

# **Enrolled bridging course learners' perspectives related to factors influencing their learning in the clinical environment.**

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## DECLARATION

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## ABSTRACT

Exposure to the clinical learning environment forms an essential part of nursing education. Being a nurse lecturer in the private sector, the researcher observed that bridging course learners do not always perform academically as satisfactorily as they should.

For the purpose of the current study, the researcher investigated enrolled bridging course learners' perspectives related to factors influencing their learning in the clinical environment. The study focused on bridging course learners in the private sector.

The objectives of the study were to determine whether the following was valid for the population under consideration:

- a shortage of staff is a barrier to learning in the clinical environment;
- an orientation programme has been implemented for bridging course learners in the clinical environment;
- bridging course learners in the clinical environment have to take charge of wards;
- the attitude of staff members is a barrier to the learners' learning experience.
- there is a learner/mentor relationship in the clinical environment;
- opportunities to gain practical competence exist in the clinical environment.

An exploratory descriptive design with a predominantly quantitative approach was applied. The population for the study consisted of bridging course learners at the three private nursing colleges in the Cape metropolitan area ( $N = 89$ ). Due to the small size of the population, all available learners who voluntarily gave consent were included in the study. The sample size for this study constituted 62% ( $n = 55$ ) of the target population. A semi-structured questionnaire was used to collect data, and both open and closed ended questions were used.

Reliability and validity were assured by means of a pilot study and the use of experts in the field of nursing education and statistics. Data were collected personally by the researcher.

Ethical approval was obtained from the Committee for Human Science Research at the Faculty of Medicine and Health Sciences at Stellenbosch University.

Statistical associations were determined using the Spearman and Mann-Whitney U tests. The results of this study are presented in percentages and tables.

The majority ( $n = 46/84\%$ ) of the participants disagreed that the staffing in units was sufficient. Most ( $n = 40/73\%$ ) participants disagreed with the statement that working conditions were conducive to learning. Qualitative analysis revealed that the participants perceived the clinical environment to be hostile, and the majority ( $n = 47/85\%$ ) of the participants agreed that staff members had a negative attitude towards them. Furthermore, only five ( $n = 5/9\%$ ) participants indicated that they always spent time with their mentor, and the majority ( $n = 36/65\%$ ) of the participants disagreed with the statement that they could achieve specific outcomes before moving to another ward.

A shortage of staff, being placed in charge of wards in the absence of a registered nurse, negative attitudes of staff members, and the lack of a mentor–learner relationship were identified as factors that impacted negatively on learning in the clinical environment. Several recommendations, grounded in the study findings, were identified, including:

- Sufficient staff should be on duty to improve the learning environment, in order for learners to achieve their outcomes according to the curriculum.
- Learners should receive adequate supervision and support.
- Sufficient time should be allocated for practical procedures, such as releasing learners on practical days to practise procedures.

Factors influencing enrolled bridging course learners' learning experiences in the clinical environment were identified. Strategies to address these factors may improve their clinical experiences and ultimately their clinical competence.

## OPSOMMING

Blootstelling aan kliniese leer omgewing is 'n grondliggende deel van verpleegonderrig. As 'n verpleeglektrese in die privaat sektor, het die navorser tot die gevolgtrekking gekom dat oorbruggingsleerders nie akademies na wense presteer nie.

Vir die doel van hierdie studie het die navorser die faktore geëvalueer wat die kliniese onderrig van oorbruggingsleerders gedurende hul plasing in die kliniese omgewing beïnvloed. Die ondersoek konsentreer op oorbruggingsleerders wat in die privaat sektor werk.

Die oogmerke van die studie was om te bepaal of:

- 'n personeeltekort onderrig in die kliniese omgewing belemmer;
- daar 'n oriënteringsprogram vir oorbruggingsleerders bestaan;
- oorbruggingsleerders die bevel oor eenhede moet oorneem;
- leerders personeelgesindhede as 'n hindernis ervaar;
- daar 'n leerder/mentor-verhouding in die kliniese omgewing is;
- geleentheid vir praktiese onderrig geskep word.

'n Beskrywende, verkennende studie met 'n oorwegend kwantitatiewe benadering is uitgevoer. Die studiebevolking was oorbruggingsleerders (N = 89) wat die drie privaat verpleegkolleges in die Kaapse metropool verteenwoordig.

As gevolg van die klein populasie het alle leerders wat vrywillig hul toestemming verleen het, aan die studie deelgeneem. Gevolglik is 'n steekproef (n = 55/62%) van die teikenpopulasie geneem. Die navorser het 'n semi-gestruktureerde vraelys gebruik om data in te win en beide oop en toe vrae was gevra.

Betroubaarheid en geldigheid is deur middel van 'n proefstudie sowel as die gebruik van deskundiges op die gebied van verpleegonderrig en statistiek verseker. Die navorser het die data persoonlik ingesamel.

Etiese goedkeuring is van die Gesondheidsnavorsingsetiekkomitee van die Fakulteit Geneeskunde en Gesondheidswetenskappe van die Universiteit Stellenbosch verkry. Statistiese korrelasies is met behulp van die Spearman- en Mann-Whitney-U-toetse ondersoek. Die resultate van die studie word in die vorm van persentasies en tabelle aangebied.

Die meeste deelnemers ( $n = 46/84\%$ ) reken daar is nie voldoende personeel in die sale nie. Voorts dink die meeste ( $n=40/73\%$ ) ook dat werksomstandighede nie onderrig bevorder nie. Kwalitatiewe ontleding toon dat die deelnemers die kliniese omgewing as bedreigend beskou, en die meeste ( $n = 47/85\%$ ) is dit ook eens dat personeel 'n negatiewe houding teenoor hulle openbaar. Slegs vyf deelnemers ( $n = 5/9\%$ ) het aangedui dat hulle altyd tyd saam met hulle mentor deurbring, terwyl die meeste ( $n = 36/65\%$ ) erken dat hulle nie hulle studie-uitkomst bereik alvorens hulle na 'n ander saal oorgeplaas word nie.

Die studie bevind dat 'n personeeltekort, om in bevel van eenhede geplaas te word in die afwesigheid van 'n geregistreerde verpleegkundige, personeel se negatiewe houding, en die gebrek aan 'n mentor/leerder-verhouding van die faktore is wat onderrig in die kliniese omgewing benadeel.

Verskeie aanbevelings word op grond van die studiebevindinge gedoen. Dit sluit die volgende in:

- Daar behoort genoegsame personeel aan diens te wees om die onderrigomgewing vir leerders te verbeter en hulle sodoende in staat te stel om hul studie-uitkomst volgens die kurrikulum te behaal.
- Behoorlike toesig oor leerders moet verseker word.
- Leerders behoort op praktiese dae van ander werk vrygestel te word ten einde hul prosedures te voltooi.

Faktore wat die leer ervaring van oorbruggings leerders in die kliniese omgewing beïnvloed was identifiseer. Strategieë wat hierdie faktore adresseer, kan hulle kliniese ervaring asook hul kliniese vaardigheid verbeter

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## LIST OF ACRONYMS

ECG	electrocardiogram
DENOSA	Democratic Nursing Organisation of South Africa
JCAHO	Joint Commission on Accreditation of Health Care Organisations
SANC	South African Nursing Council
BCOEA	Basic Conditions of Employment Act

## CHAPTER 1: SCIENTIFIC FOUNDATION OF THE STUDY

### 1.1 INTRODUCTION

Nursing students spend a large percentage of their training in the clinical learning environment. Nursing education within the private sector holds unique challenges in terms of facilitating student-centred learning (Volschenk, 2009:1). Some of the challenges involved are a shortage of staff, having to work under severe pressure in the wards, and the high rate of patient turnover.

Enrolled nurses, after obtaining a senior certificate, may enter training in the form of a bridging course that, if successfully completed, enables them to advance to the level of a professional nurse. The required period of training is, subsequently, then much shorter than the full programme (Searle, 2000:57).

The current study specifically focuses on bridging course learners who were in training at the time of the study. During the researcher's clinical and teaching practice, the clinical training of bridging course learners was observed to be seriously compromised due to various factors that influenced their practical training. The factors that influences learning in the clinical field were observed as being:

- a shortage of nurses;
- the lack of a mentor–learner relationship;
- the burden of having to assume such additional responsibilities as taking charge of wards in the absence of a registered nurse;
- the inadequate amount of time that was available in which to complete the required competencies;
- the poor implementation of orientation programmes; and
- the lack of support provided by staff members.

According to the curriculum of the course that is taken leading to the enrolment of a general nurse (Republic of South Africa 1989), learners shall receive a minimum of 2 000 hours of clinical training, over a two-year period. When working within the clinical environment, learners normally work 42 hours per week, resulting in them working a 12-hour shift per day for three days, including an additional shift of six hours. Furthermore, clinical training also

includes practical experience that is obtained in the wards at night as at least one-twelfth of the prescribed curriculum.

The training of bridging course learners follows a block system, in terms of which learners are immersed in the clinical environment for two to three months, and attend the college for two months. During their time in the clinical environment, the learners are required to focus on their objectives in the specific discipline to which they are allocated.

According to R.2175, as promulgated by the Nursing Act 50 of 1978 (Republic of South Africa, 1978), learners are entitled to eight hours individual facilitation per month by a clinical facilitator. However, due to the large number of hours of practical training received and the learner's background as an enrolled nurse, it became apparent that bridging course learners were being utilised for clinical duties other than what should have been expected of them. This is what the researcher observed during clinical accompaniment of these learners. Their learning experiences were thus being seriously jeopardised. The purpose of the current study was therefore to investigate scientifically how learners experience their role in the clinical environment.

## **1.2 RATIONALE FOR STUDY**

The current study focused on bridging course learners' perspectives related to factors that influence their learning in the clinical environment. One of the factors identified by the literature that can influence learning in the clinical environment is the shortage of nurses in the private sector. A shortage of nurses increases the level of stress experienced by nurses who are currently employed in the working environment. In addition, having too many patients per nurse degrades the quality of hospital care (Joubert, 2009:3).

The 437 nurses that South Africa has for every 100 000 people includes nurses who fall into the 'enrolled' and 'auxiliary' categories. When only registered nurses are considered, the ratio drops to 222 registered nurses for every 100 000 people, which translates to a ratio of 451 people for every registered nurse. Specific figures on the emigration of nurses are not available, but it is certain that the number of nurses working in the South African health industry is less than the number of nurses who are currently registered with the South African Nursing Council (SANC) (Joubert, 2009:5).

During the period from 1997 to 2006, the SANC register of professional nurses grew by only 35% of the numbers produced from 1996 to 2005, amounting to an attrition rate of 65%. For enrolled nurses, the attrition rate was 72%, and for enrolled nurse auxiliaries, the rate was 84% (Joubert, 2009:10). However, a report of the Solidarity Research Institute revealed that, according to the figures available from SANC, the total number of people studying nursing is increasing (Joubert, 2009:5).

Staff / bed and staff /patient ratios are useful indicators with regard to refining a picture of staffing in international settings and are important for assessing the quality of care (Lund & Fisher 2002:157). SANC population based figures reveal a current ratio of 1 registered nurse for every 550 people (Bateman, 2009: 568). According to a private hospital group, the nurse/patient ratio is 1: 3.5 patients in medical wards, 1:3.2 in surgical wards with about 1 registered nurse to 9 patients. In public hospitals the ratio range from as high 1 nurse per 18 patients to as low as 1 in 44 (Bateman, 2009:566). In 2003, a workgroup on neonatology recommended ratios of 1:1 for neonatal intensive care, 1:3 for high care and 1:5 for neonatal low-care units (Joubert, 2009:19).

Prior to 1994, nursing education in the Western Cape had been provided by four separate colleges in the public sector, which amalgamated after 1994 to form one college as well as by two universities. Consequently, the private hospital groups decided to open up their own nursing colleges and started to train enrolled nurses, as well as offering the bridging programme. The learners who followed the programme involved completed their practical training at the respective private hospitals as agreed upon in their personal contracts.

The training of learners at the public sector colleges currently differs from that provided in the private sector, in the sense that learners in the public sector follow a four-year programme, whereas learners in the private sector enrol for auxiliary, enrolled nurse and bridging courses. According to a circular published by SANC during July 2010 (Circular 3/2010), the current legacy of nursing qualifications will end by 30 June 2013, which will have a significant impact on the bridging course as is currently offered. All entrants to the nursing profession from January 2013 onwards will be enrolled in a three-year programme, with colleges no longer facilitating bridging courses and enrolled nurses remaining at their current qualification status. However, according to a new circular that was published by SANC during September 2012 (Circular 7/2012), the current legacy qualifications have been

extended to June 2015. This extension will give nursing education institutions the chance to complete the new curriculum.

Bridging course nurses are often highly skilled and knowledgeable, due to their years of experience in a particular clinical specialty. The learners concerned, because of their years of experience, often do the work of registered professional nurses, which results in them working outside their scope of practice (Searle, 2000:131).

According to a study that was undertaken by Volschenk (2009:1), nursing students spent much of their training in the clinical environment. However, not only do such learners have to manage their learning tasks within the social context of the workplace, but they also need to cope with the demands of the workplace environment.

According to Lofmark and Wikblad (2001:43), learners require guidance and coaching when working in a clinical environment. They also require having a mentor assigned to them when they are in such an environment, because they require guidance in establishing their clinical competency. In addition, learners also require being released from the ward on practical days in order that they can attend clinical lecture demonstrations.

During clinical teaching and learning, the learner is given an opportunity to develop qualities that lead to the development of a health care provider who is capable of rendering quality health care. Desirable qualities are competency, efficiency, confidence, responsibility and self-directness, as described by Papp, Markanen and Von Bonsdorff (2003:262) in their study on student nurses' perceptions concerning clinical learning experiences.

Furthermore, orientation in the clinical environment is essential. Orientation reduces anxiety, assists learners in creating realistic work expectations, and helps learners to feel that they are working towards the same goal. Not only does orientation put them at ease, but it also leads to a reduction in work turnover (Abell, 2004:2). A supportive clinical learning environment is important for the development of nursing knowledge and skills, professional socialization and in the development of students' confidence, job satisfaction and preparedness for practice (Edwards, Smith, Courtney, Finlayson & Chapman 2004:248 -255).

Ward atmosphere is the intangible quality of characteristics of the ward such as the co-operation, attitude, morale and friendliness of the staff (Edwards, et al. 2004; Lewin, 2006, Papp, Markanen, Von Bonsdorff, 2003: 262 -268). A ward with a positive atmosphere can

enhance student learning as the ward staff are not only happy working together, they are also often willing to teach and guide students ( Edwards, et al., 2004:248; Papp, et al, 2003:262).

### **1.3 SIGNIFICANCE OF THE STUDY**

Based on the scientific evidence obtained from the current study, clinical guidelines may be developed for learners and mentors. This will include assigning of mentors to learners, working within their scope of practice, and giving support when it is needed. The recommendations could also assist academics, colleges and hospitals to improve the learning experiences of learners while they are working in a clinical environment.

One of the objectives of the curriculum of enrolled bridging course learners states that it shall provide for personal and professional development. On completion of the course, the learners should be able to show respect and dignity for patients, be skilled in health diagnosis, maintain ethical and moral codes and have the cognitive, psychomotor and affective skills that will serve as a basis for effective practice (Republic of South Africa, 1978).

### **1.4 PROBLEM STATEMENT**

Interest in the study arose from the fact that bridging course learners do not always perform academically as well as they should do. It was observed that learners' learning experiences in the clinical environment were compromised due to the fact that they were required to take charge of wards in the absence of a registered nurse. Past experiences have revealed that the added responsibilities that learners have to deal with when working in a clinical environment prevent them from acquiring the prescribed competencies required to complete the course. Therefore, the purpose of the study was to investigate scientifically how learners experience their role when they are placed in the clinical environment.

### **1.5 RESEARCH QUESTION**

In the light of the above, the researcher posed the following research question as the point of departure for the research that was undertaken: What are enrolled bridging course learners' perspectives related to the factors that influence their learning in the clinical environment?

## **1.6 GOAL**

The goal of the study was to investigate enrolled bridging course learners' perspectives related to factors influencing their learning in the clinical environment in order to make recommendations to improve the factors that influence learning negatively.

## **1.7 RESEARCH OBJECTIVES**

The objectives of the study were to determine whether the following was valid for the population under consideration:

- A shortage of staff was a barrier to learning in the clinical environment.
- An orientation programme was implemented for bridging course learners in the clinical environment.
- Bridging course learners in the clinical environment had to take charge of wards.
- The attitude of staff members was a barrier to learners.
- There was a learner and mentor relationship in the clinical environment.
- Opportunities to gain practical competence existed in the clinical environment.

## **1.8 RESEARCH METHODOLOGY**

A brief overview of the research methodology applied in the current study is provided in the current chapter, with a detailed report following in Chapter Three.

### **1.8.1 Research design**

An exploratory and descriptive non-experimental research design, with a predominantly quantitative approach, was applied to investigate enrolled bridging course learners' perspectives related to factors influencing their learning in the clinical environment. A descriptive design was used in order to identify problems with the current practice, namely the factors that influence learning in the clinical environment for enrolled bridging course learners.

### **1.8.2 Population and sampling**

The target population, for the purpose of the current study, consisted of bridging course learners at the three private nursing colleges in the Cape Metropole Area ( $N= 89$ ). According to information obtained from the three private group nursing colleges, there were 15 bridging course learners at college 1; 24 at college 2; and 50 at college 3 (Table 1.1).

Due to the small size of the target population, all the learners in the target population were approached to take part in the study. However, only 55 learners, which constituted 62% of the target population was available at the time of the study as some of the learners in college 3 were writing examinations. These learners (n=55/62%) were included in the study.

**Table 1.1: Total number of participants (n =55)**

College	Learners (N)	Sampling (n)
1	15	15
2	24	24
3	50	16
<b>TOTAL</b>	<b>89</b>	<b>55</b>

### 1.8.3 Specific sampling criteria

First- and second-year bridging course learners were included. Any other nursing learners in the clinical field were excluded from the study.

### 1.8.4 Ethical considerations

Ethics approval for the study was obtained from the Health Research Ethics Committee at the Faculty of Medicine and Health Sciences at Stellenbosch University (N11/04/135). In addition, permission to conduct the study was obtained from the heads of the three nursing colleges involved in the study, as well as from the nursing service managers at the respective hospitals where the learners were allocated for their clinical placements.

Written informed consent was obtained from all the participants and information about the study was given in a participant information leaflet. Confidentiality was maintained throughout the research process, and the anonymity of the participants was ensured. The ethical principles that were relevant and applied to the conduct of the study were: respect for persons; beneficence; and justice. The learners had the right to choose whether or not they wished to participate in the research. Acting in accordance with the principle of beneficence, participants could withdraw from the study at any time without any consequences to them. All the learners had a fair chance of participating in the study. Learners who were writing examinations at the time of the study were, however, excluded from the study. Learners were placed in a classroom environment that was safe and secure in order that they might participate in the study.

Only the researcher had access to the data, which were stored electronically, in order to help ensure confidentiality and anonymity. The written informed consent forms and questionnaires were kept separately and were to be stored in a secure place which would only be accessible to the researcher for a period of three (3) years (Burns & Grove, 2007:220).

The researcher no longer worked at any of these colleges at the time of data collection and was not personally known to any of the participants. The presence of the researcher would therefore not have unduly influenced any of the participants.

#### **1.8.5 Instrumentation**

The researcher designed a semi structured questionnaire with both open and closed ended questions. The questionnaire was based on the literature, previous research, the objectives of the current study, and the researcher's personal experience. The questionnaire was further validated by the supervisor and co-supervisor of the study. The language medium was English, and no interpreter was required, as the language in question was the main medium of instruction at the colleges concerned.

The questionnaire was split up into the following sections:

Section A: Biographical information, and

Section B: Open and closed ended questions.

#### **1.8.6 Data collection**

The three colleges that were involved in the current study were contacted, and dates were assigned on which to visit the learners. Information leaflets relating the purpose of the study were sent to all three colleges.

The researcher collected the data personally with the use of a self-administered questionnaire over a three-week period. Data were collected in a classroom environment and participants, being placed apart from one another in order to provide privacy, were allowed 30 minutes in which to complete the questionnaire. Their completion of the questionnaire took place in silence and in private, so as to assure confidentiality.

#### **1.8.7 Validity and reliability**

Content, face, criterion and construct validity of the instrument were ensured by consulting experts in the field of nursing research, nursing education and statistics. The pilot study further improved validity and reliability.

### **1.8.8 Pilot study**

A pilot study was conducted in one of the private nursing colleges that included ( $n = 8/9\%$ ) bridging course learners of the population ( $N = 89$ ) that had just finished writing their final examinations. The researcher could only find 8 learners at time of the pilot study and not 10% as suggested by literature ( Hertzog 2008:1). The results of the pilot study and data were not included in the data analysis of the main study. The pilot study was conducted under similar circumstances as to the actual study in order to determine the feasibility of the full-scale study, as well as in order to refine the instrument. No changes were made to the instrument.

## **1.9 DATA ANALYSIS**

The data were captured by the researcher on a spreadsheet using MS Excel (Office 2007). Quantitative statistical methods were used to analyse the data, with the analysis being undertaken with the assistance of a qualified statistician, Prof. M. Kidd. The analysis used Statistica Version 9 software.

Descriptive statistics, including means, medians and standard deviations, were derived from the data. The data were expressed in tables. Statistical relationships were determined between various variables using such statistical tests as the Spearman and the Mann-Whitney U. The data yield from the open-ended questions was coded line by line. Codes and code categories were grouped into themes and reported on in narrative format, and summarised and presented in tables.

## **1.10 DEFINITIONS**

The following definitions apply in the current study.

### **1.10.1 Auxiliary nurse**

An auxiliary nurse is a nurse who has completed one year of nursing training. Auxiliary nurses are educated to provide elementary nursing care in the manner and to the level prescribed (Republic of South Africa, 2005:62).

#### **1.10.2 Bridging course learner**

A bridging course learner is an enrolled nurse, who, after obtaining a senior certificate, is allowed to enter training in the form of a bridging course, in order to bridge to the level of a professional nurse (Searle, 2000:57).

#### **1.10.3 Clinical competency**

Clinical competency refers to specific capabilities that consist of knowledge, skills and the right attitude (Clinton, Murrels & Robinson, 2005:82-94).

#### **1.10.4 Clinical learning experiences**

Clinical learning experiences refer to experiences that one obtains while working in the clinical placement area, and which enable one to transform information and experience into knowledge, skills, behaviour and attitude (Cobb, 2009:1).

#### **1.10.5 Clinical placement areas**

Clinical placement areas refer to a wide range of health care settings (Saarikoski, 2002:3). In the current study, the term refers to the clinical ward in the hospital environment to which learners are assigned according to their learning needs.

#### **1.10.6 Mentor**

A mentor is a qualified and experienced member of the clinical environment who enters into a formal arrangement in order to provide educational and personal support to a learner throughout the period of placement. The role of a mentor includes teaching, supervision, guidance, counselling assessment, and evaluation (Quinn, 2001:426).

#### **1.10.7 Private hospitals**

Private hospitals refer to a group of hospitals that are known as private for-profit hospitals. Private hospitals primarily serve the population covered by medical aid schemes and are neither owned nor controlled by an organ of the state (Republic of South Africa, 2003:15).

#### **1.10.8 Professional registered nurse**

A professional registered nurse is a nurse who has completed three or four years of nursing training. Professional registered nurses are qualified and competent to practise comprehensive nursing independently in the manner and to the level prescribed, as well as capable of assuming responsibility for such practice (Republic of South Africa, 2005:61–62).

#### **1.10.9 Staff nurse**

A staff nurse is a nurse who has completed two years of nursing training. Staff nurses are trained to practise basic nursing in a manner and to the level prescribed (Republic of South Africa, 2005:62).

#### **1.10.10 Student-centred learning**

Student-centred learning consists of learning activities that are learner- centered and that facilitate acquisition of desired knowledge and abilities, as specified by curriculum outcomes (Candela, Dalley & Benzyl-Lindley, 2006:60).

### **1.11 STUDY OUTLAY**

The thesis consists of the chapters that are outlined below.

#### **1.11.1 Chapter 1: Scientific Foundation of the Study**

An introduction to the problem under discussion is given in the first chapter of the current study. The rationale, problem statement, research question, goals, objectives and research methodology are also described briefly in the chapter.

#### **1.11.2 Chapter 2: Literature Review**

The chapter reviews literature with reference to learner perspectives that are related to factors that influence the learning of bridging course learners in the clinical environment. The theoretical conceptual framework used in the study is also explained in the chapter.

#### **1.11.3 Chapter 3: Research Methodology**

In Chapter 3, the research methodology that was applied during the current study is discussed in detail.

#### **1.11.4 Chapter 4: Data Analysis, Interpretation and Discussion**

In Chapter 4, the data analysis and interpretation of findings of the current study are presented.

#### **1.11.5 Chapter 5: Conclusion and Recommendations**

In Chapter 5, the results that were provided according to the study objectives are concluded, and recommendations are made, based on scientific evidence obtained during the study.

## **1.12 CONCLUSION**

In this chapter, a brief overview of the study, including the rationale, problem statement, aim, objectives, research methodology and the study layout, was presented. The problem was addressed by means of a scientific research process and was discussed in relation to the literature. Furthermore, the chapter emphasised that the study was conducted in order to identify the learners' perspectives that were related to factors influencing the learning of bridging course learners when in the clinical environment.

An in-depth literature review and conceptual theoretical framework upon which the study was based are discussed in Chapter 2.

## **CHAPTER 2: LITERATURE REVIEW**

### **2.1 INTRODUCTION**

A literature review refers to a summary of theoretical and empirical sources that is written in order to generate a picture of what is, and is not, known about a particular problem (Burns & Grove, 2007:545). The purpose of a literature review is to direct the planning and execution of the study.

The literature review in the present chapter focuses on literature that is based on students' perspectives that relate to factors that influence the learning of bridging course learners in the clinical environment. Several studies related to factors that influence the learning of learners in the clinical environment were found in the literature.

The success of a nursing programme largely relies on the effectiveness of the clinical experience of the learner (Pearcey & Elliot, 2004:382–387). According to Penman and Oliver (2004:2–3), the clinical placement areas should be supportive and capable of nurturing meaningful learning and optimal performance in learners.

### **2.2 LITERATURE SELECTION AND REVIEW**

#### **2.2.1 Period**

The researcher reviewed relevant literature throughout the course of the study, continually extending the amount of material covered in order to investigate and to evaluate new issues arising.

#### **2.2.2 Search engines used**

The researcher made use of the following search engines in order to review the literature concerned:

- Pubmed;
- Medscape;
- Cinahl; and
- Cochrane medical libraries.

The sources consulted consisted of relevant journal articles, books, reports, acts and regulations. Websites of the Departments of Health and Education, SANC and the Democratic Nursing Organisation of South Africa (DENOSA) were regularly consulted.

### **2.3 BRIEF HISTORICAL OVERVIEW OF NURSING EDUCATION IN THE WESTERN CAPE**

Prior to 1994, nursing education in the Western Cape was provided by four separate colleges in the public sector. The colleges concerned amalgamated during the post-apartheid era to form one college. Consequently, in order to ensure adequate training, the private hospital groups decided to open up their own nursing colleges. Learners following any of the programmes involved completed their training in the respective private hospitals as part of the training that was stipulated in their personal contracts.

In the public sector, learners had the peace of mind gained from being able to study debt free as a result of the bursaries that they were offered. The bursary system, which was introduced in the Western Cape in 2003, made available bursaries that covered all learners' costs, tuition fees and accommodation (Department of Health, 2011:2). Those who studied at the private colleges also received bursaries, but were required to work their time back after completion of a course, according to their personal contract with the relevant hospital.

### **2.4 FACTORS AFFECTING LEARNING IN THE CLINICAL ENVIRONMENT**

Nursing learners require appropriate knowledge and skills to enable them to deliver safe and competent patient care (Leufer, 2007:322). The quality of the learning environment in which learners receive their knowledge and skill contributes to their learning experience. Although learning in the clinical settings has many benefits, it can be challenging, unpredictable and stressful (Hosoda, 2006: 480 -490).

Educationalists have described approaches to learning in the cognitive, affective and psychomotor domains (Meyer, Naude, Shangase & Van Niekerk, 2009:114). The cognitive domain includes such skills as analysis and critical thinking, whereas affective learning has to do with a learner's attitude towards learning. The psychomotor domain includes physical movement and the use of motor skills (Meyer et al., 2009:114–120).

#### **2.4.1 Behaviour of staff members**

A range of factors can influence the clinical environment including the atmosphere of the ward and the relationship with staff (Lewin, 2006:238) and supervisors (Saarikoski and Leino-Kilpi, 2002:259-267).

In a research study of nursing learners, it was revealed that negative attitudes and behaviour of nurses tend to impede learning (Lofmark & Wikblad, 2001:43). Learner progression and retention within nursing programmes may be threatened due to the negative attitudes and behaviour of other nurses (Chan, 2002:69).

In order to promote a positive psychosocial learning environment, nurses should offer support, be nurturing and treat nursing learners with dignity and respect (Suen & Chow, 2001:505). A ward with good atmosphere can enhance student learning as the ward staff are not only happy working together, they are also often willing to teach and guide students (Edwards, Smith, Courtney, Finlayson, Chapman, 2004:248 -255).

Learners who required intense supervision have been found to be more time-consuming to work with than are those who can work more independently. Furthermore, Quinn (2001:16) states that staff should treat learners with kindness and understanding, and should show interest in them as people. Staff should be approachable, provide learners with the necessary support and try to foster self-esteem.

Ward atmosphere directly influences student learning as it determines whether students believe their presence is appreciated and influences their perception of whether they will be provided with a suitable range of learning opportunities (Timmins and Kaliszer 2002: 203-211).

The conclusion can, therefore, be drawn that learners must be accepted in the clinical environment as team members, in order to facilitate their integration with the staff, so that their learning experience can be enhanced.

#### **2.4.2 The mentor-learner relationship**

Firtko, Stewart and Knox (2005: 32-40) identified that mentorship is characterised by a short term relationship between the novice and the clinical nurse that focuses on orientation and socialisation to the workplace and the development of clinical and professional expertise.

In their study of student perceptions of the effectiveness of mentors, Suen and Chow (2001:505) identified essential mentor roles as the provision of assistance, friendliness, guidance, advice and counselling.

Penman and Oliver (2004:2–3) stated that clinical placement areas should be supportive and capable of nurturing meaningful learning and optimal performance in students. They further stated that, with support, the novice tends to acquire the confidence to consolidate practice.

It is, therefore, of importance that learners should be provided with mentors to enable them to learn by enabling them to observe qualified staff members' caring or uncaring practices during their interaction with patients and with other members of their patients' family.

#### **2.4.3 Orientation programmes for learners**

Orientation of learners in the clinical environment is essential for improvement of their work performance. The conduction of orientation programmes is known to help reduce anxiety and uncertainty among learners, furthermore assisting them in developing realistic work expectations. Turnover rates for new nurse graduates are high due to the stressful environment in which they have to work, coupled with the inadequate support that tends to be offered students during their transition from student to professional practitioner (Wyngeeren & Stuart, 2011:1).

A comprehensive, well-thought-out orientation programme can reduce adjustment periods for novice nurses, minimise turnover and establish a solid foundation for a productive and lengthy career (Marcum & West, 2004:118 - 124).

#### **2.4.4 Shortage of nursing staff**

Nursing shortage refers to a situation where the demand for nurses is greater than the supply. In South Africa, the current nursing shortage is serious and is likely to worsen. Cohen (2000:233–246) describes numerous contributory factors that are helping to exacerbate the situation, namely:

- the aging workforce;
- the lack of space at nursing schools and in programmes for prospective nursing students, due to a major shortage of nursing faculties;
- low job satisfaction levels; and
- a general lack of respect and appreciation.

According to Stedman and Nolan (2007:43–49), the need for educated training is expanding due to the following factors:

- the increasingly risky and complicated nature of the work concerned;
- the aging workforce;
- the invariable financial benefits;
- the increasing number of work alternatives;
- the inadequate nurses entering the field;
- the excessive workload on nurses, due to the number of patients assigned and the massive amount of paperwork that needs to be undertaken for billing purposes; and
- the shortage of staff, due to the desire to cut costs.

According to research done in South Africa (Joubert, 2009:3), the national nursing shortage has contributed to the number of deaths that have occurred in hospitals that might have been avoided if a sufficient number of nurses had been available at the time of need. Reasons for the shortage include the following:

- the geographical distribution of the South African population in relation to the human resources available;
- the inadequate number of qualified nurses;
- the relatively small population of qualified nurses;
- the percentage of registered nursing posts that are vacant in the public sector;
- the inadequate number of registered nurses in the public sector per 100 000 population;
- the relatively low growth in the number of student nurses;
- the skew age distribution of registered nurses; and
- the inadequate number of nursing education institutions that have been approved by SANC, due to the closing down of nursing education institutions.

The demand for registered nurses and the lack of qualified nurses is at a critical point for the nursing profession, resulting in the implementation of bridging courses for enrolled nurses. According to the Joint Commission on Accreditation of Health Care Organisations (JCAHO), twenty-four (24%) percent of all unexpected problems in hospitals happened due to the insufficient numbers of nurses that were on duty at the time (JCAHO, 2007:2–7).

#### **2.4.5 Learners' responsibilities in the clinical environment**

Often learners are required to act as shift leaders and to manage wards in the absence of a registered nurse, due to the shortage of available registered nurses (Janiszewski, 2003:336).

Cassimjee and Bhengu (2006:51) state that learners believe that a ward sister is the ideal clinical instructor, since she is always in the relevant ward, and tends to have more time at her disposal than do other role-players. Using the ward sister as the clinical instructor should improve the quality of patient care and increase learning opportunities for the learners. Furthermore, there would, then, always be sufficient time for in-service training, along with the presence of an observer of practical procedures in the ward.

#### **2.4.6 Learning opportunities**

Quinn (2001:425) emphasises that the clinical learning environment should provide teaching and learning opportunities, space, equipment, and health and safety requirements for the appropriate placement of learners. However, allocating learners to a specific ward in large numbers affects learning negatively. Therefore, the number of learners that is allocated to a ward should be controlled, if effective learning is to be achieved. Furthermore, clinical accompaniment helps learners to integrate their theory, to practise and to achieve their learning outcomes (Bezuidenhout, 2003:19).

### **2.5 QUALITY OF PATIENT CARE**

According to Curtin (2003:8), nurse staffing levels have a definite and measurable impact on patient outcomes, as well as on the number of medical errors committed and the amount of nurse turnover. In addition, a shortage of nurses, and consequently, increased workloads, has the potential to threaten patient safety.

Dr Peter Bureaus and his colleagues found that more than 75% of registered nurses believe that the nursing shortage that is currently being experienced in South Africa presents a major problem for the quality of their work life and for patient care, as well as for the amount of time that nurses can spend with patients (Health Affairs, 2009:657–668). In seeking to improve the quality of nursing practice, it is important that critical nursing skills and competencies should be identified and linked to scope of practice. It is, therefore, also important to recognise that learners require continuous guidance and support when in the clinical environment.

## 2.6 PATIENT ACUITY

According to a survey that was undertaken by DENOSA, the shortage of all categories of nurses experienced in South Africa has led to the nurse–patient ratio deteriorating to 1:50 in the public sector, compared to 1:3 in the private hospital group (Daily News, 2007:3). Studies have shown that there is strong evidence that inappropriate nurse staffing leads to increased length of stay, nosocomial infections and pressure ulcers. Providing patients with the best possible care is critical to nursing. According to O’Brien-Pallas, Thomson, Alkenes, and Bruce (2001:42–50), much improvement in staffing and patient outcomes can be achieved by ensuring that:

- a sufficient number of appropriate staff mix is employed to meet the needs of patients; and
- a strong, cohesive and knowledgeable group of nurses is available to provide continuity of patient care.

When learners lack the necessary skills and competency to carry out their tasks, a decline in patient care occurs. Ensuring an appropriate staff mix would enhance patient care, as well as improving the number of clinical learning opportunities made available.

## 2.7 CLINICAL SUPERVISION

Clinical supervision is recognised as a developmental opportunity for the development of clinical leadership (Sharif & Amasoumi, 2005:1). The role of a mentor (as defined in subsection 1.10.6 in the previous chapter) includes: teaching; supervision; guidance; counselling; assessment; and evaluation (Quinn, 2001:426).

Clinical supervision, guidance and accompaniment of nursing learners in clinical practice forms an integral part of their personal and professional development (Kell & Pearce, 2002:31; Klopper, 2002:106–107; McSherry, 2002:31). Through such provision, nursing learners learn to act independently as professional practitioners who are capable of delivering a high standard of quality nursing care. Nursing learners often experience uncertainty and anxiety in the clinical setting, due to the unavailability and inaccessibility of staff resulting from time constraints, the lack of awareness amongst senior professionals regarding the needs and problems of student learners, and the conflicting expectations of the lecturers and clinical nursing personnel (Carlson, Kotze & Van Rooyen, 2003:30).

Accompaniment and guidance provides nursing learners with extra time in which to practise their psychomotor skills, which is not possible during ordinary working hours

According to SANC, accompanying student learners is indispensable in all teaching situations, and registered professional nurses and midwives are indispensable in the accompaniment of student learners in clinical settings (SANC, 1992:7). When clinical accompaniment is properly implemented, it can have a profoundly positive impact on the standards of care practised within a particular environment (Cole, 2002:22).

## **2.8 SCOPE OF PRACTICE**

The scope of practice of an enrolled nurse makes it clear that they should not carry out professional functions (Searle, Human & Mogotlane, 2009:180). Enrolled nurses cannot be placed in charge of wards unless a supervising registered nurse is directly available. In broad terms, an enrolled nurse cannot function within the scope of practice of a registered nurse.

The clinical practice of an enrolled nurse is to provide basic nursing care for the treatment and rehabilitation of those with common health problems as individuals or in groups. In order to ensure maintenance of a high standard of quality in nursing practice, enrolled nurses should participate in the maintenance of standards and utilise learning opportunities to improve their practice (Republic of South Africa, 1984b).

All competencies that are expected of junior nurses, including student learners, should be practised under either the direct or the indirect supervision of a registered nurse, according to R.2598, as promulgated by Nursing Act 50 of 1978 (Republic of South Africa, 1978).

## **2.9 CONCEPTUAL THEORETICAL FRAMEWORK**

Burns and Grove (2007:189) view a conceptual framework as being a brief explanation of the theories, concepts, variables or parts of theories that are tested by a study.

For the purpose of the current study, the researcher focuses on Patricia Benner's (1984:13) model, which emphasises clinical growth in nursing and the five different steps that are taken in the development of student nurses (Figure 2.1). Benner studied clinical nursing in an attempt to discover and to describe the knowledge embedded in nursing practice, that is, the knowledge that accrues over time in a practice discipline, and the difference between practical and theoretical knowledge.

According to Benner, the first step refers to the step that is taken by the **novice**. During this stage, no understanding of a situation exists. Many first-year nurses start out in such a position; however, those students who have had experience as an auxiliary nurse are not a novice in terms of their basic nursing skills (Benner, 2001:20–32). Through practising and learning, the novice develops into an advanced beginner.

The **advanced beginner** refers to a nurse who can demonstrate marginally acceptable performance and who has enough background experience to be able to recognise key aspects of a situation.

The third step is taken by a nurse who is concerned with establishing her **competency**. The stage in question is evidenced by an increased level of efficiency in the nurse’s performance.

The **proficient** performer recognises a situation in terms of the overall picture. Such a performer has an intuitive grasp of the situation, which is based upon a deep background understanding.

The fifth and final step is that of the **expert** performer, who no longer has to rely on analytical principles to connect their understanding of the situation to an appropriate action.

After due exposure and the completion of their training, the bridging course learner should eventually develop into an expert who is skilled in dealing with all the different aspects of being a registered nurse.

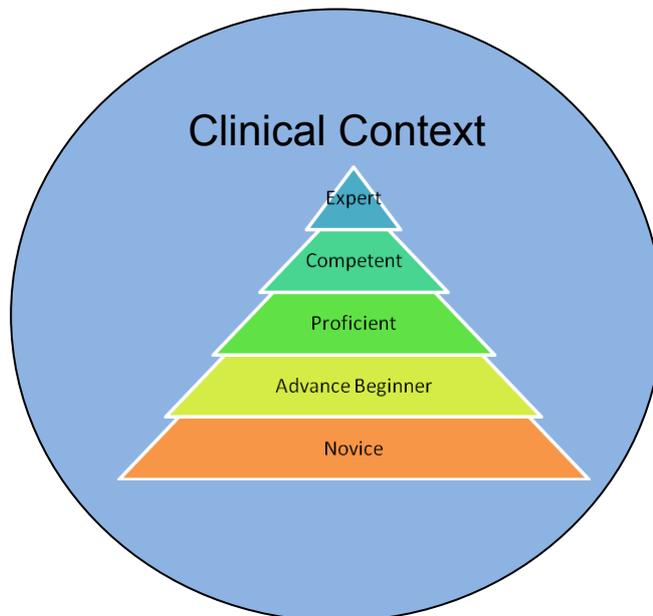


Figure 2.1: Schematic illustration of Benner’s conceptual framework

Source: Benner, 1984.

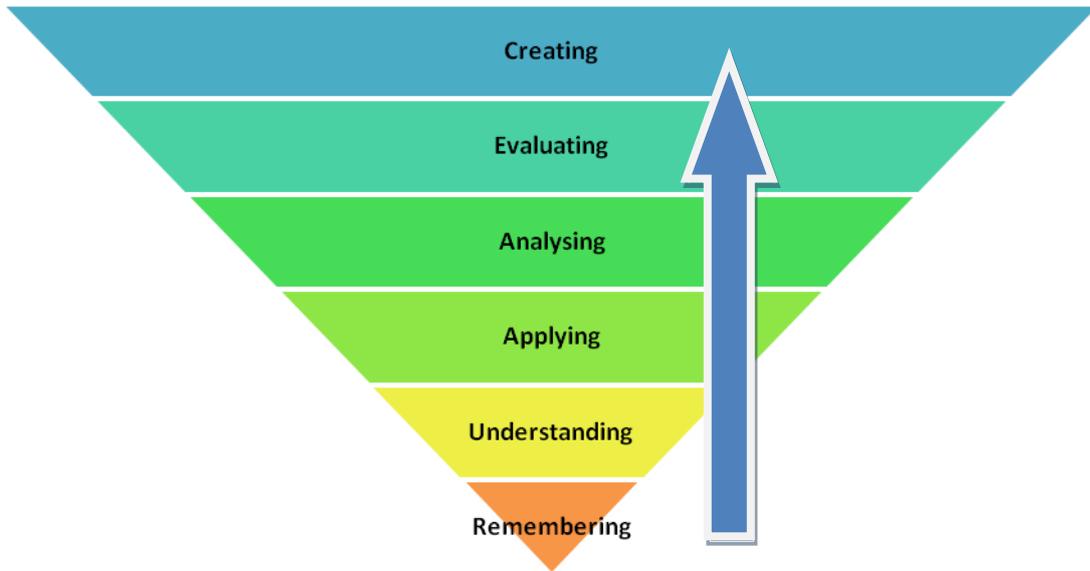
In relation to Benner's model, Bloom's Taxonomy (Bloom, 1956) refers to the knowledge, skill and attitude that one acquires during one's lifetime (Figure 2.3). Bloom's Taxonomy serves as the following:

- A model by means of which one can ensure that training is planned to deliver all the necessary development for learners;
- A checklist by means of which one can ensure that training is planned to deliver all the necessary development for learners; and
- A means of focusing on cognitive (intellectual), affective (feelings and emotions) and psychomotor (manual and physical skill) behaviour.

Through remembering and understanding, learners can come to apply and to analyse their work, which should result in their evaluation as competent learners. Ultimately, they are enabled to create critical thinking skills in order to provide quality patient care.

Although the clinical environment is filled with many learning opportunities, learners may experience feelings of uncertainty and anxiety in such an environment. According to Carlson et al., (2003:30), the experiencing of said emotions can be aggravated by the unavailability and inaccessibility of staff due to time constraints and the shortage or absence of equipment to fulfil the patients' needs.

The learners' affective domain can be influenced by the attitude of staff members. Ward staff should support the learner in developing into a responsible, accountable and professional nurse. However, the psychomotor domain can be adversely influenced by the lack of clinical learning opportunities, and the cognitive domain can be negatively influenced by the lack of a mentor-learner relationship that might otherwise assist the learner in effectively integrating theory with practice (Meyer et al., 2009:117).

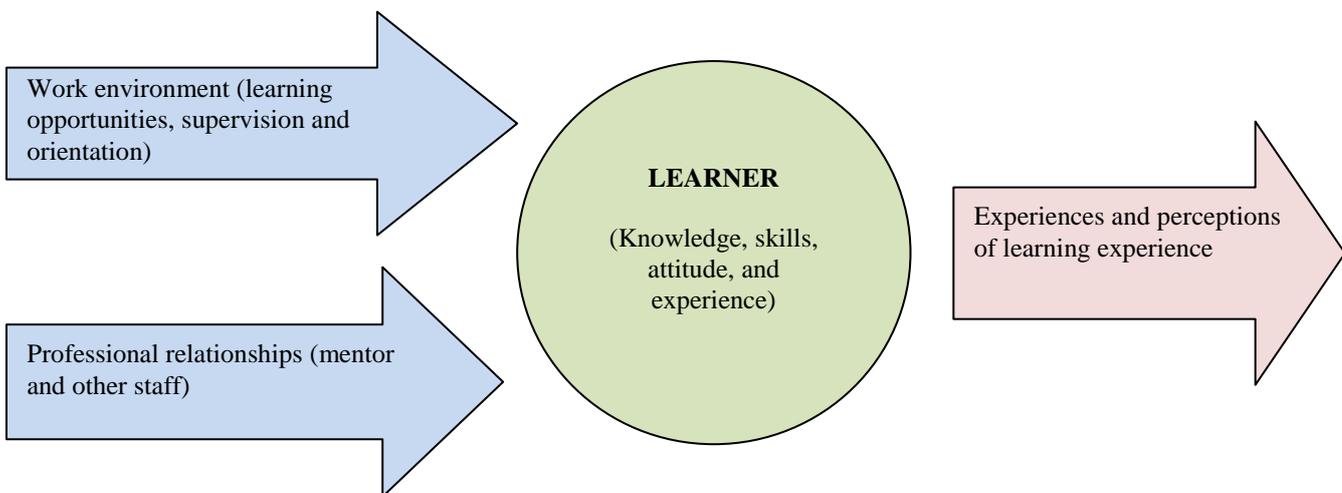


**Figure 2.2: Schematic illustration of Bloom's Taxonomy**

Source: Bloom, 1956.

The 2004 Scope and Standards for Nurse Administrators (ANA, 2004: n.p.) identifies the importance of undergoing continuous learning practice development, in order to promote the sharing of expertise so as to facilitate positive health outcomes.

Learners develop knowledge, experience and personal responsibilities while in the clinical environment. Skills are acquired through nursing experience and perceptual awareness. Figure 2.2 below schematically illustrates the conceptual framework applied in the current study.



**Figure 2.3: Schematic illustration of conceptual framework**

## **2.10 CONCLUSION**

In this chapter, the researcher presented an in-depth literature review regarding learners' perspectives that are related to factors influencing the learning of bridging course learners in the clinical environment. The researcher focused on the following specific factors that tend to influence the learning experience in the clinical environment: the shortage of staff; the attitude of staff members towards learners; the mentor–learner relationship; working in units in the absence of orientation; and the placing of learners in charge of wards.

The research methodology that was applied in the present study will be discussed in Chapter 3.

## **CHAPTER 3: RESEARCH METHODOLOGY**

### **3.1 INTRODUCTION**

In the previous chapters, the researcher described the background and framework used in the present study. Learners' perspectives related to factors that influence the learning of bridging course learners in the clinical environment were described.

The purpose of this chapter is to describe the research methodology applied by the researcher. Research methodology refers to the process or plan for conducting the specific steps of a study (Burns & Grove, 2009:719). The chapter discusses the research design, the research problem, the study population, the sampling procedure, the data collection methods, the data analysis, and the limitations of the study.

### **3.2 RESEARCH QUESTION**

The research study was guided by the research question: What are enrolled bridging course learners' perspectives related to factors influencing their learning in the clinical environment?

### **3.3 GOAL**

The goal of the study was to investigate enrolled bridging course learners' perspectives related to factors influencing their learning in the clinical environment.

### **3.4 OBJECTIVES**

Specific objectives of the study were to determine whether the following was valid for the population under consideration:

- A shortage of staff is a barrier to learning in the clinical environment.
- An orientation programme is implemented for bridging course learners in the clinical environment.
- Bridging course learners in the clinical environment have to take charge of the units.
- The attitude of staff members is a barrier to the learners.
- There is a student–mentor relationship in the clinical environment.
- Opportunities to gain practical competence exist in the clinical environment.

### 3.5 RESEARCH METHODOLOGY

#### 3.5.1 Research design

An exploratory and descriptive non-experimental research design was applied in terms of the quantitative approach that was adopted in order to investigate enrolled bridging course learners' perspectives related to factors influencing their learning in the clinical environment. Terre Blanche, Durrheim and Painter (2006:34) refer to a research design as a strategic framework for actions that serves as a link between research questions and the implementation of the research. According to Brink (2006:104), a descriptive research design entails searching for accurate information about the characteristics of a single sample. The primary focus of the study was not to make correlations but to describe the context of the clinical environment where these nurse are working.

#### 3.5.2 Population and sampling

##### 3.5.2.1 Population

According to Burns and Grove (2009:714), a population refers to all the elements or individuals that meet the sample criteria for inclusion in a study. The target population for the purpose of the present study consisted of all the bridging course learners at the three private nursing colleges in the Cape Metropole Area (N = 89) (Table 3.1).

**Table 3.1: Total number of participants (n=55)**

College	Number of learners (N)	Number in sample (n)
1	15	15
2	24	24
3	50	16
<b>TOTAL</b>	<b>89</b>	<b>55</b>

##### 3.5.2.2 Sampling

According to Polit, Beck and Hungler (2001:232), sampling is the process of selecting a portion of the population to represent the entire population. Due to the small size of the population, all available learners who voluntarily gave consent were included in the study. The sample size for the study constituted ( $n = 55/62\%$ ) of the target population. In consultation with a statistician, it was agreed upon that the sample selected was a true representation of the population of learners.

### 3.5.3 Instrumentation

According to LoBiondo-Wood and Harber (2006:570), a questionnaire is a ‘paper-and-pencil’ instrument that is designed to gather data from individuals. For the purpose of the present study, the instrumentation consisted of a semi structured questionnaire containing predominantly closed-ended questions. The questionnaire was designed by the researcher based on the literature, the previous research and the personal experience of the researcher. Careful attention was given to aligning the questionnaire with the objectives of the study. The questionnaire was further validated by the supervisor and co-supervisor of the study. Most of the questions were structured according to the four-point Likert scale. The questionnaire also contained three open-ended questions, enabling participants to add further information and to offer any comments or recommendations that they wished to contribute. The language medium was English, as it was the dominant language and the medium of instruction used at the colleges concerned.

The semi-structured questionnaire was split up into the following sections:

Section A: The biographical information included such questions as those pertaining to the learner’s age, gender, qualifications, marital status, as well as to the number of hours worked during a week.

Section B: The section consisted predominantly of closed questions based on the objectives stated. The following key domains were explored:

- responsibilities in the clinical environment;
- the student–mentor relationship;
- opportunities for gaining practical competence;
- the orientation programme; and
- the attitude of staff members.

Section C: The open-ended questions consisted of such questions as how the learners experienced the clinical environment, what they felt prevented them from focusing on the learning outcomes that they were required to master, and suggestions as how to improve learning within the clinical environment.

Table 3.2 shows the general outline of the semi-structured questionnaire.

**Table 3.2: General outline of the questionnaire**

<b>SECTION A</b> <b>Biographical information of participant</b>	<b>SECTION B</b> <b>Factors influencing learning, based on specific objectives set for this study.</b>	<b>SECTION C</b> <b>Open-ended questions</b>
Questions 1–7	Responsibilities in the clinical environment: Questions 8–21. Learner–mentor relationship: Questions 22–29. Opportunities for gaining practical competence: Questions 30–39 Orientation programmes: Questions 40–42. Attitude of staff members in unit: Questions 43–47.	Questions 48–50

#### **3.5.4 Pilot study**

According to De Vos, Strydom, Fouche and Delpont (2002:337), it is important to conduct a pilot study in order to determine whether the relevant data can be gathered from the different sources available.

A pilot study was conducted in one of the private nursing colleges on bridging course learners ( $n = 8/9\%$ ) in the target population. The researcher was only able to find 8 learners to partake in the pilot study, due to the examinations and not 10% as the literature suggested (Hertzog 2008:1). The students concerned had just completed their examinations and were willing to participate in the pilot study. The participants were second- year bridging course learners. The participants who were involved in the pilot study were not included in the data analysis of the final study. The pilot study was conducted under similar circumstances as the actual study was to be conducted in order to determine the feasibility of the study and in order to refine the instrument used. The participants responded well to the questionnaire, and no changes were required in the main study.

#### **3.5.5 Validity and reliability**

The validity of an instrument is a determination of how well the instrument reflects the abstract concept being examined. Reliability is concerned with the consistency of the measurement technique used (Burns & Grove, 2007:364–365). Conducting a pilot study improved the validity and reliability of the instrument concerned. Reliability was further ensured by using the same questionnaire in the pilot study as well as during the main study.

However, it has to be kept in mind that reliability does not always ensure accuracy, as a study may also be affected by bias (Babbie & Mouton, 2001:120). In order to reduce the bias concerned, voluntary participation was encouraged, and the questionnaire was completed in the presence of the researcher. The content, face, criterion and construct validity of the instrument was ensured by means of consulting the experts in the field of nursing research, nursing education and a statistician.

Content-related validity refers to the extent to which the method of measurement includes the major elements that are relevant to the construct being measured (Burns & Grove, 2007:535). In the present study, content validity was ensured by including all the elements that were identified in the in-depth literature review. Face validity verifies that the instrument measures the content desired (Burns & Grove, 2007:540).

Construct validity measure how well the conceptual and operational definitions of variables match each other (Burns & Grove, 2007:535), which means that the instrument must measure the theoretical construct that it is intended to measure. The researcher focused on the objectives of the study in formulating the questionnaire.

### **3.5.6 Data collection**

Polit et al., (2001:460) describe data collection as the gathering of information that is required to address a research problem. The data were collected by the researcher through a semi structured questionnaire.

The data were collected within a classroom environment, with the participants being placed apart from one another in order to provide privacy. No discussions were allowed amongst participants, in order to prevent them from influencing one another. The researcher were no longer working at any of these colleges at the time of data collection, so bias was excluded.

The researcher was not personally known to any of the participants and therefore the presence of the researcher could not influence the participants. The questionnaires was anonymous and the researcher had no personal interest in the results other than answering the research question.

The researcher obtained written consent from the participants before the questionnaire was distributed amongst them. In a private setting, they were allowed to ask questions if they were unsure about any aspect of the questionnaire. Participants were allowed 30 minutes in

which to complete the questionnaire, within which time frame all managed to complete the instrument concerned. The questionnaires were completed in silence and in private, so as to assure confidentiality. The relevant data were collected between August and October 2011. The participants at college three who were not available to participate in the study were unfortunately busy with practical and theoretical examinations at the time.

Prior to distribution to the participants, each questionnaire and consent form was stored in a sealed envelope, which the researcher opened in front of the participants prior to it being handed out to them. All the learners present in the room at the time of the study participated in the exercise, and all questions contained in the questionnaire were answered. None of the learners that were present at the time declined to participate in the study, and none withdrew from it. The response rate for the study was, therefore, 100%.

### **3.5.7 Data analysis and interpretation**

Data analysis refers to a technique that is used to reduce, organise and give meaning to data. The data were captured by the researcher on a spreadsheet using MS Excel (Office 2007). Quantitative statistical methods were used to analyse the data, with the assistance of a qualified statistician. A statistical analysis was conducted using Statistica Version 9 software. Data were expressed in frequencies and tables. Descriptive statistics were gathered, including means, medians and standard deviations. Statistical relationships were determined between various variables using such statistical tests as the Spearman and the Mann-Whitney U.

The open ended questions were analysed using coding, themes and sub-themes. These themes were quantified. The results were reported on in narrative format and presented in summary form in tables.

The following subsections describe the descriptive statistics that were applied to analyse the data obtained.

#### **3.5.7.1 Mean**

The mean refers to the sum of the scores, divided by the number of scores being summed (Burns & Grove, 2007:417).

#### **3.5.7.2 Median**

According to Burns and Grove (2007:415), the median is the score at the exact centre of the ungrouped frequency distribution, being the 50th percentile. If the numbers of scores are

uneven, exactly 50% of the scores are above the median and 50% of the scores are below it. If the number of scores is even, the median is the average of the two middle scores.

#### **3.5.7.3 Standard deviation**

Standard deviation refers to the square root of the variance, being the average difference value (Burns & Grove, 2007:418).

#### **3.5.7.4 Spearman test**

The Spearman test is an adaptation of the Pearson's product-moment correlation that is used to examine relationships among variables in a study (Burns & Grove, 2005:723).

#### **3.5.7.5 Analysis of variance (ANOVA)**

ANOVA is a statistical technique that is used to examine the differences among two or more groups by means of comparing the variability within the groups concerned (Burns & Grove, 2005:688).

#### **3.5.7.6 Mann-Whitney U test**

The Mann-Whitney U test is used to analyse ordinal data with 95% of the power of the *t*-test, in order to detect the differences between groups of normally distributed populations (Burns & Grove, 2005:707).

### **3.5.8 Ethical considerations**

Ethical approval (according to project number N11/04/135) was obtained from the Committee for Human Science Research at the Faculty of Medicine and Health Sciences at Stellenbosch University. In addition, permission was obtained from the heads of the three nursing colleges involved in the study, as well as from the nursing service managers at the respective hospitals at which some of the learners worked.

Written informed consent was obtained from all the participants concerned and information about the study was provided in the form of a participant information leaflet. Confidentiality was maintained throughout the research process and anonymity was ensured. Confidentiality refers to the management of private data in research in such a way that only the researcher knows the participants' identity and can link them with their response (Burns & Grove, 2007:534). Anonymity means that the participants' identity cannot be linked, even by the researcher, with his or her individual response (Burns & Grove, 2007:531). Anonymity was also ensured through the research process undertaken.

The consent and questionnaire was handed in separately in order to ensure confidentiality and anonymity. Counselling was also available for any learner who became emotional during the

data collection. Bias was excluded because the researcher was not personally known to any of the participants and therefore the presence of the researcher could not influence the participants. The researcher no longer worked at any of these colleges at time of data collection.

Data were stored electronically, with only the researcher having access to the data in order to ensure confidentiality and anonymity. The written informed consent forms and questionnaires were stored separately in a secure place, and were to be kept for a period of three years (Burns & Grove, 2007:220).

Emmanuel, Wendler, Kullen and Grady (2004:930-937) describe the eight (8) benchmarks for ethical research in the developing world as follow:

- Collaborative partnerships: Collaboration must exist between the researcher and the community in which the research is being conducted. Prior to the present study, the researcher involved had worked in the private sector for a period of time, during which time she had built up good relationships with the staff at the respective hospitals concerned. She had also worked as a lecturer at one of the private nursing schools in question.
- Social value: The researcher must generate valuable knowledge that will directly lead to improvements in health. Recommendations can be made to improve clinical learning experiences that can be applied to different settings.
- Scientific merit: The research must be conducted in a scientifically sound manner in order to produce reliable and interpretable data. According to the researcher, there is no current scientific information regarding bridging course learners' experiences available and the impact that such experiences have had on learning in the clinical environment.
- Fair selection of participants: Participants should be selected based on the scientific objectives of the study in order to minimise risk and enhance benefits. All participants that met the inclusion criteria could participate in the study.
- Favourable risk benefit assessment: The overall anticipated benefits of the study for individuals exceeded the number of potential risks involved. No risks were anticipated. Confidentiality was ensured, and learners were assured that their comments would not influence their future learning.
- Informed consent: All participants provided their informed consent to take part in the study.

- Independent ethical review: All studies should be reviewed by an independent body in order to ensure that ethical principles are fulfilled. Ethical approval was obtained from Stellenbosch University Ethics committee prior to data collection and permission was obtained from the principals of the Nursing Colleges, as well as from the nursing service managers at the hospitals at which some of the learners worked during data collection.
- Respect for participants: The health of participants and the confidentiality of records should be monitored. Confidentiality and anonymity was ensured throughout the research process. Only the researcher had access to the data obtained and no names were written on the questionnaires.

### **3.6 CONCLUSION**

In this chapter, a detailed description of the research methodology that was applied in the study was described, including the various steps that were taken during the research process.

In Chapter 4, the data analysis, the interpretation of the data, and the related discussions of the results are presented.

## CHAPTER 4: DATA ANALYSIS AND INTERPRETATION

### 4.1 INTRODUCTION

In this chapter, the analysed results from the study are interpreted, discussed and presented in tables, histograms and frequencies. The data were analysed with the support of a statistician, using computerised data analysis software, namely Statistica Version 9.

### 4.2 DESCRIPTION OF STATISTICAL ANALYSIS

Data were presented in the form of frequency distribution tables. The Spearman and Mann-Whitney U tests were used to test for relationships between demographic variables and the responses to the questions on learners' needs in the clinical environment. A 95% confidence interval with a significance level of ( $p \leq 0.05$ ) was used to establish statistically significant associations between the variables.

### 4.3 SECTION A: BIOGRAPHICAL DATA OF PARTICIPANTS

Section A relates to the biographical data relating to the participants involved in the study.

#### 4.3.1 Responses to Question 1 regarding age of participants

The response rate to this question was 100% ( $n = 55$ ), with a mean age of 32 years and a median of 31 years. The minimum age was 22 years, and the maximum 48 years. Most of the participants ( $n = 24/44\%$ ) were between 20 and 30 years of age (Table 4.1).

**Table 4.1: Age range of participants**

Age	<i>n</i>	%
20–30 years	24	44
31–40 years	21	38
41–49 years	10	18
<b>Total</b>	<b>55</b>	<b>100</b>

#### 4.3.2 Responses to Question 2 regarding gender of participants

The majority of the participants were women ( $n = 53/96\%$ ), as is indicated in Table 4.2, which was possibly due to nursing being a predominately female-dominated profession. According to the Solidarity Research Institute report on nurse shortages in South Africa, out

of a population of 5 262 000 learners who were in training at the end of 2008, only 6% were male learners, whereas 27% were female learners (Joubert, 2009:4). The study did, however, not specify whether the learners concerned in fact completed their training.

**Table 4.2: Gender of participants**

<b>Gender</b>	<b><i>n</i></b>	<b>%</b>
Female	53	96
Male	2	4
<b>Total</b>	<b>55</b>	<b>100</b>

#### **4.3.3 Responses to Question 3 regarding basic qualification of participants**

Most of the participants ( $n = 46/84\%$ ) in the current study were second-year bridging course learners, whereas only 16% ( $n = 9$ ) of the learners were in their first year of training (Table 4.3). This could be due to the fact that the legacy nursing qualifications are going to be phased out during June 2013 (SANC Circular 3/2011). Furthermore, the current first-year learners were completing their course and had enrolled for the second year, suggesting why the majority of participants in the study were second-year learners.

**Table 4.3: Basic qualifications of participants**

<b>Basic qualification</b>	<b><i>n</i></b>	<b>%</b>
Bridging course 1st year	9	16
Bridging course 2nd year	46	84
<b>Total</b>	<b>55</b>	<b>100</b>

#### **4.3.4 Responses to Question 4 regarding participants' length of time as a nurse**

The minimum number of years of experience in nursing was 3 and the maximum was 28, with a mean of 9 years and a median of 6 years. The majority ( $n = 32/58\%$ ) of the participants had between 3 to 6 years of nursing experience (Table 4.4). One participant had been a nurse for 28 years.

**Table 4.4: Length of time spent as a nurse**

Length of time as a nurse?	<i>n</i>	%
3–6 years	32	58
7–12 years	14	25
13–18 years	2	4
19–25 years	6	11
26–28 years	1	2
<b>Total</b>	<b>55</b>	<b>100</b>

#### 4.3.5 Responses to Question 5 regarding length of time spent as enrolled nurse

The maximum number of years indicated by the participants as them having been an enrolled nurse was 19, with the minimum number of years as an enrolled nurse being 1 year. The majority ( $n = 39/71\%$ ) of the participants were enrolled nurses of between 1 and 4 years experience, as is shown in Table 4.5 below.

**Table 4.5: Number of years spent as an enrolled nurse**

Number of years spent as an enrolled nurse	<i>n</i>	%
1–4 years	39	71
5–7 years	9	16
8–11 years	2	4
12–15 years	1	2
16–19 years	4	7
<b>Total</b>	<b>55</b>	<b>100</b>

#### 4.3.6 Responses to Question 6 regarding marital status

The majority ( $n = 29/53\%$ ) of the participants were married, whereas ( $n = 26/47\%$ ) were unmarried (Table 4.6).

**Table 4.6: Marital status of participants**

Marital status	<i>n</i>	%
Married	29	53
Unmarried	26	47
<b>Total</b>	<b>55</b>	<b>100</b>

#### 4.3.7 Responses to Question 7 regarding how many hours worked per week

All the participants in the study worked 42 hours per week, as is shown in Table 4.7 below. The number of hours specified is in line with the Policy and Procedure Manuals of the private hospital groups, as well as being stated in their personal contracts. According to the Basic Conditions of Employment Amendment Act 11 of 2002 (Republic of South Africa, 2002:25), employees should not work more than 45 hours per week (excluding the number of overtime hours worked), therefore the private hospitals' working hours are in line with the legally prescribed recommendations.

**Table 4.7: Number of hours worked per week**

No. of hours worked per week	<i>n</i>	%
42	55	100
<b>Total</b>	<b>55</b>	<b>100</b>

#### 4.4 RESPONSES TO SECTION B1 OF THE QUESTIONNAIRE

Section B1 of the questionnaire related to the factors that influence learning in the clinical environment. In questions 8 to 31, learners were asked to indicate how often they perform certain activities in the clinical environment.

##### 4.4.1 Responses to Question 8 regarding administration of schedule 6 and 7 medication in absence of registered nurse

The majority ( $n = 23/42\%$ ) of the participants indicated that they always administer schedule 6 and 7 medication in the absence of a registered nurse (Table 4.8). The scope of practice of an enrolled nurse indicates that s/he is educated to practise basic nursing in the manner and to the level prescribed (Republic of South Africa, 1984b).

As enrolled nurses work under the direct supervision of a registered nurse, they may, therefore, not administer schedule 6 and 7 medication in the absence of a registered nurse. According to the Medicines and Controlled Substances Act (Republic of South Africa, 1965) and R.2418 of 1984 (Republic of South Africa, 1984a), Schedule 6 and 7 medication requires checking by two persons, of whom one should be a registered nurse.

**Table 4.8: Administration of schedule 6 and 7 medication**

<b>Response</b>	<b><i>n</i></b>	<b>%</b>
Never	3	5
Seldom	11	20
Most of the time	18	33
Always	23	42
<b>Total</b>	<b>55</b>	<b>100</b>

#### **4.4.2 Responses to Question 9 regarding administration of oral medication in absence of registered nurse**

Table 4.9 below shows that the majority ( $n = 45/82\%$ ) of the participants indicated that they always administer oral medication in the absence of a registered nurse.

Learners need to work under the supervision of a registered nurse in order to make sure that the correct medication is administered to the correct patients. When calculations of medication need to be done, it is expected that learners be accompanied by a registered nurse in order to avoid medication errors (Republic of South Africa, 1989).

**Table 4.9: Administration of oral medication**

<b>Response</b>	<b><i>n</i></b>	<b>%</b>
Never	0	0
Seldom	0	0
Most of the time	10	18
Always	45	82
<b>Total</b>	<b>55</b>	<b>100</b>

#### **4.4.3 Responses to Question 10 regarding administration of intravenous medication**

In the current study, the majority ( $n = 31/56\%$ ) of participants were found always to administer intravenous medication in the absence of supervision (Table 4.10). A registered nurse should, however, be present in order to supervise the learner and in order to reduce the risk of them committing any medication errors. Learners should administer medication under the supervision of a registered nurse, according to their scope of practice (Republic of South Africa, 1984b).

**Table 4.10: Administration of intravenous medication**

<b>Response</b>	<b><i>n</i></b>	<b>%</b>
Never	1	2
Seldom	6	11
Most of the time	17	31
Always	31	56
<b>Total</b>	<b>55</b>	<b>100</b>

#### **4.4.4 Responses to Question 11 regarding administration of medication while working in the paediatric ward without supervision**

According to internal policies and procedures, all paediatric medication that is administered by learner nurses requires double-checking by a registered nurse (David, 2003:168–169). The majority ( $n = 21/38\%$ ) of the participants indicated that they always administer paediatric medication in the absence of the supervision of a registered nurse, with 33% ( $n = 18$ ) of the participants indicating that they administer paediatric medication without supervision most of the time (Table 4.11).

Most medication errors are administration errors, with the administration of paediatric medication often requiring specialised knowledge and the accurate calculation of dosage volumes (Stoppler, 2009:1).

**Table 4.11: Administration of paediatric medication**

<b>Response</b>	<b><i>n</i></b>	<b>%</b>
Never	6	11
Seldom	10	18
Most of the time	18	33
Always	21	38
<b>Total</b>	<b>55</b>	<b>100</b>

#### **4.4.5 Responses to Question 12 regarding assessment of patients in order to evaluate care plans**

In order to prepare learners for their future role as a registered nurse, they are required to undertake physical assessments of patients, to integrate their theoretical and practical knowledge, and to evaluate the care plans of patients critically. Care plans require modifying or improving at regular intervals, or, as the need arises, the rendering of quality patient care. A registered nurse is required to supervise the learners and to help them to apply their

theoretical knowledge in clinical practice. The most important aspect of the tasks for which a registered nurse has to assume responsibility is to prevent harm to patients and to enhance the rendering of quality patient care (Meyer et al., 2009:124).

According to SANC, the accompaniment of student learners is indispensable in all teaching situations, and the role played by registered professional nurses and midwives is indispensable in accompanying student learners in clinical settings (SANC, 1992:7). As can be seen in Table 4.12 below, the majority ( $n = 47/85\%$ ) of the participants in the current study indicated that they always assessed patients in order to evaluate care plans. Meyer et al., (2009:83) emphasise that learners require guidance in providing all aspects of nursing care.

**Table 4.12: Assessments of patients in order to evaluate care plans**

<b>Response</b>	<b><i>n</i></b>	<b>%</b>
Never	0	0
Seldom	0	0
Most of the time	8	15
Always	47	85
<b>Total</b>	<b>55</b>	<b>100</b>

#### **4.4.6 Responses to Question 13 regarding delegating of tasks to junior staff members**

The majority ( $n = 26/47\%$ ) of participants in the current study indicated that they were required to delegate tasks to junior staff members or to other health team members (Table 4.13). The delegation of tasks to other staff members should be the responsibility of the registered nurse or the unit manager. Staff members are analysed in terms of their level of knowledge, skill and experience, their scope of practice, and their personal and professional maturity (Meyer et al., 2009:228).

**Table 4.13: Delegation of tasks to junior staff members**

<b>Response</b>	<b><i>n</i></b>	<b>%</b>
Never	0	0
Seldom	8	15
Most of the time	21	38
Always	26	47
<b>Total</b>	<b>55</b>	<b>100</b>

#### 4.4.7 Responses to Question 14 regarding taking charge of wards in the absence of a registered nurse

Over half of the participants in the current study indicated that they seldom ( $n = 26/47\%$ ) or never ( $n = 8/15\%$ ) took charge of wards in the absence of a registered nurse, while others indicated that they took charge of the wards most of the time ( $n = 14/25\%$ ) or always ( $n = 7/3\%$ ) (Table 4.14).

Although senior learners can be allowed to take charge of a nursing ward for a specific length of time, a registered nurse or unit manager is required to guide them in order to develop their leadership skills (Meyer et al., 2009:95).

**Table 4.14: Taking charge of wards in the absence of a registered nurse**

<b>Response</b>	<b><i>n</i></b>	<b>%</b>
Never	8	15
Seldom	26	47
Most of the time	14	25
Always	7	13
<b>Total</b>	<b>55</b>	<b>100</b>

#### 4.4.8 Responses to Question 15 regarding supervision of subordinates

The majority ( $n = 24/44\%$ ) of the participants in the current study indicated that they were required to supervise their subordinates most of the time (Table 4.15) and a further 31% ( $n = 17$ ) stated that they always have to supervise their subordinates. The clinical environment should be conducive to learning and should provide learners with opportunities for practising their clinical skills, which they require to become skilled professionals (Meyer et al., 2009:101). As the supervision of subordinates can lead to a feeling of anxiety and uncertainty (Carlson, Kotze & Van Rooyen, 2003:30), it is the responsibility of the registered nurse to supervise subordinates (Republic of South Africa, 1989).

**Table 4.15: Supervision of subordinates**

<b>Response</b>	<b><i>n</i></b>	<b>%</b>
Never	0	0
Seldom	14	25
Most of the time	24	44
Always	17	31
<b>Total</b>	<b>55</b>	<b>100</b>

#### 4.4.9 Responses to Question 16 regarding mentoring of subordinates

The majority ( $n = 34/62\%$ ) of the participants in the current study indicated that they were required to act as a mentor for their subordinates most of the time, while ( $n = 11/20\%$ ) indicated that they were always required to act as a mentor for their subordinates (Table 4.16). According to Benner (2001:20–32), learners develop from a novice status to one of competency. They, therefore, should be mentored, in order to develop into competent learners. It is the responsibility of unit managers to mentor learners and junior staff, with the purpose of supervision and mentoring being to enhance the quality of patient care (Meyer et al., 2009:161).

**Table 4.16: Mentoring of subordinates**

<b>Response</b>	<b><i>n</i></b>	<b>%</b>
Never	0	0
Seldom	10	18
Most of the time	34	62
Always	11	20
<b>Total</b>	<b>55</b>	<b>100</b>

#### 4.4.10 Responses to Question 17 regarding accompanying of doctors on ward rounds

The majority ( $n = 48/87\%$ ) of participants in the study indicated that they always accompanied doctors on ward rounds (Table 4.17). Through doing so, learners are able to learn more about their patients, as well as of any changes in the nursing care of the patients in their care.

Although doctors' rounds can also be utilised as a learning opportunity, a registered nurse should always be present to support any learners (Meyer et al., 2009:95). Bedside teaching has been considered to be the most effective method of teaching clinical skills (Naidoo, 2004:2).

**Table 4.17: Accompaniment of doctors on ward rounds**

<b>Response</b>	<b><i>n</i></b>	<b>%</b>
Never	0	0
Seldom	0	0
Most of the time	7	13
Always	48	87
<b>Total</b>	<b>55</b>	<b>100</b>

#### 4.4.11 Responses to Question 18 regarding teaching of other staff members

Staff shortages and overcrowding in nursing wards creates an environment in which there is no time in which to respond to the needs of learners. Registered nurses and unit managers must teach learners to take care of patients in a holistic manner (Meyer et al., 2009:101). The majority ( $n = 23/42\%$ ) of participants in the current study indicated that they always had to teach other staff members (Table 4.18).

One of the functions of a registered nurse is teaching, which should result in quality patient care and in the prevention of harm being done to a patient. Although learners are required to carry out teaching activities, a registered nurse should be present at all times to provide guidance. Learners require role models who can serve as authority figures in their lives and who can help them to develop wisdom in how to care for patients and in how to demonstrate good managerial skills (Haggerty & Grace, 2008:239).

**Table 4.18: Teaching of staff members**

<b>Response</b>	<b><i>n</i></b>	<b>%</b>
Never	0	0
Seldom	10	18
Most of the time	22	40
Always	23	42
<b>Total</b>	<b>55</b>	<b>100</b>

#### 4.4.12 Responses to Question 19 regarding assisting with planning of off-duties

The unit manager or a registered nurse is responsible for being in charge of a unit in order to plan off-duties. Learners should assist with the planning of off-duties, as they are required, as part of their learning outcomes, to be capable of understanding staff scheduling and the factors that should be considered when planning duty schedules (Roodt & Fletcher, 2011:23). Often learners need to act as shift leaders and to manage their wards in the absence of a registered nurse, due to a shortage of registered nurses (Janiszewski, 2003:335–350).

Most participants indicated that they seldom ( $n = 30/55\%$ ) or never ( $n = 12/22\%$ ) assisted with the planning of duty schedules (Table 4.19). One of the learners' competencies includes ward management. When managing a ward, they need to take part in planning off-duties in order to equip them with the skills and knowledge to be able to do so effectively, yet under the guidance of a professional registered nurse (Republic of South Africa 1989).

**Table 4.19: Assistance with planning of off-duties**

<b>Response</b>	<b><i>n</i></b>	<b>%</b>
Never	12	22
Seldom	30	55
Most of the time	10	18
Always	3	5
<b>Total</b>	<b>55</b>	<b>100</b>

**4.4.13 Responses to Question 20 regarding ordering of ward stock**

Ordering of ward stock is mainly the responsibility of the registered nurse or unit manager. Learners can assist with the ordering of ward stock in order to prepare and equip themselves with the skills and knowledge to be able to fulfil the task effectively. The data obtained in the current study reflect that ( $n = 27/49\%$ ) of the participants seldom order ward stock, whereas ( $n = 13/24\%$ ) never perform the task (Table 4.20).

**Table 4.20: Ordering of ward stock**

<b>Response</b>	<b><i>n</i></b>	<b>%</b>
Never	13	24
Seldom	27	49
Most of the time	10	18
Always	5	9
<b>Total</b>	<b>55</b>	<b>100</b>

**4.4.14 Responses to Question 21 regarding patient presentation to mentor/registered nurse**

As was mentioned in section 4.4.5, the participants in the current study stated that they needed to assess patients in order to evaluate the care plans involved. When doing the assessments, they also needed to present their patient to the registered nurse or mentor concerned. They have to do a full presentation of the current history, stating their reasons for being admitted, their physical assessment, basic observations, medical diagnosis, medication, nursing diagnosis and nursing care plan of the patient (Roodt & Fletcher, 2011:113).

The mentor should help the learner to integrate theory into practice, as well as to develop a holistic patient approach. The majority ( $n = 19/35\%$ ) of the participants in the current study indicated that they present patients to a mentor or a registered nurse most of the time. A total of 27% ( $n = 15$ ) of the participants indicated that they never present their patients to their mentor (Table 4.21). Presentation of patients to the mentor is an area of concern, because

such presentation forms part of the learning outcomes that bridging course learners are required to achieve while they are working in the wards.

After exposure to various situations arising during their training and the completion of training, the bridging course learner should eventually develop into an expert who is capable of dealing with all the different aspects of being a registered nurse (Benner, 2001:20–32). Benner also states that, with support, the novice should acquire sufficient confidence to consolidate their practice and to fulfil their role as a fully-fledged nursing practitioner.

**Table 4.21: Patient presentation to mentor / registered nurse**

<b>Response</b>	<b><i>n</i></b>	<b>%</b>
Never	15	27
Seldom	9	16
Most of the time	19	35
Always	12	22
<b>Total</b>	<b>55</b>	<b>100</b>

#### **4.4.15 Responses to Question 22 regarding comprehensive patient assessment**

As was mentioned in sections 4.4.5 and 4.4.14 above, the assessment of patients and patient presentation is one of the outcomes that bridging course learners are required to achieve.

The majority ( $n = 29/53\%$ ) of participants in the current study indicated that they always perform such a task (Table 4.22). Having to make comprehensive patient assessments improves the knowledge of learners regarding the patient's disease process, which should, in turn, help to enhance the provision of quality patient care. According to Quinn (2001:425), the clinical learning environment should provide teaching and learning opportunities, sufficient space, the right equipment, and fulfil health and safety requirements to allow for the appropriate placement of learners.

**Table 4.22: Comprehensive patient assessment**

<b>Response</b>	<b><i>n</i></b>	<b>%</b>
Never	1	2
Seldom	12	22
Most of the time	13	24
Always	29	53
<b>Total</b>	<b>55</b>	<b>100</b>

**4.4.16 Responses to Question 23 regarding interpretation of electrocardiograms (ECGs)**

Learners are expected to carry out ECG monitoring on patients and be able to differentiate between what is regarded as normal or abnormal. A total of ( $n = 24/44\%$ ) of the participants indicated that they seldom perform such a task, whereas only 11% ( $n = 6$ ) indicated that they always perform interpretation of ECG (Table 4.23). ECG monitoring is mostly performed in such specialised units as those that are devoted to cardiac or intensive care. It is, therefore, important that students are placed in the clinical areas concerned, so that they become able to meet the requirements of the relevant course (Roodt & Fletcher, 2011:127).

**Table 4.23: Interpretation of ECGs**

<b>Response</b>	<b><i>n</i></b>	<b>%</b>
Never	7	13
Seldom	24	44
Most of the time	18	33
Always	6	11
<b>Total</b>	<b>55</b>	<b>100</b>

**4.4.17 Responses to Question 24 regarding introduction to ward management**

As can be seen in Table 4.24 below, only 9% ( $n = 5$ ) of the participants in the current study indicated that they were always introduced to ward management. Second-year bridging course learners should assist with ward management for one month, according to the curriculum set by the SANC (Republic of South Africa, 1989). The majority of the participants indicated that they were seldom ( $n = 33/60\%$ ) or never ( $n = 2/4\%$ ) introduced into ward management.

**Table 4.24: Introduction to ward management**

<b>Response</b>	<b><i>n</i></b>	<b>%</b>
Never	2	4
Seldom	33	60
Most of the time	15	27
Always	5	9
<b>Total</b>	<b>55</b>	<b>100</b>

**4.4.18 Responses to Question 25 regarding practising procedure with mentor**

By means of clinical accompaniment and training, the mentor enhances the professional development of learners and junior staff. If a learner lacks the necessary skills, the mentor should demonstrate the skill to the learner in the relevant situation (Meyer et al., 2009:161).

Most of the participants indicated that they seldom ( $n = 30/55\%$ ) or never ( $n = 15/27\%$ ) practise procedures together with a mentor. Only 7% ( $n = 4$ ) indicated that they always practise procedures together with their mentor (Table 4.25).

**Table 4.25: Practising procedure with mentor**

<b>Response</b>	<b><i>n</i></b>	<b>%</b>
Never	15	27
Seldom	30	55
Most of the time	6	11
Always	4	7
<b>Total</b>	<b>55</b>	<b>100</b>

#### **4.4.19 Responses to Question 26 regarding spending of time with mentor**

The majority of participants in the present study indicated that they seldom ( $n = 30/55\%$ ) or never ( $n = 11/20\%$ ) spent time with their mentor. Only 9% ( $n = 5$ ) indicated that they always spent time with their mentor, as is shown in Table 4.26 below. According to Penman and Oliver (2004:2–3), the clinical placement areas should be supportive and capable of nurturing meaningful learning and optimal performance in students.

**Table 4.26: Spending of time with mentor**

<b>Response</b>	<b><i>n</i></b>	<b>%</b>
Never	11	20
Seldom	30	55
Most of the time	9	16
Always	5	9
<b>Total</b>	<b>55</b>	<b>100</b>

## **4.5 RESPONSES TO SECTION B2 OF THE QUESTIONNAIRE**

In section B2 of the questionnaire, participants in the study were asked to choose the most appropriate response to the statements given. Their responses were then collapsed into ‘agree’ or ‘disagree’ in order to facilitate analysis and interpretation.

### **4.5.1 Responses to Question 27 regarding spending of practical days working in the ward, rather than with mentor**

The majority ( $n = 45/82\%$ ) of participants agreed that they spent their practical days in the ward, rather than with their mentor. Only 18% ( $n = 10$ ) indicated that they disagreed with this statement (Table 4.27).

**Table 4.27: Spending of practical days working in the ward, rather than with mentor**

<b>Response</b>	<b><i>n</i></b>	<b>%</b>
Disagree	10	18
Agree	45	82
<b>Total</b>	<b>55</b>	<b>100</b>

**4.5.2 Responses to Question 28 regarding availability of mentor when needed**

Over half ( $n = 34/62\%$ ) of the participants disagreed that their mentor was always available when they needed them (Table 4.28). As a mentor serves in the role of trusted adviser and supportive guide, they should be available to learners at all times (Meyer et al., 2009:161).

**Table 4.28: Availability of mentor when needed**

<b>Response</b>	<b><i>n</i></b>	<b>%</b>
Disagree	34	62
Agree	21	38
<b>Total</b>	<b>55</b>	<b>100</b>

**4.5.3 Responses to Question 29 regarding standardisation of contact sessions with mentors**

Table 4.29 below shows that the majority ( $n = 48/87\%$ ) of participants agreed that contact sessions with mentors require standardisation, in order that all the participants might have an equal opportunity to spend time with mentors. According to R.2175, as promulgated by the Nursing Act 50 of 1978, (Republic of South Africa, 1993), learners are entitled to eight hours individual facilitation per month by a clinical facilitator.

**Table 4.29: Standardisation of contact sessions with mentors**

<b>Response</b>	<b><i>n</i></b>	<b>%</b>
Disagree	7	13
Agree	48	87
<b>Total</b>	<b>55</b>	<b>100</b>

**4.5.4 Responses to Question 30 regarding feeling part of the full-time workforce**

The data obtained during the current study indicated that most ( $n = 52/95\%$ ) of the participants agreed that they formed part of the full-time workforce (Table 4.30). No significant correlations were found between the demographic variables and whether the nurses felt that they did, indeed, form part of the full-time workforce.

**Table 4.30: Feeling part of the full-time workforce**

Response	<i>n</i>	%
Disagree	3	5
Agree	52	95
<b>Total</b>	<b>55</b>	<b>100</b>

#### 4.5.5 Responses to Question 31 regarding receipt of adequate guidance

Over half ( $n = 31/56\%$ ) of the participants indicated that they disagreed that they received adequate guidance from professional nurses when working in the ward. Only 44% ( $n = 24$ ) of participants agreed with the statement concerned, as is shown in Table 4.31 below. Clinical supervision, guidance and the accompaniment of nursing learners in clinical practice form an integral part of such learners' personal and professional development (Kell & Pearce, 2002:31; Klopper, 2002:106–107; McSherry, 2002:31).

Married learners were significantly more likely to feel that they did not receive adequate guidance from professional nurses (Mann-Whitney U,  $\rho = 0.04$ ).

**Table 4.31: Receipt of adequate guidance when working in the units**

Response	<i>n</i>	%
Disagree	31	56
Agree	24	44
<b>Total</b>	<b>55</b>	<b>100</b>

#### 4.5.6 Responses to Question 32 regarding conduciveness of current working conditions to learning

The data obtained during the current study revealed that most ( $n = 40/73\%$ ) of the participants disagreed with the statement that working conditions are conducive to learning, as is indicated in Table 4.32.

A significant relationship was found between years of nursing experience and whether the learners involved found that the current working conditions were conducive to learning (Spearman,  $\rho < 0.01$ ). The ( $r$ ) of 0.41 between the two variables indicated a positive correlation. The second-year bridging course learners experienced working conditions as being more conducive to learning than did the first-year learners.

According to a study conducted by Kember, Leung and McNaught (2009:50), learning approaches may be markedly influenced by the nature of teaching in a learning environment.

Entwistle, Tait and McCune's (2000:38) assessment of learners' preferences regarding a learning environment found that those who adopted a deep-seated approach to learning preferred an environment that encouraged understanding, whereas those who adopted a more superficial approach to learning preferred an environment in which information was transmitted to them.

**Table 4.32: Conduciveness of current working conditions to learning**

<b>Response</b>	<b><i>n</i></b>	<b>%</b>
Disagree	40	73
Agree	15	27
<b>Total</b>	<b>55</b>	<b>100</b>

#### **4.5.7 Responses to Question 33 regarding working of longer hours than expected**

All private hospital employees are required to work 42 hours per week, in accordance with stipulations in their contract. The Basic Conditions of Employment Act (BCOEA) also stipulates that employees should not work more than 45 hours per week, excluding overtime (Republic of South Africa, 2002). When enrolling for the course as a bridging course learner, all learners signed a contract stipulating the number of hours that they should work weekly or monthly. Table 4.33 below shows that most ( $n = 35/64\%$ ) of the participants in the current study disagreed with the statement that they were working longer hours than expected.

**Table 4.33: Working of longer hours than expected**

<b>Response</b>	<b><i>n</i></b>	<b>%</b>
Disagree	35	64
Agree	20	36
<b>Total</b>	<b>55</b>	<b>100</b>

#### **4.5.8 Responses to Question 34 regarding demonstration of procedures prior to being expected to perform them in the unit**

As was mentioned in subsection 4.4.24 above, participants in the current study stated that they required guidance and support when in the clinical environment. Procedures should be demonstrated before nurses can perform them on patients. By being exposed to such demonstrations, learners should come to have the appropriate amount of knowledge and skills, as well as the right attitude, to be able to render quality patient care.

The majority ( $n = 36/65\%$ ) of participants in the present study agreed that procedures were being demonstrated to them before it was expected of them to perform them in the ward

(Table 4.34). However, as explained in section 4.4.18 above, 55% ( $n = 30$ ) of the participants indicated that they seldom practise procedures together with their mentor (Table 4.25).

**Table 4.34: Demonstration of procedures prior to being expected to perform them in the unit**

<b>Response</b>	<b><i>n</i></b>	<b>%</b>
Disagree	19	35
Agree	36	65
<b>Total</b>	<b>55</b>	<b>100</b>

#### **4.5.9 Responses to Question 35 regarding feeling that having to work longer hours impacts on studies**

The majority ( $n = 50/91\%$ ) of participants in the current study agreed that having to work longer working hours impacted on their studies (Table 4.35). All the participants indicated that they worked 42 hours per week in the clinical environment and, therefore, the practising of procedures in different areas, such as in a clinical simulation laboratory, should be advocated.

A significant difference was found between the participants' year of study and their response to the question concerned. Second-year bridging course learners were significantly more likely to feel that longer working hours had an impact on their studies (Mann-Whitney U,  $\rho < 0.01$ ).

**Table 4.35: Feeling that having to work longer hours impacts on studies**

<b>Response</b>	<b><i>n</i></b>	<b>%</b>
Disagree	5	9
Agree	50	91
<b>Total</b>	<b>55</b>	<b>100</b>

#### **4.5.10 Responses to Question 36 regarding feeling that specific outcomes can be achieved before moving to another ward**

The majority ( $n = 36/65\%$ ) of the participants disagreed that they could achieve specific outcomes before being moved to another ward, as is shown in Table 4.36 below. No significant correlations were found between the demographic variables and whether the nurses felt that they could achieve their outcomes.

**Table 4.36: Feeling that specific outcomes can be achieved moving to another ward**

<b>Response</b>	<b><i>n</i></b>	<b>%</b>
Disagree	36	65
Agree	19	35
<b>Total</b>	<b>55</b>	<b>100</b>

#### **4.5.11 Responses to Question 37 regarding feeling of having student status and of being expected to perform duties only as a student**

Many ( $n = 35/64\%$ ) of the participants disagreed that they have a student status (Table 4.37). The supernumerary status of student nurses should fundamentally have changed the way in which they learn in practice. However, the research suggests that such status has created new challenges for learning in practice. Confusion exists over the meaning of such status, the effect of such status on becoming part of a team, the importance of the mentor, power relationships, and the operationalizing of such status (Elcock, Curtis & Sharples, 2007:4–10).

**Table 4.37: Feeling of having student status and of being expected to perform duties only as a student**

<b>Response</b>	<b><i>n</i></b>	<b>%</b>
Disagree	35	64
Agree	20	36
<b>Total</b>	<b>55</b>	<b>100</b>

#### **4.5.12 Responses to Question 38 regarding balance in relationship between theory and practice**

Many ( $n = 26/47\%$ ) of the participants agreed that the relationship between theory and practice was balanced (Table 4.38). However, over half ( $n = 29/53\%$ ) of the participants disagreed with the statement concerned. According to Meyer., et al. (2009:133), unit managers need to be able to assist students to correlate theory with practice. Theoretical knowledge is the foundation for nursing interventions in clinical settings.

Benner (2001:20–32) found that learners need to develop in terms of their knowledge, skills and attitude. The integration of theory and practice assists learners to develop a scientific approach towards nursing care.

A significant statistical association (Spearman,  $\rho = 0.02$ ) was found between years of nursing experience and the response to the question concerned. Second-year bridging course learners were more likely to feel that the relationship between theory and practice was balanced than

were first-year learners. The ( $r$ ) of 0.31 indicated a positive relationship between the two variables in question.

**Table 4.38: Balance in the relationship between theory and practice**

<b>Response</b>	<b><i>n</i></b>	<b>%</b>
Disagree	29	53
Agree	26	47
<b>Total</b>	<b>55</b>	<b>100</b>

#### **4.5.13 Responses to Question 39 regarding provision of adequate patient care when working in the clinical environment**

The majority ( $n = 36/65\%$ ) of participants in the current study agreed that they could provide adequate patient care when working in the clinical environment, as is shown in Table 4.39.

A Spearman ( $r$ ) correlation test indicated a value of -0.22 between learners' age and the question concerned. A negative relationship between age and working in the clinical environment was thus identified. Younger learners were more likely to indicate that they could not provide adequate patient care when in the clinical environment.

**Table 4.39: Provision of adequate patient care when working in the clinical environment**

<b>Response</b>	<b><i>n</i></b>	<b>%</b>
Disagree	19	35
Agree	36	65
<b>Total</b>	<b>55</b>	<b>100</b>

#### **4.5.14 Responses to Question 40 regarding non-orientation towards a new ward, due to other staff members assuming knowledge of unit and lack of need for orientation**

Orientation of learners in the clinical environment is essential for them to improve their work relationship. Such orientation helps to reduce their levels of anxiety and uncertainty, and should assist learners to create realistic work expectations. Turnover rates are high for new nurse graduates, as a result of the stressful work environment, coupled with the inadequate amount of support provided during the transition from student to professional practitioner (Wyngaeren & Stuart, 2011:1). The literature demonstrates that the provision of a comprehensive, well-thought-out programme can help to reduce the length of adjustment periods for novice nurses, as well as to minimise turnover and to establish a solid foundation for a productive and lengthy career (Marcum & West, 2004:25).

Table 4.40 below shows that the majority ( $n = 45/82\%$ ) of participants in the current study agreed that they were never orientated towards a new ward, because other staff members tended to assume that they knew the ward and therefore did not require it.

**Table 4.40: Non-orientation towards a new ward**

<b>Response</b>	<b><i>n</i></b>	<b>%</b>
Disagree	10	18
Agree	45	82
<b>Total</b>	<b>55</b>	<b>100</b>

#### **4.5.15 Responses to Question 41 regarding orientation towards a new unit on the first day**

As was discussed in section 4.5.14 above, most of the participants in the current study indicated that they were never orientated towards a new ward (Table 4.40). In response to the statement, most ( $n = 49/89\%$ ) of the participants disagreed that they were always orientated towards a new unit on their first day (Table 4.41).

**Table 4.41: Orientation towards a new unit on the first day**

<b>Response</b>	<b><i>n</i></b>	<b>%</b>
Disagree	49	89
Agree	6	11
<b>Total</b>	<b>55</b>	<b>100</b>

#### **4.5.16 Responses to Question 42 regarding sufficiency of staffing in units**

As is shown in Table 4.42 below, the majority ( $n = 46/84\%$ ) of participants disagreed with the statement that the staffing in units was sufficient. According to Meyer, et al., (2009:216) staffing in the nursing unit is the function of providing a team of nurses who can fulfil the nursing needs and demands of patients in the nursing unit. Therefore the unit manager needs to plan in advance the planning of duty hours for the staff. She also needs to consider the needs of the unit, as well as the individual needs of the staff.

**Table 4.42: Sufficiency of staffing in units**

<b>Response</b>	<b><i>n</i></b>	<b>%</b>
Disagree	46	84
Agree	9	16
<b>Total</b>	<b>55</b>	<b>100</b>

#### 4.5.17 Responses to Question 43 regarding negative attitude of other staff members towards students

Past research into nursing learners has revealed that negative attitudes and behaviour of nurses tend to impede learning (Lofmark & Wikblad, 2001:43–50) and threaten learner progression and retention within nursing (Chan, 2002:69–75). Ward staff should also provide affective accompaniment, and should support the learner in developing into a responsible, accountable and professional nurse (Meyer et al., 2009:117).

As can be seen in Table 4.43, the majority ( $n = 47/85\%$ ) of participants agreed that staff members had a negative attitude towards them.

**Table 4.43: Negative attitude of other staff members towards students**

<b>Response</b>	<b><i>n</i></b>	<b>%</b>
Disagree	8	15
Agree	37	85
<b>Total</b>	<b>55</b>	<b>100</b>

#### 4.5.18 Responses to Question 44 regarding positive attitude of other staff members towards students

In order to promote a positive psychosocial learning environment, nurses should offer support, be nurturing and treat nursing students with dignity and respect (Suen & Chow, 2001:505). However, the majority ( $n = 37/67\%$ ) of participants disagreed that the staff have a positive attitude towards them, as is illustrated in Table 4.44 below.

**Table 4.44: Positive attitude of other staff members towards students**

<b>Response</b>	<b><i>n</i></b>	<b>%</b>
Disagree	37	67
Agree	18	33
<b>Total</b>	<b>55</b>	<b>100</b>

#### 4.5.19 Responses to Question 45 regarding feeling that conflict can be managed in a positive way

Table 4.45 below indicates that the majority ( $n = 45/81\%$ ) of participants agreed that they could manage conflict in a positive way. Conflict should never be avoided or ignored, as it is then likely to resurface later. The causes of conflict always require identifying in order to allow for its management, and all parties involved should work together in solving any problem that could possibly give rise to conflict (Meyer et al., 2009:256).

**Table 4.45: Feeling that conflict can be managed in a positive way**

<b>Response</b>	<b><i>n</i></b>	<b>%</b>
Disagree	10	19
Agree	45	81
<b>Total</b>	<b>55</b>	<b>100</b>

**4.5.20 Responses to Question 46 regarding motivation towards studies**

Although the participants in the current study were found to work under difficult circumstances most of the time, some of them still remained motivated towards their studies. They wanted to achieve the goals that they had set for themselves, and were prepared to work hard in order to achieve them. The majority ( $n = 42/76\%$ ) of participants agreed that they were motivated towards their studies (Table 4.46).

A statistically significant association was found between the years of experience as a nurse and motivation towards studies (Spearman,  $\rho = 0.05$ ). The ( $r$ ) value of -0.27 between the two variables indicated a positive relationship. Furthermore, a significant association was found between the years of experience as an enrolled nurse and the response to the question concerned (Spearman,  $\rho = 0.01$ ). The Spearman ( $r$ ) value of 0.33 between the two variables indicated a positive relationship. Second-year bridging course learners were more likely motivated towards their studies.

**Table 4.46: Motivation towards studies**

<b>Response</b>	<b><i>n</i></b>	<b>%</b>
Disagree	13	24
Agree	42	76
<b>Total</b>	<b>55</b>	<b>100</b>

**4.5.21 Responses to Question 47 regarding effective management of direction of time towards studies when working in the wards**

Although the participants in the current study were motivated towards their studies, they indicated that they could not manage their time effectively when working in the units (Table 4.47). Most ( $n = 45/82\%$ ) of the participants disagreed that they could manage their time effectively when working in the wards.

**Table 4.47: Effective management of direction of time towards studies when working in the wards**

<b>Response</b>	<b><i>n</i></b>	<b>%</b>
Disagree	45	82
Agree	10	18
<b>Total</b>	<b>55</b>	<b>100</b>

#### **4.6 RESPONSES TO SECTION C: OPEN-ENDED QUESTIONS**

The questionnaire used in the current study contained three open-ended questions that were analysed through the adoption of a thematic approach. The qualitative data analysis provided insight into learners' perceptions regarding factors that influence learning when in the clinical environment.

##### **4.6.1 Responses to Question 48 regarding how the clinical work environment is experienced by learners**

All ( $n = 55/100\%$ ) of the participants responded to the question concerned. The themes of stress and the hostile environment were identified during the analysis of the responses to the question. The two themes are discussed below.

###### **4.6.1.1 Stress**

The majority ( $n = 30/55\%$ ) of the participants indicated that they were under severe stress when working in the clinical environment. Furthermore, participants ( $n = 26/47\%$ ) indicated that being required to take charge of wards in the absence of a registered nurse caused them a great deal of stress, as is indicated by the following quote: "... *most of the time you as the bridging course learner is [sic] the shift leader. No registered nurse, so no supervision.*" Another participant commented: "... *budget cuts on staff, more pressure on learners.*"

Most ( $n = 52/95\%$ ) of the participants also indicated that they felt part of the workforce, with the result that they could not always achieve their clinical outcomes. One participant commented as follows: "*I am seen as part of the workforce and [am] expected to perform the duties of a qualified nurse.*"

###### **4.6.1.2 Hostile environment**

The majority of the participants ( $n = 45/81\%$ ) referred to attitudes of staff members and to the fact that they were required to work in the absence of mentors. One participant commented that their position was "... *sink or swim [-] no help from other staff members*".

Another participant commented on their “... *overload of work, no time to prepare for evaluations*”.

Over half ( $n = 31/56\%$ ) the participants identified a lack of support from other staff members, as well as from their mentors. Learners felt that their mentors should work in the same wards as themselves in order to give them the appropriate guidance and support. Furthermore, the majority ( $n = 47/85\%$ ) of the participants indicated that the staff had a negative attitude towards them.

#### **4.6.2 Responses to Question 49 regarding obstacles to focusing on learning outcomes**

The participants in the current study stated that they felt that the following factors were preventing them from focusing on their learning outcomes: lack of support; long working hours; shortage of staff; and inadequate time spent with a mentor.

##### **4.6.2.1 Lack of support**

Some ( $n = 18/33\%$ ) of the participants referred to the attitudes of staff members and to the fact that they were required to work in the absence of mentors. The majority ( $n = 47/85\%$ ) of the participants indicated that the staff tended to have a negative attitude towards them. All ( $n = 55/100\%$ ) of the participants felt that they needed to concentrate on tasks that required completing by the end of their shifts. The participants indicated that they could not be released on practical days. One participant commented: “... *due to shortage of staff, I cannot attend demonstrations*”. They found that circumstances in the wards made it difficult for them to achieve their learning outcomes.

##### **4.6.2.2 Long working hours**

Many ( $n = 50/91\%$ ) of the participants indicated that long working hours prevented them from focusing on their learning outcomes. All ( $n = 55/100\%$ ) the participants indicated that they were working 42 hours a week, in line with the contracts that they had signed and also in line with the BCOEA (Republic of South Africa, 2002:25).

##### **4.6.2.3 Shortage of staff**

Some ( $n = 14/25\%$ ) participants indicated that the reason for them not being able to focus on their learning outcomes was because of the staff shortages that were being experienced. Furthermore, participants ( $n = 45/82\%$ ) indicated that, due to said shortage, they could not attend demonstration sessions, as they had to work in the wards on practical days, from which work they could not be released. One participant commented: “... *due to shortage of staff, I cannot attend demonstrations*”.

Many ( $n = 23/42\%$ ) of the participants also indicated that they were required to orientate agency staff in the unit in the absence of a registered nurse. Participants also expressed feeling that budgets were cut in order to save costs, which meant that they were more pressurised than they might otherwise have been.

#### **4.6.2.4 Inadequate mentor–learner relationship**

Over half ( $n = 30/55\%$ ) of the participants wanted to be guided by their mentor, and expressed feeling that procedures needed to be demonstrated by the mentor before the learners could perform them. One participant commented: “...*the mentor needs to be on [the] same shift*”. Another stated: “... *the mentor needs to offer guidance*”.

#### **4.6.3 Responses to Question 50 regarding what can be done to improve the learning experience of bridging course learners**

Many ( $n = 42/76\%$ ) of the participants indicated that they loved nursing as a profession. They also felt motivated towards their studies and wanted to achieve their goals. They did, however, indicate that certain actions needed to be taken in order to improve the learning experience of bridging course learners when in the clinical environment. Said actions, which included reducing the number of working hours and spending an increased amount of time with their mentor, are discussed in the following subsections.

##### **4.6.3.1 Reduction in the number of working hours**

Participants ( $n = 20/36\%$ ) wanted to work less hours in their second year. One participant commented “... *reduce hours in second year in hospitals*”. Another stated that they “*should be working less hours in order to spend time on studies and do practical procedures as required*”.

##### **4.6.3.2 An increase in the amount of time spent with mentor**

Clinical accompaniment was found to play a significant role for the participants, who expressed a feeling that, with appropriate guidance, the learning experience would be improved, as indicated by the following comment: “... *the person in charge of the unit should spend more time with the bridging course learner, especially with regards to how to manage the ward*”. Some ( $n = 24/44\%$ ) participants also indicated that clinical days should be assigned to them twice weekly.

Furthermore, the participants wanted to be treated as learners and not as ward staff. They wanted to be able to enjoy learner status. Participants commented that they “... *need[ed] to be treated as learners*” and “... *not [as] part of the workforce*”.

Table 4.48 below indicates the themes and subthemes derived from the analysis.

**Table 4.48: Themes and subthemes derived from the analysis**

QUESTION	THEMES
How do you experience the clinical environment as a learner?	Stressful Hostile environment
What do you feel is preventing you from focusing on your learning outcomes?	Long working hours Shortage of staff Inadequate mentor–learner relationship
What do you think can be done to improve the learning environment of bridging course learners in the clinical environment?	Reduction in the number of working hours An increase in the amount of time spent with their mentor

#### 4.7 CONCLUSION

In the present chapter, the data collected during the study were analysed, interpreted and discussed. The researcher succeeded in exploring and investigating the research question:

What are the learners' perspectives related to the factors that influence the learning of bridging course learners in the clinical environment?

The researcher succeeded in identifying the learners' perspectives related to the above-mentioned factors. The objectives that were set for the study were achieved and the factors that influence learning in the clinical environment were identified. The clinical facilitation needs of learners were identified, as was the need for the clinical support and guidance of learners.

In the final chapter, Chapter 5, recommendations are made based on the study outcomes.

## CHAPTER 5: RECOMMENDATIONS

### 5.1 INTRODUCTION

In this chapter, conclusions are drawn, with reference to the outcomes of the present study. The purposes, research question, and objectives of the study, as well as its limitations, are then briefly discussed. Finally, the recommendations are presented.

### 5.2 CONCLUSIONS

The following objectives were set for the current research study, namely to investigate whether the following is true:

- A shortage of staff is a barrier to learning in the clinical environment.
- An orientation programme is implemented for bridging course learners in the clinical environment.
- Bridging course learners in the clinical environment have to take charge of wards.
- The attitude of staff members is a barrier to the learners' learning experience.
- There is a learner/mentor relationship in the clinical environment.
- Opportunities to gain practical competence exist in the clinical environment.

These objectives were met through the in-depth research study described in the current thesis. The study was aimed at identifying the factors that influence the learning of enrolled bridging course learners in the clinical environment.

#### 5.2.1 Shortage of staff a barrier to learning in the clinical environment

The majority ( $n = 46/84\%$ ) of participants in the study, as was discussed in subsection 4.5.16 of the thesis, disagreed that staffing in the wards was sufficient. Furthermore, as was discussed in subsection 4.5.4, most ( $n = 52/95\%$ ) of the participants agreed that they formed part of the full-time work force. The results of the study further revealed that the majority ( $n = 36/65\%$ ) of the participants disagreed that they could achieve specific outcomes before being moved to another ward.

Working conditions were found not to be conducive to the learning experience, as was revealed by the results discussed in subsection 4.5.6. Most ( $n = 40/73\%$ ) participants disagreed with the statement that working conditions were conducive to learning.

One of the themes that emerged in the qualitative analysis of the open-ended questions was that a shortage of staff was one of the reasons that prevented participants from focusing on their outcomes.

The results therefore revealed that most participants perceived the staffing in wards to be insufficient, that participants expressed feeling they were being utilised as part of the full-time workforce, that they were prohibited from achieving the specific outcomes required by the training programme, and that their current working conditions were not conducive to learning.

Mongwe (2001:108) identified shortages of staff and equipment as obstacles to the facilitation of learners in the clinical environment. With the provision of adequate supervision, learners can develop from novice to advanced beginners, eventually becoming competent (Benner, 2001:20–32).

### **5.2.2 Implementation of an orientation programme for bridging course learners in the clinical environment**

The majority ( $n = 45/82\%$ ) of participants agreed that they were never orientated towards a new unit, because the staff members assumed that they knew the ward and did not require orientation, as was discussed in subsection 4.5.14.

One of the themes that emerged during the qualitative analysis of the open-ended questions was that the participants experienced the clinical environment as stressful. The lack of support also emerged as a theme in response to the question of what prevented learners from focusing on their outcomes. The learners stated that they not only had to cope with a new environment, but also with the added responsibilities of being in charge of the wards in which they had received no orientation.

### **5.2.3 Taking charge of units by bridging course learners in the clinical environment**

According to the data obtained, some ( $n = 14/25\%$ ) participants indicated that they had to take charge of units most of the time. A further seven ( $n = 13\%$ ) participants indicated that they always had to take charge of units in the absence of a registered nurse, as was discussed in subsection 4.4.7.

One of the themes that emerged in the qualitative analysis was that learners tend to experience the learning environment as stressful. The participants in the current study also indicated that a lack of support prevented them from focusing on their outcomes.

Research on workplace learning in vocational education by Billett (2001:16- 24 ,2004:312 - 324, 2008: 39-58) describes that the awareness of the novice about workplace practices is enhanced through engagement with professionals.

#### **5.2.4 Staff member attitude as a barrier to learners**

Most of the participants indicated that the negative attitude of staff members was a barrier to their learning. The majority ( $n = 47/85\%$ ) of participants agreed that the staff have a negative attitude towards them, as was discussed in subsection 4.5.17. Furthermore, one of the themes that emerged during the qualitative analysis of the open-ended questions was that participants experienced the clinical environment as hostile.

Good interpersonal relations, support and feedback have an impact on clinical environment, and create and maintain a positive clinical learning environment (Levet-Jones, Lathlean, Higgins & Mcmillan, 2008-316-324).

#### **5.2.5 The learner–mentor relationship in the clinical environment**

According to the data obtained, most of the participants indicated that a learner–mentor relationship did not exist. Most of the participants indicated that they seldom ( $n = 30/55\%$ ) or never ( $n = 15/27\%$ ) spent time with their mentor, as was discussed in subsection 4.4.9. In addition, the majority ( $n = 34/62\%$ ) of participants disagreed with the statement that their mentor was always available when they needed him/her to be, as was discussed in subsection 4.5.2. One of the themes that emerged during the qualitative analysis was that learners expressed the feeling their mentors needed to be placed in the same wards where they were working. They also indicated that mentors should provide more guidance and support to their mentees.

Lofmark and Wikblad (2001:43) identified that a lack of a student–supervisor relationship, organisational shortcomings in supervision, and the students' own shortcomings might impede their learning. According to Benner (2001:32), learners tend to develop knowledge, experience and personal responsibilities while they are in the clinical environment.

Whilst supervision is a key element in clinical learning, nurses in the clinical environment may not always understand their supervisory role (Chapple & Ashton, 2004:143-149). The willingness to engage of both the experienced nurse and the novice, is a critical component of learning in the workplace (Newton, et al. 2009:315 – 327).

### **5.2.6 Existence of opportunities to gain practical competence in the clinical environment**

The majority ( $n = 45/82\%$ ) of learners agreed that they spent practical days in the unit rather than with their mentor, as was discussed in subsection 4.5.1. The 2004 Scope and Standards for Nurse Administrators (ANA, 2004: n.p.) identifies the importance of continuous learning practice development for promoting the sharing of expertise in order to facilitate positive health outcomes.

Several ( $n = 30/55\%$ ) learners also indicated that they seldom practise procedures with their mentor, as was discussed in subsection 4.4.8. Furthermore, numerous ( $n = 40/73\%$ ) learners disagreed that working conditions were conducive to learning, as was discussed in subsection 4.5.6. In addition, most ( $n = 36/65\%$ ) of the learners disagreed that they could achieve their outcomes before moving to another ward, as was covered in subsection 4.5.10.

The appropriate amount of accompaniment and guidance should provide nursing learners with extra time in which to practise their psychomotor skills, which tends not to be possible during ordinary working hours, as was observed by the researcher.

## **5.3 RECOMMENDATIONS**

The results of this study reveal that there are challenges for nurse managers, nursing service managers, nurse educators and mentors. In service training can be useful to focus the attention of ward staff and mentors on students' learning needs. They can also be involved in the planning of learning opportunities for learners. For the learning experience to be optimal, the learning environment must also be optimal. That means there should be co-operation of everyone involved, including the healthcare team.

The following recommendations are made, based on the scientific findings of the current study.

### **5.3.1 Sufficient staff levels**

It is recommended that nursing service managers and unit managers should re-examine staffing levels at the respective hospitals. Sufficient staff should be available in areas to which learners are allocated, in order to give all learners the opportunity to achieve their learning outcomes. Well-trained nurses ultimately render safe patient care and so decrease the number of medico-legal hazards that can occur in treating patients.

Hospital administrators can also make use of agency staff in order to overcome the problem of staffing shortage. Cohen (2000:233–246) states that, as the current nursing shortage is serious and likely to worsen, other ways of combating the problem should, therefore, be investigated further than they have been in the past.

### **5.3.2 Orientation programmes**

Learners are likely to require orientation to a new ward, as such orientation would help to relieve anxiety, work would tend to be done more quickly than it might otherwise be, and learners would become familiar with the ward concerned. Providing orientation programmes also help to prevent drop-out from nursing, as well as helping to ensure the retention of nurses, which will, in time, assist in combating the shortage of nurses.

Whether the staff member is a bridging course learner or any other staff member, orientation programmes should be in place in all wards, and staff members need to be orientated on the first day that they report on duty. Turnover rates are high for new nurse graduates as a result of the stressful work environment, coupled with inadequate support during the transition from student to professional practice (Wyngeeren & Stuart, 2011:1).

The unit manager is responsible for ensuring that staff in her ward is orientated to their work environment and that they know what is expected of them. If the unit manager is unable to orientate staff in her ward, she can delegate the responsibility for doing so to one of her senior registered nurses. Records should be kept of staff orientations on the ward. The unit manager must discuss formal job requirements, as well as job expectations, with learners, who should also be informed about their duties in the unit in order to become familiar with what is expected from them (Muller, 2002:262).

### **5.3.3 Adequate supervision**

Hospital managers, as well as nursing service managers, should not allow bridging course learners to be in charge of units. When administering schedule 6 and 7 medication, the presence of a registered nurse is required for checking and signing the medication before it is administered to the patient, according to the scope of practice of a registered nurse (Republic of South Africa, 1984b).

Through purposive planning of the duty schedule, delegation and nursing unit organisation, the unit manager should plan sufficient time for clinical training and accompaniment (Meyer et al., 2009:161). The unit manager should take control of the ward, especially as she is both

responsible and accountable for safe patient care. A registered nurse should give guidance and support to her/his subordinates. The unit manager should also retain accountability for all duties delegated to learners under her/his supervision, even though learners retain their own level of responsibilities (Meyer et al., 2009:225).

The unit manager's task as supervisor is to direct the work of the learner, to keep watch with authority, to ensure cooperation and to evaluate the progress of the learner (Booyens, 2004:290). Although the clinical environment is filled with many learning opportunities, learners might experience feelings of uncertainty and anxiety, due to staff being unavailable or inaccessible. Furthermore, aggravating factors include time constraints, the shortage or absence of equipment to fulfil patients' needs, and a lack of awareness among senior professionals of the needs and problems of learners in the clinical environment (Carlson, Kotze & Van Rooyen, 2003:30).

#### **5.3.4 Positive learning environment**

A positive learning environment that is conducive to learning should help learners to achieve their programme outcomes. Unit managers need to see that there is harmony in the wards and need to encourage other staff members to be supportive towards the learners. Learners are then likely to feel that their learning needs are supported, which should improve their clinical performance.

According to Penman and Oliver (2004:2–3), the clinical environment should be supportive and nurture meaningful learning and optimal performance in the learners.

#### **5.3.5 Improved learner–mentor relationship**

The ultimate purpose in having a mentor is to bring about changes in the behaviour of the learner. If learners do not know how to perform a specific task or procedure, learning needs to take place before they will be able to perform the task or procedure in question (Meyer et al., 2009:103). It is, therefore, important that mentors are available for learners in order that they might give them the required guidance in the clinical environment. In such a way, the optimal use of learning opportunities should be ensured.

The participants in the present study also indicated that it was best to have a mentor who could work together with them in the same unit. Having their mentor on hand would also mean that they could readily be supported when they were unsure of aspects of procedures or

patient care. The learners indicated that mentoring should be standardised, as support for learners in the clinical environment was a need that urgently required to be met.

#### **5.3.6 Opportunities for clinical practice**

Unit managers need to make sure that learners are released on practical days in order that they can spend time with their mentor and practise procedures that they might be required to follow. Ward duties should not be assigned to learners on practical days, as these days are normally scheduled to take up a full day.

Although the clinical learning environment is filled with many learning opportunities, learners may, nevertheless, experience feelings of uncertainty and anxiety (Carlson, Kotze & Van Rooyen, 2003:30). Unit managers should try to ensure that more staff are on duty on learners' practical days. By doing so, they would help to make sure that the learners are not regarded as part of the regular workforce, but can spend time with their mentors.

Furthermore, the participants in the current study commented that, through clinical accompaniment and guidance, they would be able to achieve their outcomes before moving on to the other wards.

#### **5.4 LIMITATIONS**

The current study only focused on learners at the private colleges, preventing generalising about learners in the public sector as well.

Not all of the learners at one of the nursing colleges involved in the study could participate in the study, as they were busy with examinations during the time of data collection. The researcher was also unable to reschedule, due to work responsibilities. However, the statistician confirmed that such an unforeseen difficulty would not have a major impact on the results of the study. Furthermore, the sample size was representative of the population concerned.

#### **5.5 FURTHER RESEARCH**

More research on the topic covered in the current thesis is still needed, due to the study only focusing on learners in private hospitals. Learning whether learners in government hospitals share the views of their colleagues in private hospitals would be of relevance to the topic.

Furthermore, the suggestion that was made by learners who were involved in the present research that mentors should work in the same wards as learners could also be investigated.

## **5.6 DISSEMINATION**

The researcher will send a report to the colleges as well as hospital managers. The researcher also intend to publish a journal article.

## **5.7 CONCLUSION**

The challenge remains regarding how best to prepare learners for the complexities and dynamics of the workplace learning environment. The researcher believes that it is the responsibility of hospital managers, as well as of unit managers, to ensure that bridging course learners are offered clinical accompaniment and guidance to enable them to deal with the challenges that they are likely to encounter as health care providers.

According to Benner (2001:20–32), learners develop knowledge, experience and personal responsibilities while in the clinical environment. Through remembering and understanding, learners become capable of applying what they have learned and of analysing their own work, which should result in them being evaluated as competent learners. Ultimately, they should be able to develop critical thinking skills that will enable them to provide quality patient care.

In the current chapter, conclusions were drawn with reference to the scientific evidence obtained from the present study. The purposes, research question and objectives of the study as well as its limitations, were discussed. Finally, recommendations for future study were presented. Through adequate supervision, guidance and support, the novice learner should eventually become the expert nurse.

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## APPENDICES

### Appendix A: Questionnaire

**Title:**

**Student perspectives related to factors influencing learning of enrolled bridging course learners in the clinical environment.**

**Instructions:**

The following questions were designed to be completed by bridging course learners working in the private sector. The study specifically would like to determine any factors influencing your learning as a learner.

The questionnaire has a section A and a section B. Please complete all questions that apply. The questions are numbered from 1 to 50.

Choose the correct response by placing a cross (X) next to the appropriate questions. Principles of confidentiality and anonymity will be maintained.

**SECTION A – BIOGRAPHICAL DATA**

**1. Indicate your age.**

**2. Indicate your gender.**

Male	
Female	

**3. Indicate your basic qualifications.**

**Year obtained**

Enrolled nursing auxiliary		
Enrolled nurse		
Bridging course student, first year		
Bridging course student, second year		

**4. How long have you been a nurse?**

years
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**5. How long have you been an enrolled nurse?**

years

**6. Indicate whether you are married or unmarried.**

Married	
Unmarried	

**7. Work environment- indicates how many hours are you working per week in the clinical environment.**

hours

**SECTION B1**

**Choose the most appropriate response by placing a cross (X) next to the space below.**

<b>Taking charge of unit in absence of registered nurse</b>		<b>Never</b>	<b>Seldom</b>	<b>Most of the time</b>	<b>Always</b>
How often do you perform the following activities?					
<b>8.</b>	Administration of schedules 6 and 7 medication in the absence of a registered nurse				
<b>9.</b>	Administration of oral medication in the absence of a registered nurse				
<b>10</b>	Administration of intravenous medication without supervision				
<b>11.</b>	Administration of medication while working in the paediatric unit without supervision				
<b>12.</b>	Assessment of patients in order to evaluate care plans				
<b>13.</b>	Delegating of tasks to junior staff members or other health team members				
<b>14</b>	Taking charge of ward in absence of registered nurse				
<b>15.</b>	Supervision of subordinates				
<b>16.</b>	Mentoring of subordinates				
<b>17.</b>	Accompany doctors on ward rounds				
<b>18.</b>	Teaching other staff members.				
<b>19.</b>	Assist with planning off-duties of unit				
<b>20.</b>	Ordering ward stock				
<b>21.</b>	Patient presentation to mentor / registered nurse				

	<b>Student /mentor relationship</b>	<b>Never</b>	<b>Seldom</b>	<b>Most of the time</b>	<b>Always</b>
	How often do you perform the following activities?				
22.	Comprehensive patient assessment				
23.	Interpretation of ECG				
24.	Introduction into ward management				
25.	Practising procedure with mentor				
26.	Spending time with mentor.				

### **SECTION B2**

Choose the most appropriate response by placing a cross (X) next to the space below.

	<b>Student/mentor relationship</b>	<b>Disagree</b>	<b>Agree</b>
27.	I spent my practical days working in the ward, rather than with my mentor.		
28.	My mentor is always available when I need him/her.		
29.	I feel contact sessions with mentors need to be standardised for all students.		

	<b>Opportunities to gain practical competence in clinical environment</b>	<b>Disagree</b>	<b>Agree</b>
30.	I feel that I form part of the full-time workforce.		
31.	I receive adequate guidance from professional nurses when working in the unit.		
32.	Current working conditions are conducive to learning.		
33.	I am working longer hours than expected.		
34.	Procedures are demonstrated to me before it is expected of me to perform it in the unit.		
35.	I feel that longer working hours than expected has an impact on my studies.		
36.	I feel that I can achieve my specific outcomes before I am moved to another unit.		
37.	I feel that I have a student status and that I am only expected to perform duties as a student.		
38.	I feel that the relationship between theory and practice is balanced.		
39.	I feel that I can provide adequate patient care when working in the clinical environment.		

	<b>Orientation programme</b>	<b>Disagree</b>	<b>Agree</b>
<b>40.</b>	I am never orientated towards a new unit, because staff members assume that I know the unit and that I do not, therefore, require orientation.		
<b>41.</b>	I am always orientated towards a new unit on my first day.		
<b>42.</b>	I feel staffing in units are sufficient.		
	Choose the most appropriate response by placing a cross (X) next to the space below	<b>Disagree</b>	<b>Agree</b>
<b>43.</b>	I feel other staff members have a negative attitude towards students.		
<b>44.</b>	I feel that other staff members have a positive attitude towards students.		
<b>45.</b>	I feel that I can manage conflict in a positive way.		
<b>46.</b>	I am motivated towards my studies.		
<b>47.</b>	I can manage my time effectively towards my studies when working in the units.		

**SECTION C: OPEN-ENDED QUESTIONS**

**Please answer the following questions in your own words.**

**48. How do you experience the clinical work environment as a student?**

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**49. What do you feel is preventing you from focusing on your learning outcomes?**

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**50. What do you think can be done to improve the learning experience of bridging course students in the clinical environment?**

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**Appendix B: Letters requesting permission to perform study at colleges**  
40 Andrew Street  
Russell's Rest  
Eerste River  
7100  
23 May 2011  
Project umber: N11/04/135

**REQUEST: CONSENT TO PERFORM A RESEARCH STUDY AT YOUR LEARNING CENTRE.**

Dear Mr. T. Wepenaar/ Mrs. A. Van Zyl.

I am registered as a Masters Degree student (Student number: 14245434), at Stellenbosch University for M. Cur. Degree. The title of my study is: Factors influencing learning of Enrolled Bridging Course Students in the clinical environment in the Private Sector in the Western Cape.

The purpose of the study is to investigate the factors influencing learning of enrolled bridging course students when in the clinical environment.

I will interview bridging course students while they are in block not to interfere with their clinical placements. Participation of students will be voluntary. Confidentiality and anonymity will be maintained.

I hereby request your permission to interview these bridging course students at a time that will be convenient for all of them.

This research is taking place under the guidance of my supervisor, Mrs.T.Crowley, and co-supervisor, Dr. E.Stellenberg.

My contact details are as follows:

Mrs. Cecilia Hess.  
Mobile: 0542400824  
Email: cecilia.hess@hotmail.co.za

Yours sincerely  
(Mrs.) C.C.Hess.

40 Andrew Street.  
Russell's Rest.  
Eerste River.  
7100.  
23 May 2011.  
Project Number: N11/04/135

**REQUEST: CONSENT TO PERFORM A RESEARCH STUDY AT YOUR LEARNING CENTRE.**

Dear Mrs.C.Lehanie.

I am registered as a Masters Degree student (Student number: 14245434), at Stellenbosch University for M. Cur. Degree. The title of my study is: Factors influencing learning of Enrolled Bridging Course Students in the clinical environment in the Private Sector in the Western Cape.

The purpose of the study is to investigate the factors influencing learning of enrolled bridging course students when in the clinical environment.

I will interview bridging course students while they are in block not to interfere with their clinical placements. Participation of students will be voluntary. Confidentiality and anonymity will be maintained.

I hereby request your permission to interview these bridging course students at a time that will be convenient for all of them.

This research is taking place under the guidance of my supervisor, Mrs.T Crowley, and co-supervisor, Dr. E. Stellenberg..

My contact details are as follows:

Mrs. Cecilia Hess.  
Mobile: 0542400824  
Email: cecilia.hess@hotmail.co.za

Yours sincerely  
(Mrs.) C.C.Hess.

40 Andrew Street.  
Russell's Rest.  
Eerste River.  
7100.  
23 May 2011.  
Project Number: N 11/04/135

**REQUEST: CONSENT TO PERFORM A RESEARCH STUDY AT YOUR LEARNING CENTRE.**

Dear Mrs. C. February.

I am registered as a Masters Degree student (Student number: 14245434), at Stellenbosch University for M. Cur. Degree. The title of my study is: Factors influencing learning of Enrolled Bridging Course Students in the clinical environment in the Private Sector in the Western Cape.

The purpose of the study is to investigate the factors influencing learning of enrolled bridging course students when in the clinical environment.

I will interview bridging course students while they are in block not to interfere with their clinical placements. Participation of students will be voluntary. Confidentiality and anonymity will be maintained.

I hereby request your permission to interview these bridging course students at a time that will be convenient for all of them.

This research is taking place under the guidance of my supervisor, Mrs.T.Crowley, and co-supervisor, Dr. E.Stellenberg.

My contact details are as follows:  
Mrs. Cecilia Hess.  
Mobile: 0542400824  
Email: cecilia.hess@hotmail.co.za

Yours sincerely  
(Mrs.) C.C.Hess.

## Appendix C: Participant information leaflet and consent form

**TITLE OF THE RESEARCH PROJECT:** Student perceptions related to factors influencing learning of enrolled bridging course students in the clinical environment .

**REFERENCE NUMBER:** N11/04/135

**PRINCIPAL INVESTIGATOR:** Mrs. Cecilia Hess

**ADDRESS:** 40 Andrew street, Russell's Rest, Eerste River.7100.

**CONTACT NUMBER:** 0787878903.

You are being invited to take part in a research project. Please take some time to read the information presented here, which will explain the details of this project. Please ask the study staff or doctor any questions about any part of this project that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research entails and how you could be involved. Also, your participation is **entirely voluntary** and you are free to decline to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part.

**This study has been approved by the Health Research Ethics Committee (HREC) at Stellenbosch University and will be conducted according to the ethical guidelines and principles of the international Declaration of Helsinki, South African Guidelines for Good Clinical Practice and the Medical Research Council (MRC) Ethical Guidelines for Research.**

### What is this research study all about?

Student perceptions related to factors influencing learning experience of enrolled bridging course learners in the clinical environment.

- *The study will be conducted at the three private nursing colleges in the Cape Metropole.*
- *The study will also be conducted at three of the Private Hospitals where the students are working.*
- *The study is conducted to evaluate student perspectives related to factors that influence learning of enrolled bridging course learners in the clinical environment.*
- *The significance of the study is to assist future students to improve their learning environment through focusing on their objectives while in the clinical environment.*

- *To develop clinical guidelines for students and mentors when in the clinical environment.*
- *To assist academics, colleges and hospitals to improve the learning experience of students when in the clinical environment.*
- *To assist students with guidance and support in order to create positive outcomes in their learning experience*
- *Students at the three colleges will be visited on an agreed date and time. Questionnaires will be handed to students to complete and the researcher will collect the questionnaires after completion*

#### **Why have you been invited to participate?**

- *Bridging course students concerns are that they are not supervised when in the clinical environment.*
- *They are place in charge of units in the absence of a Registered nurse.*
- *They cannot achieve their outcomes when in the clinical environment.*
- *All information will be conducted in a strictly confidential manner.*

#### **What will your responsibilities be?**

- *The students will be responsible to assist the researcher to obtain information regarding their role when in the clinical environment and also answer some questions regarding factors that influence their learning experience in the clinical environment.*

#### **Will you benefit from taking part in this research?**

- *There are no personal benefits for the students, however future students will benefit as recommendations will be made to improve situations in the clinical environment.*

#### **Are there any risks involved in your taking part in this Research?**

- *The study involves no foreseen risks or harm to participants. All information will be handling in a confidential manner and no identity will be revealed while the study is being conducted. No information will be shared with supervisors or educators Information will be collected in a classroom environment and only the students will be allowed in the classroom. Anonymity and privacy will be ensured by placing students individually in the classroom.*

#### **Who will have access to information?**

- *All information collected will be treated as confidential and protected. The identity of participants will remain anonymous. The researcher will collect the data personally and nobody else will have access to the data. Questionnaires will be completed in silence and in private as to assure confidentiality. Data*

*and all information will be locked away for a period of 5 years then destroyed, providing only access to the chief investigator. The identity of the individual colleges and respondents will remain anonymous in the publication of the study.*

Will you be paid to take part in this study and are there any costs involved?

- ***Participants will not receive any monetary reward.***

Is there anything else that you should know or do?

- ***You are free to contact the researcher if you have any additional questions.***
- ***You can contact the Health Research Ethics Committee at 021-938 9207 if you have any concerns or complaints that have not been adequately addressed.***

### **Declaration by participant**

By signing below, I ..... agree to take part in a research study entitled (*insert title of study*).

Learners perspectives regarding factors influencing learning of bridging course learners in the clinical environment.

#### **I declare that:**

- I have read or had read to me this information and consent form and it is written in a language with which I am fluent and comfortable.
- I have had a chance to ask questions and all my questions have been adequately answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be penalised or prejudiced in any way.
- I may be asked to leave the study before it has finished, if the study doctor or researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.

Signed at (*place*) ..... on (*date*) .....  
2011.

.....  
Signature of participant

.....  
Signature of witness

**Declaration by investigator**

I (*name*) .....Cecilia Hess..... declare that:

- I explained the information in this document to .....
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I did not use a interpreter. (*If an interpreter is used then the interpreter must sign the declaration below.*)

Signed at (*place*) ..... on (*date*) .....  
2011.

.....  
Signature of investigator

.....  
Signature of witness

**Declaration by interpreter**

I (*name*) ..... declare that:

- I assisted the investigator (*name*) ..... to explain the information in this document to (*name of participant*) ..... using the language medium of Afrikaans/Xhosa.
- We encouraged him/her to ask questions and took adequate time to answer them.
- I conveyed a factually correct version of what was related to me.
- I am satisfied that the participant fully understands the content of this informed consent document and has had all his/her question satisfactorily answered.

Signed at (*place*) ..... on (*date*)  
.....

.....  
Signature of interpreter      Signature of witness

.....

## Appendix D: Ethical approval letters



UNIVERSITEIT • STELLENBOSCH • UNIVERSITY  
jou kennisvennoot • your knowledge partner

05 July 2011

**MAILED**

Mrs C Hess  
Department of Nursing  
2nd Floor  
Teaching Block

Dear Mrs Hess

**Factors influencing learning of enrolled bridging course students in the clinical environment.**

**ETHICS REFERENCE NO: N11/04/135**

**RE : APPROVAL**

A panel of the Health Research Ethics Committee reviewed this project on 5 May 2011; the above project was approved on condition that further information is submitted.

This information was supplied and the project was finally approved on 30 June 2011 for a period of one year from this date. This project is therefore now registered and you can proceed with the work.

Please quote the above-mentioned project number in ALL future correspondence.

1. The reviewer has suggested that the researcher look at the following article PubMedID: 17917989

Please note that a progress report (obtainable on the website of our Division: [www.sun.ac.za/rds](http://www.sun.ac.za/rds) should be submitted to the Committee before the year has expired. The Committee will then consider the continuation of the project for a further year (if necessary). Annually a number of projects may be selected randomly and subjected to an external audit. Translations of the consent document in the languages applicable to the study participants should be submitted.

Federal Wide Assurance Number: 00001372  
Institutional Review Board (IRB) Number: IRB0005239  
The Health Research Ethics Committee complies with the SA National Health Act No.61 2003 as it pertains to health research and the United States Code of Federal Regulations Title 45 Part 46. This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki, the South African Medical Research Council Guidelines as well as the Guidelines for Ethical Research: Principles Structures and Processes 2004 (Department of Health).

Please note that for research at a primary or secondary healthcare facility permission must still be obtained from the relevant authorities (Western Cape Department of Health and/or City Health) to conduct the research as stated in the protocol. Contact persons are Ms Claudette Abrahams at Western Cape Department of Health ([healthres@pgwc.gov.za](mailto:healthres@pgwc.gov.za) Tel: +27 21 483 9907) and Dr Hélène Visser at City Health ([Helene.Visser@capetown.gov.za](mailto:Helene.Visser@capetown.gov.za) Tel: +27 21 400 3981). Research that will be conducted at any tertiary academic institution requires approval from the relevant hospital manager. Ethics approval is required BEFORE approval can be obtained from these health authorities.

Approval Date: 30 June 2011  
05 July 2011 08:25

Expiry Date: 30 June 2012

Page 1 of 2



Fakulteit Gesondheidswetenskappe - Faculty of Health Sciences



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jou kennisvenoot • your knowledge partner

Yours faithfully

**MS CARLI SAGER**

**RESEARCH DEVELOPMENT AND SUPPORT**

Tel: +27 21 938 9140 / E-mail: [carlis@sun.ac.za](mailto:carlis@sun.ac.za)

Fax: +27 21 931 3352

05 July 2011 08:25

Page 2 of 2



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[www.mediclinic.co.za](http://www.mediclinic.co.za)

11 August 2011

Ms C Hess  
Stellenbosch University  
Department of Nursing  
2<sup>nd</sup> Floor  
Teaching Block  
P O Box 19063  
TYGERBERG  
7505

Dear Cecilia

**PERMISSION TO CONDUCT RESEARCH AT MEDICLINIC HOSPITALS**

Your research proposal entitled "*Factors influencing learning of enrolled bridging course students in the clinical environment*" refers.

It is in order for you to conduct your research at Mediclinic Durbanville, Mediclinic Louis Leipoldt, Mediclinic Panorama and Mediclinic Vergelegen, and I wish you success with this project.

Yours sincerely

  
ESTELLE JORDAAN  
Nursing Executive

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Private Bag X34, Benmore, 2010, South Africa

## RESEARCH COMMITTEE FINAL APPROVAL OF RESEARCH

Ms CC Hess

E mail: [cecilia.hess@hotmail.co.za](mailto:cecilia.hess@hotmail.co.za)

Dear Ms Hess

### RE: FACTORS THAT INFLUENCE LEARNING OF BRIDGING COURSE STUDENTS WHEN IN THE CLINICAL ENVIRONMENT

The above-mentioned research was reviewed by the Research Committee's delegated members and it is with pleasure that we inform you that your application to conduct this research at Netcare Education: Western Cape Campus, has been approved, subject to the following:

- i) Research may now commence with this FINAL APPROVAL from the Academic Board of Netcare (Research Committee).
- ii) All information with regards to Netcare will be treated as confidential.
- iii) Netcare's name will not be mentioned without written consent from the Academic Board of Netcare (Research Committee).
- iv) All legal requirements with regards to patient rights and confidentiality will be complied with.
- v) Insurance will be provided and maintained for the duration of the research. This cover provided to the researcher must also protect both the staff and the hospital facility from potential liability
- vi) In accordance with MCC approval, that medicine will be administered by or under direction of the authorised Trialist
- vii) The research will be conducted in compliance with the GUIDELINES FOR GOOD PRACTICE IN THE CONDUCT OF CLINICAL TRIALS IN HUMAN PARTICIPANTS IN SOUTH AFRICA (2000)
- viii) The Academic Board of Netcare (Research Committee) will be informed, in writing, of the proposed date of commencement of the project.
- ix) Netcare must be furnished with a STATUS REPORT on the progress of the study at least annually on 30th September irrespective of the date of approval from Academic

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Executive Directors: R H Friedland (CEO), V E Firman (CFO), V L J Litlhakanyane

Non-Executive Directors: S J Vilakazi (Chairman), T Brewer, A P H Jammie, J M Kahn, M J Kuscus, H R Levin, K D Moroka, M I Sacks, N Weltman

Company Secretary: L Bagwandeen Reg. No. 1998/008242/06



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Oxford Manor, 21 Chaplin Road, Illovo 2196  
Private Bag X13, Northlands 2116, South Africa  
Telephone: +27 11 219 9000  
Telefax: +27 11 219 9001  
[www.lifehealthcare.co.za](http://www.lifehealthcare.co.za)

19 August 2011

Attention: Mrs Cecilia Hess

Dear Mrs Hess

**APPROVAL FOR RESEARCH STUDY**

Our previous correspondence refers.

The Research Committee of the Life Healthcare College of Learning has granted permission for your study entitled:  
'Factors influencing learning of Enrolled Bridging Course students in the clinical environment in the private sector in the Western Cape'.

We look forward to seeing the results of your research once it is completed.

Yours sincerely

A handwritten signature in cursive script, appearing to read "Anne Roodt".

Anne Roodt  
Chairman: Research Committee



Netcare Hospital Management (Pty) Ltd  
Trading as Netcare Training Academy known as  
Netcare Education Western Cape Campus, 31587  
Private FET College Registration Number: 2010/FE07/029;  
Certificate Number: 088-P  
Tel: + 27 (021) 949 5271 | Fax: + 27 (021) 949 5371  
4<sup>th</sup> floor Sunbel Building, 2 Old Paarl Road, Bellville, South Africa / PO Box 1051, Sanlam Court, 7532

**LETTER CONFIRMING KNOWLEDGE OF NON-CLINICAL FOCUS RESEARCH TO BE  
CONDUCTED IN THIS NETCARE FACILITY**

Dear Cecilia Hess

**Re: Student perceptions regarding factors that influence learning of bridging course  
learners when in the clinical environment.**

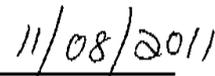
We hereby confirm knowledge of the above named research application to be made to the Netcare Research Committee and in principle agree to the research application for Netcare Education – Western Cape, subject to the following:

- i) That the research may not commence prior to receipt of FINAL APPROVAL from the Academic Board of Netcare (Research Committee).
- ii) That the researcher will notify the Academic Board of Netcare (Research Committee) of the proposed date of commencement of the project, in writing.
- iii) A copy of the research report will be provided to Netcare once it is finally approved by the tertiary institution, or once complete.
- iv) Netcare has the right to implement any Best Practice recommendations from the research.
- v) That the Hospital Management reserves the right to withdraw the approval for research at any time during the process, should the research prove to be detrimental to the subjects / Netcare or should the researcher not comply with the conditions of approval.

We wish you success in your research.

Yours faithfully

  
\_\_\_\_\_  
Signed by Regional Manager

  
\_\_\_\_\_  
Date

**Regional Manager: Netcare Education - Coastal**



**Executive -Directors:** VE Firman, RH Friedland, MI Sacks  
**Company Secretary:** L Kok Reg. No. 1992/002177/07



Netcare Limited

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76 Maude Street, Corner West Street, Sandton, South Africa  
Private Bag X34, Benmore, 2010, South Africa

## RESEARCH COMMITTEE FINAL APPROVAL OF RESEARCH

Ms CC Hess

E mail: [cecilia.hess@hotmail.co.za](mailto:cecilia.hess@hotmail.co.za)

Dear Ms Hess

### RE: FACTORS THAT INFLUENCE LEARNING OF BRIDGING COURSE STUDENTS WHEN IN THE CLINICAL ENVIRONMENT

The above-mentioned research was reviewed by the Research Committee's delegated members and it is with pleasure that we inform you that your application to conduct this research at Netcare Education: Western Cape Campus, has been approved, subject to the following:

- i) Research may now commence with this FINAL APPROVAL from the Academic Board of Netcare (Research Committee).
- ii) All information with regards to Netcare will be treated as confidential.
- iii) Netcare's name will not be mentioned without written consent from the Academic Board of Netcare (Research Committee).
- iv) All legal requirements with regards to patient rights and confidentiality will be complied with.
- v) Insurance will be provided and maintained for the duration of the research. This cover provided to the researcher must also protect both the staff and the hospital facility from potential liability
- vi) In accordance with MCC approval, that medicine will be administered by or under direction of the authorised Trialist
- vii) The research will be conducted in compliance with the GUIDELINES FOR GOOD PRACTICE IN THE CONDUCT OF CLINICAL TRIALS IN HUMAN PARTICIPANTS IN SOUTH AFRICA (2000)
- viii) The Academic Board of Netcare (Research Committee) will be informed, in writing, of the proposed date of commencement of the project.
- ix) Netcare must be furnished with a STATUS REPORT on the progress of the study at least annually on 30th September irrespective of the date of approval from Academic

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