

The role of the clinical preceptor in enhancing nursing education at a  
nursing college

Poovanesthree Padayachee



Thesis presented in partial fulfilment of requirements  
For the Degree of Master of Nursing in the  
Faculty of Medicine and Health Sciences at Stellenbosch University

Supervisor: Dr Johann Hugo

December 2014

## **DECLARATION**

By submitting this thesis electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the sole author thereof (save to the extent explicitly otherwise stated), that reproduction and publication thereof by Stellenbosch University will not infringe any third party rights and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

December 2014

Copyright © 2014 Stellenbosch University

All rights reserved

## ABSTRACT

The profession of nursing is a twofold vocation that has a scientific theory as the foundation of all nursing intervention or skill.

Despite clinical preceptorship being a useful strategy of teaching, many training hospitals and clinical facilities are without this avenue of learning and where available, it is often not optimally utilised.

The aim of this study was to explore the role of the clinical preceptor in enhancing nursing education at Edendale Hospital and Edendale campus of a nursing college.

A mixed method approach was applied utilizing both qualitative and quantitative methods to collect information about the experiences and challenges as well as clarify existing problems.

Samples were drawn from all stakeholders of nursing education i.e. nursing students, nurse educators and ward managers of Edendale Hospital and Campus using random and purposive sampling respectively. Data were collected using self-administered questionnaires for students and nursing managers and an interview guide for focus group interviews for nurse educators. Ethical approval was sought from the Health Research Ethics Committee at the Faculty of Medicine and Health Sciences at Stellenbosch University, the Department of Health, the Kwazulu-Natal College of Nursing and Edendale Hospital and Campus.

The findings of this study support Weidenbach's Prescriptive Theory in which the author maintains that nursing is a practice discipline designed to produce explicit desired results which here refers to the enhancing of nursing education with the contribution of clinical preceptorship. Patricia Benner's Dreyfus and novice to expert models were used to express the need for meaningful practical experience in nursing students and to show nurse educators how to identify the practical learning needs of the students and assist them acquire competence.

The results of the study suggest that the clinical preceptor is a mentor and a guide who facilitates the correlation of theory and practice in nursing education. The results also suggest that students are experiencing problems in clinical practice and that clinical preceptorship is needed. A number of recommendations are made based on limitations identified in the present teaching-learning process. One of the recommendations is that partnership building strategies be fostered between the hospital, the campus and the Faculty of Nursing Education. This team approach could clearly define the role of the clinical preceptor to ensure optimum nursing education. Further research is recommended.

Key words: Preceptorship, clinical accompaniment, nurse education.

## OPSOMMING

Verpleging is 'n tweeledige beroep met 'n wetenskaplike teorie as grondslag vir elke verpleegintervensie of -vaardigheid.

Ten spyte daarvan dat kliniese instruksie ("preceptorship") 'n nuttige onderrigstrategie is, ontbreek dit by baie opleidingshospitale en kliniese fasiliteite, en waar dit beskikbaar is, word dit dikwels suboptimaal aangewend.

Die doel van hierdie studie was om ondersoek in te stel na hoe belanghebbendes by verpleegopleiding by Edendale-hospitaal en -verpleegkampus kliniese instruksie ervaar, en om sodoende vas te stel of kliniese instruksie verpleegopleiding by daardie fasiliteite versterk.

'n Gemengde benadering van sowel kwalitatiewe as kwantitatiewe metodes is gevolg om inligting oor die ervarings en uitdagings in te win en bestaande probleme te verklaar.

Steekproewe is met behulp van onderskeidelik lukrake en doelbewuste seleksie uit alle belanghebbendes by verpleegopleiding by Edendale-hospitaal en -verpleegkampus geneem, met inbegrip van verpleegstudente, verpleegopvoeders en saalbestuurders. Data is deur middel van selfvoltooiingsvraelyste vir studente en eenheidsbestuurders, en 'n onderhoudsgids vir fokusgroepgesprekke met verpleegopvoeders ingesamel. Etiekgoedkeuring is verkry van die Gesondheidsnavorsingsetiekkomitee van die Fakulteit Geneeskunde en Gesondheidswetenskappe aan die Universiteit Stellenbosch, die Departement van Gesondheid, die KwaZulu-Natalse Verpleegkollege sowel as Edendale-hospitaal en -verpleegkampus.

Die bevindinge van die studie ondersteun Wiedenbach se voorskriftelike teorie, waarin sy volhou dat verpleging 'n praktiese dissipline is wat ontwerp is om bepaalde gewenste resultate te behaal. Patricia Benner se Dreyfus- en beginner-tot-kenner-model is ook gebruik om die behoefte aan sinvolle praktiese ervaring by verpleegstudente te staaf, en om verpleegopvoeders te wys hoe om studente se praktiese leerbehoefte te bepaal en hulle vaardighede te help ontwikkel.

Die resultate van die studie dui daarop dat die kliniese instrukteur as mentor en begeleier die korrelasie tussen teorie en die praktyk van verpleegonderwys fasiliteer. Die resultate dui verder daarop dat student probleme in kliniese praktyk ervaar en kliniese instruksie benodig. 'n Aantal aanbevelings word gedoen op grond van beperkinge wat in die huidige onderrig-en-leer-proses uitgewys is. Een van die aanbevelings is die ontwikkeling van strategieë om vennootskappe tussen die hospitaal, die verpleegkampus en die fakulteit verpleegkunde te bou. Hierdie spanbenadering kan die rol van die kliniese instrukteur duidelik omlyn ten einde optimale verpleegopleiding te verseker. Verdere navorsing word aanbeveel.

Trefwoorde: kliniese instruksie, kliniese begeleiding, verpleegopleiding

## ACKNOWLEDGEMENTS

I would first and foremost like to thank God the Father, Jesus Christ His son and my Lord and Saviour, and the blessed Holy Spirit, for grace, supernatural blessings and divine favour upon my life.

I dedicate this study to the memory of two amazing men; my precious dad who has been my inspiration and the reason for my embarking on this journey and my darling husband whose love remains the wind beneath my wings. Though they never got to see the completion of this study, the memory of their love and unwavering faith in me is what nudged me onto completion.

I express my heartfelt and sincere appreciation to:

- Dr Johann Hugo, my supervisor, for being ever so patient. Thank you for always prompting me on and never giving up on me.
- Dr Ethelwynn Stellenberg, for the encouragement and kindness shown to me over the years especially at times when I became so despondent.
- Professor Martin Kidd, for prompt and expert statistical assistance.
- Dr Richard Steele for the encouragement and kind words of motivation as well as the technical and language editing.
- My amazing children Krisanne and Dashaelen, for all the love and the time you allowed me to complete this.
- My amazing family for the love, support and encouragement and also for believing in me.
- Annie, my dear friend, for your prayers when I stumbled and grew weary and for all your motivation and faith in me.
- All participants of the study for their invaluable input.

# CONTENTS

DECLARATION.....	ii
ABSTRACT .....	iii
ACKNOWLEDGEMENTS .....	vii
CONTENTS .....	viii
LIST OF TABLES .....	xii
LIST OF FIGURES .....	xiii
1. CHAPTER 1 : SCIENTIFIC FOUNDATION OF THE STUDY .....	1
1.1 INTRODUCTION.....	1
1.2 OPERATIONAL DEFINITIONS .....	3
1.3 PROBLEM STATEMENT .....	4
1.4 SIGNIFICANCE OF THE STUDY .....	5
1.5 RESEARCH QUESTION .....	7
1.6 AIM .....	7
1.7 RESEARCH OBJECTIVES .....	7
1.8 RESEARCH DESIGN .....	7
1.9 POPULATION AND SAMPLING .....	8
1.10 INCLUSION CRITERIA.....	8
1.11 EXCLUSION CRITERIA .....	8
1.12 PILOT STUDY .....	9
1.13 INSTRUMENTATION.....	9
1.14 DATA COLLECTION .....	9
1.15 VALIDITY AND TRUSTWORTHINESS.....	10
1.16 DATA ANALYSIS.....	10
1.17 ETHICAL CONSIDERATIONS.....	10
1.18 CHAPTERS OUTLINE .....	10
1.19 SUMMARY .....	11
2. CHAPTER 2: LITERATURE REVIEW .....	12

2.1 INTRODUCTION.....	12
2.2 OUTCOMES AND COMPETENCIES IN THE R245 LEARNING PROGRAMME .....	12
2.3 CLINICAL PRECEPTORSHIP DEFINED .....	13
2.4 CLINICAL PRECEPTORSHIP AND NURSING EDUCATION .....	14
2.5 THE ROLE OF THE CLINICAL PRECEPTOR IN NURSING EDUCATION .....	15
2.6 STUDENT ACCOMPANIMENT AS AN ALTERNATIVE TO PRECEPTORSHIP.....	17
2.7 RISKS OF DISCREPENCIES BETWEEN TEACHING METHODS AND CLINICAL PRACTICE .....	18
2.8 FINDINGS OF OTHER STUDIES .....	19
2.9 DEDUCTIONS FROM THE FINDINGS OF THE ABOVE STUDIES .....	21
2.10 THEORETICAL FRAMEWORK.....	22
2.10.1 Wiedenbach’s Prescriptive Theory.....	22
2.10.2 The Dreyfus model of skill and acquisition and Benner’s novice to expert model .....	24
2.10.3 Rationale for the chosen theoretical framework.....	25
2.11 SUMMARY .....	26
3. CHAPTER 3: RESEARCH METHODOLOGY .....	28
3.1 INTRODUCTION.....	28
3.2 RESEARCH QUESTION .....	28
3.3 AIM .....	28
3.4 RESEARCH OBJECTIVES .....	28
3.5 RESEARCH DESIGN .....	29
3.6 POPULATION AND SAMPLING .....	31
3.7 PILOT STUDY .....	32
3.8 INSTRUMENTATION.....	33
3.9 DATA COLLECTION.....	34
3.10 RELIABILITY AND VALIDITY .....	35
3.11 DATA ANALYSIS.....	37
3.11.1 Coding and formulation of themes for the qualitative phase of the study .....	37
3.11.2 Frequency distributions for the quantitative phase of the study .....	37
3.11.3 Creation of the matrix to show combined qualitative and quantitative data .....	39

3.12 ETHICAL CONSIDERATIONS.....	39
3.13 SUMMARY .....	40
<b>4. CHAPTER 4: RESULTS AND DISCUSSION .....</b>	<b>41</b>
4.1 INTRODUCTION.....	41
4.2 SECTION A: BIOGRAPHICAL DATA .....	41
4.3 SECTION B: RESULTS OF THE QUESTIONNAIRE SURVEYS.....	42
4.3.1 Diagrammatic representation of the results of the questionnaires .....	43
4.3.2 Results of the unit manager questionnaires .....	51
4.4 RESULTS OF THE FOCUS GROUP INTERVIEWS.....	60
4.5 THEMES EMERGING FROM THE FOCUS GROUP INTERVIEWS .....	60
4.5 DISCUSSION OF THE THEMES .....	60
4.5.1 The role of the clinical preceptor is to facilitate the correlation of theory and practice .....	61
4.5.2 The clinical preceptor is a mentor and a guide .....	61
4.5.3 Problems are experienced by students in clinical practice .....	61
4.5.4 There is poor preparation for procedures due to lack of resources .....	62
4.5.5 A well-established clinical preceptorship department is needed .....	62
4.5.6 Standardisation of practical procedure guides is warranted .....	62
4.6 COMBINED QUALITATIVE AND QUANTITATIVE DATA.....	63
4.7 DISCUSSION OF THE MATRIX.....	64
4.7.1 The role of the clinical preceptor is to facilitate the correlation of theory and practice .....	64
4.7.2 The clinical preceptor is a mentor and a guide .....	66
4.7.3 Problems experienced by students in clinical practice .....	67
4.7.4 There is poor preparation for procedures due to lack of resources .....	68
4.7.5 A well-established clinical preceptorship department is needed .....	69
4.7.6 Standardisation of practical procedure guides is warranted .....	70
4.8 SUMMARY.....	71
<b>5. CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS.....</b>	<b>72</b>
5.1 INTRODUCTION.....	72

5.2 CONCLUSIONS AND RECOMMENDATIONS .....	72
5.3 LIMITATIONS.....	75
5.4 CONCLUSION .....	76
REFERENCES .....	78
ANNEXURES.....	82
APPENDIX A: APPROVAL WITH STIPULATIONS. NEW APPLICATION .....	82
APPENDIX B: INVESTIGATOR RESPONSIBILITIES.....	83
APPENDIX C: ETHICS LETTER.....	84
APPENDIX D: APPROVAL OF RESEARCH PROPOSAL .....	85
APPENDIX E: PERMISSION TO CONDUCT RESEARCH AT EDENDALE CAMPUS (PRINCIPAL, KZN COLLEGE OF NURSING) .....	86
APPENDIX F: PERMISSION TO CONDUCT RESEARCH AT EDENDALE CAMPUS (RESEARCH CHAIRPERSON AND PRINCIPAL EDENDALE NURSING CAMPUS).....	87
APPENDIX G: PERMISSION TO CONDUCT RESEARCH AT EDENDALE CAMPUS (DEPARTMENT OF HEALTH KZN) .....	88
APPENDIX H: PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM.....	89
APPENDIX I: STUDENT QUESTIONNAIRE .....	93
APPENDIX J: NURSING MANAGEMENT QUESTIONNAIRE .....	95
APPENDIX K: FOCUS GROUP INTERVIEW GUIDE.....	97
APPENDIX L: EDITING CERTIFICATE .....	98

## LIST OF TABLES

Table 3.1: Frequency distribution table for data from the student questionnaire .....	38
Table 3.2: Frequency table for data from the unit manager's questionnaires .....	39
Table 4.1: Biographical data of students.....	42
Table 4.2: Biographical data of nursing managers .....	42
Table 4.3: Biographical data of the nurse educators .....	42
Table 4.4: Themes and sub-themes .....	60
Table 4.5: Matrix depicting triangulation of the key issues covered in the questionnaires and the themes that emerged from the participant responses.....	64

## LIST OF FIGURES

Figure 2.1: Kolb's learning styles .....	16
Figure 2.2: Graphic illustration of the conceptual framework for this study .....	26
Figure 4.1: Adequacy of clinical preceptorship in student training .....	43
Figure 4.2: Availability of support should students require clarity.....	45
Figure 4.3: Differences in techniques and methods .....	46
Figure 4.4: Adequacy of equipment and resources for student procedures.....	47
Figure 4.5: The need for full time clinical preceptors for students to ensure clinical competence.....	48
Figure 4.6: Updating of guidelines and information ensured that the same method of doing procedures was carried out by all nursing staff.....	49
Figure 4.7: Enhancing clinical competence through clinical preceptorship .....	50
Figure 4.8: The value of clinical preceptorship for the clinical competence of student nurses.....	51
Figure 4.9: The value of continuous and ongoing support of students for clinical competence.....	52
Figure 4.10: Updating of methods to ward staff as taught at campus .....	53
Figure 4.11: The methods practiced by ward staff involved in student nurse training .....	54
Figure 4.12: The availability of standardised methods and procedures for reference by ward staff .....	55
Figure 4.13: The role of the clinical preceptor to ensure uniformity and standardisation of clinical procedures.....	56
Figure 4.14: The meeting of the practical learning needs of the student in the absence of the clinical preceptor.....	57
Figure 4.15: The ability of the ward staff to meet the practical needs of the student	58
Figure 4.16: Availability of alternatives to clinical preceptorship that provide for practical requirements of the students .....	59

# 1. CHAPTER 1: SCIENTIFIC FOUNDATION OF THE STUDY

## 1.1 INTRODUCTION

In the profession of nursing, apart from acquiring a theoretical understanding, a nurse has to gain practical experience. Each complements the other making this two-fold profession a scientific art (Mellish, 2000:10).

A great deal of emphasis has been placed on the degree of competence of nurses on completion of training (Carlson, Kotze & van Rooyen, 2003:30). This directly impacts on nursing education, an institution that is responsible for the delivery of competent and skilled nurse practitioners on completion of nurse training. There exists a constant drive to enhance the quality of nursing education to ensure a higher degree of competence and skill in newly qualified nurses. To facilitate and enhance the acquisition of practical skills a clinical preceptor is sought. A clinical preceptor as defined by the Encarta Dictionary by electronic word search refers to a specialised tutor, a specialist in a profession especially that of medicine who gives practical training to student nurses.

According to Freiburger (2002:3), studies reveal that preceptors play a vital role in the clinical facilitation of student nurses and could effectively address the issue of the lack of competence in newly qualified nurses.

Effective clinical instruction could enhance the ability of the student to correlate theory and practice and could prove beneficial in raising the standards of competence and professionalism in the noble profession of nursing (Cele, Gumede & Khubheka, 2002:41).

With the added crisis of staff shortages provincially, it is often impossible for registered ward nurses to facilitate the training of student nurses adequately according to the prescribed methods as laid out by Kwazulu-Natal College of Nursing

(KZNCN). KZNCN is an educational body that governs the training of nurses in the province. Professional nurses at Edendale Hospital have not all trained in the province and therefore come from different institutions that subscribe to different policy and procedure methods. This can be confusing for students as methods in the wards are sometimes different from what is taught in the classroom and often shorter version methods are learnt that disadvantage the student.

This study endeavoured to explore the role of clinical preceptorship in enhancing nursing education at Edendale Nursing Campus and Edendale Hospital, as experienced by all stakeholders. The experiences of nurse educators, nursing students and nursing managers from wards/units that students were allocated to at these institutions were included in the study. "Enhancement" had a specific contextualised meaning, namely, enhancement of nursing practice within the clinical (e.g. ward) setting.

A preceptor as defined is a competent practitioner that provides professional guidance to students in a service setting (Jeggels, Traut & Africa, 2013:1),. Preceptorship can be seen as the teaching-learning relationship between the skilled professional and the student nurse to improve the professional development of the student nurse (Happel, 2009). The preceptor can afford the guidance and mentorship that the student nurse requires to progress from a novice in nursing to a skilled professional. With adequate preceptorship, discrepancies in clinical methods can be limited resulting in less confusion amongst students. Students can have readily available guidance and demonstrations can be carried out according to prescribed methods on a consistent basis.

The study was conducted at Edendale Campus and Edendale Hospital with students and lecturers as the research population. The principals of the college and the campus as well as nursing and nursing managers of the hospital were interviewed to provide a holistic view of the situation and analyse key perceptions.

Given that on completion of training newly qualified nurses immediately become independent practitioners, and that student nurses are directly involved in the rendering of care, it is vital that the student nurse grasps the correct methods and

techniques in the execution of her or his nursing care. Jeggels *et al.* (2013), maintain that preceptors need to be competent practitioners who hold a teaching, advisory, supervisory or evaluator role in the service setting and therefore are in the best position to groom student nurses to become competent nurses.

In their study Jeggels *et al.* (2013), claimed that the way forward in continuing nursing education was to develop a model such as Happell's preceptorship model which is explained in more detail later, namely to enhance clinical training of student nurses, by strengthening student-preceptor relationships.

Accompaniment of student nurses was found to be inadequate in some clinical settings in South Africa, hampering the professional development of student nurses and impeding their abilities to integrate theory and practice and to become analytical critical thinkers who could make independent judgments in clinical settings (Lekhuleni, van der Wal & Ehlers, 2004:2).

On a contradictory note, studies conducted by Udlis (2008) at the Marquette University College of Nursing in the United States of America revealed that 56% of studies reviewed supported the use of preceptored clinical experiences in undergraduate nursing education, whereas the remaining 44% found no significant differences in students after a preceptorship experience (Udlis, 2008:20). Udlis concluded that further empirical studies are warranted to elucidate the role of preceptorship in undergraduate studies, and recommended that more research be conducted in this area to achieve higher levels of reflective learning (Udlis, 2008:20).

The aim of this study was to explore the role of preceptorship in enhancing nursing education at Edendale Hospital and Campus of a nursing college.

## **1.2 OPERATIONAL DEFINITIONS**

***Clinical preceptor***– Thesaurus as an electronic reference, describes the preceptor as one who is a specialist, mentor, tutor or instructor in a profession, especially medicine, who gives practical training to a student. *The Concise Oxford Dictionary* (2004:1129) defines the preceptor as one who teaches or instructs. Cele *et al.*

(2002:43) define the preceptor as a professional nurse that acts as a resource person to student nurses while at the same time promotes and participates in the delivery of patient care.

**Student accompaniment** – to supplement or complement a student by a visit on the student by nurse educators (Concise Oxford Dictionary, 2004:8). In doing this the student is guided in his/her technique and is able to clarify issues. He/she is also able to then correlate theory with practice. The South African Nursing Council (SANC) (SANC, 1992:6) defines “accompaniment” as the directed assistance and support extended to a student by a registered nurse or registered midwife with the aim of developing a competent, independent practitioner.

**Clinical setup / arena** – is a gathering at the bedside for the teaching of medicine or surgery (Concise Oxford Dictionary, 2004:268). This can also be described as a scientific, experimental, medical area. This refers to the ward or clinic where the student gains practical exposure.

**Student** – According to R425 of the South African Nursing Council (1986), a nursing student or person in training. In this study the student is understood to be a person undergoing nurse training and education for a period of four years.

**Nurse educator** – the approved term of the South African Nursing Council that is synonymous with tutor or lecturer in nursing education. Brink (1989:12) describes the nurse educator as one who has the additional qualification as nurse tutor entered behind their names in the South African Register for tutors.

### 1.3 PROBLEM STATEMENT

Edendale Campus and Hospital did not have clinical preceptors in their employment until 2012, when three were appointed. Students did not have immediate access to guidance in clinical demonstrations and practicals as nurse educators were not readily available at the hospital as the need arose. The campus is situated approximately 8 km away from the hospital where clinical practice takes place. Nurse educators are based at the campus and accompany students to demonstrate and

supervise practical procedures weekly or twice weekly at maximum. It is not possible to meet the needs of all students at any given time. The prescribed number of practical hours per sub-speciality (Casualty and Outpatient Dept, Operating Theatre and specialised clinics) or wards (General, Paediatrics, Medical and Surgical.) is 4000 collectively according to Regulation 425, the Notification of Completion of Training record (SANC, 1985:2).

While these prescribed hours can be met it is also important to achieve the practical outcomes of each sub-speciality area. Continuous demonstration and guidance is necessary in order to achieve optimum practical skills in each area to ensure competence at the end of the training.

Ward staff cannot effect these demonstrations as practical guides are not standardised and differences exist in what is actually practised and what is taught at the campus concerned. At Edendale Hospital there existed no standardised practical guides in the wards for reference by the students or staff.

Although much research has been undertaken concerning the need for preceptors in the facilitation of clinical instruction, many local academic hospitals still have none. Further research is warranted to investigate the role of the clinical preceptor and clarification of that function. There exists sufficient feedback from students in research studies that describe a lack of preceptorship but little on the view of and experiences of clinical preceptors.

#### **1.4 SIGNIFICANCE OF THE STUDY**

At commencement of this study, this nursing institution functioned in the absence of qualified nurse clinical preceptors. This study was undertaken to highlight the role of clinical preceptorship in enhancing nursing education as experienced and viewed by all stakeholders of nursing education at the KZN College of Nursing. Newly qualified nurses are expected, on completion of their training, to function as accountable and independent nurse practitioners.

The Edendale Hospital is an academic health institution that caters for the clinical needs of nursing students from Edendale Nursing Campus. At commencement of this study, this institution functioned in the absence of qualified nurse clinical preceptors. Clinical preceptors were engaged from April 2012. The hospital is responsible for creating posts for clinical preceptors as their function extends to policy formulation and standardisation of those policies for the general improvement of nursing care. Piemme *et al.* (1986 cited in Mantzorou, 2004:3) advocate goal setting and values clarification regarding the role of the preceptor.

This study aimed to explore the experiences of all stakeholders of nursing education at Edendale Hospital and Nursing Campus to determine if clinical preceptorship enhanced nursing education. The correlation of practice with theory is essential to plan and implement a nursing regime by critical analysis and demonstration of competence and skill. While nurse educators are valuable resource, they are not always available to demonstrate procedures or supervise students as the need arose. In addition, student accompaniment by nurse educators was not carried out daily and was done in between lectures and was therefore very limiting.

Clinical preceptors conduct clinical preceptorship of students. Decreased or absent clinical preceptorship is a factor that could contribute to unsatisfactory acquisition of clinical competence. Freiburger (2002:3) states that well developed preceptor programs increase students' self-confidence and competency. Regular and continuous demonstration and mastery of skills could provide support to nursing students in achieving practical competence on completion of training.

This study endeavoured to contribute to enhancement of the standard of nursing education by encouragement of optimum clinical competence of student nurses through the correlation of theory and practice in students' training.

The findings of this study could impact future education policies and protocols at Edendale Campus as well as policies pertaining to training of student nurses at Edendale Hospital, thus contributing to definition and standardisation of nursing procedures.

## **1.5 RESEARCH QUESTION**

The question that drove this study was: What is the role of the clinical preceptor in enhancing nursing education at a nursing college?

## **1.6 AIM**

The aim is to explore the role of the clinical preceptor in enhancing nursing education at a nursing college. (In this case Edendale Hospital and Campus of the KZN College of Nursing).

## **1.7 RESEARCH OBJECTIVES**

The specific objectives flowing from the above aim were:

- 1) To clarify the role of the clinical preceptor in enhancing clinical competence of student nurses.
- 2) To explore the experiences of clinical preceptorship of all stakeholders of nursing education at Edendale Hospital and Nursing Campus.
- 3) To identify the needs of the student regarding clinical preceptorship at this institution of higher learning.
- 4) To identify gaps regarding clinical preceptorship at Edendale Nursing Campus and Edendale Hospital.

## **1.8 RESEARCH DESIGN**

A mixed method exploratory descriptive research design was chosen for this study. A mixed method approach is one that employs both qualitative and quantitative approaches to broaden the understanding of the problem. This type of method was used to gain sufficient information about the understanding of the experiences of clinical preceptorship by all key stakeholders and to identify or clarify problems if any existed. Equal weighting was given to both methods. A concurrent triangulation strategy is a strategy where quantitative and qualitative data are equally emphasised (Creswell, 2009:210). A concurrent triangulation research approach was utilised to

integrate and compare the data for the purpose of convergence (Polit & Beck, 2012:608).

## **1.9 POPULATION AND SAMPLING**

On commencement of the study there was a total student population of 430. At the time of data collection and employment of clinical preceptors, student intake numbers had halved and fewer than the required number of students had accepted nurse training at this institution. Implementation of a new bursary system for nurse training with diminished perks and a lesser monthly monetary value, made the training for this vocation less attractive. The population at the time of data collection comprised 83 students which included only 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> year students of the R425 programme of a total of 273 students from all training programmes at the campus. The population included students that were neophytes to the profession and had no previous nursing experience. The study also included 31 nurse educators at Edendale Nursing Campus of whom 10 were lecturers that met the inclusion criteria. Ten nursing managers of wards/units to which these students were frequently allocated were also included in the study.

## **1.10 INCLUSION CRITERIA**

Only students and lecturers from Edendale Campus and staff from Edendale Hospital participated in the study. Lecturers had to have had at least 5 years teaching experience at this campus to ensure an adequate experience of teaching at an institution where clinical preceptors were once absent. Only students from the 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> year training of the comprehensive training programme participated in the study. All nursing managers from 10 wards that catered for the academic needs of the students participated in the study.

## **1.11 EXCLUSION CRITERIA**

The study was not open to students and lecturers from any other campus of the KZN College of Nursing. Fourth year students were excluded from the study as their practica were carried out at different institutions. Students of the one year diploma

programmes were also excluded as they were trained qualified nurses with previous practical experience. Nursing managers from wards that did not facilitate student nurses at this level were exempted from the study as well.

### **1.12 PILOT STUDY**

A pilot study was conducted by using the questionnaires from the quantitative study to interview five students and two nursing managers to ensure validity. The purpose of the pilot study was to evaluate the appropriateness and quality of the instruments and data collection procedure that were used (Polit & Beck, 2012:195). These participants were excluded from the final study.

### **1.13 INSTRUMENTATION**

This was provided in the form of questionnaires that were completed by the students and nursing managers. The questionnaires required a response from four alternatives using a Likert scale instrument. For the focus group interviews with nurse educators, interview questions from an interview guide were asked and the verbal answers recorded.

### **1.14 DATA COLLECTION**

Being a mixed method study, data was collected concurrently using questionnaires for the quantitative aspect and interviews for the qualitative aspect of the study. Quantitative data from students and nursing managers was collected in the form of self-administered questionnaires.

Focus group interviews were conducted with the nurse educators (who were also lecturers) of Edendale Campus to gather qualitative data. Interviews were tape recorded and transcribed. Themes were generated using a coding system and responses interpreted to identify common themes.

### **1.15 VALIDITY AND TRUSTWORTHINESS**

Research advisors at the campus as well as the supervisor assisted with the design and relevance of the questionnaires as well as questions for the interviews. The questions were based on the objectives of the study.

The technique of triangulation of data was used to develop evidence about the trustworthiness and validity of data (Polit & Beck, 2012:625). Data was “member checked” and “cross checked” to ensure an adequate and systematic use of original data in presentation of the analysis. Quantitative questionnaires and results were analysed by a statistician, Professor Martin Kidd from Stellenbosch University.

### **1.16 DATA ANALYSIS**

Common themes from the transcribed recordings were coded and themes were derived through an analysis of participant responses. All responses from questionnaires were analysed using the Statistica version 12 programme from the statistician. He then created histograms to show the results.

### **1.17 ETHICAL CONSIDERATIONS**

Ethical approval was obtained from the Health Research Ethics Committee at Stellenbosch University. The study did not pose any harm to the participants. Informed consent was signed by all respondents. Conditions of anonymity were secured. Permission from the Department of Health was sought to conduct the research. There was no coercion, so at no time was any student forced to participate in the study. Participation was voluntary and students could withdraw at any point in the study. Confidentiality was assured.

### **1.18 CHAPTERS OUTLINE**

Chapter 1 outlines the significance and motivation of the study as well as a description of the present case scenario. This chapter also provides a brief coverage of the research question, aim, objectives and methodology of the study.

Chapter 2 covers the literature study relevant to the subject of clinical preceptorship as well as the theoretical framework of the study.

Chapter 3 describes the research methodology that is the design, sampling and methods of collection.

Chapter 4 presents the results as well as analysis and discussion of the data.

Chapter 5 covers the recommendations, limitations and conclusion of the study.

### **1.19 SUMMARY**

Clinical preceptorship could provide an exciting, rewarding, refreshing approach to acquisition of skills on a regular consistent basis. Suggestions made by those expert key participants could be explored to determine favourable implementations that can assist the profession in its endeavour for excellence. A policy could be implemented that outlines expectations of the proposed clinical preceptor that meets with the expected standard of the academic team in achieving a standard that is uniform, consistent and impeccable. Excellence in clinical nursing competence on completion of nurse training may be possible.

## **2. CHAPTER 2: LITERATURE REVIEW**

### **2.1 INTRODUCTION**

This chapter discusses key concepts relevant to the theme of this study, with the focus on clinical preceptorship in nursing. The role of the preceptor and the experiences of students from other studies are explored. Wiedenbach's prescriptive theory, The Dreyfus model of skill acquisition and, Patricia Benner's novice to expert model form the theoretical framework of the study. Kolb's Experiential Learning theory and Bloom's Taxonomy are used to define the role of preceptorship in nursing education. Key words used in the literature search include clinical preceptorship, preceptor, clinical mentor, clinical supervision, clinical accompaniment, clinical learning and clinical practice.

### **2.2 OUTCOMES AND COMPETENCIES IN THE R245 LEARNING PROGRAMME**

In terms of the Higher Education Act (no. 101 of 1997) and the Higher Education Amendment Act (no. 39 of 2008), the Council on Higher Education (CHE) is responsible for quality assurance for higher education, and for implementation of the Higher Education Qualifications Framework (HEQF). The HEQF, in turn, assigns to the CHE the responsibility for developing standards for all higher education qualifications (Framework for Qualifications Standards in Higher Education, 2011). This implies that the CHE must ensure that there are quality assurance programmes in place leading to qualifications. This is the case in nursing education as well.

A characteristic that informs standards development is that it must be regarded as beneficial by all interested parties. Therefore the experiences of all stakeholders of nursing education were explored in this study.

The Nursing Act 2005 (Act No. 33 of 2005) defines clearly what these outcomes and competencies are that must be achieved by a student nurse to ensure registration to achieving the qualification. "Qualification", according to the Act, means "a planned combination of learning outcomes with a defined purpose that is intended to provide

qualifying learners with applied competence for meeting the professional nurse qualification that is registered on the National Qualifications Framework (NQF) which meets the prescribed requirements for registration as a professional nurse” (Act No. 33 of 2005:23).

The student nurse must be competent and "competence" according to the Act No 33 of 2005 means “the ability of a practitioner to integrate the professional attributes including, but are not limited to, knowledge, skill, judgment, values and beliefs, required to perform as a professional nurse in all situations and practice settings” (Act No 33 of 2005: 22). A practical assessment assesses the overall competence and achievement of the actual performance and skills of the learner in clinical settings as required by the South African Nursing Council.

It is therefore imperative that students achieve optimum practical skills in the wards so that they can attain the competence that the South African Nursing Council requires to ensure qualification and registration.

### **2.3 CLINICAL PRECEPTORSHIP DEFINED**

A preceptor, according to Hyrkas and Shoemaker (2007:516), generally provides support and assistance to students to help them become familiar with the clinical environment and provision of patient care. The preceptor is a teacher or an educator wherein the word ‘precept’ means a rule or principle which imposes a particular standard of action or conduct (Mellish, Brink & Paton, 1998:217). Support from preceptors enable student nurses to apply knowledge, skills and attributes in the clinical setting to facilitate the move from novice to expert (Jeggels, Traut & Africa, 2013:1).

Preceptorship is a teaching model that focuses on one-on-one guidance, teaching and support of students in bridging the gap between theory and practice. Cele *et al.* (2002:43) state that it should be understood that a preceptor is a professional nurse who can act as a resource person to student nurses while at the same time promote and participate in the delivery of patient care.

Freiburger (2002:3) states that well developed preceptor programs increase student self-confidence and competency. Mellish *et al.* (1998:216) state that if clinical teaching is to serve its purpose, it should be available 24 hours a day in a training hospital.

## **2.4 CLINICAL PRECEPTORSHIP AND NURSING EDUCATION**

Nursing education is constantly changing to bring about optimum learning and improvement of the profession and service standards. Mantzorou (2004:1) states that education is striving toward the goal of facilitating change and learning. Learning in nursing incorporates a theoretical and a clinical aspect as every nursing action is backed by scientific theory. Clinical supervision represents an important aspect in the development of nursing student's clinical skills (Jeggels *et al.*, 2013:1). Preceptorship has the potential to facilitate the clinical experience of the students by encouraging reflection and enhancing their critical thinking (Mantzorou, 2004:01). A study of the literature reveals that clinical supervision also known as clinical preceptorship, is a conceptually sound learning model, which, unfortunately, is flawed by problems of implementation (Pillay & Mtshali, 2008:46).

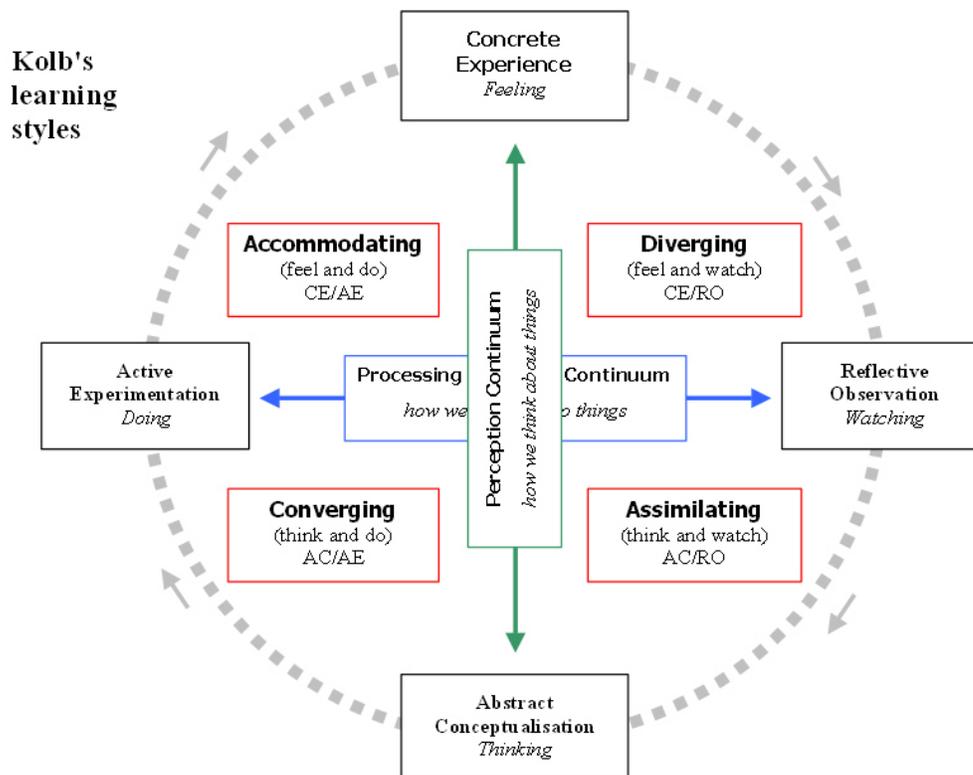
Clinical preceptors can enhance the clinical competence of nursing students by affording uniform, prescribed theoretical and practical instruction in accordance with Bloom's Taxonomy, a cognitive learning model that ensures maximum learning takes place to produce a higher degree of competence in nursing. Bloom's Taxonomy is a learning theory that was created in 1956 under the leadership of educational psychologist Dr Benjamin Bloom to promote a higher level of cognitive activity such as analysis and evaluation (Krathwohl, Bloom & Masia, 1964). The model generally differentiates between three domains i.e. the cognitive (mental), the affective (growth in feelings or emotional areas) and the psychomotor (manual or physical skills). In this model, theoretical instruction is therefore congruent with what is taught clinically and standards of care are uniform and continuously improved upon.

## 2.5 THE ROLE OF THE CLINICAL PRECEPTOR IN NURSING EDUCATION

The role of the clinical preceptor is critical to the successful integration of student nurses into the profession (Monareng, Jooste & Dube 2009:114). They provide orientation, socialisation and personal and professional support for nursing neophytes by guidance, observation and quality supervision in clinical learning (Monareng *et al.*, 2009:114). Preceptors can assist with development of skills and problem solving in the clinical area. They are able to ease the correlation of theory and practice (Mabuda, Potgieter & Alberts, 2008:19). A preceptorship model has the advantage of allowing close accompaniment and practice orientated education of the students (Monareng *et al.*, 2009:114). Happell's preceptorship model (2009:373) was contextually adapted to form a conceptual framework for the development and implementation of a preceptorship training programme for nurses. According to Happell, the success of preceptorship in nursing is determined by the strength of the preceptor-student relationship.

For preceptorship to be effective in nursing education a relationship between the educational institution and the clinical facility needs to be established. Kolb's Experiential Learning Theory fits clinical skills training very well.

Kolb (1984:21) identifies four adaptive abilities that are crucial to effective clinical learning which are illustrated in Figure 2.1.



© concept david kolb, adaptation and design alan chapman 2005-06, based on Kolb's learning styles, 1984  
 Not to be sold or published. More free online training resources are at [www.businessballs.com](http://www.businessballs.com). Sole risk with user.

**Figure 2.1: Kolb's learning styles**

Kolb's four adaptive abilities are:

- Concrete experience, where students immerse themselves in the experience (feeling);
- Reflective observation, where students observe and reflect on the experience (watching);
- Abstract conceptualisation, where students create concepts that integrate their observations into theories (thinking); and
- Active experimentation, where students apply these theories in new situations (doing) (Kolb, 1984:21).

Opportunities for the students to feel, watch, think about and perform specific tasks related to clinical teaching and learning are included in the course outcomes (Jeggels *et al.*, 2013:01). Preceptorship has the potential to facilitate the clinical

experience of the students by encouraging reflection and enhancing their ability for critical thinking (Kok & Chabeli, 2002:36).

In her article, Eley states that nurses serve as preceptors for new staff, novice student graduates, and nursing students at multiple levels from technical degree seeking to master's level (Eley, n.d.).

Eley further points out that new staff and or students are in dire need of additional time and preparation from preceptors. It therefore stands to reason that preceptors could be employed on a full time basis as part time preceptorship is inadequate (Eley, n.d.).

## **2.6 STUDENT ACCOMPANIMENT AS AN ALTERNATIVE TO PRECEPTORSHIP**

Accompaniment in nursing education is directed assistance and support extended to a student nurse by a registered nurse or midwife with the aim of developing a competent and independent practitioner (SANC, 1992:8). The South African Nursing Council asserts that clinical accompaniment of student nurses is indispensable in all teaching situations and that all registered professional nurses and midwives are indispensable in the accompaniment of student nurses in clinical settings (SANC, 1992:7).

The following roles and functions of nurse preceptors in student accompaniment were identified by student nurses in a study by Cele *et al.* (2002:41):

- Acting as role models;
- Acting as resource people;
- Providing clinical teaching;
- Orientating them in clinical areas;
- Allaying fears and anxieties by providing guidance, support and encouragement;
- Demonstrating procedures;
- Helping them in solving problems they experience; and
- Doing formative and summative evaluation of student nurses.

Staff shortages in both nursing education and in the profession are one of the contributory factors to decreased accompaniment. The inadequacy of accompaniment could hamper professional development and impede their students' ability to acquire the necessary skills to become competent practitioners. Carlson *et al.* (2005:65) and Mabuda *et al.* (2008:19) suggest that the clinical component of nurse training in South Africa is not optimally structured to provide the clinical needs of the students. Proper utilisation of preceptors could solve the anxieties experienced by students due to lack of accompaniment in the clinical arena.

A conducive and supportive learning environment for student nurses depend on the availability of placement support systems such as supervision, mentorship, preceptorship and relationships between the faculty, student nurses and clinical staff (Mabude *et al.*, 2008:19).

## **2.7 RISKS OF DISCREPENCIES BETWEEN TEACHING METHODS AND CLINICAL PRACTICE**

Research by Carlson *et al.* (2003) showed that confusion arises when nursing clinical skills taught theoretically in the classroom differed somewhat to the skills practiced by ward staff, giving rise to frustration on the part of the student (Carlson *et al.*, 2003:30). The authors found that first year students experienced most of the confusion and anxiety and this accounted for the large number of drop outs in the first year of training. In the initial months of nurse training, nursing students resign because their preconceptions differ from what they actually experience in the clinical learning environment (Carlson *et al.*, 2003:31).

The role of the nurse educator is targeted in this aspect of her/his functions as she/he is encouraged to introduce new ways to stimulate critical thinking and enhance reflective learning (Fakude & Bruce, 2003:55). Reflective practice is a valuable tool in nursing education because independent practice demands continuing development and growth in the cognitive and affective domains of learning (Fakude & Bruce, 2003:55). Kok and Chabeli (2002:36) found it imperative that educators focus on using student-centered teaching strategies that are student

friendly, for example reflective journal writing to promote reflective thinking and learning to improve practice.

## **2.8 FINDINGS OF OTHER STUDIES**

Students have expressed feelings of helplessness and frustration at the inability to render quality care because of lack of resources (Carlson *et al.*, 2003:36). These authors also claim that the present state of financial constraints in the provision of health care exacerbates the condition. Students are unable to meet certain objectives in the provision of nursing care which is rather contradictory to what is expected in the theoretical component (Carlson *et al.*, 2003:35).

The reality of nursing practice and the resources available in the clinical learning environment make it almost impossible to apply the principles of nursing care to obtain optimal results (Carlson *et al.*, 2003:35).

Studies by Lipinge and Venter (2003:10), revealed the following:

- Expectations of student nurses were not met as the staff are sometimes not aware of the student nurses' learning objectives;
- Frustrations were experienced during daily practice due to poor integration of theory and practice; and
- There was a lack of tutorial support and guidance by tutors.

Carlson *et al.* (2003:36) concluded that the clinical learning environment creates many opportunities for student learning but the development of critical competencies in students and ultimately the nursing profession were being compromised and objectives of nurse education not being met. In reality, availability of resources in the clinical arena makes it almost impossible to adhere to basic principles in the execution of nursing care.

The shortage of staff, equipment and supplies can negatively affect the competency of student nurses (Pillay & Mtshali, 2008:47). Students feel insecure in their practicing of nursing skills, because of poorly developed skills, due to non-availability of staff. Feelings of helplessness and frustration have been expressed due to the

shortage of, and absence of, equipment to fulfill nursing duties and meet the demands of patient care (Carlson *et al.*, 2003:35).

Strategies must be sought to ensure that adequate reflective learning takes place in the meeting of objectives. Data that emerged from interviews with students proved that: the student nurses experienced uncertainty and frustration due to inability to effectively apply critical thinking skills in providing care (Carlson *et al.*, 2003:35).

Confusion arises in students due to the conflict that emanates from expectations of nursing educators versus those of the hospital staff with regard to differences in method (Carlson *et al.*, 2003:35). It is evident that planning of clinical supervision (preceptorship) activities should identify resources and the necessary time for this to take place (Pillay & Mtshali, 2008:59). From the reviewed literature it has been established that clinical supervision sessions are vital for the development of clinical skills among students as expressed by Pillay and Mtshali (2008:55). Despite the importance of clinical preceptorship, many researchers have reported negative experiences as expressed by student nurses in the clinical setting (Mabude *et al.*, 2008: 20). A comparative descriptive study was conducted in one of the hospitals in Kwazulu-Natal (Region D). The study revealed that most student nurses (87.5% n = 70) identified nurse preceptors as playing an important role in their accompaniment as compared to other professional nurses (Cele *et al.*, 2002:41). The problem exists in that not all academic hospitals have the services of preceptors or clinical instructors.

The importance of clinical preceptorship is recognised globally. Yonge, Ferguson, Myric and Hasse (2003:210) conclude that preceptorship is part of the learning triad together with the student and the faculty.

In a study at the Faculty of Nursing, University of Toronto, Canada, it was established that the need for a supportive clinical learning environment was of paramount importance for students in the clinical arena (Chan, 2006:677). Support for the integration of theory and practice proved invaluable and the sustainability of professional competence makes the effort worthwhile.

Preceptorship programs have become prevalent in nursing education as studies have been performed to support its benefits or advantages over the traditional clinical experience (Udlis, 2002:20).

In a study in the School of Nursing at the University of the Western Cape, it was recommended that all stakeholders, that is, all role players in nursing education, develop and implement a relevant preceptorship programme (Jeggels, 2012:1).

The recommendations of a study by Morolong and Chabeli (2006:38) relate to improving clinical accompaniment or supervision.

A study by Fakude and Bruce (2003:49) recommended continuous student support and guidance of clinical education in nursing if reflection on what is learnt is to enhance the practice of nursing.

## **2.9 DEDUCTIONS FROM THE FINDINGS OF THE ABOVE STUDIES**

The purpose of clinical supervision or preceptorship is to promote academic, personal and professional growth in students (Pillay & Mtshali, 2008:53).

From the above studies the following is evident:

- There exists a lack of tutorial support;
- Students are frustrated;
- Resources are insufficient to acquire optimum clinical competence;
- There exists insecurity in competence; and
- Strategies are warranted to improve upon reflective learning.

## 2.10 THEORETICAL FRAMEWORK

### 2.10.1 Wiedenbach's Prescriptive Theory

Wiedenbach's Prescriptive Theory could be described as a situation producing theory that conceptualises both a desired situation, and the prescription of how it occurs (George, 2002:211). In her theory, Wiedenbach, a progressive leader in nursing, describes nursing practice as an art in which the nursing action is based on the principles of helping (George, 2002:214), "art" being the skill or nursing action which is to be developed in the training and education of nurses. This theory was apt as Wiedenbach maintains that to gain nursing wisdom; one must acquire a meaningful experience (George, 2002:210). She further prescribes the following characteristics that are essential for the professional nurse:

1. Clarity of purpose.
2. Mastery of skills and knowledge essential for fulfilling the purpose.
3. Ability to establish and sustain purposeful working relationships with others, both professional and nonprofessional individuals.
4. Interest in advancing knowledge in the area of interest and in creating new knowledge.
5. Dedication to furthering the good of mankind, rather than to self-aggrandisement.

Of all the above, mastery of skills and knowledge are essential for a professional, competent nursing graduate, and are relevant to this study.

Wiedenbach's theory subscribes to three concepts that can be applied to this study namely:

- 1) ***The central purpose*** – this study aims to determine the role of the clinical preceptor in enhancing nursing education. The stated purpose as described by George (2002:212) is the guide and goal of clinical nursing. Wiedenbach believes that human beings are in a basic strive toward self-direction and achievement of independence (George, 2002:212). George maintains that nursing, a clinical discipline, is a practice discipline designed to produce explicit desired results.

She believes that the means by which the nurse is able to attain those desired results includes skills, techniques, procedures and devices that may be used to facilitate nursing practice (George, 2002:214). On completion of training the newly qualified registered nurse assumes full responsibility and accountability for her/his acts and omissions as laid out in the Scope of Practice of Registered Nurses (R2598) and Acts and Omissions (R387) Regulations.

The purpose of nursing education is to eventually get the student to reach a stage of independence and competence in executing nursing duties, as a result of clinical nursing education received.

2) ***The prescription for the fulfilment of the purpose*** – this refers to the strategies that need to be implemented that are most likely to lead to the fulfilment of the purpose by determining the role of clinical preceptorship in enhancing nursing education. The prescription according to George (2002:213) specifies the nature of the action that is likely to lead to the fulfilment of the purpose. Of the three kinds of voluntary action that Wiedenbach prescribes, this study relates to the practitioner-directed action. In this study the action is the clinical nursing skills acquired by the nurse practitioner, enhanced by the role of a preceptor.

3) ***The realities*** – the immediate situation that influences the fulfilment of the central purpose which is the key problem motivating the study. In this study the realities comprise many factors which include the student, the nursing campus, and the clinical placement area such as the hospital or clinic where the student acquires clinical skills.

### **2.10.2 The Dreyfus model of skill and acquisition and Benner's novice to expert model**

The premise of the Dreyfus model of skill acquisition as utilised by Benner is that increments in skilled performance are linked to experience as well as education (Benner, 1982:402). Benner identified the competencies of new graduates in her studies. Her theory is that knowledge embodied in the practical world is important for the development of nurses' skills and ability to care and by articulating different stages of clinical development in nursing practice; she placed a new value on clinical experience (Benner, 2013). Her novice to expert continuum serves as the basis for many developments and advancement models. In her application of the model, Gentile (2012:101) states that professional development and advancement models are commonly used frameworks for recognizing the clinical expertise of nurses. Benner explains how educators and preceptors could learn to understand what they could realistically expect of new graduates and how to help them develop into skilled nurses (Benner, 2013).

The novice to expert model in nursing consists of five levels of expertise (Benner, 2013). They are as follows:

- Novice: a beginner with no experience whose rule-governed behaviour is limiting and not very flexible;
- Advanced beginner: a nurse who has gained some prior experience and demonstrates an acceptable standard of performance;
- Competent: a nurse who has approximately 2-3 yrs. experience in a particular field and is more aware of long term goals;
- Proficient: a nurse who perceives situations more holistically and has understanding to make decisions and modify plans of action; and
- Expert: a professional who can readily connect situations and determine a course of action by her intuitive grasp that comes from a wealth of background experience.

In her studies Benner found differences in clinical performance among the various levels of nursing expertise (Gentile, 2012:101). One of the seven domains that

Benner identified was the teaching-coaching function. She further clarified that for both pre-service and in-service education the novice and advanced beginner need support in the clinical setting and that their level of nursing expertise informed the educators' teaching strategies (Gentile, 2012:106). An instructor or mentor, referred to as the clinical preceptor in this study, could provide guidelines for recognizing such deficiencies in skill acquisition or clinical competence (Benner, 1982:132).

Both of these models were utilised by Benner to show that for the acquisition of competence or expertise, a student must pass through to different levels of skill acquisition (Benner, 1982:402). To facilitate the transition a student must acquire meaningful experience (George, 2002:210). Nursing education must ensure this meaningful experience to ensure competent nurse practitioners.

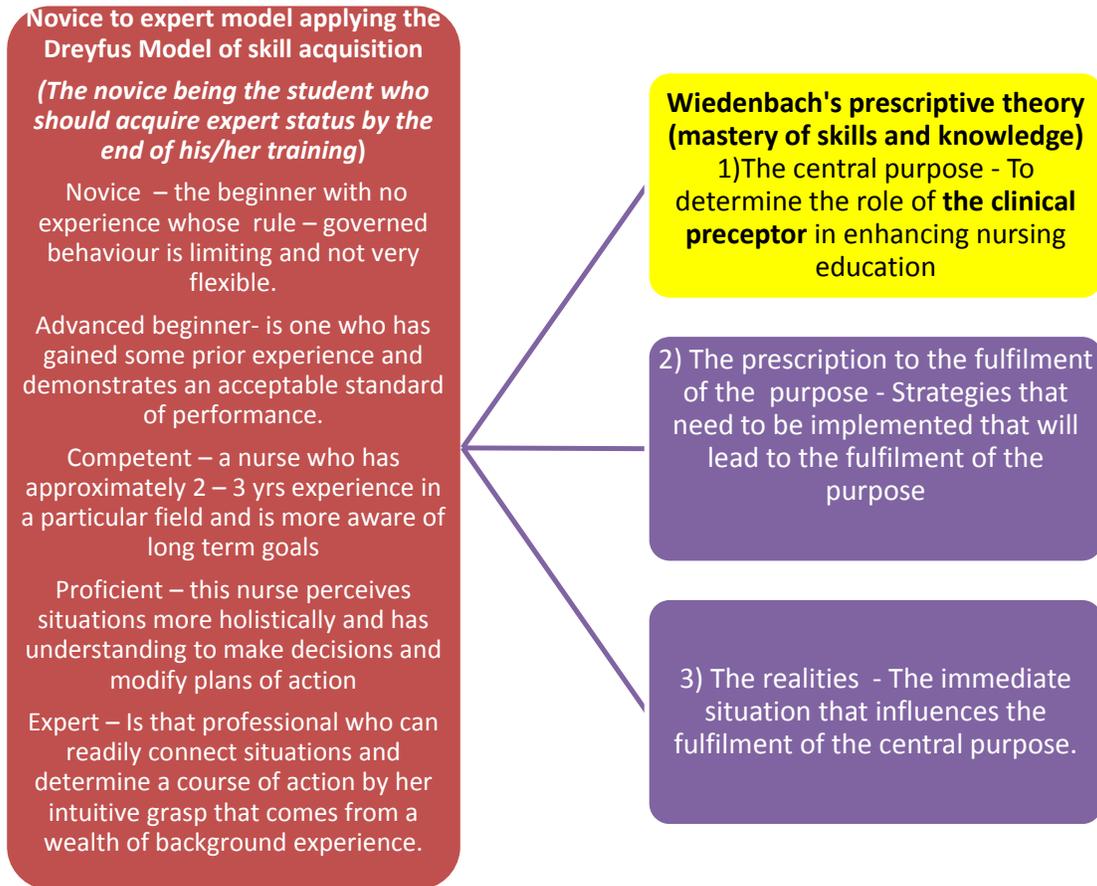
### **2.10.3 Rationale for the chosen theoretical framework**

The paragraph above describes two models of skill acquisition namely: the Dreyfus model of skill acquisition and Benner's novice to expert model.

The researcher has chosen these models as theoretical frameworks for the study because the models could be generalised to skill acquisition in nursing education. As emphasized by Benner (1982:402), these models take into account the acquisition of development of skills based on experience as well as education. The models also cater for clinical knowledge development that facilitates the transition from novice (the student) to expert (the competent nurse practitioner).

The conceptual-theoretical framework is illustrated In Figure 2.2. The aim of nursing education is to produce competent nurse practitioners. In using prescriptive theory the researcher explores the prescriptive characteristic that states that mastery of skills and knowledge is essential for the fulfilling of the purpose. The purpose is to determine the role of the clinical preceptor who, as is established in section 2.2.2, is one that facilitates teaching of nursing skills by guidance, support and supervision to mention a few.

In her model Wiedenbach allows the researcher to look at strategies to fulfill the purpose as well as review the realities of the present situation as experienced by all stakeholders of nursing education.



**Figure 2.2: Graphic illustration of the conceptual framework for this study**

## 2.11 SUMMARY

The literature reviewed has suggested that effective clinical instruction can enhance the ability of the student to correlate theory and practice and thereby prove beneficial in uplifting the standards of clinical competence and mastering of skill in the noble profession of nursing. Clinical competence is vital on completion of training as the student nurse is required to practice as an independent practitioner who is accountable for her/his acts and omissions. She/he should by the time of completion, have successfully passed on from novice to expert in skill acquisition. Based on this

understanding, a theoretical framework was presented that informs the further unfolding of the study that follows in the next chapters.

## **3. CHAPTER 3: RESEARCH METHODOLOGY**

### **3.1 INTRODUCTION**

This chapter deals with the methodology of the study that was applied to explore the experiences of clinical preceptorship by all stakeholders of nursing education to determine the role of clinical preceptorship in enhancing nursing education.

### **3.2 RESEARCH QUESTION**

The question that drove this study was: "What is the role of clinical preceptorship in enhancing nursing education at a nursing college." Creswell (2009:139) states that this combined approach to the research question enhances the point of view that the study leads to some integration or fusion of the quantitative and qualitative phases of the study. The research question reflects the content; in this case the combined experiences of all stakeholders as reflected in both the qualitative and quantitative parts of the study (Creswell 2009:139).

### **3.3 AIM**

The aim of the study was to explore the role of the clinical preceptor in enhancing nursing education at a nursing college. The experiences of clinical preceptorship by all stakeholders of nursing education at Edendale Hospital and campus of the KZN College of Nursing to determine if clinical preceptorship enhanced nursing education.

### **3.4 RESEARCH OBJECTIVES**

The specific objectives flowing from the above aim are:

- 1) To investigate the role of the clinical preceptor in enhancing clinical competence of student nurses.
- 2) To explore the experiences of clinical preceptorship of all stakeholders of nursing education.

- 3) To identify the needs of the student regarding clinical preceptorship at this learning institution.
- 4) To identify gaps regarding clinical preceptorship at Edendale Nursing Campus and Edendale Hospital.

### **3.5 RESEARCH DESIGN**

Mouton and Marais (1990 cited in De Vos, Strydom, Fouche & Delport 2005:360) state that the kind of phenomena which are investigated in the social sciences are enmeshed in such a way that a single approach would not do justice to their study. Creswell (2009:213) describes the mixed method approach as one where the researcher collects both quantitative and qualitative data either concurrently or sequentially and then combines the two data bases to determine if there are convergences, differences, or some combination. In this study the data bases were combined in a matrix and analysed to make deductions from convergence.

A mixed method study as described by Borkan (2004:4) refers to those studies or lines of inquiry that integrate one or more qualitative and quantitative techniques for data collection and/or analysis. Borkan (2004:3) further emphasises that qualitative data collection techniques are also used broadly when patients' or providers' narratives or their lived experience is sought, whereas quantitative methods may work best in isolating and identifying the correlates associated with variation at specific moments in time. Creswell (2009:230) defines mixed study research as an approach to inquiry that combines or associates both qualitative and quantitative forms of research involving philosophical assumptions, the use of qualitative and quantitative approaches and the mixing of both those approaches in a study.

Four factors influence the design of the mixed method study, namely: timing, weighting, mixing and theorising. The timing of this mixed study refers to the phases in which data collection was done. The concurrent data collection method was used as data was collected at the same time and implementation of the study was simultaneous. It was manageable to collect data at the same time.

Weighting refers to the priority given to the two methods of the study. Equal weighting was afforded to both the qualitative and the quantitative methods of the study. Mixing as described by Creswell (2009:208) occurs when both types of data are actually merged on one end of the continuum. No single method was given priority over the other.

Theorising refers to the theoretical design that guides the design. This study was based on Wiedenbach's Prescriptive Theory as described in Chapter 1 section 1.8.

The concurrent triangulation strategy was used in this study whereby the researcher collected data concurrently and then compared the two sets of responses to determine convergence (Creswell 2009:213). The researcher used both qualitative and quantitative methods of equal weighting and within the same time frame to understand the phenomena studied. Equal priority was given to both research methods as data was collected and analysed simultaneously to reach conclusions and recommendations. Data was collected concurrently although separately and then merged in a matrix.

Two focus group interviews of five participants each were conducted as time and availability of the nurse educators were limiting due to work commitments. Data was transcribed verbatim. The data was then read through repeatedly and major and recurring topics were hand coded. Broad themes were generated. Themes were formed by applying inductive reasoning. Inductive reasoning concerns the empirical collection of facts and drawing conclusions from these facts (Burns & Grove, 2007:16-17).

Inductive reasoning was applied by reading and re-reading the raw data, transcribing it and then drawing conclusions. Data was then coded. Coding is a process that involves taking text data or pictures gathered during data collection, segmenting sentences (or paragraphs) or images into categories, and labeling those categories with a term, often a term based in the actual language of the participant (called an *in vivo* term) (Creswell, 2009:186). Similar categories that related to each other were grouped together to reduce the list of categories. Transcripts and codes were cross checked, by two researchers at the campus. Cross checking or inter-coder

agreement is an agreement where two or more coders agree on the codes used (Creswell, 2009:189). From the codes, themes were generated that displayed multiple perspectives from individuals which were supported by their direct quotations. The themes were cross checked and verified by the Head of the Research Team, Dr. N.V. Mkhize, and Miss L. Matanzima who is in possession of a Master's degree and is a lecturer in the psychiatric team.

The themes were also "member checked" by two of the focus group participants. "Member checking" as described by Creswell (2009:191) is when specific themes are checked by the participants to determine if they are accurate. Two of the 10 participants checked the themes with the raw transcribed data. Two participants were utilised to confirm or verify the themes. This ensured that the researcher was able to put aside her personal feelings and pre-conceived perceptions to verify the themes.

### **3.6 POPULATION AND SAMPLING**

A population as described by Burns and Grove (2003:491) refers to all the elements that meet the sample criteria for inclusion in the study.

The population for this study was 83 students of 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> year training of the R425 comprehensive programme as they were new to the profession. The population was also inclusive of 31 nurse educators at Edendale Nursing Campus and 10 nursing managers of wards that students were frequently allocated to. The collective sample then comprised 10 nurse educators that participated in the qualitative phase of the study and 30 students from this campus as well as the 10 nursing managers that participated in the quantitative phase of the study.

Purposive sampling, also referred to as "selective" sampling, was employed to select the participants of the qualitative part of the study as well as selection of the nursing managers, while students were randomly selected for the quantitative part of the study.

Purposive sampling is used where the sample is selected based on the judgement of the researcher regarding subjects or objects that are typical or representative of the study phenomena or who are especially knowledgeable about the topic of the study (Brink, 2007:133). It was thus suitable in this study because it is institutional bound and focused. Lecturers who had more than five years' experience at the campus and worked in the absence of clinical preceptors were purposively chosen to participate in the study. Only nursing managers from wards that students were allocated to for practicals were included in the study.

A sample of 30 students, collectively from the three different levels of training, participated in the research study. Selection of student participants was sought using the random sampling method. All students from the required level of training present at campus on the day of the study were allocated a number. Numbers were drawn from a box until the sample size was reached. Only students whose allocated number was drawn from the box participated in the study. The sample size for the students as derived by an online sample size calculator was 45, however due to availability of the students at the time of data collection; only 30 students participated in the study. A statistician, Professor Martin Kidd was consulted regarding the sampling method.

### **3.7 PILOT STUDY**

A pilot study was completed to examine the reliability, validity and usability of the measurement techniques in target population and the data collection procedure (Burns & Grove, 2003:331). The pilot study was conducted so that modifications could be made to the questionnaires and procedure, if necessary. However, no amendments to the questionnaires were made. A pilot study also tests adequacy of the research methods and procedures as well as appropriateness and quality of the instruments (Polit & Beck, 2012:195).

Five (16.6%) students and one (10%) unit manager participated in the pilot study. Data obtained from participants of the pilot study were not used in the discussion and interpretation of the study results. Consent procedures were followed as it was for the study. Participants for the pilot study were required to sign participation

consents after being fully informed of the nature of the study. Consent was not forced upon participants and participants were free to exit the study at any time they chose to. Anonymity was assured.

Pre-testing allows for modification of existing questions in qualitative research (De Vos *et al.*, 2005:331). Focus group interview questions were checked by research advisors at campus and the supervisor and modifications were made accordingly prior to implementation.

### **3.8 INSTRUMENTATION**

Questionnaires were designed in English as the medium of instruction in nursing education is English. Questionnaires were designed for the purpose of this research study post review of literature relating to the functions and role of the clinical preceptor and the nature of student accompaniment. The student questionnaire comprised seven questions and the unit manager questionnaires comprised nine questions (Appendix I and Appendix J).

Self-administered questionnaires relating to clinical experience were completed by the students and nursing managers. The questionnaires required a response from four alternatives using a Likert scale rating instrument. Post signing of the informed consent, students and nursing managers were given the questionnaires to complete at their leisure. The questionnaires were thereafter collected for interpretation. De Vos *et al.* (2005:166) maintain that the fundamental objective of a questionnaire is to extract facts and opinions about a phenomenon from people who are knowledgeable about that particular field of interest.

An interview guide for the focus group questions was designed (Appendix K). Considering that it is necessary when developing focus group questions that the researcher obtains feedback and guidance from experts in the research team, the interview guide was reviewed and modified by the study supervisor and members of the research team at the campus.

The questions for the focus group interviews required verbal responses and social interaction from two groups of five participants. Two groups were used as availability of the lecturers and time proved limiting. The campus is presently being renovated and lectures are held at the hospital 8 km away which made getting lecturers together, a difficult mission. The discussions were then tape recorded and transcribed verbatim for analysis and interpretation. This step was taken for the purpose of clarification. Research advisors reviewed the recordings and the transcriptions to ensure accuracy.

### **3.9 DATA COLLECTION**

Polit *et al.* (2001: 57) define data collection as the gathering of information to address a research problem. Data was collected by the researcher herself.

Questionnaires that were completed by the students and nurse nursing managers were handed out in sealed non-addressed envelopes containing the questionnaire, information leaflet and consent forms to ensure anonymity. The researcher made herself available for information and questions after explaining the purpose fully. The questionnaires were completed at their leisure. Questions were handed out on 07 November 2012 and by 28 February 2013 all responses were retrieved.

The term “clinical preceptor” was clarified for the benefit of students that were not very fluent in the English vocabulary as this is a predominantly Zulu speaking institution. A Likert scale was utilised to gather the responses. For each question statement the student could choose one of four response alternatives. Participants were required to select the most appropriate response by drawing an X in the relevant box. These responses were counted using the Statistica version 12 programme from the statistician, Professor Martin Kidd.

Focus group interviews were conducted with the lecturers of Edendale Campus in a non-threatening environment. The discussions were opened with a brief introduction and explanation of the purpose of the study. De Vos *et al.* (2005:310) stress the importance of giving information to the group regarding the purpose of the study to

limit or eliminate assumptions. It was stressed to the participants that all responses were valuable and there were no correct and incorrect answers.

A tape recorder was used to capture all responses and the researcher also made personal notes during the interviews. Simple, understandable and non-ambiguous language was used to avoid misconceptions. Probing was used to encourage a response from some of the lecturers who initially contributed little to the discussions. The two focus group Interviews lasted 90 minutes and 110 minutes respectively. All recordings and transcriptions will be saved for a period of five years.

### **3.10 RELIABILITY AND VALIDITY**

The reliability and validity of the results will be discussed holistically as equal weighting and priority was given to both qualitative and quantitative methods. In mixed method study, validity is referred to as legitimation. This relates to the different phases of the research process and how it is blended (Creswell, 2009:219).

Reliability is the stability or consistency of the measurement. This means that if the same variable is measured under the same conditions, a reliable measurement procedure will produce identical or nearly identical results (De Vos *et al.*, 2005:163).

Reliability was achieved by describing and justifying why the mixed method approach was appropriate for the study and documenting the responses according to an acceptable procedure, which includes generating the themes, concepts, categories of concepts and theories emerging from the data audit trail.

To ensure reliability of measures multiple indicators must be used to measure a concept (De Vos *et al.*, 2005:163). There were seven and nine questions used in the questionnaires respectively and more than two questions must be used to measure a concept. Data was verified by interviewing other persons in the same roles and who are knowledgeable or experts on the subject. Transcripts of recordings were “cross-checked” to verify codes and themes by researchers at the campus to ensure clarification. Cross-checking or inter-coder agreement as Creswell (2009:191) refers to it, was carried out by two research advisors from the research team at campus to

ensure that codes used for similar passages of text were agreed upon to generate the themes.

Validity refers to the extent to which an empirical measure accurately reflects the concept it is intended to measure according to Babbie (2004 cited in De Vos *et al.* 2005:160). It must be reasoned that the instruments used in this study do what they have been designed to do. Synonymous to content validity, face validity is the superficial appearance or face value of a measurement procedure (De Vos *et al.*, 2005:161). This measurement technique must look as if it actually measures the variable that it claims to measure. The instrument must be structured so that it not only accurately measures the attributes under consideration but also appears to be a relevant measure of those attributes (De Vos *et al.*, 2005:161).

This was determined by inter-rater reliability and “member-checking”. Original data in the presentation of the analysis were used, so that readers of the research could be convinced that the interpretations relate to the data. This was ensured in two ways. The different data sources of information were triangulated in a matrix to establish a justification of the themes. Member-checking was done by two participants of the study by checking transcripts of recorded interviews to determine the accuracy of the report.

The questionnaires were checked by the university statistician as well the study supervisor and research advisors at the campus. The questionnaire guides for the focus group interviews were checked by the study supervisor and research advisors at campus. Amendments were made accordingly. A review of literature was carried out so that data could be compared to available and relevant research.

Neutrality in reliability and validity of research studies refers to the degree to which findings are solely from the research findings and free from any bias, prior notions or perspectives of the researcher (Lincoln & Guba, 1985). Member checking and cross checking of all data was used to ensure that findings were verified and bias on the part of the researcher, limited.

### **3.11 DATA ANALYSIS**

Data analysis in mixed method research relates to the type of the research design chosen. Data transformation is a method of data analysis used in concurrent strategies which involves quantifying qualitative data or qualifying the quantitative data (Creswell, 2009:218). The researcher chose to qualify the quantitative data by factor analysis which occurs when concepts are created from the data of the Likert scales that were used in these instruments and are then compared to the themes derived from the qualitative data.

#### **3.11.1 Coding and formulation of themes for the qualitative phase of the study**

Common themes were derived through the formation of codes and categorizing and interpreting the qualitative data of this study. Themes are general propositions that emerge from diverse and detail-rich experiences of participants and provide recurrent and unifying ideas regarding the subject of inquiry (Bradley, Curry & Devers, 2007:1765). A theme as described by Polit and Beck (2012:562) is an abstract that affords meaning to an experience and captures its basis as a unified whole. This involved reading through the data repeatedly, then breaking down the data to isolate recurring concepts. Transcriptions were made by the researcher. The search for recurring regularities occurred as recommended by Creswell (2009:186).

Transcripts were read and re-read and recurring concepts coded. Similar codes were clustered together and categorised and similar concepts were grouped together to formulate themes. Regularities were sought from the grounded categories of meanings held by the participants of the study. Data was cross-checked by Dr Mkhize and Miss Matanzima to verify the themes. Discussing this with people who were knowledgeable about the subject lent a fresh perspective.

#### **3.11.2 Frequency distributions for the quantitative phase of the study**

Data was collected in the form of self-administered questionnaires for the students and the nursing managers. A frequency distribution is the most elementary display of data collected (De Vos *et al.*, 2005:222). Frequency distributions in table form were

captured via the Statistica version 12 programme provided by the statistician displaying all the data collected. This data was then analysed by Professor Martin Kidd and histograms were compiled to represent the results.

**Table 3.1: Frequency distribution table for data from the student questionnaire**

RESPOND. ID	Q1	Q2	Q3	Q4	Q5	Q6	Q7
1	1	1	1	1	1	1	3
2	1	3	2	3	2	2	3
3	2	1	1	1	2	1	3
4	3	2	3	1	2	3	3
5	1	2	3	2	3	3	4
6	2	2	2	1	1	1	4
7	2	2	2	1	3	3	2
8	2	3	2	2	3	2	3
9	2	2	2	2	2	2	1
10	2	1	1	3	1	2	4
11	2	3	1	1	1	2	3
12	2	2	1	1	1	1	4
13	2	3	2	3	2	2	4
14	3	2	2	1	2	2	4
15	2	3	1	1	1	1	3
16	1	2	2	2	2	3	4
17	1	4	1	2	1	2	3
18	3	3	2	2	1	2	3
19	1	1	2	1	2	2	4
20	2	3	1	1	2	2	3
21	2	4	1	2	2	2	4
22	1	1	1	1	3	2	4
23	1	1	2	1	2	2	4
24	3	2	3	1	2	1	4
25	1	1	1	1	1	1	3
26	1	3	1	2	1	2	4
27	1	3	1	2	1	2	4
28	1	3	1	1	1	1	4
29	3	4	2	2	2	3	3
30	2	1	2	2	2	2	4

**Table 3.2: Frequency table for data from the unit manager's questionnaires**

RES ID	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9
1	2	3	2	2	2	3	3	4	1
2	2	4	1	3	1	3	2	2	1
3	1	4	1	2	2	3	2	1	2
4	1	4	1	3	1	3	3	3	1
5	1	1	1	3	4	4	3	3	1
6	2	4	2	2	2	3	2	2	1
7	1	4	3	2	3	3	2	2	1
8	2	3	2	2	2	3	2	2	2
9	1	4	3	3	3	4	2	4	1
10	2	3	1	2	2	3	2	2	1

### 3.11.3 Creation of the matrix to show combined qualitative and quantitative data

Matrices are often utilised to represent integrated analyses which is good to make comparisons across data sources (Polit & Beck, 2012:622). A matrix was created by combining the quantitative and qualitative data. The vertical axis of the matrix represents the quantitative elements and the horizontal axis represents the themes derived from the qualitative data. Information in the form of direct quotes from interviews, and results from questionnaires were represented within the cells and were common to both axes thereby triangulating the data and neutralizing any bias.

When combined, the matrix depicted the key issues covered in both the questionnaires and the themes that emerged from the participant responses. It included direct quotes of participants which qualified (confirmed) the results of the questionnaire survey.

### 3.12 ETHICAL CONSIDERATIONS

Ethical approval was gained from the Health Research Ethics Committee at Stellenbosch University and the research committee of the Department of Health. Written permission was also granted by the hospital Chief Executive Officer as well as the campus principal to conduct the study. The study did not pose any harm to the participants. Informed consent was signed by all respondents. Condition of

anonymity was secured. Anonymity is the most secure form of ensuring confidentiality and occurs when neither the researcher nor anyone else can link the participants to the data (Polit & Beck, 2012: 162). Data collected bore no personal details of any of the respondents.

There was no coercion and participation of all respondents was voluntary. It was stressed at the onset of the study that participation by students were voluntary and that the study in no way would have affected their training as it was completely independent of the curriculum. This ensured student autonomy and they were advised that they could abandon the study at any time should they so desire.

### **3.13 SUMMARY**

This chapter outlined a detailed account of the methodology of the study. The aim, objectives, research design, population and sampling techniques as well information regarding ethical considerations were discussed. Data collection methods and the process of analysis were discussed.

## **4. CHAPTER 4: RESULTS AND DISCUSSION**

### **4.1 INTRODUCTION**

This chapter presents the findings of the study and will be outlined in three sections:

- Section A – biographical data of respondents;
- Section B – results of the questionnaire survey; and
- Section C – results of the focus group interviews

The results of the questionnaires will be displayed by means of histograms derived from frequency distribution tables. Rather than reporting individual scores, the graph displays the frequency of the categorical scores (De Vos, Strydom, Fouche & Delpont 2012:229). A discussion of the results follows each of the graphs.

The raw response data was transcribed verbatim to ensure trustworthiness of the data from recordings of the interviews.

The combined data will be discussed by use of the concurrent triangulation design whereby the two databases, qualitative and quantitative data were integrated by merging them (Creswell, 2009:208). Data triangulation according to Polit *et al.*, (2001:383) involves using different sources of information in order to increase the validity of the conclusions and what constitutes the truth. Both sets of data were combined by creation of a matrix where the horizontal axis presented the themes derived from the qualitative data and the vertical axis reflected the key issues covered in the questionnaires. Information within the cells are direct quotations from participants and data obtained from the questionnaires to present a triangulation of all the data.

### **4.2 SECTION A: BIOGRAPHICAL DATA**

The sample was a group of 30 students of the campus from first to third year of the comprehensive four year training course. The reason for the sample size is explained in Chapter 1 section 1.9. Fourth year students were excluded from the

study as they were away at midwifery and psychiatric placement facilities. Both male and female students participated in the study. Ten female nurse educators with 20 years nursing experience or more were interviewed in focus groups. There were no male nurse educators at the time of the study. Ten female nursing managers in excess of 20 years nursing experience participated in the study.

Biographical data are presented in Table 4.1, Table 4.2, and Table 4.3 below focusing on age groups, experience and gender of the respondents.

**Table 4.1: Biographical data of students**

NO OF STUDENTS	AGE GROUP		YEAR IN TRAINING			GENDER	
	20-30	30-40	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	Male	Female
30	22	08	10	10	10	11	19

**Table 4.2: Biographical data of nursing managers**

NO OF NURSING MANAGERS	AGE			YEARS OF EXPERIENCE		GENDER	
	30-40	40-50	50-60	20+	30+	Male	Female
10	01	06	03	03	07	Nil	10

**Table 4.3: Biographical data of the nurse educators**

NO OF NURSE EDUCATORS	AGE		YEARS OF EXPERIENCE		GENDER	
	30-40	40-50	20+	30+	Male	Female
10	01	09	08	2	Nil	10

#### **4.3 SECTION B: RESULTS OF THE QUESTIONNAIRE SURVEYS**

There were two sets of questionnaires used in this study; one for students and one for nursing managers. All the questions related to the key components of the theoretical model presented in Chapter 2. The students in this case can be described as novices from Benner's novice to expert model. The experiences of the participating nursing managers contribute to the prescription of the fulfillment of the purpose in determining measures and strategies that need to be implemented to

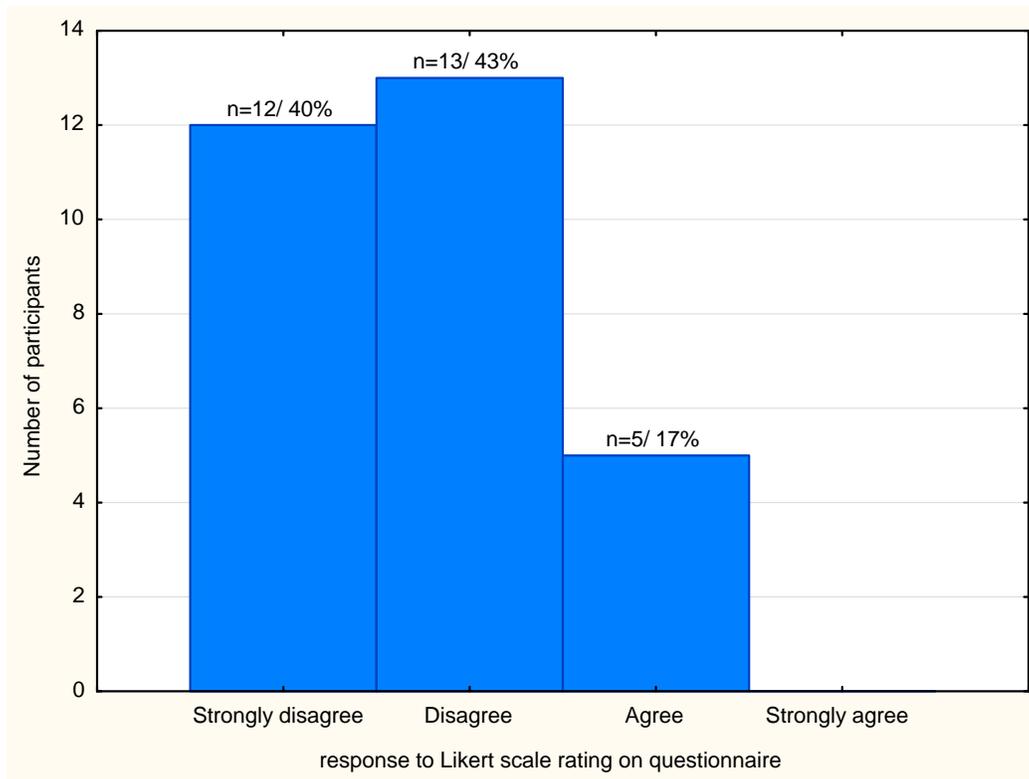
achieve the central purpose. All in all the results that follow reflect the realities of the immediate situation that have an influence on fulfilling the central purpose and that is to determine the role of the clinical preceptor in enhancing nursing education as described in Wiedenbach's Prescriptive Model.

Some of the explanations below are complimented with quotations from the interviews with nurse educators

### 4.3.1 Diagrammatic representation of the results of the questionnaires

Below are graphs that show the percentage results of the ratings of the questionnaires and a brief explanation of the graph follows in each case.

Figures 4.1-4.7 represent the student respondents' answers from the student questionnaire. Figures 4.8-4.16 represent the unit manager respondents' answers from the unit manager questionnaire.



**Figure 4.1: Adequacy of clinical preceptorship in student training**

Figure 4.1 shows that 83% (n = 25) of the student respondents disagreed that there had been adequate clinical preceptorship until April 2012. The remaining 17% (n = 17) agreed with the statement.

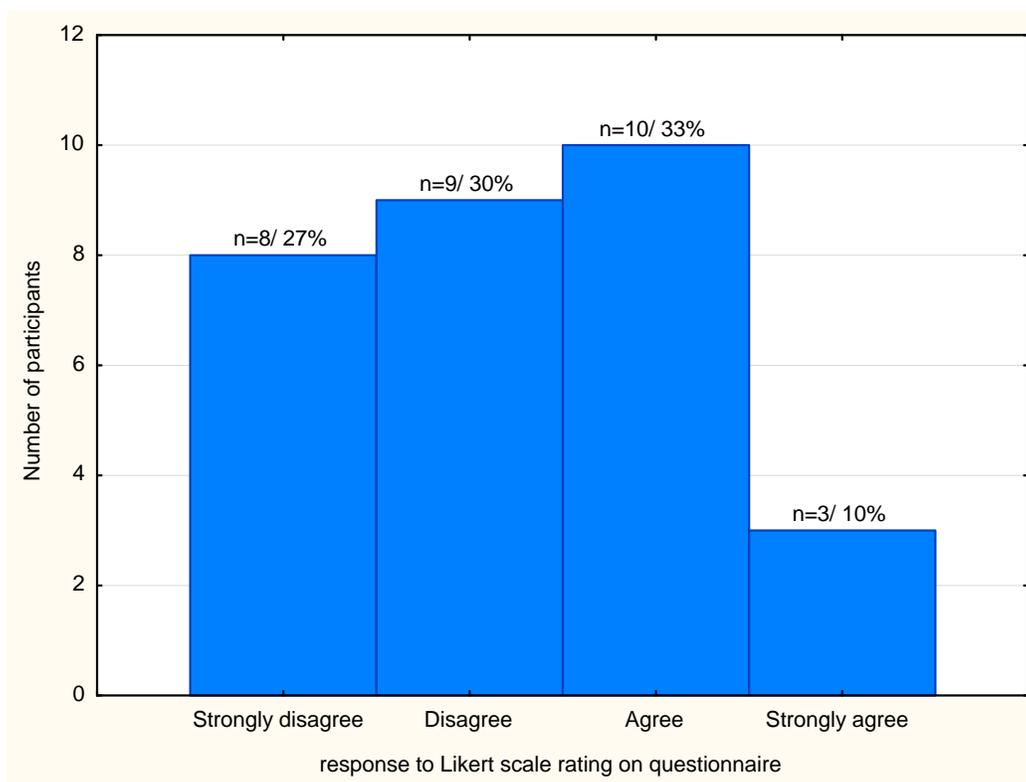
Students from groups that started training after April 2012 participated in the study and had had access to clinical preceptorship. The majority affirmed that clinical preceptorship had been inadequate. Clinical accompaniment, a function similar to clinical preceptorship, was carried out by nurse educators.

As explained in Chapter 2 section 2.2.4, this function was not optimum and was verbalised by the nurse educators that were interviewed. The novice being the student expressed that preceptorship is inadequate. Preceptorship could help these novices develop into skilled nurses (Benner, 2013). Examples

“Students are compromised; they do not get enough assistance.” (P 1)

“...this is definitely not adequate to meet the needs of the students.” (P 6)

They also expressed that this limited time was dependent on many factors e.g. time amidst lectures and other lecture duties, availability of the student, ward routine, availability of resources and the “teachable moment.” The “teachable moment” refers to that real life opportune time when a patient presents with a problem for nursing intervention that can be used for the purpose of demonstration for one or more students e.g. a patient with a tracheostomy for tracheostomy care. Mellish *et al.* (1998:140) describe the “teachable moment” as the moment during nursing care when something occurs to make immediate intervention desirable and which can be used to impart knowledge to those involved in the particular caring incident. The Nursing Act 33 of 2005 as amended states that “clinical teaching must take place in a range of clinical settings and other learning sites that will facilitate the achievement of the program outcomes.” Carlson *et al.* (2003:29) state that the learning environment creates opportunities for student learning and the development of critical competencies in the nursing profession.

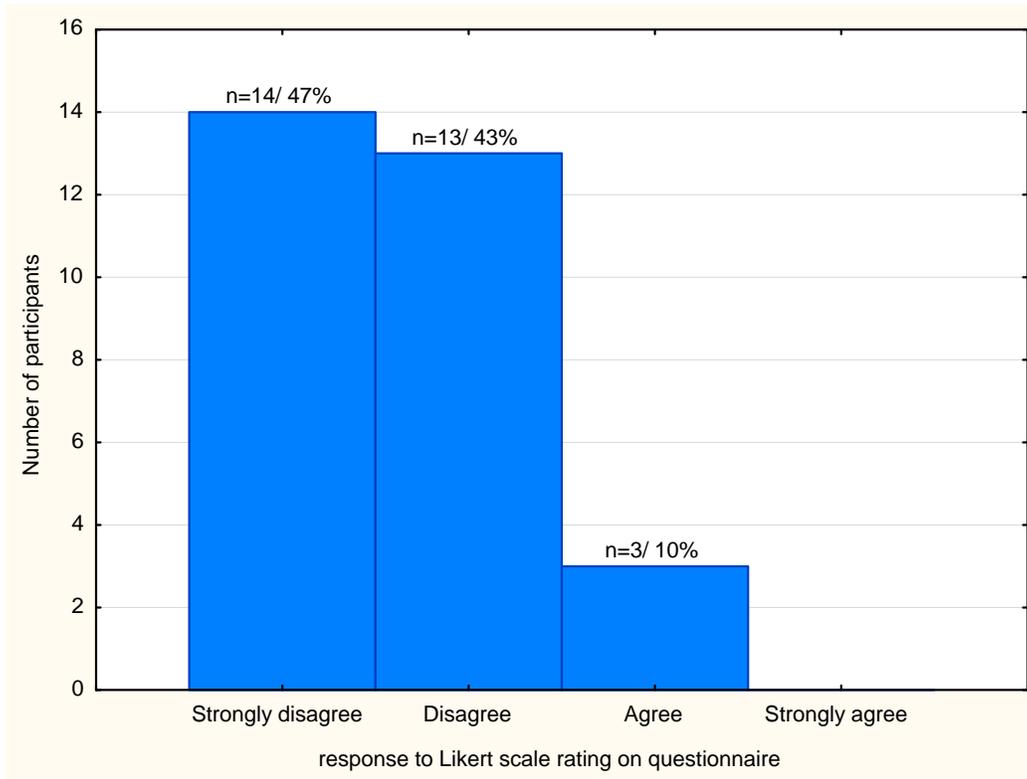


**Figure 4.2: Availability of support should students require clarity**

Figure 4.2 shows that 57% (n = 17) of the student respondents disagreed with this statement, while 43% percent (n = 13) agreed. Nurse educators have continued to perform student accompaniment despite the employment of clinical preceptors in 2012 as only three were employed for the whole hospital. The nursing school campus is based 8 km away from the clinical area therefore clinical accompaniment by nurse educators was carried out only on days when they had no lectures or as time permitted. This proved somewhat limiting for the nurse educators as well as can be seen from the following comment:

“...not all students can be reached through clinical accompaniment and some are missed out totally due to time constraints.” (P 7).

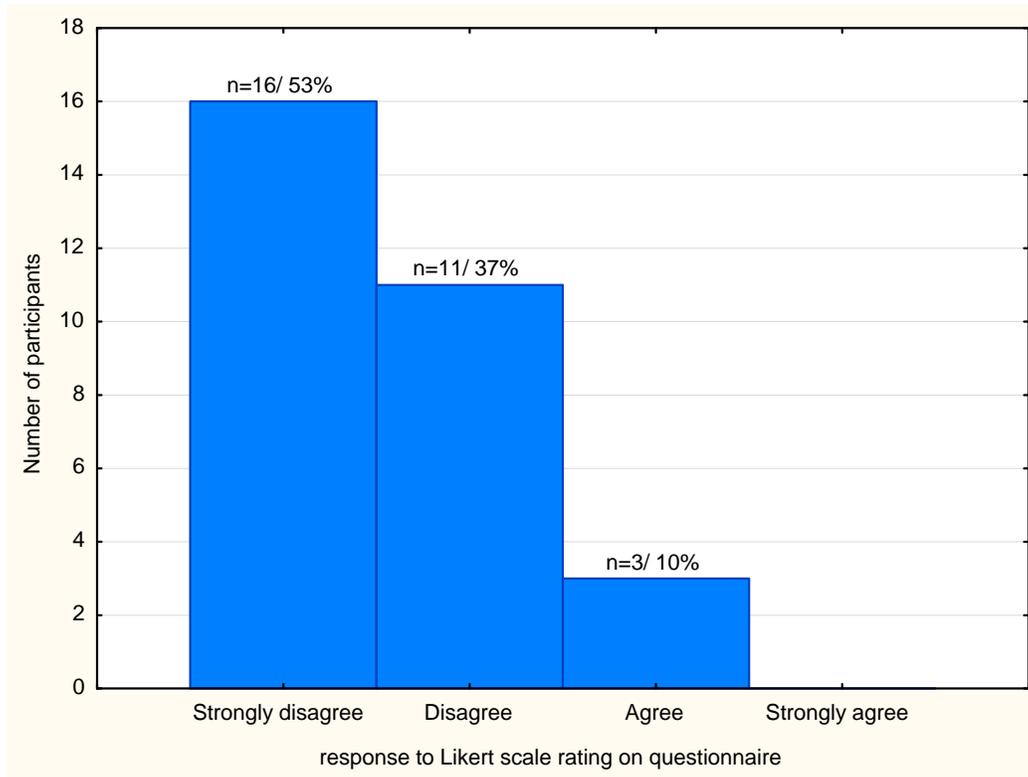
Mantzourou (2004:4) maintains that preceptorship offers first of all a professional nurturance. Students require professional nurturing to become competent nursing practitioners through consistent and timeous support. The inaccessibility of staff has been highlighted as a contributing factor to under-development of competence in nursing (Carlson *et al.*, 2003:27).



**Figure 4.3: Differences in techniques and methods**

Figure 4.3 shows that 90% (n = 27) of student respondents disagreed that ward staff were duly updated on the current methods in clinical practice taught at campus while 10% (n = 3) agreed that staff were duly updated. The results of Figure 4.3 suggests that there was little or inadequate updating of current procedure methods as required by the campus. Students became confused. Carlson *et al.* (2003:36) described this when highlighting first year students' needs and problems in a direct quote from a student who stated that she tried to remember how they were taught because she became accustomed to the way it was done at the hospital and became confused when confronted by nurse educators.

Had ward staff and campus been practising the same methods, confusion regarding methods could be limited. The hospital had absorbed some qualified students into the posts of professional nurses on completion of their training and this could, to a certain extent, account for the 20% that claimed to practice the same methods.



**Figure 4.4: Adequacy of equipment and resources for student procedures**

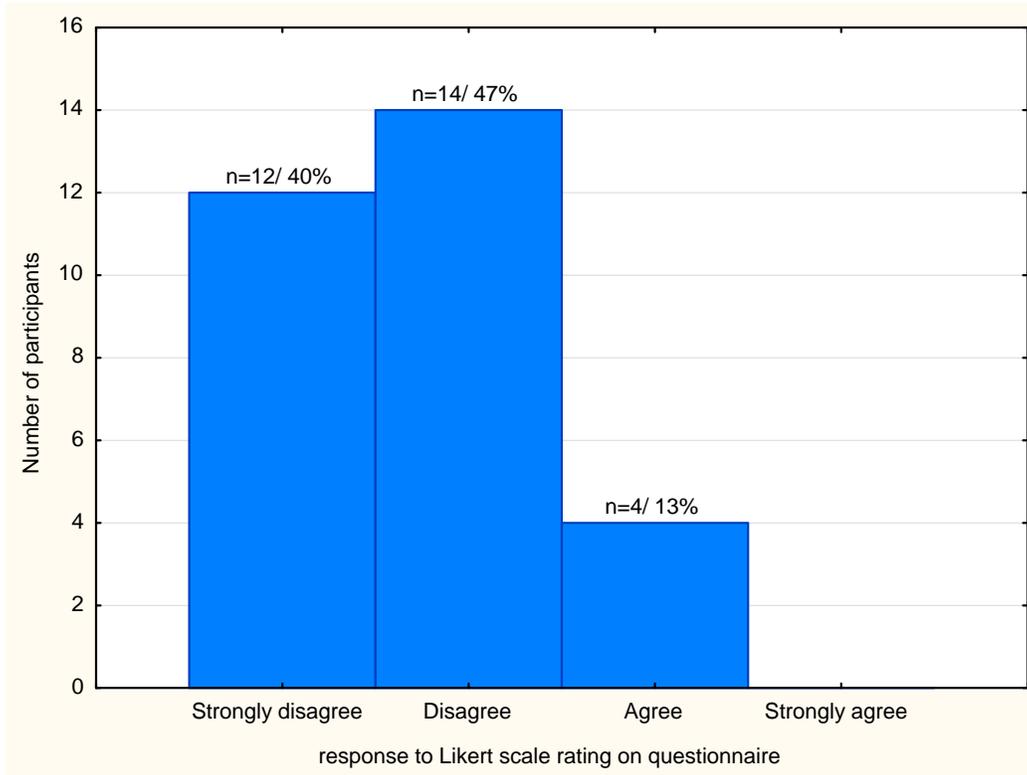
Figure 4.4 shows that 90% (n = 27) of student respondents disagreed that sufficient required equipment and resources were always available to carry out clinical procedures according to prescriptions while the remaining 10% (n = 3) agreed that it was adequate. Ward staff were often unaware of the requirements for procedures as warranted by campus. Example:

“...ward staff do not know what is required by students because there are no guides.” (P1).

There existed a lack of certain resources as shorter trends that were employed by ward staff and became accustomed to working without it. An example of this would be the sterile drape used in sterile wound care as a requirement for the disposable dressing pack as taught by campus. Ward staff performed this procedure without the sterile drape. Nurse educators verbalised in their interview that often students were borrowing and ordering equipment at the time of the procedure. Example:

“... they run around last minute to borrow sterile drapes and stuff.” (P 8)

This contributed to anxiety of the student and resultant poor performance in supervisions and assessments. Students expressed feelings of helplessness and frustration in the absence of required resources (Carlson *et al.*, 2003:34).

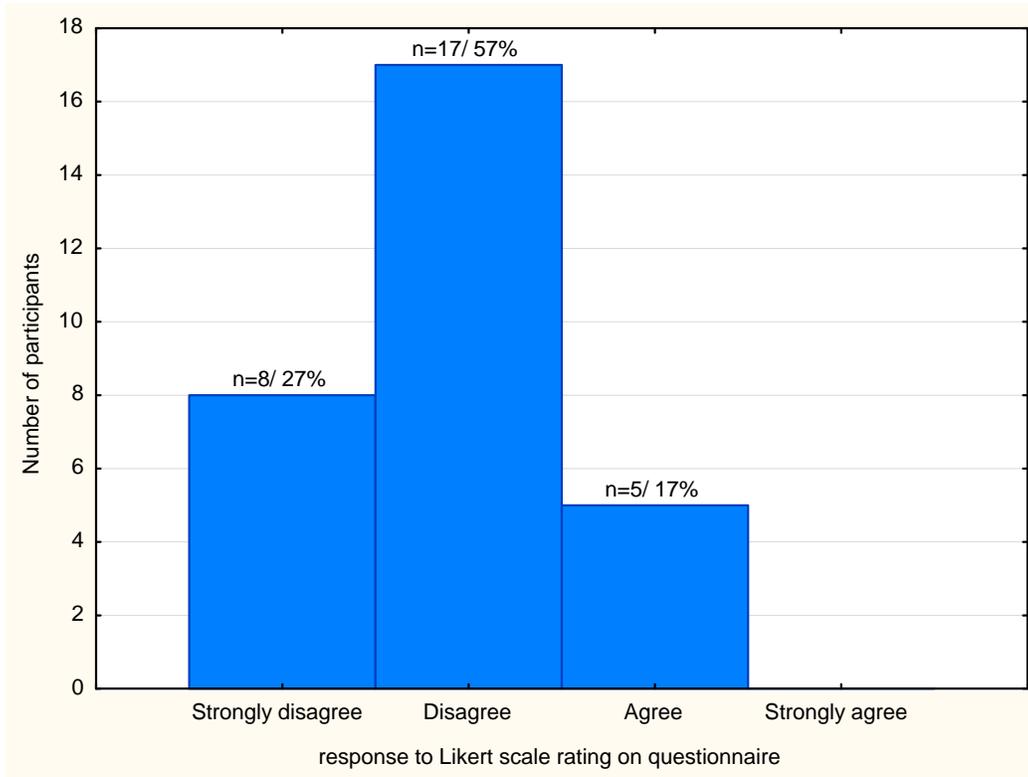


**Figure 4.5: The need for full time clinical preceptors for students to ensure clinical competence**

Figure 4.5 shows that 87% (n = 26) of student respondents disagreed that they do not require full time clinical preceptors as well as being content with having practical support from the ward staff alone. The remaining thirteen percent (n = 4) of students agreed with the above statement.

While certain expectations had to be met within the training program, ward staff also had expectations to be met which included completion of nursing care obligations. A common trend is that nursing students are considered a working component of the clinical ward set-up (an additional human resource).

Role models are necessary to develop clinical skills. Mantzorou (2004:3) identified the major role of the preceptor is that he/she is expected to show appropriate behaviours and act as a role model both for the students and the staff nurses who observed the practice.



**Figure 4.6: Updating of guidelines and information ensured that the same method of doing procedures was carried out by all nursing staff**

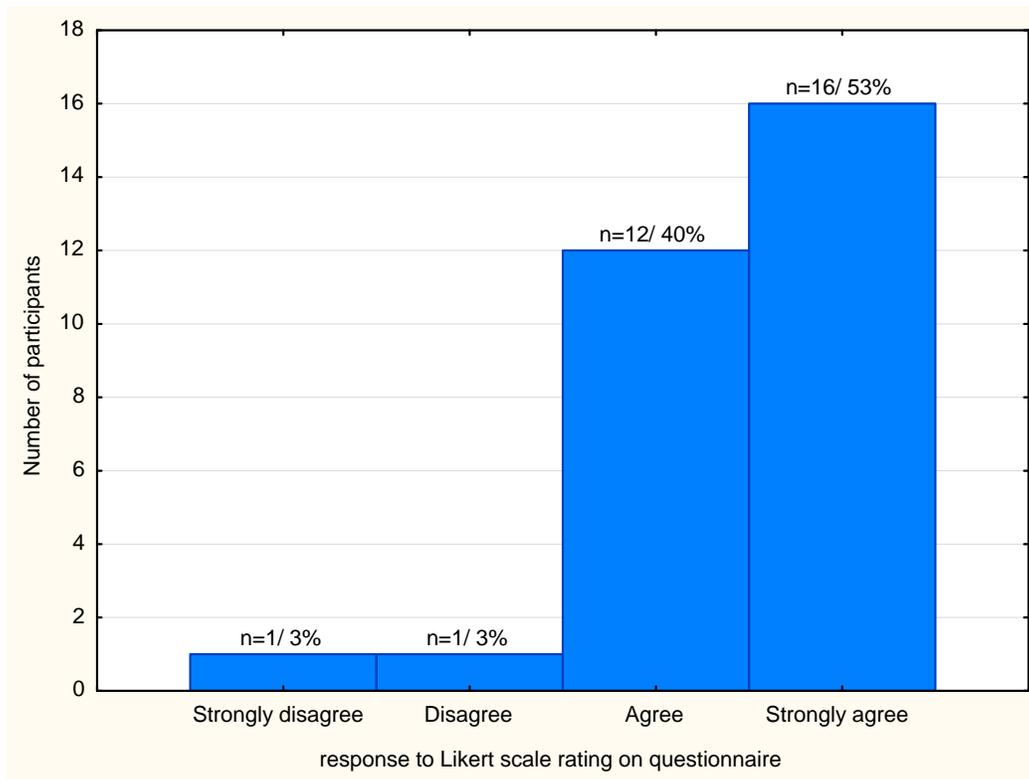
Figure 4.6 shows that 84% (n = 25) of student respondents disagreed with the above statement while 17% (n = 5) agreed. Despite there being constant communication between ward staff and the nurse educators, little and often no information about procedure methods were shared. Example:

“...there is no standardisation.” (P 2)

Shorter versions were adopted by ward staff and learnt by the students and were then faced with two methods of doing procedures. This became evident in practical assessments as mentioned by the nurse educators that were interviewed who expressed that students were confused. Example:

“...students are confused.” (P 4).

A clinical preceptor could serve to ensure that correct methods are followed and educate and update ward staff accordingly. One particular method must be followed to ensure uniformity. When new employees were orientated to a department, a standardised method by policy would ensure harmony and the setting of standards to achieve nursing care excellence. Shamian and Inhaber (1985, cited in Mantzorou, 2004:3) showed that many studies indicated that the preceptor should familiarise the student or orientee with the unit's policies and procedures and also teach the specific clinical skills required.

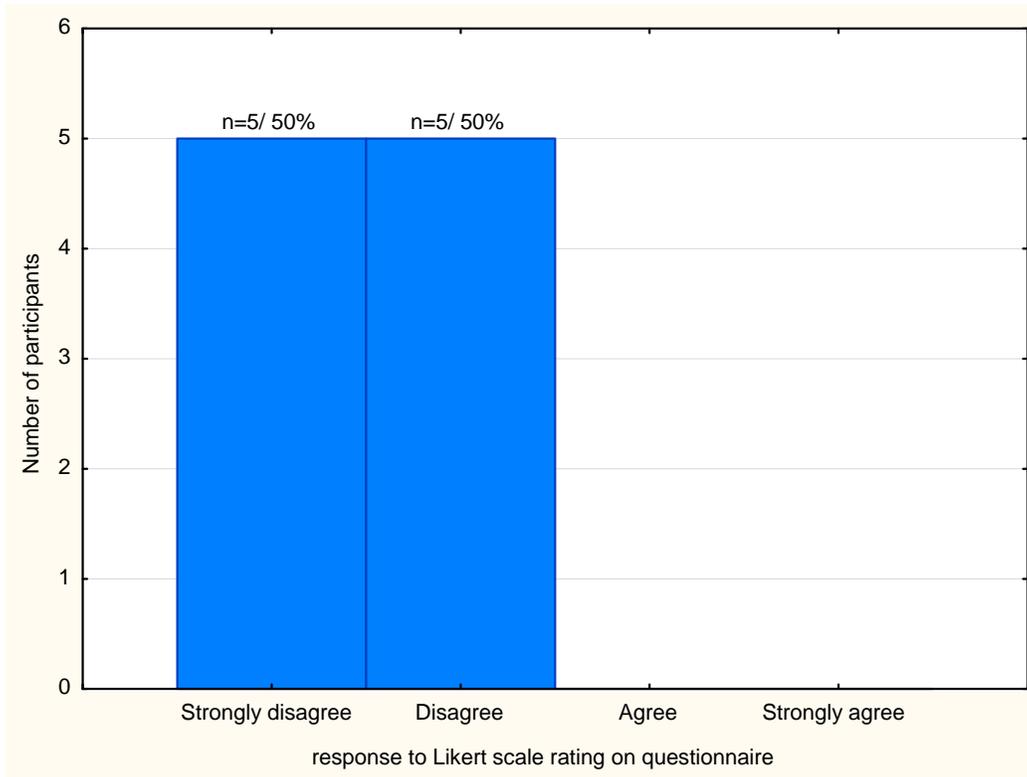


**Figure 4.7: Enhancing clinical competence through clinical preceptorship**

Figure 4.7 shows that 93% (n = 28) of student respondents agreed that their clinical competence would be greatly enhanced by a clinical preceptor while 6% (n = 2) disagreed with this statement. A role model who offers guidance and support will enhance the clinical competence of the student which is the role of the clinical preceptor Mantzorou (2004:3). With regular consistent supervision of skills the student can obtain optimum competence. In the study carried out by Carlson *et al.*

(2003:37) students believed that due to a lack of guidance and support in clinical learning they were not adequately informed of the daily responsibilities required of them to develop nursing skills and practice. This proves the value of the clinical preceptor in the enhancement of the clinical competence of the student.

#### 4.3.2 Results of the unit manager questionnaires

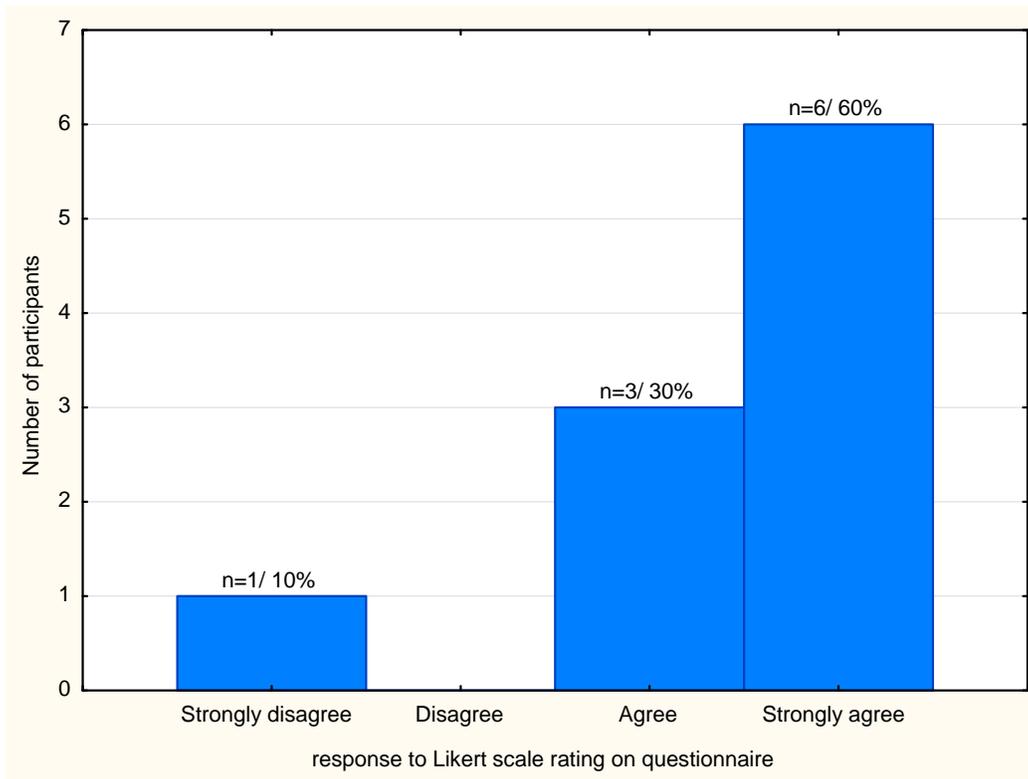


**Figure 4.8: The value of clinical preceptorship for the clinical competence of student nurses**

All nursing managers that participated in the study agreed that clinical preceptorship is necessary for the clinical competence of nurses. Clinical preceptorship is very necessary for clinical competence of nursing students. Hyrkas and Shoemaker (2007:516) have concluded that the preceptor provides the necessary support to assist students to become familiar with the clinical environment.

Nursing managers were the best persons to determine the value of clinical preceptors in that they knew well the standards of care required by the institution as they decided on the standard of care to be maintained as administrators and

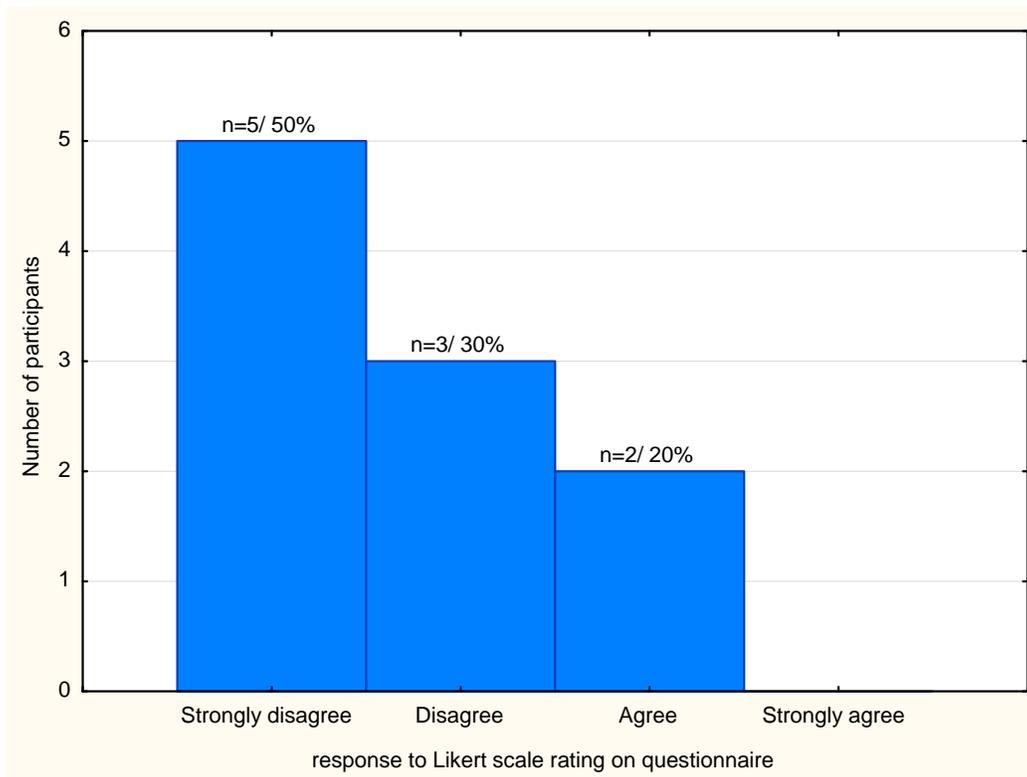
managers in their respective units/departments. They are familiar with the value of competent nurse practitioners in providing an optimum nursing service standard hence the need to train student nurses accordingly. Cele *et al.* (2002:43) stressed that preceptorship is teaching model that provides a one-on-one guidance and teaching of students. Figure 4.8 shows that all these managers shared the same idea on the value of preceptorship for student nurses. The opinion of the unit manager was valued highly as from her position of management she had an overview of the learning needs of the students. For the purpose of providing a high standard of care she was best able to identify the shortfalls to learning for the student nurse.



**Figure 4.9: The value of continuous and ongoing support of students for clinical competence**

Figure 4.9 shows that, in line with the results of (Figure 4.8 above, (n = 9) of unit manager respondents agreed that continuous and ongoing practical support of students was vital to ensure adequate clinical nursing competence. One (n = 1) of the 10 managers disagreed. While the theoretical component of nurse training was met, it was equally important to be fully competent in practice for the advancement in

the course studied. Cele *et al.* (2002:43) maintain that preceptors bridge the gap between theory and practice. Passing of a practical examination is a pre-requisite to entry into the theoretical examinations in all levels of nurse training. Students therefore required consistent and regular support and guidance to become adequately prepared practically to achieve clinical competence. Students practice as independent nurse practitioners within their scope of practice and are therefore accountable for their acts and omissions. It was therefore imperative that students practiced nursing competently. Preceptors for Students in Community/Public Health Nursing (Hansen, 2007) revealed that ongoing academia-practice communication was a critical factor for student success and that preceptor qualities and relationships with students, could impact work force development. Academia as implied here refers to the environment or community concerned with the pursuit of research, education and scholarship ([www.dictionary.com](http://www.dictionary.com)).

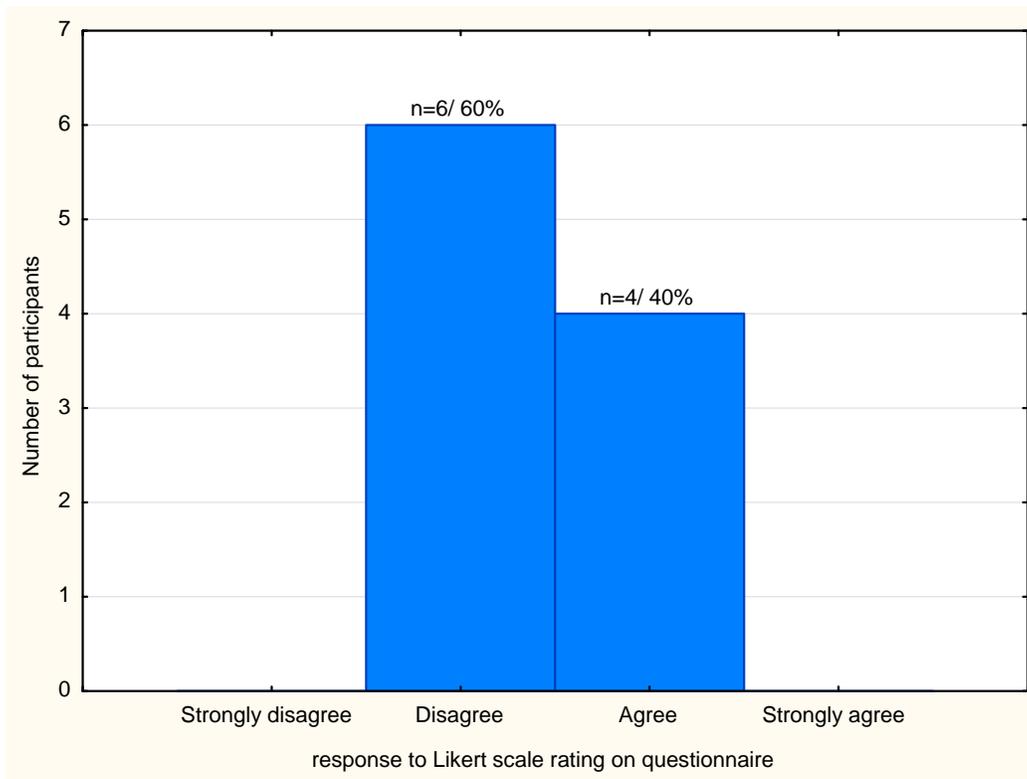


**Figure 4.10: Updating of methods to ward staff as taught at campus**

Figure 4.10 shows that eight (n = 8) of the 10 unit manager respondents disagreed that ward staff were duly updated on the current methods in clinical practice taught at

campus while two (n = 2) managers agreed that staff were duly updated. This suggests that there was little or inadequate updating of current procedure methods as required by the campus. Students became confused with the different methods (Carlson *et al.*, 2003:36).

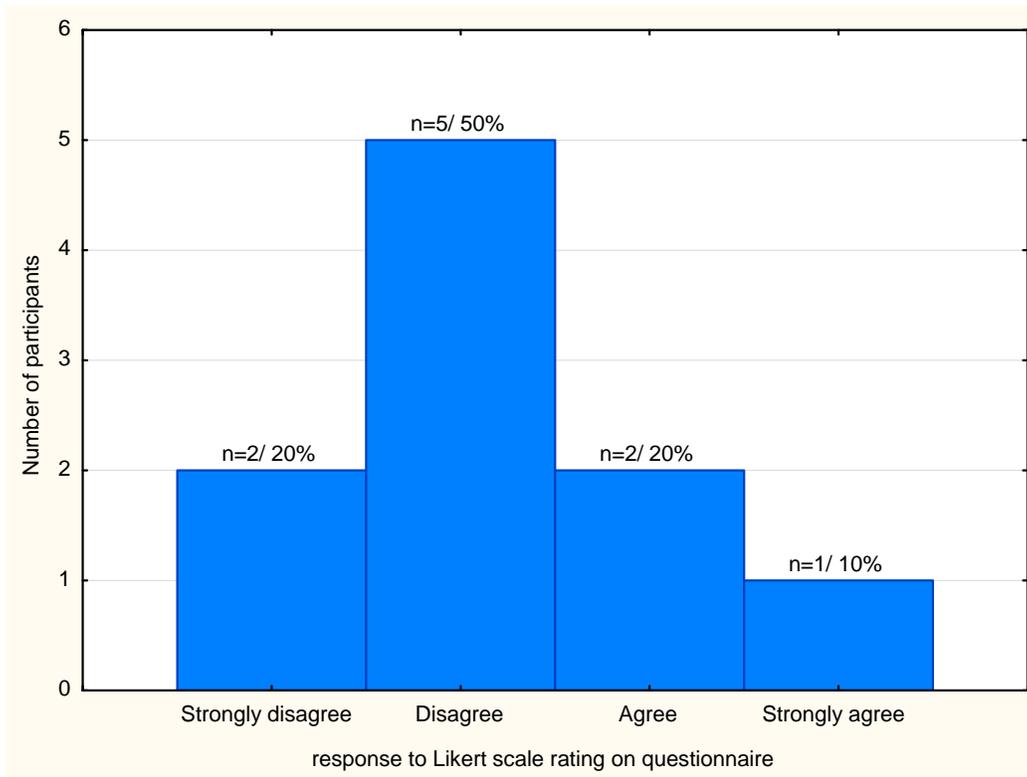
Ninety percent of the students agreed that different methods were practiced by ward staff in their questionnaire response as depicted in Figure 4.3 above. Reflective observation, which is an adaptive ability in Kolb's Experiential Learning Theory, states that students observe and reflect on experience (Kolb, 1984:21). It should then stand to reason that current updating of methods of procedures be ensured to assist the student gain the right clinical skills.



**Figure 4.11: The methods practiced by ward staff involved in student nurse training**

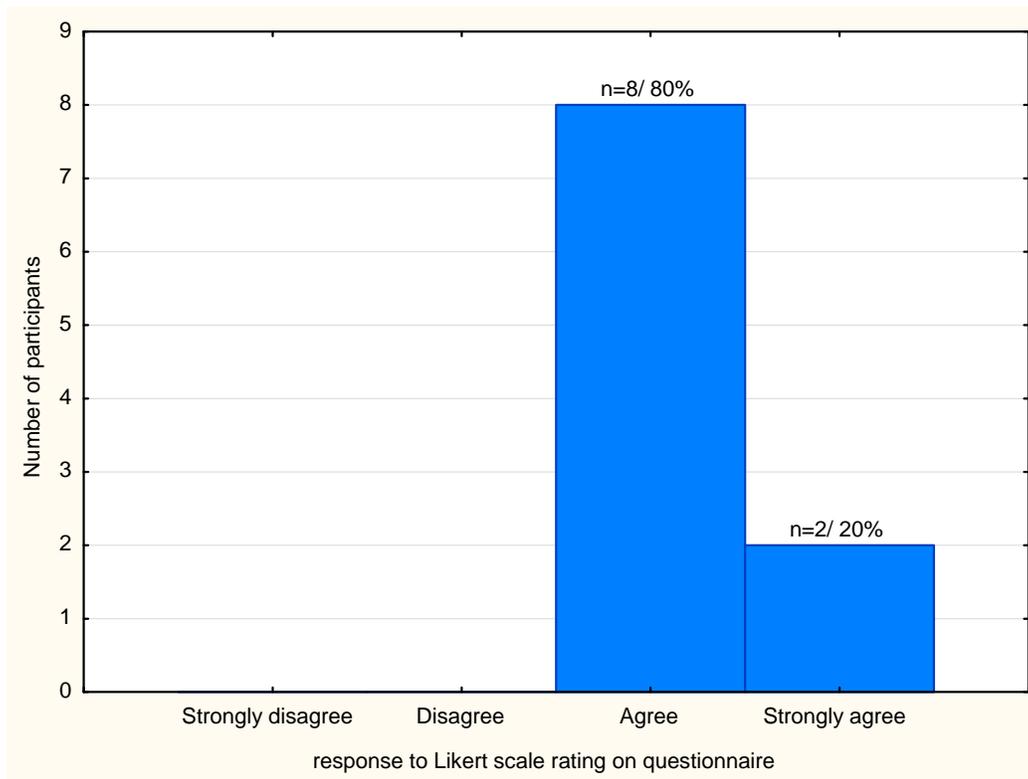
Figure 4.11 shows that six (n = 6) of the 10 unit manager respondents disagreed that staff involved in student training practiced the same methods as the campus staff, while the remaining four (n = 4) agreed that the same methods are being practiced. As explained in Figure 4.3 above, some of the qualified students were absorbed into

professional nurse posts at the hospital on completion of their training. There appeared to be little sharing of guidelines on procedure methods to the hospital staff involved in guiding and assisting students with practicals. Most wards were deficient of policies or guidelines for procedures for reference. Practicing and learning the same methods would strengthen the learning curve and enhance competence. Shorter methods were practiced and thus different methods were practiced by ward staff.



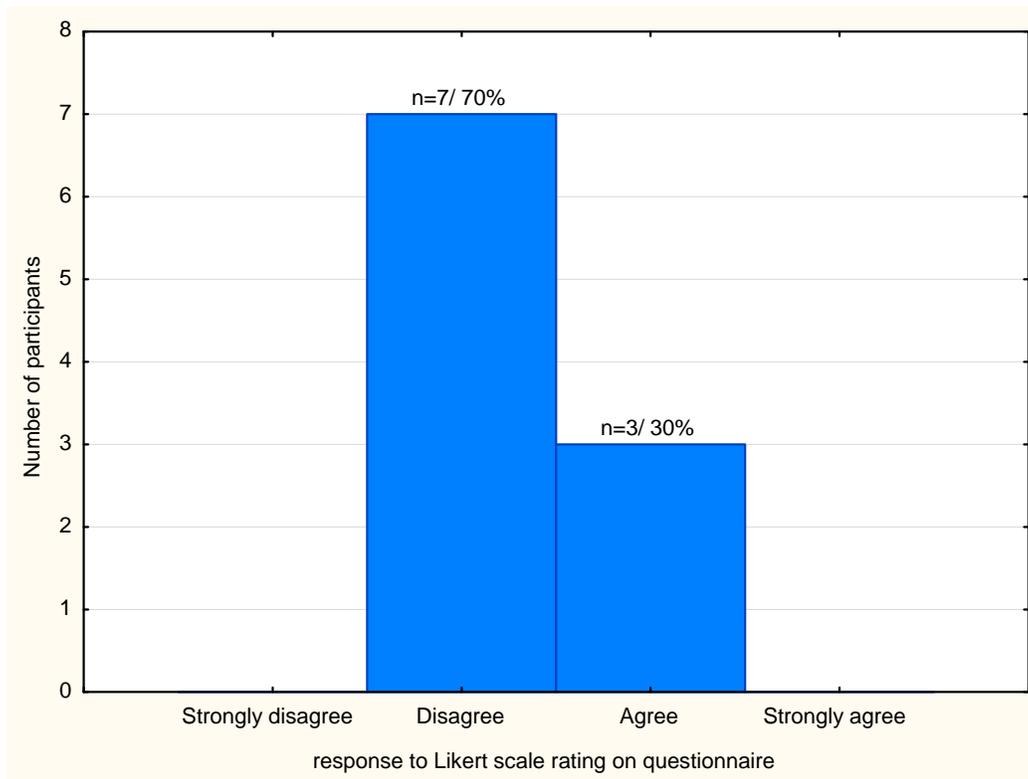
**Figure 4.12: The availability of standardised methods and procedures for reference by ward staff**

Figure 4.12 shows that seven (n = 7) of 10 unit manager respondents disagreed that there were standardised clinical procedures, methods and policies available for reference by ward staff while 30% (n = 3) agreed that there were.. According to Carlson *et al.* (2003:30) students experienced a certain degree of conflict because of the difference in manner in which they were taught skills and the manner in which skills are actually implemented in the clinical environment. A reference that would be available would limit differences in methods and conflict as a guideline for methods of procedures would be in place and accessible to all staff.



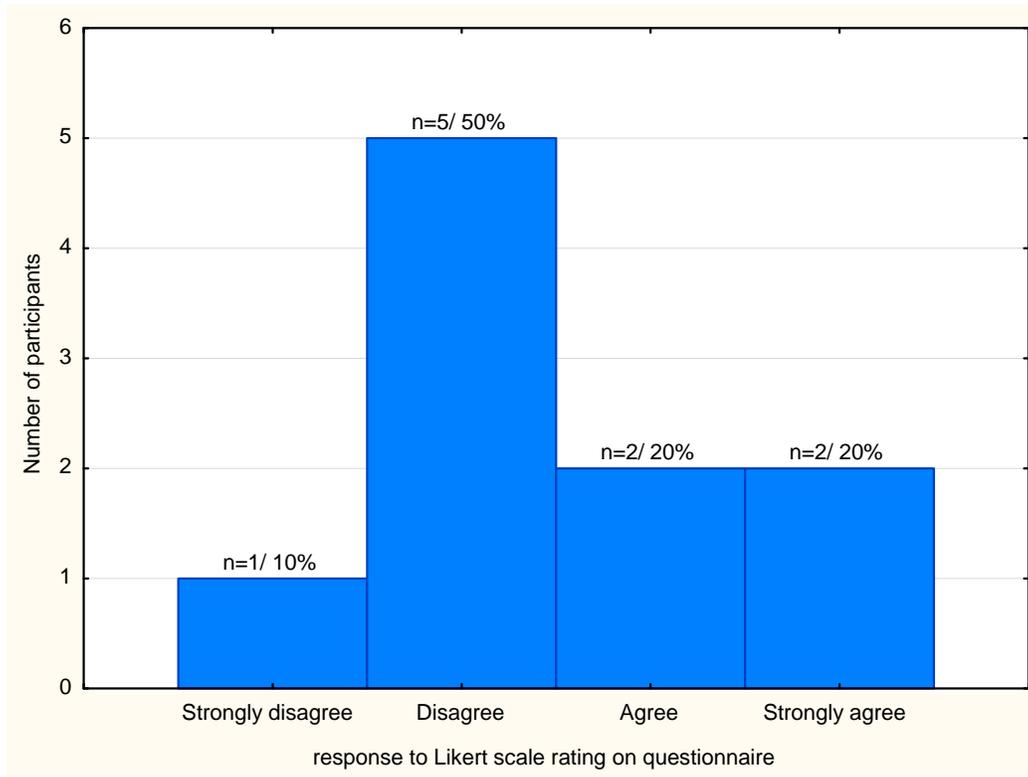
**Figure 4.13: The role of the clinical preceptor to ensure uniformity and standardisation of clinical procedures**

Figure 4.13 shows that all the of unit manager respondents agreed that a clinical preceptor could bridge the gap caused by differences thereby ensuring uniformity and standardisation of procedure methods. Practical support and guidance of students appears less than satisfactory. Eley (n.d.) points out that students are in dire need of additional time and preparation from preceptors. A clinical preceptor would be in the best position to ensure uniformity and standardisation as they will work directly with the campus and the hospital. Methods would be standardised and differences resolved to ensure uniformity. Preceptors for students in Community / Public Health Nursing (Hansen, 2007) revealed that preceptors are a valuable mechanism to bridge the theory/practice gap and discussed that these academic linkages can help decrease gaps in the preceptor/academic-preceptee relationship by including ways to improve communication, information sharing and collaboration. Preceptors work in close collaboration with the campus despite being placed at the hospital and this would help to bridge the gap caused by the differences in procedure methods.



**Figure 4.14: The meeting of the practical learning needs of the student in the absence of the clinical preceptor**

Figure 4.14 shows that seven ( $n = 7$ ) of unit manager respondents disagreed that ward staff were able to meet the practical learning needs of the student in the absence of the clinical preceptor while the remaining three ( $n = 3$ ) agreed with the statement. Ward staff plan their day with ward routine tasks and therefore teaching and guiding of students was very limited. While teaching remains an important component of the “four-fold function” of the registered nurse, Figure 4.14 shows that it was not adequate to meet the learning needs of the students. Differences in method and technique remained a challenge as explained in Figure 4.3 above. To an extent, ward staff could meet the practical needs of the student though not optimally. For optimum practical learning to take place, a more consistent, continuous and updated avenue of learning with knowledge of student outcomes as prescribed by their training, is needed.



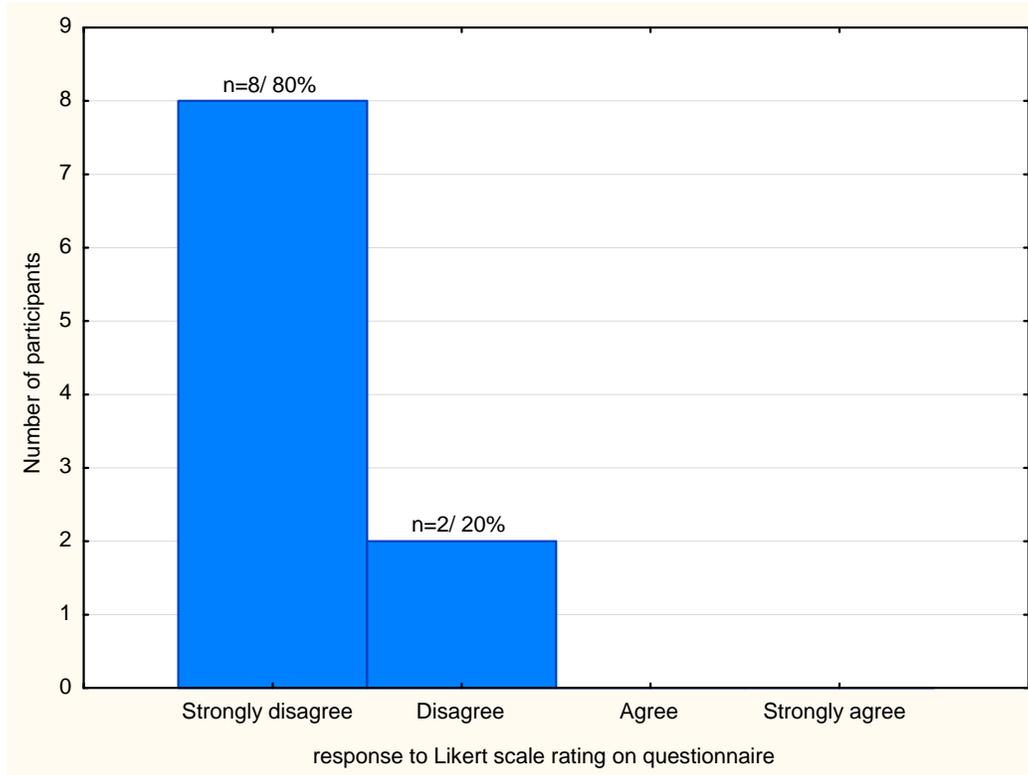
**Figure 4.15: The ability of the ward staff to meet the practical needs of the student**

Figure 4.15 shows that six ( $n = 6$ ) of the 10 unit manager respondents disagreed that ward staff were knowledgeable about resources and requirements to meet the practical needs of the student. Four ( $n = 4$ ) agreed with the statement. There was often a delay or postponement because of lack of resources as expressed by the nurse educators in their interviews. Example:

“...time is wasted in clinical accompaniment often due to absence of equipment...” (NEP 7)

While there did exist a shortage of some resources generally, certain items that were available were not accessible e.g. manual sphygmomanometers or sterile drapes. Wards were functioning without these while for the student, certain practical procedures warranted these. Carlson *et al.* (2003:34) identified that students expressed helplessness and frustration due to shortages and/or absence of equipment to fulfill duties and meet the needs of the patients. The staff in the ward improvised where there was lack and adopted “habits” which were not according to what was required by the campus for practical competence. These “habits” were

adopted by the students and caused much confusion when different methods were enforced by the campus because most of the resources were accessible but just not used.



**Figure 4.16: Availability of alternatives to clinical preceptorship that provide for practical requirements of the students**

Figure 4.16 shows all the unit manager respondents disagreed that clinical preceptors were not necessary at this institution as all practical requirements were provided for in alternate ways. For the reasons presented in Figure 4.8 above, clinical preceptors formed a vital component in achieving practical learning outcomes for students as well as improving the nursing standard as a whole. Apart from the ward teaching by registered nurses and staff nurses and the clinical accompaniment carried out by nurse educators, there existed no other readily available learning avenue at the hospital prior to the three recently appointed clinical preceptors. As expressed earlier, the three were not sufficient to meet the needs of all students as one was appointed solely for midwifery practicals.

#### 4.4 RESULTS OF THE FOCUS GROUP INTERVIEWS

In keeping with Weidenbach's Prescriptive Theory, the experiences of the nurse educators like the experiences of the nursing managers, reflected the realities of the immediate situation that influenced the fulfilment of the purpose which was to determine the role of the preceptor in enhancing nursing education. By generation of codes from data, as detailed in Chapter 3 section 3.11.1, themes were formulated from the transcribed data.

#### 4.5 THEMES EMERGING FROM THE FOCUS GROUP INTERVIEWS

Table 4.4: Themes and sub-themes

MAJOR THEMES	SUB-THEMES		
1. The role of the clinical preceptor is to facilitate the correlation of theory and practice	Practical competence of students	Practical evaluations	
2. The clinical preceptor is a mentor and guide	The job description of the clinical preceptor	Role model	Resource
3. Problems are experienced by students in clinical practice	Frustration	Confusion	Different methods of procedures
4. There is poor preparation for procedures due to lack of resources	Practical evaluations	Resources	Time constraints
5. A well-established clinical department is needed	Consistent guidance of students	Updating of methods	
6. Standardisation of practical procedure guides is warranted.	Uniformity	Policies	

#### 4.5 DISCUSSION OF THE THEMES

The themes of the study were aligned with the objectives of this study were to determine the role of the clinical preceptor in enhancing nursing education.

No qualitative research can totally exclude the views and experiences of the researcher regarding the topic (De Vos *et al.*, 2005:353). Therefore by member checking and cross checking as explained in Chapter 3 section 3.10 the researcher tried to eliminate this. While it will not be possible to include all the viewpoints of all the nurse educators from the interviews, an excerpt follows each explanation of the themes. Further quotations are noted in the discussion of the matrix in section 4.6 below. (NEP1, NEP2 etc. = Nurse educator participant 1, nurse educator participant 2 etc.)

#### **4.5.1 The role of the clinical preceptor is to facilitate the correlation of theory and practice**

Participants shared similar opinions and spoke of the role of the preceptor as per definition seeing that they were knowledgeable as nurse educators. While some gave lengthy explanations and some a straight forward simple contribution to the discussion the overall perception of the role of the preceptor was similar. Example:

“...the role of the preceptor is to facilitate learning through correlation of theory to practice.” (NEP 1)

#### **4.5.2 The clinical preceptor is a mentor and a guide**

Many emphasised the role of the preceptor as guide and mentor and how she/he as preceptor can assist in bridging the theoretical and practical component of nursing. They all referred to the preceptor as a guide, coach and role model. Some mentioned that students require a mentor; someone they can look up to, to do the right thing. Example:

“A preceptor is a person who is a mentor or a coach that is found in the clinical area to direct and guide nursing students.” (NEP 8)

#### **4.5.3 Problems are experienced by students in clinical practice**

The nurse educators all expressed that students did not receive the necessary assistance and guidance. While they expressed their function in student accompaniment, they admitted that it did not suffice. They expressed frustration at

not being able to see all students as needed. The differences in methods and how this affected clinical learning and acquisition of skills were also expressed. Example:

“Students are compromised; they don’t get enough assistance and guidance.”  
(NEP 1)

#### **4.5.4 There is poor preparation for procedures due to lack of resources**

Many of the educators expressed frustration at the lack of resources for procedures. This caused students to be inadequately prepared for procedures and time was wasted. Time constraints was a factor as expressed earlier as transport from campus had set times to make trips to the hospital and educators supervised students often in between their lectures with other groups. Example:

“Time is wasted on clinical accompaniment as often due to absence of equipment or necessary resources for procedures, one cannot fulfill their clinical accompaniment and have to reschedule.” (NEP 7)

#### **4.5.5 A well-established clinical preceptorship department is needed**

It became apparent that a well-established clinical department was needed by all educators to address their clinical education woes. They expressed the need for consistent and ongoing clinical supervision and guidance. Example:

“The reason I say it is not optimum is that the clinical department is not well established.” (NEP 5)

#### **4.5.6 Standardisation of practical procedure guides is warranted**

A commonality of lack of standardisation of practicals was expressed by the majority of the educators. The need for standardisation was supported by all. Standardisation would ensure uniformity among wards and uniformity could strengthen practice methods. Example:

“Consistent and regular supervision of learners implementing standardised procedure guides for all to use.” (NEP 9)

#### 4.6 COMBINED QUALITATIVE AND QUANTITATIVE DATA

The concurrent triangulation design was utilised whereby the two databases were integrated by merging the qualitative and quantitative data (Creswell 2009:208). This process was informed by the literature review and conceptual framework in Chapter 2. A matrix was designed to represent the two sets of data to show how one set of data supported or qualified the other.

The matrix below gives a matching overview of the combined data. In this representation the vertical axis indicates the key issues covered in the questionnaires and the horizontal axis specifies the themes that emerged from the interviews. The concurrent triangulation approach compares data from both the qualitative and quantitative studies to determine if there is convergence, differences or some combination (Creswell, 2009:213). Polit and Beck (2012:610) describe the goal of convergence as being able to develop internally confirmed conclusions about a single phenomenon, which in this study was about preceptorship in nursing education.

Quotations emphasise the voice of the participants in the report (De Vos *et al.*, 2005: 352). Only quotations that verified or highlighted certain perspectives were represented in the matrix for the purpose of triangulating the data.

Information within the cells represent the direct quotations from the participants of the transcripts from the qualitative data and the resultant percentages of the quantitative data (by use of codes).

The codes were used as it was not possible to fit all the wording into the matrix. What the codes represent is detailed in the explanation of the matrix and are as follows:

- Resultant percentages from student questionnaire questions are reflected as S1, S2, S3 ..., (student questionnaire question 1, 2, 3..etc.);
- Results from unit manager questionnaire questions as NM1, NM2, NM3 ... (nurse manager questionnaire question 1, 2, 3...etc.).

The quotations from the nurse educator participants that qualify the findings will be reflected as NEP1, NEP2, NEP3... (nurse educator participant 1, nurse educator participant 2 ...etc). Thereafter, the matrix will be discussed to show triangulation of all the data to arrive at the findings. Triangulation of data was described in detail in Chapter 3 section 3:11.

**Table 4.5: Matrix depicting triangulation of the key issues covered in the questionnaires and the themes that emerged from the participant responses**

Key issues covered in questionnaires and interviews	Themes that emerged from participant responses					
	1. The role of the clinical preceptor is to facilitate the correlation of theory and practice	2. The clinical preceptor is a mentor and a guide	3. Problems are experienced by students in the clinical area	4. There is poor preparation for procedure due to lack of resources	5. A well-established clinical preceptorship department is needed	6. Standardisation of practical procedure guides is warranted
Corresponding Student questionnaire Responses.	S7	S5,S7	S3,S1,S4, S2,S5	S4	S5, S2	S3,S6
Corresponding Unit manager Questionnaire responses	NM1,NM6	NM2	NM4,NM7	NM8	NM9	NM3,NM4 NM5
Participants that shared similar views	NEP1,NEP 8,NEP5,NE P6	NEP1,NE P8,NEP5, NEP6	NEP1,NEP8, NEP5,NEP6	NEP1,NEP8, NEP5,NEP6	NEP1,NEP8,N EP5,NEP6	NEP1,NEP8,NEP 5,NEP6

## 4.7 DISCUSSION OF THE MATRIX

### 4.7.1 The role of the clinical preceptor is to facilitate the correlation of theory and practice

The results of this study relate directly to the principles and concepts embedded in the theoretical framework presented in Chapter 2 section 2.10. It was indicated that preceptorship can enhance the nursing education experience of students, as referred to in the diagram of Figure 2.1. The results illustrated in the diagrams and the discussion thereof highlight different dimensions of the role of the preceptor in enhancing students' learning at the named institutions which were explored.

Eighty three percent of the students disagreed with clinical preceptorship being adequate. Prior to April 2012, there had been no clinical preceptors at Edendale Campus and Hospital. Fifty percent of the nursing managers agreed that preceptorship was necessary for the clinical competence of nurses. All nursing managers that participated in the study agreed that a clinical preceptor could bridge the gap caused by differences in methods to ensure uniformity and standardisation. The following were expressed by the nurse educator participants:

“The role of the clinical preceptor is to facilitate learning through the correlation of theory to practice.” (NEP 1)

“Her role is to bridge the gap between nursing theory and practice.” (NEP 8)

“The role of the preceptors is to bridge the gap between theory and practice.” (NEP 6)

“The preceptor can bridge this gap between theory and practice and bring about correlation.” (NEP 8)

“It is to mentor, guide, teach and supervise students during their clinical exposure so that they are able to correlate theory and practice.” (NEP 5)

Despite there being qualified ward staff, it is often not possible to afford students with the attention they deserve. The sole purpose of the clinical preceptor would be to clarify areas of learning for the student. The student would be free to learn in a non-hurried fashion and can further inquire of the preceptor if need be. Carlson *et al.*, (2003:34) identified the following in the clinical learning environment:

- Students felt insecure because they were not developing adequate nursing skills due to unavailability and inaccessibility of staff;
- Students expressed confusion because of the conflict in the expectations of the nursing school nurse educators versus those of the hospital staff, related to the performance of first year nursing students in the clinical environment;
- Students felt insecure because of the lack of guidance and support by nursing personnel in the clinical learning environment.

The nurse educators express this fully. The role of the clinical preceptor therefore is to facilitate the correlation of theory and practice as verbalised by P 1 in a way that ward staff cannot. The clinical preceptor will have a time allocated to meet with the student and her/his sole attention will be the student. Other ward duties demand the

attention and time of registered ward staff. The preceptor's purpose in working closely with the campus is that she/he must be fully knowledgeable about the student learning requirements as well the degree of learning at the different levels of the nurse training. The preceptor would also have to be practicing methods as prescribed by the campus therefore no shorter methods would be adopted by students. Her/His aim would be to prepare the student to be practically competent while incorporating the theory learnt at campus. Nursing is a profession that requires a nurse to be theoretically knowledgeable and practically competent. It is for this reason that a student nurse has to pass a theoretical and a practical exam to qualify as a competent nurse practitioner.

#### **4.7.2 The clinical preceptor is a mentor and a guide**

Eighty seven percent of the students disagreed that they did not need a full time clinical preceptor and were content with having practical support from ward staff. Ninety three percent of students agreed that their clinical competence would be greatly enhanced by a clinical preceptor. Ninety percent of the nursing managers agreed that continuous and ongoing practical support was vital to ensure adequate clinical nursing competence, as indicated by the following nurse educator comments:

“A preceptor is a person who is a mentor or a coach that is found in the clinical area to direct and guide nursing students.” (NEP 8)

“It is to mentor guide, guide, teach and supervise students during their clinical exposure so that they are able to correlate theory and practice.” (NEP 5)

“It is to support and guide the students in matters involving academic and clinical component of their training.” (NEP 3)

“The clinical preceptor is there to teach, guide, and encourage students to clinical skills and excellence.” (NEP 4)

The study revealed that while much of the learning took place in the ward, different methods often not prescribed by the campus were also learnt by the nurse students. The preceptor in her close affiliation with the campus served as a role model in shaping the learning outcomes of the students to achieve successful completion of their training. While it was healthy to foster a friendly work team spirit, alliances could not be fully excluded. There were problems with the student finding appropriate role

models and mentors. Personal biases regulated this. The clinical preceptor is however commissioned to work with the student to achieve her/his learning outcomes and thus has to carry her/himself in a manner that portrays nursing excellence all the time making themselves the ideal mentor. Every nurse should strive for this kind of professionalism however managerial demands and other ward stresses can render one weary at times. Mantzorou (2004:3) identified the major role for the preceptor is that he/she is expected to show appropriate behaviors and act as a role model for both the students and the staff nurses who observed the practice.

#### **4.7.3 Problems experienced by students in clinical practice**

Eighty three percent of the students disagreed with clinical preceptorship being adequate since April 2012. Fifty seven percent of students disagreed that a nurse educator was readily available to provide support should they have required clarity at any given time. Ninety percent of the students disagreed that the methods and techniques were the same in the ward as they were on campus. Eighty seven percent of the students disagreed that they did not require a full time clinical preceptor and were content with having practical support from the ward staff. Sixty percent of the unit managers disagreed that staff involved in student training practiced the same methods as the campus staff. Seventy percent of the nursing managers disagreed that ward staff were able to meet the practical learning needs of the student in the absence of the clinical preceptor and expressed the following in response:

“They do not have adequate in-service training especially with practical procedures so therefore there is lack of standardisation leading to students being confused.” (NEP 4)

“Students are compromised; they do not get enough assistance and guidance.” (NEP 1)

Carlson *et al.* (2003:36) described this when highlighting first year students' needs in Question 3 of the nurse unit manager questionnaire above in a direct quote from a student. Carlson *et al.* (2003:36) went on to describe it as a matter of survival on behalf of the student, because of the experience of trying to remember the way they were taught by academic mentors. The lack of a standardised method practiced by

all proved to be a problem for all concerned especially the student who was dependent on passing practical assessments to advance in training.

Transport and time constraints meant that some students missed out on a particular day of clinical accompaniment. As explained earlier, clinical accompaniment by nurse educators was carried out on days they had no lectures or between lectures. Limited vehicles meant limited and non-timeous transportation of the nurse educators between the hospital and the campus leading to not many students being reached. A participant expressed that some students were missed out totally due to the shifts they worked or errands they had to run for nursing functions and could not avail themselves by stating that:

“Not all students can be reached through clinical accompaniment and some are missed out totally due to time constraints.” (NEP 7)

Another educator said:

“No, for many years this institution had no preceptors, and of recent, three preceptors have been employed for the entire hospital and this is definitely not adequate to meet the needs of the students.” (NEP 6)

Upon further investigation, it was noted that one of the recently employed clinical nurse educators had been allocated to the midwifery department. This meant that only two were responsible for seeing to students from the remaining departments or wards i.e. paediatrics, medical, surgical, gynaecology, casualty, operating theatre, orthopaedics, oncology, intensive care and high care departments, numerous specialised units e.g. eyes and burns units, and the numerous outpatient clinics e.g. gateway, medical/surgical outpatients clinics.

#### **4.7.4 There is poor preparation for procedures due to lack of resources**

Ninety percent of the students disagreed with sufficient required equipment and resources being available to carry out clinical procedures according to prescriptions. Sixty percent of the nursing managers disagreed that ward staff were knowledgeable about resources and requirements to meet the practical needs of the student, although a response by one participant was that:

“There is no preparation of the students for assessments.” (NEP 8)

Students were allocated to different departments as their training needs warranted exposure to all areas of nursing. This however meant that certain procedures for assessments had to be carried out in other departments or units. On the day of the procedure, time was wasted looking for the required equipment and resources. This added to the anxiety of the students and frustrated nurse educators and other students who were as a result delayed in their assessments as was evident in the next comment:

“Time is wasted in clinical accompaniment as often due to absence of equipment or necessary requirements for procedures, one cannot fulfill their clinical accompaniment and have to reschedule.” (NEP 7)

#### **4.7.5 A well-established clinical preceptorship department is needed**

Eighty seven percent of the students disagreed that they did not need a full time clinical preceptor and were content with having practical support from the ward staff. All of the unit manager participants disagreed that preceptors were not necessary as practical requirements were provided for in alternate ways and participants had the following to say:

“A clinical preceptor can add to the mastering of skills by being readily available as needed by the students.” (NEP 9)

“If correct and adequate/ proper programmes are in place it will enhance the education of preceptors.” (NEP 6)

“A good preceptorship programme with trained preceptors will afford ongoing guidance of students and consistent and regular supervision of students.” (NEP 9)

While clinical preceptors have been employed, uncertainty remains as to their specific job descriptions. They are involved in other nursing avenues as well. A preceptorship programme can assist them be of more value to the learning needs of the students.

All of the three new preceptors have no previous nursing education or preceptorship experience and therefore are uncertain of what is expected of them as no clinical preceptorship programme existed prior to their admission as reflected in the following comments:

“There is definitely a need for full-time preceptorship.” (NEP 8)

“No, for one thing it hasn’t been fully utilised and the preceptors don’t really know what is expected of them.” (NEP 3)

“A well-established clinical preceptorship programme is recommended which should include a clinical in-service department that should provide all the updates of the practice.” (NEP 5)

Incorporating an in-service department into the clinical preceptor department would be of much benefit. In-service training and updates can be arranged to ensure standardisation of methods and procedures. Updating of techniques can be brought to the attention of all staff ensuring that ward staff and students are practicing one uniform method.

#### **4.7.6 Standardisation of practical procedure guides is warranted**

Ninety percent of the students disagreed with methods and techniques being the same in the ward as they were on campus. Eighty four percent of the students further disagreed that information and guidelines among ward staff and nurse educators were regularly updated. No standardised method of a particular procedure was adopted by ward staff and students alike. Eighty percent of unit managers disagreed with the fact that ward staff were duly updated on current trends in clinical practice taught at campus. Sixty percent of unit managers also disagreed that staff involved in student training practiced the same methods as the campus. A further 70% of unit managers disagreed that there were standardised clinical procedures, methods and policies available for reference by ward staff. Nurse educators agreed by stating the following:

“This is part of the problem as there is no standardisation.” (NEP 6)

“They do not have adequate in-service training especially with practical procedures so therefore there is lack of standardisation leading to students being confused.” (NEP 4)

The major area of concern was the difference in methods practiced. This was due to there being no standardisation in the form of policies or guidelines at the hospital for reference. Little sharing of methods and techniques was exchanged between the hospital and the campus expressed as follows:

“The clinical preceptors should be kept updated by attending workshops and the policy guidelines be reviewed all the time.” (NEP2)

A system of policy formulation and updating would be of immense help in resolution of this problem. Formulation of a team incorporating campus nurse educators, clinical preceptors and ward managers that undertake to plan, review and update policies can ensure standardisation. At present this poses a problem for all stakeholders as well as the students concerned. Standardisation would create harmony and improve nursing standards as one accepted method can be improved upon on review.

#### **4.8 SUMMARY**

This chapter presented the results of the study. The six themes derived from the qualitative study with supporting quotations and results from the questionnaires were combined in a matrix to show triangulation of the data to determine the aim of the study.

The findings revealed the experiences of all stakeholders of nursing education to determine if clinical preceptorship did enhance nursing education.

## 5. CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS

### 5.1 INTRODUCTION

This chapter discusses conclusions from the results of the study in line with the study objectives. An explanation of the limitations of the study will be presented as well as recommendations in accordance with the findings of the study.

### 5.2 CONCLUSIONS AND RECOMMENDATIONS

This study aimed to explore the role of the clinical preceptor in enhancing nursing education at a nursing college. The findings of the study will be summarised in relation to each of the study objectives as follows:

**Objective 1: To investigate the role of the clinical preceptor in enhancing nursing education at Edendale Hospital and campus.**

The experiences of all the stakeholders of nursing education at Edendale Campus and Hospital supports the literature claiming that the role of the preceptor is one that facilitates the correlation of theory and practice in nursing education (Cele *et al.*, 2002:41). The role as described by the majority of nurse educators interviewed was to correlate theory and practice in nurse training as described in Chapter 4 section 4.5.1. Student nurses, nurse educators and nursing managers agreed that clinical preceptors were mentors and guides to the nurse student as discussed in Chapter 4 section 4.5.2. Mantzorou (2004:1) describes preceptorship as having the potential to facilitate the clinical experience of students by encouraging reflection and enhancing their ability for critical thinking. This objective was reached as the role of the clinical preceptor was explored based on the perceptions and experiences of the key role players in nursing education. The following is recommended:

- Partnership building strategies between the campus, hospital and faculty of nursing education could clearly outline the role of the clinical preceptor and foster a team approach.
- A written guideline for clinical preceptors defining their job description and role could result in easing the facilitation of clinical learning.
- Appropriate preceptor programmes including the roles of the preceptor, expectations, evaluation, teaching and learning styles and assessment would prove to enhance nursing education as preceptors would be fully knowledgeable and prepared for their role despite having little or no nursing educational exposure.
- Programmes can also include professional behaviours, communication, clinical decision making and updated techniques in nursing interventions.
- Recruitment of experienced nurse educators into the clinical preceptorship department who have knowledge of the student nurse curriculum objectives at their different levels in training.
- Clinical preceptors need to be updated on the clinical needs in conjunction with the theoretical needs of the student in accordance with their course objectives by regular in-service education programmes.

**Objective 2: To explore experiences of nursing students, nurse educators and other stakeholders such as ward staff of clinical preceptorship at Edendale Hospital**

The majority of student participants agreed that clinical preceptorship had been inadequate and that readily available clinical support was not offered at a given time. Nursing managers concluded that ward staff were not able to meet the practical needs of the student while nurse educators expressed less than optimum clinical support in the absence of clinical preceptors. This objective was met in that all experiences of the said stakeholders of nursing education were taken into consideration. The results based on these experiences shed some light onto the realities in the clinical area. The following is recommended:

- The concerns of all stakeholders of nurse education i.e. student, ward staff and nurse educator should be addressed and a plan to remedy or alleviate their concerns should be implemented.
- There exists a need to revisit the role of clinical preceptors and enforce their contribution to nurse education.
- Policies and guides with regard to clinical procedures should be made available for all staff as a reference to ensure standardisation of procedures and this should be reviewed annually.
- The development of a committee that includes clinical preceptors, nursing managers and nurse educators that meet quarterly to address concerns and improve clinical nurse training.
- A well-established clinical department is needed.

Mantzorou *et al.* (2004:7), maintain that preceptors require nurturance and support from management and college in order to function and develop. These authors further recommend that a specific preparation for the role of the preceptor can help the integration of theory and practice and identify learning needs.

**Objective 3: To identify the needs of the student regarding clinical preceptorship at this institution**

This objective was met by considering the experiences of the students. Many expressed inadequate clinical support. Lack of resources to carry out procedures as prescribed and differences in methods were expressed as their major problematic areas. The following is recommended:

- Implement a method of feedback by students whereby students can anonymously voice their concerns without fear of victimisation as a way of improving nursing education and standards.
- Recruitment of more clinical lecturers with nursing education experience.
- An overhaul of the clinical preceptorship department.
- Procedure guides to be kept at wards to ensure that resources are available as prescribed for the clinical procedures.

- Standardisation of procedures by policy and procedure guide formulation for reference by all staff.

#### **Objective 4: To identify gaps regarding clinical preceptorship at Edendale Nursing Campus and Edendale Hospital**

All participants expressed the need for on-going clinical preceptorship and a fully functional preceptorship department. This could ensure standardisation of practical procedure methods and thus ensure uniformity in practicals at campus and in the hospital. Updating of information regarding methods would be on-going and benefit all stakeholders of nursing education.

- A well-established clinical department with clearly defined role descriptions for clinical preceptors be implemented at this nurse training institution.
- Standardised policies and guidelines for clinical practice be introduced and reviewed annually for the purpose of staff being duly updated.
- A method of feedback from students to address their concerns is introduced for the purpose of improving nursing education and standards of care.
- A team that includes all stakeholders of nursing education be formed to address concerns timeously.

### **5.3 LIMITATIONS**

This study focused only on Edendale Nursing Campus and Hospital and did not explore the experiences of all the other nursing campuses. It would have been easier to generalise the findings if all the campuses of Kwazulu-Natal College of Nursing were included in the study, or to draw a comparison between the different campuses.

The sample size was rather small for reasons mentioned in Chapter 3 section 3.6. The findings would have been more solid and reliable if many more students' experiences were explored, if conditions permitted it.

## 5.4 CONCLUSION

The aim of this study was to explore the experience of clinical preceptorship by all stakeholders of nursing education at Edendale Hospital and Campus to determine the role of the clinical preceptor in enhancing nursing education.

It can be concluded that clinical preceptorship does enhance nursing education at Edendale Hospital.

The outcomes of this study support Wiedenbach's Theory which prescribes that theory as a system of conceptualisations invented to some purpose. She claims nursing is a clinical discipline, a practice discipline designed to produce explicit desired results. She believed that nurses should have knowledge, be educated, caring and competent to make decisions. The experiences of all stakeholders of nursing education represented her third concept; "the realities of the immediate situation that influences the fulfillment of the central purpose".

The outcomes of this study also support Patricia Benner's Dreyfus and novice to expert models. Benner, by use of her Dreyfus and novice to expert models as described in Chapter 2 section 2.3.2, shows how educators and preceptors can help students develop into skilled nurses and acquire competence. She describes the five levels of expertise and shows how the student progresses through to expert. She further expresses the value of meaningful practical experience to ensure competence.

The role of the clinical preceptor was defined as being a mentor, role model and guide for the student. Her/His role was expressed as bridging the gap between theory and practice. In clarifying this role, the need for a well-established clinical department arose.

A well-established clinical department would alleviate student issues of inadequate clinical support. This department would also be responsible for the in-service and updating of ward staff to ensure standardisation. The need for standardised policies and guidelines for clinical procedures became evident.

In conclusion it is recommended, that further research be carried out incorporating other nursing education institutions to reflect on their experiences of clinical preceptorship to determine strengths and weaknesses to learn from and build upon.

## REFERENCES

- Benner, P. 1982. Novice to expert. In: Deakin University, Victoria (Australia). *A collection of readings related to competency-based training. EAE604 Curriculum and Competencies*. Available: <http://files.eric.ed.gov/fulltext/ED384695.pdf#page=30> (Accessed 20 March 2014).
- Benner, P. 2013. Novice to expert. Available: [http://currentnursing.com/nursing\\_theory/Patricia\\_Benner\\_From\\_Novice\\_to\\_Expert.html](http://currentnursing.com/nursing_theory/Patricia_Benner_From_Novice_to_Expert.html) (Accessed 20 March 2014).
- Borkan, J.M. 2004. Mixed methods studies: A foundation for primary care research. *Annals of Family Medicine*, 2(1): 4-6.
- Bradley, E.H., Curry, L.A. & Devers, K.J. 2007. Qualitative data analysis for health services research: Developing taxonomy, themes, and theory. *Health Services Research*, 42(4):1758-72.
- Brink, H.I.L. 1989. Registered nurse tutor's perception of their role. *Curationis*. 12(1&2): 12-16.
- Brink, H. 2007. *Fundamentals of research methodology for healthcare professionals*. 2<sup>nd</sup> ed. Cape Town: Juta. 133.
- Burns, N. & Grove, S.K. 2003. *Understanding nursing research*. 3<sup>rd</sup> ed. Philadelphia, PA: Saunders. 331.
- Burns, N. & Grove, S.K. 2005. *The practice of nursing research: Conduct, critique, and utilization*. 5<sup>th</sup> ed. St Louis, MO: Saunders/Elsevier.
- Burns, N. & Grove, S.K. 2007. *Understanding nursing research: building an evidence based practice*. 4<sup>th</sup> ed. Edinburgh: Elsevier. 16-17.
- Carlson, S; Kotze, W.J. & van Rooyen, D. 2003. Accompaniment needs of the first year nursing students in the clinical learning environment. *Curationis*, 26(2): 30-39.
- Cele, S.C., Gumede, H.A. & Khubeka, B.A. 2002. An investigation of the roles and functions of nurse preceptors in the clinical areas. *Curationis*, 25(1): 41-51.
- Chan, D.S., 2006. Perception of hospital learning environment: a survey of Hong Kong nursing students. *Nurse Education Today* 27(7): 677-84.
- Creswell, J.W. 2009. *Research design qualitative, quantitative, and mixed method approaches*. 3<sup>rd</sup> edition. Thousand Oaks, CA: Sage Publications.

- De Vos, A.S., Strydom, H; Fouche, C.B. & Delport, C.S.L. 2005. *Research at grass roots: For the social sciences and human services professions*. 3<sup>rd</sup> ed. Pretoria: Van Schaik.
- De Vos, A.S., Strydom, H; Fouche, C.B. & Delport, C.S.L. 2012 *Research at grass roots: For the social sciences and human services professions*. 4<sup>th</sup> ed. Pretoria: Van Schaik Publishers. 433-448
- Eley, S. M. n.d. The power of preceptorship. *Journal of Nursing* (online) <http://rnjournal.com/journal-of-nursing/the-power-of-preceptorship> (Accessed 20 Feb 2014).
- Fakude, L.P. & Bruce, J.C. 2003. Journaling: a quasi-experimental study of student nurses' reflective learning ability. *Curationis*, 26(2): 49-55.
- Freiburger, O.A. 2002. Clinical issues, preceptor programs: Increasing student self-confidence and competency. *Nurse Educator*, 27(2): 3.
- Gentile, D. 2012. Applying the novice-to-expert model to infusion nursing. *Infusion Nurses Society*, 35(2): 101-107.
- George, J.B. 2002. *Nursing theories: The base for professional nursing practice*. 5<sup>th</sup> ed. Upper Saddle River, NJ: Prentice Hall.
- Hansen, J.M. 2007. *Preceptors for students in Community / Public Health Nursing*. <http://www.docstoc.com/docs/125175066/LEAP---Linking-Education-and-Practice-for-Excellence-in-Public> (accessed 13 June 2012)
- Happell, B. 2009. A model of preceptorship in nursing: reflecting the complex functions of t <http://www.ncbi.nlm.nih.gov/pubmed/19999939>he role (Accessed 10 May 2012).
- Hyrkas, K. & Shoemaker, M. 2007. Changes in the preceptor role: Re-visiting preceptors' perceptions of benefits, rewards, support and commitment to the role. *Journal of Advanced Nursing*, 60(5): 513-24.
- Jeggels, J.D., Traut, A. & Africa, F. 2013. A report on the development and implementation of a preceptorship programme for registered nurses. *Curationis*, 36(1): 1-6.
- Kok, J. & Chabeli, M.M. 2002. Reflective journal writing: How it promotes reflective thinking in clinical nursing education, a student's perspective. *Curationis*, 25(3): 35-42.
- Kolb, D. 1984. *Experiential learning: Experience as the source of learning and development*. Englewood Cliffs, N.J.: Prentice-Hall.
- Krathwohl, D.R., Bloom, S. & Masia, B.B. 1964. *Taxonomy of educational objectives. Handbook 11: the affective domain*. New York: David McKay Company.

Available: [http://en.wikipedia.org/wiki/Bloom%27s\\_taxonomy](http://en.wikipedia.org/wiki/Bloom%27s_taxonomy) (Accessed 27 May 2009).

- Lekhuleni, E.M., Van Der Wal, D.M. & Ehlers V.J. 2004. Perceptions regarding the clinical accompaniment of student nurses in the Limpopo Province. *Health SA Gesondheid*, September 1. Available: <http://www.highbeam.com/doc/1G1-170582019.html> (Accessed 13 March 2014).
- Lincoln, Y.S. & Guba, E.G. 1985. *Naturalistic inquiry*. Beverly Hills: Sage.
- Lipinge, S.N & Venter, E.S. 2003. Student nurses' experiences during a rural community placement programme in Namibia. *Curationis*, 26(4): 5-12.
- Mabuda, B.T., Potgieter, E. & Alberts, U.U. 2008. Student nurses' experiences during clinical practice in the Limpopo Province. *Curationis*, 31(1): 19-27.
- Mantzorou, M. 2004. Preceptorship in nursing education: is it a viable alternate method for clinical teaching? *ICUS NURS WEB J, Nursing.Gr* (online), 19:1-10. Available: [http://cfde.emory.edu/teaching/resourcehubarticle/Clinical\\_Teaching\\_Mantzorou.pdf](http://cfde.emory.edu/teaching/resourcehubarticle/Clinical_Teaching_Mantzorou.pdf). (Accessed 13 June 2011)
- Mellish, J.M. 2000. *An introduction to the ethos of nursing*. 2<sup>nd</sup> ed. Johannesburg: Heinemann. 10.
- Mellish, J.M; Brink, H.I.L & Paton, F. 1998 *Teaching and learning the practice of nursing*. 4<sup>th</sup> ed. Johannesburg: Heinemann.
- Morolong, B.G & Chabeli, N.M. 2006. Competence of newly qualified registered nurses from a nursing college. *Curationis*, 28(2): 38-50.
- Monareng, L.V., Jooste, K. & Dube, A. 2009. Preceptors' and preceptees' views on student nurses' clinical accompaniment in Botswana. *Africa Journal of Nursing and Midwifery*, 11(2): 114-129.
- Nursing Act 33 of 2005*. The South African Nursing Council. Government Printers Available: <http://www.sanc.co.za> (Accessed 04 April 2010).
- Pillay, P. & Mtshali, N.G. 2008 Clinical supervision and support for bridging programme students in the greater Durban area. *Curationis*, 31(4): 46-56.
- Polit, F., Beck, C.T. & Hungler, B.P. 2001. *Essentials of nursing research. Methods, Appraisal and Utilization*. 5th ed. Philadelphia, Lippincott.
- Polit, D.F & Beck, C.T. 2012. *Nursing research. Generating and assessing evidence for nursing practice*. 9<sup>th</sup> ed. Wolters Kluwer/Lippincott Williams & Wilkins. 603-630.

South African Nursing Council. 1992. The philosophy and policy of the South African Nursing Council with regard to professional nursing education. Established under the Nursing Act 50, 1978 as amended.

South African Nursing Council. 1985. Regulation R425 of 19 February 1985 (as amended). Notification of completion of training. Education and training of a nurse (General, Psychiatry and Community) and Midwife leading to registration. Available: <http://www.sanc.co.za/pdf/Forms/revised%20r425.pdf> (Accessed 18 August 2014).

South African Nursing Council. 2005. *Nursing Act 33 of 2005*. The South African Nursing Council. Pretoria: Government Printers. Available: <http://www.denosa.org.za/upload/Regulations/R1046.pdf> (Accessed 18 August 2014).

*The Concise Oxford Dictionary*. (2004). Oxford: New York

Udlis, K.A. 2008. *Preceptorship in undergraduate nursing education: An integrative review*. *Journal of Nursing Education*, 47(1):20-9.

Yonge, O; Ferguson, L; Myric, F. & Haase, M. 2003. Faculty preparation for the preceptorship experience: the forgotten link. *Nurse Educator*, 28(5):210-1.

# ANNEXURES

## APPENDIX A: APPROVAL WITH STIPULATIONS. NEW APPLICATION



UNIVERSITEIT-STELLENBOSCH-UNIVERSITY  
JOU KENNISVERMOGEN • YOUR KNOWLEDGE PARTNER

### Approved with Stipulations New Application

12-Jun-2012  
Padayachee, Poovanesthree P  
Stellenbosch, WC

**Ethics Reference #:** N11/03/079

**Title:** The role of clinical preceptors in enhancing nursing education.

Dear Mrs Poovanesthree Padayachee,

The **New Application** received on **27-Sep-2011**, was reviewed by members of **Health Research Ethics Committee 1** via Expedited review procedures on **05-Jun-2012**.

Please note the following information about your approved research protocol:

Protocol Approval Period: **12-Jun-2012 - 12-Jun-2013**

The Stipulations of your ethics approval are as follows:

1. Please align research question with the title of the study.
2. Clarify whether preceptor will be employed by the college or the hospital.

Please remember to use your **protocol number (N11/03/079)** on any documents or correspondence with the REC concerning your research protocol.

Please note that the REC has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

**After Ethical Review:**

Please note a template of the progress report is obtainable on [www.sun.ac.za/rds](http://www.sun.ac.za/rds) and 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 projects may be selected randomly for an external audit.

Translation of the consent document in the language 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).

**Provincial and City of Cape Town Approval**

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 Helene 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.

We wish you the best as you conduct your research.

For standard REC forms and documents please visit: [www.sun.ac.za/rds](http://www.sun.ac.za/rds)

If you have any questions or need further help, please contact the REC office at 0219389657.

Sincerely,

Franklin Weber  
REC Coordinator  
Health Research Ethics Committee 1

## APPENDIX B: INVESTIGATOR RESPONSIBILITIES

### Investigator Responsibilities

#### Protection of Human Research Participants

Some of the responsibilities investigators have when conducting research involving human participants are listed below:

1. Conducting the Research. You are responsible for making sure that the research is conducted according to the REC approved research protocol. You are also responsible for the actions of all your co-investigators and research staff involved with this research.
2. Participant Enrollment. You may not recruit or enroll participants prior to the REC approval date or after the expiration date of REC approval. All recruitment materials for any form of media must be approved by the REC prior to their use. If you need to recruit more participants than was noted in your REC approval letter, you must submit an amendment requesting an increase in the number of participants.
3. Informed Consent. You are responsible for obtaining and documenting effective informed consent using **only** the REC-approved consent documents, and for ensuring that no human participants are involved in research prior to obtaining their informed consent. Please give all participants copies of the signed informed consent documents. Keep the originals in your secured research files for at least five (15) years.
4. Continuing Review. The REC must review and approve all REC-approved research protocols at intervals appropriate to the degree of risk but not less than once per year. There is **no grace period**. Prior to the date on which the REC approval of the research expires, **it is your responsibility to submit the continuing review report in a timely fashion to ensure a lapse in REC approval does not occur**. If REC approval of your research lapses, you must stop new participant enrollment, and contact the REC office immediately.
5. Amendments and Changes. If you wish to amend or change any aspect of your research (such as research design, interventions or procedures, number of participants, participant population, informed consent document, instruments, surveys or recruiting material), you must submit the amendment to the REC for review using the current Amendment Form. You **may not initiate** amendments or changes to your research without first obtaining written REC review and approval. The **only exception** is when it is necessary to eliminate apparent immediate hazards to participants and the REC should be immediately informed of this necessity.
6. Adverse or Unanticipated Events. Any serious adverse events, participant complaints, and all unanticipated problems that involve risks to participants or others, as well as any research related injuries, occurring at this institution or at other performance sites must be reported to the REC within **five (5) days** of discovery of the incident. You must also report any instances of serious or continuing problems, or non-compliance with the RECs requirements for protecting human research participants. The only exception to this policy is that the death of a research participant must be reported in accordance with the Stellenbosch University Health Ethics Committee Standard Operating Procedures [www.sun025.sun.ac.za/portal/page/portal/Health\\_Sciences/English/Centres%20and%20Institutions/Research\\_Development\\_Support/Ethics/Application\\_package](http://www.sun025.sun.ac.za/portal/page/portal/Health_Sciences/English/Centres%20and%20Institutions/Research_Development_Support/Ethics/Application_package) All reportable events should be submitted to the REC using the SAE Report Form.
7. Research Record Keeping. You must keep the following research related records, at a minimum, in a secure location for a minimum of fifteen years: the REC approved research protocol and all amendments; all informed consent documents; recruiting materials; continuing review reports; adverse or unanticipated events; and all correspondence from the REC
8. Reports to MCC and Sponsor. When you submit the required annual report to the MCC or you submit required reports to your sponsor, you **must** provide a copy of that report to the REC. You may submit the report at the time of continuing REC review.
9. Provision of Emergency Medical Care. When a physician provides emergency medical care to a participant without prior REC review and approval, to the extent permitted by law, such activities will not be recognized as research nor the data used in support of research.
10. Final reports. When you have completed (no further participant enrollment, interactions, interventions or data analysis) or stopped work on your research, you must submit a Final Report to the REC.
11. On-Site Evaluations, MCC Inspections, or Audits. If you are notified that your research will be reviewed or audited by the MCC, the sponsor, any other external agency or any internal group, you must inform the REC immediately of the impending audit/evaluation.

## APPENDIX C: ETHICS LETTER



UNIVERSITEIT • STELLENBOSCH • UNIVERSITY  
ion keunlsvendngel • your knowledge partner

### Ethics Letter

14-Sep-2012

**Ethics Reference #:** N11/03/079

**Clinical Trial Reference #:**

**Title:** The role of clinical preceptors in enhancing nursing education.

Dear Mrs Poovanesthree Padayachee,

Your email dated 23 July 2012 refers.

Submission of updated protocol with change in protocol title acknowledged.

The Health Research Ethics Committee approved these changes and you may proceed with your research.

If you have any queries or need further help, please contact the REC Office 0219389657.

Sincerely,

REC Coordinator  
Franklin Weber  
Health Research Ethics Committee 1

## APPENDIX D: APPROVAL OF RESEARCH PROPOSAL



health

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

Health Research & Knowledge Management sub-component  
10 – 103 Natalia Building, 330 Langalibalele Street  
Private Bag x9051  
Pietermaritzburg  
3200  
Tel.: 033 – 3953189  
Fax.: 033 – 394 3782  
Email.: [hrkm@kznhealth.gov.za](mailto:hrkm@kznhealth.gov.za)  
[www.kznhealth.gov.za](http://www.kznhealth.gov.za)

Reference : HRKM 83/12  
Enquiries : Mr X Xaba  
Tel : 033 – 395 2805

Dear Mrs P. Padayachee

**Subject: Approval of a Research Proposal**

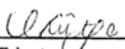
1. The research proposal titled 'The role of clinical preceptor in enhancing nursing education' was reviewed by the KwaZulu-Natal Department of Health.

The proposal is hereby **approved** for research to be undertaken at Edendale hospital and campus.

2. You are requested to take note of the following:
  - a. Make the necessary arrangement with the identified facility before commencing with your research project.
  - b. Provide an interim progress report and final report (electronic and hard copies) when your research is complete.
3. Your final report must be posted to **HEALTH RESEARCH AND KNOWLEDGE MANAGEMENT, 10-102, PRIVATE BAG X9051, PIETERMARITZBURG, 3200** and e-mail an electronic copy to [hrkm@kznhealth.gov.za](mailto:hrkm@kznhealth.gov.za)

For any additional information please contact Mr X. Xaba on 033-395 2805.

Yours Sincerely

  
\_\_\_\_\_  
Dr E Lutge

Chairperson: Provincial Health Research Committee

Date: 11/07/2012

uMnyango Wezempilo . Departement van Gesondheid

*Fighting Disease, Fighting Poverty, Giving Hope*

## APPENDIX E: PERMISSION TO CONDUCT RESEARCH AT EDENDALE CAMPUS (PRINCIPAL, KZN COLLEGE OF NURSING)



health  
Department:  
Health  
PROVINCE OF KWAZULU-NATAL

KWAZULU- NATAL COLLEGE OF NURSING  
P/Bag X9089, Pietermaritzburg, 3200  
Tel.: (033) 264 7800, Fax: (033) 394 7238  
e-mail: lulama.mthembu@kznhealth.gov.za  
www.kznhealth.gov.za

Enquiries: Mrs. S. Maharaj  
Telephone: 033 – 264 7806  
Date: 02 July 2012

Principal Investigator:  
Ms. P. Padayachee (14771845)  
Division of Nursing  
University of Stellenbosch

Dear Madam

RE: PERMISSION TO CONDUCT RESEARCH AT EDENDALECAMPUS

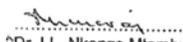
I have pleasure in informing you that permission has been granted to you by the Principal of the KwaZulu-Natal College of Nursing to conduct research on

Title: "The role of the clinical preceptor in enhancing nursing education."

- 1) Please ensure that you adhere to all policies, procedures, protocols and guidelines of the Department of Health with regards to this research.
- 2) This Research will only commence once this office has received confirmation from the Provincial Health Research Committee in the KZN Department of Health.
- 3) Please ensure this office is informed, and appropriate arrangements, are made with the Principal Edendale Campus before you commence your research.
- 4) Edendale Campus will not provide any resources for this research.
- 5) You will be expected to provide feedback on your findings to the Principal of the KwaZulu-Natal College of Nursing.

Thanking You.

Sincerely

  
\*Dr. L.L. Nkonzo-Mtembu  
Principal:KwaZulu-Natal College of Nursing

---

uMnyango Wezempilo. Departement van Gesondheid  
Fighting Diseases, Fighting Poverty, Giving Hope.

**APPENDIX F: PERMISSION TO CONDUCT RESEARCH AT EDENDALE CAMPUS  
(RESEARCH CHAIRPERSON AND PRINCIPAL EDENDALE NURSING CAMPUS)**



health.

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

KWAZULU NATAL COLLEGE OF NURSING  
EDENDALE NURSING CAMPUS S 2013  
Private Bag X 9099 Pietermaritzburg.3200  
29 Havelock Road, Pietermaritzburg.3201  
Tel.: 033-3456810/3927566 Fax.:0333459477/0865743522  
Email.:ntombizakhona.majola@kznhealth.gov.za  
www.kznhealth.gov.za

21 June 2012

Mrs. P. Padayachee (14771845)  
29 Cactus Place  
Belfort  
Pietermaritzburg

Dear Mrs P. Padayachee

**REQUEST TO CONDUCT RESEARCH AT EDENDALE NURSING CAMPUS**

*Protocol: "The role of the clinical preceptor in enhancing nursing education"*

Your letter dated 18.06.12 refers.

We are pleased to inform you that the permission is granted provided:

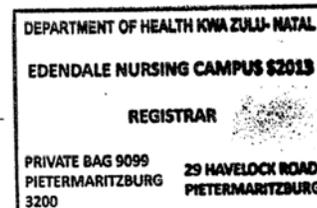
- Confidentiality is maintained at all times
- Your research does not interfere with smooth running of the Campus
- Proper consent is obtained from the participants

Thank you

Yours sincerely

Dr N.V. Mkhize  
(Chairperson Research committee)

for Mrs N.C. Majola  
(Campus principal)



uMnyango Wezempilo . Departement van Gesondheid

*Fighting Disease, Fighting Poverty, Giving Hope*

*Silwa Nezifo Silwa Nobubha Sinika Ithemba*

## APPENDIX G: PERMISSION TO CONDUCT RESEARCH AT EDENDALE CAMPUS (DEPARTMENT OF HEALTH KZN)



health

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

Edendale Hospital  
Private Bag X 509, Plessislaer, 3216  
Tel: 033 395 4040, Fax: 033 395 4087  
email: [thandiwe.ndlovu@kznhealth.gov.za](mailto:thandiwe.ndlovu@kznhealth.gov.za)  
[www.kznhealth.gov.za](http://www.kznhealth.gov.za)

---

OFFICE OF THE CHIEF EXECUTIVE OFFICER

---

**Reference No.30/5/1**  
Enquiries: Mrs. TJ Ndlovu  
Tel: 033-3954040

Date: 22 June 2012

Mrs. Padayachee  
Lecturer  
Edendale Nursing Campus

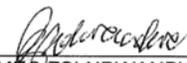
Dear Mrs. Padayachee.

**RE- REQUEST PERMISSION TO CONDUCT A RESEARCH STUDY ON THE ROLE OF THE  
CLINICAL PRECEPTOR IN ENHANCING NURSING EDUCATION.**

Your letter dated 18 June 2012 refers,

Your request to conduct the above-mentioned surveillance is supported by Edendale Hospital Management, subject to approval by Department of Health Research Committee.

Yours Sincerely,

  
MRS ZSI NDWANDWE  
CHIEF EXECUTIVE OFFICER  
EDENDALE HOSPITAL

---

uMnyango Wezempilo. Departement van Gesondheid

*Fighting Disease, Fighting Poverty, Giving Hope*

## APPENDIX H: PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM

### PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM

**TITLE OF THE RESEARCH PROJECT:**

The role of the clinical preceptor in enhancing nursing education.

**REFERENCE NUMBER: 14771845**

**PRINCIPAL INVESTIGATOR: Mrs. P. Padayachee**

**ADDRESS:**

29 Cactus Place, Belfort, Pietermaritzburg, 3201

**CONTACT NUMBER: 083 9909 662**

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 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?**

The study will be conducted at Edendale Nursing Campus and Edendale Hospital. The total number of participants will include 10 lecturers and 30 nursing students. Ten hospital ward managers will also be interviewed.

The aim of this research study aims to explore the role of the clinical preceptor as experienced by all stakeholders in nursing education. The information obtained could be utilized to enhance the practical competence of student nurses.

Questionnaires will be completed by student and nursing unit manager participants and focus group interviews will be conducted with the lecturers of the campus. Confidentiality and anonymity will be guaranteed. At no time will identities of participants be revealed. The questionnaires do not provide for identification of participants and therefore anonymity and confidentiality is guaranteed. Results will be analysed and interpreted using graphs and tables.

Student participants will be selected randomly from each of the four levels of training. Each candidate will have an equal chance of being selected as every

5th number drawn will be selected from a box containing numbers. Purposive sampling will be used for the other participants i.e. nursing managers from the wards that students are frequently allocated to and nurse lecturers.

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

You have been invited to participate in this study as you meet the criteria. Your lived experiences will be of great value in achieving the aims of the study.

**What will your responsibilities be?**

The questionnaires require a personal response and there are no right or wrong answers. It is however required that you be honest in your response. You may refuse to be part of the study at any given time.

As a participant of focus group interviews you may be free to verbalise your lived experiences and voice your opinion in the company of those with whom you are familiar with and who share your experiences in the field of nursing education.

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

The study is voluntary and there is no monetary benefit to participating in the study. Information gained will be utilized to enhance the practical component of nurse training at Edendale Nursing Campus.

**Are there in risks involved in your taking part in this research?**

There are absolutely no risks involved. You may decline to participate, or withdraw from the study at any time.

**If you do not agree to take part, what alternatives do you have?**

You may refuse to participate in the study at any time. You are under no obligation and this study is not part of the nursing curriculum and therefore does not affect your academic performance as a student in any way.

As a lecturer or unit manager there are no risks involved as confidentiality is guaranteed and at no time are your personal details requested for or divulged in this study.

**Who will have access to your medical records?**

The information that you give will be treated as confidential and anonymous. The information gained will only be utilized for the purpose of this study. At no time in the study will your identity be revealed. At no time are names and identities required.

**What will happen in the unlikely event of some form injury occurring as a direct result of your taking part in this research study?**

There exists no risk for injury in participation of the study.

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

No, you will not be paid to take part in the study. There will be no costs involved for you, if you do take part.

**Is there anything else that you should know or do?**

- 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.
- You will receive a copy of this information and consent form for your own records.

**Declaration by participant**

By signing below, I ..... agree to take part in a research study entitled ( The Role of the clinical preceptor in enhancing nursing education).

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*) ..... 2012.

.....  
**Signature of participant**

.....  
**Signature of witness**

**Declaration by investigator**

I (*name*) ..... 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/did not use an 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 I: STUDENT QUESTIONNAIRE**

**UNIVERSITY OF STELLENBOSCH**  
**MASTERS IN NURSING**  
**THE ROLE OF THE CLINICAL PRECEPTOR IN ENHANCING NURSING**  
**EDUCATION**  
**STUDENT QUESTIONNAIRE**

**STUDY AIM**

The purpose of this study is to explore experiences of clinical preceptorship in nursing education to determine the role of the clinical preceptor in enhancing nursing education. Clinical preceptors are mentors that will be available at the clinical area on a full time basis to assist the student acquire clinical competence. They also ensure uniformity of technique and will be in a position to liaise with ward staff in the acquisition of equipment and basic requirements that will ensure that procedures are carried out according to prescribed guidelines.

There is no right or wrong answers to this questionnaire and your information is of importance for the success of this study.

All information will be treated as confidential and the researcher undertakes not to reveal any individual information that appears in this questionnaire

Anonymity is guaranteed. This study is not part of your nursing curriculum and will in no way affect your training.

**THE RESPONSE SCALE IS AS FOLLOWS:**

- 1. Strongly disagree**
- 2. Disagree**
- 3. Agree**
- 4. Strongly agree**

*For each of the statements below, indicate the extent of your agreement or disagreement by placing a tick in the appropriate box.*

AGE GROUP		YEAR IN TRAINING			GENDER	
20-30	30-40	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	Male	Female

<u>STATEMENT</u>	<u>STRONGLY DISAGREE</u>	<u>DIS- AGREE</u>	<u>AGREE</u>	<u>STRONGLY AGREE</u>
1) Until April 2012, there has been adequate clinical preceptorship in my nurse training.				
2) A nurse educator is readily available to provide support should we require clarity with a procedure at that given time.				
3) The clinical techniques and methods demonstrated at campus are the same as it is done in the ward.				
4) Sufficient, required equipment and resources are always available to carry out clinical procedures according to prescriptions.				
5) As a student I do not require full time clinical preceptors and are content with having practical support from ward staff.				
6) Information and guidelines are on a continuous basis updated between ward staff and lecturers therefore one method of a particular procedure is adopted by ward staff and students alike.				
7) My clinical competence will be greatly enhanced by a clinical preceptor.				

*I the researcher, Mrs. P. Padaychee would like to extend my sincere thanks to you for participating in this study.*

**APPENDIX J: NURSING MANAGEMENT QUESTIONNAIRE**

**UNIVERSITY OF STELLENBOSCH**  
**MASTER’S DEGREE PROGRAMME**  
**NURSING MANAGEMENT QUESTIONNAIRE**

**STUDY AIM**

The purpose of this study is to explore experiences of clinical preceptorship in nursing education to determine the role of the clinical preceptor in enhancing nursing education. Clinical preceptors are mentors that will be available at the clinical area on a full time basis to assist the student acquire practical competence. They also ensure uniformity of technique and will be in a position to liaise with unit staff in the acquisition of equipment and basic requirements that will ensure that procedures are carried out according to the guidelines. Guidelines and procedures can be standardised according to KZN College of Nursing prescription to limit confusion and provide harmony in nursing education.

There is no right or wrong answers to this questionnaire and your information is of importance for the success of this study.

All information will be treated as confidential and the researcher undertakes not to reveal any individual information that appears in this questionnaire. Anonymity is guaranteed. You may at any time refuse to participate in the study.

**THE RESPONSE SCALE IS AS FOLLOWS:**

- 1. Strongly disagree**
- 2. Disagree**
- 3. Agree**
- 4. Strongly agree**

*For each of the statements below, indicate the extent of your agreement or disagreement by placing a tick in the appropriate box.*

AGE			YEARS OF EXPERIENCE		GENDER	
30-40	40-50	50-60	20+	30+	Male	Female

<b><u>STATEMENT</u></b>	<b><u>STRONGLY DISAGREE</u></b>	<b><u>DIS-AGREE</u></b>	<b><u>AGREE</u></b>	<b><u>STRONGLY AGREE</u></b>
1. Clinical preceptorship is not necessary for clinical competence of nursing students				
2. Continuous and ongoing practical support of students is vital to ensure adequate clinical nursing competence				
3. Ward staff are duly updated on current trends in clinical practice taught at campus				
4. Ward staff involved in student training, practice the same methods as the campus				
5. There are standardised clinical procedures, methods and policies available for reference by ward staff				
6. A clinical preceptor can bridge the gap caused by differences to ensure uniformity and standardisation of procedure methods				
7. Ward staff are able to meet the practical learning needs of the student in the absence of the clinical preceptor				
8. Ward staff are knowledgeable about resources and requirements to meet the practical needs of the student				
9. Clinical preceptors are not necessary at Edendale Hospital as all practical requirements are provided for in alternative ways				

*I the researcher, Mrs. P. Padayachee, would like to extend my sincere thanks to you for participating in this study.*

## **APPENDIX K: FOCUS GROUP INTERVIEW GUIDE**

### **UNIVERSITY OF STELLENBOSCH**

### **MASTER'S DEGREE PROGRAMME**

### **THE ROLE OF THE CLINICAL PRECEPTOR IN ENHANCING NURSING**

### **EDUCATION**

### ***Focus Group Interview Guide.***

#### **STUDY AIM**

The purpose of this study is to explore experiences of clinical preceptorship in nursing education to determine the role of the clinical preceptor in enhancing nursing education. Clinical preceptors are mentors that will be available at the clinical area on a full time basis to assist the student acquire practical competence. They also ensure uniformity of technique and will be in a position to liaise with unit staff in the acquisition of equipment and basic requirements that will ensure that procedures are carried out according to the guidelines. Guidelines and procedures can be standardised according to KZN College of Nursing prescription to limit confusion and provide harmony in nursing education.

There is no right or wrong answers to this questionnaire and your information is of importance for the success of this study.

All information will be treated as confidential and the researcher undertakes not to reveal any individual information that appears in this questionnaire. Anonymity is guaranteed. You may at any time refuse to participate in the study

- 1) What exactly is the role of a clinical preceptor in nursing education and training?
- 2) Has clinical preceptorship of the student nurse at this institution been optimum thus far? State reasons for your answer.
- 3) You, as lecturer at the campus have, to a certain extent, tried to meet this learning need of the student by clinical accompaniment. How has this impacted on your duties?
- 4) Does your clinical accompaniment obligation equate clinical preceptorship in providing adequate clinical support to students?
- 5) In your opinion, does clinical preceptorship enhance nursing education, and if so, explain how?
- 6) Are there standardised practica policy guidelines that are available to all relevant stakeholders at this institution?
- 7) How do you propose can the practical learning needs of the student be enhanced in nursing education to ensure optimum clinical competence?

**APPENDIX L: EDITING CERTIFICATE**

**DR RICHARD STEELE**

BA, HDE, MTech(Hom)

**HOMEOPATH and EDUCATOR**

Registration No. A07309 HM

Practice No. 0807524

**Part-time lecturer, Dept of Homeopathy, DUT**

**Freelance academic editor**

110 Cato Road

Glenwood, Durban 4001

031-201-6508/082-928-6208

Fax 031-201-4989

Postal: P.O. Box 30043, Mayville 4058

Email: [rsteele@telkomsa.net](mailto:rsteele@telkomsa.net)

---

**EDITING CERTIFICATE**

Re: **Poovanesthree Padayachee**, M.Sc Nursing Science

I confirm that I have edited this dissertation for clarity, language and layout. I have not edited the Afrikaans abstract because that is not within my competence. I am a freelance editor specialising in proofreading and editing academic documents. My original tertiary degree which I obtained at UCT was a B.A. with English as a major and I went on to complete an H.D.E. (P.G.) Sec. with English as my teaching subject. I obtained a distinction for my M.Tech. dissertation in the Department of Homeopathy at Technikon Natal in 1999 (now the Durban University of Technology). In my capacity as a part-time lecturer in the Department of Homoeopathy I have supervised numerous Master's degree dissertations.

Dr Richard Steele

**25 August 2014**