Perceptions and experiences of undergraduate nursing students of clinical supervision

By

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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.

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ABSTRACT

Differences were observed in clinical demonstration and assessment techniques of clinical supervisors involved with the supervision of undergraduate nursing students at an institution of higher education. These differing techniques displayed by the clinical supervisors may have implications for the standard of nursing care provided by the students and the throughput of these students.

A qualitative approach with a descriptive design was applied to explore the perceptions and experiences of the undergraduate nursing students' on clinical supervision. Nine (n=9) students were deliberately selected by means of purposive sampling from each year to participate in focus group interviews. Nine 1st year students, nine 2nd year students, nine 3rd year students and nine 4th year students respectively constituted the groups that were interviewed. Thus the total sample consisted of n=36 nursing students. Consent to conduct the study was obtained from the Health Research Ethical Committee at Stellenbosch University, as well the institution under study. Informed consent was obtained from all the participants. Data collection was completed by two trained fieldworkers who were not affiliated with the institution under study.

The interviews were analysed through content analysis. Six themes emerged from the data. These included support, professionalism, realities of supervision, student preferences regarding supervisors, experiences that relate to abusive behaviour and the clinical supervision process. The findings indicated negative and positive experiences on clinical supervision. Recommendations were proposed to enhance clinical supervision and the learning experiences of student nurses.

Key words: Clinical supervision, undergraduate nursing, clinical supervisor, clinical practice, differing techniques.

OPSOMMING

Verskille was waargeneem in kliniese demonstrasie- en assesseringstegnieke van kliniese toesighouers wat betrokke is met die supervisie van voorgraadse verpleegstudente by 'n institusie van hoër onderwys. Die verskille in tegnieke gedemonstreer deur die kliniese toesighouers mag implikasies hê vir die standaard van verpleegsorg gelewer deur die studente en die slaagsyfer van hierdie studente.

'n Kwalitatiewe benadering met 'n beskrywende ontwerp was toegepas om die persepsies en ervaringe van die voorgraadse verpleegstudente oor kliniese supervisie te verken. Nege (n = 9) studente vanuit elke jaargroep was bewustelik gekies by wyse van doelgerigte steekproefneming om deel te neem in fokusgroep onderhoude. Nege 1ste jaar studente, nege 2de jaar studente, nege 3de jaar studente en nege 4de jaar studente het onderskeidelik die groepe gevorm waarmee onderhoude gevoer was. Die totale steekproef het uit n=36 verpleegstudente bestaan. Toestemming om die studie te doen was vanaf die Etiese Komitee vir Gesondheidsnavorsing by Stellenbosch Universiteit, asook die instelling ter ondersoek verkry. Ingeligte toestemming is van al die deelnemers verkry. Data insameling was deur twee opgeleide veldwerkers gedoen wat nie geaffilieer is met die instelling ter ondersoek nie.

Die onderhoude was deur inhoudsontleding geanaliseer. Ses temas het uit die data ontstaan. Dit sluit in ondersteuning, professionaliteit, realiteite van supervisie, student voorkeure ten opsigte van toesighouers, ervaringe wat verband hou met mishandelende gedrag en die kliniese supervisie-proses. Die bevindinge het negatiewe en positiewe ervaringe oor kliniese supervisie getoon. Aanbevelings is voorgestel om kliniese supervisie en die leerervaring van die studentverpleegsters te verbeter.

Sleutelwoorde: Kliniese supervisie, voorgraadse verpleging, kliniese toesighouer, kliniese praktyk, teenstrydige tegnieke.

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ABBREVIATIONS

BCE	Basic Conditions of Employment
DoH	Department of Health
EBSCO	Elton B Stephens Company
HEI	Higher Education Institutions
NEI	Nursing Education Institution
OSCE	Objective Structured Clinical Examination
RN	Registered Nurse
SANC	South African Nursing Council
SAQA	South African Qualifications Authority
SUN	Stellenbosch University
WHO	World Health Organization

CHAPTER 1: SCIENTIFIC FOUNDATION OF THE STUDY

1.1 INTRODUCTION

Clinical nurse supervision is a practice through which professional support and learning is provided to nursing students. This practice enables nursing students to be knowledgeable and competent, to assume responsibility for their own practice and to encourage safe patient care (Department of Health, 2002:1; Mellish, Brink & Paton, 2009:161; South African Qualifications Authority, 2010:1; University of KwaZulu-Natal, 2009:1). Clinical supervision includes the accompaniment of students at clinical sites, providing guidance with practical demonstrations, assessments and evaluations (University of the Western Cape, 2009:1).

In the Republic of South Africa, the South African Nursing Council (SANC) is the statutory body that sets and maintains quality standards of nursing education and practice. All education institutions are accredited by SANC before functioning as a nursing school (Mellish, *et al.,* 2009:300; South African Nursing Council, Act 33 of 2005, 2006:25-30).

Undergraduate professional nurse training in South Africa can be obtained via a four year diploma in nursing that is based on Regulation 425 (the course is commonly known as R425) which is obtained at a nursing college (South African Nursing Council Regulations, 2005). Prospective nurses can also complete a basic degree in nursing namely a BCur degree, which is also based on Regulation 425, and is obtained at a university. Undergraduate nursing training has both a theoretical and a practical component. Linking theory and practice are the core elements of the four year undergraduate nursing programme (South African Qualifications Authority, 2010:1; University of the Western Cape prospectus, 2009:1; School of Nursing Yearbook, University of the Free State, 2011:1; University of KwaZulu-Natal, 2009:1).

The researcher, in her capacity as a clinical supervisor at an institution of higher education, has observed differences in clinical demonstrations and assessments conducted by clinical supervisors. The clinical supervisors at the institution under study demonstrate clinical procedures according to guidelines stated in the clinical assessment workbook. The guidelines specify the standard procedures that should be maintained in each clinical procedure (Society of Gastroenterology Nurses and Associates, 2009:6-7; University of the Western Cape, School of Nursing - Course Information, 2009:1). According to Jeggels (2012), the institution does not have any policies specifically about demonstrations. Therefore, it is understood that the clinical assessment workbook guides the students on

how to perform a procedure, as well as guiding the clinical supervisor regarding the assessment criteria.

The demonstration of different techniques by the supervisor especially if these techniques are not acceptable, may have implications for the standard of nursing care provided by the students and the throughput of these students.

It was therefore valuable to explore the perceptions and experiences of undergraduate student nurses regarding clinical supervision that relates to clinical accompaniment, demonstrations, assessments and evaluations to provide scientific evidence about possible shortcomings in undergraduate clinical guidance.

1.2 BACKGROUND AND RATIONALE

Clinical supervisors have different training and work experience (Muller, Bezuidenhout & Jooste, 2008:537). The clinical supervisors at the institution under study are registered nurses who have obtained basic nursing degrees or diplomas, with or without a postgraduate nursing education qualification. Their work experience ranges from a general ward background to experience in specialized units such as theatre or intensive care nursing. The years of clinical work experiences of the supervisors ranges from one to forty years.

Institutions for undergraduate nurse training have clinical supervisors allocated to each year of training. At the School of Nursing, University of the Western Cape (2009:1), the Western Cape College of Nursing (2010:14), University of Pretoria (2011:1) and the University of KwaZulu-Natal (2009:1) the supervisors for the first year students teach and train the students on basic skills such as measuring vital signs and urinalysis. The second year supervisors teach advanced clinical skills for example administering injections, wound care and emergency trolley maintenance. The third year supervisors are responsible for midwifery and community health skills and the fourth year supervisors assist with psychiatric clinical training.

The institution under study has a clinical coordinator for each undergraduate group, that is, first, second, third and fourth year groups. The staff compliment consists of 26 academic staff (lecturers) and 22 clinical supervisors (Thompson & Watson, 2008:6). The lecturers teach the students in the class room setting, and the clinical supervisors teach and supervise in the clinical setting. As a quality assurance measure the clinical coordinator at the faculty meets with the clinical supervisors once a quarter. The discussions during these meetings focus on the progress of the students and efforts to improve the Objective Structured Clinical

Examination (OSCE) (The University of the Western Cape, School Of Nursing, Clinical meeting, 2012).

The OSCE is a form of summative evaluation, which determines whether a student should be promoted to the next level based on their clinical competence (Mellish *et al.,* 2009:252). During the clinical examination (OSCE), moderators randomly mark the evaluation sheet as a means of quality assurance. Quality assurance ensures quality in clinical procedures and practices related to clinical skills and examination (University of the Western Cape, School Of Nursing Clinical meeting, 2012). Hence, a moderator is an objective person who observes consistency and uniformity during an examination. At the institution under study, nursing lecturers from different undergraduate groups, that is first, second third or fourth years, could act as moderators.

Irrespective of all the efforts to enhance clinical skills and education, literature reports a decreased level of similarity between what is taught in class and what is observed in clinical practice (Baxter, 2007:103; Mabuda, 2009:62). It is important that clinical supervisors ensure standardisation in training and assessment to facilitate decisions on whether the students are able to perform the appropriate skill. Differences among clinical supervisors in relation to training and assessment techniques can lead to diverse insights and learning approaches (Al Kadri, Al Moamary, Mazoub, Roberts & Van der Vleuten, 2011:50).

After assessing some students for clinical procedures where the students demonstrated differences in clinical skills, the researcher came to the conclusion that differences might exist among clinical supervisors pertaining to techniques or procedures that are demonstrated to the students. For example, urinalysis is a test that is performed to observe abnormalities in urine. According to the instructions the test strip should be read between 60 and 120 seconds after quick dipping into the urine. However it was observed that students, after they attended a demonstration tutorial, kept the urine test strip in the urine for 60 seconds before removal. In other incidences students randomly revealed incorrect aseptic principles in basic wound care technique.

Students who demonstrate incorrect aseptic principles during the OSCE, for example wearing a wristwatch during the donning of gloves, will fail. It was observed that certain clinical supervisors will mark a student down should the student wear a wrist watch and find them not yet competent on this particular aspect during the OSCE. Yet another clinical supervisor might overlook the presence of the wrist watch and find the student competent.

Putting sterile gloves on scrubbed hands to maintain sterility is known as the donning of gloves. The wearing of sterile gloves is a fundamental aspect of the aseptic technique (White, 2005:656). Sterile gloving prevents contamination which is critical in a sterile procedure, and can reduce the incidence of healthcare associated infection (Flores, 2008:35). Therefore, the assumption is made that the wearing of a wristwatch that is not sterile could interfere with the aseptic technique and maintenance of sterility.

Hilli, Melender and Jonsén (2011:86) found that some clinical supervisors demonstrate and assess procedures differently. These supervisors do not follow the standard procedures prescribed by the institutions. Hyatt, Brown and Lipp (2008:146) found that the credibility of assessment procedures is enhanced should the supervisors be trained on the detail embedded in clinical assessment procedures. In order to avoid these incidences occurring during clinical evaluations and the OSCE, contextually relevant research about the congruency amongst clinical supervisors is needed.

1.3 SIGNIFICANCE OF THE STUDY

The perceptions and experiences of the students regarding clinical supervision provided information from the student's viewpoint. This information could assist institutions of higher education to improve the system of clinical supervision.

1.4 PROBLEM STATEMENT

The teaching by clinical supervisors whose standards differ from what is prescribed could augment differences between what is taught in class and what is practiced in the clinical setting. Moreover, differences among clinical supervisors pertaining to demonstrating or assessing clinical procedures could have an effect on the student pass rate, as well as the development and training of skilful nursing professionals. Therefore, against this background, the experiences of undergraduate nursing students on clinical supervision were explored.

1.5 RESEARCH QUESTION

What are the perceptions and experiences of undergraduate nursing students on clinical supervision?

1.6 DEFINITION OF TERMS

An institution of higher education is any registered institution that provides higher education on a full-time, part-time or distance basis (Higher Education Laws Amendment Act 26 of 2010).

A learner nurse or student is any person who is registered with the SANC, who has complied with the prescribed conditions and has furnished the prescribed particulars for a training programme at a nursing education institution (The South African Nursing Council, Act No. 33, 2005:27).

A registered nurse is a professional nurse who can practice independently as defined in the Nursing Act, 2005 (The South African Nursing Council, Act No. 33, 2005:6).

Clinical facility: A place or setting often associated with a hospital (Oxford American Desk Dictionary & Thesaurus, 2010).

Experience refers to involvement, participation or exposure (Colour Oxford Dictionary Thesaurus, 2002:214).

Faculty nationally refers to a teaching department at a university or college (Colour Oxford Dictionary Thesaurus, 2002:219).

Higher education concerns all learning programmes leading to a qualification that meets the requirements of the Higher Education Qualifications Framework (Higher Education Laws Amendment Act 26 of 2010).

Perception has two components namely concept and belief. Perceptions are grounded in a productive and developing connection between the mind and the world (Copenhaver, 2010:285).

The Nursing Act, Act No. 33 of 2005, makes it illegal for any institution in South Africa to provide education and / or training intended to qualify a person to practise as a nurse or a midwife unless both the institution and the programme of education and training are approved by the Nursing Council (The South African Nursing Council, Act No. 33, 2005:6).

The South African Nursing Council is the statutory body that governs nursing practice in South Africa (The Nursing Act, 2005).

“Undergraduate,” refers to a student at a university or college who has not yet received a degree (Colour Oxford Dictionary Thesaurus, 2002:667)

1.7 AIM

The aim of this study was to explore the perceptions and experiences of undergraduate nursing students on clinical supervision.

1.8 OBJECTIVES

The objectives of the study were to explore:

- the perceptions of nursing students on clinical supervision,
- the experiences of nursing students on clinical supervision.

1.9 RESEARCH METHODOLOGY

A brief overview of the research methodology is provided in the current chapter while a full report follows in chapter three.

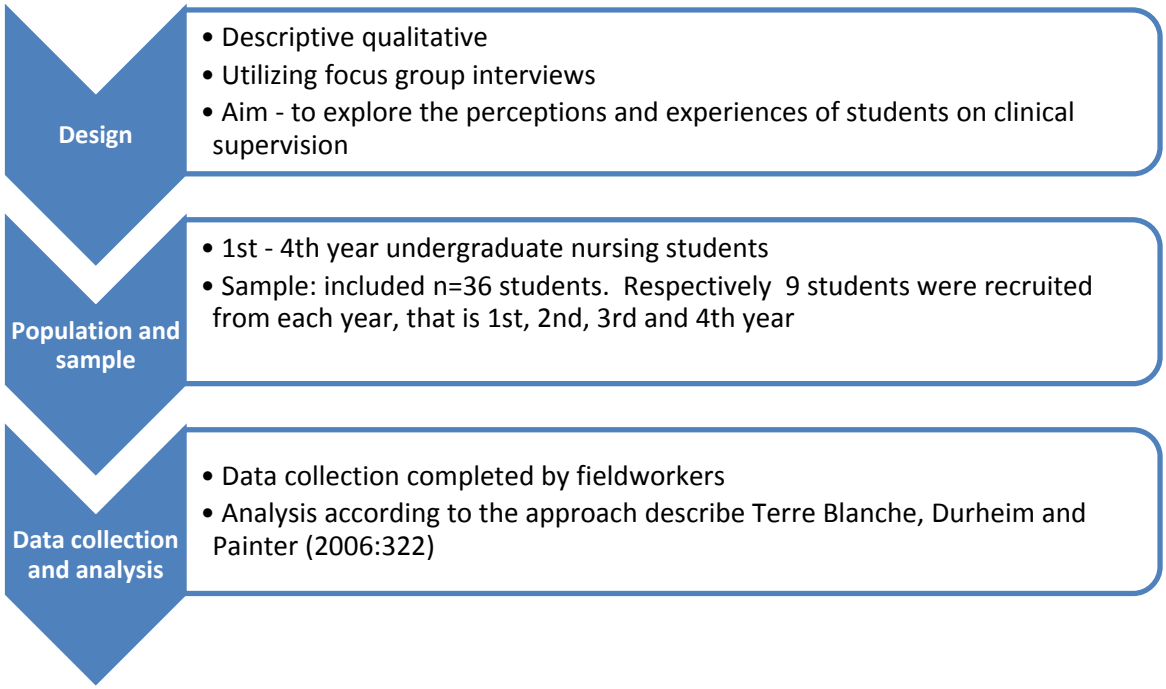

Figure 1.1: Methodological framework

1.9.1 Research design

A descriptive design with a qualitative approach utilizing focus group interviews was applied to explore the experiences of undergraduate nursing students regarding clinical supervision.

1.9.2 Population and sampling

The total population for the proposed study consisted of N=1001 undergraduate nursing students involved in the four year undergraduate program at the institution under study. Purposive sampling was used to select the participants. Nine students were deliberately selected from each year, to participate in focus group interviews. Therefore, nine 1st year students, nine 2nd year students, nine 3rd year students and nine 4th year students respectively constituted the groups that were interviewed. Thus the total sample consisted of n=36 nursing students.

1.9.3 Pilot interview

A pilot focus group interview was conducted consisting of 6 participants that met the criteria of the study.

1.9.4 Instrumentation

Four focus group interviews comprising 9 participants each were conducted using a semi structured interview guide. The interview guide consisted of a list of open-ended questions. The questions were based on the objectives set for the study.

1.9.5 Data collection

To avoid the possibility of bias, data collection were conducted by two fieldworkers who are in possession of a master's degree in nursing, are trained in how to conduct interviews and who are not affiliated with the institution under study. The interviews were conducted at a time, a date and a venue comfortable to the participants. Except for the recording of information with the tape recorder, the fieldworkers took notes of important incidents observed during the interviews.

1.9.6 Trustworthiness

Trustworthiness was ensured through the process as described by Lincoln and Guba (1985:1) namely credibility, transferability, conformability and dependability.

1.9.7 Data analysis

Data analysis was done according to the steps described by Terre Blanche, Durrheim and Painter (2006:322).

1.9.8 Ethical considerations

Consent to conduct the study was obtained from the Health Research Ethical Committee at Stellenbosch University (SU), as well the institution under study. As recommended by Brink, Van Der Walt and Van Rensburg (2008:35-37) protection of human rights was ensured by instituting confidentiality, anonymity, privacy and the right to self-determination. Informed written consent was obtained for participation in the interview as well as the recording thereof. There were no students who experienced emotional distress during the focus group interviews. Therapeutic counseling was available for participants who might have experienced emotional distress during the data collection process.

1.10 STUDY OUTLAY

Chapter 1: Scientific Foundations of the Study

Chapter 1 portrays the background and motivation for the study. This chapter provides a brief overview of the literature, research question, study objectives, research methodology, definitions and the study layout.

Chapter 2: Literature Review

This chapter contains a discussion of various literature related to the topic of clinical supervision as well as the conceptual theoretical framework of the study.

Chapter 3: Research Methodology

Chapter 3 comprises of an in-depth description of the research methodology that was applied in the study.

Chapter 4: Data Analysis, Interpretation and Discussion

The findings of the study are analysed and interpreted in chapter 4.

Chapter 5: Conclusion & Recommendations

The findings of the study objectives are concluded and discussed in chapter 5. Recommendations based on scientific evidence obtained in the study are also presented in this chapter.

1.11 SUMMARY

A background description of clinical supervision was provided that relates to undergraduate nursing training in South Africa. The underlying reasons that motivated the researcher to explore the perceptions and experiences of undergraduate nursing students on clinical supervision are explained in the rationale. An overview of the research methodology that was applied in the study was also presented. The chapter concluded with an outline for the remainder of the thesis.

The next chapter contains a presentation of the literature underlying the concept of undergraduate clinical supervision.

CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION

The literature review creates a picture of what is known and what is not known about the research problem (Brink, Van der Walt & Van Rensburg, 2008:52). The intention of a literature review is to explore similar or related studies that can serve as the foundation for the intended study. Therefore, this chapter contains a review of literature that relates to clinical supervision and the clinical supervisor.

2.2 SELECTING AND REVIEWING OF THE LITERATURE

A significant amount of literature was assessed. The review was carried out over a period of 24-35 months. The review commenced before the proposal for the study was completed. On completion of the analysis of the data it was clear that the findings of the study relate to aspects such as professionalism and quality assurance in clinical supervision among others. These issues were not thoroughly addressed in the initial review. Therefore, after data analysis was completed the review was strengthened and adapted to provide information that is aligned with the findings of the study.

Search engines such as SUNSearch (Stellenbosch University Library and Information Service) and EBSCOhost (Elton B Stephens Company research database) were employed in addition with the on-going support and assistance of the supervisor.

The majority of the materials used in the review were published within the last ten years. These materials were selected from multiple electronic databases. The databases included the Stellenbosch University library and Pubmed. Periodicals, journals and different monographs (pamphlets and books) were reviewed.

Key words included clinical nurse educator, clinical nurse supervisor, undergraduate and nursing student.

Both South African and international publications were utilized.

2.3 PRESENTATION OF THE LITERATURE

The findings from the literature are presented in the following order:

- Defining clinical supervision
- Who serves as clinical supervisors?
- Clinical supervision globally
- Clinical supervision in South Africa

- Factors influencing clinical supervision
- The functions of the clinical supervisor
- Clinical model outcome
- Training approaches
- Strategies of a proficient clinical supervisor
- Summary

2.3.1 Defining clinical supervision

Clinical supervision is a broad concept and is implemented and integrated into many professions. Multitude definitions of clinical supervision exist; all these definitions include the observation, evaluation, feedback and facilitation of supervisees (Langfus & Aasheim, 2012:5; Milne, 2009:188; Van Ooijen, 2003:11; Mellish, Brink & Paton, 2009:161). The Department of Health in South Africa (2007:15) defines clinical supervision as a formal process of professional support and learning which enable individual practitioners to develop knowledge and competence. Clinical supervision according to Elton B Stephens Company (EBSCO) Industries (2012:1) is a formal process used to assist students and personnel in a clinical setting to develop clinical skills and clinical competence. Therefore, supervision should be seen as a means by which an expert practitioner in the art and science of nursing guides and directs the work of someone who is less competent (Mellish, *et al.,* 2009:161).

Effective clinical supervision is beneficial to the practitioner and the organisation when it fulfils the aim of improving and developing clinical practice (Bond & Holland, 2010:1). In addition Martin and Cannon (2010:2) explain that the process of clinical supervision encompasses training another to function effectively. Correspondingly all faculties of health science programmes require clinical supervisors to teach their undergraduate students in the clinical settings (Archer & van Heusden, 2011:6; Bond & Holland, 2010:2).

Clinical supervision can be done individually and in a group setting. The goal of individual supervision is to work with the individual nurse's needs and to develop their skill. Correspondingly, group supervision entails providing supervision to a group of supervisees in which their professional and clinical skills are developed, while working in a team (Lynch, Hancox, Happell & Parker, 2009:73).

2.3.2 Who serves as clinical supervisors?

Malone (2009:3) defines a clinical supervisor is a person who has the task of supporting and guiding students to become independent professionals. Likewise it is explained that clinical supervisors are qualified practitioners that oversee the management of other practitioners through the use of supervisory modules and techniques (Education Portal, 2012:1).

According to the Western Cape College of Nursing (2012:1) the clinical supervisor is a clinical mentor in possession of a four year undergraduate diploma or degree. It is also recommended that the clinical supervisor has a post basic qualification in nursing education. Clinical supervisors are registered nurses who are working at a nursing college or university or teaching hospital and teach student nurses in clinical settings (Pillay, 2005:16; Archer & van Heusden, 2011:8).

2.3.3 Clinical supervision globally

All undergraduate programmes in medical and health sciences require clinical supervisors to teach the students in the clinical settings (Archer & van Heusden, 2011:6).

In the United States of America clinical supervisors are not employed by the educational institutions but by the healthcare institutions such as hospitals, nursing homes and community settings where students complete clinical training. The clinical supervisors are only responsible for clinical accompaniment and have no responsibilities in terms of patient and ward care (Williams & West, 2012:233-235).

Nursing students in Saudi Arabia complete their clinical training in hospital facilities as well as accredited tertiary institutions such as colleges and universities. A faculty member supervises students in the clinical setting. The tertiary institution and the division of nursing services (the hospitals) are jointly responsible and accountable for developing and training students in the clinical area. Therefore, clinical training is based on a designed model inclusive of the vision, mission and philosophy of the university, the college, and the clinical facilities (Omer, Suliman, Thomas & Joseph, 2013:155-156).

Nursing education in Finland is also offered at colleges and universities. Clinical training takes place within the clinical settings (Haggman-Laitila, Elina, Riitta, Kirsi & Leena, 2007:382). The nurse managers in the clinical settings manage the clinical supervision of students while the entire personnel partake in it. Each student is assigned to a registered professional nurse preceptor. The preceptor supervises the students while performing their duties as nurses. These registered professional nurses who act as preceptors for the students are also responsible for the implementation and evaluation of the student's clinical training (Haggman-Laitila, et.al, 2007:382).

Undergraduate nursing training in Australia also comprises of a theoretical and clinical component. Clinical placements of students are managed by a university placement coordinator. At the placement facilities, students are supervised by a clinical supervisor of the hospital (Charles Darwin University Australia, 2007:7). This clinical supervisor is a

registered nurse with a Bachelor Degree and a minimum of 2 years postgraduate experience working in the clinical institution. The clinical supervisor is not assigned any patient load but is solely responsible for guiding the student to acquire clinical skills and professional practice (Henderson & Eaton, 2013:198).

The information from the various countries indicates that clinical supervision is either the function of the institution of higher education or the hospital where the student acquires practical training. All countries however provide training at universities and colleges.

2.3.4 Clinical supervision in South Africa

Undergraduate nursing training in South Africa is provided by universities and nursing colleges. The universities and colleges place the students at clinical facilities such as hospitals and community health centres to attain clinical competence (Traut, 2013:6; Mabuda, 2008:20). The clinical placement officer at the university or college allocates students to the clinical facilities. Clinical supervisors who supervise the student nurses at the clinical facilities are appointed by the academic institutions (Traut, 2013:24). They supervise and accompany the students in the clinical skills laboratory and in the clinical settings (Jeggels, Traut & Kwast, 2010:55). The clinical skills laboratory is a safe setting in which students can practice and acquire necessary clinical skills. Further details about the clinical skills laboratory are explained in Chapter 2, Section 2.5.3.2.1. The clinical supervisors also conduct lecture-demonstrations, facilitate guided practice, assess and evaluate the competence level of students on clinical skills (Jeggels, *et al.,* 2010:55-56).

2.4 FACTORS INFLUENCING CLINICAL SUPERVISION

2.4.1 Legislation

The Nursing Act, No 50 of 1978 makes provision for the establishment of the South African Nursing Council (SANC). The South African Nursing Council is the body entrusted to set and maintain standards of nursing education and practice in the Republic of South Africa. It is an autonomous, financially independent, statutory body, initially established by the Nursing Act, 1944 (Act No. 45 of 1944), and currently operating under the Nursing Act, Act 33 of 2005 (SANC, Act No. 33, 2005:1).

The Nursing Act governs nursing education and clinical training in South Africa and endeavours to ensure that nurse education is based on best evidence-based practices (Act 33, 2005:25-30; Mellish, *et al.,* 2009:57). Evidenced-base practice is a lifelong problem solving method to clinical decision making that encompasses the use of the best available evidence from previous research studies (Melnyk & Fineout-Overholt, 2011:575).

Each clinical supervisor must be registered with the South African Nursing (SANC). Clinical supervisors abiding with the Acts regulations when training students, contributes positively to the practice of clinical supervision. Likewise the clinical supervisor ensures that the training of students is aligned with the scope of practice of a student nurse who is registered or enrolled under the South African Nursing Act of 2005 as in Regulation 2598 (SANC Regulation 2598, 2013:1).

2.4.1.1 Nursing education and training standards

The nursing education and training standards of the South African Nursing Council (Mhkize, 2012:93) stipulates that clinical supervisors employed by an institution of higher education in South Africa should have at least 3 years clinical teaching experience. In addition, institutions of higher education should have policies in place to ensure clinical and educational competency of the clinical supervisors and provide opportunities for professional development (Mhkize, 2012:108-114). Other stipulations to enhance quality in clinical supervision include; record-keeping of training provided to students and that the clinical supervisor is accessible to students via a pager or phone. Moreover, training should be enhanced through the utilization of a fully equipped skills laboratory, regular student feedback and a standardized assessment process (Mhkize, 2012:36-97).

Yet clinical supervisors employed by universities are not always employed on a permanent basis. The impermanent nature of the position seems to influence the quality of supervision as universities are continually recruiting new nurses to act as clinical supervisors. Moreover, clinical supervisors are mostly unsupervised and seem to function autonomously. Many nurses who function as clinical supervisors develop through an experiential process. Therefore, clinical supervisors themselves require ongoing support through mentoring; the more senior supervisors mentor the less experienced supervisors (Andrews & Ford, 2013:416-417).

2.4.2 Clinical supervisor- student ratio

According to the Royal College of Nursing (2012:1) every practitioner should have access to clinical supervision and each supervisor should supervise a realistic amount of practitioners. In accordance, the South African Nursing Council sets and maintains nursing standards on the baccalaureate level and stipulates that each student be supervised at least one hour every two weeks, or half an hour every week (The South African Nursing Council, Regulation 425, 2012:1; South African Qualifications Authority, 2010:4; Thompson & Watson, 2008:6).

Ideally, the ratio of supervisor to supervisees should not be more than one supervisor to eight supervisees (Lynch, Hancox, Happell & Parker, 2009:80). However, Schellenberg

(2012:485) suggests that the supervisor-supervisee ratio should not exceed a ratio of 1:6. Similarly, Maart (2011:13) suggests a 1:6/7 clinical supervisor to supervisees' ratio. Accordingly each supervisor should manage a manageable number of supervisees (West London Mental Health NHS Trust, 2011:6).

Conversely a successful relationship between supervisee and supervisor requires sufficient time for the connection to grow through face-to-face meetings on a regular basis (Beecroft, Santner, Lacy, Kunzman, & Dorey, 2006:736; Thompson & Watson, 2008:6; University of South Africa, 2012:5). At the International Scientific Conference (2012) it was declared that clinical supervision represents an important aspect in the development of nursing students' clinical skills. However due to an increase in student numbers, clinical supervisors have limited contact sessions with students in the clinical setting (XL Millennium Conferences, 2012:1). Limited contact between the supervisor and the student could however influence the competency level of the student and ultimately the standard of care provided by the student.

2.4.3 The skills of the supervisor

Clinical skills and education are vital in the clinical setting. Many clinical supervisors are passionate about teaching the student but often lack knowledge of educational principles and teaching strategies. Thus clinical supervisors may be inadequately prepared for the supervisory role (Archer & van Heusden, 2011:8; Andrews & Ford, 2013:414; Jones, 2006:156).

Skills needed by the clinical supervisor would be to listen attentively and actively as well as to comment openly, objectively and constructively with patience. Sound interpersonal relationships should be maintained between the supervisor and the supervisee reflecting loyalty and mutual respect (Jooste, 2009:16). Evidently an effective supervisor needs to develop a variety of skills in addition to their teaching skills (Mellish *et al*., 2009:309). Severinsson and Sand (2010:675) found that supervisors can benefit from leadership development programmes since the latter could stimulate improved partnership with the students.

2.4.3.1 In-service training and development

Clinical supervisors are not always well prepared for the clinical supervision position. Some clinical supervisors reported that they had found it overwhelming when the position was offered to them on a short notice (Andrews & Ford, 2013:414). The participants in Andrews and Fords' study revealed that they were not always fully orientated with regard to their job as a clinical supervisor (Andrews & Ford, 2013:414).

In addition, it was found that quite often clinical supervisors do not have a formal nursing education background and that differences exist in how various clinical supervisors oversee students. Moreover, not all supervisors are able to engage in reflection and some struggle with theory-practice integration (Hilli, Melender & Jonsén, 2011:87).

Therefore, clinical supervisors can benefit from on-going mentoring programmes, clinical workshops and staff development programmes (Severinsson & Sand, 2010:675; Jones, 2008:156; Andrews & Ford, 2013:415). Moreover, training programmes ensure that clinical supervisors are able to equip themselves with current knowledge (Mellish, 2009:273). This support would assist them in the transitional phase to the supervision role and also to handle concerns that arise during clinical practice (Andrews & Ford, 2013:416-417).

2.4.4 Professionalism

The ultimate goal of nurse training is to train and produce highly skilled professional nurses (Mellish *et al.,* 2009:7). Therefore, clinical supervisors should conduct themselves in a professional manner and demonstrate a fair and impartial attitude towards students. Supervisors who lose their temper and become annoyed without cause should not hold such a position. However, should it be required that students be corrected, even reprimanded; the reproach should be done in a professional manner. Students should not be reprimanded in front of other students, patients or staff (Mellish *et al.,* 2009:163).

2.5 THE FUNCTIONS OF THE CLINICAL SUPERVISOR

The clinical supervisor has three core functions: educative, supportive and managerial (Mills, Francis & Bonner, 2005:4; Pillay, 2005:15; Klerk, 2010:52).

2.5.1 The educative function

The educative function entails demonstrations and continuous assessments and evaluation. It also concerns the provision of feedback and assisting students to link theory with practice. During the course of a demonstration the clinical supervisor explains and shows procedures to students. Consequently, the demonstration provides a visual image of the procedure which strengthens verbal knowledge (Anjuannmani, 2012:1).

Assessment on the other hand, is the process that enables the clinical supervisor to observe the student performing a procedure and determine their progress. The clinical supervisor uses evaluation procedures to test whether the student is clinically competent in performing the specific procedure (Mellish *et al.,* 2009:227). Continuous assessments and evaluation, which include formative and summative assessments is an on-going process. The aim of formative assessment is to guide and monitor the progress of the student throughout the

year. Students are allocated a mark or grade for each formative assessment procedure. Each mark or grade that the student receives for individual assessments procedures contributes to the year mark (Meyer & Van Niekerk, 2008:151). Summative assessment however measures the students' ability to practice nursing at the end of their course (Mellish *et al.,* 2009:223-224).

The education function also entails the provision of guidance, knowledge and skill development (Malone, 2009:5; Mellish *et al.,* 2009:163; Pillay, 2005:16). Therefore, clinical supervisors should be accountable and autonomous practitioners that reflect on their practice and enhance their own skills (Department of Health, 2007:1). Likewise clinical supervisors should assist nurses to reflect critically on their actions in the provision of patient care (Bush, 2005:38).

2.5.1.1 Feedback

Feedback is a means to disclose to the student how the clinical supervisor perceives their performance. Feedback should be provided regular and promptly after a student has completed a procedure. In addition, feedback should be constructive, concise and clear (Meyer & Van Niekerk, 2008:164). Meyer *et al.* (2008:198), recommends that feedback should be given after formative and summative assessments. The feedback should however contain a discussion of weak points, reasons for poor marks and the integration of practical advice on how to improve (Mellish, *et al.,* 2009:228).

2.5.1.2 Linking theory and practice

Linking theory and practice are the core elements of the four year undergraduate nursing programme (University of KwaZulu-Natal, 2009:1; University of the Western Cape prospectus, 2009:1; School of Nursing Yearbook, University of the Free State, 2011:1). Correspondingly Landmark, Hansen, Bjones and Bohler, (2003:834) and Andrews and Ford (2013:413) state that competent clinical supervisors should support students to link theory and practice.

Meyer and Van Niekerk (2008:82-83) write that students should be able to engage in independent problem-solving when nursing patients in the clinical area. The students however require knowledge (the underlying theory) and thinking skills (be able to reason). This process of thinking (reasoning about what is indeed appropriate) while simultaneously applying their knowledge is enhanced when the students are actively accompanied by the clinical supervisor (Severinsson & Sand, 2010:669; Meyer *et al*., 2008:82-83).

In addition, clinical supervisors should create meaningful learning opportunities where students are granted the opportunity to link theory and practice (Meyer & Van Niekerk, 2008:83). Maginnis and Croxon (2010:2-3) state that clinical supervisors should reiterate the theory underlying each procedure while demonstrating procedures to students. Moreover, the integration of theory and practice should be reinforced through clinical scenarios provided by equipment such as video/DVDs, case studies and question sessions. The authors are of the opinion that clinical supervisors should utilize clinical laboratories that are equipped with technology such as mannequins and video/DVD to bridge the theory-practice gap as explained in Section 2.5.1.3.

2.5.1.3 Clinical laboratories

Most educational institutions that provide health related qualifications make use of clinical skills laboratories (Jeggels, Traut, & Kwast, 2010:51; Al-Yousuf, 2004:549). The clinical skills laboratory is a safe environment where students are able to practice procedures and gain competence to perform the procedure on a real patient (Traut, 2013:6; Houghton, 2007:11). The clinical laboratory assists with bridging the gap between the class room and the clinical setting as well as decreasing the students' and facilitators' anxiety. These settings are generally used for the demonstration and assessment of clinical skills. The clinical skills' laboratory is also used to encourage self-directed learning, improve communication skills and motivates the student to learn (Houghton, 2007:11; Al-Yousuf, 2004:550).

A well-equipped laboratory includes mannequins, audio-visual learning aids and computer-aided instruction. The clinical laboratory provides students the opportunity to practice clinical skills on mannequins and simulated patients. Simulated patients are members of the local community who are recruited and trained to portray the role of real patients during role play (Jeggels *et al.,* 2010:55).

2.5.2 The supportive function

Clinical supervisors also serve as supportive systems for students. The findings of a study completed by Lindgren, Brulin, Holmlund, and Athlin (2005:822) confirmed that students experience the practice of clinical supervision as a supportive structure. The supportive function comprises of the support and guidance that are continually provided with training and managing daily clinical issues (Pillay, 2005:16).

Therefore, the nursing faculty should establish a caring and facilitating relationship with the individual student, ultimately developing them to be confident professional practitioners. This caring and facilitating relationship should consist of compassion, awareness, being non-judgmental (the supervisor) and showing gratitude (McEnroe-Petitte, 2011:80-81). The

student-supervisor relationship should be built on mutual respect and caring for learning needs (Jonsén, Melender & Hilli, 2013:256). Moreover, the supervisor should demonstrate openness and sensitivity for learning needs and respond to these needs. Through this, struggling and at-risk students can be identified early. Subsequently faculty should create a safe environment and be able to render support in time. Furthermore, the supportive relationship between the faculty / supervisor and student enhances the retention of nursing students (McEnroe-Petitte, 2011:80).

Clinical supervisors, who support the students through care efforts, assist with the challenges that students experience and simultaneously promote success with the educational process (McEnroe-Petitte, 2011:80). Consequently the nursing faculty should display and offer care in addition to support for those studying the profession. Furthermore the clinical supervisor who supports the student both educationally and personally promotes the development of the students' clinical autonomy (Jones, 2006:153).

A safe and caring environment exemplifies teaching and learning (McEnroe-Petitte, 2011:81). A safe environment for the nurse is a safe work setting equipped with minimum physical, material and personnel requirements (SANC Nurses Rights, 2013:1). Safety means a safe working environment for nurses and one that is conducive for quality nursing care (Young, Van Niekerk & Mogotlane, 2004:256).

2.5.3 The managerial function

The third function, that is the managerial function, involves quality assurance. The World Health Organization deemed the effects of clinical supervision on the quality of care, as a key aspect in the improvement of quality (Santos Cruz, 2011:290). Quality assurance in clinical supervision relates to the availability and utilization of qualified supervisors, appropriate clinical supervisors, student ratio's and the ability of students to apply reflection (Jonsén, Melender & Hilli, 2013:260-262). The availability and utilization of qualified supervisors was discussed in Section 2.4.1.1. Aspects that relate to supervisor-student ratios were addressed in Section 2.4.2 and the value of reflection in Section 2.6.1.

Quality assurance also relates to managing appropriate standards in clinical facilities (Pillay, 2005:25). Maintaining standards in clinical facilities are also linked to the competencies of the student nurse. Therefore, clinical supervisors should evaluate the competency level of the individual student.

For a student to be regarded as competent, they have to demonstrate competency as follows:

- Foundation competence: the student demonstrates knowledge and understanding of what they are doing and how they are doing it;
- Practical competence: the student demonstrates the ability to perform a set of tasks;
- Reflective competence: the student demonstrates the ability to integrate and connect their performance with their understanding, in order to learn from their actions and adapt to change.

It is also expected that the clinical supervisor teach the students managerial functions such as record- keeping and planning (Butterworth & Faugier, 1998:1).

Record keeping in nursing holds many risks (Meyer, van Niekerk & Naude, 2004:244). The legal system presumes that if something is not recorded, it was not done. Therefore, nurses have a professional and legal duty to document nursing interventions accurately and comprehensively to prevent possible litigation (Middleton, 2003:26). The clinical supervisor should therefore teach and encourage students to report and document interventions. Record keeping should however be in accordance with the individual institutions' (university or clinical facility) policies on confidentiality and record keeping (Freeman, 2006:15).

The managerial function also relates to time planning and whether the supervisor is able to create trust and collaboration between themselves and the student. Severinsson and Sand (2010:674) state that supervisors should manage their time and provide opportunities where the student can discuss their personal development with the supervisor. Moreover, the supervisor should manage and foster a relationship with the supervisee that encourages dialogue.

Since the supervisor is the leader in the supervisor-student relationship, the supervisor has a moral responsibility to ensure that the student is emotionally aware and responsible. Therefore, supervisors should ensure that students are able to practice reflection. Reflection has proved to stimulate professional growth and help students to identify shortcomings in their ability to render patient care (Severinsson & Sand, 2010:675). Nursing students in a study by Jonsén, Melender and Hilli (2013:300), reported a lack of opportunity to engage in reflection in the presence of the supervisor.

2.6 CLINICAL MODULE OUTCOMES

The clinical outcomes that undergraduate nursing students need to achieve are referred to as the observable and measurable knowledge, skills or values that students are expected to have developed by the end of a learning process (Western Cape College of Nursing,

2010:14; University of KwaZulu-Natal, 2009:1; University of the Western Cape, 2009:1; Quinn & Hughes, 2007:112).

The clinical nursing module focuses on the effective application of the students' theoretical knowledge, clinical skills and attributes. These attributes relates to the qualities, skills and understandings that students should develop throughout their study at the institution (University of Glasgow, 2008:1). Attributes also include disciplinary expertise or technical knowledge that has traditionally formed the core of most university courses for example effectively communicating with a patient, their families and communities (Traut, 2013:6). Therefore, the practical module is integrated with the theoretical module. Throughout the four year undergraduate nursing programme the three core competencies, namely communication, assessment and care for the patient are developed and should be mastered by the student (Traut, 2013:6).

On successful completion of the undergraduate nursing programme, the students should have a wide range of skills, knowledge and attitudes that will enable them to make meaningful and sustained contributions to the health services (South African Qualifications Authority, 2010:1). The educational objectives or outcomes of undergraduate nursing training are threefold. Students should accomplish the theoretical aspects (cognitive) such as patho-physiology. They however also require physical abilities and co-ordination (psycho-motor) to maintain sterility in aseptic procedures. Most important, nurses should be able to display caring behaviour (affective) such as compassion and professionalism towards ill patients (Quinn & Hughes, 2007:114). The educational objectives are also referred to as 'domains of learning'. A discussion therefore follows on the domains of learning being cognitive, psycho-motor and affective.

2.6.1 Cognitive

The cognitive domain relates to the knowledge structures and memory that can be stored and used at a later stage (Hugo, 2008:44). The cognitive domain is the core learning domain and focuses on intellectual skills that assist students to be more knowledgeable of the subject content. Clinical supervisors need to assess the students' acquisition of knowledge since a solid knowledge base enables the student to deal with problem solving and decision making issues regarding patient care. An example would be where the student is allowed to develop a nursing care plan for a patient while the clinical supervisor observes and assists in their conceptual thinking and critical analysis skills (Meyer, *et al.,* 2008:189).

2.6.2 Affective

The affective domain is where the clinical supervisor will assess the attitude of the student, in combination of knowledge and ability to express empathy (Hugo, 2009). Despite the fact that the affective domain can clearly be distinguished from the cognitive domain, they cannot be separated (Meyer *et al.,* 2008:103). Thus, students will value a situation only after they have gained insight and are able to comprehend it. Moreover, students' cognitive and affective skills should be assessed simultaneously, in order to differentiate between their own skills and possible copied behaviour (Meyer *et al*., 2008:189).

2.6.3 Psychomotor

The psychomotor domain focuses on performing sequences of motor activities which include muscle coordination and eye/hand coordination in conjunction with the cognitive domain (Hugo, 2009). The clinical supervisor incorporates this domain by assessing if the student is able to perform a procedure that was demonstrated to them. An example would be where the student is able to answer questions regarding cardiopulmonary resuscitation and be able to perform cardiopulmonary resuscitation in the clinical setting (Bastable, 2008:114).

Additionally, it is expected that students meet all the programme objectives such as forming a nursing diagnosis, and obtaining skills that assist with the management of family, group and community health problems. The outcomes of the clinical curriculum should demonstrate that nurses are developed to practice cognitive, psychomotor and affective skills.

2.7 TRAINING APPROACHES

2.7.1 Training styles

Various training styles exist that could be used to teach and train the practice of nursing. These training styles according to Hugo (2008:50) and Eitington (2012:493) are listener, director, interpreter and coach.

The clinical supervisor should use the most appropriate style to teach and train the student with the ultimate objective of enabling the student to learn (Mellish *et al*., 2009:97). Since students differ in how they learn, clinical supervisors should be able to adjust their training styles to suit the needs of the students (Hugo, 2008:54). Furthermore as explained by Hugo (2009:1), there is no single perfect training style and that teaching should rather match the students' needs. Hence, clinical supervisors should take into consideration that individuals differ. Therefore, it is advised that clinical supervisors be knowledgeable of the various training styles and when and how to apply them. Each of the four training styles is

characterised by a specific training approach, manner of presenting content, and the relationship between the supervisor and student.

2.7.2 Listener

The listener creates an affective learning environment by encouraging the students to freely express their personal needs. Similarly the trainer shows awareness of individual group members and is able to read non-verbal behaviour. Besides preferring student-talk more than trainer-talk, the trainer requires students to be more self-directed and autonomous. They are required to show empathy and should feel comfortable with all types of expression for example words, gestures, hugs, music and art. In brief the trainer is practical and appears relaxed and unhurried during the training process (Hugo, 2008:53; Eitington, 2012:493; American Society for Training and Development, 2006:31-35).

2.7.3 Director

The director trainer creates a perceptual learning environment by taking charge and giving directions. This trainer prepares notes and outlines, and appears to be self-confident and well organised. Similarly this trainer makes use of lectures as a means of training and concentrates on a single item at a time. The director uses examples to guide and instruct students and limits and controls the participation of students in the training process (Hugo, 2008:53). This style is particularly useful when students have little knowledge about the information to be conveyed. Therefore, education sessions consist mostly of a monologue where the educator is the one doing the talking (Eitington, 2012:493; American Society for Training and Development, 2006:31-35).

2.7.4 Interpreter

The interpreter creates a symbolic learning environment by encouraging students to memorise and master terms and rules. This trainer integrates theories and events and encourages generalisations. Sharing ideas but not feelings, listening for thoughts but often overlooking emotions, is part of this training style. The interpreter wants students to have a thorough understanding of facts and terminology while encouraging students to think independently. In brief this trainer uses case studies, lectures and readings as a means of training (Hugo, 2008:53; Eitington, 2012:493; American Society for Training and Development, 2006:31-35).

2.7.5 Coach

The coach creates a behavioural learning environment which allows students to evaluate their own progress. Involving students in activities and discussions by putting students in touch with one another is part of the training style. Likewise this trainer encourages

experimentation with practical application and draws on the strengths of the group by using students as resources. The coach trainer clearly takes charge and acts as a facilitator to make the experience more comfortable and meaningful. Moreover this trainer uses activities, projects and problems based on real life to train students (Hugo, 2008:54; Eitington, 2012:493; American Society for Training and Development, 2006:31-35; Jooste, 2009:13).

2.8 TRAINING STRATEGIES OF A PROFICIENT CLINICAL SUPERVISOR

The goal of clinical teaching is to produce competent clinical professionals who are critical thinkers and can function independently (Salisbury, 2012:1). Therefore, the clinical supervisor should strive to attain this goal by employing various training strategies such as reflection and be a role model in terms of professionalism. Moreover, the clinical supervisor should engage in lifelong learning.

2.8.1 Reflection

According to the Oxford American Desk Dictionary and Thesaurus (2010:509) the word 'reflect' means to think, ponder or to meditate and to think seriously. Therefore, previous learning experience and knowledge are linked to the activity of being a reflective practitioner (Meyer, van Niekerk & Naude, 2004:96). The clinical supervisor helps the student to reflect upon practice or experience while or as, it is occurring (Mellish, *et al*., 2009:99). Similarly, reflection also assists with critical thinking. Critical thinking is the process of actively and skilfully conceptualising, analysing and evaluating information gathered through experience or observation, thus guiding ones action (The Critical Thinking Community, 2011:1). It is with competence in critical thinking, clinical reasoning and judgement that effective nursing care plans are developed for effective practice of nursing. Therefore, students should be encouraged to reflect on their skills and competencies; whether they have acquired the skills and competencies to function effectively within the practice setting, and to be able to identify areas for further development (Jooste, 2009:14).

Through reflection the clinical supervisor can consider integrating various teaching styles to effectively help train students in clinical skills. Reflective teaching is the process whereby the student is allowed to reflect after an experience has taken place. Thereafter the various aspects of the experience should be explored, as well as that person's part in it and how changes can be generated from the result (Mellish, *et al*., 2009:99). Subsequently, students also learn when clinical supervisors reflect through discussions for example, reflecting on a procedure previously done or a situation that occurred in the clinical environment.

Berggren and Severinsson (2003:615) studied nurse supervisor's actions in relation to their decision-making style and ethical approach to clinical supervision. They determined that

nurse supervisors frequently reflect upon the ethical principle of autonomy and the concept of integrity.

2.8.2 Role modelling

Role modelling is a method that allows students to learn new behaviours by following an example and learning by imitation (Murray & Main, 2005:30). A person who serves as an example is known as a role model. According to Mabuda (2009:26) qualified staff should role model appropriate behaviour to student nurses. The student nurse will then be able to learn by observing the sound behaviour of the qualified staff. This is the most common way in which students cultivate their own professional behaviours in relation to the delivery of care (Twentyman & Eaton, 2006:35).

Furthermore, Murray and Main (2005:30) explain that one of the benefits of role modelling is that students are allowed to work with experienced and knowledgeable practitioners. Therefore, effective clinical supervisors accept these concepts and actively role model professional skills and behaviour to students, subsequently providing learning opportunities for the students (Murray & Main, 2005:30).

Active role modelling for example would be the clinical supervisor offering health education to the patient in the presence of the student. The student is able to observe the manner in which effective health education is provided, based on the patients' needs and level of understanding. Moreover, if the supervisor role models the norms and values of the profession then the student is more likely to adopt them (Mellish, *et al*., 2009:77). This demonstration of ideal behaviour by the supervisor is known as positive role modelling. Positive role modelling is a means by which the clinical supervisor encourages the student to actively participate in practice.

2.8.3 Facilitator

A staff member employed by the hospital that facilitates and generally oversees students at clinical placements is known as a facilitator (Charles Darwin University, 2007:10). These facilitators are easily accessible to students in the clinical setting. The aim of facilitation is to make clinical learning possible and easier for the student enabling them to achieve their goal (Charles Darwin University, 2007:10). Good facilitator-student co-operation stems from a facilitator who accepts the role as a teacher and has the ability to facilitate learning (Mellish, *et al.,* 2009:75).

2.9 SUMMARY

This chapter presented a discussion on aspects related to clinical supervision. An overview of clinical supervision globally and locally was provided. Clinical supervision was defined and a discussion on strategies that relates to clinical supervision was provided. Moreover an explanation of factors that influence clinical supervision was presented. The next chapter focuses on the research methodology adopted to perform the study. A description of the research design, methodology, data collection, data analysis, efforts to ensure trustworthiness and ethical considerations are presented in chapter 3.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 INTRODUCTION

The previous chapters described the background to the study and provided a literature review. This chapter contains a detailed description of the methodology meaning the research design, population and sampling, data collection and analysis, and trustworthiness.

3.2 RESEARCH METHODOLOGY

Research methodology is known as the research plan. It entails the methods that the researcher used to explore the research problem or to answer the research question (Brink, Van der Walt and Van Rensburg, 2008:191).

3.2.1 Aim

The aim of this study was to explore the perceptions and experiences of undergraduate nursing students of clinical supervision.

3.2.2 Objectives

The objectives of the study were to explore:

- the perceptions of nursing students of clinical supervision
- the experiences of nursing students of clinical supervision

3.2.3 Research design

A descriptive design with a qualitative approach was applied to explore the perceptions and experiences of undergraduate student nurses of clinical supervision.

The purpose of a research design is to provide a plan for answering the research question (Wood & Kerr, 2011:114). De Vos, Strydom, Fouche and Delport (2011:143) describe a design as all those decisions contained in the plan or blueprint of the intended study. A descriptive design is used to determine current problems in practice and to identify what others in similar situations are doing (Burns & Grove, 2009:237). Additionally the descriptive design is used where more information is required (Brink *et al.,* 2008:120).

The descriptive design was found to be the most appropriate for the purpose of this study as advised by Houser (2008:325), as it provided in-depth information about the characteristics of the participants within the field of study, in this case clinical supervision.

Brink *et al.* (2008:113) state that qualitative designs explore the meaning and describe and promote understanding of human experiences such as pain, grief, hope or caring.

Accordingly, a qualitative approach was employed as it allowed participation with the nursing students through interviews to obtain information on their perceptions and experiences of clinical supervision.

3.2.4 Population and sampling

The term population refers to the entire group of persons whom the researcher is interested in studying (De Vos *et al.,* 2008:193; Brink *et al*., 2008:123; Burns & Grove, 2007:40). The total population for the proposed study consisted of N=1001 undergraduate nursing students.

Following ethical approval to conduct the study, the names and contact numbers of the undergraduate nursing students that formed the total population were obtained from the clinical coordinator at the institution under study. The clinical coordinator is responsible for planning and organizing the clinical courses which includes the placements of students at clinical sites and facilities, orientation and class scheduling (Kirtland Community College, 2013:1). Searle (2005:121) explains that co-ordination indicates bringing together the acts of members of the [health] team.

Thereafter a sample was drawn by means of purposive sampling. A sample represents a part of a whole or a subset of a larger set (Brink *et al*., 2008:124). Purposive sampling however is the deliberate selection of all key informants to be included in the study. Participants were deliberately selected based on their knowledge of the topic the researcher believed they had (Burns & Grove, 2009:355). The aim of qualitative research is to obtain a sample that represents all the important subgroups of the population (Skinner, 2011:21). Undergraduate nurses were selected who were: enrolled at the institution at the time of the study, had worked at clinical facilities and had received clinical supervision. The researcher also attempted to include in each focus group, students who had excelled in the clinical field, who had average success with clinical procedures, and those who struggle with clinical procedures. In other words, a range of participants were selected as advised by Marshall (1996:523) and Terre Blanche, Durrheim and Painter (2006:289-290).

Those selected participated in one of four focus groups interviews. The precise recruitment procedure of participants is explained in Section 3.6: Data Collection.

De Vos *et al*. (2011:366) recommend a sample size of six to ten participants for focus groups. Nine students from each year participated in the focus group interviews. Sequentially, students who participated in the group interviews consisted of:

- nine 1st year students,

- nine 2nd year students,
- nine 3rd year students and
- nine 4th year students.

The total sample comprised n=36 nursing students. According to Burns and Grove (2011:317), the number of participants in a qualitative study is adequate when saturation and verification of information is achieved in the specific study area. Moreover in qualitative research the focus is on the quality of information obtained rather than on the size of the sample.

Therefore, information was gathered until data saturation was achieved. Saturation as agreed by Speziale and Carpenter (2011:25) refers to the repetition of information and confirmation of previously collected data. Therefore, a search for the repetition of information was conducted on the data gathered from the participants. The awareness that repetition of data had occurred was the point at which saturation of data was declared and no further interviews were conducted. However, if the information that was gathered differed after completion of the four focus group interviews, further focus group interviews would have been conducted.

From the interviews it became clear that the fourth year nursing students spoke very freely about clinical supervision issues, in comparison with the first year nursing students who were hesitant to talk about clinical supervision issues although they voluntarily consented to participate in the study. In addition, the information obtained from the more senior student nurses were supplementary to those who were less experienced. Subsequently, repetition of data occurred ensuring saturation of data.

3.2.4.1 Sample realization

The initial plan was to include students who excelled in the clinical field, who passed clinical procedures with an average mark as well as those students who struggled with clinical procedures, in other words, maximum variation as advised by Marshall (1996:523). During the process of selecting the participants, the criteria (students who excelled in the clinical field, who passed clinical procedures with an average mark as well as those who struggled with clinical procedures) became rather uncomfortable to follow as each participant's contribution is considered valuable and of equal worth irrespective of individual clinical performance. In addition, not all of the selected participants arrived for the interview as agreed upon as the students were completing the November examinations. Therefore, other participants were included who met the sampling criteria in terms of year of study and who were exposed to clinical supervision at the institution under study.

Furthermore during the actual focus group interview process, it was awkward to seat together those who excelled and those who were less successful as this could have created the idea that their actual level of clinical success was the focus. Such seating arrangements would have assisted with data analysis in terms of performance and whether performance could be ascribed to clinical supervision. The focus was rather to gain valuable insight into their individual experiences. Therefore, students were allowed to be seated according to their own preferences. Spontaneous reflection by the participants on their success, or lack of success with clinical procedures and whether the success related to clinical supervision, was regarded as sufficient. Therefore, the criteria were not strictly adhered to.

3.2.5 Pilot interview

A pilot focus group interview was conducted consisting of 6 participants that met the criteria of the study. The purpose of the pilot interview was merely to test the accuracy of the instrument; to establish whether the participants would understand the open-ended questions posed to them and to identify possible question vagueness (Brink *et al.,* 2008:151-152). Nine students initially consented to participate in the pilot interview. However, only six students arrived for the interview. It became clear at this stage that strict adherence to the initial criteria of variability of participants with regards to clinical performance was not practical as stated in Section 3.2.5.1: Sample realization. Therefore, the researcher attempted to follow the criteria but was also comfortable to include participants in terms of enrolment at the institution under study, year of enrolment, that is whether the student was a 1st, 2nd, 3rd, or 4th year, and that the participants had been exposed to clinical supervision.

3.2.6 Instrumentation

According to De Vos *et al.* (2009:296) a semi-structured interview guide permits the researcher to obtain multiple responses to set questions and allows for detailed responses. A semi structured interview guide was utilised to direct the interviews during data collection. The interview guide consisted of a list of 4 open-ended questions concerning the perceptions and experiences of the students regarding clinical supervision. The questions were based on the objectives that were set for the study.

The opening question for each interview was a wide-ranging question: ‘Tell me about your experiences of clinical supervision’. Both the perceptions and experiences of the students regarding clinical supervision were explored. Probing words for exploring the perceptions on clinical supervision were: the need for supervision, the value thereof and the quality of supervision. Probing words employed to explore the experiences of the students were fairness, congruency among supervisors, clinical demonstrations and evaluations (see Annexure B).

3.3 TRUSTWORTHINESS

Trustworthiness refers to the accuracy and truthfulness of scientific findings (Brink *et al.,* 2008:118). Trustworthiness was ensured through the processes advised by Lincoln and Guba (1985:290) namely credibility, transferability, conformability and dependability.

3.3.1 Credibility

Credibility refers to the point to which the findings and the research methods that were used can be trusted (De Vos *et al*., 2009:353). Therefore, the credibility of the findings was enhanced by means of member checking.

Subsequently the participants were informed via social media (Facebook and Whatsapp telephonic free messaging) that the transcripts, the themes and the subthemes are available for verification by them (the participants). The participants that were 4th year students at the time of data collection had already graduated and could not be reached. The other participants were personally approached on campus while other students were approached at a clinical setting (hospital). It was however difficult to reach all participants as some did not respond to the telephonic message and others could not avail themselves.

The participants that availed themselves read the hard copies of the transcripts and the identified themes. The participants were granted an opportunity to verify data and the interpretation thereof as advised by Brink *et al*. (2008:118). Subsequently the twelve students who availed themselves verified the data and were satisfied with these as well as the interpretations thereof.

3.3.2 Transferability

Transferability refers to the extent to which the results of qualitative research can be generalized to other contexts or settings (Brink *et al.*, 2008:118; De Vos *et al*., 2009:346). Therefore, thick descriptions were provided of the sample, how the data were collected and analysed and the position of the researcher (a clinical supervisor) in relation to the participants. The thick description allows the reader to form a picture of the context of the study (De Vos *et al*., 2009:346) ultimately enabling the reader to compare the results of the study with their own situation. The expectation for determining whether the findings are transferable according to Lincoln and Guba (1985:290) rests with possible users of the findings and not with the researcher.

3.3.3 Dependability

Dependability relates to the establishment of trustworthiness and requires an audit. An enquiry auditor verifies the soundness of the processes and procedures that the researcher applied in the study, and confirms whether these are trustworthy (Brink *et al.,* 2008:118).

In this study, the researcher verified the authenticity of the recordings of the interviews completed by the fieldworkers against the transcripts. The supervisor involved in the study verified the relationship between the transcripts of the recordings and the final themes for authentication and accuracy.

3.3.4 Conformability

Conformability relates to whether the findings, conclusions and recommendations are supported by the data (the transcripts and field notes) and not by the biases of the researcher (Brink *et al.,* 2008:127). The procedures were thoroughly documented for the checking and rechecking of data. The field notes, memos and transcripts are available upon request, as well as the researcher's reflective report which allows the reader to follow the process of the research study.

The transcribing of the audio recordings was done by a professional audio transcription typist and who proof-read all the documents. Raw data from tape recordings was used for data analysis and tape recordings were transcribed verbatim to ensure conformability.

Additionally, the similarity between the themes and the transcripts was checked by the supervisor of the study. Where the supervisor disagreed with a theme or sub-theme identified by the researcher, both reread the transcripts until they were in agreement with the various themes and sub-themes.

3.4 ETHICAL CONSIDERATIONS

Professional ethics are progressively being taken into consideration by researchers in the planning and conducting of their research (Brink *et al.,* 2008:30-33). Consequently, researchers are guided by three fundamental principles: respect for persons, beneficence and justice. Therefore, consent to conduct the study was obtained from the Health Research Ethical Committee at Stellenbosch University, as well as the director at the institution under study. As recommended by Brink *et al.* (2008:33-36) protection of human rights was ensured throughout the study by observing the ethical principles of confidentiality, anonymity, privacy and the right to self-determination. Similarly, consent for audio-recording of the interviews was obtained from the participants. Since the various participants were known to the researcher, the principles were maintained in the following way:

3.4.1 Confidentiality

The participants were assured that the information they shared would be held in confidence. Students were also advised not to discuss or mention any names outside the interview room after each interview. They were however informed that the researcher cannot guarantee that students will not discuss details of the interview afterwards. Similarly, the researcher guarded against unauthorized access to the data. The recordings as well as the transcripts are only available to the supervisor and the co-supervisor and are stored and locked in a safe for at least five years.

3.4.2 Anonymity

Anonymity was ensured by keeping the recordings and the transcriptions of the recordings nameless. In addition, the researcher maintained privacy in all personal identification of the participants that arose during the interview. Personal identification occurred once when a student became so enthusiastic while speaking and addressed a peer by name. Participants were not addressed by their names during the interviews but instead by pseudonyms such as participant 1, 2 and 3. Subsequently, neither the institution where the study took place, nor the participants were referred to by name. Moreover, the numerical number assigned to each participant (during the course of the interview) allowed the researcher to distinguish between the data obtained from the various participants. Therefore, it established who said what without revealing the participants true identities.

3.4.3 The Principle of Respect for Persons

Self-determination was ensured since the students voluntarily participated in the study without coercion. Participants were informed that they could withdraw at any stage should they wished to (Brink *et al.* 2008:31). The participants were fully informed about the goal of the study.

3.4.4 The Principle of Beneficence

The researcher secured the well-being of the participants who have the right to be protected from discomfort and harm as advised by Brink *et al*. (2008:32). In the event of a student experiencing any emotional distress during the focus group interview, they would have been referred to a therapist for counselling. Students however did not experience any emotional distress during the course of the interview.

3.5 PREPARATION FOR THE INTERVIEW

De Vos *et al.* (2009:294) specified guidelines for the preparation of the interviews, which entails providing participants with a clear explanation of what the study entails and what is expected from them during the interviews. Furthermore, a quiet and non-threatening setting

with comfortable chairs around a table to maintain eye contact was ensured as advised by De Vos *et al*. (2009:294). Snacks were provided for each interview since De Vos *et al.* (2009:294) recommends that a light meal be provided as it stimulates conversation during a focus group interview.

To reduce the risk of unexpected technical failures, both a battery operated tape recorder as well as an electric tape recorder were used simultaneously to prevent loss of data due to technical failure (De Vos *et al.,* 2009:294).

3.6 DATA COLLECTION

To avoid the possibility of bias, data collection was not conducted by the researcher who is employed as a clinical supervisor at the institution under study. Data collection was conducted by two fieldworkers who are not affiliated with the institution under study. Both fieldworkers are in possession of a master's degree in nursing and are trained interviewers. This allowed the participants to raise their views without the possible influence of the researcher.

One field worker conducted the interviews and used subtle probing words to encourage the participants to elaborate on the topic. The second field worker made field notes. According to Polit and Beck (2006:307), field notes signify the observer's efforts to record information as well as synthesize and understand the data. Speziale and Carpenter (2011:43) explain that these notes can be very useful during data collection and analysis. The field notes reflected the sequence in which each participant participated in each interview. As advised by De Vos *et al.* (2009:298), observations for non-verbal behaviour were noted such as gestures and eye contact between participants. The interviews were managed subtly to prevent a monologue and created dialogue instead.

The interviews were conducted at a date and time, and at a venue convenient to the participants. The participants regarded the venues at the institution as convenient.

The institution under study uses English as a medium of instruction. Therefore, interviews were conducted in simple English to ensure that all participants understood the questions.

Except for the recording of information with the tape recorder, the fieldworkers took notes of important incidents observed during the interviews.

3.6.1 Time trajectory

Consent to conduct the study was obtained from the Health Research Ethical Committee at Stellenbosch University on the 4th July 2012. Thereafter the principal researcher

approached the director of the institution for permission to conduct the study. The director of the institution consented that the study could commence 10 October 2012. Data collection only commenced 1st November 2013 due to the availability of the field workers.

The lists of student names and information regarding their year of study (1st, 2nd, 3rd or 4th year), gender and residency were obtained from the clinical coordinator. Thereafter their names were checked against the list that displayed their results obtained through clinical evaluations. The clinical coordinator also advised on names of students who struggled with clinical procedures, who excelled in clinical procedures, and who passed clinical procedures with average marks. The principal researcher approached the students that met the sample criteria. On approaching the students, the principal researcher firstly confirmed that the potential participants met the sample criteria (mentioned in section 3.2.5.1) and then explained the interview process to the participants. Thereafter, informed consent was obtained from the participants for the interviews as well as for the recording thereof.

The selected participants agreed to participate in the study and they verified that the interview date did not coincide with their practical examination date. Data collection took place during the examination period. Their practical examination can be completed over a period of four days and students are randomly selected to complete their practical examination on any of the given days. However after two weeks, some of the selected participants reported that they were unable to participate due to practical examination dates that coincided. Therefore, the process of data collection was delayed due to the time period within which students completed clinical examinations. Nonetheless other students were approached and consented to participate.

3.6.2 Time periods

The interviews varied between 40 and 90 minutes. Four group interviews were conducted between the 01 and 06 November 2012. The audio recordings of the interviews were transcribed by a professional audio transcription typist. The transcriptions of the recordings were completed in January 2013.

3.7 DATA ANALYSIS AND INTERPRETATION

The goal of data analysis is to determine trends and patterns that will reappear within a single focus group or between all the focus groups. Data in qualitative research usually consists of written words, video and audio tapes (De Vos *et al.,* 2009:311). Therefore, since the researcher did not conduct the interviews; she listened to the recordings repeatedly to become familiar with the information. Equally, the transcriptions were read repeatedly and progress notes as well as diagrams were made as a means to become familiar with the data.

The notes and diagrams were generally concerned with the main issues of what the participants experienced, either positive or negative, and the indicators that related to a specific issue.

The researcher, who works as a clinical supervisor at the institution under study, made a concerted effort to bracket or put aside her own beliefs and did not judge what she heard. She remained open to the data as advised by Brink *et al.* (2008:113). The researcher Therefore, endeavoured to remain neutral and set aside previous knowledge about the phenomenon under study.

The researcher organised data in an orderly, coherent fashion to distinguish patterns and relationships (Brink *et al.,* 2008:184). Content analysis was done by using the five steps described by Terre Blanche, Durrheim and Painter (2006:322-326).

During the analysis process, it became clear that certain issues such as abuse towards students was not clear and that detail such as the nature of abuse was absent. Therefore, on the 08 August 2013 an additional interview was arranged with the students. Only two students of one group consented to participate in the additional interview. Clarity on this issue was obtained after the additional interview.

3.7.1 Step1- Familiarization and Immersion

Data was read and re-read in order to become familiar with the information. The researcher immersed herself in the material by working with the text and the field notes. The researcher was, Therefore, able to grasp the perceptions and experiences of the nursing students regarding clinical supervision.

3.7.2 Step 2- Inducing Themes

Terre Blanche *et al*. (2006:323-326) suggested that themes should preferably arise naturally from the data yet still have a bearing on the research question. Consequently, the data derived from the interviews were broken down, examined and compared to determine patterns, similarities and differences. Thereafter the data were grouped into specific themes and sub-themes. As advised by Terre Blanche *et al.* (2006:323) the relationship between the data and the research question were considered throughout the analysis.

3.7.3 Step 3- Coding

Coding is the process in which data are marked as different sections based on the relevance to the themes (Terre Blanche *et al*., 2006:324-326). During coding the data were broken down into meaningful pieces. Thereafter, codes were clustered together with the aim of placing the collected data under headings and consequently linking the various components.

3.7.4 Step 4- Elaboration

The process of elaboration allows the researcher to explore the themes more closely (Terre Blanche *et al*., 2006:324-326). It also ensured an opportunity to revise the coding system. Further coding, elaboration of data and recoding was done until no significant new insights emerged.

3.7.5 Step 5- Interpretation and Checking

The final step entailed interpreting and checking the data by means of thematic categories. The various themes were re-examined for possible meanings and relationships between themes. Therefore, each theme was re-evaluated for possible misinterpretations, whether important issues were overlooked and whether the biases of the researcher, although guarded against, might have coloured the final themes. The interpretations derived from the study were presented and discussed with a colleague with the intention of checking whether the interpretations made were indeed accurate thus ensuring internal validity of the findings. Furthermore, to ensure that the findings were indeed trustworthy or dependable, a colleague also checked the processes of data collection and analysis. According to Terre Blanche *et al.,* (2006:326) it is important to talk to people who are familiar with the topic as well as those who are not, as the latter may be able to provide a fresh perspective.

3.8 SUMMARY

This chapter included a detailed report of the research process and design, which includes the methodology, the population and sampling, the data collection method and the instrument that was applied in the study. The strategy used and methods to ensure validity and trustworthiness were provided, and the steps taken to ensure ethical consideration.

The next chapter contains a presentation of the data analysis and the interpretation of the research findings.

CHAPTER 4: DATA ANALYSIS AND INTERPRETATION

4.1 INTRODUCTION

Data analysis involves the categorising, ordering, manipulation and summarising of data and describing it in meaningful terms (Brink, van der Walt & van Rensburg, 2008:170). Data analysis in this study concerns the analysis of the information obtained during the interviews. The information was analysed and the findings describe the perceptions and experiences of undergraduate nursing students regarding clinical supervision. This chapter presents the discussion and presentations of the findings.

The four focus group interviews were recorded and transcribed verbatim to enhance the trustworthiness of the data collected. The data was analysed according to the steps described by Terre Blanche, Durrheim and Painter (2006:322). The steps are explained in Chapter 3: Section 3.7. The transcriptions were read and re-read in order to obtain a total understanding of the interviews and to become familiar with the information. From the information, themes were built by applying inductive reasoning. Inductive reasoning is the reasoning process that proceeds from specific observations to generalizations based on these observations (Brink *et al*., 2008:203). As a result, the researcher was able to obtain evidence through observing the phenomena and made conclusions based upon these evidences as explained by Brink *et al*., (2008:6).

The findings are presented in two sections, namely Sections A and B. Section A contains a discussion on the biographical data of the participants and Section B focuses on the themes and sub-themes that emerged from the data.

4.2 SECTION A: BIOGRAPHICAL DATA

4.2.1 Demographic data

The participants were student nurses. All the participants were single at the time of the study and enrolled at the institution under study. Most of the participants resided in the student residence of the institution.

4.2.2 Age groups

The ages of the participants ranged between 19 and 37 years. The age range of the majority (n=20) of the participants was 20 to 25 years; the youngest was 19 years and the oldest participant was 37.

4.2.3 Gender

There were thirty three (n=33) participants; six (n=6) males and twenty seven (n=27) females. SANC's geographical distribution report (2012:1) confirms the female dominance in nursing. This report reveals that 227 682 females and 21 054 males are the registered nursing work force in South Africa. The Western Cape specifically has 2 399 female and 551 male students in training (South African Nursing Council Statistics, 2013:1).

4.3 SECTION B: THEMES AND SUB-THEMES

Six themes emerged from the interviews: support, professionalism, realities of supervision, student preferences regarding supervisors, experiences that relate to abusive behaviour and the clinical supervision process. Twenty two subthemes emerged from the six major themes. The themes and subthemes are displayed in Table 4.

Table 4.1: Themes and subthemes

Themes	Subthemes
1. Support	▪ **Alleviation of student's feelings of fear** ▪ **Reassuring presence of supervisor** ▪ **Support to continue irrespective of obstacles**
2. Professionalism	▪ **Competent and thorough** ▪ **Developmental vision** ▪ **Appointment management** ▪ **Incompetence of the supervisor**
3. Realities of supervision	▪ **No show of clinical supervisors** ▪ **Time spent on guidance** ▪ **Focus on administration versus student support** ▪ **Assessment versus developmental focus**
4. Student preferences regarding supervisors	▪ **Sustained availability** ▪ **Older and wiser** ▪ **Clinical competence**
5. Experiences that relate to abusive behaviour	▪ **Abuse of power** ▪ **Threat of failure** ▪ **Verbal abuse**

6. Clinical supervision process	▪ **Incongruence amongst clinical supervisors** ▪ **Attention to private instead of professional matters e.g. private calls** ▪ **Short formative assessment procedures** ▪ **Feedback reduction or absence** ▪ **Incongruence in terms of teaching and learning versus assessment practices**

4.3.1 Support

This theme relates to the support that the participants received from clinical supervisors. The support entails overcoming fear in the clinical environment, support to continue irrespective of obstacles and the reassuring presence of the supervisor. Participants spoke spontaneously about their experiences of clinical supervision. The participants experienced some clinical supervisors' as supportive. The supportive function of the clinical supervisors was discussed in Chapter 2: Section 2.5.2.

> "when we get to hospital we catch on with the way that they [hospital staff] do it there. So with them [clinical supervisor] being there, they also assist us in getting us in the right track. So ja, it's been good" (group 1, participant 9).

> "there's some supervisors that were very supportive and told you when you didn't feel well in the ward, they would say no it's fine" (group 4, participant 4).

Considering the quotation above, the participants received support with practical issues in the clinical field and psychological support from some supervisors. The display of support from the supervisor reflects acceptance for the emotional state of the student.

4.3.1.1 Support – alleviation of student's feelings of fear

The supportive guidance of the clinical supervisor assisted some participants in dealing with their feelings of fear. The feelings of fear were mostly experienced during their initial clinical placement in hospital, as student nurses did not know what to expect. Many students, throughout the four focus groups, reflected on the onset of the training programme when answering the question: "tell me about your experiences with clinical supervision?" The following comments demonstrate that the presence of a familiar person, their clinical supervisor, especially during their first clinical placement, aided in decreasing their fear of the unfamiliar and the unknown.

> "my experiences with the clinical supervision was a good experience, because you know, as we go into the field at the first years, we have that fear of, of not doing good in the hospitals, but with them assisting us and being there next to us helps it a lot" (group 1, participant 1).

> "For me personally I felt that it was a huge help... especially my first year because the first year you feel, you still feel uncomfortable and you don't know quite what's happening. So when you have the clinical supervisor with you, you feel more like you can ask them thing that you wouldn't necessary what the sister" (group 4, participant 1).

The clinical supervisors' presence can therefore be seen as a means of comfort to the student.

4.3.1.2 Support - reassuring presence of supervisor

During their daily encounters in the clinical field the participant's needed to work alongside the nurses employed by the facility that is the professional nurses, the enrolled nurses and the enrolled nursing assistants. Some participants revealed that a few of these nurses were reluctant to provide guidance to student nurses, seemingly because they were not paid to teach student nurses. Therefore, the students experienced the availability of the clinical supervisor and the accompanying guidance as reassuring.

> "hospitals the staff would say 'why don't your supervisors teach you guys these things, why are you coming to us for teach, we must teach you, we don't get paid for this, your facility needs to teach you" (group 4, participant 7).

> "it's always just reassuring knowing that there's somebody from your school there" (group 2, participant 3).

The last quotation displays the need for familiar persons who are able to take care of the students specifically providing required information to students in situations where hospital staff is unwilling to help.

4.3.1.3 Support – Support to continue irrespective of obstacles

Participants reflected that emotional support received in the clinical field from the clinical supervisor assisted them to remain motivated. Some participants described their clinical supervisor as having a caring and friendly personality. Receiving compassion and support from their clinical supervisor assisted the participants to overcome feelings of sadness.

> "I cried my heart out [after needle stick injury]…the following occasion that I met my supervisor I told her about the incident that took place and she was very compassionate…I admired that of her because it wasn't her job, … but seeing that she's my supervisor, she's my mentor, she's like my mother in the clinical setting she did that for me and I appreciated it a lot" (group 2, participant 2).

Participants indicated that they felt good and motivated if the clinical supervisors were approachable, helpful and friendly. The emotional support received from the clinical supervisor prevented them from becoming despondent.

Students from all groups, 1st - 4th year, acknowledged receiving support from their clinical supervisor in the clinical field, yet this theme was more prevalent among the 1st and 4th year students.

4.3.2 Professionalism

The current theme, professionalism overlaps with the previous theme of support. Both themes relate to positive experiences of clinical supervision. This theme demonstrates that various participants, even those who struggle with clinical procedures, regard the clinical supervisors as competent, knowledgeable and thorough. Yet incidences were also reported where the supervisors lacked professional behaviour and competence.

4.3.2.1 Professionalism - competent and thorough

Some participants had positive experiences about supervision. The comments below demonstrate that some participants perceived the supervisors as role models, and that the supervisors are able to communicate their knowledge and what they expect from the students.

> "we have very good supervisors, they're well prepared, they know their work" (group 2, participant 1).
>
> "these people [clinical supervisors] they know what they're doing, they know exactly what they want from you and they know exactly how to teach you these procedures" (group 4, participant 2).

The participants recognize the competence and thoroughness displayed by the supervisors.

4.3.2.2 Professionalism – developmental vision

Some participants indicated that the clinical supervisors challenge them to develop to their full potential. The supervisors identify the students who struggle with procedures and challenge them to do better.

> "So sometimes when we think that they are nasty with you and they are pushing you or just focusing on you and why are they always asking me certain stuff, I think it's because they want to develop us in a, like to our full potential as a professional as well" (group 4, participant 9).
>
> "On that note like the supervisor would tell you like he will or she will fail you, I always experience that but in a positive way, sometimes he will tell you like 'I'm going to fail

> you because of you need you to know your work, I need you to go and do the homework so that when you come back you are competent" (group 2, participant 7).

Since the supervisor is direct and communicates the necessity of failure in formative assessments, the students had the chance to improve their abilities. The latter signifies goal attainment in terms of quality and safety that is important in patient care. The quality aspect is further strengthened by frequent follow up in the clinical setting (see comment below).

> "I personally am a repeater student… my supervisor that I had she frequently came to follow up… I feel that we have more than enough opportunities to practice what we have to do in the hospitals" (group 2, participant 2).

Through re-assessment the supervisors ensured the maintenance of quality and displayed sound professional behaviour.

4.3.2.3 Professionalism - Appointment management

Participants clearly explained that they are taught to be punctual for work, however according to the participants the supervisors do not practice what they preach. Participants explained that they would inform the professional nurse in charge of the ward (where the students are stationed for practical training) about a scheduled appointment with the clinical supervisor. Subsequently the person in charge of the ward would release the student for the period of the appointment. However, valuable time is lost (that could be spent on patient care) should the supervisor arrive late or miss the scheduled appointment.

> "You wait an hour to an hour and a half for your supervisor to come, then you have your supervisor you're busy for two hours and you come back to the ward and immediately the sister that's in charge she thinks that you're walking around (group 2, participant 3).

The incident above indicates deficiencies in terms of communication and consideration between the supervisor and the student. These deficiencies however could negatively impact the image of not only the student and the supervisor, but the institution of higher education where the student is enrolled.

4.3.2.4 Professionalism – Incompetence of the supervisor

Participants experienced that some clinical supervisors are not competent to perform certain clinical procedures and not knowledgeable regarding certain terms.

> "when we ask the supervisors to demonstrate how to perform, how to demonstrate like mechanisms of labour. To be honest I actually realized that, okay I didn't ask all of them but the ones that we asked, they don't know how to demonstrate it" (group 3, participant 3).

> "Then I got her for the reev [re-evaluation] so I asked her what happened? Where did I went wrong? And she looked and said no you didn't mention about the Trendelenberg position. So I asked her what is this position, to my surprise she didn't even know what was the Trendelenberg position" (group 3, participant 1).

Both these comments raise questions about the quality of supervision that students are exposed to, moreover whether institutions of higher education should implement criteria that specify a certain level or amount of practical exposure that supervisors' should undergo on a continuous basis to remain competent with practical issues.

Differences between various participants in the different groups existed regarding this theme. Some participants valued the clinical supervisor who seemed 'nasty' in order to 'push' and 'develop' the student, while others did not appreciate the behaviour and regarded it as unprofessional (see Chapter 4: Section 4.2.2.2). Participants who viewed the supervisor as competent and thorough were dominant among the 2nd and 4th year students. Similarly some students from these two groups also viewed the supervisor as having a developmental vision. The supervisors who were unable to manage appointments were dominant among the 2nd year group. The subtheme, incompetence of the supervisor, was more dominant among the 3rd year group (those completing the midwifery module).

4.3.3 Realities of supervision

While the first theme contained mostly positive experiences of clinical supervision the current theme focuses on the duration of the actual supervision sessions and the accompanying shortcomings in this regard.

4.3.3.1 Realities of supervision – No show of clinical supervisors

It is expected that clinical supervisors spend at least half an hour with the student in the clinical setting on a weekly basis as explained in Chapter 2: Section 2.7.2. It was however clear that the participants were used to the fact that certain supervisors might be absent; others did not receive supervision for a few months.

> "we know some of them [supervisors] are not going to pitch" (group 3, participant 6).

> "from last semester… there's no one [supervisor] came to see us and how we doing" (group 1, participant 6).

The comments create the idea that some supervisors did not adhere to the prescribed time for guidance. It raises questions about the competency level of the individual student, possible effects that it might have on the throughput of students and the quality of care provided by the students.

4.3.3.2 Realities of supervision – Time spent on guidance

Others perceived the actual time spent on individual supervision sessions as rather short and inadequate. Students expressed a need for more clinical supervision and bedside teaching; a need for assistance in the clinical setting.

> "Like some will just go and five minutes and they'll be gone. So I felt maybe they could have supported you in what actually happening on the ward" (group 4, participant 1).

> "They don't spend enough time with us so that we can have to ask them questions" (group 3, participant 1).

It is therefore clear that some participants experience the absence of the supervisor and little time spent on clinical supervision as non-supportive.

Clinical supervisors perform all the clinical supervisory functions as explained in Chapter 2: Section 2.5. The ratio of clinical supervisor to student at the institution under study ranges from one supervisor to 35-55 students. Lecturers at the faculty have a dual function: lecturing at the faculty in addition to continuously providing clinical supervision to 2-3 students. Lecturers are obliged to assist with clinical supervision in an effort to remain clinically competent. Participants did not have favourable experiences having their lecturer as their clinical supervisor. They reflected that lecturers, who have dual functions as lecturers at the faculty and clinical supervisors, were unable to manage issues that relate to clinical supervision such as clinical accompaniment, demonstrations and assessments.

> "supervisors who are lecturers, that's a problem for me because that's what I noticed because she's a lecturer and she's a supervisor and she doesn't have time and she will tell you that 'I don't have time" (group 2, participant 6).

The dual function of the lecturer consequently influences the availability of the lecturer and the amount of time spent on actual guidance.

4.3.3.3 Realities of supervision – Focus on administration versus student support

Clinical supervisors have to document the individual supervision sessions as part of their managerial function as explained in Chapter 2: Section 2.5.3. However participants expressed dissatisfaction with clinical supervisors who would visit them at the clinical facilities only to complete student absenteeism forms and documentation. They failed to spend time on actual accompaniment. The impression was given that the completion of forms was a priority for the supervisor as opposed to accompaniment of students in the wards.

> "They come to the facility, they sign forms and the register and then off they go" (group 3, participant 2).

> "…So I feel that they shouldn't be there only with you just to make you sign a piece of paper to say they've been there with you for five minutes " (group 4, participant 1).

The documentation proves that the student was indeed followed up yet actual guidance did not materialise.

4.3.3.4 Realities of supervision – Assessment versus developmental focus

Similarity to the above findings was that several participants were also frustrated with clinical supervisors who would visit them only to complete assessment procedures instead of providing regular guidance. The students were of the opinion that the supervisors were more concerned with clinical assessment procedures than active accompaniment. Many students therefore, regarded the clinical supervisor as assessment focussed.

> "I wish they would like not only come when we have an assessment to do… they only pitch when there's something that you have to do… the only things I make sure I know is the vital signs, the wound care and that's it. But the other stuff it's like they're not important because we're not frequently showed how to do them, so I wish they would come when other days" (group 1, participant 2).

The response above reflects a need for more clinical guidance and that the students are aware of their own shortcomings in terms of clinical competencies.

It became clear that the participants in the four groups agreed on the necessity of actual clinical supervision sessions and some identified the accompaniment shortcomings in this regard. The no show of clinical supervisors was mostly identified by the 1st, 3rd and 4th year groups. Participants of all four focus groups however mentioned that the time spent on actual clinical guidance is too little.

Comments about supervisors who were more focused on administration duties than student support were more dominant among the 3rd and 4th year groups. Comments that relate to supervisors who were more assessment focused, rather than developmental focused were more dominant among the 1st and 2nd year groups. The higher student numbers among 1st and 2nd year groups (high workload) could be ascribed to the fact that students report a more assessment than developmental focus from clinical supervisors among these groups.

4.3.4 Student preferences regarding supervisors

Having expressed their concerns with actual accompaniment, some participants also verbalised their preferences with clinical supervision. They made suggestions to address the problems that they encountered with clinical supervision. These suggestions are: sustained availability of supervisors, more experienced supervisors and uplifting the competencies of the supervisors.

4.3.4.1 Student preferences regarding supervisors – sustained availability

Some students admitted that not having the clinical supervisor around resulted in them making many mistakes in the clinical settings. Participants felt that it would be better if a clinical supervisor were stationed at every clinical setting; have an office at the hospital or in the clinical setting.

> "I think supervision must be there all the time. Or get an office that the supervisors is at the hospital" (group 1, participant 7).

> "For me it was a very bad year and especially relating to clinical supervision because … I didn't get that guidance I needed from a supervisor… as a result it resulted in a lot of faults in my clinical experiences as well as in the practical side" (group 3, participant 2).

This quotation suggests that the absence of adequate guidance impacted the competency of the student and the quality of care that was provided.

4.3.4.2 Student preferences regarding supervisors – Older and wiser

Occasionally participants pointed out that the older and more experienced supervisors were more professional and competent than young and less experienced supervisors. The participants showed a preference for the older and more experienced supervisors who creates awareness for the ethical foundation of the profession.

> "I'm really happy with the old supervisors...I know she [older clinical supervisor] was teaching me the right way … They're just straight on a point and they teach us the old nursing, the respect because for us students sometimes we don't respect, we just want to do things in our own way, but I'm really happy with the old supervisors" (group 2, participant 1).

> "this new supervisor will just say if you maybe did something wrong just says stop and then you stop and then will shout and shout and shout and that then she say continue and then when you are continuing you are lost you don't know what to do" (group 1, participant 8).

The quotations above gives the notion that inexperienced supervisors requires mentoring and guidance themselves to fulfill their developmental task with the students. The comment reveals that some students are exposed to incidents that could be abusive.

4.3.4.3 Student preferences regarding supervisors – Clinical competence

Some participants were also doubtful about the quality of the supervision that they receive. The participants perceived the amount of supervision as too little and not up to standard. They were of the opinion that almost half of the clinical supervisors lack competency. The

participants ascribed the deficiencies in their own competencies to a lack of quality guidance. They expressed a need for proper guidance.

> "So basically supervision needs a proper, a someone who is going to guide you through the process which is what I believe personally that in most, I would say forty percent of our supervisors lack that" (group 3, participant 2).

> "…if we have supervision more in the facilities where we work at I might be better trained now.., supervision is more hands on for me and I don't think our clinical supervisors is as hands on as they should be" (group 4, participant 1).

Some participants developed negative feelings towards clinical practice and ascribed these feelings to a lack of supervision. Others commented that clinical supervisors should be more enthusiastic about their work.

> "I hated going to clinical supervision, to hospitals because… there's no one [supervisor] to guide you". (group 2, participant 7).

> "enthusiastic always help if the supervisor is enthusiastic and is happy to do his work" (group 3, participant 5).

The phrase, '*if the supervisor is enthusiastic',* generates the idea that the student is trying to solve the problems relating to supervision.

Suggestions were made by the participants for workshops to enhance the clinical competencies of clinical supervisors. Students might not know how to change the situation but certainly feel that their supervisor should be more skilled than they are. Suggestions were also made regarding the employment criteria qualities needed for the clinical supervisor such as having a certain amount of practical exposure and experience.

> "I think the supervisors should attend more workshops … because I cannot have someone who's superior than I am come to me and teach me how to do something and… they're not even sure of what they're doing (group 3, participant 3).

The comment shows that students experience problems with supervision and ascribes these problems to quality aspects in supervision, in this case, a lack of supervisory competence.

This theme of student preferences regarding supervisors was more dominant among the 3rd year group. The subtheme, sustained availability, was dominant among the 1st and 3rd year groups. The subtheme, older and wiser, was more dominant among the 2nd and 3rd year groups. The subtheme, clinical competence, was dominant among all the groups.

4.3.5 Experiences that relate to abusive behaviour

According to Sosteric (2012:1) and Patros, Abrahamson, MacIntosh and Potter (2007:1) teachers or authority figures that exhibit humiliating or demeaning behaviour towards

students, display abusive behaviour. The current theme relates to experiences of abuse such as deliberate failure of students and verbal abuse, for example screaming and shouting by supervisors.

4.3.5.1 Experiences that relate to abusive behaviour – Misuse of power

Some participants raised concerns about supervisors who misuse their role as an authority figure. The students verbalized a tendency among clinical supervisors to misuse the power entrusted to them. These comments were raised by specifically the 2nd, 3rd and 4th year groups.

> "I feel that the supervisors use the fact that they're authority figure, I think they misuse it sometimes" (group 4, participant 9).

> "I've also experienced like they [clinical supervisor], you know, on a power trip, like they're dominating you" (group 2, participant 4).

These comments about certain supervisors who misuse their role as an authority figure signify elements of abuse that accompany clinical supervision. The comments also relate to the following subtheme, threat of failure.

4.3.5.2 Experiences that relate to abusive behaviour – Threat of failure

Some participants raised concerns about supervisors who deliberately victimize students. The victimization relates to targeting of specific students for failure. The students regard the deliberate failure of certain students as misuse of power.

> "I'm [clinical supervisor] going to enjoy marking you because I must make sure that I also go deeper into my knowledge in order to mark you down… He actually said it" (group 3, participant 3).

> "they [supervisors] will even discuss with their other colleagues, 'watch out for that one, watch out for that one' and you'll be marked [in the clinical exam] (group 4, participant 8).

The comments about deliberate targeting with the intention to fail students, signifies elements of abuse that accompany clinical supervision. When the field workers asked the participants to elaborate on the issue of abuse, the conclusion was made that some supervisors do not allow the students to voice their opinion or question low marks, indicating that they have failed the procedure. The latter is illustrated in the following comment:

> "who are you [student] to tell me [supervisor], I will make you fail if you think you gonna be clever with me…"

This theme was dominant among the 2nd, 3rd and 4th year groups.

4.3.5.3 Experiences that relate to abusive behaviour - Verbal abuse

Clinical supervisors should conduct themselves in a professional manner and demonstrate a fair and impartial attitude towards students as explained in Chapter 2: Section 2.9.3. Some participants however shared experiences that relate to rather unprofessional behaviour and elements of rudeness.

> "I had a problem with my supervisor who always shouting us" (group 1, participant 6).
>
> "then she's like started to shout at me" (group 4, participant 7).
>
> "that specific supervisor and a lot of people know who I'm talking about, she is very rude, she is intimidating" (group 2, participant 1).

Most of the participants recalled incidences where the clinical supervisor displayed verbal abuse in front of other people that they found humiliating.

> "I did make a lot of mistakes, and then the supervisor shouted at me in front of the nursing station and tell me that I did this and this and this wrong and then I was my day was so bad that day" (group 1, participant 5).
>
> "she's going on like a crazy woman to the unit manager's office and coming back to me, shouting, shouting, shouting and I'm following her like a puppy". (group 4, participant 7).

The above comments demonstrate that some supervisors tend to humiliate the students and by doing that, portray a poor picture of clinical supervisors. The mentioned outbursts of the supervisors raise questions about possible frustrations that the supervisors might experience in fulfilling their jobs. It also raises questions about support structures that are in place for the student and the supervisor, as well as the supervisor-student ratio that they have to manage on a daily basis.

The responses of participants in one of the previous themes, professionalism-developmental vision (see Section 4.2.2.2), differ from the responses of participants in the current theme. With the theme, professionalism-developmental vision, some participants valued the clinical supervisor who challenged them to develop their full potential. However, the current theme displays that not all students appreciate being 'pushed' for developmental purposes. The current theme demonstrates that some students experience 'the threat to failure' as abusive.

In summary, the subtheme, abuse of power, was dominant among the 2nd, 3rd and 4th year groups. The subtheme, threat to failure, was dominant among the 3rd and 4th year groups. The subtheme, verbal abuse, was prevalent among all the groups.

4.3.6 Clinical supervision process

4.3.6.1 Clinical supervision process - Incongruence amongst clinical supervisors

The participants seemed to be frustrated with incongruence among the clinical supervisors regarding clinical procedures. Although a practical workbook exists that demonstrates how procedures should be carried out, participants relate that the various supervisors would demonstrate the same procedure differently. A procedure that is demonstrated in the clinical laboratory by one clinical supervisor would be conducted in a different way by a clinical supervisor that demonstrates the same procedure in the clinic or hospital. Moreover, students change clinical supervisors periodically as the students rotate amongst clinical supervisors in the clinical setting. Engaging with different supervisors seems to enhance the occurrence of incongruence.

> "every a supervisor has her way of doing things, of teaching us, so every time when you get a new supervisor you have to adapt on how maybe she wants … to do certain things, certain way" (group 1, participant 3).

> "So the one supervisor in the lab they will show you, this is the procedure, this is the way… but when you're in the clinical facility, when I did my demonstration when I practice it, the supervisor was saying 'no, you're doing it wrong" (group 4, participant 1).

Participants were unhappy with the incongruences and felt that they received the shorter end of the stick by being assessed by supervisors who have differing views of what is indeed the right procedure.

> "supervisors not being congruent whether demonstrations that they do so it's different so that will actually mean that you're marked down when you do your assessment" (group 4, participant 4).

> "one supervisor assesses this way and the other one assesses this way" (group 3, participant 2).

Although the finer detail of the procedures carried out by supervisors could differ, all clinical supervisors should use the same marking guide. Moreover, the marking guide is available to each student before actual assessment takes place; the marking guide is in the workbook and each student receives the workbook at the commencement of the academic year. Therefore, the comments above create thoughts about quality assurance measures that the supervisors might not adhere to or might not be in place.

Participants were unhappy with the inconsistencies amongst the clinical supervisors and the fact that clinical supervisors seem to contradict each other. The inconsistencies relate to clinical supervisors who would allow students to practice a procedure while some clinical

supervisors do not allow the students enough time to practice a procedure prior the actual evaluation.

> "Now that other one, the one we are used to she gives us time to practice, but the other one doesn't give us time to practice the procedures, she just tells us that okay on this day you will be evaluated" (group 1, participant 1).

The participants consequently experienced a difference amongst clinical supervisors about the technique of the actual procedures and actual opportunities to be allowed to practice a procedure before formative assessment occurs.

Many participants were further confused by the different techniques that the nurses in the clinical setting were practicing. The nurses in the clinical setting seemingly saved on time doing the procedures 'their' way; however this caused participants more frustration and confusion.

> "I got more confused at hospital because they did totally different thing" (group 1, participant 2).

> "when we document the vital signs, we are taught to, to just write the dots and in the hospital they're writing numbers" (group 1, participant 3).

Students are taught to document their findings following the measurement of a patient's vital signs e.g. blood pressure, pulse or temperature. These findings are documented on the graph area of the temperature chart. This graph visually displays data, when recorded correctly, as a line graph and shows trends of how, for example, temperature could change over time. The comments of the participants indicate that hospital staff writes numerical numbers and not dots or spots on specific areas of the temperature chart. The numerical numbers do not allow the formation of a line graph, likewise clear trends and patterns could be implicated. Therefore, some participants felt confused. These comments were mostly dominant among the 1st year group, the neophyte of the profession who receives training on basic nursing procedures.

4.3.6.2 Clinical supervision process - Attention to private instead of professional matters e.g. private calls

Several participants recalled incidences where the clinical supervisor took a cell phone call during a clinical procedure. This action created the impression that the clinical supervisors were more interested in their phones than paying attention to the student. Moreover, the students experienced it as distracting.

> "During assessments they tend to be on their cell phones, doing whatever and it's a bit distracting because she's supposed to be, or he's supposed to be focusing on you" (group 3, participant 6).

Participants could not understand why they failed a procedure when the clinical supervisor was not fully attentive during the procedure and focused on their cell phone (the supervisor).

> "While I was busy doing my procedure she was on her phone and then at the end of the procedure she failed me" (group 2, participant 2).

> "then I officially started with my procedure then my clinical supervisors cell phone rang and she left… she gave me a failed mark" (group 4, participant 8).

Incidents of clinical supervisors who answers cell phones while students demonstrate specific procedures signifies various elements of professional conduct that is seemingly overlooked by the supervisor involved. These included respect for the student and a vital function of being a role model to the student.

4.3.6.3 Clinical supervision process - Short formative assessment procedures

Participants are knowledgeable that an assessment procedure includes an introduction and the detail regarding the procedure that they, the students, should explain. Moreover, that these actions are time consuming. The comment below shows that some participants are questioning formative assessment procedures that were rather short. Assessments of, specifically, emergency procedures (which contain life threatening issues) were apparently completed in a rather short time. These comments were made by students in the 2nd year group.

> "how can a supervisor do a procedure for you, an emergency procedure, emergency training procedure for five minutes and then you're done" (group 2, participant 6).

Participants commented that they received good marks for these rather short procedures. They were however not sure whether they are thoroughly prepared for the final summative clinical examination since minimal mistakes were exposed during their formative clinical assessments.

> "for us we're just happy that we're getting marks and all that but it doesn't help us at the end… she will give you hundred percent, okay that's fine, but it doesn't help you" (group 2, participant 6).

The allocation of seemingly inflated marks of hastily completed formative assessments was not unnoticed. For that reason clinical supervisors should be aware that students evaluate the actions of the supervisors.

4.3.6.4 Clinical supervision process - Feedback reduction or absence

As explained in Chapter 2: Section 2.4.2, feedback is important and serves as a means to disclose to the student how the clinical supervisor perceives their performance. This in turn allows the student to become aware of their shortcomings and afford the student the opportunity to improve their competencies. Students rely on feedback for personal and

professional growth. However some participants relate that they did not receive any feedback after a procedure.

> "I recall the procedure is after you've done the procedure you sit and talk to the supervisor then they tell what points you have missed, why I've missed it and then they discuss it. Then this supervisor told me 'listen here, but I can't do this now, my lift is waiting for me outside… I, personally, would have liked to get some feedback" (group 2, participant 2).

The issues addressed in the theme, clinical procedures, show that students have a sense of what is acceptable and what is not. Incidents of supervisors who answer cell phones while students complete formative assessment procedures and the allocation of inflated marks for clinical procedures completed rather hastily also relates to unprofessional behaviour. The fact the students mentioned these incidents reveals the awareness of students that elements concerning quality in their training, might be absent.

4.3.7 Clinical supervision process - Incongruence in terms of teaching and learning versus assessment practices

First year students are taught basic nursing tasks such as blood pressure measuring. Blood pressure measuring can be done using an electronic machine or a manual machine. Some participants felt frustrated that they are not trained to use both. Most facilities have only electronic machines and no manual machines. They are therefore mostly exposed to the electronic version. Yet during assessment it is expected of them to use a manual blood pressure machine. Participants therefore requested to be trained to use manual and electronic blood pressure machines.

> "You know in hospital there are no manual machines there" (group 1, participant 6).

Comments that relate to the use of blood pressure machines were dominant among the 1st year group.

However, the subtheme, incongruence amongst clinical supervisors, was dominant among all the groups. Similarly, the subtheme, supervisor attending to private matters instead of professional matters e.g. private calls, was also prevalent among all the groups. The subtheme, short formative assessment procedures, was however dominant among the 2nd year group. The subtheme, the feedback reduction or absence, was also dominant among the 2nd year group.

4.3.8 Summary

This chapter contains a discussion on the findings of the study; the biographical data of the participants and the information obtained during the interviews.

The findings of the study revealed that undergraduate student nurses at the institution under study have both positive and negative experiences regarding clinical supervision. Positive experiences include support received from supervisors and the professional behaviour displayed by certain supervisors. These were however overshadowed by many comments on negative experiences concerning the behaviour and competencies of the supervisors. These include minimal time spent on clinical procedures, no show of supervisors and various forms of unprofessional behaviour exposed by the supervisors, such as deliberate failure of students and verbal abuse.

The findings confirmed that the participants experienced differences in the clinical procedures demonstrated by various supervisors. The participants were clearly frustrated with the incongruence amongst clinical supervisors regarding techniques for clinical procedures. Several participants were of the opinion that they could benefit from longer clinical supervision sessions and commented that clinical supervisors should be based at the clinical setting. Most of the participants experienced the negative attitude of some clinical supervisors, when specifically displayed in front of others, as frustrating and humiliating.

These negative encounters in the clinical field, experienced by most participants among all the groups, outweighed the positive encounters mentioned by some participants. The negative encounters experienced in all the groups have led to negative perceptions of clinical supervision.

Chapter 5 contains a discussion of the findings of the study and recommendations based on the findings of the study.

CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

The previous chapters contain a description of the rationale for this study and an in-depth literature review regarding clinical supervision. A description is also provided of the applicable research methodology and data analysis for the purpose of this study.

Chapter 5 contains a discussion of the findings of the study, conclusions drawn from the analysis and recommendations based on the findings of the study.

5.2 DISCUSSION AND RECOMMENDATIONS

The aim of the study was to explore the perceptions and experiences of undergraduate nursing students on clinical supervision. The recommendations could, if implemented, assist institutions of higher education to improve the system of clinical supervision.

The objectives of the study were 1) to explore the perceptions and 2) the experiences of undergraduate nursing students on clinical supervisions. Therefore, the discussion of the achievement of the objectives is preceded with definitions of these two terms.

The act of perceiving is the ability to see, hear, or become aware through the senses (Colour Oxford Dictionary Thesaurus, 2002:448). Experience however, according to the Colour Oxford Dictionary Thesaurus (2002:214) refers to involvement, participation or exposure.

It is therefore noted that considering the findings of the study student's perceptions of clinical supervision is grounded on their experiences with clinical supervision during their clinical practices. Therefore, the second objective 'exploring the experiences of undergraduate nursing students regarding clinical supervision' is discussed before the first objective which relates to exploring the perceptions of the students. Subsequently following the discussion of the experiences of the participants, the perceptions of the participants are presented. Since the perceptions and experiences of students intersect, elements of repetition exist in the discussion of the objectives.

5.2.1 Objective 2: Nursing students experiences of clinical supervision

5.2.1.1 Support

Participants reflected that some clinical supervisors supported them to overcome feelings of fear initially experienced in the clinical setting. Other participants experienced the guidance and information received from the clinical supervisors as reassuring especially in situations

where ward staff declined to guide them. Likewise some participants were very appreciative of clinical supervisors who motivated them and offered emotional support (see Chapter 4, Section 4.2.1.3).

The findings of the study validated that supervisors support their students. The support received from the supervisors suggested that supervisors not only fulfil a supervisory role, but build a relationship with their students through caring for their learning needs.

Clinical supervisors who support students assist the students to deal with the challenges that they (the students) experience (McEnroe-Petitte, 2011:80). Students should be granted continual support and guidance with training and the managing of daily clinical issues (Pillay, 2005:16). Consequently clinical supervisors should assist students and encourage them to share clinical and emotional experiences (Mills, Francis & Bonner, 2005:4; Bush, 2005:38).

5.2.1.2 Professionalism

Some participants agreed that several of the clinical supervisors are competent and thorough (see Chapter 4, Section 4.2.2.1). Other participants however experienced some clinical supervisors as incompetent; that the supervisor could not demonstrate certain procedures when requested. Since the supervisor was unable to demonstrate certain procedures on request by the students; the students experienced frustration. Bond and Holland (2010:97) advised that clinical supervisors need to have professional expertise to be useful to their students. Therefore, clinical supervisors should continuously update, improve and develop their skills to maintain professional competence (Bond & Holland, 2010:21).

Irrespective of the supervisors competencies other forms of unprofessional behaviour that the supervisors displayed were revealed by the participants. Although some participants experienced failing a procedure as a challenge from supervisors and a means to develop (see Chapter 4, Section 4.2.2.2), other participants experienced it as a form of abuse since the supervisor's wording was rather threatening (see Chapter 4, Section 4.2.5.1). According to Meyer and Van Niekerk (2008:92) the development of individuality is closely related to a positive view of professionalism. Nevertheless Bond and Holland (2010:65) state that establishing an interactive relationship without abuse can develop professional confidence and accountability.

Upholding professionalism includes being punctual. The actions of the professional should demonstrate accountability and responsibility (Mellish *et al*., 2009:10). However some clinical supervisors were not always punctual. They were late for appointments (see Chapter 4, Section 4.2.2.3). Subsequently the students experienced such behaviour of the supervisor

as unfair and frustrating; the student must be ready and on time for assessments while the supervisor arrives late. The clinical supervisor should uphold the principle of professionalism during clinical supervision (Mellish *et al*., 2009:163).

The findings of the study pointed out certain inept behaviour of supervisors as experienced by some participants. This behaviour, by the supervisor raises questions regarding their professional etiquette. The study findings regarding professionalism however upsurge some differences in opinion amongst the various participants who had dissimilar experiences. Most 4th and 2nd year students provided positive comments regarding the competence of supervisors, whereas some the 3rd year students reflected that not all their supervisors appeared competent.

5.2.1.3 Realities of supervision

Some participants reported that they did not receive any clinical supervision during the last semester, that is, July to November 2012. According to the South African Nursing Council, Regulation 425, (2012:1) each student should be supervised for at least one hour every two weeks. Since some supervisors were absent to offer clinical supervision, the students experienced the reality that certain supervisors would be absent.

The participants requested more supervision time in the clinical setting. They reflected that they (the students) had made mistakes in the clinical setting and ascribed the mistakes to the absence or lack of supervision (see Chapter 4, Section 4.2.4.1). The supervisor should serve as a role model for moral principles to students, meaning right and wrong that relates to patient care and therefore assists students with the development of a professional identity (Severinson & Sands, 2010:675). Should the supervisor not meet the minimal prescribed supervision time, and students are exposed to the possibility to make mistakes, it seems that the supervisor's actions did not contribute to safe student practice. Since the supervisor is the leading figure in the student supervisor relationship is necessary that the supervisor assume moral authority for patient care. Therefore, the supervisor should ensure that the students are indeed competent and able to provide safe patient care (Severinson & Sands, 2010:675). Students ultimately benefit from quality clinical supervision sessions and a clinical supervisor that is available (Melender, Jonsén & HIlli, 2013:260-262).

The 1st, 3rd and 4th year groups experienced the absence of supervisors more frequently than the 2nd year group. The 1st and 2nd year students share the same clinical supervisors who are allocated to them on different days of the week. The 1st year students are the neophytes in nursing and mostly wish to progress to 2nd year. The 2nd year students who are completing their general nursing practice have many compulsory procedure assessments for

the year, hence they spend more time with their supervisors to complete these procedures. The 3rd year group of students need to be successful in both midwifery and community health practice before they can progress to their final year. The 3rd year group have supervisors allocated to them for midwifery and community health practice. However the 4th year students are the senior students and they need to be guided on how to function independently to a certain extent (Meyer & Van Niekerk, 2008:65).

As mentioned under the previous heading, Section 5.2.1.2 supervisors at the institution under study have a heavy workload. The facilities where students are required to complete their clinical duties are widespread; Groote Schuur hospital (southern suburbs), GF Jooste hospital, Tygerberg hospital (northern suburbs), the various midwife obstetric units, community health centres and psychiatric hospitals (north and southern suburbs). Efforts are made to allocate supervisors to facilities that are close to the supervisor's home. This is however not always possible since supervisors that are responsible for midwifery or community health might not necessarily reside close to a midwife obstetric unit or a community health centre. In addition, supervisors do not receive a petrol allowance or a vehicle for official duties (Jeggels, 2012). It is therefore questionable how the supervisor manages the daily accompaniment of their students at the various clinical settings.

5.2.1.4 Student preferences

The students experienced the clinical supervisors who are perceived as older and wiser, to be more skilled in the clinical setting. These supervisors also taught them the fundamental issue of respect. Bond and Holland, (2010:98) confirmed that students require a more experienced clinical supervisor since students are at the early phase of their career. Likewise Jooste (2009:1) advised that supervisors should have the necessary knowledge and competence to monitor students.

Since the students experienced shortcomings with supervision, the students requested that the supervisors receive in-service training. Although all supervisors have a professional responsibility to be knowledgeable about current trends with clinical supervision, employers also have responsibilities with regard to in-service training and improving the competencies of their staff (Mellish *et al*., 2009:81).

5.2.1.5 Experiences that relate to abusive behaviour

Several participants experienced that the clinical supervisor reprimanded them in front of other staff and patients. Incidences were also revealed about supervisors who would scream and shout on students. Comments that relate to abusive behaviour were received from various students who participated in the four focus group discussions. Grossman (2003:328)

and Mellish *et al*. (2009:163) however state that should it be required that student's be reprimanded, the reproach should be subtle and in a professional manner. Reprimanding students in front of others in a loud voice could worsen their behaviour, even leading to a low self-esteem (Grossman, 2003:328). Nevertheless Bond and Holland (2010:42) advised on strengthening the authority of supervision while upholding the honour of clinical supervision by providing clinical practices within an ethical framework. Moreover each individual has the right that their dignity is upheld and respected (The Constitution of South Africa, 1996:7).

On the other hand, the student-supervisor ratio at the institution often exceeds fifty students per supervisor which seems untenable (Thompson & Watson, 2008:6). The possibility therefore exists that the screaming and shouting might be related to frustrations of a heavy workload that the supervisors experience every day.

5.2.1.6 Clinical supervision process

The findings of the study revealed that incongruence's exist amongst clinical supervisors concerning clinical procedures, demonstrations and clinical skills assessment. The participants' experienced clinical supervisors demonstrating and assessing procedures differently. Subsequently students reported that they failed certain assessments since the technique of supervisors differed. What is acceptable for one supervisor is not acceptable for another supervisor. However, supervisors are responsible for maintaining professional standards and to address their deficiencies (National Center for Biotechnology Information, 2009:1). Moreover 'The Nursing Education and Training Standards' of the South African Nursing Council prescribe that a standardized assessment process be implemented for clinical supervision of nurses (Mhkize, 2012:36-97).

Participants also experienced various other frustrations with the clinical supervision process such as clinical supervisors who would answer their cell phone while assessing a student (see Chapter 4, Section 4.2.6.3). Some participants reportedly received short assessment procedures accompanied with seemingly inflated marks and minimal feedback. Others reported not receiving feedback at all (see Chapter 4, Section 4.2.6.5). Feedback enables students to improve their competencies. Confidence and self-esteem can also be built through careful and supportive feedback (Bond & Holland, 2010:16).

All the experiences of the students relate to aspects of quality assurance. It creates the idea that the clinical supervisors require supervision. Yet the clinical supervisor is often left unsupervised (Andrews & Ford, 2013:416-417). Bond and Holland (2010:21) indicated that the initial qualification is just a passport for the professional to practice. The researcher who works as a clinical supervisor acknowledges that clinical supervisors at the institution under

study are mostly unsupervised and clinical supervisors with little or no teaching experience are sometimes employed as clinical supervisors. As previously mentioned, the observations of the researcher is confirmed by Andrews and Ford (2013:416-417) who identified that the supervisors are unsupervised. The latter might be the reason for the incongruence that students experienced with regard to demonstration and assessments procedures.

The differences in clinical demonstrations and assessment procedures were experienced by all the participating groups.

5.2.2 Objective 1: Nursing students perceptions of clinical supervision

The participants who received support from supervisors, perceived the supervisors as supportive. Yet those who received minimal supervision and had experienced supervisors who were absent for supervisory duties, perceived that they might not necessarily receive supervision. Students however require continual accompaniment from a professional person (Meyer & Van Niekerk, 2008:65).

Some participants acknowledged the competence of clinical supervisors while other participants reflected on incidences where they (participants) requested clinical supervisors to demonstrate a particular procedure. Where the supervisor was unable to demonstrate competence, the supervisor was perceived as incompetent.

The participants experienced various frustrations with clinical supervision. These frustrations gave rise to perceptions that they (students) require the clinical supervisor to be stationed at and be more available in the clinical setting. These frustrations include supervisors spending minimal time on clinical guidance, not meeting appointments and clinical supervisors being more administrative and assessment focussed. The perceptions of the students indicate that the clinical tuition they received seems not to meet ‘The Nursing Education and Training Standards’ of the South African Nursing Council. The standards state that supervisors should be available via a pager or phone and that the supervisor should provide evidence of clinical instruction that was provided (Mhkize, 2012:96). The latter might be the reason why some supervisors tend to focus on administrative and assessment duties.

On the other hand, clinical supervisors who threatened to fail the students and who shouted at the students, led to perceptions that some clinical supervisors could be abusive.

Since the students experienced that various clinical supervisors demonstrate and assess procedures differently, they perceived that incongruence exists amongst clinical supervisors.

5.3 RECOMMENDATIONS

The findings of the study indicate that shortcomings exist within the clinical supervision process of undergraduate nursing students at the institution under study. Therefore, various recommendations are proposed.

Supervisors require more guidance in fulfilling their role as a clinical supervisor (see Chapter 4, Section 4.2.4.2). The literature confirms that clinical supervisors do not have enough educational preparation for their supervisory role (Jones, 2006:156; Severinson & Sand, 2010:675; Andrews & Ford, 2013:414). Therefore, newly appointed clinical supervisors could benefit from an induction programme that is designed to prepare the new supervisor for their role. The induction programme should preferably include a peer evaluation and a formal evaluation of the new supervisor before they enter the clinical teaching field (Andrews & Ford, 2013:414). It is therefore recommended that an induction programme for clinical supervisors be implemented at the institution under study. Peer and formal evaluation of supervisors could assist with minimizing incongruence among clinical supervisors.

'The Nursing Education and Training Standards' of the South African Nursing Council, states that clinical supervisors should have at least three years education and training experience to be employed as a supervisor (Mhkize 2012:93). Furthermore, 'The Nursing Education and Training Standards' states that institutions of higher education should create opportunities for in-service training and continuous professional development (Mhkize, 2012:108).

Continuous professional development is therefore advised. The clinical supervisor's position has elements of flexibility and is self-directed. Yet the self-directed nature of the role causes it to be challenging; e.g. the throughput of students (Andrews & Ford, 2013:415-416). The researcher further confirms the absence of clinical skills workshops for clinical supervisors at the institution under study. Continuous professional development for clinical supervisors can be achieved through educative clinical workshops. Workshops serve as an effective method for group learning and in-service training (Mellish, Brink & Paton, 2009:171-172).

Considering the elements of verbal abuse which were mentioned by participants in all the focus groups, it is recommended that supervisors and students be informed or awareness be created about the rights of individuals as contained in the constitution. These include that individuals have a right to be treated with dignity and respect (The Constitution of South Africa, 1996:7). For that reason professional development that relates to professional conduct would also be valuable since unprofessional conduct is a punishable offence according to Section 47 of The Nursing Act, Act.33 of 2005 (The South African Nursing Council, 2005:32).

The findings revealed that supervisors would mainly accompany students for assessment purposes and that minimal time is spent on active accompaniment (Chapter 4, Section 4.2.3.1). Therefore, the large student-supervisor ratio at the institution (> forty students per supervisor) could undermine the goal of supervision, which is to promote clinical learning and development, which eventually enhances safe patient care (Jooste, 2009:10). The student-supervisor ratio ultimately determines the workload (Motsoaledi, 2013:27). Subsequently, clinical supervisors have limited contact sessions with students due to the large student-supervisor ratio (Jeggels, Traut & Africa, 2013:1). This ratio could negatively impact the quality of accompaniment (Mannix, Wilkes & Luck, 2009:63). The Nursing Education and Training Standards' of the South African Nursing Council state that the student-supervisor ratio in the clinical setting should be sufficient to ensure optimal student learning (Mhkize, 2012:95). International literature mentions a student-supervisor ration of 1:6 (Schellenberg, 2012:485) and 1:8 (Lynch, Hancox, Happell & Parker, 2009:80). Therefore, the institution under study should also re-evaluate the applicability of the current student-supervisor ratio and consider ways to improve the work conditions of the clinical supervisor.

Although students from all the groups provided positive comments on the presence of support, comments that reflect on the absence of supervisors and requests from students for more supervision time, indicate that the supportive function of supervisors requires improvement.

It is therefore advised that the institution under study consider the prescribed supervision time mentioned in Regulation 425 of SANC regarding clinical supervision, one hour over a two week period (The South African Nursing Council, 1985) and ensure a manageable student-supervisor ratio (Mhkize, 2012:95) that will enable supervisors to fulfil their duties.

In addition the researcher further acknowledges that supervisors at the institution are not compensated for petrol or the use of their own vehicle for official duties. Moreover, they are employed on a casual basis. These conditions of employment, not being compensated for petrol and the impermanent nature of employment, seem rather unattractive and could negatively impact their sense of commitment to the institution. It is therefore recommended that the institution revisit the employment conditions of clinical supervisors.

5.4 LIMITATIONS

The study was conducted at one undergraduate nursing institution and excluded the wider population of undergraduate nursing institutions. The personal experiences of the

supervisors were not explored. Therefore, future research at the institution under study that explores the opinions of the supervisors could be beneficial.

5.5 SUMMARY

The findings indicate that some clinical supervisors are indeed knowledgeable, skilful and supportive. Yet various shortcomings, such as incompetence of supervisors, unprofessional behaviour and differences among supervisors that relate to clinical practices also surfaced. The researcher also attempted to place the findings in context within the management of clinical supervisors at the institution under study as experienced by her and her colleagues. Once that was achieved, it was clear that the system of supervising undergraduate students at the institution e.g. the conditions of employment, the perceived lack of in-service training of supervisors and supervision of the supervisors themselves, could be ascribed as possible reasons for the shortcomings that exist in the supervisory process. Therefore, recommendations were proposed that relate to the supervisory process and efforts to improve the competence of the supervisors. It was also recommended that the guidelines that relate to the employment of the supervisors be revisited.

5.6 CONCLUSION

Clinical supervision is a crucial component of undergraduate nurse training. The clinical supervisory process however, requires that structures be established to ensure a motivated and competent supervisory workforce.

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ANNEXURES

ANNEXURE A: PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM

PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM

TITLE OF THE RESEARCH PROJECT:

Perceptions and experiences of undergraduate nursing students of clinical supervision

REFERENCE NUMBER: 15923800

PRINCIPAL INVESTIGATOR: Gabieba Donough

ADDRESS: Vanguard

CONTACT NUMBER: 0824855634

You are invited to participate in a research project. Please read the information presented here. Please feel free to question me about any part of this project that you do not fully understand. Your participation is **entirely voluntary** and you are free to decline to participate and will not be penalised in any way.

The aim of this study is to explore the perceptions and experiences of undergraduate nursing students of clinical supervision at an institution of higher education.The perceptions and experiences of the students regarding clinical supervision will provide information from a student's viewpoint.

From each year level nine students will be selected to participate in focus group interviews.The information obtained could assist institutions of higher education to improve the system of clinical accompaniment and supervision.

It is required that you answer all questions honestly. There are no personal benefits for you as a participant, but the information obtained could assist institutions of higher education to improve the system of clinical accompaniment and supervision. There would be no risks involved. The interview will be recorded. The transcriptions of the recorded interviews will be anonymous, meaning nameless. Every effort is made to protect the identity of the participants. Only the researcher and her supervisors will have access to the information.

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

This study has been approved by the **Health Research Ethics Committee (HREC) at Stellenbosch University** who ensure that the research conducted will be within national and international accepted standards and legislation with respect to ethics in research. Furthermore, the researchwill 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.

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 by the researcher.

Declaration by participant

By signing below, I …….. agree to take part in a research study entitled: *Perceptions and experiences of undergraduate nursing students of clinical supervision*.

I declare that:

- I have read the 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 have been assured that my identity is protected and my participation is **anonymous**.
- I give consent for the audio recording of the interview.

Signed at ..... on (*date*)…….. 2012.

Signature of participant **Signature of witness**

Declaration by investigator

I Gabieba Donough 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*) …….. 2012.

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) ……...……2012

....

Signature of interpreter **Signature of witness**

ANNEXURE B: RESEARCH INTERVIEW GUIDE

TITLE:

Perceptions and experiences of undergraduate nursing students of clinical supervision

The interview will be guided by the following open-ended questions:

1. Tell me about your experiences with clinical supervision.
2. Describe your experiences with clinical demonstrations in the clinical laboratory, the clinics, and the hospitals.

   Probing words: congruency, competency, cognitive thinking, and approachability
3. Describe your experiences regarding clinical assessments.

   Probing words: too lenient, too strict, different methods, different expectancies, time allocated, fairness
4. Describe your perceptions about clinical supervision at the clinics and hospitals.

   Probing words: assistance, guidance, accessibility

ANNEXURE C: PERMISSION LETTER TO CONDUCT RESEARCH AT THE UNIVERSITY

From: Oluyinka Adejumo
Sent: 10 October 2012 04:52 PM
To: Gabieba; Gabieba Donough
Cc: Felicity Daniels; Karien Jooste; Nicolette Johannes
Subject: Fwd: RE: Permission to conduct research

Dear Gabieba,

Permission had long been granted for you to conduct your study, this is subject to your complying with the requirements of the ethics as approved for your proposal, and that you must inform the Head of the Undergraduate programme in the School of Nursing for access to the participants in your study.

I have copied this approval to the current Acting Head of School, and also the Head of the Undergraduate programme in the School of Nursing.

Best Wishes.

++++++++++++++++++++++++

Prof Oluyinka Adejumo
School of Nursing,
Private Bag X17
Bellville 7535
Cape Town. Republic of South Africa
Tel: +27 21 9593024 (O); +27 82 4436131 (C)
Fax: +27 86 5108808

ANNEXURE D: ETHICAL APPROVAL

Approval Notice

New Application

09-Jul-2012
DONOUGH, Gabieba

Ethics Reference #: S12/05/132
Title: Perceptions and experiences of undergraduate nursing students of clinical supervision

Dear Ms Gabieba DONOUGH,

The **New Application** received on **15-May-2012**, was reviewed by members of **Health Research Ethics Committee 2** via Expedited review procedures on **04-Jul-2012** and was approved.
Please note the following information about your approved research protocol:

Protocol Approval Period: **04-Jul-2012 -04-Jul-2013**

Please remember to use your **protocol number** (**S12/05/132**) 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 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 Tel: +27 21 483 9907) and Dr Helene Visser at City Health (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

If you have any questions or need further help, please contact the REC office at 0219389207.

Included Documents:
CVs
Consent
Application
Declaration

Synopsis
Checklist
Interview Review
Protocol

Sincerely,

Mertrude Davids
REC Coordinator
Health Research Ethics Committee 2

ANNEXURE E: DECLARATION BY LANGUAGE EDITOR

Mary A. Cohen
Language Practitioner

Editing and proof reading for academics

4 Swan Lane
Bergvliet
7945
Phone 021 7130397
swanlake@mweb.co.za

16 November 2013

Mrs Gabieba Donough
Student Number: 15923800

The above-named student' thesis titled ***"Perceptions and experiences of undergraduate nursing students of clinical supervision,"*** was edited for grammar, spelling, syntax and referencing.

ANNEXURE F: DECLARATION BY TECHNICAL FORMATTER

Lize Vorster Communication

To whom it may concern

This letter serves as confirmation that I, Lize Vorster, performed the technical formatting of Gabieba Donough's thesis. Technical formatting entails complying with the USB technical requirements.

Yours sincerely

Lize Vorster
Language Practitioner

Vygie street 9, Welgevonden Estate, Stellenbosch, 7600 * e-mail: lizevorster@gmail.com * cell: 082 856 8221