Education
Dr NK Likibi	MBB HM – (Representing Gauteng Department of Health) MPH
Dr MP Mathebula	Deputy CEO: Steve Biko Academic Hospital
Prof A Nienaber	(Female) BA (Hons) (Wits); LLB (Pretoria); LLM (Pretoria); LLD (Pretoria); PhD; Diploma in Datametrics (UNISA)
Prof L M Ntlhe	MBChB(Natal); FCS(SA)
Mrs M C Nzeku	(Female) BSc(NUL); MSc Biochem(UCL,UK)
Snr Sr J. Phatoli	(Female) BCur (Et.Al); BTech Oncology
Dr R Reynders	MBChB (Pret), FCPaed (CMSA) MRCPCH (Lon) Cert Med. Onc (CMSA)
Dr T Rossouw	(Female) MBChB.(cum laude); M.Phil (Applied Ethics) (cum laude), MPH (Biostatistics and Epidemiology (cum laude), D.Phil
Mr Y Sikweyiya	MPH (Umea University Umea, Sweden); Master Level Fellowship (Research Ethics) (Pretoria and UKZN); Post Grad. Diploma in Health Promotion (Unitra); BSc in Health Promotion (Unitra)
Dr L Schoeman	(Female) BPharm (NWU); BAHons (Psychology)(UP); PhD (UKZN); International Diploma in Research Ethics (UCT)
Dr R Sommers	**Vice-Chair** (Female) - MBChB; MMed (Int); MPharMed.
Prof T J P Swart	BChD, MSc (Odont), MChD (Oral Path), PGCHE
Prof C W van Staden	**Chairperson** - MBChB; MMed (Psych); MD; FCPsych; FTCL; UPLM; Dept of Psychiatry

Student Ethics Sub-Committee

Prof R S K Apatu	MBChB (Legon,UG); PhD (Cantab); PGDip International Research Ethics (UCT)
Mrs N Briers	(female) BSc (Stell); BSc Hons (Pretoria); MSc (Pretoria); DHETP (Pretoria)
Prof M M Ehlers	(female) BSc (Agric) Microbiology (Pret); BSc (Agric) Hons Microbiology (Pret); MSc (Agric) Microbiology (Pret); PhD Microbiology (Pret); Post Doctoral Fellow (Pret)
Dr R Leech	(female) B.Art et Scien; BA Cur; BA (Hons); M (ECI); PhD Nursing Science
Mr S B Masombuka	BA (Communication Science) UNISA; Certificate in Health Research Ethics Course (B compliant cc)
Dr S A S Olorunju	BSc (Hons). Stats (Ahmadu Bello University –Nigeria); MSc (Applied Statistics (UKC United Kingdom); PhD (Ahmadu Bello University – Nigeria)
Dr L Schoeman	CHAIRPERSON: (female) BPharm (North West); BAHons (Psychology)(Pretoria); PhD (KwaZulu-Natal); International Diploma in Research Ethics (UCT)
Dr R Sommers	**Vice-Chair** (Female) MBChB; M.Med (Int); MPhar.Med
Prof L Sykes	(female) BSc, BDS, MDent (Pros)

DR L SCHOEMAN; BPharm, BA Hons (Psy), PhD; Dip. International Research Ethics
CHAIRPERSON of the Faculty of Health Sciences Student Research Ethics Committee, University of Pretoria

DR R SOMMERS; MBChB; M.Med (Int); MPhar.Med.
VICE-CHAIR of the Faculty of Health Sciences Research Ethics Committee, University of Pretoria

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ANNEXURE A.2

Gauteng Department of Health

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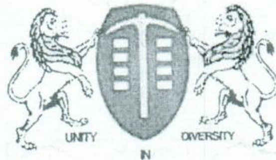
CONDITIONS OF APPROVAL OF A RESEARCH STUDY PROPOSAL



GAUTENG PROVINCE

REPUBLIC OF SOUTH AFRICA

POLICY, PLANNING AND RESEARCH (PPR)
Enquiries: Dr B Ikalafeng
Tel: +2711 355 3500
Fax: +2711 355 3675 Email:bridget.ikalafeng@gauteng.gov.za

CONTACT DETAILS OF THE RESEARCHER	
Date	11 October 2012
Contact number	082 741 5526
Email	maggienyelisani@gmail.com
Researcher /Principal investigator (PI)	Mrs. Maggie Nyelisani
Supervisor	Dr IM Coetzee
Institution	University of Pretoria
Research title	An appreciative inquiry of the clinical learning environment of first year nursing students enrolled for a four-year comprehensive programme at a nursing education institution in Gauteng

This approval is granted only for a research proposal submitted to GDH by Mrs. Maggie Nyelisani entitled "An appreciative inquiry of the clinical learning environment of first year nursing students enrolled for a four-year comprehensive programme at a nursing education institution in Gauteng"

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Approval is hereby granted by the Gauteng Department of Health for the above mentioned research study proposal for a study to be conducted within GDH domain. Approval is limited to compliance with the following terms and conditions:

1. All principles and South African regulations pertaining to ethics of research are observed and adhered to by all involved in the research project. Ethics approval is only acceptable if it has been provided by a South African research ethics committee which is accredited by the National Health Research Ethics Council (NHREC) of South Africa; this is regardless of whether ethics approval has been granted elsewhere.

   Of key importance for all researchers is that they abide by of all research ethics principles and practice relating to human subjects as contained in the Declaration of Helsinki (1964, amended in 1983) and the constitution of the Republic of South Africa in its entirety. Declaration of Helsinki upholds the following principles when conducting research, respect for:
   - Human dignity;
   - Autonomy;
   - Informed consent;
   - Vulnerable persons;
   - Confidentiality;
   - Lack of harm;
   - Maximum benefit;
   - and justice

2. The GDH is indemnified from any form of liability arising from or as a consequence of the process or outcomes of any research approved by HOD and conducted within the GDH domain;
3. Researchers commit to providing the GDH with periodic progress and a final report; short term projects are expected to submit progress reports on a more frequent basis and all reports must be submitted to the Director: Policy, Planning and Research of the GDH;
4. The Principal Investigator shall promptly inform the above mentioned office of changes of contact details or physical address of the researching individual, organisation or team;
5. The Principal Investigator shall inform the above office and make arrangements to discuss their findings with GDH prior to dissemination;
6. The Principal Investigator shall promptly inform the above mentioned office of any adverse situation which may be a health hazard to any of the participants;
7. The Principal Investigator shall request in writing authorization by the HOD via PPR for any intended changes of any form to the original and approved research proposal;
8. If for any reason the research is discontinued, the Principal Investigator must inform the above mentioned office of the reasons for such discontinuation;
9. A formal research report upon completion should be submitted to the Director: Policy, Planning and Research of the GDH with recommendations and implications for GDH, the Directorate will make this report available for the HOD.

This approval is granted only for a research proposal submitted to GDH by Mrs. Maggie Nyelisani entitled "An appreciative inquiry of the clinical learning environment of first year nursing students enrolled for a four-year comprehensive programme at a nursing education institution in Gauteng"

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AGREEMENT BETWEEN THE GAUTENG DEPARTMENT OF HEALTH (GDH) AND THE RESEARCHER

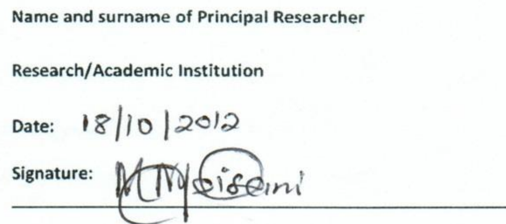
Sue le Roux
Director: Policy Planning & Research

Date: 12/10/2012

Signature:

Name and surname of Principal Researcher

Research/Academic Institution



Date: 18/10/2012

Signature:

This approval is granted only for a research proposal submitted to GDH by Mrs. Maggie Nyelisani entitled "An appreciative inquiry of the clinical learning environment of first year nursing students enrolled for a four-year comprehensive programme at a nursing education institution in Gauteng"

3

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ANNEXURE A.3

Nursing Education Institution

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GAUTENG PROVINCIAL GOVERNMENT

DEPATMENT OF HEALTH

SG LOURENS NURSING COLLEGE

TO	:	**Mrs Esternuizen**
FROM	:	**Research committee**
DATE	:	**23.08.2012.**

RE: APPLICATION TO CONDUCT RESEARCH

I hereby acknowledge receipt of your application to conduct research in the College. The following documents were not received from you with the application : and Letter of permission from the Research Unit of the Department of Health .

The address is : Department of Health
Research and Epidemiology Unit

Telephone numbers : 0113553477

Contact person : Siyabonga Twala
Siyabonga.twala@gauteng.gov.za

You are permitted to can start or continue with your studies as we await those documents and you are advised to take note of the following:

- you will be required to collect data on your own.
- you are reminded that participation by any respondent is voluntary.
- you are requested to furnish the College with the final results of your study.

Thank you,

Mrs Rakubu

Chairperson : Research Committee

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ANNEXURE B

Participant information leaflet and informed consent

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Participation information leaflet and informed consent

Dear student

You are invited to participate in the Appreciative Inquiry (AI) research project for nursing students that will take place at your nursing education institution. This information leaflet contains information that will help you understand your role in the study. If there is any need for further clarification, please feel free to contact the researcher at any time.

TITLE OF STUDY

Evaluation of the clinical learning environment of first year nursing students enrolled for a four year comprehensive programme at a specific nursing education institution in Gauteng

1) The purpose and objectives of the study

You are invited to take part in a research study. Your participation will be as a nursing student registered for the four year comprehensive programme.
The overall aim of the study is by means of Appreciative Inquiry; evaluate the clinical learning environment as an effective learning environment for you first year nursing students.

In order to achieve this aim, the objectives are to determine with regards to clinical learning needs:

- **Discover** “What is” your clinical learning environment needs as first year nursing students.
- **Dream** “What could be” your clinical learning environment needs as first year nursing students.
- **Describe** “What should be” your needs in the clinical learning environment as first year nursing students.
- **Construct** Recommendations towards enhancing your clinical learning environment needs as first year nursing students.

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2) Explanation of procedures to be followed

You as nursing students are requested to participate in evaluation of the clinical learning environment in order that your clinical needs can be discovered and planning done towards achieving your needs.

3) Risk and discomfort involved

As a participating nurse educator, you will experience no discomfort. There is also no risk involved in this study. However, your input into this study will require some of your time and effort.

4) Benefits of the study

Appreciative Inquiry looks at organisational issues, challenges, and concerns in a significantly different way. Thus, instead of focusing on problems, organisational members first discover what is working particular well in their organisation. Then, instead of analysing possible causes and solutions, they envision what might be like if "*the best of what is*" occurred more frequently.

The study benefits the nursing students by improving the clinical learning environment to enhance achievement of objectives.
The clinical learning environment will be improved and patients will receive quality care rendered by nursing staff and students as learners.

The nursing staff will have improved knowledge and skills to render quality care to patients; they will also be motivated to supervise and teach the nursing students, have a positive attitude towards them and view them as members of the multidisciplinary team in the hospital.

When the nursing staff feels motivated, valued and appreciated, there is internal motivation, positive attitude and co-operation with other staff members together they can improve and enhance learning needs of the nursing students. This will in turn have a positive influence on nursing students in the clinical learning environment.

The hospital as a clinical learning environment (organisation) will provide improved health services, have more organised activities and more learning opportunities for you as the nursing student and it will be viewed as the best caring facility by patients, individuals and the community at large.

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5) Voluntary participation in and withdrawal from the study

Participation in the study is voluntary and you have the right to withdraw at any time if you no longer wish to participate.

6) Ethical approval

The Faculty of Health Sciences' Research Ethics Committee at the University of Pretoria, as well as Gauteng Department of Health, has given written approval for this study.

If you have any questions about your participation in this Appreciative Inquiry process, you should contact the researcher, Ms Maggie Nyelisani

Work telephone:	(012) 319-5680
Cell phone:	0827415526
Email address:	maggienyelisani@gmail.com

8) Confidentiality

Confidentiality will be maintained throughout the study. Any information that you provide will be kept confidential. Results will be published and presented in such a manner that you as a participant will remain anonymous.

9) Consent to participate in this study

Your participation in this research is subject to reading and accepting the above information and signing the informed consent document below. You will be provided with a copy of the signed consent document.

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INFORMED CONSENT

I have read the above information leaflet and fully understand what is expected of me. Its contents and meaning have been explained to me. I have been given the opportunity to ask questions and received satisfactory answers. I hereby volunteer to take part in this research.

______________________________ ______________

Participant's signature **Date**

______________________________ ______________

Maggie Nyelisani **Date**

Researcher

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Appreciative interview schedule
Students

1) **Reflecting back on the first year of your four year program what was your most satisfying/peak experience? (Please write me the story)**

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2) What are your wishes for the clinical learning environment ?

3) What do you see as challenges in the clinical learning environment?

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4) What is your vision for the clinical learning environment?

Thank you for your participation. Your information is highly appreciated.

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ANNEXURE C

Coded interview schedule

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Appreciative ~~[redacted]~~ interview schedule

Students

1) **Reflecting back on the first year of your four year programme what was your most satisfying/peak experience? (Please write me the story)**

My most satisfying experience in the clinical environment during my first year was when I was given a chance to do ward rounds with the doctor. I did not know ~~anything~~ much about the conditions. So that was the time where I got to know them and I was also given chance to ask questions. I was with the sister and in many instances I will ask her what do they mean about that. She was very much helpful, explaining whatever she could and when she couldn't she asked me to ask the doctor. And I was also working in the theatre department this year. I learned much about the operations done there. ~~W~~ I also learned about the importance of the consent forms. Checking and asking the patient about their prosthesis knowing the reason why I am asking and what could happen inside the theatre if I did not know or ask.

learn exposure

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2) What are your wishes for the clinical learning environment?

My wish is that nurse should be nurse who knows why they are there for.
Nurse should work as a team members not excepting that some work are meant for other nurses especially junior nurses.
Sisters in the ward should be willing to help students. Orientating students about everything in the ward. So that students can be free to answer any questions from the patient and the visitors. Sisters in the wards should be firm to all of us not only students.

3) What do you see as challenges in the clinical learning environment?

Challenges are that resources are not available. Nurses are not well equipped in a sense that a student will ask a sister something then the sister will say I do not know. So it become difficult for a student to function well as you also are not taught. Patient are also not getting appropriate care. Nurses does not want to help sometimes.

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4) What is your vision (ideal/the best) for the clinical learning environment?

My vision is that I want to see nurses working together ~~net~~ no matter the ranks. Nurses should know how to help the patient in cases like information in the ward. Want to see nurse in serviced about any changes in the institutions.

Thank you for your participation.

Your information is highly appreciated.

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ANNEXURE D

Declarations

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ANNEXURE D.1

Editor

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University of Pretoria

53 Glover Ave
Doringkloof
Centurion
0157
Cell: 073-782-3923

17 December 2015

TO WHOM IT MAY CONCERN

I hereby certify that I have edited Maggie Nyelisani's master's dissertation, **Evaluation of the clinical learning environment of first-year nursing students enrolled for a four-year comprehensive programme at a specific nursing education institution in Gauteng: an appreciative inquiry approach**, for language and content.

With thanks

IM Cooper

Iauma M Cooper

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ANNEXURE D.2

Co-coder

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RESEARCH DATA ANALYSIS REPORT

FOR: Maggie Nyelisani

DATE: 13 August 2013

STUDY: Evaluation of the clinical learning environment of first year nursing students enrolled for a four year comprehensive programme at a specific nursing institution in Gauteng

INDEPENDENT CODER: Annatjie van der Wath

Method: Data analysis was done following the steps described by Tesch (1990: 142-145) in Creswell (2009: 125):

Step 1. The coder read through the data to obtain a general sense of the information and to reflect on its overall meaning, checking for general ideas, tone of the ideas, and impression of the overall depth and credibility of information as verbalized by the participants.

Step 2. The coder identified categories as it emerged from the data in order to answer the research question as the lens for analysis. The coder read each interview schedule and highlighted sentences or paragraphs and coded those according to the meaning displayed in the highlighted narrative.

Step 3. The categories were clustered together according to the theme represented by the clustered categories.

Step 4. A coding scheme was created utilising the themes and categories that have been identified. The coder used qualitative data analysis to identify the different themes and sub/categories represented in the data. The specific sections of all the interview schedules that represented the themes and/ or sub/ categories were highlighted in colour and coded.

Step 5. Quotes were selected that best illustrate the meaning of each category.

Saturation of data was achieved related to the major themes – The coder analysed 50% of the interview schedules.

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University of Pretoria

Annatjie van der Wath (M Cur Psychiatric Nursing) annavdw@mweb.co.za

Qualitative Data Analysis

M Cur Nursing Science

Student: Maggie Nyelisani

This serves to confirm that Annatjie van der Wath has co-coded the following qualitative data: appreciative inquiry interview schedules for the study:

EVALUATION OF THE CLINICAL LEARNING ENVIRONMENT OF FIRST YEAR NURSING STUDENTS ENROLLED FOR A FOUR YEAR COMPREHENSIVE PROGRAMME AT A SPECIFIC NURSING INSTITUTION IN GAUTENG

I declare that the candidate and I have reached consensus on the major themes and categories as reflected in the findings during a consensus discussion.

Annatjie van der Wath (M Cur Psychiatric Nursing) annavdw@mweb.co.za

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