LEARNER NURSES' EXPERIENCES REGARDING CLINICAL SUPERVISION AT PRIVATE HOSPITALS IN EAST LONDON IN THE EASTERN CAPE

by

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DECLARATION

I, Porsha Vos, declare that Learner Nurses' experiences regarding clinical supervision at private hospitals in East London in the Eastern Cape, is my own work and that all the sources that I have used have been acknowledged.

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SIGNATURE **DATE**
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DEDICATION

This dissertation is dedicated to my children, Heinrich, Hillary and Reuben Vos.

This work is further dedicated to all learner nurses, professional nurses, nursing educators, clinical facilitators and all nurses in the Eastern Cape Province.

I also wish to dedicate this work to my mother, Mrs D.Barendse.

ACKNOWLEDGEMENTS

I would like to acknowledge the following persons for their valuable contribution to the success of this work:

God the Father, for giving me the strength and wisdom to complete my work.

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ABSTRACT

The purpose of this study was to explore and to describe experiences of learner nursesregarding clinical supervision at private hospitals in East London in the Eastern Cape. These were Life Healthcare hospitals.

A qualitative, contextual approach was used and the exploratory, descriptive design was seen as most appropriate in this study. The subjects were the learner nurses in the Bridging Course Programme leading to registration as a General Nurse. The research questions were: How did you as a learner nurse, doing the Bridging Course, experience clinical supervision at Life Healthcare hospitals?

A pilot study was conducted in a clinical setting involving respondents with similar characteristics to the study population. Fourteen participants were selected for this study by using a purposive, non-probability sampling method.

Data were collected by means of individual interviews during which participants were able to describe their experiences during clinical supervision; data were collected until data saturation was reached.

During data analysis, the researcher used the process of bracketing and remained neutral, setting aside previous knowledge and beliefs about the phenomenon under investigation. The researcher listened to the audiotapes used for data collection several times until she was completely satisfied with the interpretation of the verbatim data. Transcriptions were made within three days of the interview.

The research was done in an ethically reflective manner and the researcher ensured the trustworthiness of the study at all times. The researcher allowed the participants freedom to conduct their lives as autonomous agents, without external control, coercion or exploitation.

The following findings were evident:

Three main themes emerged from data analyses. These comprised inadequate clinical supervision, satisfactory clinical supervision and suggestions and inputs regarding clinical supervision.

Detailed discussions about the findings in relation to earlier studies were conducted. Recommendations to improve clinical supervision were made in order to improve the experiences of learner nurses during training.

The findings of the research will be made available through the University of Fort Hare library and the Life College of Learning. Furthermore the information of this study will be shared with colleagues and will be published in an accredited nursing journal such as Curationis as well as other journals.

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CHAPTER 1

Introduction and background

1.1 INTRODUCTION

The study was focused on learner nurses' experiences regarding clinical supervision at private hospitals in East London. This research involved learner nurses who, as enrolled nurses, were following the Bridging Course leading to registration as a General Nurse according to regulation 683 of 14 April 1989 of the Nursing Act, 2005(Act No. 33 of 2005).

A qualitative approach was used to conduct this research. The researcher used an explorative descriptive and contextual design. Purposive non-probability sampling was the method of choice for the study.
The study aimed to explore and describe learner nurses' experiences regarding clinical supervision, as well as to make recommendations or to propose possible guidelines to ensure optimal clinical supervision.

The researcher has a passion and personal involvement with clinical supervision and hoped that a positive contribution would result from this study and also that the study would enable clinical facilitators to identify learning processes that would lead to possible improvements to the programme. The researcher furthermore hoped that this study would result in a better understanding of the learner nurses' experiences regarding clinical supervision.

Effective clinical supervision provides structure for the learning environment, promotes problem-solving and critical appraisal skills, provides professional support and encouragement and objectively observes and gives feedback on students' performance (Pillay, 2008:6).

Clinical supervision remains an important aspect of all nursing programmes. It is therefore important that learner nurses should receive optimal accompaniment in order to become competent, proficient and independent health practitioners.

Effective clinical supervision would enable learner nurses to achieve and attain their learning objectives. The concept of clinical supervision can be traced as far back as Florence Nightingale's era where the less experienced nurses were assisted and guided by more experienced competent nurses in the clinical field (Winstanley& White, 2003).

Fawcett and Mc Queen (1994) view clinical supervision as an instrument used to help learner nurses to master the skills they will need. These skills are important to practice intelligently and reflectively in a challenging and changing health care system, as well as to gain understanding of the principles underlying these skills.

The authors further emphasise that the value of sound clinical teaching practice cannot be questioned. It aids in assisting learner nurses to develop personally and professionally, as well as in developing vital clinical nursing science.

It is important and a challenge for the Department of Health to produce competent professional nurses after completion of training. These health professionals must be able to meet the health needs of the society and provide individuals with the best care possible. Learner nurses should therefore receive effective training and education that will enable them to adhere to the principles as stated in the Batho Pele White Paper. The Batho Pele initiatives aim to enhance the quality and accessibility of essential services, as stated in the Constitution of South Africa (1996).Ewan and White (1991:124) state that clinical accompaniment reduces students' anxiety about functioning in clinical settings without the necessary direction.

In conducting this study, the researcher at all times considered and maintained ethical principles as well as the credibility of the study.

1.2 BACKGROUND TO THE STUDY

Clinical supervision at private Life Healthcare hospitals in East London has become an area of concern as learner nurses have expressed their need for assistance in the clinical field. In clinical forum meetings held monthly at these hospitals, clinical supervision was a frequent topic for discussion between October 2010 and October 2011 whilst the researcher was still involved with clinical supervision.

Clinical supervision can be traced back as far as the times of Florence Nightingale where the more experienced nurses guided the other nurses in their clinical work (Winstanley& White 2003:3).

Kadushin (1976) has described three roles for supervisors in clinical supervision. Firstly an educative role which involves developing abilities in practitioners through helping them understand experiences, develop awareness of interactions and dynamics and the consequences of their interventions. Secondly, there is a supportive role which looks at the difficulties encountered by the practitioner relating to the emotions and reactions. Lastly there is a managerial role which provides a quality assurance element so that monitoring of optimum practice occurs.

Unit managers, hospital management, nurse educators as well as clinical supervisors are concerned about the effectiveness of clinical supervision that is provided to the learner nurses. Discussions about concerns regarding the quality of clinical teaching became a frequent topic in clinical meetings held in the last months of 2011 as in previous years.

Nursing Education and training is being implemented based on the legislative requirements, rules and regulations set by the government and authoritative bodies such as the South African Nursing Council.

Nursing in South Africa is governed by the Nursing Act, 2005 (Act No. 33 of 2005), which defines the practice of each category of nurse.

The South African Nursing Council (SANC) governs the nursing profession in South Africa. SANC approves and accredits nursing education institutions, and protects the right of learner nurses to receive appropriate education and training that meets the requirements for accreditation according to the National Qualification

Framework(NQF) as indicated in the South African Qualifications Authority Act No. 58 of 1995.

The Nursing Act (Act No. 33 of 2005) regulates the nursing and midwifery profession to ensure safe and quality practices. The SANC has accredited both private and public nurse training providers. In order to provide the country with competent health professionals and to bridge the shortage of trained nurses, it is important that training of qualified nurses should be seen as a high priority.

Clinical supervision forms an integral part of learner nurses' training and career development to enable nurses to be productive, competent and skilled. Clinical learning is defined by Henderson (1995) as a mode that provides learners with the opportunity to translate theoretical knowledge and correlate theory with practice.

During clinical teaching, students learn the art of integrating theory, practice and skills. It is during clinical supervision that learnernurses demonstrate the ability to function effectively, to solve problems and to apply a scientific approach to nursing. The experiences of the students who participated in the studyconcerning clinical supervision were obtained during this study.

Life Healthcare hospitals aim to provide quality care to all and this is evident in their vision statement which reads: "To be a world class provider of quality Health Care for all".

Leaner nurses play an important role in providing quality care, because of their continuous involvement and interaction with patients, therefore clinical supervision during their training is of utmost importance. A supportive learning environment and the support of skilled practitioners would enable learner nurses to function more effectively and provide patients with care to the best of their ability.

At Life Healthcare hospitals, clinical training specialists (CTSS) act as clinical supervisors to learner nurses and part of their role involves clinical supervision. They also have other responsibilities such as the formal and informal training of the rest of the hospital staff. They are involved in ensuring quality care of patients and this includes the training of the learner nurses as well as the other staff. This was done through an internal hospital arrangement.

The learner nurses are placed in the clinical fields and rely on the clinical supervisors, mentors, clinical training specialists and the unit managers to provide assistance, guidance and support to facilitate their training needs and to provide them with the necessary clinical skills and supervision. At life healthcare hospitals the clinical training specialists plays a major role with clinical training and they often have dual roles such as mentors, facilitator and clinical supervisor.

For their clinical learning, learner nurses are placed in four different hospitals: Life St Dominic's, Life Beacon Bay, East London private hospital and Life St James hospital, as well as in community health clinics where they are expected to become professionally mature and competent practitioners of nursing. The purpose of exposing the learner nurses to the clinical areas is to ensure that they apply the theory taught in the class in practice and to enable them to acquire competencies which will enable them to practice independently after completion of their course. The clinical environment selected for the placement of learner nurses plays a vital role and should provide appropriate learning experiences that will facilitate learning competencies.

Clinical learning has been part of the nursing education for many years and has been researched by other scholars. Papastavrou, Lambrinou, Tsangari, Saarikoskie and Leino-Kilpi (2009:176) state that the clinical learning environment is a complex social entity that influences student learning outcomes in the clinical settings. The authors concluded that nursing is predominantly a practice-based profession and that it is vital that nurse education continues to have a strong practice element despite its full integration into higher education.

The importance of clinical supervision is supported by Haggman-Laitila, Elina, Riitta, Kirsi and Leena (2006:382), who state that supervised clinical practice plays a significant role in professional nursing studies. They believe that effective clinical supervision guarantees high quality nursing education reinforces professionalism and promotes the appeal of the nursing profession. The authors further emphasized that the development of clinical supervision of nursing students is a mutual challenge to the health care organisations and the nursing education.

This research had its focus on the Bridging Course forlearners enrolled as nurses that leads to registration as a General Nurse according to regulation 683 of 14 April

1989 of the Nursing (Act No. 33 of 2005). This is a two-year course, after completion of which enrolled nurses become professional nurses.

A study of student nurses' experiences during clinical practice in the Limpopo Province by Mabuda, Potgieter and Alberts (2008:25) found that student nurses valued accompaniment and supervision by college tutors as an essential component of effective clinical teaching and learning. These findings further indicate the importance of clinical learning as an integral part of nursing education and nursing practice.

Lipinge and Venter (2003:10) revealed in their study that (a) expectations of the student nurses were not met, as the staff sometimes were not aware of learner nurses' learning objectives; (b) frustration was experienced during daily practice due to poor integration of theory and practice; and (c) there was a lack of tutorial support and guidance by tutors.

According to Hyrkas(2002), the core of the clinical supervision process is described as continuous learning from experience, practice or problem solving, but also as an integration process of professional experiences, skills and knowledge.

Considering all of the above, the researcher felt the need to study the experiences of learner nurses regarding clinical supervision at private hospitals in East London. The researcher's concerns and personal interest therefore resulted in the interest to formally investigate the experiences of learner nurses during their placements in the clinical learning environment.

The aim with clinical supervision should be to assist learner nurses to gain self-confidence and self-esteem, to develop professionally and to become competent and proficient individual practitioners. The researcher developed a diagrammatic representation to illustrate the process of learning during clinical supervision.

1.3 PROBLEM STATEMENT

Learner nurses had constantly expressed their dissatisfaction with clinical supervision in Life Healthcare institutions in East London in the Eastern Cape. Although this involved all learners, the focus of this study was on the Bridging

Course students. They were the most senior students and most of these learner nurses did all their training at the same institutions, and had experienced clinical supervision for more than one year. They would therefore be able to reflect on their experiences during clinical supervision.

The researcher chose this group of learner nurses because they would become professional nurses who needed to be able to function independently, integrate knowledge and skills on completion of their training and were the leading nurses in the units.

Unit managers and other professional nurses in the different units where learner nurses were allocated had expressed the impression that the learner nurses were often unable to integrate theory, practice and skills. During the learners' clinical assessments, it was evident that they lacked knowledge in clinical practice. Their skills often had to be repeated or re-demonstrated in order to achieve competency.

Poor performance can be attributed to an ineffective clinical supervision programme and the lack of an environment that is conducive to the required learning and supportive of the learner nurses. The researcher, who was often involved in assessing the learners during their Objective Structured Clinical Examination (OSCE),had also noticed that learner nurses were not confident and skilled, and often lacked the ability to integrate theory and skills.

Clinical supervision at private Life Healthcare hospitals in East London therefore became an area of concern. The concern was that learner nurses were not able to integrate theory, practice and skills and would not be able to function independently on completion of their training. Furthermore learners would lack critical thinking, competency and proficiency.

There often was conflict between learner nurses and the other staff members in the units because the learners were frustrated about the skills to be practised and they often complained that some skills were not performed in the way they were taught to perform them.

This research made it possible for the researcher to understand the learners' experiences in the clinical field and may assist learners to achieve their educational goals during clinical practice. This was the first research study undertaken with

regard to learner nurses' experiences regarding clinical supervision at private hospitals in East London. The researcher proposes to make recommendations that can contribute to effective clinical practice.

1.4 DIAGRAMMATIC REPRESENTATION OF THE ROUTE TAKEN BY LEARNERS DURING THEIR CLINICAL LEARNING

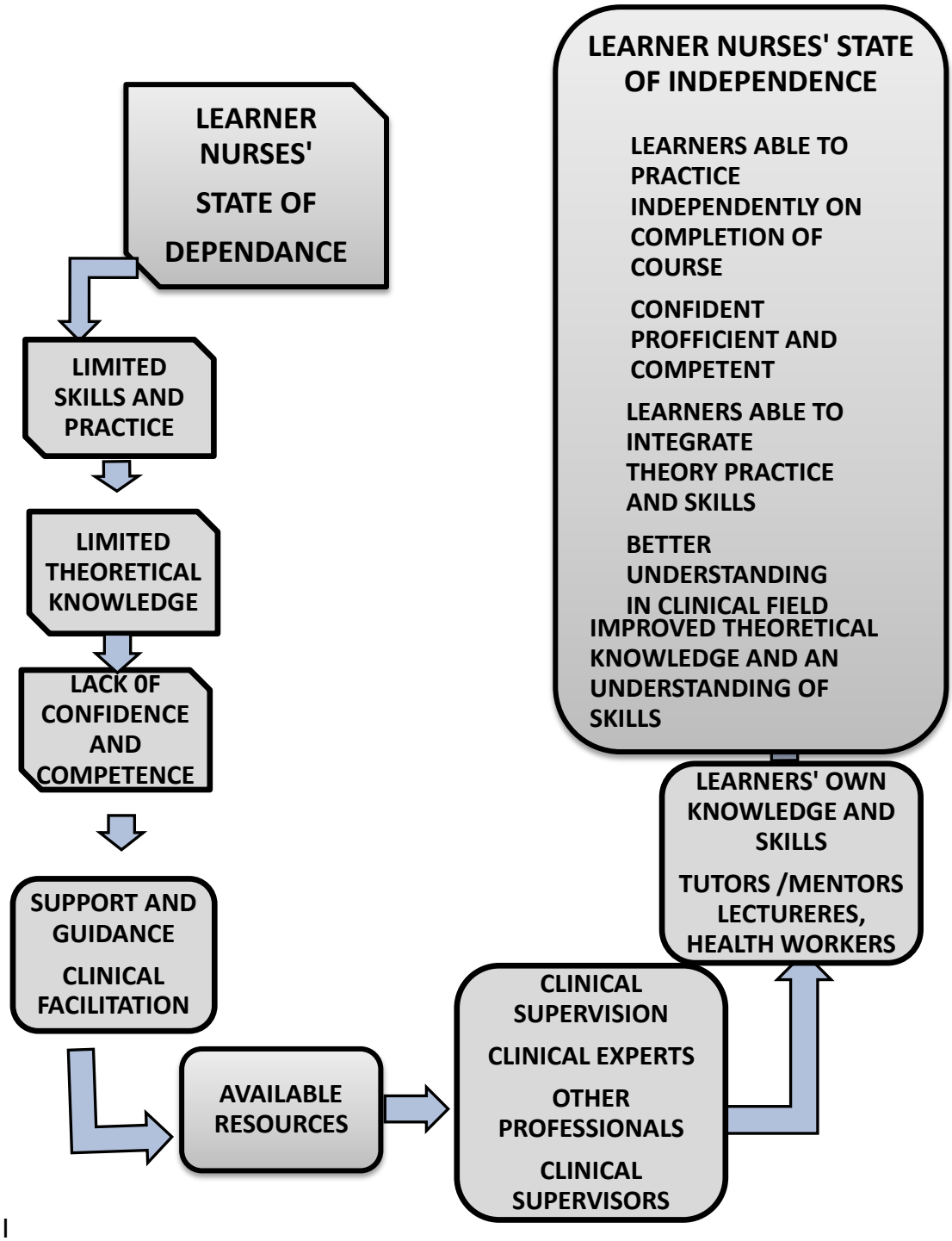
In this study the researcher made use of a diagrammatic representation to illustrate the route taken by learners during facilitation, with the aim of describing learner nurses moving from the state of dependence to a state of independence. This diagram was created by the researcher of this study.

The ideas for this diagram originated from Orem's General Theory of Nursing, as stated in George (2002:129). Orem's self-care deficit, in her General Theory of Nursing, identifies five methods of helping nurses to acquire clinical competencies. The methods include guiding and directing, providing physical and psychological support, providing an environment that supports personal development, as well as teaching (George 2002:129).

In this study, the researcher relates to the learner nurse-supervisor relationship where the learner nurses depend on others for effective clinical supervision, for assistance that contributes to their development and results in them becoming independent competent health practitioners.

Learner nurses depend on supervisors, mentors and other professionals and gradually move from a state of dependence towards a state of independence in nursing practice. A learner nurse's ability to reach a state of independence depends on life experiences, available resources, a supportive environment, skilled practitioners and their experiences during training. With this diagrammatic representation the researcher highlighted how learner nurses move from the state of dependence to independence. This representation is illustrated in Figure 1.1. It explains how learner nurses develop and grow into competent professionals with the correct guidance and support of the clinical supervisors and others.

It depicts the importance of clinical supervision.



l 1.4.1

1.4.1 Diagrammatic representation of learner nurses moving from the state of independence in clinical learning to the state of independence. Source adapted from Orem's General Nursing Model, as cited in George (2002:12).

1.5 PURPOSE OF THE STUDY

The purpose of the study was to explore and describe experiences of learner nurses during clinical supervision at private hospitals in East London in the Eastern Cape.

1.6 RESEARCH OBJECTIVES

The objectives in this study were:

- To explore learner nurses' experiences regarding clinical supervision at private hospitals in East London in the Eastern Cape.
- To describe learner nurses' experiences of clinical supervision at private hospitals in East London in the Eastern Cape.
- To suggest possible guidelines that would ensure optimal clinical supervision.

1.7 RESEARCH QUESTION

The following question guided the research:

How did you as a learner nurses, doing the Bridging Course, experience clinical supervision at Life Healthcare hospitals?

Or

What were your experiences regarding clinical supervision during your training at life healthcare hospitals.

1.8 SIGNIFICANCE OF THE STUDY

This study has significance for the learner nurses, facilitators and for nursing research. The researcher explains the significance as:

1.8.1 Significance for the learner nurses

For the learner nurse, this study determined whether learners receive the best possible training that would provide them with knowledge and skills to allow them to function independently on completion of their training.

This study aimed to explore the needs of the learner nurses in the clinical field. Clinical learning is the means by which learners learn to apply the theory of nursing, through facilitating the integration of theoretical knowledge and practical skills in the clinical setting. This becomes the art and science of nursing and it is of utmost importance to the learner nurse.

Masarweh (1999:44) emphasises that clinical learning is regarded as an integral part of nursing education. It provides opportunities to apply theory to practice, and foster problem-solving and decision-making skills, collaboration with others and development of legal and ethical morals.

Furthermore the significance of this study to future learners cannot be over emphasised and can bring about positive change.

1.8.2 Significance for the clinical facilitators

The outcome of the study can result in guidelines that might enable clinical facilitators in future to identify learning processes, to look at possible improvements to the programme and also to have an understanding of the learners' experience regarding clinical supervision.

The study results can contribute to assist clinical facilitators to ensure high quality nursing education, produce competent nurses and promote the appeal of the nursing profession.

Clinical facilitators would be able to reflect, and detect and recognise the area in need of change. This, in turn, may result in self-evaluation, self-confidence and professional development.

1.8.3 Significance of the research

The findings of this study would contribute to nursing research because clinical supervision is such an essential and indispensable field of study. The findings of this research can contribute to recommendations and guidelines that would be of benefit to future learners.

It would ensure that Life healthcare provides quality training to the learner nurses at their college and result in their clients receiving the best care possible. This research would also encourage other future researchers to gain insight and understanding from this study.

This study will be presented at various nurses' workshops and forums such as the Nurses Education Association and Nurse Educators Forum.

This study would be available for future researchers who might be interested in the same field of study.

1.9 DEFINITION OF TERMS

The following terms are used in this study:

1.9.1 Clinical supervision

Gopee (2008:9) refers to clinical supervision as a peer support role that is based on a clinically focused professional relationship between the healthcare professional or learner nurse and the clinical supervisor.

According to Haynes, Corey and Moulton (2003:3) a primary aim of clinical facilitation is to create a context in which the supervisee can acquire the experience needed to become and independent professional.

The definition by Cummins (2008:217) states that clinical supervision is a process that seeks to create an environment in which participants have an opportunity to evaluate, reflect and develop their own clinical practice and provide a support system for one another. The above terms relate to each other because the focus is on

learners learning a skill from a clinical supervisor which would allow the learner nurses to become competent, independent practitioners.

It is therefore apparent that, through the process of clinical supervision, the supervisor facilitates the growth of a learner towards becoming a competent professional. Clinical supervision is often referred to as clinical accompaniment.

1.9.2 Learner nurses

The Nursing Act (Act No. 33 of 2005) refers to a learner nurse as a person who is following a programme of study in nursing education or a training institution. Learner nurses are often referred to as student nurses in the training hospitals. The term student was also used interchangeably with that of learner in a study done by Pillay and Mtshali (2008:48).

A study conducted by Uys and Meyer (2007:12) defines the student nurse as a person who follows a programme of education and training that is approved by the South African Nursing Council (SANC) and leads to the acquirement of a qualification. The learners investigated in this study will be able to register as a General Nurse.

Mongwe (2001:14) further states that student nurses are learners in basic training or post basic training in the nursing career.

The learner nurses who participated in the current study, were doing the Bridging Course for enrolled nurses leading to registration as a general nurse (as required by R683 of 14 April of 1989) at the Life Healthcare hospitals in East London. In this study the term learners is used to refer to these learner nurses.

1.9.3 Experiences

The Oxford Advanced Learner's Dictionary (Hornby, 2000:406) defines experience as knowledge and skills gained through doing something for a period of time. This study aimed to establish the experiences of learner nurses during clinical supervision

and the focus group comprised Bridging Course learners studying to become professional nurses.

Burns and Grove (2009:9) state that personal experience in nursing enables one to gain skills and expertise by providing care to patients and families in clinical settings and that the amount of personal experience affects the complexity of a nurse's knowledge base.

An unknown source on Wikipedia refers to experience as a general concept that comprises knowledge of or skill in, or observation of something or some event gained through involvement in or exposure to that event.

In this study the experiences of the learners were discussed and detailed information was obtained during individual interviews.

1.9.4 Private hospital

According to Hornby (2000:926), private hospitals are managed by an independent company, funded by shareholders and operate to make profit. They are not owned by the state.

Matsebula and Willie (2005:159) state that private hospitals have a significant function in the health system, because they alleviate pressure from substantially overburdened public hospitals. Thus the importance of the role of private hospitals was considered at the time the research was done.

Life Healthcare hospitals are private hospitals and were used in this study. The four Life Healthcare hospitals, Life Beacon Bay, Life St Dominic's, Life St James and East London private hospital was used at the time of the study.

1.9.5 Clinical supervisor

Clinical supervisor refers to a registered nurse with practical and professional experience and with theoretical knowledge who is employed in a teaching hospital in order to teach students in clinical settings. (Hyrkas 2002).

During these study unit managers, other professional nurses and the clinical training specialists were regarded and utilised as clinical supervisors.

1.9.6 Clinical training specialists

Clinical training specialists referred to as CTS is a term use in life healthcare hospitals to refer to an experienced competent professional nurse who serves as a clinical teacher in the clinical field.

The CTS is a specialist in the field of training and specialise in clinical training. They were often seen as clinical supervisors. During the time of study the clinical training specialists had dual roles both to learners and the other staff and they were also involved in other functions in the hospitals.

1.10 Dissemination of findings

The findings of the research will be distributed to the University of Fort Hare library and to the Life College of Learning. The information of this study furthermore will be shared with colleagues and in clinical forums held at the Life Healthcare hospitals. It will also be published in an accredited nursing journal such as Curationis and will be presented at conferences such as the Nursing Education Association.

1.11 Structure of the report

This section of the research describes the layout of the chapters in the dissertation.

Chapter 1 comprises the introduction of the study with emphasis on the orientation to the study, the identified problem, background and significance, the aims as well as the limitations of the study.

Chapter 2 includes all the theory and models that were chosen to guide this research. A variety of literature views on the experiences of learner nurses regarding

clinical supervision is discussed. Data was collected prior to literature and was used to control and support the context findings.

Chapter 3 describes the research design and method used by the researcher. It includes a discussion of the data collection, data analysis and trustworthiness of the study.

Chapter 4 comprises the research presentation, research results and findings.

Chapter 5 is the final chapter that deals with the conclusion, discussion and recommendations of the research.

Annexures and all other supporting information are added to the document.

1.12 CONCLUSION

In this study the researcher investigated clinical settings and explored the experiences of learner nurses during clinical supervision.

The focus of the study was on learners following the Bridging Course for Enrolled Nurses that leads to registration as a General Nurse as stated in regulation 683 of 14 April 1989. Clinical supervision forms an integral part of learner nurses' training and career development to enable nurses to be productive, competent and skilled.

The introduction and background of this study presented in Chapter 1 explain why the researcher felt it necessary to do this study. Extensive research was presented in order to give the reader a clear understanding of the study.

Clinical supervision is regarded as an essential and indispensable field of study and the information presented will be significant for the learner nurses, facilitators and for nursing research.

CHAPTER 2

Literature review

2.1 INTRODUCTION

Burns and Grove (2009:38) state that a literature review is conducted to generate an understanding of the phenomenon of the study. The same authors further define a literature review as an organised written work on what has been published by other scholars. In this study, the literature reviewed comprised the work of other scholars, academics, books, theories, government information and journals.

Burns and Grove (2009:91) further state the purpose of a literature review as to convey what is currently known regarding a specific topic to obtain a broad background and understanding of what is already known about a particular problem and the knowledge gaps that exist in the situation.

The literature research provided the researcher with sufficient information about the topic of the study, namely clinical supervision, and was used to inform the reader how the findings of the study fit in into what is already known about the phenomenon as stated in Speziale and Carpenter (2007:26). The literature search was continued throughout the study in order to identify existing gaps in the literature and also to provide evidence for the current study.

The purpose of the literature review was to gain understanding of what is currently known about the topic and what other researchers had found out regarding the experiences of learners during clinical supervision (Burns & Grove, 2009:91).

Polit and Beck (2008:503) define literature review as the summary of the research topic of interest which is criticised and prepared to put a research problem in context. This is evident in the current study.

The literature focused on clinical supervision for learner nurses, which is applied in discussing the findings of the present study.

It is essential to conduct a literature review before embarking on a research project, because this facilitates identification of relevant sources and information on which to develop one's study (Terre Blanche, Durrheim& Painter, 2008:19).

Researchers, through a literature search, can establish what is already known regarding their research topics (Whittaker & Williamson, 2011:25). Fox and Bayat (2011:35) assert that a literature review gives researchers insight into the context within which the previously investigated phenomena had been dealt with, regarding the specific research topics.

Learners are placed in clinical placement areas in a health establishment, to which student nurses are allocated according to their learning needs. This is done to expose them to a real practical area to enable them to acquire knowledge and skills needed to practice nursing (Nursing Act No. 33 of 2005).

To be successful in conducting the present study, the researcher considered it necessary to conduct a preliminary and comprehensive literature review at all stages of the present investigation.

As advised by a variety of authors, the researcher deemed it crucial to have a sound knowledge of what is available in the literature, and what has been done so far in the area of interest (Hofstee, 2006:91). This helped to stimulate the thinking of the researcher around deriving ideas and perspectives so as to contextualise the present study within what is already known about the topic under investigation (Parahoo, 2006:127; Terre Blanche *et al*., 2008:19). In this particular study, the endeavour to do an extensive literature study was specifically focused on the clinical experiences of the learners during their training.

The researcher was thus enabled to be as open-minded as possible to explore, describe and discuss the crucial issues of the experiences of the learner nurses.

2.2 LITERATURE REVIEW

A literature review is an assessment of the existing knowledge which is both empirical and theoretical regarding to the research topic (Becker &Bryman, 2009:69).

It constitutes any material specifically derived from the books, journals, theses, research reports and pamphlets from conference proceedings (Parahoo 2006:125).

Burns and Grove (2009:92) indicate that the literature review is reported in an organised manner and it purports to reveal what has been published on the topic by scholars andto include a presentation of research conducted in the researchers' selected field of study. It actually puts the research project into context by showing how it fits into a particular field.

Through the literature review, the research questions are refined and the foundation for conducting the study is built (Streubert, Speziale& Carpenter, 2007:398) since it familiarises the researcher with the selected area of study.

In this particular study, the literature was extensively reviewed in order to have understanding of the material that is available on the topic concerning clinical supervision. The literature review also assisted the researcher to fully understand the concepts of interest pertaining to this study. The researcher furthermore read books and articles on phenomenology to get a grip on how it is applied in conducting research on the lived experiences of the learner nurses.

It was equally enlightening to observe the designs and approaches that were used in previous studies. This enabled the researcher to have insight into how to handle the information obtained in order to be able to conduct this study.

The researcher embarked on the extensive literature search with the understanding that, with appropriate application of the process of "bracketing" throughout, the researcher would not be influenced by information she would have obtained from the consulted material; instead that material would assist in strengthening optimal insight into the phenomenon under study. This, in turn, would add to the authenticity of the findings of the present study.

The literature review also sensitised the researcher regarding theoretical concepts that exist as well as how these are related to the present study (Silverman, 2011:319).

The researcher furthermore was enabled through the literature review to gain ideas as to what to do and where to go in order to discover the phenomena which are

important for the development of own study (Silverman, 2011:319). It also assisted the researcher to improve the vocabulary associated with qualitative research and to demonstrate command of the subject area and the research problem as Hart (1998:13) points this out in Silverman (2011:321).

Furthermore, the researcher was able to understand and conceptualise all essential aspects applicable to all qualitative research and more so those definitions and concepts that needed to be operationalised in the present study (Terre Blanche *et al.,* 2008:21).

2.3 CONDUCTING THE LITERATURE SEARCH

In an attempt to search for literature to guide the present study, the researcher conducted a literature search using Google Scholar, EBCO host, Science Direct, journals, books, studies from other researchers and information from experienced people in this field. It became clear that no study about the experience of learners regarding clinical supervision has previously been done at private hospitals. This information therefore assured the researcher of the need and significance of conducting the present study.

2.4 THEORETICAL LITERATURE

In this study, the researcher has made use of concepts, illustrations, theories, and models to support the research topic, as advised in Burns and Grove (2009:93). The literature focused on clinical supervision for learner nurses which is discussed further in this chapter.

Information was collected from journals, dissertations and theses and included both primary and secondary sources (Burns & Grove, 2009:93).

Baxter (2007:104) states that clinical supervision is done for numerous reasons, for instance to ensure patient safety, to improve students' ability to provide patient care, to promote the advancement of the nursing profession through role modelling, and to give students the opportunity to explore clinical situations. Baxter further states that

clinical supervision provides opportunities for students to increase and improve their clinical skills, to develop relationships with experienced practitioners and to promote the transfer of knowledge from the classroom to the clinical settings.

Other scholars that relate and believe in the concept of clinical supervision are Haggman-Laitila, Elina, Riitta, Kirsi and Leena (2006**:**382**)**. This is evident in their study on developing a model for clinical supervision. The authors state that supervised clinical practice plays a significant role in professional nursing studies and guarantees the high quality of nursing education reinforces the professionalism of graduating students and promotes the appeal of the nursing students.

Haynes, Corey and Moulton (2003:2) define clinical supervision as a unique professional relationship between a supervisor, a supervisee and the clients they serve by which the learners become increasingly experienced and will require less direction, assistance and guidance from the supervisor.

Other authors who share the same view of clinical supervision are the following: (a) Cummins **(**2008**:**215), who states that the most important issue for a learner nurse is the provision of assistance and support during the transition period from student nurse to being qualified; (b) Pillay (2008:55), who concluded in the findings of this study that clinical supervision is vital for the development of clinical skills amongst learners and should be encouraged;and (c) Papastavrou, Lambrinou, Tsangari, Saarikoski and Leino-Kilpi (2009:181), who conducted a study on student nurses' experience of learning in the clinical environment in Cyprus.

The authors in their findings concluded that it is vital that nurse education continues to have a strong practical element despite its full integration into higher education and that nursing is predominantly a practice-based profession.

Mabuda (2007:25) indicated that learner nurses valued supervision as an essential component of effective clinical learning and teaching. The author also suggests that clinical learning forms an integral part of nursing education and training.

The aims of facilitating learning during clinical placement are to develop competent nurse practitioners and to assist in learning of clinical nursing skills (Mongwe, 2001:28). Mongwe also indicates that some of the obstacles associated with

facilitating during clinical placement can be attributed to poor interaction between the learner and the supervisor, as well as an increased workload.

Saarikoski, Marrow, Abreu, Riklikiene and Ozbicakci (2007:414) indicate that there should be clear strategies in place that will identify the responsibilities of both the student and the supervisor. The authors further comment that the educational system must be comprehensive and designed to balance academic and clinical competencies.

2.5 CONCEPTUAL FRAMEWORK

Rossouw (2003:100) mentioned that a theoretical or conceptual framework means that the concepts of the research are identified and linked to each other by means of a literature study of existing conceptual frameworks. The conceptual framework for this study was presented by making use of related concepts, discussing and theories applicable to the study.

The researcher used the information from an extensive literature review to create a conceptual framework in order to connect or link the work of these researchers, as stated in Polit and Beck (2008:490) where interrelated ideas are gathered together in a rational scheme by virtue of their relevance to a common theme.

2.5.1 Concepts

Various clinical teaching strategies are utilised for clinical competence and professional development in order to facilitate clinical supervision. Bond and Holland (1998:21) maintained that the responsibility of the supervisor is to encourage and motivate nursing students to mature professionally and personally. Mentorship and preceptor ship are clinical strategies used to facilitate and assist with clinical supervision.

2.5.1.1 Mentorship

Brown (1999:49) highlighted that mentoring is a relationship between two individuals in which the one with a higher qualification, experience or expertise teaches,

counsels, guides and assists the other to develop professionally and personally. It is therefore important that a good mentor has excellent professional qualities, knowledge and communication skill, as stated in Gray and Smith (2000:1543).

Mentorship was one of the clinical strategies that the learners mentioned as inadequate and this was evident during their interviews. The learners felt that the clinical training specialists and other clinical supervisors did not have a mentoring relationship with learners.

2.5.1.2 Preceptorship

Barret and Myrick (1998: 365) define preceptor ship as a one-to-one interaction with the focus on real clinical experience whereby nursing students learn directly under supervision from a professional nurse.In a study by Haggman-Laitila, Elina, Riitta, Kirsi and Leena (2006**:**382), the authors reveal that preceptors work as experts and they supervise students while performing their duties as nurses and they are responsible for implementation and evaluation of the students' clinical practice.

The learners felt that the clinical training specialist were not visible and available to them and the only time they had one to one interaction is when they were being assessed for proficiency.

This study was further guided by the theory of Bloom's taxonomy (Haward, 2007:38).

2.5.2 Bloom's taxonomy

Bloom's taxonomy provides a conceptual framework for discussion, analysis or information and retrieval. Different types of questions are put into categories according to their level of depth. Bloom describes six cognitive levels of complexity ranging from lowest to highest (Haward, 2007:38). These levels are: knowledge, understanding, application, analysis, synthesis and evaluation.

The researcher used this taxonomy to describe learners' development during their training, as well as to indicate the role and importance of clinical supervision to the learners. The researcher explained the following: students being empowered with

knowledge support and guidance and demonstrations will be able to observe their learning needs. They will be able to observe progress in their career. It will further assist them to grasp and understand information and apply their knowledge and skills.

The importance for learners to demonstrate skills and to integrate theory and skills cannot be over emphasised. Learners will further analyse their shortfalls and correct any problem areas and will be evaluated for proficiency. The aim is for learner nurses to function independently under direct or indirect supervision and to be competent and confident practitioners.

2.5.3 Peplau's theory of interpersonal relations in nursing

The researcher discussed Peplau's theory, the application of the theory to nursing education and the relevance to this study, especially with regard to clinical accompaniment. The researcher agrees with a similar discussion by Mochaki (2001:20) regarding Peplau's theory and the link to clinical accompaniment.

The focus of this theory is on the interpersonal process which is relevant to teaching and learners' encounters. Peplau (1952:7) states that nurse and client are involved in a human relationship that is characterised by professional closeness and respect for one another. From this theory, the author focused on the interpersonal relationship between people which is educative and therapeutic, encouraging growth and development and focusing on a common goal.

Peplau's theory can be applied to clinical accompaniment because it is an interpersonal process aimed at teaching and learning. This theory can be used to guide learners because it gives guidance and support, as well as direction towards independence and competence in the clinical field (Fitzpatrick &Whall, 1998:61)

Clinical accompaniment entails a personal relationship between the supervisor and the learners. This theory emphasises the importance of communication and interviewing skills which are evident and applicable whilst assisting learners in the clinical field. The quality of interaction between the registered nurse and students is

dependent upon the nurse's ability to use proper communication and teaching skills.(Quinn, 1995:418).

The theory stresses the importance of a climate that is conducive to learning. There is an interpersonal relationship between the supervisor and the learner.

2.6 BENEFITS OF CLINICAL SUPERVISION

Clinical supervision has been described as an exchange between practicing professionals to enable the development of professional skills (Butterworth &Faugier, 1992). It benefits the learner nurses and allows them to function and practice independently on completion of their training.

The SANC in Regulation (683:7(1)) confirms that, on completion of the Bridging Course, learner nurses must be able to delineate their own practice according to personal knowledge and skills, practice independently and accept responsibility. This statement gives further understanding to the researcher as to why clinical supervision is important to learner nurses during their training.

A supportive environment with skilled leaders will allow learners to become independent practitioners. Nursing students need the appropriate knowledge and skills to enable them to deliver safe and competent care to their patients (Leufer, 2007:322) and promotes enhanced nursing practice.

According to Frankel (2009:26) the learning environment has been recognised as either encouraging or impeding a positive learning experience for nurses. Pillay (2005:96, 97) in a similar study, revealed that lack of trained staff was one of the difficulties of providing effective clinical supervision. She further found that most supervisors do not find the time for clinical supervision and at the same time, pressure of work interferes with the carrying out of clinical supervision sessions.

Clinical supervision allows staff and learners, especially, who are new to the clinical environment to function effectively without fear or ridicule. It is designed to facilitate professional growth and development, offers a chance to learn from the experienced and provides a source of new ideas and information.

Kohner (1994) identifies some important aspects of clinical supervision: (1) it is a means towards improved quality of patient care; (2) it can improve staff performance through development; (3) it is viewed as a staff investment since it acknowledges and affirms the value of nursing; and (4) it is regarded as professional development and growth.

The Kohner (1994) also indicated that a positive relationship can develop between the supervisee and the supervisor.

2.7 CONCLUSION

This chapter has presented a discussion of how the literature search was conducted. It includes empirical data as well as theoretical data. A conceptual framework and a nursing model were used to explain the importance of the research topic, clinical supervision.

That there is still a need for further studies in clinical supervision was evident. Therefore the researcher chose to do the study on the experiences of learner nurses regarding clinical supervision.

CHAPTER 3

Research methodology

3.1 INTRODUCTION

This study was focused on the views of participating learner nurses regarding clinical supervision. This chapter on the methodology describes the research approach, the design, methods that the researcher used to obtain data, how the research was done, as well as the instruments that had been used.

It also includes presents a discussion on the data collected, data analysis processes, pilot study, sampling, ethical considerations and the trustworthiness of the study.

The objectives of this study were to explore and describe learner nurses' experiences regarding clinical supervision at private hospitals in East London in the Eastern Cape, as well as to suggest guidelines that would ensure optimal clinical supervision.

3.2 RESEARCH METHOD

Polit and Beck (2008:731) define a research method as a technique used to structure a study, and to gather and analyse information in a systematic fashion.

The researcher used the qualitative, exploratory, descriptive and contextual research approach, because the study focused on the experiences of learner nurses. The researcher applied the characteristics of qualitative approach and identified an approach that supported the phenomenon that was studied (Speziale& Carpenter, 2007:21).

This approach was chosen because it could reflect the experiences of the Bridging Course students at the Life Healthcare hospitals.

The researcher in this particular study chose a descriptive study, because she intended to generate an in-depth description of experiences of learner nurses under

clinical supervision in Life Healthcare hospitals, so as to understand how the process of clinical supervision is carried out and how learners benefit from it (Holloway & Wheeler, 2010:213).

The descriptive exploratory method was also followed considering the characteristics of qualitative research as discussed in Speziale and Carpenter (2007:21) who explain that reporting of data is done in a literally styled manner rich with participant commentaries.

In this descriptive exploratory study the participants shared their experiences in the way they were experienced by them. The researcher used intellectual analysis to clarify meanings, make value manifest, identify ethics and study the nature of the knowledge to further give description to the study (Ellis, 1983,cited in Burns & Grove 2009:59).

Brink and Wood (1998**:**335) state that qualitative approaches are oriented towards understanding the unique nature of human thoughts, behaviours, negotiation and experiences. This method allowed the researcher to achieve the objectives identified because the researcher during this study aimed at understanding the experiences of the learners during clinical accompaniment.

According to Burns and Grove (2009:8), qualitative researchers are more interested in understanding complex phenomena than in determining cause-and-effects relationships.

The approach was found suitable for this study because the aim of the research was to examine the whole rather than parts as indicated in Burns and Grove (2009:8), as well as the belief in multiple realities as discussed in Speziale and Carpenter (2007:21) under characteristics of qualitative research.

The researcher used the qualitative, exploratory, descriptive and contextual approach to study human phenomena and describe human experience which is not easy to quantify. The researcher hoped that the choice of the method would guide the findings of the research..

3.3 RESEARCH DESIGN

Babbie and Mouton (2009:74) describe a research design as a plan or blueprint of how the researcher will conduct the research. This was clearly planned during the study. According to Burns and Grove (2009:218), the research design guides the researcher in planning and implementing the study in a way that will assist in achieving the intended goal.

In this study, the researcher used exploratory, descriptive and contextual *design*, because it allowed the researcher to see things from the participant's point of view. The research design described the experiences as they were related by the participants. The researcher endeavoured to understand events within the context of the learner nurses.

Brink and Wood (1998:5) state that the purpose of exploratory design is to develop definitions of a concept, describe a process or yield beginning theories that explain the phenomenon under study.

This approach is typical when a researcher examines a new interest or when the subject of s study itself is relatively new.

The researcher in this study wanted to become familiar with the experiences of the Bridging Course learners regarding clinical supervision and thus exploration was necessary (Babbie& Mouton, 2009).

In making use of descriptive research, the researcher used interviews to gain the knowledge that made it possible to describe the learners' experiences in an effort to obtain complete and accurate information for use in this study. The purpose of this descriptive research was to provide a picture of a situation as it naturally occurs (Burns & Grove, 2009):

Contextual Research was appropriate for this study because the aim of the study was to describe and understand the study within the natural context in which it occurred.

3.4 RESEARCH SETTINGS

This study was conducted in East London, in the Eastern Cape, at Life Healthcare private hospitals. Bridging course students were allocated to four different Life Healthcare hospitals, namely the East London private hospital, Beacon Bay private hospital, St James hospital and St Dominic's hospital.

These hospitals are situated in different areas in East London. East London private is situated in North End; Beacon Bay hospital in Beacon Bay, St James and St Dominic's hospital in Southernwood. Life College of Learning is the training centre and was on the premises of St Dominic's Hospital at the time of this study.

3.5 POPULATION

Brink (2009**:**132) refers to the population in research as the entire group of persons or objects that are of interest to the researcher who meet the criteria for participating in the research.

Burns and Grove (2009:42) state that a population represents all elements, individuals, objects, events or substances that meet the sample criteria for inclusion in a study. According to Babbie (2007:190) a population is the theoretically specified aggregation of study elements from which the sample will be selected.

The population was Bridging Course nurses learners on training to become General Nurses (regulation 683 of 14 April 1989).

3.5.1 Target population

The target population of this study was learner nurses doing the Bridging Course for enrolled nurses leading to registration as a General Nurse, as stated in Regulation 683 of 14 April 1989, as amended.

The target population was receiving training at private hospitals in East London through the Life College of Learning.

3.6 SAMPLING

Babbie and Mouton (2009**:**180) refer to sampling as the process of selecting the sample from the population in order to obtain information regarding a phenomenon in a way that represents the population of interest.

Brink (2003:133) also states that sampling is the process of selecting the sample from a population in order to obtain information regarding a phenomenon in a way that represents the population of interest. Burns and Grove (2009:35) define sampling as a process of selecting subjects, events, behaviours, or elements for participation in a study.

3.6.1 Sampling method

Babbie and Mouton (2009:180) explain that the sampling method is the means of selecting a group of people, events, behaviours or other elements that are representative of the population being studied.

In this study a purposive, non-probability sampling method was used. Purposive sampling is explained by Babbie and Mouton (2009:166) as appropriate for the researcher who wants to select a sample based on owns judgment and the purpose of the study.

Although Burns and Grove (2009**:**350**)** indicate that non-probability sampling methods increase the possibility of obtaining samples that are not representative of their target population, the purposive, non-probability sampling was the method of choice for this study, however, because the researcher wished to gain insight and an in-depth understanding of how learners perceived and experienced clinical facilitation. So the researcher targeted the participants who she knew were the ones that could provide her with the information she required.

3.6.2 Sampling frame

Babbie and Mouton (2009:174) refer to the sampling frame as the actual list of sampling units from which the sample is selected.

In this study, the sampling frame was a list of all the learner nurses enrolled for the Bridging Course programme during the time of study, 2011 to 2012.

3.6.3 Sample size

According to Kumar (2005:65), sample size concerns the number of elements from whom the required information is obtained. In qualitative research, as Burns and Grove (2009**:**361) point out, the focus is on the quality of information obtained from the participants rather than the size of the sample.

In this study, the researcher considered the purpose of the study as well as the in-depth, rich information needed to gain insight into the study.Therefore the sample size was determined by the generated data and the information obtained from the participants. Burns and Grove (2009:361) also indicate that the number of participants is adequate once saturation of information is achieved, which means additional participants do not contribute any new information to the study.

This study involved a total of fourteen (14) participants. These were all learners doing the Bridging Course at Life College of Learning in East London in the Eastern Cape. Their ages ranged between 26 and 32.

The researcher chose learners from both the first year and the second year with the aim to get sufficient and accurate information regarding their experiences with clinical supervision.

The unstructured in- depth interviews lasted for approximately 45 minutes each and no new information was obtained after completion of the interviews. The participants were all females and they were well spoken and fluent in English and communicated fluently with the researcher. They were eager to talk about their experiences during clinical supervision.

3.7 PILOT STUDY

Burns and Grove (2009:44) define a pilot study as a smaller version of the proposed study. The researcher conducted a pilot study to test the feasibility of the study and to identify problems early in order to refine the research.

According to Brink (2003:213), a pilot study is a small-scale trial run of an actual research study and it allows the researcher to identify problems early. The author further states that a pilot study is viewed as part of the planning phase; it allows the researcher to obtain information for improving the project.

A pilot study was conducted in the month of July 2012 to test the feasibility of the study. A small group that had the same characteristics as the target population of the proposed study was used to pilot the study.

The aim had been to pilot the interviewing skills, hence it was audio taped. The researcher took the audio tape to the supervisor who is an expert in qualitative research for her input. The participants who took part used in the pilot study were not used again for the actual research.

3.8 DATA COLLECTION

Burns and Grove (2009**:**43**)** state that a data collection plan details how the study is implemented and how the collection of the data must be specific to the study being conducted.

According to Polit and Beck (2008:716) data collection is the gathering of information to address a research problem, which is what the researcher intended to do during this study.

A variety of strategies can be used to generate qualitative research data.Such strategies include interviews, observations, narrative and focus groups (Speziale& Carpenter, 2007:35).

For this study, the researcher conducted unstructured individual interviews to collect data needed. Interviewing was unstructured and conducted in a suitable environment and all interviews were audio taped.

A suitable environment for interviews for this study had to be ensured for privacy. Thus the researcher chose to do interviews at the life Healthcare College in a private venue which was familiar to the participants thus encouraging cooperation. The selected venue was noise free, comfortable and convenient for the participants.

Interviews lasted for approximately forty-five (45) minutes each. During interviewing the researcher recorded and made notes of all information after the participants expressed no problem with the use of the audiotape and making of notes. Data were transcribed verbatim from the tape.

An Interview guide was used to conduct the interview. (See annexure F on page 80 of this dissertation.)

The researcher used a single broad and open-ended question, termed a grand tour question, which set the tone for the interview (Brink & Wood, 1998:322). The question was framed as follows:

How did you as a learner nurse doing the Bridging Course, experience clinical supervision at life healthcare hospitals in East London?

This was followed by probing questions to get in-depth information to allow the researcher to understand the experiences of the learner nurses. Data were collected until data saturation was reached.

The researcher also made use of the assistance of the learning centre manager of Life College of Learning to organise the students who were participating in the study. The total number of participants reached fourteen (14) before the data were saturated. Permission to do this research was granted by the life healthcare head office, the learning centre manager, the hospital manager and the nursing manager. (See Annexure C, D and E.)

Before actually starting to ask the prepared question, the researcher highlighted the process of the interview to the participants, emphasised that participation was voluntary, discussed ethical considerations and emphasised confidentiality, privacy and anonymity. Written informed consent was given by all the participants. No participants withdrew from the study and they made it clear that they understood all the information given to them. (See annexure E.)

At the end of the interviews, themes, categories and subcategories were developed. Towards the end of the interview, the researcher asked the participants for any other input concerning their clinical supervision.

Suggestions and recommendations were put forward by most participants and this was used as themes for discussion in the study, since their responses formed part of the objective. The data collected was transcribed and analysed. The supervisor with experience in qualitative research assisted with coding and identifying themes.

3.9 DATA ANALYSIS

Data analysis, according to Polit and Beck (2008**:**716), is the systematic organisation and synthesis of research data. In preparing for data analysis, the researcher counted the number of participants who were involved with the research to ensure that no information that was given by the participants was omitted.

During data analysis the researcher used the process of bracketing and ensured remaining neutral by setting aside previous knowledge and beliefs about the phenomenon under investigation (Speziale& Carpenter, 2007:80). These authors (2007:27) describe bracketing as a cognitive process of putting aside one's own beliefs; not making judgments about what one has observed or heard; and remaining open to data as they are revealed.

Data analysis started even during the process of data collection as these processes in qualitative research are engaged in concurrently. The audiotape interviews were listened to repeatedly to compare them with the transcriptions. The transcriptions were then taken to the supervisor, an expert in qualitative research, to assist with coding of the transcripts.

Content analysis was used for analysing the data. Polit and Beck (2012:505) define thisas a process in qualitative data analysis by which a researcher derives themes and patterns from the narrative content– the data given by the participants.

Tesch's (1990) technique of data analysis was followed and was accomplished through adhering to the steps outlined by Creswell (1994:155). The researcher integrated these steps with a three-step process of intuiting, analysing and describing as discussed by Spiegel berg (1975:70) in Speziale and Carpenter (2011:81). Intuiting requires that the researcher becomes totally immersed in the phenomenon under investigation. According to Speziale and Carpenter (2011:81), if

the researcher is immersed in the phenomenon described by the participants, the researcher begins to know about the phenomenon as it is described by the participants.

During the process of analysing, the researcher starts to identify the essence of the phenomenon under investigation based on the data collected and how that data is presented. In a case of describing, the researcher describes critically, in written communication, the meaning of the phenomenon as it has been given by the participants. This step of describing is applied after all data have been analysed, and themes have emerged from the grouped categories and sub-categories.

In this study, this is the step that the researcher addressed after having put into effect the following steps of Techs' technique, as followed in data analysis.

- Getting a sense of the whole by reading through all the transcriptions carefully and jotting down ideas.
- Picking the most interesting interview and considering its content
- Categorising topics as major, unique and 'leftovers', abbreviating the topics as codes and writing the codes next to the appropriate segments of the text, and then trying out this preliminary organising scheme to see whether new categories or codes emerge
- Finding the most descriptive wording for the topics and turning them into categories and grouping topics that relate to each other in order to reduce the total list of categories.
- Making a final decision on the abbreviation of each category and placing codes in alphabetic manner.
- Assembling the data belonging to each category in one place and performing a preliminary analysis. The data were sorted and, where needed, the researcher planned new questions in order to get appropriate and sufficient information from the participants.

The researcher ensured that the description of the analysis was presented in such a manner that the participants, as well as other readers, could understand the concepts of the analysis (Polit& Beck, 2008:717).

The researcher then reviewed data and made use of sensory impressions, intuition, images, experiences and cognitive comparisons in categorising the findings of this study. During this process, main ideas were formed and information was sorted into themes, categories and subcategories. The researcher then made use of the supervisor to assist and agree on themes, categories and subcategories.

3.10 ETHICAL CONSIDERATIONS

Research is an ethically significant activity and any research must be done in an ethically reflective manner to prevent any ethical issues. According to Van der Wal, as cited in Pera and van Tonder (2008:147), the researcher should at all-time consider the institution, the participant and the scientific integrity of the researcher.

3.10.1 Institution

Permission from the Life Health Authorities was obtained to conduct the interviews with their students. This included the head of the department of development and training at Life College of learning, as well as permission from the hospital managers of the different hospitals that were used in this study.

3.10.2 Research Ethics Committees

This proposal was presented to the ethics committee of the Fort Hare University and was approved before embarking on this research study. (See Annexure A in this study, on page 75 of this thesis.)

3.10.3 The participant

During this study, the participant was always the researcher's primary concern and of primary importance. The researcher at all times considered the dignity and respect of the participants. The researcher ensured that no harm was caused to any participants during this study.

Permission was obtained from learner nurses participating in the study for using personal data, and permission was obtained from the Life College and the hospitals for doing the study at these institutions. The researcher allowed the participants the

freedom to conduct their lives as autonomous agents, without external control, coercion or exploitation.

3.10.3.1 Informed consent

Informed consent supported by the ethical principles was given by all participants in this study. Confidentiality and anonymity were maintained throughout. The researcher ensured that all information obtained from the participants remained confidential and anonymous by coding the participants' information. Privacy was maintained during the research by conducting the interviews in a private place and ensuring that the identity of the participant will not be revealed to anyone.

3.10.4 Scientific integrity of the researcher

The researcher has ensured that her scientific integrity is indisputable and incontrovertible.

Van der Wal(as cited in Pera and Van Tonder, 2008:157) states that misconduct in research can occur in a number of ways, including plagiarism, dishonest manipulation of the design or method and the fabrication and falsification of data. The researcher has made every effort to prevent any misconduct and the study is her honest work. No falsification of information or incorrect information has been used for this study.

3.11 TRUSTWORTHINESS OF THE STUDY

Speziale and Carpenter (2007:49) state that the goal of rigor in qualitative research is to accurately study a participant's experiences. The same authors identified the following measures to demonstrate the trustworthiness of the research: credibility, transferability, dependability and confirmability. The same processes are also described by Babbie and Mouton (2009:277).

3.11.1 Credibility

Speziale and Carpenter (2007:49) state that credibility includes activities that increase the probability that credible findings will be produced. Babbie and Mouton (2009:277) indicate that credibility is achieved by prolonged engagement, persistent observation, triangulation, referential adequacy, and peer debriefing, as well as member checks.

In this study findings were mutually established between the researcher and the participants.Accuracy was maintained throughout the study by making use of member checks and allowing the participants who provided the information to check both the data and the interpretation (Babbie& Mouton, 2009:277).

In-depth information pertaining to the study was given to the participants to enable them to answer questions asked during the interview in an appropriate manner. The researcher also consulted colleagues who have experience in qualitative research, as well as the supervisor, from time to time to discuss the process and the results of the study.

3.11.2 Dependability

Dependability refers to the extent to which similar findings would be obtained through repeatingthe research (Babbie& Mouton, 2009:277).The researcher enhanced the dependability of this study by involving an expert in qualitative research to assist with interviews, data collection, data analysis and the interpretation of data.

Speziale and Carpenter (2007:49) state that dependability is a criterion that is met once researchers have demonstrated the credibility of the findings. The researcher kept all records of all stages of the research process for the purpose of audits done by experts, as suggested in Becker and Bryman (2009:252).

3.11.3 Transferability

Speziale and Carpenter (2007:49) explain that transferability refers to the probability that the findings have meaning to others in the same situation. Babbie and Mouton (2009:277) refer to transferability as the extent to which the findings of the research can be applied in other contexts and with other participants.

Transferability is concerned with the issue of whether a set of findings is relevant to other settings not conducted (Becker &Bryman, 2009:251).The researcher gained enhanced transferability by providing an in-depth discussion and interpretation of data and by using purposive sampling.

3.11.4 Confirmability

Babbie and Mouton (2009:277) indicate that confirmability is the extent to which the findings are the outcomes of the research and of not the biases of the researcher. Speziale and Carpenter (2007:49) explain this term as the way the researcher documents findings over time to allow other individuals to follow.

The researcher maintained the confirmability of this study by taking comprehensive notes throughout the research. The researcher also ensured that data were accurately interpreted, and reflected the information that was obtained from the participants. Thus the findings were shared with participants to confirm the information they gave. Information was also discussed with the supervisor and the qualitative research expert to prevent any form of bias.

Confirmability is concerned with issues such as whether the researcher allowed personal values to intrude excessively or in an unwanted way (Becker &Bryman, 2009:252). The researcher took every effort to prevent personal values to interfere with this study.

3.12 CONCLUSION

The qualitative, exploratory, descriptive and contextual research approach was used to conduct this study. Basic interviewing, participant observation and the researcher comprised the instruments that were used for the research.

The target population for this study was learner nurses doing the Bridging Course for enrolment as a General Nurse. A non-probability sampling was used to select participants. Data were collected and analysed and the research was piloted with participants who were not part of the actual research but from the same population. The researcher also considered the ethical principles as well as the credibility of the study.

CHAPTER 4

Data analysis

4.1 INTRODUCTION

This chapter presents the findings of the research which were obtained through content analysis of the data that was collected. The data was obtained through conducting unstructured in-depth interviews using one “grand tour” question so as to gain rich information concerning the experiences of learner nurses regarding being supervised in the clinical area at Life Care Hospitals.

The analysis of data in this chapter has been guided by the responses to the three objectives and aims of the study, which were: (a) to explore learner nurses’ experiences regarding clinical supervision at private hospitals in East London in the Eastern Cape; (b) to describe learner nurses’ experiences of clinical supervision at private hospitals; and (c) to suggest guidelines that would ensure optimal clinical supervision.

The themes, categories and subcategories presented in this chapter emerged from the phrases which the “units of meaning” obtained from the statements in the description of the experiences of the participants. The chapter therefore focuses on identified themes that were derived from the data that were collected. It includes relevant quotations from the participants as well as demographic data.

All interviews were audiotape and were transcribed verbatim within three days of conducting the interview. Participants were given explanations of all aspects of the research process and all agreed to participate and voluntarily signed the informed consent form.

4.2 DEMOGRAPHIC DATA

This study involved a total of 14 participants. All were female students doing the Bridging Course at the Life Healthcare College in East London. They were learners from both the first- and the second-year level.

4.3 IDENTIFIED THEMES

Three main themes emerged from data analysis and these are as follows:

(1) Inadequate clinical supervision; (2) satisfactory clinical supervision; and (3) suggestions and inputs regarding clinical supervision.

The categories and subcategories which related to identified themes were used to develop the discussion, which has enabled the researcher to present the findings which emerged from the discussion of the participants' experiences regarding clinical supervision during their training.

The researcher created a template to illustrate themes, categories and subcategories. This template is illustrated in Table 4.1.

Table4.3.1: Identified themes, categories and subcategories based on the experiences of the Bridging Course students at Life College of Learning regarding clinical supervision

Number	Main theme	Categories	Subcategories
1	**INADEQUATE CLINICAL SUPERVISION**	1) Invisibility and unavailability of Clinical Training Specialists and other supervisors	• Lack of clinical accompaniment • Unit managers and other senior staff most of the time are too busy to assist teach or guide learners. • Difficulty to meet their objectives, criteria and due dates • Few clinical training specialists available to the learners learning.
		2) Learners used as part of workforce	• Lack of enough time to practice skills • Limited knowledge and clinical experience gained • Learners replace the agency staff in the units • Too many patients allocated to learners • Learners focus on the ward routine and not learning.
		3) Incorrect guidance and supervisory procedures	• Lack of appropriate explanation of procedures by some senior staff • Inability of learners to practice skills appropriately

			• Competency signed for without full or proper assessment • Inability to integrate and apply theory and skills • Knowledge of Clinical Training Specialists limited • Lack of support and guidance, learners were often left on their own
		4)Insufficient learning opportunities	• Not enough equipment and resources to practice skills for proficiency • Simulation laboratory not adequate and equipped • Business of the wards and no time to gain clinical experience • Minimal attention given to learners and their training needs
2.	**SATISFACTORY CLINICAL SUPERVISION**	1) Assistance was received by few learners	• Objectives set were accomplished through assistance of CTSS • Some learners felt that the sister who oversees was of great assistance to them. • Few learners felt the buddy system was helping. • Few learners felt that they

			were assisted by some senior staff and unit managers.
		2) Some learners experience clinical supervision as interesting	• Some learners felt that they were able to learn in the clinical areas. • Few felt that it was interesting to relate the theory with the practice. • Few learners felt that they were able to learn by observation, being inquisitive, listening, asking questions and watching procedures being done. • Few learners felt that they were allocated to all the different hospitals for clinical exposure.
3.	**SUGGESTIONS AND INPUTS REGARDING CLINICAL SUPERVISION (most of the learners verbalised these towards the end of interview)**	1) The need for more Clinical Training Specialists and designated staff.	• CTSS to be available and visible to learners in all the units • Clinical Training Specialists not to be overloaded with other duties but to focus on the learners • Learners to be given full attention and be assisted, guided, monitored, assessed and followed up continuously • Re implementation of Buddy system (a person that the learner is allocated to guide and assist)

			• To implement a Registered nurse to Oversee in all the units (One person for each unit)
		2) Adequate Time available for clinical skills and experience	• More flexible hours and fewer patients allocated to learners • Learners to get allocated time for clinical practice and experience as well as demonstrations • CTSS to set and discuss time frames for completion of all procedures and skills
		3) Structured program available for clinical supervision.	• A planned programme to be in place for clinical supervision • Designated person available to assist the learners • Orientation programme to be available • Some form of agreement between the learner and the supervisor regarding their clinical needs

4.4 DISCUSSION AND PRESENTATION

The main theme, categories and subcategories are discussed in this chapter. Although the learners had different experiences, marked common factors that were reported by the learners formed the main themes for this study and these are discussed in detail.

4.4.1 Inadequate clinical supervision

This is one of the main themes that identified during data analysis. This theme is supported by the identified categories and subcategories discussed below.

4.4.1.1 Invisibility and unavailability of Clinical Training Specialists and other supervisors

The Clinical Training Specialists are the personnel that are employed at the Life Healthcare hospitals to assist the learners with their clinical accompaniment. The other supervisors include the clinical instructors of the College and the registered professional unit nurses as well as unit managers.

It emerged from the findings of this study that the personnel that were supposed to do clinical supervision were not visible and thus not available for guiding, teaching and supporting the learners in the clinical setting. The findings further indicated that most of the time the clinical supervisors did not go to the clinical setting to accompany the learners.

The learners were thus left to figure out learning on their own. The senior managers who have the responsibility to teach, guide, coach, monitor and nurture the students in the clinical situation were also not doing so. They were always very busy with the responsibilities of the ward routine and attending meetings rather than assisting the learners to master their clinical skills.

Most participants therefore experienced much difficulty in developing the clinical competencies that are required by the objectives of their training. They expressed clinical learning as a very frustrating experience for them, which at times made them feel negative, frustrated and angry about their training. They felt neglected and

demotivated because the supervisors were not available to them, as they were left on their own in the units at times and it was very difficult for them to cope.

The anger and frustration they experienced were visibly displayed by some of them during interviews. Some even went to the extent of using derogatory language during interviews. This is supported by the following extracts from most of the participating learner nurses who were doing the Bridging Course at the Life Healthcare Hospital in East London and were interviewed regarding their experiences.

> *My experience at Life Healthcare was not such a good experience because of lack of supervision when it came to our clinical supervision or clinical accompaniment.*
>
> *Uhmmmm, I felt or experienced that we did not have enough supervision in the wards as such, we could have learnt more in the clinical field.*
>
> *The Unit managers where we were allocated were always busy or they have other work. Yes, so I think they think their other work is more important than spending time with you, the student.*
>
> *They (referring to the Clinical Training Specialists) were not adequately available or visible to teach guide or assist the learners.*
>
> *The CTSs are not hands on especially when it comes to the practical work.*

4.4.1.2 Difficulty in meeting the learning objectives

Participants felt that they were left on their own most of the time. This lack of clinical supervision and lack of clinical accompaniment of learners caused them to experience difficulty in meeting their placement objectives on due dates. Furthermore, the participants felt that their learning was not regarded as a priority as their clinical supervisors paid more attention to other commitments rather than their education. The participants felt that the only time the clinical training specialists could be expected to be available was to do the four compulsory assessments; the rest of their skills were being observed and assessed by senior staff in the units, hence the following extracts.

The supervisors are always busy with meetings and that the CTSs do not do what they are supposed to do which is assisting, guiding, monitoring, educating, coaching, demonstrating and being available to the learners.

4.4.1.3 Inadequate number of Clinical Training Specialists

Emerging also from the findings of the study was that the number of the employed Clinical Training Specialists even was not adequate for supervision of the number of learnerswho were in the programme. Having the limited number of clinical supervisors meant that the learners did not have the adequate individualised attention they needed to acquire the skills they required most to be prepared to be future competent and proficient practitioners.

More Clinical Training Specialists are necessary for the number of students in order for us to receive the necessary clinical supervision and clinical accompaniment that we need.

4.4.1.4 Learner nurses being used as part of the workforce

It also emerged from the findings of this study that, instead of learners being given an opportunity to learn, they were used as workforce for most of the time, as they would be engaged and focusing on the ward routine. This denied the learners an opportunity to learn and practice skills and get proper guidance and supervision regardingthe performance of procedures in which they needed to develop competence. Most of the participants expressed their dissatisfaction with being part of the workforce and highlighted the negative impact it had on clinical supervision.

Some of the problems that the participants experienced included (a) the business of the units and students mostly being focused on the ward routine and not learning; (b) learners not getting enough time to practice; (c) Learners also being made to replace the temporary staff in the units and having inadequate time to spend on learning. Temporary staff (also called agency staff) came from different agencies and they worked at these private hospitals when it was busy and more staff was needed.

Participants felt being part of the workforce affected their training negatively, because they had no time to practice skills or to learn or gain clinical experience.

They were very angry when talking about this and said that the agency staff was being cancelled when the students were in the units. They worked the same shifts and hours as the permanent staff and did not feel like students that were in training.

Participants recorded that they needed some time just to be students, to do their procedures and assessments, to practice skills, to observe and to do the learning they needed to become competent and confident professionals.

Participants felt that they were so focused on the ward routine and getting work done that there was no time for learning, thus resulting in them having limited knowledge and skills. They verbalised that too many patients are allocated to them who still are students. For most of the time, six to nine patients were allocated to the learner nurses.

Participants therefore expressed the following:

> *We feel – I know I'm not the only one – that management is using the students to save money, because the hospital is a business and they [referring to management] worry about their budget. I feel very angry about that and we feel that they are abusing us by making us part of the workforce.*
>
> *The students were part of the workforce because we were looking after 6 to 9 patients in the wards and we were so focused on getting work done and hardly had time to concentrate on our training needs and skills. It was very difficult at times.*

4.4.1.5 Incorrect guidance and supervisory procedures

Participants felt that learning was insufficient, because they gained limited knowledge and clinical experience. Some senior staff was not able to explain the correct procedures and the knowledge of Clinical Training Specialists was limited.

The lack of knowledge led the supervisors in the units to sign learners' competency records without full or proper assessments. No or limited time was available for

learners to learn and they were unable to integrate and apply theory and skills due to lack of support and assistance.

The above is supported by some responses from the participants relating to the information supplied in the sub-heading:

> *For them they [referring to the clinical training specialists] also need to go back to school, honest to God, because it's terrible what they know, I personally found it terrible. Do they all have experience or do they all have education.*

> *There were still lots to learn especially when you become a registered nurse after your training.*

> *At time, staff in the units does short cuts and they are not always able to explain to students the correct procedure. We as students should know something proper and the correct procedure.*

4.4.1.6 Insufficient learning opportunities

Participants expressed that they were not given enough time to be students and that their learning was very limited; they did not gain much or get adequate exposure in the clinical area.

Participants indicated that clinical training specialists were not hands-on, especially when it came to their practical work and it affected their clinical training negatively at times, because the correct procedure was not demonstrated by whoever was available at the time.

Participants seemed to be disappointed and verbalised that they were supposed to learn more in the clinical field than what they already knew. They felt there were minimal opportunities for learning because the units were always busy and they did not receive the clinical accompaniment they needed.

> *I feel that after completion of my training I will still need lots of guidance and assistance and I am concerned that I will have to teach other students once I am a registered professional.*

4.4.1.7 Inappropriate manner of learning and inadequate equipment

Participants expressed the concern that the simulation laboratory was inadequate in having limited equipment and two participants were laughing and amused because there was only one doll in the simulation laboratory.

Participantsalso revealed that they were afraid of wasting the equipment because costs and the budget were always involved.

> *I feel we needed a more conducive simulation laboratory where we can practice our skills for competency and proficiency.*

4.4.2 Satisfactory clinical supervision

This emerged from the data as the second theme of this study and was supported by the following categories and sub-categories.

4.4.2.1 Assistance was received by a few learners

The datafrom a few participants revealed that clinical supervision was satisfactorily executed. Those participants further explained that they did receive some form of assistance from the Clinical Training specialists, unit managers and other senior staff. They also highlighted that most of their objectives were met and completed on time.

Some participants experienced clinical supervision as a very interesting experience. Other participants said there had been some kind of learning and assistance whilst in the clinical setting. These commented that, if there were any reasons that would prohibit the Clinical Training Specialists and other supervisors from assisting them, such situations were beyond the control of the Clinical Training specialists and other supervisors. They would, for example, be prohibited by being busy in the hospital and thus lacking opportunity to attend to the learners.

Participants stated that the Clinical Training Specialists had other commitments and were not solely responsible for students. To this effect, some participants expressed the following:

It was mostly the unit managers that were assisting us and who are knowledgeable and I am thankful for their assistance. From my personal experience the unit managers stood out in the role of teaching and guiding students in the clinical area.

We learnt a lot from the clinical training specialists the few times they were available to us.

But I must say our assessments do get done, things get done even through rescheduling. And when you leave the clinical setting you don't leave with nothing, you leave with something whether it's a little or a lot, but you leave with something, you never leave without learning something.

Participantsreported that the system in which a professional nurse oversees the ward was assisting them because such a person was not allocated to patients. He or she could then also assist the learners in the units. Unfortunately this was not done in all the units at the time of this study.

Another help for the learners was the buddy system whereby the learners were buddies with someone senior for the purpose of learning and observation. This was only done for a short while, maybe three months, and then stopped. Only a few learners had an opportunity to "buddy" and they indicated that it assisted them as clinical supervision.

A few participants reported that they did learn something in the clinical areas, despite all the difficulty, and it contributed to their growth and development. Some proposed it was also the responsibility of the learners to be inquisitive, to find out for themselves and take responsibility for their learning needs.

4.4.2.2 Some participants experienced clinical supervision as interesting

Some learners experience clinical supervision as interesting because they had an opportunity to apply the theory they were taught in practice. They also found the exposure to the different hospitals and clinical areas interesting and challenging.

A few participants were able to learn despite the difficulties by asking questions, through observation, by being involved and by spending extra time and effort to complete all their skills.

4.4.3 Participants' suggestions and inputs regarding clinical supervision

This emerged as the third main theme of this study. The theme concerning participants' suggestions and inputs developed after the researcher started asking learners for any further information that they would like to add regarding their clinical supervision.

The answers to this question are related to the objective of suggesting possible guidelines that would ensure optimal clinical supervision. Following the identification of themes, categories and subcategories were identified. These are to be discussed further in this chapter.

Participants suggested that some things should be changed or done differently with regard to clinical supervision. This concerned the available time for clinical supervision, the need for more clinical training specialists and the need to have a more structured plan or programme available for clinical supervision.

4.4.3.1The need for more clinical training specialists and designated staff

Participants expressed their frustration very strongly with regard to the unavailability of the clinical training specialists and mentioned a need for more clinical training specialists to assist the learners and to be more effective.

> *I would love to see Clinical Training Specialists that are allocated to students only so that their attention can be given fully to students. They must not be allocated to other duties so that they can make students lives better and make a difference.*
>
> *I think they [referring to the hospitals] need more Clinical Training Specialists [CTSs], because in some hospitals they were few and cannot cope with the workload. Management must stop calling the CTSs for meetings because its*

time consuming and wasting our time, we need our CTSs to be available and visible and allocated in all the units.

Most participants appeared to be frustrated, angry and miserable when talking about the Clinical Training Specialists. Some participants mentioned that it was like a setback for them when they could not get hold of the clinical training specialist.

The participants said that there were not enough CTSs to assist the large numbers of learners and that they should be available all the time. CTSs should be focused on the students and their learning needs.

4.4.3.2 Time available to the learners for clinical supervision

Emanating also from the findings of this study, the participants felt that time was a big issue and that they needed to have more available time for their clinical skills and experience. They suggested that fewer patients should be allocated to learner nurses and that their working hours should be more flexible.

Participants further commented that there was a time when students were given six (6) hours in a unit to “buddy” or do their clinical work, but it lasted only for few months before it stopped and is not happening anymore. They thought it was only on trial for a while as most of the students did not make use of the six hours to “buddy” .

The following extracts are from remarks expressed by various participants regarding insufficient time:

Time was a big issue, we battled to get our procedures done and there wasn’t really time to ask a sister or anyone to go through something or for assistance. Students were too busy running around looking after the patients because the hospitals are very busy and we were just part of the workforce.

One of the downfalls is time given to students. We are labelled as students but we actually work the same like the permanent staff. There is just no time for students to practise or do their procedures, it was very difficult.

Participants verbalised that they did not gain much in the clinical area because there was no time to be students and to focus on their training and to develop themselves in the clinical field.

Most of the participants suggested that time should be set aside for students to focus on their clinical needs. They further suggested that maybe two to three hours once a week should be dedicated for student learning and that it would allow for more scheduled time to meet with the clinical training specialists where they could then demonstrate, guide and assist the students.

4.4.3.3 A structured plan or programme to be available for clinical supervision

The findings that also emanated from this study were that studentsfelta need for change with regard to clinical supervision. The participants requested that full attention to be given to students and that they needed to be treated as students and not be used as a workforce.

The participants reported that nothing was challenging to them and they needed more support guidance, assistance, demonstrations and practice sessions, as well as the support of management to assist in their learning needs.

Furthermore, they were frustrated and miserable because there were no clear directions as guidelines in the units regarding their training. They expressed the following:

> *Before the students even come to the ward, there should be a plan available or in place where the clinical training specialists, the unit manager and the learners discuss the plan of action to achieve their objectives and goals. There was no plan for us, you just have to come into the units and start working.*

They advised that a more structured plan or programme should be available for clinical supervision that will involve both the student and the supervisor.

4.5 CONCLUSION

This chapter has presented the analysis and discussion of the study's findings. The data obtained through the transcribed interviews, were analysed, and themes, categories and subcategories were identified to describe the experiences of the Bridging Course students during the time when this study was conducted.

What was significant or stood out is that the participants experienced clinical supervision at Life Healthcare hospitals as inadequate, although a few expressed some satisfaction with the clinical supervision.

The need to provide learner nurses with an environment that is conducive to learning both theory and practical skills is of high importance in the training of nurses and can result in competent, qualified, motivated and proficient health professionals.

During this study, suggestions and inputs emerging from the participants were identified as a theme since it focused on one of the objectives of the study.

CHAPTER 5

Discussion of the findings, conclusions and recommendations

5.1 INTRODUCTION

This chapter presents the discussion of the findingsof the current study in relation to earlier studies, the implications for practice, limitations of this study, a summary and recommendations. The discussion and interpretation in the study have taken into consideration the purpose of the study, which was to explore and describe the experiences of learner nurses regarding clinical supervision at private hospitals in East London in the Eastern Cape.

During clinical supervision, student nurses learn to apply the theory of nursing so that an integration of theoretical knowledge and practical skills in the clinical situation becomes the art and science of nursing (Mellish, Brink& Paton, 1998:207).

The findings are discussed on the basis of information that was obtained from the participants and literature of other researchers and authors.

Recommendations are suggested based on the scientific evidence obtained from this study.

5.2 DISCUSSION OF THE FINDINGS

This study explored and describes learner nurses' experiences regarding clinical supervision.Although the experiences of the participants differed, the one main theme that stood out was that the learners experienced clinical supervision as inadequate. This was followed by the second theme of satisfactory clinical supervision, which was experienced by few of the participants. A third theme was formulated on the basis of suggestions made by the participants for improving clinical supervision.

Furthermore, categories and subcategories were derived from the most common responses and assisted in the discussion of the following identified themes.

5.2.1 Inadequate clinical supervision

Most participants experienced clinical supervision as inadequate and this was evident in their responses and expressions of anger and frustration. The participants felt that, because clinical supervision was inadequate, they found it very difficult to complete their workbooks and master their skills on time. They often verbalised their unhappiness amongst each other.

Clinical supervision forms an integral part of learner nurses' training and career development to enable nurses to be productive, competent and skilled, as stated in Mabuda (2007:25). The author further concluded that learners value supervision as an essential component of clinical learning and training.

Henderson (1995) indicated that clinical supervision involves more than evaluating learning. Effective supervisors provide structure for the learning environment, promote problem solving and critical appraisal skills, objectively observe and offer feedback on student performance. They provide professional support and encouragement.

The learners depended on the clinical supervisors for all their clinical needs. They relied on them for assistance, guidance and support. The participants stressed that they needed their clinical supervisors to be available to them most of the time. If the clinical supervisors did not give the required support to the learner nurses during their clinical placement in the practice areas, it meant that they were not in a position to acquire the required clinical competencies to be proficient practitionerswhen they finished their course. The frustration and the anger they experienced during their learning would also be minimised and their learning would be an enjoyable and fulfilling experience.

According to Mogan and Knox (1997), clinical instructors and clinical staff fail to serve as exemplary role models and that this is an area of concern.

Inadequate clinical supervision can result in high rates of failure, learners becoming demotivated, unskilled professionals, and disharmony between the parties involved.

5.2.1.1 Lack of visibility and unavailability of clinical training specialists and other supervisors

The participants revealed that the clinical training specialists who were mostly responsible for clinical supervision were not available to learners. The learner nurses were often left on their own in the units and were expected to cope with the work. During this study, the participants expressed their disappointment regarding to the unavailability and lack of visibility of clinical supervisors. The clinical training specialists were busy with other commitments for most of the time. Learners were not regarded as a priority and little time was allocated to them.

Scholars such as Haggman-Laitila *et al.* (2006:382), stress the fact that supervised clinical practice plays a significant role in professional nursing studies, guarantees high quality nursing education and promotes the appeal of nursing among students.

Leufer (2007:322) states that a supportive environment with skilled leaders would allow learners to become independent practitioners.

The participants further revealed that learner nurses found it difficult to apply their theory in practice and to integrate the two because of lack of support, guidance and assistance. This often made the participants feel despondent and they lacked motivation. They feared that they would not be fully equipped to function efficiently on their own as independent health practitioners after completion of their training. According these participants, they received minimal attention in the clinical field and also believed that they could have learnt more if the clinical supervisors were more visible and available.

Jooste (2009:5) states that the role of the supervisor is to provide a safe environment where the learners can work through the challenges and developmental issues. Supervisors should also accompany learners during clinical practice towards clinical competence and confidence.

It will benefit the learners if the clinical training specialists are available to them most of the time. In the unit, the learners often need on the spot training or guidance. Often the learner needs procedures to be demonstrated and explained to them and staff nurses in the units do not always have time to assist them.

5.2.1.2 Difficulty in meeting the learning objectives

The need for continual professional development and clinical supervision to ensure the maintenance of standards of nursing care was clearly set out in the 'vision for the future' document (Department of Health), as stated in Carey (2005:58).

According to the participants, learners were not considered or regarded as students who needed development and growth in order to become proficient and competent individuals.

The SANC, in Regulation 683 section 7(1), states that on completion of the Bridging Course learner nurses must be able to delineate their own practice according to personal knowledge and skills; practice independently; and accept responsibility. This can be regarded as an important objective or aim of this specific course.

At the time of this study, the learners were still very unsure and insecure about their ability to function independently and were concerned about the difficulties they might experience after completion of their training.

5.2.1.3 Inadequate number of Clinical Training Specialists

The learners depended on the clinical supervisors for all their clinical needs. They relied on them for teaching, coaching, assistance, guidance, support and nurturing. The participants verbalised that they needed the clinical supervisors to be available to them for most of the time. During this study the participants expressed their disappointment regarding the unavailability and lack of visibility of the clinical supervisors. According to the participants, more clinical training specialists were necessary for the number of learners at the time.

No supporting evidence to substantiate such concerns was found by the researcher in the literature. However, the number of clinical training specialists or clinical supervisors should be considered and planned in accordance with the number of the students at a given time.

5.2.1.4 Learners being used as part of the workforce

The participants commented that they were used as part of the workforce mostly and did not have enough time to focus on their studies. They voiced the opinion that, as the private hospital was a business-oriented agency, the management was more concerned about the budget and did not see the learners and their needs as a priority.

The participants angrily expressed their frustration with the workload and mentioned that the learners often have to fill in the gaps for agency staff members. They said that temporary staff was being cancelled when the learners were in the units.

The participants proposed that time should be set aside for learner nurses to focus on their studies and clinical development. They also mentioned that too many patients were allocated to them as students. At the time of the study, approximately six to nine patients were allocated to these students.

In some units clinical supervision is viewed as a burden because it entails spending time spends outside the workplace. As the learners doing the bridging course are familiar with the routine, the staffs in the units often just uses these learners as part of workforce.

5.2.1.5 Incorrect guidance and supervisory procedures

Participants frequently mentioned that the knowledge of the supervisors was limited; at times they lacked the necessary knowledge to show them the correct procedures.

Pillay (2005:96) raised a similar point and revealed that lack of trained staff was one of the difficulties of providing effective clinical supervision. She further found that most supervisors, due to the pressure of other work commitments, do not find time to search for recent information that would help them strengthen their clinical supervisory responsibility.

In the wards, participants mentioned that they suffered as a result of senior staff members demonstrating shortcuts to implementing the nursing procedures and did not always show them the correct methods of doing such procedures. As students, they expected guidance in all aspects of their clinical training.

Leufer (2007:322) has stressed that nursing students need the appropriate knowledge and skills to enable them to deliver safe and competent care to patients.

5.2.1.6 Insufficient learning opportunities

The participants also expressed that they needed more exposure to learning experiences than just being there and merely executing the day-to-day routine ward instead of being exposed to structured learning opportunities in the clinical field where they could learn and practice skills. To them, clinical learning and supervision was limited at Life hospitals. Learners would benefit if more time could be allocated to them for their learning needs and if working hours should be more flexible.

The South African Nursing Council (SANC) governs the nursing profession in South Africa. SANC approves and accredits nursing education institutions, and protects the right of learners to receive appropriate education and training that meet the requirements for accreditation according to the National Qualification Framework **(**NQF**),**as indicated in the South African Qualification Authority (No. 58 of 1995).

According to the guidelines of the above body and indicated framework, clinical supervision forms an integral part of learner nurses' training and career development to enable nurses to be productive, competent and skilled. This view is also supported by Mabuda (2007:25), who declares that learners value supervision as an essential component of clinical learning and training.

5.2.1.7 Inappropriate manner of learning and inadequate equipment

Some participants indicated that there were insufficient opportunities for learning when referring to the simulation laboratory. According to the participants, the simulation laboratory was insufficient in not being adequately equipped with little equipment available. Some participants found it amusing that only one manikin was available for learners in the simulation laboratory. They also mentioned the smallness of the simulation laboratory, which resulted in becoming too overcrowded for the learners to practice skills.

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Masarweh (1999:44) clinical learning is regarded as an integral part of nursing education because it provides opportunities to apply theory to practice, and foster

problem-solving and decision-making skills, collaboration with others and development of legal and ethical morals.

5.2.2 Satisfactory clinical supervision

Once again, with this study the importance of clinical supervision cannot be over emphasised. Baxter (2007:104) states that clinical supervision provides opportunities for students to increase and improve their clinical skills and develop relationships with experienced practitioners and it promotes the transfer of knowledge from the classroom to the clinical setting.

A Few of the participants admitted that there was some form of assistance, but this varied in the different departments.

5.2.2.1 Assistance was received by a few learners

The participants were frustrated because the clinical supervisors only assessed them on the compulsory practical work. Nevertheless, some of these learners acknowledged that they had learnt something despite the difficulties. Learners observed that various unit managers were trying their best to assist them, but since the units were constantly busy, assistance was not consistent and or sufficient.

The participants commended the system whereby a nursing sister was overseeing in the units but this, apparently, was not happening in all the units. They explained that the registered nurse, who oversees the ward, has time to assist the students as no patients were allocated to her.

Another system which they appreciated, but which did not last long, was the buddy system. The buddy system is a unit-based programme to provide opportunities for inexperienced nurses to “buddy” with an experienced and competent staff member. (Unknown source on Wikipedia).This system facilitates learning, support, guidance, demonstrations and assistance to the buddy in order to become independent competent and confident professionals.

Learners had six hours in each department to buddy with a senior staff member for the learner to learn and practice skills. Very few learners had an opportunity to buddy, because this practice was short-lived and faded away. The buddy system

was discontinued very soon, thus learners were under the impression that it was on trial.

Some participants suggested that learning should depend on both the learner and the supervisor and that the learner should also take responsibility for her own learning. The participants recommended that learners should take the initiative and follow up with the clinical supervisors. This relates to the ideas expressed by Saarikoski et al. (2007:414) who indicate that there should be clear strategies in place to identify the responsibilities of both the student and the supervisor.

5.2.2.2 Clinical supervision as an interesting experience

Some participants experienced clinical supervision as interesting, but these were few in number. However there were a few participants who experienced clinical supervision as interesting. They said they enjoyed the exposure to the different hospitals and to different disciplines. They confirmed that they managed to gain some kind of knowledge and experience and noted that they learned through observation, listening, asking questions and being inquisitive.

Haynes*et* (2003:2) define clinical supervision as a unique professional relationship between a supervisor, a supervisee and the clients they serve where the learners become increasingly experienced and thus require less direction, assistance and guidance from the supervisor.

Although this can be accepted, learners still need to practise under the direct or indirect supervision of the professional nurse until they are qualified and registered.

5.2.3 Suggestions and inputs regarding clinical supervision

This theme was formulated from the data gathered in response to asking the participants for anything else they would like to add to the research question asked when they were interviewed. This theme relates to one of the objectives of this study which was to formulate possible guidelines for clinical supervision.

Participants made their own suggestions and inputs during the interview. These included the following:

- Having more clinical training specialists made available for the clinical supervision of learner nurses;
- Learners to be allocated more time for their clinical development; and
- A more structured programme to be instituted for clinical supervision.

5.2.3.1 The need for more clinical training specialists and designated staff

Participants proposed that there should be enough clinical training specialists for the number of learners and that they should be available all the time.

The participants said that they could have learnt much more than they did if things had been done differently.

Some of the issues about which they felt very strongly were the fact that the clinical training specialists were not available to them, together with the lack of time for them to focus on clinical learning.

The participants felt that the CTSs were busy with other commitments and were always attending meetings, not regarding learners as a priority.The need for support and involvement by management regarding training of the learners was emphasised by the participants. Clinical teaching is an important part in nursing education and the corner stone for quality nursing care (Mellish*et al.*, 1998:75).

They added that they needed more demonstrations and to be guided but instead they were left alone most of the time. Frankel (2009:26) findings have also indicated that the learning environment has been recognised as either encouraging, or impeding a positive learning experience for nurses.

5.2.3.2 Time available to the learners for clinical supervision

The participants also suggested that learners should have more flexible hours to allow time for clinical learning. The participants suggested that learners should be given a few hours every week for their clinical learning needs so that they can practice, attend demonstrations or follow up on their skills.

In this study, strong emphasis was placed on the fact that learners should not be used only as workforce, but that time should be set aside for them to focus on their training needs. Participants stressed that fewer patients should be allocated to learners. They needed some time with the clinical supervisors for learning, for demonstrations and skills.

Participants felt that they were always running around to satisfy patients and to get the work done and had very little time for their studies. As the units were busy for most of the time, learners worked like any other staff member under pressure.

> The suggestion was that two to three hours should be set aside once a week for them to focus on their clinical needs and clinical exposure. These hours could also be used to do their assessments and other skills. The clinical training specialists could also use this time for teaching purposes and to do demonstrations or to have one-on- These learners will work as professional nurses on their own, taking charge of the units and will be responsible for their own acts and omissions as stated in SANC. It is important that they should be able to make decisions and provide the clients with the best care possible.

Another frustration arose from the staff in the units apparently even that they were students; it was only when they saw them with their assessments that they realised this and recognised them as learners. It was difficult for the learners to complete their skills under these circumstances, yet most of them managed to finish on time.

5.2.3.3 A structured plan or programme to be available for clinical supervision

The participants believed that a structured programme should be available in the clinical field; this needed to include an orientation and a discussion between the learner and supervisor regarding the learner's training needs. This would ensure more effective clinical supervision and encourage communication between the learner and the supervisor.

The participants in this study furthermore suggested that an agreement between the supervisor and the supervisee could be made for the purpose of encouraging the learners. This, in turn, would serve as evidence available for clinical supervision.

The roles and responsibilities of both supervisor and the student should be clearly defined in the contract, and the contract should clearly define the goals to be achieved through clinical supervision (Hyrkas, 2002). Hyrkas further states that the clinical environment selected for the placement of the students should have appropriate learning experiences to facilitate required competencies.

It is important that, after completion of training, the learners must be able to function independently as qualified professionals who are competent, proficient and confident.

These learners will work as professional nurses on their own, taking charge of the units and will be responsible for their own acts and omissions as stated in SANC. It is important that they should be able to make decisions and provide the clients with the best care possible.

5.3 RECOMMENDATIONS

The researcher focused on the findings of this study to guide her to do recommendations and hopes that it will assist and benefit the learners and clinical supervisors with future clinical supervision.

5.3.1 Inadequate clinical supervision

The participant identified that the clinical supervisors were not available to them and they were left alone most of the time. They mentioned that everyone was always busy with their work and periods of clinical accompaniment were minimal.

5.3.1.1 Recommendations regarding Specific Clinical Training Specialists

- Specific clinical training specialists should be available solely for the learners; they should not be committed to other duties. Other staff members and permanent staff members can be allocated for the work.

- All clinical training specialists must have a diploma in nursing education and a minimum of 5years' experience as a professional nurse in order to be able to assist the learners with various demonstrations.

- In the units, at least one person with the necessary experience or the unit manager should take responsibility for the training of the learners and their clinical needs.

- The clinical supervisors should record the amount of time spent with each student and the activities that are done during clinical accompaniment. This would allow for a record for clinical accompaniment

5.3.1.2 Recommendations regarding use of a structured programme

A detailed schedule or programme should be in place in all the units to guide both the learner and supervisor concerning their training needs.

- A more structured programme must be made available to the learners in the clinical field. This should include an orientation programme, planning for assessments and all other activities. This would allow for regular contact with the clinical supervisors. Learners would be less anxious in the clinical areas.

- Continuous training and development for the clinical supervisors in order for them to keep their knowledge up to date and on par with new developments

5.3.1.3 Recommendations regarding use of Learners as workforce

In this study it was evident that the learners were frustrated because they were being used mostly as workforce and therefore struggled to complete their skills acquisition in time, hence the following:

- It would benefit the learner to be allocated two or three hours per week (as suggested by the participants). This time can be used for clinical accompaniment, demonstrations, observations, guidance and support by the clinical supervisors. The learners can also use this time for their assessment skills or even just to practise and become confident.

- In addition to this, each learner could have an opportunity to “buddy” with a senior staff member for at least six hours in each department or discipline.

- There should be Planned demonstrations should take place at least once a week. During such times, students could update their knowledge and skills, ask questions and have time to practise. This could be done in groups at a predetermined venue and time.

- Learners should be allocated four to six patients and not more. They should work under direct or indirect supervision of the professional nurse allocated to them.

5.3.1.4 Recommendations regarding the incorrect guidance and supervisory procedures

The participants felt that they often had no or little support and guidance in the clinical field and that they, at times, was given wrong information by staff members who were incompetent. The following suggestions apply in this instance:

- To prevent learners from getting incorrect and wrong information, specific people or persons in the units should be allocated to them for their training needs. These people should meet regularly to discuss and update their own skills and to allow for uniformity.

- Learners should not be left on their own without senior support and guidance.

5.3.1.5 Recommendations regarding insufficient learning opportunities

Since the participants verbalised that the simulation laboratory was incomplete, not adequately equipped and not conducive to learning, the following are recommended:

- Learners should have access to a sufficiently equipped simulation laboratory and facilities that are student friendly to practice skills. The researcher therefore would recommend that there is a need for improvement to the current simulation laboratory as was evident in the study.

- All learners should have at least two months’ exposure to other institutions such as state hospitals where they can also be exposed to more clinical skills

and experiences. This would allow the learners to also become acquainted with and understand nursing patients in a state hospital.

5.3.1.6 Recommendations regarding communication

There should be good communication between the learner and the clinical supervisor. This would allow for more effective clinical supervision and learners would be more comfortable to discuss their needs.

5.3.1.7 Recommendations regarding learner nurse-supervisor ratio

Clinical training specialists must be available for the number of learners and, when needed, more should be employed to assist, guide and support the learners.

The training of the learners must be considered a high and important priority and every effort should be made to give learners the best clinical experience possible. Clinical supervision plays a major role in the training of the learners and cannot be overemphasised.

5.3.1.8 Recommendations regarding future research

The researcher identified possible areas for further research which can assist with clinical supervision:

- There is a need to do research on learners' coping skills within a year after completion of their training. This would allow assessment of how effective their training was and whether the learners are able to function independently and are competent and confident health professionals.

5.4 LIMITATIONS OF THE STUDY

According to Burns and Grove, the limitations of a study concern restrictions or problems in a study that decrease the generalisability of the findings. Two types of

limitations can be identified, namely theoretical and methodological limitations (Burns & Grove, 2009:41).

5.4.1 Limitation regarding the target population

- This study only focused on learners following the Bridging Course, for enrolled nurses that lead to registration as a General Nurse according Regulation 683 of 14 April 1989.

The researcher chose the particular group of learner nurses because they would become professional nurses who must be able to function independently, integrate knowledge and skills and become the leading nurses in the unitson completion of their course.

Regulation 683 (14 April 1989) in the Nursing Act 2005 (Act 33 of 2005) states that, on completion of the course leading to registration as a general nurse, nurses must be able to delineate their own practices according to personal knowledge and skills; practice it independently; and accept responsibility thereof. The other groups of nurses currently still function under direct or indirect supervision of the professional nurse.

- Only female participants were included in this research project as no male learners were available at the time of the study, but the researcher believed that the same information would be evident gathered from male participants.
- This study provided in-depth information about experiences of learners regarding clinical supervision at Life Healthcare hospitals in East London, but the findings cannot be generalised to other private hospitals or to state hospitals. This is because experiences may be different in other institutions.
- There were a few minor limitations as well; some students, for instance, were in lectures during time of the interview and the researcher had to delay arranging appointments to find a convenient time for the participants to be interviewed without disrupting their schedule or programme.

5.5 CONCLUSION

In conclusion: This qualitative study aimed to describe and explore learners' experiences regarding clinical supervision. Data on lived experiences were obtained during this study. Most of the participants experienced clinical supervision as inadequate, although a few found it satisfactory.

It is important that there should be a clear understanding of clinical supervision for it to be used effectively in the working environment. Misinformation will result in professionals not utilising and valuing its importance.

The participants made a few suggestions concerning how to improve the current practice; the findings of the research have been discussed in this chapter and recommendations by the researcher are recorded. The researcher hopes that these recommendations will assist in improving the current situation in clinical supervision.

The need for future research has also been highlighted in this chapter and this included the research on the functioning of the newly qualified professional nurses within one year of completion of their training. The researcher hopes to be involved with this type of research.

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7. ANNEXURES

7.1: ANNEXURE A:

CERTIFICATE OF APPROVAL FROM THE UNIVERSITY OF FORT HARE ETHICS COMMITTEE

7.2: ANNEXURE B:

LETTER OF APPROVAL FROM LIFE HEALTHCARE HEAD OFFICE

7.3: ANNEXURE C:

LETTER OF APPROVAL FROM THE LEARNING CENTRE MANAGER

7.4: ANNEXURE D:

LETTER OF APPROVAL FROM THE HOSPITAL AND NURSING MANAGERS

7.5: ANNEXURE E:

INFORMATION GIVEN TO THE PARTICIPANT

7.6; ANNEXURE F:

PARTICIPANT CONSENT FORM

7.7: ANNEXURE G:

INTERVIEW GUIDE

7.8: ANNEXURE H:

LETTER FROM THE PROFESSIONAL EDITOR

7.9: ANNEXURE I:

LETTER FROM THE CO-CODER

7.10: ANNEXURE J:

SAMPLE OF TRANSCRIPTIONS