

**EXPERIENCES OF THE THIRD- AND FOURTH-YEAR UNDERGRADUATE
NURSES IN CLINICAL SETTINGS IN THE WESTERN CAPE**

By

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Thesis presented in partial fulfillment of the requirements for the degree of Master of
Nursing Science in the Faculty of Health Sciences at Stellenbosch University

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DECLARATION

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ABSTRACT

Background: The study aimed to explore the experiences of the undergraduate nurse in the clinical environment. It focused on the undergraduate nurses at an Institution of Higher Education (IHE). Ethical approval for the study was obtained from the Health Research Ethical Committee (HREC) at the Faculty of Health Sciences, Stellenbosch University. Consent to do the research was gained from the IHE from where participants were recruited and informed consent obtained from each of the participants.

The objectives of the study included:

- To explore the experiences of the undergraduate nurse in the clinical setting.
- To describe the effect of the experiences of the undergraduate nurse on their clinical learning.

Methods: The objectives were met by utilising a qualitative research approach with a descriptive explorative design. The target population consisted of nine third- and fourth-year undergraduate nurses from an IHE at two different campuses.

Due to the COVID -19 pandemic precautions, the interviews were done via WhatsApp video calling. Participants were selected as per purposive sampling. The Colazzi method of data analysis were employed to explore the objectives and to obtain a descriptive qualitative result. Ethical considerations were adhered to.

Results: The results of the study reflected the challenges faced by the undergraduate nurse in the clinical environment. It highlighted the relentless and continuing problems the undergraduate nurse faces globally. Despite transformation in nursing, the increased burden of disease exacerbates these challenges. The fourth- year participants developed a more positive approach in dealing with the challenges as opposed to the third-year participants. By developing coping skills overtime served as an advantage to the undergraduate nurse in deal with the challenges.

Key words: undergraduate, clinical environment and experience.

OPSOMMING

Agtergrond: Die studie het ten doel gehad om die ervarings van voorgraadse-verpleegstudente in die kliniese omgewing te ondersoek. Dit het gefokus op die derde- en vierdejaar verpleegstudente aan 'n Instituut van Hoër Onderwys (IHO). Etiese goedkeuring vir die studie is verkry van die Etiese Komitee (EKG) vir Gesondheidsnavorsing by Stellenbosch Universiteit. Toestemming om die navorsing te doen was verkry vanaf 'n IHO van waar die deelnemers verwerf was en ingeligte vrywillige skriftelike toestemming was ook verkry van elke deelnemer.

Die doelstellings van die studie was as volg:

- Om die ondervinding van die voorgraadse-verpleegstudente in die kliniese omgewing te ondersoek.
- Om die effek van die ervarings van die voorgraadse-verpleegstudente op hul kliniese leer te beskryf.

Metode: Die doelstellings was bereik deur gebruik te maak van 'n kwalitatiewe beskrywende benadering. Die teiken populasie het bestaan uit 3de- en 4de-jaar voorgraadse-verpleegstudente van 'n Hoër Onderwys Instelling by twee verskillende kampusse.

As gevolg van die COVID-19 pandemie is die onderhoude via WhatsApp video oproepe gedoen. Deelnemers is gewerf volgens doelgerigte steekproefneming. Die Colazzi metode van data analise is gebruik om doelstellings te ondersoek en 'n beskrywende kwalitatiewe resultaat te verkry. Etiese oorwegings is nagekom.

Resultate: Die resultate van hierdie studie weerspieël die uitdagings wat die voorgraadse-verpleegstudente in die kliniese omgewing in die gesig staar. Dit het die meedoënlose en voortslepende probleme wat die voorgraadse-verpleegstudente wêreldwyd in die gesig staar, beklemtoon. Ondanks transformasie in verpleging, vererger die toename in die las van siektes, hierdie uitdagings. Die vierde jaar deelnemers toon 'n positiewe benadering ten opsigte van die hantering van hierdie uitdagings in vergelyking met die derde jaar deelnemers. Die ontwikkeling van hanteringsvaardighede is tot voordeel vir voorgraadse-verpleegstudente om hierdie uitdagings die hoof te bied.

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Table of Contents

DECLARATION	1
ABSTRACT	II
OPSOMMING	III
ACKNOWLEDGEMENTS	IV
LIST OF TABLES	IX
LIST OF ANNEXURES	X
ABBREVIATIONS	XI
CHAPTER ONE	1
FOUNDATION OF THE STUDY	1
1.1 INTRODUCTION.....	1
1.2 BACKGROUND OF THE STUDY.....	2
1.3 RATIONALE.....	4
1.4 RESEARCH PROBLEM.....	7
1.5 RESEARCH QUESTION.....	9
1.6 RESEARCH AIM.....	9
1.7 RESEARCH OBJECTIVES.....	9
1.8 RESEARCH METHODOLOGY.....	10
1.8.1 <i>Research design</i>	10
1.8.2 <i>Study Setting</i>	10
1.8.3 <i>Population and sampling</i>	11
1.8.4 <i>Inclusion criteria</i>	11
1.8.5 <i>Exclusion criteria</i>	11
1.8.6 <i>Data collection tool</i>	11
1.8.7 <i>Pilot interview</i>	11
1.9 DATA COLLECTION.....	12
1.10 DATA ANALYSIS.....	12
1.11 TRUSTWORTHINESS.....	13
1.11.1 <i>Credibility</i>	13
1.11.2 <i>Confirmability</i>	13
1.11.3 <i>Dependability</i>	13
1.11.4 <i>Transferability</i>	13
1.12 ETHICAL CONSIDERATIONS.....	14
1.12.1 <i>Autonomy and consent</i>	14
1.12.2 <i>Confidentiality and privacy</i>	14
1.12.3 <i>Beneficence</i>	15
1.12.4 <i>Non-Maleficence</i>	15
1.12.5 <i>Justice</i>	15
1.13 DEFINITIONS / OPERATIONAL DEFINITIONS.....	15
1.14 DURATION OF THE STUDY.....	16
1.15 SIGNIFICANCE OF THE STUDY.....	17
1.16 SUMMARY.....	18
1.17 CONCLUSIONS.....	18
CHAPTER TWO	19
LITERATURE REVIEW	19
2.1 INTRODUCTION.....	19

2.2 BACKGROUND	19
2.3 INTEGRATION OF THEORY AND PRACTICE	20
2.4 CLINICAL FACILITATIVE SUPPORT.....	21
2.5 CLINICAL ENVIRONMENT.....	23
2.6 EMOTIONAL EXPERIENCE	24
2.7 GLOBALISATION.....	24
2.8 MENTOR TRAINING AND DUTIES.....	25
2.9 INTEGRATION OF TEAM AND COMPLIMENTARY STAFF.....	27
2.10 WORKPLACE ABUSE.....	28
2.11 OVERCROWDED CLINICAL PLACEMENTS AREAS.....	28
2.12 NOVICE PROFESSIONAL NURSES CHALLENGES.....	29
2.13 UNCERTAIN TIMES.....	30
2.14 SUMMARY	31
2.15 CONCLUSION	31
CHAPTER THREE.....	32
RESEARCH METHODOLOGY	32
3.1 INTRODUCTION	32
3.2 AIM OF THE SUDY	32
3.3 RESEARCH OBJECTIVES	32
3.4 RESEARCH DESIGN	32
3.4.1 <i>Study Setting</i>	33
3.4.2 <i>Population and Sampling</i>	33
3.4.2.1 Sample Realization	33
3.4.2.2 Inclusion Criteria.....	35
3.4.2.3 Exclusion Criteria.....	35
3.5 INSTRUMENTATION.....	35
3.6 PILOT INTERVIEW.....	36
3.7 DATA COLLECTION	36
3.7.1 <i>Time Trajectory</i>	37
3.8 DATA ANALYSIS AND INTERPRETATION	37
3.8.1 <i>Trustworthiness</i>	39
3.8.1.1 Credibility	39
3.8.1.2 Confirmability.....	39
3.8.1.3 Dependability	40
3.8.1.4 Transferability	40
3.8.1.5 Bracketing.....	40
3.9 ETHICAL CONSIDERATIONS.....	41
3.9.1 <i>Autonomy and Consent</i>	41
3.9.2 <i>Confidentiality and Privacy</i>	42
3.9.3 <i>Beneficence</i>	42
3.9.4 <i>non-Maleficence</i>	42
3.9.5 <i>Justice</i>	43
3.10 SUMMARY	43
3.11 CONCLUSION	43
CHAPTER FOUR.....	44
DATA ANALYSIS AND INTERPRETATION	44
4.1 INTRODUCTION	44
4.2 BIOGRAPHICAL DATA.....	45
4.2.1 <i>Demographic Data</i>	45
4.2.2 <i>Gender</i>	45
4.3 THEMES AND SUB-THEMES EMERGING FROM THE INTERVIEWS	46

4.3.1 Career choices	47
4.3.1.1 Nursing Role Models	47
4.3.1.2 Altruistic Career Choice	47
4.3.2 The Reality of Expectations	48
4.3.2.1 Adjusting to the Norms of the Clinical Nursing Environment	49
4.3.3 Support	49
4.3.3.1 Clinical Support	50
4.3.3.2 Family Support	51
4.3.3.3 Peer Support	52
4.3.3.4 Financial Challenges	52
4.3.4 Clinical Environmental Challenges	53
4.3.4.1 Interpersonal Relationship in the Clinical Environment	53
4.3.4.2 Positive Attitude Towards Nursing	56
4.3.5 Accomplishing Objectives	56
4.3.5.1 The Reality of the Workload and Overload	56
4.3.5.2 Work Related Learning Hours	57
4.3.6 Theory /Practice Integration in the Clinical Environment	59
4.3.7 Dealing with Challenges	60
4.3.8 Undergraduate Nurse Recommendations	62
4.4 SUMMARY	63
CHAPTER FIVE	64
DISCUSSION, CONCLUSION AND RECOMMENDATIONS	64
5.1 INTRODUCTION	64
5.2 DISCUSSION	64
5.2.1 <i>Objective 1: The Undergraduate Nurses' Clinical Setting Experience</i>	64
5.2.1.1 The Reality of Nursing as a Career Choice	65
5.2.1.2 Support in the Clinical Learning Environment	66
5.2.1.3 Supervisory Support in the Clinical Learning Environment	67
5.2.1.4 Peer Support	67
5.2.1.5 Financial Challenges	68
5.2.1.6 Family Support	68
5.2.1.7 Interpersonal Relationship Attitude and Treatment	68
5.2.2 <i>Objective 2: The Effects of the Experiences of the Undergraduate Nurse on their Clinical Learning</i>	70
5.2.2.1 Teaching and learning	70
5.2.2.2 Remaining and Embracing the Positive	70
5.2.2.3 How the Undergraduate Nurse Navigates their Experiences	71
5.2.2.4 Effects of Additional Present-day Challenges	72
5.2.2.5 The Effects of the Ever-changing Dynamics on the Undergraduate nurse	74
5.3 LIMITATIONS OF THE STUDY	76
5.3.1 <i>Personal Limitations of the Researcher</i>	76
5.4 RECOMMENDATIONS	76
5.4.1 <i>Orientation, Preparedness and Accommodation</i>	76
5.4.2 <i>Debriefing and Support</i>	77
5.4.3 <i>Evaluation Platforms</i>	77
5.4.4 <i>Care for the Carer</i>	77
5.4.5 <i>Financial Support</i>	77
5.4.6 <i>Clinical Support</i>	77
5.4.7 <i>Inter-institutional Relationships</i>	78
5.4.8 <i>Possible Research</i>	78
5.5 CONCLUSION	78
REFERENCES	79

ANNEXURES..... 89

LIST OF TABLES

TABLE 4.1: BIOGRAPHICAL DATA OF THE PARTICIPANTS	45
TABLE 4.2: THEMES AND SUB-THEMES	46

LIST OF ANNEXURES

ANNEXURE A: STELLENBOSCH UNIVERSITY HREC APPROVAL	89
ANNEXURE B: STELLENBOSCH UNIVERSITY MODIFICATIONS REQUIRED DOCUMENT	90
ANNEXURE C: CPUT ETHICAL APPROVAL.....	91
ANNEXURE D: CPUT SITE PERMISSION	92
ANNEXURE E: INTERVIEW GUIDE	93
ANNEXURE F: WCG APPROVAL LETTER	94
ANNEXURE G: DECLARATION BY PRINCIPAL INVESTIGATOR.....	95
ANNEXURE H: DECLARATION BY INTERVIEWER	96
ANNEXURE I: DECLARATION BY INTERPRETER	97
ANNEXURE J: DECLARATION BY LANGUAGE EDITOR.....	98
ANNEXURE K: DECLARATION BY TECHNICAL EDITOR	99

ABBREVIATIONS

OSCE- Objective Structured Clinical Evaluation

SANC - South African Nursing Council

DoH - Department of Health

WHO- World Health Organisation

IHE - Institution of Higher Education

ENA - Enrolled Nursing Assistant

EN- Enrolled Nurse

WIL- Work Integrated Learning.

HREC- Health Research Ethical Committee

CHAPTER ONE

FOUNDATION OF THE STUDY

1.1 INTRODUCTION

Clinical experience is a fundamental component of any nursing curriculum since it facilitates the correlation of theory and practice. Clinical placement is therefore imperative for undergraduate nurses to develop competency, confidence, organizational skills and therefore practical preparedness in the science and art of nursing (Yen, Abidin, Mansoor, Annamma & Hassan, 2017: 1).

The researcher in the capacity of clinical mentor at an educational institution observed that many Baccalaureus Technologiae (B Tech) undergraduate nurses are anxious about their clinical placement because of fear that they might not be able to cope with the clinical work (Sharif & Massoumi, 2005: 2; Kaphagawani, 2015: 220). Furthermore, the researcher also observed that many undergraduate nurses absent themselves often during placements while trying to complete clinical hours of a previous module or to meet assignment due dates; hence they fail to complete the required hours for that specific placement. The latter results in a deficit of hours in their clinical training. They also have to complete an objective structured clinical evaluation (OSCE) which add to their stress levels. This posed as challenges and an enormous amount of stress to the third and fourth year academic undergraduate nurse.

The third-year programme is perceived by students as too compact because it includes psychiatric nursing, community nursing science, ethos and professional practice as well as unit management. Time seems inadequate for them to adjust, reflect and obtain competencies in various skills required for these different modules. Jamshidi, Molazem, Sharif, Torabizadeh and Kalyani (2016: 5) are of the opinion that students do not have enough time to integrate the skills taught to them. Additional to the above students tend not to complete their portfolios once marked, and yet not completed. These students are of the opinion that it is marked and did not consider the fact that it is a practical requirement by the South African Nursing Council (SANC) as well as their hours worked.

This research study was stimulated by the difficulties, struggles, feelings and expressions heard and felt by the researcher in her daily encounter with

undergraduate nurses whilst they adjust to certain areas of clinical nursing practice and nursing practice being experienced different from what they initially anticipated and expected. Students soon realise that their positive regard or stereotypes about nursing practice are compromised by having to obtain knowledge, taking responsibility, and obtaining competency skills. The reality of what nursing entails is totally different from what their original expectations were.

The undergraduate nurse didn't expect that these factors would cause personal and academic demands to which they are challenged in the clinical setting (Brodie, Andrews, Andrews, Thomas, Wong & Rixon, 2017: 730).

1.2 BACKGROUND OF THE STUDY

Presently, the B Tech degree undergraduate nursing academic modules comprise of 600 hours theory and 1000 hours of practicum per annum as regulated by the Nursing Act No 33 (2005: np). Their placements consist of inpatient (hospital), community clinics and clinical platforms such as retirement homes.

A study conducted on student nurses' experiences during clinical practice in the Limpopo Province by Mabuda, Potgieter and Albertus (2008: 23), found that the constant changing of clinical environments to be stressful, challenging and unpredictable for undergraduate nurses. They also found that the rapid turnover of clinical placement sites resulted in a disadvantage to the undergraduate nurses' learning process. The same sentiment was shared by Baraz, Memarian and Vanaki (2015: 2) and Brodie *et al.* (2017: 730), who found in their study that the strenuous theoretical program and having to manage their required practical hours, accompanied by personal commitments, can prove stressful to undergraduate nurses.

In 2019 the psychiatric clinical nursing module at this Institution of Higher Education (IHE) proved that 82 third- year undergraduate nurses had not completed their clinical practice hours as scheduled. This resulted in undergraduate nurses having to fit in additional hours of work into their already tight schedule.

Furthermore, the unprecedented Covid-19 pandemic resulted in more challenges for these nurses since they could not enter the clinical environment under the government proclaimed lockdown during the 2020 academic year. This delayed their clinical placement and completion of their programme.

During clinical placement of undergraduate nurses, it was evident to the researcher that many students living off campus, faced additional social stressors as opposed to those students who resided in campus residences, such as having to travel via public transport to clinics with minimal financial resources, resulting in absenteeism, requests to work flexible shifts or to be placed in nearby clinics which were unable to accommodate all simultaneously. Due to limited resources at clinical facilities, the IHE were compelled to identify clinical areas beyond their borders according to Bimray, Le Roux & Fakude (2012: 119). Students also started leaving the clinical environment early without permission to travel, as corroborated in studies done by Kaphagawani (2015: 186-187) and Rodriguez (2013: 2-9).

These factors were time and energy consuming and caused financial problems, contributing to the challenges experienced by undergraduate nurses which prevented them from completing their clinical modules (Bimray *et al.*, 2012: 119).

Numerous studies were conducted regarding the experiences of undergraduate nurses in clinical settings together with recommendations made, but the dynamic challenging environment intensifies the experiences of nurses. Tiwaken, Caranto and David (2015: 27) are of the opinion that the clinical experience of undergraduate nurses remains a daunting experience due to the increase in the burden of disease. Presently the COVID-19 pandemic was further complicated by the ever-increasing shortage of staff and new staff not being amply prepared to be confident in taking responsibility as novice professional nurses (Casey, Fink, Krugman & Propst, 2004: 301-309).

Fawaz, Hamdan-Mansour and Tassi (2018: 105-110) also expressed their concerns regarding these challenges and the need for diversity in the ongoing development of nursing. Matlakala (2016: 9-10) and Kpodo (2015: 82) reflect on the important role of social, technological and human resources in transforming Sub-Saharan African nursing.

Ebrahimi, Hassankhani, Negarandeh, Azizi and Gillespie (2016: 1) as well as Emanuel and Pryce-Miller (2013: 18-20), in their research findings emphasized the importance of support to undergraduate nurses to decrease their anxiety levels while being placed in clinical facilities. Matlakala (2016: 9), in turn refers to the importance of ongoing SANC analysis of the factors that affect nursing experiences and future trends in maintaining

nursing professionalism and future growth. Failure to identify challenging clinical learning experiences of the undergraduate nurse contribute to the dissatisfaction and negative impact on the professional survival of the nurse (Jamshidi *et al.*, 2016: 2).

The aim of the proposed study is to explore and describe the experiences of undergraduate nurses in public clinical settings within the Western Cape area

1.3 RATIONALE

The global standards of the World Health Organization (WHO) (2009: 12) education of professional nurses and midwives aim to ensure positive patient health outcomes by competent practitioners in order to provide quality patient care. However, this can never be achieved successfully without the undergraduate nurse being exposed to the clinical setting. In lieu of this standard and aim, clinical learning becomes imperative.

Fawaz *et al.* (2018: 109) stated in their study that nursing education faces many challenges locally and globally due to the socio, economic and technological reforms of the twenty first century. Undergraduate nurse education in Sub-Saharan Africa has undergone significant changes since 1986. In former years nursing students were employed and educated by health institutions and had easy access to clinical practice experience. Being affiliated to an educational institution which is independent of the primary, secondary, and tertiary health facilities, access to clinical placement has proven to be even more challenging (Kpodo, 2015: 3).

Despite transformation in nursing education, undergraduate nurses face clinical learning challenges. This could be due to the fact that in South Africa the health sector education and training have not transformed sufficiently to accommodate the health needs of the country (Bvumbwe & Mtshali, 2018: 9).

The curriculum and clinical facilities need accreditation by SANC (Nursing Act, 33 of 2005). The IHE under study offers a four-year nursing science degree program compliant with the SANC framework, namely the (Government Gazette Regulation, 425, 1985, as amended). These undergraduate nurses are therefore required to complete one thousand hours of clinical work and a portfolio for modules of their training according to SANC (2005: 41). This R425 Baccalaureus Technologiae (B Tech) programme is being offered presently, as well as the reformed nursing program, the R174. The latter program amends the previous program and is being rolled out at

the three leading institutions of higher education in Cape Town since the year 2020. As mentioned in the introduction the researcher needs to stress that although the research focuses on the R425 (BTech) undergraduate nurses, an important development in the undergraduate degree nurses program is that the R425 (BTech) and the R174 (Bachelor Degree) program are presently running concurrently and the undergraduate nurses are all placed in the same SANC accredited clinical settings. With reference to the inaugural speech of professor Matlakala (2016: 7), there is no clear differentiation between the R425 and R174 scope of practice.

The overall objectives of the programme are to equip the new graduate nurse with the necessary behavior, knowledge and skills in order to provide professional nursing care that will reflect understanding of the social, economic and cultural context (SANC, 2005: 16-17). Despite this objective many graduate nurses still change their professions or migrate to “greener pastures” instead of furthering their studies or helping to improve standards of nursing care (Matlakala, 2016: 4).

Some undergraduate nurses became disillusioned by the fact that their initial concept of nursing as a chosen career does not meet their expectations. The disillusionment, coupled with challenges such as protest action from time to time and other personal and academic issues contribute to the attrition of nursing once they had completed their studies (Brodie *et al.*, 2004: 731). With the introduction of advancing technology students may find it difficult or inaccessible due to financial constraints or far off data sites (Bvumbwe & Mtshali, 2018: 9).

Yen *et al.*, 2017:1; Rajeswaran, 2016:2; Galvin Suominen, Morgan, O’Connell & Smith, 2015:1-2 & Martin & Daniels, (2014:123) also found that challenges experienced by these nurses entering the clinical placement setting are numerous and forms a stressful part of their student years, globally. Extensive studies have been done and recommendations were made to improve the experience of undergraduate nurses. Kpodo (2015:79-81) in his review made broad recommendations, regarding communication, collaboration, and consultation to ensure evidence-based learning. Martin and Daniels (2014:257), in their study recommended collaboration between the higher education institute and health care settings for effective emotional support to students. However, despite research being done as described above and recommendations made globally and locally, clinical placement for the undergraduate

nurse remains a daunting experience. This is currently exacerbated by the change in disease profile, technological needs and clinical placement requirements, as seen with the advent of the COVID-19 pandemic. The expectations in experiential learning of the undergraduate nurse are not always clearly described or well implemented. The uncertainty of the duration of the pandemic and the lockdown measures imposed caused anxiety and fear that they might not complete their training within the expected time frame. Undergraduate nurses had no access to the IHEs support systems during lockdown (Temiz, 2020:1-5). The anxiety and fear of the unknown as experienced by these nurses was not always adequately addressed and contained. Due to the sudden onset of the COVID-19 pandemic and implementation of the lockdown, the undergraduate nurses were not prepared nor were they equipped for their return to the clinical learning environment when lockdown was eased by the government (Temiz, 2020:1).

There are however undergraduate nurses who have had positive experiences in the clinical setting. According to Labraque (2013: 429), older students become less stressed and develop coping strategies to deal with the challenges in the clinical environment.

Some students had positive learning experiences because they were willing to allow all categories of clinical staff to teach them and educators and mentors were available to support them. They felt that they received better care and training in wards where there were fewer patients (Kaphagawani, 2015: 170-171).

Due to the above factors described from various inputs and the dynamics of the ever-changing curriculum accompanied by shortage of staff, technology, and the inevitable socio-economic challenges, the researcher deems it extremely important to explore the experience of undergraduate nurses in clinical settings from the students' point of view. The researcher found that the undergraduate nurses' perspective of their expectations in dealing with their experiences and how they navigate and overcome their challenges have not been sufficiently explored. This study aimed to capture the 3rd and 4th year undergraduate nurses' experiences, highlighting their personal experience and how they approached experiential challenges in the face of the ever-changing global, socio-economic, technological reformation and increased burden of disease.

It is hoped that the outcome of the study would prove beneficial and informative in facilitating and implementing ongoing and new improved measures in enhancing clinical skills, mentoring, support, and foster resilience in the undergraduate nurse, thus, enabling students to become empowered clinical learners and professional change agents in nursing.

1.4 RESEARCH PROBLEM

At this educational institution, there are 260 students who are mentored by 3 mentors for the psychiatric subject module and 4 mentors for the community subject module for the third- and fourth-year (BTech) undergraduate nurse training. In addition, 4 mentors accompany the fourth-year undergraduate in the same year. This posed a challenge to the mentors to accompany these students adequately. The challenges to these nurses included completing both a comprehensive practical portfolio, an assignment for each practical module as well as the required hours prescribed by SANC for each of the third and fourth year

These undergraduate nurses were regarded as workforce as opposed to being supernumerary, resulting in more pressure on the nurse. This aforementioned scenario seemed to cause much tension to the undergraduate nurse since many of them were unable to cope and did not complete their comprehensive portfolios or their required hours. Despite completing their clinical hours, the undergraduate nurse returned to the clinical placement area after completion of their programme, to retrieve relevant signatures as confirmation that they had done the procedures, or they would redo the clinical procedure so that the professional clinical nurse could endorse their clinical competencies. This however results in students not being ready for community service placement.

Moreover, due to challenges such as staff shortages in the clinical environment, the undergraduate nurse was confronted with staff not having sufficient time to teach, mentor and facilitate them, nor sign their portfolios or register for duty hours worked, resulting in a lack of support which affect their clinical learning negatively (Gemuhay, Kalo, Marisho, Chipwaza & Nyangena, 2019: 10; Tiwaken *et al.*, 2015: 70). The dynamics of nursing education to stay abreast with global demands for high quality health care, medical knowledge and technology, also impacts on the undergraduate nurses clinical experience (Fawaz *et al.*, 2018: 10).

Often, the undergraduate nurse faces socio-economic adversities, such as being mugged or losing their portfolios while living off campus or using public transport. Newspaper articles by Harrisberg (2021:np) and Luhanga (2021:np) reported on the dangers commuters face when using taxis to get to work, especially when taxi violence erupt. This disruption in the regular transportation often proves to be financially burdensome and dangerous since nurses risk their lives by being criminally attacked because they must access transport to and from work at inconvenient times or places. Hence, financial constraints and protest action adds to the undergraduate nurses' difficulty in completing their clinical placement hours.

Due to difficult financial circumstances, many undergraduate nurses resort to seeking part time jobs to obtain an income, leading to absenteeism because of exhaustion (Rochford, Connolly & Drennan, 2009: 601). Absenteeism of undergraduate nurses poses an additional challenge to the already stretched mentors to increase their support by putting in extra hours so that they can complete their clinical objectives.

Despite similar previous research done globally and recommendations made following these studies including, positive role modelling, support to the undergraduate nurse, good collaboration between the educational institute and clinical facilities, students still feel challenged by their experiences in clinical environment (Galvin *et al.*, 2015: 14; Kaphagawani, 2015: 212 & Mabuda *et al.*, 2008: 25).

Transformation in nursing education in South Africa has led to the reformation of nursing institutions to institutions of higher learning (Makhanya, 2016: 1). The nursing curriculum has changed from diploma in nursing to the Baculaeaus Technologiae degree in nursing at this institution of higher education, with the diploma in nursing being phased out. However, the undergraduate nurses training is continuing despite socio-economic trends de-escalating. The disease profile of the country now includes COVID - 19 and its variants, placing more demands on the Department of health (DoH) and training institutions to produce adequately trained nurses. Experienced mentors are aging and therefore younger and perhaps less experienced mentors fulfill this role.

Competition remains a challenge on the placement platform due to the clinical placement of both undergraduate and postgraduate nurses enrolled in the mentioned and other programmes as well as in institutions and clinical environments.

Challenges, perceptions, and experiences are further exacerbated by the fact that students were unable to complete their previous years clinical learning in 2020 as a result of the COVID-19 pandemic rules. During the year 2020, the undergraduate nursing theory was acquired online or via voice notes. The undergraduate nurse had no simulation or practical demonstration of the clinical learning procedures and entered the clinical learning environment with limited or no exposure and not knowing what to expect (Temiz, 2020: 1).

Students were faced with a battery of theoretical work as well as clinical assignments. They had to complete their previous year's clinical learning whilst simultaneously receiving their present year nursing program theoretical teaching online or via voice notes and slides. As a clinical mentor of the third -year undergraduate nurses, the researcher is often confronted by students' feelings of being overwhelmed by the amount of work and assignments they need to submit simultaneously from the respective programmes. Having too many due dates in a short period of time for submission, undergraduate students resorted to absenteeism to complete their assignments in both theory and practical modules.

In lieu of the above factors described, the researcher is convinced that this research study is paramount, since the results could be useful to inform or make recommendations towards understanding undergraduate nurses' experiences in the clinical setting better and exploration of these factors to improve certain aspects and or possibly set the scene for future studies.

1.5 RESEARCH QUESTION

What are the experiences of third and fourth- year undergraduate nurses in the clinical settings in the Western Cape?

1.6 RESEARCH AIM

The aim of the study is to explore and describe experiences of the undergraduate nurses in public clinical settings within the Western Cape.

1.7 RESEARCH OBJECTIVES

The research objective is:

- To explore the experiences of the undergraduate nurse in the clinical setting
- To explore how undergraduate nurses deal with challenges they are facing

1.8 RESEARCH METHODOLOGY

The current chapter contains a brief description of the methodology as applied in the study. A detailed report is provided in Chapter 3.

1.8.1 Research design

For this study an, exploratory qualitative descriptive study as described by Grove, Gray and Burns (2015: 77), was applied to explore the clinical experiences of the undergraduate nurse'

A qualitative design is concerned with exploring how the undergraduate nurse encounter their clinical experience rather than having an explanation and controlled measurement (De Vos *et al.*,2011: 308). Polit and Beck (2012: 523) stated that qualitative research is concerned with providing a contextualized understanding of human experience rather than generalisability.

1.8.2 Study Setting

In 2002 the then minister of education requested that the IHE and the government colleges amalgamate. This was requested as part of his restructuring of the higher education system in South Africa. An agency agreement Department of Health (DoH) and the IHE started operating as a decentralised campus in 2005 (Mc Lachlan, 2008: 6-8). In 2018 that agency agreement between these two parties was dissolved. This meant that the nursing program for the IHE moved to their own campus. The current fourth -year undergraduate nurses were allowed to complete their training at their original campus. While the current 3rd year undergraduate nurses were not affected by the dissolution of the agency agreement.

Due to the COVID-19 regulations the proposed study was conducted via video calling instead of the real-life situation or environment as described by Brink, Van Der Walt. & Van Rensburg, (2012: 59), but rather via video calling as this was safe, private, and convenient for the participants. Confidentiality was maintained. Recruitment was done at a nursing IHE depending on their undergraduate year of training, following strict social distancing and sanitising rules. The interviewer interviewed undergraduate nurses via video calling as there were no formal theory classes on campus during the first half of 2021. Permission to conduct the study was obtained from all the relevant role players involved with the third- and fourth-year undergraduate nursing students enrolled at this institution.

1.8.3 Population and sampling

A target population refers to the participants, events, object, or subjects that meet the criteria for inclusion into the study (Grove *et al.*, 2015: 46). The target population for the study were the third- and fourth-year undergraduate nurses at an IHE. Individual interviews were conducted via WhatsApp video calling. Individual interviews were conducted with nine participants until data saturation was reached. Both male and female participants who volunteered were selected (Polit & Beck, 2012: 523).

1.8.4 Inclusion criteria

Participants recruited were the third- and fourth-year undergraduate nurses at an IHE. Students of any age or gender were permitted.

1.8.5 Exclusion criteria

Students who were not available online at the time of the study.

1.8.6 Data collection tool

A semi structured interview guide based on the study was used by the researcher during the interviewing process (Annexure E).

1.8.7 Pilot interview

The initial pilot interview was used to probe the subjects, language, and concepts and to test the suitability of the standardized instruments. It was also used to investigate whether the subject under study will be adequately captured by the proposed interview (Harvey, 2012: 17). Ethical clearance and permission to do the study was obtained on 30th June 2020. The researcher proceeded to have pilot interviews conducted with an undergraduate third- and fourth-year nursing students.

Consent to do the pilot interviews was obtained from a third year and a fourth-year participant and the data collected was included in the main study.

The comfort and privacy of the participants during the process of the interview were ensured. The interview was done via WhatsApp calling, and at a convenient time for the participant (Hurst, Arulogun, Owalabi, Akinyemi, Uvere, Wrath & Ovbiagle, 2015: 53-64).

After undergoing interview skills training, the field worker and researcher conducted the pilot interviews. The audio-recording was sent to the supervisor who listened to it and

ensured that the interview skills of the researcher is satisfactory and that the questions and process were understood.

1.9 DATA COLLECTION

Data collection the researcher, being a mentor at the IHE under study initially worked with the third-year students, which was likely to cause biases should this researcher collect data from these participants. However, due to the COVID-19 lockdown and restrictions in 2020 and the beginning of 2021 in South Africa, the researcher was no longer able to interview these undergraduate nurses since they had progressed to the fourth year. The researcher obtained an independent qualified professional nurse to interview the participants to prevent possible biases (Burns & Grove, 2011: 88). The interviewer(s) were two persons at the time of data collection. The interviewers and interpreter had undergone interview skills training. The fieldworkers signed a document of agreement of confidentiality. The researcher monitored the process.

1.10 DATA ANALYSIS

Data analysis means organizing or providing structure to make sense of the data collected. In qualitative studies, data collection and analysis were done simultaneously, identifying themes and concepts (Polit *et al.*, 2012: 556). The seven steps of Colazzi (1978), as described in Polit and Beck (2012: 566) and Shosha (2012: 33) were utilized to analyze the data. These steps are fully noted in chapter 3.

A second recorder was used as back up for recording interviews in case the first one failed. Data analysis occurred simultaneously with data collection (Burns & Grove, 2005: 569). Immediate interpretation of information after data collection ensured that it was accurately remembered and could be organized and stored safely, correctly, and orderly. Thus, by ensuring accurate record keeping and data capturing, the researcher ensured a proper audit trail.

The data that the field notes, written transcripts and audio recordings were packaged for safe keeping for five years and accurately identified with a coded number, site of data collection names of researchers, date of data collection, and the date of computer recording of the data (Mack, Woodside, MacQueen, Guest & Namely, 2005: 85). The researcher made sure the data was stored on an electronic file on hard drive obtained

for this research project only. The other non- electronic information was locked up safely in the researchers safe.

1.11 TRUSTWORTHINESS

The four criteria, namely credibility, dependability, conformability, and transferability were applied to ensure trustworthiness.

Trustworthiness of the study was ensured by careful and thorough data collection and analysis thereof. The researcher, who is a mentor at the IHE, bracketed all preconceived ideas and maintained the meaning revealed during data collection. Thus, the researcher kept an open mind (Grove *et al.*, 2015: 68). By ensuring that an audit trail was accurately done, the researcher ensured that all decisions in the transformation of the data was reported in detail to a theoretical system (Burns & Grove, 2005: 629).

1.11.1 Credibility

Credibility is the accuracy of the interpretation of the research findings as relayed by the participants (Grove *et al.*, 2015: 392). For the research finding to be credible the researcher sets aside her opinions and ideas of the subject discussed. Member checking to verify the credibility of the interpretation of the data collected was done. Credibility is further described in Chapter three.

1.11.2 Confirmability

The data collected was accurate and relevant in support of the researchers' interpretation of the findings. The researcher described the research process in full as proposed by Du Plooy-Cilliers *et al.* (2014: 258). Confirmability is further described in Chapter three.

1.11.3 Dependability

Dependability was maintained through an audit trial of logical and well documented findings of the study, and it was found to be dependable, acceptable and reliable (De Vos *et al.*, 2011:420; Brink *et al.*, 2012: 127). Dependability is further discussed in Chapter three.

1.11.4 Transferability

Transferability refers to the application of a similar situation that would produce the same or similar results (Du Plooy-Cilliers *et al.*, 2014: 258). A rich thick description of the whole research process and findings were done to ensure similar, clear and

comparative future research studies, local and globally. Further discussion of the transferability of the study is done in Chapter three.

1.12 ETHICAL CONSIDERATIONS

Ethical principles play a vital role in conducting research for the purpose of protecting human participants. According to Brink *et al.* (2012: 34) the integral, ethical principles in research are the principles associated with human rights, namely, the principles of respect for persons, beneficence, and justice. The researcher obtained permission from the Human Ethics and Research Committee at Stellenbosch University according to the university's policy (ref no: S20/03/076).

Permission was sought from the director of the research setting where the research has been conducted. Ethical approval was also obtained from the participating undergraduate nursing student's educational institution (See annexure A ref no: S20/03/076).

1.12.1 Autonomy and consent

Before the undergraduate nurses decided to participate in the study, the researcher explained to them why the research was being conducted. The nature, process and duration of their involvement in the research, as well the involvement of the academic institutions and the supervisors were explained. The researcher also explained what the benefit of the research is and how the participants can eventually access the outcomes of the research (De Vos *et al.*, 2011: 117).

Participants were invited to partake in the study without coercion (De Vos *et al.*, 2011: 117). Thus, they had the right to participate or not. They were informed that they have the right to withdraw from the study at any time without retribution. Participants were made aware that they have the right to ask for clarification of the study or parts thereof, before and during the investigation. The participants gave voluntarily consent in writing to partake in the study (De Vos *et al.*, 2011: 118).

1.12.2 Confidentiality and privacy

Confidentiality was maintained by not using the participants' names during the recordings but instead number coding their identity as participant 1 or participant 2, hereby the identity of the participant would remain concealed after the interview (De

Vos *et al.*, 2011: 120). The researcher undertook not to share any of the participants' personal or private information (Grove *et al.*, 2015: 107).

1.12.3 Beneficence

The participants' wellbeing and their need to be protected from harm and discomfort were considered (Brink *et al.*, 2012: 35). The purpose and plan of the research study were clearly understood by the participants to prevent any harm.

1.12.4 Non-Maleficence

Non-maleficence means to do no harm according to Pera and van Tonder (2011: 55).

To honor this principle, the researcher tried to identify the participants' vulnerability early to refer them timeously (De Vos *et al.*, 2010: 115). The interview sessions were scheduled via WhatsApp video calling so that the participants were not aware of each other. This ensured anonymity and safety of the participants identity and information.

1.12.5 Justice

The participants were treated fairly and their privacy needs were respected (Brink *et al.*, 2012: 36). Benefits were shared and risks were minimized for all. The participants were third and fourth-year nurses who had the ability to converse well with the researcher. Provision was made for a standby assistant in the event of a problem arising, whereby a student, not being able to express him/herself emotionally other than in their mother tongue was accommodated.

1.13 DEFINITIONS / OPERATIONAL DEFINITIONS

Programme: is the experiential learning opportunities that lead to registration as a professional nurse (South African Nursing Act 33 of 2005, Regulations 425).

Undergraduate nurse: is a student who enrolls for the four-year nursing program at a university or IHE, leading to registration as a professional nurse with SANC (Act No.33 of 2005).

Mentoring: is the transfer of wisdom, knowledge and skills by a more experienced person to a less experienced person (Kram, 1985 cited in Crisp, Baker, Griffin, Lunsford & Pifer, 2017: 18). In this study the term mentor is used instead of clinical supervisor.

A supervisor: is an expert or more senior unit professional nurse who guides and support professional and student nurses to develop professional skills and clinical competencies (Bos, Silen & Kaila, 2015:1; Brunero & Parbury, 2008:86).

A preceptor: as an experienced professional nurse who helps to facilitate the role transition of undergraduate and novice professional nurses by teaching, supervising and evaluating the preceptees allocated to them (Yonge et al., 2007:3).

A portfolio: is a prescribed record that student nurses should complete to keep record of their accomplishment skills and competencies (Registered Nurse RN. Com: np).

Nurse educator: refers to a SANC registered nurse with a post registration in education and who lectures and coordinates the nursing education program at a nursing educational institution (Kpodo, 2015: 9-10).

Clinical setting: is the clinical learning environment at a primary, secondary or tertiary health facility that is accredited by SANC to accommodate patient care, learning, assessment and evaluation of student nurses (Kpodo, 2015: 9-10).

Work Integrated Learning (WIL): Work intergraded learning is a term utilized by academic disciplines to describe learning of nurses in the workplace. It is used to integrate theory and practice of nurses. Using the clinical environment, curricular, pedagogic and assessment approaches to teach work related competencies (Higher Education Monitor 12, 2011: 13).

1.14 DURATION OF THE STUDY

This study is done to explore the experiences of the undergraduate nurse in the clinical settings. It focusses on the third- and fourth-year undergraduate nurses, as they experience the clinical environment and soon to be qualified professional nurses.

This study is conducted in a nursing education at an IHE.

Chapter One: is an introduction to the study. It describes the background to the study giving an overview of the study. The study setting is described, the problem and rationale for conducting the study is outlined and explains the significance of the study.

Chapter Two: reviews the national and international literature that pertain to or has bearing on the study. It examines the experience of the undergraduate nurses found in previous studies as well as new experiences coming to the fore.

Chapter Three: presents the study design. The aims and objectives of the study are discussed. The methodology of this study is outlined. The type of study namely a qualitative explorative design is described, including the population sample, sampling procedure employed, data collection methods and data analysis process. Ethical considerations are fully explained.

Chapter Four: details the findings of the study. It reflects both on the negative and positive aspects of real-life experiences of the undergraduate nurse in the clinical learning environment. It also reflects on recommendations made following other studies or lack thereof which influenced their clinical experiences. It reflects the positives and negatives of the real-life experiences of the undergraduate nurse in the clinical learning environment and it looks at how improvements were made based on previous studies.

Chapter Five: constitutes the discussion of the study findings. It also presents the conclusion of the study with recommendations made.

1.15 SIGNIFICANCE OF THE STUDY

Nursing is a performance-based profession and clinical competency is a key requirement in nursing care (Muthathi, Thurling & Armstrong, 2017: 1).

Keeping in mind that change in nursing globally is ongoing and after years of nursing research globally into this matter, challenges still exist (Galvin *et al.*, 2015: 1-2; Rajeswaran, 2016:2; Fawaz *et al.*, 2018: 109). Thus, the significance of this study is to explore the experiences of current undergraduate nurses in the third and fourth year of their studies as they have been in an undergraduate nursing program for two or more years and have experienced the clinical placement dynamics. Recommendations were made following previous studies, yet the experiences of undergraduate nurses are many and varied. These challenges have now been exacerbated due to the unprecedented influence of the COVID-19 pandemic. This study hopes to confirm whether any of the recommendations made, had positive influence on their experiences and whether these recommendations were addressed. It is also hoped that this study would shed light on the effectiveness of the interventions during the COVID-19

pandemic. Another aim of this study is to understand how the undergraduate nurses deal with their experiences in the clinical learning environment. This research could aid in addressing or researching the new challenges identified. Moreover, allowing the undergraduate nurse to express their experiences and identify their expectations might promote improved interventions in clinical nursing for the future undergraduate nurse. It may aid in preparing them to be competent professional nursing change agents as well as informing future new curricula in keeping updated with ongoing reformation in health science.

1.16 SUMMARY

The experiences of the undergraduate student nurses in the clinical setting remain stressful according to literature. WIL remains a core component in a nursing curriculum according to SANC (Nursing Act 33 of 2005). The aim of this study is to explore and understand how the undergraduate nurse experiences their clinical placement during their four years of nursing education.

The third and fourth-year undergraduate student nurses have completed most of their basic nursing training and thus have insight into the positive and negative influences during clinical placements. The proposed study will be done to understand the third- and fourth- year undergraduate nurses' clinical experience throughout their studies and how they navigate the challenges they face. A descriptive design with in-depth interviews will be conducted. Colizzi's method of data analysis will be applied, and all the ethical requirements adhered to will be outlined in this study.

1.17 CONCLUSIONS

The clinical learning environment is everchanging, thus, this chapter presents the background and the problems faced by the undergraduate nurse in the clinical setting. It highlights the influence of developments locally and globally on their clinical experience including, the fourth industrial revolution, the influence of technology and the sudden outbreak of diseases as seen by the outbreak of the COVID-19 pandemic. This chapter also presents an overview of the research methodology as applied in this research study. Chapter Two contains a detailed discussion of the literature review underlying the experiences of the undergraduate nurse in the clinical setting.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

A literature review enables the researcher to obtain a comprehensive background of the study and aids to facilitate refining of the research question, thus guiding the researcher in selecting appropriate methodology (Brink *et al.*, 2012: 71).

This chapter focused on previous studies conducted on the experiences of students in the clinical setting. The aim of this chapter was to highlight the factors that influence a student of higher institutional learnings' experiences in the clinical setting and learning environment. This literature reviews especially aimed at the clinical learning environment of the undergraduate nurse at the IHE. International and local studies on the experiences of nurses in the clinical learning environment were reviewed. The literature reviewed was done over several years and it included the data base search of PubMed, Science direct and nursing journals.

2.2 BACKGROUND

Tiwaken *et al.*, (2015: 67) report that previous studies showed that nursing students' clinical experiential attitude can be either positively and or negatively influenced. Clinical experience is a vital aspect of training for the nurse. Dealing with new experiences in the clinical field could be overwhelming and distressing for nursing students (Jamshidi *et al.*, 2016: 13). Rodriguez (2013: 3) stated in her study that educators fear nursing students do not receive the necessary clinical skills before graduation due to a lack of clinical sites. Although clinical simulation and technology-based teaching are increasing, the burden of disease is also increasing and changing (Bvumbwe & Mtshali, 2018: 9). Furthermore, the South African health sector education and training may not have transformed sufficiently to accommodate the health needs in the country (Bvumbwe & Mtshali 2018: 9).

These factors exacerbate the negative experiences of undergraduate nurses due to factors such as poor working relationship between professional staff and students (Kaphagawani, 2015: 224; Kpodo, 2015: 80). However, Kaphagawani (2015: 224) and Kpodo (2015: 80) recommended that there should be more effective collaboration between the educational institute and the clinical learning facility. The literature review

will focus on the factors which affect undergraduate nurses' experiences in the clinical facilities. These will be discussed below.

2.3 INTEGRATION OF THEORY AND PRACTICE

Yen *et al.* (2017:1) noted that combining theoretical and real-life practical skills are essential for undergraduate students to acquire skills. Integration of theory and practice teach the undergraduate nurse to grasp problems and develop skills in delivering effective patient care (Tiwaken *et al.*, 2015: 68). Despite this aim in nursing, undergraduates find theory to be ideological when applied in practice. The implementation of theory is being differently applied in various clinical settings. This causes conflict and therefore the undergraduate nurse needs time to adapt to the various settings (Tiwaken *et al.*, 2015: 75).

In a qualitative study done by Saifan, AbuRuz and Masa'dech (2015: 23), participants experienced a clear gap between nursing theory and practice being taught. The study partially attributed this phenomenon to the student-educator ratio. They are of the opinion that having a smaller group of students lessened the theory- practice gap (Saifan *et al.*, 2015: 26). SANC Regulation 425 prescribes student /mentor ratio to be 25 to 1.

Although undergraduate nurses are allocated ample time in the clinical placement areas, they are not sufficiently exposed to the practical skills to complete them. This may be due to the large numbers of students allocated to one area at a time with insufficient supervision (Donough & van der Heever, 2012: 9). This view is supported by a Malawian quantitative and qualitative study that supports these challenging factors affecting undergraduate nurses' skills development in clinical areas. This study focused on the shortage of clinical mentors, nursing educators and professional staff allotted to the expansive student numbers in the clinical settings. The study concluded that undergraduate nurses' learning opportunity was affected negatively (Kaphagawani, 2015: 223, 225).

Although much negativity surrounds the experience of student nurse's clinical placement, there are studies that allude to how student nurses stay positive when dealing with these challenges. In a study done by Tiwaken *et al.* (2015: 72), student nurses experienced anxiety facing clinical rotation and unfamiliar situations. They however did not allow those feelings to interfere with their concentration or providing adequate patient care. Some students even enjoyed and appreciated the

empowerment and knowledge gained in the clinical placement areas (Tiwaken *et al.*, 2015: 72). The undergraduate nurses' positive and negative experiences can be ascribed to the clinical facilitative support they receive while in the clinical areas (Kaphagawani, 2015: 212; Bosch, 2017: 59).

2.4 CLINICAL FACILITATIVE SUPPORT

Clinical facilitative support for the student is a very important requirement (Higher Education Monitor No 12, 2011: 10-11). The Nursing Act (Act No 33 of 2005) defines clinical accompaniment as structured facilitative support which enables the student to achieve the learning objectives. Each undergraduate nurse should be supervised for one hour every 2 weeks according to SANC.

There are varying views regarding the term used for clinical facilitation and support of student and graduate nurses. According to literature, clinical facilitation is described as preceptorship while in other studies clinical facilitation is ascribed to be the responsibility of the mentor or supervisor (Casey & Clark, 200: 3; Bos *et al.*, 2015: 1; Yonge, Billay, Myrick & Luhanga, 2007: 3).

The higher educational institute under study uses the term clinical mentors for professional nurses who accompany mentors and supervise students during their clinical training. Thus, clinical mentors in a clinical facilitative capacity are qualified professional nurses who have at least five years of nursing experience with or without post-graduate qualifications. Mentors are involved in teaching and mentoring the clinical component of the programme including other theoretical outcomes e.g., clinical skill competencies in the various settings and assisting in simulation laboratories according to SANC (2012: 1).

Despite measures set in place by SANC, Bosch (2017: 1-2) in her study stated that students experienced lack of facilitation in the integration of theory and practice as well as not being supported by mentors with regards to time and resources. The latter contributes to their feelings of incompetency and frustration (Bosch, 2017: 59).

Another South African study conducted by Mabuda *et al.* (2008: 25) revealed that the factors that hampered student learning is the brief allocation of students to clinical settings e.g., hospitals or community health clinics. Students fail to complete their

clinical placement hours and procedures as they often feel vulnerable and unsupported.

A study by Galvin *et al.*, (2015: 1-14) relate that student noted being unprepared for certain clinical placements. In addition, the researchers expressed lack of support by clinical mentors and lecturers when debriefing for students are needed. This consequently results in stress to the student. Ali and Ali (2016: 16) are of the opinion that students in the United States of America share the same sentiments about the academic demand, unfamiliar clinical situation, and fear of failure. According to the findings of Baraz *et al.* (2015: 4) students complained of not having a supportive relationship with their mentors and clinical nurses. The study further concluded that, for students to learn and be professionally socialized, the clinical mentor and clinical personnel need to communicate professionally with the undergraduate nurse (Baraz *et al.*, 2015: 4).

While the aforementioned studies found that there are lack of mentoring and support for students, a study in Norway by Bjork, Bernsten, Brynildsen and Hestetun (2013: 6-7) including a study in Cyprus by Papastavrou, Dimitriadou, Tsangari and Andreou (2016: 15), found that some students reported a positive experience working in non-hospital clinical settings. This was based on the supervision and support they received. This same study done in Cyprus recommended that student supervision and support should be dependent on the individual needs of students. In a private hospital in South Africa, a similar study proved that facilitative support, acceptance of the supervisory role of mentors by student nurses proved quite positive (Borrageiro, & Archer, 2014: 14,11,22). Furthermore, study highlighted the positive effect of lecturer input in the clinical setting to improve the gap between theory and practice (Borrageiro & Archer, 2014: 18).

Although student nurses experience anxiety and fear in the clinical settings and environment, they reported that the anxiety dissipated as the years go by and they become more comfortable and proficient in their clinical experience. Some undergraduate nurses stated that during their psychiatry placement, they felt relaxed and supported by their clinical mentors which assisted them in working through their fears and preconceived ideas (Tiwaken *et al.*, 2015: 70; Alshowkan & Kamel, 2016: 63).

2.5 CLINICAL ENVIRONMENT

Students felt that clinical practice is an important component of their studies, and their clinical placement is very valuable to empower them (Tiwaken *et al.*, 2015: 69). The study done by Alshowkan and Kamel (2016: 64), revealed that these students' clinical environment were pleasant and clinical staff welcomed and supported them. Yet, in a study conducted in a general nursing set-up the students complained about the attitude of the staff in the ward and their unwillingness to teach them (Mabuda *et al.*, 2008: 23,24). Shortage of clinical staff and the increased workload results in staff to experience training undergraduate nurses as a burden since their priority is towards their patients (Rodriquez, 2013: 8). In the study by Tiwaken *et al.* (2015: 70) students felt that their experience depended on their relationship with their mentors or the staff in the ward. In the psychiatric setting the students felt that a good experience was dependent on the simulation experience they had before entry into the clinical setting (Alshowkan & Kamel, 2016: 63-65).

Simulation is said to be an empowering contribution to education (Fawaz *et al.*, 2018:108). Some researchers felt that it is a safe area to teach students clinical skills without endangering the patient and reduces the students' anxiety (Widyandana, Majoor & Scherpbier, 2012: 2). However, students in primary health care settings felt that clinical learning simulation was not preparing them adequately for the actual skill needed (Widyandana *et al.*, 2012: 2).

Clinical placement produces anxiety and fear in students due to the unpreparedness or feared clinical incompetence, theory practice gap and inconsistencies in rotation. Despite all this, students still enjoy the clinical setting, not allowing their anxiety to interfere with their experience and delivering the best care they're able to (Tiwaken *et al.*, 2015: 72). Students additionally expressed that they appreciate being empowered by knowledge, skills and can positively reflect on the relationship experience they build with the patient and staff (Tiwaken *et al.*, 2015;72).

Unfortunately, most studies revealed that undergraduate nurses experience the clinical areas as challenging, although there are students who can relate to the positive elements in their nursing clinical education as they become more mature and established in the clinical practicum of nursing. The undergraduate nurses' resilience to

challenges faced in the clinical environment coupled with their personal and emotional factors, impacted on their work-related experience (Labraque, 2013: 428).

2.6 EMOTIONAL EXPERIENCE

In many literature reports, it was found that clinical placements of students produce the highest level of stress as confirmed in a thematic analysis of qualitative interviews done in the United Kingdom (Galvin *et al.*, 2015: 14). Undergraduate student nurses' fear of making mistakes, not being found competent and staff interaction proves to be very stressful. The academic workload, financial and social stressors that influence undergraduate student nurses' experience in the clinical settings multiply the stress experienced so much more (Galvin *et al.*, 2015: 14). A study done in the United States in 2015 reports that, fourth-year nursing students and those who had progressed in their program, coped better with stress. Coping better with stress is associated with improved emotional intelligence, effective communication, healthy lifestyle, and social support (Ali & Ali, 2015: 17).

2.7 GLOBALISATION

The changing global climate brings many challenges such as technology, diversity and global economic uncertainty. This impacts on the nursing education program and nursing work integrated learning (Fawaz *et al.*, 2018: 106,109). The deficit in educational staff and clinical mentors as well as work overload and cross performance make it difficult for undergraduate nurses to reform or adjust to the ever-changing world (Fawaz *et al.*, 2018: 109).

Globalization and internationalization are currently a trend. People travel abroad as students or immigrants for various reasons such as, to improve their socio-economic, political, or educational prospects (Alghmadi & Otte 2016: 17).

Foreign students need to adjust to their host country on various levels. The undergraduate nurse studying in a foreign country faces a host of challenges, including language and cultural barriers. Having communication difficulties with both lecturers, mentors and patients often leave students isolated and feeling discriminated against. The foreign undergraduate nurses are often financially sponsored by their country or funding their own studies. The latter makes them more vulnerable to stress and anxiety since it's imperative that they achieve good results to justify their financial support. Some

of these undergraduate nurses fund their own studies and support themselves. Socio-cultural factors and being away from their families and friends contribute to the challenges they experience in adjusting to their host country. Overcoming their own stereotypes and acculturate into a society with different norms and values that they are not used to, may take time. The foreign nurse needs support and friendship, which is not always readily forthcoming from peers and educators. All these factors may impact on their studies and adjustment in the clinical environment. Thus, it is averred in various studies that the foreign student takes longer to learn and achieve their goals (Mitchell, Del-Fabbro & Shaw, 2017: 6-12;). A study conducted by Osikomaiyo (2014: 87) of Sub-Saharan students studying in America, produced similar results, prompting the researcher to conclude that educators should be multi-culturally trained to be able to accommodate the foreign student.

2.8 MENTOR TRAINING AND DUTIES

Specifically assigned mentors to individual students enhances their positive experience and learning. The relationship encourages confidence and professional maturation (Papastavrou *et al.*, 2016: 13).

Effectiveness of mentoring is dependent on the personality of the undergraduate student and the mentor, as well as how they relate to each other (Papastavrou *et al.*, 2016: 13). In nursing, the undergraduate nurse may need more than one mentor since they might be doing two different modules for one year. The undergraduate nurse placement area changes, hence, the mentor servicing a certain area may therefore continually need to adjust to a different mentor. Mentoring the undergraduate student by a professional nurse with diverse knowledge and skill means that the undergraduate student is exposed to diverse expertise (Raven, 2011: 32). Critical thinking and decision-making skills are an important part of nursing to which the undergraduate nurses are exposed to early in their student years. Competent and supportive educational teams and mentors afford the undergraduate nurse confidence to make effective decisions regarding the nursing care of the patient. According to an Iranian study participants complained that the mentor was biased towards them in favour of the other health disciplines in the ward. They also expressed unhappiness that the mentor could not guide them according to theory taught and simply allowed them to follow the procedures based on what the ward staff were practicing. This decreases their self-confidence and willingness to make decisions based on what they were taught (Jahanpour Sharif, Salsali,

Kaveh & Williams, 2010: 598). However, few undergraduate nurses feel that some mentors do take time to guide and help them during difficult procedures by encouraging critical thinking, participation in ward rounds and conferencing (Jahanpour *et al.*, 2010: 598). However, in a study done in Kenya the researcher found that there were insufficient mentors available, and this contributed to mentors not being present in clinical areas when needed. Despite the above arguments, this study found that mentors contributed both positively and negatively according to student feedback. Those who contributed positively were those who were supportive and helpful in teaching. Though, those who contributed negatively were abusive and had cultural issues with the students. They felt that mentors needed more in-service training in this regard (Wachira, 2019: 1-34).

Mentors on the other hand, faced challenges in mentoring the undergraduate student because the student would not turn up in the clinical area to be mentored. The time the mentors spent with students were inadequate given the multi-language and cultural setting they faced. Furthermore, mentors did not receive adequate support from the institutions. Despite the above, students perceived that mentorship contributes to their educational success. Mentorship increases the undergraduate nurses' critical thinking, bridge the gap between theory and practice and add to the professional development of the student (Wachira, 2019: 31-34).

Thus, a critical factor in mentoring undergraduate nurses entering the later part of their training is the evidence of the underdevelopment of the undergraduate nurses' critical knowledge which might result in added performance pressure for the student and mentor (Donough & van der Heever, 2012: 49). A study done by Adams (2017:51) concluded that undergraduate nurses were able to use critical knowledge to reflect on their actions and reactions in challenging situations. The students described how they were able to reflect and use knowledge gained through teaching to offer safe, effective patient care. They were also able to rely on contact from their educators when assistance was needed. Although the undergraduate nurse experiences, can be both empowering and disempowering, a supportive mentor plays a pivotal role in enhancing the undergraduate nurses' resilience (Yilmaz 2017: 12).

2.9 INTEGRATION OF TEAM AND COMPLIMENTARY STAFF

A positive supervisory relationship and confidence in the clinical field depends on a positive and well-organized team spirit and ward climate (Jahanpour *et al.*, 2010: 600).

Undergraduate nurses felt that they were not accommodated as students compared to other health disciplines' students in the clinical environment. The undergraduate nurses complained that when medical students make mistakes they were gently corrected and guided as opposed to when they make a mistake the professional nurse and mentor would side with the medical personnel in harsh reprimands (Jahanpour *et al.*, 2010: 598). Undergraduate nurses feel disillusioned and ill prepared to become professional nurses during their final year. Thus, they regard management as unsupportive. However, novice graduate nurses also feel that the clinical environment is ridged, unrealistic and that the attitude of staff are not supportive (Lin, Viscardi & McHugh, 2014: 29-30). The undergraduate nurses feel that they are not valued as part of the team. Having the clinical team accepting the role they contribute would influence the undergraduate nurses' confidence in becoming a professional nurse (Uren & Shepherd, 2016: 1-4). Moreover, the undergraduate nurse feels that they are even less valued by the physicians they work with. Undergraduate nurses expressed the feeling of being invisible to the physicians, who do not listen or care to acknowledge what they relay concerning a patient and yet, they are expected to take care of the patient. This attitude by the physicians, staff nurses and instructors in the clinical environment makes the undergraduate nurse feel that they do not belong in the clinical environment. Being disregarded by the clinical staff is further exacerbated due to the short time the undergraduate nurse spends working in one clinical placement area (Mabuda *et al.*, 2008: 23-24).

Undergraduate nurses become anxious when they are expected to perform above their educational capabilities or when they have not received the theory pertaining to the clinical setting, they are placed in. Undergraduate nurses expressed feeling anxious and not having a sense of belonging when the long hours and hard work they put in is not acknowledged and when they are reprimanded or discredited by the nursing staff of the clinical placement area in front of the patients (Melincavage, 2011: 161-173).

2.10 WORKPLACE ABUSE

An Iranian study revealed that undergraduate nurses' confidence and nursing prestige was dampened because they were negatively treated by doctors, clinical staff, visitors, and patients (Jahanpour *et al.*, 2010: 599).

Undergraduate nurses who experience nurturing in the clinical environment, or who have a voice to advocate for the patient and who are not humiliated by other staff members have a positive clinical experience and an increase level of self-esteem (Bradbury-Jones, Sambrook & Irvine, 2007: 346-347; Engelbrecht, Heyns & Coetzee 2017: 8502 -8503). They feel empowered to become practicing professionals. However, undergraduate nurses globally report being left dis-empowered by their clinical learning experience. They cited being humiliated, ignored, and bullied by both the professional staff and their counterparts. Moreover, the undergraduate nurse faces verbal abuse from the patient and family as well, leaving an already invisible undergraduate nurse powerless. The undergraduate nurse, furthermore, feel even more vulnerable by their response to the negative clinical experience. Consequently, undergraduate nurses respond by crying or feeling self-conscious. This might lead to a decrease in productivity as their self-esteem is affected (Engelbrecht *et al.*, 2017: 8502 -8503; Smith, Gillespie, Brown & Grubb, 2016: 4). A study by Hewett, Hugo and Stellenberg (2010: 107) confirms that although the undergraduate nurse experience non-physical abuse by other health disciplines and allied staff, the most professionally damaging abuse occurs at the hand of nursing staff. The nursing staff feel that undergraduate nurses are a burden to them and thus, unwelcome (Bradbury-Jones *et al.*, 2007: 348). Clinical staff copes with a shortage of staff and being overloaded with work. Therefore, some registered nurses use the undergraduate nurse as supernumerary staff, causing so much anxiety for the student who still need supervision and guidance. Having to take on extra responsibility impacts on their ability to complete their portfolios since they often had no opportunity to practice or witness certain procedures (Motaanaka, Makhene & Hafisa, 2020: 4-5).

2.11 OVERCROWDED CLINICAL PLACEMENTS AREAS

An increased intake of undergraduate nurses at institutions of higher learning, leads to overcrowding in the clinical environment such as public health facilities who are obliged to accommodate all disciplines in health students. They often have no alternative but to accommodate private health students, undergraduate and postgraduate nursing

students from all universities in their district or province. The clinical staff have difficulty managing the number of students in the clinical environment.

Overcrowding of the clinical environment impacts the undergraduates learning experience of health students. In midwifery undergraduate nurses compete for learning opportunities such as being able to do a delivery of a baby. Competing for learning opportunities add to the undergraduate nurses' frustration of not being able to complete their portfolio in due time (Motaanaka *et al.*, 2020: 2-5). Furthermore, the undergraduate nurse become demoralized by the negative and threatening environment. Students are used as an extra hand in the ward. They endure a lack of support and the negative attitude of ward staff towards them. This leads to absenteeism, often to anger and incivility towards the professional staff (Motaanaka *et al.*, 2020: 2-5; Moghaddam, Aghmohammadi, Jafari, Absalan & Nasiri, 2020: 313-319). Mutual distrust of the undergraduate nurse and clinical staff lead to the undergraduates' indifference to learning in that clinical setting (Moghaddam *et al.*, 2020: 313-319).

Despite the challenges the undergraduate nurse faces, they tend to show some resilience by acting positively in searching and finding learning opportunities to complete their portfolios. They value the positive experience of interdisciplinary sharing of knowledge. This enhances the undergraduate nurses' self-esteem (Motaanaka *et al.*, 2020: 3-6). Undergraduate nurses feel empowered when they can make a difference in a patients' life and be acknowledged for it. Having a voice to advocate for the patient increases their self-esteem (Bradbury-Jones *et al.*, 2007: 346-349).

2.12 NOVICE PROFESSIONAL NURSES CHALLENGES

Novice graduate nurses enter the clinical field with trepidation, anxiety, and personal challenging changes. Their initial integration into the clinical environment constitutes a perpetuation of their anxiety of not being competent as an undergraduate nurse and of unclear practice expectations. Added to this is the heightened anxiety regarding their new level of professional accountability (Dutcher, 2009: 110; Lin *et al.*, 2014: 1,32).

Insufficient exposure to a professional role practice and inadequate mentoring is attributed to the novice graduates initial anxiety in the clinical environment (Duchscher, 2009: 1108). Being allowed to form part of the ward round, team discourses and receiving positive feedback from the team and nursing supervisors in the ward, instilled confidence in the undergraduate nurses' decision making and patient care (Jahanpour

et al., 2010: 598). Undergraduate nurses found that due to the nursing curriculum model, they forget some of the theory taught as there is a delay in being allowed to practice it. The theory would be taught, and student will only be placed in the corresponding clinical learning environment at a later stage of their training (Jahanpour *et al.*, 2010: 598). Due to their inexperience, novice graduate nurses experienced being humiliated and treated as a child in the clinical environment. They tolerate abusive behavior by other health disciplines as well. This impacts on their self-esteem, confidence, and their ability to integrate professionally as part of the team (Walker, Costa & Cuddihy, 2013: 291-295). Walker, et al. (2013: 291- 295) purport that while there are novice graduate nurses who experience support and guidance in their first year as a graduate nurse, there are however graduate nurses who face relationship challenges and unrealistic expectations from clinical staff and management (Rydon, Rolleston & Mackie, 2008: 614). In this study, graduate nurses suggested a need for an inclusion of more conflict management and assertiveness training in the undergraduate program so that the novice nurse can be equipped to effectively deal with these clinical environmental challenges (Rydon, Rolleston & Mackie, 2008: 614).

2.13 UNCERTAIN TIMES

The year 2020 was struck by the start of a global health crisis. This crisis not only impacted on the front-line clinical workers, but nursing education as well. Face to face education and training of undergraduate nurses were suspended and replaced with on-line learning.

Due to the global COVID-19 pandemic, undergraduate nurses faced added academic and clinical environment challenges (Ramos- Morcillo, Costa, Moral-Garcia & Ruzafa-Martinez, 2020: 2). The COVID-19 pandemic safety measures implemented by various countries, meant that educational institutions were on lockdown for a considerable time. The undergraduate nurse could not complete their clinical learning. This meant that the undergraduate nurse had to adapt to learning online. They were forced to juggle technological competency, home, and family life to access theory. This left them concerned about the time lapse before they could implement their clinical training (Ramos-Morcillo *et al.*, 2020: 11-12). According to the Spanish study by Ramos-Morcillo et al. (2020: 5) fourth-year students were prepared to postpone their graduation in order to complete their clinical training. Despite this, some undergraduate students may have embraced this new change in nursing education as it offered them flexibility in their

education, and they did not have to change geographical location. There are students who are however disadvantaged since they do not have easy access to the necessary technological infrastructure and literacy required to partake fully in this kind of learning in order to complete their training (Ramos-Morcillo *et al.*, 2020: 9-12).

2.14 SUMMARY

The literature review indicates that undergraduate nurses experience many challenges in the clinical learning environment. These challenges pose as barriers to learning and completing their clinical proficiency with confidence. Moreover, it exacerbates the anxiety they deal with since entering the nursing field. Although many have acquired coping methods, literature indicates that the novice graduate nurses continue to feel that the challenging experiences of their student years are perpetuated when they become professional novice nurses. Despite ongoing transformation, undergraduate nurses continue to face challenges. The escalation in the burden of disease and the unprecedented COVID-19 pandemic, resulted in undergraduate nurses' lack in clinical placement hours. Thus, learning and clinical environment have become more stressful to the undergraduate nurse.

2.15 CONCLUSION

This literature review discusses previous research done in support of the field of study the researcher has chosen (Grove, Gray & Burns, 2015: 164). It highlights the factors that undergraduate nurses are experiencing worldwide and aids in researching the current undergraduate nurses experience affiliated to this study.

Chapter three will discuss the research methodology utilised to explore the experiences of undergraduate nurses in the clinical setting and how they endeavor to overcome these challenges.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 INTRODUCTION

This Chapter aims to describe the methodology used in this research design.

The research design, population, sampling, data collection, analysis and trustworthiness are described.

The research methodology is the exploration of the research problem and a means to describe the experiences of the undergraduate nurse in the clinical field.

The study used a descriptive approach, adhering to the investigative process of bracketing, intuiting, analysing and describing the phenomenon (Brink *et al.*, 2021: 122). It elicits the participants account of their experiences in that they give spoken word descriptive data of the meanings and perceptions of their experiences (De Vos, Strydom, Fouche & Deport, 2011: 650).

3.2 AIM OF THE SUDY

This study explored and described the experiences of the undergraduate nurse at an IHE. A qualitative approach with an explorative and descriptive design was utilised to explore, to understand and describe the experiences of the undergraduate nurses in the clinical setting.

3.3 RESEARCH OBJECTIVES

The research objectives were:

- To explore the experiences of the undergraduate nurse in the clinical setting
- To describe the effect of the experiences of the undergraduate nurse on their clinical learning

3.4 RESEARCH DESIGN

A qualitative, explorative and descriptive research design was employed to gain information and insight into the clinical experiences of undergraduate nurses (Grove *et al.*, 2015: 77). The purpose of using this design was to explore and describe the experiences of the undergraduate nurse in the clinical settings. The researcher employed a qualitative research design as it explores and enables the undergraduate

nurse to give account of their perceptions and meaning of experiences in order to understand their undergraduate nurses' experiences (De Vos *et al.*, 2011: 65).

3.4.1 Study Setting

This study consisted of participants recruited from two separate campuses of the IHE. Third-year undergraduate nurses from one campus and fourth-year undergraduate nurses from another campus participated. The reason for this selection is explained in Chapter 1.8.2. The interviews were however conducted via WhatsApp video calling, as face to face interviews were not permitted due to COVID-9 protocols of social distancing and restricted access to university campuses.

3.4.2 Population and Sampling

The target population in this study was third- and fourth-year undergraduate nurses at an IHE in the Western Cape. These participants were chosen since they were exposed to the various clinical placement areas from their first to their fourth year of nursing studies as required by SANC (2005: 38). These undergraduate nurses consisted of both male and female who were able to articulate their experiences as they had ample clinical experience (Polit & Beck, 2012: 523). A purposive sampling method was utilized for this purpose. Grove *et al.* (2015: 258), describes it as, participants are selected due to their descriptive insight and understanding of the phenomenon under study.

In order to obtain rich in-depth information to provide insight and understanding of the subject under study, the researcher selected the third- and fourth-year undergraduate nurses since they would be able to understand the characteristics and attributes of a professional nurse and were able to give a reflective account of their experiences (Grove *et al.*, 2015: 232). They were therefore able to give an account of the beneficial and adverse experiences they encountered. After four third-year participants and five fourth year participants data saturation was reached. According to Brink *et al.* (2012: 141) data saturation was reached when no new data emerged.

3.4.2.1 Sample Realization

The number of undergraduate nurses who participated in the study were considerable smaller than envisaged. Some participants agreed to participate but were unavailable for the scheduled appointment online or telephonically.

Due to the pandemic several delays and reconsiderations took place in this study. Obtaining permission to recruit the undergraduate nurses at the university campus was problematic due to COVID-19 protocols and the restrictions placed on gatherings.

Recruitment took place in the parking area before the undergraduate nurse boarded their bus to the clinical area or as they disembarked after work.

Due to people working from home with limited resources, permission to do the study was exponentially delayed. In addition, permission to obtain consent from the undergraduate nurses at the two campuses of the IHE was delayed. Furthermore, consent was obtained from the undergraduate nurse, but the students were so overwhelmed by the rush to complete their clinical work, that they were not prepared to partake in this study. Hence, they exercised their right not to partake in the study.

Moreover, face to face interviews were scheduled, but due to the country wide pandemic protocols, including lockdown, nurses were not attending the university campus classes. Simulation laboratory classes could not take place either. The only access the IHE had to undergraduate nurses were online.

Students utilize the university Black Board platform and WhatsApp to access their lectures. The researcher, although a mentor at the IHE did not have access to the undergraduate nurse via the institutional educational technological system. Hence, the researcher could only do face to face interviews via Microsoft Teams or via WhatsApp video calling. Participants agreed to WhatsApp video calling on condition that their visual appearances were not recorded.

Sample realization was further complicated by the poor quality of internet connection at the university campus residents.

Due to the COVID -19 pandemic, the lockdown measures, and the delay in the clinical placement of undergraduate nurses, the research was compelled to complete the mentoring of the fourth-year undergraduate nurses. To prevent bias the researcher could therefore not interview those participants. However, the researcher who had not been involved with the third-year undergraduate nurses at these second campus, were able to interview those participants without compromising the ethical principles of research as spelled out in the Helsinki Declaration of 1964.

Due to the pandemic complications, two of the interviewers and their households contracted the virus and were unable to continue the interviews. A new interviewer was thus recruited. Whilst interviews were conducted via WhatsApp, the interviewer and

participant endeavored to maintain privacy. It was however difficult to control the background noise levels.

3.4.2.2 Inclusion Criteria

Participants recruited were third- and fourth-year undergraduate nurses due to their years of clinical experience as students. They were both male and female with no age stipulation.

3.4.2.3 Exclusion Criteria

Students who were absent at the time of the study.

3.5 INSTRUMENTATION

In a qualitative study, interviews can comprise of structured, unstructured, and semi-structured interviews (Grove *et al.*, 2015: 302). A semi-structured interview guide was utilized, constituting some key questions to help define the areas that were being explored, but also allowed the interviewer to probe to pursue in-depth ideas, response and meanings verbalized from participants (Burns & Grove, 2005: 396). This type of interview is flexible and allowed the researcher to explore the participants own experience and to obtain a deeper understanding of the phenomenon discussed (Gill, Treasure, Stewart & Chadwick, 2008: 291-292). By allowing the participant to raise important issues, not being addressed by the interviewer, the researcher aimed to gain authentic insight into the participants experiences (Burns & Grove, 2011: 85). A copy of the interview guide is posted in annexure E

To avoid bias, the researcher being a mentor at the campus where the fourth-year undergraduate nurses received their training, recruited fieldworkers not affiliated with the IHE (Burns & Grove, 2011: 88). In-depth interviews were conducted by the interviewers as private and confidential as possible, via WhatsApp video calling. Both interviewers were trained psychiatric nurses, who were not involved with the IHE, and was therefore able to interview the fourth-year undergraduate nurses. Simulated interviews were done as a practice session with the interviewers.

The semi-structured interviews were done in English, which took about 30 to an hour depending on the response and the expressed views of the participant. The researcher had an isiXhosa speaking interpreter who was on standby for the participants who felt more comfortable in expressing their experiences in isiXhosa. The interviewers were bilingual and were able to communicate in two languages should a participant request

to communicate in Afrikaans. The undergraduate nurses were made aware that they had the right to request to communicate in the language that they were comfortable with. Electronically captured information, audio recordings and observation taken during or immediately after the interview, referred to as field notes were done by the interviewers. In addition, it included the field workers reaction as well (Gray, Grove & Sutherland, 2017: 256).

3.6 PILOT INTERVIEW

The pilot interview was conducted to establish any practical problems e.g. whether the participants understood the semi-structured questions posed to them. It was conducted to assess whether the interview guide is appropriate/relevant and able to facilitate the expressions of the participants' experiences. The impact or relevancy to the study arose due to the impact of the pandemic on the clinical placement of the undergraduate nurses. The undergraduate nurses missed clinical placement in 2020 due to lockdown regulations. They were therefore required to do two years of clinical placement hours in 2021. Thus, exploration had to be expanded to include a more in-depth and accurate account of their experiences. Accurate understanding and interpretation of what the participant verbalized was translated and the data was adequately captured.

Safety and anonymity were secured by not recording the video of the participants during the process of the interview (Hurst et al., 2015: 53-64). The recording was scrutinized by the supervisor of this study. These interviews were included in the study.

3.7 DATA COLLECTION

To facilitate the process of communication during data collection, a semi structured interview guide was used. Pilot interviews were done prior to data collection. The participants were made aware that they would be voice recorded only and that the interview would be transcribed word for word. Consent was obtained to do the interviews via WhatsApp video calling. The fourth-year participants were made aware that an independent interviewer would interview them. A voice recorder was used to capture the interview.

Interviews via WhatsApp video calling were done at a convenient time for the participant. The questions were all open-ended questions and the participants were free to express themselves and raise any issues they deemed important (Grove *et al.*, 2015:508). The participants were informed that they could withdraw from the study at

any time and confidentiality were explained to them. A few semi-structured questions specific to the topic under study can be found in the Annexure (pg. 99).

3.7.1 Time Trajectory

Consent (Annexure A) was obtained from the Health Research Ethical Committee (HREC) at Stellenbosch University on 30th June 2020. The researcher applied to the Department of Health National Research Data Base for permission to conduct the research at their campus. In addition, the researcher applied to the IHE to recruit participants at their institution. Due to the pandemic and lockdown protocols, there were significant delays. The researcher obtained permission from the IHE on 28th May 2021 and from the National Research Data Base on 27th June 2021, Annexure F. Ethical approval obtained from Stellenbosch University to conduct the study, expired on 29th June 2021. The researcher had to re-apply to the HREC, requesting to continue with the research study. The recruitment of participants and interviews were thus further delayed. The impact of the pandemic was encountered and added further delays when two interviewers contracted the virus during the process of data collection. Consequently, they withdrew from doing the interviews and new interviewers were sought.

3.8 DATA ANALYSIS AND INTERPRETATION

Data analysis in qualitative research uses observation, interviews and analysis of the data as the core process of the research. Thus, the main aim of qualitative research is to search the data collected and identify the significant patterns which is used to form a framework to meaningfully translate the real experience of the undergraduate nurse in the clinical setting (De Vos *et al.*, 2017: 397). Data analysis occurred simultaneously to data collection (Burns & Grove, 2005: 569).

The researcher immediately familiarized herself and started interpreting the information after each data collection to ensure accuracy. The data was colour coded, organised in themes and stored correctly and orderly. An audit trail was ensured.

The researcher employed the seven steps of Colazzi (1978) as described in Polit and Beck (2012: 566) to analyze the data collected.

The following steps was used by the researcher to obtain and analyze the data:

Firstly, the researcher informed the interviewer and the translator what the research study was about. Both interviewer and translator signed an agreement and clause of confidentiality and secrecy.

1. Data was collected via WhatsApp video calling and audio recordings and field notes were made. Verbatim transcriptions and field notes of all the non-verbal expressions and communications which are vital in preparation for analysing were recorded.
2. Each transcript was read and re-read until a general sense of the entire content was obtained. The researcher could thus understand the essence of the participants experience.
3. Each interview was viewed, significant statements identified and extracted to create meaning of the undergraduate nurses clinical learning experience. This was colour coded to mark various statements and placed on separate sheets. This was to assist theme development.
4. The researcher then formulated meaning from these significant statements by dividing the data into segments, patterns or themes and coded each to begin theme development. Colours were used to group and identify themes.
5. The researcher subsequently formed clusters to create themes and sub-themes of similar meanings and experiences.
6. The researcher then integrated these findings into an exhaustive description of the phenomenon being studied. This was done by using the theme clusters to organize and integrate the participants essential experiences into a narrative summary under different headings.
7. The researcher described the whole fundamental structure of the phenomena based on this narrative summary which was developed.
8. Finally, the researcher re-involved the participants in validating the findings, to ensure that the essence of the participants' experience was captured in the summary. Validating the data interpreted ensured that there was no misinterpretation of the information derived from the participant. Additional emerging findings were then integrated into the summary.

3.8.1 Trustworthiness

In qualitative research trustworthiness of the study refers to the accuracy of the interpretation of the experiences of the participants in terms of credibility, transferability, dependability and conformability (Lincoln & Guba, 1985:290).

3.8.1.1 Credibility

To maintain credibility, an accurate description of the interpretation of the participants experiences, process of data collection and interpretation were included in the study. However, due to the lockdown regulations in the country, face to face interviews were not possible and separate recordings were made of the WhatsApp video calls. The participants were interviewed as if they were seen face to face, via video calling. They were asked to sign confidentiality statements and were reassured that what were discussed would not be divulged to anyone except for research purposes (Du Plooy-Cilliers Davis & Bezuidenhout, 2014: 258). The interviewer was able to establish a rapport with the participants, allowing them to vent their feelings without interruption. The transcripts were carefully read while listening to the audio recordings to ensure accuracy in transcribing.

Since there were independent interviewers involved in data collection and because data was collected via WhatsApp, member checking was done to verify the information and to make sure that they were satisfied with the data collected as well as the outcomes of the analysis of it (Lincoln & Guba, 1985: 304).

3.8.1.2 Confirmability

To ensure confirmability the audio recordings were transcribed verbatim and professionally proofread, where after it was documented by the researcher. Environmental noises were difficult to control during interviews via video-calling. The researcher proofread and listened to the recordings. There were gaps in the transcripts that were due to technical errors and environmental noises such as cars or trains driving pass.

Since the interviews were done via WhatsApp video calling, the researcher and interviewers journalised the study process, significant events and personal reflections that could have influenced the study. Transcribed recordings were verified by participants to ensure accurate recording and transcribing thereof. Conclusion of the

findings, recommendations made and supported data, guaranteed confirmability of the study (Brink *et al.*, 2012: 19).

3.8.1.3 Dependability

An audit trail was kept, consisting of complete records of all the phases of the research process (Bryman, 2016: 303).

The researcher identified the population best suitable to such a study since they were able to give a comprehensive account of their experiences from their first year to their current year of study. Video calling was done at a pre-arranged time with each participant for the interviews. Reliability was maintained in a difficult period. The interviews were recorded separately to capture all the information should technology fail. This ensured that information would not get lost. The researcher was able to verify the information using the recordings and comparing it to the transcripts.

The researcher endeavored to give a rich recorded and documented account of the information, the authenticity and accuracy of the recordings and the correlation between transcripts and themes were verified with the research supervisor. Consistency was maintained in initiating the interviews by using the same interview process for all participants (Brink *et al.*, 2012: 172).

3.8.1.4 Transferability

Although this study was similar to other studies and the program for these participants was being phased out, nursing reformation is ongoing and students will always be exposed to a physical learning environment. In this study, the applicability of the experiences of the undergraduate nurses who were exposed to the WIL environment were compared to other similar situations. Transformation and elements of WIL exposure, such as having to complete certain objectives, remains. Though the nursing programme changed, the undergraduate nurses were exposed to the same clinical setting as the previous undergraduate nurses. Therefore, this study is transferable (Du Plooy-Cilliers *et al.*, 2014: 258).

3.8.1.5 Bracketing

The researcher being involved with some of the participants, ensured that an independent interviewer, interviewed those participants to prevent bias.

The researcher bracketed out preconceived ideas and allowed the participants to give their perceptions of the phenomenon under study.

3.9 ETHICAL CONSIDERATIONS

Ethical principles are concerned with the protection of the human rights of the participants, namely, the principles of autonomy, confidentiality and privacy, consent beneficence, non-maleficence and justice (Brink *et al.*, 2012:34).

The researcher obtained permission from the Human Ethics and Research Committee at Stellenbosch University according to the university's policy and the relevant participating undergraduate nursing educational institutions. The principles of the ethical process are described in the sections below.

3.9.1 Autonomy and Consent

Autonomy in research refers to respecting the unconditional worth of the participant and treating them as individual competent rational beings (Pera & Van Tonder, 2011: 53). Thus, the researcher was able to recruit the participants by fully informing them of the study and assuring them that their participation is voluntary. They were made aware that they could withdraw from the study without repercussions at any stage of the study. The participants were further assured that there would be anonymity of their identity. Confidentiality of the transcripts and the storing of the transcripts were explained during the recruitment stage. i.e. that there would be no names attached to the transcripts and that it would be stored in a locked and safe place for five years, after which it will be destroyed.

Participants were made aware that they have the right to ask for clarification of the study or parts thereof, before and during the investigation. Voluntary informed consent in writing to partake in the study was obtained from the participants (De Vos *et al.*, 2011: 117).

Informed consent was obtained from the participant after the study was explained in detail to the participant at the recruitment site. Informing the participants about the study were done on several days at the recruitment site as it could not be done formally in a campus classroom due to the pandemic restrictions. The researchers' telephone number was made available so that the participant could clarify any detail of the study. An information leaflet and consent form were made available to the participants who were interested in the study. The informed consent was signed by the participant and the researcher.

3.9.2 Confidentiality and Privacy

Confidentiality is an agreement to hold private information between persons and to limit access to that private information (De Vos *et al.*, 2011: 119).

Confidentiality was maintained by not using the participants names during the recordings but instead number coding their identity as participant 1 or participant 2, hereby the identity of the participant remained concealed after the interview (De Vos *et al.*, 2010: 120). The researcher agreed not to disclose any of the participants personal or private information (Grove *et al.*, 2015: 107). Holding information private means an obligation to hold and respect the personal space and restricting access to information of the participant (Burns & Grove, 2011: 62).

3.9.3 Beneficence

The participants were made aware that they could be referred to a campus for counselling should they struggle with sensitive issues. They were allowed to withdraw from the study at any time. Interviews were done via WhatsApp video calling. Their voices were recorded but not their faces. This was to protect their identity. Video calling was done by the interviewer so that the interviewer could detect any emotional problem with the participant timeously. Contact numbers for such emergencies were available (De Vos *et al.*, 2011: 116).

3.9.4 non-Maleficence

According to Pera and van Tonder (2011: 55), the researcher strived to do no harm by allowing the participant to choose whether they wanted to participate in the study and could withdraw even after consent was signed or an appointment scheduled.

Face to face interviews could not be held in person. The researcher, during the recruitment phase of this study obtained the undergraduates opinion on the safest and preferred way to use technology in order to do the interview. Both the third and the fourth-year undergraduate nurses believed that the WhatsApp video calling was safer and more confidential than a Microsoft Teams meeting. They were prepared to receive a video call but requested not to be video recorded. Some participants who had difficult financial circumstances needed data; therefore, data was made available to all participants to do the interview. However, most participants declined the data as they had sufficient access to data at the time. The availability of the data was not used as a payment to be a participant, but rather to reimburse the data used during the interview.

3.9.5 Justice

The participant has a right to be treated fairly (Brink *et al.*, 2012: 36). The participant's privacy was always respected in that the interviews were done at a convenient time for the participant. In order to treat the participants fairly, the benefits of receiving data were made available to all participants. Thus, preventing the undergraduate nurse from not having enough data to access their academic platform. The participants were all third and fourth-year students, hence, they could converse well with the researcher or interviewers.

There was no distinction made in the interview questions for the third- and fourth-year participants. Male and female participants were given equal opportunity to express their experiences according to the semi-structured questions asked. No gender biases or assessment made according to their age were made. Every participant was interviewed via WhatsApp video calling. Although recruitment for the third- and fourth-year participant was done at different campuses, they were all allowed the same ethical rights. Participants were allowed to express themselves in their mother tongue and an interpreter was on standby to assist them, should they not have been able to express themselves in English. The participant was made aware that they could receive counselling for any emotional triggers as a result of the interview.

3.10 SUMMARY

This chapter presents the research methodology, a process used in conducting the study, ensuring the validity and the reliability of the study were maintained. The analysis of this study is related in chapter four.

3.11 CONCLUSION

The methodology of the study aided the researcher to gain access and information to the research topic. Implementing this methodology reassured the participants of their commitment to partake in the study and to feel safe, yet, heard.

CHAPTER FOUR

DATA ANALYSIS AND INTERPRETATION

4.1 INTRODUCTION

In Chapter four the findings of this qualitative descriptive study are presented. The aim of the study was to explore the experiences of the undergraduate nurses in the clinical settings. These settings are utilized for placement of undergraduate nurses studying at an IHE.

Data analysis constitutes the categorizing, ordering, manipulation and summarising of the data that was collected via interviews in order to obtain a meaningful description thereof (Brink *et al.*, 2002: 193-194). Data in this study was obtained via interviews conducted with third- and fourth-year undergraduate nurses. It was done via WhatsApp video calling. The information obtained was analyzed according to steps described by Colazzi (1978), namely:

1. Familiarizing yourself with the data collected
2. Extracting significant statements
3. Creating meaning of these statements and bracketing preconceptions
4. Clustering the themes to formulate meaning of these statements
5. Develop an exhaustive description of the phenomena identified in the themes
6. Summarize the previous steps in order to identify the fundamental structure of the phenomenon investigated
7. Validating and ensuring credibility of the data collected

The undergraduates' verbal narration of their experiences and perceptions were described. Nine interviews were done until the data was saturated. There was no deviation to the information given in the interviews. The themes centered around their career choice and their experience thereof. They talked about their negative experiences and their attitude in overcoming the challenges in nursing; the influence of support on their nursing experience; the impact of the COVID-19 pandemic on their learning and clinical experience; how they dealt with these experiences and their recommendations for the future in dealing with similar factors.

Both male and female participants were interviewed. The data was recorded and transcribed verbatim to ensure the trustworthiness of the narration of the data collected.

4.2 BIOGRAPHICAL DATA

4.2.1 Demographic Data

The participants interviewed were third- and fourth-year undergraduate nurses from the same institution of higher education. These participants however, received their education and training at different campuses of the same university. Consent to use the demographic data were obtained via WhatsApp or telephonically from each participant individually.

The fourth-year undergraduate nurses resorted under SANC Regulation 425 students and therefore were studying under the auspices of the Memorandum of Agreement between an IHE and a Government College of Nursing. Both the third- and the fourth-year undergraduate nurses were allocated to the same clinical environments depending on the year of study. The table below tabulates the participants age in relation to the year of their study.

Table 4.1: Biographical Data of the Participants

Year of study	Participant	Age in Years
Third year	One (1)	23
Third year	Two (2)	24
Third year	Three (3)	23
Third year	Four (4)	22
Fourth year	One (1)	25
Fourth Year	Two (2)	32
Fourth Year	Three (3)	38
Fourth Year	Four (4)	23
Fourth Year	Five (5)	25

4.2.2 Gender

The undergraduate students participated in this study were both male and female between the ages of 22 and 38 years. The age and nationality were not taken into consideration because the level of maturity was determined by the level of their current nursing year of training.

4.3 THEMES AND SUB-THEMES EMERGING FROM THE INTERVIEWS

During the WhatsApp interviews the participants described their reason for the choice of their careers and their experiences during their clinical placement.

Eight themes emerged from the interviews. These themes related to the career choices and the reality of their expectations. Furthermore, the support they received and the challenges in the clinical learning environment were explored. Further themes are; the accomplishment of objectives, theory/practice integration in the clinical environment and dealing with challenges. The themes also highlight the perceptions and recollection of differences between that of the third- and the fourth-year undergraduate nurses. Recommendations made by the participants of their ideal clinical learning experience is described briefly.

Table 4.2: Themes and Sub-themes

	Themes	Sub-themes
1	Nursing as a career choice	<ul style="list-style-type: none"> • Nursing Role Model • Altruistic career choice
2	The reality of their expectations	<ul style="list-style-type: none"> • Adjusting to the Norms of the Clinical Nursing Environment
3	Support	<ul style="list-style-type: none"> • Clinical support • Family support • Peer support • Financial challenges
4	Clinical environmental challenges	<ul style="list-style-type: none"> • Interpersonal relationships in the clinical learning environment • Positive attitude towards nursing
5	Accomplishing objectives	<ul style="list-style-type: none"> • The reality of the workload and overload • Work related learning hours
6	Theory/ practice integration in clinical environment	
7	Dealing with challenges	
8	Undergraduate nurse recommendations	

4.3.1 Career choices

The undergraduate student is attracted to nursing for various reasons. As stated by Elibol and Seren (2017: 17) in their research on the reasons why nursing students choose nursing, they stated that the majority of the matriculants who chose nursing was because they have relatives who are nurses. Some choose nursing because it is easier to obtain employment (Marcinowicz, Owlasiuk, Zarzycka, Slusarska & Pawlikowska (2016: 4). Participants choose nursing as a career of choice persuaded by their altruistic nature of wanting to help others. This choice is linked to personal needs of job security, family motivation and admiration of their perceived professionalism of nursing. Some of them chose the career due to their curiosity of the biomedical science. Participants were asked what motivated them to choose nursing as a career after leaving school.

“It’s one of the few studies where you can be employable” (Fourth-year Participant 2).

4.3.1.1 Nursing Role Models

Family plays an important role in the career choice made by school leavers, thus, as admitted by participants, the professional nurses’ family member becomes a role model for the school leaver. The positive attitude of the professional nurse in the community could also be seen as a role model for the school leaver and motivates the first-year undergraduate nurse to choose nursing as a career (Mphahlele, 2011: 1; Messineo, Allegra & Seta (2019: 5).

Although there were undergraduate nurses, who did not know what they wanted to do after Matric, they describe being drawn to nursing by the outward appearance and professional attitude of the nurse.

“You see the nurses with the epaulettes and the respect that they get... You know mos, they give the medication (Third-year Participant 1).

“My aunt is a nurse so I kind of got inspired by her, about the stories she told of how good it is to see the patients leaving the hospital after they were there for a long time.” (Third-year Participant 3).

4.3.1.2 Altruistic Career Choice

The undergraduate nurse are intrinsically motivated to choose nursing inspired by their need to care for others. This could be motivated by a desire to contribute to society by having a socially beneficial job. Others may have personally experienced illness or that of family and friends (Messineo *et al.*, 2019: 20).

Most of the participants related that they were intrinsically inspired to care for others because of their encounter with professionals who care for the sick or they themselves were exposed to nursing care of either themselves or of another person.

“I wanted to help other people and learn how the human body works” (Third-year Participant 2).

“When I go with my mom to hospital, and I see long ques and alternate ques because of shortage of staff. I did not like to see some staff work slowly, and they see many people instead of speeding up, and help anyone. Because when someone is not doing well it is bad” (Fourth-year Participant 3).

4.3.2 The Reality of Expectations

Undergraduates embark on a career in nursing with some thought and exploratory research. However, their understanding of the concept of nursing does not always show insight into the various facet that comprises nursing, e.g. the third- and fourth-year participants expressed the fact that they did not know it was such hard work. They were overwhelmed by the responsibility and expectation placed on them by the profession and professional nurses.

“I didn’t have any expectations to be honest because I don’t know what I was diving into” (Fourth- year Participant 2).

Nursing care in a physical, emotional, and therapeutic relationship context, could prove stressful due to the complex and intricate nature of the delivery of holistic care. This is not fully understood by the novice undergraduate nurse since many nurses were influenced by their perception, family, environment or society.

Once they enter nursing, they found that what they expected of nursing is not what they understood it to be.

“Oh, the first day was horrible. Yoh! Like I didn’t get the care and the love as what I expected to get from the hospital” (Third-year Participant 3).

Undergraduate third-year participants have expressed being overwhelmed and feeling ambivalent in their choice and continuation of studies during their first year in nursing.

“I didn’t expect it to be this hard” (Fourth-year Participant 4).

4.3.2.1 Adjusting to the Norms of the Clinical Nursing Environment

The undergraduate nurse at the fourth-year of their study came to terms with the challenges and responsibilities of nursing as they have gained sufficient knowledge over the years to adjust and be gradually socialized to the clinical nursing environment (Houghton, 2014: 2367).

Participants said it was hard and they expressed that they were glad that they had overcome it as the years passed.

“I only started enjoying clinical nursing from the second year” (Third-year Participant 2 and Fourth-year Participant 1 & 2).

There are students who did research and spoke to people in nursing who told them that they have to be brave to do nursing, so they came prepared, emotionally and mentally. Even though they experienced challenges, they had a backup system of support to help them overcome those challenges. As the years pass, the undergraduate nurse starts to feel more confident in nursing as another undergraduate nurse reported

“it gets better as we go on... we know our rights” (Third-year Participant 4).

As the years pass, the new undergraduate nurse learns to adjust to working lifestyle, away from the protective life of their teachers and homes. They become more assertive. All fourth-year participants mentioned that they become more confident and competent in the clinical setting and the staff treat them more professionally.

The undergraduate nurse becomes used to being away from family and making means of staying in contact or “being lucky to have a sister who accommodate their off duties” so that they can visit home when they request it

“My mom would make a phone call to find out how I was doing, but she will make any means. She will send me small amounts of money” (Third-year Participant 1).

4.3.3 Support

Undergraduate nurses entering the clinical environment expect to be supported and be treated with dignity and respect. They look forward to being embraced as novice student nurses. Instead, they encountered a very harsh reception in certain clinical areas.

"I expected the staff to be more supportive and friendly towards students" (Fourth-year Participant 4).

In nursing the clinical learning environment is important for the undergraduate nurse to receive clinical teaching and exposure to accomplish their learning objectives. Instead, they are expected to know things they were never exposed to.

"I have been battling staying at home for a year so going back to hospital; I don't know certain things at the beginning of the year. I was still on a first-year level where my practical was involved. They expected me to know how to work with the medication trolley, to know how to do difficult dressings" "I would say to them we were in the middle of a pandemic I don't know! you have to teach me" (Third-year Participant 4).

4.3.3.1 Clinical Support

Third-year undergraduate nurses felt that they were well supported and cared for by the clinical mentors and lecturers who accompanied them in the clinical environment. Others however, reported that despite this, they could only spend as much time as their work schedules allowed them because they had meetings to attend.

"Some teaches some don't. It depends on the lecturer's work. Some would have meetings in an hour or in ten minutes, so it goes" (Third-year Participant 3).

The educators gave them good advice on how to deal with conflict in the clinical environment, though they did not help mediate or solve it. Students felt it would be futile for the lecturer to intervene since they can inform the clinical environment supervisor even if that is all they can do.

"They may tell the ward manager that this is student "b's" objectives for all the placements and when you there it is a different story" (Third-year Participant 2).

Participants reported that they did not want to involve the clinical supervisor when incidents occur. They felt undervalued and most of all, powerless and not adequately supported by supervisors (Smith *et al.*, 2016: 2; Seibel & Fehr, 2017: 70).

"I didn't want to report it to anyone. I thought I brought it onto myself". I wanted to go home, now I asked the sister to put me on a straight shift...I didn't want to cause unnecessary like I just drama, even though it was bad. I don't want to drag the whole thing" (Third-year Participant 1).

Most undergraduate nurses believed that facilitation in the clinical environment does indeed take place. All the fourth-year participants said that most professional nurses are willing to teach them. There are however those who do not want to teach undergraduate nurses. Although the third-year participants agreed that there are some professional nurses who are willing to teach them, third-year participant 4 felt that they were considered young and inexperienced.

“The biggest thing is older sisters they are stuck in their habits they think that because I am younger, I don’t know things I’m not capable of doing what I do and I don’t know as much as what they do” (Third-year Participant 4).

Participants purported that they were treated well by other disciplines like doctors and other para-medical staff. Enrolled nurses and auxiliary nurses were helpful to them and supported and taught them. Although the fourth-year participants conceded that some professional nurses were stressed and impatient, they found that the Enrolled nurse (EN or on most occasions they are called a staff nurse) would feel intimidated by their progress and refuse to assist them.

“... to do your third and fourth year, that’s when the ENA and the nurse become intimidating ... they don’t really want to help you” “some are arrogant, others become jealous when you progress, especially uhm, ENA and staff nurses” (Fourth-year Participant 3).

Despite not receiving consistent support, the undergraduate nurse took the advice from the lecturers who advised them to find someone to talk to.

4.3.3.2 Family Support

Third- and fourth-year undergraduate nurses confirmed that they receive family support even though they live on campus far from their families.

Third-year participant 1 was not confident to share her challenges with her parents but was able to speak to peers. Family support takes on many forms depending on the need of the student. Third-year participants were more open to speak about their family support. Though, fourth-year undergraduate nurses did not focus on family support as much, since they were preparing to complete their studies. The third-year participants confirmed that although they can always support them financially, they are supported by their families emotionally when they face challenges.

“Mom would phone to find out how I’m doing” (Third-year Participant 1).

Participant 4 confirms that there is emotional support from home, not necessarily with the parent figure but with family at home.

“There is not a lot of people I sit and talk to. Where my mom is concerned, I don’t have that type of relationship, I can come home and speak to whoever” (Third-year Participant 4).

4.3.3.3 Peer Support

The participants related that they form relationships with those who have similar experiences. Fourth- and third-year undergraduate nurses rely on their peers to support them.

“I don’t know...I never told anyone at home only my classmates” (Third-year Participant 1).

“A close friendship group I have developed with my colleagues, so we use each other as a support group. I don’t think I would have gotten through what I’ve gotten through so easy if it was not for my friends” (Third- year participant 2).

This sentiment is shared by the fourth-year participants. Fourth- year participants said that they get their support from their colleagues.

“I get my support from the ones on campus, the students that I study with because we all face the same challenges” (Fourth-year Participant 1).

4.3.3.4 Financial Challenges

Undergraduate nurses receive a state funded bursary named, The National Student Financial Aid Scheme (NSFAS). This bursary enables the student to study at universities or at HEIs and Training Colleges. Instead of repaying this bursary, the student after graduation works for a specific amount of time in the area affiliated to qualification. Despite the government provision of financial aid to undergraduate students, it remains insufficient compared to the demands for funding (McKay, Naidoo & Simpson, 2018: 2).

“NSFAS is probably the only financial support I have” (Third-year participant 1).

Despite this, the undergraduate nurse feels it does not cover all their needs.

“The financial aid is not issued in time to obtain the necessary. It poses challenges for the student at the beginning of the year NISFAS only pay you in March then from January you have to see to yourself” (Third-year Participant 4).

This poses a challenge to undergraduate nurses living off the university campus who need to use public transport to get to the clinical environment.

“I was actually living off campus, so now and I had to use my NISFAS” there was a guy who had a car where I was staying. I would pay him so that he can take me from my residence to the campus to catch the shuttle by 6, o clock” (Third-year Participant 1).

For the foreign students, it is even more difficult since they are not illegible for this bursary and have to pay their own way.

“Life is not easy uh financially as an international student. I had to pay food fees, and everything transport from home to campus, from home uhm, uhm to clinical facilities” (Fourth-year Participant 3).

4.3.4 Clinical Environmental Challenges

The clinical learning experience is a crucial component in the learning process of the undergraduate nurse as it provides the undergraduate nurse with a hands-on experience of caring for a patient. It facilitates the integration of theory and practice (Yen *et al.*, 2017: 1). Positive or negative clinical experiences has a profound effect on the undergraduate nurse in becoming a professional nurse. Relationships with clinical staff, support and learning opportunities are some of the challenges the undergraduate may have to face and overcome (Kaphagawani, 2015: 225-227).

4.3.4.1 Interpersonal Relationship in the Clinical Environment

The professional nurse whether supervisor, mentor or staff nurse are regulated by an ethical code of conduct that governs their interaction and relationship with the undergraduate nurses (SANC, 2005: 6).

Various studies report that undergraduate students are bullied in the clinical learning environment. Despite transformation in nursing, bullying persists in nursing clinical environments. Most bullying is perpetrated by professional nurses in leadership and the weaker novice undergraduate nurse is at the forefront of receiving abusive behavior in the clinical setting (Birks, Budden, Biederman, Parks & Chapman, 2016: 130). The novice undergraduate nurse is however not ready or prepared to deal with

being treated harshly. Bullying behavior is described as negative unwanted behavior displayed towards the undergraduate nurses by the staff and patients in the clinical setting (Smith *et al.*, 2016: 2). Third-year undergraduate nurses describe how patients disrespect them. Third-year participant 1 recalls how a patient purposefully defecated in bed while she was obtaining help to insert the bed pan under him. In addition, a third-year student, participant 4 describes how male patients make inappropriate advances towards them.

"I have had a lot of instances where they had been quite inappropriate especially the younger males.... This one patient kept calling me baby this, baby that" (Third-year Participant 4).

Bullying behavior ranges from being humiliated, being shouted at, ignored, undervalued, refusal to teach or help and verbal and nonverbal remarks and attitudes towards the undergraduate nurse (Clarke, Kane, Rajacich & Lafreniere, 2012: 270 & Hakojarvi, Salminen, & Suhonen, 2014: 138). Third-year participant 3 describes how professional nurses humiliate and shout at a novice undergraduate nurse.

"...it was horrible because it was my first placement, and I didn't know a lot of things. She would shout and say I must go to the sluice room, and I was like? What is the sluice room?" (Third-year Participant 3).

Despite being aware of their rights, undergraduate nurses still complain of being abused in the clinical setting. All participants stated that they get mistreated in the clinical settings. They however add that not all professional or other nursing staff or disciplines mistreat them.

"I had good sisters, but there were bad ones" (Fourth-year Participant 4).

The first year of nursing for the undergraduate nurse proves to be difficult and they are often the subject of mistreatment in the clinical learning environment. Third-year participant 1 described the unprofessional treatment by professional nurses.

"Now this sister Yoh! She was rude to the patients, she was rude to the staff, especially me as a first-year student "and ENA's "I asked the ENA to come and assist me because this patient was big, she can slightly turn the patient and I can just push the bed pan

under the patient. She was on her phone. She said 'tna!' You can just do it put it under the patient. Bear in mind this patient had a traction on his leg" (Third-year Participant1).

The fourth-year participants verbalized that enrolled nurses become intimidated by their progress and refuse to help them. Fourth-year participant 4 describes her perception of the professional nurses' reason for the ill-treatment of the undergraduate nurse as:

"Some of the sisters that I worked with, like I said it's the responsibilities they put on you, the expectations they have of you. So, sometimes they are stressed and impatient" (Fourth-year Participant 4).

According to some participants, they are being mistreated by not being orientated to the ward or introduced to the patients and then being exposed to compromising situations. Fourth-year student 2 relates how she was unknowingly exposed to a confirmed COVID-19 infected patient.

"They just say: student take a patient to this other ward. I didn't know the patient was COVID positive. I was not aware I went to a COVID ward, and I was not fully dressed. It was my first night and don't know what was going on" (Fourth-year Participant 2).

The participants reported that the maternity wards are so busy that the staff have no time to orientate the fourth-year undergraduate nurse, thus the nurse is expected to carry out orders and find her own way.

"You are busy counting contractions and all, then two days or three days along the line you hear the patient was COVID Positive" (Fourth-year Participant 2).

Exposure to infectious diseases is anxiety provoking, yet, the present situation has been normalized by the ward staff. This is the observation of the undergraduate nurse, expressed by fourth-year participant 2.

"There are some nurses who normalize the COVID situation. Uhm, its uh, everywhere, we always get people that's COVID and so and so, uhm, some get, some get scared but we all are normalizing and continue working, what can we do?" (Fourth-year Participant 2).

4.3.4.2 Positive Attitude Towards Nursing

Choosing nursing as a career depends on the intrinsic and extrinsic factors. A positive attitude towards nursing motivates undergraduate nurses to choose nursing as a career. First-year nurses may have a positive image of nursing as a career but as they progress through nursing practice, their attitudes towards nursing as a profession becomes more entrenched (Suluhan, Gezginci & Ergin, 2020: 255).

In contradiction to the previous heading, most fourth-year participants admit to being “*neglected*” during their first year and professional nurses treating them harshly. They tend to highlight the positive treatment they received in the clinical setting.

“...in second year their attitude started changing a little bit and they started trusting us with small things.” ... and in fourth year they take us as future colleagues” (Fourth-year Participant 3).

Fourth-year participant 4 and 2 only recall that they had support in the first two years of nursing as an undergraduate.

“I work nice with them up until now. I didn’t really have a problem with them, they are very help full. Nothing bad has happened up until now where I said I wanted to give up or anything with regards to how I was treated by the staff. I was treated like fairly well” (Fourth-year Participant 4 and 2).

4.3.5 Accomplishing Objectives

Every undergraduate nurse has a SANC required portfolio, that needs to be completed within a given time frame in order to prove the undergraduate’s competency in doing certain work integrated learning (WIL) procedures.

4.3.5.1 The Reality of the Workload and Overload

For the first-year undergraduate nurse it could be overwhelming to see and take care of sick and dying people for the first time.

“It’s a new time going to the hospital seeing sick people and seeing people dying” working with infectious diseases cause much anxiety” (Fourth-year Participant 2).

Fourth-year participant 4 describes the first year as being unsupportive since staff did not trust them. Although they attend theory classes and were orientated by the professional nurse in charge of the ward, they did not know much and had to follow

the other nurses. It meant they had to do all the 'groundwork' and as a third-year participant said, they were over worked in their first year.

" They make (you) do a lot. Overworked definitely; from first year basically through till third year. I feel you are part of the work force instead of being a student" (Third-year Participant 2).

"...the novice undergraduate should be willing to work hard and you need to be tolerant of people sometimes. Staff are stressed and things do happen" (Fourth-year Participant 5).

Similar advice was given by experienced nurses to a third- year undergraduate before entering the field of nursing.

"You need to be strong if you want to come into this field" (Third year Participant 4).

4.3.5.2 Work Related Learning Hours

According to SANC the undergraduate student should fulfill 80% work-related hours. In addition, they need to complete several portfolios. The clinical environment supervisor or competent professional nurse should teach, observe and sign their competencies off once they have completed the objectives. Ensuring that the objectives are reached, remains the responsibility of the undergraduate nurse. The undergraduate nurse faces challenges in this regard as some professional nurses are reluctant to sign off their hours worked or the logbook procedures they witnessed.

"Difficult sisters don't want to sign your hours" (Fourth-year Participant 1).

An undergraduate nurse relates that the professional nurse will make the undergraduate nurse wait until she completed the handover before she signs the logbook, even if she misses her transport back to the campus.

"This nurse will wait for the day staff to do a hand over of 37 patients before she signs my book. Now I am looking through the window and see my bus go" (Third-year Participant 1).

The professional nurse is obligated to create an environment and learning opportunities to stimulate professional growth and should be actively involved in student education and training (Nursing Act 33 of 2005: 9-13). Often, professional nurses would neglect teaching the undergraduate nurse.

“She would just shrug me off. She would say why don’t you ask one of the other sisters” this made the undergraduate nurse felt dis empowered and inferior...I feel as if I am not important in her eyes...she have no interest to teach me said” (Fourth-year Participant 5).

It is a SANC requirement that professional nurses maintain their knowledge and skills to remain competent (Nursing Act 33, 2005: 9-13).

A third-year participant reported that the clinical environment professional staff do not focus on teaching, nor enable them to become competent in their objectives for that area.

“...because mostly in the wards they allow you to do everything the ENA’s work, the EN’s work instead of letting you focus on your objectives...they don’t teach us. Some feel you are a burden or disturbing them” (Third-year Participant 3).

Third-year participant 2 compared the positive clinical experience at a certain institution where they were made to feel completely part of the team and included in their patient discussion meetings and ward rounds.

“In that they were really treating you as student. Uhm they were taking you on different kind of rounds, they were having actual meetings, instead of throwing you in a clinical area where you are just doing work” (Third-year Participant 2).

Third-year participants reported that there are areas where individual professional nurses make a concerted effort to teach and guide the undergraduate nurse.

“I didn’t learn so much in the medical and surgical wards, where I should but I went to a trauma ward one of the busiest wards and that sister decided: I am going to teach you. One sister on the medicine trolley and IV’s and I learnt more in that ward than I did throughout” (Third-year Participant 4).

Although the fourth-year participants do not deny that there are professional staff who are reluctant to teach them, their reflection on their past undergraduate experience brought them to a different view regarding work related learning experience as they enter their senior years of training.

“During my first two years I feel they were patient with us. If you didn’t know much from the get-go because you were still new. But I realised in your, in your third- year

placement and in your fourth- year placement especially in your fourth- year placement, they expect you to know most things by now” (Fourth-year Participant 4).

“The more you do it the more you become use to and accustomed to it and you feel comfortable in the clinical situation Jah” they place us for medication and we go with the sister says, no, do this and if you get stuck let me know, we could see, because they trust you in third and fourth year” (Fourth-year Participant 2).

Though there are areas where learning is prioritized, the present global pandemic took a toll on the undergraduate clinical experience as described by

“So, where I was the last time, so a lot of COVID patients come there and the wards are extremely busy, so it’s not like I can go to a sister and say can you please sign this off for me or can you teach me” (Third-year Participant 4).

4.3.6 Theory /Practice Integration in the Clinical Environment

Integration of theory in the practical setting is of vital importance to ensure safe, effective and efficient patient care. Despite receiving comprehensive theoretical knowledge, entering and applying that knowledge in the clinical environment can be overwhelming to the novice undergraduate nurse.

“It’s a new time going into the hospitals and seeing sick people and dying people. “I was never in like a hospital before like people are seriously ill and I was exposed to facing the conditions like tuberculosis, so it was a bit of like an area I haven’t gone, it was full of anxiety” (Fourth-year Participant 2).

The third-year undergraduate nurses found it quite challenging, integrating theory and practice given the disruption caused by the global pandemic.

“I will ask how to do this, how to do that, especially with the pandemic I have been battle- ling staying at home for a year and going back to hospital don’t know certain things. at the beginning of the year, I was still on a first-year level where my practical was involved. They expect me to know how to work with the medicine trolley, to know how to do difficult dressings. I would say we were in the middle of a pandemic I don’t know; you have to teach me” (Third-year Participant 4).

“...we spent the whole of last year at home. we haven’t been to a hospital. We missed a year of placement basically and in that year, we were doing online (classes) and they say the second year of nursing is obviously a big jump in terms of responsibility in terms of content.so I would say it made learning very difficult. Learning content and

implementing the content in the placement setting cause not everyone learns so effectively on line” and “So the time learning, and implementing was so far apart, that it felt that you learnt nothing. That you just had to learn as you went basically” (Third-year Participant 2).

Undergraduate nurses reported that they were being left behind as they had challenges not having effective equipment to follow classes online or do assignments adequately.

“I didn’t have a phone and the stores were closed... I know I was being left behind”. “I don’t have a computer, so that would be my biggest challenge” (Third-year Participant 1).

“I was not coping because I was not use to the online thing ... I lost a lot of information”. With regards to integrating theory...Yoh it affected me a lot. It was difficult understanding pharmacology doing it on- line. So, I just look for the answers instead of understanding it” (Third-year Participant 3).

“Midwifery is hands on. We only did online things. To some of the practical’s, you need to like see them, like for example how to do sutures and proper episiotomies, and do certain things before we go to the services”. But I understand COVID and all these challenges” (Third-year Participant 2).

4.3.7 Dealing with Challenges

Despite the challenges, the undergraduate nurses face during their training they remain steadfast and complete their studies. The undergraduate nurse learns how to cope and to persevere to graduate as a professional nurse.

The third-year participants reported that they learnt to cope indifferent ways.

“We talk about that, but we don’t involve the lectures, we talk about it, then laugh about it” undergraduate nurses face financial and transport challenges when living off campus...I would wake up at four am then get ready by half pass five. There was guy who had a car where I was staying. I would pay him so that he can take me from my residence to the campus so that I could catch the shuttle by 6 o clock or if he was working, I would request an ‘uber’. I managed I didn’t owe any hours” (Third-year Participant 1).

Facing financial challenges, the participants agreed that they had to learn to cope with the bursary money.

“...for a lot of students who...they don't have financial support at home, where you on your own you are an adult, you have to figure it out, but know at home there is also issues, and it is very stressful” (Third-year Participant 4).

“I made sure I had money for transport food toiletries clothes aha I don't bother about clothes” (Third-year Participant 1).

Concerning bullying in the clinical learning environment, there were a number of responses from participants who reacted to this by ignoring or avoiding the staff member or finding someone else to deal with the issue.

“...a lot of them are disrespectful because we are young, they think they can reprimand you in front of a patient. Before I started my tolerance for disrespect was very low, I didn't have patience, so I had to learn to keep myself calm stand there and take whatever you had to take and at the end of it, you just walk away. I always say I don't get paid to do what I am doing I am learning in the ward. I come into a ward with a positive attitude” (Third-year Participant 4).

“I would avoid her the whole day. I would focus on my objectives and my allocations for the day” (Third-year Participant 3).

“...learnt my lesson. I should not be going to her for help” (Fourth-year Participant 5).

Fourth-year participant 1 describes how they deal with abusive professionals:

“Uhm By talking with my parents, loved ones, uhm but the most support I got was from my colleagues on the campus because we are in similar situations” (Fourth-year Participant 1).

A positive mindset and determination to complete the course kept some participants in nursing.

“Otherwise, the difficulty is there but I put in my mind that I know what I'm looking for and I will never whether, I get, whether I get support necessary or not I'll never give up. So that's the only thing that help me overcome...It was tough difficult and ja! suffering inside but I put in my mind that I'll never stop until I am a winner” (Fourth-year Participant 4).

“...there were lots of learning experiences in these challenges you face. You realise... that I could overcome things even if I think I can't. I would say the challenges build character” (Third-year Participant 2).

In their brave and resilient tough exterior, trying to explain how they as undergraduate nurses cope in the clinical learning environment, soon need to face the reality of being a professional nurse themselves. Describing their feelings toward entering their community service year, the third-year participants felt they were not ready to take on that responsibility yet, a third-year participant mentioned the following:

"I'm not confident yet. Currently I can't say that I'm confident to be a third-year student. Cause I don't feel like I'm not on that level yet" Third-year Participant 4).

The fourth-year participants feared the responsibility that come with being a professional nurse.

"I'm not going to lie I'm very nervous about it because as students you get away with a lot. But next year comes then most of the responsibility of the ward and all of this will be on you" (Fourth-year Participant 1).

"It's kind of overwhelming to be honest. I'm going to be a sister soon. People are going to look to me for advice or for uhm! Problem solving, things like that" (Fourth-year Participant 5).

4.3.8 Undergraduate Nurse Recommendations

The world is constantly changing and nursing has evolved over the years with the use and introduction of technologies and the change in the burden of disease we experience today. Consequently, the novice undergraduate nurse comes with their own ideas and ideals.

"Medicine is evolving we need to evolve with it" 3rd year Participant 3 stated *"So, it would have been better if the lecturers also come and give us session twice a week. I'm sure there is a small hall in every hospital then they can put us all there and teach us because this classroom thing is fine, but if you do things theoretically and practically the same time, its more yes easier yes easier to understand"* Because we don't learn in hospital" (Third-year Participants 4).

"...it could have been better if we had certain classes -Sim lab" (Fourth-year participant 1).

"I would advise some of the other staff to be more respectful towards nurses pertaining to student nurses specifically. Advise sisters to be more patient I guess" (Fourth year Participant 4).

To alleviate the financial burden, third -year participant 1 felt that:

“...because we are working a long shift and leave early and come back late, it is dangerous out there. so, the main thing is to stay on campus and have transport” (Third -year Participant 1).

4.4 SUMMARY

This chapter revealed the findings of the study. This includes the biographical data of the participants and their interviews. The findings of the study reveal that the undergraduate nurse continue to experience challenges in the clinical field.

Despite these challenges, they manage to hold on to their ideal of becoming a professional nurse. The first few academic years of the undergraduate nurse is portrayed as the most difficult time in adjusting to a harsh clinical environment of the sick and dying. Additionally, they have to deal with clinical staff personalities and projected stressors. As a fourth-year participant 4 stated *“They are stressed and impatient...There are however good and bad professional nurses e.g., those who are willing to teach and those who are not willing to teach”*. As the undergraduate nurse progress in years and level of nursing academics, they are given more responsibility and trusted as a budding professional nurse. The first year of nursing can be overwhelming as the undergraduate nurses enter their career choice with many ideals and lots of disappointments. Fourth-year undergraduate nurses find exiting the clinical field overwhelming because they fear the impending responsibility that they would have to shoulder as a professional nurse soon.

This chapter elicits the positive and negatives of the undergraduate nurses' reason for their career choices, the support they receive, the experiences in the clinical environment, how they deal with these challenges and the recommendations they would like to contribute to improve challenges.

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

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.1 INTRODUCTION

Chapter one discusses the background to this study, while the second reviews the literature of previous studies conducted with regards to the experience of nurses in the clinical environment. The third chapter addresses the methodology for the study. Chapter four describes the experiences of third- and fourth-year undergraduate nurses in the clinical environment. This description is based on data collected, including an in-depth analysis and interpretation of the data collected. In chapter five, career decisions of the undergraduate nurse along with the expectations entering nursing are discussed. It furthermore discusses the positive and negative experiences of the undergraduate nurse and how they navigate their way through it without giving up. Recommendations were made and discussed.

5.2 DISCUSSION

5.2.1 Objective 1: The Undergraduate Nurses' Clinical Setting Experience

The clinical setting prepares the undergraduate nurse to become a skilled professional nurse however, the choice to become a nurse is influenced by intrinsic and extrinsic factors. This view is shared in previous studies done by Suluhan, Gezginci and Ergin, (2020: 251) and Mphahlel (2011: 9) who alluded to the main reason for students enrolling to do nursing is because of their altruistic, vocational interest and their family and social influences

The participants in this study revealed similar influences when making a career choice. They were however confronted with the reality that clinical nursing was not what they expected it to be. From the sheltered school environment, the clinical learning environment proved to be unwelcoming initially. Undergraduate nurses were found to be unprepared and overwhelmed by their clinical environment as confirmed in a study done by Laugaland, Kaldestad, Espeland, McCormack and Akerjordt (2021: 2) and Atakro, Armah, Menlah, Garti, Addo, Adatara and Boni (2019: 6).

The undergraduate nurse spends long working hours in the clinical learning environment which forms the platform for the undergraduate nurse to develop from a novice nurse to a fully-fledged professional nurse. This encompasses not only being

taught the science, but the art of nursing and being socialised into the professional etiquette of nursing. According to Jamshidi et al. (2016: 5) various situations and role players are being responsible to guide the undergraduate nurse in achieving holistic patient care.

5.2.1.1 The reality of nursing as a career choice.

Many undergraduate nurses enter the nursing profession with a positive attitude and the desire to care for others (Jamshidi *et al.*, 2016: 6).

In this study however, the researcher found that the undergraduate nurse is often overwhelmed by the many challenges they face in this environment. The undergraduate nurse is not always aware that they need to work hard in the clinical environment. Findings of this study showed that the undergraduate nurse are often unaware of the extent of the illness and the diseases that they would be exposed to. These sentiments are consistent with previous researchers who agree that undergraduate students do not have the necessary skills and preparation to be confident in the clinical learning environment (Jamshidi *et al.*, 2016: 5).

As the undergraduate nurse progresses and adjust to WIL, away from home, they become knowledgeable and more assertive. Fourth-year participants confirmed that they become more confident and competent, and the staff treat them more professionally as they progress through years in training. A study done in Ghana by Atakro *et al.* (2019: 7-8) allude to the above, in that the undergraduate nurses developed clinical skills as they are exposed to various clinical learning areas and in forming a supportive relationship with some nursing staff

5.2.1.1 The Reality of Nursing as a Career Choice

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have the necessary skills and preparation to be confident in the clinical learning environment (Jamshidi *et al.*, 2016:5).

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5.2.1.2 Support in the Clinical Learning Environment

Educative, financial, family and peer support are all role players in the undergraduate perception of the undergraduate nurses clinical learning experience.

As the clinical environment forms a vital part of the education of the nurse, the clinical educator and mentor plays a leading role in guiding, advising, and supporting the novice undergraduate nurse in the clinical learning environment. The undergraduate participants were positive about their relationship and clinical accompaniment of their lecturers and mentors. They mentioned that the lecturers advised and supported them on how to deal with conflict situations and offered them an open-door policy, in order consult with them regarding any clinical issue they needed assistance with.

The undergraduate nurses could choose which lecturers that they wanted to consult with whom they felt comfortable. At the IHE the undergraduate nurses could be referred to the university's counselors when in distressed.

Despite lecturers and mentors being supportive and making time to visit them regularly in the clinical setting, the undergraduate nurses were of the opinion that lecturers and mentors seldom have sufficient time to teach them in the clinical environment. Due to the many students assigned to the lecturers and mentors and travelling time or meetings that they had to attend at the university, the educators were unable to spend much time with the undergraduate nurse. This sentiment is shared in a study done by Shipman (2017: 72), whereas in a study done by Baraz *et al.* (2015: 7), it is noted that teaching and learning support were hampered by poor interpersonal relationship and lecturers who visited the clinical setting occasionally.

5.2.1.3 Supervisory Support in the Clinical Learning Environment

Asirifi, Mill, Myrick & Richardson (2013: 5-23) and Atakro *et al.* (2019: 7) posits that a supportive relationship provides a caring learning environment for undergraduate nurse. The latter suggests that a supportive structured environment assists the undergraduate nurse to overcome the fears and anxiety and help them to adjust to the new learning environment which produces its own challenges.

Considering the findings of Asirifi *et al.* (2013: 5-23) and Atakro *et al.* (2019: 7) it becomes clear that professional nurses and supervisors in the ward become role models of the profession to the undergraduate nurse. Clinical support assists in alleviating the anxiety the undergraduate nurse experiences and eases their transition into the nursing profession.

In the present study, participants however reported that the ward staff supervisors “neglected” them, causing the undergraduate nurse to simply follow what the other staff were doing. It however emerged that there are certain professional nurses who refuse to support the undergraduate nurse and regard them as a burden. However, the undergraduate nurse formed relationships with the auxiliary staff who were willing to assist and teach them. Atakro *et al.* (2019: 2) confirmed that undergraduate nurses do form relationships with some nursing staff in the clinical environment.

Hess (2012: 620) and Rodriguez (2013: 8) noted that ward staff tend to see their patients as a priority and the undergraduate nurse as a burden. Students reported that other levels of nursing students, were also considered a burden to staff in the clinical learning environment and did not receiving adequate support,

5.2.1.4 Peer Support

Peer support is the creation of a safe, non- judgmental space for the undergraduate nurse to share their experiences. Being listened to and having support in clinical experiences makes it easier for the undergraduate nurse to cope with the challenges (Cater, 2017: 1). In this study the undergraduate nurse expressed feeling more comfortable seeking support from their peers, despite the willingness of lecturers and clinical educators to support them.

Building peer relationships helps the undergraduate nurse find universality in the experiences they face. Together they learn how to deal with these challenges. They develop a sense of belonging and trustworthy friendships. There are no official peer

groups formed to deal with emotional challenges, but they can be referred for mediation and counselling. Weurlander, Lonn, Seeberger, Broberger, Hult and Wernerson (2018: 81); Daniels and Jooste (2018: 5) concur that being able to share and be supported by peers and supervisors whom they can trust is beneficial to the individual.

5.2.1.5 Financial Challenges

Financial support is another huge part of the undergraduate nurses' stress as an adult learner although they do receive bursaries. They express that their needs are not met. The novice undergraduate nurse living on campus or off campus depends on this bursary for sustenance and educational expenses. Living off-campus incurs much more financial expenses than living on campus. Transport costs are a major part of their expenses. A South African study done by Dumisani, Mthimunye and Daniels (2020: 6) confirms that living off campus is much more expensive and affects the undergraduate nurses academic and clinical learning experience. Added to this expense, the undergraduate nurse expressed their concern that living off-campus is dangerous since they have to leave for work early in the morning and arrive late at night from work. Taxi violence and other attacks are not uncommon to the province where they are studying. According to Harrisberg (2021: np) and Luhanga (2021: np) commuters are in danger when taxi violence erupts.

It is a daunting experience for the undergraduate nurse who lives away from home for the first time to be using public transport. Thus, the participants recommended that they be accommodated on campus, but unfortunately the campus residence have limited accommodation.

5.2.1.6 Family Support

Undergraduate nurses receive support from their family yet, as related in the interviews, being adults, they should not burden their families and cope on their own. Third-year participant 1:

"My mom would phone me to find out how I am doing. She will make a means, she will send me a small amount of money, she is not working".

5.2.1.7 Interpersonal Relationship Attitude and Treatment

To reiterate the above support and or lack of support the researcher needs to describe the above-mentioned. Third-year undergraduate nurses described their treatment in

the clinical setting with disdain. Their initial expectation of acceptance, care and support were met with rejection, and they were made to feel like they were a burden by the professional staff. They are utilised as work force and yet, not included as part of the team. Undergraduate nurses felt that they were being bullied in various verbal or non-verbal ways. They describe the bullying by the nursing staff as mostly non-physical. Smith et al. (2016: 1) confirms the aforementioned finding, positing that abusive bullying behaviour in clinical nursing is a problem of reality.

In this study however, the undergraduate nurse revealed that the novice undergraduate nurse becomes the target of bullying because they are new and vulnerable to the new nursing environment. The third-year and fourth-year undergraduate however agree that as they become more confident and know their rights and duties, they learn to cope with a difficult professional nurse. As the undergraduate nurses grow in maturity and insight, they realise that not all professional clinical staff are abusive and that they are able to evaluate the reasons why the professional nurse behaves in the way that they do. Fourth-year participant 4 said in the interview that *"The professional nurse alluded to having huge responsibilities"*. A third-year participant reported that they were advised to be "strong" when choosing nursing as a career. These statements concur with findings of a study done by Smith et al. (2016: 5) where experiencing bullying is seen as a rite of passage undergraduate nurses must go through. Participants in that study concurred with participants of the researchers' study concluding that there is nothing that can be done about it.

Consequently, to avoid the abuse, the novice undergraduate nurse turns to the ENA and EN to teach and to assist them. While the third-year undergraduate nurse received assistance from the auxiliary staff, the fourth-year undergraduate experienced rejection from the ENA and EN as they progressed in their training. The auxiliary staff seemed to become intimidated by the 'soon to be' professional nurses. What emerged in this study is that the professional staff who were rude to the undergraduate novice nurses are often rude to the patients as well.

5.2.2 Objective 2: The Effects of the Experiences of the Undergraduate Nurse on their Clinical Learning

5.2.2.1 Teaching and learning

Previous studies on the experiences of the undergraduate nurse in the clinical environment allude to the reluctance of professional staff supervisors to teach the undergraduate nurse in the clinical setting.

In this study the findings agree with those findings. However, these participants both fourth- and third-year participants agreed that there are professional staff in the clinical area who are willing to teach. Some described how the younger graduate nurse makes an effort to teach them, while the older professional nurses are to set in their ways and unaware of transformation in nursing.

Simulation classes prepare the undergraduate nurse and teach them the necessary skills that they can apply in the clinical environment. Due to the COVID-19 pandemic, undergraduate nurses received limited to no simulation classes and participants felt ill prepared for the clinical environment. This study concurs with other studies that simulation classes are empowering and preparation for their clinical placement reduces their anxiety (Fawaz *et al.*, 2018: 108).

The fourth-year participants felt that as they progressed in years, they are afforded more responsibility and trust. It also emerged that certain clinical environments are more willing to accommodate the undergraduate nurses' learning needs than others. This sentiment is confirmed by Ali and Ali (2015: 7) in that the situation in the clinical environment improves as the undergraduate nurse progresses. The third-year undergraduate nurse however felt their objectives were not considered and, they were used as work force. Professional staff in the clinical learning environment seems not inclined to their professional obligation to teach, nor do they willingly endorse the undergraduate nurses' competencies by signing their portfolios. The undergraduate nurse in their clinical learning experience, from their first year until fourth year develops a sense of just being supernumerary, making sure the work is done. This is confirmed in studies done by Shipman (2019: 76).

5.2.2.2 Remaining and Embracing the Positive

It emerged in this study that there is undergraduate nurse that embrace the positive clinical experience yet acknowledging that there are negative incidents. They attempt

to remain positive. Some participants have developed good family, peer, and other support systems. Other undergraduates simply cope by ignoring or avoiding the abusive/ bullying professional nurse and attempt to work around it e.g., the undergraduate nurse who instead of using university transport, rather risked her safety to travel via public transport to the clinical learning area to avoid the professional nurses' wrath. As third-year participant 1 said *"So now sister made her come at half past six. Bear in mind she was far from the (taxi) rank, and it was dark for going to work. She would leave the transport organized by the department for us, she would use her own money just to be early so that Sr does not shout at her. She was crying it was bad"*.

Despite the negative experiences and situations mentioned by the undergraduate nurses, there are institutions or departments where professional staff are supportive and willing to teach the undergraduate nurses. There are individual professional nurses and institutions that has some strategic plan to involve the student in training. Third -year participant 2, relates: *"The placement at...was the best placement I've experienced in nursing over the three years. They really treated you like a student. They were taking you on uhm different kinds of rounds and having actual meetings instead of throwing you in the clinical area where you just do work"*.

5.2.2.3 How the Undergraduate Nurse Navigates their Experiences

The participants in this study, the undergraduate nurse, acquires coping mechanisms to cope and continue nursing. They learned to avoid conflict. Many felt they dare not challenge the professional nurse. They turn to their peers for comfort and care. The undergraduate nurse seldom feels safe enough to make use of the appointed counselors or bother the lecturers. Participants verbalized that they knew what they were getting into when they chose nursing as career, others said there is nothing that can be done. Certain participants turn to prayer and stay positive. Third-year participant 1 said she'll decide if she'll stay in nursing after she had graduated. *"I might as well just finish it..., I'm almost there. I'm not sure the passion is still there, but I'm just going to finish it. Then I am going to see what I make afterwards. Whether I 'm going to specialize or stick with nursing or do another thing"*.

To avoid being bullied in the clinical learning environment, the undergraduate nurse avoids professional nurses. Some would remain quiet and simply walk away. Depending on the severity of the abuse, some undergraduate nurses would cry or report it to their lecturers. Undergraduate nurses in this study were advised to speak

to a confidant. Some of these nurses use their peers as a sounding board to vent their anger and frustration too. These coping mechanisms are used by participants in other studies as well as described by Smith *et al.* (2016: 5).

5.2.2.4 Effects of Additional Present-day Challenges

The prolonged effect of the COVID-19 pandemic, psychologically, physically and on the nurse's work environment, compels them to adjust to a new way of living and working. Despite of fear and danger of an ever-changing society globally, the professional staff in the clinical field started normalizing the occurrence of the treatment of the pandemic in the hospital. Admitting COVID-19 patients to the ward or hospital frequently caused the ward staff to neglect orientating the undergraduate nurse placed in their ward, nor providing them with safe nursing practice. The undergraduate nurse felt that their wellbeing was not considered.

Due to the global COVID-19 pandemic and the lockdown protocol, the undergraduate nurses missed almost a year of clinical learning. Their theory was done online while they were at home or away from the campus, supportive teaching staff and equipment. Participants experienced the impact of not having the correct technology to access the online lectures or do assignments. Internet availability was problematic to some undergraduate nurses for various reasons, e.g living in remote areas. The undergraduate nurse had no input into the type of online studying that would benefit their situation. Third-year participant 1 relates: *"There are WhatsApp groups that made it easier for me. The Blackboard thingy that we were using, that network was going to be bad."* They had to adjust to learning online, which some perceived as new and challenging. Third-year participant 2 commented on the effects of online learning *".... So, I would say it made learning very difficult. Learning the content and implementing the content in the placement setting, cause not everyone learns as effectively online, some people need to be in the classroom setting."* Not all participants had the sophisticated equipment to submit more efficient work. Third-year participant 4 had to wait until lockdown restrictions were lifted so that she could travel and buy a cellphone to access the lectures. Lectures were done on the university website. Students being at home, far from the university had difficulty accessing it. Third-year participant 3 felt the WhatsApp service was better option and more accessible.

A study done in the United Kingdom found that most of their participants adjusted well to the sudden online learning during the COVID-19 pandemic (Godbold, Whiting,

Adams, Naidu & Pattison, 2021: 7). Developing countries e.g., the Caribbean found that students experienced technological problems e.g., most students use their mobile phones which might have capacity problems whilst studying online. They also experienced geographical problems while living away from the campus (Agu, Stewart, Mcfarlane-Stewart & Rae, 2021:155).

All these factors affected the undergraduates' confidence entering the clinical environment. Having done theory online during the 2020 lockdown, the undergraduate nurse now faced having to do both 2020 and 2021 clinical placings in one year to remain abreast with their year of study. As quoted by third- year participant 2: *"We learnt about Medication round the beginning of last year and at the beginning of this year we had to implement what we learnt the previous year, so you may have forgotten about it"*. The undergraduate nurse clinical experience was fast tracked this year 2021. *"We just started third year this week, the next six weeks is going to be psychiatry. That's also going to be a challenge, ...we are normally divided into theory and practical blocks, where now the students had to work for six months straight with no theory block. So, it feels like we've been slaving away because the work is so close together."*

Fast tracking two years of clinical placement into one year, meant that the undergraduate nurse faced challenges in the clinical environment as the professional nurses expected them to know certain second year procedures that they had not been exposed to. Fawaz *et al.* (2018: 109) alluded to the work overload and cross-performance making it difficult for the undergraduate nurse to adapt to the new global challenges.

Their third-year clinical placement commenced without simulation classes and the undergraduate nurse was expected to enter the clinical learning placement without preparation. The lectures were done in 2020 and the undergraduate nurse felt that they had forgotten what they had learned, or they had not fully understood the content e.g., the pharmacology was difficult to understand. Although the impact of the pandemic was unforeseen, the experience left the undergraduate nurse vulnerable and with little confidence. However, despite the global pandemic of COVID-19, studies had revealed that being unprepared and dealing with new experiences in the clinical environment could be overwhelming and anxiety provoking for the undergraduate

nurse (Jamshidi et al., 2016: 13; Yen *et al.*, 2017: 1; Rajeswaran, 2016: 2 & Martin & Daniels, 2015: 79-81).

In a previous study the authors alluded to the fact that the undergraduate nurses do not get the necessary skills needed before graduation (Rodriquez, 2013: 3). This is exacerbated due to the COVID-19 pandemic, thus the undergraduate nurses in this study verbalized that they did not feel confident and were not ready to practice professionally after graduation.

5.2.2.5 The Effects of the Ever-changing Dynamics on the Undergraduate Nurse

The undergraduate nurse continues to experience challenges in the clinical learning environment despite reconstruction of the nursing curriculum and programme. Transformation in nursing is ongoing and the burden of disease is ever-changing which is affected by global challenges.

The sudden onset of the COVID-19 pandemic saw the input of instant teaching and learning changes from face-to-face teaching to online learning and teaching. Students and staff had to adjust to this new way of teaching and learning. Thus, some undergraduate nurses were overwhelmed since they were not confident in utilizing the technology nor manage online learning. Some undergraduate nurses adjusted well while others found it difficult (Godbold *et al.*, 2021: 7 & Agu *et al.*, 2021: 155).

Lockdown meant that the undergraduate nurse could not complete the clinical practicum in due time in order to move to the next level. After lockdown, their clinical placements were fast tracked in order for them to complete two years clinical learning. This experience was anxiety provoking since the undergraduate. Participants related that they had forgotten the work they had learnt online. Some stated that they only studied to pass the subject with limited understanding on how to apply it. Third-year participant 1 and 2 revealed: *“online thing is not the same as face-to-face class...learning and implementing is so far apart”*. Third-year participant 3 voiced a preference for face-to-face learning since it was difficult to understand or access the lectures online.

The clinical environment plays a pivotal role in the understanding of patient care and shapes the attitude of the undergraduate nurse towards their career choice. Preparation of the undergraduate nurse entering the clinical environment is important.

The undergraduate nurse should be orientated immediately on entering the clinical learning environment. This will ensure that the safety of the patient and undergraduate nurse is assured.

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The sudden onset of the COVID-19 pandemic saw the input of instant teaching and learning changes from face-to-face teaching to online learning and teaching. Students and staff had to adjust to this new way of teaching and learning. Thus, some undergraduate students were overwhelmed since they were not confident in utilizing the technology nor manage online learning. These findings are supported by an English study where students adjusted quickly but some remained uncomfortable. In underdeveloped countries, such as the Caribbean, it was confirmed that students and academics had difficulty adjusting to the new way of teaching and learning (Godbold *et al.*, 2021:7 & Agu *et al.*, 2021: 155).

Lockdown meant that the undergraduate nurse could not complete the clinical practicum in due time in order to move to the next level. After lockdown, their clinical placements were fast tracked in order for them to complete two years clinical learning. This experience was anxiety provoking since the undergraduate nurse completed both 2020 and 2021 years of the theoretical program online during the lockdown period in the year 2020. Participants related that they had forgotten the work they had learnt online. Some theory they only studied to pass the subject with limited understanding on how to apply it. Third-year participant 1 and 2 revealed:

“...online thing is not the same as face-to-face class...learning and implementing is so far apart”.

Third-year participant 3 voiced a preference for face-to-face learning since it was difficult to understand or access the lectures online.

Undergraduate nurses have their opinion on what they thought would help soften a harsh nursing environment. The clinical environment plays a pivotal role in the understanding of patient care and shapes the attitude of the undergraduate nurse

towards their career choice. Preparation of the undergraduate nurse entering the clinical environment is important. The undergraduate nurse should be orientated immediately on entering the clinical learning environment. This will ensure that the safety of the patient and undergraduate nurse is assured.

5.3 LIMITATIONS OF THE STUDY

The study was conducted via WhatsApp video calling with undergraduate nurses at an IHE based at two different campuses. The limitation of using WhatsApp video calling is that network problems created a break in transmission. Distance interviews made it difficult to control the interference of noise. The COVID-19 lockdown postponed the study since undergraduate nurses were not on campus or in the province, neither had they completed their second-year practice to progress to third year. Obtaining permission to do the study was also delayed since not all systems were operational during lockdown. Many undergraduate nurses were interested in the research, but due to their workload they decided not to partake. Furthermore, many had second year and third year portfolios to complete simultaneously, such as third- and fourth-year portfolios. Consequently, students were occupied with assignments and test they had to study for.

5.3.1 Personal Limitations of the Researcher

To prevent bias the researcher had to obtain independent interviewers. This was difficult as the independent interviewers were not comfortable with technology. Two of the independent interviewers' households contracted COVID-19 and had to abandon the interviews since they became ill and had to isolate. The transcriber was inundated with work and one of them had family responsibility due to the loss of family members during the pandemic, which meant that the researcher had to do the transcribing.

5.4 RECOMMENDATIONS

Despite the advice and support they receive from their lecturers on how to overcome problems in the clinical learning environment, they are not prepared for those challenges.

5.4.1 Orientation, Preparedness and Accommodation

It is recommended that the professional staff in the ward be orientated timeously to the objectives of the undergraduate nurse and to schedule time into their daily or

weekly program to teach the student. Accommodating all levels of student on ward rounds assist them to feel part of the team, instead of merely being part of work force.

The safety of students during COVID-19 pandemic and working with infectious diseases must be ensured. Orientation by informing students of possible exposure to such diseases is vital.

5.4.2 Debriefing and Support

Meeting the undergraduate needs mean that the appointed counsellors should be available to the undergraduate at their time of need and not merely at restricted hours. 'Suicide' online or hotline counselling should be readily available to students.

5.4.3 Evaluation Platforms

Undergraduate nurses and the professional staff need to have periodic evaluation platforms to discuss their experience and interpersonal relationship interactions. Clinical learning professional and auxiliary staff should be made aware of the learning objectives and changes to their program timeously.

5.4.4 Care for the Carer

Collaboration with institutions on the prevention of student abuse or bullying is vital. The IHE should conduct in service training at the clinical placement facilities to raise awareness of the ongoing bullying and abuse that the undergraduate nurse experiences.

Educating the undergraduate nurse about the impact or effect of bullying and abuse on the novice undergraduate nurse and how to effectively deal with it, is paramount. Instituting senior to junior peer support and mentoring, lessens the burden of lecturers with tight schedules to be available with their limited time capacity.

5.4.5 Financial Support

Undergraduate nurses complain of the insufficiency of the bursaries, voucher coupon supplements for the less financially managing undergraduate, may lessen their burden. Participants had recommended that living on campus is less financially stressful.

5.4.6 Clinical Support

IHE could prioritize accompaniment by streamlining the auxiliary work of mentors and lecturers accompanying undergraduate nurses. The clinical facilities are located far apart and traveling comprises of a huge part of that time.

5.4.7 Inter-institutional Relationships

There are institutional issues that negatively impacted the clinical experience of the undergraduate nurse, thus more goal directed collaboration and integration between the educational institution and clinical facilities might enhance improved communication and work relationships. An attempt for clinical environment supervisors or staff to be more actively involved in the undergraduate teaching and learning at the institution of higher education might be useful e.g. simulation laboratories.

5.4.8 Possible Research

- The influence of technology on the clinical experience of the undergraduate nurse
- How the COVID-19 pandemic affected the undergraduate nurses' learning and clinical placement as a new normality
- Students' perception of reliable online studying and simulation

5.5 CONCLUSION

This research endeavored to describe the experiences of the undergraduate nurse in clinical settings. This study concluded that undergraduate nurses continue to experience the same challenges in the learning environment as previous studies revealed. However, it found that undergraduate nurses had a good relationship with their lecturers and mentors, yet the problem of availability remained a concern. It is also found that as the student progress to a higher level of their nursing training, they are more accepted by the professional staff and their responsibilities increase. The COVID-19 pandemic exacerbated the difficulties the undergraduate nurse experienced. It highlighted the technological skills and equipment needed to produce effective learning. The study briefly focused on the on-gong bullying or "rite of passage" of undergraduate nurses in the clinical settings and the lack of teaching support they received. Despite these challenges, the undergraduate nurse shows resilience, perseverance and complete their studies.

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ANNEXURES

Annexure A: Stellenbosch University HREC approval



UNIVERSITEIT
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UNIVERSITY

Approval Notice

New Application

30/06/2020

Project ID: 14731

HREC Reference No: S20/03/076

Project Title: EXPERIENCES OF THE UNDERGRADUATE NURSES IN CLINICAL SETTINGS

Dear Ms Felicity De Jager

The **Response to Modifications** received on 11/06/2020 15:52 was reviewed by members of **Health Research Ethics Committee** via **expedited** review procedures on 30/06/2020 and was approved.

Please note the following information about your approved research protocol:

Protocol Approval Date: 30 June 2020

Protocol Expiry Date: 29 June 2021

1. Kindly note that although the study has been granted ethics approval, the study may not proceed during the current national lockdown as an embargo has been placed on studies that require face-to-face interaction with research participants and/or put participants in harm's way in the time of COVID-19 – either potentially or in reality.
2. HREC will publish on the HREC website a date when the said embargo is to be lifted taking into consideration the best interest of participants and national interests around COVID-19.
3. If you wish to continue with the study, please consult with the Health Research Ethics Office staff to explore requirements and possibilities.
4. Please also consider the communication from HREC as placed on the website for further clarification and careful consideration:
 - Position statement of the health research ethics committees of SU on ethical research conduct in the time of the COVID-19 outbreak, released 2020/03/20 - [HREC POSITION STATEMENT](#) and
 - Communiqué 1: Research Guidance In the time of the COVID-19 outbreak, released 2020/06/12 - [HREC COMMUNIQUE 1](#)

Please remember to use your Project ID 14731 and Ethics Reference Number S20/03/076 on any documents or correspondence with the HREC concerning your research protocol.

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

After Ethical Review

Translation of the informed consent document(s) to the language(s) applicable to your study participants should now be submitted to the HREC.

Please note you can submit your progress report through the online ethics application process, available at: [Links Application Form Direct Link](#) and the application should be submitted to the HREC before the year has expired. Please see [Forms and Instructions](#) on our HREC website (www.sun.ac.za/healthresearchethics) for guidance on how to submit a progress report.

The HREC will then consider the continuation of the project for a further year (if necessary). Annually a number of projects may be selected randomly for an external audit.

Provincial and City of Cape Town Approval

Please note that for research at a primary or secondary healthcare facility, permission must still be obtained from the relevant authorities (Western Cape Department of Health and/or City Health) to conduct the research as stated in the protocol. Please consult the Western Cape Government website for access to the online Health Research Approval Process, see: <https://www.westerncape.gov.za/general-publication/health-research-approval-process>. Research that will be conducted at any tertiary academic institution requires approval from the relevant hospital manager. Ethics approval is required BEFORE approval can be obtained from these health authorities.

We wish you the best as you conduct your research.

For standard HREC forms and instructions, please visit: [Forms and Instructions](#) on our HREC website <https://applyethics.sun.ac.za/ProjectView/index/14731>

If you have any questions or need further assistance, please contact the HREC office at 021 938 9677.

Annexure B: Stellenbosch University modifications required document



UNIVERSITEIT
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Modifications Required

Progress Report

Date: 04/08/2021

Project ID: 14731

HREC Reference No: S20/03/076

Project Title: EXPERIENCES OF THE UNDERGRADUATE NURSES IN CLINICAL SETTINGS EXPERIENCES OF THE UNDERGRADUATE NURSES IN CLINICAL SETTINGS

Dear Ms FL De Jager

Thank you for your request for extension/annual renewal of ethics approval dated 29/07/2021 15:19

1. Problems experienced by researcher due to COVID-19 pandemic are noted as reasons for delayed submission together with differing approval dates for SU, CPUT and the Department of Health Research Database, granted permission on the 23rd June 2021.
2. Expected number of participants indicated as approximately 10 but 20 participants have been recruited, and 5 interviews completed. Kindly clarify the reasons for over-recruitment.

Please note the following important information. A lapse in HREC approval: 1) contravenes South African regulatory requirements; 2) cannot be approved retrospectively by HREC; and 3) entails that any data collected or participants recruited during the lapsed period may not be used for research purposes.

Where to submit any documentation

Kindly note that the HREC uses an electronic ethics review management system, *Infonetica*, to manage ethics applications and ethics review process. To submit any documentation to HREC, please click on the following link: <https://applyethics.sun.ac.za>.

Important note: Before resubmitting your modifications, please check for notifications that may appear at the top of your application home page requiring that the form be updated. If this message appears, please click on 'update' in order to proceed with your modifications/changes and prior to signing off and submitting to your supervisor/s for electronic sign off. Failing to update the form will result in a 'not submitted' status and your application will not be received by the HREC office.

Please remember to use your Project ID 14731 and ethics reference number on any documents or correspondence with the HREC concerning your research protocol.

Yours sincerely,

Ms

HREC Coordinator: Health Research Ethics Committee 2 (HREC 2)

National Health Research Ethics Council (NHREC) Registration Number: REC-130408-012 (HREC1)-REC-230208-010 (HREC2)

Federal Wide Assurance Number: 00001372

Office of Human Research Protections (OHRP) Institutional Review Board (IRB) Number: IRB0005240 (HREC1)-IRB0005239 (HREC2)

The Health Research Ethics Committee (HREC) complies with the SA National Health Act No. 61 of 2003 as it pertains to health research. The HREC abides by the ethical norms and principles for research, established by the [World Medical Association \(2013\), Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects](#); the [South African Department of Health \(2006\), Guidelines for Good Practice in the Conduct of Clinical Trials with Human Participants in South Africa \(2nd edition\)](#); as well as the [Department of Health \(2015\), Ethics in Health Research: Principles, Processes and Structures \(2nd edition\)](#).

The Health Research Ethics Committee reviews research involving human subjects conducted or supported by the Department of Health and Human Services, or other federal departments or agencies that apply the Federal Policy for the Protection of Human Subjects to such research (United States Code of Federal Regulations Title 45 Part 46); and/or clinical investigations regulated by the Food and Drug Administration (FDA) of the Department of Health and Human Services.

Annexure C: CPUT Ethical approval**HEALTH AND WELLNESS SCIENCES RESEARCH ETHICS COMMITTEE (HWS-REC)**

Registration Number NHREC: REC- 230408-014

P.O. Box 1906 • Bellville 7535 South Africa
Symphony Road Bellville 7535
Tel: +27 21 959 6917
Email: sethn@cput.ac.za

28 May 2021

REC Approval Reference No:
CPUT/HW-REC 2021/H16

Faculty of Health and Wellness Sciences

Dear Ms F De Jager

Re: APPLICATION TO THE HW-REC FOR ETHICS CLEARANCE

Approval was granted by the Health and Wellness Sciences-REC to **Ms F De Jager** for ethical clearance. This approval is for research activities related to research for **Ms F De Jager** at Cape Peninsula University of Technology.

TITLE: **Experience of the undergraduate nurses in clinical settings**

Supervisor: [REDACTED]

Comment: Ethics approval is granted conditionally to the provision of formal feedback to the Cape Peninsula University of Technology department of Nursing Sciences regarding the findings of this study.

Approval will not extend beyond 29 May 2022. An extension should be applied for 6 weeks before this expiry date should data collection and use/analysis of data, information and/or samples for this study continue beyond this date.

The investigator(s) should understand the ethical conditions under which they are authorized to carry out this study and they should be compliant to these conditions. It is required that the investigator(s) complete an **annual progress report** that should be submitted to the HWS-REC in December of that particular year, for the HWS-REC to be kept informed of the progress and of any problems you may have encountered.

Kind Regards



[REDACTED]

Annexure D: CPUT site permission

Office of the Deputy Vice-Chancellor:
Research, Technology Innovation
& Partnerships
Bellville
Campus P O
Box 1906
Bellville 7535
Tel: 021-959 6242

31 May 2021

Ms Felicity De Jager
MNUR Student
Department of Nursing and Midwifery
Faculty of Medicine and Health Sciences
University of Stellenbosch

Dear Ms De Jager

RE: PERMISSION TO CONDUCT RESEARCH AT CPUT

The Institutional Ethics Committee received your application entitled: "*Experience of the undergraduate nurses in clinical settings.*" together with the dossier of supporting documents.

Faculty Ethics Committee Approval Date: 28 May 2021

Faculty Ethics Committee Approval Reference No: CPUT/HW-REC 2021/H16

Permission is herewith granted for you to do research at the Cape Peninsula University of Technology.

Wishing you the best in your study.

Sincerely

Deputy Vice-Chancellor: Research, Technology Innovation &
Partnerships Cape Peninsula University of Technology

Annexure E: Interview guide

Appendix A: Interview Guide

INTERVIEW GUIDE

Questions to ask individual participants

Participant Number:

Date of interview:

Section A

I would like to listen to and understand your experiences while working in the clinical placement settings.

1. Let's talk about your initial expectation of nursing when you started
2. How would you describe your clinical experience over these past years?
3. Describe the facilitation you receive while in the clinical environment? (This includes all role players in the clinical environment)
4. Describe the support you received in the clinical environment? (This includes all role players in the clinical environment)
5. Can you explain what you did to overcome the challenges - How did you feel after that experience?
6. As a student going to do your community service year soon, describe your feelings?
7. How would you like to improve your clinical learning experience?

Annexure F: WCG approval letter

STRATEGY & HEALTH SUPPORT
Health.Research@westerncape.gov.za tel: +27 21 483 0866:
fax: +27 21 483 6058 5th Floor, Norton Rose House,, 8 Riebeeck
Street, Cape Town, 8001 www.capegateway.gov.za)

REFERENCE: WC 202010 051

ENQUIRIES: Dr

Francie Van Zijl Dr
Parow
Cape Town
7505

For attention: MS Felicity De Jager,

Re: EXPERIENCES OF THE UNDERGRADUATE NURSES IN CLINICAL SETTINGS

Thank you for submitting your proposal to undertake the above-mentioned study. We are pleased to inform you that the department has granted you approval for your research.

Please contact the following people to assist you with any further enquiries in accessing the following sites:

Western Cape College of Nursing

021 684 1211/ 083 602 7097

Kindly ensure that the following are adhered to:

1. Arrangements can be made with managers, providing that normal activities at requested facilities are not interrupted.
2. Researchers, in accessing provincial health facilities, are expressing consent to provide the department with an electronic copy of the final feedback (annexure 9) within six months of completion of research. This can be submitted to the provincial Research Co-ordinator (Health.Research@westerncape.gov.za).
3. In the event where the research project goes beyond the estimated completion date which was submitted, researchers are expected to complete and submit a progress report (Annexure 8) to the provincial Research Co-ordinator (Health.Research@westerncape.gov.za).
4. The reference number above should be quoted in all future correspondence.

Yours sincerely

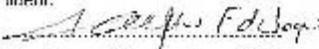
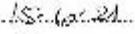
DIRECTOR: HEALTH INTE

DATE:) 2 cc

Annexure G: Declaration by principal investigator

Appendix :D Declaration by the principal investigator DECLARATION BY THE PRINCIPAL INVESTIGATOR

As the principal investigator, I wish to declare that the information within this document has been thoroughly explained to the participant. I also declare that the participant has been given an opportunity to ask any questions. In addition, I would like to select the following options:

<input type="checkbox"/>	The discussion with the participant was done in a language in which the participant is fluent.
<input type="checkbox"/>	The discussion with the participant was conducted with the assistance of a translator (who has signed a non-disclosure agreement), and this "Consent Form" is available to the participant in a language in which the participant is fluent.
	
Signature of Principal Investigator	Date

Annexure H: Declaration by interviewer

DECLARATION BY THE INTERVIEWER

I (name). G 110.1-3. -a-e. Jager..... declare that:

I fully understand and adhere to the principals and ethics of research regarding confidentiality and privacy of the participant

I explained the information in this document to.

I encouraged this participant to ask questions and answered the questions until he / she was satisfied

I am satisfied that this participant understands all the aspects of the research as explained above

Signed at (place) Z2.#. • (date) 96.: Signature of Interviewer' Signature

of Witnes

Annexure I: Declaration by Interpreter

interviewer DECLARATION BY THE INTEPRETER

I hereby declare that I assisted the interviewer to explain the information of this research to (participant)..... using the Xhosa Language to facilitate understanding of participation in the research.

I fully understand and adhere to the principals and ethics of research regarding confidentiality and privacy of the participant.

The participant was encouraged to ask questions and appropriate answers were provided.

I am satisfied that the participant fully understood all the information conveyed and answers to their questions provided.

Signed (place) LGH on (date) 15/06/21
Signature of interpreter [Signature] Signature of Witness.....
at

DECLARATION BY THE INTERVIEWER i (name)

.....declare that:

I fully understand and adhere to the principals and ethics of research regarding confidentiality and privacy of the participant-

I explained the information in this document to.....

I encouraged this participant to ask questions and answered the questions until he / she was satisfied

I am satisfied that this participant understands ail the aspects of the research as explained above

Signed at (place) on LGH viewer [Signature] Sig (date) 12/9/21 Witness [Signature]
Signature of Interviewer' . Signature of Witness..

Annexure J: Declaration by Language Editor



053 750 711
+27 71 750 711
rukshan

CERTIFICATE OF LANGUAGE FORMATTING AND EDITING

This is to certify that the thesis titled

“ EXPERIENCES OF THE UNDERGRADUATE NURSES IN CLINICAL SETTINGS ”

written by

FELICITY DE JAGER

Was Reviewed for Technical Formatting and Editing by **RUKSHANA ADAMS**

Date: 5 DECEMBER 2021

Signature: R. Adams

Annexure K: Declaration by Technical Editor

1300
+27 71 7
rukshan

RUKSHANA ADAMS
COPYWRITING AND EDITING SERVICES

CERTIFICATE OF TECHNICAL FORMATTING AND EDITING

This is to certify that the thesis titled

“ Experience of the undergraduate nurses in clinical settings”

written by

Felicity De Jager

Was Reviewed for Technical Formatting and Editing by **RUKSHANA ADAMS**

Date: 3 December 2021
Signature: R. Adams