A SURVEY TO DETERMINE HOW EXPERIENTIAL LEARNING IS APPLIED DURING CLINICAL TEACHING OF STUDENT NURSES IN TRAINING INSTITUTIONS IN NAMIBIA

A THESIS SUBMITTED IN FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF NURSING SCIENCE (NURSING EDUCATION)

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BY

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DECLARATION

I, Lucia Ndalinoshisho Nelumbu hereby declare that this entire thesis, except where contrary indicated in the text, is my own original work.

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ABSTRACT

The study was undertaken to determine how the experiential learning cycle is applied during clinical sessions in the nursing training institutions in Namibia. The main objectives of this study were: to find out how learning experiences were selected by registered nurses and nurse educators for concrete exposure by the students and to evaluate how students were assisted for future actions

The study is based on the framework of Kolb's theory which explains the process of learning in terms of a cycle consisting of four phases: concrete experience, reflection, conceptualisation and experimentation.

The study was conducted at the three training institutions, in Hospital A, Hospital B and Hospital C. Analysing the data provided by the respondents, the study concluded that the students' learning experiences were not always properly planned. Learning objectives were not clearly formulated, or understandable to students. No adequate time was set out for clinical teaching. Time for reflection, for individuals or groups of students, was not always provided. Students were seldom encouraged to make

decisions for plans of action. Students were not always offered opportunities for self-evaluation and evaluation of lecturers and registered nurses were obscure to students.

Based on the above findings, the study recommends that lecturers and registered nurses should have knowledge and skills on experiential learning theory that enables them to facilitate the use of this in nursing education, particularly its application in clinical teaching. In other words, the study recommends that our training institutions should emphasise the application of Kolb's theory, "learning by doing".

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INTRODUCTION AND GENERAL BACKGROUND

1. Introduction

The concern about the problem of inadequacy of clinical teaching and learning seems to exist in the training institutions in Namibia as has been expressed by the student nurses. It seems that student nurses are not properly guided and supported through the experiential learning cycle during clinical sessions. Clinical practice is a component of nursing programs and a major source of student learning. Clinical learning experiences are described by Mc Cabe (1985:255) as the heart of professional education that provide students with the opportunity of consolidating knowledge, socialising into professional roles and acquiring professional values.

Experiential learning is learning that results from experience. It encompasses personal experience, reflection on the experience and transformation of knowledge and meaning as a result of the experience

and action (Burnard 1992:29). It is important that students proceed through the experiential learning cycle during practice sessions, and also that they be supported, guided and taught through all the learning experience stages.

Experience based education has become a widely accepted form of instruction since the focus of educational methods shifted from that of mere transmission of content to bringing of theory and real life experiences closer together (Potgieter 1996:158).

2. Problem Statement

In spite of the principle that students should be properly guided, taught and supported in the clinical situation, it seems that this is not always the case. It is currently not clear how the registered nurses in the wards and the nursing lecturers interact with nursing students in our local clinical settings. Students complain that they have been neglected during clinical sessions. Therefore this study is undertaken to determine how the experiential learning cycle is applied during clinical sessions in the training institutions in Namibia.

The inability to transfer classroom knowledge to clinical nursing practice is a common learning problem encountered by nursing staff. Wong (1979:162) states that the nurse educator is responsible for the development of this problem. She demonstrated that teachers put much emphasis on the teaching of concepts and principles in the classroom but fail to enable students to synthesise their knowledge and relate this knowledge to clinical practice.

Practice in the clinical set-up entails thoughtful consideration by nurse educators of the situation where students should have the opportunity to develop skills in the use of nursing theories. Young (1983:55) is of the opinion that learning experiences should be planned according to the students' level of study, existing knowledge, expectations and needs, as well as the specific integration of theory and practice of the experience.

Registered nurses are reluctant to spend time with students on reflection of experiences. According to Pfeiffer and Jones, in Mashaba and Brink (1994:150), a meaningful learning experience goes beyond the

immediate experience in that it follows a systematic sequence of activities beyond the experience. Kolb (1984:68) is of the opinion that sharing and verbalising what one saw or felt during an activity broadens and deepens the experience.

According to Bowman (1981:28), the organising of learning experiences should be on a continuous basis to ensure the practising of skills. Knowles, cited in Quinn (1988:46), also recognises the essential nature of a range of experiences to any adult, especially in the way in which that adult is an active participant in the experience.

Registered nurses are reluctant to teach in the clinical setting. According to Coetzee et al (1985), registered nurses in the clinical set-up feel that it is not their responsibility to teach students. Clinical instructors or lecturers also felt that they don't have the time for that. However, traditionally, since the time of Florence Nightingale, the ward sister was involved with clinical teaching. The ward sister, being the senior practitioner in the ward, has an important teaching task (Potgieter 1980:18).

Cheung's study (1985:40) revealed that nurses in training were not given proper supervision in clinical practice and they were often left on their own to carry out procedures. The key to maximising student learning in the clinical set-up is the nursing educators' deliberate attention to the experiential learning cycle (Iwasiw & Sleightholm - Cairns, 1990:260; Mashaba & Brink, 1994:149).

It is not clear how the stages of the experiential learning cycle are applied during clinical teaching of student nurses in the training institutions in Namibia. The question that guided the research and was the focus of this project is:

to what degree is the experiential learning cycle applied during clinical teaching in the local clinical set-up?

3. Purpose of the Study

Based on the research question, the purpose of the study is to ascertain, through a survey, the effectiveness of the clinical teaching of student

nurses in the training institutions in Namibia in terms of Kolb's theory on the learning experience cycle.

4. Objectives of the Study

The objectives of this study are to:

- describe the profile of the respondents,
- assess the manner in which students are exposed to experiences,
- determine if students are provided with opportunities for reflection,
- find out how provisions for conceptualisation are made for students, and
- determine whether students have opportunities to implement their plans of action.

5. Significance of the Study

This study is significant because it expands and adds to the already existing nursing knowledge. It will improve curriculum practices, enhance clinical teaching, and ultimately advance nursing practice in Namibia.

6. Operational Definitions

Experiential Learning

Experiential learning is the learning that results from experience, meaning learning by doing. It encompasses personal experience, reflection of the experience and the transformation of knowledge and meaning as a result of the experience and action (Burnard 1992:29).

Clinical Teaching

Mellish and Brink (1990:217) described clinical teaching as the means by which student nurses learn to apply the theory of nursing so that an integration of theoretical knowledge and practical skills in the clinical situation becomes the art and science of nursing.

Clinical Setting

The clinical setting can be a hospital, clinic, or health institute where a patient/client/instructor and the student are present, and it refers to the place where student nurses, and all other nursing staff apply their theory

in practice in order to provide quality health and nursing care to persons in need.

Nursing School

Nursing school means any institution where persons are educated and trained for the profession of nursing and midwifery (Nursing Professions Act No.30, 1993).

Registered Nurse

Registered nurse refers to a person registered as a nurse under section 13 (Nursing Professions Act No. 30, 1993).

Nurse Educator

Nurse educator is a registered nurse and midwife with the additional qualification of nursing education registered at the Nursing Board of Namibia.

Student Nurse

This means a person registered as such under section 21 (Nursing Professions Act No. 30, 1993).

7. **Development of a Conceptual Framework**

According to Polit and Hungler (1991:131) nursing research is increasingly drawing on conceptual frameworks and models in its efforts to integrate accumulated knowledge and advance nursing science. Kolb (1984) developed the comprehensive theory on experiential learning. He based his theory on research upon the fields of psychology, philosophy and physiology and drew heavily upon his theory of experiential learning from the works of Dewey, Lewin and Piaget and to a lesser extent from those of Maslow, Rogers, Eriksson, Freire and Tillich (Mashaba 1995:151).

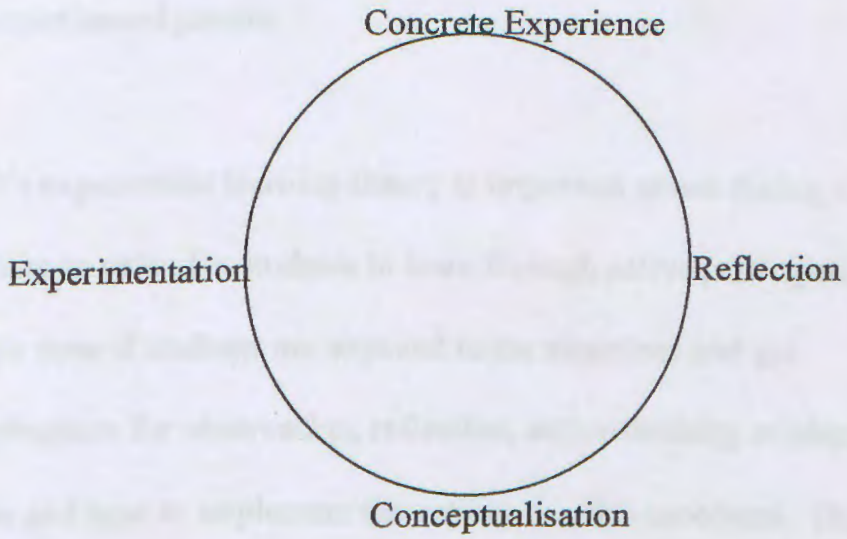
In Kolb's theory, learning is defined as "the process whereby knowledge is created through the transformation of experience." According to Mashaba and Brink (1995:151) this definition emphasises several critical aspects of the learning process as viewed from the

experiential perspective. First, the emphasis is on the process of learning as opposed to content or outcomes. Second, knowledge is a transformation process being continuously created and recreated, not an independent entity to be acquired or transmitted. Third, experience is the core of learning (Mashaba & Brink 1995:151).

The experiential learning model is based on real-life situations and presents learning as a holistic, adaptive, continuing process. As such, it has relevance not only for student learning, but also for the life-long learning activities that are required of the professional nurse (Iwasiw & Sleightholm- Cairns 1990:202).

Kolb's theory explains the process of learning in terms of a cycle consisting of four phases:

Figure 1: Kolb's Theory of Experiential Learning



Clinical teachers should make sure that students get an opportunity for exposure to real cases in the wards in order for them to learn from what they see (concrete experience). This is then followed by the stage of reflection where the students should have time for reflection on what they have seen in the units. Reflection can be facilitated by the clinical teaching providers through asking questions, group discussions and by allowing students to ask questions. Students need to think about what they should do concerning the intervention of any case (conceptualisation). At the fourth stage (experimentation) the

implementation of intervention can take place under the supervision of the experienced person.

Kolb's experiential learning theory is important to use during clinical teaching in order for students to learn through active participation. This can be done if students are exposed to the situations and get opportunities for observation, reflection, active thinking of plan of action and how to implement the actions to solve problems. This study seeks to determine whether nursing students in Namibia get an opportunity to learn and experience in terms of this cycle in the clinical situation.

8. Summary

This chapter raises the concern and the problem of the research, the inadequacy of clinical teaching and learning that seems to exist in the training institutions in Namibia. The chapter furthermore states the purpose of the study, which is to determine how the experiential learning cycle is applied during clinical sessions in the training

institutions. The chapter also identifies a conceptual framework of the study, which is Kolb's theory of a four-phased process of learning.

CHAPTER TWO

LITERATURE REVIEW

1. Introduction

A review of the literature may precede the identification of a research topic if the researcher does not have one in mind. When the topic has already been selected, further readings on that topic assist in bringing the problem into real focus and the formulation of appropriate research questions.

A literature review is important to ascertain what is already known in relation to the problem of choice, and to develop a broad conceptual context into which a problem will fit. The review can also be useful in pointing out the research strategies and specific procedures, measuring instruments, and statistical analysis.

It is important for the researcher to think of the type of information that should be sought in conducting a research review. The type of information included in academic documents can be classified as facts, statistical theory or interpretation, methods and procedures, opinions, beliefs, anecdotes and clinical impressions (Polit & Hungler 1991:89).

A literature review is essential in any research project as it promotes the understanding of the theoretical background. It also indicates whether previous work has been carried out in the same area. In the case where the topic has been already researched, the researcher can replicate a previous study and compare the results.

A literature review was conducted of research and other subject literature regarding the problem of the study. Literature published in journals, books and other resources between 1983 and 1999 was included.

A literature review was conducted for the following reasons:

- To identify whether there is any research done on the application of Kolb's theory to the teaching of clinical practice,
- To get acquainted with ideas and suggestions from previous work.
- To promote the understanding of the importance of Kolb's theory to nursing care.

At this stage the study will concentrate on the following headings and sub-headings:

- Theoretical perspective of clinical practice
- Conceptual Framework of the Teaching- Learning Process and Nurse Educator
- Experiential learning:
  - Introduction
  - Concrete experience
  - Reflection
  - Abstract conceptualisation
  - Active experimentation
- Clinical setting: A Learning Environment

- Teaching Methods
  - Experiential learning
    - Clinical assignment
    - Written assignments
    - Simulation and games
  - Problem solving
  - Incident process
  - Observation
    - Observation in the clinical setting
    - Field trip
    - Nursing rounds
    - Demonstration

- Clinical Evaluation
  - Observation
  - Written communication methods
    - Nursing care plans
    - Case studies
    - Teaching plans

- Nursing notes

  Other written assignments

- Oral communication methods
- Simulations
- Self evaluation

2. Theoretical Perspective of Clinical Practice

The purpose of clinical practice in an educational program is to provide the opportunity for students to become skillful in the use of theories of action. Clinical practice is envisioned as more than the opportunity to put theory learned in the classroom into practice (Reilly & Oerman 1992:5). Expansions in the border of knowledge and the changing expectations of society continuously influence the nature of practice. The students in the profession need to develop study skills which facilitate inquiry, pursuit of ideas, concentration, integration, and evaluation.

The inclusion of practice in a profession implies activity, a "doing," an experiencing. It is more than engaging in an intellectual process

relative to theories of action. This means participation in the activities that lead to competent use of these theories of action. Schein (1972) refers to practice as putting the students in a position where they deal with real problems. Thus, the nature of the practice setting is determined by the opportunities it provides for students to apply the theories of action with real clinical problems (Reilly & Oermann 1992:5).

Practice enables the student to develop the process of thinking most appropriate to the profession. Professional knowledge includes the abstract and the concrete.

The practice component of a professional program contributes significantly to the socialisation of the student into the professional role and its accompanying values of social consciousness, ethical and moral accountability, and responsibility to society (Reilly & Oermann1992:9).

The role of nurse educators is to prepare practitioners who not only possess the requisite knowledge and skills in their practice, but who also

have the ability to develop their own theory of practice. Practitioners do not limit the ability to meet client needs, but also see the opportunity these actions provide for reflection on their meaning, significance and potential for generating new knowledge for future practice (Reilly & Oermann 1992:3-4).

Nursing education consists of theoretical and practical dimensions. The theoretical part is mainly offered in the classroom, while the practical related teaching is dealt with in the clinical set-up. The theory and practice of nursing must be thoroughly integrated through the training and education of student nurses.

Clinical practice is a major component of nursing programs and a source of a great deal of student learning. Thus during the development of clinical practice goals, the nurse educators and the professional nurses in the practical situations should look at the broad educational goals of the institution. Educational goals must reflect accreditation and licensure guidelines of the institutions. These goals should be

determined by the societal health care needs (Van Hoozer et al 1987:83).

Clinical practice provides a fruitful experience in learning how to learn. The nurse educator has to develop learning objectives that will guide the students throughout clinical practice and must plan the organisational structure of the subject content.

Eventually, the overall objective of nurse training and education is to prepare and enable nursing students to provide a safe and caring service for patients/clients. Beck (1991:18) states that the only realistic way this can be achieved is to focus all teaching resources on clinical experience which is the core of nursing.

Practice enables the student to develop competency to a designated level under the supervision of a nurse educator. The student learns to be accountable for preparation for the learning experience and recording the results according to established protocol. Clinical practice provides experience necessary for the individual to be self-confident, responsive

to society's expectations and a continuous learner in pursuit of new knowledge that will have an impact on practice (Reilly & Oermann 1992:10).

If an individual is to learn he/she must become actively involved in the learning process. Students are learning by doing and the doing may involve a variety of activities perceived through the sense organs, carrying out physical actions or using mental processes (Pohl 1978:18).

Nurse educators and professional nurses who have the responsibility of teaching students must understand the concept of clinical teaching and learning experiences and should plan this together. The task involves planning, selecting, organising, supervision and the evaluation of students' direct experiences in patient care (Schweer & Gebbie 1976:30; Pohl 1978:18).

Students should be taught how to identify different needs and behaviours of patients. They should be able to assess the motivating effect of an unsatisfied need of a patient. The nursing students should

also know how to prioritise the needs of patients as well as how to meet them in order of priority by using the nursing process (Mashaba & Brink 1994:45).

3. Conceptual Framework of the Teaching -Learning Process and Nurse Educator

The main aim of clinical teaching as pointed out by Henderson (1982:59) is the facilitation of integration of theory and practice in nursing. Student nurses need help to transfer their knowledge into practice, indeed, to believe that their classroom knowledge is pertinent in other situations and thus to develop self-confidence within themselves.

Teachers need an explicit philosophy of the educational process and must function from a firmly established and supported concept of teaching and learning. A conceptual framework of the teaching-learning process is rooted in theory.

A concept of learning based on the phenomenological view of man recognises the uniqueness of the individual and the mental capacities that enable a person to grasp meaning from experiences in a creative way: (1) make choices and decisions based upon thoughtful deliberations and (2) be the source of one's own responses to events in both the internal and external environment (Reilly & Oerman 1992:26). Learning is a process by which behaviour is changed as a result of experience.

Learning as conceptualised by human science theorists is a holistic process involving perceptions, meanings, principles and relationships resulting in new cognitive structures which are incorporated in the perceptual field (Reilly & Oermann 1992:32). The fundamental process in cognitive learning is reflective thinking in contrast to reproductive thinking which occurs in an experience when an organism meets, recognises, and solves a problem. Reflective thinking fosters divergent thinking, the derivation of more than one solution to a problem. Divergent thinking is a creative process which is essential for effective problem solving; it is productive thinking. Convergent thinking,

derivation of only one solution, is reproductive thinking often resulting from rote or memorisation (Reilly & Oermann 1992:32-33).

Transfer of learning is dependent upon the understanding of the meaning of the task. Cognitive theorists relate transfer of learning to the significance of perceptions in noting similarities in situations that are meanings, generalisations, concepts, or insights gained in previous learning experiences. The transfer requires that the individual masters the nature of the phenomenon to be transferred so that its applicability can be determined (Reilly & Oermann 1992:34).

Planning and selection of learning experiences for clinical teaching need a great deal of attention that will involve the development of objectives which will be based on the study of the students' needs, society's needs, subject matter, professional standards, the philosophy of the school of nursing and condition of learning (Schweer & Gebbie 1976:68).

The planning of a clinical teaching program is very important and it should receive the same attention as the planning of theoretical part of

the program. The clinical teaching program must be planned in conjunction with the professional nurses in the practical situation, and not only by the nurse educators. Planning should be focussed on the particular needs of the course, and the students, staff and the clinical facilities that are utilised (Brink 1997:6).

It is contended that the problems of a perceived lack of integration of theory and practice in nursing are more likely attributed to the methods of teaching and learning than on the formal organisation of the training program (Henderson 1982:59). Furthermore it has been identified that there is a lack of confidence in the clinical competence among nurse educators. Some nurse educators are hiding behind the clinical instructors because they believe that clinical teaching is the duty of the clinical instructor. A poor relationship between the clinical instructors and nurse educators has been identified as one of the other factors that can lead to poor clinical instruction of students (Mashaba & Brink 1994:45).

The nurse educator has a big responsibility in teaching the students on how to integrate theory and practice. The nurse educator is the one who teaches theory while the clinical instructor is there to supplement and complement the nurse educator (Mashaba & Brink 1994:46). The main aim is to provide quality health and nursing care of the patient. Van Dyk (1986:5) stressed that the most important function of anyone who practices nursing is to ensure that the patient or client receives nursing and health care of high quality. The nurse practitioner and nurse educator have to make sure that students receive continuous theoretical and practical education so that they can learn how to provide quality care to patients and clients.

In planning the course of study, the lecturer has to plan how to determine whether the students possesses the necessary background preparation for the content and how much they know about the subject content. The lecturer should plan what teaching methods and resources will be most appropriate to help students achieve the objectives. It is also important for the lecturer to plan teaching materials or facilities for example audio-visual and practice equipments. For the lecturer to make

the teaching process effective, she/he has to acknowledge the importance of receiving the cooperation of her colleagues (Van Hoozer et al 1987:85).

The nurse educator has to plan the organisational structure of the subject content. The organisation may take one of the patterns such as designed as from known to unknown, beginning to end and easy to difficult or concrete to abstract. The type of objectives and the students' characteristics is influenced by the choice of organisational pattern (Van Hoozer et al 1987:84).

Teaching seeks to assist students in developing a sense of excitement, curiosity, and discovery about the world. It asks for involvement of the student and provides the supportive environment required. Teaching provides for experience in problem solving and accommodates reflective and intuitive thinking. It assists students in the pursuit of new knowledge and the skills in utilising that knowledge in practice. (Reilly & Oerman 1992:41).

The nurse educator must select the major topics of content, which are influenced by the overall program goals. The selection of teaching topics influences and is influenced by the purpose of instruction. In a clinical learning experience a nurse educator should use the opportunity to assist the student to integrate knowledge from other subjects thereby enabling the student to realise the value of studying those subjects in relation to his/her goal of competent nursing intervention (Mashaba & Brink 1994:45).

Nurse educators and ward staff who have responsibilities in teaching students must understand the concept of clinical teaching which constitutes the heart of the curriculum. Clinical teaching involves planning, organising teaching, supervising and evaluating student's direct experiences in patient care (Schweer & Gebbie 1976: 30).

The primary duty of the nurse educator is to accompany students into the clinical field where they are expected to demonstrate nursing skills, supervise and guide students in formulating clinical objectives, finding problems and looking for areas of concern. They are responsible for

assessment and evaluation of students as well as for providing a supportive role for students (Mashaba & Brink 1994:51). They should be role models for professional conduct.

It was realised that nurse educators spent a minimal amount of time in clinical teaching work. This was due to the lack of understanding their stipulated responsibilities. This is based on the fact that a great deal of clinical instruction rests in the hands of the nurse educator and the clinical-instructor as well as the unit professional nurse who supplements the nurse educator (Mellish & Brink 1990; Mashaba & Brink 1994).

There must be equal amounts of forward planning and involvement by teachers in both ward and classroom teaching and the teachers of nursing should be concerned with the conditions of learning for both areas. Nurse educators are part of the resources of the curriculum and should be prime movers in the creation of the total learning environment for the students, in order to do this they need to be capable of operating

as teachers in both the classroom and their own fields of practice (Greaves 1987: 58-59).

The unit professional nurse is responsible for enabling a student to encounter and cope with the clinical situation, which facilitates the student's growth and development into a competent independent practitioner. The unit professional nurse acts as a role model for student nurses who learn a great deal often by imitation (Mellish & Brink 1990:219).

Effective clinical teachers have been found to be good role models who enjoy teaching, demonstrate clinical skills, sound judgement and demonstrate a caring behaviour towards students (Beck 1991:18). However, it seems that some nurse educators, as well as some professional nurses in the clinical units, show negative attitudes toward bedside work. According to Mashaba and Brink (1994:48) and Van Niekerk (1989:17), clinical teaching is categorised as a position of low priority. The reasons mentioned are poor educator-student ratio, the

misinterpretation of the term "accompaniment" of students, and not having the time because of heavy workloads.

Although clinical teaching places many demands on nurse educators and professional nurses in terms of time, knowledge, expertise, skills and interacting with students, it must never be neglected. It is obvious and generally accepted that the nurse educator should be involved in theoretical and clinical teaching. Theory teaching should not be separated from clinical teaching. The integration of theory and practice is very important in order to produce competent professional nurses (Mashaba & Brink 1994: 45).

4. Experiential Learning

4.1 Introduction

Experiential learning has become an important tool for the development of nursing skills (Burnard 1990:32). It is also stipulated by Burnard (1990:33) that we all learn through experience, whether directly through taking action, through being involved in a situation or by observing others.

Experiential learning is particularly relevant to nursing since the practical aspects of nursing have been taught experientially for decades through actual nursing care. It is advocated by Quinn (1988:189) and confirmed by Van Hoozer et al (1987:174) that in order for students to be effective in experiential learning, the nurse educator should plan the program according to the experiential taxonomy by exposure, participation, identification, internalisation and dissemination of experience. The experiential learning has a quality of personal involvement; his feelings and cognitive aspects are concentrating in the learning event.

Experiential learning can be understood in the light of Kolb's model. Kolb (1984) proposed four stages or cycle of experiential learning. These are: concrete experience, reflection, abstract conceptualisation and active experimentation. Each one of these stages will be discussed here in turn.

4.2 Concrete Experience

Students should know what to expect and what is expected of them. The nurse educator has to determine the aims and objectives of the learning experience and try to clarify and interpret each objective so that the students know what is expected.

Student nurses need to be exposed to real situations in the wards or other clinical situations. They need to make personal observations of different patient conditions and problems. Here the role of the nurse educator is to demonstrate nursing care activities and procedures to the students thereby helping them to see how nursing care activities and procedures are being performed.

4.3 Reflection

The second element of experiential learning is the process of reflection. Active involvement in a situation is not sufficient for meaningful learning to take place. Students need to think and make decisions to notice what is happening and therefore to study what is happening. During reflection students may make a systematic examination in their

experience and try to make sense of it. This can be done individually or through group discussions whereby the nurse educator asks guiding questions in order to assist students to think critically and analyse the new ideas.

Importance is placed on the integration of new experience with previous experience through the process of reflection. In order to learn we must be able to reflect on what we do and to undertake some sort of critical appraisal of what we find. Reflection can be a solitary introspective act or it can be a group process whereby sense is made of an experience through group discussion. If reflection as a group activity is to be successful, the teacher is required to act as a group facilitator (Burnard 1990:42).

In the experiential approach the nurse educator does not dispense knowledge or force their meanings into the student's experience. Instead, the nurse- educator helps the students to make sense of their own experience. The teacher may help the students to verbalise their feelings and ideas, but does not attempt to direct them. The teacher

may, however, want to challenge them to consider other ways of construing what they have experienced. Thus challenging is an approach to encourage the students to think in alternative and different ways. It is important for critical development to take place (Burnard 1990:43; Ioannides 1999:209).

Cruichshank (1996:127) explained reflection as "a mental process and can be carried out alone or it can occur as a two way process using other people to share the reflection and explore it further."

4.4 Abstract Conceptualisation

Students need to analyse the ideas they obtained by reflection so that they can make conclusions and form concepts. Decisions are made to see which useful concepts have been formed and which can be applied to the real situation. With the help of the nurse educator, students should abstract concepts and make generalisations, identify goals and objectives for future learning and assist them with developing action plans.

> Learning is the process whereby knowledge is created through the transformation of experience (Kolb 1984:38). Knowledge results from the combination of grasping experience and transforming it. The result is four different elementary forms of knowledge namely: 1) experience grasped through apprehension and transformed through intention results in what will be called divergent knowledge; 2) experience grasped through comprehension and transformed through intention results in assimilative knowledge; 3) experience is grasped through comprehension and transformed through extension, the result is convergent knowledge, and 4) experience grasped by apprehension and transformed by extension, accommodative knowledge is the result. The central idea here is that learning and therefore knowing requires a grasp or figurative representation of experience and some transformation of that representation (Kolb 1984:42).

The properties of the experiential process of learning are, very different. It involves actions sufficiently repeated and in adequate circumstances to allow the development of a generalisation from experience. This process does use action and observation of concrete events following

the action. Experiential learning thus provides a direct guide to future action (Keeton & Associates 1976:56).

Opportunities to use knowledge under various circumstances foster the ability to transfer learning by finding new meanings and relationships (Reilly & Oerman 1992:49). The nurse educators' role in experiential learning is to provide support to the student, provide access to resources for learning, provide critical feedback to students, and to assist in the management of the faculty including student assessment (Weil & Mc Gill 1989:144).

4.5 Active Experimentation

During this stage, students need to read extensively so that they can broaden their knowledge in order for them to be able to integrate theory and practice. In this stage students are now involved in the implementation of what they have learned, to put their plans into action.

Experiential learning is essential in a practice discipline and provides opportunities for problem -solving practice with real clients and

problems in the setting hands -on experience in ministrations of care, and moral or ethical decision making relative to client setting or self (Reilly & Oerman 1992:48). Henderson (1982:29) pointed out that by combining knowing and doing adds to the individual's life perspective and the system of ethics upon which ethical judgements are made. The teacher's principal task is to facilitate the student's progress to provide the widest possible range of learning experiences and to assist the students in personal professional growth in self evaluation and in career development.

5. Clinical Setting: A Learning Environment

The clinical setting refers to the psychosocial climate within which teaching and learning take place. This psychosocial climate is a major contributing factor to the learning responses of students and ability of the teacher to carry out educational responsibilities (Reilly &Oermann 1992:109). This is also endorsed by Stokes (1998:281) by regarding a practice setting for clinical experiences as any place where students interact with clients and families for the purpose of acquiring cognitive

skills such as problem solving, clinical decision- making, and psychomotor and affective skills.

Quinn (1988:395) indicated that the clinical area is a social setting with its own norms, values and group phenomena and it is here that the student undergoes the process of socialisation into nursing. This area is regarded as the reality aspect of nurse education, the place where the real practice of nursing is learned.

By implication this means that the persons responsible for creating the conducive-environment and teaching and guiding students through all stages of the experiential cycle are the nurse educators and professional nurses in the clinical set-up. They are the major link between the input process and outcome of the learning process.

The purposes of the clinical field are to deliver health care for selected populations, provide opportunities for the education for students and practitioners in different disciplines, and the conduction of research. Each setting has its own priorities among these various purposes that in

turn dictate the options available for learning (Reilly & Oermann1992: 113).

The use of the clinical setting for education and training of student nurses is of paramount importance since it is only in such settings that students can learn to apply and experience the principles of competent nursing practice.

Professional nurses and nurse educators are part of the resources of the curriculum and should be prime movers in the creation of the total learning environment for the students. In order to do this they need to be capable of operating as teachers in both the classroom and their own fields of practice (Greaves 1987:58-59).

For the learning experience to be worthwhile, an environment is required that is conducive to learning. Quinn (1995:153) describes the ideal environment for experiential learning as characterised by support, trust, a climate of acceptance, consideration of students' needs, and an element of negotiation with and encouragement of students to take

responsibility for their own learning. Bell (1982) and Kolb (1984:10-11) emphasise an open atmosphere where individuals can be challenged and stimulated by each other's perspectives as a learning environment that is marked by vitality and creativity.

In the clinical field, the student learns to apply theories of action to real clinical problems, learns how to learn, develops skills in handling ambiguity, and becomes socialised into the profession (Reilly & Oerman 1992:110; Stokes 1998:281). The clinical environment needs to be one in which teachers and students examine failures and learn from them. In a supportive learning environment, the teacher accepts differences among students in their approaches to solving clinical problems and in the ways they analyse situations. Students in any clinical setting must assume responsibility for providing quality care, whatever the extent is of that care and for carrying through with activities for which they accepted responsibility (Reilly & Oermann 1992:118).

Teaching is an interactive process that requires involvement of teacher and learner in a supportive and facilitative learning environment. This learning environment is a major contributing factor to the learning responses of students and requires ability of the teacher to carry out educational responsibilities. The clinical setting may support these individuals, impede them, or limit their options for learning (Reilly & Oermann 1992:109). Experiences in the field facilitate development of skills in divergent thinking and ability to deal with the ambiguities inherent in clinical practice (Reilly & Oerman 1985:80).

In the field, students observe differences in the responses of clients and encounter situations that challenge them to develop their knowledge and skills. The practice field is a place to learn how to learn, because it fosters independence with learning and self-reliance and provides opportunity for questioning and seeking new knowledge. In the field, students are challenged to examine and try out new modalities of care (Reilly & Oermann 1992:116).

The clinical setting needs to be supportive and conducive to learning. Reilly and Oermann (1992:117) assert that a clinical setting rich in learning experiences but lacking a supportive environment discourages students in seeking experiences and results in the loss of many opportunities for growth. Likewise, a setting with potentially limited experiences but rich in a supportive environment may provide opportunities for students to examine new health care needs and ways of addressing them.

Development of a climate for learning requires a teacher who is knowledgeable, clinically competent, as a teacher and committed to clinical teaching. In a supportive learning environment, the teacher encourages independence with learning and self-reliance rather than fostering dependence and reliance in the teacher for information needed for practice, solution to problems and evaluation of learning. In the clinical setting, students need freedom to explore, question, and dissent because without this, critical thinking is inhibited (Reilly & Oermann 1992:117-118; Billings & Halstead 1998:286).

Knowledge of the objectives of clinical practice enables staff to assist faculty in identifying experiences available in the setting that might be appropriate. The teacher in turn needs to be sensitive to requests of staff in relation to client care and other kinds of learning experiences (Reilly & Oermann 1992:121. Stokes (1998:284) emphasised that learning experiences, which take place in clinical setting, are essential to knowledge application, skill development and professional socialisation. The clinical setting selected for field practice is important in achieving the objectives and purposes of clinical practice in a nursing education program. Use of multi sites for field practice is often needed to meet these program objectives and provide opportunity for the student to care for clients with varying health concerns and participate with other disciplines in the provision of that care (Reilly & Oermann 1992:123,126).

Several major criteria need to be considered in selecting settings for field practice. The criteria are organised in four areas: (1) *overall setting and faculty*, that is the setting is licensed as applicable with faculty being responsible for field practice and staff being available to

teach in the setting; (2) *clients,* that is client population must be appropriate for objectives to be attained and resources for care of clients must be available and accessible in the setting to students; (3) *staff,* that is nursing staff must be available to serve as preceptors, mentors and in other roles depending on the objectives; (4) *resources for students and faculty,* that is resources for student learning, for example library, reference materials must be available in writing and experts, for example the clinical specialist, nurse practitioner must be accessible to students for consultation (Reilly & Oermann 1992:126-127).

6. Teaching Methods

There are many methods used in clinical teaching and these methods aim at effecting behavioural changes as a result of acquired knowledge. Methods of learning need to be goal-directed, which is mainly based on the three human domains, namely affective, the psychomotor and the cognitive domains (Mashaba & Brink 1994:66).

Planning for the clinical practice experience includes the decision as to which methods to use for promoting achievement of the objectives.

Such a decision reflects consideration of the nature of the objectives, entry behaviours and characteristics of the student, qualities and skills of the teacher as well as availability in relation to the teacher-student ratio, characteristics of the clinical field and particular attributes and limitations of the teaching method itself (Reilly & Oermann 1992:162).

Criteria for the selection of teaching methods for field practice include: (1) appropriateness for the objectives of the practice experience in relation to the particular attributes of the method, (2) appropriateness for students in terms of abilities, experiences, and other characteristics, (3) compatibility with the teacher's skill and conceptual framework of the teaching-learning process,(4) suitability in terms of availability of resources and constraints of the clinical setting, (5) congruence with the philosophy of the nursing program in relation to faculty beliefs about teaching and learning and (6) provision for variety, in accord with the various competencies to be achieved (Ibid 1992:162).

The choice of methods is mainly done by the teacher but might also be made co-operatively by teacher and student. Student input into the

selection of methods provides a means and evidence of attending to the interests of the student and preferences for a teaching method if more then one method is appropriate to meet the objectives (Ibid 1992:163).

Reilly & Oermann (1992:163) suggest that methods for clinical practice must reflect the sources available and be within the constraints of the setting and the clinical teaching situation. Strategies should be congruent with the beliefs expressed in the philosophy regarding teaching and learning.

There are many strategies which can be used in the clinical settings, for example demonstration, ward rounds, drawing of nursing care plans, case studies, workbooks, writing, giving of reports and simulation techniques. Students may master clinical procedures through experiential learning. Experiential learning is learning from experience. It means students should learn by doing rather by listening to other people or read about it (Quinn 1988:187). Similarly Miller as quoted in Guilbert argued that teaching methods which place the student in an

active situation for learning are more likely to be effective than those which do not (Guilbert, 1987:3.23).

Scholars have identified a number of clinical teaching methods. The most common ones are summarised.

6.1 Experiential Learning

This method of learning may be classified under the following sub-divisions: (6.1.1) Clinical assignment; (6.1.2) Written assignment; (6.1.3) Simulation and game. Each of these sub-divisions will be discussed here in turn.

6.1.1 Clinical Assignment

Clinical assignment is essential in assisting students to use concepts and theories in practice, learn how to learn, develop skills in handling ambiguity, and become socialised into the profession. Experiences in caring for clients and with others in the clinical setting (1) facilitate the development of problem-solving and decision-making skills, (2)

provide opportunity for moral and ethical decision making relative to client, setting, and the self, and (3) enable students to develop and refine psychomotor skills (Reilly & Oermann 1992:165-166; Stokes 1992:288).

6.1.2 Written Assignment

Written assignment may be used effectively to promote problem-solving learning in relation to clients and other problems encountered in the practice setting. They help students to identify and reflect upon their values and beliefs, improve understanding of a particular aspect of clinical practice, and develop written communication skills (Reilly & Oermann 1992:167). Types of written assignment relevant to clinical practice include nursing care plans case studies, teaching plans, processes recording, experiential diaries, reports and other forms of written work (Reilly & Oemann 1992:168; Stokes 1992 291).

6.1.3 Simulation and Game

These methods refer to another category of experiential teaching methods. Simulation and games prepare students for clinical practice by providing opportunity to develop and test cognitive skills in a relatively risk-free environment where the consequences of mistakes are less costly then they would be with real clients (Reilly & Oermann 1992:172). With simulation, an experience is created that represents reality. In essence, it mimics a real-life situation. There are general four types of simulations; active case study, models, simulated patients, and role-play (Ibid 1992:172). Learning games should be based on learning objectives. Players should ensure that games are developed not only on the basis of having fun, but they should be planned to be educational valid.

6.2 Problem Solving

The most common way in which the process of nursing is conceptualised is the problem-solving process. The problem solving process is the essential means by which the nurse applies theory to practice (Uys 1992:22 in Curations). The stimulus to learning occurs

when an individual is confronted with a problem and a state of cognitive disequilibrium results until there is a resolution. Problem-solving requires the interpretation and analysis of the meaning of the problem so as to gain appropriate insights for problem solution (Reilly & Oermann 1992:30). Problem solving methods assist students in analysing a clinical situation with the intent of defining problems to be solved, deciding on actions to be taken, applying knowledge to a clinical problem, and clarifying one's own beliefs and values. They encourage divergent thinking, the derivation of more than one solution to a problem, which is essential for effective problem solving in practice, and transfer of learning stressing the connection between previous experiences and learning with new problems (Reilly & Oermann 1992:177).

In conventional problem solving, action is determined by a goal or objective. When we know where we are going, it seems relatively straightforward to plan actions that will take us toward our goal. The problem solving approach suggests the gathering of facts and

information and establishing a new goal based on this information (Weill & Mc Gill 1989:52).

The use of problem solving groups encourages critical thinking and is also a motivation as the solution is provided by the group and not simply passively acquired during a lecture situation (Quinn 1988:167).

6.3 Incident Process

The incident process is also designed to assist students in developing skills in reflective thinking and is built around a single incident or clinical event. Through group discussion, students seek information about the incident, identify the problem, describe their approach and supporting rationale, and then generalise from the incident to other clinical experiences (Reilly & Oermann 1992:180). The incident process encourages students to gather necessary data for making a decision, develop skills in asking appropriate questions from their peers, and apply their learning to other clinical situations (Ibid 1985:120).

6.4 Observation

Observation of an actual experience in the field or of a demonstration provides for learning through modelling. According to Bandura's description of the social learning theory (cited in Quinn 1988:39), modelling promotes learning by informing the students of what the behaviour to be developed is like. From observation of others, the student forms images of how new behaviours are performed which serve as a guide for future learning. Observational teaching methods include observation in the field, field trip, nursing rounds, and demonstration (Reilly & Oermann 1992:184).

Observation in the clinical settings (1) prepares students for future experiences with clients, giving them a perspective of what the care or specific intervention is like, (2) enables them to view others in practice, which serves as a guide for development of their own behaviours, (3) makes it possible for students to observe a clinical situation which they may not have an opportunity to be involved themselves, and (4) provides a means for improving their own observation skills (Reilly & Oermann 1992:184).

Field trips provide an opportunities for observations outside of the clinical setting in which students are presently involved in practice. Students gain experiences that are generally not available in their own setting to augment current knowledge and acquire a broader perspective of the health care issue under discussion. A field trip may be taken to any site pertinent to the clinical objectives (Reilly & Oermann 1992:184).

Nursing rounds are planned, organised visits to the patient. These rounds involve the observation and often interview of a client in the setting generally followed by group discussion. Through an actual visit to the patient, students are able to observe the client's condition, review the care provided, and collect information from the patient. Rounds provide an opportunity for demonstrating a particular nursing intervention or the result of an intervention and for students to observe interaction of the teacher, peer or nursing staff with the patient (Reilly & Oermann 1992:185; Mellish & Brink 1990:157).

Demonstration involves a presentation of how to perform a procedure or task, how to use equipment, or how to interact with clients or others. It provides for learning through visual and auditory modes and thus enables students to observe a procedure and its component steps while having those steps and underlying principles explained (Reilly & Oermann 1992:186;Mellish & Brink 1990:127).

Pohl maintains that demonstration as a method of teaching helps a student's ability to imitate. The student is physically able to perform the necessary actions and sufficient repetition must be allowed for the student to master the techniques, since trial and error learning is usually involved in learning by imitation. Repetition is essential to maintain habits for effective learning (Pohl 1978:22).

Demonstration is vital because it helps in the explanation of facts, concepts and procedures and, on the other hand, to show the student how to perform certain psychomotor skills (Quinn 1995:136-137).

7. Clinical Evaluation

Clinical evaluation is defined as a systematic process of determining the extent to which clinical learning outcomes are achieved by students using either quantitative and/or qualitative data and value judgements (Mashaba & Brink 1994:168). In addition to this, evaluation should be an integral part of teaching. It is used as an appraisal of the outcome of an activity and involves an analysis of both teaching and learning and as such it is a systematic and ongoing process.

Reilly and Oermann (1992:380) identified two major types of evaluation or assessment processes used in the teaching and learning programs: formative and summative evaluation. Formative evaluation represents feedback to the student regarding the student's progress in meeting the objectives. Formative evaluation is diagnostic in providing information to assist in correcting learning deficiencies and promoting demonstrated abilities. Evaluation that is formative enables the teacher and student to identify areas in which further learning is needed and to plan relevant learning experiences. The aim of formative evaluation is to foster learning mastery by providing data that can direct subsequent

or corrective teaching and learning. Thus formative evaluation is an integral part of the instructional process. According to Mellish and Brink (1990:288), this type of evaluation aims at improving the standard of nursing competency, eventually bringing the student to the goal of her/his nursing education.

Summative evaluation, according to Reilly and Oermann (1992:380), is an end of instruction evaluation which provides information as to the extent to which the learner has achieved the behavioural objectives. Such evaluation is conducted at the completion of each unit or course and is used to determine the grade for the clinical practice experience. This assessment determines whether the students have changed as a result of the instruction and whether they have progressed to the next phase of the course. In other words, summative evaluation measures the student's ability to practise nursing at the safe level at the end of the course (Mellish & Brink 1990:289). The teacher chooses evaluation strategies based on the objectives for clinical practice, individual student needs and other variables associated with the field of practice experience (Reilly & Oermann 1992:379). Evaluation is usually tied to

measuring of how closely we have achieved the stated goals. One is ready to learn and to modify progress through the learning process (Weill & Mc Gill 1989:54).

Evaluation serves three major purposes, (1) selection of students for a given nursing program, (2) assessment of student learning in varied settings - classroom, learning laboratory, and clinical field, and (3) program revision and assessing the success of the program. Evaluation is a dynamic continuous process interwoven with the teaching-learning process. This view of evaluation emphasises its relationship to the growth of the student because the judgements made facilitate the students' own further development of knowledge, skills and potential essential for professional practice. Feedback to the student obtained through evaluation is essential of improvement in learning (Reilly & Oermann 1992:380).

Evaluation concentrates on cognitive, affective and psychomotor areas of learning. Evaluation of cognitive learning relates to the learner's acquisition of the knowledge base needed for problem solving and

decision-making and the ability to use these skills in practice. Evaluation of affective learning in the field relates to two aspects, the experiencing behaviours of the learner that may be evidenced in practice, and the critical thinking behaviours vital to the element of choice in value development (Reilly & Oermann 1992:386). Evaluation of psychomotor performance competency relates to judgements of the student's accuracy, co-ordination and speed in performance (Reilly & Oermann 1992:387). Evaluation strategies applicable for use in the clinical field may be classified as: (7.1) observation, (7.2) written communication methods, (7.3) oral communication methods, (7.4) simulations and (7.5) self -evaluation. Each of these strategies is described as follows:

7.1 Observation

Observation of learner performance is a major means of evaluating students in clinical practice. Reilly & Oermann (1992:389) pointed out that through observation judgements might be made regarding cognitive, psychomotor, and affective performance behaviours. Mellish and Brink (1990:311) stipulated that observation method involves the

observation of the student at work and should not be limited to technical skills, but should include observation of the nurse/patient relationship and whether all the needs of the patient, physical as well as psychological, have been met.

7.2 Written Communication Methods

Evaluation strategies classified as written communication methods provide data on the ability of the learner to communicate in writing and on the quality of the content communicated. Strategies for clinical evaluation include nursing care plans, case studies, teaching plans, process recording, nursing notes, and other written assignments.

Nursing care plans are both teaching and evaluation strategies that enable the learner to analyse the client's health care problems and develop a related plan of care (Reilly & Oermann 1992:396). A nursing care plan is also explained by Mellish & Brink (1990:158) "as a plan of nursing action which includes a summary of a patient's health problems, an assessment of his/her present state and nursing needs and a statement

of both short-term and long-term objectives. It should be flexible and may include alternative nursing actions."

A case study refers to an evaluation of a case study presentation particularly appropriate for judging a student's ability to present a holistic perspective of a patient phenomenon drawing upon a related knowledge base skill in synthesis of data projected action and results, and the ability to communicate this information in a logically clear and concise manner (Reilly & Oermann 1992:399; Quinn 1995:174-175).

The teaching plan provides data relative to the learner's ability to meet the educational needs of clients or staff (Reilly & Oermann 1992:400). The development of the teaching plan is very important in each clinical setting. This will guide either the nurse educator or student nurses for them to know what further treatment or action is needed or what is expected of them.

Nursing notes concern the student's ability to report and communicate in writing client data. This serves as an important outcome of clinical

experience and another source of data for evaluation (Reilly & Oermann 1992:403). Nursing notes are vital for future treatment of the patient. It is important for the students to learn how to write nursing notes because they are part of record keeping.

7.3 Oral Communication Methods

Reilly and Oermann (1992:405) indicated that the ability to convey ideas verbally is an important skill in nursing for in most settings nursing is practised in groups where sharing of information or the formulation of decisions for action is a frequent occurrence. Contrary to this, oral communication cannot be fully recommended because it involves human beings. Human beings can forget easily. Verbal communication should always go hand in hand with writing or putting the ideas on paper for future references.

7.4 Simulations

During simulation the nurse educator prepares some facet of life in a very simple form so that students can imitate such activities. This will enable students to experience some aspects of real life by becoming

involved in activities in the real situation (Quinn 1995:170). Reilly and Oerman (1992:408) state that simulations are valuable strategies for clinical evaluation thereby offering a readily available means for judging performance.

7.5 Self-evaluation

Self-evaluation is an important component of any clinical evaluation. This has been emphasised by Girot (1993:86) who states that the importance of self-evaluation is becoming increasingly recognised. Through self-evaluation the students felt more supported, part of the team and through the establishment of good relationship, felt safe during discussion of their progress. Another important element in the process of self-evaluation is validation of learning. Students are expected to take responsibility for this aspect and not rely on the nurse educator or registered nurses to evaluate them. Validations may include feedback from the situation explored as to the client's reaction to the student's approach, reflections by the student about the methodology used, techniques and skills developed, the process of learning itself and what the subject has meant to the student in terms of personal growth,

feedback from peers on their role as a group member, or other aspects on which the peer is qualified to comment. The validations from all learning subjects are brought together by the student and integrated into an application to progress (Weill & Mc Gill 1989:141-142).

8. Summary

In this chapter an overview of important aspects related to the teaching and application of experiential learning in clinical teaching situation was given. The nature of clinical teaching is explained. This explanation in terms of theoretical perspective of clinical practice reveals that the purpose of clinical practice in an educational program is to provide the opportunity for students to become skilful in the use of theories of action.

Conceptual framework of the teaching and learning process and the nurse educator are discussed followed by a discussion of experiential learning which focussed on learning through experience, whether directly through taking action, through being involved in a situation or

by observing others. The importance of experiential learning is that students become independent of the clinical teaching providers.

For the learning experience to be worthwhile an environment is required that is conducive to learning. Teaching methods in the clinical situation as well as clinical evaluation are also discussed as important tools.

CHAPTER THREE

RESEARCH METHODOLOGY

1. Introduction

This chapter will focus on the type of study and research method used. It will focus on the target population, research instrument, data collection and coding of data and data presentation as well as the data analysis.

2. The Type of study and Research Method

The research method refers to the steps, procedures and strategies used for gathering and analysing data (Polit & Hungler 1991:648). An explorative descriptive survey approach was used. According to Treece and Treece (1986:504), descriptive survey research is directed towards ascertaining the prevailing conditions or phenomena in a group. This method is essentially a technique for a quantitative description of the general characteristics of the group. It is also an approach to discover real facts relating to existing conditions (Brink 1996:42). This

descriptive approach has been chosen in order to describe how the experiential learning cycle is applied during clinical teaching. The survey can be used to designate any research activity in which the researcher gathers data from a portion of population for the purpose of examining the characteristics, opinions or intentions of that population (Polit & Hungler 1991:192).

3. The Population and Sample

The target population consisted of all the nurse educators, registered nurses and student nurses involved with the University Diploma in Comprehensive Nursing and Midwifery Sciences in training institutions in Namibia. The study excluded the first year students, because they do not possess sufficient knowledge on nursing and clinical aspects.

The research was conducted in the three training hospitals, which are indicated as Hospital A, Hospital B, and Hospital C. According to the statistics that were given by the matrons in these hospitals, registered nurses who were responsible for giving clinical teaching numbered 728 in September 1997. The university lecturers responsible for clinical

teaching numbered 44, while students at the same time were numbered 197. The statistics of the students and lecturers were obtained from the Faculty of Medical and Health Sciences at the University of Namibia.

The sample was selected from the total population of the students in the three training institutions. These are Hospital A with the total population of 107, Hospital B with 60 and Hospital C with 30 students. The systematic sampling method was utilized. The sample was drawn from every second person on the list of students in each institution. Based on this design, the sample of 53 students was selected from Hospital A, 30 from Hospital B and 15 from Hospital C. The sample equals 50% of students in each training institution. A total number of 98 students from all training institutions participated in the study.

With regard to lecturers, the above method of sampling was utilised. Hospital A is represented by 13 lecturers, Hospital B by 6, while Hospital C is represented by 3 lecturers. The total number of lecturers participated in the study is 22.

Concerning the registered nurses, the sample was also selected from the total number of this category in the respective institutions. These are Hospital A with the total population of 455 registered nurses, Hospital B with 200 and Hospital C with 73. Due to the large number of registered nurses, the sample was drawn from every 7th person on the list of the particular professionals in each training hospital. On the basis of this method of sampling, Hospital A is represented by 68, Hospital B by 30 and Hospital C by 10 registered nurses. Thus the total population of the registered nurses working in the three training hospitals is represented by 108 persons in the study that equals 15% of the total population.

In the following table the relationship between the population and sample is indicated.

TABLE 1: POPULATION AND SAMPLING FRAME

STAGE	DESCRIPTION				RATIONALE
Stage 1 Population description	1. All nurse educators in training institutions in Namibia. 2. All registered nurses in training institutions in Namibia 3. All student nurses in training institutions in Namibia. First years excluded.				See research problem and research objectives
Stage 2					
Identification of training institutions	1. Hospital A 2. Hospital B 3. Hospital C				Recognised training institutions by the Nursing Board of Namibia Practical training linked to the University of Namibia
Stage 3		No of students	Sample Size (50%)		
Proportional stratification sampling of student nurses from the training institutions 50%	1. Hospital A 2. Hospital B 3. Hospital C	107 60 30	% 54 31 15	Number (N) 53 30 15	Units are selected from each stratum according to the size of the institution. Sample size was based on the size of the population.
		197	100	98	
Stage 4		No of registered nurses	Sample Size		
Proportional stratified sampling of registered nurses from the training institutions 15%	1.Hospital A	455	15% 62.5%	Number (N) 68	Sample size was based on the size of the population.
	2. Hospital B	200	% 27.5%	Number (N) 30	Sample size was based on the size of the population.
		200			
	3.Hospital C	73	% 10%	Number (N) 10	Sample size was based on the size of the population.
		728	100%	108	
Stage 5		No of nurse educators	Sample Size (50%)		
Proportional stratified sampling of nurse educators from the training institutions 50%	1. Hospital A 2. Hospital B 3. Hospital C	26 12 6	% 59 27 14	Number (N) 13 6 3	Units are selected from each stratum according to the size of the institution. Sample size was based on the size of the population.
		44	100	22	

4. Research Instrument

4.1 Type of Instrument

The research instrument in the form of a questionnaire was used to conduct the survey. The questionnaire reflected demographic data and contained questions to obtain the objectives of the study. A combination of open and close-ended questions have been used because the combination of these questions would offset the strengths and weaknesses of the instrument. Two types of questionnaires were developed. Questionnaire I (Appendix A) was to be completed by the registered nurses and lecturers. Questionnaire II (Appendix A) was to be completed by the students in order to determine how they receive and utilise the knowledge and skills that they have attained in clinical teaching.

4.2 Designing the Researc Instrument

Both questionnaires I and II consist of two parts, referred to as Part A and B. Part A of each questionnaire dealt with general aspects concerning demographic data. Part A of Questionnaire I concentrated on personal particulars, namely rank, institution, department or unit where the particular persons conduct clinical teaching as well as their years of experience.

These data were especially required to identify the institutions or departments where clinical teaching is emphasised or suffer neglect as well as to determine the level of experience of the clinical teaching staff. Part A of Questionnaire II dealt with personal particulars such as age, gender, current year of study and the name of the institution where the student was enrolled.

Part B of both questionnaires was divided into four headings. These headings were developed and selected according to the framework of Kolb's theory. This framework is categorised as concrete experience, reflection, conceptualisation and experimentation. Each of the four headings is subdivided into several items. These items were formulated in the form of open and closed ended questions. In answering some of these questions the respondents were asked to indicate whether something happened always, frequently, seldom or never. On other questions they were only expected to answer by "Yes" or "No", while for other items the respondents were required to provide short explanations or descriptions.

4.3 Explanation of the Research Instrument

The contents of the questions in Part B of both Questionnaires I and II can be summarised under the following headings:

4.3.1 Item 5 to 20: Concrete Experience

These items attempted to ascertain the registered nurses' or lecturers' level of commitment on learning experiences that is, how they plan, and formulate objectives for clinical teaching and discuss them with students. The questions also examined if registered nurses or lecturers select the learning experience according to the objectives and whether there is a specific time set for clinical teaching. The questions furthermore aimed at finding out how students are allocated to clinical practice, what kind of learning experiences are offered to them, whether they are provided with opportunities for learning experiences by the registered nurses or lecturers and how often they are exposed to these learning experiences. Items No. 16 and 17, for example, asked whether registered nurses or lecturers teach students how to communicate with patients and perform nursing care. The

aim of the research here was also to find out if there is any correlation between theory and practice.

4.3.2 Item 21 to 26: Reflection

The questions focussed on whether the students had time to reflect upon the experience either by personal or group discussion after an experience. The aim was to determine if the students ever had the opportunity to ask questions, have group discussions, critically analyse and construct their experiences, and practice their nursing care skills.

4.3.3 Item 27 to 31: Conceptualisation

Under this heading, the researcher attempted to determine if lecturers and registered nurses encourage students to identify goals and objectives for future action. The questions focussed on whether the students are encouraged and directed to set priorities and identify a preferred plan for nursing action. The questions sought to determine if students are being assisted when they rely on their own judgement and whether they were encouraged to use a problem solving approach during giving nursing care.

4.3.4 Item 32 to 40: Experimentation

Items 32- 40 examined the area of experimentation by students through implementation of the plan and generalisation of action to other conditions during nursing care. The questions also tried to ascertain whether the students' performances are being measured according to the objectives of the clinical teaching program. It furthermore attempted to determine whether students are evaluated and get feedback on their skills and attitudes in the ward. The last two items under this heading aimed at finding out whether both lecturers or registered nurses and students get opportunities for self-evaluation or assessment to determine whether they have met their objectives.

5. Covering Letter

A cover letter was written which explains to the respondents the purpose of the study and what was expected of them.

6. Validity and Reliability of the Research Instrument

Polit and Hungler (1991:375) stated that "the validity and reliability of an instrument are not totally independent qualities of an instrument. A measuring device that is unreliable cannot possibly be valid … an instrument can be reliable without being valid."

6.1 Validity

Polit and Hungler (1991:374) defined validity as the degree to which an instrument measures what it is supposed to be measuring. The research instrument of this study involves four types of validities: content, concurrent, construct and face validity.

In ascertaining the validity of the instrument, the researcher has taken the following measures into consideration:

- Conducting literature study, gathering information from different sources and making appropriate comparisons.

- Collecting data from registered nurses, lecturers and students that contribute to the application of the experiential learning to clinical teaching.
- Coding and analysing data with the assistance of a statistician.

6.2 Pre-testing of the Instrument

Polit and Hungler (1991: 289) maintained that a pre-test "provides an opportunity for detecting at least gross inadequacies or unforeseen problems before going to the expense of a full-scale study." A pretest is conducted to introduce modifications where required (Treece & Treece 1986:379, 382).

A pretest study was conducted at the Hospital A to detect any problem that may be encountered during the research study. The pretest questionnaires were given to five registered nurses, two lecturers and five students to complete. Lecturers and registered nurses who were selected for a pre-test are experts in their own fields who could make valuable contribution with regard to experiential learning. The students responding to the questionnaires provided the researcher with the information whether the

study is feasible or not. There was no problem experienced after conducting a pre-test study.

A pre-test of this study was conducted to:

- evaluate tools for clarity for questions and effectiveness of the instruction
- determine the ease of completion and collection of the completed instrument from the respondents
- measure the appropriateness of the format of the questionnaires
- detect unforeseen problems
- determine the feasibility of the sampling method
- determine the reliability and validity of the research instrument

6.3 Reliability of the Instrument

In the words of Polit and Hungler (1991:367), "an instrument is reliable to the extent that errors of measurement are absent from obtained scores." In order to enhance the reliability of the research study, the researcher made sure that the questionnaires include the following criteria:

- the questions are simple and unambiguous

- respondents are allowed enough time to complete the questionnaires

7. Data Collection

7.1 Approval of Study

Permission to carry out the study was requested from the Ministry of Health and Social Services. The consent of the Ministry was obtained to conduct the study. (Appendix B)

7.2 Ethical Consideration

Consideration has been given to ethical issues concerning the respondents. Permission was asked from them. The purpose of the study and the confidentiality of the information were explained to the respondents.

7.3 Distribution of Instrument

Questionnaires were distributed by both mail and hand to a selected sample. A questionnaire was used as an effective method to gather data as respondents have greater confidence in the anonymity of the questionnaire and, on the other hand, a questionnaire places less pressure on the respondents for an immediate response.

Instruments were distributed at the beginning of April 1999. In Hospital A questionnaires were distributed by hand. For Hospital B and C questionnaires were distributed by mail and collected through the institutions supervisors.

8. Response to the Instrument

All questionnaires were distributed to the respondents during April 1999. Respondents at Hospital B responded positively and sent their questionnaires back in June. In Hospital A some questionnaires were collected between May and July 1999. Due to the disappearance of some of the questionnaires, additional copies were provided in August for registered nurses. These were received back towards the end of August 1999.

Questionnaires from some students at Hospital C were received back in May 1999. In order to secure the return of the questionnaires from the registered nurses at Hospital C, the researcher remained in constant correspondence with the people concerned. Questionnaires at this institution were not properly handled and some even got lost. Here, too, the

researcher had to provide additional copies to Hospital C in August for the remaining number of registered nurses and students. Some of these questionnaires were received in October 1999.

The numbers of questionnaires sent and received are indicated in the table below:

TABLE 2: NUMBER OF QUESTIONNAIRES SENT AND RECEIVED

		Total Population	Sent	%	Back	%
Registered Nurses	Hospital A	455	68	15	65	96
	Hospital B	200	30	15	22	73
	Hospital C	73	10	15	4	40
		728	**108**		**91**	**84**
Students	Hospital A	107	53	50	44	86.7
	Hospital B	60	30	50	15	50
	Hospital C	30	15	50	14	93
		197	**98**		**75**	**76.5**
Lecturers	Hospital A	26	13	50	10	77
	Hospital B	12	6	50	5	83
	Hospital C	6	3	50	3	100
		44	**22**		**18**	**82**

According to the above table, 91 (84%) registered nurses and 85 (86%) students and 18 (82%) lecturers have completed their questionnaires. The help of the matrons and lecturers by making such responses possible is to be appreciated.

9. Coding of Data and Data Representation

After all questionnaires were received back, they were classified according to the respective training hospitals. The questionnaires consisted of three categories, namely, registered nurses, students and lecturers. The purpose of classifying and categorising questionnaires was to facilitate the process of analysing data, which was obtained with the assistance of a statistician.

10. Data Analysis Program

Since this study was a descriptive and explorative one, frequency distribution, percentages, and means were utilised to describe the findings reached in this research work. To achieve the objectives, the Microsoft Excel spreadsheet was used for data entry and the Microsoft Excel statistical package was employed for data analysis.

11. Summary

This chapter discussed the type of study and research method used during this research. The population was identified and the sample was selected from the total population according to the size of the population. The

research instrument was explained. A cover letter, explicit what is expected from the respondents as well as the explanation of some concepts was provided. A pre-test study was conducted in hospital A, according to the advice of the statistician in order to find out whether the questionnaires are understandable.

Data collection was done in all three training institutions, namely Hospital A, Hospital B and Hospital C. Poor return was experienced from students in Hospital B and registered nurses in Hospital C, which may affect the value of representativeness in these particular institutions.

Data coding and presentation were computerised and the analysis of data was done with the assistance of the statistician.

CHAPTER FOUR

ANALYSIS AND INTERPRETATION OF DATA OF QUESTIONNAIRES

1. Introduction

This chapter focuses on the analysis and interpretation of the data that have been collected from the respondents: students, registered nurses and lecturers. The data here have been discussed according to the given tables and graphs. The interpretation is based on results from two questionnaires: Questionnaire I that has been completed by the registered nurses and lecturers, and Questionnaire II that has been completed by the student nurses.

In this chapter, the study analyses and interprets the profile information of part A of two questionnaires from the respondents in the three institutions. The information of part B of two questionnaires from different respondents has been examined together in a form of a synopsis due to a number of reasons. First, the respondents were required to respond to similar

questionnaires. Second, the synoptic examination of data enables the researcher to compare the figures and observe the differences or similarities of opinions among the different categories of respondents. Third, analysing responses from the students, registered nurses and lecturers together is the most convenient method in obtaining the conclusions for this research.

The framework of the questionnaires and analysis of data is based on Kolb's theory of experiential learning cycle. The main intent of the study was to ascertain how the experiential learning cycle has been applied to clinical teaching in clinical settings.

Part B of the questionnaires consists of a number of items. Items 5 to 20 focused on concrete experience. Items 21 to 26 dealt with reflection. Items 27 to 31 examined conceptualisation, while items 32 to 40 had concentrated on experimentation. Each item has been discussed in turn.

been the tradition, the majority of nurses were female. Much still needs to be done to encourage the male counterparts to join this profession.

Item 3a: Students by Year of Study

TABLE 5

Year of study	Number	Percent
Second	19	26.0
Third	25	34.2
Fourth	29	39.7
Total	73	100.0

Shown in Table 5 is the number of students according to their years of study. The first year students were excluded from this research. Out of the total population of students (73), 26% were in the second year, 34.2% were in the third year and 39.7% were in the fourth year. The study has concentrated on these three groups because they have had experience in nursing care and were able to respond fairly and objectively to the questions.

Item 4a Training Institutions

TABLE 6

Institution	Number	Percent
Hospital A	44	60.3
Hospital B	15	20.5
Hospital C	14	19.2
Total	73	100

Table 6 indicates the number of students per training institutions. These numbers were proportionally selected according to the size of each institution. As such they were not selected for the purpose of making comparisons between the three institutions, but to represent the total population in each training institution.

3. Analysis and Interpretation of Part A Items: Registered Nurses and Lecturers

Item 1b: Respondents by Rank

TABLE 7

Rank	Number	Percent
R.N	88	80.7
Lecturers	18	16.5
Missing	3	2.8
Total	109	100

Table 7 indicates the qualifications of both registered nurses and lecturers who were responsible for teaching students in clinical settings. From the findings it is clear that registered nurses make up a large group that is taking part in clinical teaching. This must be kept in mind when dealing with the development of the practice curriculum.

Item 2b Training Institutions

TABLE 8

Institutions	Number	Percent
Hospital A	73	67.0
Hospital B	28	25.7
Hospital C	8	7.3
Total	109	100

Indicated in Table 8 is the number of registered nurses and lecturers per institution. These represent all three training institutions. As it was in the

case of the students above, the inclusion of this item was to get a proportional representation of the total number of the lecturers and registered nurses in the three training institutions, but not to make comparisons between the responses of the particular respondents.

Item 3b: Department/Unit of Clinical Teaching

TABLE 9

Unit	Number	Percent
Community Clinic	4	3.7
Paediatric	11	10.1
Maternity	20	18.3
Gynaecology	3	2.8
Orthopedic	12	11
Medical	14	12.8
Screening	1	1.0
Surgical	15	13.7
Mental	9	8.3
Casualty	2	1.8
Oncology	1	1.0
Ophthalmology	2	1.8
ICU	2	1.8
Missing	13	11.9
Total	109	100

Table 9 reflects various units or departments where the respondents, registered nurses and lecturers worked and offered clinical teaching to the students. As can be observed from this table, the research has been

conducted in different departments where clinical teaching has been practised.

Item 4b: Lecturers and Registered Nurses' Years of Experience

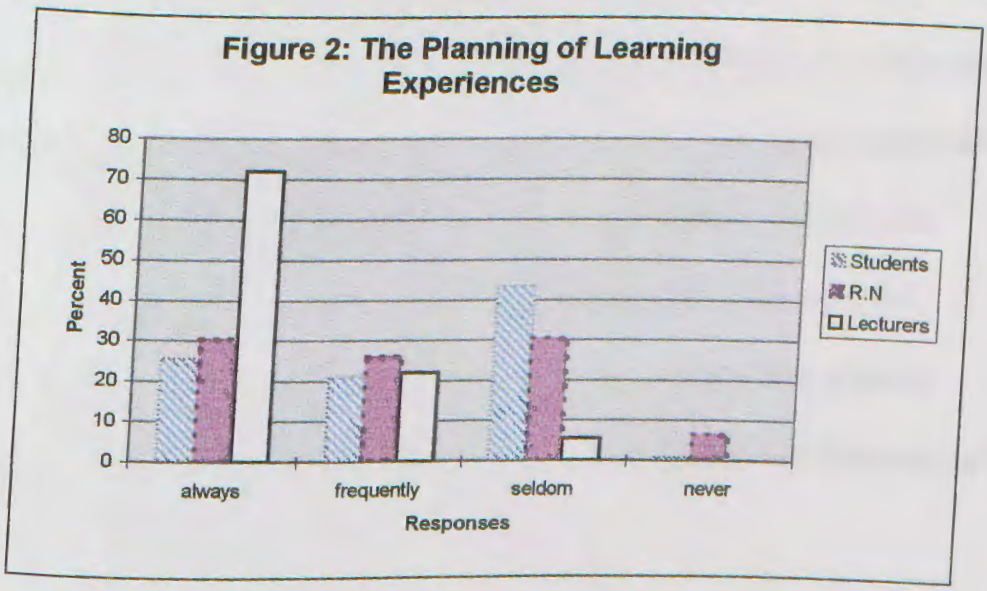
TABLE 10

Years	Number	Percent
1 - 3	14	12.8
4 – 6	18	16.5
7 – 9	21	19.3
10 – 14	31	28.4
15 – 20	14	12.8
21 – 30	5	4.6
Missing	6	5.5
Total	109	100

Table 10 indicates the years of experience of lecturers and registered nurses. As this table indicates, most of the respondents (28.4%) had 10-14 years of experience, while a few (4.6%) had work experience spanning from 21 to 30 years. The data here showed that clinical teaching was under the supervision of experienced professionals. Donnavan (1990:294) states that the form of mentoring or supervision in career development is often seen as involving an older, wiser person who protects and guides the student.

4. Analysis and Interpretation of data of Part B Items

Item 5: Questionnaires I and II - The Planning of Learning Experiences



As shown in Figure 2, most lecturers (72%) indicated that they always planned learning experiences, while only a small percentage of the students (25.8%) and registered nurses (30.5%) were of the opinion that the learning experiences have been always planned. The findings on this figure indicate that there is a difference in opinion on the planning of the learning experiences. Contrary to the opinion of lecturers, most students (43.5%) indicated that the learning experiences were seldom planned.

Unplanned programs could prompt confusion among the students and even among registered nurses and lecturers themselves. These findings do not correlate with what Rideout (1994:148) explained regarding the importance of planning of learning experiences. The planning of learning experiences is so important because it enhances ability for resource selection and acquisition and increased skills in self-evaluation. This can only be effective if there is a mutual development of clinical learning plans to facilitate the defining by the students of individual learning objectives to be achieved in the clinical setting.

The respondents were required to explain on this item if their responses are "always" or "frequently." The students, who said that learning experiences were "always" or "frequently" planned, explained that this was done "as part of registered nurses and lecturers' job and according to the study guides". Some lecturers and registered nurses explained that learning experiences were planned "to prepare yourself," while others clarified that this was done "depending on cases available in the wards or on the needs of the students".

Reilly and Oermann (1992:150) asserted that collaboration with learners in the selection of experiences provides for individual styles of learning, interests and preferences. Therefore Merritt (1991) in Reilly and Oermann believes that planning instruction based on learning styles preferences such as differences between field dependent-independent learning styles, has the potential for increasing motivation and learning.

Item 6: Questionnaires I and II - Level of Training

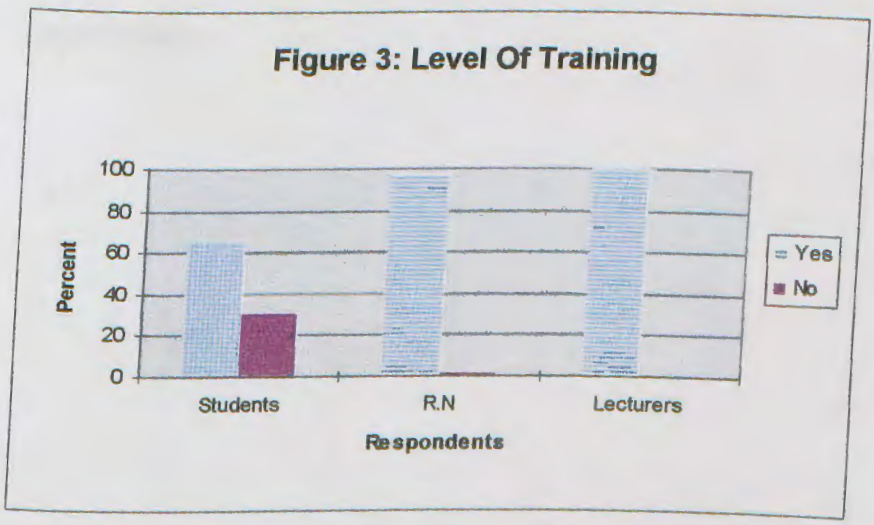
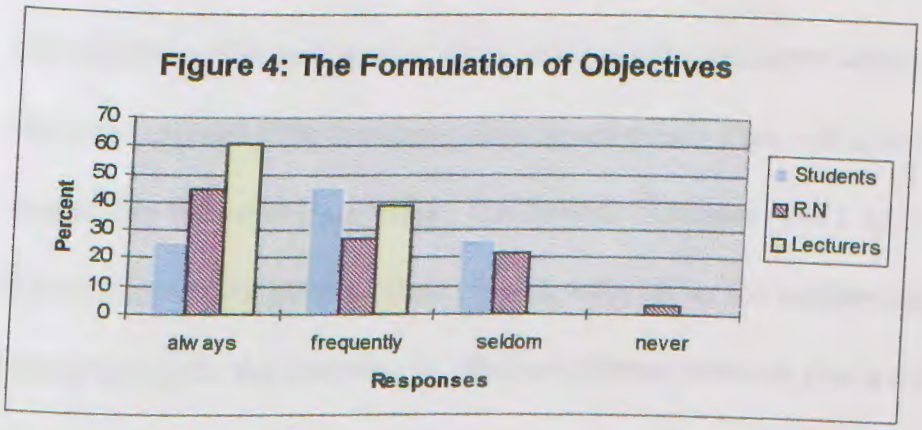


Figure. 3 indicates that all lecturers (100%) and nearly all registered nurses (97.8) indicated that they have taken the students' level of training into consideration. In light of the findings above, 65.5% of the students indicated that their level of training was taken into consideration while all

lecturers and nearly all registered nurses claimed that this was the case. It appears that the students have not observed that the clinical situation to which they were exposed was at their level of training or lecturers and registered nurses did not do what they claimed to have done.

Bradshaw (1989:81) emphasised the fact that during the planning stage of the practical component of the education of students, factors such as the level, ability, pressure and motivation of the student should be taken into consideration.

Item 7: Questionnaires I and II - The Formulation of Objectives



On basis of the findings reported in Figure 4, more than one-half of the lecturers (61.1%) and 47.2% of registered nurses indicated that they always formulated objectives for learning experiences, while only a small percentage of students (26%) have confirmed this opinion. A little less than half of the students (45.3%), 26.5% of the registered nurses and 38.9% of the lecturers stated that the objectives were frequently formulated, while some students (26%)and registered nurses (22%) indicated that learning objectives were seldom formulated. Data from registered nurses (3.3%) indicated that the objectives were never formulated. The information here demonstrates that even if the objectives have been formulated, they were not observant to the students.

Formulation of learning objectives will help the lecturers and registered nurses to organise the clinical teaching sessions. This will also help the students to follow the sessions. Reilly and Oermann (1992:152) underlined that while the clinical objectives are developed by the teacher, students set individual goals for learning in clinical practice that are also a reflection of the formulation of clinical objectives.

Learning objectives may be formulated on bases of three domains, which are cognitive - concerning with knowledge, affective - concerning with attitudes, and psychomotor - concerning with motor skills in order to assist the teacher in formulating objectives at different levels and for different kinds of behaviours (Quinn 1995:275).

Item 8 Questionnaires I and II - Discussion of Objectives

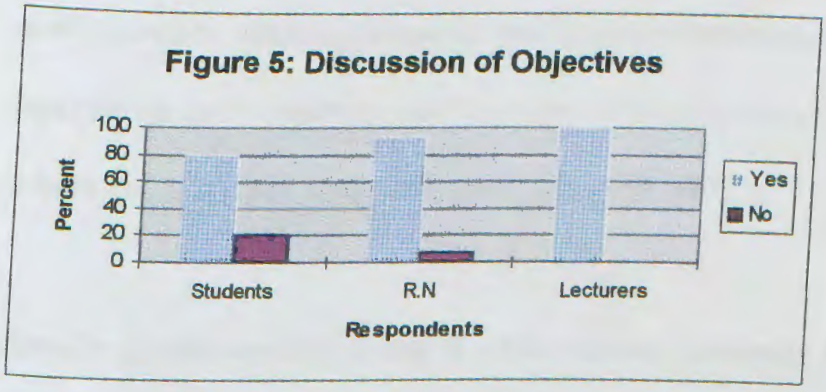


Figure 5 shows that all lecturers (100%) and almost all registered nurses (93.4%) indicated that they discussed the formulated objectives for learning experiences with the students. A majority of students (79.5%) have also stated that the formulated objectives for learning experience were discussed with them.

The information here shows that the objectives have been discussed and yet one can clearly see the difference in percentages between the lecturers, registered nurses and students regarding the question. We can therefore conclude that even if the objectives have been discussed they were not clear or understandable to all students.

Discussion of objectives, shared knowledge and common understanding of goals between students, lecturers and registered nurses are essential ingredients in the teaching and learning of nursing theory and practice which enjoy a close correlation (Philips 1994:220).

Item 9: Questionnaires I and II - Selection of Learning Experiences by Objectives

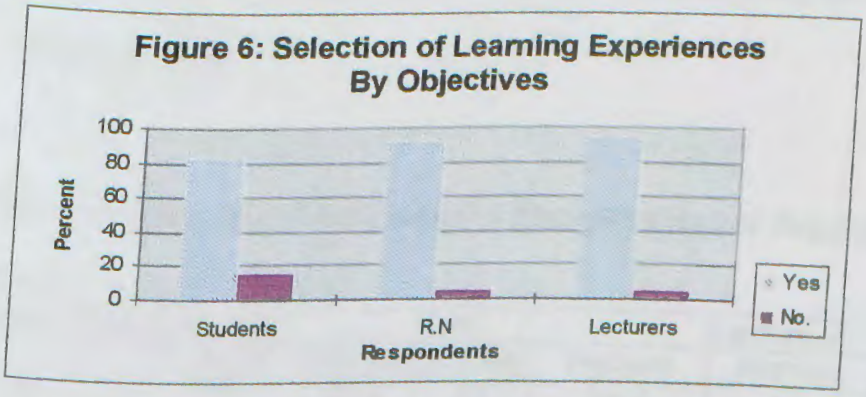


Figure 6 indicates the overwhelming majority of lecturers (94.4%) and registered nurses (92.3%) reported that learning experiences were selected according to the formulated objectives. Most students (83.6%) reported that learning experiences were selected according to the formulated objectives. These findings correlated with responses in the previous item (8) where it was indicated that the learning objectives were discussed with the students.

If clinical teaching is to be effective, it is essential that a plan must have a clear definition of general as well as specific objectives (Mellish & Brink 1990:228). This will enhance and facilitate the selection of learning experiences.

Reilly and Oermann (1992:149) endorsed that learning experiences in the clinical setting are selected for the purpose of achieving the objectives for clinical practice.

Item 10: Questionnaires I and II - Time for Clinical Teaching

TABLE 11

Responses	Students		R.N		Lecturers	
	Number	Percent	Number	Percent	Number	Percent
Yes	53	73.3	31	34.1	16	88.9
No	20	26.7	59	64.8	0	0
Missing	0	0	1	1.1	2	11.1
Total	73	100	91	100	18	100

Findings, as analysed above, most lecturers and students showed that there was time set for clinical teaching, but a large group of registered nurses and a considerable number of students indicated that there was no adequate time

set for clinical teaching. If there is no timetable available no one will know when clinical teaching is due.

These findings do not correlate with the statements in the literature where it is indicated how important time allocation is for teaching in the clinical set-up. Division of the time available and allocation of personnel is important so that all students have an equal opportunity for learning (Mellish & Brink 1990:22).

Item: 11 The Allocation of Students in Units

On the question how students have been allocated in the units, most of the students reported that their allocation in the units has been done "according to year of study", "on a monthly basis," "according to the needs of the units" and according to "an alphabetical order."

While the registered nurses and lecturers, on this item, indicated that the allocation of students in the units has been done according to "the level of experience" under the supervision of experienced people to assist them. The respondents here have explained that students were taken as a group

and given a subject, for example, the central venous pressure procedure, reading and care upon which they were asked to give feedback. On this same item a few registered nurses and lecturers pointed out that the allocation has been done according "to the study cases in the units, on a monthly basis at each department, according to the year of study and activities to be learnt, and according to formulated delegation in the ward". Other responses explained that students have been allocated in the units "according to the Nursing Board requirements" and "the policy of the college."

It is important for registered nurses and lecturers to be aware of the objectives of the placements and the knowledge and skills that the students have when they come to the wards or units. The students may, for example, be assigned to clinical situations in departments where they have no theoretical background on the cases in the specific departments. In such incidences, students will have very little opportunity to achieve their learning objectives without proper assistance and guidance of registered nurses.

Supervisors and clinical teachers should be involved in the planning of objectives for clinical placements and should be consulted on the most appropriate tasks for the students (Ewan & White 1984:112).

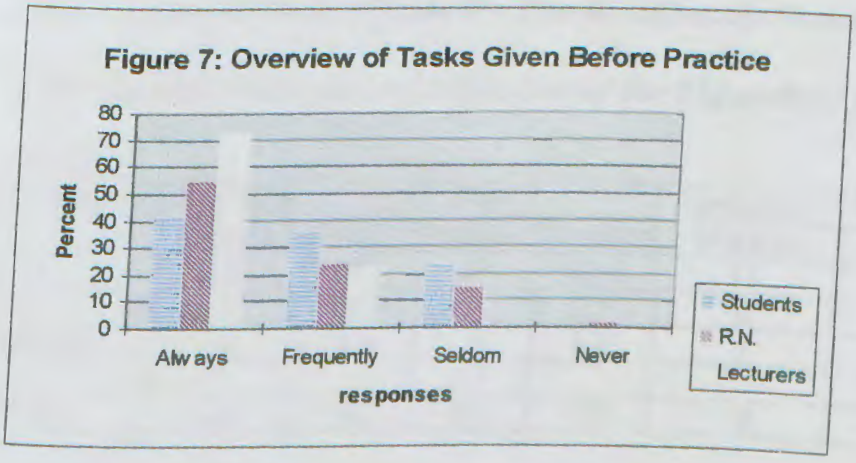
Item: 12 The Kind of Learning Experiences Offered in Units

On the question about the kind of learning experiences offered in units, the majority of registered nurses and lecturers indicated "practical demonstration of procedures taking place in the units," while a few registered nurses and lecturers referred to "field trips, physical examination, control of common diseases and simulation as learning experiences offered in the ward."

Most students reported, "teaching, practice, some procedures in practical books and assessment" were kind of learning experiences offered in units. A few students indicated, "procedures demonstrated" and "nursing care plan" were part of these learning experiences. These findings indicated that very few other approaches for example prioritising of patient needs, "application of the nursing process," "problem solving," "decision-making," and "managerial skills" were addressed.

Learning experiences refer to all activities performed in practice settings to meet health care needs of patients. As such they should be carefully identified and selected, just as Billings & Halstead (1998:284) have underscored: "learning experiences which take place in practice setting are essential to knowledge application, skill development and professional socialization, thus selection of learning experiences requires a sound understanding of the curriculum, the learner and the learning environment and the expertise of the teacher."

Item 13: Questionnaires I and II - Overview of Tasks Given Before Practice



According to the analysis of the findings above, most lecturers (72.2%) and registered nurses (54.9%) indicated that an overview of a task was always

given before practice. Only 41% of students supported this observation. This would mean that an overview of a task, though it was given, it was not recognised by the students and consequently they might not know what they are supposed to do. This situation calls for an intensification of the practice in clinical teaching. The lecturer or registered nurse in her lesson plans should consider what the students must know, what they should know, and what is good to know. This is important in clinical teaching, because as Brink writes: "students are likely to be more anxious if they are unsure of what is going to happen. It is therefore important that they be prepared for the real experience" (Brink 1996:44).

Item 14: Questionnaires I and II - The Relationship Between Objectives of the Clinical Program and Objectives of the Theoretical Program

TABLE 12

Responses	Students		R.N		Lecturers	
	Number	Percent	Number	Percent	Number	Percent
Yes	52	71.3	87	95.6	17	94.4
No	17	23.3	2	2.2	0	0
Missing	4	5.4	2	2.2	1	5.6
Total	73	100	91	100	18	100

According to Table 12, most students and almost all registered nurses and lecturers reported that there was a relationship between objectives of

clinical program and objectives of theoretical program, while 23.3% of the students and a small number of the registered nurses (2.2%) were of the opinion that there was no relationship between objectives of the clinical and theoretical programs.

The findings according to the above table indicate that there has been a relationship among the objectives of clinical program and theoretical program. This shows that there is a correlation of theory and practice in our clinical settings.

These findings correlate with the statement of Billings and Halstead (1998:284-285) that the selection of experiences should be consistent with the desired outcomes of the curriculum. Therefore the learning experiences that are selected and the practice opportunities provided for students should be congruent with the program objectives. The learning experiences should help the students for progressive development and prepare them for desired outcomes.

Item 15: Questionnaires I and II - Personal Conditions Taken into Consideration

TABLE 13

Responses	Students		R.N.		Lecturers	
	Number	Percent	Number	Percent	Number	Percent
Yes	39	53.4	49	53.8	10	55.6
No	32	43.8	37	40.7	5	27.8
Missing	2	2.7	5	5.5	3	16.6
Total	73	100	91	100	18	100

Figures in Table 13 indicate that more than one-half of students (53.4%), registered nurses (53.8%) and lecturers (55.6%) were of the opinion that students' personal conditions were taken into consideration.

Although about one-half of the respondents agreed that the students' personal conditions have been taken into consideration, the percentage of students (43.8%), registered nurses (40.7%) and lecturers (27.8%) who indicated that the students' personal conditions were not taken into account is considerably high. It appears that an improvement on this aspect is matter of urgency as stated by the following authors.

Lecturers and registered nurses must have full knowledge and understanding of each student. Students differ in their level of learning and preferences for learning opportunities therefore, registered nurses and lecturers must make a concerted effort to balance the learning needs, interests and abilities of students when selecting clinical experience. "If you know your students as individuals and if you demonstrate interest and concern for their needs and their professional developments, students will feel more able to take risks, to reveal their uncertainties and their difficulties, in the confidence that you are there to help rather than to judge" (Billings & Halstead, 1998:284-285) and (Ewan & White 1984:124).

Item 16: Questionnaires I and II – Was Communication with Patients Taught

TABLE 14

Responses	Students		R.N		Lecturers	
	Number	Percent	Number	Percent	Number	Percent
Yes	56	76.7	87	95.6	18	100
No	17	23.3	3	3.3	0	0
Missing	0	0	1	1.1	0	0
Total	73	100	91	100	18	100

In light of the findings on Table 14 most students (76.7%), all lecturers (100%) and almost all registered nurses (95.6%) confirmed that students

were taught how to communicate with patients. Only a small percentage of respondents indicated the opposite. If this is the case, the training institutions seem to have maintained one of the key aspects in nursing care. The art of communication is not only useful in sharing of information, but it is also an important tool in nursing and counselling of the patients. If one is to be an effective communicator, one should also be a good listener. Quinn (1988:321) writes, "as skilled listeners, nurses need to be skilled in the art of conversing with patients and colleagues ... this involves encouraging patients to communicate, questioning, responding and giving information."

Item 17 Questionnaires I and II – Was Nursing Care Taught

TABLE 15

Responses	Students		R.N.		Lecturers	
	Number	Percent	Number	Percent	Number	Percent
Yes	69	94.5	88	96.7	18	100
No	4	5.5	1	1.1	0	0
Missing	0	0	2	2.2	0	0
Total	73	100	91	100	18	100

Findings in Table 15 provide the information that student nurses were taught how to provide nursing care. This opinion was supported by the largest group of respondents. The provision of nursing care is the main task of a nurse. Any nursing education, which does not stress nursing care, fails

to fulfill its aim and mission. However, it is one thing to have theoretical knowledge about nursing care and it is another thing to put the acquired knowledge about nursing care into practice. Patients will benefit if the knowledge that is imparted to the students in the classroom is always applied to the clinical situation. These findings correlate with a statement in The World Book Encyclopedia (1992:355), "nurses are trained to recognise and understand the needs of patients and to give emotional support as well as physical care."

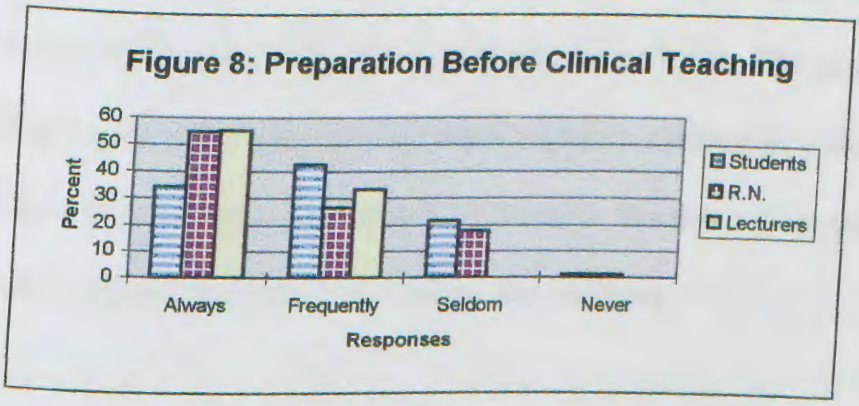
Item 18: Correlation of Theory and Practice

On item 18, which asks if there is correlation between theory and practice in the units, 74% of students were of the "yes" opinion, while 23.3% were of the "no" opinion. The 77.1% of registered nurses and lecturers indicated that there was a correlation of theory and practice, because "they teach theory first, which is followed by demonstration, then by practice". The insignificant percentage 7.3% of registered nurses and lecturers said, that, "they do it by asking questions about what the students had been taught in the class and practical work in the wards."

A nurse must be able to put into practice what she has learned in theory, to apply the knowledge she has obtained in the classroom, to exercise

educated judgement and to make skilled observations throughout the giving of patient care (Mellish & Brink 1990:217).

Item 19: Questionnaires I and II - Preparation Before Clinical Teaching



As shown in Figure 8, 34.2% students, 55% registered nurses and 55.6% lecturers stated that preparation was always done before clinical teaching. The majority of students (42.5%), registered nurses (26.3%) and lecturers (38.9%) indicated that the preparation was frequently done before clinical teaching, while a considerable number of the students (21.9%) and registered nurses (17.6%) held that this was seldom done. A very small percentage of students (1.4%) and registered nurses (1.1%) indicated that the preparation before clinical teaching was never done.

In light of the findings on this item, the students observed that registered nurses and lecturers have not always done preparation before clinical teaching. If there is no proper preparation, the students could have observed unprepared lectures or certain tasks presented by the registered nurses and lecturers that are not clearly formulated. The preparation will help registered nurses and lecturers to put everything in order, for example, where to start and where to end. Systematic teaching is very important in order to prevent confusions among the students.

Item 20: Questionnaires I and II - Other Strategies Used During Clinical Teaching

On item 20 about "which other teaching strategies were used during clinical teaching," some of the students reported, "teaching and practice," "in-service education," "group discussions," "simulation procedures shown on models," "peer group teaching," "case studies," television," and "demonstrations."

Both registered nurses and lecturers, responding to this question, reported that teaching methods used were "demonstration and feedback," "case study," "group discussions," "lecture method," "learner-teacher centred method," "posters," "patients and equipments."

According to the above information, it seems that registered nurses and lecturers provide and use alternative methods for teaching and learning. This is in conjunction with what is explained by Ewan and White (1984:122) that "providing a variety of resources and experiences for learning, assists students to discover which methods they prefer and which types of activity or resources help them to learn best."

Item 21a Questionnaires I and II - Personal Time for Reflection

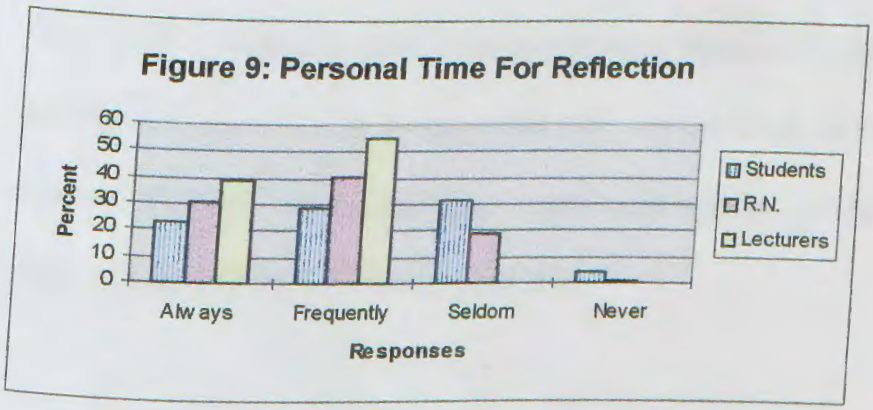
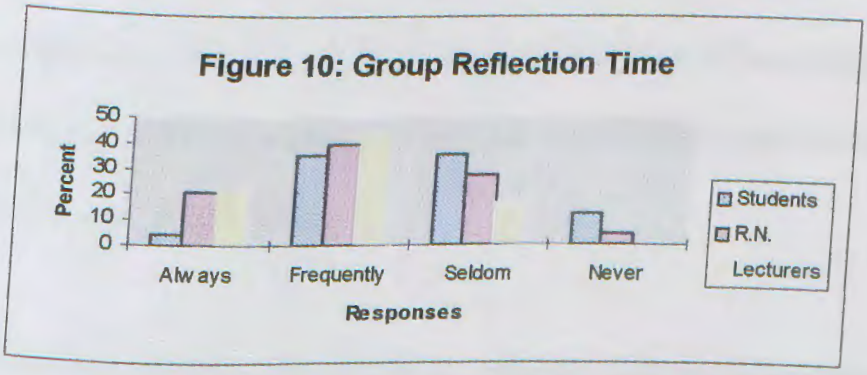


Figure 9 represents the total number of students, registered nurses and the lecturers who reported on the question whether the students got personal time to reflect.

The findings here indicate that personal time for students to reflect was not always provided. Some students (23.2%, registered nurses (30.8%)and lecturers (38.8%) reported that students always got personal time for reflection. Other students (28.7%), registered nurses (40.6%) and lecturers (55.4%) stated that personal time to reflect was frequently given to the students, while 31.1% of the students and 18.6% of the registered nurses reported that personal time for reflection was seldom given.

Personal reflection is one step towards readiness for learning. Readiness may relate to aptitudes, previous experience, interest or personal development and it is to be expected that various levels of readiness exist among students and that learning experiences will have to take account of that variation (Ewan & White 1984:57).

Item 21b: Questionnaires I and II - Group Reflection Time



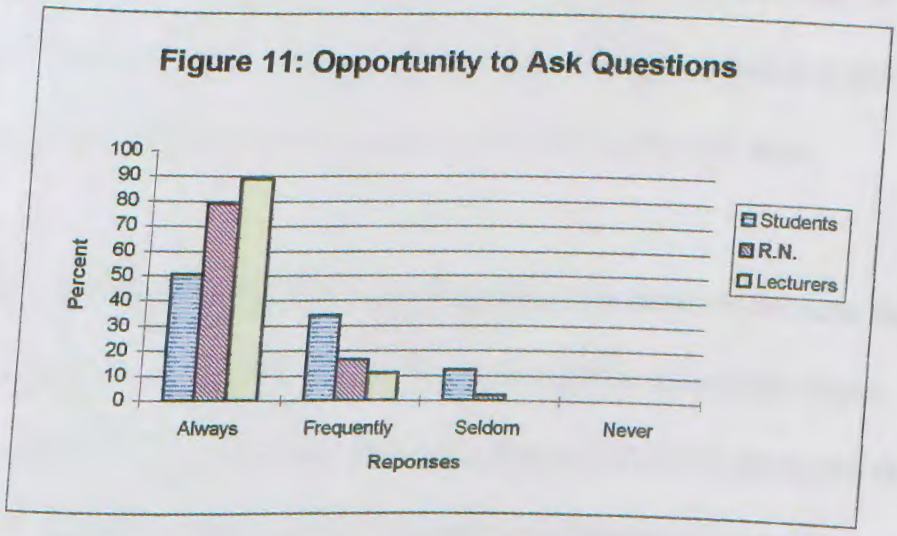
As can be seen in Figure 10, a small percentage of students (5.5%), registered nurses (20.9) and lecturers (22.2%) reported that students always got time for group reflection. Some students (35.6%), registered nurses (39.6%) and lecturers (44.4%) stated that time for group reflection was frequently given, while a considerable number of students (35.6%), registered nurses (27.4%) and lecturers (16.7%) reported that time for group

reflection was seldom given. A small group of students (12.4%) and registered nurses (4.4%) indicated that students never got time for group reflection.

The findings of items 20 and 21 correlate, but what has been experienced by the students is not in line with what is stipulated by James and Clarke (1994:86) who states that "reflection is central in many theories of experiential learning which is the dominant form of learning in nursing." Reflection is an integral part of experiential learning and the development of practical knowledge.

Time for reflection is an essential element in any teaching situation. As such it may be well implemented through small group teaching method. The use of small group teaching method has benefits, not only in terms of academic learning but also in the development of social skills and confidence in the presence of other people (Quinn 1995:148). Some of the students learn much better in groups through sharing of ideas and develop a sense of freedom of expression which facilitates learning.

Item 22: Questionnaires I and II - Opportunity to Ask Questions



One-half of the students (50.8%) reported that they always had the opportunity to ask questions in the clinical settings. More than half of the registered nurses (79.1%) and almost all lecturers (88.9%) stated that they always gave opportunity to students to ask questions. Some students (34.2%), a small percentage of registered nurses (16.5%) and lecturers (11.1%) indicated that time for students to ask questions was frequently given. Some students (12.3%) and registered nurses (2.2%) held the opinion that students seldom got the opportunity to ask questions in clinical teachings.

The analysis of the data here shows that only registered nurses and lecturers reported that students were always provided with opportunities to ask questions, while many students seem to be not sharing this idea.

Opportunities for asking questions are important to students because these are the occasions when they can freely ask for clarity on aspects about which they lack understanding. Ewan and White (1984:96) proposed that a better way is to ask students for their questions at the beginning of a group session and then to set the group the task of answering them. The teacher may act as an extra resource if necessary. Students then benefit not only from having their questions answered, but from having to work out and deliver explanations to each other.

Item 23: Questionnaires I and II - Guidance and Support in Critical Analysis

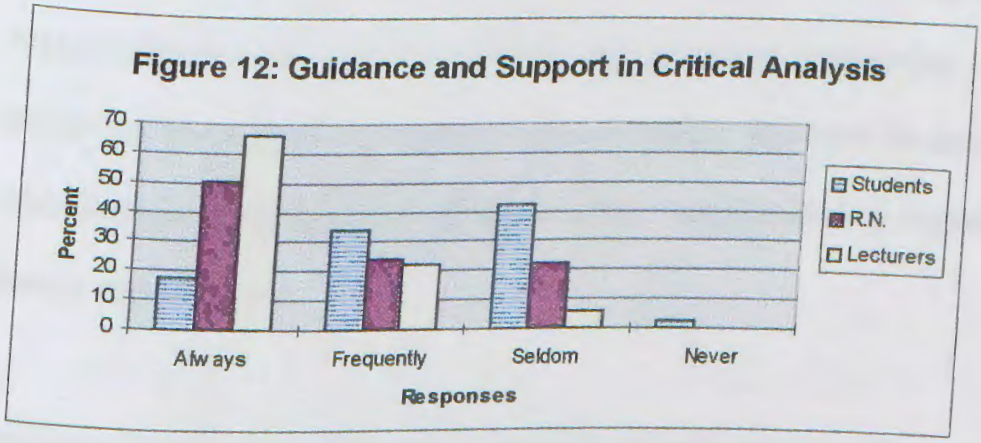


Figure 12 indicated that 17.8% of the students, 50.5% of the registered nurses and 66.7% of the lecturers said that students were always guided and supported in critical analysis. Another 34.3% of the students, 24.2% of the registered nurses and 22 1% of the lecturers stated that students were frequently guided and supported in critical analysis. Close to half of the students (42.5%), 19.8% of the registered nurses and 5.6% of the lecturers indicated that guiding and supporting of students in critical analysis was seldom done, while 2.7% of the students and 5.5% of the lecturers indicated "Never" to the question.

The explanation given by some of the students who said "always" and "frequently" on this item was, "to avoid complications, by working with a registered nurse." Some of the lecturers and registered nurses who answered "always" or "frequently" explained that it was done "to avoid complications" and "guidance of students has been provided by registered nurses and lecturers."

Students need to be guided and supported in critical analysis. The students who are not taught to think through the nursing process way with the focus on experiential learning or to view the patient holistically, will often disregard the values and rights of the patient. The holistic view, values and rights of the patient, are some of the aspects which should always be considered at the planning phase of any teaching and learning situations of a nurse student. Reilly and Oerman, (Brink 1996:26), described the planning phase "as an intellectual and ethical operation involving decision making, critical thinking and value choice making."

What counts most here is not mere theory, but theory which is put into practice. Registered nurses and lecturers can help student nurses apply

factual knowledge to practical problems by using a problem-based approach (Ewan and White 1984:113). This may be done, for example, by presenting the practical problems in the ward or clinic and encourage students to analyse the problems and use their knowledge to work out possible solutions or management of the problems.

Mashaba and Brink (1994:159) underscored that the facilitator has the opportunity to guide and support the students in critically analysing and reconstructing their experience by asking reflective questions and transforming ideas, knowledge and strategies into a familiar word picture appropriate for the content and for those particular students.

Item 24: Questionnaires I and II - Opportunity to Work in Groups

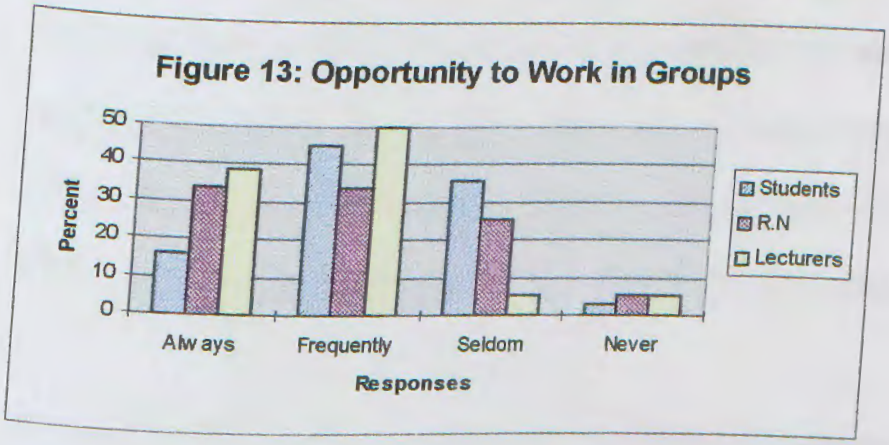
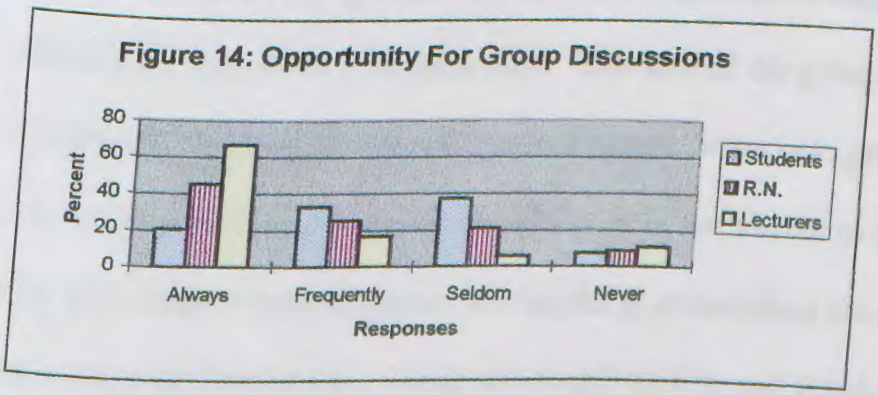


Figure 13,implies that a small number of students (16.4%), a considerable number of registered nurses (34.1%) and lectures (38.8%) indicated that students always got an opportunity to work in groups. About one-half of the students (45.3%), a little more than one-third registered nurses (34.1%) and one-half of the lecturers (50%) were of the opinion that students frequently got an opportunity to work in groups. Students (35.6%), registered nurses (25.2%) and lecturers (5.6%) indicated that opportunities to work in groups were "seldom" provided, while a small number of students (2.7%), registered nurses (5.5%) and lecturers (5.6%) indicated "Never."

Students indicate they have not always experienced an opportunity to work in groups contrary to the indications of registered nurses and lecturers who maintain they have provided the students with this opportunity. Students need to be provided with opportunities to work in groups. This would enhance their level of study more than when they work individually.

Working in groups is advantageous to students because this helps them "to develop a sense of sharing of ideas and knowledge through open expressions" (Mashaba and Brink 1994:80).

Item 25: Questionnaires I and II - Opportunity for Group Discussions

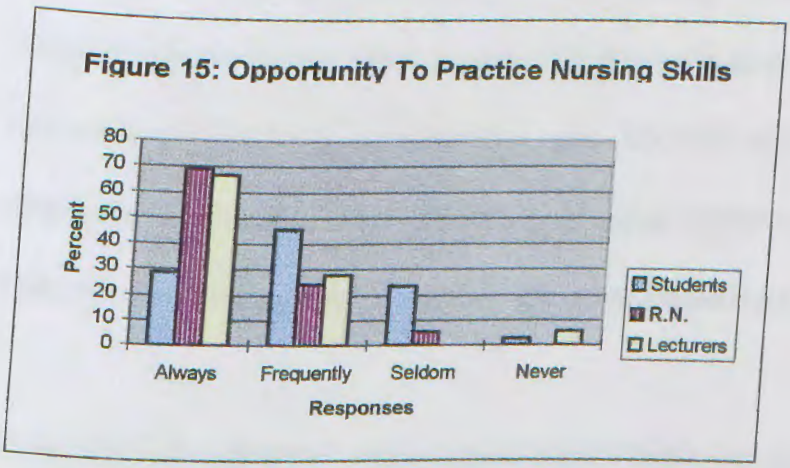


As can be seen in Figure 14, 20.6% of the students reported that opportunity for group discussions has been always given to them. About one-half of the

registered nurses (45%) and the lecturers (66.7%) indicated that they always gave opportunity to the students for group discussions. Students (32.8%), registered nurses (25.3%) and lecturers (16.7%) stated that an opportunity for group discussions has been frequently given to the students. However a quarter number of students (37%), registered nurses (20.9%) and lecturers (5.6%) said that opportunity for group discussions has been seldom given to the students, while a small percentage of the students (8.2%), registered nurses (8.8%) and lecturers (11%) indicated "Never" to the question.

Group discussions need to be emphasised as this provides the conducive environment for learning and helps students to gain knowledge as well as to share their experiences with each other. The aim of the group discussion technique is to encourage an exchange of views. It encourages the student to think for herself and to develop confidence in her ability to come up with ideas and express them to others. It is useful in stimulating the extension of knowledge and developing critical thinking (Mellish and Brink 1990:136).

Item 26: Questionnaires I and II - Opportunities to Practice Nursing Skills

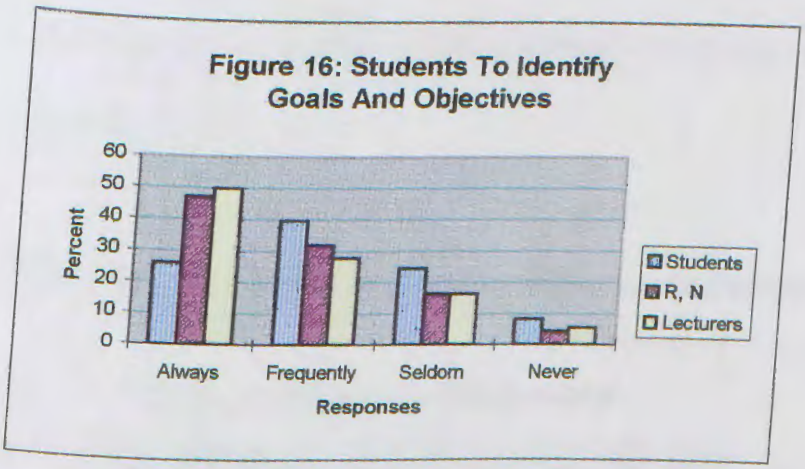


On the question whether students got the opportunity to practice nursing skills, 28.8% of the students, 69.2% of the registered nurses and 66.7% of the lecturers indicated that students always had the opportunity to practice nursing skills. Some students (45.2%), registered nurses (24.2%) and lecturers (27.8%) said that students frequently had the opportunity to practice nursing skills. A small group of students (23.3%) and registered nurses (5.5%) were of the opinion that students seldom had an opportunity to practice nursing skills, while 2.7% of the students, 5.5% of the lecturers indicated that the students never had opportunities to practice nursing skills.

Students need an opportunity to practice nursing skills because they can learn much better by doing something practically. This is always the case, because when a person does or practices a certain task, she/he becomes more knowledgeable to perform that task. Mellish and Brink (1990:154) emphasised this notion that "of course students learn by practice, but this must be guided, supervised practice which is based on sound knowledge."

Lecturers and registered nurses must bear in mind that trying something out on a patient is dangerous. Such actions would deny the patients the right to safety at the hands of those caring for them.

Item 27: Questionnaires I and II - Students to Identify Goals and Objectives

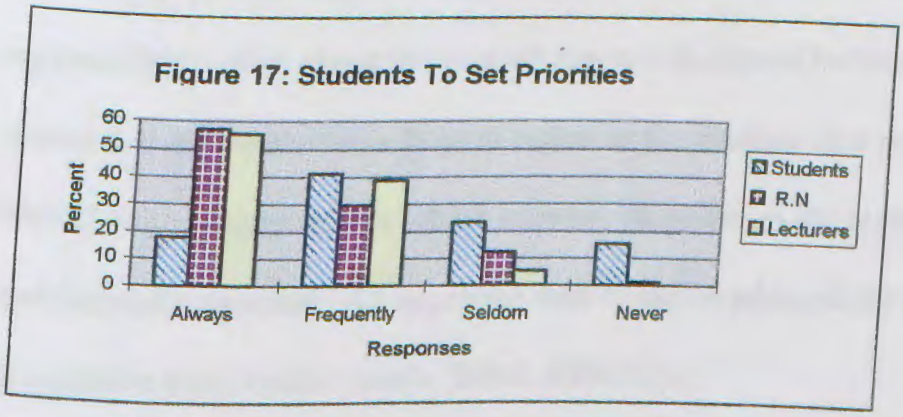


Indicated in Figure 16, is the number of respondents who answered whether students were encouraged to identify goals and objectives of learning experiences. The findings here indicate that one fourth of the students (26%) and less than one-half of the registered nurses (47.2%) and lecturers (49.9%) confirmed that students were always encouraged to identify goals and objectives. This implies that most students observed that they were not always encouraged to identify goals and objectives.

It is important for the students to be encouraged in identifying goals and objectives because this is part of the planning that a nurse wants to achieve.

Brink (1996:22-23) explained that nursing objectives concern the individual and unique care given to patients and also that the formulation of objectives is important for creating a criterion for evaluating the effectiveness of a nursing action.

Item 28: Questionnaires I and II - Students to Set Priorities



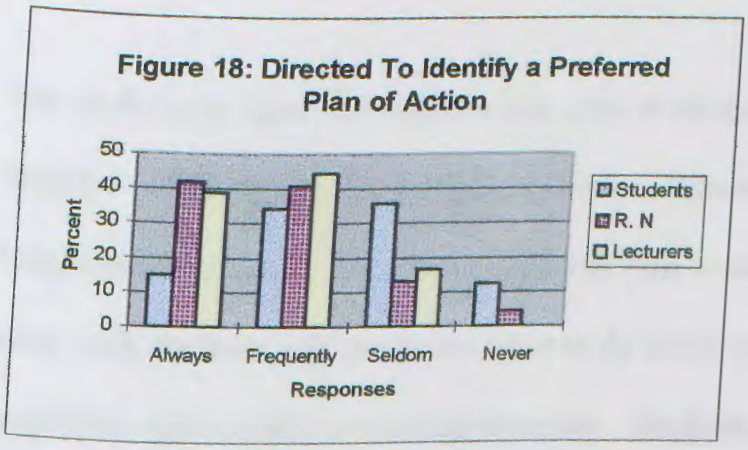
A small percentage of students 17.8% indicated that they were always encouraged to set priorities. More than half of the registered nurses (57.1%) and some lecturers (55.6%) stated that they always encouraged students to set priorities. Some students (41.1%) said that they were frequently encouraged to set priorities. A small percentage of registered nurses (29.7%) and (38.8%) lecturers were of the opinion that students were frequently encouraged to set priorities. A lesser number of students

(23.3%), registered nurses (12.1%) and lecturers (5.6%) stated that students were seldom encouraged to set priorities, while a small number of the students (15.1%) and a fewer registered nurses (1.1%) held the opinion that students were never encouraged to set priorities.

From the above findings a conclusion can be made that students need an opportunity to think about the procedures which should be handled first. It means that they must know how to organise the nursing care priorities. One should, for example, decide which nursing diagnosis is the most important and demands attention. An approach that could be adopted here is one that is geared to basic human needs (Brink 1996:22).

If student nurses are not taught how to set priorities this will affect the patient's condition, for example, the one who should receive attention first will receive it at the later stage when she/he is in a very deteriorated condition.

Item 29: Questionnaires I and II - Directed to Identify a Preferred Plan of Action



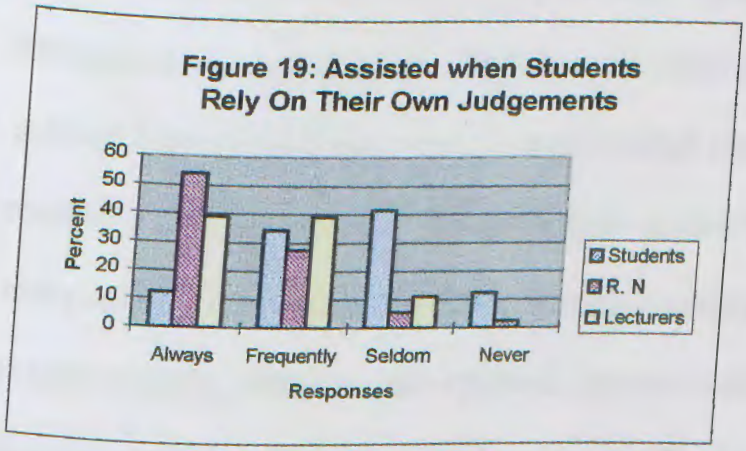
A small group of students (15.1%) stated that they were always directed to identify a preferred plan of action for nursing care. Close to one-half of the registered nurses (41.8%) and some lecturers (38.9%) indicated that they always directed students to identify a preferred plan of action. Students (34.3%), registered nurses (40.6%) and lecturers (44.4%) indicated that students were frequently directed to identify a preferred plan of action. Another group of students (35.5%), registered nurses (13.2%) and lecturers (16.7%) stated that students were seldom directed to identify a preferred plan of action, while the remainder of the students (12.3%) and registered

nurses (4.4%) indicated that students were never directed to identify a preferred plan of action.

The findings in figure 18 indicate that most students were not always directed to identify a preferred plan of action. When the students are not taught how to identify the plan of action or how to develop a nursing care plan, such students will not know what to do when encountering a patient's condition which needs immediate attention. Students, particularly those who are in their third and fourth years of study, need to be assisted in order to find a plan of action in solving the problems which they may encounter in their work.

When students have learned to solve problems, they are guided and assisted to focus on more than one solution to a problem. A discussion of divergent possibilities could help students to gain insight into their own prejudices. Students should also be guided towards an eventual sense of security in nursing practice (Brink 1996:65).

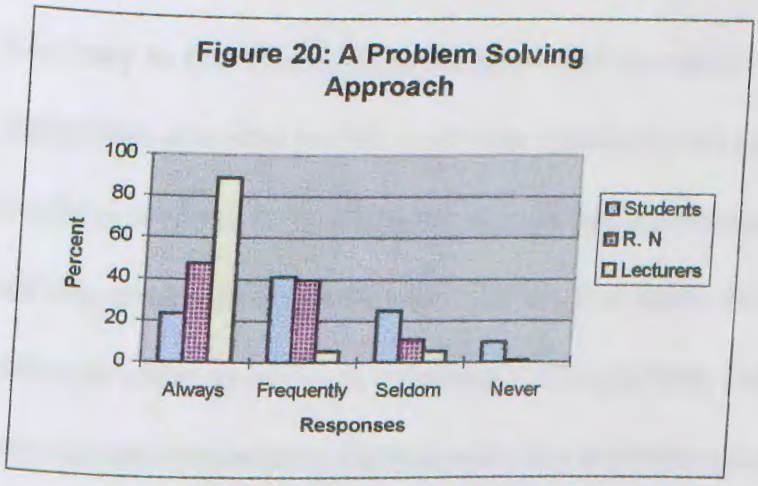
Item 30: Questionnaires I and II - Assisted When Students Rely on Their Own Judgements



As can be observed in Figure19, 12.3% of the students indicated that they have always been assisted when they decide to provide nursing care. Registered nurses (53.8%) and lecturers (38.9%) responded that they always assisted the students when they decide to provide nursing care. Other students (34.3%), registered nurses (37.4%)and lecturers (38.9%) were of the opinion that the students were frequently assisted when they decide to provide nursing care. About one-half of the students (41.1%) a fewer registered nurses (5.5%) and lecturers (11.1%) stated that students were seldom assisted when they decide to provide nursing care. A few students (12.3%) and registered nurses (2.2%) were of the opinion that students were never assisted when they decide to provide nursing care

The reports from the students indicate that the assistance given to them in this regard was not adequate. The situation could be dangerous to the patients because students were not well assisted when they decided to apply nursing care to the patients. These findings are not in line with what was observed in the literature. Brink (1996:71) recommended that clinical teachers, that is, lecturers and registered nurses should ensure that students have required knowledge for judging the specific clinical situations allocated to them.

Item 31: Questionnaires I and II - A Problem Solving Approach



Responding to the question whether students were encouraged to use a problem solving approach, as indicated in Figure 20 above, 23.3% of students, 47.3% of the registered nurses and 88.8%of the lecturers indicated that students were always encouraged to use a problem solving approach. About the same percentage of students (41.1%) and registered nurses (39.6%) and only 5.6% of the lecturers reported that students were frequently encouraged to use a problem solving approach. A nearly one-fourth of the students (24.6%), (10.9%) registered nurses and (6.6%) of the lecturers said that students were seldom encouraged to use a problem solving approach, while (9.6%) of the students and (1.1%) of the registered nurses were of the "never" opinion.

Contrary to the view of both lecturers and registered nurses, most students shared the idea that problem-solving approach was not well used as a teaching method. If students are not always encouraged to use problem-solving approach they will find it difficult to make decisions on plans of action in order to arrive at solutions. The problem solving approach is a very important teaching method whereby students can learn how to solve problems on their own and how to make decisions on plans of action in order to arrive at solutions.

Students should be assisted in identifying problems and solutions for problems. Emphasis in teaching problem solving should be directed toward the process by which problems are solved rather than on the outcomes. Learners should be made aware of the use of intuitive thinking (Brink 1996:66-67).

Item 32: Questionnaires I and II - An Opportunity to Implement Plan of Action

TABLE 16

Responses	Students		R.N.		Lecturers	
	Number	Percent	Number	Percent	Number	Percent
Yes	41	56.2	86	94.5	18	100
No	30	41.1	3	3.3	0	0
Missing	2	2.7	2	2.2	0	0
Total	73	100	91	100	18	100

Table 16, indicates the number of respondents who responded to the question whether students got an opportunity to implement a plan of action. Among the respondents, more than one-half of the students (56.2%)and nearly all registered nurses (94.5%) and all lecturers (100%) responded that the students had the opportunity to implement the plan of action. Less than half of the students (41.1%) and a small percentage of the registered nurses (3.3%) were of the opinion that students did not get the opportunity to implement the plan of action.

Although all lecturers and almost all registered nurses underlined that students have been provided with the opportunity to implement the plan of action, this has not been fully experienced by the students. This is not in the line with the item on the compilation of preferred plan of action. The

students must first have knowledge on how to compile the nursing care plan before they can implement it.

Mashaba and Brink (1994:161), on active experimentation, have demonstrated "the learners implement the action plan designed during the previous phases of experiential learning and test the concepts, generalisations and principles abstracted, thus providing further concrete experiences which will require further reflection thereby continuing the cycle." This reflects the concept of experiential learning which means learning by doing.

Item 33: Questionnaires I and II - Generalise A Plan of Action to Other Conditions

TABLE 17

Responses	Students		R.N.		Lecturers	
	Number	Percent	Number	Percent	Number	Percent
Yes	36	49.3	68	74.7	12	66.7
No	33	45.2	18	19.8	4	22.2
Missing	4	5.5	5	5.5	2	11.1
Total	73	100	91	100	18	100

Table 17 represents the number of respondents who answered the question whether the students could generalise a plan of action to other conditions.

According to the findings here, most registered nurses and lecturers observed that students could generalise a plan of action to other conditions, but not all students were aware of this. The responses of the students indicated that there was a lack of knowledge and skills among them about this aspect. Students need to be equipped with such skills and knowledge to be able to transfer learning from the classroom to the clinical situation by providing nursing care to patients with different diagnosis. This must be relative to the knowledge on how to solve problems.

Brink (1996:64-65) underlined, "when a nurse is confronted by a new urgent problem she/he usually tries to link it with her theoretical knowledge and will initially not think of the patient in his or her total context. There has to be an integration of one's knowledge of different part-disciplines in order to approach the patient holistically." For example when a first year student, who was taught how to meet the patient's hygiene needs in the classroom, was assigned to attend to the unconscious patient but fails to give good skin care to this patient, the care of an unconscious patient was a new problem to her. If this first year student is able to transfer the knowledge she learned about meeting the patient's hygiene needs, she can

meet them adequately irrespective of the diagnosis or condition of the patient (Wong 1979:164).

Item 34: Questionnaires I and II - Performances Measured According to Objectives

TABLE 18

Responses	Students		R.N.		Lecturers	
	Number	Percent	Number	Percent	Number	Percent
Yes	49	67.1	85	93.4	16	88.8
No	21	28.8	2	2.2	1	5.6
Missing	3	4.1	4	4.4	1	5.6
Total	73	100	91	100	18	100

According to Table 18, most students (67.1%) and nearly all registered nurses (93.4%) and lecturers (88.8%) were of the opinion that student performances have been measured according to the objectives, while a few students, (28.8%) a very small percentage of registered nurses (2.2%) and lecturers (5.6%) indicated that student performances never measured according to the objectives.

The findings here show that student performance has been measured according to the objectives, which are in line with the required standards of

teaching and learning. Measuring of performance according to objectives is essential, because this indicates whether the expected outcomes have been achieved or not.

According to Mashaba & Brink (1994:164-165), nursing education programs are developed to address particular goals and to achieve specific objectives. Without clearly identifying expected clinical outcomes, there will be a tendency for the nursing faculty to develop their own expectations of students and develop their own specific tools for each given time and clinical placement.

Item 35: Questionnaires I and II - Praised for Good Work

TABLE 19

Responses	Students		R.N.		Lecturers	
	Number	Percent	Number	Percent	Number	Percent
Yes	40	54.8	89	97.8	17	94.4
No	29	39.7	1	1.1	0	0
Missing	4	5.5	1	1.1	1	5.6
Total	73	100	91	100	18	100

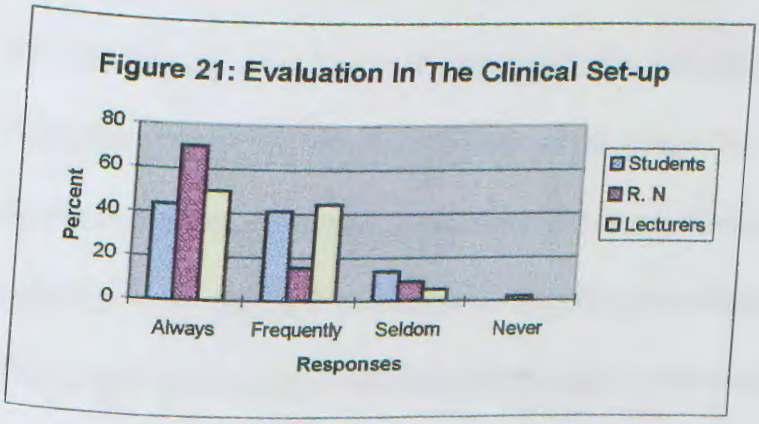
Item 35 indicates that (54.8%) of the students, (97.8%) registered nurses and (94.4%) lecturers reported that students were praised for good work,

while (39.7%) of the students (1.1%) of the registered nurses indicated that students were not praised for good work.

The investigation reveals that nearly all lecturers and registered nurses said that students were praised for good work, but only about half of the students indicated this. A "well done" comment from the person in charge or lecturer for successful completion of a range of duties may serve as a more efficient reinforcer than more immediate tangible rewards (Brink 1996:17).

When giving feedback focus should not be only on weak areas, but a constant effort must be made to tell students what has been done well (Brink 1996:82). By doing this it will serve as a tool for motivating the student to keep performing well.

Item 36: Questionnaires I and II - Evaluation In The Clinical Set-up



Responding to the question whether students were evaluated in the wards, a little less than one-half of the students (43.8%) reported that they were always evaluated in the wards. Most registered nurses (70.3%) and a one-half of the lecturers (50%) stated that they always evaluated students in the wards. About the same percentage of the students (41.1%) and lecturers (44.4%) but a few registered nurses (15.4%) held the opinion that students were frequently evaluated in the wards. A small number of students (13.7%), registered nurses (8.8%) and lecturers (5.6%) indicated that evaluation of students in wards was seldom done, while a minority of registered nurses (2.2%) said that students were never evaluated.

The evaluation of students in the units is very important and it is the obligation of each registered nurse and lecturer who is responsible for teaching students in the specific unit to measure the student's level of progress and mastering of nursing skills. According to the findings above, most respondents concurred that evaluation was always or frequently done. The accent on student evaluation in the units underlines the importance of this aspect in clinical teaching.

The purpose of evaluation in nursing education is "to determine the performance of students, the achievements of expected outcomes, and the effects of the educational program against its set goals as an aid to decision-making about program improvement. In nursing practice, its purpose is to measure the effects of care on clients as means to improve nursing care" (Mashaba & Brink 1994:164).

Item 37: Specific Instruments for Evaluation

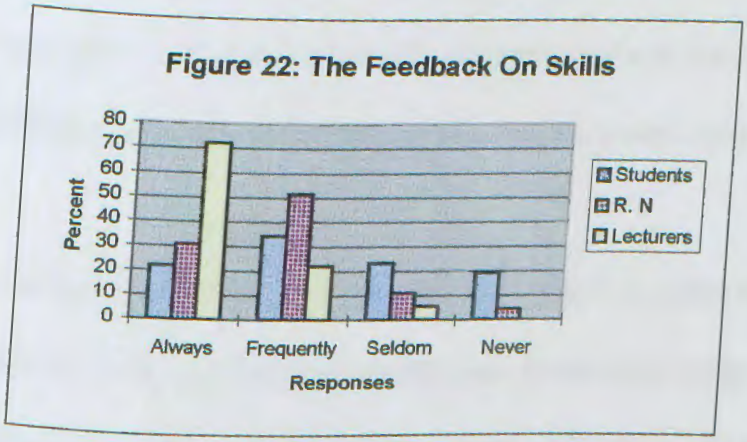
On the question which specific instruments were used to evaluate students, the majority of registered nurses and lecturers indicated that, "they use evaluation according to the procedure." They said that, "they make use of

demonstration, homework, questions and evaluation forms as the instruments." Some have shown that they "utilise criteria-based instruments and spot evaluation as an instrument of evaluation." Only one said that "there are no instruments used for evaluation."

On this item, students were required to respond by "yes" or "no" whether registered nurses and lecturers use specific instruments to evaluate them in the wards. Sixty (82.2%) students said "yes", while 11 (15.1%) answered "no." Two students (2.7%) did not respond. The study shows that multiple forms of evaluation instruments were used. It is not clear which instrument is frequently used. What would be good and helpful when it comes to evaluation is not the multiplicity or frequency of an evaluation instrument but its effectiveness.

These findings correlate with Girot (1993:88) who observed that the number of tools available to assess students in practice are numerous and varied though few relate to the use of competencies or to the different level of attainment.

Item 38: Questionnaires I and II - The Feedback On Skills



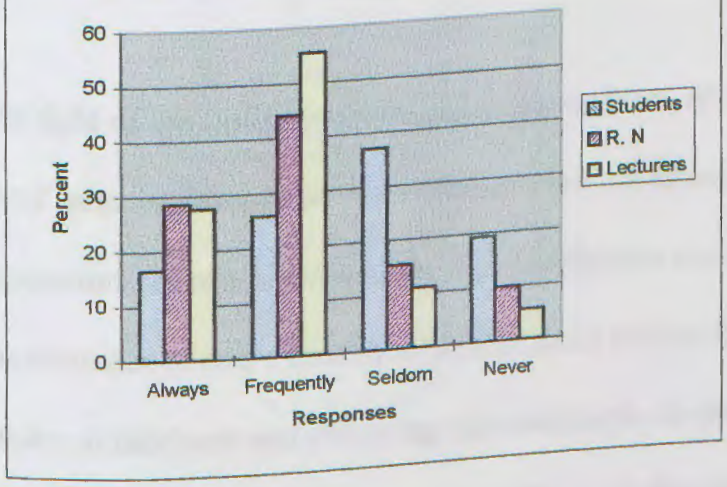
On the item about the feedback on skills the students received from the registered nurses and lecturers, (22%) of the students, (30.8%) of the registered nurses and (72.2%) of the lecturers reported that the feedback on skills was always given to the students. Over one third (34.2%) of students, one-half of the registered nurses (51.6%) and (22.2%) of the lecturers said that the feedback on skills was frequently given, while 23.3% of the students, 11% of the registered nurses and 5.6% of the lecturers stated that the feedback on skills was seldom given. Nearly 20% (19.1%) of the students and 4.4% of registered nurses said that the feedback was never given.

On this item only the majority of lecturers confirmed that students received feedback, while most students and registered nurses demonstrated the opposite. Adequate and well-planned feedback serves as a good motivation and encouragement for students to improve and carry on performing well.

Warrender (1990), quoted in Brink (1996:77), states that one of the most effective ways of helping health care students to progress towards professional competence is through the provision of clear and regular feedback. As such feedback should focus on all aspects of the student's developing professional competence - not just on surface skills but also on knowledge, feelings and attitudes (Brink 1996:78).

Item 39: Questionnaires I and II - Opportunity for Self Evaluation

Figure 23: Opportunity for Self Evaluation



A small percentage of respondents, students, (16.4%), registered nurses (28.5%) and lecturers (27.8%) indicated that an opportunity for self-evaluation was always given to the students. Some students (26%), about one-half of the registered nurses (44%) and lecturers (55.6%) stated that opportunity for self-evaluation was frequently given to the students. More than one-third of the students (37%), (15.4%) of the registered nurses and (11.1%) of the lecturers were of the idea that opportunity for self-evaluation was seldom provided, while (19.2%), of the students, (9.9%) of the

registered nurses and (5.6%) lecturers indicated that students were never provided with an opportunity for self-evaluation.

In light of the findings above, most respondents, students, registered nurses and lecturers concurred that students were not always provided with an opportunity for self-evaluation. Self-evaluation should focus on the assessment of one's academic performance and professional standard in order to motivate and encourage the student to do better in her/his study and practice. Similarly, Rideout (1994:149) states that through self-evaluation, students develop self-esteem and increase their sense of professional development.

If students are not provided with such opportunity, they will be in the position of someone who cannot determine her/his strengths and weaknesses. This will result in the low esteem of the student.

Item 40: Questionnaires I and II - Evaluation of Lecturers and Registered Nurses

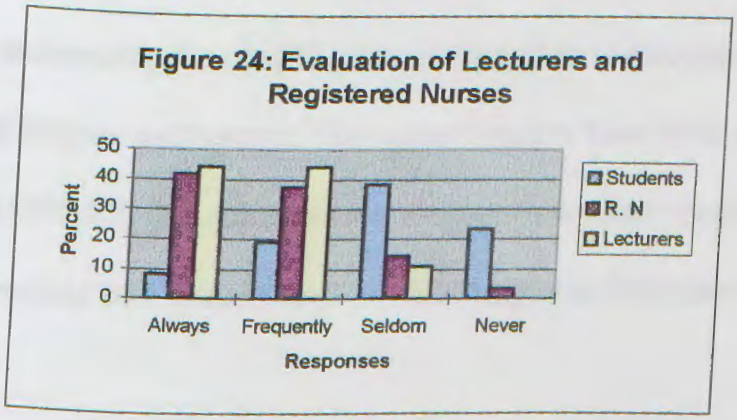


Figure 24, indicates only (8.2%) of the students (41.7%) of the registered nurses and (44.3%) of the lecturers who stated that evaluation of lecturers and registered nurses was always done.

In light of the results here most students appear to be uncertain of the way in which the evaluation of lecturers and registered nurses were implemented. In spite of the responses of lecturers and registered nurses who affirmed that evaluation has taken place, the responses of the students demonstrated that there were some shortcomings that need to be addressed.

Teachers should assess their teaching behaviour, knowledge of subject matter and use of teaching strategies. In order for a teacher or lecturer to be successful, she should strive for continuous self-improvement and usually welcome evaluation. The same thoughts have been maintained by Girot (1993:87) that continuous assessment provides opportunities for both trained staff and students to reflect upon and monitor their own progress.

5. Summary

In this chapter the analysis and interpretation of data were made. The focus was based on the profiles of different categories namely students, registered nurses and lecturers. The chapter also analysed the information collected regarding the application of Kolb's theory of experiential learning to clinical practice in order to assess whether the students had opportunities for exposure to the sick in wards/units. The chapter also looked at how students can reflect on what they have seen in the wards and how reflection assists students to develop a sense of problem solving and skills for implementing a plan of action.

CHAPTER FIVE

FINDINGS, CONCLUSIONS, RECOMMENDATIONS AND LIMITATIONS

1. Introduction

In this chapter the objectives that were formulated are addressed by summarising the most significant findings and conclusions of the study. The chapter presents the limitations which were identified during the study. Furthermore, this chapter concentrates on recommendations for future considerations and implementation.

2. Aim and Method of The Study

The aim of the study was to ascertain through a survey, the effectiveness of the clinical teaching of students in terms of the learning experience cycle as represented by Kolb. Kolb 's theory of experiential learning provides a strong theoretical framework for depicting how registered nurses and lecturers view and how students experience the learning teaching process in the clinical set-up. Knowledge of the experiential learning cycle is

important for nurse educators to facilitate planning and designing learning activities to maximise learning in the clinical setting.

In order to achieve this aim a postal survey by means of a questionnaire was undertaken. Two questionnaires, one for registered nurses and lecturers (I) and one for students (II) were used. Each questionnaire consisted of two sections. The first section comprised questions regarding the demographic and academic profile of the respondents. The second section of questions related to Kolb's experiential learning cycle, which was included to determine how clinical teaching was conducted.

As this thesis is a descriptive study, objectives have been formulated to direct the study. Objectives were as follows:

- to describe the profile of the respondents,
- to assess the way students are exposed to experiences,
- to determine whether students were provided with opportunities for reflection,
- to find out how provisions for conceptualisation are made for students and

- to determine whether students got opportunities to implement their plans of action.

3. Summary of The Findings, Conclusions and Recommendations

The findings, conclusions and recommendations of the study are summarised according to the objectives which were formulated in the introductory chapter.

Objective 1: Profile of Respondents: Part A

Summary of Findings

Part A concentrated on the particulars of students, registered nurses and lecturers. Primarily it focussed on the age, gender and year of study of students as well as the institutions where the particular students received their training. The study revealed that most of the students who have responded to the questionnaires were between 18-40 years of age (Table3). This age indicates that the respondents were mature and therefore could be responsible for their studies.

The study revealed that as far as gender is concerned (Table 4), women are still in the majority in the nursing profession. Women represent 76.7% of the student respondents. Much still needs to be done to encourage males to join this profession. The majority of students who have responded (60.3%) were from Hospital A followed by Hospital B (20.5%) and then Hospital C (19.2%). The sample has been proportionally selected depending on the size of the training institution.

The study (Table 5) has concentrated on the students who were in their second, third and fourth year of study because they have experienced nursing care and were able to respond objectively to the questions.

As indicated in Table 7, the study has also examined the qualifications of both registered nurses and lecturers who were responsible for teaching students in clinical settings. It also indicates the representation of these categories from all training institutions. The research reveals that clinical teaching is offered in different departments. Most of the respondents, as shown in Table 10, had a period of experience ranging from 1 to 20 years, while a few had work experience spanning from 21 to 30 years. This

indicates that clinical teaching was under the supervision of experienced professionals.

Conclusion:

The students who participated in the study were of the mature age and were responsible for their studies. Students responded objectively to the questions. As far as gender is concerned women are still in the majority in the nursing profession. The period of experience of both registered nurses and lecturers as shown in the study indicated that clinical teaching has been under the supervision of the experienced professionals.

Recommendation:

In light of the above conclusion it could be recommended that clinical teaching should be offered by experienced professionals in order to produce competent nurses.

4. Application of The Framework On Clinical Teaching: Part B

Objective 2: How Students Are Exposed To Experiences (Concrete Experience):

Summary of Findings

The findings on concrete experience showed that learning experiences were not always properly planned. There is a vast difference between the opinions of the lecturers and registered nurses on the planning of learning experiences.

This is not in the same line with what has been stated by Mashaba and Brink (1994:158) that "in any structured, focused learning experience, the learners should know what to expect or what is expected of them and on what they need to focus."

On basis of the findings, it appears that only lecturers and registered nurses observed that teaching objectives were formulated. The findings demonstrated that even if the objectives have been formulated, they were

not observed by the students. Students need to be orientated on what is expected of them. If they are not considered or approached during the formulation of objectives for clinical teaching program, they will not be aware of their roles and responsibilities. Moreover, if there are no clearly stipulated objectives for clinical teaching, there will be no guidelines for choosing topics for teaching.

Furthermore the findings showed that the objectives have been discussed, but some students indicated that the objectives were not discussed with them. Discussion of objectives facilitates the obtaining of knowledge and skills among the students and at the same time it helps the educator to develop more confidence in her teaching.

Concerning the selection of learning experiences, all three categories of respondents agreed that this was done according to the stipulated objectives of clinical teaching. For clinical teaching to be effective, it is important that a plan should have clear objectives.

The respondents have also concurred that a relationship existed between the objectives of the clinical program and theoretical program. There should be coherence between the objectives of the theoretical program with the clinical part. This would facilitate the application of what has been learned in the class into practice.

In this study, as appears in Table 11, most lecturers and students revealed that time was allocated for clinical teaching, but most registered nurses and some students indicated that no adequate time was allocated for clinical teaching. Time allocation is one of the priority items that need to be addressed in the planning of any clinical teaching program.

In light of the findings in (Fig. 3), some students indicated that their level of training was not taken into consideration, while all lecturers and nearly all registered nurses claimed that this was the case. It appears that the students have not observed that the clinical situation to which they were exposed was at their level of training, or lecturers and registered nurses did not do what they claimed to have done.

To the item concerning the allocation of students in the units, the respondents provided various responses, but most of them concurred that the allocation of students in the units was done according to the level of experience or year of study. It is important for registered nurses and lecturers to be aware of the objectives of the placements and the knowledge and skills that the students have when they come to the wards or units. The students may, for example, be assigned to clinical situations in departments where they have no theoretical background on the cases in the specific departments. In such incidences, students will have very little opportunity to achieve their learning objectives.

On the overview of a task, most registered nurses and lecturers, as appears in (Fig.7) indicated that this was always given before practice, but most percentage of students did not support this observation. This would mean that if an overview of a task was given, it did not come to the attention of the students. An overview of a task is of primary importance because students are likely to be more anxious if they are unsure of what is going to happen.

The personal conditions of students as some of the aspects affecting the students' concrete experience, have also been addressed. The responses in (Table 13) indicate that the percentage of the respondents who said that the students' conditions were not taken into account is considerably high. Students differ in their level of learning and preferences for learning opportunities. Lecturers and registered nurses must therefore have full knowledge and understanding of each student. As Billings and Halstead (1998:285) underline, registered nurses and lecturers must make a concerted effort to balance the learning needs, interests and abilities of students when selecting clinical experiences.

Communications with the patients, according to the findings, appeared to have been taught, but a considerable percentage of students indicated the opposite. The art of communication is not only useful in sharing of information, but it is an important tool in nursing and counselling of the patients.

The study also revealed that student nurses were taught how to provide nursing care, hence this is the main task of a nurse. Any nursing education

which does not stress nursing care fails to fulfil its aim and mission. Patients will benefit if the knowledge imparted to the students in the classroom is always applied to the clinical situation.

On the item whether there is a correlation between theory and practice, most of the respondents agreed that there was. Mellish and Brink (1990:217) indicated that a nurse must be able to put into practice what she has learned in theory, to apply knowledge she/he has obtained in the classroom to exercise educated judgement and to make skilled observations throughout the rendering of patient care.

On the item whether preparation before clinical teaching was done, most students as indicated in (Fig.8) observed that this has not been always the case. It seems that the students were given unprepared lectures or certain tasks presented by registered nurses and lecturers. The preparation will assist registered nurses and lecturers to organise the subject content. Systematic teaching is very important in order to prevent confusion among the students. Preparation will help the students to follow the session, remember and practice what they have learned.

Conclusion

The findings on concrete experience indicate that learning experiences were not always properly planned as indicated by registered nurses and lecturers. The conclusion can be made that students did not experience the opportunities granted to them as part of concrete experience. This is in contrast to what Mashaba and Brink (1994:152) have stated as "learning takes place through the active involvement of the students in an activity that should lead to learning."

Recommendations

As a result of the conclusions drawn from the analysis and interpretation of data, the following recommendations are made.

- Specific objectives should be developed for formal clinical teaching. The registered nurses and lecturers should formulate all the objectives for each session. The objectives should state clearly what the students should do.
- The registered nurses and lecturers should plan together in order to minimise the gap between them. They should formulate learning objectives

together and should make sure that students are involved in the programs of planning and formulation of objectives of clinical teaching. Students, where possible, should be asked to set up the objectives for clinical teaching. These objectives must be discussed with registered nurses and lecturers. The final program should then be given to the students.

- Learning experiences in the wards or units should be selected according to the stipulated objectives of clinical teaching. The learning experiences that are selected and the practice opportunities provided for students should be congruent with the objectives of theoretical program.
- Time for formal clinical teaching should be scheduled and the time-table, if possible, should be available in the ward so that each and everyone knows when clinical teaching is due. Students should get topics or specific cases before formal clinical teaching in order to prepare themselves and have the time to study for this.
- Registered nurses and lecturers should prepare themselves before conducting the clinical teaching sessions.

Objective 3. To Determine Whether Students Are Provided With Opportunities for Reflection. (Reflection)

Summary Of Findings

The findings indicated that personal and group time for students to reflect was not always adhered to during clinical teaching sessions. Personal reflection is one step towards readiness. The use of small group teaching method has benefits to the students not only in terms of academic learning, but also in the development of social skills and confidence in the presence of other people (Quinn 1995:148). Some of the students learn much better in groups through sharing of ideas and they develop a sense of freedom of expression which facilitates learning.

The information from the respondents indicated that students always had opportunities for asking questions. Opportunities for asking questions are important to students because these are the occasions when they can freely ask for clarity on aspects about which they lack understanding. Students

benefit not only from having their questions answered, but also from having to work out and giving explanations to each other.

On the item whether students have been guided and supported in critical analysis, registered nurses and lecturers indicated that students have been always guided and supported in critical analysis, but this was not the experience of most students. Students need to be guided and supported in critical analysis. Students who are not taught to think according to the principles of the nursing process, or to view the patient holistically, will often disregard the values and rights of the patient.

Concerning the item whether students have been provided with the opportunity to work in groups, contrary to what the registered nurses and lecturers have said, some students have indicated that they were not always provided with the opportunity to work in groups. Students need to be provided with opportunities to work in groups. Working in groups enhances the students' level of study unlike when they do it individually.

The study also revealed that students were not provided with the opportunity for group discussions. If this has been the case then the clinical teaching providers have denied the students the opportunity for better learning. Group discussions need to be emphasised as this provides the conducive environment for learning and helps students to gain knowledge as well as to share their experiences with each other.

The findings furthermore indicated that students did not always have opportunities to practice nursing skills. Students need an opportunity to practice nursing skills because they can learn much better by doing something practically. When a person performs a certain task, she/he becomes more knowledgeable to perform that task.

Conclusion

The conclusion can be drawn from the above summary that the opportunities for personal and group reflection have not always been given to the students, whereby students can ask questions, view their concerns and share their ideas with others.

Recommendations

Based on the conclusions derived from the analysis and interpretation of data, as summarised above, the study makes the following recommendations:

- Lectures and registered nurses should provide students with time for discussions. Here students will have a chance to ask questions on certain aspects, or to make critical analysis on specific items to which they have been exposed. Time for reflection by an individual or a group of students is equally important. Students need to be accorded with opportunities to air their views in order to facilitate positive involvement of students in all aspects concerning the provision of nursing care. This would also enhance personal growth in terms of knowledge and skills as well as gaining of self-determination.

- Lecturers and registered nurses should encourage constant group discussions in the wards. This can assist students to learn from each other and reflect together on the problems they were exposed to. Group

discussions in the wards can enable the slower students to learn much better from others and encourage them to participate in conversation freely. Registered nurses and lecturers should facilitate all group discussions in order to guide and direct the students.

Objective 4: To Explain How Provisions for Conceptualisation Are Made for Students (Conceptualisation).

Summary of Findings

On the item whether the students are encouraged to identify goals and objectives, less than fifty percent of both lecturers and registered nurses indicated that students have been always encouraged to identify goals and objectives of learning experiences and only (26%) of students stated that this has been always the case. This indicates that there were shortcomings on the approach of this aspect because most students did not experience such encouragement. It is important for the students to be encouraged in identifying goals and objectives because this is part of planning on what a nurse wants to achieve.

The study showed that only a small percentage of students (17.8%) stated that they were always encouraged to set priorities. From such information, the conclusion can be drawn that students need an opportunity to think about procedures which should be handled first. This means that they must be taught how to organise the priorities. One should, for example, decide which nursing diagnosis is the most important and demands attention first.

According to the study, a small group of students (15%) indicated that they were always directed to identify a preferred plan of action. Close to half of the registered nurses (41.8%) and some lecturers (38.9%) indicated that they always directed students to identify a preferred plan of action.

The reports from the students showed that the assistance given to them when they rely on their own judgements was not adequate. This situation could be dangerous to the patients, because students were not well assisted when they decided to apply nursing care to the patients.

A small number of the students indicated that students were encouraged to use the problem solving approach. Most of the students shared the idea that the problem solving approach was not adequately used as a teaching method. The problem solving approach is a very important teaching method whereby students can learn how to solve problems on their own and when to make a decision on a plan of action in order to find out solutions.

Conclusion

The conclusion can be made that most of the students were not always directed to identify a preferred plan of action, such as the planning of nursing care and to organise the priorities. The data here also revealed that the problem solving approach was not adequately used as a teaching method.

Recommendations

On basis of the findings as summarised above, the following recommendations are made.

- Students should be encouraged to identify goals and objectives of learning experiences in the wards. Students need to be assisted in setting up priorities of problems.
- Problem solving must be emphasised as a clinical teaching method. Where possible, the 3rd and 4th year students should be accorded the opportunity to be in charge of the wards, so that they can learn how to supervise and how to find solutions to the problems in the wards.

Objective 5. To Determine Whether Students Have The Opportunity to Implement Their Plan of Action (Experimentation)

Summary Of Findings

On the item whether the students have the opportunity to implement the plan of action, nearly all registered nurses and lecturers responded that this was the case, but according to the responses provided by the students, this has not been fully experienced by them. Students need to have an opportunity to implement a plan of action. This reflects the concept of experiential learning, which means learning by doing.

Results of the study indicated most registered nurses (74.7%) and lecturers (66.6%) observed that students could generalise a plan of action to other conditions, but not all students were aware of this. The responses of the students indicated that there was a lack of skills and knowledge among them about this aspect. Students need to be equipped with such skills and knowledge to be able to transfer learning from the classroom to the clinical situation by providing nursing care to patients with different diagnoses.

Measuring of performance according to objectives is essential because this indicates whether or not the expected outcomes have been achieved.

On the item whether the students were praised for good work, the investigation reveals that nearly all lecturers and registered nurses said that students were praised for good work, but only about one-half of the students indicated this. A "well done" comment from the person in charge or lecturer for successful completion of a range of duties may serve as a more efficient reinforcer than more immediate tangible rewards (Brink 1996:17).

According to the findings on the item whether the students were evaluated in the wards, the respondents concurred that evaluation has been always or frequently done. The evaluation of students in the units is very important; it is the obligation of each registered nurse and lecturer who is responsible for teaching students in the specific unit to measure the student's level of progress and mastery of nursing skills.

The majority of lecturers (72.2%) confirmed that students received feedback on skills while most students (22%) and registered nurses (30.8%) demonstrated the opposite. Adequate and well-planned feedback serves as a good motivation and encouragement for students to improve and carry on performing well.

The findings in this study (Fig.23) also revealed that most respondents, students, registered nurses and lecturers concurred that students were not always provided with an opportunity for self -evaluation. If this has been the case, registered nurses and lecturers do not posses the knowledge on the importance of self-evaluation. Self-evaluation should focus on the assessment of one's academic performance and professional standard in

order to motivate and encourage the student to do better in her/his study and practice.

The results in Fig.24 indicate that most students appear to have been not certain with the method in which the evaluation of lecturers and registered nurses was implemented. In order for registered nurses and lecturers to be successful, they should strive for continuous self -improvement and usually welcome evaluation. Lecturers and registered nurses should assess their teaching behaviour, knowledge of subject matter and use of teaching strategies.

Conclusion

The findings on this category indicate that students have not experienced opportunities where they could implement their plans of action and generalise them to other conditions.

Giving feedback and providing opportunities to students for self-evaluation by registered nurses and lecturers were not well addressed.

Recommendations

- Students should have opportunities to implement the plans of action which they have developed. This should be done under the supervision of an experienced person in the ward.
- Students need to be commended and praised for work well done in order to develop a sense of satisfaction that motivates and encourages their improvement. If possible, students may be given prizes at the ward level for outstanding provision of nursing care as a token of encouragement and motivation.
- Registered nurses and lecturers must discuss good and weak points with the students. Students should be involved in the evaluation process, focussing mainly on self-evaluation.
- Registered nurses and lecturers should evaluate themselves in order to measure whether they have achieved the clinical teaching objectives.

5. Limitations

The problem encountered by the researcher was the lack of knowledge on the concepts such as "learning experience" and "instrument of evaluation" among the respondents.

Another problem experienced by the researcher at the time of conducting this research was caused by long distances between Hospital A and the other training institutions in the North-western region. Sending and delivery of questionnaires was often delayed. Communication between the researcher and the contact persons in the training institutions has not been smooth.

6. Conclusion of The Study

The study revealed that students were not given the opportunities for reflection which is the key of the experiential learning cycle, whereby the students can have a feeling on what they have seen, analyse the situation and come up with the conclusion of what to do and how to develop a plan of action.

Students deserve to be taught thoroughly in a way best suits their needs. It is hoped that this research project carries a clear message that it is crucial for registered nurses and lecturers (nurse-educators) to become more aware of the importance of different stages of learning in the clinical set-up.

The role of the lecturer/registered nurse in clinical teaching is very important. Therefore the researcher wants to put forward a plea to all clinical teaching providers in the training institutions to be serious in teaching students in order to produce the competent professionals who can put their knowledge and skills into practice by helping clients/patients with respect of human dignity. This must be based on the understanding of human needs, motivations, roles and aspirations.

Lastly but not least, the researcher recommends for the application and implementation of Kolb's four-phased theory of learning in our training institutions with an emphasis on the experiential learning model, that is, "learning by doing."

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APPENDIXES

APPENDIX A: QUESTIONNAIRES

Dear Colleaques

A survey to determine how experiential learning is applied during clinical teaching of student nurses in training institutions in Namibia.

I am busy with the above mentioned survey as part of further study.

You are cordially requested to complete the attached questionnaires, regarding the giving of clinical teaching to the students.

All the information will be handled with confidentiality. I hope that the outcome of this study will contribute to the improvement of clinical teaching and to the enhancement of teaching capacity.

Yours sincerely

L.N. Nelumbu

Questionnaires I

Please complete the following questionnaires.

Mark with x where possible or complete the correct answer in the appropriate space.

Terminology: The following concepts will help you, during answering the questionnaires.

Clinical teaching: is defined by Mellish and Brink (1990) as the means by which student nurses learn to apply the theory of nursing so that an integration of theoretical knowledge and practical skills in the clinical situation becomes the art and science of nursing.

Learning experience: is the participation by student in a planned learning activity which enables some form of learning to take place.

PART A:

PERSONAL PARTICULARS:

1. RANK:

R.N.	
Lecturer	

2. Institution

Windhoek	Onandjokwe	Oshakati

3. Indicate the department/unit where you conduct clinical teaching: Eg. (Medical, Surgical, Paediatric, OPD, Mental Hospital etc.)

4. YEARS OF EXPERIENCE

R.N.	
Lecturer	

PART B

CONCRETE EXPERIENCE:

5. Do you plan the learning experience that students are going to be exposed to:

Always	Frequently	Seldom	Never

If always or frequently, explain .....

.....

.....

6. Do you take the students' level of training into consideration before allocating them to certain learning experience/activities?

Yes	No

7. Do you formulate objectives for the clinical program?

Always	Frequently	Seldom	Never

8. Do you discuss objectives with students?

Yes	No

9. Do you select the learning experience according to the objectives?

Yes	No

10. Is there a specific time set out for clinical teaching?

Yes	No

11. How are the students allocated to clinical practice in your unit?

.....

.....

.....

.....

12. What kind of learning experiences are offered to students in your unit?

.....

.....

.....

.....

13. Are you giving an overview of a task before students begin to practice?

Always	Frequently	Seldom	Never

14. Is there any relationship between the objectives of your clinical program and the objectives of the students theoretical program?

Yes	No

15. Do you know the students' personal conditions/situations?

Yes	No

16. Do you teach students on how to communicate with patients?

Yes	No

17. Do you teach students how to do nursing care?

Yes	No

18. Indicate how you correlate theory and practice in your unit?

.....

.....

.....

19. Do you prepare yourself before clinical teaching?

Always	Frequently	Seldom	Never

20. Indicate which teaching method you use when you give formal clinical teaching in the ward?

.....

.....

.....

REFLECTION:

21. Do students get the time to reflect the experience by personal or group discussion after an experience?

Personal

Always	Frequently	Seldom	Never

Group Discussion

Always	Frequenty	Seldom	Never

22. Do students get the opportunity to ask questions in your unit?

Always	Frequently	Seldom	Never

3. Are students guided and supported in critically analysis and reconstructing their experiences?

Always	Frequently	Seldom	Never

If always or frequently, explain .....

.....

.....

.....

.....

24. Do the students get the opportunity to work in groups?

Always	Frequently	Seldom	Never

25. Are students guided during group discussions?

Always	Frequently	Seldom	Never

26. Do you give students the opportunity to practice their nursing care skills?

Always	Frequently	Seldom	Never

CONCEPTUALIZATION:

27. Are students encouraged to identify goals and objectives for future action?

Always	Frequently	Seldom	Never

28. Do you encourage students to set up priorities for nursing action?

Always	Frequently	Seldom	Never

29. Are students directed in identifying a preferred plan of action?

Always	Frequently	Seldom	Never

30. Do you assist students when they rely on their own judgements during nursing care?

Always	Frequently	Seldom	Never

31. Do you encourage students to use a problem solving approach during nursing care?

Always	Frequently	Seldom	Never

EXPERIMENTATION:

32 Do students get the opportunity to implement the plan of action?

Yes	No

33. Do students generalize the plan action to other conditions during nursing care?

Yes	No

34. Are the students' performances measured according to the objectives of the clinical teaching program?

Yes	No

35. Do you praise your students for work well done?

Yes	No

36. Do you evaluate the students in the ward?

Always	Frequently	Seldom	Never

37. Indicate the different instruments you use to evaluate students?

.....

.....

.....

38. Do students gain appropriate feedback on their skills or attitudes?

Always	Frequently	Seldom	Never

If seldom or never, explain .....

.....

.....

39. Do you provide opportunities for self-assessment?

Always	Frequently	Seldom	Never

0. Do you evaluate yourself to determine whether you met your objectives?

Always	Frequently	Seldom	Never

Dear Student

A survey to determine how experiential learning is applied during clinical teaching of student nurses in training institutions in Namibia.

I am busy with the abovementioned survey as part of further study.

You are cordially requested to complete the attached questionnaires, regarding the giving of clinical teaching to you.

All the information will be handled with confidentiality.

Yours

L.N. Nelumbu

Questionnaires II

Please complete the following questionnaires.

Mark with x where possible or complete the correct answer in the appropriate space.

Terminology: The following concepts will help you, during answering the questionnaires.

Clinical teaching: is defined by Mellish and Brink (1990) as the means by which student nurses learn to apply the theory of nursing so that an integration of theoretical knowledge and practical skills in the clinical situation becomes the art and science of nursing.

Learning experience: is the participation by student in a planned learning activity which enables some form of learning to take place.

PART A

PERSONAL PARTICULARS:

1. Age: [ ]

2. Gender: [ ]

3. Current year of study:

2nd	3rd	4th

4. Institution:

Windhoek	Onandjokwe	Oshakati

PART B:

CONCRETE EXPERIENCE:

5. Do registered nurses/lecturer plan the learning experience you are going to be exposed to?

Always	Frequently	Seldom	Never

If always or frequently, explain .....

.....

.....

6. Do registered nurses/lecturer take your level of training into consideration before allocating you to certain learning experience/activities?

Yes	No

7. Do registered nurses/lecturer formulate objectives for the clinical program?

Always	Frequently	Seldom	Never

8. Do registered nurses/lecturer discuss objectives with you?

Yes	No

9. Do registered nurses/lecturer select the learning experience according to the objectives?

Yes	No

10. Is there a specific time set out for clinical teaching?

Yes	No

11. How are you allocated to clinical practice in the units?

.....

.....

.....

12. What kind of learning experiences are offered to you in the units?

.....

.....

.....

13. Are you orientated before you begin to practice?

Always	Frequently	Seldom	Never

14. Is there any relationship, between the objectives of clinical program and the objectives of the students theoretical program?

Yes	No

15. Are your personal conditions taken into consideration?

Yes	No

16. Do registered nurses/lecturer teach you on how to communicate with patients?

Yes	No

17. Do registered nurses/lecturer teach you how to do nursing care?

Yes	No

18. Do registered nurses/lecturer correlate theory and practice in wards during clinical teaching?

Yes	No

Do registered nurses/lecturers prepare themselves before clinical teaching?

Always	Frequently	Seldom	Never

20. Indicate what other teaching strategies are used in clinical teaching?

.....

.....

.....

REFLECTION:

21. Do you get the time to reflect the experience by personal or group discussion after an experience?

Personal

Always	Frequently	Seldom	Never

Group Discussion

Always	Frequently	Seldom	Never

22. Do you get the opportunity to ask questions?

Always	Frequently	Seldom	Never

23. Are you guided and supported in critically analysis and reconstructing of your experience?

Always	Frequently	Seldom	Never

If always or frequently, explain .....

.....

.....

24. Do you get the opportunity to work in groups?

Always	Frequently	Seldom	Never

25. Are you guided during group discussions?

Always	Frequently	Seldom	Never

26. Do you get the opportunity to practice your nursing care skills?

Always	Frequently	Seldom	Never

CONCEPTUALIZATION:

27. Are you encouraged to identify goals and objectives for future action?

Always	Frequently	Seldom	Never

28. Are you encouraged to set up priorities for nursing action?

Always	Frequently	Seldom	Never

29. Are you directed in identifying a preferred plan of action?

Always	Frequently	Seldom	Never

30. Are you assisted when you must rely on your own judgements during nursing care?

Always	Frequently	Seldom	Never

31. Do registered nurses/lecturer encourage you to use a problem solving approach during nursing care?

Always	Frequently	Seldom	Never

EXPERIMENTATION:

32 Do you get the opportunity to implement the plan of action?

Yes	No

33. Do you generalize the plan action to other conditions during nursing care?

Yes	No

34. Are your performances measured according to the objectives of the clinical teaching program?

Yes	No

35. Are you praised for work well done?

Yes	No

36. Do registered nurses/lecturer evaluate you in the ward?

Always	Frequently	Seldom	Never

37. Do registered nurses/lecturer use a specific instrument to evaluate you in the ward?

Yes	No

38. Do you gain appropriate feedback on your skills or attitudes?

Always	Frequently	Seldom	Never

If seldom or never, explain .....

.....

.....

39. Do you get an opportunities for self-assessment?

Always	Frequently	Seldom	Never

40. Do registered nurses/lecturer evaluate themselves to determine whether they met the objectives?

Always	Frequently	Seldom	Never

APPENDIX B: LETTER OF APPROVAL

9 - 0 / 0001

REPUBLIC OF NAMIBIA

Ministry of Health and Social Services

Private Bag 13198
Windhoek
Namibia

Ministerial Building
Harvey Street
Windhoek

Tel: (061) 2032824
Fax: (061) 227607
E-mail: namrcu@iwwn.com.na

Enquiries: T. Hoffmann

Date: 8 March 1999

OFFICE OF THE PERMANENT SECRETARY

Ms. L.N. Nelumbu
University of Namibia
Faculty of Medical and Health Sciences
Private Bag 13301
Windhoek

Dear Ms. Nelumbu

A SURVEY TO DETERMINE HOW EXPERIENTIAL LEARNING IS APPLIED DURING CLINICAL TEACHING OF STUDENT NURSES IN TRAINING INSTITUTIONS IN NAMIBIA

1. The Research Management Committee has reviewed the above mentioned research proposal submitted to the Ministry.

2. It has been evaluated as having merit and you are hereby granted approval for the execution of the project. Kindly, take note that the approval is subject to the following conditions:

2.1. Revisit the research proposal considering incorporating the attached recommendations and forward the final proposal to the Ministry.
2.2. Progress reports to be submitted to the Ministry.
2.3. Preliminary findings to be presented to the Ministry.
2.4. The final report submitted to the Ministry upon completion of the project.
2.5. Written approval to be sought from the Permanent Secretary for publications.

3. Wishing you all success in the project.

Yours sincerely

MINISTRY OF HEALTH AND SOCIAL SERVICES
REPUBLIC OF NAMIBIA

DR. K. SHANGU
PERMANENT SECRETARY