

REASONS FOR FAILURE OF STUDENT NURSES TO PRESENT  
THEMSELVES FOR ASSESSMENT OF CLINICAL SKILLS AT A  
PUBLIC NURSING COLLEGE IN THE EASTERN CAPE PROVINCE

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## **SECTION A**

**Student number: 201107682**

### **DECLARATION**

I, Nomandithini Innocent Senti, declare that this dissertation is my own original work and has been produced by me through my exploration, with exception of the work as quoted and referenced in the study. It has never been presented at any institution for the purpose of receiving a degree.

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Signed

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Date

## **DEDICATION**

This dissertation is dedicated to my husband and my daughters (Lizzie,Toto and Zethu), for their support, tolerance, love and assistance.

## **ACKNOWLEDGMENTS**

I hereby wish to express my gratitude to the following people:

The Almighty, for giving me strength and a healthy mind to enable me to conduct this study to the end;

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My friends for support and the fact that they understood when we could not meet as we wished.

## **ABSTRACT**

The focus of this study was to explore reasons for the failure of student nurses to present themselves for assessment of clinical skills at a public nursing college in the Eastern Cape. The objectives were to explore and describe reasons why these student nurses were not presenting themselves for such assessment of clinical skills; to develop strategies to motivate them to present themselves for clinical skills assessment; and to make recommendations for assessment of clinical skills.

The population of the study was the second and the third-year student nurses undergoing a four-year comprehensive diploma course at a public college of nursing in the Eastern Cape. Non-probability convenience sampling was used. The research questions were, firstly, why the student nurses were not presenting themselves for assessment of clinical skills? Secondly, what recommendations could be made to motivate the student nurses to present themselves for clinical skills assessment? A qualitative, explorative, descriptive and contextual research design was used. Focus group interviews with six participants per group were used to collect data. The total number of participants five focus groups was 30 by the time data saturation was reached. Data were collected following the research question, "Why are you not presenting yourselves for clinical skill assessment?" Their responses were recorded using audiotape and notes with the help of an experienced colleague. Data was analysed following Tesch's method.

Findings presented one theme, being the reason for students not presenting themselves for feedback or delaying to do so. Categories indicated that students were afraid and overwhelmed with anxiety; had too much work to do; unpreparedness for learnt skills; equipment and resources; lack of confidence; and busy ward schedules. Subcategories included lecturers' attitude; unfamiliarity to lecturers accompanying them; having to study to master a lot of theory; having to prepare for many tests; unavailability of lecturers to mentor them; unavailability of unit professional nurses to guide them; reluctance of patients to be used for practising skills; a tendency not to practise skills; too many students; being used as work force; placement objectives; use of dolls for demonstration; tools used to support learning making reference to obsolete equipment; all skills demonstrated at

the same time; lecturers improvising when they are demonstrating some skills, and not being released for practising of skills.

The researcher concluded that students had valid reasons for not presenting themselves for assessment of clinical skills but this could be rectified through the involvement of lectures, ward staff as well as students themselves.

The researcher recommended that effective communication between the staff in clinical areas and the college is needed. Clinical laboratories needed laboratory managers and had to be well equipped. A revision of the student-lecturer ratio for feed-back on skills is also suggested.

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## **CHAPTER 1: OVERVIEW OF THE STUDY**

### **1.1 Introduction and background**

The focus of this study was on the reasons for the failure of student nurses to present themselves for assessment of clinical skills at a public nursing college in the Eastern Cape.

In the United Kingdom, the challenge among students of the lack of confidence and ability to conform to practical skills has been identified, and strategies such as the establishment of clinical skills laboratories have been developed to rectify this problem (Hilton, & Pollard, 2005). By providing guidance to a neophyte nurse, an experienced colleague contributes to the ability of the neophyte to learn the clinical skills that are performed. The nursing unit's policy and the procedure book is a valuable asset for keeping a record of these skills (Cherry, Swan & Jacobs, 2008: 504).

According to Boston (2002:711), formative assessment helps in identifying the gaps between what is supposed to be known and what is known. It is directed at providing feedback about the learner's performance and progress against competent standards (SSMT 04,2003:8).The nursing curriculum is characterised by an important component, which is clinical practice (Clynes & Raftery, 2009: 405). The nursing curriculum gives a framework for how nursing education should be conducted and helps with the uniformity of conducting education as it entails both theory and practice for students.

In South Africa, Nursing Education is regulated by the South African Nursing Council (SANC). Nursing colleges fall under the jurisdiction of Nursing Act, Act No.33 of 2005. SANC regulates both public and private nursing colleges. According to the Nursing Act the SANC registers an individual as a nurse or a learner, midwife and includes any person who has complied with the prescribed conditions of both theory

and practice and has furnished the prescribed particulars for a training programme at a nursing education institution.

Nursing education and training focus on integration of theoretical knowledge with practice (Department of Health, 2008:13). The National Department of Health, which is the authority under which the nursing colleges function, expects nursing colleges to train adequate numbers of nurses to become professional nurses to curb the shortage of such nurses in both urban and rural areas (Department of Health, 2008: 26).

The South African Qualifications Authority defines assessment as measuring the achievement of specified National Qualification, Framework, Standards and Qualifications (SSMT 04, 2003). According to Leung, Mok and Wong (2007:712) one of the most important parts of learning in nursing is assessment. Students are assessed on clinical skills that have been taught to check their ability to implement these in caring for patients in real life situations (Carlson, Kotze & Van Rooyen, 2005: 65).

The skills to be performed at second-year level are, giving of intramuscular injections; changing of underwater drainage bottle; insertion of a naso-gastric tube; removal of sutures; female catheterisation; tube feeding; and removal of a drain. The skills to be performed at third-year level are the giving of insulin; lecture demonstration; giving of scheduled intramuscular drugs; and eye swabbing. These skills are according to the curriculum as prescribed by the Nursing Council according to their specific regulations.

According to South African Nursing Council Regulation R425, each student has to undergo formative and summative assessment satisfactorily before proceeding to the next level of training (SANC 1985:65). This is the prescribed regulation governing the training of these students at the public nursing college in the Eastern Cape.

Formative assessment consists of theory and students write tests during the year to get marks so as to qualify for summative assessment at the end of the year.

Practicals for clinical skills are part of formative assessment to test their competence; students are assessed in clinical skills to test their competency. They are awarded marks for formative assessment. A pass mark allows entry to summative assessment through objective structured clinical examination (OSCE). Students need to get 40% in both theory and practical in order to qualify for entry to final examinations.

Summative assessment is done at the end of the year, for both theory and practical clinical skills. This assessment allows the student to proceed to the next level, provided a 50% mark is attained. An affiliated university forms part of these assessments so as to ensure quality. The university's role is to moderate question papers, as well as practical evaluation of summative assessment. These assessments should be of a given standard as the nurses need competencies that allow them to also work internationally and to provide quality nursing care.

Student nurses at the public nursing college in the Eastern Cape fail to avail themselves for formative assessment of clinical skills, which becomes problematic when they are supposed to be assessed at the end of the year.

## **1.2 Problem statement**

Formative assessment prepares the students to be competent so as to meet the requirements of a comprehensive four-year diploma and to provide competent patient care. After a demonstration of the performance of these skills by a student, a year mark will serve the purpose of entry to summative assessment and this is allocated if the students perform well.

Nurse Educators start the process by demonstrating the skill for the student. After the demonstration has been done, students are given one week to practise and master skills whilst in the clinical area. Students are often accompanied by nurse educators in the clinical area and are also placed under the supervision of unit professional nurses. Afterwards, the students are supposed to start providing

feedback on the clinical skills to nurse educators. They are given a period of five months, that is, from April to August of each year to complete the presentation by themselves for assessment of clinical skills by nurse educators and also being put under the supervision of unit professional nurses. Examinations are affected if students do not present themselves for clinical assessment, as the student fails to qualify for summative assessment.

The problem arises that the students do not avail themselves for performance of clinical skills to nurse educators at the right time, they are often late. They mostly present themselves during the last week of the fifth month, which is August. Time allows for the date to start presenting themselves for clinical skills, as well as the date to complete. The fact that students present themselves at the last moment for assessment of their clinical skills puts pressure on nurse educators as well as students.

The delay or failure of student nurses to present themselves for assessment of clinical skills is a concern in the public college of nursing in the Eastern Cape. This impacts negatively on their readiness and admission to the summative assessment. This practice inadvertently results in the student failing a year and hampers the production of well qualified and competent nurses by the College. In this college students have to adhere to the time frame of assessment of clinical skills. Students are allocated according to the number of lecturers and each lecturer has to follow up her own students according to a standardised process and evaluate these students for clinical skills. Students are supposed to book time with the educators for the performance of skills. Students do not show a desire to be on time for these presentations. This challenge promoted the researcher to investigate the reason for failure of college students to present themselves for assessment of clinical skills.

The research question therefore was, why do student nurses fail to present themselves for assessment of clinical skills at the public nursing college in the Eastern Cape?



### **1.3 Definition of concepts**

The concepts used in the research and their scope include the following:

#### **1.3.1 Assessment**

Assessment is a structured process in which evidence of performance is gathered and evaluated against a standard. The process involves identifying, gathering and interpreting information about an individuals' achievements according to agreed criteria (SSMT 04,2003:4).

In this study, formative assessment means a continuous process where students book or make appointments with the nurse educator to perform the skills. Students are expected to gain a year mark of 40%, which allows them to participate in the summative assessment at the end of next year.

#### **1.3.2 Student nurse**

This is a person who is undergoing education and training in a recognised nursing education institution in South Africa, as determined by the Nursing Act No.33 of 2005. In this study, a student is a nurse undergoing training for the Comprehensive Diploma in General Nursing Science (Psychiatry, Community) and Midwifery in a public college in the Eastern Cape (Nursing Act No.33 2005). These students are in their 2<sup>nd</sup> and 3<sup>rd</sup> year of study.

#### **1.3.3 Nursing college**

The Nursing College is a post secondary institution, that offers professional nursing education at basic and post basic level where such nursing has been approved according to SANC Regulation 425 (South African Nursing Council, 1995).

The Public nursing college in the Eastern Cape on which this is focused is such a nursing college.

#### **1.4 Significance of study**

It was important to undertake this study for the following reasons:-

If recommendations following from this study are implemented, the quality of teaching at the public nursing college will be restored, as student nurses will be given enough time to spend with their nurse educators during clinical assessment sessions and they will have enough time to reinforce their skills. The opportunity for each student to attempt objective structured clinical examination will be created for those who have passed their formative clinical skills assessments.

It will build a positive student-nurse educator relationship and also relieve pressure on both students and lecturers as skills will be acquired within the required period. Quality patient care will be ensured, as students would have mastered the clinical skills. The college will benefit as it will be recognised for producing competent nurses, thereby leading to the standard of the college being raised.

The Department of Health will benefit from their investments as it will not waste money by being sued by patients due to mistakes committed by incompetent nurses. Society will also be served by competent nurses who may even be able to work anywhere in the country.

Recommendations to be discussed can be of benefit to other institutions or colleagues who experience a similar challenge.

#### **1.5 Research questions**

The research questions that were asked were: Why are the student nurses not presenting themselves for assessment of clinical skills at the public nursing college in the Eastern Cape?

- What can be done to motivate student nurses to present themselves for formative assessment of clinical skills at the public college of nursing in the Eastern Cape?

### **1.6 Aim of study**

The aim of the study was to explore and describe reasons for the failure of student nurses to present themselves for assessment of clinical skills, at the public college of nursing, in the Eastern Cape.

### **1.7 Research objectives**

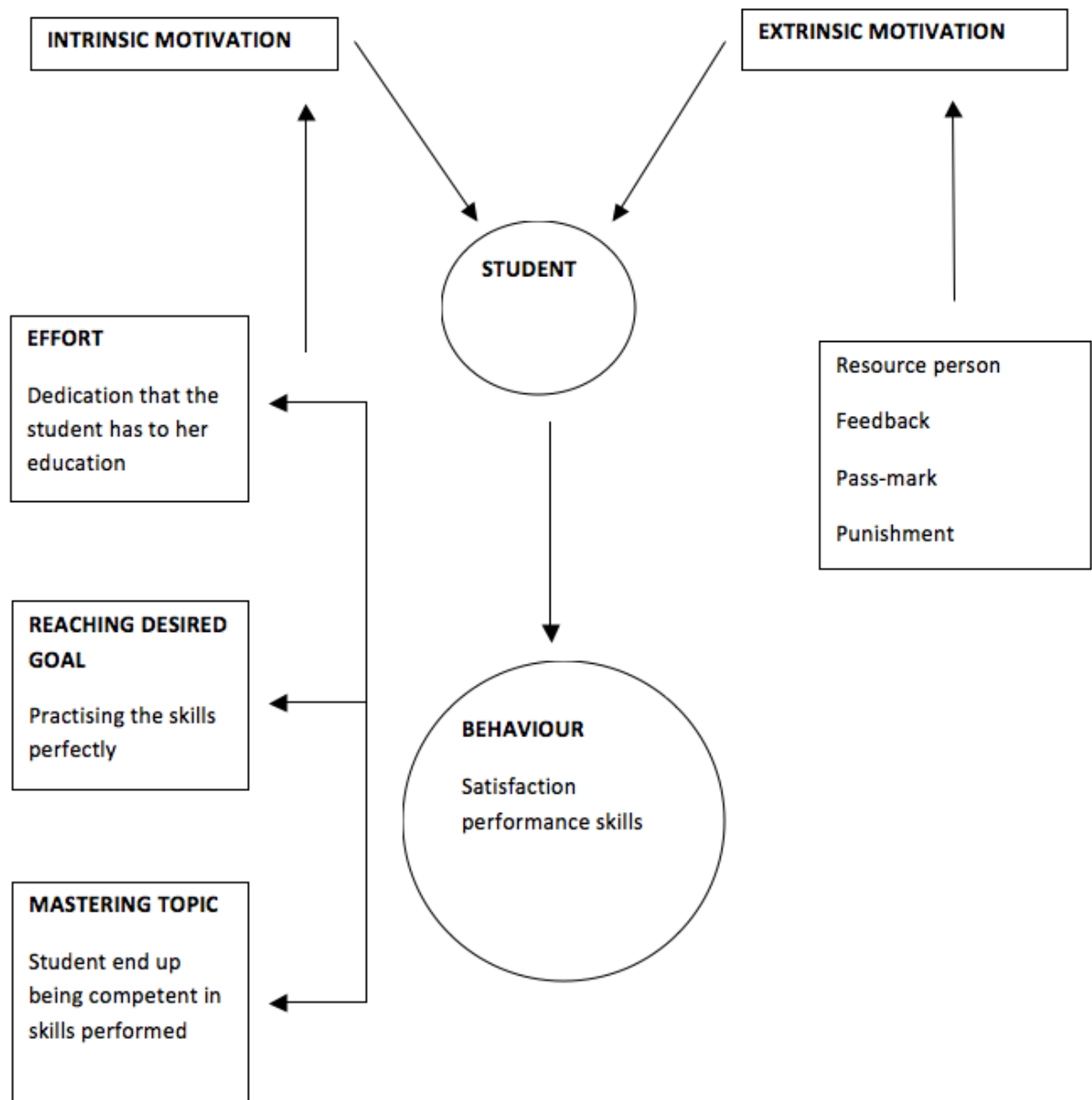
A research objective is a clear, concise declarative statement that is expressed in the present tense (Burns & Grove, 2011:160)

The objectives of this study were to:

- Explore and describe the reasons why the student nurses did not present themselves for assessment of clinical skills at the public college of nursing, in the Eastern Cape.
- Develop recommendations to motivate student nurses to present themselves for assessment of clinical skills at the public college in the Eastern Cape.

### **1.8 Theoretical assumption / conceptual framework**

A framework is an abstract, logical structure of meaning, such as a portion of a theory, which guides the development of the study and enables the researcher to link the findings to nursing's body of knowledge (Burns & Grove, 2011:238). Figure 1.1 presents a diagram of the theoretical and conceptual framework guiding this study.



*Figure 1.1: A model for performance of clinical skills based on motivation theory*

### **1.8.1 Description of how the framework guided this study using the identified concepts**

Intrinsic and extrinsic motivations as well as their driving forces will be discussed below:

#### **1.8.1.1 Intrinsic motivation**

In this study, intrinsic motivation is associated with the interest of the student to perform the required skills. It demonstrates whether the student knows the importance of the skills performed or not.

The evidence is shown by the following as driving forces of intrinsic motivation:

- Effort
  - A student has to put an effort in her / his studies by being dedicated, sacrificing and curious, etc. In this study it means that a student must have knowledge of what needs to be done, as demonstrated by attending demonstrations of skills and asking questions if needing any clarity (Alexander, Ryan& Deci, 2000:1).
- Reaching desired goal
  - The student has to practise the clinical skills so as to be perfect. She has to reach the desired goal by presenting herself for assessment of clinical skills and to be competent in order to obtain pass mark(Alexander, Ryan & Deci, 2000:1).
- Mastering the topic
  - This will be achieved if the student practises her/his skills until competent. In addition, the student will need to be dedicated and to show interest in her/his clinical skills (Alexander, Ryan & Deci, 2000:1).

#### **1.8.1.2 Extrinsic motivation**

Extrinsic motivation is external and encourages the student to feel that there is a need to be available for assessment of clinical skills.

- Resource person
  - A student who is performing well can be a resource person as other students will come or refer to her/him for showing them how to perform

skills. This, in turn, will assist the student to gain confidence in performing the skill and become willing to present or avail herself/himself for assessment of clinical skills (Alexander, Ryan & Deci, 2000:1).

- Pass mark
  - At the end of skill performance, a student will be awarded pass marks if done satisfactory. This will encourage the student to perform more skills as she/he will be motivated. This is preceded by the intrinsic factor of being interested and prepared (Alexander, Ryan & Deci, 2000: 1).
- Feedback
  - Feedback by a nurse educator about how the skill has been performed will encourage the student to do more. For the feedback to be effective, it should focus on the skill performed, not negatives and positives, but on how the skill has been performed (Alexander, Ryan & Deci, 2000:1).
- Punishment
  - As students know, not performing the skill will result in not being allowed to enter for summative assessment. This will imply repetition of the level of training. This punishment should make the student more determined to want to perform the clinical skills. This should also encourage students to practise, show interest and dedication, which are intrinsic motivation factors, that are useful to a student before availing herself/himself for assessment of clinical skill (Alexander, Ryan,& Deci,2000: 1).

#### 1.8.1.3 Student

The student is driven by both extrinsic and intrinsic motivation in order to perform the clinical skill.

#### **1.8.1.4 Behaviour**

Satisfactory performance of skills will be achieved due to the student's intrinsic and extrinsic motivation (Alexander, Ryan & Deci, 2000:1).

### **1.9 Research design**

A research design is regarded as a blue-print that is used to conduct a study (Burns & Grove, 2011: 253).

A qualitative, explorative, descriptive and contextual design was used for this study to explore and describe the reasons why the student nurses at the college failed to present themselves for assessment of clinical skills.

### **1.10 Study population**

In research, the population is the entire group of persons or objects that the researcher is having an interest in (Brink, 1996:132).

The study population comprised student nurses at a public nursing college in the Eastern Cape. These students were undergoing training under the programme of four-year Comprehensive Diploma in General Nursing, Community Psychiatry and Midwifery.

### **1.11 Study sampling**

The non-probability convenience sampling method was used (Brink,1996:140).This sample was selected from second and third-year students in the public nursing college in the Eastern Cape. The sample was selected for focus group interviews.

#### **1.11.1 Inclusion criteria**

Inclusion criteria stipulate the characteristics that the participants must possess to be part of the targeted population (Burns & Grove,2011:291). In this study, the participants who met the inclusion criteria were second and third-year student nurses

from a public nursing college in the Eastern Cape who were, undergoing training under the programme of a four-year Comprehensive Diploma in General Nursing Science (Community, Psychiatry) and Midwifery. They were second and third-year student nurses, in 2012 when the research was conducted. This also included repeaters of the two levels stated above.

### **1.11.2 Exclusion criteria**

Exclusion criteria, according to Burns and Groves (2011:291), are those characteristics that result to a person being excluded from the target population. In this study, first and fourth-year student nurses doing the course under the same programme were excluded. The criteria for exclusion were based on:

- First-year students having no experience in nursing as they were still new in the profession, as a result they comply.
- The problem was identified among the second and third-year students.
- Fourth-year students are not required to perform clinical skills.

### **1.12 Data collection**

The data were collected using focus group interviews. Five focus groups were involved. Each group had six (6) participants. The main question asked was: **Why are you not presenting yourselves for assessment of clinical skills?** With the informed consent of the participants, a tape recorder was used to collect data during interviews. A tape recorder was used to record what the participants were saying directly and served as referral system during analysis. Notes were taken as the students were talking as a source of reference (Brink, 1996:159).

The research team that was involved in the data collection was the researcher and one of the researcher's colleagues who was responsible for compiling field notes. Data were collected in a classroom at the same college, in an environment free of disturbances and only the people who were part of the research were there. The research process did not interfere with the progression of student learning. A separate classroom was used in order to avoid disturbing other students.



### **1.13 Data analysis**

As this study was of a qualitative design, written words rather than numbers were analysed. The researcher concentrated on reflecting on possible meanings and relationships in what had been recorded. Data was transcribed by listening to the tape recorder and transcribed what had been recorded. After that, the data were read several times. Coding and categorising were generally started as soon as data collection started. Analysis was done concurrently with data collection.

Typical basic strategies were utilised, such as bracketing, intuition and describing. In bracketing the researcher set aside her preconceived beliefs regarding the phenomenon being researched. Intuition came to the fore when the researcher created awareness of lived experiences without forcing prior expectations in the process (Brink, 2010:113).

The researcher did not wait until data collection was completed. The data was grouped according to themes under which similar responses were put together. These themes were determined by the data that had been collected during interviews (Brink 2010:184). Using a tape recorder retrieving data collected during interviews helped to ensure the that data from the subjects were transcribed verbatim.

### **1.14 Trustworthiness**

Trustworthiness was ensured through the strategies of dependability, credibility, dependability and confirmability. Credibility in making the findings convincing was ensured using tape recorder and a second person ensuring that data was captured correctly.

Dependability was established by using an audit with an auditor who was a qualified researcher. Confirmability was ensured by making a point of findings, conclusions and procedures being supported by the data collected by the researcher herself (Brink, 2010: 119).

### **1.15 Ethical considerations**

Ethical considerations meant applying the principles of requesting permission, consent, ensuring beneficence, assuring anonymity, confidentiality, the right to self-determination, justice, and privacy.

#### **1.15.1 Permission**

Permission to conduct the study was obtained from the College Head, the Department of Health and the Campus Head before the commencement of the study, as well as the University of Fort Hare, where ethical clearance was sought. (Brink, 2010:46).

#### **1.15.2 Consent**

Consent as a sign of agreeing to participants was obtained from all the subjects after thorough explanation of the study. This was in written form. The information provided for consent concerned the purpose of the research; the risk involved, if any; benefits of the research; handling of data ;date; time; and duration of the research (Brink, 2010:37).

#### **1.15.3 Principle of beneficence**

Beneficence was ensured by preventing any discomfort resulting from data collection. (Brink,2010:46).

#### **1.15.4 Anonymity**

Anonymity was ensured by not using the names of participants anywhere in the study and there was no mention of the name of the institution (Brink, 2010:47).

#### **1.15.5 Confidentiality**

Confidentiality was ensured by not divulging any information discussed during the focus group discussions (Brink, 2010:47).

#### **1.15.6 Right to self determination**

The right to self-determination was ensured by giving participants an option to decide voluntarily whether to participate in the study or not. At the same time they had the right to withdraw at any time or even to refuse to give any information request during the research (Brink, 2010:47).

#### **1.15.7 Justice**

Justice involves ensuring that respondents have the right to fair selection. This was ensured through fair selection as respondents were selected because they were directly related to the problem being researched, not for any other reason (Brink, 2010: 46).

#### **1.15.8 Privacy**

Privacy was ensured through keeping the information gathered from the participants in a safe place not accessible to anyone who was not part of the research. No invasive questions were asked during interviews (Brink, 2010:46).

### **1.16 Conclusion**

The proposal is the first step to a research dissertation, which leads to permission for one to proceed with the study after being approved by the ethical committee. It guides the researcher in how to proceed with the study. The proposal confirmed the feasibility of this study, e.g. through confirmation of funds that were needed. In the proposal, aspects that were given attention were the background, to provide an overview of the origin of the problem being researched; the significance of the research was highlighted; and objectives, aim, theoretical assumptions and exclusion as well as inclusion criteria were discussed. Ethical considerations ensured through the principles of beneficence, justice, and informed consent were also presented.

### 1.17 Outline of the chapters

Chapter 1: Introduction and background

Chapter 2: Research design and methods

Chapter 3: Interpretation of results

Chapter 4: Conceptualisation

Chapter 5: Discussion and recommendations

### 1.18 Budget

The budget for the study was estimated as shown in table 1.2

*Table 1.1: Budget for the study*

Stationery	R100.00
Transport	R800.00
Tape recorder	R600.00
Telephone	R200.00
Interviews: forms typed and photocopied	R100.00
Transcription of data	R8000.00
Photocopying and binding of temporary chapter	R6 000.00
Photocopying and binding of dissertation	R6000.00
TOTAL	R21800.00

## **CHAPTER 2: RESEARCH METHODOLOGY**

### **2.1 Introduction**

The previous chapter described the introduction and the background to this study. This chapter describes the research methodology used in the study. The methodology is discussed in terms of the research questions, the aim of the study, objectives, study setting, data collection, data analysis, and ethical considerations.

### **2.2 Research questions**

The research question is a clear, concise interrogative statement that is put in the present tense, and includes one or more variables. It is expressed to guide the implementation of qualitative studies (Burns & Grove, 2011: 163).

The research questions that guided the study were:

- Why do student nurses fail to present themselves for assessment of clinical skills at the public nursing college in the Eastern Cape?
- What could be done to motivate students to present themselves for assessment of clinical skills, at the public college of nursing in the Eastern Cape, in order to make recommendations for improving the situation?

### **2.3 Aim of study**

The aim of the study was to explore and describe reasons why the student nurses were not presenting themselves for assessment of clinical skills, at the public college of nursing, in the Eastern Cape in order to make recommendations for improving the situation.

#### **2.3.1 Objectives**

“A research objective is a clear, concise declarative statement that is expressed in the present tense” (Burns & Grove, 2011:160). The objectives of this study were:

- To explore and describe the reasons why the student nurses were not presenting themselves for assessment of clinical skills, at the public college of nursing, in the Eastern Cape.
- To develop recommendations to motivate student nurses to present themselves for assessment of clinical skills at the public college in the Eastern Cape.

## **2.4 Study setting**

The location in which research is conducted is called a setting (Burns & Grove, 2011:40). The research study was done at the public college of nursing in the Eastern Cape. The college is divided into campuses, some of which are satellite campuses. The college offers different programmes, such as a four-year Comprehensive Diploma (General, Psychiatry, Community) and Midwifery, post basic courses; and Enrolled Nursing and Enrolled Nursing Assistant courses. The college of nursing operates within the ambit of the Department of Health, with the controlling body being the South African Nursing Council.

There were 109 first-years student nurses, 60 second-years-189 third-years and 89 fourth-year students in the college under study. The total number of students from first to fourth year therefore was 447. They were being taught different modules, amongst them being General Nursing Science 1, which is offered in the second year of their study and General Nursing Science 2, effected in the third year of study. These modules form part of major subjects. It is in these modules that the problem of presenting themselves for clinical skills has been identified, as the subject consists of theory and practical work.

This environment was a natural setting, which was regarded as a real-life situation, which was not manipulated by the researcher for the study. The study was conducted in the environment as it was, i.e. public college and the existing classrooms (Burns & Grove, 2011: 40).

## **2.5 Research design**

A research design is regarded as a blue-print, which is used to conduct a study (Burns & Grove, 2011:253). A qualitative, explorative, descriptive and contextual design was used for this study to explore and describe the reasons why the students failed to present themselves for assessment of clinical skills.

The study focused on the context in which the action took place, as well as the viewpoint of the research subjects regarding their reasons. The design helped the researcher to gain more information from the participants and it did not include treatments provided by the researcher. It gave the researcher the picture of a situation as it naturally occurs (Burns & Grove, 2011:256).

According to Terre-Blanche, Durrheim and Painter (2007: 34), a research design is the overall plan that gives exact instructions or guidelines for how to address the research problem or answer to research question.

### **2.5.1 Qualitative approach**

This is a systemic, subjective approach that is used to describe life experiences and give them meaning. It was used in this study in order to gain knowledge of why the students failed to present themselves for assessment of clinical skills (Burns & Grove, 2011:256).

### **2.5.2 Explorative design**

Explorative design was used to obtain in-depth information from the participants regarding the topic researched (Burns & Grove, 2011: 256). This design was relevant for this study, was meant to get in-depth information from the participants. Participants were allowed to express themselves about the reasons why they were not presenting themselves for the skills assessments. They were able to respond with the help of the researcher's guidance.

### **2.5.3 Descriptive design**

According to Burns and Grove (2011: 256), a descriptive design aims to gain access to information about characteristics within a particular field of study and the purpose attached to it is that of providing a picture of a situation as it occurs naturally.

The main objective of descriptive research is to correctly describe the characteristics of persons, situations/ groups or the frequency with which certain phenomenon occurs (Polit & Beck, 2008: 752). Descriptive research was relevant for this study as the researcher wanted the participants to express why they were not presenting themselves for assessment of clinical skills. The design was appropriate because the information was obtained directly from participants.

### **2.5.4 Contextual design**

Context concerns the place where the research takes place. A study ought to be undertaken in a certain context in order to be relevant. This study took place at a public college of nursing in the Eastern Cape.

## **2.6 Study population**

The population is the entire group of persons or objects in which the researcher has an interest (Brink, 2010: 132). According to Burns and Grove, (2007:51) the elements used as a population must adhere on certain criteria for inclusion in a study.

The study population was the student nurses in the public nursing college in the Eastern Cape. These students were undergoing training in the programme for a four-year comprehensive diploma in nursing science (General Nursing, Psychiatry, Community,) and Midwifery. They also formed a part of students who were taking General Nursing Science as one of their major subjects and were also entitled to be assessed on these skills.



## **2.7 Study sampling**

Sampling involves selecting groups of people, events, behaviours or other elements with which to conduct a study (Burns & Grove, 2007:290). In this study, non-probability, convenience sampling was used. In non-probability sampling, not everybody of the population has a chance for selection. In probability sampling everybody in the population stands a chance of being selected for inclusion in the sample (Burns & Grove, 2011: 305). Participants were selected as they arrived in their classroom. Once the required number was reached, the researcher stopped selecting.

This sampling method was inexpensive as the study was conducted amongst students who were attending classes and there was no need to arrange any transport for fetching them from the clinical practice area. This was possible because the researcher was an employee of the college.

Biases may have existed in this sample, as indicated by Burns and Grove (2011: 254), which would be a slant, or deviation from the true or expected. However, bias was prevented in this study through the use of an interview schedule for all the participants. The participants were mixed with regard to gender and English was used as the medium of communication. English was used as the language medium to encourage similar understanding.

The chosen participants represented the entire population in the sense that second-year and third-year students were selected. The students who participated in this sample were expected to present themselves for assessment of the clinical skills. There was therefore no possibility of selecting anyone who could not participate in presenting themselves for assessment.

### **2.7.1 The inclusion criteria**

Inclusion criteria comprise the characteristics that the participants must possess to be part of the population that is targeted (Burns & Grove, 2011:291). In this study, inclusion criteria were determined by whether nurses were nurses undergoing

training under the programme for the four-year Comprehensive Diploma in Nursing Science (General, Psychiatry, Community) and Midwifery.

- Those who met the criteria were second and third-year student nurses in 2012, when the research was conducted, so they were part of the targeted population.
- Students who were repeating their second and third years of study for the four-year diploma in 2012 were included as repeaters of the two levels stated above.

### **2.7.2 The exclusion criteria**

Exclusion criteria, according to Burns and Grove (2011:291) relate to characteristics that can result in a person being excluded from the target population. In this study, the criteria for exclusion were based on being registered as a first or fourth- year student nurse for the Comprehensive Diploma in Nursing Science( (General, Psychiatry Community) and Midwife, doing the course at the same college, which meant the students were not required for assessment of clinical skills.

### **2.8 Data collection**

Data collection is a precise, systematic gathering of information relevant to the research purpose or the specific objectives, questions or hypothesis of a study (Burns & Grove, 2011: 52).A variety of techniques are used when a researcher is collecting data (Burns & Grove, 2011: 52). It is also of utmost importance for the researcher to be familiar with different techniques of data collection so as to be able to select the correct one for the study being conducted.

In this study the researcher used focus group interviews. An interview schedule with unstructured questions was used to elicit information from participants. According to Burns and Grove (2011:85), unstructured interviews are open-ended questions used together with probing. Burns and Grove,(2011): 87) confirm that questions for the focus group interviews are formulated to get perceptions of participants about a specific topic in a setting that is permissive and nonthreatening. Unstructured

interviews helped the researcher to get more in-depth information from the participants about the reasons why they were not presenting themselves for assessment of clinical skills.

Focus groups techniques were selected because of the assumption underlining the use of focus groups which indicates that group dynamics can help people to express themselves and make their views clear in ways that are less likely to happen in one-to-one interviews (Burns & Grove, 2011:87). The second and third-year nursing diploma students comprised the only group who gave reasons and needed to be given a chance to express their views in a free and unstructured environment. Participants were able to talk freely as if they were engaged in a normal conversation but with a purpose.

The focus groups consisted of six participants each. The required number was selected as they arrived in the class. The researcher stood at the door and made a selection after a prior explanation of the reasons for conducting the study. As the participants entered the class, the researcher counted up to six participants and these formed the first focus group. When the first group had been set aside, the researcher continued counting for the second group. On the first day of selection, two focus groups were interviewed. The trend continued to the third day, when five groups were interviewed. The same procedure was followed for the other groups.

The total number of focus groups was five, with six participants in each. There were two focus groups for second-year students and three focus groups for third-year students. The total number of participants was 30, with four males and the rest being females, of which three were coloureds, and the rest being Africans.

At the beginning of the interview, rapport was created to put the participants at ease, as the environment needed to be non-threatening. That was done by sitting around the table to encourage eye contact. The researcher and the participants introduced themselves. The classroom was quiet and enough time was allowed for each group.

Group rules for the focus groups were established, such as valuing the comments of all and giving each other a chance to talk.

The research question that guided the interview was: **Why are you not presenting yourselves for assessment of clinical skills?**

The data were collected until saturation, which was confirmed by participants repeating the same information.

One of the disadvantages of focus group interviews is that some of the participants become uncomfortable when talking in a group (Brink, 2010: 159). In this study all participating students spoke freely. Allowance was made for feelings of discomfort by offering students an opportunity to individually write narratives if they felt uncomfortable with sharing views within a group.

The following assumptions underline focus group interviews:

- Freedom of expressing thoughts, feelings and behaviour is encouraged in homogenous group.
- Important resources of information are individuals.
- People are able to report and express their feelings and thoughts.
- A group's dynamics can produce authentic information.
- The study purpose could only be achieved by data provided by the group (Burns & Grove, 2009: 87).

During the interview process, a voice recorder was used to collect data from the participants with their consent. The researcher operated it. It was reliable as it captured what the participants were saying directly from them and served as a referral system during analysis.

Taking of notes was done by the researcher's colleague, who was experienced in research studies. The notes were compiled as a source of reference during data analysis.

Probing was done by the researcher to clarify the statements by the participants. Probes are queries made by a researcher to obtain more information from the participants about a particular interview question (Burns & Grove, 2011: 85). Saturation of the data was reached with the fifth focus group. Only people who were part of the research were present at the venue.

## **2.9 Data analysis**

According to Mouton (2001: 108), it is understood that manageable themes, patterns, trends and relationships are brought about by the breaking up of data.

As this study made use of qualitative research, the researcher analysed the data whilst collecting it. The researcher, in trying to gather and manage a growing bulk of data at the same time, developed means to store the data in an organised way. To ensure this colleague was organised to take notes while the students were talking. These were documented according to the place and date on which the data were collected (Burns & Grove, 2011:93).

Good record keeping was maintained to keep track of connections between bits of data collected. A voice recorder was used for audio recording interviews with the consent of participants. The researcher concentrated on reflecting on the possible meanings and relationships of what was recorded (Burns & Groves, 2011:93).

These recorded interviews were transcribed verbatim. The following were considered during transcription:

- Other expressions like exclamations, laughter and crying were included in the text and separated from the verbal text by means of square brackets.
- Each participant was separated from the others using a blank margin.
- All pages were numbered with the participant's number (Burns & Grove, 2007: 93).

Recordings were listened to as soon as possible after the interview to avoid the piling up of data. After having listened to the recordings, the researcher composed the data in written transcripts, constantly checking and correcting mistakes whilst comparing the written transcript with the recording. Audio recording also records feelings, emphasis and non-verbal expressions that provide the researcher with clues about the participants' feelings and emphasis were noted and recorded. (Burns and Grove, 2007: 94) refer to this as data immersion. The data transcript was read several times so as to figure out exactly what the participants were telling the researcher, according to Tesch's technique.

Whilst feelings were noted, key phrases were pointed out. After proofing the transcripts sorting of the information according to categories and sub-categories was done. This was done following Tesch's technique (1990:95-97).

As notes were taken simultaneously, they were put together with the transcript and sent to the co-coder. Themes were developed through this coding. Coding is defined by Burns and Grove (2011:94) as breaking text down into subparts, and giving a label to the parts of the text. Discussions pertaining to refining of these themes were held with the co-coder, agreement was reached and themes, categories and sub-categories were derived from the transcript.

## **2.10 Trustworthiness**

According to Polit and Beck, (2008:532), trustworthiness is equivalent to the standard of validity and reliability in quantitative research. It is characterised by strategies of credibility, transferability, conformability and dependability. This was maintained in this study by bracketing, whereby the researcher had put aside her preconceived beliefs regarding the phenomenon being researched during the enquiry. The researcher was just guiding the interview and probing, but the participants did the talking as they were the people who knew the reasons why they were not presenting themselves for assessment of clinical skills. This was done to prevent study results from being influenced and manipulated. The strategies followed supported:

### **2.10.1 Credibility**

Credibility is regarded as confidence in the truth (Polit & Beck, 2008: 538).

Credibility was achieved through ensuring that the findings were convincing. The researcher, by using a voice recorder, captured the data directly from the participants. Notes were taken with the help of an experienced colleague. The researcher also has seven years of experience as a nursing educator and was able to work with the students. Literature was reverted to support the data collected. Participants were properly identified and described.

### **2.10.2 Confirmability**

Confirmability is achieved by ensuring that the findings, conclusion and recommendations are being supported by the collected data and the fact that there is internal agreement between the investigator's interpretation and the real problem (Brink, 2009: 119). This was ensured by taking of notes, correctly interpretation of results and transparency of the process to facilitate replication of the research.

### **2.10.3 Transferability**

Transferability is about knowing whether the conclusion of the study is transferable, which was not the purpose of this study as the study was limited to a specific content, in the specific setting of the college.

### **2.10.4 Dependability**

Babbie, Mouton, Voster and Prozesky,(2004:278) agree that dependability is about the similarity of the results when the study is repeated in the same setting, using the same method and the same participants. This was ensured in this study by using the same question for all the participants without any changes. Notes were taken, and taping was used to collect the data word by word. A literature control was conducted to support the data.

## **2.11 Ethical considerations**

Ethical clearance was obtained from the University of Fort Hare before the research was conducted. Ethical considerations were enlisted through applying the, principles of consent, confidentiality, right to self-determination, justice, privacy, permission and beneficence.

### **2.11.1 Consent**

After the researcher had discussed the relevant issues, informed consent was signed voluntary on the consent form by all the participants as an indication of agreeing to be part of the study.

The purpose of the study, the title and the time it could take per interview was explained. Participants were aware that there was neither financial gain nor risk in participating in the study. The expected benefits, handling of data and duration of research were explained to them (Brink, 2010: 37). They were made aware that the information they would provide would be used for improving the process of performing clinical skills and assessment. Participants were also made aware of their



right to withdraw from the study without fear of penalty, before they signed the consent form.

#### **2.11.2 Confidentiality**

Confidentiality was ensured by not divulging any information discussed during the focus group. (Brink, 2010:47)

#### **2.11.3 Right to self determination**

The right to self-determination was ensured by giving participants an option to voluntarily decide whether to participate in the study or not. At the same time they had a right to withdraw at any time or to refuse to give any information pertaining to the research (Brink, 2010:47).

#### **2.11.4 Justice**

Justice concerns ensuring that respondents have the right to fair selection. This was ensured through fair selection. Respondents were selected to be part of the sample in a fair process depending in their attendance at class. Participants were included in the sample because they were directly related to the problem being researched, not for any other reason (Brink,2010:46).

#### **2.11.5 Privacy**

Privacy was ensured through keeping information provided by the participants in a safe place so that it could not be accessed by anyone who was not part of the research. No invasive questions were asked during interviews (Brink,2010:46).

#### **2.11.6 Permission**

Permission to conduct the study was obtained from the Ethics Committee, Faculty of Science and Agriculture at the University of Fort Hare, the Eastern Cape Research and Surveillance Department and from the Management of the College of Nursing.

### **2.11.7 Anonymity**

Anonymity was ensured by not using the names of the participants. Participants were identified by means of numbers used and no mention was made of the name of the institution (Brink,2010: 47).

### **2.11.8 Principle of self-determination**

Principle of beneficence was ensured by preventing any discomfort during data collection (Brink,2010:46). The participants were able to participate freely and to withdraw from the study at any time.

## **2.12 Summary**

In this chapter, the discussion has focused on the introduction, the research design, the population, sampling, data collection and analysis, as well as ethical consideration. The research design was explorative, descriptive and contextual in nature. The population solely comprised second- and third-year student nurses and sampling was done considering including inclusion and exclusion criteria.

The process of data collection has been discussed, which included note taking and audio recording and the use of important ways in which the data was kept.

Analysis was done following Tesch's technique to develop themes, categories and sub-categories. Ethical consideration has been discussed. The following chapters will present the findings.

## **CHAPTER 3: PRESENTATION OF FINDINGS**

### **3.1 Introduction**

The previous chapter presented the research methodology used in the study. This chapter focuses on the presentation of findings according to the following sequence: demographic data of participants, theme, categories and sub-categories that have emerged from data analysis. There is one theme, which is stated as the reason for students not presenting themselves for feedback. Categories and sub-categories will be discussed later.

### **3.2 Demographic data of participants**

All the participants were second and third- year student nurses from the same public college of nursing in the Eastern Cape. Their ages ranged from 20 to 40 years. Gender was both males and females with three (3) coloured females and the rest being Africans.

### **3.3 The findings of the study**

The findings will be discussed according to themes, categories and sub-categories. Only one theme was identified, namely, reasons for students not presenting themselves for feedback or delaying to do so. Categories and sub-categories were also identified. There were six categories and 23 sub-categories derived, Category 1 had two sub-categories, Category 2 had two sub-categories, Category 3 had seven sub-categories, Categories 4 and 6 had one category each. All these discussed in the table that follows:

*Table 3.1: Theme, categories, sub-categories.*

THEME	CATEGORY	SU-BCATEGORY
Reasons for students not presenting themselves for clinical assessments	1. Afraid and overwhelmed by anxiety	1.Lecturer's attitude 2. Unfamiliarity with lecturers accompanying them
	2. Too much class work	1. Having to study to master lot of theory 2. Having to prepare for many tests.
	3. Unpreparedness for learnt skills	1.Unavailability of lecturers to mentor them. 2.Unavailability of unit professional nurses to guide, coach, and supervise them. 3.Reluctance of patients to be used for practising skills. 4.Tendency not to practise skills. 5.Too many students. 6.Being used as work-force. 7. Placement objectives.
	4.Equipment and resources	1.Use of dolls for demonstration and being expected to feedback using real patients.
	5. Lack of confidence	1. Use of dolls for demonstration 2. Tools used to support learning make reference to obsolete equipment 3. All skills demonstrated at the same time. 4.Lecturers improvise when they are demonstrating some skills.
	6. Busy ward schedule	1. No release for practice.

### **3.3.1 Theme: Reasons for failure of students to present themselves for clinical assessments.**

#### **3.3.1.1 Category 1: Frightened and overwhelmed by anxiety**

This category was supported by the two sub-categories of lecturers' attitude and unfamiliarity with lecturers accompanying them. The participants were complaining of the lecturers having a negative attitude, which made them uncomfortable and leading them not to present themselves for performance of clinical skills.

##### **3.3.1.1.1. Sub-category 1: Lecturers' attitude**

Participants emphasised the fact that lecturers shouted at them during the performance of clinical skills when they made mistakes. This attitude made them reluctant to come again and they ended up telling other students to be careful when presenting to a particular lecturer. They stated that the negative attitude scared them and they became anxious. The following comments came from the students:

*"the shouting from the lecturer when you have done something wrong in front of the patient makes you become anxious. It blows everything [closing the eyes and quiet for a while]"*

*"Anxiety is the problem."*

*"The attitude of lecturers to us is not nice and when you see lecturer is shouting at you, you don't feel like going and do the skill."*

*"You are scared if you have done rubbish, lecturer will leave you."*

*"My problem mostly I am afraid of lecturers' attitude, some of them don't treat us well."*

*"Some shout you instead of correcting you, it is a negative attitude, you don't feel free."*

#### 3.3.1.1.2 Sub-category 2: Unfamiliarity with lecturers accompanying them

The students indicated that they become used to the first lecturer and lecturers were changed all the time and they developed fears when allocated to different lecturers every time. They indicated that if the same lecturer could be the one following the same student every time until the final year, it would make things better. They highlighted that the first lecturer was used to them and knew their weaknesses, and that made things easier. They even indicated that they became acquainted with the first lecturer. Knowing facial expressions of that lecturer, according to them, was more relaxing and helped with not being afraid. They indicated that these lecturers accompanying them were not even the ones who were actually teaching them. They saw the lecturers for the first time when they were to assess their clinical skills.

Direct statements were

*“If the lecturer that I am demonstrating to can be the same from first to fourth year, what makes me anxious this year is another lecturer then next year is another.”*

*“Perhaps that lecturer is not even teaching me.”*

*“The first lecturer became acquainted to me and I also became used to her. You know the facial experience of your first lecturer.”*

#### 3.3.1.2 Category 2: Too much class work

Participants indicated that there was too much class work. This category was supported by two sub-categories, which involved having to study to master a lot of theory and to prepare for many tests.

##### 3.2.1.2.1 Sub-category 1: Having to study to master lot of theory

The participants indicated that there was too much to be done as they sometimes had to write tests whilst in the clinical area and yet they were also expected to work in the clinical area. The shortage of lecturers did emerge and as a result there was work over-load. The skills were demonstrated and they saw them as an extra burden

that they were expected to bear. They again stated that they were allocated. too much work in a short time in the ward. They confirmed this by stating the following:

*“The pressure that we have in the units and classrooms, there is a lot of studies and tests during the week.”*

*“I think work overload at school is a problem, there is too much work to be done in short time.”*

*“There is shortage of staff, and we are there to learn not to be workforce.”*

*“There are too many students and less lecturers.”*

#### 3.3.1.2.2 Sub-category 2: Having to prepare for many tests

Students indicated that, when placed in the wards, they were also expected to write tests on Fridays. It meant that they were supposed to be studying whilst in clinical areas and this gave them less time to practice clinical skills. The result was overwork as they indicated below:

*“The pressure that we have in the units and classrooms, there is a lot of studies and tests during the week.”*

*“I agree there is work overload.”*

*“There are lot of students to each lecturer, lectures are fully booked.”*

#### 3.3.1.3 Category 3: Unpreparedness for learnt skills

This category was characterised by seven sub-categories, being unavailability of lecturers to mentor students; unavailability of unit sisters to guide, coach, and supervise; reluctance of patients to be used for practising skills; tendency not to practise skill; too many students used as workforce: and placement objectives not available in the ward.

#### 3.3.1.3.1 Sub-category 1: Unavailability of lecturers to mentor students.

It emerged from the participants that lecturers did not follow students in the wards so as to check if they were doing well pertaining their skills, to close gaps. They also indicated that the lecturers sometimes did not honour their appointments, and others complained of lack of transport. It also emerged from discussion that there was a shortage of lecturers compared to the number of students. When lecturers cancelled the appointments, participants were delayed completing their clinical skills assessments.

They stated that:

*“There is no follow-up in the wards to check if you understand the skill, lecturers are not always available.”*

*“Say you made an appointment with the lecturer, she will cancel you for another day.”*

*“If you book the lecturer for skills, she will say that she is on leave.”*

*“Lecturer does not want to come where you a student is, you are familiar with the site you are, lecturer will complain of transport.”*

#### 3.3.1.3.2 Sub-category 2: Unavailability of unit professional nurses to guide, coach and supervise the students.

The findings showed that the unit professional nurses were not responding to the student's request to come and observe them performing skills. They made an excuse indicating that ward is not the place for them to do skills, they must work. This was stated verbatim as follows:

*“The sisters will be saying you are not supposed to do skills in the ward, but in the college.”*



*“U ask accompaniment from the sister to see what you are doing, sisters are not available.”*

*“Another thing that can boost our confidence is cooperation between lecturers and ward sisters, so as to see how so and so is performing in the ward, sisters in the ward can end up supervising us.”*

#### 3.3.1.3.3 Sub-category 3: Reluctance of patients to be used for practising clinical skills.

Participants indicated that patients were also giving them problems when they wanted to practise skills. They were not willing to be used for clinical skills practice. Most of the time clinical skills were practise on dolls. They said:

*“It is difficult to do the skill on real patient as patients are resistant.”*

#### 3.3.1.3.4 Sub- category 4: Tendency not to practise clinical skills

According to participants, time lapse between demonstration of the skill by the lecturer and feedback was long, thereby leading them to forget how the clinical skill was performed. The participants indicated this was due to the fact that they were not allowed to practise the clinical skills by ward professional nurses. Ward professional nurses were telling them that the ward is the place to work, not for practising clinical skills.

Students indicated that they were not allowed to sign the attendance register if they needed to go and practise clinical skills elsewhere. It also emerged that they were regarded as if trying to abdicate their responsibilities if they requested opportunity to leave the ward for practising clinical skills in other wards where they were not allocated.

They said that sometimes the clinical skills for their level of training were not available in the wards where they were allocated. The participants were of the opinion that allocation or placement in the wards was supposed to match the level of

training of the students. There was no document in writing that directed the students for practising of skills e.g. objectives. These were the direct words from participants:

*“I feel that skills are demonstrated early we end up forgetting.”*

*“I think we need to get objectives for the ward that will state what we need.”*

*“Or else it can be a schedule that will say for an example, at 09hoo to 10hoo we have to go and practise the skills and after that we come back and do our duties.”*

*“When asking for the permission to do the skill, they think that you are dodging.”*

*“Lecturers who will be visiting the wards must see to it that the allocation done for students is talking to the level of training.”*

#### 3.3.1.3.5 Sub-category 5: Too many students

Findings pertaining to the above sub-category were that the participants were of the opinion that there were too many students. This number made it impossible for them to be able to see well during demonstrations. This also denied them an opportunity to book their lecturers for assessment of clinical skills. They also indicated that lecturers were fewer than students and chances for practising clinical skills were minimal.

They said:

*“We are many in demonstration time, we are not able to see the lecturer demonstrating”*

*“There is lot of students to each lecturer, lecturers are fully booked.”*

#### 3.3.1.3.6 Sub-category 6: Students are used as workforce

According to the participants, the duties they were allocated to in the wards made them unable to practise their clinical skills as, according to them, they were regarded as workforce. The Unit's professional nurses deprived them of spare time to practise clinical skills. Unit professional nurses were telling them that skills were supposed to be practised at the college not in the wards. They stated that:

*"There is shortage of staff, and we are there to learn not to be workforce."*

*"The sisters will be saying that, you are not supposed to do the skill in the ward, but in the class."*

*"If you are not there in the ward you are not even going to sign in the ward because you are not there."*

#### 3.3.1.3.7 Sub-category 7: Placement objectives

Participants felt that placement objectives were not available to guide the ward staff as to what was expected of them during clinical practice or placement. According to them, the availability of placement objectives would make their performance of clinical skills easier. According to students, objectives would assist the ward's professional nurses in how to allocate appropriate duties to them. These objectives would help them to be trusted as there would be a schedule guiding unit staff. They also stated that, even if the placement objectives were there, they were often not considered with regard to their learning. One participant said:

*"Again I think we need to get objectives for the ward that will say what we need and to do for practise."*

*"I think we need to get objectives for the ward that will say what we need."*

#### 3.3.1.4 Category 4: Equipment and resources

Shortage of equipment was mentioned as a concern among the participants. They were of the opinion that the shortage of equipment was retarding the progress of the assessment of their clinical skills. They mentioned that the equipment in the simulation laboratory is old and not as advanced as that being used in the wards. Again Some departments in the ward also contributed to the shortage of equipment, for example, the central sterilizing department, as well as laboratories at the college, are not well equipped. The central sterilising department refused to issue equipment to students.

##### 3.3.1.4.1 Sub-category 1: Use of dolls for demonstrations and being expected to feedback using real patients

Findings were that the participants were concerned about lack of resources whereby the dolls were used for demonstration procedures instead of live patients and yet students were expected to give feed back on real patients. They mentioned the shortage of equipment as one of the reasons for them not being able to present themselves for assessment of skills. They indicated the fact that simulation laboratories were not well resourced with the latest equipment and the equipment was old. Another issue that they raised was that the sterilising department does not want to lend them equipment. The following is what they have stated:

*“Equipment is not available for us.*

*If simulation laboratories can be improved, there is no equipment for practising.”*

*“If we can have more equipment at school so that we can practise.”*

*“In sterilizing department they want something written by lecturers.”*

#### 3.3.1.5 Category 5: Lack of confidence

This category indicated lack of confidence as one of the reason for failure to present themselves for assessment. Lack of confidence was also cited by participants as one

of the causes of the delay in presenting themselves for assessment of clinical skills. Sub-categories under this category included the use of dolls for demonstrations; tools used to support learning were obsolete; the fact that different skills were demonstrated within the same time; and lecturers improvised when demonstrating some procedures by not using real equipment.

#### 3.3.1.5.1 Sub-category 1: Use of dolls for demonstration

According to participants, the use of dolls when demonstrating procedures had contributed their lack of confidence and resulted in them being unable to perform the skills. The problem was that, when practicing and giving feedback, there was an expectation that they should use real patients. This created a dilemma as they were unable to perform clinical skill as expected of them.

*"I don't feel comfortable to feedback in real patients."*

*"You become not confident"*

*"Another thing that can boost our confidence is co-operation between lecturers and ward sisters."*

#### 3.3.1.5.2 Sub-category 2: Tools used to support learning were obsolete

The participants described the tools or equipment used in the simulation laboratory as old, compared to what is being used in the ward; as they were old, the unit's professional nurses had a problem in assisting them. When they were in the wards, the equipment looked strange, as if it had changed, and they could not use them.

*"Equipment has changed and sisters cannot help us."*

*"Tool is very old."*

#### 3.3.1.5.3 Sub-category 3: All the skills were demonstrated at the same time

Participants indicated that all clinical skills were demonstrated at the same time to them. When they needed to practice they were uncertain of what was appropriate to each skill taught, as they forgot. This was probably due to information overload. Skills were demonstrated to students early in the course. Some students were distracted during demonstrations because of higher numbers of students. They indicated that they were not allowed to record the lecturer whilst demonstrating. Direct words were:

*"I think the problem is the demonstration of the skill once."*

*"We are many in demonstration time, we are not able to see the lecturer demonstrating"*

*"I feel that skills are demonstrated early, we forget"*

*"We are not allowed to record you recordings help as I play it over and over."*

#### 3.3.1.5.4 Sub-category 4: Lecturers improvised when demonstrating some clinic skills to students

Findings showed that some lecturers improvised when demonstrating procedures due to lack of equipment; yet, when students were performing the skills, lecturers expected them to use authentic equipment. This was one of the reasons for lack of confidence as students were uncertain about what to do in a real patient situation. At the same time it emerged that patients were also reluctant to be used for practicing clinical skills as indicated below:

*"When lecturers demonstrate the skills for us, they improvise and they expect you not to."*

*"Patients are reluctant to be used for skills."*

#### 3.3.1.6 Category 6: Busy ward schedule

The participants indicated that they were affected by a busy ward routine and ended up delaying to present them for assessment of clinical skills. This category was supported by one sub-category, which related to not being released for clinical skills practice.

##### 3.3.1.6.1 Sub-category 1: Not released for practice of clinical skills

It was pointed out clearly by the participants that the practise of skills was important in order to be competent, but they did not have time to practise their skills. According to participants, there were many aspects that affected them negatively. One of them was that the ward was too busy. Unit professional nurses were depriving students of an opportunity to go and practise clinical skills when requested to go. Direct comments were:

*“The wards are busy sometimes.”*

*“When asking permission to do the skill, sister thinks you are dodging.”*

*“Sisters will be saying, you are not supposed to do skills in the ward, but in the class.”*

### 3.4 Summary

In this chapter the findings from data analysis have been discussed under themes, categories and sub-categories. There was one theme, six categories and 23 sub-categories and they were discussed. Table 3.1 shows the spread of one those categories and sub-categories. Quotes are presented to highlight actual statements as they were made by the participants. Participants have stated multiple reasons for failure to present themselves for clinical skills assessment. In the following chapter, i.e. Chapter 4, conceptualisation of the findings will be discussed.

## **CHAPTER 4: CONCEPTUALISATION**

### **4.1 Introduction**

The previous chapter presented results. This chapter will discuss the literature control in conceptualising the concept of failure of student nurses to present themselves for assessment of clinical skills.

### **4.2 The context of clinical practice**

The key component in nursing education is clinical practice. The clinical setting acts as provider of an opportunity for the students to practise their skills, develop professional identity, increase their knowledge base, and provides them with the opportunity to transfer classroom knowledge to the clinical setting (Baxter 2007: 103).

In the preparation of student nurses for their professional role, the clinical field is of utmost importance and an irreplaceable resource (Midgley, 2006: 338). As cited by Midgley (2006: 338), clinical placement provides student nurses with the opportunity to combine cognitive, psychomotor and affective and problem solving skills. In order to facilitate confidence and competency, nurse educators have to spend dedicated time in clinical practice (Williams & Taylor, 2008:899).

Clinical learning experience that provides students with chances to acquire professional knowledge and skills on how to perform in the practical situation is an important part of nursing education (Chesser-Smyth, 2005: 320). The problem so far is the desire to change these clinical components as there is a scarcity of clinical placement opportunities for students. This has a number of reasons, like short stay of patients in the clinical area and higher number of casual workforce (Hall, 2006: 628). Clinical education is aiming at assisting in moving on with the changing realities and situations (Ehrenberg & Haggblom, 2007: 68). Clinical education helps to teach the student how to be part of nursing profession as it is known that nursing is about clinical practice and theory.



According to Ehrenberg and Haggblom,(2007: 68), Preceptors and clinical lecturers have been found to be more or less helpful in making clinical education successful and reliable. Nursing is facing challenges due to shortage of staff in the clinical environment, which impacts on students' learning of clinical skills as preceptors and clinical lecturers are not available to support students all the time.

#### **4.2.1 Curriculum and aspects clinical practice**

The issue relating to the curriculum and assessment of clinical skills is discussed next.

##### **4.2.1.1 Curriculum**

It is indicated that fifty percent of the nursing curriculum consists of practice learning. Educators and practitioners have to support students when they are exposed to clinical areas (Andrews& Robert, 2003:747). The results in this study confirmed that the attitude of lectures can pose obstacles for the students in performing their clinical skills as they are shouted at and treated badly.

The nursing curriculum is characterised by an important component, clinical practice, which is meant to develop the required clinical competencies of students (Clynes & Raftery, 2008: 889). It consists of fifty percent of practical skills, which the students need to pass together with theory before proceeding to the next level of training. Education and training focus on integration of theoretical knowledge with clinical practice (Department of Health, 2008:13).In the nursing college, students are exposed to clinical areas for a certain period in order to learn practical skills. The students are orientated to theory and clinical skills are demonstrated to them before they are placed in the clinical area from year one.

Students are exposed to theory before they are engaged in practice. The knowledge taught is followed by the relevant practice, but placement in the clinical environment is not correlated with what they see and learn in the wards. They are placed in the wards accompanied by their lecturers. Lecturers follow up students to give them an opportunity to feedback clinical skills so that the lecturers can assess their performance of skills and them a mark.

#### **4.2.2 Clinical skills**

Clinical education is aimed at assisting moving on with changing realities and situations (Ehrenberg & Haggblom, 2007: 68).

Students are evaluated on nursing clinical skills that have been demonstrated to them to check their ability to implement these skills in real patient care (Carlson, Kotze & Van Rooyen, 2005: 63). These are the skills that the student nurse needs to perform in the presence of the lecturer to get a mark, if done satisfactorily, this will confirm that the student nurse will be able to care for real patients. Clinical education helps to teach the student the 'how' part of the nursing profession, as it is known that curriculum in nursing focuses on integration of theory to practice. According to Ehrenberg and Haggablom, (2007:68), practical knowledge is seen as knowing how, which is gained by experience from practical training and doing things.

In China, however clinical learning is the major component of nursing education (Shen & Spous, 2007: 323). Hilton and Pollard (2005:289) have stated, that in the United Kingdom, nursing students' lack of confidence as well as ability to do basic practical skills has frequently been a challenge. To address these challenges, one of the solutions employed is the establishment of Clinical Skills Laboratories. Objective structured clinical examinations (OSCEs) are the recent improvements in assessment in pre-registration nursing education (Hale, Long, Sanderson, Carr & Tomlinson, 2000:529).

#### **4.2.3 Assessment**

According to Garrow and Tawse (2009:580), the purpose of assessment is to grade students' work to provide basis for a decision as to whether the student is ready to proceed to the next level of training. It gives the students opportunity to receive feedback about the performance of skills and a mark.

It is indicated that assessment methods that have been chosen must be fit for the purpose of assessment (SSMT 04, 2003:14). As cited by Black and William (1989),

formative assessment helps in determining the knowledge of students and their skills gained through a unit of study.

Assessment is characterised by people interacting and judgements made about one another. This can apply to knowledge, understanding, abilities and attitudes (Graham, 2005: 146).

There are number of reasons why assessment is done for student nurses: It is done as a feedback mechanism to academic staff about student learning, for measuring accountability for educational quality and to ensure that students have acquired necessary knowledge and skills needed to qualify to be promoted to the next level of learning (Wellard, Bethune & Heggen, 200:63).

Assessment methods can have an impact on learning approach. The way the students approach their learning can be influenced by their experiences regarding assessment (Leung, Mork & Wong, 2007:711).Contemporary philosophy regarding student assessment in Higher Education unmistakably endorses assessment process as an integral component of student learning (Ehrenberg & Haggblom, 2007:76). This is true because no one can take for granted that a student knows her/his theory or practical unless an assessment has been done, be it is theoretically or practically. All in all, assessment is very essential in any education setting (Garrow & Tawse, 2009:580).

Assessment must be reliable and valid if it is to produce safe and knowledgeable nursing practitioners of the future (Garrow & Tawse, 2009: 580). The South African Qualifications Authority defines the role of assessment as measuring the achievement of specified National Qualifications Framework Standards and Qualification (SSMT 04, 2003: 3). Assessment methods can have an impact on learning approach. The way the students approach their learning can be influenced by their experiences regarding assessment (Leung, Mok & Wong, 2007: 711).

Assessment is divided into formative and summative components.

#### 4.2.3.1 Formative Assessment

Formative assessment is the diagnostic use of assessment to provide feedback to teachers and students over the course of instruction (Boston, [www.google scholar](http://www.google scholar), 2000:1). In the nursing college, formative assessment is a continuous process throughout the year in both theory and practical for students. It is divided into four quarters of the year, the final assessment for some course being the first or second semester. During assessment, the students are expected to obtain a mark of at least 50% which will allow entry to summative assessment.

In formative assessment, the relationship between learner and teacher is built upon trust to promote student enquiry without fear of an absolute pass or fail final result (Graham, 2005: 144). According to Boston, (2002: 711), formative assessment helps to bridge the gap between what is supposed to be known and what is known.

Nursing curriculum is assessed for theory and practical knowledge and skills. By formative clinical assessment of skills the nurse educator is able to assess how the student is performing, being assisted by the use of the standardised tool that is used universally.

Providing consistent and honest evaluation of student performance in clinical settings is seen as a critical part of assessment. This evaluation is important, as in the United Kingdom, 50% of pre-registration nurse training is assessed in practice (Cassidy, 2009: 33). Consistency is maintained by using the same evaluation tool for the same skill and for each student. All the students are treated equally.

The focus of assessment criteria should be on the students learning, rather than their personality and what they believe in. Students are forced to express thoughts and feelings, which may be in friction with their beliefs (Hargreaves, 2004:199). Assessment is designed in a manner that it is the same for each student; it doesn't favour anyone as a result students are expected to perform as shown or told.

#### 4.2.3.2 Summative Assessment

Summative assessment is assessment, that takes place after a period of instruction and requires making a judgement, e.g. by grading or scoring a test or a paper (Boston, [www.google](http://www.google.com) scholar.com, 2002:1). Summative assessment in the college is conducted following formative assessment. It is this assessment that attaining a mark of 50% will allow the student to proceed to the next level.

### 4.3 Theme, Categories and sub-categories

In this study the results revealed that lecturers who demonstrated the skills were not following the students to the clinical area so as to support them. Students were sometimes accompanied by lecturers who were not known to them. However, the categories and sub-categories will be discussed as they relate to literature.

#### 4.3.1 Too much class work

One of the comments from participants showed that too much class work seemed to be having a negative impact on students learning and on their time for presenting themselves for the skills assessment. They stated:

*“I think work overload at school is a problem; there is too much work to be done in short time.”*

#### 4.3.2 Having to study to master lot of theory

The results indicated that there is too much work from the class, as a result, the students are challenged to study to master a lot of theory and also to prepare for tests. This is seen as an obstacle when students are supposed to present themselves for clinical assessment of clinical skills as it affects the time students when are supposed to do so. These are their direct words:

*“The pressure that we have in the unit and classroom, there are lots of tests during the week.”*

#### **4.3.3 Unavailability of lecturers to mentor student nurses**

The results from the study confirmed the unavailability of mentors as indicated by participants who mentioned that lecturers do not go to clinical areas to reinforce what had been learnt in the class. The students stated:

*“There is no follow-up in the wards to check if you understand the skill, lecturers are not always available.”*

Cherry et al,(2008: 504), stated that providing guidance to neophyte nurses by an experienced colleague contributes to the ability of the neophyte to learn clinical skills that are performed.

#### **4.3.4 Unavailability of unit professional nurses to guide, coach and supervise student nurses**

The results from this study confirm that unavailability of unit professional nurses to guide, coach and supervise the students resulted in lack of teaching in the units. The direct words of the participants were:

*“You ask accompaniment from the sister to see what you are doing, sisters are not available.”*

According to Midgley,(2006:339), characteristics of organisation and attitude were major predictors of the clinical learning environment in which the unit professionals are the key figures for creating and maintaining the learning climate of the ward.

#### **4.3.5 Reluctance of patients to be used for practical skills**

The results confirmed that patients are reluctant to allow themselves to be used practising clinical skills. A student stated:

*“It is difficult to do the skill with real patients as patients are reluctant.”*

According to Carlson, Kotzé and Van Rooyen, (2005:63), students are evaluated on the clinical skills that are taught to them to check their ability to implement these in real patient situations.

#### **4.3.6 Tendency not to practise skills**

Baxter,(2007:103) states that the key component of nursing education is clinical practice. The clinical setting serves as a provider of opportunities for the students to practise their skills and to develop professional identity.

#### **4.3.7 Lack of confidence**

The results reveal that lecturers demonstrated skills on dolls and afterwards expected students to perform the same clinical skills on real patients without support as is indicated by what they say below:

*“Equipment is not available for us”*

In order to facilitate confidence and competency, nurse educators have to spend dedicated time in clinical practice (William & Taylor 2008 : 899).

#### **4.3.8 All skills demonstrated in the same time frame**

The fact that the skills were demonstrated at the same time leads to uncertainty of what is appropriate for each skill; this was cited by some of the participants. Again, this early demonstration resulted in students forgetting some of the clinical skills. Direct words were:

*“I think the problem is the demonstration of clinical skills once“*

#### **4.3.9 Lecturers improvise when demonstrating procedures**

The participants indicated that the lecturers were improvising when demonstrating with the result the students were not confident about what to do in real situations when dealing with patients. The students stated that:

*“When lecturers demonstrate the skills for us, they improvise.”*

#### **4.3.10 Busy ward schedule.**

Participants cited that the busy ward schedule is one of the reasons why they are not presenting themselves for clinical skills performance. The students indicated that the ward schedule made that they were not released for practising clinical skills as they had to concentrate on ward activities. These were the direct words:

*“The wards are busy sometimes.”*

Another one said:

*“When asking permission to do the skill, sister thinks you are dodging.”*

According to Baxter (2007:103), the key component of nursing education is clinical practice. The clinical setting acts as a provider of opportunities for the student to practise their skills and to develop competencies

#### **4.4 Summary**

The theme categories and sub-categories have been discussed and supported by literature. There was one theme which was the reasons for students not to present themselves for feedback or delaying to do so. There were six categories and seventeen sub-categories had derived from categories. The literature confirmed most of the findings in the study.



## **CHAPTER 5: DISCUSSION, LIMITATIONS, CONCLUSION AND RECOMMENDATIONS.**

### **5.1 Introduction**

This chapter is focused on a discussion of the findings, limitations of the research, the conclusion and recommendation

### **5.2. Discussions**

This chapter explored and described the reason why the student nurses fail to present themselves for assessment of clinical skills. Most of the participants cited anxiety as the reason why they were not presenting themselves for such assessment. They stated that this was due to different reasons and emphasised that they were discouraged by the attitude of lecturers, who were harsh and prone to scold students. According to student nurses, the lecturers reprimanded them in front of patients when mistakes were made.

It is evident that shouting and scolding has discouraged the students from re-booking the lecturer for the assessment of clinical skills. One of the students indicated that this shouting made them tense and anxious. The participants end up discussing and influencing each other against a specific lecturer. Students who have not yet been shouted at, end up refraining from attempting to practise the skill.

According to Andrews and Roberts (2003: 474) 50% of the nursing curriculum consists of practice learning. Educators and practitioners have to support students when they are sent to practice.

The findings showed that the unfamiliarity of students with some of the lecturers accompanying them was also one of the causes of their anxiety. They explained that the lecturers accompanying them to the wards were not the same as those who taught them the clinical skills, so they were performing clinical skills for assessment

for 'strangers'. Students became afraid of the unfamiliar lecturers stating that it would be better to provide feedback to the same lecturer from first to fourth year. They indicated that a student becomes familiar with the first lecturer, becomes used to her/him, used to her/his facial expressions and the lecturer, in turn, knows the student.

Students indicated that the amount of work they were expected to perform was too much. It emerged from the data that they felt that they were inundated with theory as well as nursing care in the wards. They indicated that they had to prepare for tests every Friday, and that were expected to learn a lot for theory at the same time. They experienced a lot of pressure due to increased work and learning loads. These challenges led to delaying clinical skills assessments.

Findings revealed that unpreparedness for learnt skills was another challenge for students. One of the causes was the long time lapse between demonstrations and feedback time. They ended up forgetting how the skill was performed. Thirdly, the idea of lecturers demonstrating all the skills before students were placed in the clinical area resulted in them forgetting when they were supposed to give feedback.

Unavailability of lecturers to mentor students was a challenge. They claimed that the lecturers were not going to clinical areas to check how well they were doing in practising clinical skills. This caused students to be unsure of whether they were doing the right thing.

Again when students were in the clinical areas they expected to be guided, coached and supervised by unit professionals, but this was not happening. Unit professionals were always complaining about being busy. At some point they told the students that they were there to work, not to practise clinical skills. One of the students stated that this was demoralising and lead to students lacking confidence as there was no one to correct them when they made mistakes.

Participants indicated that even patients were reluctant to allow them to practice performing clinical skills on them. They therefore did not have any one to practise on as there were no dolls in the clinical area.

It became clear that student nurses did not get enough time to practise these skills as there was no time to do that. This lack of practice made them forget the skills demonstrated to them, and when it was time for feedback they could not perform skills. The participants also related the issue of placement in the wards, where learning opportunities did not match their level of training. Students were not placed where there were learning opportunities for a particular level of study.

The findings further revealed that the participants were not allowed to record the lecturer demonstrating procedures so that they could practise in their own time; for them this would be very effective as a reminder when they were learning in the clinical practice area.

The findings showed that there were too many students per group during demonstration of procedures. Consequently students were unable to see properly when the demonstrations were done. Again, because of the large numbers, they ended up competing for scarce resources such as equipment and, clinical areas, as well as lecturers. The lecturers become fully booked.

They indicated that they were used as a work-force in the wards. This has been reaffirmed by the unit professional nurses' comments, who said that the students were there to work and not to practise clinical skills. Students confirmed the shortage of staff in the wards.

Lack of objectives or a schedule that could guide the students' practice in the wards was cited as one of the problems. Students indicated that the presence of these would help the ward staff to know how to deal with the students, as they were seen as if they were dodging when they needed to practise skills. They did indicated that

the ward sisters in some units did not consider objectives, even when they were available.

Lack of equipment and resources were also cited as problems that discouraged some of the participants from going for presentation of clinical skills. They highlighted that the simulation laboratories were not adequately equipped to facilitate practising clinical skills. This is supported in the literature, according to Hilton and Pollard (2005: 289) nursing students' lack of confidence, as well as their ability to do basic practical skills, has frequently been a challenge in the United Kingdom. To address these shortcomings, one of the solutions employed is the establishment of clinical laboratories for practicing simulated procedures. This supports the idea that well equipped simulation laboratories are important for the student nurses in their training.

The use of dolls when demonstrations were done was problematic because students were expected to provide feedback on real patients. This made the students reluctant to present themselves for assessment of clinical skills because they were expected to perform skills on real patients without having had adequate practice in doing so. Students indicated that they lacked confidence. Due to the use of dolls for demonstrations, they were unsure of whether they were doing the right thing while they were giving feedback with real patients.

They also indicated that tools that were used to guide them to perform the skills were old and out-dated, compared to what was used in the ward. The out-dated equipment made it difficult for ward staff to help them in their skills. Some of the sisters laughed at the students.

The fact that all the skills were demonstrated at the same time made them lose confidence, as they were not sure of the skills demonstrated. It was mentioned again that demonstrations were done on dolls, but at the end when they needed to give feedback they were expected to perform on real patients.

It emerged from the responses that the wards were characterised by busy schedules, which resulted in the participants not being released for attending to the performance of clinical skills. They therefore were incompetent in the performance of skills. They further indicated that whilst preparing for the skills, orders sometimes were changed as the activities of the ward were being carried out.

### **5.3 Limitations**

Limitations are restrictions in a study that may decrease the credibility and generalisability of the findings (Burns & Grove: 48).

This study was done at a single campus and can therefore not be generalised for other campuses. It only incorporated second and third-year students and cannot be generalised to first and fourth-year students on the same campus.

The methodological limitation is that the methodology could have restricted the number of participants and deprived other students of a chance to be involved in the study, as it was convenience sampling.

This study would be giving a broader picture if it had involved students of other campuses as well. The number of students that were interviewed was only 30 students.

### **5.4 Conclusions**

In conclusion, this study focused on exploration and description of the reasons why the student nurses were not presenting themselves for assessment of clinical skills at the public nursing college in the Eastern Cape Province. The research question concerned why the student nurses did not present themselves for assessment of clinical skills.

Findings indicated that students were anxious for different reasons, such as the attitudes of the lecturers and exposure to unfamiliar lecturers.

They also indicated that the high workload was also a problem. Lack of equipment emerged as one of the reasons for them not presenting themselves for the skills. They mentioned that equipment used in the simulation laboratories were out-dated, with the result that they did not feel confident and competent in using equipment they came across in the wards.

They lacked confidence as they did not feel competent enough to perform skills learned. They attended in large groups during demonstrations.

They indicated that all these reasons affected them differently and made them reluctant to perform the skills as they lacked confidence and competence and had no support in the wards.

## **5.5 Recommendations**

The researcher's recommendations are as follows:

- There should be proper communication between the clinical practice area and the college which can be facilitated through:
  - Providing the units with clear schedules that will guide the staff on how to place and support students.
  - Compiling a draft to secure meetings between the college and the hospital / units where the students are allocated to update each other and to discuss the issues of students, including standardisation of skills.
  - Provision of clinical facilitators that will accompany the students on regular basis, as lecturers are also needed to be in class facilitating theory.
- There should be well-equipped simulation laboratories and laboratory managers.

- As technology is changing rapidly, the college should update simulation equipment.
- Continuity of education is to be ensured to develop independent learning of students.
  - Recording of the demonstrations with the intention of producing DVDS for students to practise on their own.
  - Creating time for the students to practise the skills, allowing them a practical day when student are in clinical areas.
- Revision of student-lecturer ratio for giving feedback of clinical skills.

## BIBLIOGRAPHY

- Alexander, P., Ryan, R. & Deci, E. (2000) Intrinsic and extrinsic motivation. *Classic definitions and directions* 25(1). Accessed 20 February 2011, from <http://Wikipedia.Org.wiki.motivation>
- Andrews, M. & Roberts, D. (2003) Supporting student nurses learning in and through clinical practice :The role of the clinical guide. *Nurse Education Today*, 23(7), 474-81.
- Babbie, E., Mouton, J., Vorster, P. & Prozesky, B. (2004) *The practice of Social Research*. Cape Town: Oxford University Press.
- Baxter, P. (2007) The CCARE model of clinical supervision: Bridging the theory-practice gap. *Nurse Education in Practice*, 7(2), 103-111
- Black, P.J. & William, D. (1998) *Inside the Black box: Raising standards through classroom assessment*. London: King's College.
- Boston, C. (2002). The concept of formative assessment. *Practical assessment, research and evaluation*, 8(9), 711-712
- Boston, C (2002). *The concept of formative assessment Research and evaluation –* Vtaide.com. [www.google](http://www.google) scholar Published 2002-10-20. Assessed 18.01.20.
- Brink, H.L. (1996). *Fundamentals of research for Health Professionals*. Department of Nursing Science. Cape Town.
- Brink, H.L. (2010) *Fundamentals of research for Health Care Professionals*. Department of Nursing Science. Cape Town.
- Burns, N. & Grove, S.K. (2011) *Understanding nursing research* (5<sup>th</sup> ed.) USA: Elsevier.
- Carlson, S, Kotze, W.J. & Van Rooyen, D. (2005). Experiences of final year student nurses in their preparedness to become registered nurses. *Curationis*, 28(4): 65-73.



- Cassidy, S. (2009) Subjectivity and the valid assessment of pre-registration student nurse clinical learning outcomes: Implications for mentors. *Nurse Educator Today*, 29(1),33-39.
- Cherry, B, Swan, R.& Jacobs. S. (2008) *Contemporary nursing issues, trends and management* (4<sup>th</sup> ed.)( pp.405-411). Saint Louis: Mosby.
- Chesser-Smyth, P.A.(2005). The lived experiences of general student nurses on their first clinical placement. A phenomenological study. *Nurse Educator in Practice*,5(6),320-27:
- Clynes, M.P.& Raftery, S.E.C. (2009). Feed backing: An essential element of student learning in clinical practice. *Nurse Education in Practice*, 8(6),405-11.
- Department of Health.(2008). *Nursing Strategy for South African Nurses*. Pretoria: Government Printers.
- Ehrenberg, A.C. & Haggbloom, M. (2007) Problem-based learning in clinical nursing education: Integrating theory and practice. *Nurse Education in Practice*, 7(2);,67-74
- SSMT 04(2003).Design Assessments, International Competencies Network. [www.icn.co.za](http://www.icn.co.za)
- Garrow, A. & Tawse, S. (2009). An exploration of the assessment experiences of new academics as they engage with a community of practice in higher education. *Nurse Education Today*,29(6):580
- Graham, A.(2005). The development of a competency assessment for vacuum assisted closure therapy. *Nurse Education in Practice* 5(3),:144-51
- Hale, C, Long, T., Sanderson, L, Carr, K. & Tomlinson, P. (2006).An evaluation of educational preparation for cancer and palliative care nursing for children and adolescent: Issues in the assessment of practice arising from the study.- *Nurse Educator in Practice* 26(7),:528-37.

- Hall, W. (2006).Developing clinical placement in time of scarcity. *Nurse Educator Today*,26(8),:627-33.
- Hargreaves, J.(2004). So how do you feel about that? Assessing reflective practice. *Nurse Educator Today*, 24(3), 196-201.
- Hilton, P.E. & Pollard. C.L. (2005) Enhancing the effectiveness of the teaching and learning of core clinical skills. *Nurse Education in Practice*, 5(5),:289-95.
- Leung, S.F., Mok, E. &Wong D.(2008). The impact of assessment methods on the learning of nursing students. *Nurse Education Today*, 28(6),:711-719.
- Midgley, K. (2006). Pre-registration student nurses' perception of the hospital-learning environment during clinical placements. *Nurse Education Today*,26(4),:339-45.
- Mouton, J. (2001) *How to succeed in your master's and doctoral studies*. SA: Van Schaik.
- Polit, D.E.& Beck, C.T. (2008). *Nursing Research, Generating and Assessing Evidence for Nursing Practice*.(8<sup>th</sup> ed.) Philadelphia, PA: Wolters Kluver Health/ Lippincott Williams & Wilkins.
- Shen, J. & Spouse. J. (2007).Learning to nurse to in China- Structural factors influencing development in practice: A phenomenological study. *Nurse Education in Practice*, 7(5),323-31.
- South Africa (2005), Nursing Act No.33 of 2005. Pretoria: Government Printers.
- South African Nursing Council,(1985) *SANC Regulation R425*, 22 February 1985. Pretoria: Government Printers.
- TerreBlanche,M,Durrheim,K.& Painter, D.(Eds.).(2007). *Research in practice.Applied methods for the social sciences*. (6<sup>th</sup>ed.). Cape Town: UCT Press.Wellard, S.J., Bethune. E.& Heggen,K. (2007) Assessment of learning in contemporary nurse education: Do we need standardised examination for nurse registration? *Nurse Education Today*. 27(1),:68-72.

Williams, A. & Taylor, C. (2008). An investigation of nurse educator's perceptions and experiences of undertaking clinical practice. *Nurse Education in Practice*, 8(8), 899-908.

## **SECTION C**

## **APPENDICES**

## APPENDICE A: Ethical approval from University of Fort Hare

OFFICE OF THE DEPUTY VICE-CHANCELLOR:  
ACADEMIC AFFAIRS AND RESEARCH  
Private Bag X1314, Alice 5700  
Tel: 04060 22403  
Fax: 0866282944  
[tsnyders@ufh.ac.za](mailto:tsnyders@ufh.ac.za)



UFH/UREC, 13 - REC-270710-028

### Application for clearance from the University of Fort Hare's Ethics Committee

**Project title:** Experiences of second and third year student nurses regarding Formative Clinical Skills Assessment at a Public Nursing College of the Eastern Cape

**Chief Researcher:** Nomandithini Senti

**Supervisor/Co-supervisor:** Dr E Seekoe

**Date of application:** 29 March 2012

Having consulted the Dean of Research, I hereby grant permission to conduct the research.



**Professor G de Wet**  
Deputy Vice-Chancellor  
Chairperson of the interim Ethics Committee

10 April 2012

## APPENDICE B: Approval from the Eastern Cape Department of Health



### Eastern Cape Department of Health

Enquiries: Zonwabele Merile

Tel No: 040 608 0830

Date: 29<sup>th</sup> June 2012

Fax No: 043 642 1409

e-mail address: zonwabele.merile@impilo.ecprov.gov.za

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Dear Ms NI Senti

**Re: Experiences of second and third year student nurses regarding formative clinical skills assessment at a public nursing college of the Eastern Cape**

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

1. During your study, you will follow the submitted protocol with ethical approval and can only deviate from it after having a written approval from the Department of Health in writing.
2. You are advised to ensure, observe and respect the rights and culture of your research participants and maintain confidentiality of their identities and shall remove or not collect any information which can be used to link the participants.
3. The Department of Health expects you to provide a progress on your study every 3 months (from date you received this letter) in writing.
4. At the end of your study, you will be expected to send a full written report with your findings and implementable recommendations to the Epidemiological Research & Surveillance Management. You may be invited to the department to come and present your research findings with your implementable recommendations.
5. Your results on the Eastern Cape will not be presented anywhere unless you have shared them with the Department of Health as indicated above.

Your compliance in this regard will be highly appreciated.

DEPUTY DIRECTOR: EPIDEMIOLOGICAL RESEARCH & SURVEILLANCE MANAGEMENT



## APPENDICE C: Permission from Mrs Links (College head)



**EASTERN CAPE**  
**HEALTH**

Room • 1st<sup>th</sup> Floor • Global Life Building • Independence Avenue • Bhisho • Eastern Cape  
Private Bag X0028 • Bhisho • 5605 • REPUBLIC OF SOUTH AFRICA  
Tel.: +27 (0)40 608 9509 • Fax: +27 (0)40 608 9689/0866816407  
Website: [www.ecdoh.gov.za](http://www.ecdoh.gov.za)  
Email: [nomvuyiseko.links@impilo.ecprov.gov.za](mailto:nomvuyiseko.links@impilo.ecprov.gov.za)

### MEMORANDUM

TO	MS N. SENTI
FROM	MRS N LINKS PRINCIPAL: LILITHA COLLEGE OF NURSING
SUBJECT	PERMISSION TO CONDUCT RESEARCH IN ONE OF LILITHA COLLEGE CAMPUSES (EAST LONDON CAMPUS)
DATE	MAY 2012

1. The subject matter above refers
2. This correspondence serves to confirm that permission is hereby granted for you to conduct research in one of Lilitha Nursing College Campus East London Campus
3. The College will be waiting to be forwarded the results/recommendations from your study for implementation purpose by the college campuses
4. The organization takes this opportunity to wish you success in your studies

.....

**Mrs N Links Principal Lilitha College of Nursing**



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Fraud Prevention line: 0800 701 701  
24 hour call centre: 0800 0323 64  
Website: [www.ecdoh.gov.za](http://www.ecdoh.gov.za)



## APPENDICE D: Permission from Mrs Dlabantu (Campus head)



Province of the  
**EASTERN CAPE**  
HEALTH



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LILITHA COLLEGE OF NURSING IN ASSOCIATION WITH THE CONSORTIUM OF  
UNIVERSITIES (WSU, NMMU & FORT HARE)  
Private Bag X9023, EAST LONDON, 5200  
Tel: (043) 742 0684 Fax: (043) 743 4065

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Enquiries: Mrs. C.N. Dlabantu

10 July 2012


Ms N. Senti  
East London Campus

REQUEST FOR PERMISSION TO CONDUCT RESEARCH IN ONE OF  
LILITHA COLLEGE CAMPUSES: (EAST LONDON CAMPUS)

Your letter dated 29 June 2012 refers.

Permission is hereby granted to conduct research in one of Lilitha College of  
Nursing Campus: East London Campus.

The college takes this opportunity to wish you success in your studies.

  
C.N. DLABANTU (MRS)  
CND/npm





## APPENDICE E: Consent form

Fort Hare University  
Nursing science Department  
50 Church Street  
East London  
08 February 2012

Dear prospective participant

Re- request for participation in a research study which is to be conducted in your institution.

I, Nomandithini Senti, a post graduate, MCur Degree student of Nursing Science Department of Fort Hare University hereby request you to participate in a research study which is to be conducted in your institution (East London campus ) as part of the requirements for the completion of the degree.

The title of the research study is: Reasons for failure of student nurses to present themselves for assessment of clinical skill at the Public Nursing College, in the Eastern Cape.

As a participant you will be expected to complete a questionnaire. I will be grateful if you can spare thirty minutes of your time answering the question which is : Why are you not presenting yourselves clinical assessment of skills? Data obtained will be used for academic purposes. The information collected will be treated confidentially. The venue and time will be arranged and communicated with you beforehand.

Although this study will not benefit you financially, your input will contribute to the maintenance and/or improvement on the quality of nursing. It will also help in lifting the college standards. Again it will help in the production of the competent nurses .Society will also be served by competent nurses.

There are no risks involved to you as a person. The completion of the questionnaire will signify your willingness to consent and your voluntary participation in the study.

Do not hesitate to call me if you are in need of more clarity. My contact number is: 0732670797..

Your participation is valued

Signature of the participant: ..... Date.....