AN EVALUATION OF CLINICAL FACILITATION IN THE NURSING COLLEGE OF THE EASTERN CAPE PROVINCE

ZINGIWE PATRICIA PETER

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DECLARATION

By submitting this assignment electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the owner of the copyright thereof (unless to the extent explicitly otherwise stated) and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

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ABSTRACT

Clinical teaching and training is undertaken to correlate theory and practice (Mellish et al., 1998:211). Clinical teaching is the means by which student nurses learn to apply the theory of nursing in a clinical situation so that an integration of theoretical knowledge and practical skills in the clinical situation becomes the art and science of nursing. (Mellish et al., 1998:207). The role of the lecturer/facilitator is to bridge the theory-practice gap between nursing education and practice. Since the merger of the nursing colleges in the Eastern Cape Province (South Africa) and the abolishment of the clinical department in the hospital it became essential to evaluate the clinical facilitation needs of students and tutors.

For the purpose of this study the researcher evaluated the clinical facilitation, with the focus area being on the clinical needs and problems of nursing tutors and nursing students at a nursing college in the Eastern Cape Province.

The objectives of this study were to determine the following: the clinical facilitation needs of student nurses of the Nursing College, clinical facilitation needs of tutors of the Nursing College, clinical facilitation related problems facing student nurses and tutors in the Nursing College and associations between the clinical facilitation of the campuses of the Nursing College

The following research question was evaluated: What are the needs and problems of nursing students and tutors in clinical facilitation at the Lilitha Nursing College?

The research methodology was a descriptive exploratory design with a quantitative approach. The population for this study was the fourth-year nursing students, and all tutors of the nursing college.

A convenient sample was drawn. All students available at the time of data collection were included in the study. A structured questionnaire was used to collect the data.

The final sample of students was N =100 (45%) of a total population of 222 students. The final sample of tutors was N=35 (36%) of a population of 97.

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

Ethical approval was obtained from Stellenbosch University, Department of Health ECP, and Head of the Nursing College and Principals of the campuses. Informed written consent was obtained from the participants.

Statistical associations with reference to clinical facilitation between the various campuses of the nursing college were determined using the Chi-square tests. The results of this study are presented in percentages, tables and histograms.

On completion of the study the following recommendations were made: standardization of policies and procedures; preplanning and publishing of clinical placement dates; manuals, rules, student needs and outcomes be available before clinical placement; improvement of communication between clinical staff, facilitators and students; improvement of infrastructure, equipment and materials.

OPSOMMING

Kliniese onderrig en opleiding word onderneem om teorie en praktyk te korreleer met mekaar Mellish et al., 1998:211). Kliniese onderrig is die middel waardeur studentverpleegkundiges leer om verpleegkundige teorie in ’n kliniese situasie toe te pas sodat ’n integrasie van teoretiese kennis en praktiese vaardighede in die kliniese situasie die kuns en wetenskap van verpleegkunde word (Mellish et al., 1998:207). Die rol van die dosent/fasiliteerder is volgens Lathlean (1995) om die gaping tussen verpleegkundige opvoeding en praktyk te oorbrug. Sedert die samesmelting van die verpleegkolleges in die Oos-Kaap (Suid-Afrika) en die afskaffing van die kliniese departement in die hospitaal het dit noodsaaklik geword om die kliniese fasilitering wat deur slegs Dosente gedoen word, te evalueer.

Vir die doel van hierdie studie het die navorser kliniese fasilitering geevalueer, met die kliniese behoeftes en probleme van verpleegdosente en verpleegstudente by ’n verpleegkollege in die Oos-Kaap as fokus.

Die oogmerke van die studie was om die volgende te bepaal: die behoeftes van studentverpleegkundiges en dosente van die verpleegkollege ten opsigte van kliniese fasilitering; enige probleme van leerders en dosente ten opsigte van kliniese fasilitering in die verpleegkollege; die verskille ten opsigte van kliniese fasilitering tussen die verskeie kampusse van die verpleegkollege en verhoudings tussen kliniese fasilitering van die verskeie kampusse.

Die volgende navorsingsvraag is geevalueer: Wat is die behoeftes en probleme van kliniese fasilitering soos deur die dosente en verpleegstudente van die Lilitha verpleegkollege ervaar word?

Die navorsingsmetodologie was ’n beskrywende verkennende ontwerp met ’n kwantitatiewe benadering. Die studiebevolking was die vierdejaar-verpleegstudente en al die dosente van ’n verpleegkollege.

‘n Gerieflike steekproefmetode is gebruik. Alle studente wat beskikbaar was tydens data versameling is in die steekproef ingesluit. Daar is gebruik gemaak van ’n

gestruktureerde vraelys om die data van die vier kampusse van die Lilitha Verpleegkollege wat by die studie ingesluit is, naamlik Oos-Londen, Mthatha, Port Elizabeth en Lusikisiki, in te samel. Die finale steekproef studente was N=100 (45%) van ’n totale bevolking van 222 studente. Die totale getal dosente wat deelgeneem het, was 35(36%) van ’n bevolking van 97.

Betroubaarheid en geldigheid is deur middel van ’n loodsstudie en die gebruik van kundiges op die gebied van verpleegkundige opvoeding, navorsingsmetodologie en statistiek verseker. Data is persoonlik deur die navorser ingesamel.

Etiese goedkeuring is van die Universiteit Stellenbosch, die Oos-Kaapse Departement Gesondheid, en die hoofde van die verpleegkollege en die onderskeie kampusse verkry. Skriftelike ingeligte toestemming is van die deelnemers verkry.

Statistiese verbande ten opsigte van kliniese fasilitering tussen die verskeie kampusse van die verpleegkollege is ontleed deur chi-kwadraat-toetse te gebruik. Die resultate van die studie word deur middel van persentasies, tabelle en histogramme aangebied.

Na afloop van die studie is aanbevelings rakende die volgende gemaak: die standaardisering van beleid en prosedures; die voorafbeplanning ten opsigte van en publisering van datums vir kliniese plasing; die beskikbaarstelling van handleidings, reëls, studentebehoeftes en uitkomste voor kliniese plasing; die verbetering van kommunikasie tussen kliniese personeel, fasiliteerders en studente; en die verbetering van infrastruktuur, toerusting en materiaal.

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CHAPTER 1
SCIENTIFIC FOUNDATION OF THE STUDY

1.1 RATIONALE

The interest in studying clinical facilitation of nursing students in training arose from the fact that clinical teaching and learning plays an important part in nursing education and is the cornerstone for quality nursing care (Mellish, Brink & Paton, 1998:75). The issue of good quality nursing is a focus point of the Department of Health and South African Nursing Council. In 1999 the Department of Health of the United Kingdom launched the nursing strategy “Making a Difference”, which emphasized that clinical placements for nursing students needed to be of higher quality including improved teaching support to help students gain better practical skills (Department of Health, 1999). The Quality Assurance Agency issued the Code of Practice for the Assurance of Academic Quality and Standards in Higher Education: Placement Learning (Hand, 2006:56). This code stressed the need for partnership between the Health Services and higher education institutions.

In South Africa the rationalization of nursing colleges received much attention in the post-apartheid era affecting nursing education in all provinces. In the Eastern Cape Province the “Policy on Restructuring Nursing Education and Establishment of a Single College for the Province of the Eastern Cape” was introduced in 2003. All nursing colleges, merged to form one nursing college named Lilitha Nursing College. This college consists of five (5) campuses namely: Port Elizabeth, East London, Mthatha, Queenstown and Lusikisiki and a head office situated in Bisho. This merger brought about many challengers for nursing education. The loss of the autonomy of each college now called a “campus” posed many challenges. Standardization of clinical procedures, clinical facilitation, examination policies, creating uniformity among campuses was some of the challenges facing the newly formed nursing college.

For the purpose of this study the researcher decided to investigate and explore the clinical facilitation for nursing students in training at the nursing college of the Eastern Cape Province (South Africa). The focus of this study will be on the needs and problems related to clinical facilitation. The identification of clinical facilitation needs and problems is supported by nursing education literature, which states that facilitation needs to

identify, through active listening, the learners' needs in relation to practical work and the facilitator is expected to use strategies that are congruent with the learners' needs (Mellish et al., 1998:75).

Clinical teaching and training is undertaken to correlate theory and practice (Mellish et al., 1998:211). Clinical teaching is the means by which student nurses learn to apply the theory of nursing so that an integration of theoretical knowledge and practical skills in the clinical situation becomes the art and science of nursing (Mellish et al., 1998:207). According to Lathlean (1995:374) the role of the lecturer/facilitator is an attempt to bridge the theory-practice gap between nurses' education and practice. During clinical teaching and learning the student is given an opportunity to develop qualities that lead to the development of a health care provider who is capable of rendering quality health care. Those qualities are competency, efficiency, confidence, responsibility and self-directedness, as described by Papp, Markkanen and Bonsdorff (2003:262) in their study on student nurses' perceptions concerning clinical learning experiences.

The need for the appropriate preparation of nurses to work in a changing and complex health service was emphasized in the Peak Report (UKCC, 1999). The quality of the health care rendered is being reinforced through clinical governance and competence, and confidence could be viewed as components of quality (Bently & Pegram, 2003:171). The Eastern Cape Province Department of Health's priority number 6 concerns the improvement in the quality of care through various interventions and it states that the health care providers also have an important role to play in this regard (ECDH Operational Plan, 2005/2006:10). The researcher believes that the abovementioned prerequisites and challenges need to form part of the education and training of the student nurses. It is the responsibility of the nursing education and training institutions to ensure that the student nurses are offered high quality clinical education and training to enable them to withstand the challenges as health care providers.

The results of this study will assist the management of the Nursing College where the research will be conducted to identify the needs and problems of nursing students and tutors in clinical facilitation. It will also serve as a benchmark for nursing education in the country. The challenges of the clinical facilitation approach which need short- and long-term attention will be identified and planned for to ultimately allow the Nursing College to

produce competent, efficient and skilled nurses who are capable of rendering high quality care to the citizens of the country.

Historically, clinical facilitators were appointed for nursing education in a hospital which formed the “Clinical Department”. This department was responsible for the practical component of the education and training of student nurses. Despite being part of the hospital complex, the Clinical Department formed an integral part of nursing education of the educational facility. The tutors in the nursing colleges were only responsible for the theoretical component. In 1997–1998, the provincial health departments decided to abolish the clinical departments in hospitals. Consequently, the tutors became fully responsible for the theoretical component as well as the practical component (clinical facilitation).

Against this background the researcher decided to evaluate the clinical facilitation in the Nursing College of the Eastern Cape Province. Since inception of the new Nursing College, the clinical facilitation has never been evaluated.

1.2 PROBLEM STATEMENT

In the light of the above the researcher poses the following research question as the point of departure for this research:

What are the needs and problems of nursing students and tutors in clinical facilitation at the Lilitha Nursing College?

1.3 THE GOAL

The goal of this study is to evaluate the clinical facilitation in the Nursing College of the Easter Cape Province.

1.4 OBJECTIVES

1.4.1 To determine the clinical facilitation needs of student nurses of the Nursing College

1.4.2 To determine the clinical facilitation needs of tutors of the Nursing College

1.4.3 To determine clinical facilitation related problems facing student nurses and tutors in the Nursing College

1.4.4 To determine associations between the clinical facilitation of the campuses of the Nursing College

1.5 RESEARCH METHODOLOGY

According to Leedy (1993:104) methodology is merely an operational framework within which data are placed so that their meaning may be seen more clearly.

1.5.1 Research design

The research design to be used in this study is quantitative, descriptive and exploratory. Quantitative methodology as described by Neuman in de Vos, Strydom, Fouché and Delport (2005:102) is characterized by various aspects such as measuring objective facts and focusing on variables.

1.5.2 Population and Sampling

The research population refers to all the elements that can possibly be included in a study (Burns & Grove, 2007:549). The population for this study is the nursing students who are in their fourth year of study, and tutors of the Nursing College of the Eastern Cape Province who are responsible for the basic nursing education and training programme, leading to registration as a general nurse (psychiatric and community health), and midwife (SANC, R425:1985). A sample of this population will be drawn for the purpose of this study. A sample is a part or fraction of a whole, or a subset of a large set, selected by the researcher to participate in a research project (Burns & Grove, 2007:554).

The sample of the fourth-year students will be able to provide the required data of their first, second and third years of their study. A probability random stratified sampling technique will be applied to exclude bias (de Vos, et al. (2003:207). The drawing of the sample will depend upon the availability of the tutors and fourth-year students in the college at the time of data collection. The rationale for this is that the fourth-year students are divided into groups: some may be in the college and others in the clinical area. The tutors' availability also depends upon the allocation of the students since the tutors are responsible for classroom teaching and clinical facilitation.

1.5.2.1 Population of the fourth-year student nurses

The Nursing College comprises five campuses. The total number of fourth year student nurses is 331 (2006). The distribution of fourth-year student nurses is as follows and as shown in Table 1.1:

- Port Elizabeth campus 53
- Mthatha campus 29
- Queenstown campus 92
- East London campus 128, (East London main campus 111 and Butterworth satellite campus 17)
- Lusikisiki campus 29.

The researcher will use 133 (40%) of the total population of 331 of fourth year student nurses as participants in this study. To ensure that an equal proportion of participants from each campus are drawn, the researcher will draw 40% of the number of fourth-year students from each campus. The sampling is as follows and as shown in Table 1.1:

- Port Elizabeth campus: 21 (40%) of the total number of fourth-year students of 53
- Mthatha campus: 12 (40%) of the total number of fourth-year students of 29
- Queenstown campus: 37 (40%) of the total number of fourth-year students of 92
- East London main campus: 44 (40%) of the total number of fourth-year students of 111
- Butterworth (East London satellite campus): 7 (40%) of the total number of fourth-year student nurses of 17
- Lusikisiki campus: 12 (40%) of the total number of fourth-years of 29.

Table 1.1: Tabulation of fourth-year student nurses sample: N=133 (40%) of 331

Name of institution	**Population size**	**Sample (N)=133 (40%)**
Port Elizabeth	53	21 (16%)
Mthatha	29	12 (9%)
Queenstown	92	37 (28%)
East London	111	44 (33%)
Butterworth	17	7 (5%)
Lusikisiki	29	12 (9%)
TOTAL	**331**	**133 (100%)**

1.5.2.2 Population of Tutors

The total number of tutors in the Nursing College is 126. The distribution is as follows and as shown in Table 1.2:

- Port Elizabeth campus 30
- Mthatha campus 15
- Queenstown campus 23
- East London campus 51, (East London main campus 45 and Butterworth satellite campus 6)
- Lusikisiki campus 7.

The researcher will use 50 (40%) of the total population (126) of tutors as participants in this study. To ensure that an equal proportion of participants from each campus is drawn the researcher will draw 40% of the total number of tutors from each campus. The sampling is as follows and as shown in Table 1.2:

- Port Elizabeth campus: 12 (40%) of the total number of tutors of 30
- Mthatha campus: 6 (40%) of the total number of tutors of 15;
- Queenstown campus: 9 (40%) of the total number of tutors of 23
- East London main campus:18 (40%) of the total number of tutors of 45
- Butterworth campus (East London satellite campus): 2 (40%) of the total number of tutors of 6
- Lusikisiki: 3 (40%) of the total number of tutors of 7.

Table 1.2: Tabulation of tutors sample: N=50 (40%) of 126

Name of institution	**Population size**	**Sampling size**
Port Elizabeth	30	12 (24%)
Mthatha	15	6 (12%)
Queenstown	23	9 (18%)
East London	45	18 (36%)
Butterworth	6	6 (4%)
Lusikisiki	7	3 (6%)
TOTAL	**N=126**	**N=50 (100%)**

1.5.3 Instrumentation

A questionnaire is a set of questions on a form that is completed by the respondents in respect of a research project. It is designed to elicit information that can be obtained through verbal or written responses to the subject (Burns & Grove, 2007:551).

Questionnaires with closed-ended questions will be used for collecting data.

A self-developed 4-point Likert scale (1- Strongly agree; 2- Agree; 3- Disagree and 4- Strongly disagree) questionnaire will be used. The instrument will have three sections:

- Section A will focus on demographic data
- Section B will focus on the needs and problems of the lecturer/facilitator related to clinical facilitation (clinical placement area, clinical teaching and learning and clinical assessment).
- Section C will focus on whether clinical facilitation should be done by tutors or not.

All the questions will be coded as required for statistical analysis on the computer.

1.5.4 Reliability and Validity

Reliability is concerned with the consistency of a measurement technique. Validity refers to the degree to which a measurement instrument measures what it is intended to measure (Burns & Grove, 2003:494, 500; Burns & Grove, 2007:552, 559; Lobiondo-Wood & Haber, 2006:571, 575).

A pilot study will be completed to test the instrument, which will support the validity and reliability of the questionnaire. The researcher will use experts in research methodology and statistics to examine the questionnaire before use. The questionnaire will be given to nurse experts in clinical facilitation to examine the content

1.5.5 Pilot Study

A pilot study is defined as a smaller version of a proposed study. It is conducted under similar circumstances to the actual study with the purpose of refining the methodology (Burns & Grove, 2007:549).

The questionnaire that will be used in the study will be tested under similar circumstances to the actual study to check for ambiguity and weaknesses. The sample

of participants to be used in the pilot study will equal 10% of the sample of the actual study, and will not be included in the study. The researcher will present the questionnaire to tutors and fourth-year students on the East London Campus. The researcher decided to use the East London campus for the pilot study because it was formed by the amalgamation of the Ciskei and Frere Nursing Colleges in 2003. All the fourth year nursing students and tutors of this newly formed campus were from these two nursing colleges. Furthermore, geographically the campuses are widely spread in the Eastern Cape Province and it was financially cost effective and less time consuming to only use the East London Campus.

1.5.6 Collection of Data

Burns and Grove (2007:536) define data collection as the identification of subjects and the precise, systematic gathering of information relevant to the research purpose or the specific objectives, questions or hypotheses of a study.

A quantitative data collection method will be applied by means of questionnaires. The questionnaires will be distributed to the participants personally by the researcher. The estimated time for the completion of the questionnaire will be about 30 minutes. Thereafter the completed questionnaires will be collected personally by the researcher.

1.5.7 Data Analysis and Interpretation

Descriptive analysis will be used with the assistance of a statistician. Data will be analysed using a computer Software Package for Social Sciences (SPSS). Demographic data and responses from the questionnaires will be analysed through frequency counts. The statistical associations between the various variables will be calculated with reference to clinical facilitation between the campuses of the Nursing College and will be analysed by using chi-square tests, using the 95% confidence interval. The results of this study will be presented in percentages, tables and as histograms.

1.6 ETHICAL CONSIDERATIONS

Permission for conducting the research study will be obtained from the Epidemiology and Research Surveillance of the Department of Health Eastern Cape Province, Management of the Nursing College of the Eastern Cape Province, the heads of

campuses of the Nursing College and from the Committee for Human Research at the University of Stellenbosch.

The questionnaires will be given to the prospective participants with full information about the research study, their participation, the conditions of their participation and their rights with regard to their participation. The participants will voluntarily participate in this research study. A consent form will be signed by those who are willing to participate. The participants have the right to withdraw at any time without repercussion or penalty. Confidentiality and anonymity will be assured.

1.7 OPERATIONAL DEFINITIONS

1.7.1 Clinical facilitation

Clinical facilitation refers to a process that is applied by a lecturer in a clinical teaching and learning situation. This process is concerned with making it possible for the student nurses to learn from the clinical environment and making it simpler for them to achieve their goal, which is to be competent in the acquired knowledge and skills of the nursing profession (Mellish et al., 1998:75).

1.7.2 Clinical facilitator

Clinical facilitator refers to a nurse educator who is employed as a tutor in the Nursing College and who is responsible for both the theoretical component and clinical facilitation for the basic nursing education and training programme leading to registration as a nurse (general, psychiatric and community) and midwife (SANC, R425:1985).

1.7.3 Clinical staff

Clinical staff refers to the registered nurses who are independent practitioners authorised to practice, and capable of practising nursing in his/her own right, by virtue of registration in terms of section 16 (SANC,1994:10).

1.7.4 Student Nurses

Student nurses refers to nursing students who are in their fourth year of study undertaking the 4-year diploma, which is the basic nursing education and training programme leading to registration as a nurse (general, psychiatric and community) and midwife (SANC, R425:1985).The student within the context of this study is an adult learner. The adult learner wants to learn in an independent, self-directed way, which is

task and problem oriented. The content must be applicable to their work in order for them to become competent and skilled. The adult learner has knowledge and experiences that she/he wants to utilise during the learning process (Hand 2006:55-63)

1.7.5 Clinical placement area

Clinical placement area refers to the area in a health care provider service be it a hospital or community health care service, to which student nurses are assigned according to their learning needs. This is done to expose them to the real situation, as an opportunity to acquire knowledge and skills on how to practice nursing.

1.7.6 Learning

According to Smeltzer & Bare (2004:47) learning is the acquired knowledge, attitudes and skills. The students are expected to apply knowledge (cognitive domain), attitude (affective domain) and skills (psychomotor domain) learnt when rendering nursing care to the patients (Baillie, 2001:16-18).

1.7.7 Learning outcomes

Learning outcomes are defined as statements of what is expected that a student will be able to do as a result of a learning activity. The learning outcomes determine the learning needs of the students. For the student to be competent she/he should achieve the learning outcomes. The achievement of learning outcomes is facilitated by the following: the students should discuss learning outcomes with clinical facilitators to develop their knowledge base and facilitators should address individual student needs to ensure that students attain suitable clinical experiences. The students must also be aware of the fact that it is their responsibility to achieve their own learning objectives (Lambert & Glacken 2006:364). The clinical facilitators should also discuss the learning outcomes with the clinical staff who should also communicate with the students.

1.7.8 Safe effective nursing care

Safe effective nursing refers to nursing within the Scope of Practice (SANC:1985). For nursing practitioners to be able to render safe and effective nursing care they should be competent and skilful. The safety and effectiveness of nursing care depends on the quality of clinical teaching and education and the quality of practice placement. The above mentioned statements are also supported by South African Nursing Council which states that the overall objective of clinical nursing education is to provide meaningful

learning opportunities in every area of placement according to the level of training so that the students are able to nurse effectively (SANC,1985: Section 2.2 & 2.2.9).

1.8 RECOMMENDATIONS

Recommendations will be made based on the findings of the project to the various policy makers in nursing education.

1.9 STUDY LAYOUT

Chapter 1: An introduction to the problem under discussion is given. The methodology is briefly described and a detailed description of the framework applied in this research is given.

Chapter 2: A literature review with reference to clinical facilitation is given.

Chapter 3: The research methodology used in this research study is described.

Chapter 4: The data analysis and interpretation of findings are described.

Chapter 5: Finally, recommendations based on the results of this study are described.

1.10 CONCLUSION

In this chapter a brief overview of the research study is presented. It includes the rationale, research framework, research methodology and study layout. The problem to be addressed is discussed in relation to the relevant literature. Furthermore, this chapter emphasizes that the study will be conducted to specifically identify the needs and the problems of tutors and student nurses of the Nursing College relative to clinical facilitation.

CHAPTER 2
LITERATURE REVIEW

2.1 INTRODUCTION

The literature reviewed in this chapter focuses on literature that is based on published research studies in clinical facilitation. Several studies relating to clinical facilitation were found in the literature. In this study the researcher aimed at evaluating clinical facilitation of nursing students in training, and identifying needs and problems of clinical facilitators and student nurses. The literature reviewed also focuses on how to ensure quality clinical facilitation.

Clinical teaching and learning is the means by which student nurses learn to apply the theory of nursing so that an integration of theoretical knowledge and practical skills in the clinical situation becomes the art and science of nursing It is an important part in nursing education and the cornerstone for quality nursing care (Mellish, Brink & Paton, 1998:75).. Students are viewed as customers or consumers, rightfully demanding the highest quality of education available (Penman & Oliver, 2004:2). However, there are several challenges associated with clinical teaching and learning (Mannix, Faga, Beale and Jackson, 2006:7).

The success of a nursing programme is largely reliant on the effectiveness of the clinical experiences of the student (Pearcey and Elliot, 2004:382-387). The effectiveness of teaching depends on the quality of teaching itself, the quality of the teacher, the quality of the students and their willingness and motivation to learn. It furthermore includes the time that is spent on outcome related activities (Kyriacou 1991:33; Neary, 2000:92;).

2.2 THE CONCEPT CLINICAL FACILITATION

According to Mellish et al. (1998:75) facilitation refers to making things possible for another through a process that makes it simpler for the person to achieve his or her goal. Therefore clinical facilitation in nursing seeks to enable the student nurses to learn from the clinical environment through a process that makes it easier for them to achieve their goal, consequently allowing them to achieve competence in the acquired knowledge and skills of the nursing profession.

The primary purpose of clinical teaching is to provide students with opportunities to have contact with actual clients and patients. These experiences are vital to students developing both competence and self-confidence. It also assists the students to develop the ability to use what has been learned in the classroom in new and unfamiliar situations (de Tornyay & Thompson, 1987:145). The main goal of clinical facilitation is to produce competent, efficient and responsible professionals who are able to render high quality health care services to the clients and patients in any given situation. To practice as a competent and confident new graduate nurse, students must have both the theoretical information on which to base their care and have developed the clinical skills needed to implement the knowledge (Dunn & Hansford, 1997:1229-1306).

2.3 FACTORS THAT INFLUENCE CLINICAL FACILITATION

Walsh and Jones (2005:49) describe the exploration of tripartite collaboration in developing a strategic approach to the facilitation of practice learning. This paper focuses on the identification of multifaceted developments that facilitate effective practice learning for students. They emphasized that practice learning has many influences that can either enhance or undermine the students' ability to assimilate knowledge and experience into personal and professional practice.

According to Lofmark and Wikblad (2001:43) there are both facilitating and obstructing factors in the development of learning in clinical practice. The facilitating factors were identified as responsibility, independence, opportunities to practice different tasks and receiving feedback. The obstructing factors were identified as supervision that lacks continuity and a lack of opportunities to practice.

2.3.1 Placement area

2.3.1.1 Preparation of students for clinical placement

Some authors identify the preparation of students for clinical placement as a need for effective clinical facilitation. They consider the preparation of students to include basic theoretical knowledge that is associated with placement area. There are authors that argue that the need for students to be given adequate preparatory theoretical input prior to clinical exposure further limits opportunities for clinical access (Mannix et al., 2006:6).

2.3.1.2 Clinical placement area

Quality clinical learning should ideally occur in quality clinical environments. There is a need to ensure that rigorous processes are in place when selecting sites for student clinical learning. A number of tools exist to facilitate the assessment of the suitability of sites for student learning, for example the Clinical Learning Environment Evaluation Tool (Clare et al., 2003). Potential sites should be evaluated and audited to ensure suitability for student learning. Ideally, validated instruments as well as qualitative methods of collective insights from students and facilitators should be applied (Mannix et al., 2006:5). The clinical placement area evaluation is supported by a statement of Hughes (1998:225), namely the need for more empirical research into the characteristics of the workplace as a learning environment. Penman and Oliver (2004:2) anticipate that the evaluation of a clinical placement area will lead to collaborative partnership in clinical learning for students. It would meet the organization's expectations and fulfill the university requirements for course and placement evaluation.

An instrument was developed by the Discipline of Nursing and Rural Health, in collaboration with academics, clinicians and managers, in South Australia, to evaluate contextual learning, involvement and reflection of nursing students during clinical placement. This tool was used by Joy Penman and Oliver (2004:7), who found it to be beneficial in obtaining feedback on what is happening in the placement area and determining what can be done to maintain or improve the standard of those venues.

It is important to establish that the clinical venues being used extend theoretical knowledge and clinical learning, and provide continual feedback on performance and practice (Penman & Oliver, 2004:2). Penman and Oliver agree with Hughes (1998:225), who emphasized that students may have problems whilst in the placement areas and those problems need to be identified and addressed.

2.3.2 Communication

Other factors that influence clinical facilitation that have been identified by different authors include a lack of communication between the following:

- educational institutions and nursing services
- the clinical staff and clinical facilitators
- students and clinical facilitators

Spouse (2001:514) emphasizes the need for facilitators to recognize their role in communicating specific skills and scientific knowledge with the students to ensure that the students derive maximum benefit from all clinical opportunities. Sherpherd, Thomson, Davies and Whittaker (1999:378–379) believe that in order to facilitate learning in the clinical environment the practitioners need to be prepared to explain the curriculum content and inform the students of any changes. In their study the facilitators also stressed the importance of meeting and sharing information with the practitioners.

Bennett (2003:437) states that approachability, enthusiasm and good communication skills are the best abilities and qualities identified as being important to bring to student education in the clinical setting.

There is some evidence to suggest that sound and trusting interpersonal relationships between clinical teachers and learners are a crucial variable in achieving optimal learning outcomes (Dunn & Hunsford, 1997:1229-1306; Hart & Rotem, 1994:26-33; Lee, Cholowsk & Williams (2002:412-420).

The students need to see effective modeling of communication skills from their facilitators in the clinical area (Lopez, 1983:119–120). Constructive feedback is considered as opening the way to a relationship that is built on trust, honesty and genuine concern (Morgan & Irby, 1978:185–186).

2.3.3 Support

According to Field (2004: 560–565) Corlett (2000:499-505) believes that the key to being an expert is excellent facilitator support. Clifford (1993:285), in a study on the role of the tutor in clinical teaching, found that tutors state that their role is to mainly visit the wards, liaise with and support the students.

According to Mannix et al., (2006:5) the transfer of nursing education institutions to the tertiary sector has resulted in a loss of the sense of belonging to a group, group support and bonding of student nurses with experienced nursing professionals. They also argued that the loss of these aspects remains unacknowledged in the literature. They identified that the loss of these aspects has reduced the peer support available to nurses and has altered the nature of the nursing workplace.

Jackson and Mannix (2001:273) found that feeling accepted by clinical nurses was a key variable in students gaining maximum benefit from the planned clinical experience. Similarly, findings of a study of student nurses' perceptions about their clinical learning environments revealed the importance of staff-student relationships to clinical learning. The importance of student perceptions of acceptance from hospital staff was also noted (Dunn & Hansford, 1997:1299–1306).

Ferguson (1996: 835–841), in a study of the phenomenological exploration of the lived experience of clinical educators, found that the clinical educators also have a sense of 'belonging'. The theme 'not belonging' captured the idea that the clinical educators did not feel part of the team in the clinical placement area.

According to Penman and Oliver (2004:2–3) the clinical placement areas should be supportive and capable of nurturing meaningful learning and optimal performance in students. These authors also stated that, with support, the novice acquires the role and confidence to consolidate her/his practice.

2.3.4 Theory-practice gap

Literature concerning the theory-practice gap in nursing emphasized a lack of practice skills in nurses undergoing training (Camiah, 1996:396-407; Carlisle, Kirk & Luker,1999:455-462; Hewison & Wildman, 1996:754-761; UKCC, 1999). According to Lathlean (1995:374) the nursing education and training institutions are using different approaches to facilitate clinical teaching and learning as an attempt to bridge the theory-practice gap between nurse education and practice. Lauder, Sharkey and Booth (2003:39-44) identified that the root cause of the theory-practice gap is the difficulty to transfer the knowledge learned in one situation to another slightly different situation.

According to Clifford (1999a:171) quality in clinical practice is being reinforced through clinical governance. Confidence and competence could be viewed as components of quality. He emphasizes that competence and confidence in education and practice settings are requirements of lecturers and practice educators.

Corlett (2000:499-505) argues that there is strong evidence of discrepancy between classroom theory and the learning that takes place in the clinical area. He conducted experimental research in 2003 and found that the collaboration between service and education providers on lesson content and better sequencing of theory and practice

showed no difference in students' theory or practice scores with reference to variation in factors. They suggested that the type of placement that students complete at different stages in their preparation may be more important than close sequences of theory and practice.

The lecturer-practitioner posts are believed to be creating and developing a role that attempts to bridge the theory-practice gap (Lathlean, 1995:374). This statement was supported by Shepherd et al., (1999:373-385), who indicated that the lecturer-practitioner posts stemmed from concern about the difficulties experienced by both practitioners and educators in finding a match between what was being done in practice and what was being taught in theory. Although Lathlean (1995:375) argues that the suggestion that lecturer-practitioner posts should bridge a theory-practice gap, this is flawed as it is based on misconceptions of the theory-practice gap. The lecturer-practitioners felt they were able to bridge the gap.

2.3.5 Teaching and learning

The nursing discipline needs to be committed to the development of sustainable strategies for quality clinical education for students of nursing (Mannix et al., 2006:4).

According to Bennett (2003:432) in a study on perceived abilities/qualities of clinical educators, it was identified that clinical educators possess abilities and qualities of understanding teaching and learning. These abilities and qualities include approach and a process of teaching and learning, which is enhanced by their role in continuing professional development, their ability to manage and organize placements and to facilitate students' learning.

The responsibility of the clinical facilitator is to organize student learning in the clinical placement and to develop effective strategies for teaching and learning through practice (Lathlean, 1995:374).

The different nursing education and training institutions have used different approaches in order to ensure effective clinical teaching and learning. Each and every approach has its own problems. It is the responsibility of the management of the nursing and education institution to decide on which approach to be used. It is also their responsibility to evaluate the implemented approach in order to identify problems and to attend to those

problems accordingly, aiming at producing competent, responsible and efficient newly qualified nursing practitioners.

Penman & Oliver (2004:3) stated that learning is continuous, and the socialization of a student nurse with clients, nurses and other health professionals will further enrich the student's capacity to interact, reflect, collaborate and value the roles played by professional nurses.

According to Harvey, Loftus-Hill, Rycroft-Malone, Titchen, Kitson, McCormack and Seers (2002:577-588), as cited by Mannix et al,. (2006:5), the clinical educators also require additional skills and qualities such as flexibility, commitment, negotiation skills, leadership skills, personal and clinical credibility and communication skills.

Isles and Cupit (1996:4**)** identified the following characteristics of an effective clinical educator, namely: approachable, a good communicator, respectful and giving constructive feedback, ahead of being knowledgeable and clinically competent. The clinical educator should be interested in the learning process. Simultaneously, they identified the following characteristics of a clinical learner: theoretically prepared, having an appropriate knowledge base, willing to learn, and accepting constructive criticism. In addition, Neary (2000:92) added reinforcement, directing attention and promoting transfer of learning and skills on the qualities of effective teaching.

Landers (2000:1550-1556) suggested that the practice educator has the potential to provide learning students an understanding of what nursing is about.

Although lecturer practitioners are identified as the category that can bridge the theory-practice gap (Lathlean, 1995:374) the results of the evaluation of this role identified strengths and weaknesses. Packer (1994:3) identified limitations for the lecturers such as the academic staff may not know the hospital or ward routine. They are not familiar with policies and procedures. With students across a number of wards they struggle geographically to meet all the students' learning needs. Meeting outlined clinical responsibilities and providing sufficient supervision can be problematic. The students voiced frustration that the clinical educators are not available when needed (Nehls, Rather & Guyette (1997:220-227).

2.3.6 Assessment

According to Rowntree (1977) assessment helps maintain standards, monitor student progress and encourage students to develop the skills of self-assessment. During assessment the students' strengths and areas for improvement are identified. Therefore it can be a motivating factor for the students.

Nursing combines clinical skills and theoretical knowledge. Therefore it is necessary to assess the clinical competence of the nursing students (Mellish & Brink, 1990:309).. Entwhistle and Ramsden (1983:279-294) state that student learning is affected by the assessment methods used. It is important for the students to understand the process used in clinical practice to evaluate their competency. The facilitators need to inform the practitioners about the assessment process of the clinical performance of the students (Shepherd et al., 1999:378). Students should be informed of learning objectives, specific criteria and standards for each placement, against which they will be assessed (Isles & Cupit, 1996:4).

2.3.7 Time

Literature on clinical teaching in the field of nursing confirms that lecturers do not spend much time in the clinical situations because of other commitments such as classroom teaching, setting theoretical examinations, and therefore there is a lack of time. Clifford (1993:288), in an investigation into the tutors' perceptions of their time spent on clinical work, found that 60% of the tutors felt that they spent too little time on their clinical work. Lambert and Glacken (2005: 664) confirmed these findings, namely that there is a role conflict when a tutor acts as both theory teacher and practical teacher because the emphasis is on the theory.

Clifford (1996:606) found that tutors in a college who had contracted a specific time in the clinical areas worked with the students and those with a smaller number of wards spent more time with their students.

Cassimjee and Bhengu (2006:51), in their study on student nurses' perceptions on their contact time with stakeholders in their clinical instruction, stated that students believe that the ward sister is ideal for the role of clinical instruction since she is always in the ward and therefore has more time than the other role players. Unfortunately this belief is

contrary to the new clinical teaching changes, which demand that the tutor who teaches the theory at college should also teach the practical component of that area.

According to Penman and Oliver (2004:4) the amount of time needed in the clinical setting is still subject to debate. These authors cite Oliver (2002:2004), who drew attention to the importance of experience and the context of clinical learning in becoming competent in practice. The myth that more hours are necessary to assist students in their clinical learning and gaining experience was dismissed.

2.4 THE ROLE OF THE LECTURER-PRACTITIONER

A lecturer-practitioner's position was first developed in the United Kingdom in 1980.The lecturer – practitioner was responsible for lecturing in the nursing college and also practising nursing care in the clinical area. The aims for the development of this position were as follows:

- Mapping of variations in the roles and responsibilities of lecturers (Nurses lecturing in the nursing education and training institution) and clinical practitioners(Nurses placed in the clinical areas).
- Exploration of factors which promote or inhibit the role of the lecturer – practitioner.
- Identification of the most effective model that can be used in order to meet the criteria for clinical competence.

The other purpose of this approach was to bridge the theory-practice gap, and to form an integral part of a new system of managing nursing practice and facilitating nurse education. However, this approach has identified problems, one of which is that the lecturer-practitioner's role has become ambiguous (Burke,1993:374) as cited by Sherpherd (1999: 358).The factors that were contributing to the ambiguity were identified as a lack of standardization of the role of inception and role performance. There was a role conflict for lecturers between time for teaching and time for practice. Some lecturer-practitioners voiced difficulties posed by 'serving two masters'. The dedicated time for lecturers in practice appears to vary from being non-existent to a regular timetabled specification (Murphy, 2000:171).

According to Lathlean (1995:374) bridging the theory-practice gap and the role of the lecture-practitioner are considered an integral part of managing nursing practice and facilitating nurse education. Problems associated with this role were identified by Shepherd et al. (1999:383) in their qualitative study focusing on the role of the lecturer-practitioner. It was identified that there is a role conflict for lecturers between time for teaching and clinical practice. Although this approach seemed to have problems, some of the students believed that the lecturer-practitioners are able to see both perspectives (theoretical and practical) of the programme. The lecturer-practitioners have a better understanding of educational jargon, which enabled them to translate course content to practitioners to facilitate better understanding.

Findings of this study suggest the need for a tool to evaluate the effectiveness of the lecturer-practitioner's role, which would need to include an assessment of the expected outcomes of the lecturer-practitioner's role namely: enhancement of the quality of nursing care and student learning, professional development of staff and good relations between service and education (Shepherd et al., 1999:383).

Lathlean carried out empirical work on the evaluation of the role of the lecturer-practitioner in 1995. In her ethnographical study of five cases, which were the only instances of the phenomenon at the time, she identified that the role has strengths and weaknesses. She also argues that the idea of the lecturer-practitioner position is powerful although the organizational conditions have to be conducive for the functioning of the role (Lathlean, 1995:375).

According to the students' perceptions about the clinical environment as a learning environment the students did not consider the lecturer to be a facilitator for their clinical learning experiences. Cahill (1997:172) argues that whilst lecturers may agree on the importance of clinical practice they stop short at teaching students through hands-on care. Some authors believe that the nurse teacher's significance, as a facilitator of good clinical learning experience, seemed to be quite small (Papp, Markkanen & Bonsdorff, 2003:268). According to Wotton & Gonda (2004:122.) there is a perception of academics' having limited knowledge of the realities of clinical practice. This is also validated by Parker (1994:3). Academics supervising students are often unknown to the nursing team and thus offer little assistance in facilitating student engagement in the

team. Clinical credibility of academics and their role as clinical teachers clearly need to be addressed (Ferguson, 1996:835–841).

In order for clinical facilitators to perform their facilitative role effectively they need to have the qualities and skills that will enable them to perform. Furthermore, they require a personality that easily adapts so that they can have a good interpersonal relationship with their students. The students need to be facilitated by a skilled facilitator with a pleasant personality who will support them and be available for them (Lekalakala-Mokgele & du Rand, 2005:7).

2.5 APPROACHES USED FOR CLINICAL FACILITATION

The identification of needs of both the facilitators and the students is considered to be a key step in the development of a model for effective clinical learning (Lekalakala-Mokgele & du Rand, 2005:2). The nursing education and training institutions have introduced various clinical support personnel. The literature identifies problems that confront these individuals. However, an identified gap remains with a degree of ambiguity over who has prime responsibility for clinical teaching (Lambert & Glacken, 2006:359).

In 2005 Mannix et al. presented a paper on sustainable models for clinical education in nursing. They considered clinical education for undergraduate nurses within the current context of increasing resources and industry constraints. In this paper the authors call upon the nursing discipline to be committed to the development of sustainable strategies for quality clinical education for nursing students. This group argues that on completion of each clinical placement the students should be given an opportunity to evaluate the setting, their facilitation and the total learning experience. However, the question of how educational providers evaluate models of clinical teaching and learning remains deficient (Mannix et al., 2006:4).

2.5.1 Preceptorship

A preceptor is defined as an experienced nurse within a practice placement who acts as a role model and a resource for a student who is assigned to her or him for a specific period of time. The student role is to observe the various interactions and decisions that the preceptor is involved with during the course of her or his work (Quinn, 2000:247).

An investigation into the roles and functions of nurse preceptors in the clinical areas was conducted by Cele, Gumede and Kubheka (2002:41-51). According to this study, the nurse educators are unable to accompany student nurses adequately because of the shortage of staff. In this study the preceptor was identified as a professional nurse who accompanies student nurses in the clinical area.

Accordingly, Field (2004:560-565) believes a clinical facilitator who belongs to both clinical and educational worlds is ideally placed to promote a correlation between theory and practice. This is supported by Shepherd et al. (1999:383) in their case study on facilitating learning in the community with lecturer–practitioner posts. They stated that the lecturer–practitioner position is believed to be creating and developing a role that attempts to bridge the theory–practice gap between nurse education and practice.

2.5.2 Mentorship

A mentor is a qualified and experienced member of the clinical environment who enters into a formal arrangement to provide educational and personal support to a student throughout the period of the placement. The role of the mentor includes teaching, supervision, guidance, counseling, assessment and evaluation (Quinn, 2000:426).

Andrews and Roberts (2003:474-481) state that mentorship is widely relied upon not just as a support mechanism for students but also as a main vehicle for the activities associated with learning, teaching and assessment of practice.

2.6 CONCLUSION

In this chapter the researcher has presented an in-depth literature review about the concept of clinical facilitation, the factors influencing clinical facilitation, the role of the lecturer–practitioner and the different approaches used for the improvement of clinical facilitation.

CHAPTER 3
RESEARCH METHODOLOGY

3.1 INTRODUCTION

In the previous chapters the researcher has described the background and framework of reference required for this study. An in-depth literature study on clinical facilitation, factors that influence clinical facilitation, different approaches used to ensure quality clinical facilitation and the influence of effective clinical facilitation on the quality of patient care was described.

The purpose of this chapter is to describe the research methodology applied by the researcher. Methodological research is defined by Lobiondo-Wood and Haber, 2006:567) as “the controlled investigation and measurement of the means of gathering and analysing data”.

3.2 RESEARCH QUESTION

The research study was guided by the research question “What are the needs and problems of nursing students and tutors in clinical facilitation at the Lilitha Nursing College.

3.3 RESEARCH APPROACH

A descriptive, non- experimental approach was applied to describe and explore clinical facilitation at a nursing college in the Eastern Cape Province.

Descriptive research is defined as research that attempts to discover facts or describe reality (Sullivan, 2001:511).

The goal of an exploratory research is to obtain insight into a phenomenon. It is directed more towards simply describing what happens in certain situations or testing theories about these situations (Garbers, 1996:287).

3.4 GOAL OF THE STUDY

The aim of the study is to describe, explore and evaluate the clinical facilitation program at various campuses of a nursing college in the Eastern Cape Province.

3.5 OBJECTIVES

- To determine the clinical facilitation needs of student nurses at the nursing college.
- To determine the clinical facilitation needs of tutors at the nursing college.
- To determine clinical facilitation problems of learners at the nursing college.
- To determine clinical facilitation problems of tutors at the nursing college.
- To determine associations between clinical facilitation at the various campuses of the nursing college.

3.6 RESEARCH DESIGN

The research design of the research project is the overall plan for how to obtain answers to the questions under study. The research design as described by Burns & Grove (2003:494; 2007:553) is the “blueprint for conducting a study” It maximizes the control over various factors which may influence the validity of the findings; it guides the planning and implementation of the study that is most likely to achieve the intended goal.

Quantitative research measures data of any sort of measurement (de Vos., Strydom., Fouche & Delport 2005:132). According to Dane (1990:333-334) descriptive research examines a phenomenon to define or differentiate it from other phenomena. Exploratory research attempts to find whether or not a phenomenon exists.

For the purpose of this study the researcher adopted a quantitative research design. The quantitative research approach applied is both descriptive and exploratory.

3.7 POPULATION AND SAMPLING

3.7.1 Population

The research population refers to a set of entities in which all the measurements of interest to the researcher are present. This means that all the elements or individuals used in the research meet the sample criteria for inclusion in the research study as set out by the researcher before the research begins (Burns and Grove, 2007:549). The population for this study was the nursing students in their fourth year of study and tutors of a nursing college in the Eastern Cape Province. The students were following the basic nursing education and training diploma programme leading to registration as a nurse (general, psychiatric and community) and midwife according to Regulation 425:1985 as

promulgated from the Nursing Act No 50 of 1978. The tutors who participated were involved in the education and training of the students following the diploma in basic nursing. Males and females between 21 – 60 years of age were included in the population.

The Nursing College consists of five (5) campuses. The total number of fourth year student nurses is 331. The distribution of fourth year student nurses is as follows and as shown in table 1.1:

- Port Elizabeth campus = 53
- Mthatha campus = 29
- Queenstown campus = 92
- East London campus = 128 of which 111 is in East London main campus and
- 17 in Butterworth satellite campus
- Lusikisiki campus = 29.

The final total population for this study at the time of data collection consisted of four (4) campuses (222) students. The decrease in numbers was due to the following reasons:

- Queenstown campus (92) was not included in the research project because permission was not obtained timeously from the principal of the campus.
- Secondly the Butterworth Campus (17 students) a satellite campus of East London phased out the 4-year Nursing Diploma Programme in 2006.

3.7.2. Sampling

A sample is a part or fraction of a whole, or a subset of a large set, selected by the researcher to participate in a research project (Burns & Grove, 2003:495; Burns & Grove, 2007:554; Lobiondo-Wood & Haber, 2006:572).

A convenient sample for this study was drawn from the nursing students who were in their fourth year of study and tutors of the campuses of the nursing college as defined. The sample was drawn from four (4) campuses: East London, Port Elizabeth, Mthatha and Lusikisiki. A sample of the fourth year students was able to provide the required data of for the purpose of this study.

A sample of 100 (45%) of the total population of 222 of fourth year student nurses participated in this study. A 40 % stratified random sample was planned for the purpose of this study, but at the time of data collection convenient sampling method was applied. The researcher included all available students who were in the classroom at the time of data collection as many were in the clinical area busy with preparation for practical examinations.

The total number of tutors in the Nursing College is 126. (Table 1.2). 35 (28%) of the total population of tutors participated in the study. All the tutors who were available at the time of data collection were included in the sample as many were not available.

3.7.3 Sample criteria

- Nursing students in the fourth year of study
- Tutors with more than one year of service
- Participants who gave informed written consent

3.8 INSTRUMENTATION

A questionnaire is a set of questions which is intended to be completed by the respondent in respect of the research project (Lobiondo-Wood & Haber, (2006:570) indicates that a questionnaire is a “paper and pencil” instrument designed to gather data from individuals. The instrument is intended to elicit information through verbal or written responses from a subject.

For this study a self-administered questionnaire was developed for both tutors and students. The questionnaire developed consisted of four (4) pages (see Annexure A). The average time allowed for the completion of the questionnaire was thirty (30) minutes.

3.8.1 Design and content of the questionnaire

The questionnaire was developed after an in-depth literature study. The aim of the questionnaire was to evaluate clinical facilitation at a nursing college in the Eastern Cape Province.

The focus areas of evaluation were the following: clinical placement areas, clinical teaching and learning and clinical assessment.

The questionnaire used (Annexure A) consisted of thirty seven (37) closed-ended questions. A 5-point Likert- scale (1- Strongly agree; 2- Agree; 3- Disagree and 4- Strongly disagree and 5 – Not applicable) was used to identify what needs were important to the individual participant. The respondents were required to answer the questions by marking with a cross "X" where applicable. According to Lobiondo-Wood and Haber, (2006:566) Likert-type scales are lists of statements for which respondents indicate whether they "strongly agree" "agree" "disagree" or "strongly disagree".

The instrument was divided into Sections A, B and C as shown in table 3.1. Section A focused on demographic information which created a profile of the participant consisting of questions 1- 7. It also included the institution indicating the origin of the participant, which enabled the researcher to compare the needs and problems of the different campuses of the nursing college. The other aspects which were included in the profile were age, gender, years of service as a tutor, years of service as a tutor / clinical facilitator, and years of service in the present institution.

Section B focused on the clinical facilitation related statements. Question 1 – 18 were applicable to clinical placement area; question 19 – 29 were applicable to clinical teaching and learning and 30 – 36 were applicable to clinical assessment and 37 focused on whether clinical facilitation should be done by tutors or not.

All the questions were coded as required for statistical analysis on the computer.

Table 3.1: Content of the questionnaire

SECTION A **Demographic: Profile of Participant.**	**SECTION B** **Clinical Facilitation related Statements**	**SECTION C** **Yes / No**
Demographic Data: Questions 1 – 7	Clinical Placement Area Questions: 1-18 Clinical Teaching and Learning Questions: 19-29 Clinical Assessment: Questions 30-36	Question 37: Focused on whether clinical facilitation should be done by tutors or not.

3.9 RELIABILITY AND VALIDITY

Reliability is concerned with the consistency of a measurement technique. Validity refers to the degree to which measurement instrument measures what it is intended to

measure (Burns & Grove 2003:494, 500; Burns & Grove2007:552, 559; Lobiondo-Wood & Haber, 2006:571, 575).)

The validity and reliability of the study was ensured by the guidance of a nurse specialist, educator, research methodologist and statistician. A pilot study was also conducted to test the instrument for any ambiguity and inaccuracies. It was conducted on the East London Campus and the results of the pilot study were not included in the actual study. The questionnaire was examined and approved by a statistician and a nurse specialist and educator before utilisation to ensure that it could be used and analysed meaningfully. In addition the researcher collected all data personally.

3.10 PILOT STUDY

A pilot study is defined as a smaller version of a proposed study. It is conducted under similar circumstances as the actual study with the purpose of refining the methodology (Burns and Grove, 2007:549).

The questionnaire was tested on a smaller group of participants to check for ambiguity and weaknesses. It was envisaged that 133 students would form the sample for the actual study but only 4.5% (6) students voluntarily participated in the pilot study instead of the planned 10%. A sample of 50 tutors was planned for the actual study and consequently a sample of 12% (6) tutors voluntarily participated in the pilot study.

The tutors and students who participated in the pilot study were not included in the actual study.

3.11 DATA COLLECTION

Burns and Grove (2007: 536) define data collection as the identification of subjects and the precise, systematic gathering of information relevant to the research purpose or the specific objectives, questions or hypotheses of a study. The data was collected by the researcher through a structured, self-administered questionnaire. The time for the completion of the questionnaire was thirty (30) minutes. The questionnaires were distributed to four campuses. The total number of questionnaires, 182 distributed to participants included both tutors and students, of which 135 (74 %) were completed and returned. 138 questionnaires were distributed to the students of which 100 (72 %) were

completed and returned. 44 questionnaires were distributed to the tutors of which 35 (71 %) were completed and returned. The researcher collected the data personally.

3.11 LIMITATIONS

- The National Government strike of 2007 caused a delay in the data collection as the nursing colleges were also participating in the strike
- The Queenstown and Butterworth campuses were not included as described in paragraph. 3.6.1. Permission was not given timeously.

3.12 DATA ANALYSIS

Descriptive analysis was applied with the assistance of a statistician. The data were analyzed using a computer Software Package for Social Sciences (SPSS). Demographic data and responses from the questionnaires were analyzed through frequency counts. The statistical associations between the various variables were calculated with reference to clinical facilitation using chi-square tests. The results of this study were presented in percentages, frequencies, tables and histograms..

3.13 ETHICAL CONSIDERATIONS

Permission for conducting the research study was obtained from the Epidemiology and Research Surveillance of the Department of Health Eastern Cape Province (Annexure C), College Head of Lilitha Nursing College of Eastern Cape Province (Annexure D), Committee for Human Research at the University of Stellenbosch.(Annexture E) and the permission from the principals of the four (4) campuses of the nursing college (Port Elizabeth, Mthatha, Lusikisiki and East London) was obtained telephonically..

The questionnaires were given to the prospective participants with full information about the research study, their participation, the conditions of their participation and their rights with regard to their participation. The participants participated voluntarily in this research study and a consent form was signed by those who were willing to participate. The participants had the right to withdraw at any time without repercussion or penalty. Confidentiality and anonymity were assured. The participants were given a consent form (Annexure B) to sign and this was handed in separately from the questionnaires to have ensured anonymity. The questionnaires were distributed personally and collected by the researcher.

3.14 CONCLUSION

In this chapter the researcher has provided a review of the methodology of this research study. The various steps in the research process, goals and objectives were outlined and described. The next chapter will present an analysis and an interpretation of the research findings.

CHAPTER 4
ANALYSIS AND INTERPRETATION OF RESEARCH FINDINGS

4.1 INTRODUCTION

In this chapter the results of the research study will be presented and interpreted. The data are predominantly quantitative.

4.2 DESCRIPTION OF STATISTICAL ANALYSIS

The data are presented in the form of frequency distribution tables. Bar charts were created from the frequency distribution tables. A follow up confirmatory analysis to test for equality of proportions across the levels of the variables was carried out using the chi-squared test. The chi-squared test for independence was also used to test for associations between demographic variables and the responses to the questions on tutor and student needs in relation to clinical facilitation. Due to sparseness of the contingency tables for the two-way cross classifications between demographic data and responses to the questions under study, the responses were collapsed to represent agreement and disagreement only. No applicable responses were excluded from the analysis.

In the cases in which statistically significant associations were detected, the strength and direction of the respective associations was assessed using odds ratios. The odds ratio (OR) is defined as the measure of association that best describes the analysed data in case control studies (Lobiondo-Wood & Haber, 2006:497). Odds ratios were generated through logistic regression of the binary responses resulting from the collapsing of the responses into agree and disagree.

The chi-squared tests for goodness of fit show that the responses were not equally distributed across the categories of the variables for all the variables. Only some selected variables had statistically significant associations with the demographic variables.

The chi square test, a test for significance is used to quantify the degree to which chance variability may account for the results observed in any individual study.

The p-value is the measure reported from all tests of statistical significance. It is defined as the probability that an effect at least as extreme as that observed in a particular study could have occurred by chance alone. If the p-value is greater than 0.05 by convention the chance cannot be excluded as a likely explanation and the findings are stated as not statistically significant at that level (Hennekens & Burning, 1987:108). Therefore the 95% confidence interval will be applied to determine whether there is an association between variables.

4.3 SECTION A: BIOGRAPHICAL INFORMATION

This section refers to personal data of the participant and it consists of seven questions with seven variables.

Variable 1: Institution

Table 4.1 shows the number of participants from each campus. The sample consists of 135 participants: 25% of the population.

Table 4.1: Campuses of the nursing college (N=135)

	SAMPLE		**POPULATION**	
Campus	**N**	**%**	**N**	**%**
Port Elizabeth	33	24.44	83	26
Mthatha	20	14.81	44	14
East London	64	47.41	156	49
Lusikisiki	18	13.33	36	11
TOTAL	**135**	**100**	**319**	**100**

Variable 2: Age

Table 4.2 shows the age range of the participants. The majority of participants 59 (39.3%) are 21–30 years of age.

Table 4.2: Age range of participants (N=135)

Age range	N	%
21–30	53	39.3
31–40	40	29.6
41–50	42	31.1
TOTAL	**135**	**100**

Variable 3: Gender

Participants included in the study were males and females. The majority of participants were females. This could be attributed to their dominance in the nursing profession.

Table 4.3: Gender (N=135)

Gender	N	%
MALE	22	16.3
FEMALE	113	83.7
TOTAL	**135**	**100**

Variable 4: Position

Table 4.4 shows the number of students 100 (74.07%) and tutors 35 (25.9%) who participated in the study.

Table 4.4: Position (N=135)

Position	N	%
Tutor	35	25.93
Student	100	74.07
TOTAL	**135**	**100**

Variable 5: Years of service as a tutor

Table 4.5 shows the number of years of service as a tutor.

Table4.5: Years of service as a tutor ((N=35)

Service as a tutor in years	N	%
1–2	14	40
3–4	5	14
5–6	5	14
> 6	11	32
TOTAL	**35**	**100**

Variable 6: Years of service as a tutor/facilitator

Table 4.6 shows years of service of the tutor/facilitator: 15 (43%) of the participants have between 1 and 2 years of service.

Table 4.6: Years as a tutor/facilitator (N=35)

Service as a tutor/facilitator in years	N	%
1–2	15	43
3–4	4	11
5–6	3	9
> 6	13	37
TOTAL	**35**	**100**

Variable 7: Years of service at the present institution

Table 4.7 shows the number of years of service at the present institution: 13 (37%) of the staff have between 1 and 2 years and 12 (34%) more than six years of service

Table 4.7: Years of service at the present institution (N=35)

Service in the present institution in years	N	%
1–2	13	37
3–4	6	18
5–6	4	11
> 6	12	34
TOTAL	**35**	**100**

4.3.1 Number of tutors of Lilitha nursing college

Table 4.8 shows the number of tutors participated in this study. The majority of tutors are from the East London campus.

Table 4.8: Number of tutors participated in the study (N=35)

Campus	**N**	**%**
East London	16	46
Lusikisiki	2	6
Port Elizabeth	11	31
Umtata	6	17
TOTAL	**35**	**100**

4.4. SECTION B: NEEDS OF TUTORS AND STUDENT NURSES IN RELATION TO CLINICAL FACILITATION.

Due to sparseness of the contingency tables for the two-way cross classifications between demographic data and responses to the questions under study the responses were collapsed to represent agreement and disagreement only. No applicable responses were excluded from the analysis.

Responses to the issues raised in the questionnaire depended significantly and predominantly on the position held by the respondent and the institution although gender and age had significant effects on some of the responses. To interpret these associations, odds ratios were computed for each association, the results of which are discussed below. However, for some of the associations detected as statistically significant using the chi-squared test their strength was found to be statistically insignificant when included in the logistic regression model. This suggests that the significance of their associations disappear when included in the same model with other variables.

Variable 8. planning of Clinical Placement Dates before placement of students to the clinical facilities

Figure 4.1 shows the responses of the individual campuses to preplanning of placement dates. Participants from the East London campus are less likely to agree that placement dates are pre-planned than to disagree with that compared to those from the Port Elizabeth campus. Those from all the other campuses do not differ from the ones at the Port Elizabeth campus in this regard.

A statistical association was identified between preplanning of clinical placement dates and campuses ($p = 0.0066$).

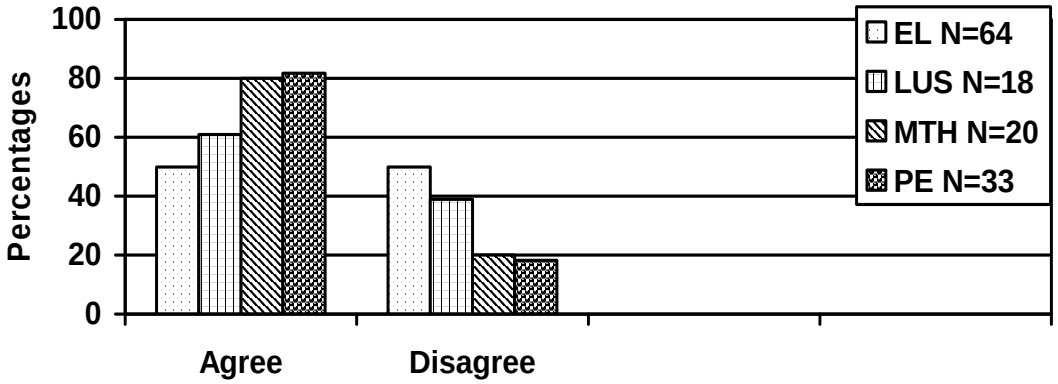

Figure 4.1: Response of campuses to preplanning of clinical placement dates

Figure 4.2 shows the responses of the tutors and students to preplanning of the placement dates. A statistical association is identified between preplanning of clinical placement dates and the position, i.e. students and tutors p = 0.0017. The analysis shows that tutors overwhelmingly agree 30 (85.71%) that student placement dates are decided in advance of the actual placement. There is a slight difference between students agreeing 56 (56%) and students disagreeing with this 44 (44%).

a) Besides the difference between institutions as shown in Figure 4.1 it was also observed that tutors are about five times as likely to agree than to disagree that placement dates are pre-planned compared to students at various campuses (OR = 4.856, 95%CL (1.668; 14.142)), as shown in Figure 4.2.

There is a need to improve preplanning of placement dates.

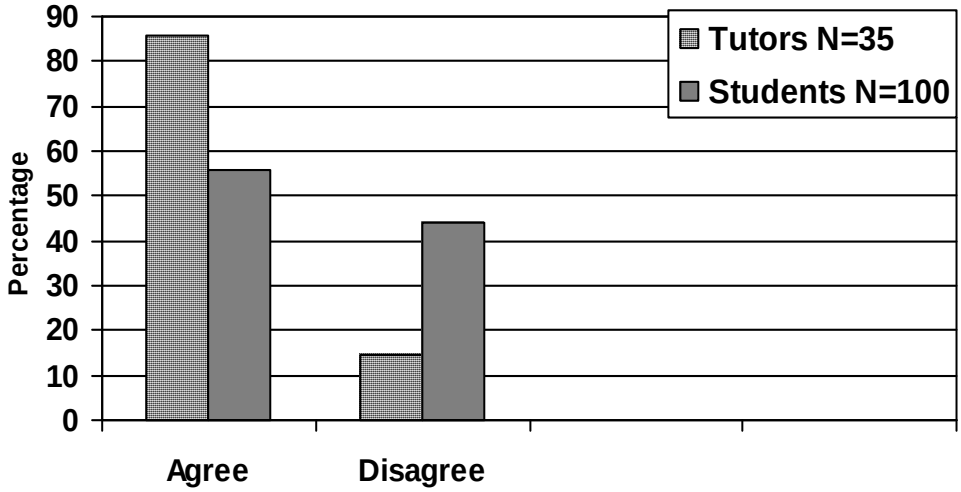

Figure 4.2: Response of tutors and students to pre-planned clinical placement dates

Variable 9: publication of placement dates PRIOR TO the placement of students in placement areas

Figure 4.3 shows the response of tutors and students to pre-publication of clinical placement dates. Both students and tutors agree that placement dates are published in advance and the pattern of agreement is the same as in the previous case. A statistical association was identified between the position and the prepublication of placement dates (p = 0.0026). Tutors are also about five times as likely to agree than to disagree that placement dates are prepublished compared to students in all irrespective of campus, age or gender (OR = 4.955, 95%CL (1.623; 15.128).

There is a need to improve pre-publishing of placement dates.

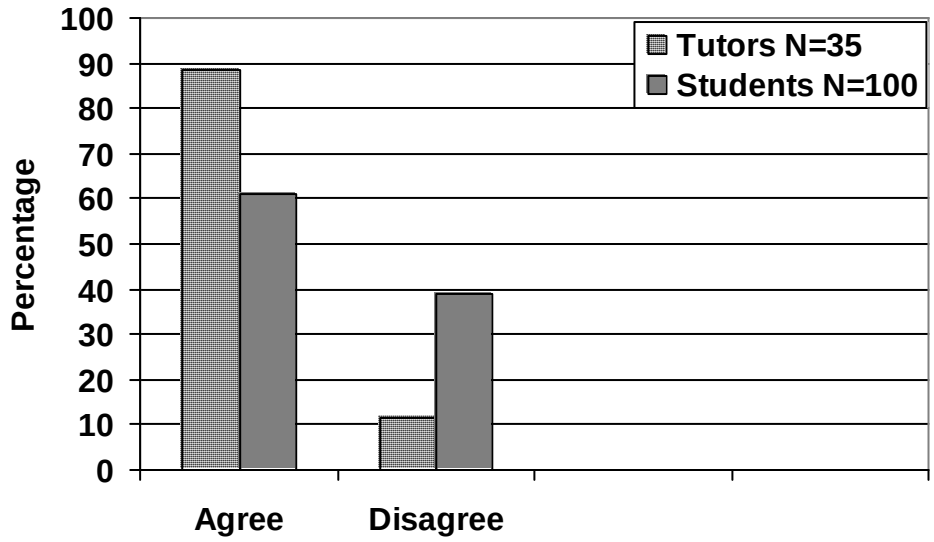

Figure 4.3: Response of tutors and students to pre-publication of clinical placement dates

Variable 10: Availability of THE Manual of rules, regulations AND procedures prior to commencement of clinical placement

Figure 4.4 shows that 73% of the participants from East London are less likely to agree that manuals are distributed in advance of placement compared to those from any other campus (OR = 0.146, 95%CL (0.054; 0.398). A statistical association was identified between availability of manuals prior to clinical placement and the campuses (p = < 0.0001).

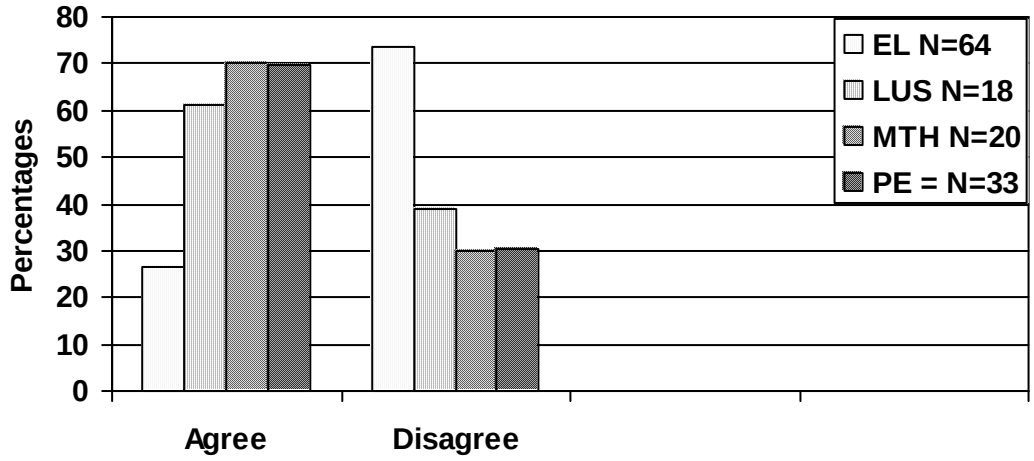

Figure 4.4: Response of the campuses to availability of manuals prior to clinical placement

Figure 4.5 shows that tutors are about three and half times as likely to agree that manuals are pre-distributed to students compared to students (OR = 3.525, 95%CL (1.07; 11.61).

A statistical association was identified between availability of manuals prior to clinical placement and the position (i.e. students and tutors) (p = 0. 0014 students to the clinical areas.

A need exists for the availability of manuals of rules, regulations and procedures to be available prior to commencement of the clinical placement of the student.

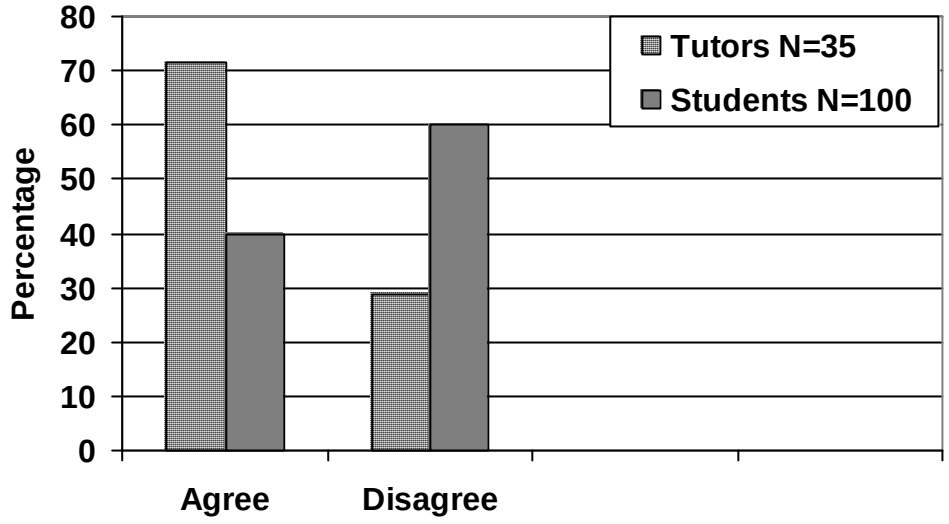

Figure 4.5: Response of tutors and students to availability of manuals prior to clinical placement

Variable 11: Structured orientation programme for facilitators in the placement areas.

Figure 4.6 shows that there are more participants from East London (77%) and Port Elizabeth (67%) that disagree that facilitators are given some structured orientation before clinical facilitation. The participants from the Lusikisiki (89%) campus are far more likely to agree (about 16 times) that there is a structured orientation programme for facilitators at the clinical facilities compared to those from Port Elizabeth (OR = 16, 95%CL (3.108; 82.358). A statistical association was identified between the campuses and the orientation of clinical facilitators (p = <0.0001). According to these findings

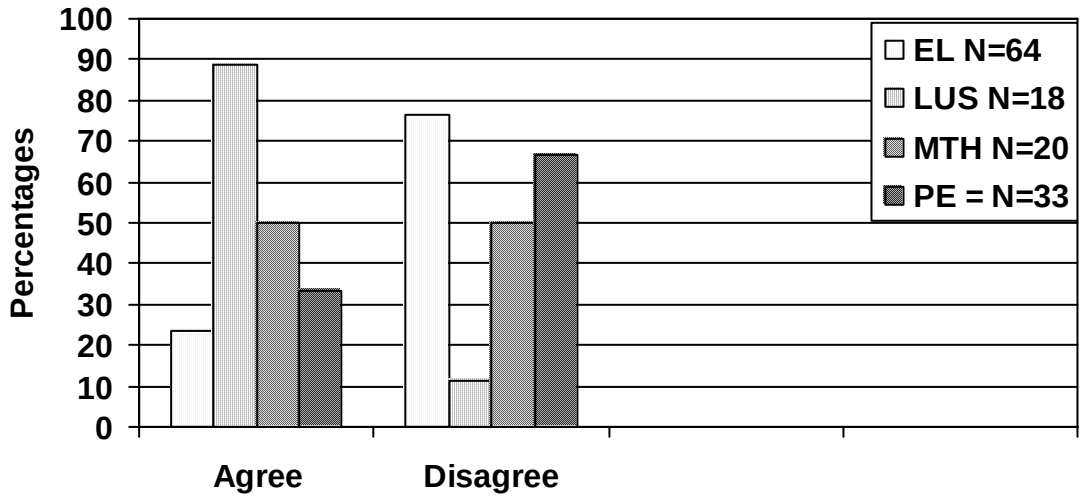

Figure 4.6: Response of the campuses to orientation programme for facilitators in the clinical facilities

Figure 4.7 shows that students are more likely to disagree (65%) than the tutors who are less likely to disagree, (51%) that an orientation programme for clinical facilitators is available in the clinical facilities. Tutors are almost equally split between agreement and disagreement.

A need has been identified for a structured orientation for facilitators.

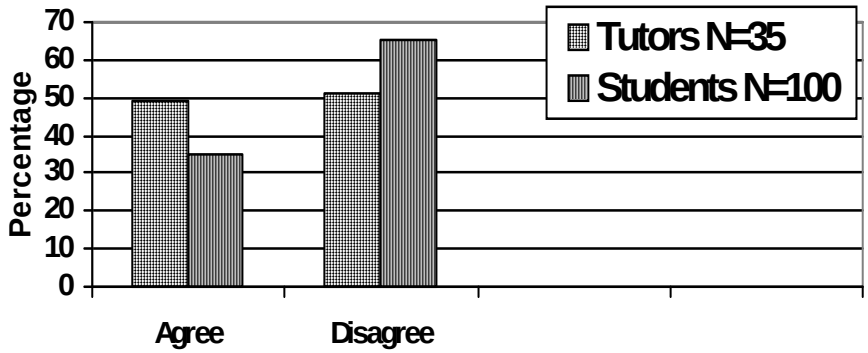

Figure 4.7: Response of tutors and students to orientation programme for clinical facilitators in the clinical facilities

Variable 12: Structured orientation programme for students in the placement areas

Figure 4.8 shows that the participants from East London are more likely to disagree (70%) rather than agree that there is a structured orientation programme for students at the clinical facilities compared to the other campuses, while Lusikisiki (77%) is more likely to agree than to disagree that there is a structured orientation programme for students at the clinical facilities (OR = 4.839, 95%CL (1.242; 18.845)). Female participants are more likely to agree than to disagree on this issue compared to males (OR = 4.692, 95%CL (1.318; 16.707). A statistical association was identified between the campuses and the orientation of students (p = 0.0069).

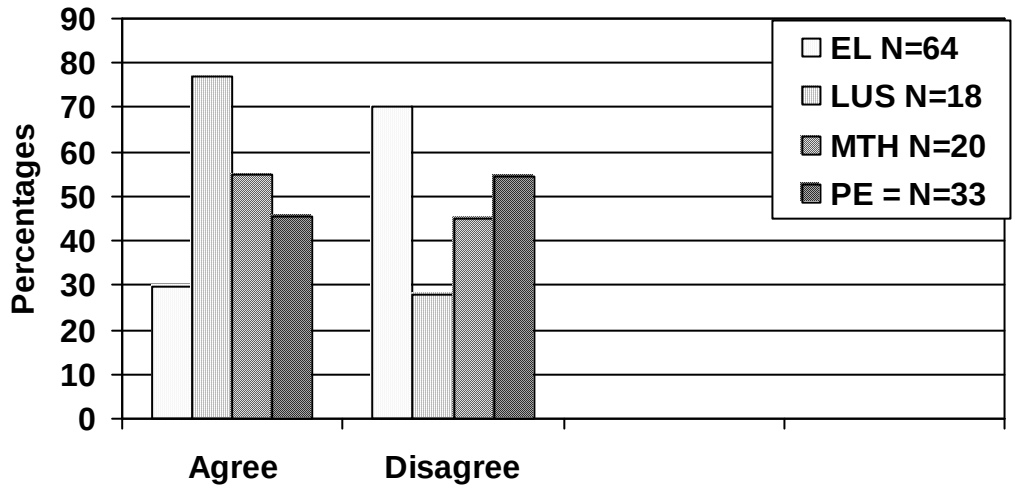

Figure 4.8: Response of the campuses to orientation programme for students in the clinical facilities

Figure 4.9 shows that students are more likely to disagree (62%) in comparison to the tutors (43%) that there is a structured orientation programme for students. It is a concern that 43% of tutors do agree that there is no orientation programme for the students. A statistical association was identified between the orientation programme and position (p = 0.049).

A need has been identified for a structured orientation for students.

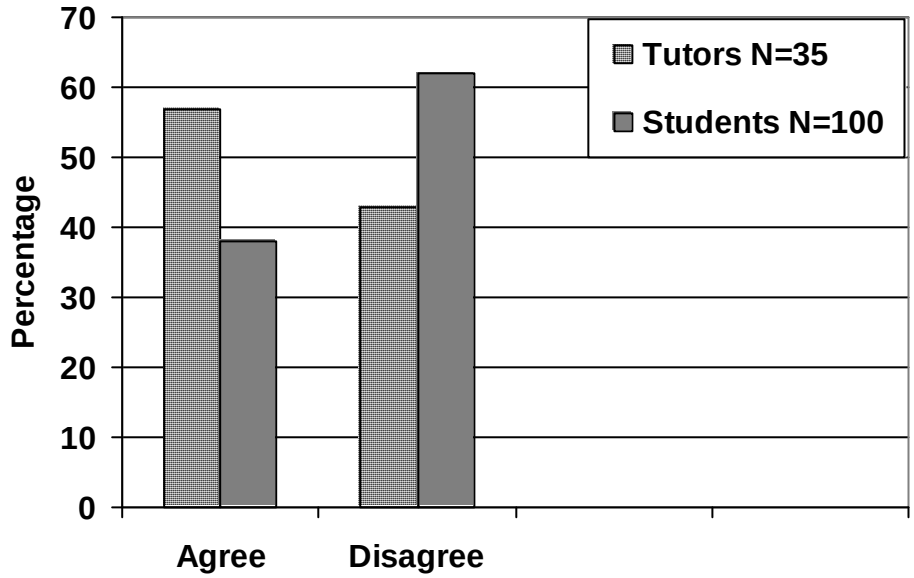

Figure 4.9: Response of tutors and students to orientation programme for students

Variable 13: Effective communication between students and clinical facilitators about learning outcomes for clinical placements

Figure 4.10 shows that participants from East London (56%) are less likely to agree than to disagree that there is communication between students and facilitators with regard to learning outcomes compared to those from the Port Elizabeth campus (61%) (OR = 0.365, 95%CL (0.143; 0.936). Those from Lusikisiki (67%) and Mthatha (65%) are just as likely to agree or disagree as those from Port Elizabeth. A statistical association was identified between student/facilitator communication and campuses (p = 0.0492).

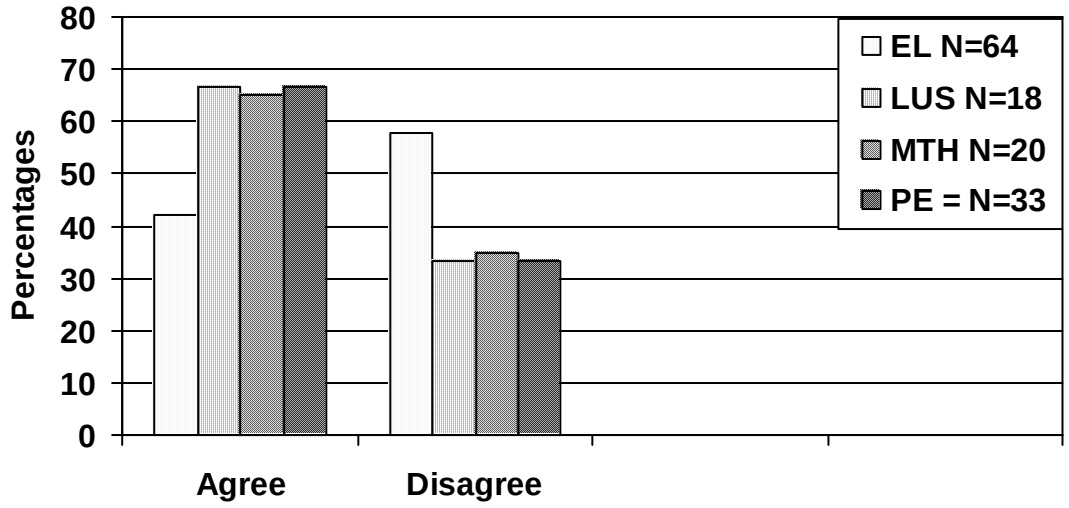

Figure 4.10: Response of the campuses to effective communication between the students and clinical facilitator about learning outcomes

Figure 4.11 shows that, as in the previous cases, tutors are more likely (about 6 times) to agree (83%) that there is communication between facilitators and students as compared to students (OR = 6.636, 95%CL (2.445; 18.009).

A need exist for effective communication between students and clinical facilitators.

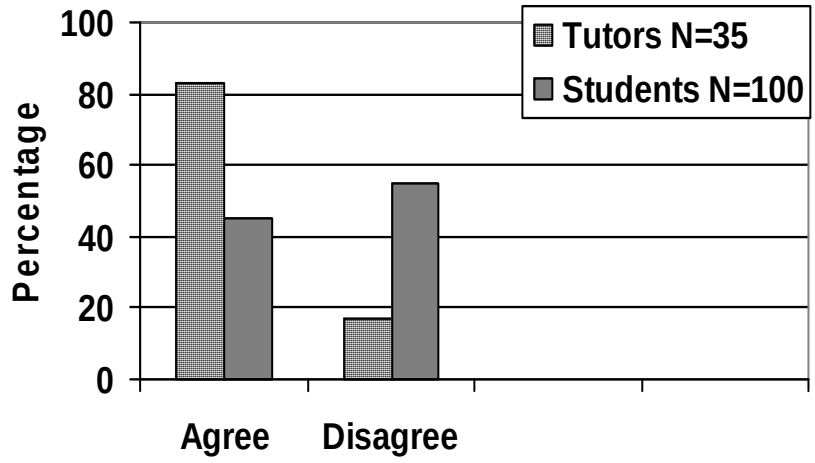

Figure 4.11: Response of tutors and students to effective communication between students and clinical facilitators about learning outcomes

Variable 14: Effective communication between clinical facilitators and clinical staff about learning outcomes for clinical placements

Figure 4.12 shows that participants from Lusikisiki are more likely to agree (78%) that there is communication between clinical staff and facilitators with regard to learning outcomes compared to those from the Port Elizabeth campus (64%) (OR = 6.611, 95%CL (1.683; 25.968).

Again, tutors are more likely to agree than to disagree that there is communication between facilitators and clinical staff compared to students (OR = 5.558, 95%CL (2.299; 13.439). A statistical association was identified between communication of learning outcomes by clinical facilitators and clinical staff and institutions (p = 0.0095).

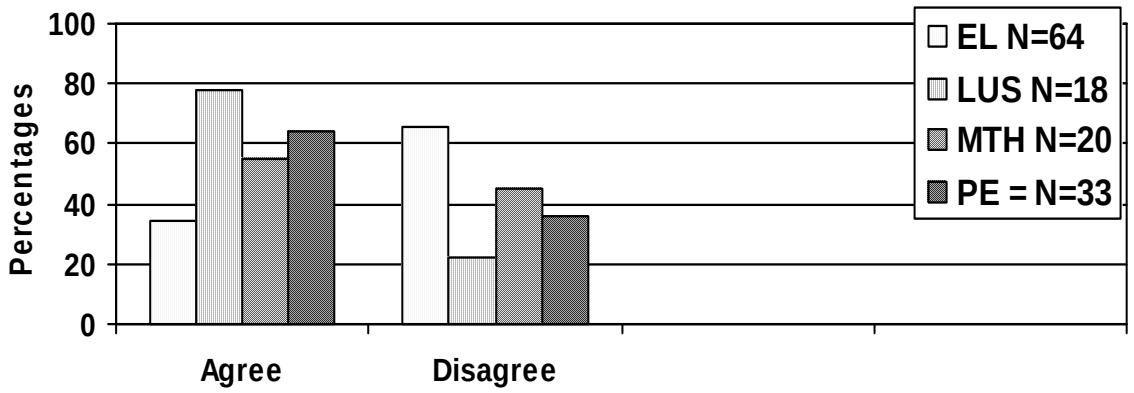

Figure 4.12: Response of campuses to effective communication between the clinical facilitators and clinical staff about learning outcomes

Figure 4.13 shows that tutors are more likely to agree (71%) that there is communication between facilitators and clinical staff compared to students (OR = 5.558, 95%CL (2.299; 13.439). There was also a statistical association between communication of learning outcomes by clinical facilitators and position (p = 0.0004).

A need for improvement in communication between clinical facilitators and clinical staff was identified.

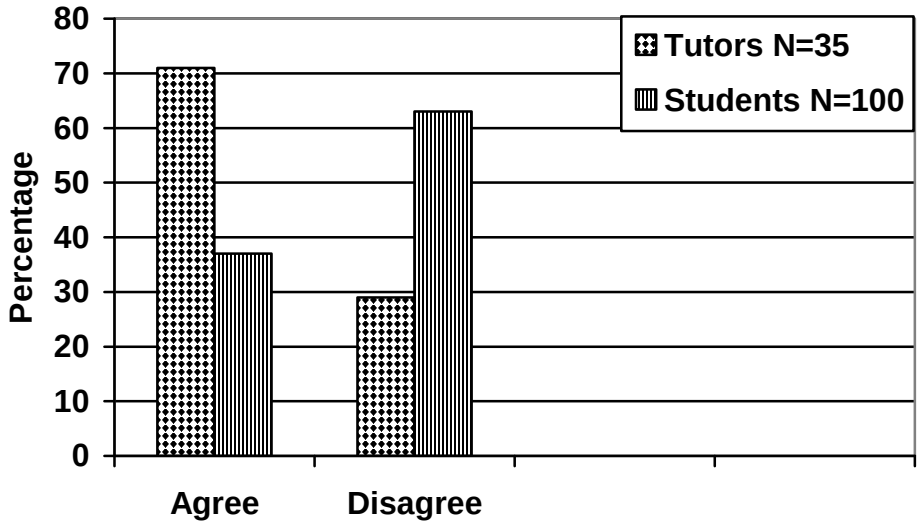

Figure 4.13: Response of tutors and students about facilitator-clinical staff communication about learning outcomes

Variable 15: Effective communication between clinical staff and students about learning–outcomes for clinical placements

Figure 4.14 shows that campuses are almost equally split between agreement and disagreement. A statistical association was identified between communication of student learning outcomes by clinical staff and position (p = 0.0027).

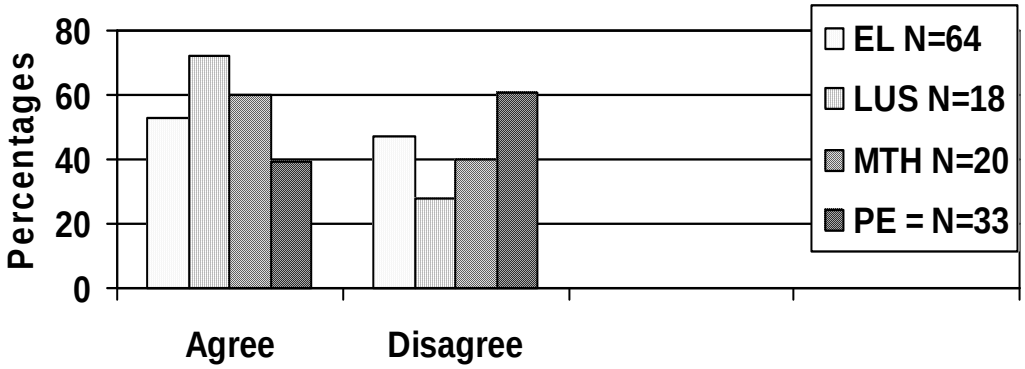

Figure 4.14: Response of campuses to effective communication between clinical staff and students about learning outcomes

Figure 4.15 shows, as in the previous cases, that tutors are more likely to agree than to disagree that there is communication between clinical staff and students as compared to students (OR = 3.843, 95%CL (1.537; 9.608).

A need for improvement in communication between clinical staff and students was identified.

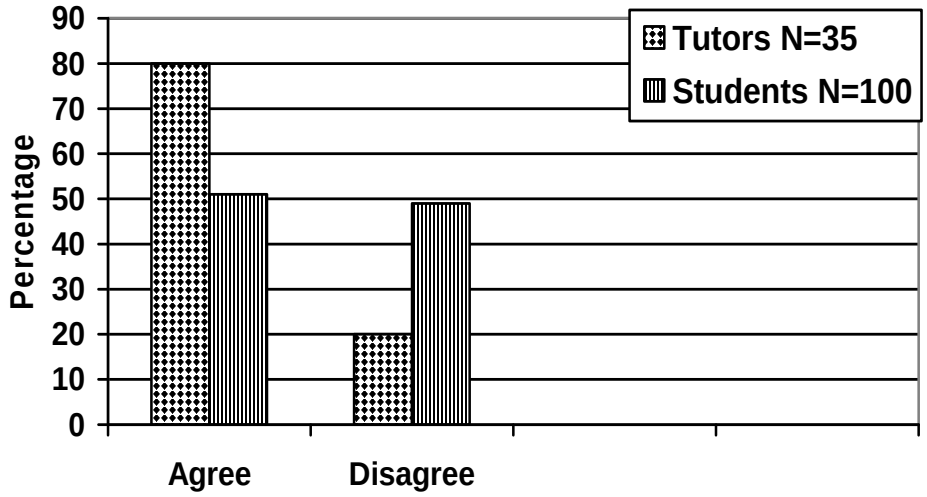

Figure 4.15: Response of tutors and students about effective communication between clinical staff and students about learning outcomes

Variable 16: Effective communication between students and clinical facilitators about their expectations during clinical placements.

Figure 4.16 shows that participants from Lusikisiki (72%) and Mthatha (70%) are more likely to agree that there is effective communication between clinical facilitators and students.

A need for improvement in communication about expectations during clinical placement between clinical facilitators and students was identified.

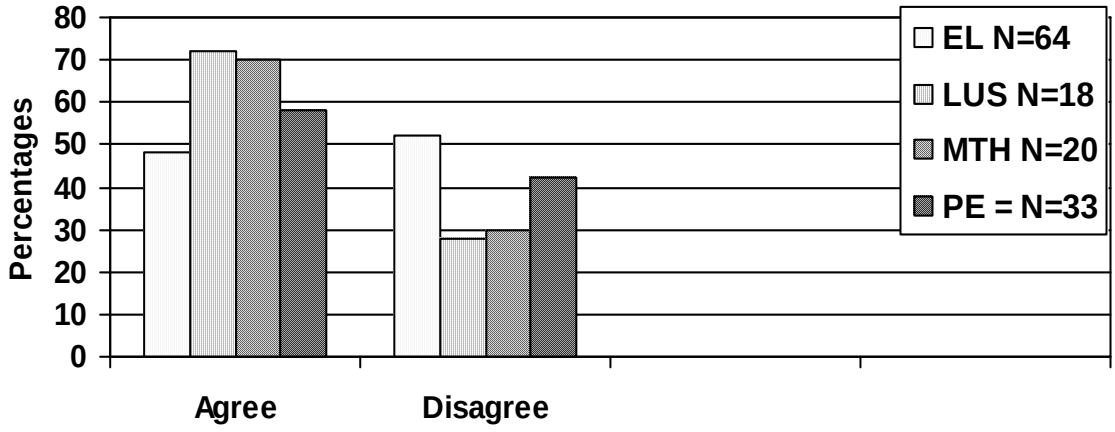

Figure 4.16: Response of campuses to effective communication between the clinical facilitators and students about their expectations during clinical placement

Variable 17: Effective communication between clinical facilitator-clinical staff about expectations during clinical placement

Figure 4.17 shows that only the PE (70%) (OR = 5.526, 95%CL (1.526; 20) campus is more likely to disagree that there is effective communication between the facilitator-clinical staff. East London participants were equally likely to agree or disagree as those from Lusikisiki. A statistical association was identified between communication of expectations by clinical facilitators and campuses (p= 0.0019).

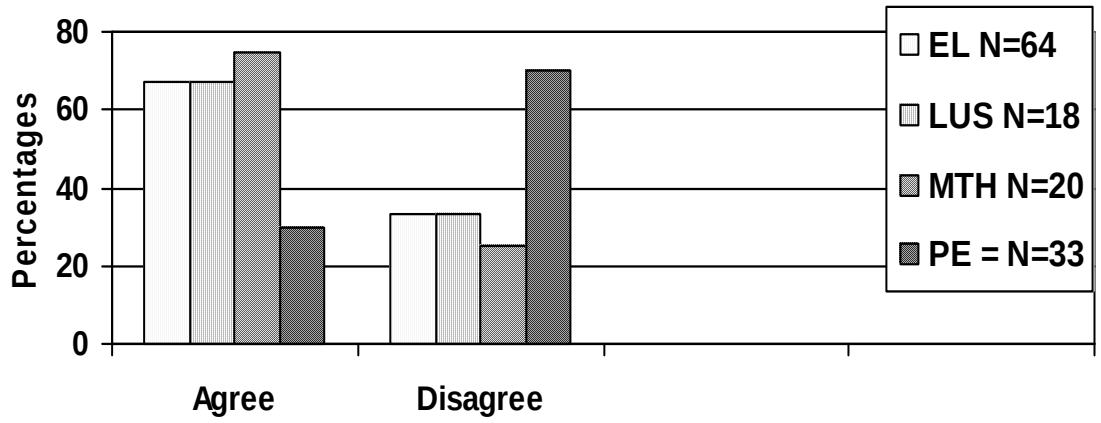

Figure 4.17: Response of campuses to effective communication between the clinical facilitators and clinical staff about expectations during clinical placement

Figure 4.18 shows that tutors (66%) are more likely to agree that there is effective communication between clinical facilitators and clinical staff than students who are more likely to disagree (62%). A statistical association was identified between communication of expectations by clinical facilitators and position (p = 0.0046) (OR = 4.009, 95%CL (1.675; 9.596). A need for improvement in communication between clinical facilitators and clinical staff about expectations during clinical placement exists.

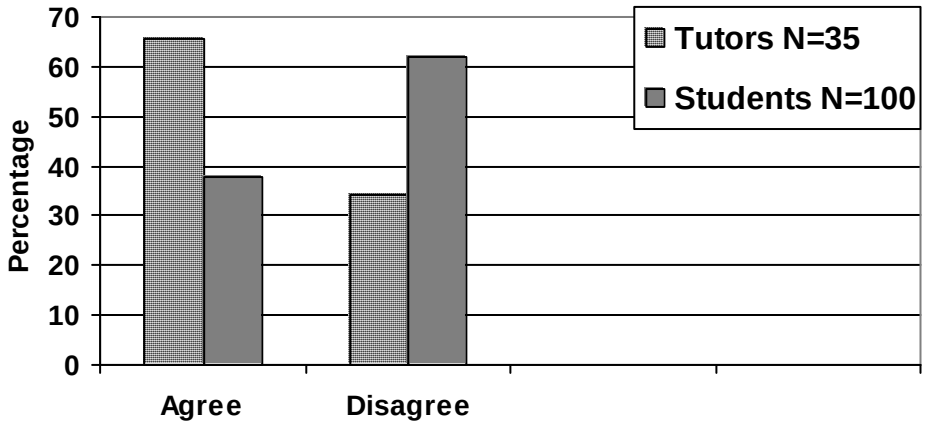

Figure 4.18: Response of tutors and students about effective communication between facilitators and clinical staff about expectations during clinical placements

Variable 18: Effective communication between clinical staff and students about their expectations during clinical placements

Figure 4.19 shows that the majority of campuses are more likely to agree there is effective communication between students and clinical staff.

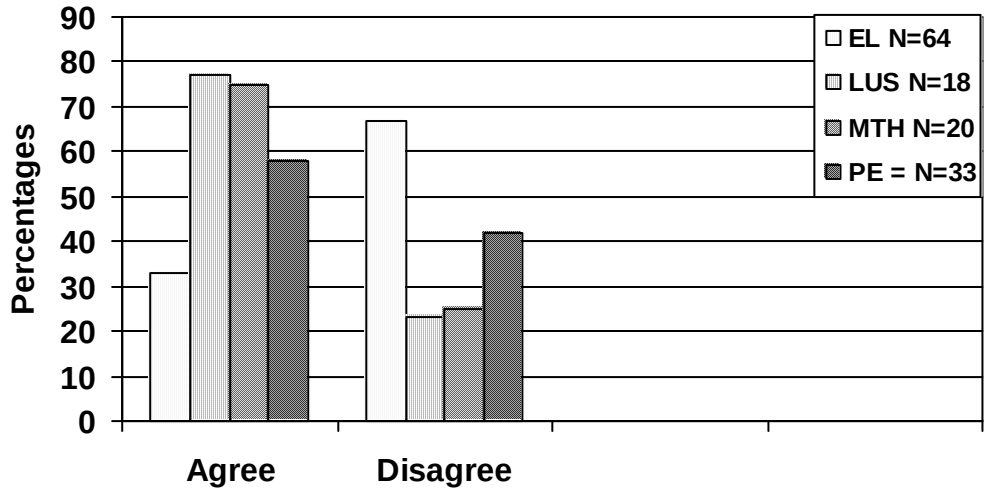

Figure 4.19: Response of campuses to effective communication between the clinical staff and students about their expectations during clinical placement

Figure 4.20 shows that tutors (66%) are more likely to agree that there is effective communication between students and clinical staff.

Despite the fact that the majority of participants agree that there is effective communication between clinical staff and students a need do exist to improve communication.

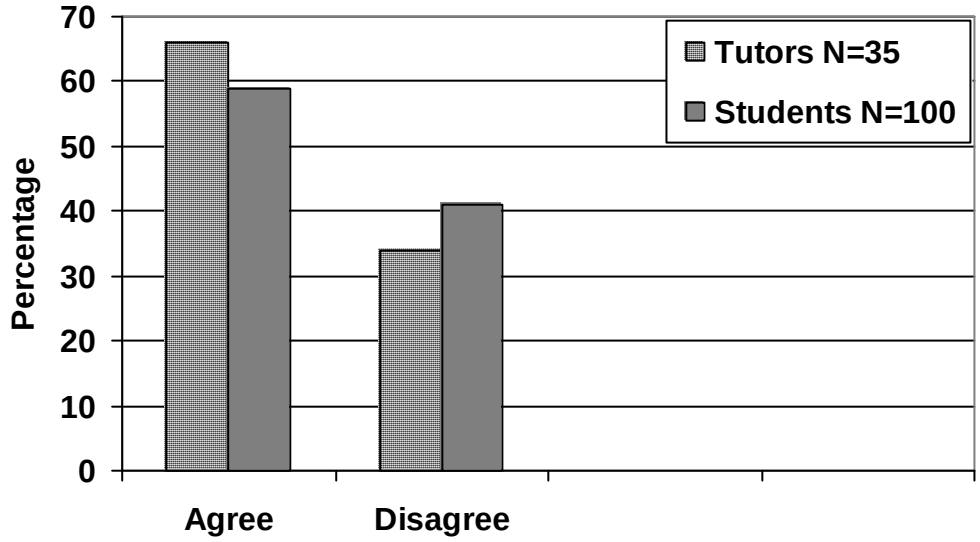

Figure 4.20: Response of tutors and students about effective communication between students and clinical staff about expectations during clinical placements

Variable 19: Pre-visit of placement areas by facilitators to be introduced to the managers

Figure 4.21 shows that East London (80%) (OR = 0.646, 95%CL (0.23; 1.809)) and Port Elizabeth (70%) disagree strongly. However, in Lusikisiki (OR = 4.879, 95%CL (1.334; 17.849)) and Mthatha (OR=5.651, 95%CL (1.566; 20.394)) the participants are more likely to agree that facilitators visit the placement areas before student placement compared to in Port Elizabeth (70%), which is more likely to disagree. A statistical association was identified between pre-visits to placement areas and campuses (p = 0.0005).

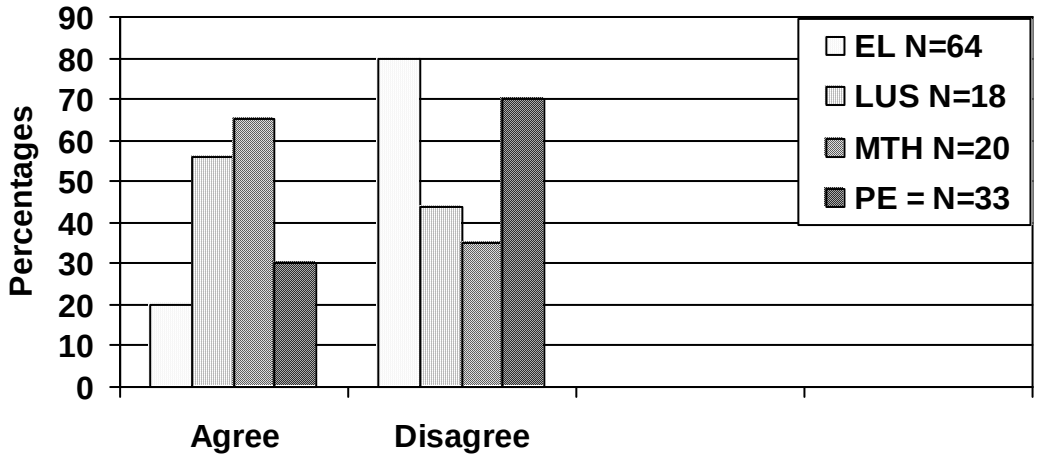

Figure 4.21: Response of campuses to pre-visit of clinical facilitators to clinical areas to meet the managers

Figure 4.22 shows that tutors (57%) are more likely to agree that facilitators visit placement areas in advance of placement compared to students who disagree (74%) (OR = 5.503, 95%CL (2.19; 13.83)). A statistical association was identified between pre-visits to placement areas and position (p = 0.0008).

A need for clinical facilitators to pre-visit the clinical areas does exist.

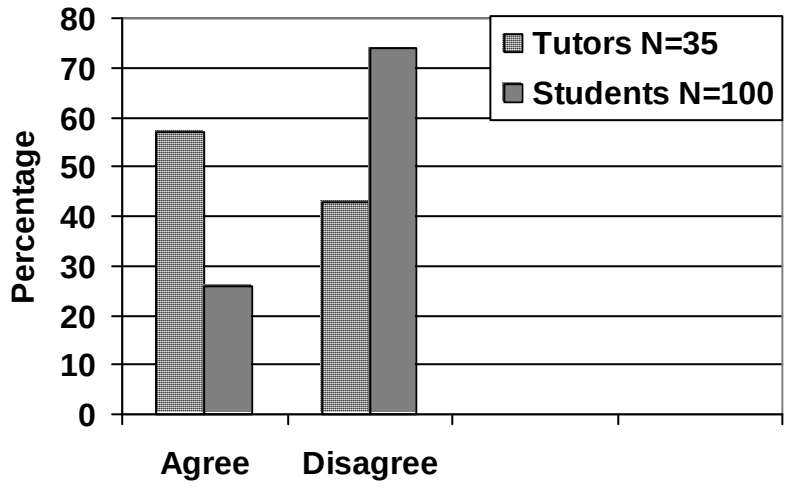

Figure 4.22: Response of tutors and students about pre-visits to the clinical Area

Variable 20: Distribution of learning outcomes to the placement areas before the placement of students

Figure 4.23 shows that participants from East London (77%) are more likely to disagree compared to those in Port Elizabeth (OR = 0.195, 95%CL (0.066; 0.576)) while those in Lusikisiki (78%) are more likely to agree compared to those in Port Elizabeth (55%) (OR = 6.24, 95%CL (1.424; 27.352)). Female participants are more likely to agree compared to males, 77% of which disagree (OR = 4.405, 95%CL (1.074; 18.07)). A statistical association was identified between pre-distribution of student outcomes to the placement areas and institutions p = <0 0.0001, gender p = 0,0139 and position p =< 0.0001.

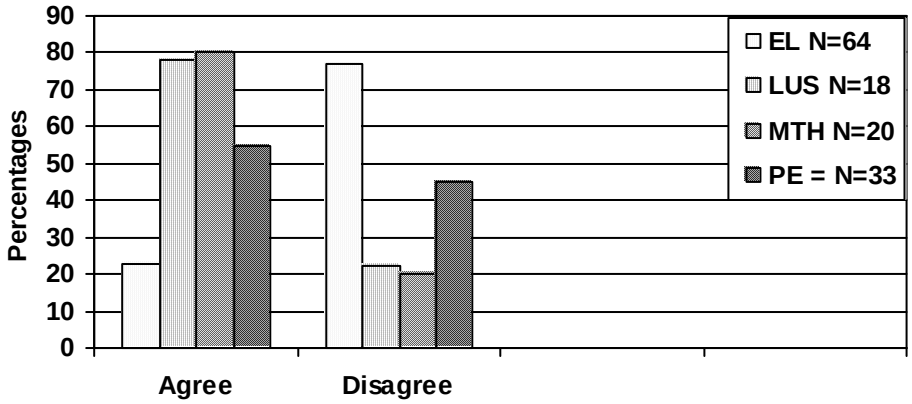

Figure 4.23: Response of campuses to distribution of learning outcomes within clinical placement areas

Figure 4.24 shows that tutors (77%) are more likely to agree that learning outcomes of students are distributed to placement areas in advance of placement compared to students (64%) who are more likely to disagree (OR = 10.357, 95%CL (3.531; 30.375)). A statistical association was identified between pre-distribution of student outcomes to the placement areas and position (p = <0.0001).

A need exist for learning outcomes to be distributed to the clinical areas before clinical placement.

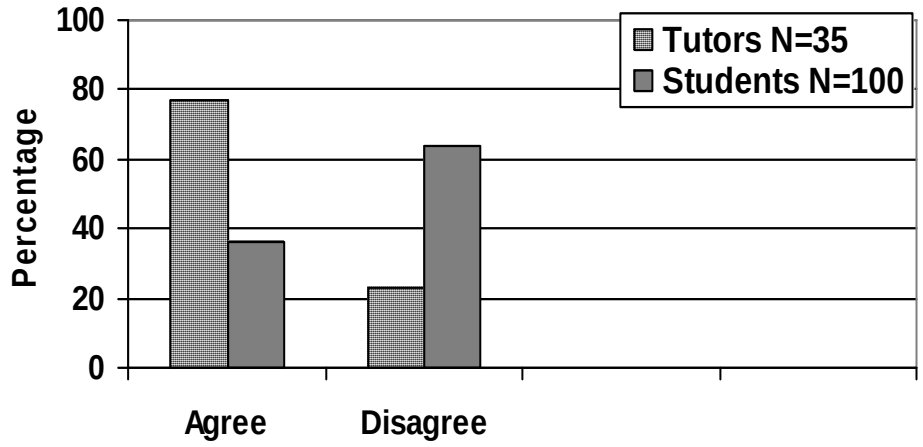

Figure 4.24: Response of tutors and students about distribution of learning outcomes within the clinical area

Variable 21: Clarification of student needs to students during clinical placement

Figure 4.25 shows that students at Mthatha are most likely to agree that learning needs of the student are clarified to students. No statistical associations have been identified.

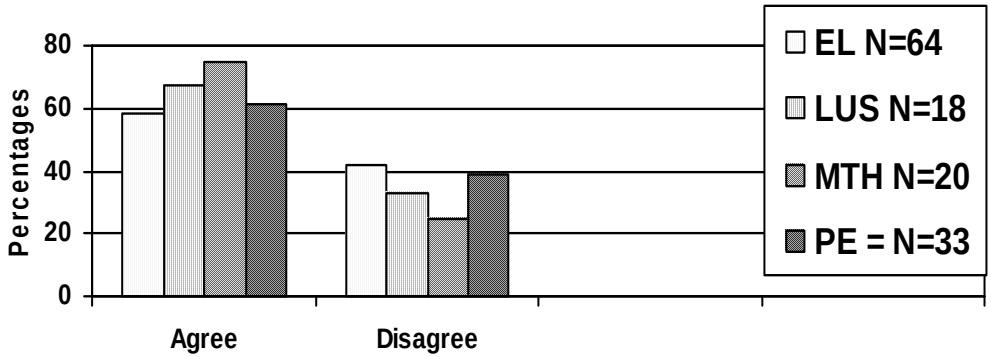

Figure 4.25: Response of campuses to clarification of student learning needs to the students

Figure 4.26 shows that tutors (80%) are more likely to agree that the students' learning needs are clarified to the students compared to the students themselves (56%) (OR = 3.143, 95%CI (1.256; 7.867)). A statistical association was identified between clarification of student needs to students and position (p = 0.0117).

A need do exist for student learning needs to be clarified.

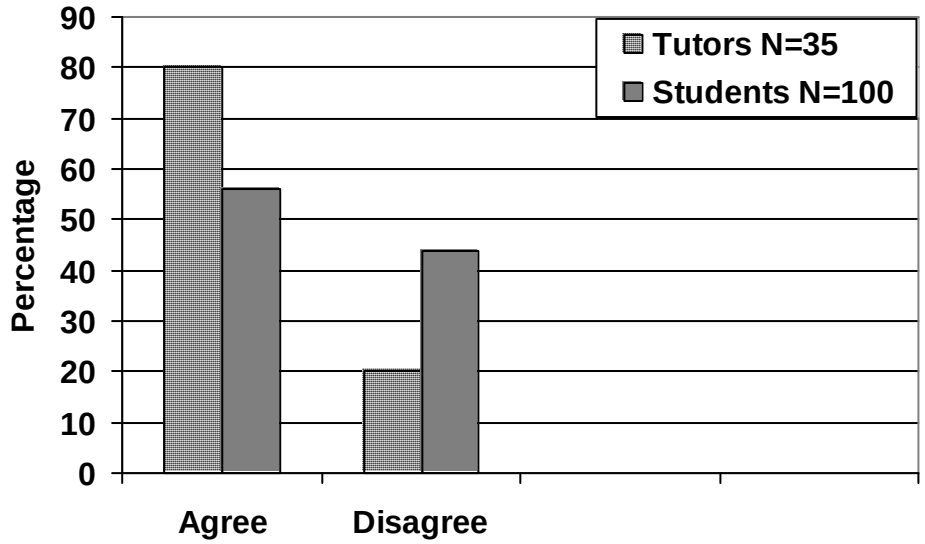

Figure 4.26: Response of tutors and students about clarification of student learning needs to students

Variable 22: Clarification of student needs to clinical staff during the students' placement at the placement areas

Figure 4.27 shows that clarification of student needs to clinical staff during the students' placement at the placement areas depends on the institution and position of the respondent. Figure 4.27 shows that East London participants (72%) are more likely to disagree compared to those from Port Elizabeth, where 52% agree (OR = 0.341, 95%CI (0.127; 0.918), and those from Lusikisiki (72%) are more likely to agree compared to those from Port Elizabeth (OR = 4.302, 95%CI (1.129;16.384). A statistical association was identified between the clarification of student needs to clinical staff and campuses (p = 0.0017), age p = 0.0224.

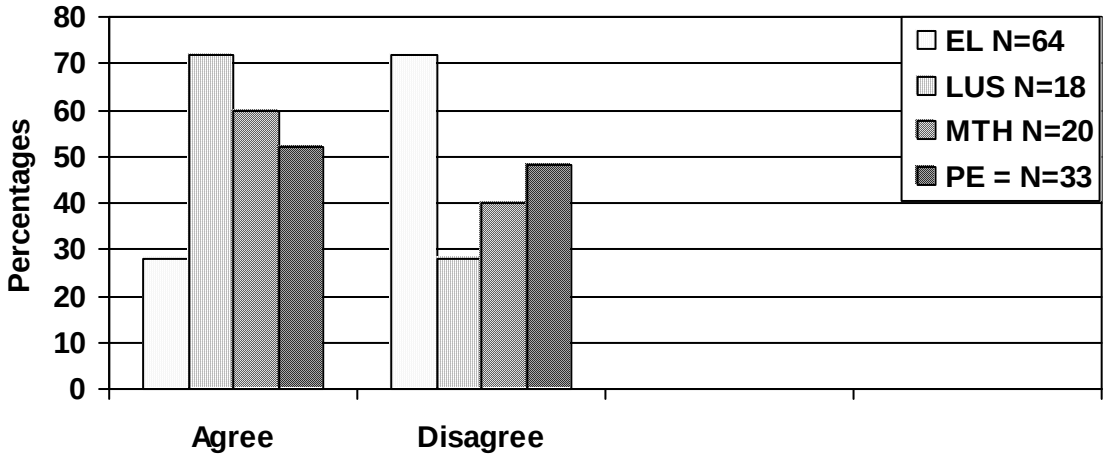

Figure 4.27: Response of campuses to clarification of student learning needs to the clinical staff

Figure 4.28 shows that tutors (74%) are nine times more likely to agree that the adequate clarification is given than disagree compared to students 66% of whom disagree (OR=9.056, 95%CI (2.691; 30.495). A statistical association was identified between clarification of student learning needs to the clinical staff and position (p = < 0.0001).

Despite that many participants do agree that the student needs are clarified to clinical staff a need do exist to improve this.

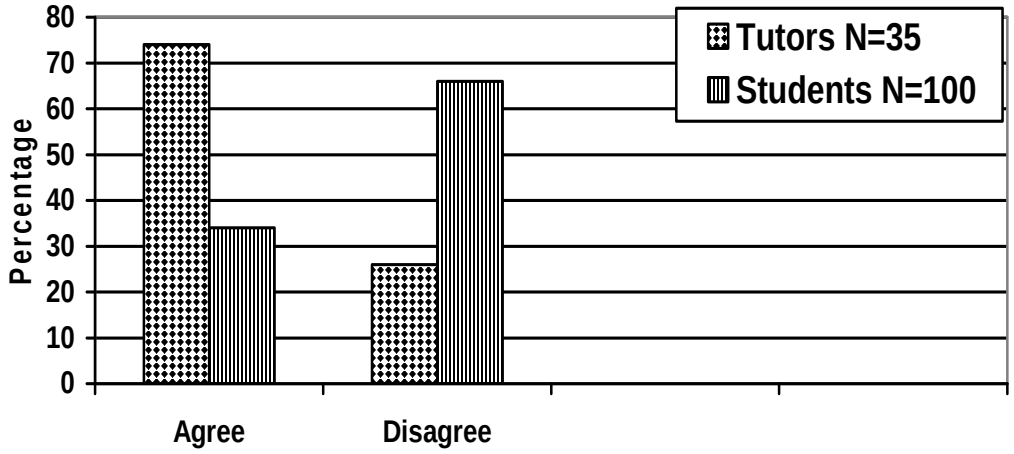

Figure 4.28: Response of tutors and students about clarification of student learning needs to clinical staff

Variable 23: Development of the student nurses is the responsibility of the college and the clinical facilities

Figure 4.29 shows that East London participants (56%) are more likely to disagree compared to those in Port Elizabeth (67%), and those from Lusikisiki (67%) and Mthatha (65%) are more likely to agree.

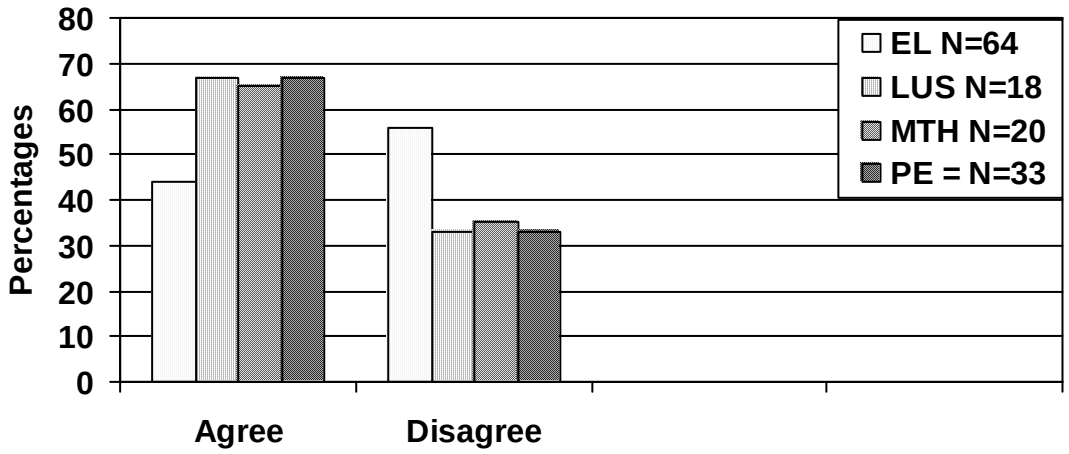

Figure 4.29: Response of campuses to joint responsibility between college and clinical facilities

Figure 4.30 shows that more tutors (66%) than students (52%) agree that the development of the students is a joint responsibility between the college and the clinical facilities. An overwhelming majority that agrees to a joint responsibility between the college and clinical facilities was not obtained.

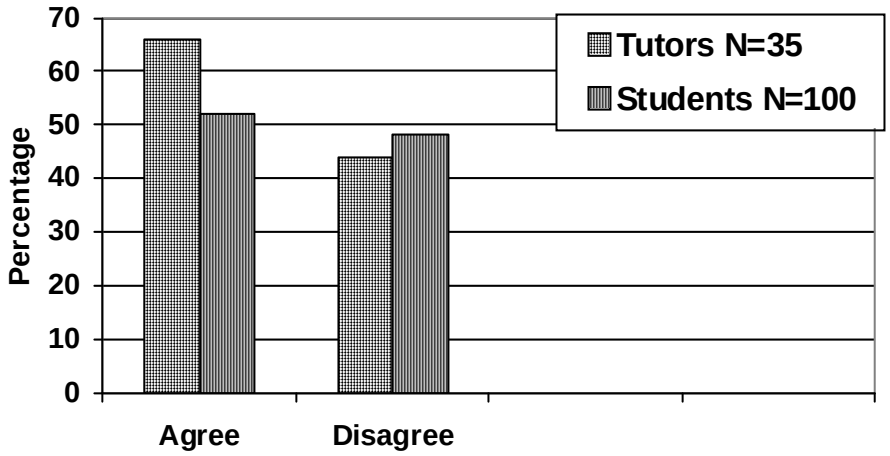

Figure 4.30: Response of tutors and students about joint responsibility of the college and clinical facilities to develop the student nurses

Variable 24: Development and teaching of students is the responsibility of the college only

Figure 4.31 shows that the participants at the various campuses are more likely to disagree that the responsibility of development and teaching of the students should be carried only by the college. The East London Campus is most likely to disagree that the development and teaching of students are the responsibility of only the college. The Lusikisiki campus shows a split between agree and disagree (50%/50%).

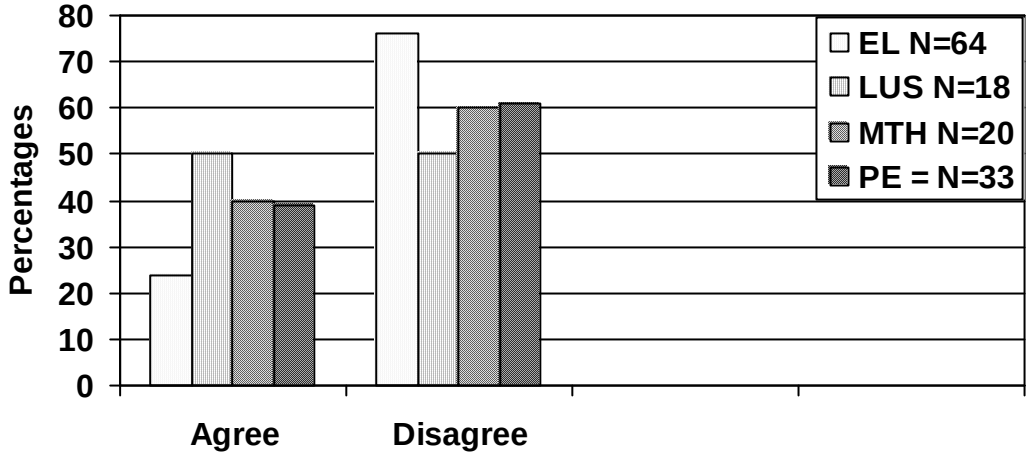

Figure 4.31: Response of campuses to the development and teaching of student nurses is the responsibility of the college

Figure 4.32 shows that the tutors (60%) and students (69%) are more likely to disagree that the responsibility of development and teaching of the students should be carried only by the college.

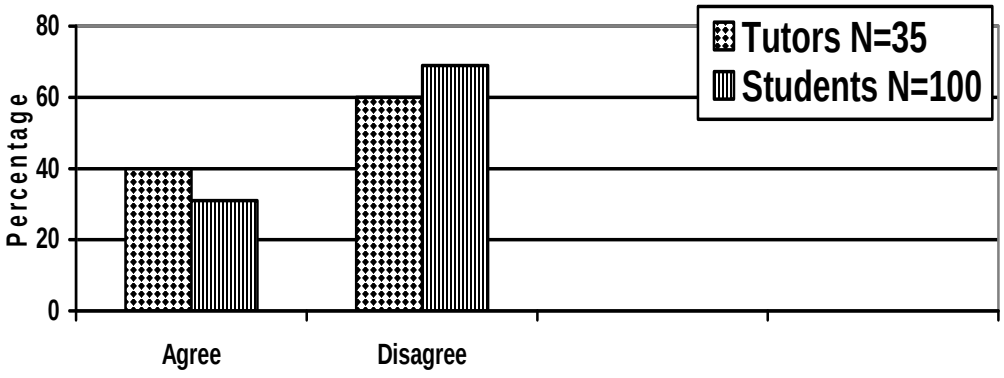

Figure 4.32: Response of tutors and students about the responsibility of the development and teaching of students

Variable 25: Support for learning, professional growth, skills development and practice by the clinical facilities

Figure 4.33 shows that students at Lusikisiki are more likely to disagree that clinical facilities are supportive for learning, professional growth, skills development and practice in comparison to students at the other campuses**.**

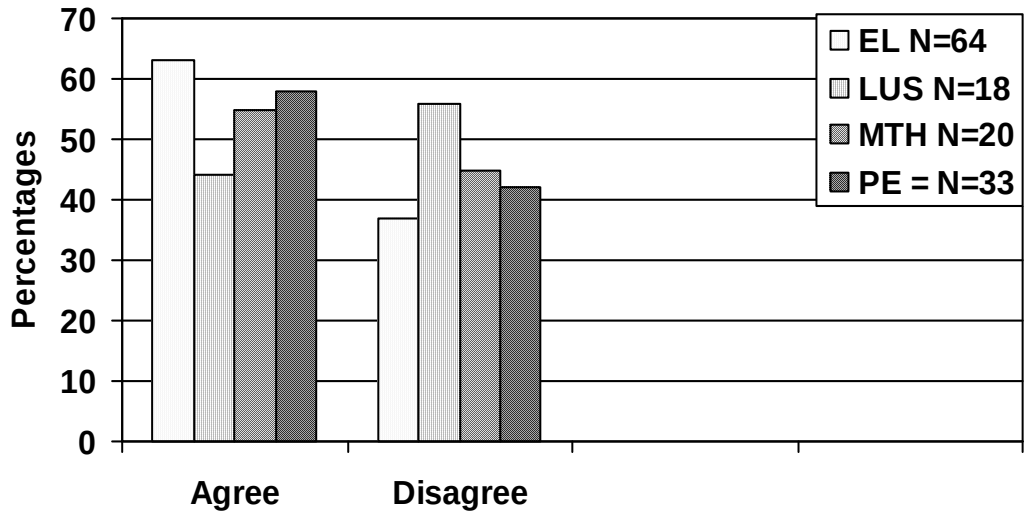

Figure 4.33: Response of campuses to the support for learning, professional growth, skills development and practice by clinical facilities

Figure 4.34 shows that tutors (63%) and students (56%) are more likely to agree that the clinical facilities are supportive for learning, professional growth, skills development and practice. No statistical significance is shown. A need do exist to improve support for learning, professional growth and skills development and practice by clinical facilities.

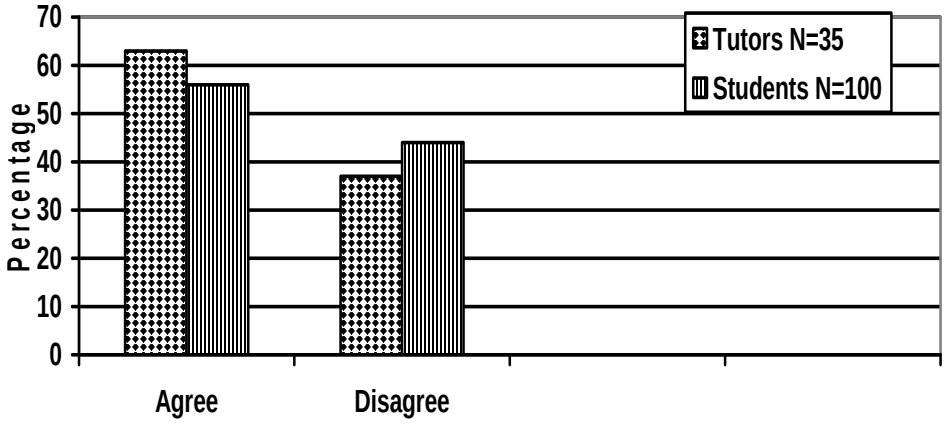

Figure 4.34: Response of tutors and students about the support for learning, professional growth, skills development and practice by clinical facilities

Variable 26: Availability of space for clinical teaching and learning activities in the college

Figure 4.35 shows that the all campuses are most likely to disagree that there is enough space for clinical teaching and learning activities at the various campuses.

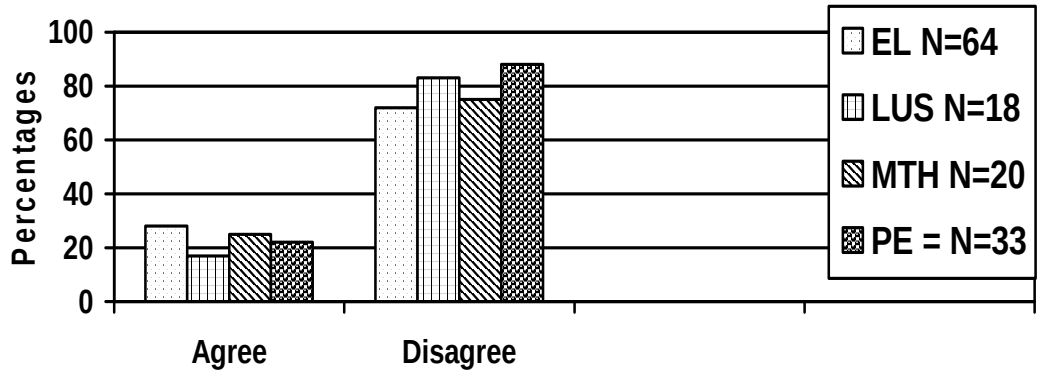

Figure 4.35: Response of campuses to the availability of space for clinical teaching and learning activities in the college

Figure 4.36 shows that the majority of the participant tutors (71%) and students (80%) are most likely to disagree that there is enough space at the various campuses. An urgent need has been identified for space for clinical teaching and learning activities in the college.

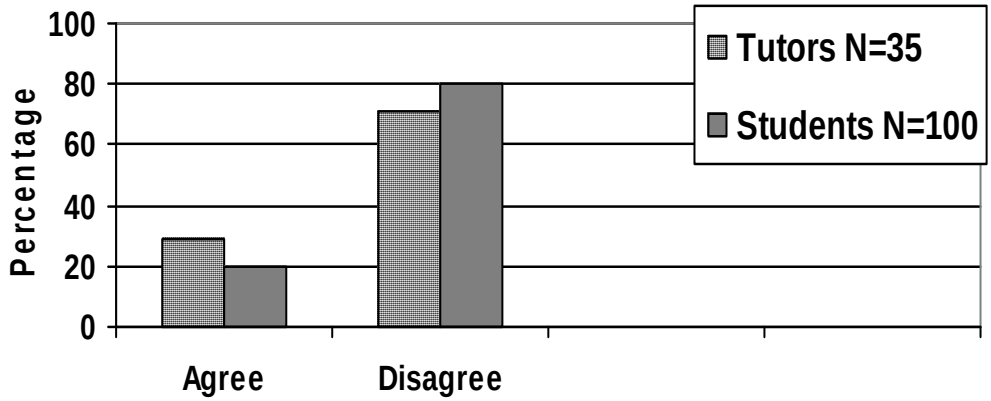

Figure 4.36: Response of tutors and students about whether there is enough space in the college

Variable 27: Availability of equipment and material resources for demonstration and feedback of clinical skills in the college

Figure 4.37 shows that the staff from all campuses are most likely to disagree that the campuses of the college has adequate equipment and material resources for demonstration and feedback of clinical skills.

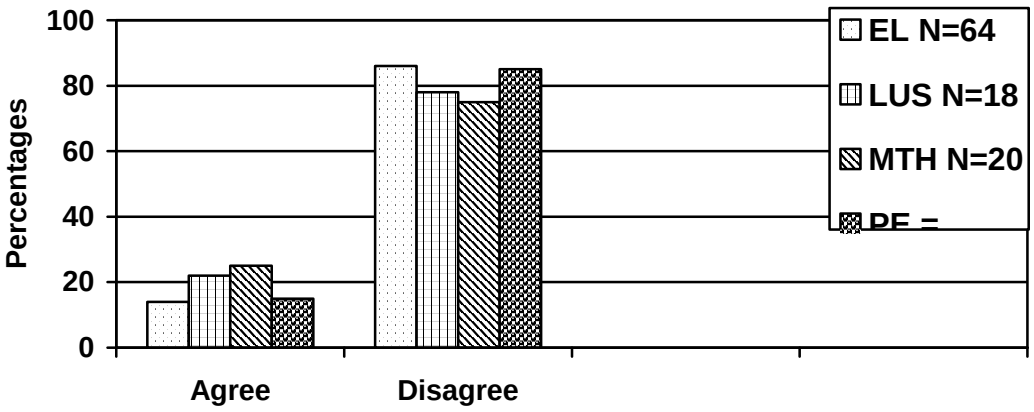

Figure 4.37: Response of campuses to the availability of equipment and material resources for demonstration and feedback of clinical skills in the college

Figure 4.38 shows that the majority of the tutors (74%) and students (86%) are most likely to disagree that there is adequate equipment, material resources for demonstration and feedback for clinical skills at the various campuses. An urgent need exist for equipment and material resources for demonstration and feedback of clinical skills in the college.

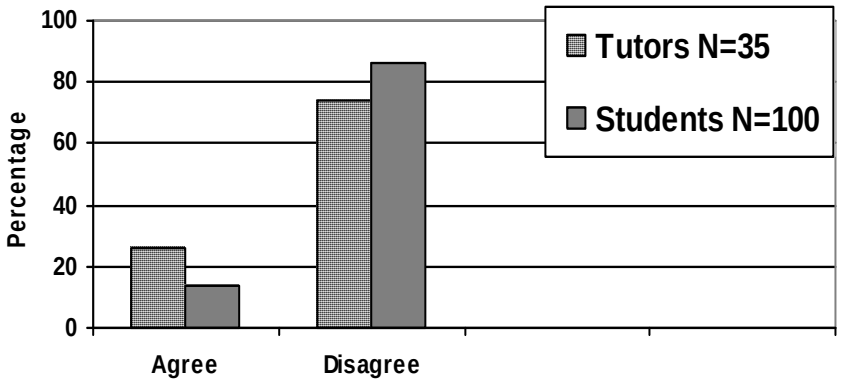

Figure 4.38: Response of tutors and students about adequate equipment, material resources for demonstration and feedback of clinical skills in the college

Variable 28: Availability of equipment and material resources for demonstration and feedback of clinical skills in the placement areas

Figure 4.39 show that all campuses are most likely to disagree that the clinical areas of the college has adequate equipment and material resources for demonstration and feedback of clinical skills at clinical placement areas.

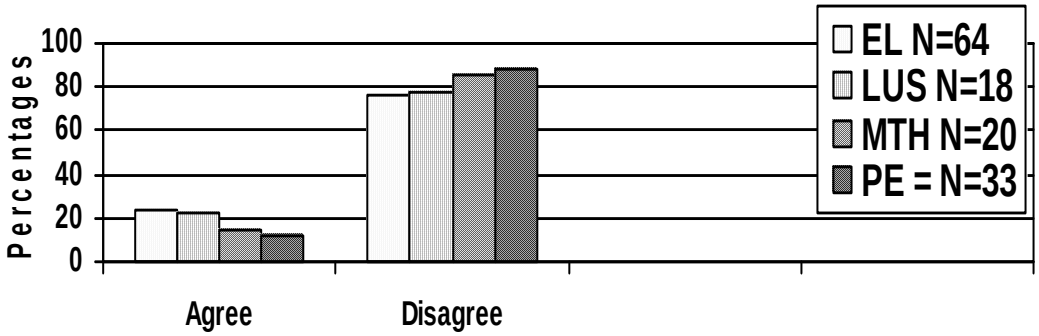

Figure 4.39: Response of campuses to the availability of equipment and material resources for demonstration and feedback of clinical skills in the clinical facilities

Figure 4.40 shows that the majority of the participant tutors (74%) and students (79%) are most likely to disagree that there is adequate equipment, material resources for demonstration and feedback for clinical skills at the various clinical placement areas.

An urgent need exist for equipment and material resources for demonstration and feedback of clinical skills in the clinical facilities.

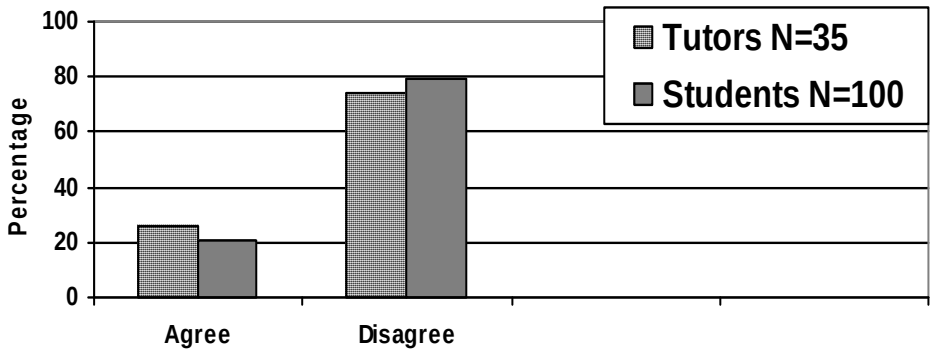

Figure 4.40: Response of tutors and students about adequate equipment, material resources for demonstration and feedback of clinical skills at the clinical placement facilities

Variable 29: Facilitation of clinical teaching and learning by facilitator-student ratio

Figure 4.41 shows that all campuses are most likely to disagree that there is adequate facilitation of clinical teaching and learning according to the ratio of facilitators to students. A statistical association was identified between the clinical facilitator and student ratio and gender (p = 0.0489).

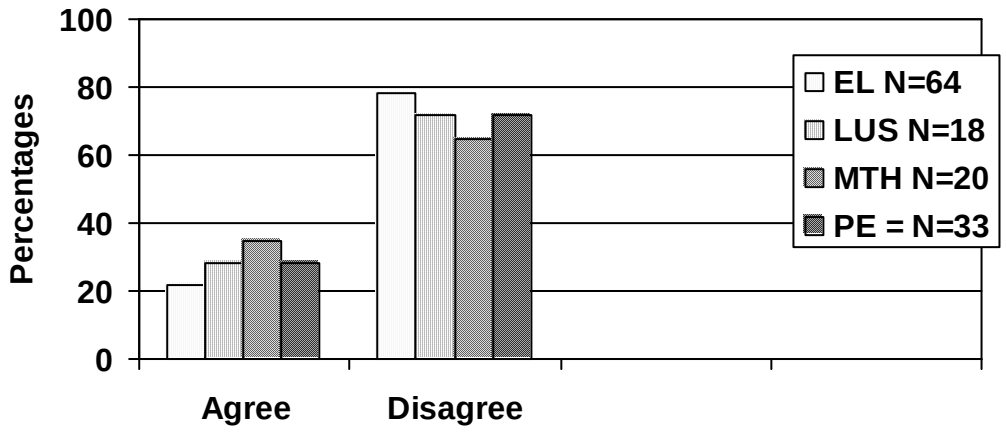

Figure 4.41: Response of campuses to the facilitation of clinical teaching and learning by facilitator and student ratio

Figure 4.42 shows that the majority of the participant tutors (77%) and students (73%) are most likely to disagree that there is adequate clinical facilitation according to the facilitator: student ratio. An urgent need exist for the facilitator student ratio to be improved.

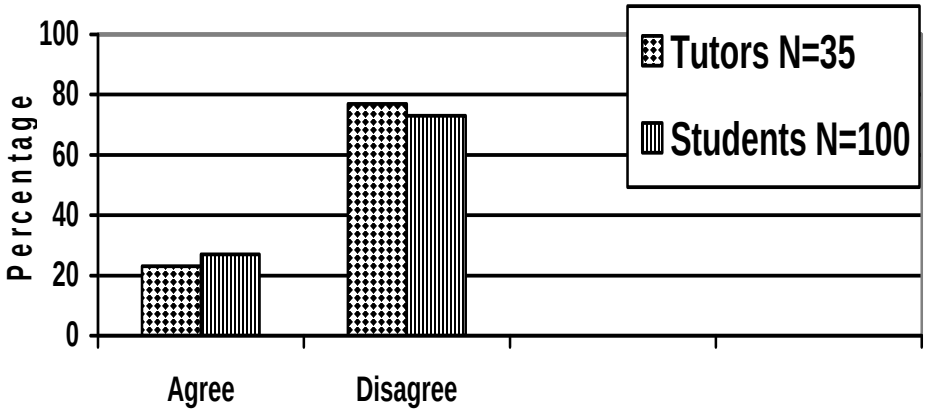

Figure 4.42: Response of tutors and students about adequate clinical facilitation according to the facilitator and student ratio

Variable 30: The clinical experience of the students parallels the academic context

Figure 4.43 shows that the majority of campuses are more likely to agree that the clinical experience of the students parallels the academic context except for Mthatha (55%) who disagree.

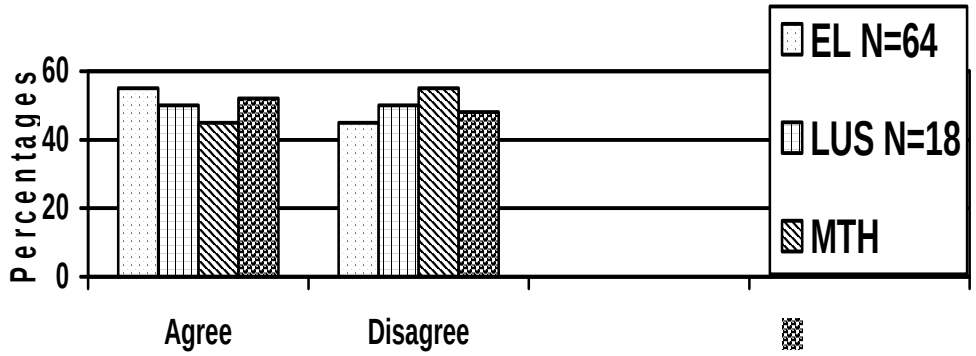

Figure 4.43: Response of campuses to clinical experience parallel to the academic context

Figure 4.44 shows that the majority of the tutors (77%) are more likely to agree, while there is a split between those students who agree and disagree.

A need was identified for theory and practice to be aligned.

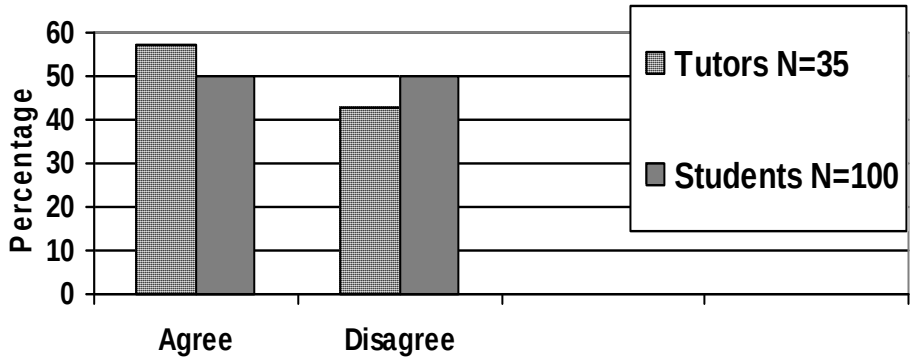

Figure 4.44: Response of tutors and students about the clinical experience parallel to academic context

Variable 31: The students are theoretically prepared

Figure 4.45 shows that the majority of campuses are likely to agree that the students are theoretically prepared. A statistical association of significance was identified between the theoretical preparation of students and their age ($p = 0.0257$).

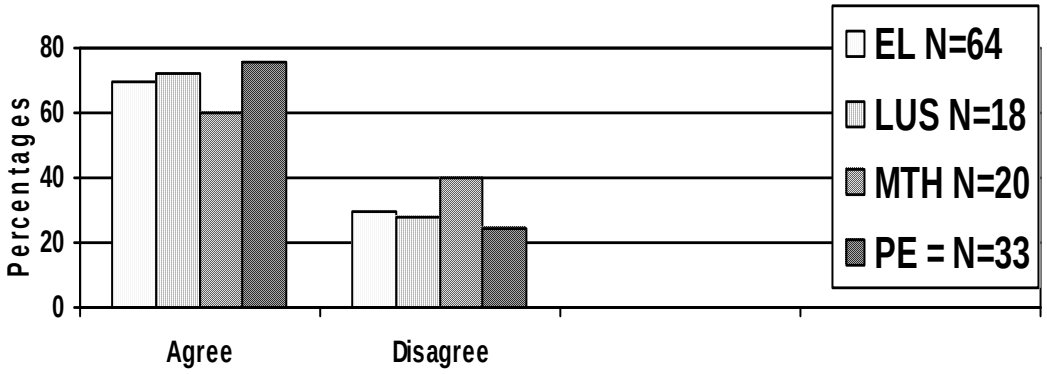

Figure 4.45: Response of campuses to students being theoretically prepared

Figure 4.46 shows that the students (71%) and tutors (69%) are most likely to agree that the students are being theoretically prepared.

Although the majority of students agree that they are theoretically prepared there is a need to ensure that students are theoretically prepared.

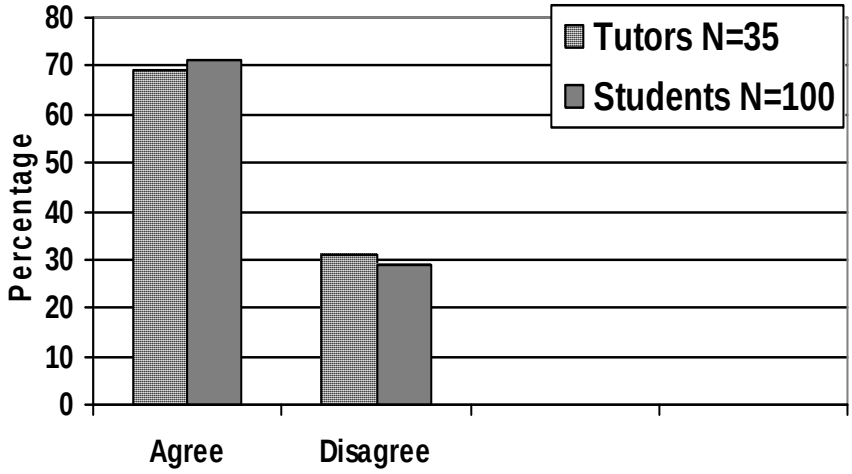

Figure 4.46: Response of tutors and students about theoretical preparation of the students

Variable 32: Students have the appropriate knowledge base

Figure 4.47 show that the majority of the campuses are most likely to agree that the students have an appropriate knowledge base.

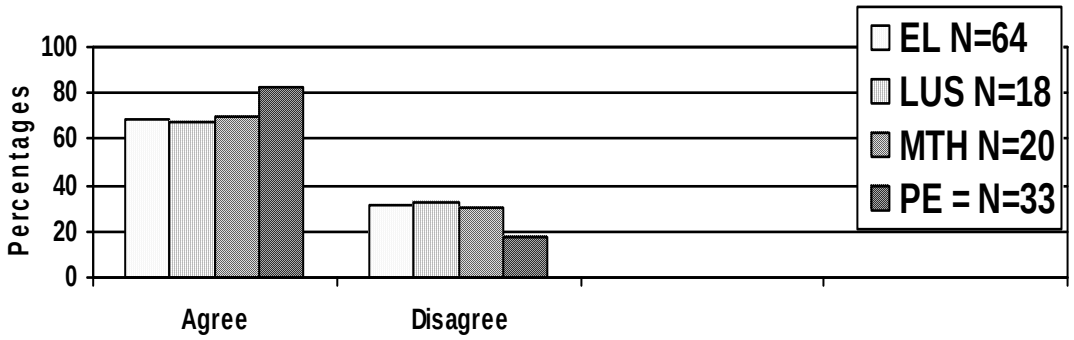

Figure 4.47: Response of campuses to appropriate knowledge base

Figure 4.48 show that the students (71%) and tutors (74%) are most likely to agree that the students have an appropriate knowledge base.

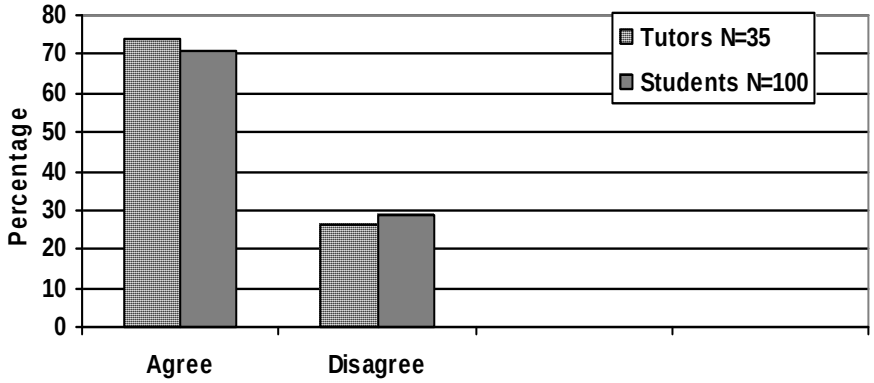

Figure 4.48: Response of tutors and students about students having an appropriate knowledge base

Variable 33: The students are willing to learn

Figure 4.49 shows that the majority of campuses are most likely to agree that the students are willing to learn. A statistical significant association was identified between willingness to learn and age ($p = 0.0007$).

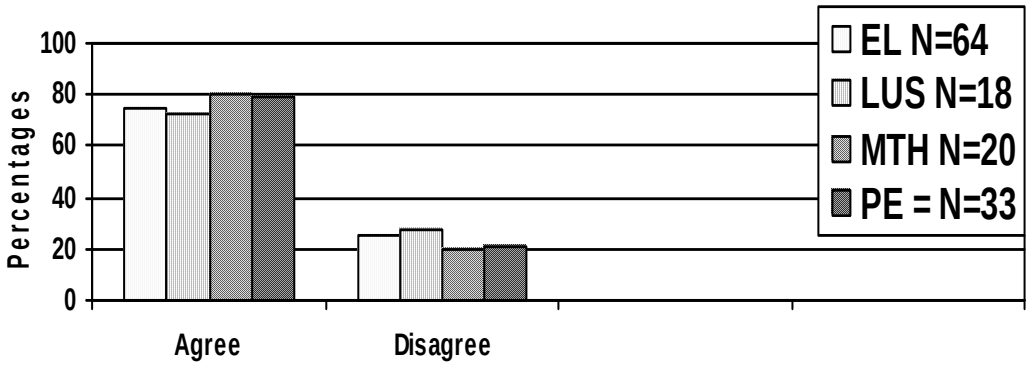

Figure 4.49: Response of campuses to willingness of students to learn

Figure 4.50 show that the students (83%) and tutors (57%) are most likely to agree that the students are willing to learn.

It was identified that a need exists to motivate the students to improve their willingness to learn.

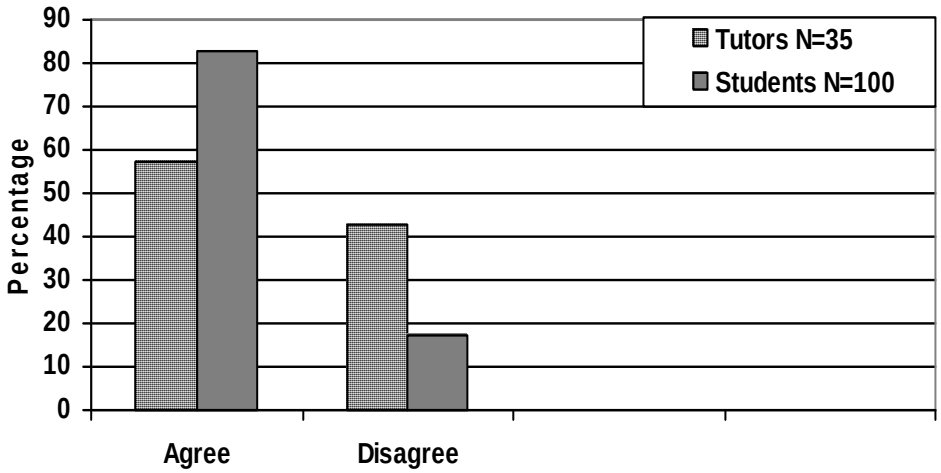

Figure 4.50: Response of tutors and students about willingness of students to learn

Variable 34: The students accept constructive criticism

Figure 4.51 shows that the majority of campuses are most likely to agree that the students accept constructive criticism. A statistical significant association was identified between constructive criticism and age ($p = 0.004$).

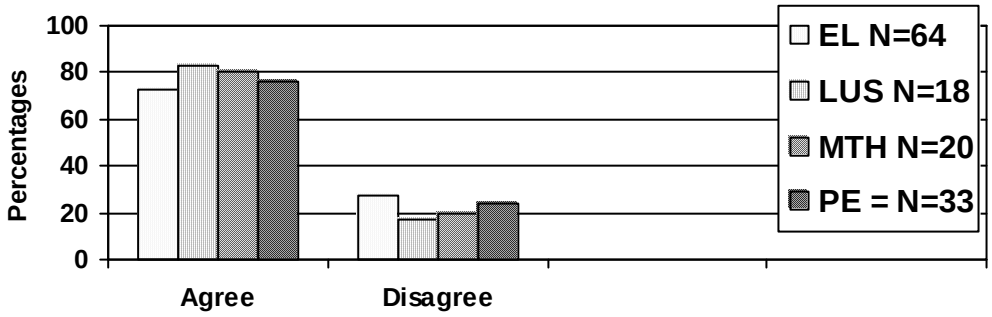

Figure 4.51: Response of campuses to students accepting constructive criticism

Figure 4.52 shows that the students (83%) and tutors (57%) are most likely to agree that the students accept constructive criticism. A statistical significant association was identified between constructive criticism and position (p = 0.002).

A need exist to create a culture of constructive criticism.

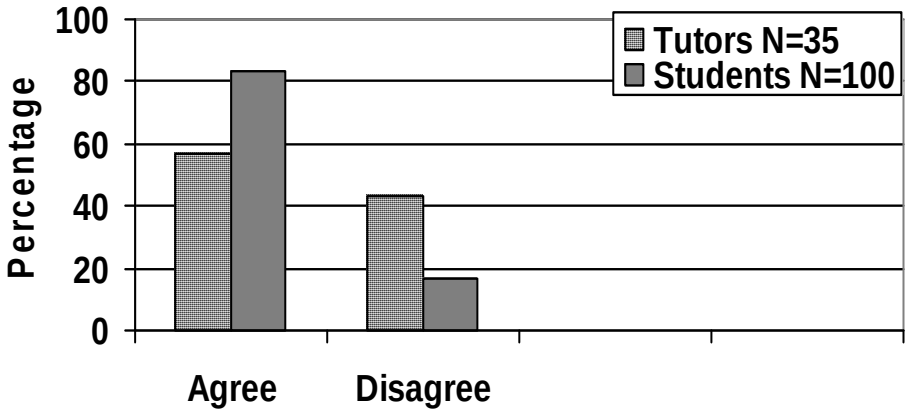

Figure 4.52: Response of tutors and students about students accepting constructive criticism

Variable 35: The students know the limitations of the clinical teaching and learning process

Figure 4.53 shows that the majority of campuses are most likely to agree that the students know the limitations of the clinical teaching and learning process.

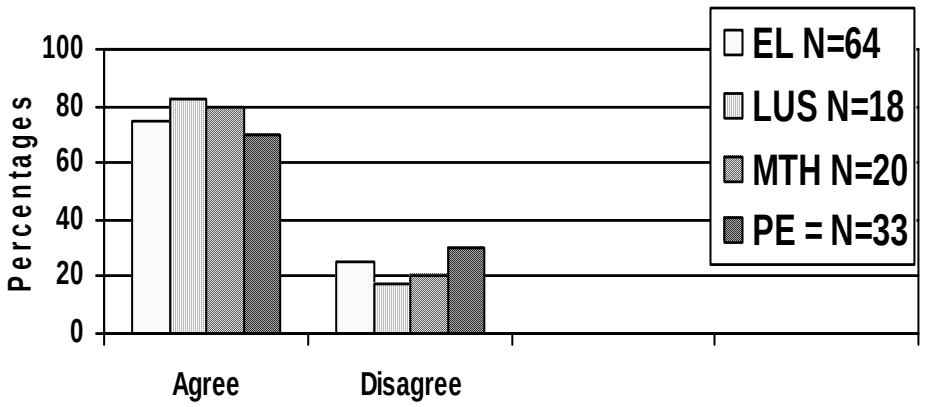

Figure 4.53: Response of campuses to students who know the limitations of the clinical teaching and learning process

Figure 4.54 show that the students (77%) and tutors (71%) are most likely to agree that the students know the limitations of the teaching and learning process. A need do exist to improve the students understanding of the clinical teaching and learning process.

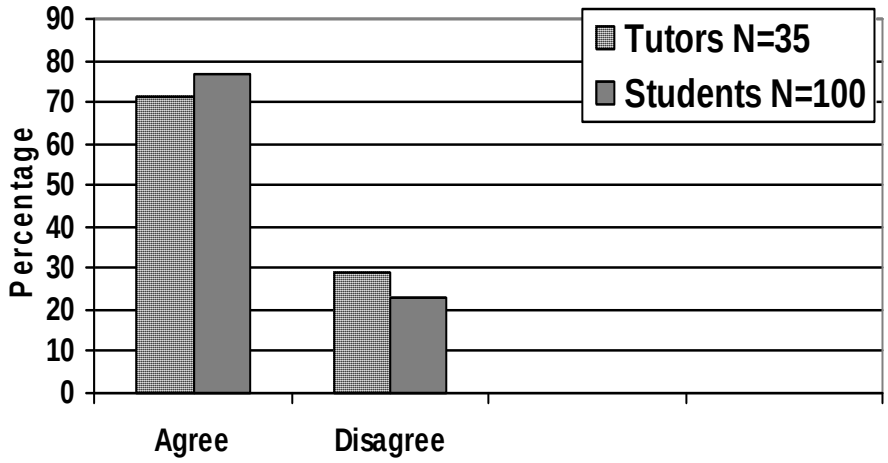

Figure 4.54: Response of tutors and students about students who know their limitations of the teaching and learning process

Variable 36: Implementation of remedial programmes if the student fails to master the skill

Figure 4.55 shows that the majority of campuses are most likely to agree that a remedial programme is implemented for the students who fail to master the skill.

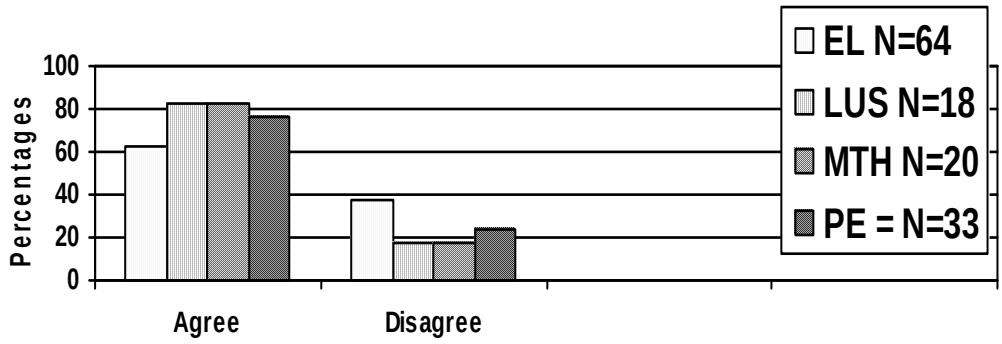

Figure 4.55: Response of campuses to Implementation of a remedial programme for the students who fail to master the skill

Figure 4.56 shows that the students (67%) are less likely to agree than the tutors (83%) that a remedial programme is implemented for students who fail to master the skill.

A need do exist to improve the remedial programme for students who fail to master the skill.

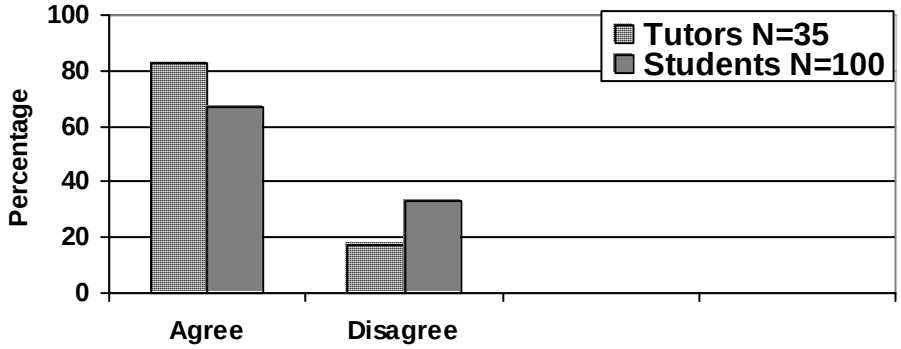

Figure 4.56: Response of tutors and students about the implementation of a remedial programme for students who fail to master the skill

Variable 37: Information given regarding specific criteria and standards for each clinical placement against which they will be assessed

Figure 4.57 shows that the majority of campuses are most likely to agree that students are informed about the specific criteria and standards for each clinical placement against which the students will be assessed.

Despite the fact that the majority agrees that students are informed about specific criteria and standards for each clinical placement a need exists for improvement

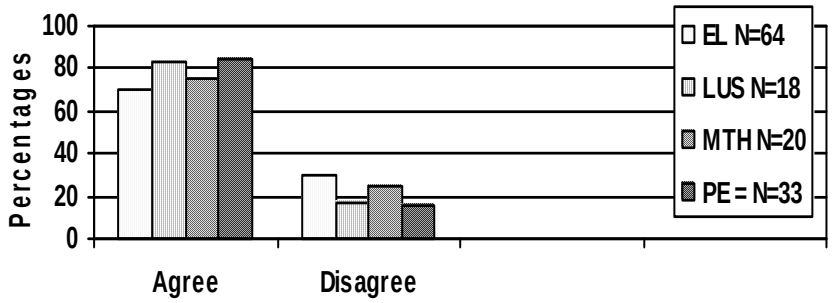

Figure 4.57: Response of campuses to information about specific criteria and standards for each clinical placement against which they will be assessed

Figure 4.58 shows that the students (74%) are less likely to agree than the tutors (83%) that they receive adequate information about specific criteria and standards for each clinical placement against which they will be assessed.

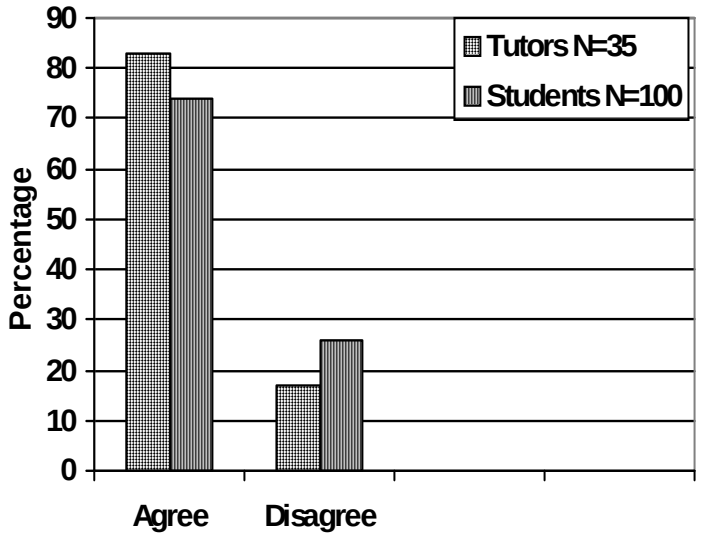

Figure 4.58: Response of tutors and students about information given regarding specific criteria and standards for each clinical placement against which they will be assessed

Variable 38: The assessment tools that measure the level of competence in the cognitIve domain

Figure 4.59 show that the majority of campuses are most likely to agree that their assessment tools do measure the level of competence of students in the cognitive domain.

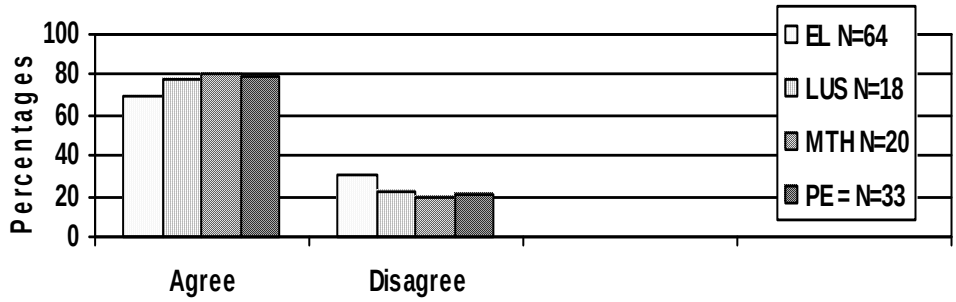

Figure 4.59: Response of campuses to the assessment tools that measure the level of competence in the cognitive domain

Figure 4.60 shows that tutors (89%) agree more that assessment tools measure competence in the cognitive domain compared to students (69%) (OR = 3.481, 95%CI) A statistical association was identified between measurement of cognitive domain by assessment tools and position (p = 0.023).

Despite the fact that the majority agrees that the assessment tools do measure the level of competence in the cognitive domain a need exists for improvement.

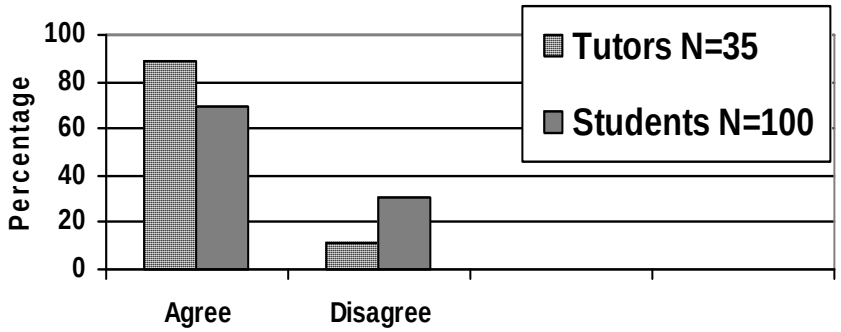

Figure 4.60: Response of tutors and students about the assessment tools that measure the level of competency in the cognitive domain

Variable 39: The assessment tools that measure the level of competence in the psycho-motor domain

Figure 4.61 shows that the majority of campuses are most likely to agree that their assessment tools do measure the level of competence in the psycho-motor domain.

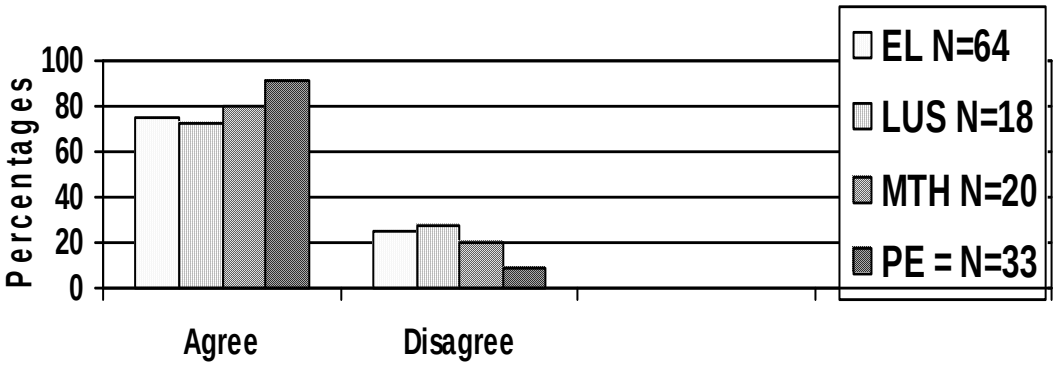

Figure 4.61: Response of campuses to the assessment tools that measure the level of competence in the psycho-motor domain

Figure 4.62 shows that tutors (89%) are more likely to agree that assessment tools measure competence in the psycho-motor domain compared to students (76%).

Despite the fact that the majority agrees that the assessment tools do measure the level of competence in the psycho-motor domain a need exists for improvement.

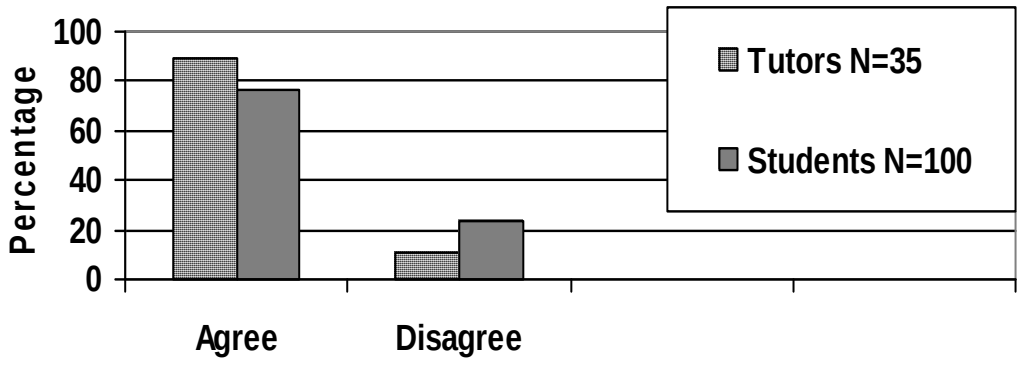

Figure 4.62: Response of tutors and students about the assessment tools that measure the level of competency in the psycho-motor domain

Variable 40: The assessment tools that measure the level of competence in the affective domain

Figure 4.63 show that the majority of campuses are most likely to agree that their assessment tools do measure the level of competence in the affective domain.

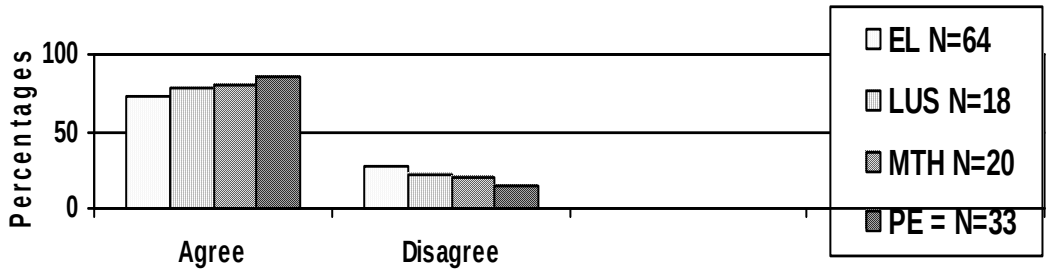

Figure 4.63: Response of campuses to the assessment tools that measure the level of competence in the affective domain

Figure 4.64 shows that tutors (86%) are more likely to agree that assessment tools measure competence in the affective domain compared to students (74%).

Despite the fact that the majority agrees that the assessment tools do measure the level of competence in the affective domain a need exists for improvement.

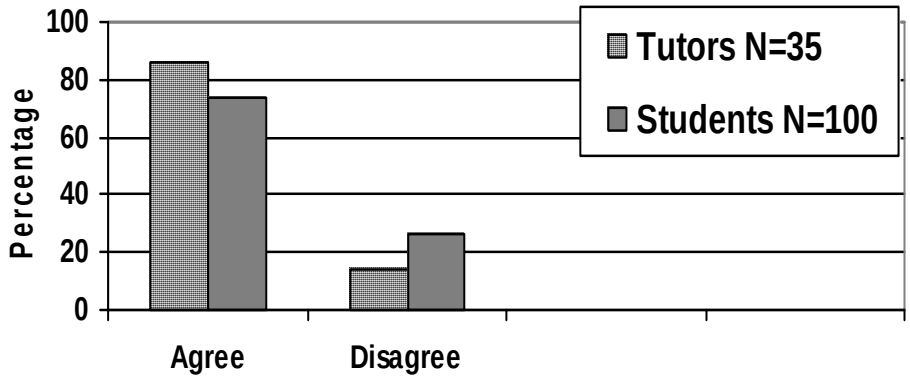

Figure 4.64: Response of tutors and students about the assessment tools that measure the level of competency in the affective domain

Variable 41: The student and facilitator discuss and evaluate performance against each competency

Figure 4.65 shows that the majority of campuses are most likely to agree that student and facilitator do discuss and evaluate performance against each competence.

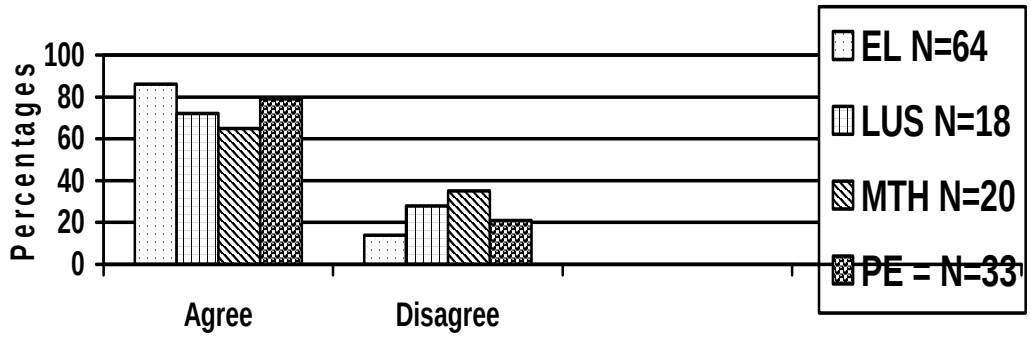

Figure 4.65: Response of campuses to the discussion and evaluation performance against each competency

Figure 4.66 shows that tutors (82%) are more likely to agree than the students (74%) that the evaluation performance against each competency is discussed between the facilitator and student.

Despite that the majority agrees that evaluation performance are discussed a need exists for improvement.

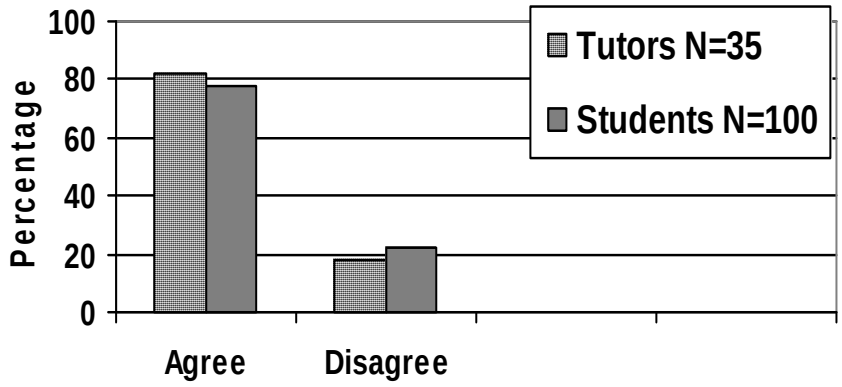

Figure 4.66: Response of tutors and students about the discussion between the facilitator and student about the evaluation against each competency

Variable 42: The evaluation tools are made available to the students

Figure 4.67 shows that the individual campuses differ in their response regarding the availability of evaluation tools to the students. The majority of campuses are more likely to agree that evaluation tools are made available to the students.

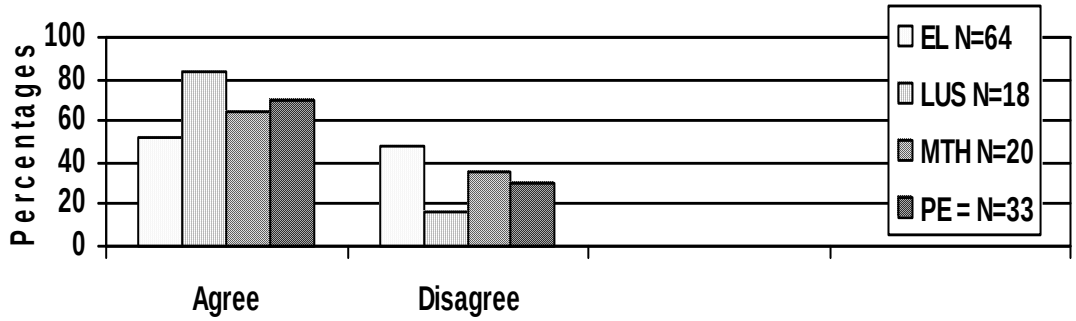

Figure 4.67: Response of campuses to the availability of evaluation tools to the students

Figure 4.68 shows that tutors (74%) are more likely to agree than the students (58%) that the evaluation tools are available to the students.

A need exist for improvement in making the clinical evaluation tools available to the students.

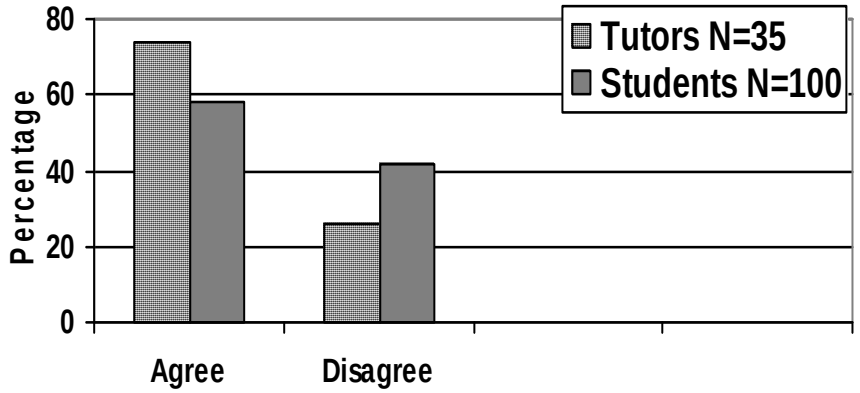

Figure 4.68: Response of tutors and students about the availability of evaluation tools

Variable 43: The assessment tools integrate theory and practice

Figure 4.69 shows that all campuses overwhelmingly agree that the assessment tools do facilitate integration of theory and practice.

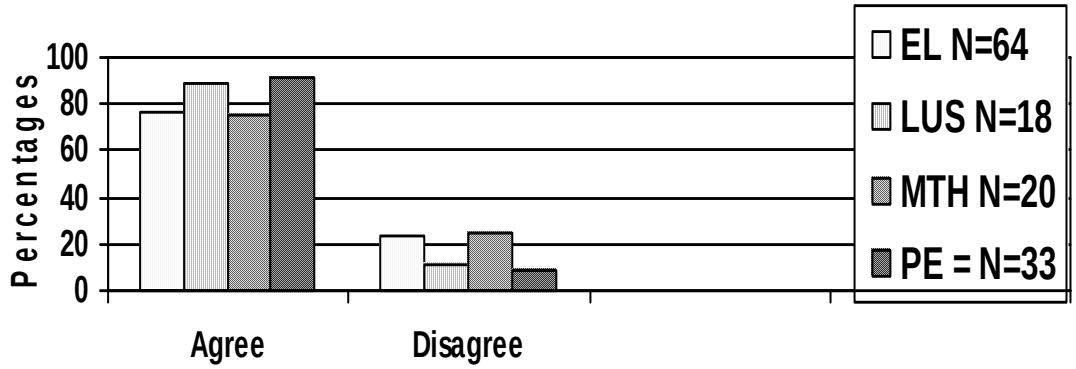

Figure 4.69: Response to the integration of theory and practice

Figure 4.70 shows that tutor (91%) are more likely to agree than students (78%) that the assessment tools do facilitate integration of theory and practice.

Despite the fact that the majority agrees there the evaluation tools integrate theory and practice a need do exist for improvement.

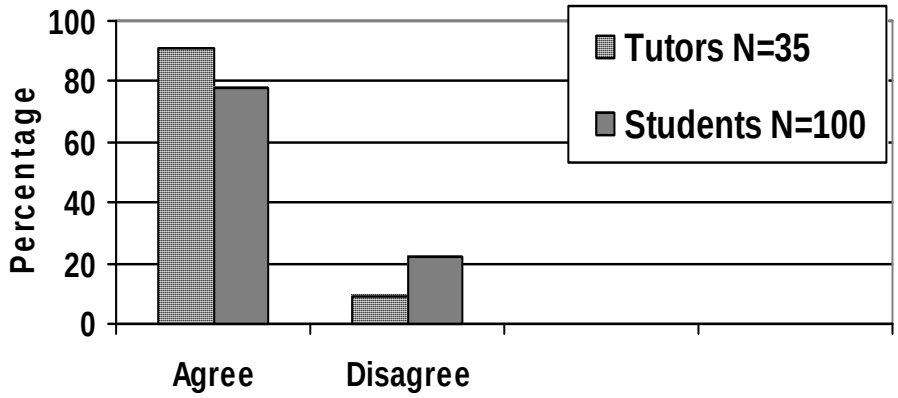

Figure 4.70: Response of tutors and students about the facilitation of assessment tools with reference to integration of theory and practice

4.5 SECTION C: CLINICAL FACILITATION SHOULD BE DONE BY TUTORS

Variable 44: clinical facilitation should be done by tutors

Figure 4.71 shows that the campuses are more likely to agree that clinical facilitation should be done by tutors. A statistical significant association was identified between age of participants and clinical facilitation (p = 0.0184).

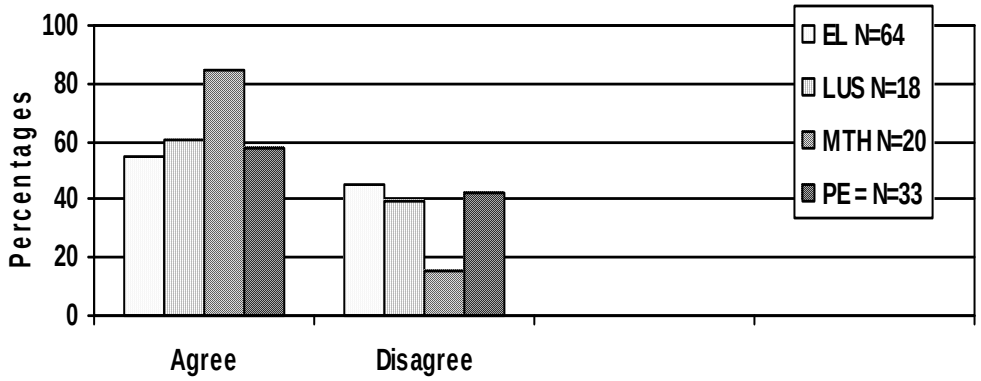

Figure 4.71: Response to the clinical facilitation to be done by the tutors

Figure 4.72 shows that tutors are less likely to agree (63%) that clinical facilitation should be done by tutors compared to students, 69% of whom disagree (OR = 0.259, 95%CI (0.087;0.769)). Within the under 30 years age group most of the participants (75%) seem to agree that tutors should do the clinical facilitation while in the other age groups the participants equally agree as disagree. A statistical significant association was identified between position and clinical facilitation (p = 0.0009).

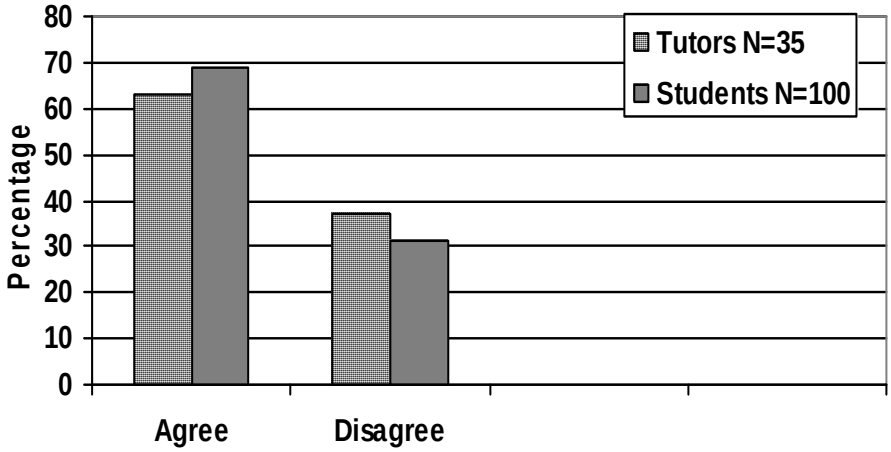

Figure 4.72: Response of tutors and students about clinical facilitation being done by tutors

4.6 CONCLUSION

In this chapter the data was analysed and interpreted. Various associations between variables were made using the chi-squared test on a 95% interval. Data are presented in tables, histograms and frequencies.

The researcher succeeded in exploring and evaluating the clinical facilitation program at various campuses of the nursing college in the Eastern Cape Province.

The following objectives were achieved:

1. The clinical facilitation needs of student nurses at the college were identified.
2. The clinical facilitation needs of tutors at the nursing college were identified.
3. The clinical facilitation problems of student nurses at the college were identified.
4. The clinical facilitation problems of tutors at the nursing college were identified,
5. Various associations between clinical facilitation at the various campuses of the nursing college were identified.

CHAPTER 5
DISCUSSION AND RECOMMENDATIONS

5.1 INTRODUCTION

Clinical teaching is the means by which student nurses learn to apply the theory of nursing so that an integration of theoretical knowledge and practical skills in the clinical situation becomes the art and science of nursing (Mellish et al., 1998:207).

In this chapter various recommendations are suggested, based on the scientific evidence obtained from this study after an evaluation of clinical facilitation at a nursing college in the Eastern Cape Province. Recommendations are made to the management and the principals of the different campuses of the nursing college. These recommendations will focus on the quality improvement of clinical facilitation in the nursing college of the Eastern Cape Province and, if implemented, they should ultimately influence the quality of patient care.

The researcher found that most of the problems identified in this study are structural in nature. The researcher recommends that in order to achieve quality in education, standards should be designed and implemented, and to which all stakeholders should adhere. Graham (1990:99–104) and Simms, Price and Ervin (1994:259–260, 423–425) refer to quality care standards according to Donabedian's framework, namely structural, process and outcome standards.

The following objectives set for this research study as listed in paragraph 1.4 were reached through a scientific evaluation of clinical facilitation of the nursing college.

The following recommendations are now made.

5.2 RECOMMENDATIONS

5.2.1 PREPLANNING AND PREPUBLISHING OF CLINICAL PLACEMENT DATES

It was identified that the preplanning and pre-publishing of placement dates were not carried out as required, as shown in Figure 4.1. A statistical association was identified between preplanning of clinical placement dates and campuses (p=0.0066). Despite both students and tutors agreeing that placement dates were published in advance, the findings show that planning and publishing was not done as required. A statistical

association was identified between position and the prepublication of placement dates (p = 0.0026). Tutors were more likely to agree than to disagree that placement dates were planned and published in advance compared to the students at all campuses, irrespective of the students' age or gender.

Recommendation

It is recommended that planning and publishing of placement dates for the year should be completed in advance. This will enable the students to prepare adequately for their placements. Furthermore it will enable unit managers of clinical facilities to plan more effectively for the number and the level of training of students expected at the clinical facilities. This should also assist the clinical facilitators to be able to provide a high standard of quality in clinical education as it will enable them to plan for their clinical activities in advance. The logistics such as the planning of transport between geographically widely spread distances for students to travel to reach various clinical facilities could be done more efficiently. A year plan for the clinical placement of students is recommended.

5.2.2 DISTRIBUTION OF MANUALS FOR RULES, PROCEDURES AND LEARNING NEEDS AND OUTCOMES

It was identified that a need existed for manuals to be distributed to the students prior to being placed in the clinical facilities as shown in figures 4.4 and 4.5. It was also identified that some of the campuses do not distribute the learning material to the students before clinical placement, as shown in figures 4.31 and 4.32. In addition some institutions do not clarify the learning needs of the students as shown in figures 4.27 and 4.28.

Recommendation

It is recommended that the students should be provided with all the rules, procedures, needs and learning outcomes with reference to clinical practice before being placed in the clinical facility. This should facilitate clinical teaching, learning and practice. The students’ expectations about their clinical requirements, particularly regarding the “do’s and don’ts”, the number of practical hours required and competency skills will be enhanced. Adequate information provided to students will further defuse any student unrest and conflict that may arise as a result of misinformation.

Substantiated and supported by the literature as described in paragraph 1.8.7 student competence is dependent on achieving the learning outcomes (Lambert & Glacken 2006: 364). However, the achievement of learning outcomes is facilitated by the following:

- The students should discuss learning outcomes with clinical facilitators to develop their knowledge base.
- Facilitators should address individual student needs to ensure that students attain suitable clinical experiences
- The students must also be aware of the fact that it is their responsibility to achieve their own learning objectives.
- The clinical facilitators should also discuss the learning outcomes with the clinical staff, who should communicate with the students.
- Students should be given an opportunity to discuss clinical needs and outcomes before clinical placement.

5.2.3 ORIENTATION PROGRAMME

As described in Figure 4.6 there are more participants from East London (77%) and Port Elizabeth (67%) that disagree that facilitators are given some structured orientation before clinical facilitation, however participants from the Lusikisiki (89%) campus are far more likely to agree that there is a structured orientation programme for facilitators at the clinical facilities compared to those from Port Elizabeth A statistical association was identified between the campuses and the orientation of clinical facilitators ($p = <0.0001$).

It was identified that not all the clinical facilities had a structured orientation programme for the tutors and students, as shown in Figure 4.7.

The clinical environment is seen as an “unknown and fearful” environment for a student. Quality learning should ideally occur in quality clinical environment as described in paragraph 2.3.1.2.

Recommendation

Supported by the literature Lambert and Glacken (2006:363) it is recommended that an orientation program for tutors and students should be in place in the clinical facilities. It

will provide '"direction" to tutors and students and guide them, reduce confusion and anxiety, and facilitate adaptation into the clinical environment.

5.2.4 COMMUNICATION

It was identified that a need for improvement of communication between students, clinical facilitators and clinical staff existed as shown in Figures 4.10–4.20. A statistical association was identified between student/facilitator communication and campuses (p = 0.0492). Tutors are more likely to agree than to disagree that there is communication between facilitators and clinical staff compared to students. A statistical association was identified between communication of learning outcomes by clinical facilitators and clinical staff and institutions (p = 0.0095). A statistical association was also identified between communication of student learning outcomes by clinical staff and position (p = 0.0027).

These results shows that much improvement is required in the area of communication, as the students' theoretical and clinical needs as required in the nursing programme may be affected adversely. This is supported by evidence to suggest that sound and trusting interpersonal relationships between clinical teachers and learners is a crucial variable in achieving optimal learning outcomes (Dunn & Hunsford, 1997:1229-1306; Hart & Rote; 2002:412- 420). It is therefore of critical importance that clinical staff should persevere to ensure that adequate communication is ensured in the clinical environment between the clinical staff, students and clinical facilitators ultimately facilitating teaching and learning.

Recommendation

It is recommended that the interpersonal interaction between students, clinical facilitators and clinical staff should be improved. Monthly scheduled meetings between the college and the clinical services where all matters pertaining placement of students will be discussed.

5.2.5 PREVISITS BY CLINICAL FACILITATORS AND STUDENTS TO THE CLINICAL PLACEMENT AREA PRIOR TO STUDENT PLACEMENT

As identified in figures 4.21 and 4.22 the majority of students are more likely to disagree that pre-visits to placement areas are done. A statistical association was identified between pre-visits to placement areas and campuses (p = 0.0005) and position (p = 0.0008). Furthermore, tutors (77%) are more likely to agree that learning outcomes of

students are distributed to placement areas in advance of placement compared to students (64%) who are more likely to disagree. A statistical association was identified between pre-distribution of student outcomes to the placement areas and position ($p = < 0.0001$).

Recommendation

The clinical facilities are geographically far from the college campuses with some situated in the rural areas where technology may be challenging. Consequently it may be a deterrent to enhance effective communication and good relationships. To overcome this problem the researcher recommends that meetings and visits prior to clinical placements should take place between the college staff and clinical staff to promote effective communication and good relationships between the college campuses, clinical staff and students. Visits to the clinical area will not only enhance communication and good relationships but will communicate the required student outcomes. Clarification in this regard can be given at such meetings. A positive milieu will enhance teaching and learning. The students need to see effective modelling of communication skills from their facilitators in the clinical area (Lopez, 1983:119–120).

5.2.6 JOINT RESPONSIBILITY FOR THE EDUCATION AND DEVELOPMENT OF STUDENTS

An overwhelming majority agrees to a joint responsibility between the college and clinical facilities as identified in figures 4.29 and 4.30.

Recommendation

Clinical responsibility should be shared between the clinical facility and college to promote teaching and learning and the production of professional nurses. Clinical staff is expected to extend theoretical knowledge and clinical learning as substantiated in paragraph 2.3.1.2.

5.2.7 SUPPORT

It was identified that the clinical facilities are not adequately supportive for learning, professional growth, skills development and practice, as shown in figures 4.33 and 4.34.

Recommendation

Support for the students in the clinical environment is a critical need that should be met. Inadequate support is detrimental to teaching and learning. Supported by Penman and Olivier (2004: 2–3) clinical placement areas should be supportive and capable of nurturing meaningful learning and optimal performance in students, paragraph 2.3.3. These authors also state that, with support, the novice acquires the role and confidence to consolidate her /his practice.

5.2.8 SPACE, EQUIPMENT AND MATERIAL RESOURCES

It was identified, as shown in figures 4.35 and 4.37 that all campuses have inadequate physical space, equipment and material resources for demonstration and feedback of clinical skills.

Recommendation

Supported by the literature, quality clinical learning should ideally occur in quality clinical environments (paragraph 2.3.1.2). There is a need to ensure that rigorous processes are in place when selecting sites for student clinical learning. A number of tools exist to facilitate the assessment of the suitability of sites for student learning (Clare et al., 2003). The researcher recommends that this situation be treated as a matter of urgency, especially in the provision of equipment and material resources.

5.2.9 FACILITATOR / STUDENT RATIO

Figure 4.41 shows that an overwhelming majority of participants at all campuses are most likely to disagree that there is adequate clinical facilitation and opportunities for clinical teaching and learning according to the ratio of facilitators to students. A statistical association was identified between the clinical facilitator and student ratio and gender

($p = 0.0489$)

Recommendation

The researcher recommends that an investigation be carried out into facilitator /student ratio norms to provide an adequate number of tutors to cope with the high number of students. The effectiveness of clinical facilitation process is diminished by the growth in the number of students requiring the clinical follow up (paragraph 2.5.1). In addition the

majority supports that clinical facilitation be done by tutors, the number of tutors should therefore be increased.

5.3 CONCLUSION

Although students are viewed as customers or consumers, rightfully demanding the highest quality of education available (Penman & Olivier, 2004:2), there are several challenges associated with clinical teaching and learning (Mannix et al. 2006:7).

The recommendations made by the researcher should assist the management of the nursing colleges in improving the quality of clinical facilitation in the various campuses. According to the findings of the study there are differences between colleges despite the fact that they are governed by one central management.

Management is faced with the following challenges:

- Standardization of policies and procedures
- Providing adequate infra structure, study materials and equipment
- Creating strategies to overcome the inadequate facilitator/student ratio

Clinical teaching and learning is the means by which student nurses learn to apply the theory of nursing so that an integration of theoretical knowledge and practical skills in the clinical situation becomes the art and science of nursing (Mellish et al., 1998:75). It is an important part in nursing education and the corner stone for quality nursing care (Mellish, Brink & Paton, 1998:75).

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ANNEXURES

Annexure A - Questionnaire

Title: An evaluation of needs of lecturers and nursing students of the Nursing College in relation to clinical facilitation.
The questionnaire is designed to evaluate the clinical needs that are important to you as a clinical facilitator or student nurse. There is no right or wrong answer. Mark the response that best reflects your feelings about clinical facilitation in your institution.

QUESTIONNAIRE

Instructions

Please respond to the following statements by placing X in the block next to the appropriate response.

Section A: Demographic data

1. Name of your institution

Port Elizabeth campus	
Umthatha campus	
Queenstown Campus	
East London campus	
Lusikisiki campus	

2. Age in years

21-30	
31-40	
41-50	
51-60	

3. Gender

Male	
Female	

4. Position

Lecturer	
Student	

5. Years of service as a lecturer

1-2	
3-4	
5-6	
More than 6	
N/A	

6. Years of service as a lecturer/clinical facilitator

1-2	
3-4	
5-6	
More than 6	
N/A	

7. Years of service in the present institution

1-2	
3-4	
5-6	
More than 6	
N/A	

Section B: Needs of lecturers and student nurses in relation to clinical facilitation

Key note: 1 = Strongly Agree; 2 = Agree; 3 = Disagree; 4 = Strongly Disagree; 5 = N/A.

STATEMENT	1	2	3	4	5
Clinical placement area					
1. Placement dates are planned before the placement of students to the clinical facilities.					
2. Placement dates are pre-published before the placement of students to the clinical areas.					
3. The students receive a manual containing all rules regarding clinical practice, procedures, forms and strategies prior to commencement of clinical placements.					
4. There is a structured orientation program for facilitators in the clinical facilities.					
5. There is a structured orientation program for the students in the clinical facilities.					
6. There is effective communication between students and clinical facilitators re- learning outcomes.					

7. There is effective communication between the clinical facilitators and clinical staff re-learning outcomes.					
8. There is effective communication between clinical staff and students re-learning outcomes.					
9. There is effective communication between students and clinical facilitators re- expectations during clinical placement of students.					
10. There is effective communication between clinical facilitators and clinical staff re-expectations during clinical placement of students.					
11. There is effective communication between clinical staff and students re- expectations during clinical placement of students.					
12. The facilitators visit the placement area before the students placement so that they can be introduced to the managers					
13. The students' learning outcomes are distributed to the placement areas before the placement of students.					
14. The learning needs of the students are clarified to the students.					
15. The learning needs of the students are clarified to the clinical staff.					
16. There is a joint responsibility between the college and the clinical facilities to develop the student nurses.					
17. The development and teaching of the student nurses is only the responsibility of the college.					
18. The clinical facilities are supportive of learning, professional growth, skills development and practice.					
Clinical teaching and learning					
19. The college has enough space for clinical teaching and learning activities.					
20. The college has enough equipment and material resources for demonstration and feedback of clinical skills.					
21. The clinical placement areas have enough equipment and material resources for demonstration and feedback of clinical skills.					
22. The facilitator/student ratio facilitates clinical teaching and learning.					
23. The clinical experience of student parallels the academic context.					
24. The students are theoretically prepared.					
25. The students are having the appropriate knowledge base.					
26. The students are willing to learn.					
27. The students accept constructive criticism.					
28. The students know the limitations of the clinical teaching and learning process.					
29. Remedial plan is implemented if the student fails to master the skill.					
Clinical assessment					
30. The students are informed of the specific criteria and standards for each clinical placement against which they will be assessed.					
31. The assessment tools measure the level of competency in the					

cognitive domain.					
32. The assessment tools measure the level of competency in the psychomotor domain.					
33. The assessment tools measure the level of competency in the affective domain.					
34. The student and the facilitator discuss and evaluate performance against each competency thereby identifying areas of strength and areas needing improvement.					
35. The evaluation tools are made available to the students at the end of each clinical placement session.					
36. The assessment tools facilitate integration of theory and practice.					

Section C

37. Clinical facilitation should be done by lecturers.

Yes	
No	

Annexure B – Letter of consent from the participants

P. O. Box 2964

King Williams Town

5600

04.08.2006

The participant

REQUEST: CONSENT TO PARTICIPATE IN A RESEARCH STUDY

I am registered as a Masters degree student (Stud No. 14020106) at Stellenbosh University for M.Cur.degree. The title of my study is : Evaluation of clinical facilitation in the Nursing College of the Eastern Cape Province.

The purpose of this study is to explore and to describe the lecturers' and student nurses' needs and problems pertaining to clinical facilitation.

I herewith like to request of you to participate in the above mentioned research study by completing a questionnaire. I will be grateful if you can spare thirty minutes of your time filling in the questionnaire. Data obtained will only be used for academic purposes. The venue and time will be arranged and communicated with you and the Head of the institution beforehand.

Although this study will not benefit you financially, your input will contribute to the maintenance and / or improvement on the quality of clinical teaching and learning in Lilitha Nursing College.

Your participation is voluntary. Please note that confidentiality and anonymity will be maintained. You may withdraw from the project at any given moment.

Your participation will be highly appreciated.

Your's sincerely

Zingiwe Patricia Peter(Master's student)

……

If you agree to participate in the study please indicate by signing your name below. Your name will not be quoted in the study.

Name: Signature: Date:

…… … …….. ……

Annexure C - Permission from the Eastern Cape department of health

C

Eastern Cape Department of Health

Enquiries: Zonwabele Mania
Tel No: 040 609 3405/9
Date: 19 April 2007
Fax No. 040 609 3784
e-mail address: zonwabele.mania@impilo.ecprov.gov.za

Dear Mrs ZP Peter

Re: Evaluation of Clinical Facilitation in the Nursing College of the Eastern Cape

The Department of Health would like to inform you that your application for conducting a research on the abovementioned topic has been approved based on the following conditions:

1. During your study, you will follow the submitted protocol with ethical approval and can only deviate from it after having a written approval from the Department of Health in writing.
2. The Department of Health expects you to provide a progress on your study every 3 months (from date you received this letter) in writing and shall have a right to come and check if the study do comply with ethical procedures.
3. You shall not change the approved protocol without informing the department in writing.
4. At the end of your study, you will be expected to send a full written report with your findings and implementable recommendations to the Epidemiological Research & Surveillance Management. You may be invited to the department to come and present your research findings with your implementable recommendations.
5. Your results on the Eastern Cape will not be presented anywhere unless you have shared them with the Department of Health as indicated above.

Your compliance in this regard will be highly appreciated.

EPIDEMIOLOGICAL RESEARCH & SURVEILLANCE MANAGEMENT
EASTERN CAPE DEPARTMENT OF HEALTH

The copy of this letter should be presented to the Hospital Superintendent or CEO and ensure that confidentiality and ethical considerations are observed

Annexure D - Permission from college head Ms ZA Ngele

D

EASTERN CAPE PROVINCE – DEPARTMENT OF HEALTH
LILITHA COLLEGE OF NURSING IN ASSOCIATION WITH THE CONSORTIUM OF UNIVERSITIES
(WALTER SISULU, NELSON MANDELA METROPOLITAN AND FORT HARE)
Private Bag X0028, BHISHO. 5605.
Tel: 040- 6093628 /4333 Fax: 040- 6093617

Enquiries: Mrs Z.A Ngele

TO: **Mrs PETER**

FROM: **COLLEGE HEAD: Mrs Z.A NGELE**

SUBJECT: **PERMISSION TO CONDUCT RESEARCH STUDY AT THE CAMPUSES OF LILITHA NURSING COLLEGE**

DATE: **19 JUNE 2007**

Your correspondence dated 19 April 2007 refers:

May I submit a sincere apology for the delays in responding to your request.

The College wishes to inform you that your request is approved based on the following conditions.

- at the end of your study, you will send a written report with your findings and implementable recommendations to the College management.
- Share your findings with the College management prior publication.
- That you will adhere to your submitted protocol and comply with the ethical procedures.

Thanking you

Z Ngele. 19/6/07

COLLEGE HEAD: Mrs Z.A NGELE

Annexure E - Permission from the Committee for Human Research of Stellenbosch University

E

UNIVERSITEIT·STELLENBOSCH·UNIVERSITY
jou kennisvennoot • your knowledge partner

26 March 2007

Mrs ZP Peter
Discipline of Nursing
Dept of Interdisciplinary Health Sciences

Dear Mrs Peter

RESEARCH PROJECT: "EVALUATION OF CLINICAL FACILITATION IN THE NURSING COLLEGE OF THE EASTERN CAPE PROVINCE"
PROJECT NUMBER : N06/09/178

At a meeting of the Committee for Human Research that was held on 28 September 2006 the above project was approved on condition that further information that was required, be submitted.

This information was supplied and the project was finally approved on 22 March 2007 **for a period of one year from this date**. This project is therefore now registered and you can proceed with the work. Please quote the above-mentioned project number in all further correspondence.

Please note that a progress report (obtainable on the website of our Division) should be submitted to the Committee before the year has expired. The Committee will then consider the continuation of the project for a further year (if necessary). Annually a number of projects may be selected randomly and subjected to an external audit.

Patients participating in a research project in Tygerberg Hospital will not be treated free of charge as the Provincial Government of the Western Cape does not support research financially.

Due to heavy workload the nursing corps of the Tygerberg Hospital cannot offer comprehensive nursing care in research projects. It may therefore be expected of a research worker to arrange for private nursing care.

Yours faithfully

CJ VAN TONDER
RESEARCH DEVELOPMENT AND SUPPORT (TYGERBERG)
Tel: +27 21 938 9207 / E-mail: cjvt@sun.ac.za

CJVT/pm

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Fakulteit Gesondheidswetenskappe • Faculty of Health Sciences

Verbind tot Optimale Gesondheid • Committed to Optimal Health
Afdeling Navorsingsontwikkeling en -steun • Research Development and Support Division
Posbus/PO Box 19063 • Tygerberg 7505 • Suid-Afrika/South Africa
Tel: +27 21 938 9677 • Faks/Fax: +27 21 931 3352
E-pos/E-mail: rdsdinfo@sun.ac.za