

**GUIDANCE OF STUDENT NURSES BY CLINICAL NURSE INSTRUCTORS IN
A TRAINING HOSPITAL OF OSHANA REGION**

**A THESIS SUBMITTED
FOR THE REQUIREMENTS FOR THE DEGREE OF
MASTER OF NURSING SCIENCE
OF
THE UNIVERSITY OF NAMIBIA
BY**

NDAPUNIKWA UUKULE

FEBRUARY 2006

**SUPERVISORS: PROF A VAN DYK (UNAM)
MRS L PRETORIUS (UNAM)**

ACKNOWLEDGEMENT

I wish to express my sincere gratitude to my late mother, Loide Ndemukondjela whose encouragement inspired me to study further. For that, she will be cherished.

I wish also to express my heart-felt and special thanks to my relatives and friends whose authenticity and prayers inspired me to continue to fulfil my purpose for the inception and realization of my study.

I owe a special debt of gratitude to the following people:

- Prof A van Dyk, my promoter, for her patient guidance, support, encouragement and for devoting her time to scrutinize my work.
- Ms L Pretorius, my co-promoter for her guidance and support during the time of my study.
- Ms KN Uusiku, my colleague for guidance and encouragement.
- Ministry of Health and Social Services for granting me permission to carry out my research study in Oshakati Hospital.
- University of Namibia for granting me permission to do my research on student nurses.
- The clinical nurse instructors who have taken time to share their knowledge and experiences on how they guide student nurses during clinical nursing education

- All fourth year student nurses for their participation in the study.
- My colleagues and friends who assisted me in one way or another.
- Finally, I wish to thank the Almighty for His insight and talents entrusted in me, which I have dedicated to Him for the benefit of others.

DEDICATION

I would like to dedicate this book and express a special thanks to my late husband, John and my children Fine Shilongo and Naftali Ndeulita who exhibited patience and understanding during the time of my study.

DECLARATIONS

I declare that “Guidance of student nurses by clinical nurse instructors in a training hospital of Oshana Region” is my own work and it has not been submitted for any degree or examination in any other university. The sources that I have used or quoted have been indicated and acknowledged by means of complete references.

I further declare that the contents and/or cover may not be reproduced in any form without the written consent of the author or the University of Namibia.

Signed: **N Uukule**

Date: **July 2005**

Place: **Windhoek**

ABSTRACT

This study was exploratory and descriptive in nature in which the researcher aimed to explore and describe how student nurses are guided by clinical nurse instructors in the training hospital of Oshana region.

A quantitative as well as a qualitative approach has been utilized for this study. The quantitative part of the study was to get personal and professional information from the clinical nurse instructors. The qualitative approach was used to explore the views and attitudes of the clinical nurse instructors and student nurses towards clinical guidance as the researcher was directly involved in the interviews.

Questionnaires were distributed to the clinical nurse instructors to fill in and returned to the researcher before conducting the focus group discussion. Four (4) focus group interviews were held with clinical nurse instructors, as well as, and three (3) focus group interviews with student nurses. The interviews were conducted in one of the classrooms at the Oshakati Regional Health Training Centre which was conducive for the discussions because it was not too noisy.

The study population consisted of twenty nine (29) clinical nurse instructors from Oshakati hospital of whom twenty-two (22) responded. The population of student nurses consisted of twenty six (26) respondents of whom sixteen (16) responded.

The findings indicated that the professional background of clinical nurse instructors was inadequate for pursuing a teaching role since none of the clinical nurse instructors have specialized in nursing education and most of them do not have any training on clinical instruction and guidance.

The findings also revealed that the guidance given to student nurse is inadequate, because it is mostly given on request. It further indicated that the clinical nurse instructors are insecure and lack self confidence, because they were unsure whether what they did is right or wrong.

It was highly recommended from this study that staff development programmes be developed to help clinical nurse instructors to be better prepared for their role.

TABLE OF CONTENT	PAGE
Acknowledgement	i
Dedication	iii
Declarations	iv
Abstract	v
CHAPTER 1: BACKGROUND OF THE PROBLEM	1
1.1. Background of the problem	1
1.2. Problem statement	8
1.3. The purpose of the study	11
1.4. Objectives of the study	11
1.5. Definitions of concepts	12
1.6. Paradigmatic perspective	13
1.7. Significance of the study	16
1.8. Summary	16
CHAPTER 2: RESEARCH DESIGN AND METHOD	18
2.1. Introduction	18
2.2. Research design	18
2.3. Target population	19
2.4. Research sample	20
2.5. Pilot study	20

2.6. Set up	21
2.7. Data collection	21
2.7.1. Quantitative approach	21
2.7.2. Qualitative approach	22
2.8. Data analysis	26
2.9. Trustworthiness of the data	28
2.10. Ethical consideration	29
2.11. Summary	30

CHAPTER 3: ANALYZING AND INTERPRETATION OF FINDINGS AND

LITERATURE CONTROL	31
3.1. Introduction	31
3.2. Quantitative analysis	31
3.3. Qualitative analysis	37
3.3.1. Theme 1: Learning and teaching environment	39
3.3.1.1. Non-conducive learning and teaching environment	42
3.3.1.2. Lack of guidelines	46
3.3.1.3. Lack of opportunities for further development of knowledge and skills of clinical nurse instructors concerning guidance of student nurses	49
3.3.1.4. Lack of competent role models concerning guidance	53
3.3.1.5. Lack of equipment and teaching materials	57

3.3.1.6. Workload of clinical nurse instructors	58
3.3.2. Theme 2: Approaches that are used to guide student nurses	60
3.3.2.1. Identification of learning needs and learning opportunities	62
3.3.2.2. Cooperation between stakeholders (clinical nurse instructors, lecturers and student nurses)	66
3.3.3. Theme 3: Attitudes of clinical nurse instructors and student nurses	71
3.3.3.1. Commitment to teach and learn	74
3.4 Summary	77
CHAPTER 4: CONCEPTUAL FRAMEWORK	78
4.1. Introduction	78
4.2. Elements of practice theory	78
4.2.1. Context: Clinical nursing education set up	78
4.2.2. Recipient: Learner (student nurse)	80
4.2.3. Agent: Facilitator (clinical nurse instructor)	82
4.2.4. The purpose	88
4.2.5. Dynamic interaction facilitation	88
4.3 Summary	90

CHAPTER 5: CONCLUSIONS, RECOMMENDATIONS AND	
 LIMITATIONS	91
5.1. Introduction	91
5.2. Conclusions	91
5.3. Recommendations	94
5.4. Limitations of the study	98
5.5. Summary	99
REFERENCES	100
ANNEXURE	115

LIST OF TABLES

3.1 Gender of respondents	31
3.2 Age of clinical nurse instructors	32
3.3 Highest professional qualification	33
3.4 Experiences as clinical nurse instructors	34
3.5 Nursing speciality	35
3.6 Training on clinical instruction	36

LIST OF ANNEXURES

Annexure A

Permission letter from Permanent Secretary of MoHSS 116

Annexure B

Permission letter from Senior Medical Superintended of Oshakati Hospital 117

Annexure C

Permission letter from the Divisional Head – UNAM Northern campus 118

CHAPTER 1

BACKGROUND OF THE PROBLEM

1.1. Background of the problem

Nursing education in Namibia has changed tremendously since its inception in 1960, to fit the needs of the country concerning health care. The most significant changes were the introduction of a four-year comprehensive course that is offered at tertiary education level, changing from a medical to a nursing model. These changes resulted in significant amendments in cognitive, psychomotor and affective areas. To give effect to these changes, important aspects emerged, namely a facilitative process in the form of guidance of student nurses and the presence of a significant person to aid development of the student effectively in giving comprehensive nursing care. These changes were driven by images of the Scientific World, new developments and global village demand for e.g. emerging diseases, such as Ebola, Marburg and Avian Flu.

By implication, it means that students as well as existing health personnel needed guidance and support to accommodate these changes effectively and a facilitator was indicated to guide student nurses. The conclusion was that a clinical nurse instructor be appointed to guide student nurses during clinical nursing education.

Since its inception, the education and training of student nurses consist of theory and practice.

The theoretical part is mainly taught in the classroom while the practical part is mainly taught in the hospitals, health centers and clinics, which are called the clinical learning area or environment.

The clinical learning environment creates many opportunities for student learning and the development of critical competencies in the nursing profession. The learning that takes place in this environment, however, confronts nursing students with challenges that are absent from the classroom situation and causes the student nurse to experience a significant amount of uncertainty and anxiety (Carlson, Kotze & van Rooyen 2003:31).

When students join the nursing profession as neophytes, it may be assumed that they know nothing or at most, very little about nursing. Therefore, they must be guided along the path of obtaining knowledge and skills to the stage where they can assume responsibility for their nursing actions, which is until they attain professional adulthood.

In the literature, different categories of professional nurses are indicated to be responsible for guidance of student nurses, especially during nursing education sessions. However, the following authors Paverd (1985:12), Alberts (1990:19), van Niekerk (1993:36) are of the opinion that lecturers should do the theoretical and clinical teaching.

In Namibia, lecturers are responsible for theoretical and clinical teaching, but the latter in cooperation with the professional nurses in the hospitals, health centers and clinics.

Due to problems of staff shortage and role conflict to teach students during clinical sessions, a training hospital in the Northern part of the country appointed specific registered nurses to be responsible for clinical nursing education of student nurses in the clinical areas. They were appointed as clinical nurse instructors.

The roles and functions of clinical nurse instructors are to teach and guide student nurses in the clinical set up and at the same time they are also responsible for patient care.

Clinical nurse instructors are registered nurses and midwives who have been allocated a teaching responsibility during clinical nursing education sessions. It was also stated by Ewan & White (1996:8) that the roles and functions of clinical nurse instructors are to facilitate learning, guide and support students during a clinical learning session.

In addition to the clinical nurse instructors, there are also the unit managers who play an important role in the teaching of student nurses. They are without doubt the professional gatekeepers of the clinical learning environment. They have the control over the management of the area and also serve as role models for nursing practice. However, there are activities in that environment which they do not always seem to take full responsibility of, namely, that of clinical learning and teaching (Bezuidenhout, Kock & Netshandama 1999:46, Quinn 2000:417).

For the purpose of this study, the researcher only looked at the guidance of student nurses in Oshakati hospital given by clinical nurse instructors.

Guidance to student nurses during clinical sessions cannot be overemphasized. Guidance is done during clinical education sessions. According to Meleca, Schimpfauser & Witteman (1978) as cited in White & Ewan (1991:2) clinical nursing education is preparing students to integrate previously acquired basic science information with performance-oriented skills and competencies associated with the diagnosis, treatment, care of patients and to acquire the kinds of the professional and personal skills, attitudes and behaviors thought essential for entering the health care system and embarking on continuing forms of education.

Clinical nursing education has been recognized as one of the most important and necessary parts of any educational process in nursing. The reason for it is the correlation of theory and practice that take place in the clinical environment. This is the place where the foundation of nursing care is laid (Kotzabassaki, Panou, Dimou, Karabagli, Koutsopoulou & Ikonou 1997:818).

The correlation of theory and practice and the building of meaningful experiences must take place during clinical nursing education, be it the hospital or clinic (Mellish, Brink & Paton 1998:207). The clinical situation is the foundation where student's behavior is developed. It is only in the clinical situation that nursing care becomes a reality and the nurse can observe the responses of patients or clients to illness, to nursing and to medical care and treatment. It is in the clinical situation that nurses encounter the human side of nursing that is where students are being confronted with a real life situation.

The clinical environment has been long recognized as the key site of learning for nursing students with clinical support structures in the form of designated personnel serving as one of the facilitating factors that helps them link theory to practice (Lambert & Glacken 2003:177).

Clinical nursing education aims at producing competent registered nurses capable of giving expert nursing care, which is based on sound knowledge and skills. According to Erickson-Owens & Kennedy (2001:138), clinical nursing education include fostering and promoting critical thinking, using nursing process to make clinical decisions, recognizing and dealing with the uncertainty inherent in clinical practice, and the role socialization as a nurse. In order to achieve this aim, clinical teaching must be based on theory and applied in practice. A nurse must be able to put in practice what she has learned in theory, to apply the knowledge she obtained in the classroom, to exercise educated judgment and to make skilled observations throughout the giving of patient care. Students are expected to demonstrate growth in clinical practice through the application of knowledge and skills from previous and concurrent courses. Students are expected to prepare for clinical practice in order to provide safe and competent care (Scanlan, Care & Gessler 2001:23). If clinical nursing education is not done appropriately, then there will be no correlation of theory and practice, and as a result, there will be no production of competent nurses.

Clinical teaching should be based on theory and applied in practice, meaning that, students must be able to put in practice what they have learned in theory. Students are able to do so only when they are guided by clinical instructors in the clinical area.

Ewan & White (1996:118) believe that clinical nursing education offers the students the opportunity to practice the roles for which they are preparing. To help them to do this, students need clear idea of their roles and their relationships with other members of the health-care team. The clinical nurse instructor should guide the student in keeping technicalities flexible, adopting creative solutions to individual patients and above all practicing with a total care concept. Students learn while they are doing.

Teaching and guiding students in a problem-based programme, based on observation and inquiry, review and researching, prompting, questioning and challenging, while students are 'doing' is an expected form of guidance and a learning strategy for students will become habit forming and eventually part of their everyday professional practice. Students need guidance in the form of 'leading' them through questions about their problem-solving. As a way of linking theory to practice, the process is demanding for students and clinical nurse instructors alike. It is a process which in its questioning is intellectual, while its subject is a practical 'doing' act. Guiding students through this process requires particular skill to encourage students through a series of sequential, interesting questions so that they will learn to integrate practical and theoretical knowledge into the outcome, which is clinical knowledge.

Guiding students in how to see the numerous aspects involved in one caring episode contributes to a successful performance and also to the student's progress in professional development. Myrick & Barrett (1994:12) are of the opinion that the guidance of students involves not only the 'content' of the particular activity but its extension into the framework of the patient's situation and surroundings.

Furthermore, guiding students by giving feedback while students are performing in clinical practice, presents invaluable opportunities for guiding of individual students (White & Ewan 1991: 134).

Therefore in guiding students, the clinical nurse instructor has to offer support to the student nurses. Support as a teaching/learning skill has undergone many changes since the days when the students were expected to be seen and not heard and when any indication of needing support was a sign of unsuitability for a career in nursing.

Unquestionably, student nurses and clinical nurse instructors now regard giving support and guidance as an essential component of nursing. As student nurses experience many different ways of support that can be given to them, they, in turn, learn how to recognize the need for support in their patients and peers.

1.2. Problem statement

The role of clinical nurse instructors was developed in an attempt to bridge the gap between theory and practice (Brennan & Hutt 2001:182). They have to foster a theory to practice application.

Clinical nurse instructors were appointed with the aim of spending more time teaching student nurses in clinical nursing education. They have to spend time in clinical areas working alongside student nurses, teaching direct patient care and enabling students to link theory with practice (Lambert & Glacken 2003:177). Furthermore, they should be additional staff to registered nurses in the wards and spend more time on teaching and less time on ward activities. They are also supposed to work during the weekdays when the students are in the wards. It seems in reality that this is not the case; the clinical nurse instructors spend more time on patient care and less time on teaching. They are also working shifts, which do not correlate with the time the student nurses are in the clinical environment.

Furthermore, the clinical nurse instructor should have qualities, namely expertise in the clinical area, clinical competence, teaching skills and a commitment to teaching (Erickson-Owens & Kennedy 2001:139).

The concept of competence as stated above can include assessment and intervention skills, communication skills, critical thinking skills, human caring and relationship skills, management skills and knowledge integration skills (Khosa & Ehlers 2000:51).

It is not clear if the appointed clinical nurse instructors have these skills or whether they are assisted by means of in-service education to obtain these skills. Because the clinical nurse instructor will also have needs concerning the fulfillment of her job.

Ewan & White (1996:1) are also of the opinion that there is a need for clinical nurse instructors to be assisted in guidance of student nurses in many aspects.

As a result it has been observed by the researcher that clinical nurse instructors are not adequately prepared for their teaching roles, which includes guidance and support of student nurses. This was also emphasized by student nurses because they expressed their dissatisfaction with some clinical nurse instructors as follows:

- clinical nurse instructors are not willing to teach them
- clinical nurse instructors seems to be unsure of what they are doing as they say that they do not know the latest developments in nursing.
- clinical nurse instructors are saying that they do not have time to teach the student nurses, because they have to attend to the patient's needs first.

Consequently, the problem further affects the student nurses that must be guided, as they are not always effectively guided. Student nurses get confused, frustrated and experience a degree of conflict because of the following:

- difference in the manner in which skills are actually implemented in the clinical learning environment
- personal perceptions about practical and theory related to nursing
- discrepancies between what is theoretically taught and what is experienced in the practical field
- attitudes of clinical nurse instructors towards student nurses
- diminished resources in the health care facilities
- feelings of “being lost” or not welcome in the clinical area (Carlson, Kotze & van Rooyen. 2003:31).

It can be concluded that if students are not properly guided especially during clinical nursing education sessions, they will lack some of the most important skills that are needed for competent nursing care.

The above-mentioned discussion leads to the formulation of the following research questions:

- How do the clinical nurse instructors guide the student nurses in the clinical area?

- What problems do the student nurses experience in the clinical setting concerning the guidance they receive from the clinical nurse instructors?

1.3. The purpose of the study

The purpose of the study was to explore and describe how the clinical instructors guide the student nurses during the practical sessions in a training hospital in Oshana region.

1.4 Objectives of the study

Objectives have been set in order to obtain relevant information with regard to the research problem.

The objectives of the study were to explore and describe:

- which characteristics the clinical nurse instructors possess to carry out their role in clinical nursing education.
- the guidance that student nurses receive from clinical instructors.
- the clinical nurse instructors' view on how they see their roles and functions concerning guidance.
- which approaches the clinical nurse instructors follow to guide student nurses.
- problems experienced by clinical nurse instructors and the student nurses in the clinical area, which hamper guidance and education.

1.5 Definitions of concepts

Clinical teaching: Is the means by which student nurses learn to apply theory of nursing so that an integration of theoretical knowledge and practical skills becomes the art and science of nursing (Mellish, Brink & Paton 1998:207).

Clinical nursing education (context): The clinical nursing education context is a complex, dynamic and real-life environment where learners acquire knowledge embedded in clinical practice through the integration of theoretical knowledge with practice. The learners, through a dynamic mutually interactive process, learn to think in order to acquire clinical knowledge, skills, attitudes and values necessary for professional practice, and they become socialized in the profession (Chabeli 2001:29).

Clinical nurse instructor: Is a registered nurse/midwife who has been allocated and expected to provide teaching to the student nurses in the clinical setting.

Student nurse: Is a person who is registered with a recognized training institution and the registration authority to undergo training for four years in comprehensive nursing and midwifery under section 21 of the Nursing Professions Act, 2004 (Nursing Act, 8 of 2004:7).

Guidance: According to Hornby (1993:555) Oxford Advanced Learners' Dictionary, to guide means:

- a person who shows others the way
- helps one to form an opinion
- adviser, a person that directs or influence ones behavior
- accompanied or led by someone

In this study, the term **guidance** refers to helping, encouraging, supporting, informing, advising, liaising, representing, monitoring and coaching of student nurses to understand themselves, patients and the environment in which they practice (Quinn 2000:200).

Training hospital: Is an approved institution for training and education where sick people are treated. It should comply with the requirements of prescribed qualifications as stipulated in section 18 of the Nursing Professions Act, 8 of 2004 (Nursing professions Act, 8 of 2004: 5).

1.6. Paradigmatic perspective

The paradigmatic perspective for this study is based on “Knowles” theory of adult learning. The paradigmatic perspective of this theory focuses on principles that are important for guidance of student nurses during clinical nursing education sessions. The aspects of Knowles theory that is important are the following: student nurses have a need to know, their self-concept is important to develop during guidance (Reece &

Walker 1997:71). They should also get opportunities to reflect on their experiences. Since the training and education stretches over four years, it is important to take note of the fact that, for example, first-year student nurses are not always ready to learn advanced procedures and activities. Furthermore, it is important for student nurses to be oriented towards learning in the clinical set-up and to sustain their motivation (Quinn 2000:56). Therefore, the following assumptions are relevant:

Ontological – “what is the nature of reality”

The nature of reality is that the education and training of student nurses consists of theory and practice. The theoretical part is mainly taught in the classroom, while the practical part is taught in the clinical fields, which are the hospitals, health centers and clinics. The clinical field is where the patients are admitted with different health problems and this is where student nurses are being confronted with real life situations. Student nurses need to be guided throughout their training in order to be able to provide safe nursing care to the patients.

Nursing care is a deeply human activity and a process that helps a person attain or maintain health or a peaceful death. The practice of caring integrates biophysical knowledge with knowledge of human behavior to generate or promote health and to provide ministrations to those who are ill. Therefore, the practice of caring is central to nursing (Watson 2006: 1).

It is because of the aspects of caring that student nurses need role models to guide and support them to be able to develop as competent professional nurses.

Epistemological – “what is the relationship between the inquirer and that being studied”?

The researcher is a nurse educator and is deeply concerned about guidance of student nurses. Because many problems exist due to factors like staff shortages, many patients due to HIV/AIDS pandemic and the lack of knowledge to guide student nurses. The researcher wants to make a contribution to bridge the gap of lack of knowledge and the correlation of theory and practice, and to assist the clinical nurse instructors to guide student nurses.

Anxiological – “role of values”

The nursing profession provides society with a service that is concerned with people in a very vulnerable state- the threat or presence of illness. The mission of nursing professions worldwide is protection of the right of the patient to knowledgeable, competent, legal and ethically based nursing care (Searle 2000:78).

Methodological – the method to be used

Quantitative as well as qualitative approaches were used to gather the information and this will be discussed in chapter 2.

1.7. Significance of the study

The significance of the study is that the study will bring awareness of the problems identified regarding the guidance of student nurses by clinical nurse instructors in Oshakati hospital. The study will also contribute to the knowledge and understanding of clinical teaching and practice in nursing, thus contributing to the increase of standards of nursing care. The result will also be utilized to bring about improvement concerning the teaching of student nurses in the clinical area by using various strategies and to assist clinical nurse instructors in his/her teaching needs.

1.8 Summary

Clinical teaching is an important aspect of any educational programme. Clinical nursing care is given to everybody requiring nursing care and is not confined to teaching nursing skills in caring for bedridden people. Clinical teaching and guidance is necessary to ensure that the recipient of care, be he in or out of bed, is given the nursing care to which he is entitled. It may be preventive, promotive, rehabilitative, maintenance or terminal nursing care.

The problem however, is that it is not always clear how guidance is given to student nurses during their training and education. For effective learning to occur within the clinical setting, clinical nurse instructors need to understand the mechanisms by which learning takes place. Such knowledge can aid the clinical nurse instructors in adapting classroom learning into practice, in recognizing learning problems and developing

strategies for overcoming these difficulties, as well as providing methods for enhancing the clinical learning experience.

The purpose was to explore and describe how the clinical nurse instructors guide the student nurses during the practical sessions in a training hospital in Oshana region. Guidance during education and training should be given in a paradigmatic perspective of nursing.

CHAPTER 2

RESEARCH DESIGN AND METHOD

2.1 Introduction

The purpose of this chapter is to describe and justify the research design and methods of this study.

It is very important for the researcher to describe the research methodology utilized. The methodology describes exactly what the researcher did to solve the research problem or answer study questions (Polit & Hungler 1999:53).

2.2 Research design

Research design refers to the overall plan for obtaining answers to the research questions. It explains the basic strategies that the researcher adopts to develop information that is accurate and interpretable (De Vos 2000:138).

A quantitative, as well as, a qualitative approach has been utilized for this study. The quantitative part of the study was to get personal information (characteristics) from the clinical nurse instructors. The goal for the qualitative approach was to document and interpret as fully as possible the clinical nurse instructor's and student nurse's viewpoints on guidance during clinical nursing education (Forrest, Brown & Pollock 1996:1258).

The study is exploratory and descriptive in nature in which the researcher wanted to explore and determine the guidance of student nurses by clinical nurse instructors.

Exploratory

The study was exploratory in nature because the literature was explored and described in order to gain more insight and understanding of the concept “guidance” and the perceptions of the student nurses, as well as, the clinical nurse instructors with regard to how “guidance” is done in clinical nursing education.

Descriptive

A descriptive research attempts to provide a truthful account of phenomena and experiences in the world around us. It describes how things actually are (Mouton 1996:102). It was the researcher’s intention and main goal to describe the concept of “guidance” in order to direct the focus group discussions that would explore and describe the perceptions of student nurses and clinical nurse instructors with regard to guidance during clinical nursing practice.

2.3 Target population

Bless & Smith (2000:85) refers to a target population as a set of elements that the research focuses upon and to which results obtained should be generalized.

The study population in this study consisted of all the fourth year student nurses at UNAM Northern Campus who were twenty six (26) in total. It also consisted of all the clinical nurse instructors in Oshakati Hospital who were twenty nine (29) in total.

2.4 Research sample

For purposes of this study the population and the sample were the same, because the population of student nurses in the fourth year of training was 26, and the clinical nurse instructors were also twenty nine (29). No sampling was done. All the participants who were willing to take part in this study, were twenty two (22) clinical nurse instructors and sixteen (16) student nurses were used to gather information. The reason for this was that they were the group that could give rich and relevant information concerning the problem.

2.5. Pilot study

A pilot focus group discussion was conducted. Huysamen in (De Vos 2000:179) views the purpose of a pilot study as an investigation of the feasibility of the planned project and to bring possible deficiencies in the measurement procedure to the fore. The population for the pilot study comprised of two (2) student nurses and two (2) clinical nurse instructors who were selected by means of purposive sampling method. A debriefing session with regard to guidance of students during clinical nursing education session was done.

During the pilot focus group discussion, observations were done and field notes were taken. The recorded interviews were analyzed and this assisted the researcher on techniques to be used for focus group discussions in the main study.

2.6 Set up

Only hospital wards were used for this study, because the clinical nurse instructors are only appointed for the wards in the hospital. There are no clinical nurses instructors appointed at the health centres and clinics.

2.7 Data collection

Data was collected by means of two techniques, the quantitative and the qualitative approaches.

2.7.1. Quantitative approach

Data was collected by means of a short questionnaire, which was distributed before the focus group discussions started. The purpose was to obtain individual information from participants (clinical nurse instructors) on their personal data (characteristics). Personal data of student nurses was not collected, because it would not have any effect on the results.

2.7.2. Qualitative approach

Focus group interviews were held to gather information on how guidance of student nurses is done by clinical nurse instructors. A focus group discussion was appropriate to gather information because it lends itself to the exploration of the views people hold about a specific issue, in this case guidance of student nurses. Focus group interviews is “ a semi-structured group session, moderated by a group leader, held in an informal setting, for the purpose of collecting information on a designated topic” (Streubert & Carpenter 1999: 24). The focus group is described in the social sciences literature as a method, which lends itself to the exploration of the views people hold about specific issue (Morgan 1983, Steward & Shandasaric 1990) as cited in Forrest et al (1996:1259). A focus group interview is also described as a planned relaxed discussion among a small group of people on a specific topic (Israel year not indicated: 1).

Technique:

Data collection was done using a short questionnaire to obtain personal data from the participants (clinical nurse instructors) and secondly by means of focus group interviews to gather information on their view of guidance (clinical nurse instructors and student nurses).

Preparation:

Participants, who were the student nurses and clinical nurse instructors, were informed in advance about the date, time and place where focus group discussion would take place. The focus group discussion for the two groups took place on different dates.

Venue:

The venue was a specific classroom at the Oshakati Regional Health Training Centre. The venue was comfortable with enough space, light, air and not noisy.

Conducting the focus group session:

A total of three (3) focus group discussions were held with the student nurses and four (4) with clinical nurse instructors. They were first of all informed that the purpose of the discussion was to obtain information about the guidance that student nurses are receiving from clinical nurse instructors. The aim for clarification of the purpose of the discussion was to help participants to focus their inputs and comments on the relevant issue.

After the purpose was clarified, the researcher set out the rules for the session. The rules were set as follows:

- The discussion would be tape-recorded.
- Everyone should feel free to express her\his opinion or views without any intimidation or fear.

- One person should talk at a time in order to be able to hear and understand the viewpoints of the other person.
- The participation is voluntary and the person can withdraw anytime he\she wishes.
- No one is forced to answer any question they do not wish to answer

The following introduction was used by the researcher to obtain information about the guidance of student nurses from the participants.

“Today, I want to spend a few minutes discussing the guidance that student nurses receive from clinical nurse instructors in the clinical area. Please share your honest opinions and thoughts during the discussion. Your input is an important part of our effort to improve the guidance of student nurses in the clinical setting.

The participants were reminded that their participation is voluntarily. You may leave at anytime you wish. The information that you will give, will only be used to the benefit of the nursing education system. No report will be prepared which identifies the views of any participant. Each individual’s comments will be kept confidential.”

The following question was posed to obtain information on guidance from student nurses:

“Tell me, how you experience guidance by clinical nurse instructors during clinical nursing education sessions.”

The following question was posed to obtain information from the clinical nurse instructors.

“Tell me, how do you guide student nurses during clinical nursing education sessions?”

The focus group interviews were conducted adopting the conversational, flexible style, which is characteristic of qualitative studies. Participants were allowed to express their points of view and raise their own areas of concern. The interviews were conducted in a quiet atmospheric environment in one classroom at the Oshakati Regional Health Training Centre with minimal disturbances.

The researcher was the primary data collector assisted by a research assistant who took notes while the researcher was facilitating the session. The responses of individual participants were tape recorded in order to ensure storing of data and preserving the narrative details for subsequent analysis.

The interviews proved to be successful with both student nurses and clinical nurse instructors as they all have experience in clinical guidance and they viewed the chance as an opportunity to air their views, opinions and areas of concern.

2.8. Data analysis

Data analysis of qualitative data is an active and interactive process. The purpose for data analysis is to organize, provide structure to, and elicit meaning from data collected (Polit, Beck & Hungler 2001:383).

The analysis style used for this study was the editing analysis style by Cabtree and Miller (1992). After each focus group session, the researcher first recorded all the information from the interviews and field notes. Then the researcher read through all the scripts and listened to the tape recorder to search for meaningful segments. After the segments were identified and reviewed, the researcher developed a categorization scheme and corresponding codes that were used to sort and organize the data. The researcher then searched for patterns and structure that connects the thematic categories.

According to Morse & Field (1995:126) qualitative analysis of data is a process of fitting data together by making the invisible obvious, of linking and attributing consequences to antecedents.

Intellectual processes

To be able to do certain intellectual processes that are necessary, the following processes were used to analyze the data for this study: Comprehending occurred by trying to make sense of the data and learn what was going on concerning guidance of student nurses

during clinical nursing education sessions. Comprehension occurred primarily during the focus group discussions and was attained (Morse & Field 1995:130).

Then the process of synthesizing followed. Synthesizing involved a sifting of data and putting pieces together to get a sense of what was typical regarding the phenomenon-guidance of student nurses. During the process, the researcher could make some general statements about the participants. This process started during the fieldwork and continued thereafter.

After synthesis, the process of theorizing started. This stage involved a more systematic sorting of the data. The researcher developed alternative explanations of the phenomenon and hold these explanations up to determine whether they fit with the data (Morse & Field 1995:130).

Developing themes and categories

The analysis of qualitative data begins with a search for themes. This was done when the researcher read through the prepared scripts. A theme is an abstract entity that brings meaning and identity to a current experience and its variant manifestations. Such a theme captures and unifies the nature or basis of the experience into a meaningful whole (De Santis & Ugarriza 2000:362).

The search for the themes started by identifying and highlighting words (coding) of the participants. Then the concepts were clustered according to categories. Because the study was primarily descriptive in nature, the categories were fairly concrete in that it focused on differentiating various types of events and actions about the phenomenon-guidance of student nurses.

Three themes with different categories were developed from the data (see page 38).

2.9. Trustworthiness of the data

Credibility was maintained. It refers to the confidence in the truth of the data. In this study it was demonstrated through member checks, whereby the participants were given the opportunity to validate, confirm and re-interpret the findings, thereby ensuring that the reality of their experiences was truthfully represented.

Dependability in this study was also maintained by having the entire transcript read by two experts and each member constructed independent summaries of the discussion and they achieved consensus on the final version.

Confirmability refers to the degree to which the findings are the product of the focus of the inquiry and not of the bias of the researcher (Babbie & Mouton 2001:277). For this study, it was demonstrated through inquiry audit, whereby the raw data e.g. notes and

cassettes were given to an auditor to establish the trustworthiness of the data and the meaning attached to them.

Transferability refers to the extent to which the findings from the data can be transferred to other settings or groups. It was the responsibility of the researcher to provide sufficient descriptive data in the research report for consumers to evaluate the applicability of the data to other context. For this study the researcher provided a thick description necessary to enable someone interested in making a transfer to reach a conclusion about whether transfer can be contemplated as a possibility. Thick description refers to a rich, thorough description of the research setting, and the transactions and processes observed during the enquiry (Polit, Beck & Hungler 2001: 316).

2.10. Ethical consideration

Permission was obtained from the following institutions and individuals:

- Ministry of Health and Social Services to conduct the study.
- Permission was also obtained from the Senior Medical Superintendent of Oshakati Hospital to conduct the study on clinical nurse instructors.
- Permission was also granted from the Head of Faculty of Nursing Science at UNAM Northern campus to conduct the study on 4th year student nurses.

All participants in the study were fully informed about the nature and purpose of the study and the emphasis was put on the voluntary nature of their participation. Participants were informed that refusal of or withdrawal from the research at any stage would not affect them in any form. Permission to audio-record the interview was asked and obtained. Names were not disclosed during the interview or in the reporting to ensure confidentiality of the participants. The participants were informed that any identifying material such as the audiotape would be destroyed after the completion of writing the report. Anonymity and confidentiality in treatment of the data were strictly observed.

2.11. Summary

This chapter addressed the way in which the study on guidance of student nurses by clinical nurse instructors was conducted. The steps involved in the research process were highlighted and discussed. The methods and strategies used in the selection of the study population and sample as well as the methods of data collection were also discussed.

CHAPTER 3

ANALYZING AND INTERPRETATION OF FINDINGS AND LITERATURE CONTROL

3.1. Introduction

In the previous chapter, data collection methods were described. In this chapter, the results of the study will be presented. This chapter first presents the demographic data of the clinical nurse instructors (quantitative approach). The demographic data of the student nurses were not gathered because they were all in the fourth year of study and the information would have limited effect on the results. While with clinical nurse instructors there are variables (age, education, speciality), which could influence the results. The percentages were calculated to the nearest full numbers.

3.2. Quantitative analysis

Personal data

Item 1: Gender of respondents (clinical nurse instructors)

Table 3.1. Gender of respondents

Gender	Frequency	Percentage
Male	2	9
Females	20	91
Total	22	100

Table 4.1 indicates that 2 (9%) of clinical instructors are males while 20 (91%) are females. This might have been influenced by the fact that during the previous era, nursing was seen as a women's profession and it was not considered fit for men.

Item 2: Age of clinical nurse instructors

Table 3.2 Age of clinical nurse instructors

Age	Frequency	Percentage
20-30 years	0	0
31-40 years	14	64
41-50 years	6	27
51-59 years	2	9
Total	22	100

The age of clinical instructors varies from 31-59 years. 14 (64 %) are between 31-40 years, 6 (27 %) are between 41-50 years while 2 (9 %) are between 51-59 years. This is an indication of a sample of adult nurses who are expected to be mature and responsible to give guidance to the student nurses who are allocated under their care and supervision.

Item 3: Highest professional qualification**Table 3.3 Highest professional qualification**

Qualification	Frequency	Percentage
Diploma in Nursing Science	14	64
Bachelors Degree in Nursing Science	7	32
Honors Degree	0	0
Masters Degree in Nursing Science	1	4
Doctorate in Nursing Science	0	0
Other	0	0
Total	22	100

The findings reflected that 14 (64 %) of the clinical instructors have a Diploma in Nursing Science, 7 (32 %) have Bachelors degree in Nursing Science, none of them has an Honors degree, 1 (4 %) have Masters Degree in Nursing Science and none of them have a Doctorate in Nursing Science.

Item 4: Experiences as clinical nurse instructors

Table 3.4 Experiences as clinical nurse instructors

Years of experience	Frequency	Percentage
1-3 years	5	23
4-6 years	10	46
7-9 years	1	4
10-15 years	4	18
More than 16 years	2	9
Total	22	100

The experiences of clinical nurse instructors varied from 1 year to more than 16 years. According to the findings 5 (23%) of the instructors have 1-3 years experience as clinical instructors, 10 (46 %) have 4-6 years of experience, 1 (4 %) have 7-9 years experience, 4(18 %) have 10-15 years of experience and 2 (9 %) have more than 15 years of experience.

The majority of clinical nurse instructors have experience of 4-6 years. A long period of exposure as clinical nurse instructors could mean that such a person gained more experience in student guidance and support during clinical attachment.

Item 5: Nursing speciality**Table 3.5 Nursing speciality**

Speciality	Frequency	Percentage
Critical care	1	5
Psychiatric nursing	1	5
Community Nursing	0	0
Nursing education	0	0
Nursing administration	0	0
Health promotion	0	0
Advanced midwifery	0	0
Paediatric nursing	0	0
Orthopaedic nursing	1	5
Theatre techniques	0	0
None	15	68
Other	3	13
Did not indicate	1	5
Total	22	100

The figures indicated that speciality was obtained in the following areas: 1 (5 %) in critical care, 1 (5 %) in psychiatry, 1 (5 %) in orthopedic nursing, 1 (5 %) in Trauma and Emergency care, 1 (5 %) in Ophthalmology, 1 (5 %) in Psychiatry, Community Nursing

and Nursing Administration, 3 (13%) in other speciality, 15 (68 %) did not obtain any specialty, while 1(5%) did not indicate anything.

No clinical nurse instructor has specialized in Nursing Education. Most of the clinical nurse instructors 15 (68%) have not obtained any speciality after the basic training. The fact that all the clinical nurse instructors have not done Nursing Education post basic, may have an impact on the guidance and support that they provide to student nurses in the practical field, due to the fact that they may not understand the mechanisms by which learning takes place.

Item 6: Any training on clinical instruction

Table 3.6 Training on clinical instruction

Training	Frequency	Percentage
Yes	1	4
No	21	96
Total	22	100

Concerning any training on clinical instruction, the majority of the clinical nurse instructors 21 (96 %) indicated that they did not receive any training while only 1 (4 %) have had training for 5 days.

According to Jooste & Troskie (1995:2), for students to become proficient in the clinical practice they need competent clinical nurse instructors who will assist them in the use of all educational opportunities available within the service area in order to develop themselves professionally.

All the clinical nurse instructors should have undergone training on clinical instruction for them to be able to guide, support, motivate, advice, coach and evaluate student nurses in the clinical set up. Even the clinical nurse instructors 1 (4%) that indicated that she/he had training, indicated that it was not adequate or sufficient to equip her/him with all the relevant information to be able to guide student nurses in the clinical set up, when looking at the duration of the training. The fact that the majority of the clinical nurse instructors did not have any training, should not be used as an excuse not to guide or support student nurses because all registered nurses have an obligation towards the development and training of student nurses.

3.3. Qualitative analysis

As was mentioned, focus group discussions were held with the participants who were fourth year student nurses and clinical nurse instructors.

The following themes emerged from the information collected:

Themes	Categories
Learning and teaching environment	<ul style="list-style-type: none"> • Non-conducive environment for teaching and learning • Lack of guidelines for guidance • Lack of opportunities for clinical nurse instructors to update their knowledge and skills concerning guidance of student nurses • Lack of competent role model concerning guidance • Lack of equipment and teaching materials • Workload of clinical nurse instructors
Approaches used to guide student nurses	<ul style="list-style-type: none"> • Identification of learning needs and learning opportunities • Cooperation with stakeholders (instructors, lecturers and students)
Attitudes of clinical nurse instructors and student nurses	<ul style="list-style-type: none"> • Commitment to teach and learn

3.3.1. Theme 1. Learning and teaching environment

Guidance of student nurses in the clinical field is of utmost importance whereby students have to achieve set competencies for the course. Carlson, Kotze & van Rooyen (2003:32) define clinical learning environment, as the environment in which student nurses perform skills related to needs of patients and provide physical, psychological, spiritual and social support to patients, in order to promote and maintain safe, effective patient care. The clinical environment has been long recognized as the key site of learning for nursing students with clinical support structures in the form of designated personnel (clinical nurse instructors) as one of the facilitating factors that helps them link theory to practice (Lambert & Glacken 2003:177). In a review of the literature, it was found that clinical nursing education is the most influential in the development of nursing skills, knowledge and professional socialization; stressing the importance of the learning climate within the clinical learning environment (Edwards, Smith, Courtney, Finlayson & Chapman 2004:249).

The clinical placement environments not only play an important role in the development of students' competence, but also students confidence, organizational skills and preparedness for practice (Edwards et al 2004:249). The clinical field is where correlation of theory and practice take place. It is where nursing care becomes a reality. It is where the nurse can observe the responses of patients to nursing and medical intervention. It is in the clinical situation that nurses encounter the human side of nursing.

The student nurses come into contact not only with patients, but also with his relatives and friends. The student nurse learns to interact skillfully with these people and with other members of the health team. It is where student nurses are expected to demonstrate growth in clinical practice through the application of knowledge and skills (Scanlan, Care & Gressler 2001:23).

Therefore, it is important to work with both staff and student nurses to foster an environment that is conducive to learning at all levels (Sian & Owen 2001: 191). This involves both the physical, human and interpersonal environment. It has to account for seating arrangements, ventilation, lighting mutual trust, respect and supportiveness. Therefore, a conducive learning and teaching environment is important for both processes of teaching and learning.

According to Carlson et al (2003:30) the clinical learning environment also creates many opportunities for student learning and the development of critical competencies in the nursing profession. The learning that take place in this environment, however confronts the first year student nurses with challenges that are absent from the classroom situation and causes them to experience a significant amount of uncertainty and anxiety (Carlson 2003: 30). The clinical nurse instructor should create the environment that will promote the integration of knowledge, skills, attitudes and values in order for student nurses to be able to render holistic and comprehensive nursing care to patients (Morolong & Chabeli 2005: 45).

Therefore, clinical nurse instructor should provide a safe, friendly and professional environment for the student nurses, where becoming a skilled and knowledgeable clinical registered nurse is optimally ensured. Showing respect for the student nurse as a person as well as acknowledging the existing knowledge and experience that they bring to the clinical setting is crucial.

The creation of a psychological climate conducive to learning is as important as creating a physical environment conducive to learning (Meyer, Naude & van Niekerk 2004:80). A psychological environment conducive to clinical learning is characterized by mutual respect, collaboration, mutual trust and support. By creating a conducive learning environment, the clinical nurse instructor will ensure that the student nurse will feel free to ask questions when uncertain or discuss problems experienced while allocated to a specific unit. The student nurse will develop an attitude of wanting to learn and achieve specific skills during the time spent in the unit.

Guidance of student nurses cannot be done from the chair in the office. The clinical nurse instructor has to be involved with hands-on nursing, working side-by-side with student nurses to facilitate clinical learning. That is the only way in which the clinical nurse instructor can assess the learning needs of student nurses regarding knowledge and skills. This creates an opportunity for starting a relationship of rapport between clinical nurse instructors and student nurses, which will lead to the student nurse being encouraged to ask questions and have discussions with the clinical nurse instructors.

A clinical nurse instructor who has good communication and listening skills will create an environment that enhances the clinical learning of the student nurse. The content of communication by the clinical nurse instructors is not the only aspect to consider, but also the manner in which it is communicated. The message has to be conveyed in such a manner that the student nurse will not fear the clinical nurse instructor or be afraid to ask for questions to be repeated if not understood. By being able to communicate and listen properly, the student nurse will be able to make use of these skills whilst taking care of patients and by completing patient records.

Categories

3.3.1.1. Non-conducive learning and teaching environment

It was found in this study that the environment is not always conducive for guidance, learning and teaching. An environment that is not conducive for guidance, learning and teaching is created by many factors. The first factor is that student nurses should know the physical environment and what is expected from them.

To start first, student nurses should be introduced and orientated towards the new environment. Carlson, Kotze & van Rooyen (2003:35) also emphasized the importance of students being met, guided, shown around and introduced to staff and patients by their clinical nurse instructors. This gesture by clinical nurse instructors could help student nurses develop a feeling that they were given access to the place of learning. Furthermore, they will feel welcome and secure in the new environment.

The data analysis confirms that most clinical nurse instructors indicated that when students are allocated to the units, they are being orientated. The orientation includes the environment, policies and guidelines of the department, equipment, type of ward, patients admitted in the ward, routine activities of the ward and procedures done in the ward.

Contrary to these statements, the students indicated that they are not oriented. The student nurses stated the following:

“The clinical nurse instructors don’t even know us and did not show us around.”

“The registered nurses don’t have time to orientate us.”

The above statements concur with the study done by Carlson, Kotze & van Rooyen (2003:35), whereby students indicated that professional personnel in the clinical area do not have time to orientate them when they are in the clinical area for the first time.

For the student nurses to feel free and comfortable in an environment that is unknown to them, they need to be oriented. The orientation should be done as soon as the students are allocated to the department, as this will allay fears uncertainties.

On top of this, the students will feel free and comfortable, thus making the environment conducive for working and learning.

Furthermore, they have indicated that they were also not sure what were expected from them concerning certain activities in the wards.

The task of delegation to various activities in the department is important. Tasks should be allocated to skilled and knowledgeable personnel, who will not harm patients, but will contribute towards the patients' process of recovery and guide student nurses accordingly. This does not mean that tasks cannot be delegated to student nurses. However, the student nurses should be accompanied and guided in the clinical situation by clinical nurse instructors to ensure facilitation of clinical learning and the attainment of practical skills and knowledge. The advantage of delegating student nurses with senior staff is that a learning opportunity is created for the student nurses on the spot. The clinical nurse instructor has to delegate tasks to student nurses where experience is required by the level of their training and education.

It was found that, student nurses, have been delegated certain tasks or activities to carry out when they are allocated in a unit. Even if the students have to carry out the tasks, the registered nurse or clinical instructor should be accountable for the student's actions.

It was found that some instructors indicated that they are delegating students to the functions and tasks, together with a senior staff who will guide and be accountable for the student's actions.

In this study it was found that student nurses are mostly delegated for dusting, full wash and transportation of patients. The following statement from students is evidence of this:

“We are mostly delegated for dusting, full wash and transportation of patients.”

The implication of such a delegation is that student nurses will not be able to master managerial, organizational skills and practical competencies. These findings concur with the findings on a study done by Carlson et al (2003:35) on student accompaniment needs, where students indicated that they feel frustrated when dusting windows, while they must be doing nursing activities.

In contrast, student nurses indicated that sometimes they are left alone to carry out certain activities or care for patients. This was evident in the following statement:

“Sometimes we are left to do procedures on our own, but the Sisters just don’t want to sign our books.”

Even though the instructors indicated that they do guide the students, the students indicated that, the guidance is mostly given on request. The students have to make appointments and tell the instructors what they need to know. In other words, the students are also expected or have a responsibility to ask for help or assistance. Even if the guidance is offered, the students indicated that it is not adequate. This is evident in the following statements:

“The guidance is not adequate because if you don’t ask them to show you or demonstrate something to you, they won’t do it.”

“It is not adequate because instructors and some registered nurses tend to ignore students due to workload; they have excuses of time constraints and are angry with students.”

This lack of inadequate guidance has a negative impact upon the student nurse, because she will not master certain skills and competencies that she was supposed to achieve in that specific department. As a result, the student nurse will feel insecure due to the lack of guidance and support in the clinical learning environment.

3.3.1.2. Lack of guidelines

Another factor that can create a non-conducive environment is the lack of necessary structures and assistance. The availability of guidelines in this regard can contribute to more effective guidance that clinical nurse instructors could follow when guiding student nurses in practice. These guidelines should clearly stipulate how, when, where, who and what is expected from them while guiding student nurses during clinical nursing education session.

However, few of the instructors indicated that there are guidelines for guiding students in the clinical areas, which are the procedure manual and students’ practical books. This is evident in the following statement:

“The guideline is there, because whenever we teach them, we do not take it out from our head, but we have the procedure manual that we have to follow.”

Contrary to this, most clinical nurse instructors indicated that there is no guideline in place that they can follow while guiding student nurses. The procedural manual that is available in the units is just one of the teaching materials or resources that the clinical nurse instructors can use during guidance. Therefore the guideline entails more than a procedural manual.

If students are to be properly guided in the clinical field, there should be certain guidelines that the clinical instructors have to follow. The guideline will help the clinical instructor to better understand her role and to understand it with more confidence and ease. It also offers some suggestions about the clinical instructor’s role in assessing a student’s work (du Plessis & Greeff 2000:11).

The following statements are evident that the clinical nurse instructors do not have guidelines on how to guide student nurses:

“We don’t have guidelines; it’s only through their practical books. We just teach them procedures but there is no guideline.”

“I never saw a written guideline on how to guide students in the clinical area.”

“No guidelines, we only use our knowledge and skills.”

The above statements were supported by a study done by Lekalakala-Mokgele & du Rand (2005: 23) which indicated that there were no role model or expert clinical nurse

instructors who could demonstrate good facilitation and guidance, because there were no guidelines.

However, some participants indicated that they use the procedural manual and students' practical books to teach them. Although it is some sort of aid, it is not enough. Guidance of student nurses entail much more than a procedural manual.

Therefore, it is important to provide clinical nurse instructors with a package that includes the educational institutional philosophy, description of their responsibilities, prerequisites that student nurses should have completed, course objectives and content, student evaluation form and contact information of the concerned lecturer (Tsele & Muller 2002:35).

Adequate preparation with guidelines could assist the clinical nurse instructors both physically and psychological to take up the challenging, yet fulfilling roles of a clinical nurse instructor. With limited knowledge and skills, the clinical nurse instructor, may find objectives can be very difficult to achieve. This was also mentioned by a participant who stated:

“We experience a lack of guidance, because we are allocated this responsibility without any guidance.”

Thus, the environment will be characterized by tenseness, fear, frustration, lack of cooperation and communication by both clinical nurse instructors and student nurses. As a result, the student nurses are not going to master clinical competencies and skills, and

this in fact will result in the production of nurses who do not have adequate clinical competencies.

3.3.1.3. Lack of opportunities for further development of knowledge and skills of clinical nurse instructors concerning guidance of student nurses

The developmental educative process in nursing is a sophisticated and complex combination of scientific, logical, humanitarian, communicative experiences and psychomotor skills, designed to consolidate abilities and produce “knowledgeable doers” (Greenwood 2003:1). The realities of a global society, expanding technologies and an increasingly diverse population require nurses to master complex information (American Association of Colleges of Nursing 2003:3). Nursing education is changing fast and clinical nurse instructors need to be updated with changes in clinical practice as well as the complexities of changes in the health sector. Therefore, nursing education must keep pace with changes and prepare individuals meet this changes (American Association of Colleges of Nursing 2003:3). Adhering to the requirement of lifelong learning and answering to the demands made by the ever-changing society, the clinical nurse instructor will be able to facilitate clinical learning of student nurses allocated to the unit. The changing demands of professional practice is based on scientific knowledge and therefore the clinical nurse instructor has to be able to base the facilitation of learning and the application of practice principles on scientific clarification and explanation (Meyer, Naude & van Niekerk 2004:94).

However, lifelong learning is apparent in nursing education and practice, yet this may become a low priority when resources are scarce and other issues, such as attaining government targets are of more immediate concern.

In order to keep education high on the priority list, it needs to be demonstrated how it can have a positive impact on clinical nurse instructors, the institution, patients and the public at large. This requires skillful evaluation and effective partnership between educators, clinicians and managers (Neville 2003:131).

The clinical nurse instructor has a responsibility to provide guidance to student nurses and to facilitate clinical learning. This arises from the responsibility and accountability the clinical nurse instructors have towards the rendering of quality and safe patient care and the development of student nurses. The clinical nurse instructor has the responsibility to base clinical practice on scientific knowledge and therefore, it is important for the clinical nurse instructor to be involved in clinical learning opportunities of student nurses. She has to provide opportunities for professional growth and development for the student nurse at the bedside and at the same time aligns her contribution to patient care with the operational needs of the hospital (Robbins 2003: 1). Explanation only will not be sufficient, thus clinical nurse instructors must be physically capable of doing hands-on nursing.

By committing themselves to lifelong learning practices, the clinical nurse instructor will be more flexible and open to change. Thus, their knowledge will continuously

develop and be updated, which will lead to creative initiative in guidance of student nurses and the rendering of patient care.

According to a pilot study that was done by McKenna (1997:2) on clinical teaching in addressing the needs of registered nurses involved in clinical teaching, it indicated that clinical teachers receive minimal preparation before undertaking their clinical roles. These findings are also supported by a study done by Tembani, van Rooyen & Strumpher (2003:67) on how nurse supervisors experience the clinic supervisory system, whereby supervisors expressed that they are not adequately prepared for their supervisory role prior to placement.

In this study, the clinical nurse instructors were not prepared for their teaching role. This is evident in the following statement by clinical nurse instructors:

“No consultation or arrangements are made before given the responsibility”.

“You just see in the change list against your name is indicated as clinical instructor”.

“No orientation on what and how to teach was given”.

Strasser (1998:2) supports the need for preparation for the teaching roles and recommends that the training needs be determined. She maintains that there is a need to establish the type of orientation required and the way of addressing ongoing educational needs supervisors and clinical nurse instructors.

The findings indicated that none of the clinical nurse instructors were specialized in nursing education per se although they have other fields of specialization. On the one hand, it is a positive finding because it could be assumed that they have expert knowledge in their fields of specialization. Yet, if they don't know how to apply that knowledge during teaching sessions it is a lost opportunity. Furthermore, it was pointed out that there are no opportunities for them to become equipped with the necessary knowledge and skills on many facts of clinical teaching. This was indicated in the following statements:

"I have never attended a workshop or short course on clinical teaching".

"No meetings are held to discuss issues related to students training".

Another participant stated:

"I don't have any formal nursing education qualification, but I was instructed to do clinical teaching".

Opportunity to attend in-service education, workshops, seminars, short courses and meetings is a strong source of support for clinical nurse instructors. A study done by Tembani et al (2003:68) revealed that participants felt refreshed, updated and confident after attending continuing education activities. It also revealed that monthly meetings held with supervisors were experienced as valuable since they afforded time to share problems encountered in practice.

The student nurses need confident and credible clinical nurse instructors. This is why clinical nurse instructors must be abreast with the latest developments in the health care delivery system and be competent in the clinical practice.

However, workload pressures mean that clinical nurse instructors may be at risk of falling behind in their own professional development. This is evident in the following statement:

“Most of us are not up-to-date with the latest developments, because no workshops are being held for us”.

Thus, it is of utmost importance that the selection or appointment of clinical nurse instructors should be based on knowledge and clinical competence. The clinical nurse instructor should demonstrate satisfactory knowledge and competency levels in guidance of student nurses (Bezuidenhout 2003:19).

3.3.1.4. Lack of competent role-models concerning guidance

Clinical nurse instructors are skilled and knowledgeable people and should, therefore, serve as role models for student nurses. They should be role models, not only in the performance of patient care activities, but also in rendering basic and fundamental nursing care and demonstration of professional values. They are required to be involved in the professional development of student nurses as well as the acquisition of clinical skills. Thus, clinical nurse instructors play a facilitating role in the professional socialization of student nurses, as well as the development of norms, values and ethical

conduct. Therefore, the quality of future registered nurses relies to a certain extent on the involvement of the clinical nurse instructors with student nurses and other personnel allocated to the clinical set up (Meyer, Naude & van Niekerk 2004:70).

Mitchell & Grippando (1993:107) identified the professional behaviors and attributes to be modeled by clinical nurse instructors as: motivation, creativity, initiative, effective communication, self-discipline and time management skills. These findings were also supported by Irby (1998:2), who identified the characteristics to be modeled as self critical, self-confidence, take responsibility and show respect for others.

The clinical nurse instructor has to be actively involved in hands-on nursing and accept co-responsibility for the professional formation of student nurses allocated to their units and practicing under their supervision. This responsibility is towards the professional body, the public, the patient, colleagues and the institution (Thompson 2001:134) who expects nursing to demonstrate its worth in the nursing care team and the contribution to the health care product.

It was found that the clinical nurse instructor's knowledge and skills concerning teaching are not up to date, because they do not have confidence and are not competent to teach.

This was evident in the following statements:

“The clinical nurse instructor was no sure what to teach and how, when taking the history of the patient.

“I am not sure whether what I am teaching is right or wrong”

Another student stated:

“There is a lack of confidence among clinical nurse instructors as some are not up-to-date with the latest developments in health”.

Another clinical nurse instructor stated:

“Most of us as clinical nurse instructors are far behind, not up-to-date, that’s why we don’t want to teach”.

Such incidents are not contributing to an environment conducive for learning. This can lead to a situation where student nurses are seen as a “threat” and this hampers interpersonal relationships.

This was evident in the following statement:

“They just see us as another problem”.

Interpersonal relationships are based on role modeling. In this relationship, the student nurse acquires or modifies behaviors by observing vicariously a model that has the desired behavior. Clinical nurse instructors are registered nurses who serve as role models and teachers for student nurses (Reilly & Oerman 1999:196).

Similarly, White & Ewan (1991:187) argue that a clinical nurse instructor enhances the students' clinical competence through direct role modeling, and emphasizes the importance of role modeling in bridging the theory-practice gap. The authors further state that role modeling is central to acquisition of knowledge and skills. Lekalakale-Mokgele & du Rand (2005:25) also concur with other authors by stating that facilitators (clinical nurse instructors) counsel, inspire, teach, support growth and development in the guiding process.

Clinical nurse instructors' role and function is geared towards grooming, moulding and developing a competent professional nurse. Competence refers to the application of the integration of knowledge, skills, attitudes and values in the context of nursing and midwifery (Morolong & Chabeli 2005: 40). Thus, competence embraces the notion of applied competence that suggests the integration of foundational, practical and reflective competence (Morolong & Chabeli 2005:40). Therefore, clinical nurse instructors have the responsibility of producing nurses who are critical thinkers.

However, if the clinical nurse instructors do not understand their role and function during clinical nurse education, it creates a problem. It was found that some clinical nurse instructors do not understand their roles and functions.

The following statements by the clinical nurse instructors are evidence of this:

"I don't want to teach and now the curriculum is complicated."

"I don't want to teach because I am not interested in it."

3.3.1.5. Lack of equipment and teaching materials

Nursing is a practice based profession and therefore the acquisition of essential skills of utmost importance. Having equipment and teaching materials at hand can allow for rehearsal of skills, and give the student nurses the opportunity to measure essential observations that take place in practice (Edwards year not indicated: 3).

The reality of nursing practice and the resources available in the clinical nursing environment make it almost impossible to apply the principles of nursing care to obtain optimal results. In this study, participants have indicated that due to lack of equipment and resources, they could not demonstrate procedures to the student nurses or the student nurses could not demonstrate back to the clinical nurse instructors. Carlson et al (2003:35) in their study stated that shortage or absence of equipment lead to helplessness and frustration.

There is often a shortage of basic equipments in health facilities. This lack of equipment leads to confusion and frustration to both student nurses and clinical nurse instructors because they cannot fulfill their practical requirements.

Student nurses need time to develop cognitive, co-ordination and motor skills. Learning a skill is not achieved simply through observation and apprenticeship, but through a structured and systematic approach, which allows repeated practice in a safe environment (Edwards year not indicated: 1).

Skill acquisition is an integral part of the development of any practitioner and student nurses need opportunities to master skills. However, student nurses also require background information such as the principles underlying the practical activity. Carrying out an activity repeatedly enhances the skill development of a student nurse, increases confidence in relation to the skills and provides a good indication of the level of learning of particular skills. However, methods used to demonstrate or teach the skills, and level of clinical exposure may influence how student nurses develop these skills.

The development of the various skills will only occur if the necessary equipment and materials are available that can be used by clinical nurse instructors to guide student nurses on how to develop certain skills. In the absence of equipment and teaching materials the teaching and learning process will be affected.

It was found that some clinical nurse instructors stated that they could not give proper guidance to student nurses, since some of the equipments are mostly out of stock. This is evident in the following statement:

“There are not enough material and equipments to teach or demonstrate procedures for student nurses.”

3.3.1.6. Workload of clinical nurse instructors

Caplan & Jones (1975), Price & Mueller (1986) as cited in Gaudine (2000: 2) define workload as the amount of performance that is required in a job.

Pressure from an increased workload due to large number of student nurses and the demands of clinical activities are damaging morale amongst clinical nurse instructors, many of whom feel unable to provide high quality educational and clinical experiences for student nurses. The following statements indicate this:

“We cannot teach student nurses properly, because we are also doing ward activities”.

“No time to teach student nurses and patients are too many.”

It was pointed out that although they were appointed as clinical nurse instructors, they are also responsible for patient care. Due to the increased number of seriously ill patients that are admitted to hospitals as a consequence of HIV/AIDS, clinical nurse instructors are mostly occupied with patient care. The implication thereof is that they cannot give full attention to their task as clinical nurse instructors.

According to Quinn (2000:419) aspects like workload causes work-related stress because of the increasing demands on staff. Staff experience severe exposure, which results in exhaustion. Consequently, members of staff who are suffering from stress may be able to continue to perform many of the more routine, well-learned skills, but will be less able to cope with more complex and demanding situations in nursing practice.

Some of the clinical nurse instructors indicated that they could not cope with teaching student nurses as well as nursing care of the patients. This was evident in the following statement:

“It is too much; we can’t cope with teaching student nurses and give nursing care.”

It can be assumed that student nurses do not get the guidance they should get, due to the workload of the clinical nurse instructors.

3.3.2. Theme 2: Approaches that are used to guide student nurses

According to Morolong & Chabeli (2005:45), nursing is a hands-on profession which draws its satisfaction from the clinical practice setting, where specialized skills and the acceptance of a patient as an autonomous being must be the norm. There are various approaches that are used to guide student nurses during clinical nursing education sessions depending on the type of skill that need to be developed, for example, teaching a procedure will differ from the type of guidance required to teach attitudes and values. The role of the clinical instructor will be to facilitate learning, supervising and assessing students in the practice setting (Anonymous1. 2001: 4).

Approaches that are usually used to guide student nurses during clinical nursing education sessions are clinical supervision, motivation and coaching.

Clinical supervision is a very important aspect of guidance. Khanyile & Mfidi (2005:71) define clinical supervision as a regular, protected time for facilitation, in-depth reflection on clinical practice with an aim of help the student nurse to achieve, sustain and creatively develop a high quality of practice through focused support and development.

Supervision is also described by Quinn (2000:429) as a formal process of professional support and learning which enables the individual practitioner to develop knowledge and competence, assume responsibility for their own practice, enhance consumer protection and safety of care in complex clinical situations. Therefore, clinical supervision is the umbrella term used to describe the methods used by clinical nurse instructors to help student nurses in their development of clinical reasoning. Knowles as cited in Quinn (2000:57) also indicated that student nurses need to develop a self-concept to be able to achieve the above mentioned.

Supervision should be a democratic process during which the clinical nurse instructor gives student nurses help and encouragement. The clinical nurse instructor should also recognize the value of each student and the vital role they play and will play in achieving quality patient care (Booyens 2001:286).

It was found that supervision is not done properly. The following remarks were made by student nurses:

“We are not properly supervised during clinical practice.”

“They leave us alone to carry on, on our own.”

Coaching approach during clinical nursing education is also of utmost important. Coaching refers to the remedial assistance provided by clinical nurse instructor to overcome specific learning difficulties. This includes the teachable moment.

It is an individualized teaching- learning method projected to provide the students with extremely useful and important knowledge. This is intended to expose the student to the real world of nursing, which is best learned through clinical experience. Coaching should allow the student opportunity to refine nursing skills and develop advanced clinical skills; enhance critical thinking and decision-making skills (Anonymous 2. Year not indicated: 1).

In this study, it was found that coaching is not properly done, or not done at all. This was evident in the following statement:

“They are criticizing us if we do something wrong, instead of helping us.”

3.3.2.1. Identification of learning needs and learning opportunities

Student nurses have a need to know and to learn. It is also indicated in Knowles’ theory of adult education. Student nurses need to be guided to identify their learning needs (Quinn 2000:106). Approaches to guidance will differ depending on the educational level of students. Most students begin a course in a state of dependence on others, lecturers and clinical nurse instructors to determine their learning needs because they simply do not know what they need to know. First year students will therefore require more guidance and support than final year student nurses. Therefore, the identification of learning needs when student nurses are guided in the clinical setting is important.

In guiding student nurses, the next step is to plan with them concerning their learning needs. According to Quinn (2000:105), there is a need for the clinical nurse instructor to plan for time to meet with the students and to discuss issues related to their learning activities and availability of opportunities to the clinical practice setting. Thus, students are responsible for participating in the planning of their clinical experience based on their individual needs (Malette, Loury, Keehner & Andrews 2005:22). Objectives need to be formulated and set so that the student nurses will know what is expected from them. The clinical nurse instructor has also to plan the learning experience she desired for student nurses to learn as well as the teaching method to be used in order to meet the objectives.

The clinical nurse instructor should then develop a list of learning opportunities that the ward or area in particular offers the student nurses. These opportunities could be derived from the ward's speciality and will assist the clinical nurse instructor in relating the course outcomes to the learning opportunities in the ward. These learning opportunities will help the clinical nurse instructor to know what to ask and what to look for in collecting evidence relevant to assessing the student nurses' learning. It will also assist the student to understand what they can do to meet the course objectives within the particular area. The learning opportunities list could provide information about clinical skills commonly carried out in the ward, as well as discreet clinical skills (e.g. blood pressure, administration of medication) would also include aspects of communication

and aspects of interdisciplinary working (e.g. participating in ward rounds, handling information).

When student nurses are involved in planning of their learning activities and opportunities, they feel mature, reducing dependency on the clinical nurse instructor and they become more independent and their competence is increased.

It was also found that planning with student nurses was also not done. The following statements indicated that:

“Our learning needs are not planned with us.”

“Students are mostly delegated for dusting, bed making and transportation of patients and we do not apply what we have been taught.”

Although the clinical nurse instructors indicated that they do guide the student nurses in this regard, the students indicated that the guidance is mostly given on request. It seemed that the initiative has to come from the student nurses. They must always make appointments with clinical nurse instructors, which should not always be seen as a negative approach. However, there should be a balance, although students also have a responsibility for their education and do things on their own initiative, it is the clinical nurse instructor who is the leader and resource person in this regard.

Thus, student nurses are relying very much upon the help of their clinical nurse instructors to guide them. With increasing confidence the students became more self directed and able to gain help from a variety of sources (Spouse 2001:150). The salience of classroom knowledge can only be unlocked when students feel at ease and have had exposure to sufficient practice experiences to recognize situations (Spouse 2001:151).

Furthermore, it was indicated that clinical nurse instructors understand the concept of guidance, as giving a demonstration. This was evident in the following statements:

“I guide students because I give them demonstrations.”

“The clinical nurse instructors give us demonstration sometimes.”

However, student nurses need to be guided and taught about technical skills, professional adulthood, critical judgment, responsibility and accountability, attitudes, norms and values, observational, planning, implementation and evaluation skills (Mellish, Brink & Paton 1998: 213). It was also found that some clinical instructors do teach and attend to the students’ practical procedures and see how far they are proceeding with their practical activities. Thus, the guidance given to students is mostly with regard to technical skills.

The clinical nurse instructor can use a wide range of methods or strategies to guide the students, depending on the students needs.

These methods may resemble tutoring, if there is a particular area of knowledge to be discussed. It may be similar to demonstrate if the approach needed is in developing skills. The role of the instructor will have a distinct flavor of assessment in terms of judging the student's performance against the learning outcomes. It may have aspects of counseling when problems of learning need to be tackled.

3.3.2.2. Cooperation between stakeholders (clinical nurse instructors, lecturers and student nurses)

Cooperation and coordination are important aspects of clinical nursing education. Nursing educational programmes usually involve more than one organization, namely educational institutions (universities and colleges) and the organizations where clinical nursing education is done, namely hospitals, health centers and clinics. Therefore, cooperation and coordination of activities are important. Cooperation and coordination means working and acting together for a common purpose, in this case to prepare competent nurse practitioners.

Cooperation and coordination are challenging because nursing educational programmes involve multiple health problems, interventions, sources of funding and administrative levels (Management Science for Health 2003:2).

Student nurses receive their theory in the classroom by University lecturers. For clinical nursing education, they are allocated to different health facilities, namely hospitals,

health centres and clinics. It is in these clinical facilities that students are taught by clinical nurse instructors. It is, therefore, important that the instructors should be informed about curriculum, the level of training of students, objectives and what is expected from them. Furthermore, they should be informed what is expected from them concerning cooperation and coordination.

In spite of this, it was found that few participants indicated that cooperation and coordination is good, while most indicated that it is not good. This was evident in the following statements:

“Cooperation is good because lecturers invite instructors in order to discuss things related to students.”

“Lecturers come and discuss with instructors if not satisfied with progress of students.”

“Lecturers send information that is needed to deal with students.”

On the other hand, most of the participants indicated that the cooperation and coordination is not good. The following statements are evidence of this:

“The cooperation is not good because the lecturers don't even know us clinical nurse as instructors.”

“There is no contact between lecturers and instructors.”

“The only time you will see lecturers is during practical examination.”

One student stated:

“The clinical nurse instructors fear lecturers.”

For good cooperation and coordination, lecturers and instructors should have regular meetings and discussions. It seems that this was not done, because the participants indicated that there were no meetings at specific times and no other arrangements that instructors and lecturers should consult.

The lecturers have to meet with instructors to discuss the practical curriculum, the level of training, objectives and what is expected from them, so that they will know what and how to guide the students in this regard.

The purpose of cooperation and coordination include:

- exchanging information
- formulating policies, strategies or objectives
- dividing roles and responsibilities

Meyer, Naude & van Niekerk (2004:116) are of the opinion that clinical nurse instructors want tutors to be available to them as well as to the student nurses. This is supported by a study done by Wotton & Gonda (2003:90) on student evaluation of clinical placement model where the clinical staff stated that they desired more feedback on how well they were achieving supervision and teaching role.

Thus, ongoing communication between the role players is of the essence and should not be neglected, because the success and effectiveness of clinical teaching relies on mutual respect and ongoing communication.

The parties involved in this type of coordination and cooperation namely lecturers, clinical nurse instructors and students should come together periodically to present their programs and policies and give updates on activities. The meeting may include presentation and discussion on students' progress and new development in the health sector. In some cases, the group may go beyond information exchange and create a research agenda, seek solutions to problems, create new partnership, or renegotiate roles and responsibilities based on new information.

In this study, the data confirmed that this was not done, because the participants indicated that there is no general meeting with lecturers, clinical nurse instructors and student nurses to discuss matters related to student nurses progress.

This lack of information exchange can lead to a situation where clinical nurse instructors become frustrated, because they do not have information on the latest developments in the health sector. They do not even have a platform where they can discuss the students' progress.

The main objective of coordination and cooperation is to create a comprehensive framework that will serve as a reference for all the parties involved. The coordinating body produces a document, usually after consultation that defines goals, objectives, priorities, resources to be used and the methods for reviewing progress. It seems that this was not done, since the clinical nurse instructors indicated that they do not have any guidelines that they are following when they guide student nurses. So, they are just guiding them according to what they think is right. This was stated by some of the participants:

“No guidelines, but we just teach them procedures.”

“We need guidelines, because at this time we do not know if we are right or wrong.”

When there are many actors working in more than one technical area or carrying out similar activities, the chances for confusion, duplication of effort, or missed opportunities increase. To streamline the work and make best use of resources, the parties involved need to clarify and make agreements on whom to do, what, where and how. In this case, the clinical nurse instructors were supposed to be informed about their roles and responsibilities with regard to guidance of student nurses. It was found that this was not done. The following statement is evidence of this:

“I was just delegated this responsibility without being told what is expected from me.”

However, the lack of clear information about the roles and responsibilities of clinical nurse instructors creates a situation where they do not know what to do with student nurses, what is expected from them and to what extent they have to guide the student nurses.

3.3.3. Theme 3: Attitudes of clinical instructors and student nurses

Clinical nurse instructors' attitude to the provision of clinical guidance is of the utmost importance to the development of competent or incompetent registered nurses. Attitude is an evaluative disposition towards something or someone that can have an impact on the way that we behave towards that person or object (Mason & Whitehead 2003:103). According to Morolong & Chabeli (2005:45), attitude refers to an internal state that influences the choice of personal actions made by an individual. Attitudes can be viewed as either positive or negative. Research has shown that nurses, including clinical nurse instructors can, and do, have both negative and positive attitudes. Attitudes, either of clinical nurse instructors or student nurses have an effect towards the teaching learning process. Positive attitudes refer to those that enhance the quality and dignity of the nurse and the profession, while negative attitudes denigrate and belittle them both (Mason & Whitehead 2003:104). Positive attitudes are viewed as those that represent the nurse as well as the clinical nurse instructor as highly skilled, which involves a caring and nurturing attitude towards the student nurses and other health professionals.

A positive attitude from both parties involved (clinical nurse instructors and student nurses) will promote an atmosphere conducive to learning in which students feel free and comfortable to interact with clinical nurse instructors.

However, if there is a negative attitude between the parties involved, then this will create tense, frustration and poor communication. Furthermore, it will also create an atmosphere that is not conducive to learning. According to Meyer, Naude & van Niekerk (2004:106) the affective development of the student nurse is often neglected because clinical nurse instructors have to concentrate on performing routine tasks and nursing activities due to the shortage of staff that exist in nearly all patients care settings. One should take into consideration that one's emotions or feelings also affect the quality of learning.

As already noted that attitudes can impact on behavior, then we must assume that these attitudes may also have an effect on the delivery of health care services. Not surprisingly nurses as well as other health care workers, hold a range of negative attitudes concerning many aspects of health care.

In this study, it was found that the attitude of some clinical nurse instructors towards student nurses was not good. It was observed that student nurses feel rejected and isolated. They felt as if they were just another problem.

This is evident in the following statements:

“They don’t want to guide us; they just see us as another problem.”

“We are discouraged by the clinical nurse instructors because they always refer to us as you, you, UNAM students.”

“They are mostly angry with us. “

These findings concur with the findings of the study done by Pearcey & Elliott (2004:400) on student mentors, where it was also indicated that they were not influential members of staff in the development of the students’ perceptions in nursing. This also supports the findings of Chabeli (1999:27) that the attitudes of instructors were most important to students and that they valued a positive relationship, which including genuineness, respect and trust. In this study the experiences were disappointing and the students felt very disillusioned by the lack of support received from their clinical nurse instructors. They were also concerned about the detrimental effect upon their learning opportunities.

In spite of this, it was also found that the student nurses are also having a negative attitude towards clinical nurse instructors. The following statements are evidence of it:

“Some student nurses are having bad behaviors towards us.”

“Student nurses are not committed, neither are they interested.”

3.3.3.1. Commitment to teach and learn

Armstrong & Adam (2002:174) believe that, having a clinical nurse instructor is recognized as being a valuable part of the learning experience. The role of clinical nurse instructor involves personal involvement with student nurses in the facilitation of their learning. By going about the facilitation of clinical learning for student nurses in an informal manner, the student as well as the clinical nurse instructor will be able to assess the learning needs and knowledge gaps of the student nurse. This in turn will probably lead to more accompaniment sessions by the clinical nurse instructor, to enable the student nurse to eventually function and practice independently (Meyer, Naude & van Niekerk 2004:87).

By doing hands-on nursing with student nurses, the clinical nurse instructor has a wonderful opportunity to assist them in the application of knowledge and skills required according to the scope of practice. It is however, very important for the clinical nurse instructor to know at what level the student nurse is in the educational programme, as well as, the prior knowledge.

Professional nurses easily forget that they too have been student nurses. They forget how incompetent and scared they felt in the unit. They tend to think of student nurses in various ways. Firstly, some clinical nurse instructors tend to believe that all student nurses are irresponsible and incompetent and allocate them to perform routine tasks such as doing bed baths, bed making, dusting and measuring of vital signs.

In this study, the findings concur with the above statement. The following statement by some student nurses confirmed this:

“We are mostly delegated for full wash, bed making and dusting.”

It was also found in a study that was done by Carlson, Kotze & van Rooyen (2003:36), where students indicated that they received no guidance from personnel in the wards.

The implication for such a practice is that the full potential of the student nurse is ignored and the learner will not develop personally and professionally. Therefore, student nurses must not only be allocated routine tasks in the unit, but must also be allocated responsibilities that will create a challenge for them and allow for new clinical learning experiences. Thus, Fakude & Bruce (2004: 49) define clinical learning experience as the exposure of student nurses to situations where they encounter patients or clients.

Secondly, clinical nurse instructors tend to think that student nurses are already professional registered nurses and employ them as such during task allocation in the unit. Student nurses are even sometimes expected to perform tasks or procedures that they have not yet been taught or not yet capable of doing. In this study, it was found that this is also the way the clinical nurse instructors view the student nurses. The following statement confirms this:

“They just want us to work and they don’t want to teach us.”

“There is no guidance and support when we do procedures.”

The implication of such an exercise is that the student nurse will experience a lot of stress and experience the time spent to the unit as negative. On the other hand, the patient is exposed to severe misconduct and this leaves the gate open for legal cases.

The student nurses should be allowed to accept a share of responsibility for planning or operating the learning experience; by this the student nurse will have a feeling of commitment towards the learning experience. In other words, the student nurse should participate actively in the learning process. They should be allowed to make mistakes, without harming the patient and learn from that. This must be allowed whilst the clinical nurse instructor is continuously facilitating learning and guide the student nurses.

In this study, it was found that the clinical nurse instructors are not committed to teach student nurses. The student nurses indicated that the clinical nurse instructors are lazy, incompetent and not interested in teaching. Some of the clinical nurse instructors also indicated that they are not interested in teaching and some do not know how to teach.

The following statements from student nurses confirmed this:

“The clinical nurse instructors say that they do not know the procedures in the practical book.”

“The registered nurses just don’t want to teach us.”

Some clinical nurse instructors stated:

“I am just not interested in teaching.”

“I do not know how to teach.”

“I do not know whether what I am teaching is wrong or right.”

On the other hand, the clinical nurse instructors also indicated that some of the student nurses are not committed neither are they interested to learn. This was confirmed by the following statements by the clinical nurse instructors:

“Some of the students are not interested neither are they eager to know.”

“The students do not even come to the wards on their own to do their procedures.”

“The just come and sit down in the wards.”

3.4. Summary

In this chapter, the data obtained was analyzed and the findings were discussed. In the first place, the data on quantitative approach were analyzed. Secondly, the qualitative information was analyzed and different themes and categories were developed.

CHAPTER 4

CONCEPTUAL FRAMEWORK

4.1. Introduction

Conceptual framework refers to interrelated concepts or abstractions that are assembled together in a rational scheme by virtue of their relevance to a common theme (Polit, Beck & Hungler 2001:459). Conceptualization also refers to both clarification and analysis of key concepts in a study and to the way in which ones research is integrated into the body of a larger existing conceptual framework (Mouton 1996:110).

The identified main concepts of guidance will be classified within the practice model as describe by Dickhoff, James & Wiedenbach (1968:434-435), using the elements of practice theory, which are context, recipient, agent, purpose and dynamic.

4.2 Elements of practice theory

4.2.1. Context: Clinical nursing education set up

Clinical nursing education as the context is a dynamic, multipurpose environment in which the theoretical component is integrated into practice. According to Chabeli (2001:150) the dynamic of clinical nursing education is influenced by many factors and the facilitator has to create an environment conducive to learning within legal, moral, ethical and professional boundaries.

Therefore, the importance of guidance during clinical nursing education sessions cannot be overemphasized. The practice of the clinical nurse instructors concerning guidance compromises clinical judgment, decision-making, application of the nursing process and caring for patients in all aspects.

Many student nurses, who start working in an environment in a clinical area or a specific unit for the first time, are frightened by what they see and experience. The role of the clinical nurse instructor in this regard will be to assist the student nurse to settle in the unit and then to empower them to use the unit as a learning environment as they become more confident. It is in the clinical area that many skills are perfected. Communication, assessment, psychomotor, problem-solving, decision-making, time-management and organizational skills are all developed in the clinical area (De Youngs 1990:196).

The patient charter of Namibia, which is a national document, stipulates the rights of patients and clients. It stipulates that citizens who are suffering from any ill health or disease are to be protected, and enjoy the same rights, like their healthy compatriots. For this to be achieved, the student nurses, who are to be future registered nurses need to be trained and guided in such a way that they respect the patients and clients. Therefore, the student nurses need to be informed and made aware about the rights of patients and to be sensitive to the needs and interests of patients and clients.

The nursing council of Namibia is a statutory body that is accountable for the highest standard of nursing care to all people in the Republic of Namibia. It is regarded by the Nursing council that nursing education institutions educates and trains nurses and midwives to provide diversified comprehensive health care system, in a variety of settings inside and outside the hospital.

To achieve these functions, they must be guided to be able to adapt to change, analyze and solve problems, develop reflective skills, communicate effectively, adopt an ethos of caring and have a positive attitude towards learning that will inspire them to become lifelong learners. The creation of an environment conducive to learning during training is therefore mandatory (Chabeli 2001:161).

4.2.2. Recipient: Learner (student nurse)

Student nurses are a social group with a social identity. They are from a society and they are being prepared and educated to return and serve the society. However, they have to be trained and guided in aspects of professional socialization in order to be able to internalize the values, attitudes and ethics of the nursing profession (Mashaba & Brink 1994:310). Professional values, which include human dignity, accountability and integrity, are the foundation for the nursing practice; they guide interactions with clients, colleagues, other professional and the public.

Nursing as a career requires intelligence, academic potential, and the ability to combine study with practical work. Thus, student nurses should be made aware of the rigor involved both academically and in terms of commitment to learning and to the profession (Mellish, Brink & Paton 1998: 295).

Student nurses should possess enabling characteristics in order to actively participate in the construction of their own knowledge, skills, attitudes and values under the guidance and support of clinical nurse instructor. Thus, commitment and willingness to learning are important aspects of learning. Student nurses should therefore, be motivated and encouraged to learn and to assume responsibility for their actions. Clinical nurse instructors can help student nurses to develop motivation and willingness to learn during clinical nursing education by recognizing them for activities well done, or by encouraging them to take up the responsibility of planning and coordinating various activities in the ward under their supervision. By this, students learn to interact skillfully with other members of the health team. Clinical nurse instructors can also contribute to the student motivation by promoting opportunities for them to meet their needs, providing a variety of activities and providing opportunities for success.

Student nurses need to be guided and supported in many aspects in the clinical field. Thus, the clinical nurse instructor has to give support and encouragement to the student when things become difficult for them. Student nurses should be supported and encouraged by clinical nurse instructors who model good practice and who provide

appropriately but progressively withdraw support (Cope, Cuthbertson & Stoddart 2000:854). It means, providing them with sufficient support to allow them to achieve more than they would be able to without help. As competence of the student increases, the support is withdrawn in such a way as to pass responsibility over to the student nurse (Cope et al 2000:854). One aspect is to remain present and ready in order to step in should anything unexpected occur (Cope et al 2000:654).

Student nurses are also entitled to receive feedback on how they progress in the clinical situation. The feedback must be given in such a way that it does not damage or destroy the self-esteem of the student nurse. Therefore, constructive, non-judgmental feedback should be given.

It was found that this is not happening. This was justified by the following:

“Clinical nurse instructors are criticizing students instead of helping them.”

“If a demonstration is done, no feedback is given on weaknesses and strength.”

4.2.3. Agent: facilitator (clinical nurse instructor)

The facilitator or clinical nurse instructor refer to a nurse or nurse educator registered with the Interim Council of Nursing in Namibia with expert knowledge and clinical competence (Chabeli & Muller 2004:54). According to Werahera (2001:3), clinical nurse instructors are very important group of academic staff who provide and guide clinical teaching and practical experience for nursing student nurses in clinical setting.

They should be in possession of the enabling characteristics to facilitate and guide student nurses during clinical nursing education.

The clinical nurse instructor is a major role player in the personal and professional development of student nurses. According to Lambert & Glacken (2003:177) clinical nurse instructors have to spend time in clinical areas working alongside student nurses, teaching direct patient care and enabling student nurses to link theory with practice. The clinical nurse instructor is therefore not seen as an educator, but rather as a facilitator and a provider of guidance to ensure that student nurses will be equipped to fulfill their role in society as well as in their future work places. According to Billings & Halstead (1998: 287), effective clinical nurse instructors are knowledgeable about nursing, know how to convey the knowledge to student nurses in a meaningful way, are clinical competent, exhibit interpersonal skills that positively student's learning and establish collegial relationships with students.

Clinical nurse instructors are expected to communicate and model their understanding of guidance to student nurses. Teaching and guidance is a dynamic, facilitative, supportive, humanistic and diagnostic process that is mutually interactive in nature and needs to be viewed as such by the clinical nurse instructor. It involves more than merely giving of information and this includes diagnosing of student's learning needs.

According to Knowles, a learning need is a gap between the specified learning outcomes of a programme and the existing state of the student in relation to the learning outcomes (Quinn 2000:105). Andragogy emphasizes the importance of the student's own perception of the learning gap. The clinical nurse instructor must assess the learning styles of the various student nurses and be aware of individual differences among them in terms of their ability to absorb and communicate case related information (Kirkland 2000:2).

The clinical instructor must also identify the learning needs of the student nurses and plan the lessons together with them according to the identified needs. Depending on her attitude and approach can either promote or discourage learning. It is therefore considered essential that some attention be given to the clinical nurse instructor so that she will be able to fulfill her role (Mellish, Brink & Paton 1998:71).

Research findings of studies on nurse educators identified knowledge and clinical competence as important characteristics of effective educators. Thus, clinical nurse instructors must know and be up-to-date with health related issues and should know how to communicate such knowledge to student nurses. As nurse educators, clinical nurse instructors should have clinical knowledge and competence, read widely, keep abreast of developments and should demonstrate growth in practical competence.

Despite all the above, learning will only take place if there is a positive relationship between student nurses and clinical nurse instructors. Several research studies have indicated that positive educator-student relationships are most important for successful learning (Mellish, Brink & Paton 1998:72). An important element in developing positive relationships with student nurses is the clinical nurse instructor's commitment to teach in a caring manner which is characterized by being approachable, available, encouraging mutual respect, providing support and encouragement.

Furthermore, caring clinical nurse instructor's attitude towards student nurses is characterized by respect for them as human beings and be aware that each student nurse is a unique being with his or her own biological, psychological, social and spiritual needs. Thus, clinical nurse instructors have to accept differences among student nurses and respect their rights to challenge, question and expression of their views.

The clinical nurse instructor should be empathetic towards student nurses and view the situation from the student's perspective. The clinical nurse instructor has to be supportive, by showing concern, attentively listening to the queries and providing affection, love and being trustworthy. This affection will enhance the student's self-esteem, sense of well-being and will help the students to come to realize learning in clinical nursing education.

The clinical nurse instructor is a valuable resource for student nurses particularly in relation to clinical assignment. He/she should provide student nurses with honest and regular constructive feedback. Student nurses need to be provided with the opportunities in which they not only learn how to learn from practice, but also enjoy the learning experience enough to continue learning for life (Glen 2000:25). The clinical nurse instructor should ascribe to the students appropriate independence and autonomy as a learner, so that critical thinking and enquiry is encouraged.

The ability to think critically is essential to the practice of nursing and functioning effectively within our complex and ever-changing society and student nurses have to be educated and guided in such a way that they will be able to think critically in order to recognize and solve problems (Clarke & Holt 2001:71). Ineffective critical thinking based on insufficient knowledge or expertise can result in inappropriate responses, which will result in poor clinical nursing judgment. Moreover, incomplete critical thinking processing may result in inappropriate actions resulting in poor nursing outcome (Ritter. Year not indicated: 4).

The clinical nurse instructor is responsible for providing clinical learning experience that prepares the student nurses for evidenced-based practice. According to Barbara, Kathryn & Richard (2003:112) evidence-based practice is a process of systematically finding, appraising and using contemporaneous research findings as the basis for clinical decisions. Conrick (1997:5) is of the opinion that cost-effective, safe nursing requires

accurate clinical judgment and decisions. Thus, well-designed clinical experiences and resources furnish student nurses with the skill necessary for safe and effective care. The clinical nurse instructor must create a learning environment that fosters self-reliance and independence. She has to guide the student nurses to discover truth for themselves and to continue learning, be well read and familiar with current best evidence supporting practice. However, this does not mean that the clinical nurse instructor must know everything, but that she should know how to search for, and evaluate clinical practice. Best evidence and clinical expertise are necessary to maintain clinical competence, which will assist the students' knowledge and skill development.

Clinical nurse instructors have a responsibility of monitoring the student nurses progress in clinical nursing education. Student's performance can be monitored through direct observation, ward reports and informal feedback from the student nurses. Self-assessment on the part of the students is an important tool to foster, so that the student can compare his/her own internal monitoring with that of the clinical nurse instructor. For this to be achieved, clinical nurse instructors have to offer opportunities to student nurses to evaluate themselves in order to identify their strengths and weaknesses. The clinical nurse instructor has to guide the student nurses on how to overcome their weaknesses and be encouraged to keep up their strength.

Furthermore, clinical nurse instructors are serving a key link between the institution of education and practice setting. They have to work closely with the lecturer to facilitate

the mapping of required learning opportunities for allocated student nurses and to facilitate the identification of new learning opportunities (Phillips Year not indicated: 13).

The clinical nurse instructor should have regular liaison visits with other clinical instructors and the University staff to discuss student's progress and other problems pertaining to the academic performance of student nurses. These visits or meetings can identify the problems that are experienced by students in the clinical area and can come up with better ways on how to solve or improve on those problems. The visits will also help to foster a good relationship with the University staff and the clinical instructors and the students alike.

4.2.4. The purpose

The purpose of guidance is to train and educate student nurses to become competent registered nurses who are capable of providing quality care, which is based on sound knowledge and practical skills.

4.2.5. Dynamic interaction facilitation

Roget (1991:54), Chabeli & Muller (2004:54) define interactive facilitation as a dynamic, mutual, correlative, interactive process between the learner and the facilitator or the environment with the quest to facilitate reflective thinking of learners through interactive discourse in clinical nursing education.

One of the aspects of guidance is to facilitate. Authors stated that by facilitating, the facilitator (clinical nurse instructor) enables the learners to move into the next stage of their education and training to grow personally and professionally. It is important that all stakeholders concerned with the educational of student nurses should be involved in all matters affecting the education of student nurses (Quinn 2000:105) so that effective teaching and learning can take place. In guiding students, the stakeholders are the student nurses, clinical nurse instructors, registered nurses in the wards and the University staff.

The lecturer, together with clinical the nurse instructor are responsible for the professional and personal development of the student nurse. It is, therefore, necessary for the clinical nurse instructor to obtain information regarding prior learning of the student nurse from the lecturer. This information should include the theoretical content of the relevant subjects as well as that of the specific clinical skills that have been demonstrated. The clinical nurse instructor can obtain this information from the curricula of the programme as well as the schedules of the clinical demonstration provided by lecturers. If the lecturer supplies the clinical nurse instructor with the programme of clinical lectures the student nurse received and has a discussion with the lecturer on what is expected of the learner, the learner will not be seen as a worker who is there to get work done.

It is important for the clinical nurse instructor to recognize student nurses as being in training, who are developing into professional nurse and must do so by attaining certain minimum requirements as set out by the Nursing Council of Namibia.

It is important to keep in mind that the clinical learning environment should not only consider the student nurse, but make provision for other health team members other clinical nurse instructors and lecturers who are involved in interaction with student nurse in the clinical environment. The clinical nurse instructor should create opportunities for student nurses to work in an intra and interdisciplinary team with other health professionals. The student nurse could be encouraged to take up the responsibility of planning and coordinating the variety of team members and their activities; e.g. nurses, doctors, occupational therapists etc, who are participating in the plan of caring for the specific patient. The opportunity to learn and work in an interdisciplinary team, teaches the student nurses how to be effective client advocates and coordinators.

4.3. Summary

In this chapter, the concepts of guidance were classified and describe under the practice model using the elements of the practice theory.

CHAPTER 5

CONCLUSIONS, RECOMMENDATIONS AND LIMITATIONS

5.1. Introduction

The previous chapter dealt with the conceptual framework in which the study was conducted. This chapter focuses on the conclusions, recommendations and limitation of the study.

5.2. Conclusions

Based on the findings, the following conclusions were drawn based on the objectives.

Objective 1: To explore and describe which characteristics the clinical nurse instructors possess to carry out their role in clinical nursing education?

As an outcome of this study, the majority of the clinical nurse instructors are females and their ages varies between 31-59 years. Most of the clinical nurse instructors have a Diploma in Nursing Science with most having 4-6 years of experience as clinical nurse instructors. This period of experience is long, but they are not well equipped with knowledge and skills to guide students in the clinical set up. The instructors are unsure whether what they are doing is wrong or right. It is also evident that the guidance given to student nurses is not adequate, because sometimes the instructors themselves do not know some of the issues.

It was found that the professional background of the clinical nurse instructors were inadequate in preparing them for their role as clinical nurse instructors. None of the clinical nurse instructors have specialized in nursing education and most of them do not have any training on clinical instruction. No workshops, seminars or in-service training is given to the clinical nurse instructors.

This was also found in a study that was done by Chabeli (1999:26) where participants expressed the need for expert, relevant and up-to-date knowledge and experience from professional nurses.

Objective 2: To explore and describe the guidance that student nurses receive from clinical nurse instructors.

It was concluded that the guidance that student nurses receive from clinical nurse instructors is inadequate. The teaching/ learning environment is not conducive because student nurses do not know what is expected from them as well as, from the clinical nurse instructors. Furthermore, there is no mutual planning to determine their learning needs, opportunities and experiences.

This was also indicated in a study that was done by van Rhyn & Gontsana in (2004:23) with students in psychiatric units, whereby the results indicated inadequate and insufficient professional support. Aspects such as stress centered and uncommunicative work environment were indicated.

Objective 3: To explore and describe the clinical nurse instructors' view on how they see their roles and functions concerning guidance.

It was concluded in this study that clinical nurse instructors are not clear on their role and function. Because some clinical nurse instructors do not see their role and function to teach and guide student nurses, this resulted in students not experiencing a competent role model.

Participants reported also in a study by van Rhyn et al (2004:25) that professional nurses could not impart knowledge and showed minimal interest in the whole process of student learning. Students came to the conclusion that clinical nurse instructors and other registered nurses had no interest in their work.

Objective 4: To explore and describe which approaches the clinical nurse instructors follow to guide student nurses.

It was concluded that clinical nurse instructors regard showing students' different procedures (demonstrations) as guidance. Aspects like motivation, mentoring, coaching, supervision and reflection are not adequately dealt with.

The same results were found in a study that was done by Iita, Alberts, van Dyk & Small (2002:31). Students and registered nurses revealed that not all concerned are sure about selecting learning opportunities, correlate theory and practice and guide students during clinical nursing education session.

Objective 5: To explore and describe problems experienced by clinical nurse instructors and student nurses in the clinical area, which hamper guidance and education.

It was concluded that clinical nurse instructors experienced problems to perform their duty. Apart from the fact that they do not get opportunities to improve their knowledge and skills concerning guiding of students, there is also lack of equipment to teach students. Furthermore, they have a heavy workload and do not get adequate time to guide students. They also experience a problem with cooperation between the stakeholders.

During interviews that were conducted with nurse managers in a study done by Murathi, Davhana & Netshandama (2005:15) problems were mentioned. Unit managers felt that:

- there is poor communication with the teaching staff
- students displayed different attitudes as they were taught
- they experience shortage of staff
- they experience problems related to teaching and evaluation of students.

5.3. Recommendations

This is the first study on clinical guidance conducted in Oshakati Hospital. Therefore, further research on the subject is recommended.

Based on the conclusions and the implications deduced from the findings of this study, the following recommendations are made:

Conducive learning and teaching environment

To create an environment that is conducive for guidance and learning it is necessary to up date knowledge and skills of the clinical nurse instructors. In order to achieve the above, the following is needed:

▪ In-service education

The clinical nurse instructors have to receive in-service education to update them regarding:

- different teaching and guiding aims (maturing, educative , professional)
- new teaching and guiding principles (active, engaging, collaborative, expert learner and co-learner) (Bevis & Watson 1989:117)
- adequate role modeling is necessary because role models are expected to demonstrate safe clinical practice (Chabeli 1999:27).

It is recommended that when given in-service education, the following principles be considered:

- identification and assessment of training needs
- joint planning
- consider unit conditions
- role of management in relation to the programme

- competent instructors
- encouraging the principles of adult education
- Improve leadership qualities
- Reinforce interpersonal relationships (Norushe, van Rooyen, & Strumpher 2004:70).

Update all personnel involved with the education of student nurses in the clinical situation that is, nursing service and nursing lecturers. This should be done by the health services and the educational institutions together on a regular basis.

According to Jooste & Troskie (1995:49), Tembani, van Rooyen & Strumpher (2003:68), registered nurses who attend in-service training are up to date with what is going on in their profession and are equipped with skills and knowledge to meet the demands of their jobs.

- In addition, professional education of nurses is not a fact-loading process but the process of acquisition and mastery of basic skills in order to identify health and problems (Facione, Facione & Sanchez 1994:345)
- Students also have to be informed regarding what is expected from them during clinical nursing education sessions.

In addition, students should be informed on the following:

- the relationship between the clinical nurse instructors and the student
- the active participation of students in their education programme

These must be done by respective lecturers and the clinical nurse instructors.

- Good, well-targeted teaching procedures should be used to ensure that the student's time is productive and that valuable staff resources are used efficiently and effectively (Stengelhoven 1993:5).
- Continuous assessment systems should be in place where the focus is to ascertain that learning has occurred. Furthermore, attaining of broad educational aims should be negotiated by the clinical nurse instructor and the student. Assessment criteria should be known by the students and preferably negotiated by the clinical nurse instructor and the student.
- Develop guidelines to assist the clinical nurse instructors on how to guide students. This can be done by the educational institutions in cooperation with the service staff.

Concerning approaches that are used to guide student nurses, the following is recommended:

The person extended guidance (clinical nurse instructor) and the person being guided (student nurse) must be in communication with each other.

Furthermore, the guidance given must be appropriate, whether in the form of suggestions, instructions, direction or supervision (Orem 1995:16-17).

Concerning attitudes of clinical nurse instructors and student nurses towards teaching and learning

It is recommended that professional nurses and clinical nurse instructors become sensitive to the clinical learning needs and expectations of students and encourage the use of interactive methods of teaching and learning (Chabeli 1999:28).

5.4. Limitations of the study

Limitations applicable to this study are participant effect. Although it was assumed that participants would answer honestly and with integrity to reasonable questions posed during the focus group discussions, participants may have answered questions in a manner which they perceived as being more polite and not really as they felt about it. This participant effect where the informants may have given answers they thought the researcher expected, is commonly referred to as the Hawthorne effect (Polit, Beck & Hungler 2001:175). Concerning data analysis, although measures to ensure trustworthiness were applied, there is still a possibility of misinterpretation of experiences of participants.

5.5. Summary

Since the beginning of formal nursing education in Namibia, many changes were done to the system to address the needs of the society. One of the aspects that remained important throughout the years is the guidance of students specifically during clinical nursing education sessions. During this study, the question relating to guidance of student nurses was addressed during focus group discussions with fourth year student nurses and clinical nurse instructors. Strengths and shortcomings were identified and recommendations were made accordingly.

REFERENCES

Alberts, U.U. 1990. n' Ondersoek na die omvang van betrokkenheid van verpleegkunde dosente in die kliniese onderrig by sekere opleidingsentra in Suid Afrika. Pretoria: Universiteit van Suid Afrika (Proefskrif.D.Lit).

American Association of Colleges of nursing. 2003. Working paper on the role of the clinical leader [Online]. Available from: <<http://www.aacn.nche.edu/Publications/WhitePapers/ClinicalNurseLeader.htm>>. [Accessed: 2004 March 23].

Anonymous 1. 2001. Clinical practice supervisor and mentorship guidelines [Online]. Homerton College: Cambridge School of Health Studies. Available from: <<http://www.health-homerton.ac.uk>>. [Accessed: 2005 April].

Anonymous 2. Year not indicated. Preceptor/clinical coaching clinical contract [Online]. Alabama: Bishop state community college. Available from: <<http://www.bishop.edu/health/PreceptorClinical03.pdf>>. [Accessed: 2005 April].

Armstrong, D.J. & Adam, J. 2002. The impact of a postgraduate critical care course on nursing practice. *Nursing education* 2 (3) September 2002: 147-220.

Babbie, E. & Mouton J. 2001. The practice of social research. Cape Town: Oxford University press.

Barbara, A.J., Kathryn, A.R. & Richard, W.W. 2003. Developing the skills to implement evidence based practice- a joint initiative between education and clinical practice. *Nurse education in practice* 3 (2) June 2003: 59-120.

Bezuidenhout, M.C., Kock. S. & Netshandama, V.O. 1999. The role of the ward manager in creating a conducive clinical learning environment for student nurses. *Curationis* 22 (3) September 1999.

Bezuidenhout, M.C. 2003. Guidelines for enhancing clinical supervision. *Health SA Gesondheid* 8(4) 2003:12-19.

Bevis, E.M. & Watson, J.E. 1989. Toward a caring curriculum-a new pedagogy for nursing. New York: National League for nursing.

Billings, D.M. & Halstead, J.A. 1998. Teaching in Nursing: A guide for faculty. Philadelphia: W.B. Saunders Company.

Bless, C. & Smith, C.H. 2000. Fundamentals of social research methods: an African perspective. 3rd edition. South Africa: Juta education Ltd.

- Booyens, S.W. 2001. Introduction to health service management. Cape Town: Juta.
- Brennan, A.M. & Hutt, R. 2001. The challenges and conflicts of facilitating learning in practice: the experiences of two clinical nurse educators. *Nurse education in practice* 1(4) December 2001: 171-226.
- Caplan, R.D. & Jones, K. W. 1975. Physical environment and individual level stressors: Stress and work - a managerial perspective [Online]. Available from:
< <http://www.home.ubalt.edu/ntsbmilb/stress.htm>>. [Accessed: 2006 Jan].
- Carlson, S., Kotze, W. J. & van Rooyen, D. 2003. Accompaniment needs of first year nursing students in the clinical learning environment. *Curationis* 26 (11) 2003:30-39.
- Chabeli, M. 1999. Student nurses learning needs and expectations in clinical learning units. *Curationis* 23 (12): 24-28.
- Chabeli, M. 2001. A model to facilitate reflective thinking in clinical nursing education. Johannesburg: RAU.
- Chabeli, M. & Muller, M. 2004. A model to facilitate reflective thinking in clinical nursing education. *Curationis* 27(4) 2004:37-48.

Clarke, D.J. & Holt, J. 2001. Philosophy: a key to open the door to critical thinking. *Nurse education today: the journal for health care education – an international journal* January: 1 – 82.

Conrick, M. 1997. Clinical decision making: Issues in Teaching. The Australian electronic journal of nursing education [Online]. Available from: <<http://www.scu.edu.au/schools/nhcp/aejne/archive/vol2-1/mc21.htm>>. [Accessed: 2004 March 23].

Cope, P., Cuthbertson, P. & Stoddart, B. 2000. Situated learning in the practice placement: *Journal of advanced nursing* 31 (4) April 2000: 850 – 856.

Crabtree, B.F. & Miller, W.L. 1992. Doing qualitative research. Newbury Park, CA: Sage publishers.

De Santis, L. & Ugarizza, D.N. 2000. The concept of theme as used in qualitative nursing research. *Western journal of nursing research* 2(2) 2000: 351-372.

De Vos, A.S. 2000. Research at grass roots: for the social sciences and human service professions, 2nd edition, Pretoria: Van Schaik publishers.

De Youngs, 1990. Teaching Nursing. Canada: Benjamin/Cummings Publishing Company.

Dickhoff, J., James, P. & Wiedenbach, E. 1968. Theory in a practice orientated theory. *Nursing research, 17(5) September-October: 135-415.*

du Plessis, E. & Greeff, M. 2000. Riglyne vir die kliniese begeleiding van studentdverpleegkundiges deur die kliniese begeleidspan. *Health SA Gesondheid 5(1) 2000:10-21.*

Edwards, H., Smith, S., Courtney, M., Finlayson, K. & Chapman, H. 2004. The impact of clinical placement location on nursing students' competence and preparedness for practice. *Nurse education today. The journal for health care education – an international journal, 24(4)May 2004:245-332.*

Edwards, S.L Year not indicated. Innovation skill acquisition for higher education nursing students [Online]. Hatfield:UK. Available from:<
<file:///A:/INNOVATION%20IN%20SKILLS%20ACQUISITION%20FOR%20HE%20N...>>. [Accessed: 2005 March 14].

Erickson-Owens, D. A.& Kennedy, H.P. 2001. Fostering evidence-based care in clinical teaching. *Journal of Midwifery and women's health. 46(3) May/June 2001:136-145.*

Ewan, C. & White. R. 1996. Teaching Nursing: a self-instructional handbook. 2nd edition. London: Chapman & Hall.

Facione, N.C., Facione, P.A. & Sanchez, C.A. 1994. Critical thinking disposition as a measure of competent clinical judgment: The development of the California critical thinking inventory. *Journal of nursing education*, 33(8): 345-350.

Fakude, L.P. & Bruce, J.C. Journaling: A quasi-experimental study of student nurses' reflective learning ability. *Curations* 26(2) 2004: 49-55.

Forrest, S., Brown, N. & Pollock, L. 1996. The clinical role of the nurse teacher. *Journal of advanced nursing* (24) 1996: 1257-1264.

Gaudine, A.P. 2000. Nursing leadership. What do nurses mean by workload and work overload. *Canadian journal of nursing leadership* [Online]. 13(2): 1-12. Available from: <<file:///A:/Canadian%20Journal%20of%20Nursing%20Leadership.htm>>.

[Accessed: 2004 Jan].

Glen, S. 2000. Critique of the graduate nurse: an international perspective. *Nurse education today. The journal for health care education an international journal* 20 (1) Jan 2000: 1-88.

Greenwood, E.L. 2003. The learning experience of a student nurse, a critical analysis: Health and practice [Online]. University of Stirling. Available from:<<http://www.health.heacademy.ac.uk/publications/studentessay/emmalouisegreenwood>>. [Accessed: 2005 February].

Hornby, A.S. 1993. Oxford advanced learner's dictionary. Great Britain: Oxford University press.

Iita, H., Alberts, U., van Dyk, A. & Small, C. 2002. Factors that influence the selection of learning opportunities for student nurses in primary health care. Windhoek: University of Namibia.

Irby, D. M. 1998. Characteristics of effective clinical Teachers [Online]. Available from:<<http://www.utexas.edu/pharmacy/general/experiential/practitioner/effective/exer.../exer2.htm>>. [Accessed: 2004 March 30].

Israel, G.D. Year not indicated. Using focus group interviews for evaluating extension programmes [Online]. Florida. University of Florida. Available from:<http://www.edis.ifas.ufl.edu/BODY_PD036>. [Accessed: 2005 April].

Jooste, K. & Troskie, R. 1995. Staff development for nurses. Halfway House: Southern.

Khanyile, T. & Mfidi, F. 2005. The effect of curricula approaches to the development of the student's clinical reasoning ability. *Curationis* 28 (2) May 2005: 70-76.

Khoza, B. & Ehlers, V.J. 2000. The competencies of newly qualified psychiatric nurses. *Health SA Gesondheid* 5(3) 2000:50-59.

Kirkland, R. 2000. Core educator. A faculty development newsletter [Online]. Available from: <<http://www.oucom.ohiou.edu/fd/timtadderweb/newsletters/september.htm>>. [Accessed: 2003 August].

Kotzabassaki, S., Panou, M., Dimou, F., Karabagli, A., Koutsopoulou, B. & Ikonou, U. 1997. Nursing students' and faculty's perceptions of the characteristics of "best" and "worst" clinical teachers: a replication study. *Journal of Advanced Nursing* (26): 817-824.

Lambert, V. & Glacken, M. 2003. Clinical support roles: a review of the literature. *Nurse education in practice* 4 (3) June: 151 – 226.

Lekalakala-Mokgele, E. & du Rand, P.P. 2005. A model for facilitation in nursing education. *Curationis* 28(2) May 2005: 23-29.

Mallette, S., Loury, S., Keehner, M. & Andrews, A. 2005. The integrative clinical preceptor model: a new method for teaching undergraduate community health nursing: *Nurse Educator* 30(1) Jan/Feb 2005:21-26.

Management Science for Health. Management strategies for improving health services. *The Manager*. 12 (4) 2003.

Mashaba, T.G. & Brink, H.I. 1994. Nursing education – an international perspective. Cape Town: Juta & Co.

Mason, T. & Whitehead, E. 2003. Thinking nursing. UK: Open University Press.

McKenna, L. 1997. Meeting the learning needs of clinical nurse teachers: a pilot program. Australian Electronic journal of nursing education [Online] 2:1-. Available from <<http://www.scu.edu.au/schools/nhcp/aejne/archive/vol2-1/1mck21.htm>>. [Accessed: 2004 March 23].

Meleca, C.B., Schimpfauser, F.T. & Witteman, J.K. 1978. A comprehensive and systematic assessment of clinical teaching skills and strategies in the health service. USA: Department of health, education and welfare, public health service, national institute of health.

Mellish, J.M., Brink, H.I.L. & Paton, F. 1998. Teaching and learning the practice of Nursing. 4th edition. Johannesburg: Heinemann.

Meyer, S., Naude, M. & van Niekerk, S. 2004. The nursing unit manager: a comprehensive guide. 2nd edition. Sandton: Heinemann.

Mitchell, P.R. & Grippando, G.M. 1993. Nursing Perspectives and issues. 5th edition, USA: Delmar publishers.

Morolong, B. G. & Chabeli, M. M. 2005. Competence of newly qualified registered nurses from a nursing college. *Curationis* 28(2) May 2005: 38-50.

Morse, J.M. & Field, P.A. 1995. Qualitative research methods for health professionals. Thousand Oaks, CA: Sage publishers.

Mouton, J. 1996. Understanding social research. Pretoria: van Schaik.

Murathi, C.A., Davhana, M. & Netshandama, V.O. 2005. Clinical teaching of student nurses by unit managers of selected hospitals in Limpopo Province. Durban: Department of Health and Welfare.

Myrick, F. & Barrett, C, 1994. Selecting clinical preceptor for basic baccalaureate nursing students: a critical issue in clinical teaching. *Journal of advanced nursing*. 19(1) Jan. 1994: 194-198.

Neville, L. 2003. Moral difficulties in nursing practice: reflection on the practice of a nurse educator. *Nurse education in practice*. 4(2) June 2004:81-150.

Norushe, T.F., van Rooyen, D. & Strumpher, J. 2004. Inservice education and training as experienced by registered nurses. *Curationis* 27 (11) 2004: 63-69.

Nursing Act No. 8. 2004. Government gazette of the Republic of Namibia 3249:1-71.

Orem, D.E. 1995. Nursing concepts of practice. Chicago: Mosby.

Patton, M.Q. 1990. Qualitative evaluation and research methods. 2nd edition: USA: Sage publication.

Paverd, N.V. 1985. Ringing in the changes: the implications of the new regulations for the college. *Curationis* , 8(2) June 1985: 9-12.

Pearcey, P.A. & Elliott, B.E. 2004. Student impressions of clinical nursing. *Nurse education today. The journal for health care education- an international journal*. 24(5) July 2004: 333-416.

Phillips, S. Year not indicated. Works with clinical placements facilitator, to map the required learning opportunities for allocated students, and to facilitate the identification of new learning opportunities: Support whilst on placement [Online]. Wandsworth: Primary Care Trust. Available from :<sonia.phillips@swlondon.nhs.uk>. [Accessed: 2005 February 08].

Polit, D.F. & Hungler, B.P. 1999. Nursing research: principles and methods: 3rd edition. London: Lippincott Company.

Polit, D.F., Beck, C.T. & Hungler, B.P. 2001. Essentials of nursing research methods, appraisal and utilization. 5th edition. Philadelphia: Lippincott.

Quinn, F.M. 2000. The principles and practice of nurse education. 3rd edition. London: Chapman & Hall.

Reece, I. & Walker, S. 1997. Teaching, training and learning: a practical guide. 3rd edition. Great Britain: Business Education Publishers Limited.

Reilly, D.E. & Oerman, M.H. 1999. Clinical teaching in nursing education. 2nd edition. New York: National league for nursing.

Ritter, B.J. Year not indicated. Research interests: Critical thinking in nursing [Online]. Available from: <<http://www.usfca.edu/fac-staff/ritter/research.htm>>. [Accessed: 2004 August 13].

Robbins, K. 2003. Development of the nurse clinical leader role [Online]. Available from:<http://www.harthosp.org/nursing/professionals/pdf/Newsletter-02-2003.pdf-318k>>. [Accessed: 2004 January 26].

Roget, P. 1991. Roget's Thesaurus of English words and phrase. London: Dent.

Scanlan, J.M., Care, W.D. & Gessler, S. 2001. Dealing with the unsafe student in clinical practice. *Nurse educator* 26(1) Jan/Feb 2001: 23-27.

Searle, C. 2000. Professional practice: A Southern African Nursing Perspective. 4th edition. RSA: Heinemman.

Sian, E. M. P. & Owen, S. 2001. Enhancing your clinical links and credibility: the role of nurse lecturers and teachers in clinical practice. *Nurse Education in practice* 1 (4) December 2001: 171 – 226.

Spouse, J. 2001. Workplace learning: Pre-registration Nursing Students' Perspectives. *Nurse Education in Practice* 1 (3) September 2001: 109 – 170.

Stengelhoven, J. 1993. Teaching students in clinical setting. London: Chapman Hall.

Strasser, S. 1998. Support staff through effective supervision. How to assess, plan and implement more effective clinic supervision. Initiative for Sub-District support. Burban: Health System Trust.

Streubert, H.J. & Carpenter, D.R. 1999. Qualitative research in Nursing – advancing the humanistic imperative. 2nd edition. Philadelphia: Lippincott.

Tembani, N.M., van Rooyen, D. & Strumpher, J. 2003. The clinic supervisory system as experienced by nurse supervisors. *Curationis* 26(2), August 2003:64-71.

Thompson, C. 2001. JAN Forum: Clinical decision making in nursing: Theoretical perspectives and their relevance to practice – a response to Jean Harbinson. *Journal of advanced nursing* 35(1) 2001: 134 – 137.

Tsele, N. & Muller, M. 2002. Clinical accompaniment. The critical care nursing students' experiences in a private hospital. *Curationis* 23(2) June 2000: 32-36.

Van Niekerk, E.C. 1993. Riglyne vir teorie-praktyk korrelasie in begeleiding van die studentverpleegkundige. Johannesburg: Randse Afrikaanse Universiteit (Thesis M-Cur).

Van Rhyen, W.J.C. & Gontsana, M.R. 2004. Experiences of student nurses during clinical placement in psychiatric units in a hospital. *Curationis* 27 (4) November 2004:18-27

Watson, J. 2006. Watson's caring theory-a theory of human caring [Online]. Available from :< <http://www.uchsc.edu/son/caring/content/definition.asp>>. [Accessed: 2006 Jan].

Werahera, H. B. P. S. 2001. Workload pressures on nursing tutors. *Daily News* [Online]. Available from
<<file:///A:/Online%20edition%20of%20Daily%20News%20-%20Features.htm>>.
[Accessed: 2005 March 14].

White, R. & Ewan, C. 1991. Clinical teaching in nursing. London: Chapman & Hall.

Wotton, K. & Gonda, J. 2003. Clinician and student evaluation of a collaborative clinical teaching model. *Nurse education in practice*. 4(2) June 2004: 81-150.

Annexure

Permission letters

Annexure A



REPUBLIC OF NAMIBIA

Private Bag 13198
Windhoek
Namibia

Ministry of Health and Social Services

Ministerial Building
Harvey Street
Windhoek

Tel: (061) 2032538
Fax: (061) 227607
E-mail: mzauana@mhss.gov.na

Enquiries: Ms. M. Zauana

Date: 30 September 2003

OFFICE OF THE PERMANENT SECRETARY

Ndapunikwa Uukule
P.O. Box 1998
Oshakati

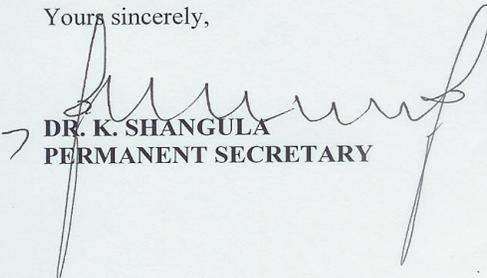
Dear Ndapunikwa Uukule

**GUIDANCE OF STUDENT NURSES BY CLINICAL NURSE INSTRUCTORS IN
THE TRAINING HOSPITAL OF OSHANA REGION**

1. Reference is made to your application to conduct the above-mentioned study.
2. The proposal has been evaluated and found to have merit.
3. Kindly be informed that approval has been granted under the following conditions:
 - 3.1. The data collected is only to be used for your Masters Degree in Research study in the training hospital of Oshana Region.
 - 3.2. A quarterly progress report is to be submitted to the Ministry's Research Unit;
 - 3.3. Preliminary findings are to be submitted to the Ministry before the final report;
 - 3.4. Final report to be submitted upon completion of the study;
 - 3.5. Separate permission to be sought from the Ministry for the publication of the findings.

Wishing you success with your project.

Yours sincerely,


DR. K. SHANGULA
PERMANENT SECRETARY



Annexure B

9 - 0 / 0001

REPUBLIC OF NAMIBIA*Ministry of Health and Social Services***NORTH WEST HEALTH REGION**

Tel. No.: (065) 2233143
 Fax No.: (065)221390

Intermediate Hospital Oshakati
 Private Bag x5501
 Oshakati

Enquiries: Dr Korbinian V. Amutenya

25 February 2004

Mrs. N. Uukule
 P. O. Box 1998
 OSHAKATI

Dear Madam

RE: RESEARCH STUDY "GUIDANCE OF STUDENT NURSES BY CLINICAL INSTRUCTORS IN THE TEACHING HOSPITAL OF OSHAKATI"

1. The above matter refers following your application dated 24 February 2004.
2. Permission is hereby granted for you to carry out the above study on condition that:
 - (i) You will comply with all conditions set by the Permanent Secretary.
 - (ii) You will give a copy of your findings to the Hospital Management of Oshakati Hospital to act on deficiencies identified.

I wish you all the best in your study.

Yours Sincerely


 DR KORBINIAN V. AMUTENYA
 SENIOR MEDICAL SUPERINTENDENT



Annexure C

NORTHERN CAMPUS UNIVERSITY OF NAMIBIA



P.O. Box 2654, Oshakati, Namibia

Telephone: (++) 264) (65) ~~221781/ 222885/6/7/9~~ 2232248

Fax: (++) 264) (65) 221782

INTERNAL MEMO

TO: Ms N. Uukule
Oshakati RHTC
IHO

FROM: Office of the Divisional Head
C/o N. Shifiona *Shifiona*
UNAM Northern Campus
Oshakati

Date: 17 April 2003

Dear Madam

Subject: Your letter dated 7/4/2003 referred

I hereby would like to acknowledge that I have received your letter of the 7/4/2003.

We have no objection in granting you permission to have UNAM third year students as your study population. They are 26 in total (3 males and 23 females). A memo has been written to them (individually) informing them about your request and requesting their permission to assist you in this regard (see attached). Seeing that you did not specify how you will utilize them and when, I am also not in the position to respond to any inquiries from them, if any.

Besides the memo from our office, I am suggesting that it will be wise if you approach them in advance as a follow up to my memo, to clarify how you want to use them and the time that you will need them.

Hope you will find this in order.



To: All Third Year Nursing Students
UNAM Northern Campus
Oshakati

From: Office of the Divisional Head
Northern Campus

Date: 17 April 2003

Subject: Request for permission

Ms Ndapunikwa Uukule, a Senior Health Programme Administrator at Oshakati Regional Health Training Centre is currently preparing her research proposal for a Masters Degree at the University of Namibia. The title of the study read as follows: "**Guidance of student nurses by clinical instructors in the training hospital of Oshana Region**". Part of her study population will entail all third year student nurses from UNAM Northern Campus.

It is against this background that you are humbly requested to grant your permission and to avail yourself when she approach you.

We rely on your usual support and I thank you in advance for your cooperation in this regard.

Sincerely

Ms N. Shifiona

