

**THE PERCEPTIONS OF PUPIL ENROLLED NURSES WITH REGARD TO
THE INTEGRATION OF THEORY INTO PRACTICE, IN GAUTENG
PROVINCE**

BY

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A dissertation submitted in fulfillment of the requirements for the degree

MAGISTER CURATIONIS

ADVANCED NURSING EDUCATION

In the

Department of Nursing Science

School of Healthcare Sciences

University of Pretoria

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2011

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DECLARATION

Student number: 22192124

I, Wilheminah Ntombi Molefe, declare that the dissertation

**THE PERCEPTIONS OF PUPIL ENROLLED NURSES WITH REGARD TO
THE INTEGRATION OF THEORY INTO PRACTICE IN A NURSING
SCHOOL, GAUTENG PROVINCE**

Is my original work and that it has not been submitted before any degree or any other institution. All sources that have been used or quoted have been acknowledged by means of complete reference in the text and in the list of sources.

WILHEMINAH NTOMBI MOLEFE

DATE

DEDICATION

This study is dedicated to my late grandmother Ndazana Elsie Mnguni-Molefe

Thank you for raising me up to be the strong woman I have become

ACKNOWLEDGEMENTS

I thank the **Almighty God** for spiritual, physical and mental strength without which I would not have succeeded in my studies

My grateful thanks to the following individuals:

My supervisor, Mrs. Salaminah Phiri for helping and supporting me towards completion of my studies.

My co- supervisor Dr. D. Erasmus

The late Mrs. Mamikie Ntswane-Lebang for assisting me with data analysis may her soul rest in peace

The principal of Thutobophelo Nursing Academy for granting me the permission to conduct this study

The second year pupil enrolled nurses of Thutobophelo nursing Academy for their co-operation and for taking part in the focus group interviews

Lazuros Kgwete for assisting me with the focus group interviews and for your guidance and support

My family for all the support and prayers

My daughter Boitumelo for understanding and always encouraging me

My partner Andries for support and encouragement

ABSTRACT

TITLE: THE PERCEPTIONS OF PUPIL ENROLLED NURSES WITH REGARD TO THE INTEGRATION OF THEORY INTO PRACTICE IN A NURSING SCHOOL, GAUTENG PROVINCE.

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The purpose of this study was to explore and describe the perceptions of pupil-enrolled nurses with regard to the integration of theory into practice. The study was qualitative in nature and used exploratory and descriptive designs. The population of this study consisted of all the pupil-enrolled nurses at a private nursing school in Pretoria. These pupil-enrolled nurses had received theoretical instruction and had been given the opportunity to be placed in a clinical setting for practical experience. Purposive sampling method was used to select participants for the study. Data relevant to the study was collected through focus group interviews. Data analysis was done using Tesch's method of analysis (cited in Creswell 1994:154) and categories, subcategories and themes emerged.

Consequently, the following main categories were identified: evidence of cognitive/psychomotor and affective development, professional preparation, obstacles to theory practice integration, management issues in the nursing school and solutions to integration of theory into practice problems. In terms of the findings of the study, the following recommendations were made:

better communication should be fostered between the school and the clinical practice area; there should be constant clinical accompaniment of pupil-enrolled nurses; skills laboratories should be better equipped and tutors employed who have a nursing education qualification as well as experience; student status should be recognised in the clinical area.

Communication between the nursing school and the clinical practice area should be improved and pupil-enrolled nurses should be fully supported when they are in the clinical practice area.

Key words: theory, practice, integration, nursing school, clinical area, and pupil-enrolled nurse.

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Chapter 1

INTRODUCTION AND BACKGROUND OF THE STUDY

1.1 INTRODUCTION

Nursing education in South Africa is governed by both the Nursing Act (33 of 2005), as amended, and the Further Education and Training Act (98 of 1998), as well as by the South African Nursing Council (SANC), which acts as an Education and Training Quality Assurance Body (ETQA) (The South African Nursing Act (33 of 2005), (Coetzee 2002:6). The SANC exercises control over the training of nurses by approving both nursing curricula and nursing schools and by the setting of academic standards for nurses. A nursing school is an institution in which the training of students leads to their enrolment as nurses and where basic nurse education takes place.

The enrolled nurse category is one of many and varied categories in terms of which nurses are trained in South Africa. The duration of the training for an enrolled nurse is two academic years (The South African Nursing Council Regulation (R2175 of 1993). During this training period the students are known as pupil-enrolled nurses. Training is offered at both private and public nursing education institutions that have been approved by the SANC.

During their training the student nurses undergo classroom instruction and clinical exposure as prescribed in the regulation pertaining to the education and training of pupil-enrolled The South African Nursing Council Regulation (R2175 of 1993). The aim of this training is to ensure that there is integration of theory into practice Cope, Cuthbertson and Stoddart (cited in Burns and Paterson

2000:850) are of the opinion that the placement of pupil-enrolled nurses in the practice learning environment will provide these student nurses with the opportunity both to engage in practice and to make links between the theory and the practice.

1.2 Background of the study

Irrespective of the category of nurse being trained there will always be challenges associated with the integration of theory into practice. In addition, the challenges confronting nurses in today's rapidly changing healthcare environment highlight the necessity for nurses to be both competent and prepared for practice (Edwards 2004:249). Some of these challenges originate from the clinical setting in which pupil-enrolled nurses are faced with diverse clinical situations, which among others include the care of patients who are suffering from communicable diseases, terminally ill patients and the dying (Mkhwanazi 2007:3).

Lekhuleni (2002:19) maintains that clinical learning takes place in a complex and value-laden environment in which the individual is called upon regularly to make both legal and ethical decisions. Lekhuleni (2002:19) goes on to say that poor performance on the part of student nurses in both the classroom and the clinical setting may be the result of a lack of support and trust from nurse educators and unit supervisors. As is the case with all other categories of nurses, it is also incumbent on pupil-enrolled nurses to integrate theory into practice and they, therefore, need the support from the nurse educators if they are to progress in their education and training (Lekhuleni 2002:71).

The SANC emphasises that it is essential that educators accompany nurses who are in training in the clinical area in order to assist them to correlate theory and practice. After having taught the theory of a

particular skill in the classroom, nurse educators are encouraged to support the student to apply that particular skill both safely and correctly in the clinical setting Fairbrother & Ford (cited in Landers 2000:1554).

Nurse educators have the important tasks of both facilitating learning in the academic setting and accompanying student nurses in the clinical setting. In support of this view, Van Niekerk (2006:2) asserts that it is not possible for the nurse educators to accomplish this task on their own. Accordingly, it is vitally important that nurses in training are supervised and supported by both clinical facilitators/tutors as well as their nurse educators.

Tang (2005:187) maintains that it is the responsibility of clinical facilitators to ensure that pupil-enrolled nurses learn how to apply theory, gain hands-on experience, practise techniques and develop into mature nurses. All the above activities may enable the pupil-enrolled nurse to integrate theory into practice – a phenomenon that is not always possible to realise in some private nursing education institutions. It is for this reason that the researcher is hoping both to explore and to describe the perceptions of pupil-enrolled nurses with regard to the integration of theory into practice. In this study, the literature review ensured that the researcher acquired a more extensive knowledge base on the subject of theory-practice integration among pupil-enrolled nurses. In addition, the literature review also assisted the researcher in the formulation of the interview questions.

In this study the researcher reviewed relevant literature on the following topics:

- the theory practice gap
- the role of the nurse educator in clinical practice

- academic and clinical dissonance in nursing education

1.2.1 The theory practice gap

Corlett *et al.* (2003:183) define “the theory practice gap” as the “discrepancy between what the student nurses are taught in the classroom setting and what they experience whilst on placement in clinical areas”. Corlett *et al.* (2003:184) further note that the theory practice gap is a phenomenon that has concerned the nursing profession for many years, particularly those nurse educators who are based at educational institutions and who try to ensure that what is taught within the classroom context is an accurate reflection of what students will encounter in clinical practice.

Landers (2000:1551) also discusses the theory practice gap in nursing and is of the opinion that it is important to recognise that the clinical environment is ever changing and that it may be argued that however effective the theoretical input in the classroom, it will never cater for the complexities of the clinical situation. Landers (2000:1551) further states that, as a result of these complexities, it may be difficult for students to gain a clear understanding of basic nursing principles. Furthermore, the diversity of the clinical area means that not all students will undergo the same clinical learning experiences and that this may result in some students being better equipped than others to integrate theory into practice.

Corlett (2000:499) also investigated the perceptions of nurse educators, pupil-enrolled nurses and facilitators in respect of the theory practice gap. In this study participants mentioned a number of ways in which this theory practice gap may be reduced. These include:

- Facilitators teaching theory relating to their specialties in the education institutions. The pupil-enrolled nurses who

participated in this study were taught theory by their lecturers in the classroom while it is the role of the researcher to facilitate practicals, which are aimed at bridging the theory practice gap.

- Improving communication and collaboration between service and education sectors
- Better sequencing of theory and practice with theoretical input immediately following practice. In the research setting in this study the pupil-enrolled nurses were sent to practice without having being exposed to the relevant theory relating to certain skills required in the practice and this created problems for the learners.

Based on the above discussion it is clear that theory and practice should not be dealt with separately, particularly in nursing education.

1.2.2 The role of the lecturer in practice

Historically, in the period between 1845 and 1982, the education and training of all nurses were carried out in a hospital setting (Potgieter 1992:140). During this period, nursing learners were registered with hospitals and they became part of the staff establishment. However, these learners were perceived simply as an “extra pair of hands” rather than a learner with specific needs (Elliot & Wall 2007:580). In this hospital environment, there was greater emphasis placed on practice rather than on theory and on task accomplishment rather than on educational outcomes. Elliot and Wall (2007:580) further maintain that, in modern times, with nurse educators no longer being based in hospitals, this creates a barrier between educators and their ongoing contact with the clinical environment. Nurse educators today

are also expected to do far more than was expected of the nurse educators in the past. Not only are they expected to teach, but they are also expected to engage in research and publication (Elliot & Wall 2008:580).

Aston, Mallik, Day and Fraser (2000:178) assert that, even though nurse educators are expected to spend at least some of their time in practice education, in reality many find this difficult to achieve. In addition, the overall workload of nurse educators has increased dramatically and has not reduced for those individuals who are pursuing higher degrees. Consequently, many nurse educators experience difficulty in finding sufficient time to update their clinical experience. As a result of the multiplicity of roles, it has become important for nurse educators to prioritise their tasks and this may lead to certain aspects being neglected. For example, the accompaniment of learners is generally delegated to clinical facilitators.

The notion of the clinical facilitator has been proposed as an alternative to the clinical role of the nurse educator. Cave (2000:394) defines a clinical facilitator as a "nurse who is employed by both the clinical area and the college or nursing school and has a responsibility for teaching and providing direct patient care". There are two aims to this role of the clinical facilitator, namely:

- To identify and maintain standards of practice and policies in a defined area
- To prepare and contribute to the educational programmes of students in relation to the integration of theory into practice in that specific healthcare unit. Cave (2000:395) further suggests that, to avoid work overload, such a role should be clearly defined by both educational and service managers.

The researcher was employed as a clinical facilitator and was responsible for preparing and contributing to the educational programmes of pupil-enrolled nurses in relation to the integration of theory into practice. However, one of the problems was that this role of the researcher had not been clearly defined by both the educational and service managers.

Gallagher (2004:263) conducted a study into the issue of who would be the best-equipped person to facilitate the learning of student nurses in the practical setting. In addition, Gallagher's (2004:263) study focused on two main viewpoints which are often adopted in the field of nurse training. In terms of the first of these viewpoints, the central argument proposes that nurses who are based in wards, as expert practitioners, be prepared to play a primary role when student nurses come to do their practical work. On the other hand, the counter position holds that, as a result of the fact that nurses working in the wards are more concerned with matters involving nursing care than with the education of students, these nurses are not well equipped to facilitate the learning of the student nurses. Accordingly, it is the nurse educators who should be sufficiently clinically competent to be able to assist the pupil-enrolled nurses to integrate theory into practice (Gallagher 2004:263).

Within the research setting of this study the nurse educators were responsible only for teaching theory and it was the clinical facilitators who were responsible for assisting the learners to integrate theory into practice in the clinical area.

Pupil-enrolled nurses often find themselves caught between the demands of the nurse educators to implement what they have learnt in theory, and pressure from practising nurses to adapt to the difficulties of real-life situations in practice. This situation arises as a result of the fact that, from the beginning of nursing as we know it

today, theory–practice integration has been at the core of nursing practice. Learners have been taught theory and then expected to integrate it into practice. However, it is essential that these learners be supervised to ensure that what is taught in the classroom is actually integrated into practice in the clinical setting (Mkhwanazi 2007:49).

1.2.3 Academic and clinical dissonance in nursing education

Meyer and Xu (2005:76) examined the phenomenon of cognitive dissonance – lack of harmony – in novice clinical nurses and came to the conclusion that these novice clinical nurses often confront an incongruity between the rule-bound academic ideal of nursing with which they have been prepared and the more flexible, intuition-driven, clinical reality which they encounter in practice. Accordingly, without insightful guidance from clinical facilitators, the students’ response to this dissonance may include either disillusionment with clinical nursing practice or else devaluation of the academic ideal of nursing. In the research setting of this study the clinical facilitators were not always present in the clinical setting to guide and to support the learners.

In a study conducted by Gray and Smith (2000:1548), nursing students raised concerns about poor mentorship. Poor mentors do not keep promises, lack knowledge and expertise, have poor teaching skills, have no structure in their teaching and, as a result, change their minds about things. Poor mentors tend either to over-protect their students by allowing them to observe only, or were unclear on the students’ capabilities and threw them in the deep end (Gray & Smith 2000:1548).

This may obviously often result in confusion on the part of the students in terms of the way in which they are being assisted to integrate theory into practice.

Darling (cited in Gray & Smith 2000:1548) discusses what may be termed "a gallery of toxic mentors: avoiders, dumpers, blockers and destroyers/criticisers". "Avoiders" refer to those mentors who make sure they are not available when it comes to having anything to do with the student. "Dumpers", according to Darling (1985:1548), may categorically refuse to help the student, for example, tell them that they may learn something later or they may deliberately withhold information, knowledge and skills. "Blockers", on the other hand, may inhibit the students' development by supervising them too closely and not allowing them to explore. "Destroyers/criticisers" may be described as either subtle underminers or belittlers. Neither undermining nor belittling should occur when nursing students are being accompanied.

Based on the above discussion it is essential that students be assisted appropriately on the way in which to integrate theory into practice.

1.3 RESEARCH PROBLEM

In her capacity as a clinical facilitator at a private nursing school in Pretoria, the researcher observed that pupil-enrolled nurses were experiencing difficulties in integrating theory into practice. These pupil-enrolled nurses stated either that they were doing well in theory but having difficulties in respect of practice or vice versa. It was this that prompted the researcher to conduct this study on the perceptions of pupil-enrolled nurses with regard to the integration of theory into practice

1.4 RESEARCH QUESTION

The following research question directed the study:

What are the perceptions of pupil-enrolled nurses with regard to the integration of theory into practice?

1.5 RESEARCH PURPOSE

The purpose of this study was to explore and describe the perceptions of pupil-enrolled nurses with regard to the integration of theory into practice.

1.6 OBJECTIVES OF THE STUDY

The objectives of the study included the following:

- To explore and describe the perceptions of pupil-enrolled nurses with regard to the integration of theory into practice
- To make recommendations aimed at enhancing the theory–practice integration of pupil-enrolled nurses

1.7 OPERATIONAL DEFINITIONS

- **Accompaniment**

“Accompaniment” encompasses the conscious and purposeful guidance and support for the student based upon his/her unique needs by creating learning opportunities that make it possible for the student to grow from passiveness to involvement and to independent, critical practice. This process of accompaniment takes place in conjunction with the direct involvement and physical presence of the nurse educator, supplemented by the availability of guidelines and learning aids (The South African Nursing Council Regulation 683 of 1993). In this study, accompaniment refers to the support and

guidance given to pupil-enrolled nurses in the clinical setting by nurse educators or facilitators.

- **Clinical area**

A clinical area is an environment where learners interact with patients and other health care workers. Learners are placed in a clinical setting to learn while caring for patients and are expected to render nursing care under direct or indirect supervision depending on their level of training (Meyer & van Niekerk 2008:168).

- **Clinical facilitator**

A “clinical facilitator” refers to a professional nurse who is responsible for accompanying students in both practical observation and the treatment of sick persons as opposed to theoretical study *Duncan’s Dictionary for Nurses*. In this study, the term “clinical facilitator” referred to a professional nurse based at the hospital at which the pupil-enrolled nurses were to be placed for their practical work and who was responsible for the accompaniment of the pupil-enrolled nurses.

- **Clinical teaching**

“Clinical teaching” refers to the practice-orientated teaching given to students in either laboratories or clinical situations (The South African Nursing Council Regulation (R683 of 1993). In this study the term clinical teaching referred to the teaching of pupil-enrolled nurses by the clinical facilitator when they were assigned to different wards.

- **Integration**

Integration generally means combining parts so that they work together or form a whole. In nursing education it means combining theory and practice so that they work together.

<http://searchcrm.techtarget.com/definition/integration>. Accessed 08 March 2011.

- **Pupil-enrolled nurse**

According to (The South African Nursing Council Regulation (R2175 of 1993) as amended, a “pupil nurse” refers to an individual who is taking a course which will lead to the enrolment of that person as a nurse. In this study, a pupil-enrolled nurse refers to an individual who is taking a course that will lead to the enrolment of that individual as a nurse in a private nursing education institution. It should also be noted that this individual would have to be on the second level of study.

- **Theory**

According to the *Duncan’s Dictionary for Nurses* “theory” refers to a “a reasoned proposed explanation of an occurrence or something that will occur or will be produced and for which absolute proof is lacking”. In this study theory refers to what the students were being taught – in other words, the theoretical content of nursing.

1.8 SIGNIFICANCE OF THE STUDY

It is anticipated that this research will make a contribution to the body of knowledge in nursing with regard to the integration of theory into practice among pupil-enrolled nurses who are in training. It is further envisaged that the results of the study will provide evidence in respect of the perceptions of pupil-enrolled nurses with regard to the integration of theory into practice. The recommendations made will be available to the nursing school that gave the researcher permission to conduct the study.

1.9 RESEARCH METHODOLOGY

Introduction

This study is qualitative in nature. When working from a qualitative perspective the researcher attempts to gain a first-hand, holistic understanding of a particular situation (De Vos, Strydom & Fouche 2002:364). This study focused on the perceptions of pupil-enrolled nurses with regard to the integration of theory into practice. According to Mouton (2001:75), research methodology focuses on the tasks carried out and the methods adopted during the research process. In this study, the following will be discussed: research design, population, sample, data collection and analysis, measures taken to ensure trustworthiness and ethical considerations.

1.9.1 Research design

Mellish, Brink and Paton (2006:324) define a research design as “a systematised inquiry that uses orderly and scientific methods to answer questions or solve problems”. In other words, it is an attempt to gain new knowledge through the scientific method of systematic investigation. In this study, the researcher used a qualitative research design to explore and describe the perceptions of pupil-enrolled nurses with regard to the integration of theory into practice.

- **Explorative design**

An exploratory study is conducted in order to gain insights into a situation, phenomenon, community or individual (De Vos *et al.* 2002:109). Brink, Van der Walt and Van Rensburg (2006:11) assert that exploration refers to the exploring of the dimensions of a phenomenon, the manner in which the phenomenon is manifested and other factors to which it is related. In this study, the perceptions

of pupil-enrolled nurses with regard to the integration of theory into practice are explored.

- **Descriptive design**

Descriptive research presents a picture of the specific details of a situation, social setting or relationship, and focuses on both “how” and “why” questions (De Vos *et al.* 2002:109). On the other hand, Mouton (2001:102) refers to descriptive research as describing things the way they are – the actual state of affairs. In this study, the perceptions of pupil-enrolled nurses with regard to the integration of theory into practice are described.

1.9.2 Population

Burns and Grove (2003:491) define a population as all elements (individuals, objects, events, or substances) that meet the sample criteria to be included in a study. The research population of this study consisted of all the pupil-enrolled nurses at a private nursing school in Pretoria.

Inclusion criteria: All second-year pupil nurses enrolled in the programme of enrolled nursing at a private nursing school were included in this study. These pupil-enrolled nurses had received theoretical instruction and had been given the opportunity to be placed in a clinical setting for practical experience.

1.9.3 Sample

Brink *et al.* (2006:133) define a sample as a subset of a larger set and which is selected by a researcher to participate in a research project. The responses of the sample may be used to estimate how the entire population would have responded if all members of the population had been studied.

In this study, the researcher used purposive sampling. According to Burns and Grove (2005:353), purposive sampling may be referred to as either judgemental or selective sampling. It also involves the conscious selection on the part of the researcher of certain participants for inclusion in the study. The reason for the choice of purposive sampling in this study was the fact that this type of sampling allowed the researcher to choose participants who would be able to describe the perceptions of pupil-enrolled nurses with regard to the integration of theory into practice. In this study, thirty second-year pupil-enrolled nurses were chosen as the sample. These nurses were selected based on the fact that, at the second-year level, pupil-enrolled nurses have already attended theory classes and have had the opportunity to be placed in a clinical setting for practical experience.

1.10 DATA COLLECTION

Data collection is defined by Burns and Grove (2003:479) as the identification of research participants and the precise, systematic gathering of information relevant to the research purpose. In this study, the data were collected by both the researcher and the research assistant by means of focus group interviews during which a tape recorder was used. In addition, field notes were taken. Polit and Beck (2006:405) define field notes as those notes which represent the participant observer's effort both to record information and also to synthesise and understand the data. As has already been stated, in this study a tape recorder was used with the participants being informed of the researcher's intention to do so. De Vos *et al.* (2002:298) are of the opinion that a tape recorder allows a more comprehensive record to be taken as compared to either field notes or interviews.

Brink *et al.* (2006:152) define a focus group interview as an interview comprising groups of 5 to 15 people who have been exposed to the same environment, with their perceptions and experiences being requested simultaneously. On the other hand, De Vos *et al.* (2002:304) describe the focus group interviewing method as a means of understanding the way in which people feel or think about a specific issue. In this study, the issue of the perceptions of pupil-enrolled nurses with regard to the integration of theory into practice were explored and described through the focus group interview.

Data collection was conducted in three phases, namely, the preparatory phase, interview phase and post-interview phase. These phases will be discussed in detail in chapter 2.

1.11 DATA ANALYSIS

Creswell (cited in Leedy 2005:150) describes the data analysis spiral that may be used in qualitative studies. The author goes on to say that when, implementing this approach, it is incumbent on the researcher to go through the data several times. In this study, both data collection and data analysis were conducted at the same time with the data analysis taking place after each focus group interview had been concluded. Transcripts and field notes were analysed and categories, subcategories and themes identified and controlled in accordance with the relevant literature. (For details of the methodology used see chapter 2.)

1.12 MEASURES TO ENSURE TRUSTWORTHINESS

In order to ensure positive results in this study the researcher applied Lincoln and Guba's (1985) model to ensure trustworthiness. According to Lincoln and Guba (1985), trustworthiness is a method of ensuring rigour in qualitative research without sacrificing relevance and it replaces the reliability and validity which are characteristic of

quantitative research. In addition, Lincoln and Guba (1985:301) point out that, in qualitative studies, trustworthiness may be operationalised in terms of the following four strategies, namely, **credibility, transferability, dependability, and conformability.**

1.12.1 Credibility

This refers to confidence in the truth of the findings of a particular inquiry for the participants and researchers (Lincoln & Guba 1985:291). In this study credibility was realised through **prolonged engagement, triangulation, referential adequacy, peer debriefing** and **member check.**

- **Prolonged engagement** refers to the “the investment of sufficient time in data collection activities to have in-depth understanding of the culture, language or views of the group under study and to test for misinformation” (Polit & Beck 2004:430). In this study the researcher conducted three focus group interviews in order to explore the in-depth perceptions of the pupil-enrolled nurses with regard to the integration of theory into practice. At the end of each focus group session the researcher allowed the participants sufficient time to ask questions.
- **Triangulation** is defined by Polit and Beck (2006:431) as “the use of multiple referents to draw conclusions about what constitutes the truth and has been compared with convergent validation”. In this study, triangulation of the data sources occurred when the three groups of pupil-enrolled nurses were interviewed at different times. Triangulation in respect of the investigator was also ensured by the fact that a research assistant was a member of the research team with this research

assistant being responsible for operating the tape recorder as well as the taking of field notes. In addition, an independent coder assisted the researcher with the coding of the data.

- **Peer debriefing**, according to Polit and Beck (2006:432), “involves sessions with peers to review and explore various aspects of the inquiry” as a way of ensuring that the data is trustworthy. In this study the researcher discussed both the research process and the findings with her supervisor, co-supervisor and other experts with experience in qualitative methods.
- **Member check** is “a method of validating the credibility of qualitative data through debriefings and discussions with participants” Polit & Beck (2006:432). Member checking enabled the researcher to assess whether the translation of the participants’ viewpoints regarding the integration of theory into practice had been accurate.

1.12.2 Transferability

Transferability, in terms of Lincoln and Guba’s (1985) framework, refers to the generalisability of the data, that is, the extent to which the findings of a study may be transferred to other settings or groups. It will not be possible to generalise the findings of this study because the study was confined to one setting.

- Thick description, according to Polit and Beck (2006:336), refers to “a rich, thorough descriptions of the research setting, transactions and processes observed during the enquiry”. In this study the researcher provided sufficiently detailed descriptions of the data to allow judgements to be made about

the perceptions of pupil-enrolled nurses with regard to the integration of theory into practice.

1.12.3 Dependability

Dependability is a strategy which may be used to establish consistency. According to Lincoln and Guba (1985:290), consistency may be achieved by determining whether it would be possible to repeat the findings of an inquiry should the inquiry be replicated using with similar participants in the same context. In this study, dependability was ensured through the use of colleagues and experts to check both the research plan as well as the way in which it was implemented.

1.12.4 Conformability

Conformability refers “to the objectivity or neutrality of the data, that is, the potential for congruence between two or more independent people about the data’s accuracy, relevance, or meaning” (Polit & Beck 2006:435). The data that were retained for review during the trial audit included raw data, analysed data and process notes. In this study the researcher also used an independent co-coder to assist with the coding of the data.

1.13 ETHICAL CONSIDERATIONS

Ethics refers to a “system of moral values that is concerned with the degree to which research procedures adhere to professional, legal and social obligations of the study participants” (Polit & Beck 2009:555).

Ethical considerations were adhered to in the following ways:

- The research proposal was submitted to the Research Ethics Committee, Faculty of Health Sciences, University of Pretoria for approval before the actual research commenced.

- Permission to conduct the study was obtained from the nursing school at which the study was to be conducted.
- The researcher ensured that the informed consent of all participants was obtained prior to the study as well as their permission to use the audio tape recorder.

Accordingly, in this study the following main ethical principles were adhered to: beneficence, confidentiality, informed consent, justice and non-deception of the participants.

1.13.1 Beneficence

The researcher considered carefully the effect that the research may have had on the participants and whether there was even the slightest possibility that anything that may have occurred during the research could have an adverse effect on the participants. If this had, indeed, been the case the project would have been discontinued or, at least, modified (Brink *et al.* 2003:53). The researcher exercised extreme caution when conducting the research and made every effort to ensure that none of the questions would offend any of the participants. The latter was achieved by pilot testing the research question.

The researcher informed the participants about the reason for using a tape-recorder and its importance in collecting the data for the investigation. Any implications that may have been involved in the use of the tape recorder were eliminated because the researcher did not collect any personal details from the participants and, thus, their anonymity was guaranteed by their names not being mentioned on tape.

1.13.2 Confidentiality

The researcher ensured that the personal rights and privacy of the participants were adequately protected. None of respondents was forced to participate in the study and the researcher undertook not to divulge any personal information pertaining to any individual without prior consent to do so. Accordingly, the participants remained anonymous and the information gathered was kept confidential. This was assured by refraining from including the names of the participants in the research report (Streubert & Carpenter 2007:268).

1.13.3 Informed consent

According to Leedy (2005:101), research participants should be informed about the nature of the study to be conducted and be given the opportunity either to participate or not to participate. Furthermore, it is essential that the participants be reassured that, should they agree to participate, they will have the right to withdraw from the study at any time without prejudice, if they so wished.

Prior to the commencement of the study, an information leaflet describing the following aspects of the study, was distributed – the purpose and benefits of the study, the participants' right to confidentiality and their right to withdraw from the study at any given time. In addition, the researcher explained the contents of the information leaflet to all the participants (Burns & Grove 2003:170).

1.13.4 Deception of participants

The researcher carefully considered what effect(s) the research and, specifically, the findings of the research, may have on people other than the participants. In particular, this implied that the researcher would not publish faulty findings because of the possibility that any such publications may cause considerable damage either to the

individual(s) or institution involved. In this study, the researcher was both accurate and honest with regard to her findings and she made it a priority not to offend the participants (De Vos & Strydom 2002:66).

1.13.5 Principle of justice

The participants were treated fairly and equally by the researcher throughout the entire study. No participant was discriminated against nor prejudiced by the researcher. Furthermore, the cultural beliefs, opinions and judgements of each participant were respected. The participants were selected for reasons directly related to the problem being studied. In other words, the participants were pupil-enrolled nurses as the study focused on the perceptions of pupil-enrolled nurses with regard to the integration of theory into practice (Brink 2003:40).

1.14 ORGANISATION OF THE STUDY

The dissertation comprises four chapters which are divided as follows:

Chapter 1: Introduction and background of the study

Chapter 2: Research methodology.

Chapter 3: Discussion of the results and literature control.

Chapter 4: Conclusions, implications, recommendations and limitations of the study.

1.15 CONCLUSION

Chapter 1 provides an overview of both the purpose of the study and the methodology which was used to obtain the necessary data in order to realise the aim of the study. A qualitative, exploratory and descriptive approach was adopted both to explore and to describe the

perceptions of pupil-enrolled nurses in a private nursing school. The data were obtained by means of focus group interviews. The following chapter, chapter 2, contains an in-depth discussion of the research methodology which was implemented in the study.

Chapter 2

RESEARCH METHODOLOGY

2.1 Introduction

This chapter outlines the type of research methodology used in this study, which is qualitative in nature. When working from a qualitative perspective the researcher attempts to gain a first-hand, holistic understanding of the relevant situation (De Vos, Strydom & Fouche 2002:364). In this study the perceptions of pupil-enrolled nurses with regard to the integration of theory into practice were studied. In view of the fact that the research is qualitative in nature qualitative methods were used to collect the data.

According to Mouton (2001:75) research methodology focuses on the tasks and methods implemented during the research process. In this chapter the following will be discussed: research design, population, sample, data collection and data analysis. The research design chosen enabled the researcher to achieve the purpose and objectives of the study.

2.2. QUALITATIVE RESEARCH

Qualitative research is about the experiences and realities of humans rather than of objects. These realities of humans are studied in their own familiar environment. Qualitative researchers believe that many truths may exist as individuals may all account for the same experience in a different way. Accordingly, a research situation may be understood from the perspective of many realities or truths (Strubert & Carpenter 2007:21).

Mouton (2001:270) describes the primary goal of qualitative research as describing and understanding, rather than explaining, human behaviour. Qualitative research uses concepts and classifications and attempts to interpret the human behaviour that reflects the views of the participants whose behaviour is being described. The emphasis is on verbal, rather than numerical, descriptions (Gillis & Jackson 2002:712). In this study the researcher chose a qualitative research method to explore and describe the perceptions of pupil-enrolled nurses with regard to the integration of theory into practice.

2.2.1 Research design

Polit and Beck (2009:222) assert that “a research design of a study spells out basic strategies that researchers adopt to answer their questions”. In this study, the researcher used a qualitative research design to explore and describe the perceptions of pupil-enrolled nurses with regard to the integration of theory into practice. In addition, information about their experiences and first-hand information regarding the integration of theory into practice were obtained through the use of both exploratory and descriptive designs.

- **Explorative design**

An exploratory study is conducted in order to gain insights into a situation, phenomenon, community or individual (De Vos *et al.* 2002:109). Furthermore, Brink *et al.* (2006:11) assert that exploration refers to investigating the dimensions of a phenomenon, the manner in which the phenomenon is manifested and the other factors with which it may be related.

In this study, the perceptions of pupil-enrolled nurses with regard to the integration of theory into practice were explored through the use of focus group interviews. In other words, the researcher used

exploratory design because this is a method which would help the researcher to realise the aim of the study. Integration of theory into practice is at the core of nursing education, especially in view of the fact that competent nurses are needed when dealing with ill human beings.

- **Descriptive designs**

Descriptive research presents a picture of the specific details of a situation, social setting or relationship, and focuses on “how” and “why” questions (De Vos *et al.* 2002:109). Mouton (2001:102) refers to descriptive research as describing things the way they are – the actual state of affairs. In addition, Brink *et al.* (2006:106) states that the descriptive design assists a researcher in obtaining rich and thick information in the particular field.

In this study, the descriptive design assisted the researcher to describe the perceptions of pupil-enrolled nurses with regard to the integration of theory into practice. In other words, the situation was described as it occurred within a nursing school in which pupil-enrolled nurses are expected to integrate theory into practice (Brink *et al.* 2006:102).

- **Contextual designs**

According Terre Blanche, Durrheim and Painter (2006:277), the notion of understanding in context has had a strong influence in the social sciences, especially in the development of qualitative research. This idea of a context involves telling it as it is – the way it occurs. Social statements or actions depend mostly on the context in which they occur (Terre Blanche *et al.* 2006:277). The context in which this study occurred was a private nursing school in which pupil-enrolled nurses were interviewed in order to ensure that the social meaning and significance of the data collected had not been distorted.

2.3 POPULATION

Burns and Grove (2003:491) define a population as all elements in the universe that are of interest to the researcher and which meet the criteria for inclusion in a study. According to Terre Blanche *et al.* (2006:133), the population is a larger pool from which sampling elements that will be used in a study may be drawn. Furthermore, such a population may be used to generalise the findings of the particular study. In this study, the population consisted of all pupil-enrolled nurses at a private nursing school in Pretoria who had been taught theory and who had also had the opportunity to be placed in a clinical setting for a period of more than a year. Access to the population was negotiated with the principal and head of department of the nursing school.

- **Inclusion criteria**

Polit and Beck (2006:291) define inclusion criteria as a way of specifying the characteristics needed from a population. Burns and Grove (2003:491), on the other hand, assert that “a population is all elements (individuals, objects, events, or substances) that meet the sample criteria to be included in a study”. According to Brink *et al.* (2006:124), it is essential that the inclusion criteria for a population be clearly stated, particularly if the population is large. This study was conducted using second-year pupil-enrolled nurses who had been taught theory and who had also had the opportunity to be placed in a clinical setting for a period of more than a year. The criteria for inclusion in the study were identified as follows:

- Registration as a pupil-enrolled nurse at a private nursing school.
- Being in the second year of study for pupil-enrolled nursing and had had the opportunity to be placed in a clinical setting for practical experience.

- Willingness to participate in the study and to sign a consent form.

In view of the fact that there are several categories of pupil-enrolled nurses in a nursing school and not all of them would have had the opportunity to be placed in a clinical setting for practicals, it was essential that the inclusion criteria for this study be clearly stated. The researcher is of the opinion that the participants in the study were in possession of more information on theory practice integration as a result of the fact that they had been placed in the clinical setting as part of their training (De Vos *et al.* 2002:203).

2.4 SAMPLE

Brink *et al.* (2006:133) define a sample as a subset of a larger set selected by a researcher to participate in a research project. The responses of the sample may be used to estimate the way in which the entire population would have responded if all the members of the population had been studied. Terre Blanche *et al.* (2006:249) assert that sampling refers to the process of selecting research participants from the study population that has been identified. Purposive sampling was used to select the participants for this study.

- **Purposive sampling**

Purposive sampling is a kind of sampling in terms of which the researcher selects participants based on information which the researcher has about the participants' experience and expertise regarding the phenomena under study (Brink *et al.* 2006:134). In this study the researcher's use of purposive sampling was rooted in the belief that the researcher's knowledge about the population may be useful in selecting the participants for the study (Polit & Beck 2006:294). The principal and the head of the department of the nursing school selected also played an important role in this study by

assisting with the selection of the sample which consisted of second year pupil-enrolled nurses.

The researcher chose purposive sampling based on the fact that this type of sampling would allow the researcher purposefully to choose participants who would be able to explore and describe the perceptions of pupil-enrolled nurses with regard to the integration of theory into practice. In this study second-year pupil-enrolled nurses were chosen as the sample because, at second-year level, these nurses have already attended theory classes and also had an opportunity to be placed in a clinical setting.

- **Sample size**

Brink *et al.* (2006:134) are of the opinion that the size of the sample in qualitative research depends both on what the researcher wants to know and on the purpose of the study. In this study, the decision regarding the sample size was based on the needs related to the purpose of the study. Thirty participants were selected from a class of 97 pupil-enrolled nurses – these selected participants were attending classes during this period. Three focus group interviews consisting of ten participants each were conducted until saturation of data was reached. Data saturation is reached “when there is no new data emerging during the data collection process” (Brink *et al.* 2006:134).

2.5 DATA COLLECTION

The failure or success of a research project is often determined by the data collection. Burns and Grove (2003:479) define data collection as “the precise, systematic gathering of information relevant to the research purpose”. It is important that the researcher be familiar with the data collection method to be used as well as its advantages and

disadvantages. In addition, the researcher must ensure that each piece of data collected has a purpose that is related to the study (Brink *et al.* 2006:55).

In this study the researcher used exploratory and descriptive designs to obtain information from pupil-enrolled nurses with regard to the integration of theory into practice (Polit & Beck 2009:156). The study unfolded in the following three phases, namely, the **preparatory phase**; the **interview phase**; and the **post interview phase**.

2.5.1 Preparatory phase

Careful planning with regard to participants, the environment and questions to be asked are keys to conducting effective focus groups (De Vos *et al.* 2002:309). In addition (De Vos *et al.* 309) state that basic principles in the planning process are to be adhered to if a researcher plans to have a successful focus group interview.

- **Recruitment of participants**

After permission had been granted by both the Student Research Ethics Committee of the University of Pretoria and the selected nursing school the researcher proceeded with data collection. De Vos *et al.* (2002:303) explain the steps involved in the preparatory phase. With the assistance of both the principal and the head of department of the nursing school the researcher identified potential participants who were representative of second-year pupil-enrolled nurses. The principal of the nursing school accompanied the researcher to the second-year pupil-enrolled nurses' class. It was at this point that the researcher first made contact with the participants with the aim of building rapport and trust.

The reason for this initial contact with the participants was to enable the researcher to discuss their involvement in the study and to plan a date for the information session. The researcher also explained the purpose of the study. A list of participants to be assigned to the three focus groups was compiled by the head of department after they had volunteered to be included in the study and was given to the researcher. In addition, the date for the interviews was ascertained. The date, time and venue of the information session were communicated to the management of the nursing school as both the information session and the interviews were to be conducted at the school (De Vos *et al.* 2002:311).

The researcher identified a former colleague to act as a research assistant and communicated the date of the information session to him. This research assistant is an educational psychologist and is employed at the local university as a lecturer. He is also currently studying towards his doctoral degree. The role of the research assistant was to operate the tape recorder and to take field notes. The researcher and the research assistant went through the logistics of the proceedings prior to both the information session and the pilot testing.

The research assistant planned time off from work to assist with the sessions. A tape recorder was prepared with new batteries for recording the focus group interviews and extra batteries were provided to avoid a situation of having batteries that are flat (Rossouw 2003:146). In order to guide the discussion the researcher posed questions which had been prepared beforehand and then asked further probing questions for reasons of clarity and confirmation (De Vos *et al.* 2002:293). (See Annexure D.)

2.5.1.1 Information session

Before entering the field to conduct interviews it is important that the researcher build up rapport with the study participants. During this process of building a relationship the researcher is also able to assure the study participants that their confidentiality will be ensured (Streubert & Carpenter 2007:37). The researcher confirmed the list of participants by discussing the date, times and venues of the interviews with them. The school management checked the timetables of the participants and arranged for them to participate in the study.

The researcher then phoned the principal about the details of the final preparations (Creswell 2003:184). The information session was held one week prior to the focus group interviews. During the information session the researcher discussed the purpose of the study and the researcher's expectations of the participants. The participants were informed about the fact that they would be expected to sign a consent form indicating their willingness to participate in the study. They were also informed about the presence of a research assistant and the proposed use of a tape recorder as well as their right to withdraw from the study at any time and the availability of refreshments during the interview sessions.

The management of focus group interviews requires that the researcher be trained as an interviewer as the quality of the data collected is reliant on the communication and interpersonal skills of the individual conducting the interviews (De Vos *et al.* 2002:316). Both the researcher and the research assistant have been trained as facilitators while the researcher has also been involved in the facilitation of workshops at her place of employment. The research assistant also has extensive experience in facilitation, has conducted

several facilitations for the Department of Education and owns a private company which specialises in the facilitation of courses.

When preparing for focus group interviews it is essential that the researcher make sure that the venue is comfortable and non-threatening. In view of the fact that the sessions were to last from forty five minutes to an hour it was important that the participants be comfortable. The location of focus groups must meet the needs of both the researcher and the participants (De Vos *et al.* 2002:316). The venue in which the focus group interviews were to be conducted was prepared in advance. The interviews were conducted in one of the classrooms in the nursing school.

2.5.1.2 Pilot testing

De Vos *et al.* (2002:316) assert that, before the main study is conducted, a smaller version of the proposed study should be conducted in order to develop and to refine either the research interview questions or the data collection process to be used in the larger study. The first focus group usually comprises the pilot interview. Polit and Beck (2009:563) define a pilot study as a “smaller version, or trial run done in preparation for a major study”. A pilot test was conducted a week before the main focus group interviews to establish whether the information that was needed would, indeed, be obtained during the study and to sharpen the skills of the interviewer (Leedy 2005:152).

The researcher used ten pupil-enrolled nurses in the pilot test. These pupils were then subsequently excluded from the main study. The pilot study enabled the researcher to assess whether the ten nurses understood the interview research questions. No challenges were

identified during the pilot study. Furthermore, the pilot study enabled the researcher to clarify the role of the research assistant.

2.6 INTERVIEW PHASE

An interview is a data collection method or tool during which an interviewer poses questions to a participant either on a face-to-face basis, by telephone or over the internet (Polit & Beck 2009:557). Interviewing comprises a more natural form of interacting closely with study participants as opposed to making them fill in a questionnaire (Terre Blanche *et al.* 2006:297). In this study, the researcher chose interviewing as the most appropriate method of data collection suited to obtaining in depth responses from the study participants during the three focus groups. In addition, the interviews make it possible to obtain any clarification on the spot, should it be necessary (Brink *et al.* 2003:153). Three focus group interview sessions were conducted on the same day with each group consisting of ten participants.

The interview sessions commenced only after the participants had signed a consent form (Streubert & Carpenter 2007:62). The researcher introduced both herself and the research assistant to the participants. There was no need for the participants to introduce themselves to each other because they knew one another well. The main question used in all three sessions was “*What are the perceptions of pupil-enrolled nurses with regard to the integration of theory into practice?*”.

2.6.1 Conducting the focus group interview

Brink *et al.* (2006:152) define a focus group interview as an interview with groups of five to fifteen people who have all been exposed to the same environment and during which their perceptions and experiences are requested simultaneously. In addition, De Vos *et al.* (2002:304) describe the focus group interviewing method as a means of understanding the way in which people either feel or think about an issue.

As a method of data collection the focus group assists the researcher to understand the diversity of the phenomena under study (Polit & Beck 2006:292). Nevertheless, the researcher was also aware of the disadvantages of this method and, as she had been trained in the facilitation of interviews, managed both to overcome bias and to deal with passive and talkative participants.

The researcher facilitated the focus group interviews with the help of the research assistant. The classroom prepared in the school was both quiet and relaxed and it was also a familiar setting for the participants. There were no disruptions during the interviews and the participants were able to express their views freely. The purpose of the study was explained again, no names were used and the use of the audio tape was explained. In addition, the setting was non-threatening, comfortable, accessible and private (De Vos *et al.* 2002:294).

- **The use of an audiotape**

Terre Blanche *et al.* (2006:298) maintain that a tape recorder allows for a more comprehensive record without the distraction of notes being taken. In this study a tape recorder was used and this provided

the researcher with sufficient time to focus on the facilitating of the interviews. However, the use of a tape recorder did not prevent the participants from expressing their views as the researcher had made it clear during the information session that a tape recorder would be used. The participants were clearly interested during the interview process and sufficient data was collected. The research assistant took field notes which were complemented by the audio tape recordings (Creswell 2003:190).

- **Field notes**

De Vos *et al.* (2002:298) maintain that field notes are “a written account of what the researcher observes experiences and thinks during the interviews”. In this study the field notes assisted the researcher to obtain information including the preferences, interests, attitudes and experiences of the participants – all of which were of potential important to the study. The field notes in this study included empirical observational and interpersonal notes.

During the sessions the researcher facilitated the interview process and also made observations with the assistance of the research assistant. The responses of the participants were written down verbatim by the research assistant. Immediately after each session both the researcher and the research assistant made notes on their personal experiences and their observations, including the participants’ comments and responses.

After conducting the interviews and collecting observational notes the researcher and assistant made time to answer any questions from the participants with regard to the integration of theory into practice. Mayan (2001:14) maintains that, without field notes, data would be lost and, without the data, it would not be possible for analysis to proceed. Accordingly, it is imperative that researchers become skilled

in making detailed mental notes that may later be written up and reflected upon (Polit & Beck 2009:354). In this study the field notes were submitted to an independent co-coder and an agreement was reached between the researcher and the independent co-coder for these field notes to be included in the discussion of the results.

Below are the field notes that were taken both during and immediately after the three focus group interview sessions.

- **Observational notes**

Neuman (2003:384) states that observational notes comprise a description of events and personal experiences of the facilitator of the sessions held and that these observational notes include any non-verbal clues that may have been observed during the sessions. In other words, these notes contained the what, how and who of what happened during the focus group interviews, but without any interpretation.

At first the participants appeared to be holding back but, as soon as they became more comfortable, they showed interest and a willingness to participate. The relaxed and informal atmosphere encouraged the participants to talk about their perceptions with regard to the integration of theory into practice. The participants did not appear threatened but, on the contrary, showed excitement about participating in the study (Streubert & Carpenter 2007:42).

- **Theoretical/inferential notes**

“Theoretical notes document the researchers’ thoughts about how to make sense of what is going on; they are the researcher’s efforts to attach meaning to observational notes and form part of the data analysis” (Polit & Beck 2006:383). In this study the researcher wrote observational notes and then interpreted these notes. The non-verbal

actions and responses from the participants assisted the researcher to ascribe meaning to what had been said during the analysis of the focus group interviews.

- **Methodological notes**

Methodological notes are “reflections about strategies and methods that one will use during observation” (Creswell 2003:190). In this study the researcher visited the nursing school prior to data collection in order to confirm the appointment and to become acquainted with the principal, tutor and prospective participants. The researcher arranged the interview appointments with the assistance of the tutor. On the day of the interviews the participants were reorientated in terms of both the topic and the purpose of the research and their informed consent was obtained. The researcher kept a list of important notes to remember during the interview, for example *remember to thank participants at the end of the interview.*

- **Personal notes**

Personal notes refer to “comments about the researchers’ reactions and experiences during the interview sessions. They are a source of data about reactions. Personal notes help the researcher to instruct and critique him/herself and his/her tactics and deal with approaches taken to the interview. The researcher is then able to deal with the process more effectively by improving some steps” (Polit & Beck 2009:354). In this study, the personal notes were analytical and they were written up immediately after each interview session. These notes helped with the interpretation of the observational notes. Probing questions were asked during the interviews in order to gain greater clarity.

It was essential that the researcher ensure that all the notes taken were accurate so as to obviate having to organise any more focus group interview sessions. It would have been difficult to choose a convenient time for additional sessions as the participants were on the point of going to the different hospitals for their practicals.

The researcher used the following facilitation skills during the focus group interviews – **probing, listening skills and paraphrasing.**

- **Probing**

The purpose of probing is to elicit more useful or detailed information from a research participant during an interview (Polit & Beck 2006:762). In this study, probing helped to explore the perceptions of pupil-enrolled nurses with regard to the integration of theory into practice and it was to this end that the research questions were used. The researcher followed up the participant's answers with subsequent questions resulting from the participants' comments in order to gain more meaning and clarity. The following is an example of a probing question that was used in this study: "*You mentioned the attitudes of clinical staff – what do you mean by the attitudes of clinical staff?*". Brink *et al.* (2006:153) support the notion that probing enhances rapport as it proves to the participants that the researcher is interested in their experiences as well as providing the researcher with the opportunity to seek clarification.

- **Listening skills**

The most critical interviewing skill in terms of in-depth interviews is "being a good listener, it is especially important not to interrupt the participants". It is the job of the interviewer to listen to the participants' stories (Polit & Beck 2006:400). In this study, the interviewer listened attentively to what the participants were saying

and even used body language, for example, nodding her head, to show interest. The use of these listening skills enabled the researcher to maintain continuous interaction with the participants and to obtain clarity and meaning regarding the perceptions of the participants (Terre Blanche *et al.* 2006:306).

- **Paraphrasing**

Paraphrasing, takes place when the researcher repeats the words of the participant in another way but with the same meaning (Burns & Grove 2003:105). In this study paraphrasing was used to make allay any fears the participants might have been experiencing and to ensure that they did not feel uncomfortable. The interviewer followed up on clues about the topic that the participant has might have dropped during the interview. For example, if the participant had used words such as “proper sequencing” the researcher would be prompted to ask a question such as “You mentioned proper sequencing. Did you mean that theory should be taught first in class and then you should be placed in clinical practice to practise the relevant skill”?

At the conclusion of the interview the researcher summarised and validated what the participants had said to ensure that she has understood the participants correctly. Directly after the interview, the researcher made notes about her observations, for example, the body language of the participant during the interview. The interviewer also made notes about both her personal experiences during the interview and the observations she had made (Rossouw 2003:146).

2.6.2 Post-interview phase

At the end of the interview session the researcher briefly summarised the main points from the interview session, sought verification and

expressed her gratitude to the participants. The researcher then indicated to the participants that the session was over and that, should the need arise to contact the participants; the researcher would do so (Terre Blanche *et al.* 2006:300).

As soon as the participants had left, the researcher and the research assistant debriefed and discussed the focus group interviews. They discussed aspects such as themes, whether the group had provided what was expected and whether there was anything that should be done differently in respect of the next group (De Vos *et al.* 2002:317).

2.7 DATA ANALYSIS

In this study the researcher commenced with data analysis both immediately after each interview session and throughout all the interviews by identifying similarities in the data collected (Polit & Beck 2006:16). The process of data analysis involved a few steps in grouping together narrative information and making sense out of the data. In the process of data analysis, the field notes and transcripts were also analysed. The steps of analysis were followed as described by Tesch (cited in Creswell 1994:154).

The researcher listened to the audio tape repeatedly and wrote down all the data verbatim (De Vos *et al.* 2002:305). The researcher then read through all the field notes in order to derive meaning and background information from the data. After reading through the entire field notes the researcher sorted similar information into categories. An independent co-coder was then given verbatim transcripts of both the focus group interviews and the interview schedule questions.

The independent co-coder commenced the coding process by underlining words and phrases which were representative of the participants' perceptions with regard to the integration of theory into practice. From these verbatim transcripts the main categories of the

study were identified with sub-categories then being devised as the analysis proceeded. Within the framework of the major categories comprehensive themes were developed to support the sub-categories. The main categories that were identified in the study will be discussed in detail in chapter 3.

2.8 CONCLUSION

This chapter outlined the research design and methodology as well as the activities surrounding the focus group interviews. The population, the sample and the analysis of the data were also described. The data collected from the focus group interviews focused on the perceptions of pupil-enrolled nurses with regard to the integration of theory into practice. In the next chapter both the results of the study and the literature control will be discussed.

CHAPTER 3

DISCUSSION OF THE RESULTS AND THE LITERATURE CONTROL

3.1 INTRODUCTION

The previous chapter discussed the research design and the methodology adopted in the study. This chapter discusses both the results and the literature control. The discussion will be based on the purpose of the study which was to explore and to describe the perceptions of pupil-enrolled nurses with regard to the integration of theory into practice. The aim of the literature control was to support the data collected during the focus group interviews.

The data were not analysed until all the focus groups discussions had been completed, that is, when there were no more new themes being reported and information redundancy had been attained. The written data were read repeatedly by the researcher and key phrases identified. In addition, the perceptions expressed by the participants were noted and grouped into categories, subcategories and themes in order to form a story (Creswell 2005:156). In view of the fact that errors may occur, the audio taped data was transcribed verbatim. It is also extremely important that researchers check the accuracy of transcribed data. This may be accomplished by listening to the taped interviews (Polit & Beck 2009:465).

3.2 OPERATIONALISING THE FIELD OF RESEARCH

Three focus group interviews were conducted with pupil-enrolled nurses in the specific nursing school. Each focus group consisted of ten participants who had been purposefully selected from the nursing school. Purposive sampling was used to ensure that participants who met the criteria for selection were, indeed, selected. The demographic characteristics of the participants are discussed below.

The sample in the study comprised 30 participants. All the participants were second-year pupils enrolled nurses. There were no problems encountered during the pilot study.

3.2.1 Participant discussion

The study sample consisted of thirty participants who did not form part of the pilot study. The majority of participants, that is, 29 were female, with one male participant only. Five of the thirty participants were in the young age group ranging from 18 to 25 years old, while ten were young adults in the age group ranging from 25 to 30. A further ten participants were adults in the 30 to 40 age bracket with the remaining five being aged 40 and above.

The demographics of the study participants may have had an impact on the problems that they mentioned during the study. Most of the participants were adults who were experiencing both family and financial problems as most of them were breadwinners. Adult learners have their own unique problems and are, thus, in need of special attention and support. Rose and Best (2005:435) are of the opinion that an additional factor that should be borne in mind is the age of the learner because this contributes to the learning process. It is essential that teachers take into account the type of learning environment and the age of the learner if there are to be effective learning outcomes. In other words, teachers should take into account, *inter alia*, the development of acceptable learning approaches and an assessment of both the needs and the learning styles of the learners.

In this study the participants responded spontaneously which proved that the research questions was clear and that the participants were able to understand them. Saturation of data was attained at the point at which some of the factors were repeated in the three focus group interviews and no new factors mentioned.

The researcher applied communication and interpersonal skills, such as probing, clarification, listening and reflection, in order to obtain sufficient data from the participants.

3.3 THE PROCESS OF DATA ANALYSIS

According to Creswell (2003:190), "data analysis involves making sense, getting a deeper meaning and interpreting the meaning of data". In qualitative research, data analysis is seen as the "process of bringing order, structure and meaning to the data collected" (De Vos *et al.* 2002:339). Miles and Huberman (1994:10) define analysis as consisting of three concurrent flows of activity, namely, data reduction, data display and conclusion drawing. Data reduction refers to the process of selecting, simplifying and transforming the data that appears in the original documents. Data display comprises the second major analysis activity. As with data reduction, the creation and use of displays are not separate from analysis but, rather, form part of it. Conclusion drawing and verification comprise the third activity in the data analysis process. Miles and Huberman (1994:10). The researcher commenced with the data analysis with the assistance of an independent co-coder. The researcher read through the verbatim transcripts and started underlining words and phrases contained in the participants' responses to the research questions. The main categories for the study were identified and sub-categories developed within the framework of these main categories as the analysis proceeded.

Unmarked copies of the transcripts, as well as the field notes, were given to the co-coder. An agreement was reached between the researcher and the independent co-coder regarding the findings and the method of data analysis. Both the researcher and the co-coder agreed on the categories, subcategories and themes identified in the transcripts. Comprehensive themes were developed to support the

subcategories. A summary of the categories, subcategories and themes are presented in table 3.1 below.

Table 3.1: Framework of data analysis

CATEGORIES	SUBCATEGORIES	THEMES
<p>1. Evidence of cognitive/psychomotor and affective development</p>	<p>1.1 Lecturer–pupil nurse encounter</p>	<ul style="list-style-type: none"> • Knowledge of study content • Theory provides the rationale for practical skills • Passive versus active learning • A positive attitude on the part of the students is vital in the learning process • Knowledge of basic sciences enables learning in the wards
<p>2. Professional preparation</p>	<p>2.1 Theory and practice</p>	<ul style="list-style-type: none"> • Professional preparedness • Working with a multidisciplinary team • Problem solving skills
<p>3. Obstacles to theory–practice integration</p>	<p>3.1 Encounters between clinical nurse practitioners and pupil nurses</p>	<ul style="list-style-type: none"> • Worker versus learner status • Attitudes of ward sisters towards pupil nurses • Competency of ward sisters in determining the integration of theory into practice • No learning guidelines provided in the wards • Obstacles encountered by pupils in the wards

<p>4. Management issues in the nursing school</p>	<p>4.1 Factors involving nurse lecturers</p> <p>4.2 Nursing school management factors</p> <p>4.3 Pupil-nurse factors</p>	<ul style="list-style-type: none"> • The use of unqualified lecturers • Poor attitude on the part of nurse lecturers towards pupil nurses • More of theory teaching and no teaching of practical skills • Shortage of lecturers • Badly equipped skills laboratory • Poor managerial structure • Emotional factors • Poor conceptualisation and application of theoretical knowledge on the part of pupil nurses
<p>5. Solutions to problems in respect of the integration between theory and practice</p>	<p>5.1 Suggestions/solutions offered by pupil-enrolled nurses</p>	<ul style="list-style-type: none"> • Need for the proper practical orientation of pupil-enrolled nurses in the clinical practice area • Need for constant clinical accompaniment of pupil-enrolled nurses • Need for student feedback • Need for communication channels between school and hospital • Need for recognition of the status of students in the wards

3.4 DISCUSSION OF BOTH THE RESULTS AND THE LITERATURE CONTROL

Data from the focus group interviews and field notes were grouped into five main categories:

- Evidence of cognitive/psychomotor and affective development
- Professional preparation
- Obstacles to theory–practice integration
- Management issues in the nursing school
- Solutions to the problems relating to the integration of theory into practice

These five main categories were further divided into subcategories. Themes were then identified and developed in order to substantiate each subcategory. Refer to Table 3.1 for the presentation of the main categories, subcategories and themes.

1. Category 1: Evidence of cognitive/psychomotor and affective development

Evidence of cognitive/psychomotor and affective development emerged as the first category. The following subcategory was identified in this category, namely, lecturer–pupil nurse encounters.

1.1 Subcategory 1: Lecturer-pupil nurse encounters.

The following themes emerged from this category and will be discussed below: knowledge of study content, theory provides the rationale for practical skills, passive versus active learning, a positive attitude on the part of students is vital in the learning process and knowledge of basic sciences enables learning in the wards.

- **Knowledge of study content**

The participants indicated that the theory does equip them with knowledge of the necessary study content. This was expressed in the following quotations:

"As a first year pupil nurse you don't know anything about nursing and theory gives you all the information."

"We are taught medications and their side effects in preparation for practice."

"They teach us basics in class so that when you get to the wards you know what is going on."

"Theory is important because it teaches us about the human body and things like that."

- **Theory provides the rationale for practical skills**

The participants indicated that the theory they are taught in class provides them with the rationale for practical skills. This emerged from the following quotations:

"Theory teaches us normal values like vital signs before we go to the ward."

"Theory prepares us to be ready to perform procedures in the wards."

"Theory prepares us to be good nurses."

"Theory is important because we cannot do anything on the patient without receiving theory first, for example, how to wash your hands before you touch a patient."

- **Passive versus active learning**

According to the participants learning in class and learning in the wards are very different – see the following statements:

"In the wards it is different; it is your responsibility to ask when you don't understand."

"In class we are spoonfed, in the wards you have to learn on your own."

"It is tough – we are not used to the environment of seeing sick and dying people but it gets better with time."

"In the wards you experience things you have never seen before, a patient died and I did not know how to lay him. For two days it was like I was walking with that patient. Now I am used to it."

- **A positive attitude on the part of students is vital in the learning process**

A positive attitude is vital if a pupil nurse is to be capable of integrating theory into practice. This became evident in statements such as:

"Staff in the private hospitals are under pressure, they are there to work and satisfy clients, as a student you must ask questions when you don't understand, don't go there with a negative attitude."

"The tutor from our school comes only once a week to the wards, so you have to be positive so that the sisters in the wards can support and teach you."

"Most students think that in the hospital it is like in class where they will sit down with you the whole day and explain things; there is no time in the hospital because a patient might be dying so the sisters are always busy."

- **Knowledge of basic sciences enables learning in the wards**

The participants verbalised the fact that the knowledge they receive in the classroom is vital if they are to integrate theory into practice. This emerged from statements such as the following:

"Knowledge of anatomy and physiology is important before one goes to the wards."

"You have to know pharmacology before you can give medicines to patients."

"It is important for us to come here and learn before we go to the wards; otherwise they may as well go from house to house and make people nurses."

Literature control: Lecturer–pupil nurse encounters

The participants in the study emphasised the importance of the theory they receive in class in their learning process. This theory, together with a good relationship with the lecturers and a positive attitude in respect of the clinical area, will enhance the integration of theory into practice. The views expressed by the participants in this study are supported by the literature review as discussed below.

Nurse educators have an important role to play in strengthening the nursing workforce as they are role models and they provide the

leadership that is needed to implement the integration of theory into practice. Furthermore, it is essential that these nurse educators encourage individuals to enter and not to leave the profession (Sian & Maslin-Prothero 2005:652).

Rew (2003:3) asserts that it is vital that students receive nurturing from nurse educators so that they are able to develop into caring, holistic practitioners. It is a known fact that learning is a continuous process that is shaped by a variety of environmental factors. One of the factors that shape students' learning is the kind of relationship they develop with their lecturers.

In other words, a good relationship between the lecturer and pupil nurse is important to that student's learning. This statement is supported by Mkhwanazi (2007:3) maintaining that students often feel abandoned when they go to the hospitals but that, if the nurse lecturer is present, he/she may help to clarify what the students are required to do. The nurse lecturer is also able to explain to the nursing staff something about the expectations of the students. The nurse lecturer may act as an advocate because students find it easy to turn to their lecturer when facing problems, even personal problems. Accordingly, the relationship between students and nurse teachers is extremely important in the students' learning.

In a study conducted by Salminen, Melender and Kilpi (2009:1), it was found that student nurse teachers rated themselves highly in their relationships with students. This study, thus, confirmed earlier studies that had proved the importance of student lecturer relationships. Salminen *et al.* (2009:1) further state that "a good relationship with students was characterised by: confidence in and respect for students, realistic in expectations of students, honest and

direct with students, encourages students to ask questions or ask for help and permits freedom of discussion or venting of feelings". Comparisons with earlier research conducted by Salminen *et al.* (2009:1) confirm that the relationship between students and nurse teachers is vitally important.

2. Category 2: Professional preparation

Professional preparation was the second category that was formulated with the subcategory of theory and practice emerging from this second main category.

2.1 Subcategory 1: Theory and practice

The following themes emerged from this subcategory: professional preparedness, working with a multidisciplinary team, and problem-solving skills.

- **Professional preparedness**

According to the participants the theory they receive in class prepares them professionally. This emerged from the following statements:

"Theory is important not only in practice – some of the things we learn can also be applied at home. Although we don't do things the way we are taught in class because there is no time."

"Theory teaches us to be cautious, for example, when handling blood products we must wear gloves, the things we are taught are relevant."

- **Working with a multidisciplinary team**

The participants felt that the theory they are taught in class prepares them to be able to work with other members of a multidisciplinary team. This was expressed as follows:

"We learn to work with different members of the multi disciplinary team, like doctors."

"In theory we are even taught communication skills, like how to communicate with patients, relatives and other staff members."

- **Problem-solving skills**

According to the participants theory also develops their problem-solving skills. This became evident in the following statements:

"The theory does not only focus on diseases, we are taught how to even solve social problems."

"Practicals make us clever; when the sister is busy, I can apply my knowledge and help the patient."

Literature control: Theory and practice

The participants in the study emphasised the fact that the theory that they are taught in class prepares them for practice placement. The findings in the study are similar to the findings of a study conducted by Morgan (2006:155) who states that the preparation of nursing students for their first practice placement is important because it may happen that the theory may overload them. Morgan (2006:155) goes on to state that it is not always true that students find it difficult to integrate theory into practice. Furthermore, Morgan identifies the fact that nursing students, even during their first placement, are capable

of linking theory and practice. This is contrary to the findings of other studies, including the findings of this study.

Gillespie and McFetridge (2006:643) assert that many students experience difficulty in integrating the information given in the classroom setting with what happens in the practical environment. These authors further highlight the fact that the teaching of nursing is, in fact, the teaching of caring and that caring is central to effective nursing practice. In view of this fact it is essential that nurses should strive to be good nurses and not mini doctors. Nursing remains a practice-based profession and it is, thus, important that curriculum development embrace a partnership between theory and practice and that this partnership aims to prepare nurses for work in the dynamic and changing environment of the 21st century.

The gap between theory and practice has been a long-standing problem in nursing education. Newly qualified nurses emerge from their courses with a consistently high set of professional nursing ideals which are then largely lost in practice (Maben, Latter & Clark 2006:465). Most of these nurses will have been exposed to both professional and organisational sabotage which would have left them with little support and few good role models. Many student nurses experience high levels of stress as a result of the conflict between theory and practice. Accordingly, it is vital that the impact on individual nurses who are attempting to implement in practice the ideals and theory that they have been taught not be ignored. Maben *et al.* (2006:465) are of the opinion that newly qualified nurses lack control, have low self-confidence and, furthermore, that they feel caught between focusing on their own needs and the needs of their patients. In other words, they find their entry into the nursing profession to be extremely difficult.

3. Category 3: Obstacles to theory–practice integration

Obstacles to theory–practice integration were the third category that was identified with the following subcategory emerging from this main category: encounters between the clinical nurse practitioner and the pupil nurse.

3.1 Subcategory 1: Encounters between the clinical nurse practitioner and the pupil nurse

Five themes emerged in this subcategory, namely, worker versus learner status, the attitude of ward sisters towards pupil nurses, competency on the part of the of ward sisters in determining the integration of theory into practice, no learning guidelines provided in the wards and obstacles encountered by pupil nurses in the wards.

- **Worker versus learner status**

The participants in the study indicated that, in the wards, they were treated like workers and not like students; staff members in the wards were inclined to use them to make up for their own deficiencies. This is evidenced in the following statements:

"Most of the time we are there to cover their staffing shortages, we do not learn."

"Sometimes we are used as porters, pushing patients around the whole day."

- **The attitude of ward sisters towards pupil nurses**

The participants were of the opinion that the ward sisters' attitudes towards them left much to be desired. This emerged from quotes such as:

"It seems like the ward sisters are jealous, they do not want us to learn, sometimes when you ask a question they will not answer you."

"The permanent staff does not like students, especially the white sisters."

"The sisters like it when we are in trouble."

"Sometimes the sister will degrade you in front of the patient by repeating a procedure you have done."

"The hospital is a place where a student should enjoy nursing but the sisters make life difficult for students, they are rude and they make you miserable."

- **Competency on the part of ward sisters in determining the integration of theory into practice**

According to the participants some of the ward sisters were not sufficiently competent to guide them as students. This is expressed in statements such as the following:

"Sometimes you can see that the sister is teaching you wrong things but you can't say anything."

"The sisters are rude and it's like they don't know the learning outcomes of a second-year student."

"The sisters are unfriendly and rude and sometimes it is because they themselves do not know the correct procedures because they have done them wrong for a long time."

- **No learning guidelines provided in the wards**

The participants indicated that they were not provided with guidelines in the wards. This emerged from the following quotes:

"In the wards there is no programme of what the students are coming to learn."

"There is no guidance, sometimes we can't even hear what the doctors say and can't read their handwriting."

"Sometimes the sisters ask you to do something and when you tell them you don't know how to do it they become irritated and just do it themselves."

- **Obstacles encountered by pupils in the wards**

According to the participants they encounter problems in the wards. This became evident in statements such as:

"The sisters are quick to report us to the school yet they don't teach us the procedures."

"They put a lot of responsibility on us and when medico legal hazards happen they blame us."

"The sister instructs you to put in a catheter but no one has shown you how it is done."

Literature control: Encounters between clinical nurse practitioners and pupil nurses

According to Newton, Billet and Ockerby (2009:630) pupil nurses may leave clinical experiences questioning their choice of a career in nursing, when they are made to feel unwelcome in the clinical area.

The interactions that pupils have with the more experienced staff and the opportunities offered to students are central in developing their nursing competence. These pupils need to be nurtured and supported in the development of their professional role.

The participants in the study expressed the fact that they experienced stress as a result of the treatment they received from the clinical staff members. In addition, the participants felt that they did not receive support during their clinical placements, but that there was also nobody to whom they were able to voice their complaints. The findings of this study are supported by the findings of a study conducted by Chant, Jenkinson, Randle and Russel (2002:12), in which it was found that the ward sister was perceived as the individual who was in charge of the occupational socialisation of students in terms of which they were taught the unwritten rules of the clinical setting. These unwritten rules included the notion that students should appear to look busy at all times. The students, thus, adopted these rules in order to fit into the culture of the clinical setting.

Cassamjee and Bhengu (2006:47) assert that, in view of the fact that the ward sister is always present in the ward, students perceive him/her as the ideal role model in terms of clinical supervision. Nevertheless, these students were also very aware of the fact that ward sisters are extremely busy and do not have the time for clinical supervision. The participants in this study also expressed the opinion that the sisters in the wards were too busy to attend to their clinical supervision but this did not mean that they condoned the treatment they received from the ward sisters.

In a study conducted by Timmins and Kaliszer (2002:203), student nurses reported that their relationships with the clinical staff were causing them stress. The suffering and deaths among patients also had an impact on the emotions of students. These authors (2002:203) further stated that the high degree of stress reported as a result of their relationships with staff in the wards affected the students' overall perception of the clinical area.

4. Category 4: Management issues in the nursing school

The fourth category which emerged comprised management issues in the nursing school. The following subcategories were identified: nurse lecturer factors, nursing school management factors, and pupil nurse factors.

4.1 Subcategory 1: Nurse lecturer factors

The following themes emerged from this subcategory: the use of unqualified lecturers, a surfeit of theory teaching and no teaching of practical skills, poor attitudes on the part of nurse lecturers towards pupil nurses and a shortage of lecturers.

- **The use of unqualified lecturers**

Most participants were of the opinion that the use of unqualified lecturers constituted an obstacle in their integration of theory into practice. This was expressed in statements such as:

"Some of the lecturers are just like us, they know nothing, and some of them have just passed the bridging course.

"

"Some lecturers don't have teaching skills."

"We are told to prepare for the next chapter when we did not understand the previous chapter."

"When you tell the lecturers that you do not understand they tell you to go and read in your textbook; they do not make an effort to explain to you."

"Sometimes the lecturers themselves do not understand the work; they tell you that you must study on your own because this is OBE."

- **Poor attitudes on the part of nurse lecturers towards pupil nurses**

The participants were of the opinion that the attitude of the lecturers towards them left much to be desired and that this also constituted an obstacle to their ability to integrate theory into practice. This is evidenced in quotes such as:

"The lecturers always tell us that they are doing us a favour, we are scared to complain."

"We are supposed to go to the simulation laboratory but are told there's no time."

"They prepare notes for us but they cannot explain them – when you ask a question they tell you that I am not your walking dictionary."

A surfeit of theory teaching and no teaching of practical skills

The participants appeared to feel that they received considerable theory teaching but no teaching of practical skills and this was perceived as an obstacle in terms of their integration of theory into practice. This emerged from statements such as the following:

"They just give us theory ... they don't demonstrate procedures to us."

"The tutors tell us to go to the simulation laboratory to practise procedures but they don't come along to show us."

"We do not have time to go to the simulation lab."

Literature control: Nurse lecturer factors

The participants in the study stated that one of the obstacles they experienced in terms of the integration of theory into practice was the fact that they were being taught by inexperienced and under-qualified tutors. They also complained that some of their lecturers were merely general nurses who had just qualified. In other words, these lecturers were themselves novices in the nursing profession and were sometimes were not able to clarify the content in class. These findings are similar to the findings of a study conducted by Last and Fullbrook (2003:449), in terms of which it was found that most of the nurse lecturers had not studied to degree level and that there were instances in which the students felt that their nurse lecturers were not sufficiently knowledgeable. These nurse lecturers often did not understand either the nursing curriculum or the academic levels to which the students aspired.

Individuals have different views and opinions about clinical credibility and the role of the nurse lecturer. However, it is generally acknowledged that, as teachers of nursing, it is essential that these lecturers keep abreast of developments both from a practical and a theoretical, perspective to enable them to support learners in terms of both theory and practice. Accordingly, individual nurse lecturers need to bear in mind their own levels of knowledge and skills and

negotiate the development of a practice-based component within their roles so as to enhance the integration of theory into practice. Furthermore, managers and supervisors in nursing schools should both recognise the requirement for further education in nursing education and support individuals in achieving their desired outcomes (Fisher 2005:21).

According to Williamson and Webb (2001:284), teaching skills, effective communication and good interpersonal skills are all requirements for a satisfactory lecturer. Furthermore, mastery in terms of education and the practical setting, as well as good qualifications and experience would mean that the students would be able to have confidence in their lecturers.

In a study conducted by Salminen *et al.* (2009:1), new nurse lecturers were reported as being inadequately prepared in the skills, strategies and practice of lecturing. Accordingly, it was concluded that these lecturers needed better preparation in order to teach.

4.2 Subcategory 2: Nursing school management factors

The following themes emerged from this subcategory: shortage of lecturers, badly equipped skills laboratories and poor managerial structure.

- **Shortage of lecturers**

The participants in the study viewed the shortage of lecturers as another obstacle which they were forced to confront in integrating theory into practice. This viewpoint was borne out by statements such as:

"Lecturers are overloaded with work. When we go to the wards our lecturer is being given another class to teach so she can't accompany us in the wards."

"The school must hire more experienced tutors."

- **Badly equipped skills laboratory**

The participants felt that the simulation laboratories were badly equipped and that this, too, was an obstacle in their attempts to integrate theory into practice. This emerged from the following statements:

"There is no equipment in the simulation laboratory for us to practise but we pay expensive school fees."

"We are shown how to give injections on an orange but when you get to the real person it is totally different – the simulation laboratory does not have the relevant equipment."

"We are also shown how to do an ECG on a skeleton and when you get to the real person it is difficult to do it."

- **Poor managerial structure**

According to the participants, the management structure of the nursing school is poor and this, in turn, also constitutes an obstacle in terms of their learning, particularly when they are expected to integrate theory into practice. This statement is supported by expressions such as:

"We don't even have a structure where we can report poor teaching"

"We complain but nothing is being done"

"Sometimes you feel like it's a waste of time to complain ... we are victimised"

Literature control: Nursing school management factors

It is important that there is cooperation between the clinical practice service and the nursing school so as to facilitate the establishment of an optimal learning environment for the students. Furthermore, collaboration between teachers and ward sisters is essential in order to ensure appropriate learning experiences for students according to their individual needs. It is the responsibility of the nursing school to provide a suitable clinical learning environment at the correct time so as to enable the integration of theory into practice (Papp, Markkanen & Bondsdorff 2003:262).

The clinical environment is a constantly changing and, sometimes, unpredictable environment which makes it difficult to plan an optimal clinical learning environment for students. It is important to consider carefully where the students experience their clinical practice and at what point of their studies they should be exposed to clinical practice (Papp *et al.* 2003:262). This finding was further emphasised by the participants in this study who complained that they had sometimes been placed in old age homes in which they had not really learnt anything valuable or been able to meet their objectives.

Morgan (2006:155) maintains that the use of clinical skills laboratories for teaching purposes in certain nursing schools results in an improvement in the clinical skills of the nursing students from those nursing schools during practice placements. Morgan (2006:155) goes on to state that clinical skills laboratories allow student nurses more time to practise psychomotor, communication

and interpersonal skills. This, in turn, may help these students to increase their confidence and, in the long term, assist them to bridge the gap between theory and practice. Accordingly, it is important for nursing schools to provide pupils with skills laboratories that are adequately equipped. Furthermore, nurse educators should encourage students to hone their nursing skills in these skills laboratories prior to the initial period of clinical practice (Sheu, Lin & Hwang 2002:165).

Last and Fulbrook (2003:449) conducted a study into the high drop-out rate among nursing students. Globally, the drop-out of student nurses is perceived as a major problem as many of these nurses never become registered nurses. Among their other concerns the students in Last and Fulbrook study included concerns about the large number of students enrolled at nursing schools.

It was generally felt that the number of students compromised the learning experience. For example, large lecture groups inhibited participation, limited the availability of textbooks and placement opportunities and resulted in a loss of individuality. The participants in the study conducted by Last and Fulbrook (2003:449) also expressed concern that they received no support from management and that they did not have a forum in terms of which they could voice their complaints. Most of these concerns were also raised by the pupil nurses in this study.

In addition, Last and Fulbrook (2003:449) also found that communication between the university and the clinical placement areas was an issue, with each not knowing what was happening in the other. The fact that the tutors and clinical staff were situated in different geographical locations and that the students were commuting between the two institutions also caused communication

problems, which were not conducive to free-flowing communication and made relationships difficult.

The participants in this study were also experiencing similar problems with no proper channels of communication between the clinical practice and the nursing school. For example, the clinical practice was not aware of the objectives of the pupils and, as a result, the pupils were assigned tasks that were below their scope of practice

4.3 Subcategory 3: Pupil-nurse factors

The following two themes emerged from this subcategory: emotional factors and poor conceptualisation and application of theoretical knowledge on the part of the pupil nurses.

- **Emotional factors**

The participants were of the opinion that emotional factors also constituted obstacles for them when they were expected to integrate theory into practice. This became evident in the following statements:

"In the private hospitals we fear to touch things because they tell us if we break them we have to pay for them."

"We feel repressed and discriminated against ... they treat us really badly but they are polite with their students."

"They give preferential treatment to their own students – students from the colleges affiliated to the hospital; we do first-year work whilst they do second-year work."

- **Poor conceptualisation and application of theoretical knowledge on the part of the pupil nurses**

According to the participants they are not able to conceptualise and to apply theoretical knowledge. This viewpoint is confirmed by statements such as:

"We will be graduating in two months time ... but I can't even put in a catheter in a patient."

"We will be staff nurses without knowledge of practice ... we can't correlate what we learnt in theory to practice because we are not given time to do so."

"We know nothing ... sometimes you feel like quitting."

Literature control: Pupil-nurse factors

In their study, Evans and Kelly (2004:473) found that the academic workload, examinations and assignments constitute sources of stress for student nurses. In addition, some students have financial pressures, as there is now a financial commitment in undertaking nurse training. Furthermore, clinical stress was perceived as prevalent among student nurses, especially in view of the fact that that they were bearing excessive responsibility. According to Evans and Kelly (2004:473), the predominant clinical factors that cause stress include the following:

- Conflict between theory and the clinical setting
- An unfriendly atmosphere on the ward or bad attitudes on the part of senior staff
- Being reprimanded in front of patients and other staff members

Measures which may ease the stress caused by the theory–practice gap include:

- Adequate period of clinical placement as required by the Nursing Council
- Appropriate sequencing of theory with clinical placement
- Effective liaison and partnership between the nursing school and the placement
- Protected reflective time for each student
- Expansion of the role of the clinical placement coordinators to include formal teaching within both the clinical and the classroom environment (Evans & Kelly 2004:473)

In a study conducted by Chesser-Smyth (2005:320), it was concluded that a warm, receptive welcome from the clinical staff on the first day of placement had a positive effect on the students' sense of wellbeing and self-esteem. In addition, mutual respect and positive regard increased the students' confidence and enhanced the integration of theory and practice. Chesser-Smyth (2005:320) is also of the opinion that the early acquisition of fundamental clinical skills is essential in order to ensure that the pupil nurses are adequately prepared for their first clinical placements. When the students became actively involved in the clinical workload, as well as in the learning of new skills, their level of confidence increased while their anxiety levels were reduced.

In a study conducted by Last and Fulbrook (2003:450), it was found that, as a result of their tutors not supporting them, other professionals ignoring them and unsuitable learning environments, the students felt that they were not being valued. Indeed, some qualified nurses admitted that, since nurse education had moved to universities, they no longer felt any sense of ownership towards the students nor did they feel that that it was their duty or responsibility to invest their time and energy in the students.

Approximately 70% of the participants in this study on integration of theory into practice were adults who had family responsibilities, while some of the participants were breadwinners. This meant that they spent a considerable amount of time stressing about finances because they had to pay high fees for their studies. Consequently, the fear of failing and having to repeat the year was a major source of stress.

Lastly, the age of the learner is another factor that should be borne in mind because it also plays a role in learning. It is, thus, essential that teachers take into account the type of learning environment they are creating as well as the age of the learner if they are to produce effective learning outcomes. The curriculum should include the development of acceptable learning approaches and an assessment of both the learner's needs and learning styles. (Rose & Best 2005:435).

5. Category 5: Solutions to problems in respect of the correlation between theory and practice

The fifth category that was formulated involves solutions to the correlation problems. The following subcategory was identified: Suggestions/solutions offered by pupil-enrolled nurses

5.1 Subcategory 1: Suggestions/solutions offered by pupil-enrolled nurses:

The following themes were identified in this subcategory:

- The need for the proper orientation of pupil nurses in the wards
- The need for constant clinical accompaniment
- The need for student feedback
- The need for communication channels between school and hospital

- The need for the recognition of the status of students in the wards
- The need for the proper orientation of pupil nurses in the wards

Most of the participants felt that proper orientation in the wards was important in respect of the integration of theory into practice. This emerged from statements such as:

"The students' orientation should take more than one day."

"It is important that we must get proper orientation."

- **The need for constant clinical accompaniment**

According to the participants there was a need for them to be constantly accompanied in the clinical area in order to facilitate the theory–practice integration. This was expressed by quotes such as:

"The school must make sure that we have tutors who will be with us all the time in the wards because the sisters are always busy."

"The tutor who comes to see us spends only ten minute with us, which is not enough – we need more tutors to come to the clinical area."

"Our lecturers are careless – they only come to the ward when they want to evaluate us."

- **The need for student feedback**

The participants also felt that they needed regular feedback sessions with the sisters in their wards in order to discuss problems they might

have encountered in practice. This emerged from the following statements:

"Every month the students must sit down with the sisters and talk about their problems in practice."

"We spend the whole month in one ward but we become more confused than learn anything."

- **The need for communication channels between the school and the hospital**

According to the participants there is a need for better communication between the school and the hospitals. This was expressed by quotes such as:

"There is definitely a lack of proper communication between our lecturers and the sisters in the wards."

"Our tutors and ward sisters must communicate about our learning."

"The lecturers tell us that the sisters will be our mentors but sometimes we depend on the senior staff nurses to learn and they are busy and they don't have time for us."

- **The need for the recognition of the status of students in the wards**

The participants also felt that their status as students should be recognised in the wards. This was evidenced in statements such as:

"The hospital staff must know that we are there to learn, not to work."

"The time that they make us start work is not right, we need time to study and we should not work weekends."

Literature control: Suggestions/solutions offered by pupil nurses

The findings in a study conducted by Percy and Draper (2008:595) revealed that the students became surprised and disillusioned when their expectations of nursing work did not match reality. These students were of the opinion that listening to their suggestions may result in accurate insights into the clinical aspect of nursing. Furthermore, these students raised concerns about issues such as excessive paperwork, routine and less time spent with patients than they had thought would be the case. In other words, the students in the study conducted by Percy and Draper (2008:595) offered the same suggestions as offered by the students in this study, namely, that they should be given sufficient time with the patients to enable them to integrate theory into practice.

The students in this study also indicated that regular, scheduled visits from their lecturers were important to their learning, otherwise they experienced uncertainty about the learning experience. Furthermore, these students, like the participants in the latter study of Begley (2006:375), expressed concern that they did not receive enough feedback from their lecturers to provide any certainty that they were meeting their course objectives and that their performance was satisfactory. Accordingly, it is obvious that regular feedback from lecturers is important in assisting pupils to reflect on their performance (Sedgwick & Yonge 2009:1). The participants in this study suggested that the nursing school should have a programme of scheduled visits by lecturers and that the lecturers should ensure that they keep to this schedule.

Begley (2006:375) states that students who had been placed in the wards after two weeks of theory complained that two weeks was insufficient to enable them to fulfil their working role. Their lack of knowledge and experience meant that they felt that they were not able to contribute to the workload of the clinical area. In other words, these students felt unprepared for the wards. However, they also felt that the theory was vastly different from practice and that more theory would not have been useful.

The participants in this study complained that, during their clinical practice, they were expected to perform non-nursing duties such as wheeling patients to theatre or acting as messengers and that, in the process, they were not learning anything valuable. Furthermore, these participants complained that this happened because there was no structure nor were there guidelines in terms of what was expected of them in the clinical area. These findings are further affirmed by a study conducted by Elbas *et al.* (2010:2162), who assert that the students in their study were confronted with real cases during the clinical placement in respect of their new roles as nurses. If placements are not well structured they will not help to bridge the gap between theory and practice. In addition, Elbas *et al.* (2010:2162) maintain that the students spent most of their time carrying out routine tasks and that this in no way contributed to the development of their clinical skills.

3.5 FIELD NOTES

De Vos *et al.* (2002:298) define field notes as “a written account of what the researcher observes experiences and thinks during the interviews”. These field notes assist the researcher to obtain information on, for example, the preferences, interests, attitudes and experiences of the participants – information which may be of

importance to the study. In this study, the field notes taken included empirical observational and interpersonal notes.

During the interview sessions the researcher facilitated and made observations with the assistance of the research assistant. The responses of the participants were written down verbatim by the research assistant while a tape recorder was also used. Immediately after each session both facilitators made notes on their personal experiences and observations, including notes on the participants' comments and responses.

After conducting the interviews and collecting the observational notes, both the researcher and the research assistant ensured that there was sufficient time for them to answer any questions from the participants regarding the integration of theory into practice. Mayan (2001:14) maintains that, without field notes, there is always the possibility that the data collected may be lost and, without the data, it would not be possible to proceed with the analysis. Accordingly, it is imperative that researchers develop skills in making detailed mental notes that may be written up at a later stage and reflected upon (Polit & Beck 2009:354). The field notes in this study were submitted to the independent coder and it was agreed between the researcher and independent co-coder that they be included in the discussion of the results.

Below are the field notes that were made during and immediately after the three focus group interview sessions:

3.5.1 Observational notes

Neuman (2003:384) maintains that observational notes comprise a description of both the events and the personal experiences of the facilitator of the sessions and that they include any non-verbal clues that may have been observed during the sessions. In other words,

these notes contain the what, how and who of a situation, but with as little interpretation as possible.

At first the participants appeared to be holding back but, as soon as they relaxed, they showed both an interest and a willingness to participate. A relaxed and informal atmosphere allowed the participants the opportunity to talk about their perceptions in respect of the integration of theory into practice. The participants did not seem to feel at all threatened, but were relaxed and showed excitement about their participation in the study.

3.5.2 Theoretical/inferential notes

“Theoretical notes document the researchers’ thoughts about how to make sense of what is going on; they are the researcher’s efforts to attach meaning to observational notes and form part of the data analysis” (Polit & Beck 2006:383). In this study the researcher recorded observational notes and then interpreted these notes. The non-verbal actions and responses on the part of the participants assisted the researcher to ascribe meaning to what had been said during her analysis of the focus group interviews.

3.5.3 Methodological notes

Methodological notes are “reflections about strategies and methods that one will use during observation” (Polit & Beck, 2006:383). The researcher visited the nursing school prior to the data collection to confirm the appointment and to acquaint herself with the principal, tutor and prospective participants. The researcher arranged the interview appointments with the assistance of the tutor. On the day of the interviews the participants were re-orientated as regards both the topic and the purpose of the research and their informed consent was obtained. The researcher kept a list of important notes to remind her of the things she had to do during the interview, for example, to

remember to inform the participants at the end of the interview that they might be called for clarity on the information given.

3.5.4 Personal notes

Personal notes refer to comments about the researcher's reactions and experiences during the interview sessions. They are a source of data about reactions. Personal notes help the researcher to instruct and critique him/herself and his/her tactics and deal with approaches taken to the interview. The researcher is then able to deal with the process more effectively by improving some steps (Polit & Beck, 2009:354).

In this study, the personal notes were analytical and were recorded immediately after each interview session. These personal notes helped with the interpretation of the observational notes.

During the first session, the researcher was slightly nervous but this improved during as the session proceeded and the following sessions ran smoothly. The researcher had made notes on listening skills which assisted her in managing the group more effectively. The researcher's reactions of "ooh" and "how" showed that she was listening to what was being said and this encouraged the participants to talk. Probing questions were asked in order to gain clarity.

It was essential that the researcher ensure that all the notes taken were accurate so as to obviate the necessity of having to organise further sessions. It would have been difficult to choose a convenient time as the participants were about to go to the different hospitals for their practicals.

3.6 CONCLUSION

In this chapter the main findings that emerged from the focus group interviews were outlined. The chapter also contained the data from

the three focus group interviews which were presented in the following five main categories: evidence of cognitive/psychomotor and affective development, professional preparation, obstacles to theory practice integration, management issues in the nursing school and solutions to the problem of theory practice integration. The chapter also presented the literature control in respect of the subcategories and themes that had been identified.

The following chapter concludes the study by discussing the findings, limitations, implications and recommendations of the study.

Chapter 4

CONCLUSIONS, IMPLICATIONS, RECOMMENDATIONS AND LIMITATIONS OF THE STUDY

4.1 INTRODUCTION

The results of the study and the literature control were presented in the previous chapter. The categories and subcategories in respect of the perceptions of pupil-enrolled nurses with regard to integration of theory into practice were identified. The themes relating to each subcategory were discussed and compared with findings in literature. In this chapter, the conclusions, implications, recommendations and limitations of the study are presented. This discussion is guided by the categories and subcategories that were identified in chapter 3.

4.2 CONCLUSIONS OF THE STUDY

The discussion of the research process was guided by the purpose of the study.

4.2.1 Purpose of the study

The purpose of the study was to explore and describe the perceptions of pupil-enrolled nurses with regard to integration of theory into practice. The researcher hoped that this information would then enable the identification of challenges that could then be addressed in order to improve the education and training of pupil-enrolled nurses.

4.2.2 Summary of the categories

Based on the results of the study the following five categories were identified: evidence of cognitive, psychomotor and affective development, professional preparation, obstacles to theory practice integration, management issues in the nursing school and solutions to the problems relating to the integration of theory into practice. The

discussion of the conclusions of the study are guided by these categories and their subcategories.

4.2.2.1 Category 1: Evidence of cognitive psychomotor and affective development

The findings of the study revealed the following perceptions on the part of the pupil-enrolled nurses in respect of their encounters with the nurse lecturers. The following conclusion was drawn:

Subcategory: 1.1: Lecturer–pupil-enrolled nurse encounter

It is evident from the perceptions of the participants that the encounters between the lecturers and the pupil-enrolled nurses play a role in the problem of integrating theory into practice. The participants were clearly of the opinion that the lecturer is important in providing the theoretical knowledge pertaining to the study content. This conclusion is further supported by the findings of a study conducted by Andrew *et al.* (2006:861), in terms of which the participants stated that the lecturer was significant in providing them with a more theoretical perspective of the clinical situation.

This study also found that the participants expected their lecturers to be sufficiently knowledgeable and competent so as to enable the participants both to respect them and to look up to them. Salminen, Melender and Kilpi (2009:1) conducted a study aimed at evaluating the competence of student nurse teachers. They concluded that it is necessary to increase the self-evaluation of nurse teachers during theory teaching practice, as this would also assist the nurse teachers to develop skills in teaching that they would then be able to pass on to the student nurses. Salminen *et al.* (2009:1) assert that there should be more practice in respect of the teaching skills of student nurse teachers during nurse teacher education.

4.2.2.2 Category 2: Professional preparation

The findings of this study revealed that the pupil-enrolled nurses perceived the integration of theory into practice as an important aspect of their training. The following conclusion was drawn:

Subcategory 2.1. Theory and practice

Based on the findings of the study it became evident that the integration of theory into practice remains an important aspect of the training of pupil-enrolled nurses. The pupil-enrolled nurses were of the opinion that the theory that they are taught in class both prepares them professionally and assists them to work with members of the multidisciplinary team. In addition, these pupil-enrolled nurses felt that the theory also helped them to solve other problems in life which were not necessarily related to nursing (Morgan 2006:155).

4.2.2.3 Category 3: Obstacles to theory and practice integration

The findings of this study revealed that negative attitudes on the part of the staff in the clinical area presented a challenge in terms of the education and training of pupil-enrolled nurses. The following subcategory was identified:

Subcategory 3.1: Encounters between clinical nurse practitioners and pupil nurses

Some of the professional nurses in the clinical area were found to be incompetent and rude, as well as prone to degrading the students in front of patients. A lack of support and guidance during clinical placement was also cited as another challenge in terms of which pupil-enrolled nurses were placed in the clinical area without clear guidelines of what they were expected to do. In addition, these pupil-enrolled nurses also claimed that there was no recognition of their status as learners and that they were expected to work as porters or

messengers. Pupil-enrolled nurses from private nursing schools were treated differently to student nurses from public nursing colleges.

Cassamjee and Bhengu (2006:47) assert that nursing students perceive the ward professional nurse to be the ideal role model in respect of clinical supervision as he/she is always present in the clinical area. However, these nursing students were also aware of the fact that professional nurses are busy and do not have sufficient time for clinical supervision. The participants in this study were also of the opinion that, despite the fact that the professional nurses were too busy to attend to their clinical learning needs, it did not excuse the treatment they received from these professional nurses.

4.2.2.4 Category 4: Management issues in the nursing school

The findings of this study revealed that there were certain management challenges in respect of the nursing school that were causing problems with regard to the integration of theory into practice. In addition, the pupil-enrolled nurses also sometimes had emotional problems and stressors with which they had to deal. The following subcategories emerged:

Subcategory 4.1: Nurse lecturer factors

The participants complained that some of the lecturers were merely general nurses who had just qualified themselves. In other words, these lecturers were novices in the nursing profession and were sometimes were not able to clarify the content in class. These findings are similar to those of a study conducted by Last and Fullbrook (2003:449), in which it was found that most of the nurse lecturers had not studied to the level of a degree and that there were instances in which nursing students felt that these nurse lecturers were not sufficiently knowledgeable. In addition, these nurse

lecturers often did not understand the curriculum that the pupil-enrolled nurses were supposed to follow. The participants in the study stated that one of the obstacles they faced in the integration of theory into practice was the fact that they were being taught by inexperienced and under qualified tutors.

Subcategory 4.2: Nursing school management factors

Badly equipped skills laboratories are also a problem, as pupils need skills laboratories in order to practise their psychomotor skills (Morgan 2005:159). Pupil-enrolled nurses were frustrated about the way things were done in the nursing school but they were afraid to raise their concerns in case their training was extended.

Subcategory 4.3: Pupil nurse factors

Evans and Kelly (2004:473) found that their academic workload, examinations and assignments were all sources of stress for student nurses. In addition, some of the nursing students experienced financial stress because of the financial commitment involved in undertaking nurse training. Furthermore, exposure to clinical learning was stressful, particularly among pupil-enrolled nurses who carried considerable responsibility during their clinical practice.

4.2.2.5 Category 5: Solutions to the theory practice integration problems

The findings of the study revealed that pupil-enrolled nurses did have suggestions to offer on ways in which to improve the integration of theory into practice. The following subcategory emerged:

Subcategory 5.1: Suggestions offered by pupil-enrolled nurses

The pupil enrolled nurses were of the opinion that they did not receive proper orientation in the clinical area and that the time they

spent in the various clinical areas was minimal. Furthermore, these pupil-enrolled nurses maintained that it was during orientation that the learning guidelines in terms of what was expected from them should be discussed. They felt that they were being abandoned in the clinical areas and left to survive on their own. Proper orientation would help them to feel more confident and welcome and this would assist with theory–practice integration.

In a study conducted by Chesser-Smyth (2001:320), it was concluded that a warm, receptive welcome from the clinical staff on the first day would have a positive effect on the students' sense of wellbeing and self-esteem. In addition, mutual respect and positive regard increased the students' confidence and, thus, would enhance the integration of theory into practice.

The results of this study reveal that there was minimal clinical accompaniment of pupil-enrolled nurses and that, in some instances, the pupil-enrolled nurses would spend three months in the clinical area without any accompaniment. The pupil-enrolled nurses expressed the feeling that, if they were constantly accompanied, the staff in the clinical area would not treat them so badly. Sedgwick and Yonger (2009:1) are of the opinion that regular scheduled visits from lecturers are a cornerstone of effective communication and involvement and that, without early and regular contact, pupil nurses experienced uncertainty about their learning experience.

The pupil-enrolled nurses in this study maintained that the lack of good communication between the school and the clinical area was as a result of the fact that the professional nurses would indicate that they had not been given the learning guidelines. Good communication would entail their having the learning guidelines ready in the clinical area when the pupil-enrolled nurses arrived for their practice.

In addition, it is essential that cooperation between the clinical practice placements and the nursing school be developed in order to establish an optimal learning environment for the pupil-enrolled nurses. Furthermore, collaboration between nurse teachers and professional nurses in the clinical area is vital to ensure appropriate learning experiences for the nursing students according to their individual needs (Papp *et al.* 2003:262).

The pupil-enrolled nurses were of the opinion that their status as nursing students should be recognised and they should not be treated as mere workers. In addition, the professional nurses should endeavour to create learning opportunities. The pupil-enrolled nurses spend the majority of their time in practice where priority is given to the work to be done rather than to meeting their learning needs.

Elcock, Curtis and Sharples (2007:7) conducted a study on the supernumerary status of nursing students. They concluded that the supernumerary status failed to make a significant difference to the way in which many students learn in practice. Pupil-enrolled nurses also need to feel that they are part of the team and that they do not have to sacrifice their learning needs by being delegated non-nursing duties and repeatedly practising the same skills with little chance of progression.

4.3 RECOMMENDATIONS

The findings of this study were based on valuable feedback from the participants and it is, therefore, recommended that issues related to the pupil-enrolled nurses' perceptions with regard to the integration of theory into practice be taken into account during curriculum development. The following recommendations are based on the findings of this study:

- **The need for better communication between the school and the clinical practice**

Based on the results of this study there is clearly a need for better communication between the nursing school and the clinical practice environment. Clear guidelines in terms of what the pupil-enrolled nurses are expected to do in the wards should be made available to the clinical area, as effective cooperation between the school and the clinical staff is the only way in which an effective clinical learning environment will ever be established.

It is recommended that feedback sessions be held after clinical placement in order to discuss the challenges, successes and problems which the student nurses may have encountered during placement. These sessions should be held with the school, the clinical staff and the pupil-enrolled nurses (Sedgwick & Yonge 2009:1).

- **Need for constant clinical accompaniment of pupil-enrolled nurses**

It is clear from the results of this study that there is sometimes exploitation of the pupil-enrolled nurses in the clinical practice area, as they are generally unaccompanied for the majority of the time they spend there. These pupil-enrolled nurses need an advocate in the clinical area should it happen that they are unfairly treated. The number of clinical accompaniments performed by lecturers of pupil-enrolled nurses varied, with some of the pupil-enrolled nurses having no visits at all. Accompaniment should be structured and no nursing student should ever be in the clinical area without being accompanied by a tutor.

It is recommended that the tutors plan for accompaniment as stipulated by SANC guidelines in order to maintain their clinical credibility and to ensure that they are aware of what is taking place

in the clinical practice with regard to the integration of theory into practice (SANC R2175 1993). The availability of the tutor in clinical practice would mean that learning opportunities would be created for pupil-enrolled nurses and the clinical staff would treat such nurses more humanly (Elbas *et al.* 2010:2162).

- **Better-equipped skills laboratories and the employment of tutors with both a nursing education qualification and experience**

The results of this study show that better-equipped skills laboratories are crucial in preparing pupil-enrolled nurses for clinical placement. Learning within a controlled environment such as a skills laboratory may be fun and will help the nursing students to learn more efficiently. In addition, these skills laboratories allow nursing students more time to practise psychomotor, communication and interpersonal skills. It is important for pupils to learn the correct clinical skills, although this is sometimes not possible in the clinical area as a result of a shortage of staff and the complexities of patient care. If pupil-enrolled nurses were to be given the opportunity to practise correct procedures in the skills laboratory it would assist them in realising when a procedure is not being carried out correctly (Sheu *et al.* 2002:165).

It is evident from the results of this study that the use of unqualified tutors causes considerable challenges for pupil-enrolled nurses. Student nurses find it extremely frustrating when tutors are unable to solve their problems owing to a lack of knowledge. It is, therefore, crucial for the nursing school to employ tutors who have both experience and a nursing education qualification. Tutors who do not have nursing education as a qualification would not be skilled and knowledgeable in implementing teaching and assessment strategies

(Meyer & van Niekerek 2008:32). These tutors have an important role to play in improving nursing care through their teaching. The nursing school should also have a monitoring tool for evaluating the competency of the tutors (Last & Fulbrook 2003:450).

- **Recognition of student status**

The findings of this study indicate that the pupil nurses are often treated as workers, and not as students, in most clinical practice areas. It is, therefore, important for the nursing school to provide the clinical practice with clear learning guidelines of what the pupils should be doing in a particular clinical practice area. However, this should not mean that pupil-enrolled nurses will merely observe; they should become involved in activities that are within their scope of practice. In addition, the student nurses should be taught to take responsibility and not to allow learning opportunities to pass them by (Pearcy & Draper 2008:595). Therefore it is important to note that learners are primarily placed in a clinical setting to learn while caring for patients and are expected to render nursing care under direct or indirect supervision depending on their level of training (Meyer & van Niekerek 2008:168).

4.4 RECOMMENDATIONS FOR FURTHER RESEARCH

The findings of this study indicate that the pupil-enrolled nurses from private nursing schools face considerable challenges in the clinical area and that these challenges were impacting on their ability to integrate theory into practice. Accordingly, the researcher recommends that further research be conducted to investigate the following:

- The manner in which pupil-enrolled nurses from private nursing schools are treated by staff in the clinical area. This would have an impact on the quality of pupil-enrolled nurses trained at private nursing schools.
- The perceptions of pupil-enrolled nurses in public nursing colleges with regard to the integration of theory into practice. Public nursing colleges were not included in this study.

4.5 IMPLICATIONS

The implications of the results of the study are important for pupil-enrolled nurses, the nursing staff in the clinical area, nurse educators and nursing education as a whole.

4.5.1 Pupil-enrolled nurses

The pupil-enrolled nurses indicated that they needed to be treated like students and not just as workers and that they should, thus, not be expected to work long hours and over weekends. Furthermore, it is essential that these pupil-enrolled nurses be made aware that the hours spent in the specific clinical practice areas are stipulated by the Nursing Council. It is hoped that the findings of this study may assist the private nursing schools to communicate better with both their pupil-enrolled nurses and with the clinical practice personnel.

4.5.2 Nursing staff in the clinical area

From the research it became obvious that the professional nurses in clinical practice sometimes display a negative attitude towards pupil-enrolled nurses. This may be as a result of the fact that these professional nurses felt that, for much of the time, they were doing the work that should have been done by the nurse lecturers, and that the student nurses were being imposed on them for accompaniment.

However, it would appear that these professional nurses tended to forget that teaching is also one of their responsibilities. The findings of this research may assist professional nurses to accept pupil-enrolled nurses and treat them better. Furthermore, it is essential that these professional nurses remember that the pupil-enrolled nurses of today are the nurses of tomorrow and that a good relationship will benefit all the parties involved.

4.5.3 Nurse educators

The pupil-enrolled nurses indicated that most of their lecturers were not sufficiently knowledgeable as they were often unable to solve the pupil-enrolled nurses' problems or to answer their questions in the classroom. This may have been as a result of the fact that most of these nurse educators did not have a nursing education qualification. Furthermore, the nurse educators were clearly failing to make time for the accompaniment of pupil-enrolled nurses in the clinical practice area. The findings of this study might assist nurse educators to realise the importance of further study and of empowering themselves to be able to teach. Again, the results of this study might make both professional nurses and nurse lecturers aware of the need to accompany pupil-enrolled nurses in the clinical practice area.

4.5.4 Nursing education

The pupil-enrolled nurses in this study complained that no forums existed in which they could voice raise their concerns about the challenges they encountered in clinical practice. Furthermore, they stated that they were made to feel intimidated if they complained or they were made to repeat a class. It is, thus, recommended that the results of this study be used to monitor the nursing schools closely to ensure that pupil-enrolled nurses are allowed the freedom to raise any concerns related to their education and training.

4.5 LIMITATIONS OF THE STUDY

4.6.1 Sampling

The study sample was selected using purposive sampling in terms of which the participants are selected non-randomly. In other words, participants are not given an equal chance to be included in the sample. The researcher was assisted by both the principal of the nursing school and the lecturer who was responsible for second year pupil enrolled nurses to select those participants who were to take part in the study. This limited the generalisability of the results as it is not possible to generalise research findings beyond the sample if the sampling was not constructed randomly (Brink *et al.* 2003:141).

4.6.2 Research site

The research was conducted at one private nursing school only in Pretoria in the Gauteng region. This limitation further prevents the findings from being generalised to the entire province of Gauteng, as well as to other nursing schools.

4.7. CONCLUSION

The perceptions of pupil-enrolled nurses in private nursing schools in respect of the integration of theory into practice constitute an important factor in nursing education because of their impact on the way in which these nurses are trained. These pupil-enrolled nurses are future nurses and, if they are treated unfairly in the clinical area, it is always possible that they may behave in the same way to other nurses and patients. This, in turn, may give nursing a negative image and impact on the number of individuals joining the profession.

The research design was qualitative in nature, while a descriptive and exploratory research method was adopted in order both to explore and to describe the perceptions of pupil-enrolled nurses with regard

to the integration of theory into practice. The researcher obtained in-depth information from the pupil-enrolled nurses with regard to their perceptions about the integration of theory into practice with the following categories emerging: evidence of cognitive, psychomotor and affective development, professional preparation, obstacles to theory–practice integration, management issues in the nursing school and solutions to the problems relating to the integration of theory into practice.

The study revealed that pupil-enrolled nurses are often treated badly by other nurses in the private hospitals in which they do their practicals. Communication between the nursing school and the practice area was also not as good as it should have been. In addition, it would appear that pupil-enrolled nurses did not receive sufficient support when they were in the clinical practice area. Moreover, skills laboratories in the nursing school were not always well equipped.

Some of the nurse educators did not have a qualification in nursing education and this posed a challenge. The nursing school management was often unfriendly towards the pupil-enrolled nurses who felt intimidated for much of the time and lived in fear that their training might be prolonged. It is hoped that the findings of this research will assist private nursing schools to improve the way in which they treat pupil-enrolled nurses, as well as to improve their communication with the different clinical practice areas.

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ANNEXURES

**ANNEXURE A LETTER TO REQUEST
PERMISSION TO CONDUCT THE STUDY FROM
THE SELECTED NURSING SCHOOL**

8 February 2010
501 Prezin Park
H.F.Verwoerd Drive
Gezina
0084

The principal

Thutobophelo
Nursing School
P.O.BOX 30367
Wonderboompoort
0033

Dear Sir/Madam

PERMISSION TO CONDUCT A RESEARCH STUDY

I would like to request permission to conduct a research study at your nursing school.

I am currently registered at the University of Pretoria for MCUR (Masters in Advanced Nursing Education) and research study is part of my studies.

Proposed research title:

***“The perceptions of pupil enrolled nurses with regard to the integration of theory into practice, in Gauteng province.*”**

I believe the results of the study will assist the school in improving the standard of nursing education. More information will be given after permission has been granted

My supervisor for this study is:

Mrs.S.S Phiri

(012)3541791

Salaminah.phiri@up.ac.za

Thank you,

W.N.Molefe

ntombimolefe@yahoo.com

0720244354

Tel : (012)7344274

Fax : (012)7344274

**ANNEXURE B PERMISSION FROM THE NURSING
SCHOOL TO CONDUCT THE STUDY**

**ANNEXURE C INFORMATION LEAFLET AND
CONSENT FORM FOR PARTICIPANTS IN THE
STUDY**

ANNEXURE C

PARTICIPANTS' INFORMATION LEAFLET & INFORMED CONSENT

Researcher's name: Wilheminah Ntombi Molefe

Student number: 22192124

Department: Department of Nursing Science

Institution: University of Pretoria

THE PERCEPTIONS OF PUPIL ENROLLED NURSES WITH REGARD TO THE INTEGRATION OF THEORY INTO PRACTICE, IN GAUTENG PROVINCE

Dear participant

1. Introduction

I invite you to participate in a research study. This information leaflet will help you to decide if you want to participate. Before you agree you should fully understand what is involved.

2. Nature and purpose of the study

This is a qualitative, explorative descriptive study, its purpose is to explore and describe your perceptions as a pupil enrolled nurse with regard to the integration of theory into practice.

3. Explanation of the procedure to be followed

This study involves a focus group interview. You will be asked about your perceptions as a pupil enrolled nurse with regard to the integration of theory into practice.

4. Risks and discomfort involved

There is no risk involved in the study. If you agree to participate, you will be interviewed in groups of ten to fifteen. You will be asked questions about your perception as a pupil enrolled nurse with regard to the integration of theory into practice.

Minimum discomfort may be experienced as the study involves your perceptions to correlations between theory and practice. The interview session will last for about thirty to forty five minutes.

5. Possible benefits of the study

Although you will not benefit directly from the study, the results of the study will contribute meaningfully to the body of Health Sciences and should help to improve the gap between theory and practice.

6. What are your rights as a participant?

Your participation in this study is entirely voluntary. You can refuse to participate or stop at any time during the interview without giving any reason. Your withdrawal from the study will not affect you and your studies in any way.

7. Has the study received ethical approval?

This study has received approval from the Research Ethics Committee of the faculty of Health Sciences at the University of Pretoria and it will be send to you. Permission to conduct the study has been given by your Nursing School as well.

8. Contact

The contact person for the study is Wilheminah Ntombi Molefe. If you have any questions about the study she can be contacted on 0720244354 or 012 7344274. Alternatively you can contact supervisors Mrs.Salaminah Phiri on 012 3541791 or Dr. D. Erasmus on 012 3541445.

9. Compensation

Your participation is voluntary. No compensation will be given for your participation.

10. Confidentiality

All information that you give will be kept strictly confidential. Once the information is analysed no one will be able to identify you. Research reports and articles in scientific journals will not include any information that may identify you or your nursing school.

Your help is sincerely appreciated.

W.N.Molefe (Researcher) -----

CONSENT TO PARTICIPATE IN THE STUDY

I consent that the person who asked me to participate in this study has told me about the nature, process, risks, discomforts and benefits of the study. I have also received, read and understood written information on the participants information leaflet. I am also aware that the results of the study, including personal details, will be anonymously processed into research reports. I had time to ask questions and have no objection to participate in the study. I understand that there is no penalty should I wish to discontinue with the study and my withdrawal will not affect me in any way.

I have received and signed a copy of this informed consent agreement.

Participant's name----- Date-----

Participant's signature----- Date-----

Researchers name----- Date-----

Researcher's signature----- Date-----

Assistant's name----- Date-----

Assistant's signature----- Date-----

ANNEXURE D INTERVIEW QUESTIONS

ANNEXURE D

FOCUS GROUP INTERVIEW QUESTIONS

1. VIEWS ABOUT NURSING THEORY

1.1 What is your perception about the theoretical content of your subjects?

1.2 Who is responsible for teaching nursing theory in class?

2. VIEWS ABOUT NURSING PRACTICE

2.1 What is your perception about working in the wards?

2.2 Who is responsible for facilitating learning in the wards?

3. VIEWS ABOUT INTEGRATION OF NURSING THEORY AND PRACTICE

3.1 What is your perception of the correlation between theory you have learnt in class and the practice in the wards?

4. VIEWS ABOUT OBSTACLES EXPERIENCED DURING INTEGRATION OF NURSING THEORY AND PRACTICE

4.1 What makes it difficult to correlate what was taught in class to the practical in the wards?

5. VIEWS ABOUT WAYS TO ENHANCE INTEGRATION OF THEORY AND PRACTICE

5.1 What should be done to improve correlation between theory and practice?

ANNEXURE E INTERVIEW TRANSCRIPTS