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VIEWS OF PRE-GRADUATE STUDENTS REGARDING CLINICAL ACCOMPANIMENT AT A NURSING EDUCATION INSTITUTION IN GAUTENG

BY

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Declaration

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I declare that **VIEWS OF PRE-GRADUATE STUDENTS REGARDING CLINICAL ACCOMPANIMENT IN A NURSING EDUCATION INSTITUTION IN GAUTENG** is my own work and that all sources that have been used or quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted for any other degree at any other institution.

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Name **Date**

This thesis is to my daughters,

Kagiso and Nthabiseng,

with love and affection

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"From the rising of the sun to its setting the name of the Lord is to be praised!"

Psalm 113:3

My praise and thanks to God my heavenly Father for the strength and wisdom He bestowed upon me.

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Abstract

As nursing is a practice-based profession it is essential that pre-graduate students are socialised in the clinical learning environment from the start of their training. Consequently, clinical accompaniment is regarded as a vital component of nursing training to offer the necessary support to pre-graduate students.

This study aimed to evaluate clinical accompaniment of pre graduate students in a specific Nursing Education Institution (NEI) in Gauteng as part of the four year comprehensive programme by means of Appreciative Inquiry (AI). The AI approach focuses on the positive aspects of an organisation and aims to enhance what could and should be valued rather than focusing on the problems.

A qualitative, contextual, explorative and descriptive research design was utilised. Data was collected from second-, third- and fourth-year comprehensive programme pre-graduate nursing students in a specific NEI by means of semi-structured self-report interview guide. The data was analysed according to the four objectives of this study, guided by the 4-D cycle of AI, utilizing content analysis and verified by the co-coder.

The results were categorized into four main themes. For the first objective, ***"the best of what is"***, nurse educator support, registered nurse support, students' professional development, and multidisciplinary team members' support, were themed. The second objective intended to enhance the best of what is by indicating **"what could be"** the ideal clinical accompaniment. The third objective indicated ***"what should be***" addressed during clinical

accompaniment to move towards excellence and enhance the clinical learning experiences of students and the following themes emerged: inadequate support from nurse educators, lack of resources, inadequate support from registered nurses, and disregard for student status. The respondents recommended ***"what must be"*** as an action plan to enhance clinical accompaniment based on the findings, and the following themes emerged: nurse educator's responsibility, registered nurse's responsibility, and availability of resources for students.

Key words

Appreciative Inquiry (AI), clinical accompaniment, four-year comprehensive programme, and nursing education institution.

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AI	Appreciative Inquiry
CLE	Clinical Learning Environment
DoH	Department of Health
HPS	Human patient simulator
NEI	Nursing Education Institution
PBL	Problem based learning
SANC	South African Nursing Council
SAQA	South African Qualification Framework
SOAR	Strengths, opportunities, aspirations and results
SWOT	Strengths, weaknesses, opportunities and treats

1 INTRODUCTION TO THE STUDY

The best way to predict the future is to create it

-Peter Drucker -

1.1 INTRODUCTION

Clinical accompaniment in the education and training of pre-graduate students provides the experiential foundation for the knowledge, skills, and values to be consolidated and applied in practice (Moleki 2008:1). In addition Kotzé (2008:198) refers to clinical accompaniment as "…purposeful activities aimed at enabling a student to overcome his/her need for help and support…" Furthermore Failender and Shafranske (2003:3) describe clinical accompaniment as "…an essential and interrelated function of clinical learning that enables the integration of theory and practice, the integrity of clinical services provided to the students and the development of pre-graduate students' competencies…".

Kotzé (2008:34) emphasises the presence of nurse educators in the clinical learning environment (CLE) in order to provide their students with support and to assist with the learning experience. Clinical placement provides the pre-graduate students with optimal opportunities to observe role models, to practise by one, and to reflect on what is seen, heard, sensed and done. The support from the nurse educator during clinical accompaniment cannot be overemphasised. In addition, the clinical learning environment enhances pre-graduate students' opportunity to develop the required attitudes, competence, interpersonal skills, critical thinking and clinical problem-solving abilities (Chan, 2002:666).

Billings and Halstead (2005:543) state that the "…primary purpose of programme evaluation is to judge the merit or worth of the total programme being evaluated, as well as the individual elements of the programme…". In this study the researcher focused on evaluating the clinical accompaniment of pre-graduate students as part of the clinical component of the four-year comprehensive programme.

Appreciative Inquiry (AI) offers a positive approach to view and evaluate practice in order to create change. Appreciative-orientated evaluation begins by taking stock of resources, values and strengths on completion so that those participating in the evaluation feel better equipped to address difficulties and challenges (Coghlan, Preskill & Tzavaras 2003:37).

AI deals with organisational issues, challenges and concerns in a significantly different way. Instead of focusing on problems, organisational members first discover what is working particularly well in their organisation. Then, instead of analysing possible causes and solutions, they envision what it might be like if "the best of what is" occurred more frequently. The power of AI is the way in which stakeholders become engaged and inspired by focusing in their own positive experiences (Yballe & O'Conner 2004:171).

In this study the AI process was utilised to evaluate the clinical accompaniment of pre-graduate students enrolled for the four-year comprehensive programme at a specific nursing education institution (NEI) in Gauteng.

1.2 BACKGROUND TO AND RATIONALE FOR THE STUDY

The South African Nursing Council (SANC) Regulation R425 (1985) stipulates that in an NEI providing the four-year comprehensive nursing programme should provide the pre-graduate students with both classroom (theoretical) and clinical (practical) learning opportunities. The clinical component, which is facilitated through clinical accompaniment by the nurse educator, takes place in the CLE.

Nursing is practice based and this provides the opportunity for students to apply cognitive, psychomotor and affective skills and to enhance correlation of both theory and practice (Chan, 2002:1 & Kotzé, 2008:192). In addition, Kotzé (2008:198) indicates that clinical accompaniment of pre-graduate students plays a fundamental role in promoting self-empowerment. Furthermore Kotzé (2008:193) refers to accompaniment in the clinical learning environment as "…purposeful activities aimed at enabling a student to overcome his or her need for help and support…". Nurse educators must be present in the clinical learning environment to provide their students with support and to assist with learning experiences (Kotzé, 2008:34).

Through the researcher's day-to-day interactions with pre-graduate students in the clinical learning environment as well as students' feedback received, the researcher realised that students do not perceive the clinical accompaniment they receive in the same manner. Some students gave positive feedback, whilst others identified challenges in the clinical accompaniment. The following supportive quotes from pre-graduate students indicate:

"…I learn so much when my clinical facilitator comes and accompanies me in the ward…"

"…I wish I could see my clinical facilitator every week, so that I can learn more skills…"

"…I don't see my clinical facilitator even once a month…"

"…The clinical facilitator only has time to greet me and ask if I have specific problems…"

The four-year comprehensive nursing programme allows for pre-graduate students who have successfully completed the diploma in the four-year comprehensive nursing programme to qualify as professional nurses (General, Psychiatry and Community) and Midwife (Republic of South Africa 1985: Regulation R425). The nursing education institutions (NEIs) in South Africa register with the SANC as the regulating body for student nurse training (Nursing Act, 33 of 2005).

The clinical placement of the pre-graduate students is spread over four years of study from the first to the fourth year. The pre-graduate students are placed in a specific hospital in Gauteng, rotating through the medical and surgical wards, including the operating theatres and casualty departments for the general nursing science component, in the psychiatric unit for psychiatric nursing science, and in the maternity units for midwifery nursing science. A total of 4000 hours is spent in the CLE (Republic of South Africa 1985: Regulation R425). The NEI also utilise clinical facilities outside the hospital mentioned for various learning opportunities. The placement for community nursing science is in the outpatient department of the hospital and the outside clinical facilities are mostly utilised.

Throughout the world nursing education is undergoing changes to meet the ever-changing world health demands (Dillard & Siktberg, 2009:75). This is consistent with the aims of the Department of Health's (DOH, 2007:2) Policy on Quality in Health Care for South Africa, which requires a national commitment to continuously measure, improve and maintain high-quality health care for all the citizens of the country.

Much research has been conducted on the classroom learning environment over the past thirty years, but minimal studies have been conducted on the clinical learning environment of which clinical accompaniment forms part as suggested by (Chan, 2002:69 & Chan, 2004:3). Furthermore Chan (2006:678) maintains that the clinical learning environment represents an essential element of nurse education, hence the need for more research on the clinical component of the comprehensive nursing programme.

It is imperative to "…improve programme effectiveness and demonstrate accountability…" through continuous programme evaluation, as these will ensure continuous excellence in nursing education and practice (Dillard & Sitkberg, 2009:86). In addition, Chan (2004:1) recommends improving the educative quality of learning environments through direct and indirect facilitation of an individual's development.

The *Higher Education Act, 101 of 1997* and the *SAQA Act, 58 of 1995* require higher education institutions to comply with specified quality standards (Armstrong, 2008:135). According to Armstrong (2008:138), pre-graduate students are the primary customers in the NEI, and in order to improve quality in nursing education, one should listen to "the student customers" by conducting surveys and, based on the findings, redesign and refine educational practices, facilitate focus group discussion, and perhaps change the way things are done.

In this study the AI approach was utilised since the AI is a constructive positive inquiry process that searches for everything that "gives life" to organisations, communities and larger human systems (Cooperrider & Atival 2004: xii). In addition Reed (2007:2) points out that AI concentrates on "…exploring ideas that people have about what is valuable in what they do, and then tries to work out ways in which this can be built on. The emphasis is firmly on appreciating the activities and responses of people, rather that concentrating on their problems. In other words, focus on what works well and then identify the wishes and challenges of the participants..."

Therefore the researcher focused on evaluating the clinical accompaniment of pre-graduate students when placed in the clinical learning environment as part of the clinical component of the pre-graduate programme. The researcher wished to evaluate the positive aspects of clinical accompaniment as perceived by pre-graduate students first and furthermore to identify their wishes and challenges pertaining to clinical accompaniment.

1.3 PROBLEM STATEMENT

The clinical component of the comprehensive four-year nursing programme forms the most significant part of the nursing education curriculum, as it provides the students with opportunities to learn and apply theory to practice and to be socialised into the expectations of the employment setting (Stokes & Kost, 2009:283).

At the specific NEI where the researcher is a lecturer, the clinical accompaniment (as part of the clinical component) of the four-year comprehensive programme had not been evaluated for the past ten years. Based on the feedback the researcher received from pre-graduate

students pertaining to the clinical accompaniment, the need arose to evaluate the clinical accompaniment as part of the clinical component of the pre-graduate programme. This statement is supported by Armstrong (2009: 177) when she asserts that we need not only evaluate whether the pre-graduate students have reached the desired competencies and learning outcomes, but also to evaluate the effectiveness of the programme. In order to maximise the students' clinical learning experience, the researcher therefore wished to evaluate pre-graduate students' current experience of the clinical accompaniment they receive from nurse educators. Moreover, based on the findings of the study the researcher wished to make recommendations to enhance clinical accompaniment and work towards educational excellence in this unique learning environment.

1.4 RESEARCH QUESTION

In view of the background to the study and the problem statement, the study wished to answer the following research question:

What are the views of pre-graduate students pertaining to clinical accompaniment?

1.5 AIM AND OBJECTIVES

The overall aim of the study was to evaluate the clinical accompaniment as part of the clinical component of the four-year comprehensive programme by means of Appreciative Inquiry (AI).

In order to achieve this aim, the objectives were to:

- Discover ***"what is"*** the peak experiences of pre-graduate students, pertaining to clinical accompaniment;
- Explore ***"what could be"*** ideal clinical accompaniment, based on the views of pre graduate students.
- Describe ***"what should be"*** addressed during clinical accompaniment to move towards excellence and enhance the clinical learning experiences of students;
- Co-construct ***"what must be"*** recommendations to enhance clinical accompaniment based on the findings, of the first 3-Ds (Discovery, Dream, and Design).

1.6 FRAMEWORK FOR THE STUDY

The frame of reference for the study was the role of the researcher, the setting in which the study was conducted, the paradigm and core assumptions underpinning the study, the conceptual framework and definitions of key terms.

1.6.1 Researcher's role

Creswell (2003:184) states that qualitative research is interpretive, and the researcher should be involved in a sustained and intensive experience with the participants. The researcher should recognise a range of strategic, ethical, and personal issues when dealing with participants, and therefore identify own biases, values, and personal interests about the research topic. Accordingly, the study was conducted under the supervision of experienced promoters to ensure that the researcher's personal interests did not supersede the study.

The following elements relating to the researcher's role were applied in the study (Creswell 2003:184):

- Comments that provide background to the topic, setting, and participants (see Section 1.2 & 1.6.2). The statements included the researcher's description of the connections between the participants and the research site, the researcher's own organisation.
- Permission to conduct the study was obtained from the Ethics Committee of the University as well as the nursing education institution (NEI) where the study was conducted (see Annexure A. 1).
- Permission to conduct the study in the setting where the researcher works; to use the participants at the NEI was obtained. The researcher submitted a complete proposal to the place of study for review to enable the key persons in the organisation under study to have an overall view of the study before granting permission (see Annexure A.2).
- In the participation information letter of permission to the stakeholders the researcher stated how the ethical considerations related to the study would be met (see Annexure B).

1.6.2 Research setting

A research setting refers to the specific place where data collection occurs (Polit & Beck, 2008:57). In-depth qualitative studies are usually done in natural settings because qualitative researchers are interested in studying the context of participants' experiences (Polit & Beck 2008:57).

In addition Burns and Grove (2005:352) describe a naturalistic setting as an un-controlled, real-life situation or environment. Conducting a study in the naturalistic setting means that the researcher does not manipulate or

change the environment for the study. In this study the setting was a government funded NEI in Gauteng. This setting was the real everyday situation in which the nurse educators and the pre-graduate students work or study. Furthermore the pre-graduate students are placed in the CLE where they gain clinical experience and attain specific clinical learning opportunities. The nurse educators are responsible for clinical accompaniment of the nursing student during their clinical placement. The (CLE) is seen as the natural, real everyday setting where the students gain knowledge and skills and where the nurse educators work on a day-to-day basis. In this study the CLE was the academic hospital where the pre-graduate students rotate through medical and surgical wards, as well as casualty, operating theatres and intensive care departments.

The NEI is headed by the **principal** who holds a Bachelor's degree in Nursing Education and a Master's degree in Nursing Administration. There are three vice principals, each holding a different portfolio. The first vice principal is the second-in-command of the NEI; the second vice principal heads the clinical component, and the third vice principal heads the theoretical component of the four-year comprehensive nursing programme. All three vice principals hold Bachelors' degrees in Nursing Education and Administration.

A **Registrar** is responsible for the administrative functions of the NEI and there is a student counsellor as well as a quality assurance manager. They all hold Bachelor's degrees in Nursing Education and Administration. In addition the quality assurance manager holds a Master's degree in Nursing Education, and the student counsellor has a Master's in Public Health.

Each subject has a **subject head**. The subject heads act as the heads of departments, each with an additional qualification in Nursing Education and Administration. They all have qualifications in Midwifery, Psychiatry and Community Nursing Science, which is an essential SANC (Republic of

South Africa 1985: Regulation R425) requirement and desirable for the head of the nursing institution department.

The number of pre-graduate students registered for the comprehensive four-year programme at the specific NEI for February 2012 was as follows:

- 1st year: 100 students
- 2nd year: 90 students
- 3rd year: 80 students
- 4th year: 47 students

The **nurse educators'** hold qualifications that meet the requirements of the SANC for the programmes offered by the NEI and take responsibility for all aspects of the curriculum, including clinical teaching and clinical accompaniment.

1.6.3 Research paradigm

Research is underpinned by a paradigm or the researcher's philosophical worldview, therefore, in order to understand the decisions made in the design of a research project it is important to be aware of the underlying philosophical assumptions (Roux & Barry 2009:1). The paradigm provides a fundamental link between the different research activities in a disciplinary field (Roux & Barry, 2009:2).

The researcher used constructivism as the basis for the framework that guided the study (Mills, Bonner & Francis, 2006:2). A constructivist paradigm is also referred to as a naturalistic paradigm (Polit & Beck (2008:15). The naturalistic paradigm holds that there are multiple interpretations of reality, and that the goal of research is to understand how individuals construct reality within their context (Polit & Beck,

2008:759). For the purpose of this study, the pre-graduate students constructed their own knowledge and understanding through reflection on their own experiences of the clinical accompaniment they received as students.

1.6.4 Assumptions

Hammond (1998:20) lists the eight assumptions that underpin AI as follows:

- "…within every programme there is something that works;
- the focus becomes reality;
- reality is created in a moment, and there are several realities;
- the asking of questions from pre-graduate students will influence the pre-graduate students in some way;
- pre-graduate students have more confidence and comfort to journey to the future (the unknown) when parts of the past (known) are carried forward;
- if we carry parts of the past forward, these should be what is best from the past;
- differences have to be valued, and
- reality is created by the language we use…"

1.7 CONCEPTUAL FRAMEWORK

The researcher utilised the AI model as a basis for this study.

1.7.1 Overview of AI

Cooperrider, Whitney and Stavros (2008:1) define appreciate and inquire as follows:

"…Ap-pre'ci-ate. V., 1) To value; recognize the best in people or the world around us; affirm past and present strengths, successes and potentials; to perceive those things that give life (health, vitality, excellence) to living systems. 2) To increase in value, e.g., the economy has appreciated in value. Synonyms; value, prize, esteem and honour…"

"…In-quire, v., 1) To explore and discover. 2) To ask questions; to be open to seeing new potentials and possibilities. Synonyms; discover, search, systematically explore, and study..."

Cooperrider and Whitney (1999:10) offer the following practice-oriented definition of Appreciative Inquiry:

> *"…It is the cooperative search for the best in people, their organizations, and the world around them. It involves systematic discovery of what gives a system 'life 'when it is most effective and capable in economic, ecological, and human terms. Ai involves the art and practice of asking questions that strengthen a system's capacity to heighten positive potential. It mobilizes inquiry through crafting an 'unconditional positive question' often involving hundreds or sometimes thousands of people…"*

Havens, Wood and Leeman (2006:464) define AI as a "…philosophy and methodology for promoting change through creating meaningful dialogue, inspiring hope and inviting action…" Members are engaged in practices or organizational settings based on appreciation of what was done, and develop in the positive direction.

According to Reed (2007:2), AI is a process that concentrates on exploring ideas that people have about what is valuable in what they do and then tries to work out ways in which this can be built on. The

emphasis is firmly on appreciating the activities and responses of people, rather than concentrating on their problems.

AI is a theory for positive organizational and transformational change (Miller, 2007:14; Richer, Ritchie & Marchionni, 2009:947). This is consistent with Cooperrider et al. (2008:2) description of AI as "…an organizational development process and approach to change management that grows out of social constructionist thought and its applications to management and organizational transformation…".

AI is utilised as an approach that has moved away from the traditional problem-based approach to a more affirmative approach, whereby organisations seek to discover the potential for growth and transformation from the employees (Cooperrider & Whitney, 2000:3; Shendell-Falik, Feinson & Mohr 2007: 96 & Lind & Smith 2008: 31). Stefaniak (2007:43) maintains that AI is a philosophy, a strategy and a storytelling method in the belief that a positive approach to problem solving , culture change and strategic planning are energizing and long-lasting. According to Lind and Smith (2008:31), AI dislodges the vocabularies of deficit and liberates the potential of communities. Alegria (2005:102) believes that due to the limitations of such "Problematique" perspectives, there has been an enthusiastic shift towards more appreciative perspectives of the future.

Watkins and Kelly (2010:259) assert that AI is a process and philosophy:

> *"…A process for engaging people in building the kinds of families, communities, organizations and world they want to live in; and, a practical daily philosophy, that can guide our work with families, communities, and organizations based on the realization that what we learn from what works and gives life is more effective and sustainable than what we learn from breakdowns and pathologies…"*

Watkins and Kelly (2010:259) further clarify appreciate and inquire as:

> *"…Appreciate: To value or admire highly; to perceive those things that give life (health, vitality, excellence) to living systems. To increase in value…"*
>
> *"…Inquire: To search into, investigate; to seek for information by questioning. It is the act of exploration and discovery. It means to ask questions; to be open to seeing new potentials and possibilities…"*

Havens, Wood and Leeman (2006:463) define appreciative inquiry as a "…philosophy and methodology for promoting change through creating meaningful dialogue, inspiring hope and inviting action…". Members are engaged in practices or organisational settings based on appreciation of what was done, and develop in a positive direction.

Appreciative inquiry utilises an approach that has moved away from the traditional problem-based to a more affirmative approach, whereby organisations seek to discover the potential for growth and transformation from the employees (Shendell-Falik, Feinson & Mohr, 2007:96). Shendell-Falik, Feinson and Mohr add that the old problem-solving method does not foster excitement and enthusiasm for the task at hand.

Havens et al (2006:464) emphasise that AI is more future orientated and focuses more on the positive side of what works well, to improve what is already done.

1.7.2 5-D Model

Cooperrider first developed the 4-D cycle, namely discovery, dream, design and destiny, as a method to help leaders make visible the aspirations and vision of the people in an organization (Keefe & Pesut, 2004:105 & Cooperrider et al, 2008:12). Watkins and Kelly (2010:22)

introduced an amendment to the 4-D model and developed the five phases of AI by adding the definition phase as the first and preparatory step of the cycle. Watkins and Kelly (2010:22) assert that it does not matter which model one uses, both 4-D and 5-D models are a rearticulation of Kurt Lewin's Action Research model, which is the foundation of the organisational development field. Figure 1.1 depicts the five phases or 5-D model.

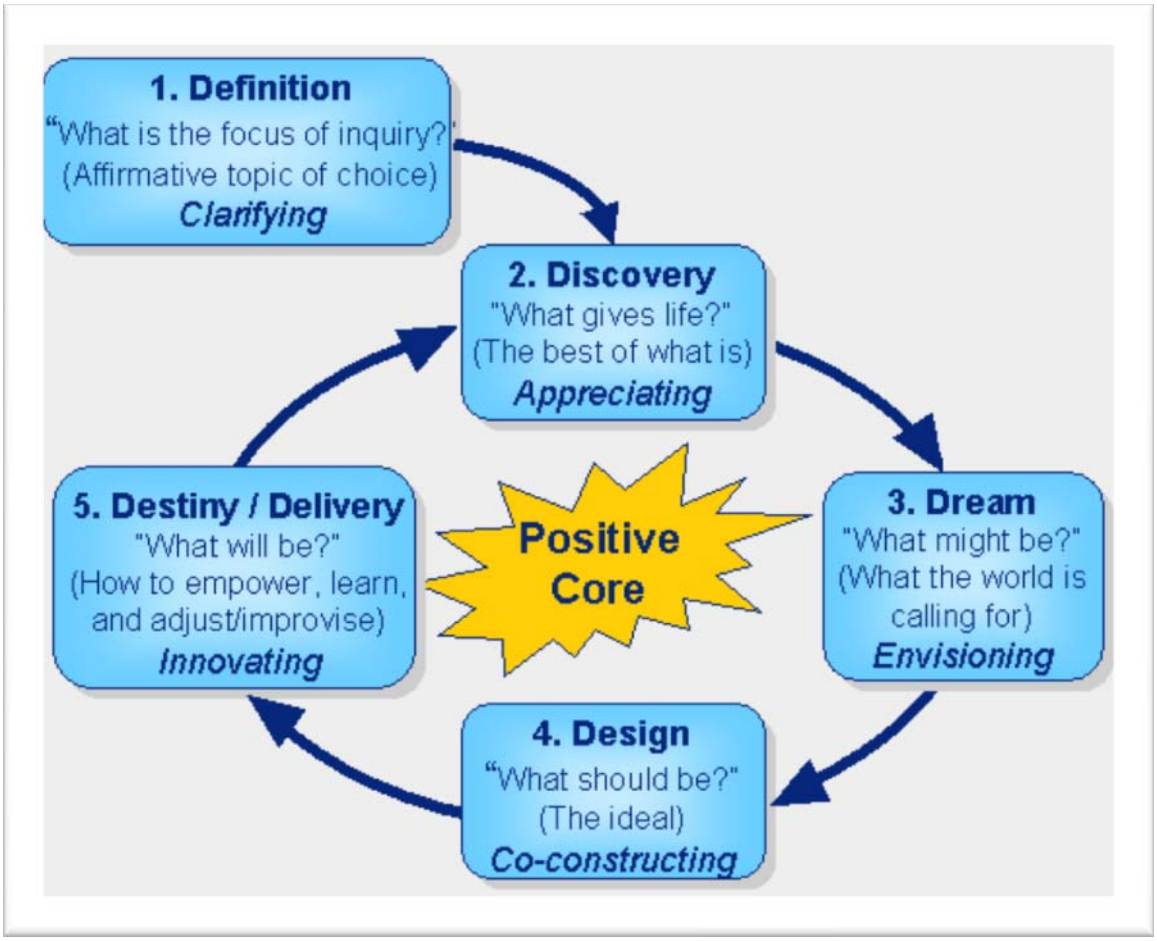

Figure 1.1 The 5-D Model

Adapted from http://www.metaVolution.com/img/fiveDCycle.gif

1.7.2.1 Positive core and topic choice

Cooperrider et al (2008:437) define the positive core as "…that which makes up the best of an organization and its people…". According to Cooperrider et al. (2008:34), the positive core can be expressed as "…achievements and awards, best business practices etc…" and they are woven throughout the 5-D model.

According to Reed (2007:29) the first step of AI application is selecting the focus or topic for the inquiry. The topic chosen should reflect the positive core of the organisation (Kavanagh, Stevens, Seers, Sidani & Watt-Watson, 2010:2). Furthermore Cooperrider et al (2008:35) add that selecting the topic choice begins with the constructive discovery of the organization's life-giving story. The topics chosen should reflect what people want to find out more about their organisation, or anything related to organisational effectiveness (Reed, 2007:9).

The topics should be restricted to between three and five and be chosen according to the following principles: they should be affirmative and be stated in the positive; should identify the objectives that people prefer; should be the topics that people are curious and want to learn more about, and should move in the direction that the group wants to go in (Cooperrider et al 2008:35; Watkins & Kelly 2010:24).

The researcher wished to explore what is viewed as the best experiences of pre-graduate students regarding clinical accompaniment, address challenges pertaining to clinical accompaniment, and make recommendations to move clinical accompaniment towards excellence and enhance the clinical learning experiences of pre-graduate students.

1.7.2.2 Define

Watkins and Kelly (2010:24) refer to the definition phase as a preparatory step to the AI process. According to Shendell-Falik et al (2007:97) the

definition phase begins with dialogues that reframe problems into affirmative topics. Watkins and Kelly (2010:24) add that the definition phase begins with agreement on the positive as the focus of inquiry, introducing the AI to the client, definition of the AI process, identification of topics for the inquiry, establishing a guidance and support structure within the client system, creating a customised interview guide for the inquiry process, and creating a plan for the interview process. The researcher wished to define the pre-graduate students' views pertaining to clinical accompaniment.

1.7.2.3 Discovery

The discovery phase discovers and values factors that give life and utility to the organisation, and the task is to discover the most positive, effective, and best experiences (Pradhan, 2000:2).

During this phase participants are interviewed in order to discover and make explicit "*what works*" (Havens et al, 2006:465). Moreover, the interview questions reflect on the past experience (backward), then explore what worked (inward) and finally, identify ways to build on past positive experiences (forward).

The core task of the discovery phase is to discover and disclose positive capacity (Cooperrider & Whitney, 1999:7). The interview questions generated using AI are more innovative, and value diversity rather than focusing on "*problems-to-be-solved*".

During the discovery phase the researcher asked pre-graduate students to reflect on the best experiences they had pertaining to clinical accompaniment they received in the clinical learning environment. This enabled the researcher to identify what worked well and what pre-

graduate students perceived as "the best" pertaining to clinical accompaniment in the clinical learning environment.

1.7.2.4 Dream

This phase creates a clear results-oriented vision in relation to discovered potential and in relation to questions of higher purpose. It envisions what might be and the mind begins to search beyond this, it begins to envision the new possibilities (Pradhan, 2000:2).

The main objective of the "dream phase" is for participants to envision themselves, the programme and the organisation functioning at its best (Preskill & Coghlan 2003:10). Pre-graduate students were provided an opportunity to indicate the wishes they had regarding to clinical accompaniment in the CLE.

1.7.2.5 Design

The future is constructed through design. This phase is about creating possibility propositions of the ideal organisation, an organisation design which people feel is capable of magnifying or eclipsing the positive core and realising the articulated new dream (Pradhan, 2000:2; Cooperrider & Whitney, 2000:5)

According to Shendell-Falik et al (2007:99), designing "…enables the visions of the preferred future to come alive…". New operational procedures were designed in one hospital after concept mapping of important key words in designing a new handoff process (Shendell-Falik et al, 2007:99). Havens et al (2006:465) add that the "design elements can include changes to committee structures, policies, and procedures, meeting formats".

The researcher asked pre-graduate students to indicate on the self-reported interview guide how they perceived the "ideal" clinical accompaniment for students in the clinical learning environment. The pre-graduate students had an opportunity to suggest changes that can be made in the clinical accompaniment for future pre-graduate students.

1.7.2.6 Destiny

Destiny is about action on what was designed during the design phase, and finding ways to move the organisation closer to the ideal. In nursing education, the curriculum can be designed to meet the realities discovered through continuous feedback and recommendations made by the end-users (Pradhan, 2000:3).

Havens et al (2006:465) state that during the destiny phase participants focus on sustaining the positive approach to improvement. Furthermore, destiny is about building relationships; continuing to redesign structures, and sustaining processes based on the best attributes.

This phase is also called the delivery phase as the time for action planning, developing strategies, and dealing with conventional strategies for sustainability (Cooperrider & Whitney, 2000:3).

The researcher utilised the data gathered from the discover, dream and destiny phases to make recommendations to enhance the clinical accompaniment of pre-graduate students and work towards excellence in clinical learning environment. Appreciative Inquiry will be discussed in-depth in Chapter 2.

1.8 RESEARCH METHOD

According to Polit and Beck (2008:765) research method "…is the technique used to structure a study and to gather and analyse information in a systematic fashion…". The method refers to the research design and methodology used to address the research question. For the purpose of this study the research methods include the target population, sampling, sample, data collection, data analysis and strategies to establish trustworthiness. The research methods are summarised in Table 1.2 and will be discussed in detail in Chapter 3.

Table 1.1: Summary of the research methods utilised

Population and sampling	Data Collection	Data analysis	Trustworthiness
Population: 2nd, 3rd and 4th year pre-graduate students enrolled for the four year comprehensive nursing programme (see Section *3.4.1*). **Sampling:** 2nd, 3rd and 4th year pre-graduate students enrolled for the four year comprehensive nursing programme (see *Section 3.4.2*).	Appreciative Inquiry interview guides were utilised (see *Section 3.4.4*) Appreciative interview guides were utilised for data saturation (see *Section 3.4.4.4*).	Content analysis was utilised, making use of the data analysis principles of Tesch (see *Section 3.4.5*)	**Strategies utilised included:** Credibility Dependability Confirmability Transferability Authenticity (see *Section 3.5)*

1.9 SIGNIFICANCE OF THE STUDY

In terms of the SANC R425 (1985) clinical accompaniment of pre-graduate students must be done by the nurse educator in the accredited CLEs. Clinical practice forms a vital component of the nursing curriculum and should be acknowledged as central to nursing education (Chan & Ip 2004:665).

The study should provide new knowledge on the current "peak experiences" and "challenges" of pre-graduate students pertaining to clinical accompaniment in the four-year comprehensive programme. Utilising the 5-D cycle of Appreciative Inquiry as a positive e approach to evaluating the clinical accompaniment as viewed by students, the findings should enable the researcher to make recommendations to enhance clinical accompaniment.

The findings of the study obtained from the participants' feedback should help develop an ideal clinical accompaniment strategy which mightl improve the clinical practice of pre-graduate students in the CLE. This study may enhance a more student centred approach in education and the evaluation of programmes (theoretical and clinical) in future.

By delineating strategies based on the "peak experiences" and "challenges" to move towards excellence in a collaborative manner by involving the stakeholders, ownership to implement these strategies may be enhanced. If these strategies are implemented, clinical accompaniment may start to move towards excellence in the future.

The researcher will delineate the research findings (results) by means of publications to all stakeholders involved in the education and training of pre-graduate students.

1.10 LIMITATIONS

A limitation of qualitative studies is their lack of generalisability of the conclusion (Holloway & Wheeler, 2002:35). The purpose of this study was to explore and describe pre-graduate students' views of the clinical accompaniment they received in the CLE.

The main limitation of this study was that it was conducted at one specific NEI in Gauteng and therefore cannot be generalised to all NEI institutions offering the four-year comprehensive programme in South Africa.

1.11 ETHICAL CONSIDERATIONS

Ethics deals with matters of right and wrong. Ethics refers to a set of moral principles which is suggested by an individual or group and offers rules and behavioural expectations about the correct conduct (De Vos et al 2005:57). Polit and Beck (2008:167) emphasise that when people are used as study respondents, "care must be exercised in ensuring that the rights of the respondents are protected". The researcher observed the ethical principles of beneficence, respect for human dignity, and justice (Polit & Beck 2008:170). Accordingly, the researcher obtained permission to conduct the study and respected the participants' right to self-determination, privacy, anonymity, confidentiality, fair treatment, and protection from harm and discomfort (Burns & Grove 2005:196).

1.11.1 Beneficence

Beneficence is "a fundamental ethical principle that seeks to maximise benefits for study participants, and prevent harm" (Polit & Beck, 2008:748). Polit and Beck (2008:748) identify two dimensions of this principle:

1.11.1.1 Right to freedom from harm and discomfort

The right to freedom from harm and discomfort implies that researchers have an obligation to avoid, prevent, or minimise harm in studies with humans. In addition (Polit & Beck, 2008:170; Brink, van der Walt & van Rensburg, 2006:33).

Harm and discomfort may be physical, emotional, social or financial as suggested by Polit & Beck, (2008:170). Researchers must examine the balance of benefits and the risk that may occur due to the study (Burns & Grove, 2005:191). In order to determine this balance, the outcome of the study should be predicted, the actual and potential risks and benefits be assessed, and thereafter maximise the benefits and minimise the risks (Burns & Grove, 2005:191).

1.11.1.2 Right to protection from exploitation

The right to protection from exploitation implies that involvement in a study should not place participants at a disadvantage or expose them to situations for which they have not been prepared (Polit & Beck 2008:171). Participants need to be assured that their participation or information they might provide will not be used against them in any way.

Study participants enter into a special relationship with researchers, and it is crucial that this relationship not be exploited (Polit & Beck, 2008:170). Qualitative researchers are in a position to do good, rather than just avoid doing harm, because of the close relationships they often develop with participants.

1.11.2 Respect for human dignity

The principle of respect for human dignity involves the right to self-determination and the right to full disclosure (Polit & Beck, 2008:171).

1.11.2.1 Right to self-determination

The right to self-determination is based on the ethical principle of respect for persons and indicates that people are capable of controlling their own destiny. A person's right to self-determination includes freedom from coercion of any type (Polit & Beck, 2008:171). Coercion involves explicit or implicit threats of penalty for failing to participate in a study or excessive rewards from agreeing to participate (Burns & Groves, 2005:182).

Prospective participants have the right to decide voluntarily whether to participate in a study, without risking any penalty or prejudicial treatment. This implies that participants have the right to ask questions, refuse to give information, or withdraw from the study (Polit & Beck, 2008:171; Brink, van der Walt & van Rensburg, 2006:32).

The researcher ensured the participants' right to self-determination by explaining the purpose and significance of the study to them. The researcher emphasised that participation was free and voluntary, and that they had the right to withdraw from the study at any time (Polit & Beck 2008:206). The researcher treated the participants with human dignity throughout. The participants were given an information letter clearly stating their right to voluntarily choose to participate in the study and to withdraw at any time without penalty if feeling uncomfortable.

1.11.2.2 Right to full disclosure

According to Polit and Beck (2008:172) the right to full disclosure means that the researcher must fully describe the nature of the study, the participant's right to refuse participation, the researcher's responsibilities, and any likely risks and benefits.

The participants were invited to participate in the research study whilst they were on theoretical block. The date for the study was communicated through the Head of Departments of different study fields. On the day of

data collection the researcher introduced herself to the participants and gave them participation information leaflets and informed consent forms explaining the introductory information (Reed 2007:128; Polit & Beck 2008:414) (see Annexure B).

1.11.3 Justice

The principle of justice involves the right to fair treatment and the right to privacy (Polit & Beck 2008:173).

1.11.3.1 Right to fair treatment

The right to fair treatment is concerned with the equitable distribution of benefits and burdens of research (Polit & Beck 2008:173). The selection of study participants should be based on research requirements and not on the vulnerability or compromised position of certain people (Brink, van der Walt & van Rensburg, 2006:33; Burns & Grove 2005:189).

Polit and Beck (2008:173) added that this principle imposes particular obligations towards individuals who are unable to protect their own interests to ensure that they are not exploited for the advancement of knowledge. The right to fair treatment means that researcher must treat participants who decline to participate in a study in a non-prejudicial manner and should honour all agreements made with participants. The researcher must demonstrate sensitivity to and respect participants' beliefs, habits, and lifestyles from different backgrounds or cultures. Participants should be afforded access to research personnel for any desired clarification (Polit & Beck, 2008:174). Participants entered voluntarily in the study and this is reflected by the signed consent forms (see Annexure B).

1.11.3.2 The right to privacy

Privacy is the freedom an individual has to determine the time, extent and general circumstances under which private information will be shared with or withheld from others (Burns & Grove 2005:186). The researcher assured the participants of confidentiality and anonymity and respected their privacy by allowing them to complete the self-report interview guides privately and conveniently during their study block time. The participants' anonymity and confidentiality were assured because their names were not provided hence no information could be linked to specific participants. Codes codes have been used instead of names, whereby information can be de-identified (Brink, van der Walt and van Rensburg 2006:34; Burns & Grove 2005:187).

The participants signed the consent forms issued to them, thereby granting permission to proceed with the self-report interview guide. The signed consent forms were collected in a separate container and sealed before the interview guides were distributed. This strategy was used to maintain anonymity throughout the study.

1.12 DEFINITION OF KEY TERMS

In this the following terms are used as defined below.

1.12.1 Clinical accompaniment

According to SANC Regulation R425 (1985), accompaniment "encompasses the conscious and purposeful guidance and support for the student based upon her own unique needs, by creating learning opportunities that make it possible for her to grow from passiveness to involvement, to independent, critical, practices".

According to Kotzé (2008:198) accompaniment in the teaching/learning environment refers to "the purposeful activities aimed at enabling a student to overcome his or her need for help and support".

In this study clinical accompaniment referred to accompaniment of pre-graduate students during their second, third and fourth year of allocation in the CLE.

1.12.2 Clinical learning environment

The CLE means "an interactive network of forces within the clinical setting that influences students' clinical learning outcomes" (Stokes & Kost, 2009:283; Chan, 2002:518). According to Oliver and Endersby (2003:233), accompaniment is "a holistic notion involving every aspect of a clinical setting involving the students themselves".

In this study, the CLE meant different clinical learning areas within the hospital where students are placed for practice (see Section 1.6.2).

1.12.3 Nurse educator

A nurse educator is "a registered professional nurse who has also had education in the discipline of teaching and who specialises in the teaching of nursing and in planning and implementing nursing education programmes" (*Blackwell's Nursing Dictionary*, 1994:460). Van Niekerk (2002:11) defines a nurse educator as "a person who is registered with the SANC as a nurse educator, and functions in an NEI as an educator or facilitator of learning".

A nurse educator is "a person who must facilitate learning in both theory and practice. He or she must be a specialist in the subject field he/she is

facilitating" (SANC R425, 1985). A nurse educator involved in clinical teaching must be clinically competent and have insight regarding the clinical accompaniment, have collegial relationship with pre-graduate students and nursing personnel, and be friendly, supportive and patient (Stokes & Kost, 2009:287; Uys & Meyer, 2005:16). In addition a nurse educator should act as a role model for the pre-graduate students (Kunklin, Sawasdisinga, Viseskul, Funashima, Kameoka, Nomoto & Nakayama (2011:84).

In this study, the nurse educator was a Registered Nurse with additional qualifications in Nursing Education and employed at the specific NEI and was involved in the education and training of students enrolled for the diploma in the four-year comprehensive nursing programme.

1.12.4 Nursing Education Institution (NEI)

The *Nursing Act, 33 of 2005* (2005:6) defines a nursing education institution as any nursing education institution accredited by the SANC.

According to SANC R425 (1), a nursing college means a post-secondary educational institution which offers professional nursing education at basic and post-basic level where such nursing education has been approved in terms of section 15(2).

According to the SANC (1994:21), a nursing education institution is a post-secondary educational institution approved by the SANC as a nursing school and which meets the following prerequisites:

- legal enablement for its existence and maintenance
  - co-operation agreement with a university
- organisational structures

- College Council and its committee
- College Senate and its committees

o approved curriculum

o approved system for the management of examinations

o adequately prepared teaching staff

o access to adequate facilities supported by formal agreements with authorities (public or private) in respect of each of the clinical facilities.

In this study the NEI referred to the selected NEI in Gauteng, where the comprehensive four-year programme for the training of professional nurses is offered.

1.12.5 Pre-graduate programme

A programme is "a planned series of events" (*Collins English Dictionary*, 2005:651). In this study the pre-graduate programme meant the comprehensive four-year nursing programme. The programme is offered over a period of four years of training. The four-year diploma in comprehensive nursing programme allows for pre-graduate students who have successfully completed the programme to register as registered nurses (General, Psychiatric and Community) and Midwives with the SANC (R425, 1985).

1.12.6 Pre-graduate student

Kotzé (2008:187) defines a nursing student as a person "who enters the basic nursing education programme, and has successfully completed 12 years of schooling, meets the requirements for higher education at an approved school of nursing".

Hornby, Cowie and Windsor-Lewis (1975) (cited in Van Niekerk 2002:2) describe a student as a person who is studying at a college or university. In this study a nursing student referred to a and second-, third- and fourth-year pre-graduate student enrolled for the comprehensive four-year nursing programme at the selected NEI in Gauteng.

1.13 LAYOUT OF DISSERTATION

The layout of the study is as follows:

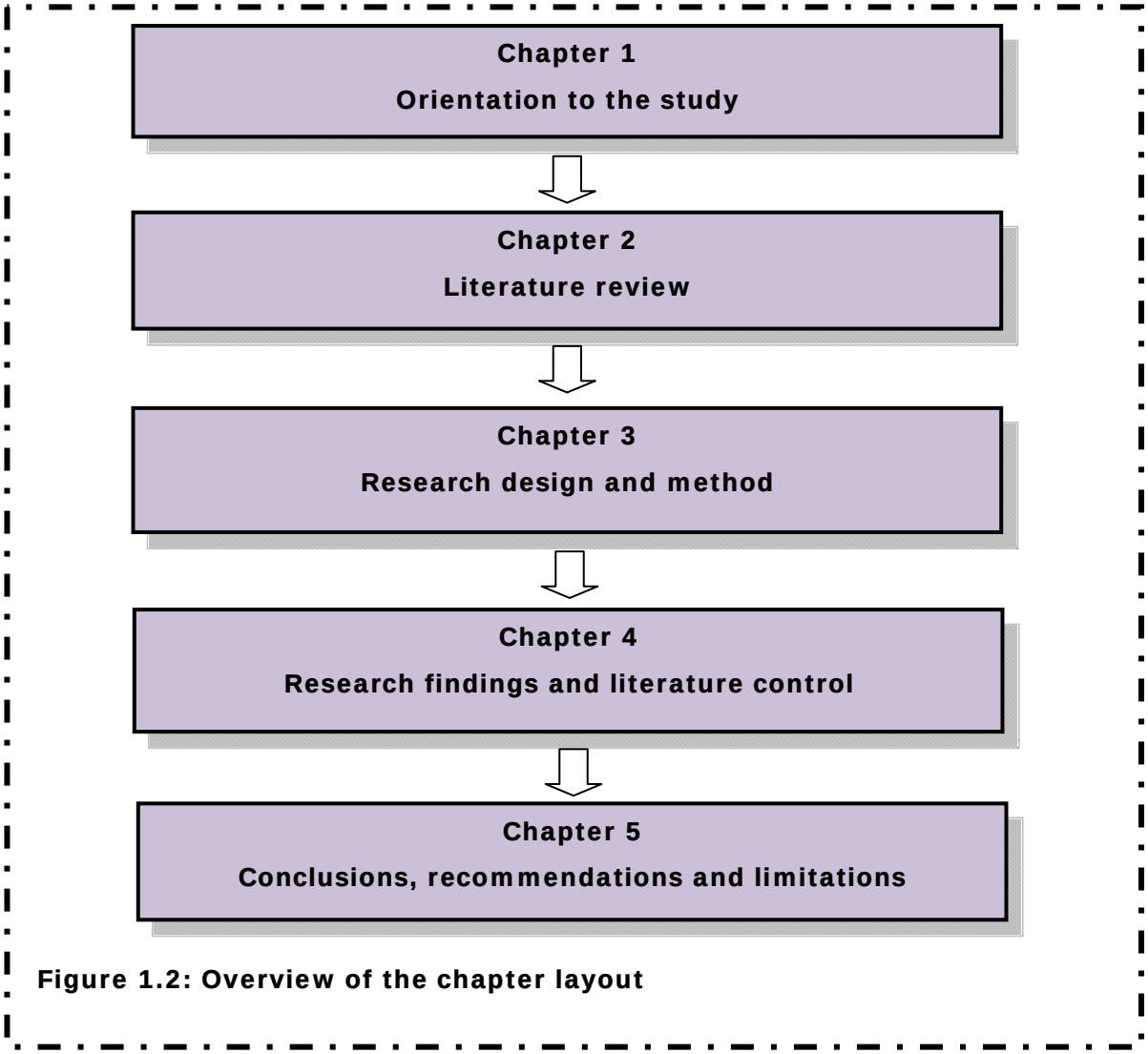

Figure 1.2: Overview of the chapter layout

1.14 CONCLUSION

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

In Chapter 2 an in-depth literature review on AI and clinical accompaniment, will be provided.

A man who reviews the old so as to find out the new is qualified to teach others.

- Hofstee -

2.1 INTRODUCTION

Chapter 1 presented an overview of the study. This chapter discusses the literature review conducted for the study. A good literature review lays the foundation for the research as it generates a picture of what is known and not known about the research problem. Burns and Grove (2007:92) state that a literature review is an organised, written presentation of what has been published on a topic. The purpose of the review is to convey to the reader what is currently known regarding the topic of interest.

By undertaking a literature review the researcher aimed to find similar studies, identify any gaps, and ensure that there was a theoretical base for the study (Hofstee, 2009:91, Babbie & Mouton, 2007:507). A literature study is done before, during and after the actual study (Polit & Beck, 2008:105; Burns & Grove, 2009:91). The researcher started the literature review before the actual study in order to determine how best she could make a contribution to the existing base of evidence as suggested by (Polit & Beck, 2008:106).

The literature review covered clinical accompaniment and the utilisation of appreciative inquiry (AI) as an evaluation process. Clinical accompaniment was examined in terms of clinical learning environment, methods of accompaniment, and advantages and evaluation of clinical accompaniment. Regarding appreciative inquiry, the researcher examined the history, principles, assumptions and definition of AI; the AI model;

critique against AI and utilization of AI in evaluation, strategic planning; moving from strengths, weaknesses, opportunities and threats(SWOT) to strengths, opportunities, aspirations and results (SOAR), and the application of AI in change management and nursing.

2.2 CLINICAL ACCOMPANIMENT

According to the South African Nursing Council (SANC) Regulation R42 (1985), accompaniment encompasses "the conscious and purposeful guidance and support of the pre-graduate student based upon her own unique needs, by creating learning opportunities that make it possible for him/her to grow from passiveness to involvement, to independent, critical, practices". In terms of the *Nursing Act, 33 of 2005*, nurse educators are required to accompany pre-graduate students in the CLE to give guidance, support, and help them integrate theory into meaningful practice. Tsele and Muller (2000:32) refer to clinical accompaniment as a formal process of guidance and facilitation by a registered nurse in the CLE to facilitate and ensure that clinical learning outcomes are achieved. Kotzé, (2008:198) states that clinical accompaniment in the CLE is "the purposeful activities aimed at enabling a pre-graduate student to overcome his or her need for help and support".

Furthermore Kotzé (2008:198) states that clinical accompaniment is an interactive participatory systemic process that entails participation and diagnosis of a pre-graduate student's needs at a specific time. Mochaki (2007:33) maintains that clinical teaching done in the CLE is about sharing information, perceptions and mutual experiences on the part of both nurse educator and a student. Both the pre-graduate student and the nurse educator should work collaboratively in identifying the needs and designing a plan of action to meet such needs.

Anthropological nursing accompaniment theory regards clinical accompaniment as a dynamic interactional strategy to facilitate self-

empowerment (Kotzé 2008:198). Pre-graduate students need to be empowered to become mature professionals. Empowerment means "to give or delegate power" (*Collins English Dictionary*, 2005:257). Kotzé (2008:198) describes empowerment as a process of growth. In order for pre-graduate students to grow and become mature professionals, they need nurse educators' support and guidance throughout the learning process.

Kotzé (2008:198) maintains that clinical accompaniment "works from the assumption that the pre-graduate student and the nurse educator, in their humanness, are unique, multidimensional unitary beings that are continuously becoming". Learning never ends; both the nurse educator and the student continue to learn and grow professionally through interaction. Pre-graduate students should be trained to become proficient health professionals who will be able to help improve people's health, and equally nurse educators keep on improving their clinical teaching skills.

Empowerment is an enabling process of development and growth that equips a person to take independent decisions and act autonomously (Chabeli & Muller, 2004:62 & Mntambo, 2009:63). Moreover, professionals' empowerment of pre-graduate students assists them to develop professionally in a caring, collaborative, culturally competent and respectful environment (Kotzé, 2008:198). Nurse educators also need to empower themselves in the management of the education process in order to be effective in the facilitation of learning. Both nurse educator and pre-graduate student should enter into a lifelong learning relationship of acquiring knowledge and skills.

Table 2.1 outlines the pre-graduate student's and nurse educator's inputs that indicate the process of growth in a teaching-learning relationship in the achievement of self-empowerment during clinical accompaniment as suggested by (Kotzé 2008:200).

Table 2.1 Pre-graduate students' and nurse educators' inputs during clinical accompaniment

Pre-graduate students' input	Nurse educators' input
Awareness of responsibility	Preparedness and awareness of responsibility
Participation and exploring of possible solutions	Appeal for participation
Acknowledgement of needs and willingness to risk	Intervention with assistance and guidance
Development of self-confidence and growing awareness of responsibility	Approval/praise Admonishment/appeal
Growth and acceptance of responsibility Actualisation of attitudinal values	Reinforcement of learning and recognition of progress
Actualisation of professional values	Gradual withdrawal and separation and reflection on personal progress
Appreciation for achievement and self-commitment to lifelong learning	Growing competence and self-esteem Appreciation for achievement and self-commitment to lifelong learning

Adapted from Kotzé (2008: 201)

Table 2.1 displays the process of actualisation of inputs and effects leading to self-empowerment for both pre-graduate student and nurse educator. The interaction of the pre-graduate student and the nurse educator is reflected when both parties accept responsibility for learning and guidance. In Hong Kong, Chan and Ip (2006:682) reported that pre-graduate students saw human relationships in the CLE as their top priority. Pre-graduate students should be prepared to learn and participate actively while nurse educators avail themselves and are prepared to offer guidance and support (Stokes & Kost, 2009:288)

The pre-graduate students usually progress from being passive participants in a CLE where they receive orders from the senior nurses to a stage where they learn to explore the problems, suggest possible alternatives or solutions (Kotzé, 2008:201). The presence of a nurse educator in guiding, creating opportunities and encouraging the pre-graduate students through questions, and actively listening adds a motivating factor towards growth (Lekhuleni, van der Wal & Ehlers, 2004:25). Through this stimulation of reasoning, the pre-graduate students will develop courage to accept challenges and willingness to take the risks (Uys & Meyer, 2005:18).

Through continuous guidance pre-graduate students develop confidence, accept responsibility and grow towards self-actualisation. They actualise values towards the profession, self-respect and respect for people around them and develop into critical thinkers. In Hong Kong, Chan and Ip (2006:683) found that pre-graduate students saw support, respect, and recognition by all personnel in the CLE as their priority during clinical placement. Uys and Meyer (2005:13) emphasise critical thinking as thinking further than the obvious, as well as making enlightened and goal-orientated decisions.

Beukes, Nolte and Arries (2010:1) assert that clinical accompaniment is an important part of clinical teaching, and can be regarded as a means of integrating theory and practice. During clinical accompaniment the nurse educator should be able to give praise and approval when it is due or admonish or appeal to the pre-graduate students in order to reinforce learning. Uys and Meyer (2005:13) argue that inefficient clinical accompaniment of pre-graduate students' leads to ineffective clinical learning experiences.

Clinical accompaniment of pre-graduate students assists them to develop into mature, independent practitioners. This idea can only be realised if there is continuous guidance and support from the nurse educators and

nurse managers in the CLE. Morolong and Chabeli (2005:38) maintain that effective accompaniment is crucial in ensuring competency of newly qualified registered nurses. In Limpopo province Lekhuleni, van der Wal, and Ehlers (2004:17) found that nursing students and unit mangers indicated that clinical accompaniment could be improved by enhanced availability of nurse educators in the clinical setting.

The development of a pre-graduate student towards self-actualisation is made possible in a CLE conducive to learning. Clinical accompaniment as it occurs in the CLE forms a vital component of nursing curriculum and is central to nursing education (Chan & Ip, 2004:665).

2.2.1 Clinical learning environment (CLE)

The clinical learning environment (CLE) is an interactive network of forces within the clinical setting that influences pre-graduate students' clinical learning outcomes (Stokes & Kost, 2009:283; Chan, 2002:518). The CLE is a place where students synthesise the knowledge gained in the classroom and apply it to practical situations. Oliver and Endersby (2003:233) describe clinical accompaniment as "a holistic notion involving every aspect of a clinical setting". Chan (2002:630) points out that the CLE is a complex social entity where pre-graduate students, clients, clinicians and nurse educators co-exist, each with their own objectives. The CLE encompasses all that surrounds the pre-graduate student, including the increased complexity of care required by patients with higher acuity, the nursing shortage, the rapid pace, and multiple health care professionals and activities (Chan & Ip, 2006:678; Stokes & Kost, 2009:287).

The SANC R425 (1985) stipulates that an institution providing the four-year comprehensive nursing programme should provide pre-graduate students with both classroom and clinical learning opportunities. The

clinical learning component, which is facilitated through clinical accompaniment by the nurse educator, takes place in the CLE, and this is consistent with the requirement for training (SANC R425, 1985). In addition Chan and Ip (2004: 665) assert that clinical practice forms a vital component in the nursing curriculum and should be acknowledged as central to nursing education.

Clinical learning is best done in an environment conducive to learning (Chan, 2004:2). Adequate human and material resources, positive interpersonal relationships and laid down policies to guide practice are among the aspects considered important for a nurturing environment for students.

Nursing education is practice based and a CLE provides the opportunity for pre-graduate students to apply the cognitive, psychomotor and affective skills and to enhance correlation of both theory and practice (Chan, 2004:1, Kotzé, 2008:192). The CLE provides the pre-graduate student with optimal opportunities to observe role models, to practise, and to reflect upon what is seen, heard, sensed and done (Chan, 2004:1). In addition Chan and Ip (2004:666) emphasise that the CLE enhances the pre-graduate students' opportunity to develop attitudes, competence, interpersonal skills, critical thinking and clinical problem-solving abilities.

The CLE is sometimes stressful to pre-graduate students and nurse educators should, through effective clinical accompaniment, be able to recognise their need for support (Stoke & Kost, 2009:288). Chan (2004:1) found that pre-graduate students are frequently thrown into unplanned and sometimes unexpected circumstances in which they are faced with patients and other health discipline providers, and this poses a threat to them. Pre-graduate students feel safe in an environment where they can be comfortable to speak and express their views.

The SANC (R425, 1985) stipulates the minimum hours for clinical practice and it is the responsibility of the nurse educator to allocate students according to the SANC specifications. Pre-graduate students registered for the four-year comprehensive nursing course are placed in the CLEs to practise nursing skills in general nursing science, psychiatry, community and midwifery. The SANC approves all the CLEs before utilisation for learning.

On-going clinical accompaniment in approved CLEs by nurse educators and registered nurses is the required support that should be offered to ensure production of mature professionals. The nurse educator is expected to spend at least 30 minutes per fortnight per student in the CLE. To gain appropriate clinical nursing experience, knowledge and skills during the four-year comprehensive nursing programme, it is necessary that pre-graduate students work in various CLEs (SANC R425, 1985). The SANC stipulates the clinical hours for nurses training in the four clinical components of training as a requirement, namely 1 000 hours for Midwifery (including preventive and promotive health, curative health and rehabilitative), while general nursing, psychiatry and community nursing share the hours as follows: 1 000 hours for preventive and promotive health, 1 500 for curative health and 500 for rehabilitation and other, and these are at the discretion of the school (SANC R425, 1985).

2.2.2 Nurse educator

The best nurse educator is a person that exhibits expert clinical skills and judgement (Stokes & Kost, 2009:287). Pre-graduate students usually describe the best nurse educator as the one demonstrating competence in the real situation. Uys and Meyer (2005:14) found that nursing students viewed the professional roles and nursing responsibilities of nurse educators at the bedside as important indicators for clinical experience. However, Uys and Meyer (2005:13) caution that inexperienced nurse

educators can negatively affect the implementation of accompaniment methods.

In addition Stokes and Kost (2009:288) assert that the most important factor that enhances learning in the CLE is the behaviour of nurse educators in relation to interpersonal skills towards the pre-graduate students. Nurse educators should show respect for pre-graduate students and correct mistakes without belittling them (Lekhuleni, van der Wal & Ehlers, 2004: 18). They must be supportive and show understanding to the pre-graduate students at all the times.

Beukes, Nolte and Arries (2010:5) point out that acting respectfully towards pre-graduate students requires effort, and this involves paying close attention to them, getting to know them in their individuality, listening actively, taking them seriously, and working with them. Ehrenberg and Häggblom (2006:71) found that Swedish pre-graduate students appreciated being respected as students, which they indicated increased their self-esteem and self-confidence. In Thailand, Kunklin, Sawasdisinga, Viseskul, Funashima, Kameoka, Nomoto and Nakayama (2011:86) found the highest level of respect for students by nurse educators.

Stokes and Kost, (2009:289) assert that an effective clinical nurse educator should

- Be able to create an environment that is conducive to learning in the CLE, have knowledge of the practice area, and possess clinical competence, knowledge and desire to teach.
- Be supportive to pre-graduate students and this can be achieved by knowing them, accepting the differences among them and displaying mutual respect.
- Possess clinical teaching skills that maximize pre-graduate students' learning, and be able to diagnose their needs, personalities and capabilities.

- Foster independence and encourage exploration from the pre-graduate students, so that they are able to approach even complex situations in the CLE.
- Possess effective communication and questioning skills, serve as role models and enjoy nursing and teaching.
- Be friendly, approachable, understanding, enthusiastic and confident about teaching and, lastly, exhibit fairness in evaluation and provide frequent feedback.

It is evident from the literature that the nurse educator plays a pivotal role in the socialisation of a pre-graduate student into a mature professional. Meyer and van Niekerk (2008:176) emphasise the responsibility of the nurse educator in active clinical accompaniment. Due to the increasing shortage of nurse educators and heavy workload of being involved in both theory and practice, however, nurse educators find it difficult to reach the large number of pre-graduate students in the CLE (Monareng, Jooste & Dube, 2009:114). Furthermore Waterson, Harms, Qupe, Maritz, Manning, Makobe and Chabedi (2006:70) point the as increasing number of students due to merging of NEIs is another factor that impedes clinical accompaniment. Meyer and van Niekerk (2008:176) identify clinical preceptorship or mentorship as alternative models that are preferred in clinical accompaniment. The two terms are used interchangeably and denote the support roles given to pre-graduates in the CLE (Mashaba & Brink, 1994:128 & Mntambo, 2009:63). Nurse educators, the clinical preceptors or mentors can work together in compiling the pre-graduate students' programme in education and training (Monareng et al, 2009:123).

2.2.2.1 Preceptorship

The Canadian Nurses' Association defines preceptorship as "a formal, one-to-one relationship of pre-determined length, between an experienced nurse (preceptor) and a pre-graduate student (preceptee) designed to assist the pre-graduate student in successfully adjusting to a new role"

(Schober & Affara, 2006:126). Preceptorship is a teaching model in which the pre-graduate student is assigned a preceptor for clinical accompaniment (Stokes & Kost, 2009:293; Henderson, Twentyman, Heel & Lloyd, 2006:565). Even though a ratio of 1:1 is advocated, due to the large numbers of students in NEIs, it is not feasible to accompany pre-graduate students on the basis of that ratio (Monareng et al, 2009:120). However, the preceptorship model has the advantage of allowing close accompaniment and practice-oriented education of pre-graduate students.

Stokes and Kost (2009:293) contend that preceptorship in the CLE is done by experienced nurse managers who facilitate and evaluate pre-graduate students' learning in the clinical learning area. In Swedish NEIs, however, Ehrenberg and Häggblom (2006:68) found that preceptorship was done by inexperienced nurses who lacked academic training. Henderson (2006:566) found that preceptors often lacked formal qualifications and sometimes received little or no preparation for their teaching role.

The role of a nurse manager as a preceptor in the clinical accompaniment of pre-graduate students is implemented in conjunction with other responsibilities, such as patient care and nursing management (Meyer & van Niekerk, 2008:176; Stokes & Kost, 2009:293). Moreover the task of preceptorship is regarded as the additional role of the nurse manager as a teacher, and needs to be recognised. Meyer and van Niekerk (2008:176) assert that in order to motivate them to be fully committed in accompaniment, nurse managers should be remunerated for their services.

In addition Meyer and van Niekerk (2008:176) highlight that preceptorship creates opportunities for socialisation of pre-graduate students into practice, thus bridging the gap between theory and practice. The authors maintain that clinical preceptors are experts in specific clinical settings and are able to support and guide learners even in stressful times. Their experience in those fields give them confidence in facilitation

of clinical learning for students. In a study conducted in Botswana, preceptors' years of experience ranged from 2-26 which complies with the notion that a preceptor should be at least 12 months experienced in a particular field (Monareng et al., 2009:120). In addition Schober and Affara (2006:128) assert that preceptors must have an appropriate background and education to function. Leadership, communication, decision-making skills and a desire to teach are important factors to look for in a preceptor.

Preceptorship has been widely used in the USA since about 1985 and has been adopted in Australia, South Africa and other countries (Henderson et al, 2006:565 & Moleki, 2008:10). Monareng et al (2009:114) emphasise that through guidance, observation and quality supervision, preceptors can greatly enhance pre-graduate students' knowledge, skills and problem-solving abilities.

2.2.2.2 Mentorship

"Mentoring" stems from the noun, "mentor", and originated in Greek mythology. In the *Odyssey*, Ulysses asked his best friend, Mentor, to take care of his son, Telemachus. Mentor became Telemachus's trusted guide and counsellor for preparation into adult world by acting as a father, and a friend (Potgieter, 2008:207; Harrington, 2011:168 & Jooste, 2010:250). The concept was adopted in nursing and a mentor is an experienced and faithful advisor to an aspiring professional in nursing (Potgieter, 2008:207 & Foley, 2011:278).

Harrington (2011:169) refers to mentors as ideal professionals, ole models, nurse educators, sponsors and charismatic figures to pre-graduate students, whom the students would want to follow in their footsteps. McGee and Castledine (2003:68) view a mentor as "someone who provides an enabling relationship which facilitates another's growth and development". The term "mentor" is used to denote the role of the nurse, midwife or health visitor who facilitates learning, supervises and

assesses pre-graduate students in the practice setting (Hinchliff, 2007:147). Anderson (2011:48) asserts that a mentor is an experienced nurse or midwife who has undertaken an approved mentorship preparation programme and is qualified to support and assess pre-graduate students in the practice setting.

Furthermore Hill and Sawatzky (2011:161) describe mentorship as "an intense relationship between a pre-graduate students and an expert to promote role socialization and, ultimately role success of the pre-graduate students". Hinchliff (2007:147 emphasises that mentorship is concerned with individual growth, development of confidence, creativity, self-awareness and fulfilment of potential.

The mentoring relationship helps provide teaching, coaching, counselling, sponsorship, trust, respect, personal attraction, guidance and support to pre-graduate students (McGee & Castledine, 2003:68; Hinchliff, 2007:148; Potgieter, 2008:207 & Harrington, 2011:169). Hill and Sawatzxy (2011:161) add that a mentoring relationship augments the development of the pre-graduate students' knowledge and clinical skill. Pre-graduate students' relationship with their mentors is central to their confidence and ability to manage their new role. Adults "learn best when combining theory with practice in an atmosphere of mutual respect and trust" and they therefore require guidance and support from their mentors (Anderson, 2011:49).

The mentoring relationship also benefits the mentors as indicated by (Hill & Sawatzky, 2011:163; Foley, 2011:278). The authors found that mentors highlighted that spending time with the pre-graduate students encouraged them to recall their emotions during their first year of practice and this helped them to better relate to the pre-graduate students. In addition, they felt encouraged to remain up to date on their clinical skills and knowledge so as to offer support and guidance to the pre-graduate

students. Foley (2011:278) contends that all nurses have a professional responsibility to mentor future generations:

According to Hinchliff (2007:147) and Anderson (2011:49), the responsibilities of mentors are to

- Contribute to a planned, supportive learning environment and quality learning outcomes of pre-graduate students.
- Be approachable, and have knowledge of how pre-graduate students learn best.
- Identify specific learning opportunities that are available in the CLE.
- Encourage the application of enquiry-based learning and problem solving skills.
- Provide time for reflection, feedback and monitoring of pre-graduate students' progress.

Despite having "characteristics conducive to mentoring", Harrington (2011:170) identifies factors that could hamper the nurse managers from engaging in effective mentoring. Among these factors are time constraints, scheduling limitations, space constraints, and lack of organisational support. The manager can also delegate the mentoring task to registered nurses, but due to the shortage of nurses, and work overload these nurses are reluctant to mentor pre-graduate students. Mentors are also responsible for the safety and wellbeing of patients, while remaining professionally accountable for mentoring pre-graduate students in practice (Anderson, 2011:52; Jokelainen, Jamookeeah, Tossvainen & Turunen, 2011:510). In addition Harrington (2011:170) points out that lack of reward for mentors monetarily, by promotions, or with tenure are barriers to effective mentoring.

Jokelainen et al (2011:512) found that Finnish and British mentors perceived organisations as a significant factor in capacity building for the mentorship of pre-graduate students by means of supplying sufficient human and financial resources, budgeting for enough staff, and protected

time in placements for mentorship. Furthermore, capacity building is vital for mentors. Human resources "should equip mentors with knowledge, understanding, skills, access to information and training to perform effectively" (Jokelainen et al, 2011:516). Finally, organisational appreciation of and commitment to pre-graduate students' mentorship would enhance pre-graduate student attraction to nursing and reduce some of the negative experiences and attrition rate (Jokelainen et al, 2011:516.

The literature revealed that mentoring can be an effective model of accompaniment, and the co-operation of the NEI and the hospital nursing management in terms of support and provision of needed resources can make it possible.

2.3 ADVANTAGES OF CLINICAL ACCOMPANIMENT

As noted earlier, clinical accompaniment and guidance form the cornerstone of professional and personnel development of the pre-graduate students. Pre-graduates spend most of their training in the CLE where they undergo socialisation from novice to expert. They are able to accomplish this through ongoing support and guidance from registered nursing personnel. Du Plessis (2004: 68) maintains that through clinical accompaniment pre-graduate students learn to act independently as professional practitioners who deliver a high standard of nursing care.

Furthermore, Mochaki (2007: 33) asserts that clinical accompaniment helps the pre-graduate student to develop a sense of curiosity and be more active in patient care. Reilly and Oerman (1992) (cited in Meyer & van Niekerk, 2008:176) add that through clinical accompaniment pre graduate students are able to apply their knowledge in practice, solve problems and be committed to patient care. When guided the pre-graduate students gradually build confidence and responsibility to act independently in the CLE.

2.4 EVALUATION OF CLINICAL ACCOMPANIMENT

Clinical accompaniment plays a pivotal role in socialisation of pre-graduate students. However, it needs to be evaluated from time to time in order to determine its effectiveness. Evaluation is means "finding or judging the quality or value of something" (*Collins English Dictionary*, 2005:270). Despite the challenges experienced by pre-graduate students in the CLE, the positive aspects of clinical accompaniment form the basis for improvement to ensure excellence in the clinical accompaniment of pre-graduate students. The researcher is of the opinion that the preferred method of evaluating pre-graduate students in clinical accompaniment is by utilizing AI as a positive evaluation process. AI focuses on the positive aspect rather than the negative aspects. AI will be discussed in depth in section 2.4.1- section 2.4.3.

2.4.1 Appreciative Inquiry (AI)

AI consists of nine principles, namely constructionist, simultaneity, poetic, anticipatory, positive, wholeness, enactment and free choice, and five theories underpinning these principles. There are four models of AI: the 4-D model (discovery, dream, design and destiny); the 5-D model (define, discovery, dream, design, and destiny); Preskill and Catsambas's (2006:15) 4-I model of inquire, imagine, innovate, and implement, and Reed's (2007:35) 4-I model of initiate, inquire, imagine, and innovate.

AI is also criticised as a developing approach to organisational development of change that differs from the traditional approach to problem-solving. The shift from the traditional SWOT approach to the emerging SOAR approach will also highlighted. Furthermore, the researcher will examine the use of AI in evaluation, data-collection approaches and application of AI in nursing education.

2.4.2 Historical overview

In 1980 David Cooperrider wished to examine and improve organisational effectiveness by means of a new approach, namely Appreciative Inquiry. Cooperrider was assisted at Case Western Reserve Weatherford School of Management by his colleague and mentor, Dr. Suresh Srivastva, in the development of an approach to improving organizational effectiveness that differed from the preceding traditional models of problem identification and resolution (Miller 2007:11 & Bushe 2007:6). His study focused on the question, "What is wrong with the human side of the organisation?" Cooperrider found that when he asked questions that were problem focused, people lost energy and became less engaged with the interviews (Preskill & Catsambas 2006:9 & Reed 2007:22). However, when he asked about why things succeeded, the interviewees' level of interest and energy increased. During the interviews he was amazed by the level of positive cooperation, innovation and egalitarian governance in the organization.

The findings from the interviews led Cooperrider to shift his focus to analysing the factors that contributed to the effective functioning of the organization. The report from the study created a powerful and positive stir that the organization under study called for ways to use the method with the whole group practice. Miller (2007:11) points out that since then AI has evolved as a philosophy and process which seeks to identify the best in individuals and organizations through a model of inquiry and discovery. Miller (2007:11) adds that the process of AI assists organizations and individuals in finding their strengths or their "positive core" through a story-telling methodology, which includes a series of premeditated questions for facilitating discovery of strengths. Cooperrider first used the term "appreciative inquiry" as a footnote in the feedback report on his studies (Preskill & Catsambas 2006:9).

David Cooperrider completed his doctoral thesis in 1986, and in it he presented a set of AI principles, AI logic, and four AI phases (Discovery - *What is*; Dream - *What might be*; Design - *What should be*, and Destiny - *What will be*) (Miller 2007:11; Preskill & Catsambas 2006:15). He was then motivated to write about his findings and approach in a variety of settings (Preskill & Catsambas 2006:15). In 1990, together with other scholars, he founded the Taos Institute which hosted workshops on AI and related topics, and later published books on dialogue, social constructionist thinking, and social change (Preskill & Catsambas 2006:9).

Preskill and Catsambas (2006:9) point out that AI is gaining popularity as evidenced by published several books and articles, increasing presentations on using AI in various contexts at professional conferences and workshops on AI around the world. The eight principles of AI will be discussed next.

2.4.3 AI principles

Cooperrider identified the first five principles in his original work (Reed, 2006:9). The principles identified derive from social constructionism, image and grounded theories (Cram, 2010:2). Later AI researchers and practitioners developed the sixth through to the eighth principle in the continuing evolution of the approach, and these serve as the foundation for understanding how AI is implemented (Preskill & Catsambas 2006:9). The eight principles are constructionism, simultaneity, poetic, anticipatory, positive, wholeness, enactment and free choice.

2.4.3.1 Principle of constructionism

According to Preskill and Catsambas (2006:10), Cooperrider & Whitney (2000:14) and Coghlan, Preskill and Catsambas (2003:9), what is known about an organisation and the organisation's actual destiny are interwoven. To be effective leaders in any situation, people must be skilled in the art of understanding, reading, and analysing organizations as

living human constructions (Watkins & Kelly 2010:14; Cooperrider, Whitney & Stavros, 2008:8). Reality is constructed during social interaction with people and knowledge is an evolving construct that is shaped by the experiences and conversations that people have with each other. Reed (2007:26) states that as soon as people interpret the world, there are different stories of what is happening, and these exist alongside each other. Social constructionism maintains that the social and psychological realities are products open to continuous reconstruction through conversation between people (Lind & Smith 2008:32; Bushe & Kassam, 2005:166).

2.4.3.2 Principle of simultaneity

According to Preskill and Catsambas (2006:10) and Cooperider et al (2008:9), inquiry and change are not separate. Inquiry sets the tone for intervention for as soon as individuals ask questions and engages in conversation, they may begin to change the way they think and act (Sutherland & Stavros, 2003:5; Bushe & Kassam, 2005:166; Watkins & Stavros, 2008:2). The questions that are asked during the study set the stage for discovery, therefore the data obtained from the questions form the stories in which the future is conceived, discussed and constructed (Preskill & Catsambas, 2006:10; Watkins & Kelly 2010:14; Fitzgerald, Muriel & Newman, 2002:6). In addition Reed (2007:26) states that inquiry is an intervention in the way it stimulates reflection and thought that leads to different ways of thinking and doing.

2.4.3.3 Poetic principle

The poetic principle refers to the way people author their world continually and choose the parts of their stories they like (Reed 2007:26; Watkins & Kelly 2010:14) Human organizations "are open books - endless sources of learning, inspiration, and interpretation" (Preskill & Catsambas 2006:10 & Fitzgerald et al, 2002:2). Consequently, an organization's story is continually co-authored by the people within it. Bushe and Kassam (2005:166) maintain that the words and topics people choose invoke

sentiments, understanding, and meaning of words. Cooperrider et al (2008:9) add that people can choose what they want to study, and the choice of inquiries they make influences the direction of the organization.

2.4.3.4 Anticipatory principle

According to the anticipatory principle, the way people think about the future will shape the way they move towards that future (Bushe & Kassam, 2005:166 & Reed 2007:27). In other words, the important resources people have for generating constructive organizational change or improvement are their collective imagination and their discourse about the future (Preskill & Catsambas, 2006:10; Cooperrider et al, 2008:9; Watkins & Kelly, 2010:15).

Reed (2007:27) states further that starting off with the idea of the future based on what works will direct energy towards exploring ways in which this can be developed further. According to Preskill and Catsambas (2006:10) and Watkins and Kelly (2010:15), people's image of the future will guide them in determining how they will achieve the future.

2.4.3.5 Positive principle

The positive principle focuses on asking positive questions and engages people more deeply and for a longer time (Reed, 2007:26; Watkins & Kelly 2010:15). Momentum for change requires large amounts of positive affect and social bonding, attitudes such as hope, inspiration, and the sheer joy of creating with one another (Preskill & Catsambas, 2006:27; Bushe & Kassam, 2005:166). Furthermore, people and organizations move in the direction of their inquiries and positive images result in positive actions. Cram (2010:2) agrees, stating that positive questioning leads to positive change.

The principles of wholeness, enactment and free choice indicate the continuing evolution of the AI approach (Preskill & Catsambas 2006:9).

2.4.3.6 Wholeness principle

According to Preskill and Catsambas (2006:10), wholeness brings out the best in people and organizations. Wholeness means that by involving all of the stakeholders and "managing their preferred future" in a large group stimulates creativity and builds a collective capacity (Sutherland & Stavros 2003:6; Watkins & Stavros, 2008:6). It is related to "understanding the whole story, engaging with the whole system, and sharing one's whole person" (Preskill & Catsambas, 2006:10). Approaches to data collection in AI prefer to involve as many participants as possible in order to reach data saturation.

2.4.3.7 Enactment principle

Enactment implies that for people to really make a change, they must be the change they want to see (Preskill & Catsambas 2006:10; Sutherland & Stavros, 2003:6; Whittington & Dewar, 2003: 4). According to Preskill and Catsambas (2006:10), people should be the living example of the positive live they want to live. In addition, positive change occurs when people have a model of the ideal future and are living examples of that future. The emphasis is on the present, for the future is lived in the present and this future is created with people's thoughts, images and relationships (Preskill & Catsambas, 2006:10).

2.4.3.8 Free choice principle

According to Preskill and Catsambas (2006:11) and Sutherland and Stavros (2003:6), people perform better and are more committed when they have the freedom to choose how and what they contribute. Moreover, choice stimulates organizational excellence and positive change and liberates both personal and organizational power.

Taken together, "the eight principles of Appreciative Inquiry point to one simple message - Appreciative Inquiry is about conversations that matter" Whitney and Trosten-Bloom (2003) (cited in Preskill & Catsambas, 2006:11).

2.5 APPRECIATIVE INQUIRY MODEL

Cooperrider and his colleagues developed the 4-D model to describe each phase of the AI process. The four phases are Discovery, Dream, Design, and Destiny (Preskill & Catsambas, 2006: 11). Furthermore Preskill and Catsambas (2006:16) emphasise that one of the benefits of AI is that it can be adapted to a particular culture, context, and environment.

2.5.1 The 5-D Model

Cooperrider first developed the 4-D cycle, namely the discovery, dream, design and destiny, as a method to help leaders make visible the aspirations and vision of the people in an organization (Keefe & Pesut, 2004:105; Watkins & Stavros, 2008:12). Watkins and Kelly (2010:22) introduced an amendment to the 4-D model and developed the five phases of AI by adding the definition phase as the first and preparatory step of the cycle (see figure 2.1). Watkins and Kelly (2010:22) state that it does not matter which model one uses, both the 4-D and 5-D models are a rearticulation of Kurt Lewin's Action Research model that is the foundation of the Organisational Development field. In figure 2.1 a systematical presentation of the 5-D model is depicted. Each component of the model will be briefly discussed in Sections 2.5.1.1- 2.5.1.6

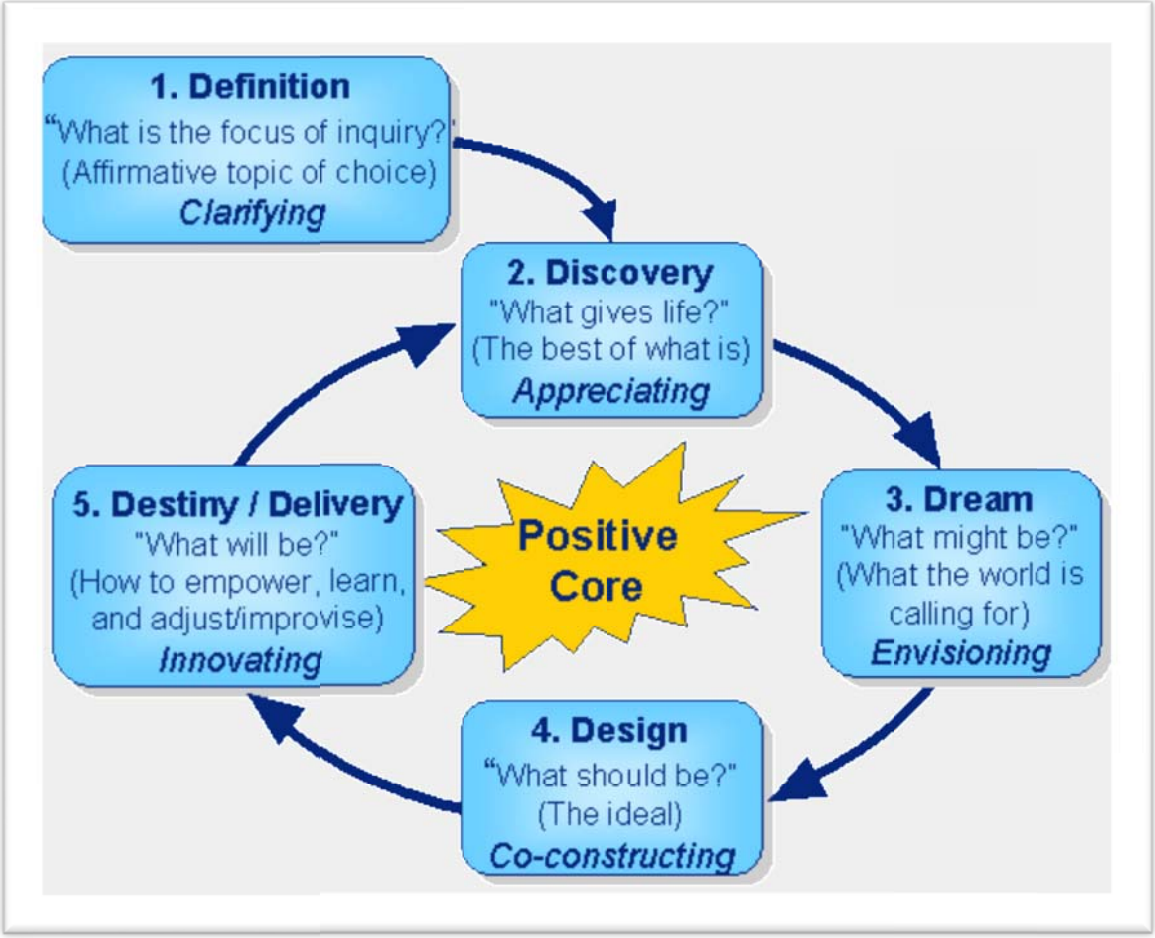

Figure 2.1 The 5-d model

Adapted from http://www.metaVolution.com/img/fiveDCycle.gif

2.5.1.1 Positive core and topic choice

Cooperrider et al (2008:437) define the positive core as that which makes up the best of an organization and its people. According to Cooperrider et al (2008:34), the positive core can be expressed as "…achievements and awards, best business practices…" etc, and they are woven throughout the 4-D model.

According to Reed (2007:29), the first step of AI application is selecting the focus or topic for the inquiry. The topic chosen should reflect the positive core of the organisation (Kavanagh, Stevens, Seers, Sidani & Watt-Watson, 2010:2). Cooperrider et al (2008:35) add that selecting the topic choice begins with the constructive discovery of the organization's

life-giving story. The topics chosen should reflect what people want to find out more about their organisation, or anything related to organisational effectiveness (Reed, 2007:9).

Cooperrider et al (2008:35) and Watkins and Kelly (2010:24) emphasise that the topics should be restricted to between three and five and be chosen according to the following principles: they should be affirmative and be stated in the positive; they should identify the objectives that people prefer; they should be the topics that people are curious and want to learn more about, and move in the direction that the group wants to go in.

2.5.1.2 Define

Watkins and Kelly (2010:24) refer to the definition phase as a preparatory step to the AI process. According to Shendell-Falik, Feinson and Mohr (2007:97), the definition phase begins with dialogues that reframe problems into affirmative topics. Watkins and Kelly (2010:24) add that the definition phase begins with agreement on the positive as the focus of inquiry, introducing the AI to the client, definition of the AI process, identification of topics for the inquiry, establishing a guidance and support structure within the client system, creating a customised interview guide for the inquiry process, and creating a plan for the interview process.

2.5.1.3 Discovery

The discovery phase is also described as “appreciating what gives life” (Reed 2007:22). There is a quest to find out about the organization and what gives it energy and nature. Reed (2007:32) adds that there is something that gives energy, but the participants need time and encouragement to explore this fully. The discovery phase is used to bring the best of the past into the present (Farrell, Wallis & Evans 2007:271 & Alegria, 2005:105). However, the negative aspects found in the organization are often regarded as important topics for discussion and consequently the positive can be neglected.

Reed (2007:33) describes this phase as "a quest to fill the organization's conversations with talk of positive possibilities", and adds that this quest can be difficult to embark on against a background of focusing on failure or deficit. According to Reed (2007:33), this phase involves group members interviewing each other around the topic chosen.

According to Boyd and Bright (2007:1029), the underlying assumption of the discovery phase is that people enact intrinsically held assumptions and images into the reality of organizational life. Cooperrider et al (2008:130) point out that in the discovery phase, people share stories of exceptional accomplishments, discuss the core life-giving factors of their organizations, and deliberate on the aspects of their organization's history that they most value and want to bring forward to their work in the future. In a study on AI as a discovery tool to facilitate change in the Regional Institute Coimbatore, India, Chacko (2009:60) confirmed the effectiveness of the discovery phase in realizing the practicality and applicability of the workshops conducted in discovering what was already working in their country.

In a study conducted in the University of Utah, the dean and her faculty staff used the discovery phase to focus on the organizational strengths of the college and set the tone for appreciating a strong foundation on which to build a co created future (Keefe & Pesut 2004:105).

2.5.1.4 Dream

The dream phase is also called "envisioning what might be" and phase builds on the outcomes of the discovery phase (Reed 2007:33). The dream phase encourages people to create a clear result-oriented vision in relation to discovered potential and in relation to questions of higher purpose. A person envisions what might be and the mind begins to search beyond this; it begins to envision the new possibilities (Pradhan 2000:2). According to Carter (2010:57), the dream is "a vision of a better world, a powerful purpose, and a compelling statement of strategic intent".

The participants work together to develop ideas of what the future might or could be (Reed 2007:33). According to Cooperrider et al (2008:130), this phase seeks to expand the organisation's true potential and challenge the status quo by envisioning a more valued and vital core.

2.5.1.5 Design

The design phase is also described as "determining what will be" (Reed, 2007:33). This phase involves creating the organization's social architecture which is embedded in the organization by generating *provocative propositions* that embody the organizational dream in the ongoing activities (Cooperrider et al, 2008:162). Reed (2007:37) emphasises that participants work together to develop plans for the future. The process may involve producing provocative propositions, which are statements about what the organization wants to achieve (Reed 2007:33). Developing provocative propositions means thinking in a confident and assertive way and may include phrases like "Everyone will …" (Reed, 2007:33).

According to Shendell-Falik et al (2007:99) "designing enables the visions of the preferred future to come alive". New operational procedures were designed in one hospital after concept mapping of important key words in designing a new handoff process (Shendell-Falik et al, 2007:99). Havens, Wood and Leeman (2006:465) add that the "design elements can include changes to committee structures, policies, and procedures, meeting formats".

2.5.1.6 Delivery

The phase is also called "planning what will be" (Reed 2007:33). During this phase there is a move towards action planning; that is, realizing the provocative propositions. Cooperrider and Whitney (2000:12) also call this phase the time for action planning, developing strategies, and dealing with conventional strategies for sustainability. In this phase the

participants will focus on specific activities and actions and make commitments to the tasks and processes they are engaged in.

2.6 CRITIQUE

Appreciative Inquiry has gained popularity worldwide as a new tool for organizational development, action research, training and team building. However, despite increased applications and scholarship, there is little self-reflection and critique on this approach (Stellenberger, 2010: 1). Moreover, Cooperrider et al (2008) do not discuss limitations and critical aspects in applying AI.

According to Reed (2007:39), AI has been accused of focusing on the positive aspects to the extent that it ignores or suppresses accounts of negative experiences. Preskill and Catsambas (2006:26) criticise the AI process as addressing problems by shifting the focus and language from one of deficits to one of hope and possibilities based on what has worked in the past.

Thibodeau (2011:28) points out that some evaluation scholars are more cautious in approaching AI, expressing concern that AI may encourage unrealistic dysfunctional perceptions, attitudes and behaviours. However, Rogers and Fraser (2003) (cited in Thibodeau 2011:28) suggest that AI may be used "not to surface unknown problems but to identify strengths and build courage to attend to known problems".

Shendell-Falik et al (2007:96) state that although there are problems, groups should examine what works well and then build solutions on that. Preskill and Catsambas (2006:26) point out that the whole reframing from problem-orientated approach to appreciative stance is about the exploration of what might be if changes were made. Whitney and Trosten-Bloom (2003) (cited in Preskill & Catsambas 2006:26) add that the idea is

not to dismiss accounts of conflict, problems, or stress, but not to use them as the basis of analysis or action.

Since the 1930s, organizations have used a deficit-based approach to problem solving that begins with seeking out the problem, which Cooperrider et al (2008:16) refers to this as the weak link in the system. According to Cooperrider et al (2008:16), the problem-solving steps start with identification of a problem, diagnosis, and then recommending alternative solutions. Cooperrider et al (2008:16) point out that AI challenges this traditional paradigm by embracing an organization's challenges in a positive light. In addition, AI offers an alternative to look for what is good in the organization, and its success stories. Thibodeau (2011:17) and Stellenberger (2010:7) state that a problem-solving approach to organizations only reduces the organisations to problems.

Preskill and Catsambas (2006:27) and Coghlan, Preskill and Tsavaras (2003:5) refer to the existence of problems but that these problems do get addressed during the AI process. According to Preskill and Catsambas (2006:27), AI solves problems by focusing on what to do, based on what has worked. Furthermore Preskill and Catsambas (2006:27) contend that while the problem-solving approach may be effective in some contexts for particular kinds of problems, it is by no means the best or only way to address many of the critical issues facing today's organizations. The problem-solving approach is painfully slow, it asks people to look backward at yesterday's failures and their causes, and rarely results in a new vision

In addition Preskill and Catsambas (2006:28) state that some people recommend replacing problem talk with possibility talk because problems "do not energize people, but, rather, it is visions of possibilities, something valued or desired that motivate people to act". AI should not be thought of as a wholesale replacement of problem-solving or gap analysis technique because certain problem-solving approaches may need

to be applied in specific contexts (Preskill & Catsambas 2006:28). However, the origin of the problem and how to avoid it in the future might be explored through an AI approach.

Despite the criticism of AI, McNamee (2003) (cited in Reed, 2007:39) found that problems and weaknesses are often much easier to address when evaluation takes an appreciative stance. Reed (2007:39) states further that difficulties can be addressed, and in an appreciative context, this can be facilitated if there is freedom from censure and blame. This was evidenced in the United Kingdom National Health Service (NHS) whereby tension over poor connection between NHS strategic and operational levels was overcome through using the AI approach, and this led to high levels of participation (Reed 2007:39).

Reed (2007:40) nevertheless points out that negative experiences cannot be avoided, especially in organizations where stresses and pressures are high like the health services. According to Stellenberger (2010:16), focusing solely on the positive aspects and avoiding negative elements can be self-limiting since negative information and conflict can also be used constructively. In addition, conflict does bring with it good elements such as creativity, unification, and energy, but it is up to the leader to guide it in a constructive direction.

Reed (2007:40) emphasises that the idea of AI is still new to people who have lived in a culture of faultfinding, and that it will take time for them to switch from a defensive way of responding to one that explores strengths. In this context, Reed (2007:41) suggests conversations may need to address negative positions before they can move on to appreciating strengths.

2.7 UTILISATION IN EVALUATION

The concept of evaluation evolved from the early 1900s to 1950s where it focused primarily on educational testing and the development of mental and skill assessments for schools and the military (Preskill & Catsambas, 2006:37). However, after the 1960s the landscape of evaluation theory and practice began to change and programmes were evaluated for their effectiveness. Stellenberg (2010: 18) highlights that the main objective of evaluation is gathering of feedback. Evaluation is a planned and systematic process that needs to be carefully designed to ensure that it collects credible and useful data, the client's information needs are met, and the evaluation resources wisely used (Preskill & Catsambas, 2006:37; Webb, Preskill & Coghlan, 2005:2 & Stellenberg, 2010:1).

Evaluation approaches evolved further over the years and by the 1990s, evaluators were interested in using participatory, collaborative, democratic, empowerment, and learning-oriented approaches to evaluation (Preskill & Catsambas, 2006:38).

Cousins (2003) (cited in Preskill & Catsambas, 2006:38) describes participatory evaluation as "an approach where persons trained in evaluation methods and logic work in collaboration with those not so trained to implement evaluation". Involvement of stakeholders in evaluation would increase their commitment to using the results (Preskill & Catsambas, 2006:38; Coghlan, Preskill & Tsavaras, 2003:15).

Preskill and Catsambas (2006:41) view AI as a highly participatory process that addresses issues of importance and concern to an organization. Furthermore, AI and participatory, collaborative, democratic, empowerment, responsive, and learning-orientated approaches share several concepts, values, and goals with regard to evaluation. Preskill and Catsambas (2006:41) assert that AI can be applied to a wide variety of evaluation contexts and for many different purposes. Interest in the use of

AI for evaluation has increased over the last few years (Preskill & Catsambas, 2006:41; Sharif, Van Gramberg & Foley, 2010:124).

According to Preskill and Catsambas (2006:50), using AI in evaluation "fosters a fresh and positive view of evaluation because it is more engaging, illustrates possibilities, and creates hope for a better future". Furthermore, AI may (a) increase richness of the data collected, (b) help the evaluator obtain important information, (c) increase efficacy of the data-collection process, (d) increase participants' level of trust and participation in the evaluation, and (e) respect the diversity of participants' experiences and opinions. Coghlan et al (2003:15) maintain that stakeholders should form part of the evaluation process.

Thibodeau (2011:26) points to the relevance of using AI in evaluation with the educational process of accreditation. According to Thibodeau (2011:26), accreditation is an inherently evaluative activity, which creates momentum for change and continuous improvement. Thibodeau (2011:28) found several case studies that utilized AI in evaluation and illuminated positive outcomes as well the critical insights into its application. Appreciative Inquiry was utilised to evaluate several organizations, such as Catholic Relief Services, Hills and Dales Child Development Centre, and Nutrimental Foods (Coghlan et al, 2003:13).

2.8 CRAFTING APPRECIATIVE QUESTIONS

Data collection in AI studies and evaluation is best achieved through well-crafted appreciative questions either by well-designed interview guides or surveys (Preskill & Catsambas, 2006:75). Preskill and Catsambas (2006:75) state that questions that seek answers concerning individuals' experiences and perspectives often rely on interviews, which the evaluators hope will produce data that are rich with examples, stories and insights. Preskill and Catsambas (2006:75) emphasise that AI is grounded

in story-telling, so using AI to reframe and design interview guides is particularly relevant and beneficial for evaluation purposes.

2.9 STRATEGIC PLANNING: MOVING FROM SWOT TO SOAR

Strategic planning is "the action the organization takes to reach its vision and serve its mission while achieving the goals and objectives defined within a master plan" and dates back to the 1960's at Harvard Business School (Sutherland & Stavros, 2003:2, 8). It is rooted in ancient warfare, characterised by fear-based scarcity and dominance models leading to a battle mentality, a desire to hoard the earth's resources, and abuse of human resources (Sutherland & Stavros, 2003:1).

The SWOT analysis is a typical strategic approach that adopted the warfare mentality and has been widely used in the past and to date by organisations (Sutherland & Stavros, 2003:2). The concepts of weaknesses and threats are classic examples of warfare thinking. Silbert and Silbert (2007:1) maintain that by exploring the weaknesses and threats, organizations often cause more harm than good. This encourages a "mindset of divide and rule, compete and conquer, and creates a world of winners and losers" (Sutherland & Stavros, 2003:2). Silbert (2009:5) indicates that the SWOT approach has a competitive mindset and the perspective of scarcity. One of the pitfalls of the traditional approach is that of being conducted by top management and not involving stakeholders (Sutherland & Stavros, 2003:7; McKenna, Daykin, Mohr & Silbert, 2007:2).

Instead of using the SWOT analysis, AI practitioners and leaders tend to be values-based rather than fear-based. The SOAR model transformed the SWOT model (McKenna et al, 2011:42). SOAR is "an innovative, strengths-based approach to strategic planning that invites the whole system into the process" (McKenna et al, 2011:42). Sprangel, Stavros & Cole (2011:41) refer to SOAR as a framework that encourages

collaboration, shared understanding, and a commitment to action research, which means all stakeholders are involved from the bottom up. The SOAR approach is called the strategic inquiry with an appreciative intent (Sutherland & Stavros, 2003:12; Silbert, 2009:5). Table 2.3 illustrates the differences between SWOT and SOAR to strategic planning.

Table 2.2 Overview of the SWOT and SOAR models

SWOT model	Internal appraisal	**Strengths**
		-Where we can outperform others
		Weaknesses
		-Where others can outperform us
	External appraisal	**Opportunities**
		-How we might exploit the market
		Threats
		-What/who might take our market
SOAR model	Strategic Inquiry	**Strengths**
		-What are our greatest assets
		Opportunities
		-What are the best possible market opportunities
	Appreciative intent	**Aspirations**
		-What is our future preference
		Results
		-What are the measurable results

Adapted from Sutherland and Stavros (2003:2 & 12) and Silbert (2009:6)

According to Sutherland and Stavros (2003:7), the AI approach to strategic planning builds on and identifies existing strengths and opportunities rather than dwelling on problems, deficiencies, weaknesses and threats. The AI approach allows the organisation to expand beyond its boundaries to the multi-organizational and global capacity. Silbert (2009: 6) concurs, referring to SOAR as "increasing what is right as well as holistically prospecting to find and exploit strengths that will create a desired new future". AI encourages stakeholder participation in the

planning dialogue, leading to ownership of the strategic plan throughout the organization (Sutherland & Stavros, 2003:7; Sprangel et al, 2011:43; Silbert & Silbert, 2007:2).

AI strategic planners pose the question of inquiry to shape the direction of the strategic planning process. In this phase an organisation's "strengths and opportunities" are discovered and explored among the participants (Sutherland & Stavros, 2003:13). The participants are further invited to share their "aspirations" and co-construct their most preferred future. It is then that recognition and reward programmes are designed to inspire employees to achieve measurable "results" (Sutherland & Stavros, 2003:13).

2.10 APPLICATION OF APPRECIATIVE INQUIRY IN CHANGE MANAGEMENT

AI has been used as the way of helping people identify their preferred future in companies, such as Hunter Douglass and GTE, and government departments (Alegria 2005:105 5 & Miller 2007:14). The AI approach has been used in a wide range of settings in both qualitative and quantitative studies (Sharif, Van Gramberg & Foley, and 2010:124). In nursing departments it has been used to address aspects such as client service, nursing morale, team relationships, recruitment and retention as well as to identify existing strengths and articulate a vision for the future in nursing divisions (Miller, 2007:15).

Moody, Horton-Deutsch and Pesut (2007:320) state that AI is a valuable tool that can be applied by nursing leaders to foster organisational development, personal growth, and interconnectedness of stakeholders in complex systems and support the transformation of academic nursing culture.

Miller (2007:38) used AI to explore the services provided by a college of nursing in the United States. After content analysis, they successfully identified shared values among communities towards the college's history and vision for its future. Miller (2007: 38) points out that AI can be used as a framework to explore what, when, why and how success has been achieved in order to generate an understanding of how to improve an "organisation's programmes, processes, products, policies and systems".

2.11 CONCLUSION

This chapter discussed the literature review conducted for the study. The review covered clinical accompaniment, including the CLE, nurse educator, preceptorship and mentoring, and Appreciative Inquiry as a process, a method and a philosophy to implement organisational developmental change. The discussion covered the history, principles and theories, assumptions, and 4-D and 5-D models of AI; the application of AI in evaluation, and the move from the SWOT to the SOAR approaches.

Chapter 3 provides an in depth discussion of the research design and methodology. utilized in this study

It is not the answer that enlightens, but the question.

-Eugene Ionese-

3.1 INTRODUCTION

Chapter 2 discussed the literature review. This chapter describes the research design and methodology, including the population, sampling and sample, data collection and analysis, and ethical considerations.

3.2 AIM AND OBJECTIVES OF THE STUDY

The overall aim of the study was to evaluate the clinical accompaniment as part of the clinical component of the four-year comprehensive programme by means of Appreciative Inquiry (AI).

In order to achieve this aim, the objectives were to:

- Discover ***"what is"*** the peak experiences of nursing students, pertaining to clinical accompaniment.
- Explore ***"what could be"*** ideal clinical accompaniment, based on the pre-graduate students' perceptions.

- Describe ***"what should be"*** addressed during clinical accompaniment to move towards excellence and enhance the clinical learning experiences of students.
- Co-construct ***"what must be"*** recommendations to enhance clinical accompaniment based on the findings.

3.3 RESEARCH METHOD

According to Polit and Beck (2008:765), a research method "…is the technique used to structure a study and to gather and analyse information in a systematic fashion…". The method refers to the research design and methodology used to address the research question.

3.3.1 Research design

A research design is "…the overall plan for obtaining answers to questions being studied and for handling some of the difficulties encountered during the research process…" (Polit & Beck 2008:66). Furthermore Hofstee (2009:113) describes the research design as "…the section where one names and discusses the overall approach to be used when testing the thesis statement…" These definitions coincide with Terre Blanche, Durrheim & Painter (2009:161) when they refer to a research design as a plan for a particular piece of research.

In this study the researcher used a qualitative, contextual, explorative, descriptive and interpretive research design to explore and describe pre-graduate students' perceptions of clinical accompaniment as part of the clinical component of the four-year programme.

3.3.1.1 Qualitative

Qualitative research is "…a form of social inquiry that focuses on the way people make sense of their experiences and the world in which they live…" (Holloway & Wheeler 2010:3).Furthermore Polit and Beck (2008:70) refer to a qualitative research design as a design that emerges during the course of data collection. An emergent design is a reflection of the researcher's desire to have an enquiry based on the realities and views of participants. Lincoln and Guba (1985:41) emphasise that a qualitative research design should emerge rather than be constructed pre-ordinately.

Holloway and Wheeler (2010:3) state that researchers use qualitative research to explore the behaviour, feelings and experiences of people and what lies at the core of their lives. This study wished to explore the lived experiences of the participants (Polit & Beck 2008:17).

The researcher selected a qualitative design to explore the lived experiences of four-year comprehensive pre-graduate students with regard to clinical accompaniment in their CLE where they were placed on a daily basis to learn and integrate theory and practice. Holloway and Wheeler (2010:3) point out that different types of qualitative research "share common characteristics and use similar procedures though differences in data collection and analysis do exist". Table 3.1 summarises the characteristics of qualitative research and the application thereof.

Table 3.1 Characteristics of a qualitative research design

Characteristic	Application
Natural setting	• Data was collected from participants in the specific NEI.
The primacy of data	• Views of participants were used to generate new information. • Recommendations for action plan for ideal clinical accompaniment were drawn.
Contextualisation	• The researcher is sensitive to the context of participants' lives and work environment.
Tends to be holistic and strive for an understanding of the whole	• Involved all senior (2nd-, 3rd- & 4th-year) pre-graduate students when evaluating clinical accompaniment
The researcher remains in the field for a lengthy period of time	The researcher was: • an insider and remained involved throughout the study • involved in the 4-year comprehensive programme for the past 18 years • involved in implementing the strategies once the study had been completed

Characteristic	Application
The researcher becomes the research instrument	• The researcher was involved in • data collection • interpretation of data (data analysis) • writing up the report
Ongoing analysis of the data	• Data saturation was reached • The co-coder was involved in data analysis
The "emic" perspective	• The researcher maintained a reflective journal in an effort to bracket out her own experiences
Reflexivity	• The researcher included her own experiences in chapter 5.

Adapted from Holloway and Wheeler (2010:3); Polit and Beck (2008:219); Creswell (2007:36), and Lincoln and Guba (1985:41)

Qualitative research is done in a natural setting, because realities are wholes that cannot be understood in isolation from their context (Lincoln & Guba 1985:39). In this study, data was collected from the participants in their specific NEI. The participants were given self-report interview guide to write down their views freely without any influence from the researcher.

Holloway and Wheeler (2010:4) state that researchers go to participants to collect rich and in-depth data that can be the basis for theorising. This approach is inductive because researchers move from the specific to the general, which is from the data to theory or analytic description. The researcher obtained rich data from the participants which became the basis for the recommendations for generating strategies for ideal clinical accompaniment

Holloway and Wheeler (2010:4) caution that the "context of participants' lives or work affects their behaviour" hence researchers should be sensitive to the total context of people's lives and the broader political and social framework of their culture. People's values and beliefs influence their interaction with researchers therefore, if researchers understand the context, they can locate the actions and perceptions of individuals and grasp the meaning that they communicate.

Qualitative studies tend to be holistic, striving for an understanding of the whole. Consequently, the researcher involved all second-, third- and fourth-year pre-graduate students in order to get a holistic view. The researcher became intensely involved, often remaining in the field for lengthy periods. The researcher is a nurse educator in the specific NEI under study and has eighteen (18) years' experience as a nurse educator in the four-year pre-graduate nursing programme, and will continue to be involved in the education and training of pre-graduate students.

Holloway and Wheeler (2010:5) point out that qualitative researchers use the strategies of observing, questioning, listening and immersing themselves in the real world of the participants. For the researcher to understand the participants' behaviours, it is necessary to be in their setting for a lengthy period. The researcher understood the setting in which the study was conducted well because she has been a nurse educator for more than ten years in the same NEI and familiarised herself with literature on similar situations before the actual study (Holloway & Wheeler 2010:5).

The researcher becomes the research instrument. Qualitative researchers use themselves as primary data collectors (Lincoln & Guba 1985:39). In addition, the researcher distributed self-report interview guides to collect data. In order to understand the participants' perceptions, the researcher carefully collected and analysed the data from the completed self-reported interview guide (Polit & Beck, 2008:17).

Qualitative study is characterised by ongoing data analysis, formulation of subsequent strategies, and also determining when field work is done. Holloway and Wheeler (2010:7) add that immersing themselves in the data helps researchers gain deeper insight into participants' experiences.

Qualitative approaches are linked to the subjective nature of social reality (Holloway & Wheeler 2010:6). Qualitative researchers attempt to examine the experiences, feelings and perceptions of people they study, rather than imposing their own framework that might distort the ideas of the participants.

Reflexivity is regarded as a conscious attempt by researchers to acknowledge their own involvement in the study (Holloway & Wheeler 2010:8; Nadin & Cassel 2006:208).Furthermore Holloway and Wheeler (2010:9) add that reflection includes awareness of the interaction between the researcher, the participants and the research itself. The researcher kept a reflective journal to bracket her ideas and included her own experiences in the personal reflection (see Section 5.6).

3.3.1.2 Contextual

The goal of most qualitative studies is to develop a rich understanding of a phenomenon as it exists in the real world and as it is constructed by the individuals in the context of that world (Polit & Beck 2004:247).

A context refers to any information that can be used to characterise the situation of an entity. An entity is a person, place, or object that is considered relevant to the interaction between a user and an application, including the user and applications themselves (Dey, 2001:4).

The study was conducted at a specific NEI and data was collected from second-, third- and fourth-year pre-graduate students. The focus of this study was on clinical

accompaniment of pre-graduate students registered for the four-year comprehensive nursing programme. The data was collected and interpreted at a specific NEI based on the views of pre-graduate students regarding clinical accompaniment they received when rotating through the different units in the CLE.

3.3.1.3 Explorative

Polit and Beck (2008:20) define explorative research as "…a study that explores the dimensions of a phenomenon or that develops or refines hypotheses about relationships between phenomena…"

Explorative research investigates the full nature of the phenomenon, the manner in which it is manifested, and the other factors to which it is related. In the opinion of (Terre Blanche, et al 2009:44 & Stead & Struwig 2004:7) explorative designs are used where little or nothing is known about the phenomenon and to find more about issues researched. According to Polit & Beck (2008:20) explorative research is designed to "…shed light on the various ways in which a phenomenon is manifested and on underlying process…"
The researcher utilized the AI approach, to explore the views of pre-graduate students pertaining to the clinical accompaniment they received in the clinical learning environment.

3.3.1.4 Descriptive

According to Polit and Beck (2008:752), descriptive research "…has as its main objective the accurate portrayal of the characteristics of persons, situations, or groups, and/or the frequency with which certain phenomena occur…". In a descriptive design, researchers use in-depth methods to describe the dimensions, variations, and importance of phenomena (Polit & Beck 2008:19 & Terre Blanche et al 2009:167).

The researcher endeavoured to describe the entire component to be addressed with regard to clinical accompaniment in the clinical learning environment in order to enhance the construction of ideal clinical accompaniment strategies.

3.3.1.5 Interpretive

The researcher used Heidegger's concept of interpretive phenomenology or hermeneutics which holds that a human experience need not only be described, but stresses the importance of interpreting and understanding it (Polit & Beck, 2008:496). Furthermore Polit and Beck (2008:496) assert that hermeneutics is a basic characteristic of human existence. The views of pre-graduate students pertaining to clinical accompaniment were interpreted during data analysis in order to get a deeper understanding of how they experienced clinical accompaniment. The experience a person has includes the way in which the experience is interpreted (Merriam, 2009:9 & Mason, 2005:56). In this study pre-graduate students were asked to reflect on their experiences of clinical accompaniment by means of a self-reported interview guide (see Annexure B).

For the purpose of this study the researcher interpreted pre-graduate students' views relating to clinical accompaniment received during their second to fourth year of training.

3.3.2 RESEARCH METHODOLOGY

Research methods are techniques used to structure, collect and analyse information in a systematic fashion (Creswell 2007:4 & Polit & Beck 2008:764). The research methodology covered the population, inclusion criteria, sample and sampling, data collection and analysis, and ethical conclusions.

3.3.2.1 Population

A research population refers to "…the aggregation of cases in which a researcher is interested…" (Brink, van der Walt; van Rensberg 2006:123; Polit & Beck 2008:337). The population included the senior pre-graduate students enrolled in the four-year comprehensive nursing programme presented at a selected NEI. In this study the researcher was interested in gathering information on clinical accompaniment from the four-year comprehensive pre-graduate students enrolled at a specific NEI in Gauteng.

Polit and Beck (2008:338) distinguish between the target and accessible population. The **target population** is the aggregate of cases about which the researcher would like to generalise. The **accessible population** is the aggregate of cases that conform to designated criteria and are accessible as participants for a study (Brink et al 2006: 123). The target population might not be manageable due to size, location, numbers and various reasons so the accessible population is the most appropriate and practical for sampling in a study.

The accessible population in this study included all the second-, third- and fourth-year pre-graduate students in the specific NEI. Table 3.2 indicates the number of pre-graduate students accessible for the study.

Table 3.2 Accessible population

YEAR OF STUDY	NUMBER OF STUDENTS
Second year	90
Third year	80
Fourth year	47

The accessible population consisted of ***214*** senior pre-graduate nursing students.

3.3.2.2 Sample

A sample is a subset of the target population selected to participate in a particular study (Brink et al 2006:124; Polit & Beck 2008:339). An element is the most basic unit about which information is collected and a sample consists of a selected group of elements or units of analysis from a defined population (Brink 2006:124). Polit and Beck (2008:339) state further that a sample is "a set of elements considered to be representative of the accessible population".

In this study all the pre-graduate pre-graduate students, namely 90 second-year, 80 third-year and 47 fourth-year students at the selected NEI in Gauteng were included in the sample because of their experience of receiving clinical accompaniment, in the CLE.

3.3.2.3 Sampling

Sampling is the process of selecting a portion of the population to represent the entire population so that inferences can be made about the population (Brink et al 2006:124; Polit & Beck 2008:339). Moreover, it is important to select a representative sample to ensure that key characteristics approximate those of the population.

There are two types of sampling, namely probability sampling and non-probability sampling (Polit & Beck 2008:339; Brink et al 2006:124). In this study non-probability sampling was selected.

3.3.2.4 Non-probability sampling

In non-probability sampling, elements are selected by non-random methods. This means there is no way to estimate the probability that each element will be included in the study (Brink et al 2006:131; Polit & Beck 2008:340). In this case not every element usually has a chance for inclusion in a study (Polit & Beck

2008:340). According to Polit and Beck (2010:311), non-probability sampling can be convenience, quota, consecutive, purposive or judgemental. In this study consecutive sampling was utilised.

Consecutive sampling involves recruiting all of the people from the accessible population who meet the eligibility criteria for a sample (Polit & Beck 2010:311). All the second-, third- and fourth-year students were included in order to give all senior students the opportunity to participate and give inputs based on their experiences as pre-graduate students.

- **Inclusion criteria**

It is important for the researcher to specifically stipulate the criteria to be used for inclusion in a study (Brink et al 2006:135). Polit and Beck (2008:338) state that "eligibility or inclusion criteria" designate the specific attributes of the target population, by which participants are selected for inclusion in a study. Such attributes include costs, practical constraints, people's ability to participate in a study, and design considerations (Polit & Beck 2008:338). To be included in this study, the participants had to be:

- Second-, third- and fourth-year pre-graduate students
- Registered students at the selected NEI
- Willing to participate in the study.

The inclusion criteria were based on the participants' expertise. These participants were most likely to make valuable contributions to the study.

3.3.3 Data collection

Data collection is a systematic way of gathering information relevant to the research purpose or questions (Burns & Grove 2008:733). Data can be collected in

qualitative studies in various ways, such as conducting focus groups, observing participants, narrative inquiry, constructing life stories, and examining written texts. Data was collected by means of a self-report interview guide (see Annexure C). An interview guide is a formal instrument that specifies the wording of all questions to be asked of respondents in structured self-report studies (Polit & Beck 2008:414). The researcher used a semi-structured approach focusing on the AI process, which is collaborative, thereby giving the participants enough scope to answer the way they felt was useful, rather than the way the researcher predetermined (Reed 2007:128). Open-ended questions designed based on the "4-Ds", namely Discovery, Dream, Designing and Delivery phases of the AI process were used to inquire about the participants' overall experiences as suggested by (Reed, 2007:123).

The researcher utilised a self-report interview guide to collect data because of the large number (approximately 150) of participants (pre-graduate students) involved. This method was convenient in terms of saving time and giving all the participants an opportunity to participate in the study and to give inputs relating to the clinical accompaniment they received as students working in the CLE. The researcher developed the semi-structured self-report questionnaire for participants and included a participant information leaflet (see Annexure B) explaining the purpose of the study and containing instructions for completing the self-reported interview guides as suggested by (Polit & Beck, 2008:425; Reed & 2007:128).

The researcher collected the data personally and addressed each year group (2nd-4th) individually, at a time when they were at the NEI for the theoretical component of the programme. This approach was most convenient and had the advantages of maximising the number of completed self-reported interview guides and allowing the researcher to clarify any possible misunderstanding (Polit & Beck 2008:430). The researcher obtained permission from the lecturer to use approximately forty

five (45) minutes of the lecture time to allow the students to complete the self-reported interview guides.

The researcher provided an overview of the study to the pre-graduate students before giving them time to complete the self-reported interview guides. During the presentation the aim and objectives of the study were explained to the students as well as an overview of AI. The researcher explained what was expected of the students and how the process of data collection would take place. The researcher emphasised that participation in the study was voluntary and would have no impact on their academic performance.

The self-reported interview guides were handed out to the participants and they were given time to complete and sign the informed consent forms. The participants deposited the completed consent forms in a provided sealed container. Thereafter the students completed the self-reported interview guides and deposited them in a separate sealed container. Separate sealed containers ensured that no correlation could be made between the self-reported interview guides interview guide and the participants' informed consent.

The researcher provided separate sealed containers with a narrow one-way opening to ensure confidentiality for posting the self-report interview guides after completion. After completion of self-report interview guides, the sealed containers were collected personally by the researcher. The containers were opened personally by the researcher after all students had posted the self-reported interview guides.

3.3.4 Data analysis

Data analysis is a process of bringing order, structure and meaning to the mass of collected qualitative data (De Vos et al 2005:333). In qualitative research data

analysis begins during data collection, and continues until the end of the study. The data collected in this study was non-numerical, in the form of written narratives on the self-reported interview guides.

Data in qualitative research is non-numerical; it is usually in the form of written words or videotapes, audiotapes and photographs (Brink et al 2006:184). Analysing qualitative data therefore involves an examination of words rather than numbers that are considered in quantitative studies (Brink et al 2006:184). In this study data was analysed using content analysis, which is designed to classify the words in a text into a few categories (Burns & Grove 2006:517).

The researcher used Tesch's (1990) eight-step method of data analysis (Creswell 2003:191) as follows to analyse the data:

- **Step 1:** Data was organised and prepared for analysis. This involved sorting and arranging the data from the self-report interview guides into different types, depending on the sources of information.
- **Step 2:** The researcher took all the AI interview guides and read through the information to obtain a sense of the whole and to reflect on its overall meaning. These included the ideas and impressions from the participants, overall depth, credibility and use of information. The underlying meaning was identified in the individual interview guide. Themes, categories and sub categories that emerged were written down. Data was grouped under different categories as codes and analysis was enhanced. The participants' direct quotes were used as units of analysis.
- **Step 3**: The detailed analysis started with a coding process. The categories were utilised as codes. A code is a symbol or abbreviation used to classify words or phrases in the data (Burns & Grove 2007: 522). Creswell (2003: 192) defines coding as "the process of organizing the material into 'chunks' before bringing meaning to those 'chunks'. Data is integrated or

linked through conceptualisation of grouped data into a hierarchy of definite categories and subcategories (Schneider, Whitehead & Elliot 2007: 143). De Vos et al (2005: 338) describe coding as a formal representation of analytic thinking. Brink et al (2006: 184) state that coding and categorising data are generally done as soon as data collection begins.

LoBiondo and Haber (2006: 108) refer to the initial process as open coding. During open coding data are examined line by line, broken down into discrete parts, and compared for similarities and differences. During open coding notes and headings are written in the text while reading it.

The researcher started with the data analysis once all the completed self-report interview guides were collected. Brink et al (2006:184) state that the researcher can check the trustworthiness of the coding process by having another person encoding the same data. In this study, the researcher appointed a co-coder to verify the data initially analysed by the researcher (see Annexure E2 for a copy of the co-coder's credentials). The researcher made a list of all the topics from the documents. Clustered similar topics and formed these topics into columns to indicate major topics, unique topics, and leftovers.

Step 4: The topics were then abbreviated as codes next to the appropriate segments of the text. The coding process was used to generate a description of the setting or people as well as categories or themes. This involved a detailed rendering of information about people, places, or events in a setting. The researcher utilized the information on the self-reported interview guides to develop themes, categories and sub-categories pertaining to clinical accompaniment.

Step 5: The most descriptive wording for the topics was found and turned into categories. The list of categories was reduced by grouping topics that related to each other. This step advances how the themes will be

represented in the qualitative narrative. This might be a discussion that mentions a chronology of events, the detailed discussion of several themes or a discussion with interconnecting themes. The researcher may use visuals, figures, or tables as adjuncts to the discussion. They may convey descriptive information about each participant in a table. In this study the researcher tabulated the themes, categories and sub-categories to guide the discussion and literature control.

Step 6: A final decision on the abbreviation for each category was made and then the codes were arranged alphabetically.

Step 7: The data material belonging to each category was assembled in one place and preliminary analysis performed.

Step 8: The existing data was re-coded by the co-coder. The final step in data analysis involves making an interpretation or meaning of the data. It involves feedback on the outcome of the study, or the lessons learned. It could also be a meaning derived from a comparison of the findings with information gleaned from the literature. It can also suggest new questions that need to be asked.

3.3.5 Bracketing

The researcher applied bracketing during data collection. Polit and Beck (2008:748) add that bracketing involves identifying and keeping in abeyance any preconceived beliefs and opinions about the phenomenon under study. In this study, the researcher identified what she expected to discover and then deliberately set aside the ideas (Brink et al 2006: 113). Polit and Beck (2008: 228) emphasise that even though bracketing can never be achieved totally, researchers strive to bracket out the world and any presuppositions in an effort to confront the data in pure form.

The researcher kept the reflective journal in her possession in an effort to bracket her values and thoughts (Polit & Beck 2008:228). Reflection refers to the cognitive

and affective behaviours in which individuals engage that result in new insights and deeper understandings of their experiences (Plack & Greenberg 2005:1547). Keeping a reflective journal encouraged the researcher to put in writing her thoughts, values and experiences and make them visible to herself (Ortlip, 2008:697). Bracketing was accomplished by acknowledging what the researcher already had in mind. To do this, the researcher undertook a thorough literature review on clinical accompaniment and Appreciative Inquiry (AI).

In order to identify and put aside any preconceived beliefs and opinions about mentoring, the researcher freed herself from any bias and clarified her own personal values. She put aside her experience as a nurse educator in clinical accompaniment and approached the analysis as a neutral person.

3.4 TRUSTWORTHINESS

Trustworthiness is "the degree of confidence qualitative researchers have in their data, and is assessed using the criteria of credibility, dependability, confirmability, transferability, and authenticity" (Polit & Beck 2008:768).

Qualitative researchers agree on the importance of high-quality research (Polit & Beck 2008:539). However, Denzin and Lincoln (2000), Sandelowski (1993), Creswell (2003) and others criticise using validity and rigor in qualitative research based on the fact that the two concepts are associated with the positivist paradigm, and are empirical analytical terms that do not fit into the interpretive approach that values insight and creativity. Whitemore, Chase and Mandle (2001) (cited in Polit & Beck 2008:536) challenge the opposition to the use of the term "validity" in qualitative studies. They contend that the concepts of reliability and validity are central to all research because the goal of finding "plausible and credible outcome explanations is central to all research".

Polit and Beck (2008: 537), however, suggest a "replication perspective" whereby validity remains an appropriate criterion for assessing quality in both qualitative and quantitative research, but qualitative researchers must use a different procedure to achieve that. This perspective resulted in the development of standards for trustworthiness of research that parallel the standards of reliability and validity (Lincoln & Guba 1985:301). The four strategies for trustworthiness are credibility, transferability, dependability and confirmability (Polit & Beck 2008:544; Lincoln & Guba 1985:301). Each of the four strategies will be discussed in Sections 3.5.1-3.5.4.

3.4.1 Credibility

Credibility is the alternative to internal validity (De Vos et al 2005: 346). According to Polit and Beck (2008: 539), credibility refers to confidence in the truth of the data and interpretations of them. Furthermore, qualitative researchers must strive to establish the truth of the findings for the particular participants and context of the research. Credibility is ensured by "remaining with participants during data collection, and having independent colleagues review, validate and verify the researcher's interpretations and conclusions to ensure that the facts have not been misconstrued" (Brink et al 2006: 118).

Lincoln and Guba (1985:301) identify two aspects of credibility :(1) conducting the study in a way that enhances the believability of the findings, and (2) taking steps to demonstrate credibility to external readers. Lincoln and Guba (1985:301) state that credibility can be accomplished through prolonged engagement, triangulation, and peer review.

3.4.1.1 Prolonged engagement

Prolonged engagement was achieved through time spent at the NEI under study for ten years. In addition, the researcher has nineteen years' experience as a lecturer for the four-year comprehensive nursing programme, and as such has spent more time learning the culture of pre-graduate students in the CLE.

3.4.1.2 Triangulation

Triangulation is another method utilised by Lincoln and Guba (1985:305) to "improve the probability that findings and interpretations will be found credible". Lincoln and Guba (1985:305) identify different modes of triangulation and in this study the researcher utilised an independent coder to verify the data. In addition, the researcher undertook an extensive literature review on the topic. The data collected and analysis were verified by the researcher's supervisor and co-supervisor as experts in the field of research.

3.4.1.3 Peer review

The use of independent inquirers in ensuring the credibility of data cannot be overemphasised (Lincoln & Guba, 1985:308). The researcher was aware that the independent enquirers put aside their values and would in no way influence the data collected. Raw data was collected and given to the co-coder to commence coding (see Section 3.4.6). Moreover, the researcher's supervisor and co-supervisor thoroughly reviewed the data analysed.

3.4.2 Dependability

Dependability is similar to reliability in qualitative research, and refers to the stability of data over time and conditions (Polit & Beck 2008:539). This means that the findings of the inquiry should be the same "unchanging social world" if it were replicated with the same participants in the same context. De Vos et al (2005:347)

state that this idea of an unchanging social world is in direct contrast with the qualitative assumption that the social world is always being constructed, and the concept of replication is problematic.

Triangulation was also undertaken to establish reliability. The researcher made use of an enquiry auditor to follow the process and procedures used during the study in order to determine whether the processes were acceptable (Brink et al 2006:119). The co-coder was appointed to do the coding together with the researcher. In addition, raw data was left for anyone to conduct a data audit should they wish to do so.

3.4.3 Transferability

Transferability is an alternative to external validity or generalisability (De Vos et al 2005:346). Transferability refers to the extent to which the findings can be transferred to or applied in other settings (Polit & Beck 2008:539). However, De Vos et al (2005:346) maintain that a qualitative study's transferability or generalisability to other settings may be problematic. There is no single or "true" interpretation in the naturalistic paradigm. The researcher should provide thick vivid descriptions of the research process so that consumers can evaluate the applicability of the data to other contexts (Polit & Beck 2008:539 & Brink et al 2006:119).

The study was limited to a specific NEI in Gauteng, but the researcher compiled a thick detailed report to provide other researchers with data to use in order to replicate the study for other settings

3.4.4 Confirmability

Confirmability refers to objectivity; that is, the potential for congruence between two or more independent people about the accuracy, relevance and meaning of data (De Vos et al 2005:347 & Polit & Beck 2008:539). Confirmability is concerned with establishing that the data represents the information provided by participants and that the interpretations are not figments of the inquirer's imagination (Polit & Beck 2008:539; Brink et al 2006:119). Lincoln and Guba (1985:299) refer to confirmability as "a strategy to achieve neutrality" and to neutrality as "a criterion used to establish the degree to which the findings of an inquiry were not influenced by the researcher, and could be confirmed by an independent inquirer". In this study, the data analysed was confirmed by the supervisor and co-supervisor before being concluded.

Brink et al (2006:119) maintain that confirmability guarantees that the findings, conclusions and recommendations are supported by the data and that there is internal agreement between the investigator's interpretation and the actual evidence. Lincoln and Guba (1985:317) use an audit trail as a method of ensuring confirmability.

An audit trail involves a record of evidence needed by an inquiry editor to verify confirmability of the data. To ensure confirmability, the researcher left an audit trail of the full description of the research process.

The researcher kept the following audit trail categories (Halpern [1983] cited in Lincoln & Guba 1985:319):

- Raw data, including the participants' completed self-report interview guides.
- Data reconstruction and synthesis products, in the form of themes, categories and sub-categories of analysed data.

- Process notes, including methodological notes (procedures, research designs, strategies, rationale); trustworthiness notes relating to credibility, dependability, and confirmability.

3.5 SPECIFIC ETHICAL CONSIDERATIONS

The ethical considerations were discussed in detail in Chapter 1. The researcher is a senior nurse educator in the same NEI and is involved in the four-year comprehensive programme, therefore she has a good interpersonal relationship with participants, and it was easy for participants to gain trust in her without any coercion.

3.6 CONCLUSION

This chapter described the research design and methodology, in detail including the population, sample and sampling, data collection and data analysis, utilized in this study.

Chapter 4 provides an in-depth discussion of research findings and literature control.

4 DATA ANALYSIS AND LITERATURE CONTROL

The mightiest works have been accomplished by men who have kept their ability to dream big dreams.

-Walter Bowie-

4.1 INTRODUCTION

Chapter 3 described the research design and methodology in depth. Chapter 4 reflects the views of pre-graduate students regarding the clinical accompaniment they received during the four year comprehensive programme. The findings are supported by an in-depth literature control.

4.2 0VERVIEW OF THE RESEARCH FINDINGS

The researcher facilitated an AI process at the NEI. Data were collected by means of self-reported interview guide, and four questions were asked in the interview guide. The data were analysed and findings were organised in relation to the objectives. (See Section 3.2) that directed the study.

Each theme, category and sub-category will be discussed in-depth. The discussion will be guided by the questions asked in the self-reported interview guide.

In the first question the participant had an opportunity to reflect back on their best experiences pertaining to clinical accompaniment. The following question was asked to each participant.

Reflecting back on the clinical accompaniment of the pre-graduate students enrolled for the four-year programme what was your most satisfying/peak experience? (Please write me the story.)

The participants were asked to write a story of their most satisfying or peak experiences regarding clinical accompaniment as pre-graduate students enrolled for the four-year programme (see Table 4.1).

Table 4.1 Summary of the participants' most satisfying/peak experiences pertaining to clinical accompaniment

Themes	Categories	Sub-categories
4.2.1 Nurse educator support	4.2.1.1 Availability of nurse educator	
	4.2.1.2 Supportive attitude	
	4.2.1.3 Supportive interventions	•Practical demonstrations •Present first day in the CLE •Bridge gap between theory and practice
4.2.2 Professional nurses support	4.2.2.1.Commitment to teaching 4.2.2.2 Supportive attitude 4.2.2.3 Effective orientation 42.2.4 Competent role model	
4.2.3 Students' professional development	4.2.3.1 Increased competence 4.2.3.2 Increased self-confidence	
4.2.4 Multidisciplinary team members' support		

Table 4.1 indicates four main themes emerged: nurse educator support, professional nurses' support, students' professional development, and

multidisciplinary team members' support. Each of the section in Table 4.1 will be discussed in depth.

4.2.1 Nurse educator support

The participants indicated nurse educator support they received during clinical accompaniment as an important peak experience. The following quotations support the derived theme "nurse educator support" from the data analysis. (See Annexure C, Question 1).

Supportive quotations:

"…the tutors (nurse educators) gave me knowledge on how to take care of patients…"
"…when I was doing my second year, my General Nursing Science lecturers (nurse educators) were so good, I mean excellent…they guided me and motivated me…"
"…Our lecturers (nurse educators) had a lot to deal with but they managed to create time to come and assist us with areas where we could not apply theory to practice…"

Supportive literature*:* The majority of the participants indicated a positive response to the support given by nurse educators in the clinical learning area. *Collins English Dictionary* (2005:833) defines support as "…to give practical or emotional help to someone…" In support of this definition Quinn and Hughes (2007:377) identify the nurse educator as a mentor and a role model responsible for giving support, facilitating the learning experiences, undertaking clinical teaching and assessing the student's practice.

Kotzé (2008: 200) maintains that in order to develop a functional relationship, the nurse educator should be continuously available to give helpful and supportive guidance to the nursing student in the clinical learning area. Pre-graduate students perform better in an environment where they feel accepted and their contributions are appreciated and this increase their morale (Stokes & Kost, 2009:

283). The following categories and sub-categories emerged relating to the findings and supportive literature based on nurse educator support (see section 4.2.1.1 to 4.2.1.3).

4.2.1.1 Availability of the nurse educator

The participants indicated satisfaction with the availability of nurse educators in the clinical learning area (CLE), especially during their first exposure to the CLE in their first year of learning. The participants indicated that most satisfying experiences were the support given by the first-year General Nursing Science, the Community Nursing Science and the second-year physiology nurse educators. The presence of the nurse educators in the CLE helped to ease the frustrations and uncertainties of a new environment. The nurse educators always had an open door policy whereby students were welcome at any time of the day, to attend to their concerns.

Supportive quotations:

"…They (nurse educators) always had an open door policy…"
"…Our physiology nurse educators came to see how we were doing…"
"…Students were impressed by the support they got from the community nursing nurse educators…"
"…I close by saying 'thumbs up' for our nurse educators…"
"…The accompaniment in my first year of study by our General Nursing Science nurse educator was great…"
"…Our nurse educator really took effort to come to the hospital to assist us…"

Supportive literature: The presence of a nurse educator in the CLE plays a pivotal role in giving the necessary support to pre-graduate students. Pre-graduate students are placed in the CLE after each theoretical block for practice, and most of the time they are placed in the hands of the nursing unit manager for supervision. Though it is also the responsibility of the nursing unit manager to

support and do accompaniment, some students appreciate the presence of the nurse educator for guidance (Kotze, 2008: 200).

The South African Nursing Council (R425, 1985) stipulates that the nurse educator should spend at least 30 minutes per week with a pre-graduate student in the CLE. However, it is not always practical to have the nurse educator in the CLE due to shortage of nurse educators and other factors. Meyer and van Niekerk (2008:92) maintain that active accompaniment on the part of the nurse educator is extremely important.

4.2.1.2 Supportive attitude

The participants indicated satisfaction with the support they received from their nurse educators in the CLE. They noted that through support and guidance they were able to build confidence in their practice, learn the communication skills and how to conduct themselves in front of the patients and the rest of the hospital personnel.

Supportive quotations:

"…The support I got from my nurse educator when I was doing care of the deceased was most comforting…"
"…Learning how to communicate with a patient while busy with a procedure was great, and this happened with the support from the nurse educator…"
"…Our college nurse educators are providing support and guidance about how to conduct ourselves in the clinical area..."
"…Our nurse educator came for about 3 days during our first week in first year to check on us and to reassure us. That really helped me to build confidence and know that I am looked after…"
"…During second year I had a very good nurse educator, she gave us a chance to practise our case study with her before we could be assessed…"

Supportive literature: It is evident that through support pre-graduate students are able to develop confidence, practise without fear and mature with pride. The positive attitude of the nurse educator contributes to the development of the pre-graduate student because an environment that is conducive and welcoming is able to yield healthy minds. Chisane (2009:18) states that an environment that is conducive to learning is a vital component of effective student nurse accompaniment. Meyer and van Niekerk (2008: 107) maintain that the nurse educator's attitude towards pre-graduate students and the staff affects the personal interactions that are established in the educational environment.

In a study on nursing students' perception of clinical learning environment, Chan (2004:8) found that nursing students valued positive relations with clinicians and clinical facilitators and appreciated recognition for their contribution to patient care.

4.2.1.3 Supportive interventions

The participants indicated some of the supportive and helpful interventions by the nurse educators during their clinical accompaniment, being there for them during their practice helped a lot. Nurse educators prepared them [pre-graduate students] before exposure to patients by demonstrating clinical skills, and this helped them to build confidence in their clinical practice. Participants also appreciated that the nurse educators accompanied them to the CLE on their first day, as it was a totally new environment, by so doing their fears were allayed.

Supportive quotations:

"…The day I was in Far East Rand hospital…the facilitator [nurse educator] made me repeat the procedure three times. What was satisfying was the time she put to ensure that I know exactly what to do…"

"…Clinical accompaniment provided by the lecturer (nurse educator) when I did care of the deceased was most comforting and supportive…"

Supportive literature: Teaching the practice of nursing is the cornerstone of nursing education. Meyer and van Niekerk (2008: 81) emphasise the correlation of theory and practice as an important phenomenon to develop pre-graduate students' abstract reasoning skills. Pre-graduate students learn the clinical skills in order to be able to interact with patients in the CLE. The role of the nurse educator is to facilitate the mechanisms that will enhance critical thinking, problem solving and care for diverse clients in a safe and non-threatening environments (Stokes & Kost, 2009: 322 & Quinn & Hughes, 2007: 379).

The following sub-categories emerged from the findings:

- **Practical demonstrations**

The participants valued the support they received from the nurse educators with regard to guidance on clinical practice. Some of the participants appreciated the support and help they received from their nurse educators during clinical demonstration of skills, especially the basic procedures that enabled them to be functional during their first months in the CLE. They also appreciated the support they received when preparing for the summative clinical assessments.

Supportive quotations:

"…The nurse educator came to give us support when we were about to do OSCE…"
"…Nurse educators helped us with the preparation for the clinical assessments…"
"…Our nurse educator really took efforts to come to the hospital to assist us and she demonstrated for us procedures on how to accurately and safely measure the patients' vital signs…"

Supportive literature: It is the responsibility of nurse educators to demonstrate clinical skills to pre-graduate students before they practise in the wards (Quinn& Hughes, 2007:379). According to Meyer and van Niekerk (2008:168), students are

guided towards quality nursing care, and this is accomplished by demonstration of nursing procedures, and clinical accompaniment until they execute procedures correctly. The SANC (1992) makes provision for practice sessions to take place in the clinical nursing laboratory or environment, and by means of clinical instruction according to the stage objectives. It is essential to facilitate pre-graduate students' development of clinical skills so that they should socialise in the clinical situation with the patients as well as other professionals (Meyer & van Niekerk, 2008: 116).

- **Present first day in the CLE**

The participants appreciated the fact that the nurse educators were present during their first day in the CLE, and this helped them to adapt more easily to the new environment.

Supportive quotations:

"…It was my first day at the hospital where I was accompanied by my nurse educators. They made it easier for me to adapt to the new environment that I was never exposed before..."

Supportive literature: Accompaniment of pre-graduate students should begin on the first day, when the students are exposed to the CLE because that is the most critical and stressful period. Chesser-Smith (2005:321) points out that when anxiety is high, an individual is immobilised, perceptions are narrowed and learning is impeded. In a study conducted by, Mongwe (2007:166) participants indicated they expected the clinical tutor to welcome them in the CLE and know their whereabouts all the time. Similarly the study conducted by Chesser-Smith (2005:323) revealed that students received a positive welcome on their first day and this had a positive impact on their self-esteem.

- **Bridge gap between theory and practice**

The participants indicated they appreciated the manner in which the nurse educators supported and guided them into correlating theory learnt at the college with practice. This was done through demonstrations of clinical skills followed by guiding and supporting them in the CLE.

Supportive quotations:

"…I appreciated the follow-up made by the nurse educator to see that the students are maintaining the standard of procedures as required by the college…"
"…The nurse educator showed and demonstrated how certain procedures are done and teaching the correct way of doing them in order to promote safety of the patients…"
"…Our nurse educators had a lot to deal with ….. They (nurse educators) came and assisted us with areas where we could not apply theory because of misunderstanding…"

Supportive literature: According to Meyer and van Niekerk (2008:81), correlation of theory and practice implies the development of abstract reasoning skills, therefore nurse educators should gear towards developing pre-graduate students' critical-analytical reasoning skills, and stimulating their independent evaluation of scientific content. Involving pre-graduate students in case presentations, clinical assignments, role playing, and reflections are among the skills nurse educators can use to enhance critical thinking (Bonnel, 2009: 456).

In a study on integrating theory and practice in problem-based learning in clinical education, Ehrenberg and Häggblom (2006:72) found that students perceived regular meetings with other students and the preceptor for reflection as very effective, because they were integrating theory and practice in their sessions.

4.2.2 Professional nurses' support

The participants appreciated the manner in which the professional nurses support them in the CLE. The pre-graduate students indicated that they were assisted in executing the nursing tasks, guided throughout their practice, and in so doing, they felt they were part of the team.

Supportive quotations:

"…The team leader, sister in charge (professional nurse) of the ward was so kind and been able to assist on whatever procedure you want to complete and you don't know how to…"
"…The most satisfying experience was when I first learnt how to suction a patient; I got support from the sister (professional nurse) in the ward…
"…Sisters (professional nurse) in the Infectious Diseases clinic were excellent, we really felt like we were a team and that we were able to make a difference…"

Supportive literature: Clinical teaching and learning takes place in the clinical setting, and pre-graduate students come in contact with patients and other health care workers (Meyer & van Niekerk, 2008: 168). In addition, Quinn and Hughes (2007: 381) emphasise that throughout the educational programme, pre-graduate students are supported by among others professional nurses in the clinical practice.

It is the opinion of Meyer and van Niekerk (2008: 168) that professional nurses in the clinical setting should work hand in hand with the nurse educators to identify learning opportunities for pre-graduate students and be supportive. Quinn and Hughes (2007: 379) highlight that pre-graduates' stress level significantly decrease if the mentor [professional nurses in this context] in the CLE are friendly.

The following categories will be discussed in depth.

4.2.2.1 Commitment to teaching

The participants noted that some professional nurses were committed to teaching and guiding them. They appreciated the support they received from professional nurses in the paediatric ward, where they learnt about many diseases of children. Some participants indicated that they were given the opportunity to discuss the patients' conditions. In addition, the participants appreciated the friendliness of some professional nurses and their willingness to teach.

Supportive quotations:

"…I learned about many diseases while working in the paediatric unit…"
"…Teaching by RN's was very good..."
"…The RN gave us chance to discuss topics learned in class and helped us to put them into practice…"
"…The nursing staff of that unit was willing to equip us with knowledge…"
"…We had friendly seniors who were willing to teach us, they went the extra mile by teaching us..."
"…There were always lectures about different conditions in the unit…"
"…The RN made sure that students knew the patients and their different conditions…"
"…It was an awesome experience, every day the students were given turns to research a topic and present it to the team the following day…"

Supportive literature: One of the core functions of the professional nurse is to teach patients and nurses (SANC Nursing Act, no 33 of 2005). In addition Muller (2011: 330) confirms that once the clinical setting is accredited by the SANC, the unit manager automatically accepts the responsibility for the clinical training of pre-graduate in partnership with the clinical facilitator. Andrews et al (2005:863) indicates that students that are currently undertaking pre-registration nursing courses in the UK are supported by the mentors.

Mentorship has an influence on students' self-reported clinical experience, in terms of relevant learning opportunities and their enjoyment of the placement experience (Andrews et al, 2005: 863). In a study on student nurses' experience of clinical accompaniment in a public hospital in Gauteng province, pre-graduate students indicated the professional nurses were willing to teach them; and they would even invite them to participate in teaching and learning sessions of the patients (Mntambo 2009:124).

4.2.2.2 Supportive attitude

Some participants appreciated the positive attitude of the professional nurses towards them. The majority of participants expressed the warm welcome by the hospital staff on their first day in the CLE as new students. That was very important for them because first impression lasts. They noted that they felt the warmth of support and that all their anxiety was relieved.

Supportive quotations:

"…Warm welcome by hospital staff on their first day in the CLE…"
"…Nursing staff were nice to us…"
"…There was a good working relationship between us and the hospital staff…"
"…RN's in the units were very supportive and willing to answer our questions…"
"…Oh how can I forget working in theatre, it was so amazing, and how they welcomed us and offered their help…"

Supportive literature: Andrews et al (2005: 863) indicate that the ward managers play a significant role in students' experiences of clinical placements because they have the ability to encourage group cohesion, and create a positive learning environment based on mutual support and respect. Regarding pre-graduates' perception of actual and preferred learning environments, pre-graduate students valued positive relationships with their clinical teachers and viewed human relationships as a high priority in the CLE (Chan & Ip 2004:670; Brown et al 2011:e26 & Mntambo 2009:124).

Stokes and Kost (2009:285) maintain that for the NEI to build a relationship with clinical personnel there should be shared information about goals, competencies, and expected outcomes of pre-graduate students.

4.2.2.3 Effective orientation

Most of the participants indicated that they appreciated the orientation received the first day they entered the wards, and this gave them the bigger picture of the hospital setup and what is expected of them in the specific CLE before they started practicing.

Supportive quotations:

"…The most satisfying experience was my first day doing practical at the hospital; we were taken to all the wards and later we were introduced to patients before we started working…"

"…The nicest and best experience I received was in female orthopaedic ward. The welcome from the sister in charge who explained everything about the ward layout, the discipline of the ward and different doctors with different specialties…"

Supportive literature: Chesser-Smith (2005: 323) describes the orientation phase as the observation phase that lasts for approximately two weeks on placement. Furthermore, this phase demarcates the transition of "…knowing a little and feeling useless…" to one of becoming an enhanced and competent novice. Stokes and Kost (2009:285) emphasise that orientation of pre-graduate students early in the CLE promotes student-staff interaction and provides opportunity for role clarification.

4.2.2.4 Competent role model

The participants indicated they were impressed by the active participation of some of the professional nurses in patient care. They stated that they were inspired by such role models who showed them the "how" of doing things in the CLE.

Supportive quotations:

"…RNs taught me how much it means to be a hands-on nurse…"
"…I began to fall in love with nursing because of certain people who have shown me a way…"
"…I was inspired by the RN who performed the duties alone because the EN did not report on duty…"
"…It was so nice to see how the sister in charge and ward staff in general are so actively involved in the running of the unit…"
"…The ward staff taught me work, basically a good and positive behaviour in the hospital, how to treat people…"

Supportive literature: In Thailand, Kunklin, Sawasdisinga, Viseskul, Funashima, Kameoka, Nomoto and Nakayama (2011: 84) found that role modelling in nursing has received significant attention because of its great influence on the development of students' competence. Pre-graduate students learn by precept and example from their role models. According to Stokes and Kost (2009:287), clinical teachers should be clinically competent, know how to teach, be friendly and supportive.

Meyer and van Niekerk (2008:176) maintain that nurse educators and nursing unit managers should act as role models for pre-graduate students, demonstrate the use of medical terminology, effective use of knowledge and a positive attitude towards patients, colleagues, and staff members. Meyer, Naudé, Shangase and van Niekerk (2011:82) emphasise that the nursing unit managers must be hands-on, working side by side with the pre-graduate students to facilitate clinical learning.

4.2.3 Students' professional development

Pre-graduate students indicated they have noticed some degree of professional growth as they progress with their training. Each and every moment for them in the CLE is regarded as valuable because they gain knowledge.

Supportive quotes:

"…The most satisfying experience for me was nursing a sergeant who had pneumonia. He was completely delusional, ill and had no hope. I made him priority one…the day he partially recovered, I was so proud to be a nurse…"
"…One of my most satisfying experiences is when I was working in ICU, being able to put a patient back to life…"
"…so my peak experience was learning to sort patients according to triage…"

Supportive literature: Pre-graduate students undergo a journey towards professional development throughout their training. Development is "…a process of growth or developing…" (*Collins English Dictionary* 2005:215). Successful and effective development of a pre-graduate student can be achieved through guidance and support from the nurse leaders, including the nurse educators, professional nurses and all other senior nurses, and members of the multidisciplinary health team (Quinn & Hughes, 2007: 379). As suggested by Meyer and van Niekerk (2008: 83) pre-graduate students should be facilitated to develop critical reasoning ability, whereby they use theoretical knowledge to generate options for problem-solving and in so doing; they become independent thinkers and not just followers.

According to Kotzé (2008: 14) refers to professional development as professional maturity. In her opinion the maturing professional will portray attributes such as among others, "…career management, personal achievement…consistent growth and skills development…" The author further asserts that a maturing professional should display the behaviour and attitude that reflect nurturing of personal dignity.

The following subcategories support the evidence of how pre-graduate students indicated professional development.

4.2.3.1 Increased competence

The participants indicated that through guidance from the professional nurses they developed increased competence and improved their performance in practising clinical skills. Some of the participants indicated they were excited to see certain conditions for the first time and how they gradually grew into understanding management of patients with such conditions.

Supportive quotes:

"…Through the guidance from the RNs I learned how to suction a patient…"
"…I felt good for being able to help a patient..."
"…I learned a lot on how to improve my clinical skills…"
"…Seeing the patient for the first time was emotional and as time went on I got used to it and the fact that I am helping people was very good thing for me to do…"
"…My sister died of meningitis and the whole family was clueless about this disease, but because of the information I received from hospital I can now explain and give them thorough information regarding the disease..."
"…I was highly shocked and received a massive wake-up call in my life when working in the medical ward. I have seen diseases I never knew existed, such as Kaposi's sarcoma and military tuberculosis…"

Supportive literature: In a study on problem-based learning (PBL) in clinical education, Ehrenberg and Häggblom (2006:71) found that pre-graduate students appreciated how PBL promoted greater freedom and responsibility in their practice. Meyer and van Niekerk (2008:169) maintain that within the structured relationship between nurse educators and pre-graduate students, pre-graduate students are encouraged to accept professional responsibility for practice and increase self-knowledge. Mongwe (2007:211) found that pre-graduate students indicated they had a better chance of successfully learning in the clinical field if they were accepted and then they experienced growth and feelings of achievement.

4.2.3.2 Increased self-confidence

The participants were asked about the most satisfying experiences in the CLE that made them develop self-confidence. Some of the participants indicated they were able to act responsibly and therefore gained trust from the nursing personnel. The assignments that were given to them on patients' conditions instilled an enquiring mind and that helped them grow professionally.

Supportive quotations:

"…I was a responsible and trusted nurse…"
"…We were given real support, and that made me gain confidence in the nursing tasks I was allocated to do…"
"…Most satisfying experiences occurred in second year when I was able to administer injections…"
"…I remember my first day in the ward from the college the Sister gave me a topic to research. I enjoyed searching for information from the doctors and the library, it was really good…"
"…I learnt what it was to manage a child as an individual with an illness and also not to compare that child to other children…"

Supportive literature: Students develop confidence in their nursing practice as they progress through their levels of training (Andrews et al 2005:863). In a study conducted by Chesser-Smyth (2005:323) on the lived experiences of general nurse students in their first placement, participants reported high levels of confidence amongst nurses with previous nursing experience such as working in old-age homes or as health-care workers.

Rowles (2009: 239) corroborates the confidence level of students with the ability to nurse patients holistically, and the use of critical thinking skills. Furthermore, the author added that pre-graduate students need a high level of critical thinking skills and a critical thinking disposition because they encounter multiple patients. According to Meyer et al (2011: 95), pre-graduate students that are in a more

advanced level should be given the opportunity to accompany doctors and nursing unit managers on their nursing rounds, because in this way they will become aware of seeing the patient holistically.

Levett-Jones and Lathlean (2007:107) explored pre-graduate students' experience of belongingness when on clinical placement and pre-graduate students indicated they felt more empowered and enabled to capitalise on the available learning opportunities when they felt they had a legitimate place in the nursing team.

4.2.4 Multidisciplinary team members' support

The participants appreciated the support they got from the members of the multidisciplinary team. The majority of the participants referred to the support from the doctors and the teaching guidance they received from them. Some of the participants indicated the assistance they received from the ward clerks with the documents to be used in compiling patients' files.

Supportive quotations:

"…I got support and guidance from doctors and other members of the multi-disciplinary health team…"
"…The doctors were always more willing to help us, they were more encouraging…"
"…The ward clerk also was able to assist on what information you are looking for on the patient file and printing more stickers…"

"…After the ward rounds they updated us on what is happening with the patients as not all of us were able to go with the doctors…"

Supportive literature: Members of the multidisciplinary health team include all health professionals working in a health setting with a common objective of restoring the normal life of individuals (Bonnel, 2009: 456). Nurses, doctors, chaplains, social workers, dieticians and physiotherapists form the

multidisciplinary health team. The pre-graduate students meet all these people during training and they form part of the support structure for nurse training (Quinn & Hughes 2007:343). The members of the multidisciplinary team can contribute to the learning environment provided the nursing unit manager has explained the ethos of the nursing unit in relation to learning.

In a study on student nurses' experience of clinical accompaniment in a public hospital in Gauteng, Mntambo (2009:121) found that the pre-graduate students asserted that they were able to work well in the clinics because there were some nursing sisters, doctors and other junior nurses who were skilled in teaching. They also added that these health professionals were friendly and supportive. Meyer et al (2011:114) emphasise that pre-graduate students cannot be professionally socialised in the profession without becoming aware of the important role the multidisciplinary team plays in the clinical setting.

The second question asked in the self-reported interview guide, gave participants the opportunity to reflect and give inputs on the wishes they have relating to clinical accompaniment as a pre-graduate student.

What are your wishes for the ideal clinical accompaniment of the nursing students enrolled for the four-year comprehensive programme?

Table 4.2 provides a summary of the findings related to this question. Five main themes derived as well as six categories. Each theme, category and sub-categories will be discussed in depth.

Table 4.2 Summary of participants' wishes for the ideal clinical accompaniment

Themes	Categories	Sub-categories
4.2.5 Wish for nurse educator support	4.2.5.1 Availability on a regular basis	
	4.2.5.2 Supportive attitude	
	4.2.5.3 Supportive interventions	• Discussion sessions •Practical demonstrations •Orientation programme present on first day •Bridge the gap between theory and practice
4.2.6 Wish for professional nurses support	4.2.6.1 Positive attitude towards students 4.2.6.2 Create learning opportunities	
4.2.7 Wish for sufficient resources	4.2.7.1 Transport 4.2.7.2 Educational equipment	
4.2.8 Wish for professional acknowledgment	4.2.8.1 Acknowledgement of student status 4.2.8.2 Respectful treatment	
4.2.9 Wish for exposure to sufficient learning opportunities		

Table 4.2 indicates that five main themes emerged, namely wish for nurse educator support, wish for professional nurses' support, wish for sufficient resources, wish for professional acknowledgment, and wish for exposure to sufficient learning opportunities.

The participants were asked to write all their wishes for an ideal clinical accompaniment for the four-year comprehensive programme, and the following themes, categories and subcategories emerged:

4.2.5 Wish for nurse educator support

Although the participants indicated their appreciation for the support they received from their nurse educators in the previous section, they also wished that this support could be extended to all the nurse educators and included frequency of availability

Supportive quotations:

"…My wish is for our lecturers (nurse educators) to visit the clinical areas more often…"
"…I would like them to more visible in our clinical programmes…"
"…I wish that the lecturers can do more of the clinical accompaniments…"

Supportive literature: Clinical teaching and learning takes place in the clinical setting and according to Meyer and van Niekerk (2008: 168) nurse educators should provide constant guidance to pre-graduate students until they can execute clinical skills correctly. Due to shortage of nurse educators, Stokes and Kost (2009: 293) indicate that preceptorship is one of the models that offer a constant one-on-one relationship between the pre-graduate student and the preceptor and this provide opportunity for socialisation into practice and bridge the gap between theory and practice. According to the authors preceptors are experienced nurses who facilitate and evaluate pre-graduate students in the CLE over a specified time frame.

The following subcategories regarding wish for nurse educator support emerged.

4.2.5.1 Availability on a regular basis

The majority of the participants wished the nurse educators could be at the CLE all the time and not only during assessments. Some of the participants wished nurse educators could at least visit the CLE at least on a weekly basis. Some of the participants indicated the challenges they faced in the CLE and believed these could be alleviated if they got support from the nurse educators.

Supportive quotations:

"…Nurse educators should be available at the CLE all the time and not only during assessments…"
"…Nurse educators should visit the CLE on weekly basis. The hospital staff tend to intimidate us sometimes..."
"…Nurse educator support during the clinical phase will help alleviate anxiety…"
"…I also think accompaniment should be done on a weekly basis…"
"…My wish is to be asked on a regular basis what are the challenges I face during clinical accompaniment…"
"…our nurse educators would come to the clinical area to check on us we would be motivated and they would know our weaknesses as students and know our challenges in the clinical area…"
"…More support is needed for students because we only see nurse educators when we do clinical assessments…"

Supportive literature: Regarding student nurses' perceptions of the clinical accompaniment in the Limpopo province, the participants indicated that accompaniment in the clinical setting would be improved if nurse educators were available (Lekhuleni, van der Wal & Ehlers 2004: 24). In Italy, Perli and Brugnoli (2009: 889) found that the participants perceived that the presence of the clinical tutor contributed to students having an innovative learning environment.

Meyer and van Niekerk (2008:108) assert that in order to encourage pre-graduate students to explore, question and argue, the nurse educators must accompany

students in CLE, plan clinical programmes with clinical preceptors, and actively participate in teaching them.

4.2.5.2 Supportive attitude

Some of the participants wished nurse educators would be supportive and not intimidate them when they visited them at the CLE. The participants wished that nurse educators would motivate and be polite to them because shouting at them sometimes chased students away from nurse educators.

Supportive quotations:

"…wish that the nurse educators when they come to the clinical learning environment shouldn't intimidate us…"
"…I wish students who fall down academically can be supported by nurse educators and RNs, but now there is nothing like that…"
"…I wish nurse educators would not be irritable when asked the same questions."
"Motivation…"
"…And also people accompanying the students ….must not shout because that chases students away and makes them more afraid every time when they see the person who is to accompany them…"

Supportive literature: Quinn and Hughes (2008: 89) define an attitude as "…an internal state that influences the choices of personal action made by the individual…", The authors further elaborate the three components of attitude as cognitive which consist of the belief an individual holds about the attitudinal object; the affective component which is concerned with feelings the individual holds about the attitudinal object and lastly the behavioural aspect which is a predisposition to act in some way. Kotzé (2008: 189) argue that a person without a positive disposition, a love for close relationships with people, and a healthy sense of humour should stay away from a career in nursing.

Participants wish that the nurse educators have a positive attitude towards them. In a study on nursing students' expectations of Problem Based Learning and effects of tutors' behaviour on nursing students, the students indicated they expected tutors to be cheerful, good listeners, make eye contact, and continue to be friendly even outside classes (Mete and Sari 2007:437), and this is congruent with Kotzé (2008: 189)'s opinion on the ideal personality of a nurse educator.

4.2.5.3 Supportive interventions

The participants indicated the wish for supportive interventions during clinical accompaniment and the following subcategories emerged

Supportive quotations:

"…I wish our lecturers [nurse educators] would at least come to visit us in the hospital, so as to clarify some points of misunderstanding and for demonstration…"
"…I wish lecturers [nurse educators] would give us a chance to say our side of the story before they belief whatever the nurses at the hospital say about us…"
"…

Supportive literature: As already discussed in Section 4.2.1. participants wish the nurse educators can be more hands on than they currently are, that is being available and giving guidance where needed. However, Quinn and Hughes (2007: 381) belief that pre-graduate students are supported throughout their programme by a range of professional and academic mentors [nurse educators], who are able to guide, support and facilitate learning. Such nurse educators are expected to be knowledgeable, possessing teaching skills that maximise pre-graduate students' learning (Stokes & Kost, 2009: 289).

- ***Discussion sessions***

The participants wished there were sessions for discussing diseases and patients with the nurse educators during their clinical placement. Some of the participants

indicated they wished the hospital provided a venue for holding discussions or presentations with nurse educators as currently happened with the doctors.

Supportive quotations:

"...I wish there can be sessions to discuss some diseases and share ideas..."
"...I wish in future nurse educators should arrange with the hospital to give us a lecture room for discussions with them about issues that need to be addressed..."
"...Contact sessions with the tutor every two weeks as other disciplines at the clinical areas are doing. If clinical associates and doctors have boardrooms for learners, why not us?..."

Supportive literature: Ehrenberg and Häggblom (2006:71) found that students perceived regular meetings with other students for reflection and relations with the preceptor as effective and enhancing their learning. Mongwe (2007:181) asserts that discussions in the clinical field could act as a vehicle to reflect on student nurse achievements in terms of clinical learning.

- ***Practical demonstrations***

The majority of the participants indicated their wish to have at least a day set aside at the CLE for practical demonstrations so that they could practise. Clinical skills can only be mastered if they are repeatedly practised. Some participants indicated they wished nurse educators would lead by example and demonstrate some procedures in the wards.

Supportive quotations:

"...Students wish there can be a clinical teaching day for them to practise and demonstrate back..."
"...I wish tutors would lead by example, meaning they should demonstrate some of the procedures..."

Supportive literature: The participants discovered that practising in the nursing units was not enough as they needed to repeatedly practise and the only way to do so is to set a day or some hours for practice in the presence of a nurse educator. Stokes and Kost (2009: 293) belief that the use of a human patient simulator (HPS) as the current national trend used by NEI for practicing clinical skills. The authors further add that by using HPS pre-graduate students will be able to practice from a risk-free environment and also increase repeated practice of clinical skills. In support of the previous authors Hodson-Carlten (2009: 304) emphasise that thorough preparation of pre-graduate students for clinical practice is a critical role in nursing education

- ***Orientation programme present on first day***

Although the participants noted previously that some of the nurse educators were present in the CLE on their first day of clinical placement, they also indicated that the participation of nurse educators during orientation on the first day was not enough. The participants indicated they wished their nurse educators could be present at the CLE during their orientation on the first day at the CLE. This would help alleviate anxiety.

Supportive quotations:

"…Wish for specific nurses or retired nurses to orientate and teach us at clinical learning area…"
"…I wish that a procedure like escorting a patient to a different health facility could also be demonstrated to us; escorting with a senior nurse for the first time to show you how it is done…"
"…My wish is for nurse educators to present during the first day of our orientation at the clinical learning area…"
"…If the nurse educators go on the first day with the students, they will also experience the challenges faced by students…"

"…I know that my first day could have been better if only someone came with us…"
"…The nurse educators should at least try, where possible, to accompany the students on their first time they are allocated to hospital…"

Supportive literature: Muller (2011: 202) defines orientation as a formal procedure or action whereby the newly appointed person is informed or introduced to the unique circumstances of the nursing unit. Although in most cases the nursing unit manager takes responsibility to orientates pre-graduate students in the nursing unit (Quinn & Hughes, 2007: 346), the participants wished if the nurse educator could also be present the first day they are allocated in the CLE.

- ***Bridge the gap between theory and practice***

The participants indicated they wished there could be proper correlation of theory with practice, as some procedures were not done the way they were demonstrated at the CLE.

Supportive quotations:

"…We wish to see a universal standard of doing procedures. It is sometimes confusing for a student to get different views from qualified nurses of the same qualification…"
"…They must also teach the students exactly what is done in clinical because sometimes what they teach them is not what is done practically…"

Supportive literature: The SANC (R425, 1985) emphasise meaningful integration of theory into practice regarding every nursing subject. The development of "critical reasoning ability, whereby learners use theoretical knowledge to generate options for problem solving and to intelligently

discriminate between new ideas, is an effective method of enhancing theory and practice correlation" (Meyer & van Niekerk 2008: 83).

According to Meyer and van Niekerk (2008:82), nurse educators should play a predominant role in generating all possibilities to develop pre-graduate students as professional, responsible nurse practitioners who are critical thinkers, and this can be achieved by means of structured teaching and practice accompaniment. Papastavrou, Lambrinou, Tsangari and Saarikoski (2009:177) maintain that nursing education is characterised by a close relationship between theory and practice, meaning that nursing cannot be learnt through either theory or practice alone. Mongwe (2007:149) states that participants articulated learning in the clinical field as "doing the right thing".

The researcher is of the opinion that doing the "right thing" means to perform a clinical procedure as stipulated in the updated procedure manual of the institution which is in line with the educational learning outcomes.

4.2.6 Wish for professional nurses' support

The participants were asked to write down the wishes they had for the professional nurses' support.

Supportive quotations:

"…I hope I get the input and encouragement from the professional nurses in the hospital…"
"…Professional nurses in the hospital should be motivated to help students during clinical programme…"
"…I wish the hospital can appoint professional nurses that can guide students in the clinical environment full time…"

Supportive literature: When allocated to the CLE pre-graduate students are handed over to professional nurses for clinical practice, and according to Bruce,

Klopper and Mellish (2011: 256) the main function of the professional nurse is to render quality patient care, and they must ensure that those carrying for the patients are capable of providing it. Therefore the authors emphasise that the professional nurse has a moral duty to teach, mentor and supervise pre-graduate students. In addition, Quinn and Hughes (2007: 346) advocate that professional nurses should be approachable and helpful to pre-graduate students provide them with support.

The following categories emerged from participants' responses.

4.2.6.1 Positive attitude towards students

Most of the participants indicated they wished to be accepted and respected as individuals. Nursing personnel should be patient with students and be willing to teach them, and this would boost morale.

Supportive quotations:

"…Personnel's attitude should be more positive towards us…"
"…I wish the nurses could be patient with students who are eager to learn…"
"…What I hate most is when a student is sick and they come with this attitude that we don't want to work, and that kind of attitude is demoralising us…"
"…I wish clinical environment could be a place where students feel free…"
"…I wish all permanent nursing personnel would treat us with respect and take part in teaching us things that we must know…"

Supportive literature: According to Andrews et al (2005:863), positive interpersonal relationships between students and ward staff is critical since the students' desire for support, respect and acceptance from more experienced colleagues is of major importance. Quinn and Hughes (2007:346) concur, adding that qualified staff should be approachable and helpful to students and provide support as necessary. Levett-Jone and Lathlean (2007:107) found that students described how difficult it was to be motivated and enthusiastic when their

placement experiences had been overshadowed by alienation from the nursing team.

Muller (2011:334) encourages nursing unit managers and other personnel to maintain a non-threatening learning atmosphere in the nursing unit by promoting a questioning attitude, displaying a positive and professional attitude without humiliating the pre-graduate student.

4.2.6.2 Create learning opportunities

The participants indicated they were eager to learn and wished the professional nurses would create opportunities for learning, such as seminars on aspects like good health, illness, general hospital management and etiquette. They also indicated their wish to work co-dependently with the professional nurses and doctors especially during ward rounds, as they believed it could broaden their knowledge. The participants indicated they preferred to be given an opportunity to learn without being humiliated.

Supportive quotations:

"…Involvement of RNs in teaching and guidance is necessary…"
"…I wish that some RN would want to teach us and assist us in what we don't know or struggle with…"
"…Students should be allowed to work co-dependently with RNs and doctors enabling us to broaden our knowledge without being humiliated…"
"…Students should be allowed to attend seminars and talks regarding good health, illness, general hospital management and etiquette…"

Supportive literature: Meyer and van Niekerk (2008:172) recommend that pre-graduate students should be allocated to the CLE where there are professional nurses to guide them, and on that note learning opportunities should be should be provided for them. In addition, Bruce et al., (2011: 256) point that the professional nurse may make use of the "teachable moment" or either formal or

informal way of guiding and teaching pre-graduate students. Muller (2011:335) furthermore encourages pre-graduate students to prove that they are ready to learn by displaying the necessary interest, motivation and sense of responsibility.

4.2.7 Wish for sufficient resources

The resources that appeared most in the interview guides were transport and hospital supply and equipment. The participants indicated that adequate resources could ensure efficient and effective patient care. The following categories emerged from the findings.

Supportive quotations:

"…My wish would be for the institutions to get proper equipment for the procedures and more advanced learning tools…"
"…My first wish is to get transport to go to hospital on rainy days…"
"…I wish the hospital must buy the clinical equipment for their wards…"
"…I wish that there can be more food allowance as we go hungry at work…"

Supportive literature: Armstrong (2008: 151) refers to resources as human, financial, material or physical. The author further refers to financial resources as funding that is allocated to the NEI for the purpose of fulfilling its primary purpose or to augment its functioning. Funding for public NEIs is provided by the national department and how each NEI utilise it depend on their strategic plan. To ensure availability of necessary resources, Booyens (2006: 261) point that budgeting should be done annually.

4.2.7.1 Transport

Students doing practical at the hospital under study walk 8 kilometres per day to and from their residence in all types of weather, and at times during the night when they go off duty. They indicated that sometimes they arrived at work tired

or late due to delays in the dining hall, of which walking to work added to their frustrations. Their wish was to have transport to travel to and from work.

Supportive quotations:

"…Students should be provided with transport to get to work on time…"
"…My other wish is that we can have enough transport to take us to our respective places…"
"…My first wish is to get transport to go to hospital on rainy days…"

Supportive literature: Transport of students in higher education institutions from their place of residence to different clinical facilities is, to some extent, the responsibility of the NEI. Pre-graduate students utilise practice facilities from areas that are sometimes far from their residences and transport forms part of the NEI budget. In South Africa the situation differs from one NEI to another. Pre-graduate students in other NEIs utilise their own transport to go to allocated clinical learning facilities. However, in the NEI under study the situation is different because pre-graduate students utilise some clinical facilities within a radius of up to 150 kilometres, therefore the NEI is responsible for transporting them (Department of Defence, Instruction, 2/98: 1998).

4.2.7.2 Educational Equipment

Some of the participants wished the hospital would procure enough medical equipment because they were currently using limited equipment and even borrowed from other wards. A few participants indicated that they were using their own equipment to ensure efficiency of patient care. The participants also indicated they need a fully equipped and accessible library with internet facility so that they could search for information relating to patient care. By accessibility participants indicated being accessible to time and adequate internet facility.

Supportive quotations:

"…I wish for a fully equipped library with internet facility so that I can search for recent clinical information…"

"…I wish the hospital could buy the clinical equipment for their wards, especially blood pressure machines, and wheelchairs…"
"…In the hospital I'm not expected to come with equipment to work, so if they could order enough equipment necessary to work, it will be smooth…"
"…more essential equipment should be available so that the students can do procedures appropriately and not improvise…"

Supportive literature: Pre-graduate students utilise equipment from the CLE for practice. It is imperative, however, for students to utilise fully serviceable equipment in order to correlate theory learnt with clinical practice utilising correct equipment. It is necessary for the nursing unit manager to motivate for adequate equipment to ensure efficient patient care and learning. Armstrong (2008: 12) asserts that physical resources acquired for educational purpose should meet the principles of safety, comfort, efficiency and sustainability.

Other learning equipment indicated by participants is availability of internet facilities. Availability in this context means a fully functioning library with internet facility, operating within the working hours in line with other higher educational institutions, that is between 8:00-20:00. According to Hodson-Carlton (2008: 303) some of the learning resource centres in other countries include operation of multimedia and laboratories and/ or high fidelity simulations.

4.2.8 Wish for professional acknowledgment

The participants indicated they wished to be acknowledged as students by the members of the multi-professional health team.

Supportive quotations:

"…Also wish to do the job that is relevant to what we are studying not transporting patients to other hospitals because we do not see any learning opportunity attached to that…"

"…I wish that students should be taken or respected as students…"
"…All students to be treated as students in the clinical areas and not as the workforce…"

Supportive literature: Pre-graduate students wish to be acknowledged as learners and not as members of the health team as supported by Quinn and Hughes (2007: 341) when asserting that the presence of the pre-graduate student in the workplace is on the basis of a placement for practice. According to Kotzé (2008: 186) the pre-graduate students *"…do not form part of the essential nursing staff complement to keep a health service functioning, but are afforded practice learning as members of the nursing an healthcare teams…"*

The following subcategories emerged as regarding professional acknowledgement.

4.2.8.1 Acknowledgement of student status

Participants indicated they wished their student status could be acknowledged and not be treated as working force.

Supportive quotations:

"…Twelve-hour shifts are too long and I wish these could be reduced to give us time to study and do assignments..."
"…I wish that all staff members take responsibility for their tasks and not just send students to do what they can't do without their presence to monitor them..."

Supportive literature: Lekhuleni, van der Wal and Ehlers (2004:22) found that students, nurse educators and unit supervisors had different perceptions of working and learning in the wards, nurse educators and unit supervisors. Mongwe (2007:341) and Quinn and Hughes (2007: 341) indicates that the presence of a pre-graduate student in the workplace is on the basis of a placement and not as part of the workforce of the clinical setting.

Mongwe (2007: 152) maintains that a balance should be struck between working and learning to enable students to learn. Furthermore, pre-graduate students need to acknowledge the occurrence of learning by doing, which does not differ that much from working (Mongwe 2007:152).

4.2.8.2 Respectful treatment

Students wish to be treated with respect and dignity. The majority of the participants indicated they wished to be treated with respect and that some nurses should improve their attitude towards students. Some of the participants indicated they were adults despite the fact that they were students. Another important wish of the participants was the full involvement of the college in student matters by liaising with the hospital on a regular basis.

Supportive quotations:

"…I wish to be treated with respect by RNs…"
"…Nurses should improve their attitude towards students…"
"…I am a student, an adult and a human being, so I desire to be treated with respect…"
"…I wish the college would liaise with the hospital staff with regard to the wellbeing of their students during clinical phase, because it seems when we are out of college nobody is willing to listen to students' problems…"

Supportive literature: In Australia, Chan (2004:8) found that students' level of satisfaction was high when they were treated with respect, especially when they were included as part of the working team. Similarly, in Hong Kong Chan and Ip (2006:682) found that that even though students were already receiving a good amount of support, respect and recognition in the CLE, they demanded more attention in this area as they saw the utmost benefit of this to their clinical

learning. Muller (2011: 334) also emphasises the aspect of mutual respect and trust.

4.2.9 Wish for exposure to sufficient learning opportunities

The majority of the participants indicated they were not getting sufficient exposure at their hospital and wished to be exposed to other provincial and private hospitals for sufficient learning opportunities.

Supportive quotations:

"…I wish students could be exposed to different provincial hospitals and clinics to get more practice..."
"…My wish is to be more exposed to different hospitals not just 'this one' for clinical practicals, because in our hospital there is not as much exposure as in other provincial hospitals..."
"…I wish that they would expose us to more difficult environments like at public hospitals to expand learning…"
"…Students should not just be exposed to this hospital, but also to public and private sectors. This will benefit and broaden the knowledge of the student…"

Supportive literature: Clinical learning experience is critical for knowledge application, skill development, and professional socialisation (Redding 2006:175). Moreover, moving the students to diverse clinical settings helps prepare them to deal with diversity in its many dimensions. Meyer and van Niekerk (2008:169) maintain there are many learning opportunities in the daily, busy flow of activities in the hospital and clinics. Pre-graduate students need to be aware that learning occurs in every situation no matter how trivial it may appear, any form of exposure becomes a learning opportunity, and they should use every clinical practice as a learning experience.

Stokes and Kost (2009:283) state that exposing pre-graduate students to complex environments such as acute care enables them to exemplify their caring abilities and also affords them the opportunity to practise the use of cognitive, psychomotor and communication skills. Mongwe (2009:129) points out that the hospital in which her study was conducted offers practice opportunities to a number of authorised colleges. However Brown, Williams, McKenna, Palermo, McCall, Roller, Hewitt, Molloy, Baird and Aldah (2010:e23) found that there is a global shortage of practice education placements for health science students enrolled for occupational therapy, physiotherapy, midwifery, pharmacy, social work, dietetics and nutrition. The situation is the same in the NEIs in Gauteng where NEIs compete for placement opportunities. The CLEs cannot cope with large numbers of pre-graduate students based on the acuity levels and the size of the clinical facilities.

The third question asked in the self-reported interview guide, gave participants the opportunity to reflect and give inputs on the challenges they encounter relating to clinical accompaniment as a pre-graduate student.

What do you see as challenges pertaining to the clinical accompaniment of nursing students enrolled for the four-year comprehensive programme?

Table 4.3 provides a summary of the findings related to this question. Four main themes derived as well as six (6) categories. Each of the themes and categories will be discussed in depth.

Table 4.3 Summary of the participants' challenges faced during clinical accompaniment

Themes	Categories	Sub-categories
4.2.10 Inadequate support from nurse educator	4.2.10.1 Unavailability of nurse educators	
	4.2.10.2 Negative attitude	
	4.2.10.3 Inadequate planning	
	4.2.10.4 Continuous clinical accompaniment	
	4.2.10.5 Inconsistencies between theory and practice	
4.2.11 Lack of resources	4.2.11.1 Lack of transport 4.2.11.2 Inadequate equipment	
4.2.12 Inadequate support from professional nurses	4.2.12.1 Lack of commitment towards teaching 4.2.12.2 Unhelpful/ negative attitude	
4.2.13 Disregard for student status	4.2.13.1 Utilised for non-nursing tasks 4.2.13.2 Utilised outside scope of practice 4.2.133 Utilised as work-force	

4.2.10 Inadequate support from nurse educators

The participants indicated inadequate support from the nurse educators as one of their challenges that hinder effective clinical accompaniment.

Supportive quotations:

"…lecturers only seen during the assessment while preparing for OSCE…"
"…The challenge is that there is a shortage of facilitators in the nursing institutions therefore, they cannot always accompaniment students to the clinical area…"
"…I feel it is a challenge that at times there are not enough tutors (nurse educators) to accompany the students as required in the clinical setting…"

Supportive literature: Pre-graduate students require constant supervision from their nurse educators but this is not always realised. Large number of pre-graduate student intake in nursing colleges and universities within a short span of time has contributed to shortage and demotivated nurse educators (Geyer, 2008: 88). In addition to this, the required level of quality education cannot be reached due to shortage of nurse educators. Warner and Misener (2009: 98) corroborate the previous author's opinion that the prediction of worsening shortages threatens patient safety and the quality of health care delivery. The ratio of pre-graduate students to patients as coupled with inadequate support from nurse educators put the safety of patients at risk.

The following categories emerged from this theme:

4.2.10.1 Unavailability of nurse educators

It is vital for nurse educators to be with the students whenever they are at the CLE to give the necessary support. The participants indicated nurse educator support, guidance and availability were inadequate. They highlighted that there was a breakdown in communication between them and the nurse educators when they were placed in the CLE. They also indicated that most of the time the nurse

educators avail themselves during assessments. Some of the challenges the participants indicated were the frustrations they face especially during their first day in the respective wards, the nurse educator is not there to give support, and also during the course of the month they need someone to guide them when practising the procedures.

Supportive quotations:

"…There is a lack of nurse educator support…"
"…Nurse educator support, guidance and availability is inadequate…"
"…Absence of nurse educators at the CLE…"
"…Lack of support; sometimes lack of learning takes place, where you find you are not confident to do something and there is no assistance…"
"…Communication breakdown between the nursing students enrolled for the four-year programme and the nurse educators when in clinical setting…"
"…Our nurse educators don't come to the hospitals that often; they just send us there and do not follow up on whether we get training or not…"
"…Not enough time is allocated for clinical accompaniment because most of the nurse educators only come when it is nearing exam time…"
"…On our first day they don't accompany us and its embarrassing. I mean, just imagine being in a new place without someone who is your senior…"

Supportive literature: The nurse educator's presence in the CLE motivates pre-graduate students and allays their anxiety. Mongwe (2007:231) found that pre-graduate students repeatedly expressed the importance of the nurse educator in the clinical field as to;

- Motivate pre-graduate students.
- Determine their abilities and learning outcomes.
- Evaluate their progress.
- Guide against lingering.
- Act as a person in charge of pre-graduate students.

Quinn and Hughes (2007: 378) identify a nurse educator as a good mentor who is supportive, good listener, knowledgeable and committed to a mentoring process. However, in a study conducted by (Gray and Smith, 2000) in Quinn and Hughes, (2007: 378) the findings point that pre-graduate students do quickly lose their idealistic view of their mentor and over time develop an insight into qualities of a poor mentor. According to the authors poor mentors were identified as promise breakers, lacking in knowledge and expertise, unapproachable and intimidating to students.

4.2.10.2 Negative attitude

The participants indicated a negative attitude amongst some of the nurse educators and that it impacted negatively on students' progress. They indicated the nurse educators were sometimes harsh to them and sometimes not patient with students who struggle to master practical.

Supportive quotations:

"…Nurse educators are sometimes harsh on students…"
"…Some nurse educators have mood swings which make it difficult for some students to concentrate the entire session…"
"…Nurse educators are not patient with students who struggle to master practical…"

Supportive literature: Nurse Educators are expected to offer guidance and support to pre-graduate students, but due to different personalities, some may change behaviour because of internal and external factors. Quinn and Hughes (2007: 349) job related stressors as a contributing factor to failure to cope. Teachers need to be aware of how their behaviour can be negatively perceived by students, thus influencing the anxiety that occurs during clinical experience. Potgieter (2008: 209) further support that the nurse educator needs to have self-control, meaning having the ability to keep disruptive emotions and impulses under control.

4.2.10.3 Inadequate planning

The participants indicated a lack of planning for clinical accompaniment as a challenge. They stated that some of the nurse educators did not plan their visit; they came unannounced and would sometimes shout at them when they found students on tea break. They indicated that the college did not allocate enough time for clinical accompaniment and there was shortage of nurse educators as well, which led to imbalance in the student to nurse educator ratio. Some of the participants indicated that working night duty was sometimes a disadvantage because a lot of clinical experiences were found during the day.

Supportive quotations:

"…Nurse educators do not plan their visit to students; they sometimes come during tea time and shout at us..."
"…There are many students and few nurse educators, so the ratio does not balance..."
"…There is a lack of time for nurse educators to do accompaniment…"
"…I see night shift as a challenge for students because most of the incidents happen during the day…"
"…The challenge is time; there is not enough time for clinical accompaniment…"
"…There is a serious lack of communication between the college and the hospital which causes us frustration and trouble…"

Supportive literature: Armstrong (2008:176) asserts that educational programme must be well planned and coordinated, otherwise it will not succeed.
The participants perceived poor planning as a challenge for effective clinical accompaniment. They did not perceive night duty as a learning opportunity for learning how to nurse a patient in a 24-hour cycle. Mongwe (2007:237) found that pre-graduate students perceived working night duty as an erosive factor to learning. They complained they did not learn much during night duty, because they were repeating the same task night after night. However, Mongwe

(2007:237) maintains that the pre-graduate students do not realise that certain repetitious tasks are vitally important and that learning is enhanced by repeating certain activities.

4.2.10.4 Continuous clinical accompaniment

Most of the participants indicated that the nurse educators only came to the CLE if there was a problem with students or when they came for assessments. Their main concern was that the nurse educators always gave the excuse that they were busy, yet were able to make time during assessment period. This gave the participants the impression that there was adequate time for accompaniment, because the nurse educators never failed to avail themselves during clinical assessments.

Supportive quotations:

"…To me there is nothing really satisfying because the only time the nurse educator comes to the hospital is when there is a problem with the student or when the exams are approaching…"
"…Most of the time we only see them in evaluation or practical time…"
"…Some procedures at the clinical area we do not get to see them being done, so now when it comes to evaluations it gets difficult to do something you have never seen being done…"
"…Accompaniment is purposively for exam reasons…"
"…You don't see them for the whole year, they come only when they have to evaluate you. 'We are busy' they say…"

Supportive literature: In her study, Mntambo (2009:133) found that pre-graduate students indicated that they received no significant accompaniment at all from their designated clinical facilitators in their colleges. They maintained that nurse educators only came when a student had been reported for misconduct.
Nurse Educators have the duty to accompany pre-graduate students on daily basis, but Meyer and van Niekerk (2008: 176) argue that it is not always possible

to fulfil such the responsibility on their own, due to a heavy workload; they need the help of a professional l nurse.

4.2.10.5 Inconsistencies between theory and practice

Almost all the participants raised concern that there is a theory-practice gap in the CLE. They indicated that the procedures were not practised in the hospital the same way they were taught at the college and this frustrated them. Some of the participants also indicated discrepancies amongst the nurse educators, who also did things differently and confused students. The participants stated that they found it difficult to practise most of the procedures taught at the college.

Supportive quotations:

"…We are taught this at the college, and at the hospital they are practising something different…."
"…Things are done differently at the hospitals than we are taught at the college."
"Sisters in charge are not doing the right things lately; that is why the nursing career is going down..."
"…When it is time for evaluation, we struggle because we learn the so-called short cuts, and not the correct way of doing things sometimes…"
"…is a big confusion of how or what is the correct way of doing a procedure…"
"…of what is taught in class do we apply at the clinical area…"
"…Nurse educators must upgrade themselves because most of the time they are contradicting each other about the correct way to do a procedure…"
"…The college must be on par with the hospital because it seems as if they have different procedure manuals…"

Supportive literature: In Australia, Chan (2004:7) found that students reported that sometimes the staff members showed them a different way of doing a procedure. Their concern was that it was difficult for them to know the right way of doing the procedure. In a study on the lived experiences of general student nurses on their first clinical placement, Chesser-Smith (2005:320) found that

since the 1990's there have been similar problems in many western countries regarding clinical accompaniment; problems linking theory to practice, poor acquisition of practical skills, and students left feeling vulnerable and lacking in confidence.

Uys and Meyer (2006: 14) emphasise that theory application is essential because it enables the student to understand disease processes and their clinical manifestations, therefore Nursing practice should be consistent with the content taught in the college or university clinical practice must be based on scientific knowledge (Quinn & Hughes 2007:346 & Mntambo 2009:125). Furthermore Johnson (2009: 43) maintains that students and faculty (NEI) must follow professional standards of practice and code of ethics that have been developed to guide the profession.

The pre-graduate students are given standardised procedure manuals to use as a guide when they practise in the CLEs, but the challenge is the application thereof in a real situation. This calls for effective communication between the nurse educators and the nursing unit managers in this regard. Meyer et al (2011:90) assert that through communication between nurse educators and the nursing unit managers regarding the latest theoretical, technological, educational, as well as clinical development, the quality of education as well as professional socialisation of pre-graduate students can be improved.

4.2.11 Lack of resources

The participants indicated a lack of transport and equipment as a challenge that interfered with effective clinical accompaniment.

Supportive quotations:

"…In the clinical area there is lack of desired resources to perform certain procedures in accordance to OSCE…"
"…Transport problem…"
"…Transport because we can't even go to Cape Town for midwifery…"

Supportive literature: According to Armstrong (2008: 151) a NEI should be equipped with safe, comfortable, efficient, and sustainable equipment and supplies. By these the author refers to furniture, electronic equipment, paper, vehicles and telephones. It is imperative that the CLE should be equipped with equipment that is in the good working condition for effective patient care. However there are challenges relating to budgetary constraints and each NEI has to utilise its budget according to their strategic plan (Hodson-Carlton, 2009: 316). The participants indicated lack of transport and medical equipment as some of their challenges in their clinical learning. The following categories emerged from the feedback from participants:

4.2.11.1 Lack of Transport

The participants indicated their residence was about 4 kilometres away from the hospital and those who did not have private cars walk 8 kilometres to and from the hospital on a daily basis, and it is not safe especially when it is dark or raining. The participants indicated not only the students experienced this challenge, the nurse educators sometimes also did not come to CLE due to lack of transport.

Supportive quotations:

"…There is no transport to take us to the hospital. We are walking 8 kilometres daily to the hospital in different types of weather and times of the day. It is not safe, especially when it is dark and when it rains…"

"…For me, transport is a challenge because we have to walk to the hospital and when we get there it is already late…"

"…There is a lack of drivers and vehicles at the college…"

"…The biggest challenge is that we don't have appropriate means of transport. I go to the hospital on foot, and by the time I get there I'm already tired, so I cannot provide my full energy and good care…"

"…One of our challenges is transport and not having enough drivers, and sometimes nurse educators come late or not at all due to lack of transport…"

Supportive literature: The challenge of lack of transport corroborates with the wishes of the participants in item 4.2.7.1. The NEI under study is incorporated into a department separate from the Department of Health and the transport is regulated by a transport unit other than the NEI. It is imperative for the NEI involved to liaise and collaborate effectively with the transport unit regarding effective use of transport for the pre-graduate students. According to (Department of Defence (DOD) Instruction, (2/98: 2008) the use of DOD transport *"…shall only be allowed when it is expected of such a member to perform early or late duty and public transport is not available within a reasonable time, that 30 minutes after late duty has been completed, and 30 minutes before commencement of early duty…"*

4.2.11.2 Inadequate equipment

The participants indicated that there is shortage of equipment in the CLE and this hindered their performance of procedures. They indicated that most of the time they improvised in order to get the work done. The participants indicated shortage of equipment such as sterile gloves of different sizes, Blood pressure machine syringes of different sizes, etc.

Supportive quotations:

"…Shortage of equipment makes it difficult for students to practice efficiently…"
"…There is not enough equipment to demonstrate procedures that have to be done by students. Most of the time you have to improvise in order to get the procedure done…"
"…Because of lack of resources, the clinical accompaniment cannot be done successfully…"
"…There are unserviceable machines and equipment…"
"…Equipment … I mean, if there are no gloves in the hospital, how are we expected to do a proper job…"

Supportive literature: A shortage of equipment is a nationwide challenge and this is coupled with technology that is developing fast, old way of doing things are replaced by new equipment (Searle et al., 2009: 377). The increased scourge of communicable diseases, high infant and child morbidity rate, and population explosion increase the burden on the health service budget (Booyens, 2012: 78). Pre-graduate students are negatively affected by a shortage of equipment. According to Carlson et al (2005) (cited in Meyer et al (2011: 112), a shortage and/or absence of equipment is one of the factors contributing to feelings of anxiety and uncertainty experienced by students. However, Muller (2009: 240) argue that it is the responsibility of the unit manager to ensure adequate and supply of equipment through efficient budgeting.

4.2.12 Inadequate support from professional nurses

The participants indicated inadequate support from professional nurses as a challenge for them. The following subcategories emerged.

Supportive quotations:

"…Sometimes in the hospital you can't find someone who can help you with certain things…'
"…Some professional nurses will disagree with you and tell you they are from a different school of thought especially when it comes to sterile procedures…"
"…The other challenge is that some of the staff members are not willing to teach us…"

Supportive literature: Muller (2011: 346) refers to an expert professional nurse who is responsible for the education and accompaniment of pre-graduate students, to possess necessary knowledge, skills, and values to accompany the learner in an adequate manner. This professional nurse should be motivated and convey knowledge enthusiastically, because if not positive about nursing, will have negative influence on the pre-graduate students. In addition, Quinn and Hughes (2007: 354) concurs with the previous author by emphasising that pre-graduate

students have the rights to expert support from key individuals in the CLE, who in this context refer to professional nurses.

4.2.12.1 Lack of commitment to teaching

The participants indicated that some of the professional nurses lacked commitment to teaching them. The majority of the participants indicated that sometimes if they tried to ask for clarification on issues related to patient care, they met with resistance from them.

Supportive quotations:

"…There is a lack of support and teaching. Most of the time they send us up and down…"
"…Less time is given to students because of busy schedules in the workplace…"
"…Whenever you ask an RN in the ward a question, he or she does not know the answer. It is like you are trying to see his or her level of education…"
"…Lack of guidance from the RN's and enrolled nurses is a challenge…"
"…Some sisters are not prepared to teach or share knowledge with students, and when they are asked questions they simply tell you to consult your books…"

Supportive literature: Poor or lack of support of pre-graduate students in the CLE affects learning and practice. Andrews et al (2005:863) found that in some health care settings, stressed and overworked ward staff had less time for students and might perceive them as an additional burden or problem. Mntambo (2009:122) found that pre-graduate students expressed their frustration at the negative attitude of professionals who were supposed to be playing the role of mentorship in the wards. Meyer et al (2011:100) assert that the nursing unit manager has a responsibility to assist students to become skilled and knowledgeable. At the same time, Meyer et al (2011:100) argue that it is not the responsibility of the nursing unit manager to "teach" the students, but to make use of certain clinical learning opportunities that will lead to positive learning experiences

4.2.12.2 Negative attitude

The participants indicated that some of the staff members at the CLE were rude to them, and this made them feel uncomfortable. One of the participants indicated he/she was emotionally abused by the night sister. Some of the participants indicated negative attitude from the matrons, stating that the matrons hardly complimented them for the good work they did, but instead always made the participants feel guilty about the things they did not do.

Supportive quotations:

"…Some staff members get so rude to students and this makes them feel uncomfortable…"
"…I was emotionally abused by the night sister…"
"…My challenge is when you ask a question and get funny faces, as a student it is irritating…"
"…The people that are senior to us in hospital have this perception that they can treat us in any way they want…"
"…The matrons also give us a lot of problems. They make us feel guilty even though we are not. They will never compliment a student for any good work we do…"

Literature support: Chan (2004:8) points out that many students perceive clinical experience as anxiety-provoking, and often feel vulnerable in the CLE. Chan (2004:8) maintains that clients, clinicians and clinical facilitators should recognise and appreciate nursing students' vulnerability in the CLE and offer the necessary support.

Mntambo (2009:138) found that some participants reported that at times they were shouted at in front of patients and called "stupid". This behaviour of senior nurses towards nursing students is demoralising as they are in the process of socialisation, and it could channel students in a negative direction. In addition,

Brown et al (2011:e27) discovered that pre-graduate students' level of satisfaction was high when they were treated as part of the team.

4.2.13 Disregard for student status

According to the majority of the participants there was a high prevalence of disregard for student status and this is discussed in the following subcategories.

Supportive quotations:

"…Students are seen or treated as part of the permanent because they never give students chance to explore and learn…"
"…Permanent staff members taking full advantage of the students in the wards not wanting to work and want everything to be done by students…"
"…Sisters (professional nurses) in the wards are not willing to teach us they only see students as working force…"

Supportive literature: Pre-graduate students are allocated in the CLE to attain prescribed clinical hours as stipulated in their training regulation (SANC Regulation, R425, 1985). They do not form part of the nursing staff to keep the health service functioning, but are afforded the opportunity to practice as members of the health team (Kotzé, 2008: 186). This corroborates with Quinn and Hughes (2007: 341) when they elaborate that the presence of a pre-graduate student in the workplace is on the basis of a placement, but they are not part of the workforce. It is noted that pre-graduate students enter educational experience with rights, just as the working personnel and they deserve fair treatment (The Constitution of RSA, Chapter 2 (9), 1996; Johnson, 2009:36). The author emphasises that pre-graduate students have the right to expect that they will be treated fairly, consistently, and objectively.

4.2.13.1 Utilised for non-nursing tasks

The majority of the participants reported that the professional nurses were not keen to teach them, but often utilised them to do "non-nursing" tasks. They indicated that most of the time they were out of the wards running errands, a job which they believe should be done by porters.

Supportive quotations:

" The challenge that I have at the hospital is that they do not teach us. Most of the time they send us up and down…"

"…Some of the students are used as porters for the patients..."
"…No sister is keen to educate the students except for being sent to the pharmacy for collection of medication…"
"…Students end up doing dirty work, cleaning beds or cleaning the kitchen whilst staff members are not working…"

Supportive literature: Mntambo (2009:124) found that pre-graduate students complained of being treated like personal assistants; for example, being sent to the tuck shop instead of teaching them. The pre-graduate students pointed out that because they were used for trivial tasks and errands unrelated to nursing, they failed to learn essential skills such as the art of administering medications correctly (Mntambo, 2009:131).

4.2.13.2 Utilised outside scope of practice

The majority of the participants indicated some dissatisfaction at being utilised outside their scope of practice; for example, they reported being utilised to accompany patients to other private hospitals for diagnostic procedures of which they had little knowledge. They indicated that sometimes when they expressed their discomfort in doing a task, they were told that they were stubborn.

Supportive quotations:

"…We always accompany patients to private hospitals for diagnostic procedures..."
"I…don't learn anything from accompanying patients to other hospitals with conditions I don't know how to manage. When you tell the RN that you are not comfortable going there, they say you are stubborn…"
"…Being forced to do something you are not comfortable with…"

Supportive literature: It is the requirement of every nursing practitioner to function according to the guidelines stipulated in the Regulation on the Scope of Practice (SANC R2598) (Muller, 2011: 36). In a study conducted by Levett-Jones and Lathlean (2008:347) students reported that they complied with the wrong way of doing clinical skills in order to conform and avoid rejection by the ward staff. Conversely, at the same time, as the students developed confidence in their practice, they started to speak up and challenged the wrong way of doing things. Csokasy (2009:108) warns that nurse educators and nursing unit managers would be held responsible if they were found to be negligent in supervising students, or found to have assigned a task to students they are incapable of performing.

4.2.13.3 Utilised as workforce

The majority of the participants indicated that student status was not taken into consideration, because most of the time they were regarded as part of the working personnel. Some of the participants stated that even during the summative assessment period they were not given at least a reasonable duty schedule to give them time to study, and this made it difficult for them to study after work as they felt exhausted most of the time. The majority of the participants reported serious concern that some nursing personnel had a tendency to dodge from the ward and leave students to do the rest of the work.

Supportive quotations:

"…Staff nurses sit and let students do all the work...."
"…During exam periods students work twelve-hr shifts and this makes it difficult to study…"
"…They don't have enough staff therefore they depend on students for most of the work..."
"…They remember that you are a student when it suits them, but a staff member when they are overwhelmed by their own work..."
"…The challenge is that at the clinical area they treat students as their workforce..."
"…The students are usually substituted for the working force and you find the EN in the wards dodging so the students must do their work..."
"…Students don't have time to prepare because in some wards we are the working force. No learning time, only routine time…"

Supportive literature: According to Kotzé (2008: 186) student status, as explained within the context of basic education, implies that pre-graduate nurses do not form part of the essential nursing staff, but are afforded practice learning as members of the nursing and healthcare teams. Meyer et al (2011:91) recommend that the nursing unit manager and nurse educator should discuss the learners' expectations and in this way students will not be seen as workers who are only there to get work done, but should become responsible for the nursing care they render.

The fourth question asked in the self-reported interview guide, gave participants the opportunity to reflect and give inputs on the recommendations for an action plan to enhance clinical accompaniment for the four-year comprehensive course.

For objective 4 the participants were asked the following question:

What are your recommendations for an action plan to enhance clinical accompaniment for the four-year comprehensive course?

Table 4.4 provides a summary of the findings related to this specific question. Three main themes derived as well as categories and sub-categories. Each will be discussed in-depth.

Table 4.4 Summary of recommendations for an action plan to enhance clinical accompaniment.

Themes	Categories	Sub-categories
4.2.14 Nurse educator's responsibility	4.2.14.1 Ensure availability of nurse educators/clinical facilitators	• Regular scheduled clinical accompaniment • Adequate dedicated clinical facilitators
	4.2.14.2 Ensure that students have access to support	
	4.2.14.3 Adequate planning	• Clear expectations/ learning outcomes and guidelines • Programme for accompaniment
	4.2.14.4 Advocate for students	
4.2.15 Professional nurses' responsibility		
4.2.16 Ensure availability of adequate resources for students		

4.2.14 Nurse Educator's responsibility

The participants recommended some responsibilities of the nurse educators that could help enhance clinical accompaniment.

Supportive quotations:

"…Lecturers (nurse educators) should be allocated when students are on clinical phase…"
"…Lecturers (nurse educators) must be there (in the CLE) to teach and help with practical during clinical phase and not to assess only…"
"…A time table should be given to us, so that we know when they (nurse educators) are coming and make sure we are on duty that day…"

Supportive literature: Placement of pre-graduate students in the CLE is the responsibility of the NEI in collaboration with the nursing managers of respective clinical areas. However, the nurse educator plays a leading role in facilitating learning of pre-graduate students during their clinical placement (Quinn & Hughes, 2007: 358). In addition Meyer and van Niekerk (2008: 107) assert that the nurse educator is responsible to create a learning climate that will foster problem solving skills and independence in executing nursing tasks. The author further emphasise that the nurse educator should provide pre-graduate students with the clinical objectives for the specific clinical setting so that they [pre-graduate students] can be able to plan their learning appropriately.

The following categories emerged.

4.2.14.1 Ensure availability of nurse educators

One of the main challenges raised by the participants is unavailability of nurse educators at the CLE. The participants recommended the following for the nurse educators

- Nurse educators should put their students first, listen to them and encourage them in their studies.
- There should be a nurse educator at the CLE on a daily basis to meet the needs of students.
- To increase more nurse educators at the CLE, some retired nurses could be utilised to do clinical accompaniment.
- The NEI should employ more nurse educators so to ensure adequate staff (human resources) for both theory and clinical.

Supportive quotations:

"…The nurse educators and nursing college staff members must put their students first and listen to them, encourage them in many ways and be with them in clinical setting..."
"…More clinical nurse educators are needed in the clinical area…"
"…The institution should employ even retired nurses who worked in that area to help in orientation of nurses in the clinical areas, such as busy clinics where the clinic personnel are busy with patients..."
"I…think there should be a nurse educator from the nursing college every day at our clinical area..."
"…I feel the nursing college needs to employ more tutors to be able to accommodate the large number of students, especially for clinical accompaniment…"
"…From the first clinical block, nurse educators should start with accompaniment to see how students are doing and how procedures are being done…"

Supportive literature: It is evident from the participants' recommendations that nurse educator support is a dire need; pre-graduate students feel abandoned by nurse educators during their clinical placement. Kotzé (2008:200)and Bruce et al., (2011: 255) maintains that in order to develop a functional relationship between the nurse educator and the pre-graduate students, the nurse educator should be present and alert to continuously observe the student's activity and progress.

The following subcategories emerged from the recommendations for ensuring availability of nurse educators at the CLE.

- ***Regular scheduled clinical accompaniment***

Most of the participants indicated the challenge of inadequate planning on the part of the nurse educators; they sometimes came unannounced to the CLE and shouted at the students. The participants emphasised the following recommendations to help improve clinical accompaniment:

- There should be a proper schedule for the nurse educator-student contact sessions at the CLE so that students can prepare themselves.
- More time should be allocated for clinical accompaniment; at least once a week.
- Students should be given adequate time to practise the clinical skills, so that they can build confidence and be able to practise independently after completion of the course.

Supportive quotations:

> *"…The nurse educator must come and see us when we are at the hospital, to show us practically what we need to know..."*
> *"…The tutors must always go to the clinical area to ensure the application of the theory in the clinical area..."*
> *"…Students should be given enough time for practice at the hospital, so that at the end of the course, they can do a proper job…"*
> *"…More time allocation for clinical accompaniment, at least once a week..."*
> *"…There should be a timetable from the beginning of when accompaniment will start so that everybody knows..."*

Supportive literature: The participants recommended that there should be regular scheduled clinical accompaniment by the nurse educators. A schedule is "…a timed plan of procedure for a project…" (*Collins English Dictionary* 2005:734). Planning for regular clinical accompaniment will also be a motivating factor for

pre-graduate students in their practice, because they will always be alert and ready to learn. The SANC (1992) recommends that the nurse educator should spend at least 30 minutes per week with a pre-graduate student. This recommendation is set as a guideline to help nurse educators in their planning for clinical accompaniment.

- ***Adequate dedicated clinical facilitators***

The participants recommended that there should be adequate dedicated clinical facilitators on a daily basis at the CLE. They added that more nurse educators should be employed as well as more professional nurses who should act as preceptors in each and every ward.

Supportive quotations:

"…Clinical nurse educators should be employed to accompany students on a daily basis…"
"…Each and every ward in the hospital must have sisters who will be responsible for students, so as to support students and follow them…"
"*…The college must employ more nurse educators. This will help address poor support…*"
"…There must be a specific group of people appointed for clinical accompaniment…"
"…Our tutors should come more regularly to the hospitals and preferably unannounced to see exactly what goes on in the clinical setup…"

Supportive literature: The findings reveal that there is a shortage of clinical nurse educators, and the recommendation from participants is that the staffing in the NEI under study should be reviewed. According to Bruce et al. (2011: 255) the nurse educator must for the part of the time be physically in the clinical area to be able to teach pre-graduate students. The employment of more nurse educators to meet the needs of the students during clinical practice is a burning issue; however, Geyer (2008:95) points on lack of decision making on the position of

nursing colleges as one of the factors that demoralise nurse educators to work in NEIs.

4.2.14.2 Ensure student access to support

The participants recommended that the students should have access to support, especially in the early stages. According to the participants, nurse educators should always be present in the CLE to guide the students in the practice skills especially in situations where there is a discrepancy in the application of theory and practice. Most of the participants pointed that things were done differently at the hospital than they were taught.

Supportive quotations:

"…Make enough time for accompaniment, especially in the early stages…"
"…Nurse educators should accompany their students at most times for the students to be on the right path, because most of the time in the hospital they do things differently…"

Supportive literature: The early years of the practice in nursing are crucial because the pre-graduate student is still vulnerable and anxious. The participants therefore recommended that this was the period when the support was most needed. During the first two years of learning, the pre-graduate student is still fully dependent, cannot make decisions without supervision and guidance. Quinn and Hughes (2007:371) assert that advanced beginners need adequate support from supervisors, mentors and colleagues in the clinical setting.

Nurse educators should collaborate effectively with the nursing unit managers for an environment conducive to learning for pre-graduate students. Quinn and Hughes (2007:346) state that pre-graduate students have a right to expect support from key individuals within each placement to enable them to identify learning opportunities. Furthermore, an effective environment will encourage the pre-graduate students to take responsibility for their own learning. In addition

Kotzé, (2008: 200) maintains that the relationship between the pre-graduate student and the nurse educator is maintained through continuous presence of the nurse educator in the CLE to give guidance and support.

4.2.14.3 Adequate planning

The participants recommended that there should be adequate planning of clinical accompaniment. The following subcategories related to adequate planning emerged.

Supportive quotations:

"…A time table should be made and given to us, so that we know when they are coming…"
"…Adequate program must be drawn up for clinical accompaniment…"
"…Always have programme given beforehand so that students are aware of the required outcomes before clinical phase…"
"…There should be a roster about nurse educators who come to the clinical area at least twice every week…"

Supportive literature: Planning for formal structured clinical accompaniment is the responsibility of nurse educators and this is done in collaboration with the professional nurses where the pre-graduate students are placed (Meyer & van Niekerk, 2008: 176). Pre-graduate students recommend that planning should be done on time so that they are prepared before any assignment to be presented. Vandeveer (2009: 192) adds that plans serve to help NEIs to better prepare to meet their teaching responsibilities.

- ***Clear expectations/learning outcomes and guidelines***

The participants recommended that there should be clear guidelines for students when they are placed in the CLE, and emphasised the following:

- There should be clear guidelines on specific tasks to be done and not to be done by the students when they are placed at the CLE.
- The hospital staff should be informed of such guidelines to ensure students are delegated appropriately.
- Nurse educators should always ensure that students are delegated within their scope of practice.

Supportive quotations:

"…Nurse educators should lay out what we should do or not do and ensure that we and hospital staff have the same information…"

"…The nurse educator should also make sure that the students are always delegated under their scope of practice…"

"…Let the students know what is expected of them in the clinical area as soon as they land in the clinical area…"

"…When I went to the hospital for the first time I did not know how to take blood pressure and it was embarrassing…"

Supportive literature: The participants recommended that there should be clear guidelines or objectives for pre-graduate students when they are placed in the CLE. The findings reveal that communication between the nurse educator and the nursing unit manager should improve with regard to students' expectations. Brown et al (2011:e27) found that undergraduate health science students recommended that there should be an educator-student plan at the beginning of the field work education placement; the first day being an introductory day, where students write objectives and discuss these with their fieldwork supervisor. This strategy could help build rapport between the students and the field supervisor. Meyer and van Niekerk (2008: 108) encourage nurse educators to provide pre-graduate students with general objectives for the year, clinical objectives for specific clinical setting, method of clinical evaluation and grading criteria in writing.

- ***Programme for accompaniment***

The participants recommended that there should be a clear programme for clinical accompaniment. According to the participants:

- There should be an up-to-date year plan for students and appropriate allocation.
- There should be a scheduled clinical accompaniment programme to ensure that the needs of each student are attended to.
- The first semester should be for theory and the second semester for clinical practice, so that nurse educators are fully engaged in both activities.
- Students should be placed in other busy hospitals to get more clinical exposure.
- There should be periodic discussion sessions and updates about disease outbreaks or any case of medical interest with the nurse educator and any specialist arranged for that matter.

Supportive quotations:

"…The first semester can be for theory and second semester for clinical, so that nurse educators can engage fully in both activities with students…"
"…Include other hospitals and institutions for students to go so they can be exposed to more experiences and be able to grow and expand their knowledge..."
"…There should be sessions which include updating us or about scarce illnesses/diseases or about current outbreaks…"
"…Set out a programme of accompaniment…"
"…Schedule accompaniment to ensure that needs or concerns are attended to for each student…"
"…There should be a more up-to-date year plan for students and appropriate allocation..."

Supportive literature: The participants recommended that there should be a clear programme for accompaniment that would help them acquire more clinical experience. According to Meyer and van Niekerk (2008: 171) planning clinical

teaching and accompaniment should be done by nurse educators in co-operation with the professional nurses, and pre-graduate students should be allocated in areas where they professionally mature to handle the situations. Stokes and Kost (2009:287) state that there is ongoing dialogue about the best way to schedule clinical experiences, the length and timing of clinical experiences, and identify the following variables that influence planning of clinical accompaniment programmes:

- Availability of clients
- Clinical facilities
- Course schedule
- Student needs
- Need to mesh schedules of students from more than one NEI.

4.2.14.4 Advocate for students

The participants recommended that the nurse educators should advocate for and protect them from exploitation by hospital staff.

Supportive quotations:

"…They must advocate for us to the hospital staff…"
"…Nurse educators or nursing colleges should look after students and protect their interests instead of breaking them…"
"…In clinical accompaniment nurse educators should advocate for students not to be overworked by the staff…"

Supportive literature: *Collins English Dictionary* (2005:11) defines advocate as "…to recommend a course of action publicly…" The participants recommended that the nurse educator should advocate for pre-graduate students against any exploitation. Quinn and Hughes (2007:203) support this recommendation by maintaining that nurse educators should advocate for pre-graduate students by attempting to secure appropriate learning resources. Meyer and van Niekerk (2008:172) state that nurse educators should ensure that pre-graduate students

are allocated where there are professional people to guide them, and that there are learning opportunities for them.

4.2.15 Professional nurses' responsibility

With regard to the professional nurses' responsibility the following category emerged: Ensure professional nurses are committed to clinical accompaniment.

The participants recommended that the professional nurses should be more committed to clinical accompaniment.

Supportive quotations:

"…RNs should be more involved in the training of the students…"
"…The professional nurses in the wards must give us guidance and support…"

Supportive literature: Accompaniment is indispensable in all teaching situations, and all professional nurses and midwives are indispensable in the accompaniment of students (SANC 1992:8). Furthermore Quinn and Hughes (2007:355) recommend the following for the clinical staff regarding student support in the CLE:

- Orientate the student to the ward, routine and staff that they are likely to encounter during placement.
- Ensure that the students receive appropriate handover and are allocated tea breaks with other team members.
- Encourage students to be involved in every aspect of patient care.
- Collaborate with students and involve them in the decision making and problem-solving process.
- Use a variety of teaching strategies within practice placements.

Meyer et al (2011:82) maintain that "…the clinical part of basic course in nursing must be completed in a clinical setting, under the supervision and guidance of the nursing unit manager…" Furthermore, the nursing unit manager is seen as a

facilitator of learning who provides guidance and ensures that pre-graduate students are equipped to fulfil their role as professional nurses (Meyer et al 2011:82).

4.2.16 Ensure availability of adequate resources for students

The participants recommended that there should be adequate resources for students as follows:

- Students should be provided with transport from their residence to hospital.
- Allocation of discussion session rooms for students and nurse educators.
- Provision of adequate and serviceable equipment for practice.
- Provision of accessible internet facilities.

Supportive quotations:

"…The College must provide transport for students…"
"…Allocation of a boardroom/session room for students and nurse educators..."
"…Internet access…"
"…Provide equipment and other necessary resources for learning…"
"…Can the nurse educators please come beforehand to check if there is enough equipment that is properly functioning, because time is consumed when we as students have to use two or three rooms for demonstration and practice…"

Supportive literature: Every organisation can only be effective if there is an adequate supply of resources to be utilised. *Collins English Dictionary* (2005:699) defines resources as "…something resorted to for aid or support…" The resources in the context of this study refer to availability of transport, hospital equipment, and structures such as seminar rooms and internet facilities.

The participants stay as far as 8 kilometres from their CLE and have to walk on a daily basis therefore they recommended that a duty bus be available from their residence to the hospital where they do their clinical practice. The issue of transport is an old challenge (Makua 2003:76). It is recommended that the issue

of transport for pre-graduate students be addressed with reference to (DOD Instruction 29/98: 1998).

Shortage of hospital equipment hampers effective learning. This is a challenge that sometimes leads to nurses improvising by using wrong equipment for the wrong reasons. It is the responsibility of the unit manager to determine the unit's needs in respect of supplies and equipment and this is accomplished on yearly budget planning (Muller, 2011: 240). Pre-graduate students learn by precept and example, and if they copy the wrong use of equipment, it will be imprinted in their minds and difficult to erase.

The participants recommended that there be a learning resource centre with internet facilities and a seminar room for discussion purposes. Hudson-Carlton (2005:303-321) maintains that the learning resource centre should remain an integral part of nursing education programmes for the purpose of nursing skills instruction.

4.3 CONCLUSION

This chapter 4 discussed the data analysis and interpretation, and findings with reference to the literature reviewed. The findings revealed the participants' positive and negative experiences in the CLE, their wishes for the ideal clinical environment, and the challenges pertaining to clinical accompaniment. They also made recommendations for an action plan to enhance clinical accompaniment for the four-year comprehensive course.

Chapter 5 discusses the conclusions drawn, summarises the findings, briefly describes the limitations of study, and makes recommendations for practice and further research.

5 CONCLUSIONS AND RECOMMENDATIONS

"If you don't like something, change it. If you can't change it, change your attitude"

- Maya Angelou -

5.1 INTRODUCTION

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

This chapter discusses the conclusions and limitations of the study, presents the researcher's personal reflection, and makes recommendations for strategies to address the challenges identified by the participants to deliver an action plan for an ideal clinical accompaniment and for further research.

5.2 AIMS AND OBJECTIVES

The overall aim of the study was to evaluate the clinical accompaniment as part of the clinical component of the four-year comprehensive programme by means of Appreciative Inquiry (AI).

In order to achieve this aim, the objectives were to:

- Discover ***"what is"*** the peak experiences of nursing students, pertaining to clinical accompaniment.
- Explore ***"what could be"*** ideal clinical accompaniment, based on the views of pre graduate students.

- Describe ***"what should be"*** addressed during clinical accompaniment to move towards excellence and enhance the clinical learning experiences of students;
- Co-construct ***"what must be"*** recommendations to enhance clinical accompaniment based on the findings.

5.3 OVERVIEW OF OBJECTIVES AND FINDINGS

This section summarises the objectives and the findings for each one.

5.3.1 Objective 1: Discover "*what is*"

The first objective wished to discover the participants' peak/most satisfying experiences regarding clinical accompaniment. The findings presented four main themes, namely *nurse educator support, professional nurse support, students' professional development,* and *multidisciplinary team members' support.*

The participants spent approximately 4 500 hours of their training in the CLE. They indicated that their most satisfying experience was the **nurse educator support** during their placement. The presence of the nurse educators especially during their first year of training was comforting, because they were afraid of the new environment. The presence of the nurse educator during the first week of their clinical exposure helped them to adapt more easily. Most of their anxieties, frustrations and uncertainties were eased, because they were able to consult with their nurse educators at any time in the CLE.

The participants appreciated the positive attitude displayed by nurse educators towards them and these helped them to build confidence in their practice. The participants indicated that they were also motivated to learn communication skills and how to conduct themselves in front of patients and the rest of the multidisciplinary team at the CLE. A learning environment that is non-threatening

helps to build individual staff members' morale. The fact that the nurse educators gave them an opportunity to practise, especially before the formative and summative assessments, gave them hope for success.

The nurse educators offered practical demonstrations to the participants in their first year before they were exposed to the CLE, which helped them to be functional during their clinical exposure. The participants appreciated that it was through **nurse educator support** that they could actually bridge the gap between theory and practice, through repeated practice under the nurse educators' guidance. Furthermore the participants valued the presence of the nurse educators in the CLE because they supported them in maintaining the standard of doing the clinical procedures required for their training.

The participants appreciated the **professional nurses' support** in the clinical learning area. They expressed appreciation of the supportive attitude of professional nurses, the warm welcome they received on their first day in the CLE. The participants realised that the professional nurses' supportive attitude led to good working relationships amongst them.

The participants experienced effective orientation on their first day in the CLE. The orientation session offered them the opportunity to become familiar with the new environment, which gave them the bigger picture before they started with their practice. The participants were impressed by the way some of the professional nurses were so actively involved in patient care, and indicated that they learnt so much from such role models.

The participants indicated that the professional nurses were committed to teach and give them opportunities to discuss important cases, such as patients with chronic diseases, such as pulmonary tuberculosis. Through the willingness of professional nurses to teach them about different diseases, the participants indicated that they were able to gain more knowledge, especially in the paediatric unit.

The participants stated that through guidance and support from professional nurses in clinical accompaniment, they developed increased competence and improved their performance in practising clinical skills. They were able to develop self-confidence hence they gained the trust of the nursing personnel. All this contributed to the participants' **professional development**

The participants indicated that they appreciated the **multidisciplinary team members' support** during their clinical exposure. They benefited a lot from the guidance of the doctors and physiotherapists. For example, the doctors and physiotherapists were willing to teach the participants about different conditions during ward rounds. Chaplains and social workers were always there to support the participants in social and spiritual need.

5.3.2 Objective 2: Explore "*what could be*"

The second objective wished to explore what the participants perceived contributed to or would provide the ideal clinical accompaniment. The findings presented five main themes, namely *wish for nurse educator support, wish for professional nurses' support, wish for sufficient resources, wish for professional acknowledgement* and *wish for exposure to sufficient learning opportunities.*

The participants wished **nurse educators would be supportive** and not intimidate them when they visited them at the CLE and that nurse educators would motivate and be polite to them. The participants wished the nurse educators could be at the CLE all the time and not only during assessments. The participants wished there were sessions for discussing diseases and patients with the nurse educators during their clinical placement. Finally, the participants wished that nurse educators would lead by example and demonstrate procedures in the wards.

The participants wished to be accepted and respected as individuals. Nursing personnel should be patient with students and be willing to teach them, and this

would boost morale. The participants indicated they were eager to learn and wished the **professional nurses** would create opportunities for learning.

The participants indicated that adequate resources would ensure efficient and effective patient care. The main resources indicated were transport and hospital supplies and equipment. The participants wished for **adequate resources**, including serviceable and technologically advanced equipment for effective learning. Transport was only allocated to them when they visited CLEs outside the hospital and they wished for transport to and from the hospital, especially during unpleasant weather conditions and when going off duty after seven at night. The participants were exposed to unsafe conditions due to inadequate transport. Shortages of equipment hampered effective functioning.

The participants indicated that they needed **professional acknowledgement** as students because that would help enhance good nurse-student relationships. The participants wished their student status could be acknowledged and they were treated with respect and dignity.

The participants indicated they did not get **exposure to sufficient clinical learning opportunities** in the CLE where they were allocated. For that reason, they wished that the NEI would identify other clinical learning opportunities outside their CLE such as provincial hospitals and clinics where they could get more learning opportunities.

5.3.3 Objective 3: Describe "*what should be*"

Describe "what should be" relates to the challenges that should be addressed during clinical accompaniment to move towards excellence and enhance the clinical learning experiences of pre-graduate students. The research findings presented four main themes, namely, *inadequate support from nurse educators, lack of resources, inadequate support from professional nurses,* and *disregard for student status.*

The participants valued the support they received from the nurse educators in their first year of training. However the participants indicated that as they progressed to the higher levels of training they were expected to be more developed and able to function independently with minimal supervision and support. At the same time, the participants found themselves facing many challenges such as lack of confidence in performing specific tasks, and believed that because of **inadequate support from nurse educators** they found it difficult to function independently as expected of senior students in training. There were times when they felt confused by the way procedures were practised compared to the way they were taught at the NEI. The participants indicated that it would be better if nurse educators could be available on a regular basis in the CLE, in order to offer support and guidance and address inconsistencies.

There are specific times during the year when nurse educators and pre-graduate students are pressurised to meet set deadlines, and nurse educators push hard on students to complete their formative assessments and comply with outputs for the clinical component of the programme. In some cases, nurse educators become impatient with students who are slow to learn. The participants did not see the relevance of this behaviour because the nurse educators did not come to guide and support the students, but expected them to be competent and ready for assessment. The participants perceived the nurse educators as being problem-based and evaluation focused, availing them only to solve students' problems.

The participants indicated that they would appreciate it if nurse educators would treat all students as individuals who need individual attention and have individual learning needs. This could only be realised if there was an adequate number of nurse educators to meet the individual needs of the students. The current student-nurse educator ratio was 30:1 and was a challenge for the nurse educators to reach to all students. Comparatively, an ideal ratio of 15:1 would assist the nurse educators in addressing the individual needs of students. The ratio of pre-graduate students to a nurse educator is of prime importance in education and training. Small numbers of students are easy to manage and can

receive maximum attention. Due to the large numbers of student intake to meet the health needs of the community, it is a huge challenge for nurse educators to manage approximately 30 students at a time. The participants attributed this to lack of planning by the NEI. Pre-graduate students are expected to function effectively in the CLE. To be effective in the workplace, there must be adequate resources to complement the work performance. However there were situations when the participants encountered a **lack of resources** for effective practice. A shortage of workplace equipment, such as machines like blood pressure monitoring equipment, makes it difficult for students to practise specific clinical skills. At times the participants had to borrow equipment from other wards which was time consuming. Academic hospitals should take cognisance of the students in training when budgeting for equipment.

The participants walked up to eight kilometres per day to work from their hostels. From the positive side it is a good form of light exercise if weather conditions are favourable, but a health risk in harsh weather days, such as when it is raining with thunderstorms, and extremely hot or cold or during the night. The safety of the participants and other students from any form of harm should be considered. Accordingly, transport of students should be regarded as a necessity.

The participants indicated **inadequate support from some professional nurses** as a challenge to learning. Some of the professional nurses lacked commitment to teaching the participants and this led to frustration. The participants felt uncomfortable in situations where they found the attitude of ward personnel unwelcoming towards them.

When in the CLE pre-graduate students should maintain the supernumerary status. The participants found that due to a shortage of staff, the ward personnel often **disregarded their student status**. The participants were sometimes utilised to do non-nursing tasks; for example, expected to perform tasks outside their scope of practice and to function as part of the hospital workforce. Whatever students do should be regarded as a learning experience and not as an

extra pair of hands to fill the gap for a shortage. The students are being trained to be professional nurses and as such developed along the scope of practice of a professional nurse. Nevertheless, whatever activities they do should be under supervision of a professional nurse. Perhaps other strategies could be implemented to ensure uninterrupted service delivery, such as employing a sufficient number of porters to run the errands and increasing the nursing personnel structure to curb the shortage of nurses. This would enable students to be involved in nursing activities and do less non-nursing activities.

5.3.4 Objective 4: Compile "*what must be*"

Compile ***"what must be"*** relates to the recommended action plans that can be implemented by nurse educators and professional nurses in the CLE to enhance clinical accompaniment and move towards excellence in clinical accompaniment. The recommendations were intended to guide the specific NEI in Gauteng, South Africa to move clinical accompaniment towards excellence and enhance clinical learning experiences of pre-graduate students. They should serve as guidelines for NEIs and clinical accompaniment in any hospital.

The action plans recommended by the participants for ideal clinical accompaniment are listed under section 5.5.

5.4 LIMITATIONS

The study was limited only to the views of pre-graduate students in a specific NEI in Gauteng. The researcher will, however, not generalise the findings to other NEI in Gauteng. It is the wish of the researcher to extend the same approach of evaluation using Appreciative Inquiry to other NEI in Gauteng. Furthermore the findings did not include the views of other stakeholders involved in clinical accompaniment, such as nurse educators, professional nurses and members of the multidisciplinary health team.

5.5 RECOMMENDATIONS

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

5.5.1 Practice

Based on the participants' experiences and "wishes" (section 5.3.1-5.3.4), the following recommendations are made:

5.5.1.1 Nurse educators in the clinical learning area

- There should be a nurse educator at the CLE on a daily basis to meet the needs of the students.
- To increase the number of nurse educators in the CLE on a daily basis, it is recommended that more clinical facilitators' posts be made available.
- The nurse educators should at least visit the clinical learning area on weekly basis to support, identify the needs and give guidance during clinical practice.
- The NEI should recruit more nurse educators to ensure that there is adequate staff (human resources) for clinical accompaniment.
- There should be a planned schedule for the nurse educator-student contact sessions at the CLE whereby students will be able to prepare themselves for such sessions.
- More time should be allocated for clinical practice. It is recommended that a clinical practice day should be scheduled at least once a week on pre-graduate students' rotation roster.
- Specific nurse educators should be allocated to specific wards in the CLE. That will enable nurse educators and professional nurses to build up professional relationship and this, in turn, will enhance collaboration from the professional nurses in terms of education and training of students.

5.5.1.2 Professional nurses

- Professional nurses should revisit their role towards students on training.
- Professional nurses from the CLE should be invited to monthly clinical meetings.
- The learning outcomes of the students should be clearly communicated to the professional nurses, so that students are delegated tasks within their scope of practice.
- Stakeholders should be involved in the planning of placement of pre-graduate students in the CLE.

5.5.1.3 Resources

- Students should be provided and assisted with transport from their institution residence to hospital.
- Allocation of a discussion room for pre-graduate students and their nurse educators within the CLE to be utilised during allocated clinical days.
- Provision of adequate and serviceable equipment for practice.
- Provision of library facilities with accessible internet for students. The internet facility should be extended to after hours to accommodate students from work and theoretical classes.
- Academic hospitals should take cognisance of the students in training when they budget for equipment.
- Pre-graduate students should be placed in other busy CLEs such as provincial hospitals and clinics around Gauteng to gain more exposure.

5.5.2 Future research

The researcher recommends further research should be undertaken on the following topics (utilising the AI):

- An evaluation of the views of nurse educators and professional nurses on clinical accompaniment
- An exploration of pre-graduate students' views of the CLE

- An investigation into the utilisation of retired nurses in the clinical accompaniment of pre-graduate students

5.6 PERSONAL REFLECTION

The researcher wishes to share her personal reflection on the journey of this study as an expression of gratitude and encouragement:

I am indebted to my colleague who forced me to apply for studying for a master's degree. I was hesitant and reluctant to do so because of my perception that a master's degree was a huge task only achievable by the brave. The study has shown me that I am one of the brave, with a hidden potential. I discovered the talent I had denied myself for a long time. The contact sessions with the supervisors always surprised me with their positive response. I could not actually understand why they always told me, they were so proud of me.

It took me six months after registration to realise and accept that I was really studying, but after that with the positive motivation from my supervisors I started to gain momentum. As of now I am already supervising the basic students with their research project, because of the thorough guidance and support from my supervisors. I am proud to say I am ready to follow in their steps. Their tireless guidance has developed me into a dedicated novice researcher.

I read many articles for this study and this has enriched my knowledge. I was moved by many scholars who worked very hard towards development of the nursing profession, and I told myself that I was going to add to that pool of knowledge by making a difference in the profession of nursing. In the beginning I did not know how to do catalogue search from the internet. Most of the time I felt so frustrated when searching for the literature, but through support from the library personnel, I am now confident and skilled in doing so. I have gained more knowledge from literature on Appreciative Inquiry. Now I am gradually

introducing the concept of AI to my colleagues at work. Since beginning my studies I have changed my mind-set by moving away from the problem-based approach to a positive way of approaching challenges.

When I started with my study, I was uncertain where to start, not sure of what topic to follow. My topic was changed twice and sometimes I was not sure which topic I was actually researching. At this point in time I feel I have developed tremendously. I even feel that I can now attempt a PhD degree. Learning is about commitment and dedication. I have spent sleepless nights, sacrificed much of my personal life, quality time with my family, but the fruit I am bearing is enjoyed most by my family and friends. The support and words of encouragement I always received from my colleagues helped me to persevere through difficult times.

5.7 CONCLUSION

This chapter concluded the study, discussed the conclusions and limitations, presented the researcher's personal reflection, and made recommendations for practice and further research. The findings should benefit nursing education and practice, policy, and morale.

The study has enriched the researcher, her colleagues and students and has confirmed what three great people said:

> "Change is a law of life and those who look to the past or present are certain to miss the future" ***- John F Kennedy -***
>
> "Nothing great will ever be achieved without great [wo]men, and [wo]men are great only if they are determined to be so" ***- Charles de Gaulle -***

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