

GUIDELINES FOR CLINICAL NURSING EDUCATION OF THE PUPIL ENROLLED

NURSE AND MIDWIFE IN NAMIBIA

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ELIZABETH LOUISA BAMPTON

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Main Supervisor: PROFESSOR A VAN DYK

Co-supervisor: DR L PRETORIUS

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ABSTRACT

Clinical nursing education is crucial for the education and training of the pupil enrolled nurse and midwife in Namibia. The training is structured around essential nursing skills, knowledge about and attitudes towards general nursing and normal midwifery as well as the practice of actual nursing care in a safe and competent way under the supervision of a registered nurse.

The purpose of this study was to explore and describe the experiences of and challenges faced by pupil enrolled nurses and midwives, tutors and registered nurses regarding clinical nursing education. The study then aims to formulate guidelines on clinical nursing education to be used by registered nurses and tutors for the education and training of pupil enrolled nurses and midwives.

The study was conducted at Keetmanshoop Hospital and Regional Health Training Centre in the south of Namibia, Windhoek Central and Katutura State hospitals, the National Health Training Centre (NHTC) in Windhoek, Otjiwarongo Hospital and Regional Health Training Centre, Rundu Hospital and Regional Health Training Centre in the north east and Oshakati Hospital and Regional Health Training Centre in the north-west of the country.

The research objectives were to:

- explore and describe the experiences and challenges of the pupil enrolled nurse and midwife, tutors and registered nurses regarding clinical nursing education.
- determine the factors that influence clinical nursing education in the training and education of the pupil enrolled nurse and midwife.
- develop guidelines to be followed by registered nurses and tutors to improve the clinical nursing education of the pupil enrolled nurse and midwife.

The study was guided by a qualitative approach to describe the lived experiences of the participants with regard to clinical nursing education. The target population for this study was tutors, registered nurses involved in clinical nursing education of pupil enrolled nurses and midwives and second year pupil enrolled nurses and midwives.

The study was conducted in two phases with phase one comprising collection and analysis of data while phase two entailed the formulation of guidelines to direct tutors and registered nurses within the clinical setting. A purposive sample of tutors, registered nurses involved in clinical nursing education and second year pupil enrolled nurses and midwives were used. The researcher was guided by knowledgeable supervisors experienced in qualitative research. The data was collected by means of focus group discussions.

Themes elicited from the focus group discussions were:

- Participants have different experiences with regard to teaching and learning in the clinical setting.
- Participants identified barriers hampering the efficient execution of clinical nursing education
- Participants experienced a lack of collective planning and consultation with regard to clinical nursing education.

The findings revealed that clinical nursing education was not receiving proper attention and that it was being affected by various factors that were adversely affecting the learning and experiences of participants in the clinical setting. The study also highlighted the need to enhance the skills and experiences of the pupil enrolled nurse and midwife by simulating activities often not found in some of the health institutions where allocated for clinical experience during training.

In phase two of the study guidelines were formulated for the clinical nursing education of the pupil enrolled nurse and midwife by a committee of experts. It is recommended that the Ministry of Health and Social Services approve these guidelines for implementation in order to realise the desired outcome of clinical nursing education.

TABLE OF CONTENTS

	<u>PAGE</u>
<u>CHAPTER 1</u>	
<u>INTRODUCTION AND BACKGROUND TO THE PROBLEM</u>	
<u>1.1 INTRODUCTION</u>	<u>1</u>
<u>1.2 BACKGROUND TO THE PROBLEM</u>	<u>3</u>
<u>1.3 RESEARCH PROBLEM</u>	<u>4</u>
<u>1.4 RESEARCH QUESTION</u>	<u>6</u>
<u>1.5 THE PURPOSE AND OBJECTIVE OF THE STUDY</u>	<u>6</u>
<u>1.6 OBJECTIVES OF THE STUDY</u>	<u>6</u>
<u>1.7 ASSUMPTIONS OF THE STUDY</u>	<u>7</u>
<u>1.7.1 ONTOLOGICAL ASSUMPTION</u>	<u>7</u>
<u>1.7.2 AXIOLOGICAL ASSUMPTION</u>	<u>8</u>
<u>1.7.3 METHODOLOGICAL ASSUMPTION</u>	<u>9</u>
<u>1.8 SIGNIFICANCE OF THE STUDY</u>	<u>9</u>
<u>1.9 KEY CONCEPTS</u>	<u>10</u>
<u>1.10 SUMMARY</u>	<u>12</u>
<u>CHAPTER 2</u>	
<u>RESEARCH DESIGN AND METHODOLOGY</u>	
<u>2.1 INTRODUCTION</u>	<u>14</u>
<u>2.2 RESEARCH DESIGN</u>	<u>14</u>

<u>2.3 RESEARCH METHOD</u>	<u>17</u>
<u>2.4 POPULATION</u>	<u>17</u>
<u>2.-5 SAMPLE AND SAMPLING</u>	<u>19</u>
<u>2.6 DATA COLLECTION</u>	<u>20</u>
<u>2.7 DATA ANALYSIS</u>	<u>24</u>
<u>2.8 TRUSTWORTHINESS</u>	<u>25</u>
<u>2.9 ETHICAL CONSIDERATIONS</u>	<u>29</u>
<u>2.10 SUMMARY</u>	<u>31</u>

CHAPTER 3

ANALYSIS AND INTERPRETATION OF FINDINGS AND THE LITERATURE

CONTROL

<u>3.1 INTRODUCTION</u>	<u>32</u>
<u>3.2 THEMES AND SUBTHEMES RELATING TO THE CLINICAL EXPERIENCES</u> <u>OF THE PARTICIPANTS AS REGARDS THE CLINICAL NURSING</u> <u>EDUCATION OF PUPIL ENROLLED NURSES AND MIDWIVES</u>	<u>32</u>
<u>3.3 DISCUSSION OF THEMES AND SUB-THEMES</u>	<u>35</u>
<u>3.4 SUMMARY</u>	<u>117</u>

CHAPTER 4

CONCLUSIONS, RECOMMENDATIONS AND LIMITATIONS

<u>4.1 INTRODUCTION</u>	<u>118</u>
<u>4.2 CONCLUSION</u>	<u>118</u>

<u>4.3 RECOMMENDATIONS</u>	<u>123</u>
<u>4.4 LIMITATIONS</u>	<u>128</u>
<u>4.5 SUMMARY</u>	<u>130</u>
<u>CHAPTER 5</u>	
<u>DEVELOPMENT OF GUIDELINES FOR CLINICAL NURSING EDUCATION</u>	
<u>OF THE PUPIL ENROLLED NURSE AND MIDWIFE</u>	
<u>5.1 INTRODUCTION</u>	<u>132</u>
<u>5.2 RATIONALE ON DEVELOPMENT OF GUIDELINES FOR CLINICAL</u>	
<u>NURSING EDUCATION OF THE PUPIL ENROLLED NURSE AND MIDWIFE</u>	<u>133</u>
<u>5.3 THE DEVELOPMENT OF THE GUIDELINES FOR CLINICAL NURSING</u>	
<u>EDUCATION OF THE PUPIL ENROLLED NURSE AND MIDWIFE IN</u>	
<u>NAMIBIA</u>	<u>134</u>
<u>5.4 GUIDELINES DEVELOPED</u>	<u>139</u>
<u>5.5 VALIDITY OF THE GUIDELINES</u>	<u>162</u>
<u>5.6 REVIEWING AND UPDATING OF GUIDELINES</u>	<u>163</u>
<u>REFERENCES</u>	<u>164</u>
<u>ANNEXURES</u>	<u>182</u>
<u>LIST OF TABLES</u>	
<u>TABLE 2.1 COMPOSITION OF FOCUS GROUPS FOR TUTORS AND</u>	
<u>REGISTERED NURSES</u>	<u>21</u>

<u>TABLE 2.2</u>	<u>COMPOSITION OF FOCUS GROUPS FOR PUPIL ENROLLED</u>	
	<u>NURSES AND MIDWIVES</u>	<u>22</u>
<u>TABLE 2.3</u>	<u>PRINCIPLES ENSURING TRUSTWORTHINESS</u>	
		<u>26</u>
<u>TABLE 3.1</u>	<u>THEMES AND SUB-THEMES RELATING TO THE</u>	
	<u>EXPERIENCES OF THE PARTICIPANTS AS REGARDS THE</u>	
	<u>CLINICAL NURSING EDUCATION OF THE PUPIL</u>	
	<u>ENROLLED NURSE AND MIDWIVES</u>	<u>33</u>
<u>LIST OF FIGURES</u>		
<u>FIGURE 5.1</u>	<u>PROCESS FOR GUIDELINE DEVELOPMENT</u>	<u>136</u>

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The success of this study is dedicated to my husband, Willie Ervin Bampton, and my three lovely daughters, Ruwaida, Ronnel and Kyla. Special thanks for believing in me and for your love, understanding and patience.

To my friend, Christine Gordon, thank you for your moral support and encouragement.

DECLARATION

I, Elizabeth Louisa Bampton, hereby declare that this study is a true reflection of my own research, and that this work, or part thereof, has not been submitted for a degree in any other institution of higher education.

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E.L. Bampton

CHAPTER 1

INTRODUCTION AND BACKGROUND TO THE PROBLEM

1.1 INTRODUCTION

Clinical nursing education is viewed as fundamental to the nursing profession as it encompasses the ongoing enhancement of knowledge and skills. In addition, it is an equally important component in the training of pupil enrolled nurse and midwives who have to develop skills within their own speciality of basic nursing and normal midwifery.

The caring of patients is not without challenges. Indeed, in his study, Kawala (2008, pp. 46-48) recognised the need for the recognition of the challenges involved in caring for patients. In order to meet these challenge of caring, it is clear that the foundation of nursing should be strengthened by the training and education of pupil enrolled nurses and midwives training and education during clinical placements. Accordingly, it is essential that the importance of clinical nursing education be taken into account in view of the increased challenges being experienced as a result of continuously changing patterns of health care delivery and developments in medical technology, with specific reference to the clinical setting and the experiences of pupil enrolled nurses and midwives during clinical placements.

Nurses in Namibia are categorised as either pupil enrolled nurses and midwives or registered nurses and midwives and are entered as such in the different registers of the Nursing Council of Namibia. Registered nurses are educated and trained at the University of Namibia; while enrolled nurses and midwives are trained and educated at the National Health Training Centre and the various Regional Health Training Centres that fall under the jurisdiction of the Ministry of Health and Social Services (MoHSS).

The focus of this study is on the education, training and experiences of pupil enrolled nurses and midwives in the clinical setting. The study aims to develop guidelines to improve the clinical nursing education of the pupil enrolled nurse and midwife. Their training is structured around essential nursing skills, knowledge and attitudes with regard to general nursing and normal labour that are needed in order to practise actual nursing care in a safe and competent way. During their two years of education pupil enrolled nurses and midwives are taught by tutors in the classroom and by registered nurses in the clinical settings. Their core responsibilities in the clinical setting include the assessment of patients, the execution of delegated interventions within their scope of practice, the monitoring of the impact of the care delivered to patients and the reporting thereof to the registered nurse (Nursing Board of Namibia, 1998).

1.2 Background to the problem

Clinical nursing education takes place during practical placements in hospitals, clinics or health centres and in the community. Nelumbu (2000, p. 7) maintains that a clinical setting may be a hospital, clinic or health institute where a patient/client/instructor and the student are present. The clinical setting provides the pupil enrolled nurses and midwives with the opportunity to apply their theoretical knowledge in practice by way of real-life situations, with their performance in the clinical setting relying heavily on their knowledge, skills and experience. The transition from classroom knowledge to clinical practice equips them with the skills to synthesise from a broad range of nursing experiential and scientific knowledge in the practical arena in order to achieve holistically integrated and comprehensive health care (Donnelly, 2003).

The ability of the pupil enrolled nurse and midwife to develop knowledge, skills and experience relies heavily on supervision and guidance in the clinical setting so as to enable them to deliver holistic health care. Mellish, Brink and Pera (1998) emphasise the importance of learners being guided and supported by senior members of the profession in the clinical setting with registered nurses being available to ensure assistance and direction. A previous study highlighted that attention be given to the needs of nurses to maintain personal integrity across all dimensions of nursing and the author included student nurses within that need of attention. (Pearcey & Draper, 2008, p. 599).

Registered nurses and tutors are regarded as role models in the clinical setting and the pupil enrolled nurse and midwife learns a great deal from them, often unconsciously and by imitation.

It is, thus, essential that these registered nurses and tutors are characterised by high professional standards, honesty, integrity and an ability to interpret the norms and values of the nursing profession (Mellish, Brink, & Pera, 1998).

1.3 Research problem

There is widespread debate, both nationally and internationally, about the extent to which the education and training of nurses should focus specifically on clinical nursing education, with much being said about the role and function of the clinical educators in this regard. However, it has been noted that educators (registered nurses and tutors), as well as enrolled nurses and midwives, have become demotivated as a result of the many challenges facing clinical nursing education. The nurses expressed their general dissatisfaction with the following issues, with these findings also being confirmed in the literature:

- Lack of supervision, guidance and support (Ali & Panther, 2008, p. 38)
- Lack of a conducive learning environment (Searle, Human, & Mogotlane, 2009)
- Learning experiences not properly selected (Mete & Sari, 2008, p. 435)
- Staff shortages as a result of the overflow of patients
- Confusion of students with regard to what is expected from them (Greenwood, 2003)
- Lack of knowledge and skills of students concerning clinical nursing education (Searle *et al.*, 2009)

The question thus arises is that, if pupil enrolled nurses and midwives are not properly taught, guided and supervised, how will they be able to solve problems, make critical decisions

and judgements and render quality nursing care after the completion of their course, especially should they be allocated to rural areas where they sometimes function on their own and have limited contact with either a registered nurse or a medical doctor for days. Indeed, this may be the reason why enrolled nurses and midwives are appearing before disciplinary committees.

It has been noted that nurse managers are not always focused on how to guide registered nurses with regard to clinical nursing education in health care facilities. In order to enhance the knowledge and skills of registered nurses concerning clinical nursing education, it is important that guidelines be formulated to direct appropriate actions on the part of nurse educators, namely, registered nurses and tutors, in clinical nursing education.

If nurse educators, registered nurses and tutors were aware of how to conduct clinical nursing education this may improve the quality of both teaching as well as patient care.

1.4 Research question

It is against the background and the research problem discussed above that this study seeks to answer the following question:

What are the teaching and learning experiences and challenges of registered nurses, tutors and pupil enrolled nurses and midwives regarding clinical nursing education?

1.5 The purpose and objective of the study

The purpose of this study was to explore and describe the experiences of and challenges faced by pupil enrolled nurse and midwives, tutors and registered nurses regarding clinical nursing education. The study then aims to formulate guidelines on clinical nursing education to be used by registered nurses and tutors for the education and training of pupil enrolled nurses and midwives.

1.6 Objectives of the study

The research objectives are to:

- explore and describe the experiences and challenges of the pupil enrolled nurse and midwife, tutors and registered nurses regarding clinical nursing education

- determine the factors that influence clinical nursing education in the training and education of the pupil enrolled nurse and midwife
- develop guidelines to be followed by registered nurses and tutors to improve the clinical nursing education of the pupil enrolled nurse and midwife

1.7 Assumptions of the study

Assumptions refers to statements which are taken for granted or considered to be true, despite the fact that they may not have been scientifically tested. The assumptions of a study are embedded in the philosophical base of the framework, study design and interpretations of the research findings of the study concerned (Burns, & Grove, 2005, pp. 52–65, 728; Polit, & Beck, 2008, p. 14). This study was based on the ontological, axiological and methodological assumptions.

1.7.1 Ontological assumption

The term *ontology* refers to the nature of reality (Polit, & Beck, 2008, p. 14). The naturalistic enquirer believes that reality exists within a certain context. It is, thus, not fixed and several constructions of the individuals' experiences participating in research are possible (Polit, & Beck, 2008, p. 14–15). In this study, the participants constructed their own experiences as a result of which an understanding of the phenomenon of interest, namely, clinical nursing education, emerges from the explanations of the data interpretation.

Naturalistic investigators place emphasis on the understanding of human experiences and, thus, they capture multiple and subjective experiences which are mentally constructed by individuals (Polit, & Beck, 2008, p. 14).

1.7.2 Axiological assumption

Axiology refers to the role of values in an inquiry (Polit& Beck, 2008, p. 14).In this study, the participants' experiences were influenced by the way in which they viewed themselves in relationships with others. In addition, they all had their own values which are core to the development of interpersonal relationships. It is important that this aspect be taken into consideration in a teaching/ learning situation, in this case, clinical nursing education.

Pupil enrolled nursesand midwives are exposed to different situations as well as patients with different needs and they are expected to deliver optimum care. This exposure makes them vulnerable if they have fears and uncertainties about aspects of patient care in the clinical setting.

1.7.3 Methodological assumption

Methodological refers to how best to obtain evidence. The naturalistic inquirer assumes that evidence is maximised when the distance between the inquirer and the participants in the study is minimised. For the naturalistic inquirer the interpretations of those under study are extremely important in the understanding of the phenomenon (Polit& Beck, 2008, pp. 14–15). In this study, the researcher embarked on discussions with focus groups in order to obtain first-hand information from the research participants.

1.8 Significance of the study

As already mentioned, clinical nursing education is an important component of the training and education of pupil enrolled nurses and midwives in Namibia (Ministry of Health and Social Services, 2006). The study will be of considerable significance, specifically with regard to the clinical nursing education of pupil enrolled nurses and midwives and it may, in fact, serve as baseline information for future studies,as no such study on the clinical experiences of pupil enrolled nurses and midwives has been conducted within the Namibian context.

It is hoped that the guidelines developedmayboth assist and enhance the education and training of the pupil enrolled nurse and midwife in Namibia,since it fill a gap which has been identified as existing between theoretical knowledge and the execution of clinical skills.

1.9 Key concepts

The key concepts in this study include clinical nursing education, clinical experience, clinical nurse educator, tutor, pupil enrolled nurse and midwife, registered nurse and guideline. These may be defined as follows:

- **Clinical nursing education:** This is a dynamic, multipurpose process in which the theoretical component is integrated into practice. It provides the learner with authentic and human experiences (Waterson, Harms, Maritz, Qupe, Manning, Makobe, & Chabeli, 2006). Clinical nursing education takes the form of one to one and/or group teaching, mentoring and coaching within the clinical environment with the field of education being characterised by a symbolic relationship between the learner, an experienced clinical educator and the health service (Queensland Government, 2010). For the purpose of this study the term *clinical nursing education* refers to the process in terms of which the pupil enrolled nurse and midwife in Namibia is taught in the clinical setting by a tutor or registered nurse and is, thus, empowered by knowledge, skills and experience to be able to integrate theory into practice and, thereby, critically confront the challenges inherent in nursing practice.
- **Clinical experience:** This term refers to a meaningful learning experience that should take place in hospitals, clinics or health centres within the community and which should include experience in the promotive, preventive, curative and rehabilitative health care services (Nursing Board of Namibia, 1998). For the purpose of this study clinical experience refers to the active participation that takes place in the clinical setting, hospital, ward or

clinic, and which leads to the accumulation of knowledge and skills that will enable the nurse to address patient needs.

- **Clinical nurse educator:** A clinical nurse educator facilitates the integration of the knowledge, skills and values necessary to render holistic and comprehensive care to patients (Waterson *et al.*, 2006). In the Namibian context, the title of *clinical nurse educator* refers to a registered nurse involved in clinical nursing education.

- **Tutor:** A tutor is a university or college teacher who is responsible for the teaching and supervision of students assigned to him or her (Compact Oxford English dictionary for students, 2006). In the Namibian context a tutor refers to a registered nurse in a teaching capacity at the National and Regional Health Training Centre's of the Ministry of Health and Social Services.

- **Pupil enrolled nurse and midwife:** This is an individual who is registered at a health training centre in Namibia and who pursues a two year training programme in basic nursing care and normal midwifery leading to registration as an enrolled nurse/midwife with the Nursing Council of Namibia (Government Gazette of the Republic of Namibia, Nursing Act No 8 of 2004).

- Registered nurse: means a person who is registered within Namibia the profession of a registered nurse with the Nursing Council of Namibia (Government Gazette of the Republic of Namibia, Nursing Act No 8 of 2004, p. 70).
- Guideline: A guideline is as a set of standards, criteria or specifications to be used or followed in the performance of certain tasks (Mosby's Dental Dictionary, 2008). The purpose of utilising guidelines in the clinical setting will be discussed in the summary.

1.10 Summary

This chapter dealt with the introduction and background to the problem and clinical nursing education mirrored as a significant component of the training and education of the pupil enrolled nurse and midwife. Meehan-Andrews (2009, pp. 30–31) revealed the importance of exposing students to practical situations in order to put into practice the ideas presented in lectures and, thus, benefit from the active learning, critical thinking and increase in confidence. However concerns were highlighted with regard to clinical nursing education and confirmed in literature displayed in this chapter.

The research problem, research question, purpose and objectives guided the researcher throughout the study. The research question is “*What are the teaching and learning experiences and challenges of registered nurses, tutors and pupil enrolled nurses and midwives regarding clinical nursing education?*” and reflect the importance of clinical nursing education of the pupil enrolled nurse and midwife.

Ontological, axiological and methodological assumptions emerged as the most prominent assumptions for the study. The following key concepts with regard to clinical nursing education such as clinical experience, clinical nurse educator, tutor, pupil enrolled nurse and midwife, registered nurse and guideline were identified as the most relevant in clinical nursing education of the pupil enrolled nurse and midwife.

Chapter 2 deals with research design and methodology.

CHAPTER 2

RESEARCH DESIGN AND METHODOLOGY

2.1 Introduction

Clinical experience is a vital part of nursing education and, as such, it allows the application of theoretical knowledge to real world experiences in the clinical setting with hands on experience being gained from working with actual patients (Batty, 2010). Accordingly, qualitative research was selected as an appropriate approach with which to explore views and feelings, and to obtain a better insight into and understanding of the experiences of clinical nursing education of the pupil enrolled nurse and midwife. It is important to note that it would not be possible to come to a full understanding of the clinical experiences of the participants without obtaining their views and feelings about clinical nursing education.

2.2 Research design

A qualitative, exploratory, descriptive and contextual design was utilised for this study. This study may be regarded as qualitative in nature because it aimed at promoting an understanding of human experiences from the viewpoint of the research participants in the context in which the clinical nursing education takes place (Van der Walt, & Van Rensburg, 2006). As discussed by Latimer (2003, p.17), the setting for qualitative research is the field – the place in which the individuals of interest either work or are situated and where they have lived experiences. In other

words, the field is where the phenomena of experiences occur naturally, in a lived space. Researchers are further reminded that the use of qualitative research methods requires effectiveness, interpersonal skills and a willingness to relinquish control. Qualitative methods have the following features in common:

- A holistic approach to questions that tend to be extremely broad, for example: What are your experiences in the clinical setting?
- The focus is on human experience, for example, the life experiences of the participants with regard to clinical nursing education.
- The research strategies used generally feature sustained contact with people in settings in which they normally spend their time.
- There is, typically, a high level of the researcher involvement with the subjects while strategies encompassing participant observation and in-depth, unstructured interviews are often employed. In this study the researcher spent time with the participants in order to obtain the necessary, in-depth information.
- The data produced provides a description, usually narrative, of people living through events in situations (Boyd, 2001, pp. 67–68; Streubert-Speziale, & Carpenter, 2007, pp. 28–29).

Based on the above-mentioned features, the researcher defines qualitative research as involving broadly stated questions about human experiences and realities studied through sustained contact with persons in their natural environments and with the aim of producing rich, descriptive data that may help others to understand the experiences of human beings. The researcher further explains that the emphasis is on achieving an *understanding* that will, in turn, open up new options for action and new perspectives that could change people's worlds. In addition, qualitative research requires the participants to describe first hand experiences from the natural environments in which they have participated (Streubert-Speziale, & Carpenter, 2007, p. 28).

The study may be regarded as explorative (Burns & Grove, 2005 p. 736) as the researcher explored the views of pupil enrolled nurses and midwives on both their clinical experiences and on clinical nursing education in order to a better understanding of these phenomena. Exploratory research is characterised by a type of freedom, flexibility, and room in which to move—meaning room in which to explore and describe human experiences (Munhall, 2001, p. 91).

The study was descriptive in the sense that it described the lived experiences of the pupil enrolled nurse and midwife in clinical nursing education (Burns & Grove, 2005, p. 734). Pupil enrolled nurses and midwives, registered nurses and tutors in Namibia all expressed their views about their experiences in clinical nursing education as well as the integration of theoretical knowledge into practice.

In addition, the study was contextual (Burns,& Grove, 2005, p. 732) in that it focused on the participants' life experiences in clinical nursing education within the context of various clinical settings in training hospitals in Namibia.

2.3 Research method

The study was conducted in two phases: The first phase involved collecting data by means of focus group discussions that was recorded, typed and transcribed verbatim while the second phase involved the formulation of guidelines for the clinical nursing education of pupil enrolled nurses and midwives in Namibia. The development of the guidelines was based on the results from phase one.

2.4 Population

The population of a research study refers to all elements (individuals, objects, events, or substances) that meet the sample criteria for inclusion in a study; sometimes referred to as a target population(Burns,& Grove, 2005 p. 746). For this study the population comprised the entire population of individuals who are part of the clinical nursing education and training of the pupil enrolled nurse and midwife and included the following groups:

- Alltutors from both the training institutions of the National Health Training Centre in Windhoek and the Regional Health Training Centres in Oshakati, Otjiwarongo, Rundu and Keetmanshoop. The tutors comprised 12of the population.

- Registered nurses responsible for clinical nursing education in general and also midwifery (antenatal and postnatal wards) in certain training hospitals, namely, Katutura and Windhoek Central hospitals as well as Oshakati, Otjiwarongo, Keetmanshoop and Rundu state hospitals – 37 of the population.
- Pupil enrolled nurses and midwives in their second year of study at the National Health Training Centre in Windhoek, and Oshakati, Otjiwarongo, Keetmanshoop and the Rundu Regional Health Training Centres – this was deemed representative of all the health regions in the country. These pupil enrolled nurses and midwives comprised 54 of the total. For clarity the target population discussed above is illustrated in Table 2.1 and Table 2.2.

2.5 Sample and sampling

Sampling involves selecting a group of people, events, behaviours or other elements with which to conduct a study (Burns, & Grove, 2005, p. 341). In this study the researcher used purposive sampling of pupil enrolled nurses and midwives, registered nurses and tutors (lecturers) as she believed that the respondents selected for the study all had experience of clinical nursing education in health facilities. The registered nurses were from the clinical setting where pupil enrolled nurses and midwives were allocated during their course of training. The tutors and pupil enrolled nurses and midwives were from the National and Regional Health Training Centre's of the MoHSS. The researcher was of the opinion that all of the above-mentioned participants would, thus, be able to share their explicit clinical experiences during focus group discussions.

Purposive sampling refers to judgemental sampling, a non-probability technique, which involves the conscious selection by the researcher of certain subjects or elements to include in a study (Burns, & Grove, 2005, p. 747).

The sample consisted of pupil enrolled nurses and midwives, tutors and registered nurses who had volunteered to participate in the study. The study was conducted from 17 June to 24 September 2010 at the five training centres of the MoHSS. The researcher was of the opinion that these five training centres represented all thirteen regions of the country. Second-year pupil enrolled nurses and midwives only who had expressed their willingness to participate in the study were given the opportunity to participate. In view of the length of their training and education, a period of two years, it was believed that they would have gained enough experience in all the disciplines in various health institutions to be able to express their perceptions and opinions about the clinical nursing education they had received.

2.6 Data collection

Data collection refers to the precise, systematic gathering of information relevant to either the research purpose or the specific objectives, questions, or hypotheses of a study (Burns, & Grove, 2005, p. 733). The data for this study was collected by means of focus group discussions with data collection continuing until the data was saturated

According to Van der Walt and Van Rensburg (2006) a focus group discussion involves 5-15 participants. Participants often had common experiences or characteristics and the discussion is facilitated by a researcher for the purpose of eliciting ideas, thoughts and perceptions about a specific topic or certain issues linked to an area of interest. The focus group discussion differs from interviews conducted with individuals as it explores and stimulates ideas based on shared perceptions (Holloway, & Wheeler, 2002, p. 111). As stated by Greef (2005, pp. 300–301), the purpose of a focus group is to “promote self-disclosure among participants in an effort to get to know what the participants think and feel about a situation”. Focus groups are characterised by three fundamental strengths of qualitative research, namely, exploration/discovery, context on depth and interpretation. In addition, it is essential that focus groups be interpretative. In this study the focus groups differed in size and consisted of between seven and ten participants. Eleven focus group discussions were conducted of which six were with tutors and registered nurses grouped together in each focus group, while five focus group discussions were conducted separately with pupil enrolled nurses and midwives. After the eleventh focus group discussion data was saturated and achieved. The composition of representatives of category per focus group is listed in Table 2.1 and Table 2.2. Table 2.1 illustrates the categories of tutors and registered nurses grouped together per focus group discussion.

Table 2.1: Composition of focus groups for tutors and registered nurses

Venues	Tutors	Registered nurses
Keetmanshoop hospital and regional health training centre	1	6
National health training centre and Windhoek central hospital	2	9

<u>National health training centre and Katutura hospital</u>	<u>1</u>	<u>7</u>
<u>Otjiwarongo regional health training centre and Otjiwarongo hospital</u>	<u>4</u>	<u>4</u>
<u>Oshakati regional health training centre and Oshakati hospital</u>	<u>1</u>	<u>5</u>
<u>Rundu regional health training centre and Rundu hospital</u>	<u>3</u>	<u>6</u>

Table 2.2. Illustrates the focus groups of pupil enrolled nurses and midwives.

Table 2.2: Composition of focus groups for pupil enrolled nurses and midwives

<u>Venues</u>	<u>Pupil enrolled nurse and midwives</u>
<u>Keetmanshoop regional health training centre</u>	<u>12</u>
<u>National health training centre</u>	<u>11</u>
<u>Otjiwarongo regional health training centre</u>	<u>10</u>
<u>Oshakati regional health training centre</u>	<u>10</u>
<u>Rundu regional health training centre</u>	<u>11</u>

Ground rules for the use during focus group discussions were established and explained to the participants in order to ensure trustworthiness throughout the study. The focus group discussions were conducted in quiet, convenient places which had been identified in the respective health facilities and provided privacy to the participants. Focus group discussions were conducted in English and the role players were invited to speak openly about their clinical nursing education experiences. The participants appeared to be very comfortable and confident when speaking about both their clinical experiences and clinical nursing education. Relevant probing occurred between the researcher and the participants during the focus group discussions which encouraged the participants to speak freely about their experiences in clinical nursing education. The probing

questions were used when necessary and kept the participants focused on the topic under discussion and contributed to the generation of in depth data.

During the focus groups discussions no names were used in order to protect the identity of participants. Audio-tape recording was used to obtain accurate and direct information from the participants and the information was soon there after transcribed. Field notes were taken to complement the data of nonverbal activities for example facial expressions and gestures.

The following main questions were posed to the focus groups in order to obtain sufficient information:

- “Can you tell me everything about your experiences of clinical nursing education in the clinical setting?”
- “What are your expectations of clinical nursing education in the clinical setting?”

2.7 Data analysis

All recorded data was carefully listened to, after which it was transcribed verbatim. The verbatim transcriptions were thoroughly read through, compared and categorised according to similar meaning. Color coding was utilized for the data analysis. All information with the same meaning was coded with the same color where after it was posted on the wall. This activity resulted in the use of different colors for different categories that merged into themes and sub-themes. Themes and sub-themes were discussed and agreed upon with experts in qualitative research.

The process of bracketing was utilized in the sense that the researcher had no preconceived data about this study. The researcher re-listens to the tape recordings and re-read the transcripts to ensure neutrality of data and that it was direct expressions of the participants. Polit and Beck (2004, p. 253) refers to bracketing as a process of identifying and holding in abeyance (suspended or postponed) preconceived beliefs and opinions about the phenomenon under study.

The data analysis was a lengthy and ongoing process and continued until saturation of the themes and sub-themes were achieved. The process of data analysis took place on a daily basis, directly after the focus group discussions, to ensure trustworthiness throughout the study (Van der Walt, & Van Rensburg, 2006). The themes and sub-themes that emerged from the data analysis were used by the panel of experts in clinical nursing education to develop guidelines for the clinical nursing education of the pupil enrolled nurse and midwife in Namibia.

A pilot study was not done because of the small number of participants in the focus groups consisted of tutors and registered nurses. However this study could have been done with the pupil enrolled nurse and midwife but the researcher was of the opinion that all three categories formed the sample for the study and did not want to do a pilot study only on one part of the sample.

2.8 Trustworthiness

Trustworthiness is an important way in which to evaluate the quality of data in qualitative research. According to Lincoln and Guba (1985), qualitative research demands that attention be paid to the establishment of the principles of credibility, transferability, dependability and confirmability.

Credibility refers to those activities that increase the probability of, or confidence in the truth of the data (Streubert-Speziale, & Carpenter, 2007, p. 49).

Dependability is a criterion that is met once researchers have demonstrated the credibility of the findings and, thus, it refers to the quality of the data obtained (Streubert-Speziale, & Carpenter, 2007, p. 49).

Transferability refers to the probability of the findings of the study being meaningful to others in similar situations (Streubert-Speziale, & Carpenter, 2007, p. 49). In this study transferability refers to whether other groups or settings may benefit from making use of the findings of the study and the guidelines to improve clinical nursing education.

Confirmability is the process criterion used by researchers to document the fact that the findings of the study can be confirmed and refers to the objectivity or neutrality of the data (Streubert-Speziale, & Carpenter, 2007, p. 49).

The principles that were adhered to in order to ensure the trustworthiness of the data emanating from this study are summarised in Table 2.3 below and are based on the principles of the Lincoln and Guba's (1985) model of trustworthiness:

Table 2.3: Principles ensuring trustworthiness

<u>Strategy</u>	<u>Criteria</u>	<u>Implementation</u>
<u>Credibility</u>	<ul style="list-style-type: none"> • <u>Authority of research</u> 	<ul style="list-style-type: none"> • <u>The researcher was guided by two course supervisors with knowledge and experience of the qualitative approach.</u> • <u>Contextual validation by recording the data collected ensured the credibility of the study.</u>
	<ul style="list-style-type: none"> • <u>Prolonged engagement</u> 	<ul style="list-style-type: none"> • <u>The researcher had prolonged engagement with the participants by spending time with them during focus groups discussions in order to gain their confidence</u> • <u>Focus groups were conducted with tutors, registered nurses responsible for the clinical teaching, supervision and guidance of pupil enrolled nurses and midwives in the clinical setting as well as second-year pupil enrolled nurses and midwives at various hospitals and training centres.</u>
	<ul style="list-style-type: none"> • <u>Referential adequacy</u> 	<ul style="list-style-type: none"> • <u>A tape recorder was used to obtain accurate, direct quotations and to ensure correct transcriptions.</u>
<u>Transferability</u>	<ul style="list-style-type: none"> • <u>Nominated sample</u> 	<ul style="list-style-type: none"> • <u>Transferability was assured by the use of purposive sampling.</u> • <u>Data was collected to a point of saturation.</u> • <u>Guidelines may be of assistance to tutors and registered nurses in order to improve the clinical nursing education of the pupil enrolled nurse and midwife.</u>

<p><u>Dependability</u></p>	<ul style="list-style-type: none"> • <u>Consistency</u> • <u>Dense description</u> • <u>Triangulation</u> • <u>Audit trail</u> 	<ul style="list-style-type: none"> • <u>The study was guided by the research question.</u> • <u>The formulation of the guidelines was based on the findings from phase one.</u> • <u>The researcher provided a dense description of the research design, research methods, findings and literature control in order to ensure clarity.</u> • <u>Three different groups were used for phase one of the study</u> • <u>Regular consultations with the course supervisors on the themes and sub-themes were conducted.</u> • <u>The data was recorded and is available for follow up.</u>
<p><u>Confirmability</u></p>		

2.9 Ethical considerations

Streubert-Speziale and Carpenter (2007, p. 57) indicate the importance of a critical consideration of ethical issues and standards in qualitative research and they explain that it was the responsibility of nurse researchers to design research that would uphold sound ethical principles and protect human rights. The three ethical principles of beneficence, autonomy and justice were adhered to throughout this study.

- Beneficence refers to the protection and well-being of the participants as anonymity was ensured during the focus group discussions.

- Autonomy refers to the obtaining of informed consent with the participants not being forced to take part in the study.
- Justice refers to the proper treatment of participants, namely, with dignity and respect.

The following ethical considerations were applied throughout the study, based on the above-mentioned ethical principles of beneficence:

- Permission to conduct the study was granted by the postgraduate committee of the University of Namibia.
- Permission to conduct the study in public health facilities was obtained through the Permanent Secretary of the Ministry of Health and Social Services.
- Written informed consent was obtained from each participant after they had been verbally informed of the purpose of the study and assured of their right to withdraw at any stage. Participation in the study was voluntary and the respondents were assured of confidentiality and anonymity. Their views were respected throughout the study and they were also assured of the non-disclosure of their names in the data collected. Based on this no names of participants were used during audio recording

2.10 Summary

The research design selected for the study was a qualitative, exploratory, descriptive and contextual design to achieve the objectives of the study and is reflected in this chapter. Focus group discussions were chosen as the most appropriate method to explore the phenomenon under study. All participants in the study had knowledge, experience and skills about the clinical setting.

The method established to collect data was done in two phases and is led by the objectives of the study. Phase one involved the collection and analysis of data and phase two entailed the development of guidelines for clinical nursing education of the pupil enrolled nurse and midwife. Principles ensuring trustworthiness was applied and is explained in Table 2.3.

Chapter 3 deals with the analysis and interpretation of the findings and the literature control.

CHAPTER 3

ANALYSIS AND INTERPRETATION OF FINDINGS AND THE LITERATURE

CONTROL

3.1 Introduction

The previous chapter dealt with the methodology adopted in this study. The findings of the focus group discussions together with the relevant literature review will be covered in this chapter.

The researcher was interested in the clinical experiences of the participants in an effort to obtain a better understanding of both their clinical experiences and the impact of various factors on clinical nursing education and learning. The data was categorized into themes and sub-themes and these will also be discussed in this chapter.

3.2 Themes and sub-themes relating to the clinical experiences of the participants as regards the clinical nursing education of pupil enrolled nurses and midwives

The themes and sub-themes reflect the impact of various factors on the knowledge, skills and experiences of the participants in the clinical setting – see Table 3.1 below.

Table 3.1 Themes and sub-themes relating to the experiences of the participants with regard to the clinical nursing education of pupil enrolled nurses and midwives

<p><u>Theme 1</u></p> <ul style="list-style-type: none"> • <u>Participants have different experiences with regard to aspects concerning the teaching and learning environment in the clinical setting.</u> 	<ul style="list-style-type: none"> • <u>Orientation of the pupil enrolled nurse and midwife in wards/units/departments or other health facilities are not carried out effectively.</u> • <u>Clinical supervision during placement is neglected.</u> • <u>Insufficient guidance during clinical placement.</u>
<p><u>Theme 2</u></p> <ul style="list-style-type: none"> • <u>Participants identified barriers hampering the efficient execution of clinical nursing education.</u> 	<ul style="list-style-type: none"> • <u>Time allocation for involvement in clinical nursing education is limited.</u> • <u>Registered nurses lack updated knowledge, skills and experience.</u> • <u>Non-professional attitudes on the part of registered nurses and enrolled nurses hampered the efficient execution of clinical nursing education.</u> • <u>Resources are either not available or else they are inappropriate for clinical nursing education.</u> • <u>Expectations of the pupil enrolled nurse and midwife regarding clinical nursing education are not met by registered nurses.</u>
<p><u>Theme 3</u></p> <ul style="list-style-type: none"> • <u>Participants experienced a lack of collective planning and consultation with regard to clinical nursing education.</u> 	<ul style="list-style-type: none"> • <u>Minimal collaboration and sharing of information between registered nurses involved in clinical nursing education and nursing educational institutions.</u> • <u>Inappropriate teamwork between relevant partners.</u> • <u>Inappropriate delegation of clinical tasks to pupil enrolled nurses and midwives.</u>

3.3 Discussion of themes and sub-themes

- Theme 1: Participants have different experiences with regard to aspects concerning the teaching and learning environment in the clinical setting.

This theme emerged from both the positive and negative views of focus groups and is supported by the following three sub-themes:

- Orientation of the pupil enrolled nurse and midwife in wards/units/departments or other health facilities are not done effectively.
- Clinical supervision during placement is neglected.
- Insufficient guidance during clinical placement.

- ❖ Sub-theme: Orientation of the pupil enrolled nurse and midwife in wards/units/departments or other health facilities are not carried out effectively.

As explained by Booyens (2008, p. 214) the goal of orientation is to ease the path of the new employee into both the healthcare facility and into the unit/department where he/she will work.

In other words, with regard to the pupil enrolled nurse and midwife, orientation is aimed at familiarising them with the routines in their new environment so to enable them to be productive and they should, thus, feel both welcome and confident after orientation. White

(2001, p. 1779) defines orientation as a person's awareness of self in relation to person, place, time and, in some cases, situation. The process is believed to provide continuity in the quality of care delivered. The following views emerged from the focus group discussions:

The registered nurses expressed the following positive and negative views about orientation:

"Yes I orientate them (the pupil enrolled nurse and midwife) the first day – those simple things we do but to go deep in their practical book (register), no".

"People are not well oriented. A student will come after dressing, put it (the equipment) in that red bin and it's gone. Sometimes orientation and caring are what we need".

The pupil enrolled nurse and midwife voiced the following negative views about orientation that had not taken place in the clinical setting as expected:

"When you came for the first time in the ward they (the registered nurses) never demonstrate, meaning orientate, to you".

"They (registered nurses) don't orientate us ...all they orientate us is dump dusting".

"They (the registered nurses) will not orientate you what you have to do when you came there early morning. All they would do is that you (the pupil enrolled nurse and midwife) are now there. You are kind of lost; you don't know anything...a lot of things".

“Then, the next month, you’ll be delegated to the theatre. So, it’s your first day now. They (the registered nurses) will not demonstrate (orientate) to you what should be done or what is going on in that place“.

“To say the truth, we don’t use to get full orientation or this is what you are supposed to do in this ward”

“When you asked those three questions –Where did you keep the bandages? Where are the dressings? Then she’s (registered nurse) tired and then she starting screaming but the problem is that she did not orientate you to know the things”.

“You have to learn from your mistakes”.

“I also experienced such a thing last night whereby I was not oriented when I went to the maternity ward and now, since I don’t know anything, I’m just told to learn from my mistakes”.

“...but, now in my second year no... (no orientation,) you have to run around”.

“They (registered nurses) don’t orientate. If it is my second time to be there then I am the one who is supposed to orientate my colleagues who come for the first time there”.

“The sister in the ward knows that, every month, they will get a new group of students. That first week must be for demonstrations (orientation) to the students. The middle two weeks must be for experience and the last week must be to give back demonstrations”.

Orientation is a priority in any placement as it provides the nursing programme graduates with a basic understanding of the procedures and practices in the hospital setting where they will be working as well as the information and resources they need to fulfill their roles as nurses. The orientation provided by nursing staff significantly influences student learning in the clinical environment. Unfortunately, poor treatment is not uncommon in the workplace and may be the result of staff shortages, increased workload, a lack of teaching skills or else the staff feeling threatened by the presence of nursing students (Twentyman, Henderson, & Eaton, 2006, p. 2).

Quinn and Hughes (2007, p. 341) maintain that clinical environments constitute important environments for learning, especially for experiential learning which is based on the learning which is gained through experience and which is more relevant as compared to the learning acquired in classrooms. It is, therefore, important to orientate the pupil enrolled nurse and midwives when they are allocated to the clinical setting and also during rotations as a result of the new developments that are taking place on a daily basis. Such orientation will enhance learning and enable them to feel supported in the clinical environment. It is ideal to have in place an orientation programme, while orientation is believed to be more effective when it occurs over time and provides ongoing support (Newman, 2010).

Employee orientation should include information on the hospital mission, vision and values as well as on policies and procedures. For licensed personnel it should focus on patient care policies

as well as specific orientation programmes that vary in length and which encompass the requisite skills and expectations with regard to patient care in each department (Donelan, 2004).

The findings of this study revealed similarities with the findings of previous studies regarding the importance of clinical orientation, the availability of an orientation programme and an awareness of the impact which such an orientation programme may have on the clinical learning experiences of pupil enrolled nurses and midwives. The participants were all of the opinion that orientation should be regarded as a priority and that it should take place whenever staff members are allocated to either a ward/unit or a health facility. In other words, orientation is a key aspect of any placement and is one of the most important aspects of nursing education (Lewis, 2010; Robinson, Andrew-Hall, Cubit, Fassett, Venter, Menzies, & Jongeling, 2008).

According to Lewis (2010), the reasons why nursing students work in health care facilities is to gain experience which will promote their professional growth and to expand their knowledge as future nurses. Lewis (2010) is of the opinion that the clinical setting is extremely important as it is where nursing students learn to deliver quality patient care with the help of clinical instructors, nursing staff and other health care providers. Orientation is, thus, crucial and pupil enrolled nurses and midwives orientation, in particular, warrants greater attention. This emerged clearly from the opinions voiced by the pupil enrolled nurse and midwife and their appeal to the registered nurses to show commitment and to devote more attention to their orientation so as to enable them to benefit from acquiring the relevant knowledge and skills and, thus, to become both competent and confident with regard to their provision of patient/client care.

In addition, Lewis (2010) reveals that, although research addresses the benefits of orientation for registered nurses entering practice, students are neglected. In effect, there is not enough attention paid to the orientation of student nurses. However, it is important to realise that the learning process differs from person to person and that it is an individualised process in terms of which some nurses may require a longer period of orientation (Donelan, 2004). The findings of this study certainly indicate that orientation is not taking place properly, as expected, and that it warrants serious attention in certain departments.

❖ **Sub-theme: Clinical supervision during placement is neglected.**

Clinical supervision is a recognised developmental opportunity to develop clinical leadership and it comprises a formal process of professional support. During this process the supervisees are guided in issues of problem solving and encouraged while gaps in their knowledge and skills may be identified (Beyggren, & Severinsson, 2003; Hatchett, 2005, p. 52).

Minnaar (2008, p. 225) defines supervision as the act of evaluating the effectiveness of the organisation, ensuring that resources are being used correctly, errors detected and rectified, standards maintained and objectives attained. In addition, clinical supervision also refers to a formal, structured process of professional support with supervision assisting staff members to understand issues associated with their practice, to gain new insight and perspectives, and to develop their knowledge and skills while supporting their own staff and improving consumer and career outcomes. Clinical supervision may involve individual, group or peer approaches

(Queensland Government, 2010, p. 1). The *tutor* expressed the following positive and negative views on the clinical supervision of the pupil enrolled nurse and midwife:

“Yes, we usually do the followups (clinical supervision) according to the timetable.”

“When it comes to supervision... with me giving classes to both first and second years...I normally do my followups twice a week, that is if the first years are here (in class), for example, second years in the clinical areas.”

“So the time that we have to follow up (supervise,) it’s the time that you have to continue with the other group’s (second years) theoretical teaching. So this is where the time collides that you cannot.”

“Even when I used to do it (clinical supervision)...it was a burden because you have to prepare something which you want to do in the clinical area and, at the same time, there’s something which you like to do in class and you know this are two different groups, first and second years. So it was a very big challenge.”

“It is really hard going...doing clinical(supervision) as well as the classes.”

“It’s very few ...even for the whole year...it’s really very few people (lecturers) who went out... and the number of clinical visits that were conducted by the lecturers is really...very little

compare to what we have want it to be...Therefore... us (lecturers) the ...degree of direct and indirect (supervision) is really lacking...at the moment.”

“...and that time when we are not in the class you make sure that you follow up (supervise) the students in the practical setting.”

The registered nurses displayed both positive and negative views on clinical supervision:

“On the issue of supervision, like my colleague was saying, we are doing but we are not doing much.”

“Maybe the student demonstrated like she did haemoglobin (HB) yesterday and she did it well. Tomorrow I won't be...uh...using direct supervision as long I'm satisfied of what she did”

“... when it comes to indirect supervision, like in the maternity section, we are having critical areas like the admission room the...active labour rooms (the delivery rooms) there, we really try to practise direct supervision.”

“The system, we have to change the system to give more nurses so that supervision is also possible.”

“...but you will find that, if you look at the student ratio and the number of registered nurses who are in the wards, the students may not benefit as much as they should need to benefit because our

students, such as the enrolled nurses, they need to be monitored by registered nurses though they can also get information from the enrolled nurses if may need that are already in the service.”

“What we have observed is that the ... lecturers are absent, they are absent,they don't follow up (supervise) the students.”

“...They (the tutors) can also follow up (supervise) the students and they can also give demonstrations at the wards.

Thepupil enrolled nurse and midwife expressed the following positive and negative views on clinical supervision(supervision is often referred to as follow up):

“With the maternity ward,Mr... (the tutor) will go there (to the clinical setting). I don't know whether he makes time forhimself to go there and see how the students are performing. So he is always going there (the clinical setting) to see so that the students are doing the right things and he's trying to help the students like that.”

“...Yes, because that's why me and most of my colleagues are now competent. It's because of our lecturers, our tutors, otherwise if...it was just depending on the registered nurses at the clinical areas we couldn't be ...have gained a lot but we are made use what we've gained, for example, every day, if the principal is not busy that time there were no clinical tutor, you see the principal in every ward and follow(supervise) every student on that area. I'm very much happy.”

“(The tutors) must follow us up in the wards to give a proper...full procedure because we gets the shortcut from the sisters.”

“I would say supervision is very poor because it's only certain nurses (registered nurses) that really care to supervise the students. Further, on the others, the supervision is really poor.”

“You go and do (activities) and no supervision. We are doing things (activities) on our own and then you (the registered nurse) don't even know what I'm doing, is it correct or not? You are just doing there and they (registered nurses) are just seated although they are just blaming without watching you or without supervising you that if what you are doing is right or not.”

“At the clinic you will find a student is just in the screening room alone without any staff or registered nurse. It's just you, the student, who has to write history, to write treatment, for example, it was in May 2010, when we were delegated at the clinic. We used to be left in the screening rooms to do diagnosis and to give medication and that time we were not taught pharmacology. We did not know anything about medication. So, it was very hard for us to write things that we don't know. So we just have to write and refer to the hospital. That's what we were doing, but registered nurse and staff nurse, they are just there in the office drinking coffee, doing whatever they are doing.”

“I experienced last night when I was told that, no, we was also once students and that we were also left alone. We do our deliveries ourselves.”

“In this case I think the supervision that we are supposed to get is not there because we are students or are students not suppose to get supervision or is it the fact that they (qualified nursing practitioners) ignore it totally.”

The clinical performance of the pupil enrolled nurse and midwife is of the utmost importance and, it is essential that it be supervised by both tutors and registered nurses. Accordingly, clinical supervision is seen to be an important aspect of the nursing activity (Butterworth, Bell, Jackson, & Pajnikihar, 2008, p. 265). As stipulated in the Nursing Act No 8 of 2004 it is one of the important roles of the registered nurse. In addition, the Nursing Act No 8 of 2004 states that any student in either nursing or midwifery should be under the supervision of a registered nurse. Anderson and Kiger (2008, p. 448) explain that it is of the utmost importance that the work of student nurses be supervised in a responsible way because the care they provide is a reflection of the quality of supervision of the qualified practitioners. In addition, the process also provides the tutor with an opportunity to establish the degree or level of successful integration of the theoretical knowledge with practice and allows the pupil enrolled nurse and midwives to raise questions and to be guided when the need arises.

Those nurses who have experienced clinical supervision suggest some of the most important advantages. With regard to the qualitative evaluations of clinical supervision they cited the growth and development of personality, increased confidence and a decreased sense of professional isolation (Butterworth *et al.*, 2008, p. 265). The advantage of clinical supervision is that it occurs in the work area as well as incorporating environmental and contextual factors that may affect service delivery and which may be difficult to understand fully within the classroom setting.

Clinical supervision is recommended to occur periodically, for example, once a month or every few weeks (Hatchett, 2005, p. 52). During supervision pupil enrolled nurses and midwives gain confidence in their acquisition of new competencies in the clinical field (Keogh, & Russell-Roberts, 2009, p. 115).

The findings of the study revealed that tutors and registered nurses, although aware of their supervisory role, are minimally engaged in the clinical supervision of pupil enrolled nurses and midwives. The clinical supervision by both tutors and registered nurses was not being properly carried out, as expected, and this, in turn, may have an impact on the outcome of both clinical learning and the acquisition of skills. This study also found that supervision was not a “new” activity delegated to tutors and registered nurses. However, the findings highlighted different degrees of clinical supervision. Furthermore, the participants indicated that clinical supervision varies from individual to individual depending on the clinical supervision experience of the qualified practitioner, time available, and the possibility of clinical learning experiences. Hatchett (2005, p. 52) indicates that the effect of clinical supervision and student learning merits ongoing research.

Beyggren and Severinsson (2003) identified the following important core components of nursing supervision, namely, guilt, reconciliation, integrity, responsibility, conscience and challenges. However, the findings of this study reflected a lack of the abovementioned core components. This lack was identified on the basis of the expressions of emotion and irritation that emerged during the focus groups and which were observed in, *inter alia*, the change of voice tones and swinging of arms and hands. The supervisor’s interventions involved the sharing of

knowledge and values with the supervisees as well as recognising them as nurses and human beings– the key to successful delegation (Kelly,McCathy,&Mardhost, 2009).

- **Sub-theme: Insufficient guidance during clinical placement**

Guidance comprises advice or information which is aimed at solving either a problem or a difficulty (Compact Oxford English dictionary for students, 2006). It is crucial that the pupil enrolled nurse and midwife be guided by both tutors and registered nurses during clinical placements in order to ensure the successful integration in and application of, theoretical knowledge to clinical practice. However, Julie, Daniels and Adonis (2005) point out that guidance and support for students are sometimes lacking. This brings us to the following verbalisations by the participants during the focus group discussions and which highlighted both the importance of guidance during clinical placement and its impact on learning. The registered nurses expressed both positive and negative views regarding the guidance of pupil enrolled nurses and midwives during clinical placements:

“Sometimes it’s the registered nurse who may ask them (the students) let me see your book (practical register) what...what. Let me ...are you done with this or what...what...such things happens.”

“We are used to give each student to present a case. She must study that specific case from admission until that day. She is the one that must present that case.”

“...They (the pupil enrolled nurse and midwife) do not have the passion for work. So, they just do what they want to do. They don't want to be told by the registered nurses what they should do. They just disappear or ignorance of things that you told them for e.g. demonstrations you have to do up to five times before they come back ...even if you told them and ask after five minutes there is no one that can tell you what you told them. They are really ignorant sometimes ...not all of them, but some of the students.”

“It happen to me once when students were given assignments to complete at the training centre and then they have disappear, so that they could go and type.”

Thepupil enrolled nurse and midwife also expressed both positive and negative views regarding their experiences of guidance during clinical placement:

“Some sisters are really kind. They are really willing to help you even though they might be stressed, but if you came back later they might help you.”

“...but there are really nurses who go out of their way to help and tell students this is what happens.”

“When we go out for our practicals to other towns the sisters there...they are very helpful, they will attend (guide) to you, no matter whether they have time they will attend.”

“...But once we go to the practicals (in urban hospitals) to integrate the theory to the practical, it's always a hassle because to do the practical, you need someone to guide you there.”

“You go there you do the PV (vaginal examination to determine dilatation)...after doing you tell her (the registered nurse) this is what I got, either 4 cm or 2 cm. she will go there (do the same procedure) and say, no, it's not, but she will not give you a feedback or trying to correct you or give you the right information.”

“They (registered nurses) said if you don't know, just leave, go out, I will do it myself. Now, how are you going to learn and who will teach you?”

“My friend was chased out of the maternity ward. It was his first time for episiotomy (but no guidance on how to perform it).”

“So, for me, I feel bad that when you do the correct things (procedures) in the ward, some people (registered nurses and senior staff), they contradict, like don't do like that, just do like this and so on.”

“Second years have to be alone in the screening room. So, if you need any help you have to run. Go back to where they (registered nurses) are drinking their tea and ask them, what can I give in this.”

The study revealed that pupil enrolled nurses and midwives are allocated to a clinical setting during the course of their training in order to enhance their knowledge and skills and to build their confidence in applying these skills under the guidance of both tutors and registered nurses. Sharif and Masoumi (2005) found that the students are not always satisfied with the support and guidance they receive. They further indicate that these kinds of experiences have an effect on a student's clinical performance and self-confidence.

Approaches used to guide student nurses during clinical nursing education sessions include clinical supervision, motivation and coaching (Uukule, 2006, p. 60) with those faculties which teach clinical nursing education being responsible for guiding the students in the development of their professional nursing skills and values (Wolak, Mccan, & Madigan, 2009, p. 65). In their study, Ali and Panther (2008, p. 38) reflected that the need to support students who are the nurses of the future could not be considered as a second priority in clinical practice if they (these nurses) were to be prepared fully to take on their clinical roles. It is, thus, imperative that registered nurses and tutors provide the necessary guidance and accompaniment for pupil enrolled nurses and midwives during their training with the accompaniment being done in such a way that role-modeling becomes evident and also facilitates the clinical learning of the pupil enrolled nurse and midwife. In addition, registered nurses and tutors should carry out hands on nursing with the learners and this is a wonderful opportunity to assist the learners in the application of knowledge and skills according to their scope of practice (Meyer, Naude, & Van Niekerk, 2004; Bently, & Ellison, 2007).

Reassurance about their performance by mentors and tutors may serve to reinforce the confidence and self-awareness of student nurses (Greenwood, 2003). Greenwood (2003) further explains that support and guidance on the part of tutors and mentors during placements serve to reaffirm the validity of the students' work and justify the fact that they are not merely being used as another pair of hands. This study revealed that the pupil enrolled nurses and midwives are provided with clinical registers indicating predetermined learning outcomes. The aim of these predetermined learning outcomes is that tutors and registered nurses guide, assess and evaluate the pupil enrolled nurses and midwives during clinical placement in order to realise these set objectives.

The findings also mirrored appreciation for the guidance offered during clinical placements with specific reference to the positive guidance received at district health facilities. It is believed that the support and guidance provided resulted in a type of bonding between the pupil enrolled nurse and midwife and those who had guided and supported them in the clinical setting. A supportive relationship helps to prevent problems in busy and stressful practice settings (Du Plessis, 2004, p. 13). However, it emerged from this study that not all tutors and registered nurses expend sufficient effort in guiding the pupil enrolled nurses and midwives in the clinical setting.

Pupil enrolled nurses and midwives indicated that they had felt neglected with regard to the offered guidance and that the learning opportunities in the clinical setting had been compromised as it appeared that they had been used to accompany patients to other facilities or units that resulted in being away from the clinical setting for hours. They did, however, say that this may have happened as a result of a shortage of staff. Nevertheless, in such cases peer group guidance and supervision should be seen as an alternative support system for acquiring nursing skills in

the absence of sufficient tutors and registered nurses to be able to meet patient needs (Du Plessis, 2004, p. 75).

- **Theme 2: Participants identified barriers hampering the efficient execution of clinical nursing education.**

The participants indicated that they had experienced barriers in the execution of tasks in the clinical setting that may have affected clinical nursing education in either a positive or a negative way. A barrier refers to something that prevents progress (Compact Oxford English dictionary for students, 2006). In this study some of the barriers identified included limited time available for involvement in clinical nursing education, a lack of skills and experience lacking, negative attitudes, teamwork and resources. These barriers will now be discussed in the following sub-themes.

❖ **Sub-theme: Time allocation for involvement in clinical nursing education is limited**

Time refers to the measured or measurable period during which an action or condition exists or continues or to the point or period at which something occurs (Merriam-Webster Dictionary, n.d.). With regard to time within the context of clinical nursing education it refers to the period during which a clinical nursing education activity occurs, exists or continues during the clinical placement of the student. The lack of availability of adequate time as a factor preventing tutors from conducting the regular follow up of pupil enrolled nurses and midwives in the clinical setting was communicated as follows:

“Maybe it is because of the nature of my work (nursing) that I can’t really find time to teach (in the clinical setting), but where I get time I use to teach students.”

“I believe from the lecturer’s side we are also lacking that supervision when it’s coming to the clinical area because since we don’t even get time to come to the clinical area.”

“We are doing everything and we don’t have sufficient time to teach the students...that’s the truth.”

“Because you start with the theoretical teaching and then you move to practical but we at ... unfortunately, we are very few and the fact that we are just four. We have to teach the theoretical part and move to the practical and, unfortunately, one tutor is having general nursing science one and general nursing science two. This is now the theoretical that you have to teach and then you also have to do the practical. Now it is totally impossible, we don’t have time to do the practical teaching properly.”

“We take more time on the theoretical aspect of the students, like in classrooms, and that...takes up our time that we cannot actually follow up as we planned the students in the clinical setup because of the English story and the lack (lack of enough tutors).”

“Like from the part of the training centre what we do because of the time constraints to travel from there (the training centre) to the respective clinical areas. When you got to the respective clinical areas it’s only few students that are there. So you might be attending only to five

students. So we make more use of simulation rooms during the theoretical period when you want to do a practical demonstration to the student in that way you have access to the whole class.”

“Sisters sometimes are really overloaded, also in the wards, but the same applied to the tutors as they are also overloaded. They are not enough...so we (the tutors) don't have time to really be there for the students and you now don't know how to divide yourself to be there and here at the same time...and again, if you go and give the class you don't come here (the clinical setting).”

The registered nurses views expressed the problem of not having sufficient time to pay attention to pupil enrolled nurses and midwives in the clinical setting as follow:

“Ja” ...not that the person (the registered nurses) refuses... because you don't want... just because of time and because of shortage of personnel to do that.”

“...Getting the time you don't explain properly or show the students properly. So we are overloaded...with responsibilities and everything.”

“You are two sisters and you are overloaded with work, there's no supervision...doing how...and what. The time when you come is when you...maybe give...there is no time really.”

“You will give the training but not...to make time for teaching. There's no time for teaching but on the spot training, teaching we do.”

“Yes, I will say that, really, we don’t have time in the wards for attending to the students properly.”

“Now when it comes to the students...sometimes it can...instead of teaching the students we will be forced to use them like a workforce because now, if they cannot work I will not get that chance (time) to teach them, that is why it is also making it difficult now to find a time to teach the students while you are having the work that you have to perform.”

“...maybe with record writing, then you go back to her (the pupil enrolled nurse and midwife) and said you didn’t write it nicely and so on...and so on...but the direct once ...the time when she’s doing something...there is no time”.

On the other hand, the pupil enrolled nurse and midwife expressed the following:

“Currently, really, the sisters in the wards are overloaded. They’re working overtime, they are exhausted. So it’s...I don’t think it will be really possible for them to give as much time as possible as they would wanted ...to the students for the clinical teaching because students are sometime ...complaining that they don’t have sisters ...don’t have time for their books.”

“Sometimes the ward is very full, each and everybody is very busy. So sometimes the registered nurses are failing to have enough time to teach the student appropriately.”

“Registered nurses have no time for us, they don’t pay...mostly attend to us to gain experience and have experience and skills, that’s why we are still poor in clinical education.”

“I think the sisters will have more time to attend to the students instead of walking around from one ward, sometimes in emergency looking for equipment, because it has happening many a times.”

“Sometimes, if you look deeply you can see if a person is having time...when a person don’t care. She don’t care with our presence there but she can only care to give us the responsibility to do the work in the ward.”“...but now, when it came to us to pay attention to us, then they do not have time. Time is there because we mostly...it is mostly the student who are doing the work there in the wards.”

It emerged from the focus group discussions that the tutors and registered nurses were experiencing difficulties in finding sufficient time to accommodate the learning needs of the pupil enrolled nurse and midwives properly in the clinical setting, as a result of the various reasons indicated in their statements.

Berry (2005) conducted a study on student and registered nurse partnered clinical experiences and revealed that it is difficult to provide students with hands on, clinical education experience in a safe nurturing environment because of both time constraints and the inability of clinical instructors to interact with all the students. Clinical and professional teaching and learning takes time while working with students is time consuming because it involves the planning and preparation of the students' learning, providing the students with opportunities both to attain and to practise skills, and providing information as well as clinical teaching (Kenyon, & Peckover, 2008, p. 204).

According to Henderson (1995), teachers need both to gain trust of the students and to allow the students more time to open up and provide opportunities for them to share their knowledge with others. It is essential that nurse academics be aware of the knowledge and skills required for the clinical setting by the students whom they teach and that they engage in clinical practice by continuing to work in clinical settings in which they will gain valuable experiences that may directly inform their teaching (Elliott, & Wall, 2008, p. 581).

The findings of this study revealed that there is a mixed training system in place that is apparently suitable for specific training centres and which may have affected the time to conduct

regular clinical supervision and provide clinical nursing education. The staff members working at the training centres following the day-to-day training system expressed their dissatisfaction as they believed that the training system in place does not allow them adequate time in which to conduct clinical supervision. They furthermore indicated that more than one group of pupil enrolled nurses and midwives are often allocated to them and that they have to cater for these groups in both theory and clinical practice at the same time with a limited staff compliment. Accordingly, there is not sufficient time available and this may be the reason why, as stated in the focus group discussions, the tutors are not carrying out clinical supervision. As expressed in focus group discussions, it is also evident that the registered nurses on clinical level do not have the time to attend to the learning needs of pupil enrolled nurses and midwives as a result of their multifunctional role.

❖ Sub-theme: Registered nurses lack updated knowledge, skills and experience.

One of the most important functions of the registered nurse and tutor is to prepare each learner, prior to his/her first subsequent clinical placement, by explaining the importance of the process of clinical outcomes (White, 2006).

Van Dyk, Jooste, Small and Pretorius (2005) refer to the impact that a lack of clinical knowledge may have on any practitioner and suggest that this should be avoided. Accordingly, background knowledge is important as it enables the registered nurse and learner to feel confident (American Association of Colleges for Nursing, 2007) as a result of having observed, practised and learnt clinical techniques prior to clinical attachment (Childs, 2002).

Competency refers both to the ability to master specific clinical skills and to possess the personal characteristics necessary to function effectively as a nurse, including the capacity for reflection (Cassidy, 2009, p. 34). According to McMullan (2008, p. 873), the reflective process not only enables students to identify gaps in their knowledge and their competence, but it also enables them to reconfirm and document their strengths, skills and knowledge.

“Students require effective clinical placements to allow the application of theory to practice” (Enhancing support for nursing students in the clinical setting, 2006). In this study the pupil enrolled nurse and midwife was encouraged to reflect on their classroom knowledge and to integrate it into practice so as to ensure the confident execution of tasks in the clinical setting.

Knowledge may be referred to as the information and skills gained through experience or education. It is also awareness of or familiarity with a fact or situation (Compact Oxford English dictionary for students, 2006). The tutors and registered nurses involved in clinical nursing education are expected to assess the knowledge and skills of the pupil enrolled nurse and midwife. It is, therefore, essential that they themselves possess updated knowledge, skills and experience in clinical nursing education. The registered nurses expressed the following about the issue of knowledge:

“At times we get students that we, the registered nurses, are suppose to teach but most of the time we found ourselves with different knowledge than the students has been taught at school. Mostly because we were not trained at the same institutions and some people were trained in the olden days. Some people were trained in the new days. So, most of the times, things are changing and then you found yourself sometimes with outdated knowledge and then the student comes with new things.”

“You know, we are here longtime, all what we need is to be updated a little bit. This new developments, that’s all and to have...to be more in the wards so that we don’t left them (the pupil enrolled nurses and midwives) behind.”

“So, if it could be that our knowledge as nurses that are in the profession to be updated, like to attend fairs, attend trainings to be fairly distributed among staff...given fairly chances to be attending trainings. So that we just could be updated and then, when the students come, we are on the same level.”

“When it comes to courses it’s the same person going to Windhoek” (Other staff members do not get the opportunity to attend courses to update their knowledge, it is the same people who are selected to attend courses over and over)

“It’s the same people who are attending the workshops that are not a problem and most of the time its people who are not directly involved with patients, who are attending these workshops, it’s not a problem, but they don’t give feedback.”

“...Sometimes you asked them (the pupil enrolled nurse and midwife) something they were taught, but then they look like they never heard about it. Some of them are just reluctant.”

Pupil enrolled nurses and midwives expressed the following on the issue of knowledge of registered nurses and tutors:

“The registered nurses ...they’re giving half information...not giving all the information that we need.”

“This registered nurse from...they said they never get this kind of procedure, go and ask the enrolled nurse so that they can tell you or go and ask you lecturer.”

“If you have to ask to demonstrate a procedure they will tell you a long story because maybe she does not know how to do the procedure, or she forgot, or she maybe just knows the shortcut way.”

“The other thing is the procedures are shortcuts so the students who are coming into the clinical practice, they don't know which now... what is the right procedure... which is a problem because procedures are not done properly and...inaccurate record keeping of which records are suppose to teach students the right things.”

“They (the sisters) don't do tasks the way we are taught in class and, for us, most of the time we are in the clinical attachment and then we...since we are not seeing how the procedure is done correctly we end up also doing short cuts.”

“At times we find... registered nurses who are fresh from school and then you come with your practical book and then you want to ask on a certain procedure. The (registered nurses) tell you that ...we did not do that at school...you should ask the ones (registered nurses) who did two years before us. Maybe they were kids at this school which is not a very good answer to give to us because we are trying to learn. So, once you go to the elder registered nurse she'll tell you, no, when we did that it was still under research, go and ask this one. So you'll be sending up and down and it doesn't help at all.”

“We are lucky we have Mr... he use some of the equipment in the ward, but the registered nurses, really they don't know how these... those machines work, for example, the IVAC. It's there in the ward, piling just there...they are not used.”

No responses were aired by tutors with regard to knowledge, even after probing they were just quiet. A study conducted by De Villiers (2005) revealed the necessity to manage complex, ever changing circumstances. Learners should be equipped with a sound knowledge base on specific problems, have the ability to reason, solve problems, learn and construct knowledge in their daily practice. It is, therefore, important that courses prepare nurse graduates with an adequate background knowledge base, a level of clinical skills and capabilities for continued self-learning in a rapidly changing technological environment (Meehan-Andrews, 2009, p. 25).

It is essential that the pupil enrolled nurse and midwife apply their knowledge in practice and, to do this, they need the necessary skills.

Skills refer to the ability to do something well (*Compact Oxford English dictionary for students*, 2006). An individual experiences an event or a situation and applies his/her knowledge in practice. In the context of this study skills refer specifically to skills in nursing practice. The pupil enrolled nurse and midwife are allocated to task in the clinical setting as part of their training and education so as to enable them to acquire skills in nursing practice. The aim is, thus, that they are exposed to real life situations in order to enhance their skills and become competent in the execution of practical tasks. Hunter (2010) maintains that a positive aspect of nursing is the fact that nurses are exposed to skills from the most elementary levels of their education and they are, therefore, able to acquire as many skills as possible. However, it is a waste if they do not implement these skills. The *registered nurses* had the following on the issue of skills:

“Yuh, I think I’m skilled enough to give clinical practice to the students because, if time arising, I will show them.”

“The experience is there but, still, we need more skills.”

The pupil enrolled nurse and midwife expressed the following on the issue of skills:

“Yes, they (registered nurses) are having skills but they don’t want to share skills.”

“They (registered nurses) don’t know (have the skills) how to use the equipment.”

“There are really machines there (in the facilities) but they are not working (don’t know how to operate it). They don’t use them.”

“I don’t question their (registered nurses) ability and their skills but, the only thing I question about them are their leadership skills.”

No responses were aired by the tutors they were just quiet.

Experience allows the application of knowledge into practice and is vital for nurses with regard to clinical nursing education. The following sentiments were expressed by the registered nurses on the issue of experience:

“I think we have experience enough, but we still need refreshment courses, even, like, yearly or twice a year, if it’s possible, just to update yourself.”

“Yes, I have the experience but these new programmes, no, I’ve never worked in the PHC, clinics and so on. No workshops to attend. So, really, I cannot say I’m experienced in some of the procedures.”

“With the experience that I have I’m still good and I’m still training but someone cannot stay with the knowledge that we teaches in our centuries that we are trained (skilled). One would still need to have some in-service, on job training and workshops to be on the same level of the students to teach quality for that matter.”

“Sometimes you get students that work with you but students are just there for the sake of completing the practical books. So, they are not giving their utmost best to experience more so that they can become competent nurses one day. So, when they finish they have qualified, they have qualifications, but, at the end, they are not competent nurses and then the people will be complaining.”

“...Although not having (ever) equipment, but most of the equipments are there, but the problem is how to operate those equipments. The things are bought but usually we do not get the training on how to use those equipments, for example, we got a lot of IVAC’s. They are still new. We are not using them because we do not know how to operate it.”

“...you are not demonstrated by the suppliers”

“The sales ladies or what...they don't even come to us to explain how the equipments are working and, later on, you feel you have to touch there...and touch there till its starts working.”

The pupil enrolled nurse and midwife made the following statements about experience:

“I would say that we do not get the experience that we should because of the exposure like Oshakati students. They have more cases there, they have more specialists there. So, they are more exposed to things (e.g. procedures) than us. We are only having general practitioners. We don't have specialists except for gynaes.”

Knowledge, skills and experience are recognised as essential if tasks are to be executed effectively and with confidence. The findings of this study reflected both the need for updated knowledge and skills as well as the necessity of greater experience in the clinical setting. According to Searle et al. (2009, p. 304), the assessment of knowledge and skills should be carried out by competent practitioners in order to ensure safe patient care. In this study a lack of updated knowledge, skills and experience emerged as factors that may possibly have affected the level of both clinical nursing education as well as the learning and performances of the participants.

Clinical nursing education requires that the pupil enrolled nurse and midwife move from theoretical learning to real life situations in the clinical setting. It is, therefore, of the utmost importance that staff updates their knowledge and skills and stay abreast of new developments so as to be able to support the pupil enrolled nurse and midwife in their relating theory to practice.

effectively. The study reflected concerns that cast doubts on the knowledge, skills, leadership skills and experience of registered nurses on the clinical level.

In addition, the study revealed a lack of commitment on the part of pupil enrolled nurses and midwives towards their own studies. As mentioned above, it appeared that they were not making any extra efforts in terms of their own learning in order to update their knowledge and skills. With regard to the statements cited above and as reported in previous studies, it is essential that students be committed to learning in the clinical setting as desired outcomes of performances are linked to their knowledge, skills and experiences (Hagbagheri, Salsali, & Ahmadi, 2004; Lundberg, 2008, p. 86; Rowan, McCourt, & Beake, 2008, p. 98).

The participants were of the opinion that students have to take responsibility for their own learning and that such commitment is lacking. In a climate of self-directed, student centred and adult learning, it is essential that the students be reminded about their own responsibility and accountability with regard to their continuous progression towards the realisation of the stated aims and level of competency. The teaching in the classroom is meant to prepare the students for the realities in the clinical setting although the transfer of knowledge is not guaranteed. The same applied to the ability to execute skills in the clinical practice (Elliott, & Wall, 2008, p. 583). If the relevant skills are not implemented then the supervisors will not know whether the pupil enrolled nurse and midwife do, indeed, possess the necessary skills. It is, thus, essential that the pupil enrolled nurse and midwife demonstrate their skill competencies by applying their theoretical knowledge in practice.

According to Shirey (2009, p. 128), many professionals lack a well-developed sense of their own abilities and this limits their capacity to convey their full potential to others. Competence may be defined as the ability to perform aspects of a certain job with competency as the behaviour underpinning performance (Ireland, Bryers, Van Teijlingen, Hundley, Farmer, Harris, *et al.*, 2007, p. 108). According to the researchers the student's ability to transfer classroom knowledge to the clinical setting is judged by the faculty of nursing education as determining the level of his/her performance. The performance of pupil enrolled nurses and midwives in the clinical setting and the integration of theory into practice are, thus, of paramount importance in addressing and enhancing clinical learning and skills. The failure to acquire adequate knowledge and skills may result in a feeling of insecurity and a lack of self confidence in the student nurses and this may, in turn, interfere with their ability to acquire new knowledge and also hinder their ability to tackle difficult situations (Lundberg, 2008, p. 86). It is, thus, essential that managements of both the training centres and the clinical setting ensure that learning opportunities are available in order to foster the learning experiences which will, in turn, enhance the development of the necessary skills.

In this study the pupil enrolled nurse and midwife highlighted the fact that they may lack opportunities for learning as such opportunities are not always available in real life situations. Limited learning opportunities may also be a result of the classification of hospitals in Namibia, especially those regions where there are also regional health training centres. This means many patients are transferred to hospitals where specialists are on the staff compliment. The transferring of patients to these hospitals resulted that pupil enrolled nurses and midwives from regional training centres miss out on various real life learning opportunities based on various diseases and conditions that had to be referred according to the classification system in place.

Accordingly, simulation was deemed as an alternative method with regard to the development of knowledge and skills in a range of scenarios. Simulation offers opportunities to develop confidence and allow skill rehearsal, as well as providing feedback and testing prior to practice, in a quiet and safe environment. However, conducting simulation was also not without challenges. The participants in this study referred to a lack of opportunities available to meet their educational needs as well as highlighting the need to address the issue of enhancing skills and experience in order to provide clinical nursing education of a satisfactory standard.

Fowler (2008, p. 430) maintains that if a person's experience is limited and reflection is limited then learning will also be limited. Fowler (2008, p. 430) goes on to explain that, even if a person's experience is adequate but reflection is limited, then learning will also be limited. In other words, learning depends upon both experience and reflection. Meyer and Van Niekerk (2008, p. 83) are of the opinion that, without theoretical knowledge, learners tend to lose confidence in their own skills and they become followers rather than leaders.

Donnelly (2006, p. 8) refers to nursing experience as a prerequisite for developing clinical expertise and states that good judgements depend on experiential learning. Accordingly, it is essential that learning opportunities be created for teaching. These learning opportunities include attending medical and nursing rounds, observing new procedures and practising record keeping (Lusk, Winne, & Deleskey, 2007). Experimentation is an important part of the learning process and provides students with the opportunity to apply concepts and principles in different ways. This, in turn, implies that students will need to adopt various approaches to different

patients and be innovative. All these factors emphasise the importance of clinical decision making as an essential component of nursing practice (Hagbaghery *et al.*, 2004).

Knowledge is dependent on experience which is, in turn, a means of learning by doing and may be defined as knowledge or skills gained over time (*Compact Oxford English dictionary for students*, 2006). In this study the pupil enrolled nurse and midwife spoke about their difficulties in performing as expected in the clinical setting. If the knowledge, skills and experiences required in the clinical setting is inadequate as compared to what the students have learned in the classroom, this may affect the implementation of the theoretical knowledge in practice and influence the desired outcome of performances.

Budgen and Gamroth (2008, p. 273) are of the opinion that the primary task of a practice based discipline is to ensure that students receive sufficient academic preparation and enough real life practice *experiences* to enable them to obtain grounding in and develop the requisite knowledge and skills, implement the basics and manage the work practice. Budgen and Gamroth (2008, p. 273) further reported that classroom *experiences* make an essential contribution to a student's knowledge and skills development and, indeed, *experience* in actual practice is an irreplaceable component of clinical nursing education

It is, therefore, of the utmost importance that the tutors and registered nurses involved in the clinical nursing education of the pupil enrolled nurse and midwife is sufficiently knowledgeable and skilful in order to be able both to guide and to support them. However, this study reflected that the experiences of the participants differed from region to region and that some staff

members appeared to be extremely skilled and willing to share their knowledge and skills with the pupil enrolled nurse and midwife while on clinical placement.

❖ **Sub-theme: Nonprofessional attitudes on the part of registered nurses and enrolled nurses hampered the efficient execution of clinical nurse education**

A professional attitude refers to behaviour on the part of an individual which is appropriate to a profession (Compact Oxford English Dictionary for students, 2006). A professional attitude is necessary in the clinical setting in order to create an environment which is conducive to mutual respect and understanding in order to facilitate clinical learning.

Nursing professionalism refers to the conduct, aims or qualities that characterize or mark a profession or professional person (Porterville College, n.d.). This means it is the way or manner in which an individual conducts him/herself both in the workplace and outside of the workplace. Positive attitudes are crucial in the clinical setting if learning is to be enhanced. Attitudes refer to the manner, feeling or position of a person towards another person and are influenced by a person's beliefs (White, 2001, p. 1767). Results of the focus group discussions indicated both positive and negative views of staff members' attitudes towards the pupil enrolled nurse and midwife in the clinical setting that may have an impact on clinical learning.

The attitude of or shortage of registered nurses play an important role in the clinical nursing education of the pupil enrolled nurse and midwife. The results from focus group discussions reflected that this role may be affected by the attitudes of staff members. From the report it

seems that staff number in a ward have also an influence on clinical nursing education as reflected in responses of pupil enrolled nurses and midwives below.

“Sometimes the environment is not good due to the fact of shortage (of staff), maybe we are only two and then you are shouting at each other (among the students or patients) because you are frustrated.”

“You are alone and haven’t done this or that and then you start to shout because you are burn out.”

The pupil enrolled nurse and midwife indicated that their learning was affected by the attitudes of staff members and that these attitudes differed from person to person. It emerged from the statements of the pupil enrolled nurse and midwife below that attitude may possibly have an impact on their clinical learning:

“It was at my first year when a staff nurse (enrolled nurse) told me I just don’t listen when a student talk to me.”

“I went to the ward for the first time and overheard the sister saying these students I’m not interested in the students. If they work here they work, if they don’t its ok.’ It’s like she doesn’t care. That for me shows poor leadership skills because if I’m the sister in charge I would really care about the person whom I supervise and would want to know what they are doing.”

“I also see if things (equipment) are damaged students are blamed for it. Even sometimes the student don't even touched or laid a finger on it but, if broken, it's the student.”

“You know, those sisters, they really don't know ...want to help us. They don't want... even they can only just even like to send us to go and get medicine at the pharmacy but they don't want to help us they told us go and ask your lecturers at school, why do you have to come and ask us.”

“Some sisters, for example, demonstrate things to you. Maybe they will demonstrate four to five things at the same time, but when it comes to sign (proof demonstration was done), they feel their signature will appear maybe hundred times on your file...it will look like a “changa story” So they end up not signing.”

“Even if you sometimes don't know something they would sometimes shout at you but they don't remember or I don't know whether they remember, but we are different groups (first and second years) and we are rotating.”

“Some nurses they just come with stress. You just see the face when she come to work. The person is just angry or not in the mood to talk. When you asked...the person is just there up in the sky, then you are afraid to ask sister what should I do next.”

“Sometimes why we does not get procedures done, some nurses have favouritism and, when you came to them, they give you an excuse, but when the other one come they ‘changa, changa’.”

“Like in the class we are taught things that are updated and if you go to the clinical set up and tell them, no, this is what we were told in class they will tell you like...who are you to tell me?”

“Attitude of sisters towards the students...the way the sisters are shouting at you in front of a patient, it makes you fearless and you won't do that.”

“Registered nurses are not talking well with us. They are like shouting at us. We don't know...forgetting that we are students, that's why we are here, we want to learn and we want to know how things are being done, but they are not seeing that they are just been shouting at us.”

“Being shouted at work, this one is really making people or clients in the environment not trusting students. At the end, because we are dealing with people's life, they will not favour us that what we are doing is right. They will just think that we will just kill their children as well as them because being shouted in front of patients, sometimes even in front of visitors, that is meaning that we don't know anything.”

“Like if you are having a difference with a student you are the one who are more experienced who is longer in the profession. Some registered nurses are taking it (differences with pupil enrolled nurse and midwives) personal to a degree that they don't want to demonstrate anything to the rest of the students that are under their department.”

“When it comes to communication between the nurses and the students, sometimes you are maybe in a group of Damara and you are the only Herero or you are the only Vambo and then

you go to the clinical. The sisters are explaining things in Damara because you are the only Herero and when you ask the sister to explain back in English they will tell you in the olden days they didn't speak English, only Afrikaans and their own language and even your mother can't speak English."

"If the sister have to come and give report to the other sister that is coming on duty and they talk the same language, then the round will be in that language (unprofessional attitude)."

"Some of the students maybe also have attitudes. Now, unfortunately, for the others who came there for the second time are affected by that because the previous ones were like what...now they take all the students are like that."

The tutors did not respond on attitudes of staff members and were very quiet regarding this issue.

Clinical settings are, by their very nature, places of intense emotions that may be positive, for example, excitement and joy, but also negative, for example, anger, frustration, fear and stress (Gray, 2009, p. 168).

The statements of pupil enrolled nurses and midwives provided an insight about their feelings of being respected by staff members in the clinical setting. According to Ransand Grealish (2007, p. 176), helpful behaviour on the part of staff members will help students to feel valued and assist them in engaging in practice. Ransand Grealish (2007, p. 176) further claim that tutors and

students experience the most positive outcomes in those departments in which the registered nurses have the best attitudes.

Twentyman et al. (2006) maintain that positive and open staff–student relationships enable students to be the most successful with regard to their clinical placements, as they feel supported and they receive recognition. It is important to be aware that attitudes and role modeling rely heavily on imitation and observation and negative attitudes may easily be adopted by students. For example the pupil enrolled nurse and midwife may easily adopt negative attitudes during clinical placement which may negatively affect patient – staff and pupil enrolled nurses’ relationship.

Hathorn (2006, p. 1) comments that negative attitudes on the part of nurses towards nursing students in the clinical practice setting have the potential to obstruct student learning and, thus, may threaten student progression and retention within the nursing programme. It is, thus, incumbent on the staff in the clinical setting to assist in developing a supportive clinical learning environment through positive role modeling.

It is essential to address any negative attitudes on the part of nurses because of the adverse effect such attitudes may have on nursing education. Behavioural experiences may possibly affect clinical learning and the acquisition of adequate knowledge, skills and respect (Hathorn, Machtmes, & Tillman, 2009, p. 227). In this study behavioural experience refers to the attitudes of the staff members towards the pupil enrolled nurse and midwife in the clinical setting. The pupil enrolled nurse and midwife expressed feelings that reflected negative clinical learning

experiences as a result of attitudes on the part of those who were supposed to guide them while in training. They felt that they had lost the trust of their patients/clients and indicated that they were concerned about how to be able to regain the trust of the members of the public and gain their cooperation after having been reprimanded in public.

However, with regard to the perceptions of experiences as indicated, Happell (2008, p. 850) reported in a study that significant attention has been paid to the importance of positive clinical experiences in enhancing learning that influences the development of more positive attitudes.

❖ Sub-theme: Resources are either not available or else they are inappropriate for clinical nursing education

In addition to insufficient time, negative attitudes and deficient teamwork, scarce or inappropriate resources were also identified as constituting a barrier to clinical nursing education. Resources play an important role in the effective training and education of the pupil enrolled nurse and midwife. Resources may be defined as the stock or supply of materials or assets that may be drawn when required and which include human resources, equipment, materials and supplies (Compact Oxford English dictionary for students, 2006).

For the purposes of this study resources include the personnel, equipment, materials and supplies that are needed to conduct proper clinical nursing education aimed at the accumulation of adequate knowledge, skills and experiences and the execution of clinical task in a satisfactory manner as possible.

It is expected that health facilities will be well equipped with the necessary resources for the proper execution of clinical nursing education which, in turn, is believed to exercise a positive effect on learning. The registered nurses expressed the following views on the human resources affecting clinical nursing education and the delivery of proper patient/client care:

“The intake (pupil enrolled nurses and midwives and students from higher education) increased, but the staff establishment (of the Ministry of Health and Social Services) remains the same (human resources).”

“The staff establishment (of the Ministry of Health and Social Services) is also a challenge because it seems the other programmes are expanding but then, when comes to the staff establishment, it remains the same.”

“Some of our students will not manage to finish their procedures on time due to the number of patients that they attend because they are so many. They are, like, fighting to get procedures from their wards.”

“If you really look at the population and the staff we are having, it does not balance. Imagine if you are in OPD, you have fifty patients to screen alone...one nurse for fifty patients.”

“I think we are the ones complaining about shortage of staff. So this big intake is to help us later on with this shortage.”

“Sometimes it can, instead of teaching the students, we will be forced to use them like a workforce because now, if they cannot work, I will get that chance to teach them. That is why it is also making it difficult now to find a time to teach the students while you are having that work that you have to perform.”

“We, registered nurses at the ward level, to me I found it very difficult to give the students demonstrations because we are really having a shortage of staff... Most of the time we just found

...only two (staff members) at the ward level. As special one registered nurse and one enrolled nurse and, because of that, the registered nurse is included in everything.”

“Some programmes have been developed. Now and then you find out there’s a programme of IMAI and the nurses in the wards will be removed to that programme (leaving a shortage of staff in departments).”

“The sisters (the registered nurses) are overloaded. We are having a lot of work to do. We have to stand in for the doctors, we have to stand in for the tutors, we have to do administrative work and we really can’t come to the learning part, although we want to.”

Pupil enrolled nurses and midwives had the following to say about the issue of human resources:

“The only worry that I have is about the maternity file (register). We have to follow the PMTCT guidelines. According to the PMTCT guidelines we are not suppose to do episiotomies but now, we have ten episiotomies that we have to complete so, because we had to do that, people are not cutting episiotomies and it’s really a problem right now for us” (limited human resources available that is needed for the enrolled nurse and midwife to become confident in the execution of this specific midwifery task).”

“When it comes to midwifery everybody (second years) is trying for its books (practical registers for procedures) and we are so many It’s like we cannot get deliveries, everybody is looking for a delivery and it’s like we are too many (number of cases too few for the number of pupil enrolled nurses and students from the institution of higher education)”.

The tutors expressed the following views on the issue of equipment, materials and supplies:

“Vital signs...we (the simulation rooms at training centres) have the manual ones (referring to equipment). I also realise we are having the electronic thermometers.”

“The problem is only about the equipment because, when you go into the wards, most of the things (tasks) are done shortcut because there is no equipment”.

“Most of the time you cannot really assess the student doing an aseptic technique because of shortage of equipment. Most of the equipment that we are using we are just improvising and we also find it very hard.”

“There are procedures that someone want to show them (the pupil enrolled nurses and midwives) like hand washing. Then you find out that the infrastructure itself it cannot cater for that. The taps that we have for the procedure is another tap of which taught of something else. the one you find in the ward is something else.”

“You were supposed to cover all thirty students. So, what is happening, you end up arranging another time that you need to show these students at the simulation for e.g. you can't accommodate all of them.”

“You found that the hospital (in the regions) is no more a referral hospital for high cases like acute cases e.g. eye cases. So the students do not see the ophthalmological cases.”

During the focus groups the registered nurses communicated the following views about equipment, materials and supplies:

“We people in this hospital, we do not take care of our instruments.”

“The issue is we do not have enough equipment, especially, for example, for basic procedures like wound dressings. What we have got in the wards is very minimal and, even if they would go to the clinics, it is also very, very minimal in the clinics outside (in the regions). They are expected to do dressings for patients.”

“We have equipment but the problem here is that we have the automatic equipment.”

“In this hospital you will find even that an item is no stock, off code”. “Be it linen, be it packs, there are different kind of packs that should be in a hospital but some of ...especially the 1st years ...some of them have never seen them because materials are not there.”

“Sometimes we send in our requests and, later on, you can see the economising meeting when they sit together, they reject your ordering of your resources that you applied for.”

“...but what I think also the materials are no quality...good quality...really it's one, two, three, the bed is broken.”

“...we don't have enough equipment in the ward, especially you want to show even a first year how to do a BP and we are not using anymore manuals. They need a BP machine and it's used for the whole ward.”

“I would say the equipments are there but they are not enough, as we said. They are not enough to be used to all patients. Imagining...having one BP machine for forty two patients in a ward.”

“Some of the procedures are not done here, for example, pelvic assessment.”

“There are also some procedures which are not being done at in our setting...and they are only done at central hospitals in Windhoek. So you find that some of these procedures, the students do not have any opportunity to have seen them being done, especially where I've got a patient for thoracosinthesis.”

The following include some positive and negative views of the pupil enrolled nurse and midwife regarding the equipment, materials and supplies in the clinical setting:

“I've seen some equipment standing there (in the facility) but they are not in use. I've seen a berry's machine in the maternity ward, it's not in use.”

“One thing about the practicals is that some of the things (equipment, materials and supplies) are out of stock most of the time.”

“For example, at the clinic, there is not enough equipment for one room and you are forever walking up and down to get the equipment and then, it’s like you are losing time when you could have help the patients.”

“and also when you want to do a procedure which is in our registers (practical register) in your planning, you need a lot of things (materials and equipment)...so not all the things (material and equipment) are there.”

“...coming to equipments, we are facing problems in the wards, for example, you find out in the other ward there’s only one thermometer for the whole ward. You can’t start in maternity ward... there was only one thermometer and some broken BP machines and then there was one BP machine there...so you has to start.”

“The weakness is that there is no equipment in the clinical setups, for example, even today I wanted to do the vulva swabbing but they tell us there is no vulva swabbing packs. Where I’m I going to get that (swabbing packs) so that I can complete my book (practical register) for that demonstration.”

“We do not have enough equipment, like, at the clinic, we do not have enough baumanometers, we do not have enough HGT meters, we do not have enough HB meters and otoscopes. One otoscope has to run around the whole clinic.”

“I would say we have enough equipment but sometimes, some nurses take it like this thing is only to be touched by the doctor, for example, the cardiotocograph.”

“Yesterday we send delivery packs to CSSD. They said the machine is not working properly. Now it was really lucky for the whole day. We just were running from early in the morning. We don't have delivery packs we were only having two or one.”

“... and the other thing as I was told by the CSSD staff, we only have two lumber puncture packs in the whole hospitals.”

“...upto now most of the peripheral facilities do not have electronic equipment's.”

The physical environment in which the clinical nursing education of the pupil enrolled nurse and midwife take place also has an effect on their learning. It is, therefore, important that the management of both the training centre's and the clinical setting ensure that the working conditions, equipment, supplies and personnel allocation are adequate to enable the personnel to meet consumer needs without compromising quality patient care. It is essential that learning needs be grounded in both exposure and experience and this, in turn, increases the demand for sufficient resources to improve practice standards (Searle *et al.*, 2009, p. 305; Rennie, 2009).

Mannix (2009, p. 5) discusses the many criticisms from nurses and nursing graduates that were voiced in relation to concerns about resources and, specifically, workforce shortages. Mannix (2009, p. 5) goes on to highlight the challenges faced by the nursing workforce regarding the

acute and chronic shortages of personnel that, in turn, affect the clinical learning experiences of students. In this study the focus group discussions indicated the persistently lacking and inadequate distribution of resources in some of the health facilities to which the pupil enrolled nurse and midwife are allocated in order both to learn and to experience real-life situations so as to become the skilled workforce of the future. The other concern raised was the poor quality of the equipment and the careless attitude of staff members towards the management of equipment, materials and supplies.

In addition, the pupil enrolled nurse and midwife voiced their dissatisfaction with the fact that they are denied the opportunity to work with some of the equipment which is evidently reserved solely for use by the doctors. Their dissatisfaction is based on the fact that they will be expected to be able to manage and control the equipment once they have completed their training but, while training, they are not allowed to touch it.

The American Association of Colleges of Nursing (2007) identified barriers in essential clinical resources. These barriers are similar to those revealed during the focus group discussions and include an increasing need for preceptors, potential preceptors already fully committed to other professional responsibilities, competition for access to clinical facilities with other schools of nursing, and inequitable distribution, access to and use of clinical resources.

The abovementioned all mirror the need for alternative strategies to improve and ensure the ongoing availability of resources in the clinical setting in order to improve both the quality of education and training and the delivery of quality service.

- ❖ **Sub-theme: Expectations of the pupil enrolled nurse and midwife regarding clinical nursing education are not met by registered nurses.**

Clinical teaching is vital for quality nursing practice and helps to prepare students for the kind of work they will have to perform as practising nurses (Eta, Atanga, Atashili, & Cruz, 2011). The following include the views highlighted in the focus group discussions about clinical nursing education.

The tutors reflected the following positive and negative views about the expectations of the pupil enrolled nurse and midwife clinical nursing education:

“As a tutor it’s my major role (teaching).”

“We have a discussion in class that those procedures that we do not find in the hospital if possible, we will simulate it.”

“So I see that if procedures are not accommodated in the facilities I have to simulate or have it on a theoretical basis. They (pupil enrolled nurses and midwives) will have the basic information but won’t know the real how.”

“They can do demonstrations at the real patients and the student can really continue doing that because, if they do the dressing at the models, then when the students come into the ward level or clinical level then the student cannot really perform exactly what the tutor teach them or, maybe sometimes even the communication itself, because they do the communication on the model they cannot really communicate properly with the patients.”

“Sometimes we use dolls to go throughout ...how to do certain procedures. Sometimes we are, like, given a certain group will present, like, a laceration. At least we are learning from that.”

“I feel whenever we just simulate, simulate and when they came to the reality that coldness is there because they never knew how to come in contact with a patient and that is what I detect.”

The registered nurses expressed the following positive and negative views of the expectations of clinical nursing education of the pupil enrolled nurse and midwife:

“Teaching is one of my roles as a registered nurse. When I’m teach...a student I’m even feeling happy.”

“My teaching role as a registered nurse is actually in my scope. I have a function to teach. There’s no way that I can escape that because, whatever you do, where ever you find you...I think teaching is taking place.”

“We just have to educate them (the pupil enrolled nurse and midwife) to do things correctly.”

“Ok, in fact, I did not call the student on the dressing, but on the recordkeeping, because I was worried that our students do shortcuts, but I called some of them to see how they are filling in the administration on the maternity record and I corrected them.”

“I personally don’t think that the sisters are ignoring the teaching function it’s just a matter of ... maybe not enough time to do it but we are trying and with this rounds that the matrons or the in charges are conducting over weekends. It was re-emphasised, the demonstrations, and we have to do the demonstrations and the demonstration books are now again in practice (at the ward level).”

“Just imagine you are alone in casualty and outpatients department and, on the other side, you also have to demonstrate to students, it’s really difficult”.

Pupilenrolled nurses and midwivesvoiced the following positive and negativestatements about their expectations regarding clinical nursing education:

“There are those ones (registered nurses) who are really willing (to teach).So those once who have desire to teach students, they are the ones who are doing on top...preparing the patient and other requirements.”

“If you want to do a procedure or if you asked them (the tutor or registered nurse) to do a procedure, they are not always willing and they do not want to demonstrate, also they will tell you to come back another day or I’m busy.”

“They said I am incompetent but they do not teach.”

“Registered nurses said we are not here to teach you, go to your lecturers.”

“The other thing ...not all nurses (registered nurses) in the wards are bad but, to me, it’s like only some nurses (registered nurses) are given the tasks to teach students but some ...she never teach.”

“Coming now, sister demonstrates for us, now you are not busy. I’m busy, can’t you see that now it’s the time I’m also having time to relax. I’ve been busy the whole day. So it’s kind of discouraging.”

“Now to ask for the sister, can you please evaluate me on this procedure...no, I’, tired or go and ask someone else. Let me say, maybe you want to do placenta examination...and then you asked the sister who is delegated in ANC room or in post...she will tell you, no, go to the one who’s in delivery and then you go and ask that person. That person will tell you, I’m tired, you have been helping, you have been conducting the deliveries, you did everything, you recorded the file, now she (sister) telling you she’s tired while you are also tired and you sacrifice your time. Really for you to come and do a procedure (over weekends when off duty) and sometimes like book...sister tomorrow I’m coming to do this and this...ok fine...yes, just come.”

“Sisters in the wards are complaining, they are saying they are teaching us but they are paid for teaching us. They are paid for what they are doing in their clinics or in the wards and then they are complaining that...our tutors should be moving every time in the wards so that they evaluate us and teach us.”

“We know which nurses like to demonstrate and which nurses don’t because, even if I go and ask her, now can you please demonstrate she will always come with an excuse.”

“It’s not all the procedures that we see here but you are told how to manage it, for example, tracheostomy.”

This study exemplifies the importance of clinical nursing education in order to prepare the students for clinical practice. In addition, it is essential that the tutors assume a pivotal role in comprehensively assisting the students' preparation for hospital experience. However, clinical nursing education is not only the responsibility of the tutors but also of the other health professionals who are involved in teaching in the clinical setting. It is believed that the educational behaviour, knowledge and experience of the clinical facilitator may have a significant influence on the clinical learning that either assists the pupil enrolled nurse and midwife to achieve what is expected of them or else drives them in a direction that may negatively influence their learning. According to Enhancing support for nursing students in the clinical setting (2006), the quality of nurse education depends largely on the quality of the clinical experience.

Accordingly, Gaberson (2007) highlighted the importance of clinical nursing education and evaluation being supported by a climate of mutual trust and respect and focused on essential knowledge, skills and attitudes. The extent to which the supervisors caring behaviour is experienced by the students shape their orientations as caring individuals. However, the majority of students appeared to have the perception that their supervisors were fulfilling an evaluative, rather than a teaching, role (Sharif, & Masoumi, 2005; Sedgwick, & Yonge, 2008, p. 625; De Guzman, Pablo, Prieto, Purificacion, Que, & Qua, 2008).

Clinical nursing education is faced with various challenges. Factors that may have an influence on the role of clinical teaching that emerged from this study were similar to those identified by Williams and Taylor (2008, p. 906). Williams and Taylor (2008, p. 906) cited the insufficient time,

heavy workload and a lack of value for the clinical role – all problems that have been raised over the past decades. In addition, they reported that, despite laudable policy documents which reflect a value and expectation that supervisors (tutors and registered nurses) remain clinically competent and credible, nevertheless, these policies still felt short of making clinical practice mandatory. Planned clinical learning experiences provide opportunities to integrate theoretical knowledge and skills and they are crucial in developing both applied and social skills (Chapman, & Orb, 2000).

Nashixwa (2000, p. 56) indicates that it is essential that those managers and supervisors who provide direct supervision demonstrate willingness to assist in providing the in-service training which is part of the ongoing performance improvement of staff members. However, chronic shortages of experienced staff and the lack of commitment towards conducting clinical nursing education in some clinical settings may have a negative impact on the clinical preparation of the pupil enrolled nurse and midwife. This study reflected a diversity of clinical backgrounds, academic preparation and teaching knowledge with regard to those responsible for clinical nursing education. In addition, the study provoked mixed responses; including the observation that it would appear that the role of clinical nursing education is a task delegated to a certain group of registered nurses. This means participants expressed different views in this regard during focus group discussions. However, despite the many difficulties experienced in the clinical setting the pupil enrolled nurse and midwife did acknowledge the commitment of some of their tutors and registered nurses towards clinical teaching and they regarded it as a positive support system in respect of their clinical learning.

The tutors demonstrated that there has, indeed, been an extra effort made to enhance the clinical nursing education through the simulation of some activities/procedures that were not available in either the wards or the health facilities. Clinical simulations of real life patient situations help the students to apply classroom theory to a controlled clinical learning environment and allow them ample time to practise until they have achieved success. It is believed that this strategy will help the pupil enrolled nurse and midwife to build confidence by practising their skills in a supportive and safe environment before being exposed to real life situations. In other words, clinical nursing education using simulation technology provides an opportunity to practise skills while promoting critical thinking and enhancing teamwork (Lundberg, 2008, p. 87; Fawler, & Harne-Britner, 2009, p. 95).

The third theme identified focused on the planning and consultation regarding clinical nursing education.

- **Theme 3: The participants experienced a lack of collective planning and consultation with regard to clinical nursing education.**

In terms of the third theme, the emphasis was on collective planning and consultation with regard to clinical nursing education. It is of vital importance that health educational institutions and service providers liaise with one another in order to promote mutual understanding and to ensure both successful clinical learning for the benefit of the pupil enrolled nurse and midwife training as well as effective patient/client care. Networks foster professional growth development in terms of information sharing, communication and the discussion of key issues among nursing school

faculty staff and the staff at member institutions (American Association of Colleges of Nursing, 2007).

The above-mentioned statement supports the findings of Budgen and Gamroth (2008, p. 273), who concluded that collective planning between academic institutions and the service provider is of vital importance in improving practice education in order to prepare the students more effectively for actual practice. The sub-themes that emerged from theme three will now be discussed.

❖ **Sub-theme: Minimal collaboration and sharing of information between registered nurses involved in clinical nursing education and nursing educational institutions**

Collaboration refers to the interaction between two or more individuals and encompasses a variety of actions such as communication, information sharing, coordination, cooperation, problem solving and negotiations but is rarely practised. It evolves in teams and is the most important aspect of team care (Different models of collaboration between nursing education and the service, n.d.).

Collaboration between training institutions and the service providers is clearly important for the enhancement of clinical nursing education and best practice. Chan and Ip (2007) describe collaboration between the higher education and health care agencies as essential if the clinical learning environment is to meet the needs of the student. According to them, a supportive clinical learning environment is of paramount importance in securing the required teaching and learning process.

With the rapid development and changes that are taking place in the healthcare services of Namibia, collaboration among all disciplines has become extremely important. In addition, collaboration among multidisciplinary teams is extremely valuable as it reflects the importance of working together to achieve the goals and objectives of the health care services system. Such collaboration is also characterised by multiple attributes, including the sharing of information, planning, decision making, solving problems, setting goals, assuming responsibility, working together co-operatively, and communicating and coordinating openly (Gardner, 2005).

The following positive and negative views were expressed by the *tutors and registered nurses* regarding collaboration between the service, the staff members involved in clinical nursing education and the training institutions:

“Allocations of the students, some get ten students and we got difficult to learn them because some of them like to “dotch” she or he left her in and out to her colleague and then, because ... sometimes you know, only few and the other one you don’t know them (pupil enrolled nurses and midwives) it is difficult for us to receive ten students in one department.”

“I also experience a problem with allocation or maybe the system to allocate the students because, sometimes, they are only allocated twice or once per week. The other days are class or what. They are not learning anything because the first day they are coming, the second day they want us to demonstrate something but they don’t know the case, they didn’t know the case, or some of the days we have the days of admission days operation they didn’t see, but they want us to demonstrate something.”

"I think the communication, when it comes to the two of us (tutor and ward sister), we have to improve on that because sometimes you found a student are telling you we were told by the tutor after 14h00 we are not coming back, we go to school. Then you asked yourself, but I was not even told about that."

"So the communication between the college and the hospital setting lack somewhere."

"...teaching their nursing care plan differently because what we (the service) were taught is also a different thing now, it's become difficult for the sisters which one to follow. They were taught how to plan their nursing care plan those days and...students are with their own (methods) and ...(students) are coming with their own (methods)."

"Maybe we need also to receive a training curriculum (the pupil enrolled nurse and midwife course curriculum) at the ward level."

"...because we registered nurses at the ward level, we don't have the students curriculum, we don't know exactly what the students want...although they are coming with their books (practical registers)."

"We want uniformity because some of our registered nurses are trained in Namibia. There are some from other countries, like Kenya and South Africa. So we need to be given in-service training to get uniformity on how to train our students."

“Our hospital is insisting that whenever you attend a workshop you come and give feedback to the in charges and they have to give feedback to the rest of the staff. We also have now networking.”

Pupil enrolled nurses and midwives expressed the following views about the lack of collaboration that may possibly have an effect on the learning process:

“There is also a problem when it comes to the training of us students. The one registered nurse will tell you to do it (the activity) this way the other one will come and tell you something else.”

“Sometimes you are taught at the college that you have to do things (procedures) this and this way but when we get there (at the clinical setting), this is what you are taught there...this is how we do it here.”

“I have done my first three deliveries with people (registered nurses) who were doing the same practicespecifically the infiltration but when I came to my sixth delivery, I was told something else.”

“So there is certain kind of difference about what we are taught here (in class) and what we’ve been taught in the ward.”

Collaboration in the clinical setting is critical for the delivery of holistic patient care. Budgen and Gamroth (2008, pp.280–281) claim that the clinical setting is an ideal environment for students

to learn and practise competencies because they are working together with professionals from various disciplines (Hathorn, 2006, p. 138; Lait, Suter, Arthur, &Deutschlander, 2010).

The findings of study highlighted the need to strengthen networking, active participation and collaboration with regard to all the learning institutions, the service and the staff involved in the planning and facilitation of clinical nurse education. There is often no collaboration between the training institutions and the service and this may possibly have an impact on both the service and the training institutions as well as onthe training and education of the pupil enrolled nurse and midwife.

Budgenand Gamroth (2008, pp.280–281) reveal that collaboration and resource sharing between practice and academic organisationsmay produce mutually beneficial results for the students, clinicians, the nursing faculty and the academic organisations. This, in turn, implies that partners learn together and work together. There is absolutely nodoubt that the strengthening of collaboration is crucial for the training of the pupil enrolled nurse and midwife in Namibia if the set objectives are to be attained. A partnership is formed between the nursing school and the hospital to educate nurses, and collaboration should, therefore, be mutually beneficial. However, the nursing faculty should be included in the management of students and not be treated by the clinical staff members like guests or policemen when theyfollow up the pupil enrolled nurse and midwife in the clinical setting.

According to Mouleet al. (2008, p.796), simulation may provide collaborative working between higher education providers and clinical staff thus, collaboration between the educational

institutions and the clinical service providers will increase. The advantage of collaboration is the creation of an environment which is conducive to student learning and which fosters links between the health service sector and tertiary institutions in order to ensure that the students have access to quality clinical experiences (Henderson, Heel, Twentyman, & Lloyd, 2006). However, collaboration is a substantive notion that is often discussed in health care circles, yet seldom put into practice (Gardner, 2005). The findings in this study are similar to the findings of the researcher and revealed a lack in collaboration and sharing of information. It is not clear where the gap is but, as expressed during the focus group discussions, it appeared to be in the channel of communication. Collaboration is believed to increase job satisfaction and lead to greater team work. It is also believed that positive clinical experiences result in better collaboration between the stakeholders of nursing education.

The successful improvement of clinical nursing education, learning and the preparation of the pupil enrolled nurse and midwife for actual clinical practice calls for collaboration between nursing educational institutions and the service provider with the importance of a good relationship between the school and the contract hospital being paramount (Shih & Chuang, 2008, p. 499). Shih and Chuang (2008; p. 499) are also of the opinion that collaboration would result in an increased willingness on the part of hospital staff to support students in their acquisition of practical knowledge because collaboration involves openness.

It is believed that collective planning may have a positive effect on both clinical nursing education and the learning experiences of the pupil enrolled nurse and midwife. The focus of the next sub-theme is on the importance of teamwork.

❖ **Sub-theme: Inappropriate teamwork between relevant partners**

In the nursing context, teamwork is a dynamic process involving two or more health care professionals with complementary backgrounds and skills, sharing common health goals and exercising a concerted physical and mental effort in assessing planning or evaluating patient care (Xyrichis, & Ream, 2007, p. 232). In addition, teamwork is an important component of both the nursing profession as well as the clinical nursing education of the pupil enrolled nurse and midwife. As such it involves the collaboration of people working together and should be regarded as a priority in the clinical setting as the pupil enrolled nurse and midwife goes through a developmental stage during their training and should be positively influenced from the outset of their careers. Working together increases the standard of performance and leads to the ultimate goal of the profession, namely, the delivery of quality patient care.

In their study on successful nursing and midwifery education, Meyer and Trenoweth (2007) emphasise the importance of clinical learning and the aspiration towards better teamwork and the practice of safe competent health care. It is essential that the students feel accepted as part of the various clinical teams in the areas in which they are placed. Meyer and Trenoweth (2007) highlight the importance to their learning of the feeling of belonging to a team in respect of which their skills and knowledge could be constructively improved (Nash, Lemcke, & Sacre, 2009, p. 54).

In this study the issue of teamwork in the clinical setting was reflected in the following statements made by the registered nurses:

“All students and permanent staff are going on big rounds and then the doctor explains everything and they (students) have to give feedback.”

Some participants agreed on the above-mentioned response, while others remained quiet. However, pupil enrolled nurses and midwives voiced the following negative views on teamwork:

“Lack of team work in clinical facilities... enrolled nurses, registered nurses and doctors. Sometimes you and the registered nurse do not communicate...only them (registered nurses with the doctor).”

“Some of them (registered nurses) will even tell you no...work until seven even though you are supposed to knock off at 16h00...work until 19h00, then I will give you demonstration before I knock off. You just have to do this what can you do.”

“It seems students are supposed to work twenty four seven no matter what they do, they must just be on duty. What they (the registered nurses) don't understand is that, at least, they got shifts in which they could rest. For us, we come back, we still have homework to do or we still have a test or we still have assignments to do.”

“So you, as the students, are doing all the work basically and the people are not there and when it come to your procedures you are unable to do it because, at the end of the day, you are also tired but the people (registered nurses) not working also said they are tired and then they don't want to do it (clinical activities) with you.”

“The theory is ok but, when it comes to the clinical setup, I feel that some registered nurses, they don't want to explain anything to you.”

“Even the doctors when they come for rounds, even that you try to follow them now going through, they would say me, I don't like students, what are they going to do. So, it really discourages us. We need to be treated, at least like human beings, then you at least feel free to continue...going on.”

The findings of this study clearly mirrored the preferences of the pupil enrolled nurse and midwife to belong to the health team. They expressed feelings of being isolated as they were not part of, or even allowed to be part of, the health care team while they believed that teamwork would impact positively on their clinical learning. Quality patient care depends on the effective functioning of both the nursing and the inter-professional teams, open communication, mutual respect and shared decision making (Robert Wood Johnson foundation, 2011).

Nurses work in multidisciplinary professional teams together with doctors and therapists with the goal of these teams being to promote and provide treatments which improve patient outcomes. Accordingly, it has been the practice for many years to attempt to strengthen a mutual understanding of each other's professionalism and ability. Team work is believed to build positive relationships, especially with regard to multidisciplinary team, as a result of the fact that discussions which take place spontaneously may possibly impact positively on clinical nursing education (Donelan, 2004).

Teamwork may be realised by interdependent collaboration, open communication, and shared decision making and it generates value add as regards patients, organisational and staff outcomes. Strategies designed to make the students feel welcome and part of the team include orientation on the ward and introductions to the people with whom they will work during clinical placement (Twentyman *et al.*, 2006, p. 35; Xyrichis & Ream, 2007, p. 232).

Regretfully, however, this study does not indicate that there are positive efforts being made to strengthen the achievable goals related to teamwork. Discouraging situations were mirrored in the various focus group discussions – situations that revealed a lack of mutual respect and understanding between qualified and future health professionals.

❖ **Sub-theme: Inappropriate delegation of clinical tasks to pupil enrolled nurses and midwives.**

The process of delegation is important in the health care context and, if used appropriately, may lead to effective nursing care. Minnaar (2008, p. 227) defines delegation as planning, intervention and evaluation in terms of which selected tasks are transferred from one person to another in the line of authority. In addition, delegation involves trust, empowerment, responsibility and the authority to perform the task. In the nursing context delegation is defined as the ability of the nurse to transfer the responsibility of a nursing task to an unlicensed person while the nurse continues to be accountable for the outcomes (American Nurses Association, 2005). It further refers to a person sent either to represent others or authorised to act as a

representative or the assigning of a task or responsibility to a less senior person (Compact Oxford English dictionary for students, 2006). For the purpose of this study delegation refers to the transferring of the responsibility for performing a clinical task to pupil enrolled nurses and midwives while responsibility and accountability for the task still remains with the registered nurse.

The registered nurses expressed both positive and negative views on the issue of delegation:

“We are doing delegation every morning and students are also part of the delegation. They are delegated to nurses (permanent staff from the ward).”

“Yes, we are doing that and, after delegation, we are follow up, like, if I’m out from here I have to go and check what my students did because I delegate them accordingly to the rooms and according to what is to be done.”

“I use to delegate them (the pupil enrolled nurse and midwife). It’s a small unit...by the first day you will know them.”

“Mostly because we are only one registered nurse in the wards we let them work with enrolled nurses.”

“So what we do is we delegate students with permanent staff and not to work alone. So that when you are not there students can work with other permanent staff who is working with you and supervising if the student is doing what he is suppose to do and the student is around.”

“Apart from the enrolled nurses we are also delegate them with the seniors. Seniors, I mean, she’s a first year student, she can also be delegated with a second year student because that student also got experience, but that is only when we are not enough, for example, maybe I have a lot of tasks, let me say, baby bath, and we teach them how to do baby bath, then the second year can go with the first year and the enrolled nurse is doing something with the other students.”

“They don’t delegate nowadays. I mean those days we make out the delegation book and everybody knew what he must and if his job is finished he used to help his colleague, but nowadays if my temperature is finished I stationed at the nurses post.”

“There’s not that thing of who is suppose to do what or you have been delegated where.”

The following are quotes from pupil enrolled nurses and midwives on the issue of delegation of clinical tasks:

“...and again when we are allocated in the clinic we, as a student ...now I am a second year I’m just allocated to...dressings, that’s what I have done in my first year and, now, I want to

experience something new and they will never delegate you, for example, screening or family planning.”

“AT the clinic...there's one (clinic) where only students work. You did everything...and I don't know the supervisor of PHC. She asked if it's true that what I (she heard) that the clinic is run by students, no registered nurse, no enrolled nurse, there is but they are sitting.”

“We are students, we are not workforce. These people, they treat us like workforce.”

“So it means that the time is not with you. After doing that (preparing the patient for theatre, conduct deliveries and did soap of patients) then the sister ...when they got several minutes to rest, then you will say, will you demonstrate to us or can you come and see what I'm doing, then they say, I don't have time or I'm busy or I'm tired now.”

“We work under pressure because you have tests to study for, work until seven for a demonstration or they will tell you go and do the observations if you want them to sign the book.”

Delegation is an important task, but also challenging process in the field of nursing. As discussed by Minnaar (2008, p. 227),delegation involves effective communication while those involved in the process must have confidence, skills and the ability to understand their responsibility when they accept or delegate tasks to another person. This study shows a visibleneed for attention to be

givento delegationwhile also revealing that some registered nurses either did not realise or had, perhaps, forgotten the importance of delegation.

In addition, delegation relies heavily on supervision which, in turn, implies thatthe registered nurse is responsible to supervise the delegated activities,while the level of training of the pupil enrolled nurse and midwife should also be taken into consideration when delegating tasks. Delegation involves the transferring of authority to a person to perform activities which are not normally part of that person's responsibility. It is, thus, a management strategy that permits legal authority on the part ofa licensed person to transfer the performances of selected activities to an unlicensed person, with support in delivering safe and effective nursing care services (Kelly*et al.*, 2009, p. 8). According to the National Association of School Nurses (2010) the decision to delegate and the supervision of the delegation of nursing tasks in the school setting rest solely with the registered nurse who makes the decision to delegate, based on nursing assessment and in compliance with applicable laws and guidance provided by professional associations.

With regard to the delegation of clinical tasks, the pupil enrolled nurse and midwifeindicated thatcertain tasks are delegated to them withouttheir level of training being taken into account and may have an impact on the learning process. It is evident that the delegation of tasks in some departments is not carried outproperly,as expected, and without the necessary supervision and guidance. The registered nurse should, periodically, monitor and assess the capabilities of the person to whom the tasks were delegated to ensure that the tasks are safely performed (National Association of School Nurses, 2010).

Nurses may also not blame anyone else for mistakes they may make as they are accountable, answerable and liable for their own actions, the completion of assigned tasks and acts of delegation. They also have to be aware that it is not possible to delegate accountability(Donelan, 2004). Gillenand Graffin (2010) emphasise that, with delegation, the work is being done by another (the delegate) who, in turn, accepts responsibility for carrying out the delegated work and is accountable for the manner in which the work has been done. However, accountability and responsibility also remain with the delegator who needs to be sure that the tasks are delegated to a person who will be able to execute the said tasks. Gillen andGraffin (2010) further state that, although there are barriers to effective delegation, nevertheless these may be overcome through the effective education and training of both the delegator and the delegate.

3.4 Summary

This chapter dealt with the analysis of the data into themes and sub-themes and literature control. The three themes that emerged included different experiences concerning the teaching and learning environment in the clinical setting, the identification of barriers that hamper the execution of clinical nursing education and lack of collective planning and consultation with regard to clinical nursing education.

Both positive and negative views on the above themes were reflected by the participants in the focus group discussions with clinical nursing education emerging as a challenge to tutors, registered nurses and pupil enrolled nurses and midwives because of various factors which were, in turn, described in the themes and sub-themes.

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| [Chapter 4 will deal with the conclusions, recommendations and limitations of this study.](#)

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CHAPTER 4

CONCLUSIONS, RECOMMENDATIONS AND LIMITATIONS

4.1 Introduction

The previous chapter dealt with the analysis and interpretations of the findings and the literature control. This chapter focuses on the conclusions, recommendations and limitations that emerged from the findings of the focus group discussions and includes a discussion of the positive and negative experiences regarding the clinical nursing education of the pupil enrolled nurse and midwife in Namibia.

4.2 Conclusions

The main purpose of the study was to explore and describe the experiences of, and the challenges faced by, lecturers, registered nurses and pupil enrolled nurses and midwives with regard to clinical nursing education.

The conclusions derived from the findings are discussed according to the objectives of the study.

Objective 1: To explore and describe the experiences and challenges of the pupil enrolled nurse and midwife, tutors and registered nurses regarding clinical nursing education.

To meet objective 1 focus group discussions were held with pupil enrolled nurses and midwives in their second year of training, tutors and registered nurses. Focus groups met until the data was saturated.

It was concluded that the participants had both positive and negative experiences as well as facing diverse challenges regarding the clinical nursing education of the pupil enrolled nurse and midwife. The findings clearly indicated that the clinical nursing education of the pupil enrolled nurse and midwife is not conducted properly nor is it supported by the registered nurses. In addition, the majority of lecturers do not follow-up the pupil enrolled nurse and midwife regularly in the clinical setting in order to monitor and evaluate the integration of theory into practice. Clinical nursing education is, in fact, neglected with the pupil enrolled nurse and midwife expressing feelings of being lost at times in the clinical setting as a result of the factors mentioned above.

It was also concluded that some registered nurses had been trained as clinical instructors but that, after completion of the course, they do not participate in clinical nursing education as a result of various factors, including not having time or a shortage of staff. Nevertheless, previous studies highlight the positive impact of the facilitating of clinical nursing education by clinical instructors as they are, in fact, the sole facilitators of clinical nursing education. In addition, these studies indicated that the presence of clinical instructors is vital in maximising student learning and referred to these clinical instructors as playing a significant role in establishing a harmonious learning atmosphere for and with the students that, in turn, contributed to positive learning experiences (De Guzman *et al.*, 2008, p .49).

Objective 2: To determine the factors that influence clinical nursing education in the training and education of the pupil enrolled nurse and midwife

Factors such as lack of updated knowledge and skills on the part of the registered nurse, shortage of time in which to facilitate clinical nursing education, lack of resources (human and physical), lack of teamwork and/or co-operation, lack of supervision and guidance and a lack of orientation when allocated to the clinical setting all result in the fact that the need to facilitate proper clinical nursing education of the pupil enrolled nurse and midwife is not being met.

It is, thus, essential that the factors mentioned above be addressed in the interests of the proper execution of the clinical nursing education of the pupil enrolled nurse and midwife. The support of the clinical staff and the transfer of updated knowledge and skills are vital during clinical placements as the students experienced difficulties in learning without support and they become demotivated. These experiences, in turn, have an impact on their professional futures (Pearcey & Draper, 2008, p. 599).

It was further concluded that the pupil enrolled nurse and midwife experienced difficulties in the clinical learning environment as a result of negative attitudes on the part of some registered nurses, enrolled nurses and doctors towards clinical nursing education, team spirit and team building. This may, in turn, lead to a lack of self confidence in the student nurses and may interfere with their ability to acquire new knowledge as well as hinder their ability to cope with difficult situations (Lundberg, 2008, p.86). Literature highlights the fact that the factors mentioned above

may have an adverse effect on the facilitation of proper clinical nursing education, the quality of the education and training of the pupil enrolled nurse and midwife and the learning process. Keman and Wheat (2008, p. 215) claim that it is not possible for optimal learning to take place in an atmosphere which is permeated with physical, psychological and social health problems.

Furthermore, it may be concluded that the role and commitment of knowledgeable, skilled lecturers and registered nurses with regard to the proper execution of the clinical nursing education of the pupil enrolled nurse and midwife are crucial and also heavily dependent on the adequacy and availability of resources and the commitment of staff. Effective health service delivery depends on the ability of healthcare providers to employ adequate numbers of trained staff members to fulfill their roles and to ensure the continued development of educational programmes so that the practitioners remain competent and committed in applying their knowledge and skills to meet service demands (Caldwell, Coleman, Copp, Bell, & Ghazi, 2007, pp. 518–519; Gould, Berridge, & Kelly, 2007, pp. 26–27). In this case the service demand is the clinical nursing education of the pupil enrolled nurse and midwife.

The liaison between the service provider and the training centres in terms of training and education is limited with each one operating in isolation. This, in turn, resulted in discrepancies in the education and training of the pupil enrolled nurse and midwife. Scott (2008, pp. 240–241) states that it is expected of health professionals to share their expertise with each other and to work in partnership with the users of health services. The emphasis is, thus, on the partnership

between education providers and service providers, with this being evidence of the emergence of a new professionalism.

Objective 3: To develop guidelines to be followed by registered nurses and tutors to improve the clinical nursing education of the pupil enrolled nurse and midwife

It was found that there are no guidelines available to assist tutors and registered nurses with regard to the clinical nursing education of the pupil enrolled nurse and midwife. Accordingly, tutors and registered nurses provide clinical nursing education in their own individual ways and this, in turn, impacts negatively on the learning experiences and skills of the pupil enrolled nurse and midwife as well as exacerbating the challenges they (both tutors and registered nurses) face with regard to the execution of proper clinical nursing education.

Guidelines were developed for the clinical nursing education of the pupil enrolled nurse and midwife in Namibia and are believed to be of value in addressing the gaps which were identified. Both the researcher and the committee of experts hope that these guidelines be seen as an educative tool that will provide guidance and direction to both tutors and registered nurses in an attempt to establish best practices with regard to clinical nursing education. According to Wollersheim, Burgers and Grot (2005), clinical guidelines improve quality care by translating new research findings into practice. These guidelines also include specific recommendations, sufficient supporting evidence, a clear structure and an attractive layout. It is, furthermore, hoped that the implementation of the guidelines will assist in assessing the effectiveness of the execution of clinical nursing education.

4.3 Recommendations

The following recommendations are based on the research findings and their applicability to clinical nursing education:

Guidelines

- The implementation of the guidelines by the Ministry of Health and Social Services (registered nurses in hospitals, units, departments and wards as well as tutors from the Training Network of the Ministry of Health and Social Services) at least after the approval.
- The researcher recommended a workshop to launch the guidelines to nurse managers, tutors and registered nurses who are responsible for the clinical nursing education of the pupil enrolled nurse and midwife in order to achieve the desired outcome.

Lawton and Burton (2000) maintain that the implementation of guidelines is no easy task. They draw comparisons with other industries in this regard and conclude that deviations arise where there was a lack of knowledge and understanding of the guidelines and also where there is no support for compliance at a local level, for example, through providing the necessary skills training, equipment and staff. They noted that the above-mentioned issues also apply in the health services.

Strengthening collaboration

- Focal persons need to be selected by both health educational institutions and service providers in order to strengthen liaison and collaboration with regard to clinical nursing education in general, on a quarterly basis in order to foster positive clinical nursing education team building

among nurse lecturers, nurse managers and registered nurses. This may also result in annual forums that may only be to the benefit to the nursing profession.

- Both the service providers and educational institutions are to be involved in the revision and/or development of clinical manuals for use in clinical nursing may be on an annual basis so that there is a common understanding of expectations.

Education and training

- Focal persons in clinical nursing education to initiate combined trainings/workshops to take place between health educational institutions and the service providers in order to rectify the gaps identified in clinical nursing education and to build the capacity of nurse lecturers/tutors, registered nurses and enrolled nurses with regard to clinical nursing education. These trainings/workshops which may, for example, be held on, at least, a quarterly basis will focus on the shortcomings identified concerning clinical nursing education for the above-mentioned key groups. It is hoped that these will be of benefit to them with regard to their responsibility towards ongoing professional development.
- Continuous in-service education for tutors (lecturers) and registered nurses to be arranged by managers. The manner in which in-service education is conducted needs greater attention and must be emphasized by managers of the health service provider in unit meetings with the

lecturers and registered nurses so that clinical responsibilities are executed skillfully and with confidence by the lecturers and registered nurses.

- Ongoing educational programmes to be designed and implemented by the continuous education programme of the Ministry of Health and Social Services to promote the enhancement of the knowledge, skills and professional attitudes of registered nurses, including enrolled nurses, through training and workshops so as to increase their confidence with regard to the execution of clinical nursing education. Every effort should be made to ensure that the training and workshops take place annually, at least. This would also help to improve the current negative attitudes towards clinical nursing education.
- All tutors and registered nurses to give clinical nursing education its rightful place in the clinical setting, as indicated in their scope of practice. This may be carried out by tutors and registered nurses, for example, during orientation when the pupil enrolled nurse and midwife is allocated to the wards/units as well as on a daily basis with on the spot, in-service training.
- Both managers of training centres and managers of the health service provider to promote this important responsibility, as mentioned above, by developing indicators with which to measure the extent to which in-service education is taking place in the clinical setting in order to enhance the rendering of patient care.

- The staff (lecturers of training institutions, registered nurses, and enrolled nurses of training hospitals) to be acknowledged and encouraged for their commitment and time spent in the facilitation of education and training by providing them with a token of appreciation, for example, a certificate etc.

It is also worth noting that education and training should take place in a conducive environment if success is to be achieved. Chan and Ip (2007) describe the importance of the clinical setting in providing students with an environment in which they may encounter learning opportunities. However, previous studies indicate that not all clinical settings provide students with a positive learning environment.

Further research

The researcher recommends that further research be initiated in order to monitor and evaluate the impact of clinical nursing education of the pupil enrolled nurse and midwife. In addition, further research is also needed on various, hitherto neglected aspects of clinical nursing education such as:

- Research on the clinical skills of registered nurses and tutors to evaluate transferability of skills to the pupil enrolled nurse and midwife.
- Research on the environment conducive to clinical nursing education and learning.

4.4 Limitations

Limitations may be described as theoretical and methodological restrictions or weaknesses in a study that may decrease the generalisability of the findings (Burns & Grove 2005, p. 741). The following limitations were identified:

Limitations regarding data collection

(a) *Tutors and registered nurses*

- The five training centres of the Ministry's Training Network experienced a limited number of tutors available during the time that the focus group discussions took place. Tutors attended other commitments such as meetings, classes of first year pupil enrolled nurses and midwives and other management activities that could not be postponed. Nevertheless, the available tutors were voluntarily grouped together with registered nurses to form focus groups comprising of at least eight to ten participants each.
- Focus groups comprising ten registered nurses was envisaged but, again, this was not possible at all the hospitals as a result of staff shortage and/or staff having to attend to other commitments. Accordingly, the registered nurses were grouped together with tutors, as mentioned above.

(b) Limitations with regard to the development of guidelines

- Limited and/or no responses were received from some training centres, and national and regional hospitals, despite the fact that contributions aimed at addressing shortcomings had been requested well in advance from a wider community before the formulation of guidelines by the committee of experts. The approach of requesting for contributions was adopted as a result of the remoteness of places which made it difficult to revisit them and also to provide all training centres, and national and regional hospitals with the opportunity to offer suggestions with regard to addressing concerns before the committee of experts formulated the guidelines.
- Meetings with the committee of experts in order to formulate guidelines had to be postponed twice because of the unavailability of members, although the arrangements had been made well in advance and followed up regularly until a day before the date of the planned meetings.

According to O'Grady (2011), the limitations of qualitative research are often misused and misunderstood. O'Grady (2011) maintains that, because qualitative researchers use a smaller, more targeted population, such research is not generalisable to a larger population.

4.5 Summary

The results of the study revealed positive and negative experiences on the part of the participants and also challenges that need to be addressed. However, the results assisted the researcher to formulate evidence-based guidelines for tutors and registered nurses with regard to providing guidance and direction in clinical nursing education. According to the literature an important way in which to translate evidence into practice is by supporting the implementation of evidence based clinical guidelines; as such guidelines outline a plan of expected care as well as providing a guide to recommended and best practice (Turner, Misso, Harris, & Green, 2008).

In conclusion, this study on the experiences of the participants on clinical nursing education has opened up many areas for further studies and is a topic that may be tailored to meet every specialty in nursing with positive effects.

Chapter 5 deals with the development of the guidelines.

CHAPTER 5

DEVELOPMENT OF GUIDELINES FOR CLINICAL NURSING EDUCATION OF THE PUPIL ENROLLED NURSE AND MIDWIFE

5.1 Introduction

The emergent themes and sub-themes from the data analysis, as discussed in chapter 3, laid the foundation for the development of guidelines regarding the clinical nursing education of the pupil enrolled nurse and midwife in Namibia. In this chapter the focus is on the formulation of these guidelines.

A guideline may be defined as a detailed plan, explanation or roadmap which provides guidance in setting standards or determining a course of action. In other words, it refers to work consisting of a set of statements, directions or principles presenting current or future rules. Policy guidelines may be developed by government agencies at any level, institutions, organisations or by expert panels. The content generally comprises of a comprehensive guide to the problems and approaches which may be encountered in any discipline or activity (Business dictionary, 2011).

5.2 Rationale on development of guidelines for clinical nursing education of the pupil enrolled nurse and midwife

Guidelines in the clinical setting may be used as a result of the following:

- They may be seen as a rule or set of rules giving *guidance* on how to behave in a situation (Business dictionary, 2011).
- They allow some discretion or leeway in their interpretation, implementation or use.

For the purposes of this study, guidelines are considered as a tool that may be helpful to all the parties involved with clinical nursing education in order, both, to promote the delivery of proper education and training and to enhance the acquisition of the knowledge and skills that are believed to result in the effective performance of the pupil enrolled nurse and midwife in the clinical setting.

5.3 The development of guidelines for clinical nursing education of the pupil enrolled nurse and midwife

❖ The aims of the guidelines:

The aims of the guidelines include:

- Promoting the clinical nursing education of the pupil enrolled nurse and midwife.
- Providing guidance to tutors and registered nurses with regard to clinical nursing education and training in order to enhance clinical learning.

❖ The scope of the guidelines for clinical nursing education of the pupil enrolled nurse and midwife:

The scope of the guidelines for clinical nursing education of the pupil enrolled nurse and midwife focused on tutors and registered nurses as the prospective users of the guidelines in the clinical setting when dealing with the clinical nursing education and training of the pupil enrolled nurse and midwives.

❖ **Literature on the development of guidelines for clinical nursing education of the pupil enrolled nurse and midwife:**

A literature review on the development of guidelines was conducted and integrated with the content of guideline development as included in this study. It was, however, not possible to gather existing guidelines from Namibia as there appear to be none in existence.

❖ **Process for the development of guidelines for the clinical nursing education of the pupil enrolled nurse and midwife in Namibia**

The themes and sub-themes derived from the data analysis assisted in the development of the guidelines. Figure 5.1 presents an outline of the process which was followed in the development of the guidelines for clinical nursing education of the pupil enrolled nurse and midwife.

Figure 5.1 Process for guideline development:

The illustration in Figure 5.1 above outlines the steps followed in developing the guidelines for the clinical nursing education of the pupil enrolled nurse and midwife in Namibia.

The researcher compiled draft guidelines based on the themes and sub-themes that had been derived from the data analysis. The information about the gaps experienced in clinical nursing education which had been identified was distributed to a wider community for their comments on ways to address these gaps.

❖ **Selection and information on the committee of experts:**

A committee of experts for the development of the guidelines comprising of six members was appointed by the chief control registered nurse from the Ministry of Health and Social Services quality nursing care unit. The six members were as follow:

- Two tutors, one from the National Health Training Centre and one from a regional health training centre, and both are involved in the training and education of pupil enrolled nurses and midwives.
- Two registered nurses both involved with the in-service training of nurses in their specific departments (one for midwifery and one for general nursing departments at Katutura hospital).
- One chief control registered nurse heading the quality nursing care unit at the Ministry of Health and Social Services.
- The researcher

The committee of experts met once only.

- ❖ **Adjustments made to the draft guidelines for clinical nursing education of the pupil enrolled nurse and midwife**

The researcher explained the process to be followed in the development of guidelines to the committee of experts. The comments on gaps which had been identified in the clinical nursing education of the pupil enrolled nurse and midwife were discussed by the committee of experts and, on consensus, incorporated into the content of the guidelines. Copies of the revised draft guidelines were redistributed to the committee of experts and the wider community for further suggestions in order to confirm the applicability of the guidelines. It was not found necessary to convene any further meetings of the committee of experts. The researcher made the final adjustments and finalised the guidelines.

5.4 Guidelines developed

The guidelines which had been developed were revised to include comments from both the committee of experts and the wider community (tutors and registered nurses). The following guidelines were developed and will now be discussed:

- Facilitate clinical orientation during the first week of placement to facilities, units, departments and wards.
- Ongoing supervision, assessment and evaluation of pupil enrolled nurses and midwives by tutors and registered nurses to ensure professional preparedness.
- Facilitate guidance of the pupil enrolled nurse and midwife by tutors and registered nurses in order to empower performance in an ever-changing clinical environment.
- Effective utilisation of time allocated to clinical nursing education
- Acquisition of updated knowledge and skills of the pupil enrolled nurse and midwife through exposure, education, training and experience.
- Facilitate a clinical environment that is conducive to learning with adequate equipment, materials and supplies that stimulate and provide increased learning opportunities.

- The establishment of a training support system to strengthen clinical nursing education in general.
- A delegation programme in place to facilitate the delegation of learning activities to pupil enrolled nurses and midwives at units, departments, wards and other health facilities.
- Facilitate collaboration and sharing of knowledge among educational institutions and the health service provider.
- Foster positive, multidisciplinary team relationships and strengthen understanding of professionalism and ethical responsibilities.

The layout of each guideline comprises both a rationale and operationalisation. The guidelines developed are discussed next.

Guideline 1

Facilitate clinical orientation during the first week of placement to facilities, units departments and wards.

(i) **Rationale**

Clinical orientation is of the utmost importance to pupil enrolled nurses and midwives because it provides them with insights into nursing practices in the clinical setting. Clinical placement means that they are exposed to the clinical setting which is part of their training curriculum. Clinical orientation is, thus, one of the most important aspects of nursing education as it enables nurses to expand their knowledge. In addition, exposure to the clinical setting provides opportunities for professional growth and helps nursing students, clinical instructors, nursing staff and other health care providers with the delivery of quality care to patients (Lewis, 2010).

(ii) **Operationalisation**

Nurse managers

- assume the responsibility of initiating the induction and orientation of new tutors and registered nurses.
- ensure that training hospitals are adequately staffed to enable staff members to execute the orientation of the pupil enrolled nurse and midwife effectively.

Registered nurses

- ensure the proper planning of the orientation of pupil enrolled nurses and midwives with each placement to a facility, unit or department.
- compile an orientation plan in order to prepare the pupil enrolled nurse and midwife to be able to execute responsibilities confidently.
- ensure that the orientation programme is available to the pupil enrolled nurse and midwife and keep a record of the process for reference purposes.
- organise wards to cater for the pupil enrolled nurse and midwife (ensure the availability of physical and human resources for orientation).
- conduct orientation sessions with the pupil enrolled nurse and midwife allocated to the facilities, units, departments and wards during the first week of clinical placement

Tutors

- conduct orientation on the course outline at training centres at the beginning of the academic year and provide the pupil enrolled nurse and midwife with an orientation programme.
- take full responsibility for the orientation process at training institutions and ensure that records are kept for reference purposes.

Registered nurses and tutors

- include the cognitive, psychomotor and effective domains in orientation programmes
- include the following documents in each orientation session:
 - ✓ vision and mission of the Ministry of Health and Social Services
 - ✓ acts, policies, guidelines, standards and protocols related to health related issues

Guideline 2

Ongoing supervision, assessment and evaluation of pupil enrolled nurses and midwives by tutors and registered nurses to ensure professional preparedness.

(i) **Rationale:**

Supervision is an important role which is executed by both tutors and registered nurses. It is a way of assessing, monitoring and evaluating the competent integration of theoretical knowledge with clinical practice.

(ii) **Operationalisation**

Nurse managers

- take responsibility for following up the registered nurses under their supervision and support or assist them in the execution of their supervisory role with regard to their subordinates in order to strengthen the supervisory capabilities of these subordinates.
- sensitise and submit a proposal for an adequate staff establishment to the department human resource management so that an adequate number of staff is available in each ward of all training hospitals at all times.

Registered nurses

- ensure supervision by providing support and guidance to the pupil enrolled nurse and midwife during placement in the unit, department, ward and facility
- evaluate and provide pupil enrolled nurses and midwives feedback regarding their clinical performances

Tutors

- conduct regular supervisory visits to the pupil enrolled nurse and midwife in the clinical setting to assess the application of theoretical knowledge in practice
- ensure the availability of a schedule and allocation list to assist during follow ups in the clinical setting
- evaluate and provide feedback to the pupil enrolled nurses and midwives regarding the integration of theoretical knowledge to practice

Guideline 3

Facilitate guidance of the pupil enrolled nurse and midwife by tutors and registered nurses in order to empower performance in an ever changing clinical environment.

- (i) **Rationale:**

Pupil enrolled nurses and midwives are dependent on proper guidance from both tutors and registered nurses during their course of training. Directions and redirections of their performances in the clinical setting are,thus,crucial if they are to become confident and competent in the execution of patient/client care

Operationalisation

Nurse managers

- ensure guidance and support to new tutors and registered nurses to enable them to act confidently in the daily coaching, monitoring and evaluating of the performance of pupil enrolled nurses and midwives in the clinical setting

Registered nurses and tutors

- takes responsibility for guiding and monitoring the progress of the pupil enrolled nurse and midwife in the clinical setting

Guideline 4

Effective utilization of time allocated to clinical nursing education.

(i) **Rationale**

Clinical nursing education empowers staff with new knowledge and skills and it is, thus vitally important that there is sufficient time allowed to facilitate clinical nursing education.

(ii) **Operationalisation**

Nurse managers

- ensure that all vacant posts of tutors and registered nurses are filled so that there are sufficient staff members with enough time at their disposal to participate in clinical nursing education
- direct the reallocation of non-nursing tasks to the relevant disciplines to allow registered nurses sufficient time to devote to both clinical nursing education and the monitoring of the delivery of quality nursing care

Registered nurses and tutors

- tutors and registered nurses to carrying out their educational role and to plan clinical nursing education of the pupil enrolled nurse and midwife

Guideline 5

Acquisition of updated knowledge and skillsof the pupil enrolled nurse and midwife through exposure,education, training and experience

(i) **Rationale**

Pupil enrolled nurses and midwives are exposed to real-life situations in the clinical setting that allow them to gain more knowledge and skills through practising their own skills. The service learning experiencesof students contribute to their professional development as they learn to appreciate the transformative value of their knowledge and skills (Julieetal., 2005, p. 51). It istherefore,imperative that the management of wards, units, departments and health facilities ensure the availability of learning opportunities, equipment, materials and supplies so as to provide the pupil enrolled nurse and midwifewith the opportunity to apply theoretical knowledge to practice.

(ii) **Operationalisation**

Nurse managers

- encourage registered nurses to be trained at the University of Namibia (UNAM) on postgraduate diploma courses on clinical instruction to enable them to gain the necessary clinical skills on how to guide the pupil enrolled nurse and midwife in the clinical setting
- promote the self development and capacity building of registered nurses
- motivates for the creation of clinical nursing education units with a staff establishment of clinical instructors at all training hospitals and ensure that these units provide ongoing in-service training to keep the registered nurses abreast of new developments and to refresh their knowledge and skills
- coordinate training and workshops for registered nurses and ensure that *everybody* has the opportunity to attend

Tutors and registered nurses

- increase capacity building through participating in or attending training, for example, basic and post basic courses, in-service training, workshops, conferences, seminars, etc. to update knowledge and skills and to be conversant with new developments in health, clinical nursing education and nursing practice in general.

Tutors to give attention to the following in addition to the abovementioned recommendations:

- Support the existing newsletters of the training centres by submitting information about new developments related to clinical nursing education and practice for publishing.

Guideline 6

Facilitate a clinical environment that is conducive to learning with adequate equipment, materials and supplies that stimulate and provide increased learning opportunities.

(i) **Rationale**

The availability of adequate and suitable equipment, materials and supplies is imperative for the delivery of effective patient care in units, departments, wards and other health facilities. This, in turn, ensures that patients receive quality care in a proper manner without effective service delivery being compromised. In addition, the availability of resources allow pupil enrolled nurses and midwives to enhance their knowledge and skills through practice and, thus, to become competent and accomplished.

(ii) **Operationalisation**

Nurse managers

- increase budgeting for training hospitals to enable the training hospitals to make provision for the necessary resources
- coordinate the relevant training of registered nurses on the management and functioning of new equipment

- ensure that committees bent on economising are aware of the need for the equipment, materials and supplies requested in order not to compromise effective service delivery
- ensure that the staff members in charge of medical stores are aware of the importance of equipment, materials and supplies being available for the delivery of nursing care

Registered nurses and tutors

- carry out the proper planning and control of equipment, materials and supplies to ensure their availability
- assign staff members to be responsible for the equitable distribution of resources in the training network and training hospitals

Guideline 7

The establishment of a training support system to strengthen clinical nursing education in general.

(i) **Rationale**

It is of paramount importance to establish a clinical unit with a staff establishment of clinical instructors in training hospitals. The establishment of such a unit may be seen as a support system that would complement the clinical nursing education role of the tutor and registered nurse in the clinical setting with regard to the clinical nursing education of the pupil enrolled nurse and midwife, in particular.

(ii) **Operationalisation**

Nurse managers

- strengthen the importance of the educational function of the registered nurse in the clinical setting
- sensitise the Ministry of Health and Social Services with regard to the creation of clinical instructors posts in both the clinical setting and all the training centres. It is believed that clinical nursing education, which is so important for the profession, should be shared by

both the health service provider and training centres staff members (tutors and registered nurses)

- align staff allocation with expertise for example, registered nurses who were trained as clinical instructors to be involved in clinical nursing education and training
- establish well-equipped and a sufficient number of simulation rooms at training hospitals and institutions
- encourage the updating of the knowledge and skills of tutors and registered nurses through in-service training on general nursing practice and liaise with the Continuous Education Program of the Ministry of Health and Social Services in this regard

Registered nurses

- ensure that training schedules are in place
- retain proof of clinical nursing education conducted in addition to conducting on the spot training every month
- attend in-service training, workshops etc.

Quality nursing care subdivision

- finalisation and distribution of volume I of the procedure manual for the sake of consistency and/or uniformity in clinical nursing education
- compile volume II of the procedure manual in *collaboration with all stakeholders in health*

Guideline 8

A delegation programme in place to facilitate the delegation of learning activities to pupil enrolled nurses and midwives at units, departments, wards and other health facilities

(i) **Rationale**

It is essential that the learning process of the pupil enrolled nurse and midwife be empowered by the availability of learning opportunities in units, departments, wards and other health facilities. The delegation of activities is one of the strategies which maybe employed to ensure that pupil enrolled nurses and midwives integrate their theoretical knowledge with practice so that they become both competent and confident in the execution of their duties.

(ii) **Operationalisation**

Nurse managers

- encourage positive interaction between pupil enrolled nurses and midwives and staff members

Registered nurses

- ensure the proper delegation of learning activities to pupil enrolled nurses and midwives
- delegate permanent staff members to work with the pupil enrolled nurse and midwife and provide guidance in the execution of clinical tasks
- encourage positive interaction and respect between pupil enrolled nurses and midwives and staff members
- conduct ongoing assessment of activities in the clinical setting in order to rectify mistakes
- provide feedback on performance and praise when activities have been carried out in a satisfactory manner
- align activities delegated to pupil enrolled nurses and midwives with level of training, for example, first or second year
- encourage pupil enrolled nurses and midwives to acquire the necessary knowledge and skill by carrying out delegated activities themselves until they become both competent and confident in practice. Where necessary activities should be carried out with the support of knowledgeable and committed permanent staff members

Guideline 9

Facilitate collaboration and sharing of knowledge among educational institutions and the health service provider.

(i) **Rationale**

Collaboration means that people work together in order to achieve a common goal in which the contributions of individuals are combined (Kanzler, 2002). Training and education have become complex issues as a result of continuous, new developments in the health sector that is taking place on a daily basis and which may have an impact on the success of clinical nursing education. It is, therefore, extremely important that training institutions and the service providers to which pupil-enrolled nurses and midwives are allocated for clinical practice share ideas as it is believed that collaboration is a prerequisite for successful clinical nursing education and training.

(ii) **Operationalisation**

Nurse managers

- initiate a discussion forum between training centres and the health service provider to discuss related issues on training and education in the hope that this may have a positive effect on the delivery of patient care
- encourage liaison between the tutors of training centres and registered nurses from the health service provider

Registered nurses and tutors

- promote the establishment of a clinical forum for nurses in Namibia to bring together educational faculties, Ministry of Health and Social Services training institutions, clinical partners, regulators, creditors, pupil enrolled nurses and midwives, students studying in other health related professions and maybe, even patients to share ideas and strengthen the collaboration with regard to clinical nursing education

Tutors

In addition to the abovementioned recommendations tutors should ensure the following:

- organise and conduct quarterly meetings with registered nurses of the health service provider
- provide allocation lists and an outline of expectations on specific clinical activities that should be performed in a given period to facilities, units, departments and wards to ensure the proper control of pupil enrolled nurses and midwives during placement in the clinical setting
- ensure the cementing of collaboration with other educational institutions, for example, UNAM/NHTC, on the training of nurses by the Ministry of Health and Social Services in order to guarantee the success of clinical nursing education

Guideline 10

Foster positive multidisciplinary team relationships and strengthen the understanding of professionalism and ethical responsibilities.

(i) **Rationale**

For the majority of the learners, the pupil enrolled nurse and midwife training programme is a new experience and a first time career journey in real life situations. It is, therefore, important that they experience a sense of acceptance with regard to the multidisciplinary health team as this will demonstrate positive attitudes in terms of team relationships and service provision.

(ii) **Operationalisation**

Nurse managers

- identify and reveal role models so as to instill positive attitudes as well as a spirit of strategic leadership and directions in health workers and professionals
- encourage multidisciplinary health teams to create a welcoming and conducive atmosphere to facilitate effective learning in the clinical setting
- promote good relations between nurses, patients, clients and pupil enrolled nurses and midwives by example

- encourage the ministry to institute a reward system to show appreciation to staff for work well done

Registered nurses and tutors

- encourage pupil enrolled nurses and midwives to participate actively during multidisciplinary team rounds, for example, preparing case presentations which strengthen the nursing process, the integration of theory with practice and clinical judgement
- implement team building activities to promote team spirit and encourage all staff as well as the pupil enrolled nurses and midwives to be involved in team work

5.5 Validity of the guidelines

This study ensured the validity of the proposed guidelines through triangulation by utilising the comments of both a wide community of nurses with knowledge and experience in clinical nursing education, as well as a committee of experts who, in collaboration with the researcher, developed the guidelines.

Triangulation refers to the use of two or more theories, methods, data sources, investigators or analysis methods in a study (Burns & Grove, 2005, p. 754). In this study multiple data sources

(tutors, registered nurses and pupil enrolled nurses and midwives) were used in the focus group discussions.

Guidelines were made available to the researcher's supervisors – all with knowledge of guideline development, for their scrutiny and their comments were considered in finalisation of the document. The involvement of knowledgeable individuals, in the form of the committee of experts and the wider nursing community, increased the relevancy and/or applicability of the guidelines formulated and it is hoped that this have a positive impact on the approval and implementation of the document.

5.6 Reviewing and updating of the guidelines

The researcher's supervisors possess expert knowledge on qualitative research and they contributed to the validation of the guidelines developed. However, it is suggested that these guidelines be reviewed every five years after implementation.

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ANNEXURES

Annexure 1:Request permission from the Permanent Secretary of the Ministry of Health and Social Services to research in order to develop guidelines for clinical nursing education of the pupil enrolled nurse and midwife in Namibia.

Annexure 2:Permission from the Permanent Secretary of the Ministry of Health and Social Servicesin developing guidelines for clinical nursing education of the pupil enrolled nurse and midwife in Namibia.

Annexure 3:Informed consent form.

Annexure 4: Letter to request for final contributions from the respective hospitals and training centers with regard to identified problems to ensure the development of relevant guidelines by a selected committee of experts.