DEVELOPING ACADEMIC AND CLINICAL COLLABORATION GUIDELINES FOR NURSE TRAINING AT A PUBLIC NURSING COLLEGE IN KWAZULU-NATAL, SOUTH AFRICA

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Date: January 2023

DECLARATION

This is to certify that the work is entirely my own and not of any other person, unless explicitly acknowledged (including citation of published and unpublished sources). The work has not previously been submitted in any form to the Durban University of Technology or to any other institution for assessment or for any other purpose.

_____ 28 January 2024

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Abstract

Introduction and background

Global reports of theory, practice gaps, decreased levels of competency and challenges with utilising clinical reasoning amongst newly qualified nurse graduates, have created a major concern in a complex healthcare environment, which requires efficiency. In South Africa, like most African countries, the healthcare system is predominantly nurse-driven, requiring nurses to have the necessary competencies and expertise to effectively manage the country's disease burden and meet the healthcare needs of the South African community. Challenges have however, been identified in the clinical training of nurses which may impact on their graduate competency. These challenges may be attributed to deficiencies in the integration of theory and practice, and clinical support provision for nursing students.

Aim of the study

The aim of the study was to develop academic and clinical collaboration guidelines for nurse training at a public nursing college in KwaZulu-Natal, South Africa.

Objectives of the study

The objectives of the study were: to gain in-depth insight into the practices for clinical education of nursing students at a public nursing college in KwaZulu-Natal; explore and describe the role of the nursing educator with regards to clinical accompaniment and clinical teaching; explore and describe the experiences of the clinical ward staff in supervision and mentoring of nursing students; explore and describe the experiences of student nurses regarding clinical teaching and learning and develop guidelines for academic and clinical collaboration for nurse training in public nursing colleges.

Research Method

A qualitative exploratory design with a constructivist approach was utilised. Ethics approval was obtained from the: Durban University of Technology Institutional Research Ethics (Irec. No. 200/21). All participants, which comprised 49 academic staff, 43 professional nurses and 21 students registered in the Diploma in Nursing Programmes, were purposively sampled. Data were collected using focus group discussions and one-on-one semi-structured interviews conducted between January and May 2022 and analysed manually

using the content analysis strategy and following the eight-step analysis procedure by Tesch (1990).

Findings

The study findings revealed five themes namely: ineffectual clinical training structure; inadequate collaboration and supportive relationship between the academic institution and clinical placement area; clinical placement institutional challenges, clinical preparedness of students prior to clinical allocations and graduate competency not guaranteed on completion of training. These factors posed challenges to nursing students meeting their mandatory training objectives during their placements. The guiding principles of Schünemann, Fretheim and Oxham (2006), were utilised to develop guidelines for facilitating academic and clinical collaboration for nurse training at a public nursing college in the province of KwaZulu-Natal, South Africa. The Delphi technique was utilised to incorporate inputs from expert members on the group.

Conclusion

Challenges being experienced during the clinical learning placements of nursing students at this college, could result in theory and practice gaps during and after training. The guidelines developed, aims at enhancing the collaborative relationships between the academic and clinical partners in nurse training and can be used by the management of both structures who are responsible for nurse training, to improve the clinical training platforms.

Recommendations

The study recommendations are aimed at strengthening clinical training platforms for students at Public Nursing Colleges and includes: improving collaborative relationships between the academic and clinical partners in nurse training; planning together with clinical stakeholders for all resources required; prioritising nursing students meeting their clinical objectives and developing mutual nurturing relationships. A need exists to address challenges of student supervision, mentoring, negative staff attitudes and a lack of standardised clinical practice between the academic and clinical training partners. A review of the system of clinical preparation, accompaniment, and supervision of nursing students is critical.

Dedication

I dedicate this thesis to my late parents, my dad, Mr A Rampersadh and mum Mrs D Rampersadh, who have always encouraged studying, and self-improvement and my late mother in-law Mrs C Maharaj who supported me in my professional career as a nurse.

“Let knowledge be your light in times of darkness and despair”

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Table of Contents

Declaration	i
Abstract	ii
Dedication	iv
Acknowledgements	v
Table of Contents	vi
List of Tables	xiii
List of Figures	xiv
List of Appendices	xv
Glossary of Terms	xvi
List of Acronyms	xix
CHAPTER 1: OVERVIEW OF THE STUDY	1
1.1 Introduction and Background	1
1.1.1 World Health Organisation's view on strengthening nursing and midwifery training	2
1.1.2 Strengthening of nursing and nurse training in South Africa	3
1.1.3 Nurse training in KwaZulu-Natal	4
1.1.4 Clinical learning experiences of student nurses	4
1.1.5 Collaborative approach to nurse training	5
1.1.6 The importance of guidelines for academic and clinical collaboration in nurse training	7
1.2 Research Problem	8
1.3 Aim of the Study	9
1.4 Research Objectives	10
1.5 Research Questions	10
1.6 Significance of the study	10
1.7 Structure of the thesis	12
1.8 Summary	13

CHAPTER TWO: LITERATURE REVIEW	
2.1 Introduction	14
2.2 Strategies utilised in searching for relevant literature	14
2.3 Nurse Training Standards	15
2.4 Nurse Training Globally	16
2.5 Nursing Education in Africa	19
2.6 Nursing Education in South Africa	23
2.7 Challenges Contributing to Student Nurses Bridging the Theory and Practice Gap Globally	28
2.8 Strategies for Bridging the Theory and Practice Gap in Nurse Training in South Africa and Globally	31
2.8.1 Simulation	34
2.8.2 Mentorship	36
2.8.3 Preceptorship	37
2.8.4 Interprofessional Education	38
2.8.5 Clinical Reasoning Skills of Nursing Students	40
2.8.6 Enhancing clinical placements for nursing students through academic and clinical collaboration	43
2.9 Summary	44
CHAPTER THREE: THEORETICAL MODEL GUIDING STUDY	
3.1 Introduction	45
3.2 Theoretical Models/Frameworks in Research	45
3.3 Background to the Theoretical Model Guiding the Study	45
3.4 Theoretical Model suitable for study	47
3.5 Application of the Andrews and Andrews' 'Best Practice' clinical education model to the research study	50
3.7 Summary	52
CHAPTER FOUR: RESEARCH METHODOLOGY	
4.1 Introduction	53
4.2 Research Design	53
4.3 Study Setting	54

4.4 Study Population	57
4.5 Sampling	59
4.5.1 Process of sampling participants	59
4.5.1.1 Sampling of Academic Staff	59
4.5.1.2 Sampling of Students	60
4.5.1.3 Sampling of Clinical Staff	60
4.5.4 Inclusion Criteria	61
4.5.5 Exclusion Criteria	62
4.6 Sample Size	62
4.7 Data Collection	63
4.7.1 Approval to conduct research	63
4.7.2 COVID 19 Protocols	64
4.7.3 Venues	64
4.7.4 Information Sharing and Informed Consent	64
4.7.5 Data Collection Method	65
4.7.6 Data Collection Tool and Language	66
4.7.7 Recording of Data Collection Sessions	66
4.8 Data Analysis	66
4.8.1 Organising the data and prepare for analysis	67
4.8.2 Develop a general sense of the data	67
4.8.3 Coding of the data	67
4.8.4 Generate a description and themes	68
4.8.5 Represent the description and themes	68
4.8.6 Interpret Data	68
4.9 Qualitative Rigour: Trustworthiness	69
4.10 Data Management and Storage	71
4.11 Guideline Development Process	71
4.12 Ethical Considerations	73
4.12.1 Beneficence	73
4.12.2 Respect for persons	74
4.12.3 Justice	74
4.13 Summary	75

CHAPTER FIVE: PRESENTATION OF THE FINDINGS	
5.1 Introduction	76
5.2 Sample realisation	76
5.3 Presentation of Themes and Sub-Themes	77
5.3.1 Theme 1: Ineffectual Clinical Training Structure	80
5.3.1.1 Challenge of short clinical rotations (clinical rotations of two weeks and less)	80
5.3.1.2 Use of students as workforce	82
5.3.1.3 Disregard for student training objectives	84
5.3.1.4 Clinical placement exposure is not in accordance with theoretical programme	86
5.3.1.5 Inadequate monitoring of student progress in the clinical practice area by academic staff	88
5.3.2 Theme 2: Inadequate communication, collaboration and supportive relationship between the academic institution and clinical placement area	89
5.3.2.1 Lack of communication, supportive relationships and standardised guidelines between the academic institution and the clinical placement area	89
5.3.2.2 Involvement of the Unit Operational Manager in Academic Planning	93
5.3.2.3 Lack of involvement and preparation of clinical staff for the New Diploma in Nursing Programme	94
5.3.2.4 Inconsistent clinical accompaniment from academic staff while students are in the clinical area	97
5.3.2.5 Clinical accompaniment targeting assessment and examination Preparation	101
5.3.3 Theme 3: Clinical Placement institutional challenges	102
5.3.3.1 Lack of effective mentorship and inadequate supervision in the clinical area	103
5.3.3.2 Attitudes of clinical staff to learners	106
5.3.3.3 Staff shortages	109
5.3.3.4 Resource constraints at the clinical facility	111

5.3.4 Theme 4: Clinical preparedness of students prior to clinical allocations	113
5.3.4.1 Lack of skills, confidence and competency due to insufficient Preparation	114
5.3.4.2 Use of outdated resources	116
5.3.4.3 Clinical simulation versus real life situation	119
5.3.4.4 Lack of uniformity in performing skills between academic and clinical staff.	120
5.3.4.5 Shortcuts in undertaking procedures	122
5.3.5 Theme: 5 Graduate competency not guaranteed on completion of training	123
5.3.5.1 Inadequate clinical preparation during training including Community Service Nursing Practitioners not ready to practice	124
5.3.5.2 Revolving cycle of graduate incompetence	127
5.3.5.3 Intrinsic motivation of students to gain graduate competencies	129
5.4 Summary	131
CHAPTER SIX: DISCUSSION OF STUDY FINDINGS	
6.1 Introduction	132
6.2 Discussion of Themes	132
6.2.1 Theme One: Ineffectual clinical structure	132
6.2.2 Theme Two: Inadequate collaboration, communication and supportive relationships between the academic institution and clinical placement area	135
6.2.3 Theme Three: Clinical placement institutional challenges	140
6.2.4 Theme Four: Clinical preparedness of students prior to clinical allocations	143
6.2.5 Theme Five: Graduate Competency not guaranteed on completion of Training	145
6.3 Relevance of the "Andrews and Andrews' clinical placement education framework" to the study	147
6.4 Summary	150

CHAPTER SEVEN: DEVELOPMENT OF GUIDELINES FOR ACADEMIC AND CLINICAL COLLABORATION	
7.1 Introduction	151
7.2 Contextual Background	151
7.3 The process of developing guidelines	152
7.3.1 Step One: Priority Setting	153
7.3.2 Step Two: Group Composition and Consultation Process	154
7.3.3 Step Three: Declaration and avoidance of conflicts of interests	154
7.3.4 Step Four: Group Processes	155
7.3.5 Step Five: Identification of important outcomes	155
7.3.6 Step Six: Identification and presentation of evidence	156
7.3.7 Step Seven: Grading evidence and recommendations	156
7.3.8 Step Eight: Availability of Developed Guidelines	157
7.3.9 Step Nine: Applicability, transferability and adaption	158
7.3.10 Step Ten: Dissemination of Guidelines	158
7.4 Summary	158
CHAPTER EIGHT: PRESENTATION OF GUIDELINES FOR ACADEMIC AND CLINICAL COLLABORATION FOR NURSE TRAINING FOR PUBLIC NURSING COLLEGES IN KWAZULU-NATAL	
8.1 Introduction	159
8.2 Academic and clinical collaboration guidelines for nurse Training for public nursing colleges in KwaZulu-Natal	162
8.2.1 Guideline Processes	162
8.2.1.1 Programme preparation phase	162
8.2.1.2 Programme implementation phase	164
8.2.1.3 Student Support phase	166
8.2.1.4 Communication and Collaboration Phase	168
8.2.1.5 Monitoring, Evaluation and Reporting phase	170
8.2.2 Diagrammatic representation of Guidelines for Academic and Clinical Collaboration for Nurse Training	172
8.3 Summary	173

CHAPTER NINE: SUMMARY,CONCLUSION, LIMITATIONS AND RECOMMENDATIONS FROM THE STUDY	
9.1 Introduction	174
9.2 Summary of the Study	174
9.3 Meeting of study aim and objectives	175
9.4 Study Limitations	176
9.5 Recommendations from the Study	177
9.5.1 Policy Formulation and Implementation	177
9.5.2 Service Delivery	178
9.5.3 Nursing Education	180
9.6 Uniqueness of the study	182
9.7 Further Research	184
9.8 Conclusion	185
REFERENCES	186

List of Tables

Table 2.1: National Qualifications Framework of the New Nursing Qualifications… 25

Table 4.1 Study population comprising academic staff, nursing students and professional nurses 58

Table 4.2 Participants per category 61

Table 5.1 Study Participants…..... 77

Table 5.2: Themes and objectives linked to the theme 77

List of Figures

Figure: 2.1 Proposed model for clinical nursing education and training.....28

Figure 3.1 The Andrews and Andrews' clinical placement education models… 49

Figure 4.1 Location of the campuses and clinical facilities of the study setting..... 57

Figure 8.1 Guidelines for Academic and Clinical Collaboration for Nurse Training.....172

List of Appendices

Appendix 1: DUT Approval -Institutional Research Ethics Committee 200

Appendix 2: Request for Gatekeeper Permission – KZNCN 201

Appendix 3: Approval for Gatekeeper Permission-KZNCN 202

Appendix 4: Request for Gatekeeper Permission-KZNDOH clinical facilities..... 203

Appendix 5: Gatekeeper Approval - KZNDOH clinical facilities 205

Appendix 6: Provincial Approval – KZNDOH.....206

Appendix 7: Research information poster 207

Appendix 8: Participant consent form..... 208

Appendix 9: Letter of information 209

Appendix10: Interview guide focus group discussions and semi-structure interviews.....211

Appendix 11: Example of a transcript.....212

Appendix 12: Example of qualitative data analysis report 230

Appendix13: Letter of request to serve on panel for guidelines development..... 247

Appendix 14: Letter of confirmation to serve on panel for guidelines 248

Appendix 15: Letter of input to guidelines from panel member..... 249

Appendix 16: Editing Certificate 250

Appendix 17: Turnitin Report..... …….251

Glossary of Terms

Accreditation: refers to certification of an institution, for a specified period, recognising it as a nursing education institution with the capacity to offer a prescribed nursing programme, upon compliance with the Council's prescribed accreditation requirements, criteria and standards for nursing education and training (South African Nursing Council 2013).

Campus: is a nursing education institution, providing nurse training and is governed by a college (Nursing Act, 2005 Act No. 33 of 2005).

Clinical Accompaniment: structured support provided to the nursing student in applying theory learnt in the classroom to the clinical practice thus providing guidance to reach clinical competency and clinical learning outcomes (Nursing Act, 2005 Act No. 33 of 2005).

Clinical Learning Outcomes: prescribed clinical competencies and outcomes for that programme (Nursing Act, 2005 Act No. 33 of 2005).

Clinical Placement/Learning: part of the educational process that takes place in any practice setting in hospital or community in which the theoretical component is correlated with practice (SANC: Nursing Education and Training Standards).

Clinical Placement Facility: a health facility whose primary purpose is the provision of care to patients and is also used to teach clinical skills to learners and students. Nursing Act, 2005 (Act No. 33 of 2005)

Clinical Supervision: the assistance and support extended to the student by the professional nurse or midwife in a clinical facility with an aim of developing a competent and independent practitioner (SANC 2011: 1).

Council for Higher Education: the Council for Higher Education in South Africa is a statutory corporate body established by the Higher Education Act, 1997 (Act No. 101 of 1997). The mandate of CHE is quality assurance for all higher education institutions in the country and provision of advice to the Minister of Education and Training.

Competence: the ability to integrate professional values which includes skills, knowledge, values, judgement and attributes which are required to function as a nurse in line with

relevant legislation in the required situation and setting (Nursing Act, 2005 Act No. 33 of 2005).

Curriculum: a systematic process that defines the theoretical and practical content of an education programme and its teaching and evaluation methods (SANC: Nursing Education and Training Standards).

Graduate: one who has received an academic and professional qualification in an institution higher of learning (SANC: Nursing Education and Training Standards).

International Council for Nursing: the International Council of Nurses (ICN) which was founded in 1899 is a federation of national nursing associations from more than 130 countries. This council is operated by nurses and is leading nursing internationally. The ICN strives to promote quality nursing care and sound health policies worldwide.

National Health Insurance: the National Health Insurance (NHI) is a health financing system that seeks to realise universal health coverage for all South Africans. This insurance is designed to pool funds to offer access to quality affordable personal health services for all South Africans based on their health needs, irrespective of their socio-economic status. South Africans will have the right to access comprehensive healthcare services free of charge at accredited health facilities such as clinics, hospitals and private health practitioners.

Nurse: means a caring profession practised by a person registered under section 31 of the Nursing Act 33 of 2005, which supports, cares for and treats a health care user to achieve or maintain health and where this is not possible, cares for a health care user so that he or she lives in comfort and with dignity until death.

Nursing Education Institution: means any provider of nursing education accredited by the South African Nursing Council in terms of the Nursing Act 33 of 2005.

Operational Manager: a Professional nurse who is charge of a ward or unit, and plans, manages and monitors all activities under her control (Persal report-KwaZulu-Natal Department of Health).

Public Nursing College: is a Nursing Education Institution which is commonly referred to as a college, is accredited by the South African Nursing Council and the Council for Higher

Education to offer nurse training, and is administered by the Department of Health in the respective province (National Policy on Nursing Education and Training 2019 and Government Gazette No. 42774: 2019).

South African Nursing Council: the South African Nursing Council is the body entrusted to set and maintain standards of nursing education and practice in the Republic of South Africa. It is an autonomous, financially independent, statutory body, initially established by the Nursing Act, 1944 (Act No. 45 of 1944), and currently operating under the (Nursing Act, 2005 Act No. 33 of 2005).

South African Qualification Authority: the South African Qualification Authority (SAQA) is a statutory body which is regulated in line with the National Qualifications Framework Act, and is mandated to oversee the development and implementation of the National Qualifications Framework (NQF).

Work Integrated Learning: this is the integration of theoretical or academic aspect of learning to the practical application in the work environment, which in the case of nurse training refers to the clinical settings of health care delivery (SANC: Nursing Education and Training Standards).

List of Acronyms

ANA	American Nurse Association
BP	Blood Pressure
CHE	Council for Higher Education
CPR	Cardiopulmonary resuscitation
CT SCAN	Computerised Tomography scan
DR	Doctor
HB	Haemoglucotests
HIV	Human Immunodeficiency Virus
ICN	International Council of Nurses
KZN	KwaZulu-Natal
KZNCN	KwaZulu-Natal College of Nursing
LP	Lumbar Puncture
NHI	National Health Insurance
NLN	National League of Nursing
NQF	National Qualification Framework
OM	Operational Manager
PHC	Primary Health Care
SANC	South African Nursing Council
SAQA	South African Qualifications Authority
SOP	Standard Operating Procedure
R425	South African Nursing Council: Regulation 425
R171	South African Nursing Council: Regulation 171
R173	South African Nursing Council: Regulation 173
TB	Tuberculosis
TPR	Temperature, Pulse and Respiration
WHO	World Health Organisation
WIL	Work Integrated Learning

CHAPTER ONE

OVERVIEW OF THE STUDY

1.1 INTRODUCTION AND BACKGROUND

South Africa's healthcare system is predominantly nurse-driven and requires nurses to have the necessary competence and expertise to effectively manage the country's disease burden and meet the healthcare needs of the South African community (The National Strategic Plan for Nurse Education, Training and Practice 2012/13-2016/17; 2013: 9). Nurses in South Africa constitute 56% of the healthcare workforce and are viewed as the health professionals who are instrumental in driving the improvement of health outcomes in the country (The National Strategic Plan for Nurse Education, Training and Practice 2020/21-2025/26 2020: 11). The National Minister of Health in South Africa, has highlighted that nurses have to provide healthcare daily in a rapidly transitioning healthcare system. It is therefore imperative that the education and graduate competencies of nurses be harmonised with the country's health service delivery needs (National Policy of Nursing Education and Training 2019: 2). According to the first report by the World Health Organisation (WHO) on the State of the World's Nursing, it has been confirmed that globally, approximately 59% of the Health Profession is made up of nurses who have a crucial role to play in the Health Service at all levels of care, including shaping health research, education and policy (State of the World's Nursing 2020 report: Investing in Education, Jobs and Leadership 2020: 9).

In preparing this vital cadre of health care professional to take their place in the health care system, attention to both the theoretical and clinical components are important. Nurse training throughout the world comprises of a theoretical and a clinical component. The distribution of hours comprising the theoretical and clinical components are dependent on the nursing education regulator in each country. A key component of pre-registration nurse education programmes however, is the clinical placement experience (Dobrowolska et al. 2015; Takashima et al. 2019; SANC Philosophy and Policy 2005). Nursing Education Institutions manage the theoretical aspects of the programme whilst the clinical requirements and competencies of the students are managed together with the clinical practice area. During the clinical placement, an opportunity is created for socialisation of

undergraduate students to the health system, in a realistic setting which allows for the practicing of clinical skills and observation of other healthcare practitioners (Peters, McInne and Halcomb 2015: 176).

South Africa, with its transforming health care system is committed to implement the National Health Insurance (NHI) and in complying with human resource needs in the Fourth Industrial Revolution, requires a workforce who are enabled to support a healthcare system by utilising complex problem solving and critical thinking skills. Notwithstanding the strengths in education and training for the health workforce within the Department of Health, gaps in support to produce healthcare workers aligned to the needs of the population and health system, still exist. Modernised and transformed curricula as well as clinical training platforms are essential to imbue the health workforce with the necessary competencies to tackle the burden of disease and meet the needs of the current and future health systems of the country (2030 Human Resources for Health Strategy 2020: 43).

1.1.1 World Health Organisation's view on strengthening nursing and midwifery training

The WHO Global strategic directions for strengthening nursing and midwifery 2016-2020 commits to strengthening of nursing and midwifery training. This report further highlights that nurses, amongst other duties, co-ordinate interprofessional teams, provide a wide range of essential services, as well as contribute to the decreasing morbidity and mortality rate as the first respondents of care (Global strategic directions for strengthening nursing and midwifery 2016-2020: 5-17). The WHO urges that nursing curricula globally, needs to consider emerging global issues, national health priorities and scopes of practice in order for nurses to be adequately prepared and possess the necessary graduate competency to work in interprofessional teams, make critical decisions, and demonstrate compassion and empathy effectively. Amongst other strategies to prepare nurses adequately, providing support to the nursing student during their clinical placements is necessary for the student to apply and integrate the theoretical and clinical aspects of the programme. A critical factor in the quality assurance of nurse training programmes, is to ensure that it includes an academic/clinical partnership which aims to prepare and support clinicians adequately in their supervision of students, thus enabling them to achieve their clinical requirements (State of the World's Nursing 2020 report: Investing in Education, Jobs and Leadership 2020: 50).

1.1.2 Strengthening of nursing and nurse training in South Africa

In South Africa, nurses are trained following a programme of academic tuition together with a clinical placement programme which is determined by the South African Nursing Council (SANC) (SANC: Nursing Education and Training Standards 2005: 1). Standards for the education and training of nurses as well as the accreditation of all education and clinical programmes, are under the custodianship of the SANC (Lethale, Makhado and Koen 2019: 19). The management of the theoretical and clinical aspects of the training programme however is the responsibility of the NEI. Placements ought to be made, supported and monitored by the NEI together with the accredited clinical placement site.

South Africa's nursing education system, like other countries, is transforming. A renewed focus has been placed post-apartheid, on the higher education and health sectors (Blaauw et al. 2014: 1). In transforming nursing education policies post-apartheid there was major revision of nursing qualifications which were also aligned to changes in Higher Education (Rispel 2015: 2). The changes to the nursing education system in South Africa is described in more detail in chapter two of this thesis. One of the focus areas for the Medium -Term Strategic Framework (2009-2014) is the improvement of the health profile of all South Africans. In achieving this goal, a National Health Summit was called in 2011 with the aim of revitalising the entire nursing profession. Major challenges that were identified by nurses who attended the summit were: quality of nursing education and training; resources in nursing; professionalism in nursing; governance and leadership; positive practice environments; conditions of employment and human resources for health. The concerns which were highlighted ultimately have a negative impact on the clinical placement environment and experience for nursing students and is a concern for NEI's.

Further research which was conducted by the Ministerial Task Team revealed that there was a lack of communication and collaboration between Nursing Education and Practice, impacting negatively on the clinical accompaniment of students. It was further uncovered that nursing students were experiencing high levels of stress in the clinical practice areas and lacked preparedness for their roles on completion of their training. To address these concerns, a ministerial task team was appointed by the National Minister of Health, Dr. Aaron Motsoaledi in 2011, who recommended that the clinical education and training of student nurses be strengthened by the re-establishment of Clinical Teaching Departments,

supported by a coordinated system of Clinical Preceptors and Clinical Supervisors at all Nursing Education Institutions or hospitals. (National Strategic Plan for Nurse Education Training and Practice 2012/2013-2016-2017: 9). Research is however not available to measure the compliance of this recommendation.

In managing the education of nurses to be in line with the post-school education system nursing qualifications in South Africa have transformed from 2020 and is aligned to the National Qualifications Framework (NQF). These programmes henceforth, have changed accreditation requirements with a view to a strengthened nursing education system. Notwithstanding the changes being implemented in this area of training, a critical factor remains, which is the essential, critical and intricate planning between the Nursing Education Institution (NEI) and Health Service to ensure that the clinical outcomes for each level of training are met (National Policy on Nursing Education and Training 2019: 9).

1.1.3 Nurse training in KwaZulu-Natal

In the Province of KwaZulu-Natal (KZN), the KwaZulu-Natal College of Nursing (KZNCN) is the accredited, multi-campus public nurse training college. Campuses of the college enter into memoranda of agreement with clinical health facilities for the provision of clinical training platforms for the nursing students, in line with the provisions of the SANC (Nursing Act 5 of 2005: 30). Clinical placements of students are managed between the campus and the clinical facility. The consistency of these clinical placement relationships across campuses however, needs to be determined.

1.1.4 Clinical learning experiences of student nurses

Clinical placements for nursing students provides for a critical component of teaching and learning allowing for nursing students to develop and apply theoretical knowledge to essential nursing skills. The contact that nursing students have with actual clinical settings is extremely significant, and may play a role in their decision to continue with their studies or not (Cupak, Majda, Skowron, Puchala, Trzincinska 2018:13). A study by Arkan, Ordin and Yilmaz (2018: 128) revealed that students may experience constructive experiences if their clinical instructors were highly effective in their learning process. A positive manner of communication and clinical expertise of the mentor/supervisor could improve their clinical learning experience. Students however expressed that they very seldom experienced

positive attitudes during their placements and were more often ignored by nurses in the clinical facilities.

Stress was a factor which was commonly experienced amongst nursing students. Günay and Kilinc (2018:); Jasemi et al. (2018); Admi et al. (2018), highlighted in their studies, that the inability to cope in the clinical situation was a common trend experienced by students, mainly due to their inability to correlate theory with practice. This led to a feeling of incompetence amongst students. Factors such as a lack of consistency in what is taught in class, compared to that which is practiced in the clinical area coupled with inadequate clinical teaching time, resulted in the student feeling insecure and lacking confidence in managing the patient according to Günay and Kilinc (2018: 83).

1.1.5 Collaborative approach to nurse training

The need for nursing students to be able to apply theory to practice, as highlighted by the WHO, has been revealed in numerous research studies. Ahmad and Anwar (2018: 12) stressed that it is critical for nurse training providers to view both the theoretical as well as clinical aspects of their training as equally important. They further emphasised, that NEI's are in no position to work independently from the clinical placement areas of their students who need to apply the theory studied in the classroom to the clinical practice area, for them to gain clinical expertise and confidence.

Collaboration between nursing education stakeholders is essential and Bvumbwe and Mtshali (2018: 66) views this as well regulated interactive partnerships between academia and practice. The benefits of these academic and clinical collaborations according to Bvumbwe and Mtshali (2018: 68), supports nursing education by training nurses who are: aligned to needs required by health services, producing of nursing workforces that are competent, nursing graduates who are able to apply cognitive, technical and emotional skills in the workplace and nurses who are able to transition to the clinical practice environment with flexibility.

Research has shown that nursing education requires a systems approach to support nursing students in the clinical practice area. This will provide the students with learning

opportunities which are safe and meaningful. It has been reliably proven that cooperation and good communication between the academic and clinical healthcare institution according to Bisholt et al. (2014: 305) would further serve as a foundation for a meaningful clinical placement for students. Fakuda (2018: 5) recognises that to develop competency and professional judgement which allows for the integration of skills and knowledge in nursing and quality clinical practice, effective nurse education is critical. Nurse educators have an ethical duty as healthcare professionals to maintain a level of relevant knowledge both in clinical practice and in their teaching ability for them to contribute to quality and effective nurse training. Their teaching strategies need to be integrated so that students do not view classroom and clinical teaching as separate entities (Jeppesen, Christiansen and Fredericksen 2017: 112).

For successful collaboration, it is important for student supervision and teaching to be included by the unit manager into the planning of nursing activities. The management of this aspect, could positively or negatively influence the preceptorship of students in the clinical area. In a study by Bisholt et al. (2014: 308), it was reported that the majority of Unit Managers were not interested in student supervision. This could therefore, pose a challenge to student nurses meeting their clinical requirements and have a negative effect on their clinical placement.

A supportive clinical training environment according to McKillop et al. (2016: 145) is essential in an ever-changing, uncertain and complex healthcare environment in order for student nurses to develop clinical reasoning skills and reach their full potential. The support from both academia and the clinical placement facility remains a key success factor for students to be trained comprehensively. Jeppesen, Christiansen and Fredericksen (2017: 112) recommend that there is the need for new approaches to nursing education so that the student nurse does not view and experience the theoretical and clinical components of their programme as separate entities. The collaborative partnerships as per Bvumbwe and Mtshali (2018: 69) are key to supportive and progressive nursing education programmes.

1.1.6 THE IMPORTANCE OF GUIDELINES FOR ACADEMIC AND CLINICAL COLLABORATION IN NURSE TRAINING

Healthcare systems globally and in South Africa are constantly transforming and require nurses who are at the forefront of service delivery to be highly efficient and possess the necessary knowledge, skills and critical reasoning abilities to contribute to an effective health service. (National Strategic Plan for Nurse Education and Training 2020/21-2025/26; Strategic Plan 2020). The proposed health reforms by the National Department of Health, together with the re-engineering of Primary Health Care in the country to manage the quadtriple burden of diseases will only be made possible if nurses who constitute the majority of the healthcare workforce, are adequately skilled to do so. Nursing Education Institutions and stakeholders responsible for training of nurses need to manage a well-coordinated training programme to respond effectively to this need. Graduates who have trained ought to contribute to a workforce aimed at providing an efficient and effective service to the communities they serve (National Strategic Plan for Nurse Education and Training 2020/21-2025/26; Strategic Plan 2020; National Policy on Nursing Education and Training 2019: 2). Nursing Education Institutions manage the theoretical aspects of the programme whilst the clinical requirements and competencies of the students are managed together with the clinical practice area. During the clinical placement, an opportunity is created for transformation of theoretical knowledge of undergraduate students to the health system, in a realistic setting which allows for the practicing of clinical skills and observation of other healthcare practitioners (Peters, McInne and Halcomb 2015: 176). The necessary collaboration strategies as outlined can contribute to a well-structured training partnership aimed at producing a competent nursing graduate who is grounded and able to responsive to the health care needs of the community.

In managing this important collaboration guidelines will serve as a guide to the partnership, and will outline legislative and policy requirements, standards, provide guidance, share information, aim for standardisation between education and practice, facilitate mutual support, provide for a platform for communication and conflict management as well as resources and knowledge sharing, which are critical aspects to be considered (Bvumbwe 2016: 314). This research study, and the proposed guidelines for academic and clinical collaboration for nurse training, could contribute to creating a well-coordinated clinical training environment. This may support nursing students develop the required competencies

to manage the healthcare needs of the communities they serve. Anecdotal evidence has suggested that comprehensive guidelines for managing these collaboration partnerships are not in place in nurse training institutions in KwaZulu-Natal.

1.2 RESEARCH PROBLEM

Theory-practice gaps and challenges with utilising clinical reasoning have commonly been reported, amongst newly qualified nurse graduates who have expressed their inability to correlate theory and practice (Orban et al. 2017; Stec 2016; Hunter and Arthur 2016; Graan, Williams, Koen 2016). The competency gaps of graduate nurses are a major concern in an environment where globally there is an ever-increasing demand for efficiency and effectiveness in a complex nursing practice environment (Bvumbwe and Mtshali 2018: 66). This view is reinforced by registered nurses in Australia, Canada, Turkey, United States of America and South Africa, who raised concerns about the minority of graduates that were competent to practice (O`Mara et al. 2014; Missen et al. 2016; Chan et al. 2018; O`Brien et al. 2019; Günay and Kiline 2018). Bvumbwe and Mtshali (2018: 66) share the view that the inadequacy in preparation of nurses is a worldwide challenge.

Despite the fact that globally nurse training legally comprises of a theoretical and mandatory clinical component it has however, been highlighted in studies that during the clinical learning rotation, these students may experience many difficulties resulting in a poor learning experience (O`Mara et al. 2014; Materne, Henderson and Eaton 2017). Research conducted has identified critical challenges in the clinical placement areas of student nurses such as overcrowding, lack of support, inadequate mentorship and discrepancies in what is taught in the theoretical aspect of the curriculum and that which presents in the clinical practice area (Jasemi, Whitehead, Habibzadeh, Zabihi and Rezaie 2018; Günay and Kilinc 2018). These challenges may emanate from poor collaborative relationships between academia and practice (Vuso and James 2017: 37). The failure on NEI's to ensure good collaboration with clearly defined guidelines between the training partners may result in a loss of clinical learning opportunities and impact negatively on the clinical training needs of student nurses with resultant decreased levels of competency amongst graduating nurses (Bvumbwe 2016; Bvumbwe and Mtshali 2018). These complications pose a threat to a transforming nursing education system resulting in decreased levels of competency amongst nurses. The threat to the transition of theoretical knowledge in nursing into competent clinical practice poses a huge challenge to the Department of Health

at all levels, in managing current key health programmes and implementation of priority programmes at all levels of the health spectrum.

There remains a critical need for well-co-ordinated clinical placements for nursing students which can only be managed if there is good collaboration for this training between the various stakeholders in the NEI and clinical the placement unit. These collaborations need to be properly guided, to ensure that the partnership is well managed and sustainable. Studies by Bvumbe and Mtshali (2018) and Rikhotso et al. (2014) highlight the need for college and hospital management to take the lead in fostering collaboration between the academic and clinical staff in the units, to ensure nursing students gain adequate support and guidance. This need is supported by the Nursing Strategy in South Africa (Strategic Plan for Nurse Education, Training and Practice 2012/13 – 2016/17: 10) which highlights the need for strengthening clinical education in nurse training by the establishment of clinical education and teaching units at all hospitals that place student nurses in training.

The identified gap of weak collaboration between academic and clinical facilities, as well as inconsistencies in the establishment of clinical teaching units which may negatively impact on nurse training, has prompted this research study into exploring the academic and clinical collaboration partnerships for nursing education at a public college in KwaZulu-Natal.

1.3 AIM OF THE STUDY

The aim of the study was to develop academic and clinical collaboration guidelines for nurse training at a public nursing college in KwaZulu-Natal, South Africa.

1.4 RESEARCH OBJECTIVES

The objectives of the study are to:

- Gain in-depth insight into the current practices for clinical education of nursing students at a public nursing college in KwaZulu-Natal.
- Explore and describe the role of the nursing educator with regards to clinical accompaniment and clinical teaching.
- Explore and describe the experiences of the clinical ward staff in supervision and mentoring of nursing students.
- Explore and describe the experiences of student nurses regarding clinical teaching and learning.
- Develop guidelines for academic and clinical collaboration for nurse training in public nursing colleges.

1.5 RESEARCH QUESTIONS

- What are the current practices for clinical education of nursing students at a public nursing college in KwaZulu-Natal?
- What are the experiences of Nurse Educators regarding their roles with regards to clinical accompaniment and clinical teaching?
- What are the experiences of the clinical ward staff in supervision and mentoring of nursing students?
- What are the perceptions of student nurses in fulfilling their clinical teaching and practical learning experiences?
- What guidelines are required for academic and clinical collaboration for nurse training in public nursing colleges?

1.6 SIGNIFICANCE OF THE STUDY

Nurses make up the largest group of healthcare professionals in South Africa. Numerous studies have however pointed to a theory-practice gap affecting the competency levels of graduate nurses. This study which focused on improving nursing education through

academic and clinical partnerships, will add value to the existing body of knowledge on nurse training in South Africa. Deficiencies that may exist in the training of nurses in a public college were highlighted during this study. The findings of this study may equip providers of nursing education in the country with information that could assist in curriculum development as well as transform the methods of clinical education and clinical education partnerships. Guidelines that have been developed as part of this study, may assist nursing colleges, establish and maintain a collaborative relationship between academic institutions and clinical facilities. This may create a supportive structure for nursing education by creating an enabling environment for nursing students to receive an integrated theoretical and clinical education. An improved working relationship between nursing education institutions and clinical placement areas could benefit students who will be the beneficiaries of a system which supports them equally in the academic as well as the clinical placement area, therefore producing a nurse who is competent and confident in all aspects.

The employers of nurses, communities and the public could benefit from nurses who graduate from training, well-grounded in both the theoretical and clinical aspects of their training.

It is hoped that this study will inform the following areas:

a. Education/Educators: To identify the strengths and weaknesses that may exist in the current academic and clinical partnership system at a public college in KZN.

b. Clinical Placement Facilities: Nurse Managers/ Operational Managers/Clinical Mentors/ Clinical Preceptors: To identify the strengths and weaknesses that may exist in the current clinical placement system at a public college in KZN.

c. Research: The findings may motivate future researchers to conduct further research in this area and produce evidence aimed at strengthening nursing education systems.

1.7 STRUCTURE OF THE THESIS

Chapter 1	Overview of the study	Presents the introduction and background, aim, objectives, research questions, problem statement and significance of the study
Chapter 2	Literature review	Provides a critical review of the literature which gives the background to the study.
Chapter 3	Theoretical Framework	Introduces theoretical frameworks in research and highlights the theoretical framework guiding the study.
Chapter 4	Research Methodology	Presents the methodology utilised in this study, including the research design, sampling strategies, data collection methods, methods of analysing data, the guideline development process and ethical considerations observed whilst conducting the study.
Chapter 5	Presentation of the Research Findings	The five themes and sub-themes which emerged from the study, supported by quotations from participants is presented.
Chapter 6	Discussion of Research Findings	Presents the discussion on the study findings together with supporting literature.
Chapter 7	Development of guidelines for academic and clinical collaboration	The process followed in developing the guidelines is presented
Chapter 8	Presentation of guidelines	The academic and clinical guidelines for public nurse training colleges in KZN are presented.
Chapter 9	Summary, conclusion, limitations and recommendations of the study	Provides the summary of the study which includes the limitations, recommendations, areas of further research and conclusion

1.8 SUMMARY

In Chapter One, an introduction to nursing and nurse training was presented. The WHO's and South African view on strengthening nursing, nurse training and midwifery, Collaborative approach to nurse training, importance of guidelines for academic and clinical collaboration in nurse training. The chapter highlighted some of the clinical learning experiences of nursing students. The study aims, objectives, research problem as well as the potential benefits to relevant stakeholders and the nursing fraternity were presented. In Chapter Two, the literature review which guided the study will be presented.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

In Chapter One, an introduction to the research study was provided which included the aims, objectives, research problem, and significance of the study. In Chapter Two, the literature review provides some background on nursing education standards globally and in South Africa. The integration of the theoretical and clinical knowledge in nursing education and the clinical experiences of nursing students, highlighted the challenges in the management of the clinical component of nursing students. Literature has revealed that these challenges could affect the competency levels of graduating nurses negatively. The critical importance of collaboration between the academic institution and clinical placement facility together with the guidelines for managing this process is also discussed. Various models which are used to support the clinical education of nursing students is also presented in this chapter.

2.2 STRATEGIES UTILISED IN SEARCHING FOR RELEVANT LITERATURE

The critical review of literature in this chapter, provides a background to the study. A quality search was conducted which took place over a period of one year. Prior to undertaking the search, a plan was drawn up on the most effective way to gather this information. Key words and phrases where formulated, and included nurse training, nursing education, nursing students, clinical training in nursing, clinical competence in nursing education, clinical collaboration and placement models, nurse training globally, nurse training standards, challenges in clinical aspect of nurse training, theory and practice gaps in nursing education and practice, nurse training in Africa and nurse training in South Africa. These search words and phrases was able to direct the researcher towards the literature required to guide this study.

The literature search was done in phases and continued until the final write up of the study. In reviewing the relevance of each article, a template was developed, which allowed for the researcher to document the important aspects of each article. This allowed for grouping of similar articles for future reference. Each article was scrutinised, and when possible the related, referenced articles were searched for relevance to the study. The searches included EBSCO Host, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Google scholar, which is a search engine for scholarly articles and the online library of the KwaZulu-Natal Department of Health which provides links to a range of databases thus providing access to a

variety of nursing and medical. The researcher also made use of books which were purchased and some accessed from the library.

2.3 NURSE TRAINING STANDARDS

Nursing is a profession that is regulated globally and requires nurses to be registered with the relevant regulatory authority in their country. These professional bodies also provide the regulations for training of nurses. The International Council of Nursing (ICN) believes that profession-led regulations contribute to the protection of the public and achievement of quality patient outcomes (International Council of Nurses 2013). Problematic issues globally as cited in the report, is the variability in the approach of the education of nurses and midwives in different countries, which ranges from preparation of nurses in secondary schools, hospitals, technical colleges and universities. This issue is exacerbated by the absence of programme evaluation in identifying whether the necessary standards have been met. The WHO in 2021 called on all governments to provide political support in strengthening education of nurses and midwives (WHO 2021: 10).

A report by the WHO on the History of Nursing and Midwifery (2017), reflects on the historical development of nursing and midwifery education and practice from 1948 to 2017. The evolving role of the nurse is portrayed with the earliest role of the nurse in the 1940s being one of a supportive and health promotive to the 2000's, where nurses are seen as being well-placed to effectively contribute to the economic growth and improvement of the health of the population in a country. The role of the nursing and midwifery profession is further explained in the WHO's global strategic directions for strengthening nursing and midwifery (2016-2020). The nursing profession is seen by the WHO as being able to, through their services, provide for inter- and intradisciplinary health actions. In order to achieve this, one of the themes set out in the strategy, which is of particular importance to providers of Nursing Education is: "Ensuring an educated, competent and motivated nursing and midwifery workforce within effective and responsive health systems at all levels and in different settings" (Nursing Economics 2016: 208). The various reports and recommendations reviewed may serve as a guide for health authorities worldwide. There is however a deficit in the literature indicating the monitoring and attainment of these goals.

National Nursing Boards or Nursing Councils of countries have laid down academic and clinical requirements which must be met. Dobrowolska et al. (2015: 40) conducted a study on clinical practice models in nursing education in several countries which highlighted the fact that most countries required clinical placements to be accredited prior to placement. It is deemed essential for clinical facilities to have adequate resources such as equipment and staff, to evaluate the quality of the environment every two years, and receive positive feedback from accreditation bodies. Countries such as England, Croatia and the Czech Republic require student nurses to spend 50% of their time in the clinical practice area, while Italy and the United States of America, requires 30 to 40% respectively. In Australia, although there may be some variation to the pre-registration nursing programs, it is however necessary that all nursing graduates are able to meet the registered nurse standards for practice, of spending a minimum of 800 clinical placement hours annually which is a national requirement (Takashima et al. 2019: 503).

In spite of the regulatory frameworks and standards set by regulatory bodies, a challenge exists in ensuring theory and practice gaps are minimised. Nurse training institutions in many countries are recognising the need to bridge the theory-practice gap, so that graduates are ready to enter the work environment. Clinical placements in the United Kingdom now make up 50% of the training time of nursing students (Patterson, Boyd and Mnatzaganian 2017: 101). A similar clinical placement requirement exists in Turkey where 2300 hours are for clinical placement and 2300 hours are for theoretical education (Arkan, Ordine and Yilmaz 2018: 127).

2.4 NURSE TRAINING GLOBALLY

Nursing education worldwide in the early years followed an apprenticeship based model, where the training of nursing students was learning on the job. The transformation globally influenced by technology, need for promoting health user well-being and provision of cost effective care drove the training of nursing students to institutions of higher learning. The goal of building a well-equipped workforce to meet increased health care demands, changed educational approaches to being student centred (Leong, Gu He, Premarani, Lim 2021: 340). In 1993 nursing education in Australia also moved away from hospital based to university education (Woods et al. 2015: 360). There are two routes to pursuing a nursing career in Australia. The first is to enrol in a three year university programme and graduate as a Registered nurse, or a vocational institute which leads to one becoming an Enrolled nurse. The scopes of practice and level of responsibility are however different (Scott and Elliot 2019: 44).

In the United Arab Emirates (UAE), education of nurses commenced in nursing colleges, and focused on graduating technically prepared nurses. Following the global trend nursing education then shifted to higher education. The changes to nursing education in the UAE as reported by (Saifan, Devadas, Mekkawi, Amoor, Matizha, Yateem 2021: 1870) is an education system which focused on research and rapidly changing academia, with a reduced prominence on critical clinical training.

It may be argued that in transforming nursing education worldwide with the focus being on the strengthening of the theoretical component of the educational programme, in line with higher education norms, the clinical training may still need further strengthening. This was recognised by (Peters, Mcinnes and Halcomb 2015: 23) who expressed that a key issue is that of clinical training for students which allows them to be socialised into the real-life situation.

A further challenge to the education of nurses is the need to train higher numbers to mitigate the shortages required to meet health service demands and needs. There is a global demand to increase graduate numbers for workforce demands, Woods et al. (2015: 365). In the United States of America a study determined that, there was a need to graduate over 200 000 new nurses annually to meet a need for one million more nurses by 2026 (Akintade, Idzik, Gourley and Montgomery 2021: 227). In spite of the need, universities were however cautioned against comprising quality over quantity, due to the inability in meeting clinical placement hours, creating a widening theory practice gap, and graduate nurses who are not competent for practice (Woods et al. 2015: 365).

In reviewing the literature available on nursing education globally it is impossible to separate theory from clinical education therefore some of the clinical models of interest to this study are hereby presented. In establishing a clinical education model that works in transforming theoretical information into clinical practice globally, it is useful to benchmark against those that have been tested and are successful. In doing so however it is important to understand the context of your training facilities, as the capacity may differ from one institution to the other. The importance of the clinical learning platforms in meeting Nursing Education goals, and graduating nurses with the required competencies, has, according to Forber et al. (2016: 90), sparked worldwide interest in identifying effective and innovative approaches to clinical

education. Chan et al. (2018) and (O'Mara et al. (2014) agree that the clinical learning environment is essential for students to meet their learning outcomes and that the opportunities of nursing students to develop skills and competency to function in complex settings are provided by clinical education.

An integrative review conducted on the models of clinical education in undergraduate nurse training in six countries namely, Australia, Sweden, United States of America, Saudi Arabia, Iran and the United Kingdom by Forber et al. (2016: 83-92), have revealed three main themes being utilised in these countries for the clinical nursing education component:

- The traditional model or block rotational placement, which focuses on an education-sector funded clinical facilitator, having students partnering with a registered nurse daily.
- The preceptorship or mentorship model where the student is mentored by nurses in the clinical area but with a major challenge that could impact on learning, being the issue of staff shortages.
- Collaborative models (or partnership models and dedicated education units) is where the preceptorship role is supported by all staff who engage in teaching and support. This model requires commitment from both the academic institution and clinical placement institution. This model is also stated as generating "real world experiences for the students" (Forber et al. 2016: 83-92).

All three models identified as main themes in the study have a common thread, which is the involvement of the clinical placement facility in meeting the students' educational needs. This is further illustrated by studies conducted by Van der Rieta, Jones and Pratt (2018) and Arkana, Ordinb and Yılmazc (2018), which has revealed that student stress and creating a sense of belonging for students may be positively influenced by NEI'S utilising a Collaborative Clinical Placement Model. In this model, academic staff work with the staff in the clinical practice area and provide a bridge between the education and practice needs of the students thus requiring improved cooperation between the school and clinical facility which would ultimately, impact positively on student training.

The alignment of nursing education throughout the world has taken great strides, in line with other higher education sectors. The uniqueness of training a competent nurse may however

still need further research and strengthening in terms of the clinical learning and teaching models necessary. Most of the literature globally, has focused on the need for good support to nursing students in the clinical area. Literature however, demonstrates that due to various challenges, this may not always be the ideal situation, and more research needs to be done into the formulation of strategies that can adequately support the nursing student more effectively in the clinical area. As cited by Van der Rieta and Jones and Pratt (2018: 47), conducive clinical placement experiences which are complex and collaborative relationships between key stakeholders, may be the answer to decreasing student stress and creating a sense of belonging in the clinical learning environment.

2.5 NURSING EDUCATION IN AFRICA

Africa as a continent faces many health challenges which is aggravated by tropical diseases and presents with the highest recorded child mortality in the world. Healthcare systems in Africa are historically traditional, with the western type of healthcare only being provided for the colonial administrators, with the local population having access to limited public health, missionary facilities and services. The World Health Organisation (WHO) introduced the Primary Health Care (PHC) approach as being the solution to poorer countries healthcare challenges. The most widely available health profession on the African continent which plays a critical role in the delivery of the healthcare system are nurses and midwives (Klopper and Uys 2019: 21). In Africa, according to Warren et al. (2016: 180), nurses and midwives provide more than 80% of all the healthcare services. It is for this reason that it is essential for nurses to be equipped with the necessary competencies and skills required to provide an effective healthcare service. Nursing education globally is being influenced by two trends, namely, an increase in the focus on global health amongst health professions which is inclusive of nurses and a shift towards competency-based education. These developments are the result of an endeavour, to ensure that nurses have the necessary knowledge, skills and attitudes required when entering the workforce.

Studies conducted by Warren et al. (2016: 183) to determine the global health competencies amongst Nursing Education Institutions in Africa, have found that many institutions in Africa focus on psychomotor skills and memorisation of facts. The majority (46%) of Nursing Education Institutions in Africa offer degree programmes while 41% offer diplomas, 3% technical and specialisation in nursing qualifications, 6% masters and 3% doctoral programmes. This study recommends that there is a need for nurse training in Africa to focus

on incorporating content from Public Health, Epidemiology, Anthropology and other Social Sciences, to help provide the critical social context to be included into nursing education and care.

Ethiopa is one of the countries in Africa in which the quality of nursing practice is under scrutiny. A contributory factor leading to the crisis in that country is the lack of required skills by newly qualified nurses. In a bid to improve the standard of nursing and healthcare as well as grow the nursing profession, a preceptorship programme has been introduced in hospitals and healthcare institutions. It is emphasised by Teferra and Mengistu (2017: 83), that successful implementation of the preceptorship programme, is dependent on the knowledge and attitudes of the nurse educators on the concept of preceptorship. A study which was conducted to examine the knowledge of nurse educators on clinical preceptorship, discovered that contrary to 90% of educators stating that they were knowledgeable about the subject, the evidence to support the implementation at an institutional level was lacking. This may lead one to conclude that there may be a misunderstanding of the concept. In spite of the findings, almost 90% of the educators were of the view that preceptorship should be adopted by nursing education institutions, and be an essential component of clinical nursing education. Most educators were of the view that implementation of the preceptorship programme should be the responsibility of the Nursing Education Institution (Teferra and Mengistu 2017: 87).

Malawi is another African country presenting with challenges in nurse training. A traditional approach to training is followed in this country, where the nurse educator is responsible for both the classroom and clinical teaching (Ngaiyaye, Bvumbwe and Chipeta 2017: 164). A pass rate of only 52% in a licensure board examination is an indication that training institutions are experiencing challenges in the production of competent graduate nurses.

Literature on nursing education in some African countries provides a picture of a very traditional approach, indicating that the hospital based or apprentice style training of nurses still prevails. There are however some positive strides in ensuring quality of the education process such as the licensure exams in Malawi which ensures minimum standards are being met.

According to Bvumbwe (2016: 315), challenges may be attributed to the high number of students enrolled in training, resulting in a shortage of clinical training sites, and overcrowding of clinical facilities. This has created a large gap between theory and practice, and has further increased concerns regarding the poor competencies among all levels of nurses with a subsequent decrease in the quality of nursing care. Ngaiyaye, Bvumbwe and Chipeta (2017: 163) highlight that a further problem affecting the clinical training of nurses in Malawi may be the lack of preparation of the clinical staff for their precepting role. This resulted in a project which trained clinical staff on a preceptorship programme for six weeks. The results of the project which was derived from a study conducted amongst third and fourth-year students who had worked with preceptors for a period of four weeks, found that the preceptors who were trained, were helpful, created a positive learning environment, assisted students with improving attitudes, as well as contributing to positive socialisation into the nursing profession as compared to those who were not trained (Ngaiyaye, Bvumbwe and Chipeta 2017: 166).

Another factor which Bvumbwe (2016: 314) views as a challenge, is the absence of well-established or formal partnerships between the academic institutions and the clinical training site which may result in nursing students having difficulty in achieving their clinical nursing education goals. An integrative review which was conducted, examined “The Role of Academic Clinical Partnerships in improving Nursing Education”. The following themes emerged from the study:

- Mutual and shared goals: It is believed that this could reduce the theory-practice gap, and the outcome could lead to improved patient safety and decreased medical/nursing errors, while strengthening student support both in the practice and academic settings (Bvumbwe 2016: 319).

- Evidence-Based Practice: Partnerships would create research opportunities for both academic and clinical settings, resulting in training of nurses being influenced by evidence-based knowledge (Bvumbwe 2016: 320).

- Resource Sharing and Collaboration: During clinical rotation, students would receive adequate clinical support due to the sharing of knowledge between academic and clinical partners (Bvumbwe 2016: 320).

- Capacity Building: An opportunity for capacity building is provided for, on the side of the academic and clinical training partners (Bvumbwe 2016: 320).

- Partnership Elements: Partnerships would be built on common values, interests, respect and mutual trust. This type of partnerships would however, require review meetings (Bvumbwe 2016: 320). Academic Practice Partnerships which include power struggles, knowledge differences, cultural clashes, rigid agreement with unclear terms of reference may also present challenges as highlighted by (Bvumbwe 2016: 321) and will need to be addressed for the partnership to be successful.

- The findings uncovered that positive collaboration between nursing education and the clinical practice could produce improved nursing education outcomes. Countries such as Malawi which has poor resources, may benefit from maximum use of these resources because of a collaborative approach (Bvumbwe 2016: 321).

In Iran, a similar scenario for nursing education to that of other African countries is present. According to Jasemi, Whitehead, Habibzadeh, Zabihi, and Rezaie (2018: 24) challenges in the clinical area include inconsistency between the theoretical and practice training, conflict between the educational objectives and expectations of training, overcrowding of students, lack of facilities, role confusion, lack of support and lack of communication between clinical nursing staff and faculty members. To overcome these challenges, there is a need to review teaching methods, philosophies and curricula content which is viewed as weak as well as relook at the allocation of all lecturers to the clinical area to support students.

In Saudi Arabia, nursing education is offered by both the public and private sectors and is aimed at producing quality graduates to meet the needs of a healthcare system which is rapidly transforming, to meet the healthcare needs of an affluent lifestyle (Aboshaiqah and Qasim 2018: 53). These studies indicate that developments in Saudi Arabia are in line with the healthcare system delivery of the country, and differ to those of other African Countries. On completion of an undergraduate four-year Bachelor's degree programme, a year of mandatory internship at both basic and specialised clinical units, takes place. The nurses who took part in this cross-sectional study, reported that the supportive role during their internships, allowed them to develop confidence whilst carrying out their tasks as well as integrating theory with practice (Aboshaiqah and Qasim 2018: 57).

The literature on nursing education in Africa is similar to challenges and recommendations to those globally. There may be a need for transforming some of the nursing education practices in African countries in line with the global developments. The need for greater emphasis to be placed on clinical preparation and support of nursing students in Africa is however prevalent as in the rest of the world.

2.6 NURSING EDUCATION IN SOUTH AFRICA

In conducting research on the history and development of nursing education in South African, it was noted that the literature available is sparse, and not of recent publications. Transformation in nursing education post-apartheid is also an area not well documented. There have however been strides made by government and the documents and reports have proven useful in tracking the development in South Africa.

Nurses in South Africa, form the foundation of the healthcare system according to the then National Minister of Health in South Africa, Dr. Motsoaledi (National Education and Training Policy 2019: 7). The SANC which is the statutory body for nurses in the country, currently has over 200 000 nurses registered to practice (South African Nursing Council Stats: 2018). Nursing education in South Africa has been greatly influenced by the Provincial Ordinances of the country, and has developed from a hospital-based system which was very fragmented, to a system incorporating universities, universities of technology, colleges of nursing and private nursing education Institutions, all contributing to the education of nurses and to the nursing workforce of the country (National Education and Training Policy: 2019: 7).

The first nursing school which was established in 1877, followed the hospital apprenticeship style of training, and was regulated by the medical council. This changed in 1944 with the SANC being established and taking control of nursing education. In 1956, public universities in South Africa commenced nurse training in the degree programme with low student numbers being enrolled as compared to government nursing colleges where large student numbers in excess of 1200 students were enrolled. A major development in the education of nurses took place in 1986, requiring all nursing colleges to be affiliated with a university, in order to offer the four-year comprehensive programme as per Regulation 425 of the SANC leading to registration as a Professional Nurse. Registration in the R425 nursing category which constitutes General Nursing, Community Nursing, Psychiatric Nursing and Midwifery, could also be accessed

through a university at a degree level. The theoretical aspect of the programme is completed at a NEI of choice, whilst the mandatory clinical component of the programme is mostly completed at government hospitals and primary healthcare clinics (Blaau, Ditlopo and Rispel 2014 and SANC. Reg R425: 1985).

Nurse training in South Africa is regulated by the SANC, and has a 30:70 split for nurses being trained according to SANC Regulation R425 in terms of theory and clinical training respectively. The new nursing qualifications however, are more balanced with a 46:54 theoretical and clinical split for the Diploma in Nursing according to SANC Regulation R171. These mandatory clinical hours therefore require nursing students to experience well-co-ordinated clinical training as it accounts for more than 50% of their entire training. To offer any nurse training qualification in South Africa, accreditation with the South African Nursing Council is essential. Amongst the criterion for accreditation, it is critical for the NEI to demonstrate the ability to meet the clinical requirements of the programme effectively by entering into official agreement(s) with the relevant authorities responsible for the use of such clinical facilities. These facilities must address the clinical learning needs, opportunities, and accompaniment and supervision requirements of nursing learners placed in such clinical health services (SANC. Reg 173. 2013; SANC Diploma in Nursing Qualification Framework. SANC. Reg. 171 2019; SANC. Reg R425: 1985).

A strategy for the education and training of nurses was launched in 2012 and emphasised the need for South Africa to have an improved nursing education system which is necessary to ensure that the current and future generations of nurses and midwives can provide safe and quality patient-care across all healthcare settings. Improving Clinical training with a dedicated structure to implement the clinical education and training model for nurses and midwives as well as enhancing social accountability, are some of the strategies for Nursing Education Institutions to pay attention to (National Strategic Plan for 2012/13-2016/17: 35).

In 2010, the first Higher Education Qualification Sub-Framework (HEQSF)-aligned qualifications for nursing was classified, registered and published by the South African Qualifications Authority SAQA. This development places nurse training within the framework of post-school education (National Policy on Nursing Education and Training: 2019: 7). For any Nursing Education Institution, whether public or private to offer nursing education programmes

from 2020, it would be mandatory for these institutions to register with the Department of Higher Education and Training, as well as have their qualifications accredited with the CHE and theSANC (National Policy on Nursing Education and Training 2019: 12). In the context of this research study, it was important to take note of the changes taking place in the nursing education environment in the country, as these changes are historical in that for the first time nursing education and practice will be accredited both by the SANC and the CHE requirements. This may have further implications on the understanding of the nursing education systems by all stakeholders, and require NEI's to take the lead role in work shopping them in the interest of a well-informed partnership.

Table 2.1 presents the nursing qualifications which are in line with the NQF from the year 2020 in South Africa.

Table 2.1 National Qualifications Framework of the New Nursing Qualifications

SANC Category	Qualification	NQF level	Duration
Registered Auxiliary Nurse	Higher Certificate	5	1 year
Registered Nurse	Diploma	6	3 years
Registered Midwife	Advanced Diploma	7	1 year
Registered Professional Nurse & Midwife	Professional Degree	8	4 years
Specialist nurse	Postgraduate Diploma	8	1 year
Advanced Specialist Nurse	Master's Degree	9	1 year
Doctorate in Nursing	PhD	10	3 years

Source: National Policy on Nursing Education and Training (2019: 11)

Public colleges in South Africa produce 73% of the country's nurses and it is a requirement that in order for them to be accredited in accordance with the Policy on Nursing Education, financial and legislative support coupled with the necessary upgrading of nurse educators' skills is needed, thus avoiding a crisis for healthcare provision in South Africa (Armstrong, Geyer and

Bell 2019: 99). A major challenge being experienced in the South African university and college sectors as evidenced by research conducted, is high levels of attrition. A study conducted in 2014 at a nursing faculty within a South African university, revealed that the attrition rates are high and concerning to the Department of Higher Education in South Africa. Approximately 30% of students dropped out of training due to academic demands and 14% dropped out due to the demands and their experiences in the clinical area (Roos 2014: 94). The scenario in the college sector in KwaZulu-Natal was presented in a study by Ramkilowan (2014: 76) who revealed that an attrition rate of about 21% during the period 2005 to 2012, prevailed. Of the students who dropped out, 61 to 64% drop-out was due to academic reasons whilst 42.8% were not satisfied with the mentoring in the clinical setting.

In line with the findings by Ramkilowan (2014: 76), a study conducted in the Northwest Province in South Africa, also examined the issue of the support nursing students received in the clinical areas during their training. Approximately 50% of the preceptors disagreed that ward staff are interested in student supervision, whilst 45% of Unit Managers were of the view that preceptors did not have sufficient time to meet learning outcomes of the students, 50% of students in this study concurred with the preceptors and agreed with the view that ward staff were not interested in student supervision (Lethale, Makhado and Koen 2019: 21).

Nursing students in South Africa are in a similar position to those in the rest of the world. There is a need for student support during both the theoretical and clinical aspects of the programme. In line with the R425 programme and according to Donough and Van Der Heever (2018:1), each undergraduate nursing student should have a minimum of half an hour of supervision per fortnight in the clinical area by the NEI. A study conducted with undergraduate nursing students at a South African university, revealed that although there were some students who had positive feedback in the clinical area, there were many participants, who encountered negative experiences which overshadowed the positive experiences.

The need for appropriate and effective support for nursing students was reiterated by nursing students in a study by Muthathi, Thurling and Armstrong (2017: 7) who acknowledged that the presence of nurse educators in the clinical area assisted in alleviating confusion regarding standardisation of procedures and skills transfer. Recommendations of the study with the aim

of improving the nursing students' clinical experience, included: online learning platforms for students to make reference to, using a team approach with members from academia and the clinical facility in managing students' clinical placements, holding workshops on clinical education for clinical facilitators and ensuring alignment of the theoretical and clinical aspects of the programme (Muthathi, Thurling and Armstrong 2017: 8).

The situation at a nursing college in the Eastern Cape in South Africa presents a similar picture with regards to student support in the clinical area as other areas in the country. In a study by Vuso and James (2017: 37), an interesting point to note is that participants of this study were educators who revealed similar concerns as the students in previous studies. Amongst other findings, educators were concerned about the lack of collaboration between the academic and clinical staff, lack of guiding policies, non-standardisation of procedures and inconsistency in evaluation methods (Vuso and James 2017: 37).

The literature examined is very detailed on the theoretical execution of the training programmes. There is mention of the role of the nurse educator in clinical accompaniment, however very little detail from the perspective of the clinical facility and their roles in nursing education.

In response to challenges being experienced with the training of nurses, a clinical training model was developed by the Department of Health (National Strategic Plan for 2012/13-2016/17: 85). As presented in Figure 2.1, the proposed model revealed that the clinical education and training of nurses should involve major stakeholders as follows:

- The student, who should be the focus.
- The facilities where clinical learning takes place.
- The Nursing Education Institution or Higher Education which is responsible for the educational programme and
- The Provincial Department of Health

The proposed model ought to ensure that there is a co-ordinated system for clinical training and support of students, following a preceptorship model.

Figure 2.1 is the proposed model for clinical nursing education and training.

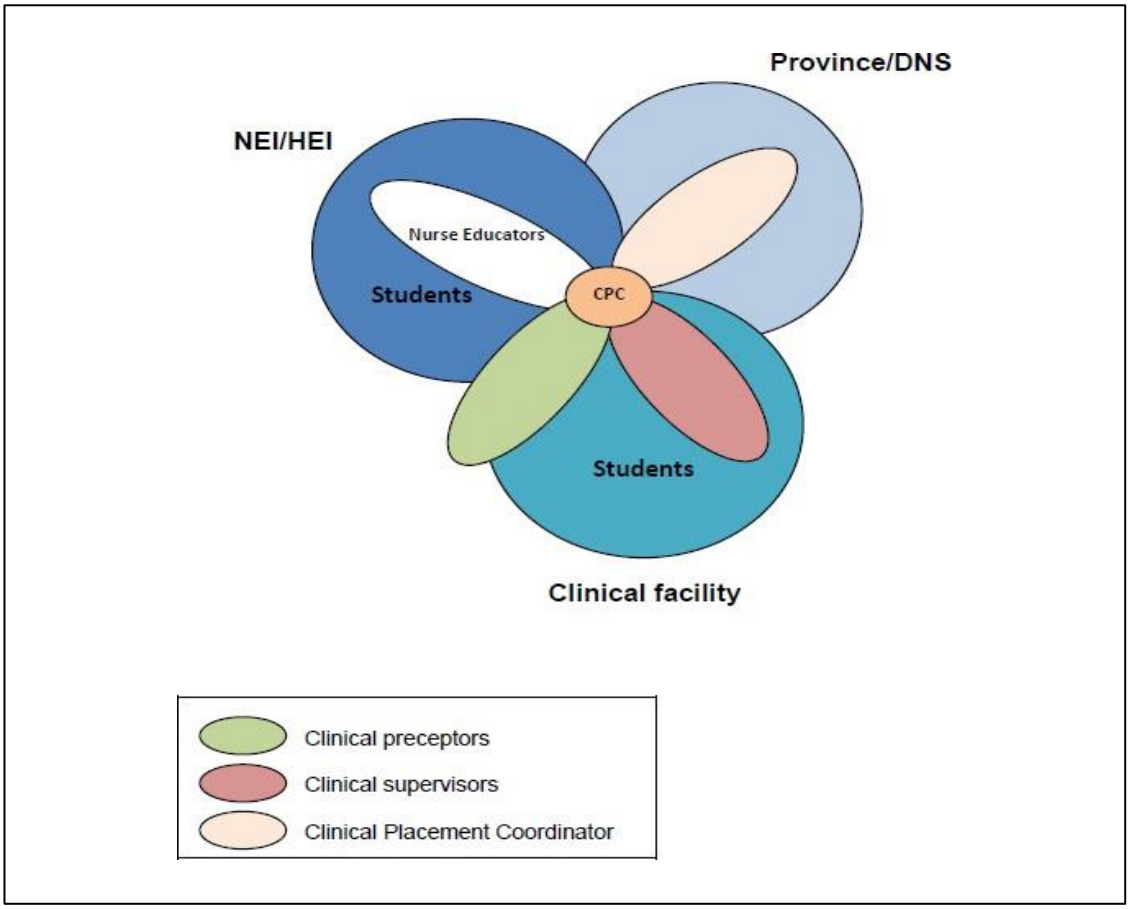

Figure: 2.1 Proposed model for clinical nursing education and training
(National Strategic Plan for 2012/13-2016/17: 85)

The models proposed for enhancing clinical education in the training of nurses may have been well presented in theory, literature on the implementation and successes of this model have however not been published. There may be some NEI's in South Arica that have had some collaboration with stakeholders in the nursing education sector, with a view of strengthening nursing education and bringing about an improvement in clinical training platforms amongst other areas, this has however not been well documented, and is an area of research that could be of interest to the Provincial and National Department of Health.

2.7 CHALLENGES CONTRIBUTING TO STUDENT NURSES BRIDGING THE THEORY-PRACTICE GAP GLOBALLY

The theory-practice gap has been at the forefront of discussions amongst researchers in the field of nursing education worldwide. A critical review which explored the expectations which experienced nurses had of graduate nurses, revealed that, of a total of ten studies which were critically appraised, six studies identified a perceived lack of clinical experience (Freeling and

Parker 2015: 47). This multinational review identified that graduate nurses are not adequately prepared to take on their practice roles and suggest further research is required to fully address how to manage the theory-practice gap which appears to be a global challenge. This study revealed that only 50% of graduate nurses possessed this skill.

A wide range of factors contribute to challenges in student nurses adequately bridging the theory-practice gap and attaining the necessary competencies required to gain confidence in the clinical practice environment. Factors such as a lack of consistency in what is taught in class, compared to that which is practiced in the clinical area coupled with inadequate clinical teaching time, may result in the student feeling insecure and lacking confidence in managing the patient according to Günay and Kilinc (2018: 83). The challenges in the clinical area include inconsistency between the theoretical and practice training, conflict between the educational objectives and expectations of training, overcrowding of students, lack of facilities, role confusion, lack of support and lack of communication between clinical nursing staff and faculty members. These are major contributors to student challenges.

Unless there is inclusion of students as part of the clinical team, cooperation of unit staff with students and acknowledging the learning objectives of the students' challenges to the correlation of theory and practice and clinical competency of student nurses, will continue (Günay and Kilinc 2018: 84). McKillop et al. (2016: 145) reinforces the need for support for nursing students in an ever-changing, uncertain and complex healthcare environment in order for them to develop clinical reasoning skills and develop to their full potential. Jeppesen, Christiansen and Fredericksen (2017: 112) recommend the need for new approaches to nursing education so that the student nurse does not view and experience the theoretical and clinical components of their programme as separate entities.

In addressing the issues of theory and practice gaps at universities in Sweden, Gustafsson et al. (2015: 1294) explored two different models in the clinical education of their student nurses. The one model involved clinical teachers being employed by the university and being involved in academic teaching, research and attending clinical meetings with nursing students and preceptors. These clinical teachers were called university nurse teachers. The second model involved the clinical teachers working in both the teaching and clinical nursing environment and were referred to as clinical nurse teachers. Students in this study agreed that clinical teachers

from both groups had the ability to integrate the theory with clinical practice. The clinical nurse teachers were however better able to assist the nursing students in meeting their clinical learning objectives and bridge the gap between theory and practice. In contributing to a sound clinical education, recommendations in this study included:

- The university nurse teachers keep themselves up to date in clinical practice issues, and not just attend meeting with students and preceptors, but provide emotional support to students and actively participate in assessing them.
- Clinical nurse teachers ought to be well aware of the student learning goals, and be actively involved in the planning of the clinical practice curriculum.

The lack of a shared understanding by all role players, regarding the concept of competency, and use of clinical evaluation tools, which need to be practice-driven according to Sedgwick, Kellet and Kalischuck (2014: 421), poses a threat to student support. Suitable clinical placements are therefore challenged by inadequate information about student needs and lack of uniformity with regards to clinical assessments, creating challenges in the nursing student's ability to collaborate theory and practice.

Kim and Shin (2017: 68) in their study, shared that the following factors, if not considered, can affect the effectiveness of the clinical aspect of nurse training and contribute to theory and practice gaps:

- Teaching efficacy, which requires the clinical teacher/facilitator/supervisor to be adequately trained, have sufficient clinical practice experience, with clearly defined roles in terms of nursing student supervision and mentorship.
- Positive relationships with the student, and awareness of all stakeholders of the student objectives, and learning methods.
- Scheduling regular meetings and orientation sessions between the NEI and the clinical facility.
- Continuous monitoring and updates to be afforded to the clinical facilitator/supervisor.
- Collaborative relationships between the NEI and the clinical facility to support the clinical education needs of the students.

It was agreed by O'Mara et al. (2014: 209) that the clinical learning environment is essential for students to meet their learning outcomes and that the opportunities of nursing students to develop skills and competency to function in complex settings are provided by clinical education. The two main sources of challenges for nursing students however arose from the context within which their learning experiences occurred and the relationships with others in the clinical learning environment. Intimidation and anxiety are other factors which could result in a loss of learning opportunities (O'Mara et al. 2014: 210).

The literature reviewed has revealed that theory and practice gaps in nursing education exists globally and , requires both the NEI and the clinical facility working in partnership to increase efficacy of the clinical learning environment of nursing students. Suitable strategies for alleviating this gap is presented in-depth. It is again noted that the strategies presented do not have the perspective of the clinical placement facilities with an indication of what would work for them. Literature available on challenges in bridging the theory and practice gap in nurse training, clearly indicating that great strides have been made worldwide in understanding the reasons for this phenomenon in nursing education. The recommendations from these studies need to be evaluated and documented for benefit to be derived by nursing education institutions.

2.8 STRATEGIES FOR BRIDGING THE THEORY AND PRACTICE GAP IN NURSE TRAINING IN SOUTH AFRICA AND GLOBALLY

The foundation of nursing practice globally is based on professional nursing skills with clinical education being the crucial element in the integration of theoretical and clinical knowledge (Nguyen et al. 2017: 498). Learning takes place through a process where fundamental nursing skills are learnt in the classroom while practice of the skill takes place in the clinical skills laboratories and these skills are then transferred to clinical practice (Staykova, Stewart and Staykov 2017: 152). To ensure that undergraduate nurses develop competence in nursing skills, is the underlying aim of all nursing curricula. The approach to supporting and developing the skills of nursing students has relied heavily on the traditional approaches, utilising real-life clinical placements coupled with on-campus simulation laboratories. Shogi et al. (2019: 1) emphasises that a theory-practice gap in nursing is not new and is a complex issue which may not be fully understood but requires education and practice to address the issue.

The National League for Nursing (NLN) in the United States of America is an organisation which is dedicated to excellence in nursing and has the interest of promoting the professional development of the nurse students, with a view to advancing the science of nursing education. The recommendations from the 2016-2019 Vision for Advancing the Science of Nursing Education, advocated for internal and external support, research, policy change and transformation programmes in advancing the Science of Nursing Education (National League of Nursing 2016: 246). A qualitative content analysis study that was conducted of six data sources by the NLN to establish excellence and quality in nursing education, revealed: dialogue, alumni networks, collaboration, academic and clinical partnerships, student-centred learning and student engagement as the key success factors (Merriam et al. 2016: 278).

Further strategies outlined by the NLN in pursuing excellence in nursing education, include:

- Clinical Nursing Judgment: Nurses being able to make clinical decisions by displaying competency in quality, safety, team collaboration, relationship-centred competency, system-based competency, and personal and professional development competency.
- Professional Identity: Assume responsibility and accountability for quality patient-care, function to full scope of safe nursing practice and advocate for access to safe healthcare.
- Interprofessional Collaboration in Education and Practice: Students from more than one healthcare profession, come together to learn and develop collaborative practice amongst health professionals.

Nursing is integral in the delivery of a team-based, healthcare system. Therefore, nursing education programmes, need to address these educational gaps in their programme for nurses to work in collaboration with other health professionals (National League of Nursing: 2014).

In South Africa, the South African Nursing Council Regulation stipulates that a NEI that provides nurse training programme, should provide the theoretical (classroom) teaching, the clinical learning placement opportunities and clinical accompaniment support during the clinical placement. A study conducted by Kgafele, Coetzee and Heyns (2015: 223) with first-year nursing students in South Africa, regarding their experiences in the clinical area, revealed the following:

- Students appreciated the support of educators in the clinical area when they did attend. They however, wished the frequency of educator visits to the clinical area could be increased for support purposes and not just for examination purposes.
- Some clinical staff could be very intimidating in the absence of nurse educators.
- There should be more discussion and practice sessions made available for them.
- The presence of the nurse educator on the first day in clinical practice assisted students in adapting to their environment.
- There is a need for proper correlation between theory and practice, as it is confusing when procedures are performed differently in the clinical area as compared to how they were demonstrated on campus.

Although the literature in this study brings forth the difficulties that students view as affecting the clinical learning environment, NEI's can use these as an opportunity to improve on and formulate positive learning experiences based on these challenges.

A study conducted in Nigeria amongst final-year nursing students, revealed similarities to the South African study. Amongst other findings, the recommendations to bridge the theory-practice gaps was foremost then followed by uniformity of resources and material available at the NEI versus the clinical practice area, ensuring availability of clinical training opportunities for students, and training of clinical staff on how to support students (Odetola et al 2018: 10).

A critical review by Martin et al. (2020: 2824) offered further insight into strategies to bridge the gap in the theoretical and clinical education of nurses by reviewing the clinical competence of newly graduated nurses and included the following recommendations:

- Continued provision of support post-training to nurses. It is viewed that significant gains in competency is made in the first six months of their careers and may alleviate competency gaps from training.
- Nurse Educators developing and providing a competency frameworks which guides the students and new graduates on the expected objectives to be attained at each level.
- Encouraging self-assessment by new graduates as a means of determining their competency, which can then inform improvement to the training needs of students.

- Investigating the satisfaction of experienced nurses with the competency levels of nurses and their readiness for the clinical practice area, as a means of feedback to effectiveness of training.

To improve the clinical competencies of nursing students, various teaching strategies are being utilised at NEI's. Available literature has found the following teaching strategies to be common globally in preparing, and supporting the student for their clinical placements.

2.8.1 Simulation

Nurse training is occurring in an era in which there is a technological explosion (Padilha et al. 2019: 13). The availability of technology which can recreate a real-life situation, coupled with the need to train nurses to be safe practitioners, makes simulation a very attractive teaching strategy to prepare nurses in a safe but realistic environment (Linn, Caregnato and de Souza' 2019: 1062). This type of preparation is critical in ensuring that students have a reasonable level of competence and safety prior to nursing live patients. According to Padilha et al. (2019: 14), low-fidelity simulation technology models were introduced to nursing in the 1950's and a gradual evolution to more modern high-fidelity models and tools took place thereafter. Huge benefits of using simulation allows for specific skills to be taught and practiced within the confines of a clinical skills laboratory whilst mimicking the actual clinical environment.

Notwithstanding the fact that there are numerous strategies which can be used in teaching and supporting the nursing students in the theoretical learning space, cognizance must be taken of what would be beneficial when transitioning theoretical knowledge to clinical practice. In reviewing the various approaches simulation prepares the nursing student for the real life situation, with a reasonable level of skill, confidence and safety. Entering the clinical placement having watched and practiced various skills in a simulation laboratory, may assist students in easing into the reality situation. In utilising simulation as an approach there needs to be synergy between the expectation of the student in the clinical facility and what is practiced in the simulation laboratory. Supervisors in the clinical facility also need to understand there is a level up to which this simulation can assist in readiness of the student, who will still need to be integrated into the realistic clinical learning environment (Linn, Caregnato and de Souza 2019; Bruce et al. 2019 and Padhila 2019).

Students at the University of South Wales in Australia are positive that, simulation takes you through a learning experience from practicing as a novice nurse, all the way to the development of critical reasoning skills. In a study by Bruce et al. (2019: 22), it was reported that frequent exposure to simulation-based learning, provided a safe space for students from which to view the clinical practice area, whilst enhancing both their technical and non-technical skills. The perceived benefits of simulation-based education have grown extensively, globally. However, there is a need to examine the extent to which the strategy is able to address the learning outcomes required. In a scoping review of simulation-based education studies conducted in Australia and New Zealand by Seaton et al. (2019: 195), it was identified that this teaching strategy has been beneficial in teaching areas such as clinical skills, infection control, clinical monitoring of patients' condition and clinical handover, whilst it may not be beneficial in teaching areas such as governance. There is still the advantage of retaining areas of teaching such as pressure area care risk assessment and prevention of falls at the point of care. Simulation as a teaching strategy may be as beneficial in the learning of basic to more advanced skills. Linn, Caregnato and de Souza' (2019: 1062) conducted studies on the benefits of using simulation for intensive care education. The findings revealed that this methodology when utilised in a continuous manner, resulted in increased confidence, improved technical skills, and enhanced clinical decision-making.

A study conducted in Korea amongst fourth-year nursing students, which involved them undergoing a 30-hour integrated simulation clinical practicum, revealed positive results in using this teaching strategy. Over 80% of students reported the course to be enjoyable, needed and useful for promoting capacity amongst nursing students. The professor in charge, also observed that nursing students were confident, and able to perform through trial and error in a safe situation. The findings of this study concur with those of (Seaton et al. 2019) who found that simulation is an effective education strategy, which increases critical thinking, motivation and performance of skills. It is recommended that this strategy be used in clinical training of all levels of nursing students (Ran Park et al. 2017: 483). Students, according to Padilha et al. (2019; 17) are highly motivated to use clinical virtual simulation. A sample of undergraduate students at a Portuguese nursing school adapted with ease to the use of this technology. Therefore, the decision remains with nursing schools to adapt nursing curricula to introduce this innovative teaching strategy. Although the literature has indicated the benefits of simulation as a teaching strategy, there remains a need for further discussions on appropriateness of simulation for the various learning scenarios.

2.8.2 Mentorship

There are various views amongst authors regarding the meaning of clinical mentorship and preceptorship. Some authors are of the view that the terms could be used interchangeably. Sidebotham (2017: 90) states that the meaning of mentor is dependent on the context and should be viewed as a relationship that has a supportive role. A study by Newton (2016: 3065) concluded that all mentors should possess the necessary skills and knowledge as well as have the relevant experience which will enable them to conduct assessments on students fairly, thus providing accurate information on whether they are fit to practice. The study further provided key findings which are deemed essential for all nurse training institutions namely, mentors to have sufficient time to assess students sufficiently so that they do not present as a risk to the public as well as provision of adequate support to students in the clinical area as it has been established that a lack of support may be linked to higher attrition rates.

A multi-national review of clinical mentorship models revealed that there are a variety of models which are utilised. For clinical mentorship to be successful, there is however a need to identify the requirements for clinical mentors in terms of qualification and background, as well as provision of incentives for mentors from the clinical practice areas whose primary aim is patient-care (Dobrowolska et al. 2015: 51). The traditional mentorship model for undergraduate nurses according to Harvey and Uren (2019: 38) follows a 1:1 allocation model, where students are allocated a mentor for the duration of their clinical placement. Studies have however revealed challenges with this model, which includes a lack of time to facilitate the necessary learning. In managing mentoring programmes, the level of collaboration between the academic institution and the clinical placement facility will depend on the model which is being followed by the training institution. A pilot study of a collaborative learning platform was commenced at a district hospital in England, which involved placing students of different levels of study into a clinical unit, and allocating them to patients and to work collaboratively with supervisors. Feedback from students was generally positive regarding this model. There were however, a few critical factors identified, which needs to be taken into consideration for the model to be effective:

- Involvement of the head of the education institution and the clinical practice Institution should be at the forefront in identifying the strategy for implementation.
- Cascading of the plan to the head of the clinical unit, as well as the mentors in the unit.

- Involvement of the students in the planning and cascading of the plans.
- Provision of updates to the mentors to prepare them for their role.
- Involvement of the Higher Education Institution in the preparation for the placement, and offering of support.
- Support from the leadership of the unit, which was critical to the success of the project.

In the model presented in the literature above, it is clearly evident that there is a need for collaboration which takes place at various levels of the organisation. For the collaboration to be successful, the plan, together with updates is filtered to the necessary individual as the clinical unit and the mentors who are the implementers need to be fully knowledgeable on all processes and be up to date. Communication plans updates and training between the academia and clinical, is vital to support a suitable mentorship programme.

In the United Kingdom (UK), mentorship is a requirement from the UK nursing governing body, and is an integral component of the training. In an attempt to understand the experiences of students in a mentorship programme, a quantitative study was conducted amongst nursing students at a university in South-West London. Most students reported positive mentorship experiences, with adequate support (Foster, Ooms and Marks-Maran 2015: 18). The themes identified by these students for successful implementation of mentorship, support the findings by Dobrowolska et al. 2015, and include: support for mentors in the form of updates, support from the university to improve links with the clinical area, increased contact with the link lecturer and more understanding by the academic staff with regards to the students' clinical training needs.

2.8.3 Preceptorship

Clinical preceptorship according to Teferra and Mengistu (2017: 82), is a programme for teaching and guiding, which involves pairing an experienced nurse in the clinical area with a less-experienced nurse. The three main role players, who are critical in a student's learning journey, constitute the student, the nurse educator and the preceptor. According to Okafor, Chenault and Smith (2023:1) preceptorship assists junior nurse as they benefit from their seniors who impart their knowledge, skills and wisdom to them and mould them during training journey.

McSharry and Lathlean (2017: 73) conducted a qualitative study in a hospital in Ireland which aimed to explore clinical teaching and learning using a preceptorship model. The main themes that emerged from the study were continuity, assessment, teaching of clinical reasoning and talking students through practice. The findings revealed that complexities and challenges which could have a negative effect on student training in relation to insufficient time for teaching because of the workload, a relationship which is disempowering, and improper use of cognitive teaching strategies. It is therefore imperative that stakeholders understand that preceptorship can be complex, and requires broad educational preparation, and ongoing support for effectiveness to be achieved (McSharry and Lathlean 2017: 79).

A critical aspect of clinical preceptorship is attaining of competence. This may not be so easy due to the varying interpretations of the level of competence required in the different clinical settings. Clarity is essential amongst educators, preceptors and students regarding the level of competence required for a preceptorship programme to be successful (Sedgwick, Kellet and Kalischuck 2014: 421). Barriers to the attainment of competence in the clinical area, have also been identified by students in this study, and may pose a threat to the preceptorship programme. Amongst these barriers, was the inability of the clinical site to provide the right environment for students to practice, lack of guidelines for student placement and lack of uniformity with regards to clinical assessments. In mitigating these challenges and providing a condusive preceptorship platform, there is a need for a strong partnership between the NEI and the clinical placement facility. This relationship will allow for support to the preceptor who may need capacity building and information on the ongoing changes, needs and assessment requirements of the nursing student. The preceptor can also report regularly on the progress of the students, and any challenges if they arise, as well as update the NEI on clinical issues.

2.8.4 Interprofessional education

Health Professionals have been historically educated in institutions according to their specific professions. It has been realised that although healthcare professionals have common goals and values, there is often a lack of understanding and respect regarding the roles of professionals other than the one that they are being trained for. This has prompted the approach of bringing together two or more health professions in training utilizing a multi professional approach, with the aim of breaking down barriers, and promoting collaboration and understanding of each other’s roles (Guraya and Barr 2018: 161). Interprofessional

education as a learning approach, grows students into understanding their roles and that of others within the multi-disciplinary team. Team members are able to learn from each other, and the nursing student understands and view the roles of other health team members upfront. In utilising this approach, the NEI will have to work collaboratively with other professions, in managing the approach, as well as the clinical placement units, for the respective learning opportunities as this cannot be managed by the NEI working in isolation.

Studies by Guraya and Barr (2018: 164) has revealed that interprofessional education, has shown a significant improvement on students, knowledge, attitudes and skills. And is perceived to have substantial impact when it is incorporated into the work-place teaching. It should be noted however that the leadership of both academic and practice need to understand this concept adequately, and clinical leadership can be the key driver in connecting interprofessional education with interprofessional practice.

At the University of Nebraska, College of Medicine, it was realised that a deficiency existed in training of future health professionals in team communications. This was especially evident during a high impact occurrence such as a cardiac arrest. Interprofessional simulation training was offered at the University for cardiac arrest. According to Carstens et al. (2016: 25) students from medicine, pharmacy and nursing disciplines were of the view that the approach was positive and provided them with a better understanding of the roles and responsibilities of team members from other health disciplines. Their preparedness to participate as members of the cardiac arrest team was also enhanced.

Contrary to the positive findings from the University of Nebraska and Birmingham, an investigation at the University of Connecticut, which evaluated the readiness of students to participate in interprofessional education, found that there were discipline specific levels of readiness. Medical students displayed the lowest levels of readiness compared to students of other disciplines. This study however affirmed the views of students at the University of Birmingham with regards to the necessity in removing barriers in order for interprofessional education to be successful. Students should be grouped according to their level of exposure, and it must be ensured that the scheduling of activities is suitable for all students. Removing barriers would encourage students to positively participate, and improve their readiness levels (Judge, Polifroni and Zhu 2015: 250).

The University of Dammam also carried out a study to explore students' attitudes to interprofessional education. A cross-sectional study was conducted amongst second, third and fourth-year undergraduate students from the various health disciplines. The study revealed that there were differing levels of willingness to participate, in interprofessional education. An interesting revelation however, was that students were more positive about the approach as they advanced in their years of study (Qahtani 2016: 579). The studies examined, have provided some insight into the views of health sciences students regarding their willingness to participate in interprofessional education. The literature however is very sparse and may indicate that this concept has not really been grasped by the health science education fraternity. There is potential however if further developed amongst undergraduate students, for interprofessional education to provide a positive step in developing respect and fostering teamwork amongst healthcare professionals whilst at the same time enhancing clinical skills of future health professionals. Literature reviewed is not promising on the wide scale implementation of this strategy as deduced from studies available. The logistical issues in managing this type of training strategy is quite complicated and could be a deterrent in implementing. There is the further challenge of deciding on the correct teaching approach, to match the diverse learning needs of the variety of students.

2.8.5 Clinical reasoning skills of nursing students

In nursing, clinical reasoning is a critical decision making process which allows a nurse to make observations, assess patients or situations and generate an evidence based solution (Billings and Kowalski 2019:300). It is emphasised by Orban et al. (2017: 159), that clinical reasoning is deemed an important skill in order to practice in the field of health sciences. In spite of the importance of this skill in nursing it has been suggested by Stec (2016: 54) that there is a gap which exists between the education of nurses and the transition of this knowledge into practice. In developing clinical reasoning skills in nursing students, some of the strategies such as simulation, mentorship, preceptorship and interprofessional education, provides the means to a student reaching this level of understanding and ability to apply knowledge. These strategies if managed well will enable the student to plan the necessary interventions and monitor outcomes for a patient or situation, by gathering the relevant information. All the learning strategies aimed at bridging the theory and practice gap, requires the NEI and the clinical placement facility working together using a uniform approach. A common understanding, ability to share information and mutual support will allow student nurses to bridge the theory practice gap in nurse training. This will prove beneficial to the student, providers of nursing education,

the clinical placement facility, and the recipients of care.

The risk to the safety of patient-care is increased when nurses who are newly employed do not possess the necessary skills for them to make clinical decisions which are sound (Billings and Kowalski 2019: 300). Hunter and Arthur (2016: 73) are of the view that graduate nurses could possess the knowledge and may have the necessary psychomotor skills, but still lack the essential clinical reasoning skills for delivery of patient-care which is safe and effective. NEI's globally are aiming to prepare students to develop their clinical decision-making skills. This would however, be conceivable when all responsible stakeholders such as preceptors, clinical educators and all staff are themselves able to make accurate clinical decisions (Billings and Kowalski 2019: 300). Notwithstanding the fact that it is crucial for clinical educators to understand the process of developing students towards effective clinical decision-making, a study by Hunter and Arthur (2016: 75) which was conducted with clinical educators, probed amongst other areas, their understanding of clinical reasoning. The study found that a mere 50% of the participants understood the process of clinical reasoning involved the collection and processing of information which led to a nurse understanding the nursing problem, acting upon it, and thereafter reviewing the outcomes and being able to reflect on the entire process. An additional factor which is of vital importance for effective clinical teaching, hinges on the confidence of the Clinical Educator. Nguyen (2017: 507) believes the gap that exists is the absence of a measurement tool to measure confidence amongst clinical educators considering this is a critical factor in developing clinical reasoning in nursing students.

In Indianapolis, the National Council of State Board responded to the low rate of competency amongst newly qualified nurses, by developing a clinical judgement and task model. The model consisted of six stages which included recognising cues from the patient or environment, analysing the cues, prioritising the possible problems, generating possible solutions, acting, and evaluating outcomes. A contributing factor to nurses making good clinical decisions is for them to be involved in the care of their patients and establish relationships with patients. The trusting relationships which are established will encourage patients to share information which would be utilised in monitoring the patterns of patients' clinical conditions, and allow for clinical decisions to be made accordingly (Stec 2016: 60). Billings and Kowalski (2019: 302) emphasise the use of unfolding case studies, clinical case studies and simulations as teaching strategies. These learning strategies when used together with prompts in the form of teaching questions,

stimulates a learner's thinking and behavior towards more effective clinical decision-making, and lowered risk.

Nurses need to develop the ability to apply thinking strategies of a higher cognitive level, which would ultimately, positively influence their clinical reasoning ability (Graan, Williams, Koen 2016: 35). Research has shown that there is a need for focusing on development of clinical reasoning during the training of nursing students. Nursing Education Institutions need to conceptualise clinical reasoning as a process within the programme of study (Hunter and Arthur 2016: 78). The clinical sector must however be fully involved in the process of developing this skill in a student. It is essential to have a strategy and a supportive system which allows for the continuous monitoring of the progress of undergraduate nurses during their clinical training.

Clinical educators from separate studies have affirmed that from their experience, clinical reasoning is a process (Arthur 2016; Stec 2016). It is imperative that during training, there is monitoring of this skill amongst nursing students. Approaches to monitoring clinical reasoning development of nursing students varies amongst training institutions. Orban et al (2017: 164) in their study, used a case study approach, which revealed that it was possible to monitor progress by utilising a case study method and a rubric as a tool for measuring clinical reasoning. First-year students displayed difficulty in identification of a problem and drew a lot of knowledge from theory, whilst second-year students were able to make decisions faster, and these were based on experiential knowledge. Studies by Hunter and Arthur (2016) and Merisier, Larue and Boyer (2018) point out that the type of questioning a student is subjected to during the monitoring process to determine the level of students' knowledge, may assist them in understanding the pathophysiology. Literature from the studies of Hunter and Arthur (2016) and Billings and Kowalski (2019) has confirmed that the development of clinical reasoning amongst student nurses requires the working together of educators, clinical facilitators and the mentors and preceptors in the clinical practice area and should be a competency of all graduating nurses.

2.8.6 Enhancing Clinical Placements for Nursing Students through academic and clinical collaboration

In coordinating nurse training and minimising theory and practice gaps in the training programme, the NEI cannot work independently from the clinical facility where the student will

be placed for mandatory clinical hours. In chapter one the collaborative approach to nursing and the positive contributions this approach could bring to nurse training was presented. The strategies presented in this chapter on bridging the gap in nurse training globally and in South Africa require the support from all stakeholders managing the programme between the NEI and clinical placement site. The literature search presents the perspective of the NEI very clearly while there seems to be not much effort being extended to understand the complexities that exist in the clinical training environments, and useful strategies to manage these challenges.

When planning for the clinical placement of a nursing student, it must be considered that the academic institution is familiar with the clinical learning outcomes of the curricula, and this needs to be work shopped to the mentor/preceptor/supervisor in the clinical facility (Chan et al. 2018: 122). There is a need for a shared common goal between academia and practice for careful planning of the clinical learning experience of the student (Bvumbwe and Mtshali 2018: 7). Literature has revealed that there are various models in existence for managing nursing students in the clinical placement facility, it however remains the academic institutions responsibility to continue with an oversight roles to ensure a supportive environment is created for the preceptor/mentor irrespective of whether they are employed by the academic institutions or clinical facility. The knowledge level, skills of the student and assessments required, during the placement ought to be part of the communication and support provided to the clinical placement facility (Broadbent et al. 2014; Shoghi et al. 2019).

Mckellar and Graham (2017: 96) reviewed two models; the first was a collaborative model for learning where nurses in the clinical practice share the responsibility for the students learning experience. The second being a preceptor model where one nurse takes the responsibility for a particular student. Both of these models worked well, with the key factors being collaborative approach to clinical supervision, designated roles for clinical facilitators/preceptors and mentors, oversight by the academic institution, clear communication assigned to an appointed liason person (Mckellar and Graham 2017: 97). In optimizing the clinical placement experience academic institutions should consider the following; cultivating a respectful partnership with the clinical facility that promotes a shared vision, joint planning and commitment. A clear strategy for capacity building, communication, resource sharing and development of strategies for sustaining these partnerships is essential (Bvumbwe 2016: 321).

Literature is very supportive of the well-established collaboration arrangements for nursing education. The details shared can be a lesson to stakeholders responsible for the training of nurses on how to effectively collaborate with each other. It is very clear from the literature that in planning and executing a positive learning environment for their students, NEI's need to take the lead in forging good partnerships having clearly defined goals, with clinical placement sites. The models for ongoing support, are essential, and ought to be sustained, by ongoing planning, communication, mutual workshopping, and monitoring and evaluation of set goals.

2.9 SUMMARY

Chapter Two presented the literature review which focused on nurse training trends and developments globally. The move of nurse training to higher education models is prevalent worldwide. The changes have however created challenges in managing the theory to practice transformation for these students. Strategies for bridging the theory and practice gap, clinical learning experiences of nursing students, teaching strategies utilised for clinical, teaching and graduate competencies of nurses are well presented in the literature. The literature further reveals that healthcare systems are primarily driven by nurses who require high levels of competency to ensure that health outcomes are met. Notwithstanding the fact that there are numerous teaching strategies already being used for achieving the clinical learning outcomes of nursing students, NEI's are constantly finding that there is a need to improve these strategies for students to correlate the theoretical and clinical aspects of their training more effectively. Varying views exist regarding the roles and responsibilities of the NEI versus the clinical placement area. The literature however is clear on the need for a collaborative partnership between both parties, with clearly outlined responsibilities. There is however some major gaps in literature analysed which presents the voice of clinical partners. This aspect is critical if academic and clinical partnerships are to be successful and sustainable. The next chapter will present the theoretical framework which will guide this study.

CHAPTER THREE

THEORETICAL MODEL GUIDING THE STUDY

3.1 INTRODUCTION

Chapter Two provided background literature to the study focusing on the training of nurses and the various strategies that are being utilised in the clinical training of nurses. Literature revealed that it is essential for a collaborative relationship to exist between the NEI and the clinical placement facility to ensure that nursing students are allocated and benefit from a conducive clinical training platform. In Chapter Three, an introduction to theoretical models in research is provided. The theoretical model that was used to guide this study is presented.

3.2 THEORETICAL MODELS / FRAMEWORKS IN RESEARCH

A framework of a research study assists the researcher in organising the study and provides the context for examining a problem, gathering and analysing data. While a theoretical framework describes the theoretical underpinnings of the research study that is drawn from existing research, a conceptual framework provides the researcher with an opportunity to draw their own conclusions, charting the variables that were used in the study and the relationship between them (Creswell and Creswell 2018). Theories and models according to Creswell and Creswell (2018: 49), can be used in qualitative, quantitative and mixed methods research studies and can assist in predicting the rationale or discussion in a study.

3.3 BACKGROUND TO THE THEORETICAL MODEL GUIDING THE STUDY

In selecting a theoretical model for this study, various teaching models were deliberated upon while considering the nature of nurse training, and the various stakeholders that need to be included in the process. It has been established that nurse training globally comprises of a theoretical and a clinical component. The integration of the theory and practice although complex remains critical in ensuring that the student grasps the essentials, and are able to fulfill the duties required, on completion of their training. Various studies have cited the difficulties experienced by nursing students in correlating the theoretical aspects of their training with demands of clinical practice and obtaining of the desired level of competency (O'Mara et al. 2014; Missen et al. 2016; Chan et al. 2018; O`Brien et al. 2019; Gunay and Kiline 2018).

In considering a framework or model to guide this study, cognizance had to be taken of the aim of the study, and exploring collaboration in nursing education between academia and practice was key. A theoretical model which was initially considered for this research study was Benner's from Novice to Expert model. The model seemed suitable as it describes the five phases of acquiring skills in practice which starts as a novice nurse to an advanced beginner, leading to someone being competent, then proficient to the desired stage of an expert. Benner's model has gained popularity in use for developing simulation models according to Thomas and Kellygreen (2017: 228). The model however lacked the link to the nursing education institution and the nursing curricula to be utilised in this study. It is further viewed that Benner's model, in achieving the expert stage is through experience and its relevance to pre-registration nursing programmes may not be appropriate.

The conceptual framework for work integrated learning by the Council on Higher Education in South Africa was another framework which was researched for suitability for this study. This framework follows three phases in the education process and consists of:

a. Academic field where the staff diversify their thinking.
b. The educational field, where the actual curriculum for study is devised.
c. The professional practice phase, where there is transformation of theoretical knowledge into the field of practice by a process of work integrated learning.

This model depicted the learning process and transformation of knowledge into practice. The model however did not meet the requirements for this study as it lacked a framework to achieve the much needed collaboration between academic and practice (Council on Higher Education 2011: 8).

It is essential for healthcare services to balance priorities with the needs of patients being the main priority and supervision of nursing students a competing priority. The need is therefore for the academic facility to bring the theoretical aspect closer to the clinical practice. Participants in a study conducted by Shogi et al. (2019: 5) were of the view that active participation by both academic and clinical nurses were more effective in bridging the theory and practice gap instead of linked partnerships as greater understanding will be created of both the educational and clinical needs and challenges being experienced with increased involvement in supervision of nursing students. Phillips et al. (2017; 2010) confirms that challenges experienced by student nurses in meeting their clinical requirements is a serious issue with less than 50% of student nurse participants in their study, meeting their clinical requirements.

Research studies conducted by Bvumbwe (2016) and Bisholt et al. (2014) concur that to improve the training of nurses and provide them with a conducive learning environment which enables them to grasp the essentials of the clinical component, it is critical to foster collaboration between the academic and clinical staff. A wide variety of clinical placement models are being utilised in the training of nurses but it remains critical for the clinical requirements of the training authority of that country to be met. Adequate communication is essential between the health service provider, clinical supervisor and the NEI so that the clinical learning opportunities, which match the required clinical training needs of nursing students, are accessed (O'Brien, McNeil and Dawson 2019: 52). Hospital-based clinical teachers and supervisors have strength in their clinical expertise, and the NEI-based teachers provide the theoretical perspective of the curriculum. This however, needs to be brought together into a unified system for the student to view the education programme as a whole (Chan et al. 2018: 122).

3.4 THEORETICAL MODEL SUITABLE FOR THE STUDY

A clinical placement model that was viewed as having the necessary potential of creating this collaborative working relationship between academia and the clinical placement area is "The Andrews and Andrews' clinical placement education model", which provides the opportunity for improving educational practice in a clinically-based education programme whilst improving the experiences and learning outcomes of students. In determining a model suitable for this study, a determinant was collaboration between academia and clinical practice in managing the clinical education requirements of nursing students. The Andrews and Andrews' clinical placement education model" is deemed suitable for this research study, as it takes into account the various levels of collaboration that is essential when planning, implementing and monitoring and evaluating the clinical placement of nursing students. The literature in chapter one and two of this study revealed that the absence of sound academic and clinical collaboration in nurse training, creates many challenges for clinical placement requirements. This model is flexible and could be adapted to the context of the arrangements for clinical education of nursing students at the KZNCN. This is further discussed in 3.5 of this chapter, when describing how this model is used in this research study. The model emphasises the need for effective communication between all stakeholders responsible for the education and training of the student, and clearly highlights the roles of ward managers whilst linking tutors and mentors in the training of the nursing student (Andrews et al. 2006: 863).

The model emphasises the functions of the critical role-players who are essential in the training of a student nurse to ensure that the necessary proficiency is achieved in both the clinical and theoretical aspects of the programme, leading to a graduate nurse who is competent and ready to practice. Roles and responsibilities of key stakeholders at the clinical and academic setting as well as an organised system of communication and feedback are clearly demonstrated. This view is supported by Jeppesen, Christiansen and Frederiksen (2017) and Doyle et al. (2017) who emphasised that, the theoretical and clinical aspects of nurse training should not be seen as separate, and are of the view that it is critical for university educators to establish and maintain strong partnerships with their clinical partners. The model of Andrew et al. (2006), depicts two possible scenarios in clinical practice referred to as current worst practice and current best practice, and provides two recommendations, one for the minimum best practice and the other for best practice.

Figure 3.1 is a visual presentation of the Andrews and Andrews' clinical placement education model

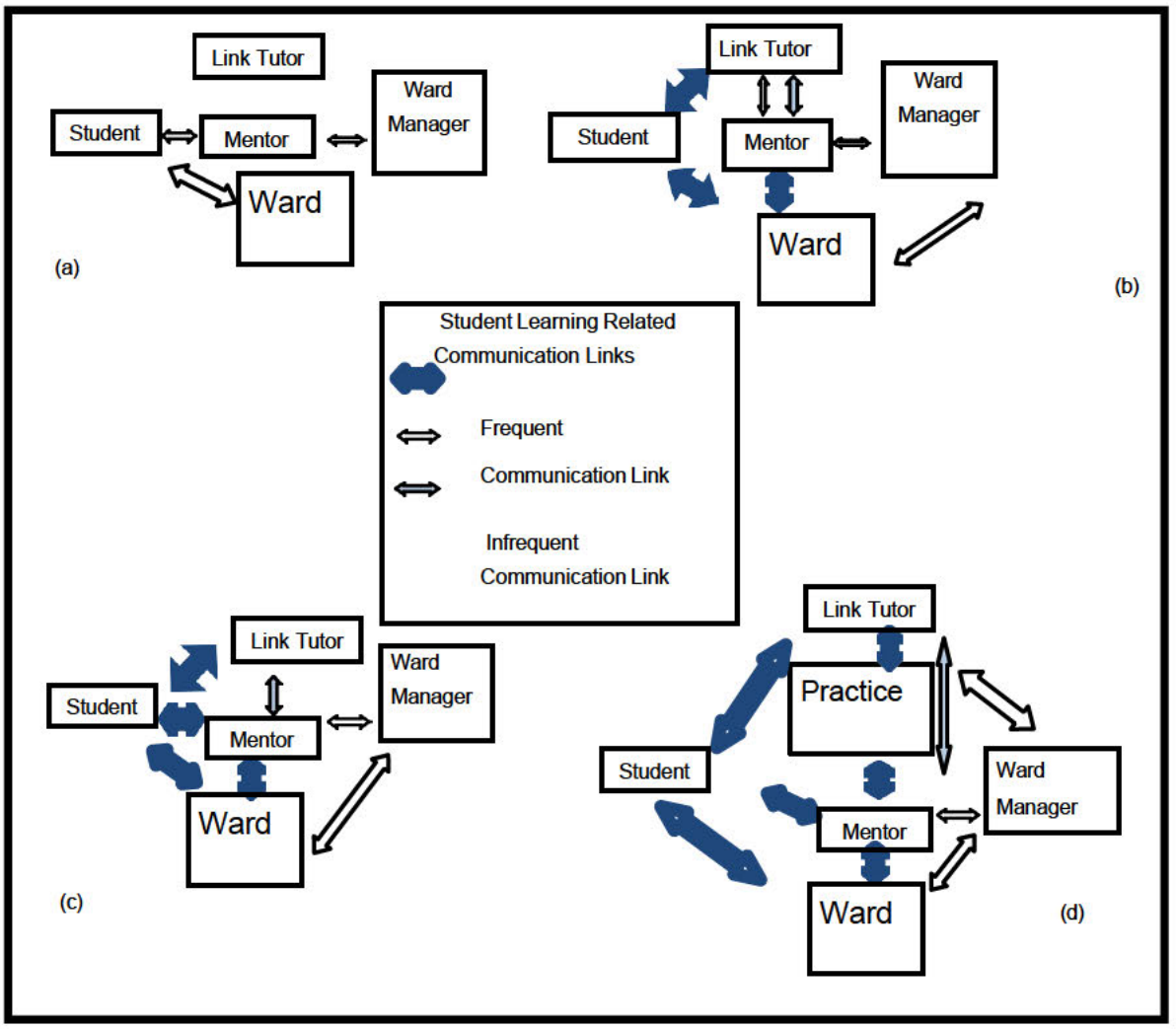

Figure 3.1 The Andrews and Andrews' clinical placement education models

(Source: Andrews' et al. 2006: 863).

***Key**: (a) Current 'worst practice' (b) Current 'best practice'; (c) Recommended Minimum 'best practice (d) Recommended 'best practice'.*

a. Current Worst Practice

The current worst practice placement educational environment is where no support is received by the student from the link tutor. There is minimal mentorship and staff-related learning support. The ward manager does not establish normative educational standards or team cohesion to support the student.

b. *Current Best Practice*

This is a standard of clinical support which is acceptable. There is however a need for further mentorship and link tutor communication.

c. Recommended Minimum Best Practice

This model depicts Minimum Best Practice as the situation where there is improved communication between the link tutor and the mentor.

d. Recommended Best Practice

This model represents the best practice model, which is ideal for clinical placement and educational collaboration, whilst incorporating the practice educator. This model represents the ideal which should be what all NEI's and clinical placement institutions should aspire to establish.

3.5 APPLICATION OF THE ANDREWS AND ANDREWS' 'BEST PRACTICE' CLINICAL EDUCATION MODEL TO THE RESEARCH STUDY

This model promotes a collaborative working relationship between all individuals who have a role in the clinical education and training of a nursing student. In aligning the Andrews and Andrews' best practice clinical education model to this study, the researcher matched the various components and individuals of this model to the context of the study at the KZNCN. This process would assist in aligning the collaborative processes and functions accordingly.

- Ward Manager: The ward manager, in the case of the KZNCN clinical placement sites, are Operational Managers, who take the lead role in planning all activities in the unit, which includes taking the necessary measures for the effective management of students allocated to that unit, ensure that they are adequately accepted, mentored and meet their clinical learning objectives for the unit (Andrews et al. 2006: 865). A challenge observed by Bisholt et al. (2014: 308), is the evolving roles of ward managers which have moved them away from the clinical learning environment. It must however, be emphasised that the learning needs of the student remains the responsibility of the ward manager when planning for the unit needs.

- Mentors: Andrews et al. (2006: 866) describes the role of the mentor as one which is multifaceted and includes supporting, supervising, facilitating learning, assessing quality of care, serving as a role model and professional socialisation of nursing students into the nursing profession. Edwards et al. (2015: 1263) confirm that mentors are qualified staff who work alongside those being mentored which leads to increased confidence and competence. Anecdotal information has indicated that there is no consistency in the availability of allocated mentors in the KZNCN model.

- Link Tutors: The link tutor according to Andrews et al. (2006: 867), works in partnership with the lecturers, practice educator, mentors and other health professionals in meeting the students' clinical placement goals and objectives. In the context of public nursing college (KZNCN) they may also be referred to as Clinical Facilitators.

- Ward/Clinical Staff: These are Professional and Staff nurses who are actively involved in the clinical teaching of student nurses as per Phillips et al. (2017; 2010). Numerous factors however contribute to the quality of this clinical teaching and includes: attitude of the clinical supervisors who in public nursing colleges are professional nurses, communication between the NEI and the clinical placement area, job satisfaction of the clinical staff, personal benefits in working with students thus creating positive experiences.

- Student: Nursing students according to Phillips et al. (2017; 2010), should have clear goals when placed in the clinical facility in order for them to meet their clinical learning objectives. There is however a need for a condusive clinical environment, in order for the student to comply with meeting these learning outcomes.

This model served as a blueprint in guiding the study and, understanding the experiences of nursing students, academic staff and professional nurses in the training of nurses, and gaining an understanding of the communication systems that existed between the two, as well as the academic and clinical updates and support provided to each other. During the data collection the researcher aligned the questions of the interviews to that of the model, to be able to obtain a sense of the collaborative roles that was in existence, as well as the scenarios prevalent in the clinical setting and whether it is the worst practice or the best practice. This assisted in the achievement of the first objective of the study which was to gain in-depth insight into the current practices for clinical education of nursing students at a public nursing college in KwaZulu-Natal.

In addition, this also led to the achievement of the next four objectives which were to explore and describe the role of the nursing educator with regards to clinical accompaniment and clinical teaching; explore and describe the experiences of the clinical ward staff in supervision; mentoring of nursing students; evaluating the experiences of student nurses regarding clinical teaching and learning. Subsequently, guided by the roles of all stakeholders who contributed in the recommended 'best practice' scenario of clinical education, the researcher was able to draw conclusions with recommendations from the study. Finally, the findings from the study, together with the 'Best Practice' theoretical framework of Andrews and Andrews' was utilised to develop the guidelines for academic and clinical collaboration for nurse training commencing from the curriculum development phase to the monitoring and evaluation phase Andrews et al. (2006. These guidelines provide the basis for a comprehensive collaboration between the academic and clinical platforms in nursing education to create a condusive learning environment for nursing students to meet their mandatory clinical training and a step in the right direction towards attaining graduate competency.

3.7 SUMMARY

Chapter Three provides a background to theoretical frameworks in research and nursing research. "The Andrews and Andrews' clinical placement education model" is viewed as the most suitably proposed model for addressing the research problem in this study due to partnerships which exist between all stakeholders. The roles of the various stake holders within this best practice clinical placement model was presented. In Chapter Four, the methodology used in this study will be presented.

CHAPTER FOUR
RESEARCH METHODOLOGY

4.1 INTRODUCTION

The previous chapter discussed the use of theoretical frameworks in research, and provided background to the “The Andrews and Andrews’ clinical placement education model”, which is guiding this study. In Chapter Four, the methodology which was utilised in the study, including the research design, sampling strategies, data collection methods, methods of analysing data, ethical considerations and guideline development process to be observed whilst conducting the study, are discussed.

4.2 RESEARCH DESIGN

The research design and approach are an important part of the study, and includes the plan and proposal which is best suited to conduct the research study and translate the approach being used into practice (Creswell and Creswell 2018: 5). A qualitative exploratory design with a constructivist approach was used for this study. In qualitative research, the focus is on the understanding of human experience from the research participants’ viewpoint, by providing an in-depth understanding of the findings, and having the researcher actively involved in the research process (Brink 2016: 121). Human beings according to Polit and Beck (2018: 09) can create and shape their individual experiences, which may be subjective and multiple in nature. The research process involves collecting this information from participants in their own setting, to create a holistic understanding of the phenomena being studied. Data is then analysed by building-up from individual thoughts to general themes, to provide meaning to the final research report (Creswell and Creswell 2018: 4).

The constructivist approach in qualitative research according to Polit and Beck (2018: 07) is also referred to as the naturalistic paradigm and represents construction of the research participants’ reality. In this type of research, it is assumed that by minimising the distance between the researcher and participants during the study, the knowledge collected is maximised. Creswell and Creswell (2018: 8) posits that constructivists are of the belief that individuals may develop personal experiences of certain objects or ideas which may be varied and this will require the researcher to explore a complex view of the situation being studied.

This view is supported by Maree (2014: 59) who is of the belief that in constructivism, the phenomena is understood through the significance assigned to them by the people themselves.

In applying the constructivist approach, the researcher relied on the view of the participants for the area which was being studied, therefore favouring the more open-ended line of questioning. In following this approach, participants were encouraged to share their in-depth experiences through focus group discussions and individual semi-structured interviews (Creswell and Creswell 2018: 13). A theory or a pattern of meaning was built up from the experiences shared by the research participants (Creswell and Creswell 2018: 8). For the researcher to comprehend the entire phenomenon, Maree (2014: 59) is of the view that the constructivist approach which is conceived from the interpretivist perspective, must reflect how people interact and interpret in their social environment. The constructivist approach was therefore most applicable in this study as it enabled the researcher to gather data from participants who had a good understanding of their experiences. Since all study data was going to be collected from the various academic and clinical staff involved in nurse training as well as nursing students of the KZNCN, it was critical for the views being shared to be reflective of their experiences and needed to be reliable. Participants were able to share their experiences of the clinical arrangements for nursing education at the KZNCN, by the researcher using open ended questions. This data allowed the researcher to create themes which served as a basis to develop guidelines to facilitate academic and clinical collaboration for nurse training in a public nursing college in KwaZulu-Natal.

The underlying approach in constructivism requires the researcher to generate or incrementally develop a pattern of the phenomena under study (Creswell and Creswell 2018: 8). In using this approach, nursing students, professional nurses and academic staff were provided with an opportunity to provide information on their actual experiences, regarding clinical teaching practices at the college and clinical placement facility. The researcher collected information in a variety of settings, which was in turn constructed into meaningful data.

4.3 STUDY SETTING

The KZN College of Nursing (KZNCN) is a multi-campus public college under the auspices of the KwaZulu-Natal Department of Health and serves as an ideal setting for the study. The study took place in the Province of KwaZulu-Natal (KZN) which is one of the nine provinces in

South Africa. Within the province, there are 11 districts, namely Amajuba, Uthukela, Umzinyathi, Umgungundlovu, Harry Gwala, Ugu, Ethekweni, Ilembe, King Cetshwayo, Zululand, and Umkhanyakude. The districts are classified into urban or rural districts, depending on their location with seven districts having access to campuses of the KZNCN for the purposes of nurse training.

The college has 11 campuses which are in a range of settings from rural to urban areas of the province. Sub-campuses have been phased-out due to changes in legislation and accreditation requirements. King Edward VIII campus is specifically reserved for post-basic training. The remaining ten campuses offer a mixture of basic and post-basic nurse training programmes, and are traditionally linked to a hospital where student nurses meet the clinical training needs of the programme that they are registered for. The ten campuses of a total of 11, offer basic nurse training programmes and the ten primary clinical placement facilities which the campuses have signed Memoranda of Agreements with, were included in the study. Including all ten campuses together with the clinical facilities, provided a global picture of nurse training in the province, and included both urban and rural experiences.

- Benedictine Campus which is in the Zululand District in northern KwaZulu-Natal is a rural area, with the primary clinical placement area being Benedictine Hospital, which is a comprehensive district hospital, rendering 24 hour services to the community. Students reside on-site of the campus and hospital.
- Ngwelezane Campus is in the rural area of King Cetshwayo District with the primary clinical placement area being the regional Ngwelezane Hospital offering comprehensive 24 hour services to the community. Students reside on-site of the campus and the hospital.
- R K Khan, Prince Mshiyeni and Addington Campuses are based in eThekwini District, with R K Khan and Addington campuses located in urban areas, having R. K. Khan Hospital and Addington Hospital as their clinical placement sites respectively, whilst Prince Mshiyeni Campus is located in a rural area and has Prince Mshiyeni Hospital as the clinical site. All students at these campuses reside on-site at the campuses and hospital.
- Grey’s and Harry Gwala campuses are in the Umgungundlovu District with the clinical placement sites being Grey’s Tertiary and Harry Gwala Regional Hospitals respectively, both institutions offering 24 hour comprehensive care. Grey’s campus is located in an

urban area, whilst Harry Gwala Campus is situated in a rural area. Students at Grey's Campus reside on-site at the campus and the hospital. Harry Gwala Campus and Hospital are not located on the same site, and are based approximately eight kilometres apart. Students at the campus reside at the residential accommodation based at the hospital and travel to campus utilising personal transport during the theory block sessions.

- Port-Shepstone Campus is located within the rural UGU district and is off-site from the regional Port-Shepstone Hospital which serves as the clinical site. The hospital offers a comprehensive 24 hour service and has limited residential facilities for students, resulting in a mixture of students who live on and off-site. Students who live off-site, travel in their personal capacity to the campus and clinical facilities, whilst students who live at the hospital residence travel to campus.
- Charles Johnson Memorial Campus in Nqutu district is rural with the, Charles Johnson Memorial District Hospital offering a comprehensive 24 hour service, serving as the clinical placement site. All students stay on-site at the campus and the hospital.
- Madadeni Campus is located within the rural Amajuba District and is 18kms away from the regional Madadeni Hospital which offers a 24 hour comprehensive service. Students reside at the hospital premises and utilise personal transport to attend campus.

All campuses that are based within a hospital, use the same facility where they are based for clinical placement of students. Those campuses that are off site (meaning not located within a hospital) have a specific hospital such as Madadeni, Port Shepstone, and Harry Gwala (reference is made to the main hospital site) to which the campus is linked and which provide clinical facilities to nursing students. Each of the hospitals offer a service package comprising of medical, surgical and midwifery services. These were the hospitals that were used as study sites where the Professional nurses were identified. Professional nurses in the clinical facility form part of the multidisciplinary team and hugely contribute to the clinical training of student nurses by planning for their clinical placements, supervising and mentoring them. Nursing students are rotated through the clinical sites within the hospital and to the Primary Health Care services linked to the hospital, according to the academic requirements of the programme that they are registered for. Figure 4.1 outlines the sites of the campuses of the KZNCN graphically with the clinical site at the same area, according to the details of the study setting as provided above.

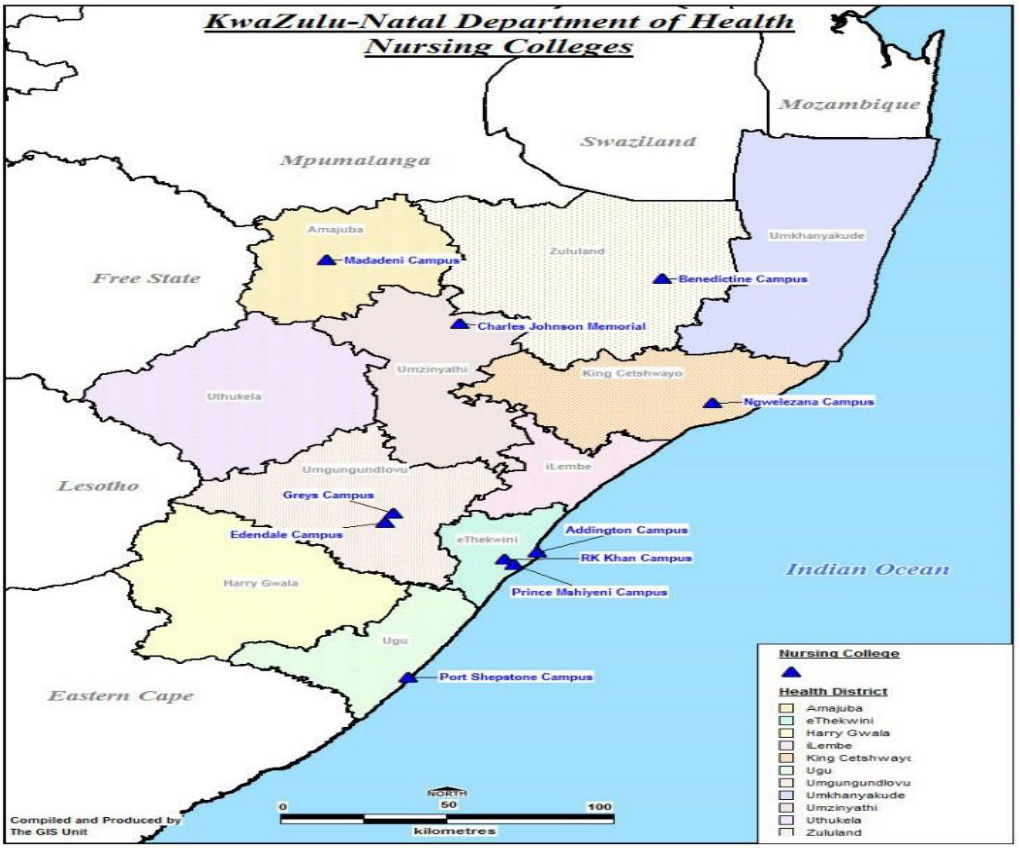

Figure 4.1 Location of the campuses and clinical facilities of the study setting

(Source: KZN Department of Health)

4.4 STUDY POPULATION

In keeping with a qualitative research design using the constructivist approach where the research participants share subjective interpretation of personal experiences, the target population for the study comprised nursing students who were registered at the KZNCN, academic staff inclusive of clinical facilitators from campuses of the KZNCN which offer the Diploma in Nursing Programmes, and professional nurses of all categories namely Nursing Management, Unit Operational Managers, professional nurses (at operational level) from the clinical facility who may have a role in the planning, supervising and mentoring as well as the monitoring of clinical learning activities of students of the KZNCN. A breakdown is provided in

Table 4.1, of nursing students who were enrolled in the Diploma in Nursing Programmes at campuses of the college, academic staff employed per campus, and professional nurses employed at the clinical placement facility site.

Table 4.1 Study population comprising academic staff, nursing students and professional nurses

Campus/Hospital	Students enrolled in Diploma Programmes	Academic Staff of the Campus	Prof. Nurse posts filled at Hospital/Clinical Facility
Addington Campus	71	20	
Addington Hospital			298
Benedictine Campus	13	10	
Benedictine Hospital			164
Charles Johnson Memorial Campus	16	10	
Charles Johnson Memorial Hospital			118
Harry Gwala Regional Campus	47	29	
Harry Gwala Regional Hospital			605
Greys Campus	100	29	
Greys Hospital			581
Madadeni Campus	67	21	
Madadeni Hospital			558
Ngwelezane Campus	100	16	
Ngwelezane Hospital			292
Port Shepstone Campus	44	14	
Port Shepstone Hospital			367
Prince Mshiyeni Memorial Campus	65	19	
Prince Mshiyeni Memorial Hospital			539
RK Khan Campus	66	19	
RK Khan Hospital			394
Total	**589**	**187**	**3916**

(Source: KwaZulu-Natal Department of Health Persal Report (KwaZulu-Natal Department of Health: July 2021).

4.5 SAMPLING

In this study, the non-probability sampling method was utilised as is common in qualitative research studies where the researcher is aiming to obtain extensive and in-depth information on the research area from a selected sample (Creswell and Creswell 2018, Burns and Grove 2019). In non-probability sampling, quality researchers select elements who have in-depth insight or experience into what is being studied. In this sampling method, elements within a sampling frame do not have an equal chance of being selected and researchers using this method, need to be very guarded against any bias in selecting the participants (Fouche, Strydom and Roestenburg 2021; Polit and Beck 2018; Burn's and Grove 2019).

The most suitable non probability sampling approach for this research study, was purposive sampling, which may also be referred to as purposeful judgement. In purposive sampling the researcher uses judgement in selecting a study participant and ought to have a rationale in their choice of participants (Burns and Grove 2019: 429). The researcher in this study purposively sampled participants who adequately represented the academic staff of the campus, Professional nurses of the clinical facility and nursing students registered for the diploma in nursing programmes at the public nursing college in KwaZulu-Natal. This sampling approach enabled the researcher to select participants who would be able to provide quality data in line with the study objectives. Posters with details of the study were circulated within the campus and selected clinical facilities to raise awareness of the study being conducted at the facility (Appendix 7). All campuses offering basic nurse training programmes were included in the study. The process of sampling each category of participant is explained in detail, as the process had to differ due to the nature of their functions and reporting lines.

4.5.1 Process of sampling participants

4.5.1.1 Sampling of academic staff

Academic staff at campuses are allocated according to the various teaching disciplines namely Anatomy and Physiology, Fundamental and General Nursing Science, Community Nursing Science, Social and Psychiatric Nursing Sciences, Ethos and Professional Nursing Science, Midwifery, Psychiatry and Clinical Nursing Sciences and Clinical Facilitation. To ensure representation across the teaching disciplines, academic staff were purposively sampled based on their expertise in the various disciplines they were teaching. A list of all staff interested in

taking part in the study was obtained from the campus principal. Academic staff from each teaching discipline was invited to participate in the study, by telephone or email, until the required number of between six to eight participants per focus group, as per the recommendation of Creswell and Creswell (2018: 187), was reached. The number of academic staff at the campuses varied according to the size of the campus, availability of staff and the number of staff employed. Information sharing with all academic staff took place prior to recruitment into the study and participants who consented were recruited into the study with the knowledge that participation was voluntary.

4.5.1.2 Sampling of students

Students who were registered for the diploma in nursing programmes at the KZNCN were purposively sampled to participate in the study. To recruit the students, the researcher scheduled meetings with students registered in these programmes, through the campus principals, to provide them with information on the research study. Three students per campus who consented to participate in the study and met the inclusion criteria were recruited to participate in the study.

4.5.1.3 Sampling of clinical staff

Clinicians who are professional nurses are employed in the various occupational categories namely Nurse Management, Operational Managers, Clinical Specialists and General Nurses at the clinical learning facilities. These professional nurses were purposively sampled by requesting the nurse manager to allow them to attend a briefing session for information-sharing regarding the research. Interested participants who met the inclusion criteria were recruited, allowing for representation from the various occupational categories.

The number of participants per category, the number of interviews and focus group discussions per facility who were sampled, per participant group is represented in Table 4.2

Table 4.2 Participants per category

Campus/Hospital	Urban/Rural	Students: Interviews	Academic staff:	Focus Group Discussions	Professional nurses	Focus Group Discussions
Addington	Urban	3	6-8	1	6-8	1
Benedictine	Rural	3	6-8	1	6-8	1
Charles Johnson Memorial	Rural	3	6-8	1	6-8	1
Harry Gwala	Rural	3	6-8	1	6-8	1
Greys	Urban	3	6-8	1	6-8	1
Madadeni	Rural	3	6-8	1	6-8	1
Ngwelezane	Rural	3	6-8	1	6-8	1
Port Shepstone	Rural	3	6-8	1	6-8	1
Prince Mshiyeni Memorial	Rural	3	6-8	1	6-8	1
RK Khan	Urban	3	6-8	1	6-8	1
Total		**30**	**60-80**	**10**	**60-80**	**10**

4.5.4 Inclusion Criteria

The inclusion criteria for participation in this study was as follows:

- Academic staff of campuses that have been teaching in the Diploma in Nursing programmes for a period of one-year or more.
- Students who were registered for the diploma in nursing programmes at the KZNCN and had been allocated for six months or more in the clinical area.

- Professional nurses of all categories including nursing management, operational managers and operational staff in general and specialised settings categories who supervised or mentored student nurses and had been employed for a period of one-year or more.

4.5.5 Exclusion Criteria

- Academic staff who were not involved in the teaching of the Diploma in Nursing programmes.
- Academic staff that were teaching in the Diploma in Nursing Programmes but had been employed for less than a year.
- Students who were registered in post registration/specialisation/advanced diploma programmes.
- Nursing students of the KZNCN who were registered for the diploma in nursing programmes and were below 18 years of age.
- Students of the KZNCN who were registered for the diploma in nursing programmes and had been allocated to the clinical area for a period of less than six months.
- Professional nurses of all categories including nursing management, operational managers and operational staff in general and specialised settings categories that had been supervising or mentoring student nurses and had been employed for a period less than one-year.

4.6 SAMPLE SIZE

In qualitative studies, the sample size is determined by data saturation, and this is recognised by the researcher when there is no further ideas, insights or fresh information being shared or discovered and the researcher has the data required to answer the research questions (Burns and Grove 2019: 325). The sample size for all study participants was guided by data saturation which was monitored separately for each group of participants. When determining the sample size in this research study the researcher stopped the data collection, when there were no new concepts or insights coming through from the data being collected (Creswell and Creswell 2018: 186). The researcher was also alerted that data saturation was reached when the collected information produced redundant results, leading to a sense of closure (Polit and Beck 2018: 201).

The minimum sample size was18 participants for one-on-one semi-structured interviews with students, six focus group discussions for academic staff, and six focus group discussions for professional nurses to ensure that at least 60% of the target population was reached and quality data obtained from a variety of participants. The plan was for the researcher to stop should data saturation occur prior to all sites being included. In the event that data saturation was not achieved after data collection at all sites had taken place, the researcher had planned to continue with another session of data collection, until data saturation had been achieved. Data saturation in all participant groups was however reached prior to all sites being completed. One focus group discussion for academic staff per campus and one focus group discussion for professional nurses per clinical facility took place, until data saturation was reached in each category. On reaching data saturation for both academic staff and Professional nurses one more focus group discussion was conducted per group to confirm data saturation. Three one-on-one semi-structured interviews per campus took place with students until data saturation was reached. Data saturation amongst student participants was monitored for the college as a whole and when reached a further four interviews were conducted to confirm. The data collection sites rotated between urban and rural areas, thus ensuring the different experiences and input was adequately obtained and documented.

4.7 DATA COLLECTION

In qualitative research, the approach is to understand and explore a problem which may be either social or human in nature and to gather information personally to make sense of it (Creswell and Creswell 2018: 4). In utilising the constructivist approach, it is highlighted by Creswell and Creswell (2018: 8) that human beings are able to interpret their world and experiences as they continuously engage with it. In keeping with the qualitative research design and constructivist approach of this study, the following means of collecting data for this study was utilised:

4.7.1 Approval to conduct research

Data collection only commenced once the researcher had obtained full ethical approval from the university Institutional Research Ethics Committee: Ethical clearance no. 200/21: (Appendix 1), Gatekeeper approval from the Principal of the KwaZulu-Natal College of Nursing (Appendices 2 and 3) and the Deputy Director General Hospital Services (Appendices 4 and 5), Provincial approval from the Health Research and Knowledge Management component of the KwaZulu-Natal Department of Health (Appendix 6). In addition to the approvals, the

researcher liaised with the Campus Principals and Nurse Managers to ensure that they had the necessary information timeously and to allow them to adequately plan for the data collection visits.

4.7.2 COVID-19 protocols

The researcher considered COVID-19 protocols at each data collection site, and followed all the institutional policies and guidelines. All participants and the researcher were screened prior to commencing data collection, to ensure that the necessary measures were taken to protect everyone. Strict enforcing of hand sanitising, using of face masks and social distancing was always adhered to. The venues utilised were adequately ventilated. The researcher planned that in the event of physical access to participants not being feasible due to COVID -9 restrictions, the researcher was prepared to utilise alternative means such as the Zoom platform, or Microsoft Teams to connect and communicate with participants online.

4.7.3 Venues

A venue for interviews with participants from academic staff and students which was private and comfortable, with adequate room for seating, was requested from the Campus Principal. A suitable time was identified collectively with the principal, which did not impact on the academic schedule of staff and students. Nurse Managers were requested to assist with venues for the focus group discussions with professional nurses. The time scheduled for meeting the professional nurses and conducting the focus group discussions considered patient-care not being compromised. These group discussions were held after the morning routine, and before lunch time, allowing the Professional Nurses to complete their priority tasks. The venues utilised were away from the busy clinical areas but provided privacy and was comfortable and not intimidating to participants.

4.7.4 Information-sharing and informed consent

All participants were briefed about the study prior to the data collection process and they were provided with an information letter (Appendix 9). The information-sharing sessions were separate for each group. Any clarity-seeking questions that participants had, were answered. Informed consent was obtained from all participants prior to the focus group discussions taking place.

4.7.5 Data collection method

The researcher personally conducted focus group discussions where the opinions and views of all participants were shared. According to Fouche, Strydom and Roestenberg (2022: 362) the minimum of three and maximum of fifteen members is safe, although one should aim for the ideal of between six and ten members respectively. In this study each focus group consisted of between six to eight participants for academic staff and professional nurses. The researcher used a self-developed semi structured interview guide, with open-ended questions (Appendix 10) as a means of data collection (Creswell and Creswell 2018: 8). One focus group discussion took place per campus for academic staff, and one for professional nurses at each of the identified clinical facilities until data saturation was reached. In planning and conducting the focus group discussions the following steps were taken into account as per (Burns and Grove 2019: 336):

- Research was conducted to establish the characteristics of participants from the various groups. With the academic staff, it was noted that the representation would be from staff teaching in the various teaching disciplines, and for clinical, Professional nurses from the various occupational categories.
- The location for the focus group discussion was planned, and for convenience of participants and to maintain privacy, the venue for academic staff was sought at the campus and for the Professional nurses from the nurse manager at the clinical facility.
- The time frame was set of between 45 minutes to one hour, and this was also communicated to participants on commencement of the discussion, and stipulated in the information sheet, discussions however went beyond the allocated time due to the interest in the subject, and took approximately 90 to 120 minutes per session.
- The plan was made in advance for the setting of the room in a circular setting, to allow for ease of communication and audio recording.
- The researcher personally reviewed all processes to conduct the group discussions personally.
- At the onset of the discussions, the rules were set, which included allowing all participants to present their views, no personal attacks, allowing the researcher to probe for further information, take field notes and allow for discussions.

Data collection for students was in the form of semi-structured interviews, using a self-developed tool with open ended questions. Three students per campus were interviewed until

data saturation was reached. Data collection for each group of participants took place separately. Each student interview took approximately 30 to 45 minutes.

4.7.6 Data collection tool and language

A predetermined semi-structured interview guide with open-ended questions, which met all the study objectives was used for both the focus group discussions and the semi-structured interviews (Appendix 10). All focus group discussions, and semi- structured interviews took place in English.

4.7.7 Recording of data collection sessions

Permission was obtained from all participants to audiotape all data collection sessions. Field notes were also made by the researcher at all data collection sessions.

4.8 DATA ANALYSIS

The process of data analysis in research is an important step, which involves the researcher organising, interpreting and providing structure to the data to obtain meaning. This is done in themes, patterns and categories (Pollit and Beck 2018: 414). Analysis of qualitative data is reductionist in nature and the process involves transcribing and interpreting large volumes of work into a meaningful report (Pollit and Beck 2018: 220). In qualitative research, data analysis could continue whilst the writing of the report and data collection is continuing (Creswell and Creswell 2018: 192). The researcher concurrently analysed data from the field notes and audio recordings whilst continuing with data collection. Data for this study was analysed manually. The data analysis strategy which was used by the researcher was qualitative content analysis which Maree (2014: 101) views as being a suitable strategy in analysing qualitative data extracted from open-ended questions used in interviews and focus group discussions. There are two qualitative content analysis approaches which can be used, in quality research; namely inductive, or deductive. In inductive data analysis, the researcher builds patterns, categories and themes, from the data, until the researcher has established a set of themes which is comprehensive and may be described as an emergent strategy. In deductive data analysis a more top down approach may be used, where the researcher utilizes or applies predetermined codes to data, which may have been drawn from the theories, literature or the researcher. It may be argued that qualitative researchers use one or the other or sometimes both as they continue with their data analysis process (Burns and Grove 2019, Cresswell and Cresswell 2018). In line with the content analysis strategy, Creswell and Cresswell (2018: 190) the

inductive data analysis approach of data analysis was utilised, where the themes emerged from the data collected. The researcher identified common trends within each participant group and reported on this accordingly.

The researcher adhered to the following steps according to Creswell (2018) during the data analysis process:

4.8.1 Organising the data and prepare for analysis

Organising qualitative data requires many levels of analysis (Creswell and Creswell 2018: 193). A system was created for the data to be arranged according to the source (focus group discussion or semi-structured interview), site (campus or clinical facility) and participant group (academic staff, professional nurse or nursing student) and according to the date and the site collected. The next step required the researcher to transcribe the audiotaped data verbatim to capture the participants' actual words.

4.8.2 Developing a general sense of the data

The researcher needed to get a general sense of the data as per Bothma et al. (2015: 224). This was achieved by the researcher reading through the transcripts many times to obtain an idea on the general views of the participants. This included all transcripts for each focus group discussion and semi-structured interview, to ensure that all relevant information was considered. Notes on the general ideas contained in the data was written in the margin to remind the researcher of the content.

4.8.3 Coding of the data

The eight-step coding procedure as provided by Tesch (1990) and highlighted by Creswell and Creswell (2018: 196) was utilised to guide the formation of codes in the study. This coding procedure as outlined by Bothma et al. (2015: 224) is incorporated into step three of the data analysis process as follows:

- The transcriptions were read very carefully, to get a sense of the data as a whole, with the researcher jotting down ideas as they surfaced.
- One interview at a time was reviewed, to get a sense of what the information was about. The thoughts that emerged were jotted down in the margin.

- The researcher, after perusing a few documents in this way, compiled, a list of all the topics that surfaced, with a clustering of those that were similar. The topics were further categorised into themes, sub-themes and surplus topics.
- The list was used again to go over the data, and all topics were abbreviated into codes, which were written next to the corresponding section in the text. This technique allowed the researcher to identify any new categories that may have developed.
- Topics that were related were grouped together, to reduce the list, and the most descriptive word was used to turn the various topics into categories. Lines were drawn between the categories to highlight the interrelationships.
- The codes were alphabetised for each category
- The data belonging to each group of participants was put together to perform an initial analysis per group.
- The data was recoded when necessary to do so.

4.8.4 Generate a description and themes

The coding process assisted to create a description of the data collected in terms of the setting, and the themes unveiled (Creswell and Creswell 2018: 193). The themes that were generated were grouped into five themes which serves as the major findings in the study. The themes were further developed into narratives for discussion of the findings.

4.8.5 Represent the description and themes

A popular approach in Creswell's method of data analysis as described by Botma et al. (2015: 224) was utilised to represent the findings consisting of a narrative passage, which included in-depth discussions of the themes together with subthemes portrayed from multiple individuals. The themes were further developed into a narrative for discussion of the findings, by displaying perspectives from a variety of participants as well as using supporting literature.

4.8.6 Interpret Data

In the final step of the data analysis, the researcher interpreted the meaning of the data by revealing lessons learnt on a personal level as well as considering the relevant literature (Botma et al. 2015: 225).

4.9 QUALITATIVE RIGOUR

In qualitative research, subjectivity may be an element that could render research findings open to criticism. As an alternative to validity and reliability which is used to quantitative research, Lincoln and Guba 1985, as cited in (Botma et al. 2015 and Enworo 2023) developed a framework of criteria in the 1980s for qualitative rigor and to enable quality researcher establish evidence of trustworthiness. Trustworthiness in qualitative research, refers to the level of confidence that the researcher has in the credibility of their data. (Polit and Beck 2018: 421). The four criteria, which are credibility, dependability, confirmability and transferability, were initially suggested by Lincoln and Guba (1985) for developing trustworthiness of a qualitative study, with authenticity added on as a fifth criterion (Polit and Beck 2018: 296). In ensuring trustworthiness of the research data and findings, the researcher used the strategies of credibility, dependability, confirmability and authenticity to ensure that all data and findings reflected the views and experiences of participants and not the researcher.

a. Credibility

Credibility refers to the assurance that there is truth in the data presented by the researcher and whether findings can be trusted (Polit and Beck 2018 and Enworo 2023). To ensure that there is credibility during data collection, field notes which accurately depict the information shared, was captured. Data collection continued until there was data saturation, with detailed notes being written after each focus group discussion. The researcher shared transcripts with the participants to ensure that findings were accurately captured. Experts in the field of nursing education from both the academic and clinical areas were engaged by the researcher to review the findings from students, academic and clinical staff regarding their experiences of clinical nurse training of basic nursing students.

b. Dependability

Polit and Beck (2018: 296) is of the view that dependability can be established by ensuring reliability of the data through varied periods of time, and conditions. According to Creswell and Creswell (2018: 200), member checking is a strategy which could be effective in establishing dependability. This could be done by conducting follow-up interviews with participants to allow them to comment on findings. The researcher used member checks by requesting the research participants to confirm the findings for this to represent the conclusions truthfully. A further step in the establishment of dependability of qualitative research, lies in prolonged engagement of the researcher, where there is an investment of

sufficient time, in collecting data, so that the researcher has in-depth understanding of the study area, and to ensure saturation in reached (Polit and Beck 2018: 298). Prolonged engagement was used in that the researcher collected data over a period of four months. Data was collected from multiple participant sources and varying conditions, in that participants were from urban, rural and deep rural institutions, as well as academic facilities which were on site to clinical facilities, and those that were off site. Data collection continued until saturation was reached in each participant group, with further interviews conducted to ensure that no new ideas or thoughts emerged. In coding the data, the researcher used the code and recode strategy, where the data was coded, and the researcher went back to review the data and recoded where necessary. This is also described in detail under the data analysis section.

c. Confirmability

Confirmability is concerned with the objectivity, accuracy and relevance of the data (Polit and Beck 2018: 296). The researcher ensured that all data was thoroughly collected as per the plan. Field notes and audio recordings were accurately transcribed and rechecked to safeguard accuracy. The researcher ensured that the findings were reflective of the participants' views and not biased by the researcher. The study participants' viewpoints are shared taking the standpoint of Creswell and Creswell (2018: 201) into consideration, who stipulates that it is important to present perspectives as they were presented, even if it is contrary to the themes of the researcher, as this will produce a more realistic account of the findings. In qualitative research it is important for researchers to be aware of their own bias, and ensure that it does not have an influence on the study. This can be done by the researcher using reflexivity, which allows one to reflect on your study at each of the process (Burns and Grove: 2019: 76). A reflexive journal was kept by the researcher and all aspects of the research was documented, including the methodology, thoughts as data analysis was conducted, and on any ethical issues. This allowed the researcher to constantly reflect on these reminders in order to ensure that the quality was improved. There was much needed planning to ensure that all groups of participants were accommodated timeously and documents and recording equipment was ready for the session. The researcher ensured that prior to each session notes were reviewed to ensure that all planning for that session was implemented accordingly. This strategy further ensured that the researcher's own bias did not arise. The researcher works in the academic field of nursing education

and had to be objective when conducting the interviews especially since participants in the clinical field also shared their challenges and negative perspective of the nursing education system. In ensuring that the findings of this study, are not based on the researcher's views, the quotations from participants are available on the transcripts as suggested by (Enworo: 2023: 378).

d. Transferability

Transferability refers to the potential for the findings to be transferred to or be applicable to other settings. The researcher ensured that the detailed description, which is a vivid description of the entire research project, and includes the participants of the study, as well as the processes and experiences observed during the research process (Polit and Beck 2018: 296) is available, should this be required by another researcher.

e. Authenticity

Authenticity as defined by Polit and Beck (2018: 296) refers to where the researcher portrays the reality as experienced by the participants. During the qualitative interviews, the researcher captured and transcribed all information shared accurately.

4.10 DATA MANAGEMENT AND STORAGE

All recorded and documented data collected during the interviews was handled by the researcher personally. Recorded data was transferred verbatim onto a computer on completion of each interview with the researcher ensuring that each institution had its own folder. Hard copy folders were placed in a locked cupboard, which only the researcher had access to. Transcribed recordings were kept in folders on a password protected computer. The computer password was known only to the researcher. On completion of the research study, the data will be kept for five years according to the policy of the university, after which it will be destroyed. All hard copy files will be shredded and computerised data will be deleted from the computer.

4.11 GUIDELINE DEVELOPMENT PROCESS

Guidelines were developed from the findings of the qualitative study with the Andrews and Andrews (2006) theoretical framework serving as a guide. The researcher used the guidelines by Schünemann, Fretheim, and Oxman (2006) who worked on an advisory committee to the

World Health Organisation (WHO), in assisting the WHO in the process of guidelines development.

To this research, the following ten steps were followed (Schünemann, Fretheim, and Oxman 2006: 4):

- Priority setting

  The process of the guideline development was outlined, considering the aims and objectives of the research study, as well as the research problem which needed to be addressed as well as the significance of the study. The process as highlighted in the next steps below was followed in order of priority.

- Group composition and consultation process

  The researcher consulted with the relevant stakeholders and formulated a committee comprising of knowledgeable participants from both the academic and clinical areas of nursing education. The findings of the interviews with all participant groups in the research study, further determined the priority needs to be addressed in the guidelines.

- Declaration and avoidance of conflicts of interest

  Members were requested to reveal if any were involved in similar research studies, and there were none

- Group Processes

  For the group to function effectively, processes need to be in place at the outset. It was decided that communication would take place individually by email and telephone with a final consensus meeting.

- Identification of important outcomes

  The outcomes for the guidelines were determined at the outset, taking into consideration the research aims, objectives, questions and the best practice clinical placement model by Andrews and Andrews (2006). Committee members were orientated to the research objectives and questions being addressed in the study, to ensure that all intended outcomes were met.

- Identification and presentation of evidence

  To ensure that the need for the guideline is met, the research findings which revealed the status of clinical education of student nurses at this college was utilised.

- Grading evidence and recommendations

  The evidence and information collected during the data collection process was ranked according to the level of relevance to the research priorities, and the Andrews and

Andrews' (2006) theoretical framework, was used accordingly to develop the guidelines. The committee was provided with an opportunity to review the proposed guidelines and provide recommendations, the researcher used the Delphi Technique as per Polit and Beck (2018: 401) to gain consensus on input to the guidelines. Using the Delphi Technique provided the expert panel who were in different locations an opportunity to input anonymously, via email without and fear or prejudice, until the final virtual meeting to confirm the guidelines.

- Availability of developed guidelines

  The developed guidelines is to be available for distribution together with the thesis, as well as for distribution to all stakeholders separately

- Applicability, transferability and adaption

  The expert committee members were allowed to review the applicability of the guidelines to academic and clinical collaboration for nurse training at a public college in KwaZulu-Natal. The guidelines were also appraised for suitability to adaptation to other health sciences training institutions requiring academic and clinical collaboration.

- Dissemination of guidelines

  The dissemination of the guidelines was not part of this study. The researcher will however disseminate the guidelines to the stakeholders in Nursing Education through the various platforms available, such as meetings, conferences, and published literature.

4.12 ETHICAL CONSIDERATIONS

The study participants are humans and care must be taken for the protection of the rights of all research participants (Polit and Beck 2018: 79). Ethical considerations are extensive and are applicable during all phases of the study (Creswell and Creswell 2018: 90). The researcher took the following ethical principles into consideration to ensure protection of all participants

4.12.1 Beneficence

The principle of beneficence highlights that the participant has the right to be protected from any harm, with the researcher taking all the necessary precautions for the research to take place in an ethical environment (Brink, Van Der Walt and Van Rensburg 2016, Polit and Beck 2018). Dhai (2019) emphasises that in upholding the principle of beneficence, the wellbeing of the participant needs to be prioritised by protection from harm, maximising potential benefits and minimising potential harm.

In order for the research study to be ethically compliant so that all participants and stakeholders are safeguarded, ethics approval to conduct the study was obtained (Appendix 1) from the university Institutional Research Ethics Committee. Gatekeeper support was obtained from the Principal of the KwaZulu-Natal College of Nursing (Appendices 2 and 3) Deputy Director General Hospital Services KwaZulu-Natal Department of Health (Appendices 4 and 5). Approval to conduct the study was obtained from the Health Research and Knowledge Management directorate of the Provincial Departments of Health (Annexure 6).

4.12.2 Respect for persons

Humans according to Polit and Beck (2018: 80) ought to be treated as autonomous beings, who have the right to self-determination, meaning that prospective participants have the right to voluntarily decide to take part in the study, or not, without prejudice. Informed consent is an ethical principal and allows an individual to exercise their right to participate in research studies (Dhai 2019: 176). In this study, written consent was obtained from all participants involved in the study (Annexure 8). An information sheet which explains the significance and purpose of the research was provided to each participant (Annexure 9). The consent form provided the participants with an explanation that the study had no risks attached and participation was voluntary allowing for withdrawal from the study at any time. Any concerns that participants had was clarified prior to the study taking place. The benefit of the study, in terms of adding to the body of knowledge for nursing education was explained to participants.

4.12.3 Justice

In maintaining the principle of justice, Pollit and Beck (2018: 81) highlights that participants have a right to privacy, and fair treatment. Participants who agree to participate in a study, likewise, have an expectation that information collected from them will be kept confidential (Brink, Van Der Walt and Van Rensburg 2016: 37). The identities of all participants were safeguarded. Names or identification numbers of any sort were not expected to be entered on any of the data collection tools. Codes were utilised to ensure the anonymity of participating institutions and individuals.

In keeping with the principle of justice, another ethical concern is for the researcher to maintain confidentiality and safeguard data, as well as donor and research databases (Dhai 2019: 182).

All information collected was kept confidential and not shared with persons not associated with the research. Access to the information was limited to the researcher. Permission to record all qualitative interviews was obtained from participants. There were no names used during the discussions which were recorded. All collected data is kept in a locked cupboard which only the researcher has access to, audiotaped data once transferred to a computer and transcribed data, is being kept on a password protected computer which only the researcher has access to.

Participants ought to benefit from research conducted and is viewed by Dhai (2019) as a matter of justice**.** The findings of the research will be shared with participants and the broader nursing education community by ensuring that copies of the research study is available at the library of the KZNCN. An online version of the study will also be uploaded as per department policy on the e-library website of the KZNDOH. In line with the aim of the study, guidelines for academic and clinical collaboration for nurse training in public nursing colleges, were developed and presented at the various nurse training platforms, workshops and conferences. The findings and Guidelines will be shared with policy and decision makers of nurse training in the Department of Health.

4.13 SUMMARY

Chapter Four described the methodology that was used when conducting the research study. The qualitative constructive research design and how it was applied to the study, was highlighted. The setting of the study and, sampling procedure, utilised to obtain a sample representative of the various geographical locations was explained. The qualitative data collection and analysis methods utilised were detailed. Ethical principles considered during the study for the protection of the rights of all participants. In Chapter Five, a comprehensive account of the data findings will be presented.

CHAPTER FIVE

PRESENTATION OF THE FINDINGS

5.1 INTRODUCTION

In Chapter Four, the methodology of the study was discussed. In Chapter Five, the research findings are presented. Data analysis was conducted and revealed five themes and sub-themes which is presented together with quotations from the participants. In line with the aim of the study which was “To develop guidelines for academic and clinical collaboration for nurse training at a public nursing college in KwaZulu-Natal, South Africa”, the first question posed to participants was for them to share their thoughts, and understanding of integration of theory and practice in nursing education. Participants articulated very clearly their views, in that there was a need for good collaboration and partnerships between the academic institution and the clinical placement site for a well-co-ordinated integration of theory and practice to be successfully implemented. The discussions from the focus group discussions and interviews, shared the need for academic and clinical collaboration in the following areas: communication, shared mentorship, shared resources, capacity building, planned clinical placements, joint research projects, and some degree of standardised clinical practice amongst others. The responses obtained from participants were very significant and provided personal and professional reflections on the clinical learning environment, experiences, challenges and recommendations of nursing students, academic staff and professional nurses.

5.2 SAMPLE REALISATION

All participants to the study were purposefully selected. During the selection process, it was ensured that participants were selected from rural and urban areas, as well as those that have clinical facilities on and off-site. Seven focus group discussions with academic staff were conducted. The number of participants per group ranged between six and eight. Six focus group discussions with participants consisting of professional nurses were conducted. Twenty-one semi-structured interviews were conducted amongst student nurse participants. Table 5.1 provides data on the participants per category.

Table 5.1 Study Participants

Sample Group	Data Collect. Method	Campuses/Hospital Participated		Clinical Facilities		Total No. Part. Per campus	Total No. Part
		Urban	Rural	On Site	Off Site		
Academic Staff (Campus)	Focus Group Discussions	3	4	5	2	6-8	49
Prof. Nurses (Hospital)	Focus Group Discussions	3	3	4	2	6-8	43
Students (Campus)	Semi-Structured Interviews	3	4	5	2	3	21

5.3 PRESENTATION OF THEMES AND SUB-THEMES

The findings presented in this section are, the themes and sub-themes which were obtained after in-depth analysis of all transcribed interviews. The five themes with a breakdown into sub-themes which emerged from the data were linked to the objectives of the study and presented in Table 5.2 below.

Table 5.2: Themes and objectives linked to the theme

No.	Theme	Sub-Theme	Objective study theme is linked
1	Ineffectual clinical training structure.	• Challenge of short clinical rotations • Use of students as workforce • Disregard for student training objectives	• Objective one - Gain an in-depth insight into the current practices for clinical education of nursing students at a public

		• Clinical placement exposure is not in accordance with theoretical programme • Inadequate monitoring of Student Progress in the clinical practice area by academic staff	nursing college in KwaZulu-Natal. • Objective five – Probe the arrangements for guidelines for academic and clinical collaboration.
2	Inadequate collaboration and supportive relationship between the academic institution and clinical placement area.	• Lack of communication, supportive relationships and standardised guidelines between the academic institution and clinical placement area • Involvement of the unit Operational Manager in Academic Planning • Lack of involvement and preparation of clinical staff for the New Diploma in Nursing Programme • Inconsistent clinical accompaniment from academic staff whilst students are in the clinical area • Clinical accompaniment targeting assessment and examination preparation	• Objective two - Explore and describe the role of the nursing educator with regards to clinical accompaniment and clinical teaching is highlighted. • Objective five – Probe the arrangements for guidelines for academic and clinical collaboration.
3	Clinical placement institutional challenges.	• Lack of effective mentorship and inadequate supervision in the clinical area • Attitudes of clinical staff to learners • Staff shortages • Resource constraints at the clinical facility	• Objective three- Explore and describe the experiences of the clinical ward staff in supervision and mentoring of nursing students. • Objective four – Explore and describe the experiences of student nurses regarding clinical

			teaching and learning.
4	Clinical preparedness of students prior to clinical allocations.	• Lack of skills, confidence and competency due to insufficient preparation • Use of outdated resources • Clinical simulation versus real life situation • Lack of uniformity in performing skills between academic and clinical staff • Shortcuts in undertaking procedures	• Objective one - Gain an in-depth insight into the current practices for clinical education of nursing students at a public nursing college in KwaZulu-Natal. • Objective five – Probe the arrangements for guidelines for academic and clinical collaboration.
5	Graduate competency not guaranteed on completion of training.	• Inadequate clinical preparation during training including Community Service Nursing Practitioners not ready to practice • Revolving cycle of graduate incompetence • Intrinsic Motivation of Student to gain graduate competencies	• Objective one - Gain an in-depth insight into the current practices for clinical education of nursing students at a public nursing college in KwaZulu-Natal. • Objective two - Explore and describe the role of the nursing educator with regards to clinical accompaniment and clinical teaching. • Objective five – Probe the arrangements for guidelines for academic and clinical collaboration.

Direct quotes from participants are provided to support the findings. The themes and sub-themes provided the information to achieving the aim of the study which was “to develop academic and clinical collaboration guidelines for nurse training at a public college in KwaZulu-Natal”. The process of developing these guidelines was further informed by the identified themes and sub-themes which portrays the strengths, weaknesses, challenges and recommendations as presented by the participants of the study.

5.3.1 Theme 1: Ineffectual clinical training structure

Nurse training has theoretical and clinical components with the student being taught the theory at the nursing education institution followed by placement in an appropriate health service clinical area. This practice enables correlation of the theory taught at the NEI, to the real-life situation that nurses would have to manage in the clinical facilities. Participants shared their divergent views on the clinical training and placement structure which is a mandatory requirement for nursing students. Objective One set out to “Gain an in-depth insight into the current practices for clinical education of nursing students at a public nursing college in KwaZulu-Natal”. In theme one, the clinical practices in nurse training are shared by all participant groups. The current model has some merits as it provides opportunities for students to practice in a realistic clinical setting. The ability of nursing students to collaborate the theory and practice components of their nursing training was varied and based on factors which differed between the campuses and clinical placement facilities of the college. The participants further reported on the major challenges which were experienced during the clinical placement of nursing students for these obligatory clinical placements. Objective Five where the researcher set out to “Probe the arrangements for academic and clinical guidelines” is also revealed in this theme. The challenges according to participants may negatively influence nursing students’ ability to effectively meet their clinical training outcomes and is a representation of the collaboration challenges which exist and would benefit from guidelines to implementers on both sides.

5.3.1.1 Challenge of short clinical rotations (clinical rotations of two weeks or less)

The length of the clinical placement varies, according to the training institution, and is not controlled by the accreditation bodies. The student must however meet the overall stipulated clinical hours on completion of training. It was reported by participants in this study, that the time allocated for clinical rotations was very short to allow for meaningful learning and practice.

The short clinical rotations challenged the students as they needed to be orientated to each unit first, to optimally utilise opportunities for clinical training in the unit. Staff in the clinical units also reported challenges in teaching, mentoring and assessing students during their clinical allocation period and were of the view that the time spent by students in the unit was not sufficient. The following participant statements support the finding:

Professional nurses and academic staff who participated in the focus group discussions revealed their concerns and challenges about the short allocation time in the clinical area for nursing students:

> *Students are not able to meet their objectives at all times especially when they are only going for a week or two, it is too short a time* (Ac. FGD. 5. P3)
>
> …*Students are in the clinical area for a too short a time, it's impossible to do anything let alone for the students to learn in a period of one week, for them to learn even in a period of two weeks. We have to consider that, that rotational block has to change if you want them to become stronger where their skills are concerned* (Ac. FGD .1. P1).
>
> *Students are expected to have a report or assessment, a performance assessment done at the end of one week which is just not practical, you cannot have a performance assessment written by the clinical staff if they've only accompanied a student for one week* (Ac. FGD. 3. P5).
>
> …*After one week, students are still unfamiliar with the area, they have to grasp onto something which is a challenge and in that one week she won't remember anything, as she is new, she is young, and these conditions are not helping them* (Clin. FGD. 2. P5).
>
> *The impact for us as clinicians to assess, these students in one week, is almost impossible* (Clin. FGD. 2. P3).

The students that were interviewed, expressed their views on the challenges created by the short clinical placements:

> *The period we have in the ward, one week is not enough for us because in one week that's when, its orientation, the moment that you try to learn something they change you….. If we have two weeks in the ward, at least then we can learn something, because right now we are not learning anything. It's a short period, it's a very short period* (Stud. Int. 9).

> …*The R171 programme is structured in a way that it becomes difficult to settle down, a practical example was a Doctor who was willing to teach us, when we told him we are staying for one week, he lost interest straight away, he lost interest. Because he said what are you going to learn in one week. Practical is not easy to learn in one week* (Stud. Int. 6).

> …*The orientation alone becomes a lot, and that takes a whole week on its own, … then in the 2nd week in the ward you mainly doing your vital signs and getting to know your patients……it would be more proficient to have two months so we could learn more about different medical conditions and how to deal with those different medical conditions*... (Stud. Int. 4).

5.3.1.2 Use of students as workforce

Students enrolled in the Diploma in Nursing Programme at this college, are placed in the clinical facilities as supernumerary to the workforce of the unit or facility. Their primary focus should be on the clinical learning requirements that is critical for them to achieve their competency. It was noted from statements shared by participants, that using students as part of the workforce, and the additional manpower being allocated to perform routine as well as non-nursing duties such as porter duties, was the norm in most clinical facilities. The statements below are from participants:

> …*Our students go into the clinical area, to correlate theory and practice, and to learn the clinical skill, but most often, they are used for the most menial tasks, either they*

going to do blood pressures (BPs) for the whole day, or temperature, pulse and respiration (TPR), or portering, we can't even stress it enough, because when we go to accompany them, where are they either in computerised tomography (CT) Scan, and ultrasound, x-ray, and you spend a whole hour waiting for them and when they do come back, they will tell you, they always down to porter the patients (Ac. FGD. 2. P2).

…You know when they see a student, the student that we sending into the ward as a novice, they seeing an extra pair of hands that can assist in the shortage, so that depletes the purpose of the students being sent into the wards, for practical, and instead they are received as a pair of hands (Ac. FGD. 1. P5)

…Students go there to learn, but in the wards they are just used and abused, they are sent on non-nursing tasks, they are doing errands, and how much of their clinical learning has been achieved (Ac. FGD. 5. P3).

….Another challenge that students are facing, is that issue of being allocated to non-nursing duties, whenever there is a patient to be taken to x-ray, the student will be used. So u find, there isn't enough time, when the clinical lecturer, or the lecturer comes to the ward, the student is not there (Ac. FGD. 6. P2).

Professional nurses also shared the reality of utilising students as workforce due to various factors when they are allocated to the units for meeting their clinical training objectives:

…I also think due to shortage, and time, the problem here is, because as others have said when the students are coming into the wards, we see them as part of us, they get allocated, and we just get along with the work. We forget that they here to learn (Clin. FGD. 3. P7).

…We don't even have time to focus on the actual procedures that they are supposed to be tasked at in the clinical setting. We put them as part of the working force, we delegate them duties, according to the working force (Clin. FGD. 3. P2).

…Just do what we need you to do that is what we tell students when we short, sometimes the other nurses are absent. So as students you going to close those gaps, you gonna do this, and this and that (Clin. FGD. 3. P5).

The students' views on being utilised as workforce and for non-nursing duties are shared below:

…The reality in the ward, they don't see us as students but see us as help instead of us being helped, you do not get much time in the ward, at the end of 2nd year we still only doing BP's and observations (Stud. Int. 21)

…They keep sending you back and forth and by the time you come back its late and you tired, you have no opportunities to practice in the clinical area, and you just do what duties are needed to end the day (Stud. Int. 20).

…We at times go to pharmacy, and x-ray the entire day, then we are asked, why you have not completed your duties. We cannot practice on the skills we need, as students are not allowed to do this and that, although we have been taught, and this hinders our performance evaluations (Stud. Int. 19).

…As a student you expected to work as part of a working force, not as a student, it then becomes a problem because you are then being exploited, we not there to be exploited, we there to learn (Stud. Int. 18).

5.3.1.3 Disregard for student training objectives

At each level of their training, students are required to meet theoretical and clinical objectives. These objectives form the building blocks to graduate competency. The skills and procedures range from simple to more complex. Participants in this study however, revealed that the training objectives of students are frequently not taken into consideration. The statements from participants are shared below:

..You have the student clinical objectives, because these students are at a certain level, they are therefore supposed to be allocated accordingly. When you go to the wards, the student, instead of being allocated maybe if they are in third year, and

should be doing, management, you find that the student is doing temperatures, pulse, respiration and bathing of patients, then you question why because that's not according to their level objectives (Ac. FGD. 4. P5).

…When I went to …Hospital to the medical unit, the student was only in her second day, she was emptying urine bags and doing glucose testing, I had to remind the sister that these students were only there for vital signs. I think that as much as we put out our objectives out there in writing, those objectives need to actually be given that lived experience with our students (Ac. FGD. 3. P4).

…Clinical objectives, are not always met, and that gives students a lot of anxiety, because as they leave campus, they leave with the clinical objectives. We also visit the clinical areas, they haven't met their objectives, they haven't been supervised by trained staff, then we find that they not competent enough to have an assessment (Ac. FGD. 6. P5).

…We find that the students are allocated the duties, that are below, their scope. So they are not gaining much experience towards competence. The student doesn't even know about the patient that she or he is attending to. Then when you ask this student, why, don't you ask from the professional nurses, they say they are scared of the professional nurses (Ac. FGD. 6. P3).

Responses from students interviewed, further revealed the non-adherence to allocation according to the relevant objectives:

…I would say the biggest problem is, when students get into clinical nobody advocates for the importance of the student's objectives. If you cannot stand up, you will get swallowed in the ward (Stud. Int.14).

…I know every ward has third year objectives, but they just give us work like they feel, if there are too few nursing assistants for e.g.; we will do the objectives of the first year because they won't allow us to do the higher-level stuff (Stud. Int. 10).

… It doesn't settle well with us, our main focus should be our objectives so it feels like we just there to fill spaces, we don't have an objection, but we could do a bit of both, so we also try and learn things (Stud. Int. 9).

…If you came out of college and a red button, you meant to be learning medication as per your learning objectives, but because the ward is busy, all you do is BP'S and temperatures, you cannot refine your skills, you feel so backwards (Stud. Int. 20).

... You just cover where there is shortage, so you find by the end of the placement you have not been able to cover your objectives. You come back and it is time for assessments, and you find it very hard, as you did not get a chance to practice according to your objectives (Stud. Int. 7).

5.3.1.4 Clinical placement exposure is not in accordance with the theoretical Programme

In facilitating the collaboration of theory and practice, nursing students should first be taught the theory at college before being placed for that specific clinical placement. The foundational knowledge is required, to learn and practice the skills and clinical procedures effectively. Participants shared experiences of the clinical placement of nursing students in relation to the theoretical programme, highlighting that they were not always taught the foundational theory required prior to their clinical exposure:

…There is a need to take a re-look at the common procedures that are there in the first six months of training to better equip students. Students are faced with procedures that they haven't yet covered in class when they placed in Primary Health care settings they are required to know them... (Ac. FGD. 3. P1).

…Students are pushed in to do procedures that they haven't mastered, they haven't gained competence in they not actually allowed to conduct those procedures for e.g.: my colleagues referred to students doing haemoglucotests (HB's) in the first year, they not meant to do invasive procedures in the first year of training, its only in the

second year that they allowed to do invasive procedures like finder pricks etc. When you go into those clinics it's very difficult to say please don't place my student in this area, please don't place my student in that area… (Ac. FGD. 3. P5).

Operating theatre staff from one of the clinical placement facilities, expressed their views on the timing of the students' clinical placement

… *Students are coming too early to the theatre they haven't had enough theory to understand something as specialised as theatre, it is also important to remember that they do need some theory before they do the practicals, so it's a correlation of what they've been taught to what they see in the clinical*… (Clin. FGD. 2. P3).

Student participants shared their views, which showcased the anxiety and fear experienced by them when the necessary theoretical knowledge did not precede clinical placement:

…*In my first year I was placed alone in High Care. I was just fresh out of block one. I had no knowledge of what to do, but I was placed there alone. The sister was not there most of the time and anything could have happened. I think the staff take you for granted*… (Stud. Int. 15).

… *When I was in midwifery I was placed in nursery alone with no knowledge of how to cope being a new student and having not dealt with neonatal emergencies in theory, I had to manage preterm twins of 800gs and 730gs not knowing anything. It was very stressful, other professional nurses refused to help, stating they do not know nursery*… (Stud. Int. 15).

…*In second year we went to theatre without having the theoretical part. You do not know anything, you feel useless, you don't have an idea of what to expect, it really makes it better if you have prepared beforehand* (Stud. Int. 7).

…*Sometimes you go and do practical's in areas you have not done theory, you are then expected to do things you have not been taught, we receive remarks like how*

can you come to us when we are so busy, and how they sending students they have not taught...(Stud. Int. 8).

5.3.1.5 Inadequate monitoring of student progress in the clinical practice area by academic staff

Once allocated to the clinical practice area, students are under the supervision of the clinical staff. The monitoring of students in meeting their clinical objectives is a shared responsibility between the academic and clinical partners. Participants expressed the necessity for continuous monitoring of students' progress by the academic institution in meeting clinical objectives. The views expressed by the participants are shared:

…*The lecturers must come and assess students according to their clinical objectives. See that they are learning, because we don't have the time*…Clin. FGD.1.P4).

…*Our lecturers do not come to check if we are meeting our learning goals, a little pressure from them will help. At least once a week someone needs to sit with the student and check what goals they need to achieve*… (Stud. Int.12).

Academic staff themselves have identified and expressed the need for them to be more involved in monitoring of their students while in the clinical placement areas:

…*We need to be involved more in monitoring a student acquiring the skills as academic staff which means we will see first were the student is, then we must see at the end of that allocation, whether the student's skills have been acquired*…(Ac. FGD. 1. P4).

…*Maybe on our side as nurse educators we need to have our own system, of monitoring and evaluation students' progress in the clinical area, where we will sit together and have a case and look at it, as they have designed their own system across in the clinical*…(Ac. FGD. 6. P2).

…At the end of each module there must be an evaluation meeting between the clinical staff and the lecturers where we must discuss all the problems identified, including that of the Professional Nurse. We must then work on that, and it can help us to improve otherwise I notice that we not improving because we just discuss and we end there… (Ac. FGD. 7. P6

5.3.2 Theme 2: Inadequate communication, collaboration and supportive Relationships between the academic institution and clinical placement area.

In developing and maintaining a system for nursing education, both the academic and clinical partners are required to participate in the educational programme as per the curriculum of the students. Participants in this study were of the view that there should be improved communication, collaboration, standardisation of guidelines and procedures between the two parties. Support in the form of clinical accompaniment for students by their academic institution when placed in the clinical placement facility, is mandatory according to the SANC, which regulates that clinical accompaniment of a minimum of half an hour per fortnight, to be provided by the academic institution. In theme two, the data related to the second objective "Explore and describe the role of the nursing educator with regards to clinical accompaniment and clinical teaching is highlighted." The view of participants was that a more supportive role from academic staff would assist students to gain more clinical knowledge and competency as well as provide a monitoring role while they are allocated to the clinical facilities.

Objective five –"Probe the arrangements for guidelines for academic and clinical collaboration" is also revealed within this theme and reveals the gaps in the collaboration arrangement, which exists as perceived by participants and provides input into the guidelines.

5.3.2.1 Lack of communication, supportive relationships and standardised guidelines between the academic institution and clinical placement area

Structured and frequent communication, a liaison person, supportive relationships and standardised guidelines between the clinical and academic partners would assist in improving relationships and provide support to students undertaking their clinical practice. The planning and execution of the clinical aspect of the training programme would be better managed if there was timeous communication to inform the staff in the placement facilities of the student's movements. Participants shared their views regarding the challenges experienced:

…I think the role of those professional nurses, or those clinicians are to see us as partners in the whole process of teaching and learning our students, and being resource persons both to us and to the students. To realise that we don't know everything as well and also to admit when they come short so that we can come together and meet halfway in terms of looking at the needs of our students and you know what is required, because you know the end result will be a safe practitioner we are creating… (Ac. FGD. 3. P5).

…As a nurse educator when you go to the clinical area, you might find you like an outsider to begin with but you need to develop that relationship with the staff… (Ac. FGD. 5. P6).

…It is important to get rid of working in silos, this is one of the most burdensome things, when it comes to teaching and learning, clinical works in a silo and education works in a silo, so I think we need to break down barriers where silos is concerned, we need to open up the communication between educators and clinicians…. (Ac. FGD.1. P1).

…There should be a kind of a person that will liaise with clinical lecturers and nurse educators. So that whatever is happening at college and in the clinical area, she or he makes everybody aware of the student arrangements, and the college also makes sure that person is well informed… (Ac. FGD1. P5).

The need for structured communication as well as standardisation of procedures and guidelines was deemed necessary to strengthen the collaboration for nurse training as per the statements from academic participants:

…We want a middleman, a middleman who is going to speak two languages, who's going to speak the language of theory and who's going to speak the language of clinical skill, that's what we asking for and that's what we saying could be a solution to the current problem, where we seeing this large disjuncture...(Ac. FGD.1. P5).

…I think, I want to say clinical meetings are very important, were you get everyone coming together and talking, and identifying strengths, because we must not only look at only gaps, but identifying strengths and jobs that are well done, and then identifying were the gaps and weaknesses are, and how they can overcome it. So I think that one of the things we could be lacking in is there is no communication, so we need those meetings to lay out everything openly… (Ac. FGD. 1. P1).

…We need to have a meeting and in-service with those unit managers, they will be much more willing to attend those things if it is in their facility, so we can develop positive partnerships with them. Objectives and student rules can be explained to them… (AC. FGD. 3. P1).

…Procedures should be standardised together as the Department of Health we should have standardised procedures with the clinical, and the theoretical areas... (Ac. FGD. 3. P5).

…The college needs to draw up Standard Operating Procedures (SOP'S) as the professional nurse also gets resistance from her staff, and is faced with challenges as not everyone is on board on how to help the students to meet their objectives…(Ac. FGD. 7. P1).

…I think the core thing that I also want to add from what you are saying, is that we need to create guidelines, and I think that it's very needed, and I think the one thing that has been raised in the creation on guidelines is the integration and practicing theory... (Ac. FGD. 3. P5).

The professional nurses interviewed, further emphasised that there was a need to strengthen the relationships and collaboration with the education partners for them to fully appraise the students' movements in order for them to supervise and monitor students adequately. This necessitated strengthened communication between the two sides:

…So the communication between the campus and the hospital is vital, with regards to where the students are and what the learning expectations are… (Clin. FGD. 2. P4).

…It is important for the college, to inform us in advance that these are the days, they are having training, and you will only be told the day before when you have already allocated students for a particular task… (Clin. FGD. 5. P3).

…The College is putting everything on the clinical side they need to see how they can help to improve the situation of students and support them coping because on the clinical side there are no human resources... (Clin. FGD. 2. P2).

…If lecturers were more involved and could see what we are actually dealing with in the hospital they may be able to talk to the management, the two they are supposed to be talking to whatever is required especially with the procedure packs making sure what they are teaching at the campus collaborates with what we using in the clinical… (Clin. FGD. 3. P5).

…As clinical people we do have meetings with the college and set rules on what we need, how we need these students to be, how we need to conduct their teaching and everything, but actioning it is different, you find after having agreed on what should be done with a student, it is still done different from what has been discussed, there is some resistance to change … (Clin. FGD. 4. P1).

…When students are coming to us, they must already have a format and guideline of the things that they need to know, whichever ward that they going, they must have, this structure to action so we are aware…(Clin. FGD. 1. P3).

The students also revealed being affected by the ineffective collaboration relationships that existed between the academic and clinical partnerships in their training:

…What I have noticed with the clinical staff, is although they are experienced, they feel that because they are not part of the college, they are not part of our learning… (Stud. Int. 1).

…Sometimes the wards, they don't even know, they were not even expecting us, I think communication has to improve, sometimes it's like, where are you from, we were not expecting you… (Stud. Int. 8).

…I think there can be some guidelines or something or some procedures, but something that can guide the clinical staff on how to manage us as students in the clinical area… (Stud. Int.1).

…The clinical staff need to know what their role is, they maybe need clear instructions from the college and this could help… (Stud. Int. 5).

5.3.2.2 Involvement of the Unit Operational Managers (OM's) in academic planning

All aspects of the unit within the clinical facility is managed by the OM's. This is the person who oversees the allocation of duties to all staff and students, and it is therefore critical for her to be informed of all the students' requirements and updates in nurse training that may affect clinical placement. Participants shared their views on the important role, operational managers take in facilitating student learning and training.

…Strengthening of the bond between the campus, and the clinical site, starting from the management from both side, and including the OM's so that there's constant interaction between both sides, will help, even when you go to the hospital, there will be guidelines, and policies, that favour the teaching of students, that talk to what is being done at the college… (Ac. FGD. 6. P3).

…There are OM's that are actually managing their department, in such a way that you find that it makes a big difference on the learning... (Ac. FGD. 6. P4).

…My suggestion going forward, is we should join the monthly meetings, which the operational managers have, and they can collaborate with the lecturers at college. We have different departments at college like psychiatry, general, community etc. So each department should represent a particular lecturer to sit at these meetings, and you know things can be discussed, student's accompaniment can be discussed and problems shared and obviously suggestions of those problems can be met... (Ac. FGD. 7. P8).

…The department also must be well informed in terms of the student's objectives and all of those things, and then the meetings should be held between the person that is heading the training part, and the registered nurse in the ward in charge of the ward, (OM's) and the lecturers so we can assist the students…(Clin. FGD. 1. P6).

…The training should start with the OM, and when the OM meets the staff they can get direction on what they should do… (Stud. Int. 5).

5.3.2.3 Lack of involvement and preparation of clinical staff for the New Diploma in Nursing Programme

The nursing student spends at least 50% of training time in the clinical facilities, acquiring mandatory clinical training requirements. It is therefore critical for the clinical staff at the placement facilities to have a thorough knowledge of the curriculum and their role in the students training, for them to effectively supervise and mentor students. Lack of this understanding may result in the student being inadequately prepared to successfully complete the new Diploma in Nursing Programme which commenced in the year 2020.

Participants expressed their views on the preparation and knowledge of clinical staff on the new Diploma in Nursing Programme:

…What is expected because you find that the staff even in the hospitals, they are so confused about this new curriculum, and they don't know what is expected…? (Ac. FGD. 5. P3).

…*We try to prepare the clinical staff for the programmes by having a practical block, we will invite the clinical people from the hospital to join us, and on the morning we will find that no one is coming to join us, so it is also a challenge for education...* (Ac. FGD. 2. P3).

Participants expressed the need for objectives of the new curriculum, to be shared with the clinical placement facilities for them to be on par with their academic partners:

I am sure the curriculum has changed, even the names whatever is entailed on the curriculum, and it has a difference. When there is different information on that curriculum, then there is a problem when we not informed… (Clin. FGD. 5. P4).

…*This new programme, I don't know, I haven't been made aware of what it entails, whether it entails Psychiatry, midwifery, or it's gonna be like how the old course was, where you do midwifery for the whole year, psychiatry for a whole year, we weren't told about that and how this whole programme is going to be run*…(Clin. FGD. 4. 2).

…*I think as far as training between the hospital and the campus is concerned, learning objectives, from the campus to the hospital are a requirement, because with this new course, the wards are unaware of what students are being taught, in the second and third year...* (Clin. FGD.2.P4).

…*So there is this new course, the three year Diploma, and we've asked for the objectives, because it's different from the students we were getting. We are still waiting for them although the programme has started*… (Clin. FGD. 1. P3).

The need for proper orientation and training to the new programme was also expressed by participants who were of the view that this would capacitate them better, to understand the needs of students:

…I think they need to do an orientation on this new programme, and highlight the objectives and the timeframes student have to complete these objectives...(Clin. FGD. 4. P4).

…I don't know whether it was last year, or 2020, the college gave us documents to say, this is the curriculum, this is what is expected at this level, and this level, but there was like no orientation or introduction of this thing…(Clin. FGD. 6. P6).

…I just think we could have more of the training, you know, one training session on something as big as a new qualification, is not good enough, and there are so many platforms on which the lecturers have the opportunity through which to communicate (Clin. FGD. 2. P3).

Nursing student participants further expressed their difficulties in gaining support in a clinical environment where the staff lacked knowledge on the new qualifications:

…The clinical area, they don't know this new programme, they don't know what to expect, they will even ask you how it works, and you feel they need to be more educated about your programme so they can have a clear understanding (Stud. Int. 6).

…It makes it hard for the clinical staff to teach you, as they are not sure if things are changed with our course, so if we can let them know, and give them better knowledge with regards to the R171 course it will help… (Stud. Int. 7).

…I feel that training should be done for the sisters in the ward as well. Some sort of in-service training to make them understand, and they can go back and educate their staff, what this course is about (Stud. Int. 2).

…If the clinical staff are involved in the academic planning, they will be able to understand our learning needs, because when we ask them to involve us in certain learning needs they do not understand because they not part of the academic staff... (Stud. Int.1).

5.3.2.4 Inconsistent clinical accompaniment from academic staff whilst in the clinical area

It is mandatory for the academic staff from the training institution, to have structured clinical accompaniment sessions with nursing students when they are allocated to the clinical placement area. Reports from participants indicate that the clinical accompaniment received by students from the academic staff was not always well structured, over their years of study, and at times inadequately planned. Students required support, in adapting to the clinical area and in assisting them to cope with the reality situation away from the ideal clinical simulation laboratories. Participants expressed their views on the state of clinical accompaniment of students by academic staff whilst in the clinical area:

Academic staff however shared some challenges which affect them conducting clinical accompaniment effectively, including issues such unavailability of students in the clinical area, distance between nursing education institutions and the clinical facility as well as academic staff numbers which may affect the consistency and quality of this support:

> …*The student needs support and with regards to accompaniment it does not necessarily mean that you are going to just check on the student, just ask her some questions what you are doing today, etc. I think there are times when you go to the accompaniment area, and you know there are opportunities there that the student will not take advantage of, without a professional nurse, lecturers can take the opportunity to guide the student*… (Ac. FGD. 7. P2).

> …*The person who's teaching theory can also make an impact to the student going to the clinical facility so it makes the student understand even more, yes the clinical facilitator is there but the person who is giving the theory as well contributes so the student will not divide the two, they will know that I have to receive theory so that I can practice so I will not divide the two…* (Ac. FGD. 5. P6).

> …*There is a need to identify more planning opportunities for students and structure ourselves to expose the students to the learning opportunities. If I may make an example, Doctor's (Dr's) rounds. If there are DR's rounds let the student be part of*

that Dr's rounds because there's lots to learn from there, and it's learning about real patients, matrons rounds, all the rounds, as a college we can go there accompanying the students so they can be exposed… (Ac. FGD. 7. P4).

…*I think we have to go more often and accompany our students, we have to support them, provide guidance, supervision, we need to go quite often to the clinical area to accompany them and allow them to demonstrate the procedures back to you, to see how competent they are*… (Ac. FGD. 2. P5)

…*lecturers also face challenges, let us not forget, because I think the way the programme is structured, we got three groups that are currently in college, and we got three groups that are now running and I just personally feel that when all our groups are in college we are teaching throughout in that entire week. Then you find in the next week they are in the wards and you have to go into the wards, not that I am saying it is a problem but you have other tasks to complete*…(Ac. FGD. 3. P1).

…*It is very challenging for us as academic staff to always make that time to go into clinical, and we are struggling, so, it would be wonderful if we can have a balance between the classroom teaching and the clinical accompaniment...* (Ac. FGD. 6. P5).

…*A challenge in conducting clinical accompaniment is that students, are used as the workforce, sometimes we don't find students, because they will be day of in the middle of the week, when we go as lecturers...* (Ac. FGD. 6. P3).

…*Some of the institutions are not based within the hospital as such and the staff have to travel out so it does pose a problem reaching all facilities*… (Ac. FGD. 7. P7).

Professional nurses interviewed, expressed that for the benefit of the students, there was a need for the frequency and quality of the accompaniment to be improved with increased focus on a more supportive and in-depth clinical teaching experience :

…More visibility of the academic staff is actually required at the patient's bedside, if you coming to the clinical side, it's no use taking a room and then doing a lecture, it's actually doing the work with the patient which will assist the student… (Clin. FGD. 6. P5).

…My suggestion is that the lecturers, at least once a week, they should actually do an actual demonstration with a patient in the ward to students, because that gives them a clinical setting, besides the skills lab is there, but those are not actual patients, you don't get the same reaction, as when you are using an actual patient, and an actual patients, file and a real situation, because putting an intravenous line, in a lab is different from a patient, because, the patient is gonna move, the mannequin doesn't move. The veins are gonna be seen on the mannequin, but on the patient, it's not always seen... (Clin. FGD. 4. P2).

…My academic colleagues idea of accompaniment is being present however when you look at the term it is broad, it involves supervision, evaluation and assessment, so if you are there for accompaniment you will be able to cater even for clinical teaching, so we will definitely achieve…(Clin. FGD.5.P2).

…If lecturers and facilitators come more often they will have patients, to teach, the students the correct way. Because even though as professional nurses, we know the correct way we are too busy… (Clin. FGD. 3. P1).

…If lecturers were more available for the student's benefit it would help if there were horrible things they were being exposed to in the clinical field, which we don't always see, for e.g. where a neonate is born with deformities and the student is shocked, the tutor who comes is a familiar face, and provides support... (Clin. FGD. 3. P3).

…What I found when the lecturers come to the wards, they basically come to check if students are on duty they do speak to us sometimes if there are any issues with the students. The thing is we don't focus on the students, we are so busy with our work,

and when lecturers are coming to the wards they are supposed to, use the time, as a teachable moment... (Clin. FGD. 3. P2).

The data from the nursing students further revealed a similar need, as professional nurses, in terms of the way the clinical accompaniment should be carried out:

…*The role of the lecturers is to demonstrate and take us into practical areas to assist, they are also nurses with practice numbers, so they must practice with us, as I feel it is best to learn from a person who has taught you at campus...* (Stud. Int. 6).

…*The clinical accompaniment is not well scheduled, so we are allocated ward duties, which we have to complete, then our lecturer may come in without forewarning we then have to attend the accompaniment session as well as complete our tasks, which is stressful* (Stud. Int. 17).

…*The clinical accompaniment by our lecturers is very rushed and it covers only basic interventions, we need to learn proper pathophysiology and diseases in in-depth, that we don't get taught in college*… (Stud. Int. 4).

…*You feel neglected when the lecturers are not there, because they guide you, when they in the clinical area, and you also treated as a student, it is important for them to be more around*…(Stud. Int.1).

…*Sometimes when the lecturers come for accompaniment, they teach us like how they tell us in class, they should show us on a patient, and how things are done not like just theory, yet we in a practical area*… (Stud. Int. 8).

…*The lecturers come to the ward and take a procedure guide and teach us what is on paper, they take us to a room, it would be better if they can assist the student by supervising you*. *It should be more guided.* (Stud. Int. 9).

…The clinical accompaniment should be more comprehensive, we can take a patient for the entire day, where we can practice everything. It could be like a case study. This will work to improve understanding of how to take care of the patient… (Stud. Int. 21).

…Our lecturers will come into the ward, just to see if we not absconding, rather than monitor our learning, if we do not know anything they will ask why we did not Google it. It would help if they were more supportive. I do feel the clinical accompaniment can improve, because the staff do not have enough time to teach us…. (Stud. Int.10).

…It would assist students if clinical accompaniment by lecturers was often, because as students we cannot tell the clinical staff how to do things as they used to their own way, but when the lecturers are there, it triggers that you must always do what you are taught… (Stud. Int. 14).

5.3.2.5 Clinical accompaniment targeting assessment and examination preparation

The clinical accompaniment should focus on the holistic development of students in the clinical area and assist them in achieving their clinical objectives. Participants however shared their views which showcased that clinical accompaniment frequently focused on either preparation for or conducting of clinical assessments and examinations. This resulted in students being accompanied for a limited number of skills and procedures. Participants shared their experiences:

…I just feel that our role is to go and mentor the students, to accompany them in the wards through the procedures that they are doing at that specific time including the assessment part of it. So maybe if we should look at really accompanying them and making them good professional nurses rather than only focussing on the assessment… (Ac. FGD. 3. P1).

…They will do the two or four performance assessments because it's entry to exam requirement, but there are so many other procedures that the student needs to learn, but it's neglected because it's not an entry to exam requirement… (Ac. FGD. 7. P1).

…Student accompaniment is really lacking because we see the tutors only when we have assessments of the students. They will only come and check the attendance register and then if she's got an assessment they'll assess her, but other than that there is no other guidance… (Clin. FGD.1. P1).

…They should actually come to the wards more often and not, only come when they are coming to assess them for certain skills, which are associated with what they were studying, but do come into the wards to be able to teach the students, or expose them to certain things, which we can't actually help or supervise in the unit, because some skills we can't really supervise… (Clin. FGD. 3. P5).

…I think the support of lecturers from college to the clinical area, needs to be strengthened, because it is not enough. Currently we've got shortage of staff, therefore the college cannot rely solemnly on the Registered Nurses in the ward to look after and ensure that this neophyte achieves all the objectives because, number one there are time frames for every activity in the ward. There is shortage of nurses in the ward and there is pressure in the ward, therefore the nurses in the clinical area, don't have enough time. I therefore think the number of the lecturers coming into the wards now to dedicate, at least hour or two to monitor, does this neophyte know how to do these procedures, not just coming to assess them (Clin. FGD. 4. P4).

…The clinical accompaniment is very limited, most of the time we focusing on procedures that are going to be tested, and we have to master them (Stud. Int. 5).

…When we know Maam is coming in, we prepare, we prepare maybe just close to the date we know she is coming for their assessments we prepare exactly for what she needs(Stud. Int.11).

5.3.3 Theme 3: Clinical placement institutional challenges

Clinical facilities which are used for the placement of nursing students, are faced with a myriad of challenges. The priority at these facilities is the patient well-being. Participants were of the

belief that the support from the clinical placement facility was challenged due to the many factors that were affecting the clinical placement facilities. The experiences shared by all participants shed light on objective number four which was to “Determine the challenges experienced by nursing students, academic and clinical staff in meeting the clinical needs of students enrolled in the diploma in nursing programmes”, and objective three which explores the “Challenges within the clinical placement institution”. The sub-themes as discussed below, highlights the challenges which are experienced by nursing students, who are placed in the clinical placement facilities, and may pose a threat to students achieving the clinical learning objectives, or developing the competencies required on graduation.

5.3.3.1 Lack of effective mentorship and inadequate supervision in the clinical area

Nursing students, when allocated to the clinical units, are supervised daily by the professional nurse who is based at that clinical unit. The system of mentorship, which entails the student being allocated to a particular person who will be responsible to guide and teach the student, is also used in some facilities. The ongoing supervision and mentoring within the clinical units should not be confused with the structured clinical accompaniment which is the responsibility of the academic staff.

Quality supervision and mentorship for nursing students in the clinical area, has great benefits and contributes to assisting them with the application of theory to clinical practice. Participants interviewed, shared their views on the inconsistent availability of mentors and inadequate supervision at clinical facilities which affect the student’s ability to correlate the theory learnt to the clinical practice area.

> …*Staff at the institutions, do have a vital role in, role-modelling and in guiding our students. But even recently spending time in clinical I am finding that the trained staff may be understanding the role, but sadly they are not playing it as they should play. Having said that, I feel that they so challenged firstly they very short staffed in the wards, so they not having that ample time to mentor and supervise students...* (Ac. FGD. 6. P5).

> …*We are really lacking there is no mentorship no-one who will be solely responsible for mentoring the students. It ends up the one is passing the buck to the other one.*

The student cannot identify one person that they can call upon to help correlate the theory. We could market the mentorship programmes to the clinical side, and then mentor those people, when it's voluntary it works better, because the person is willing to do the work, compared to when you just identify people and ask them to mentor. So that is one of the ways we can, do to market and promote the mentorship… (Ac. FGD.1. P4).

…*I don't think students are properly supervised, sometimes they are left alone there, I once went to one of the wards doing accompaniment, I found students giving injections, and there was no one who was supervising them, yes that's another problem that I've experienced*… (Ac. FGD. 4. P3).

… *The registered nurses or the trained staff may also be fearful on taking on the teaching role for that student because they not updated. As an academic institution we can arrange workshops specifically dealing with our student's requirements where we can maybe set up in the skills lab different stations were we can demonstrate so that they can update their skills*… (Ac. FGD. 7. P1).

…*To assist us in collaborating, and correlating theory to practical, the preceptors, sometimes we find that they are not aware of their role, they just submit names, I think they also need training, they must be taught about the importance of being preceptors*… (Ac. FGD. 4. P3)

…*So those people that we expect to have the skill once the preceptorship model is established, they must be supported, we need to be there for them, and they should not be allocated other tasks, they should solely be dedicated to studen*t... (Ac. FGD. 5. P6).

Professional nurses shared their views on the state of student mentorship and supervision of nursing student when placed in the clinical facilities:

…*I am a clinical mentor for midwifery, so my role with the students, is, before they actually come to the clinical area, I get their allocations, and their clinical learning*

objectives, so I draw up a training plan for them we meet with them and we have one and a half hours of lectures, and another one and a half hours of demonstration in the simulation laboratory. We also have an accompaniment plan, were we visit them in the units, we also have a communication with them to support them… (Clin. FGD. 5. P8

…*We don't have human resources, we don't have time, even if you want to assist students, and empower them with information, knowledge and skills, time becomes a factor, because we have your own things that we need to do*…(Clin. FGD. 6. P6).

…*There's not much insight given to the clinical placement. When they putting to many students in one area, it leaves the sister to supervise so many students as a result they may not meet all their requirements...* (Clin. FGD. 6. P5).

…*They not paid preceptors, and they in full employment, they also have normal duties to complete, so even with that there are many challenges, and students are on night duty, there are no preceptors so there are many challenges with them applying theory to practice as well...* (Clin. FGD. 3. P3).

…*The challenge is of shortage ok, and with added responsibility of helping or student, mentors, you know I have to allocate someone for it, you find that, that particular person has a patient, and there are resuscitations, there are Doctor's orders, then the added responsibility of being a mentor to a student, so half the time, this student is going to be left unattended*… (Clin. FGD. 5. P6).

…*It is a challenge, as a preceptor we need to be really constantly updated by the college as there is an outcry for us to be capacitated with the recent knowledge, as the procedures have changed you know the student will not be arguing back to me and saying this is not the way you do things, because that like demotivates us, even the staff don't' want to be preceptors now, because they will think to be laughed at by students...* (Clin. FGD. 5. P2).

Student's views on the supervision and mentorship experiences of student nurses are shared below:

> …*A sister normally takes you for orientation on the first day, and it ends there, there is no close monitoring and supervision, in fact some of them do not know what to even write on your monthly reports*… (Stud. Int.1).

> …*It's sometimes hard to learn new things, because maybe the professional nurses do not give you the time or have the time to teach you things, you have to try to figure it out on your own*… (Stud. Int. 5).

> …*When we in the wards, the sister just signs our procedure files, you don't necessarily have to do the skills ourselves, some skills you never have the opportunity to do it yourself*… (Stud. Int. 10).

5.3.3.2 Attitudes of clinical staff to learners

Students, when allocated to the clinical area to meet their training needs, are dependent on the staff to guide and assist them as they are new to the unit and environment. Participants shared their experiences which included intimidation, and emotional distress because of the attitude of clinical staff. The following statements were shared by participants:

> …*They have this don't care attitude, and students are sometimes left alone, in the ward, while you find all the registered nurses are gone to tea or lunch and you find that no one is there to really work with the students*…(Ac. FGD. 2. P5).

> …*They unsure of themselves because they were once students and they were not mentored, or taught where they trained, so they ended up not being confident when they became registered nurses*. (Ac. FGD. 2. P1).

> …*I think it's the attitudes as well. Because I think it all boils down to the attitudes, because when you go down to the wards you find the ward staff feel, it's the college's*

responsibility to teach, it's not their responsibility. So if their attitude can change.... (Ac. FGD. 2. P3).

…The staff, have negative attitudes, but we must keep in mind they have added workloads and putting those two together, we ask is the workload giving them the negative attitude, or is the negative attitude giving them the extra workload. So it's something that we going to have to look into the clinical area... (Ac. FGD. 2. P2).

…I have noticed with my students, some of the students they are traumatised as well when they are going to the clinical area. Some sisters are very rude to our students, sometimes you know, the student is asking something then the sister will ask "where is your Brunner", as if now you have to go with the Brunner to the wards of which to me it was so insensitive of the sister (AC. FGD. 3. P6).

…The student has fear of working in certain units because of the intimidation, that insensitive operational manager, or whoever is in charge of them that person that does not want to assist… (Ac. FGD. 5. P4).

…The student has reported that there is lack of orientation in the department. They reported they are working without any idea, of what is the expectation. So that demoralises them. There are wards, where the OM's are not very kind, and the students are so scared to go to those departments... (Ac. FGD. 6. P4).

…I've come across instances where the OM's will say I don't know anything about the students, we don't know what to do with the students… (Ac. FGD. 7. P4).

Professional nurses who mentor nursing students in the clinical area, hail from varied training and practice backgrounds and do not always understand the programme being followed and their role. This impacts on their attitudes as well as the quality of teaching and supervision provided to students. Participants expressed the following views:

…They also need to be motivated almost every day, because as a student, it may be difficult to even come to a clinical area. Sisters are angry and not welcoming. You are not learning anything, so, you need more motivation from the student themselves… (Clin. FGD. 3. P1).

…So there is a lot of training differences between then and now, which we are unaware of also. So as much as if I take like one of my nurses, and tell them, ok you going to accompany the student, their training is different from the students and we don't know...(Clin. FGD. 5. P3).

Students expressed their experiences with respect to attitudes of clinical staff that were experienced by them.

…The clinical staff are really not nice to you as a student, you get this negative, attitude, that you even scared to ask them anything, they will be shouting at you for things you did not even do and it is even a challenge to learn, you just know that their mood is not good… (Stud. Int.17).

…The nurses whenever there are students, they take long breaks, and we have to do all the basic work, if you complain, they start giving you nonsense, being rude to you, and won't offer you their help…(Stud. Int.10).

…Some of the clinical staff are very rude to us, they refuse to help and give scanty information, although they have the knowledge, they not interested in teaching you, so it hinders learning for a student... (Stud. Int.1).

…You feel bad as a student, you are side-lined, it's like you in a different profession like an outsider, you honestly feel like you don't have a place, yet the same person who is signing to say you are competent is not willing to teach you... (Stud. Int. 6)

5.3.3.3 Staff Shortages

The staff shortages had an impact on the ability of the professional nurses in the ward to adequately mentor and monitor students in the clinical practice area. Participants shared their experiences regarding shortage of staff and the effect on nurse training:

> …*You find the sister needs to work in one department, and then move to another department and then they are being robbed of staff. You don't have time to teach the student, the community are complaining and they also phone head office now and again...* (Ac. FGD. 4. P1).

> …*There is huge shortage problem in wards, there are situations where you find yourself in a ward and there is only one professional nurse, and two staff nurses and a nursing assistant and more than 30 patients to look after, and then there are your students as well, so they want to assist, the willingness is there, it's just that there is a shortage of staff. It's huge, it's a huge problem and therefore for them the core function is the patient, we cannot take that away from them. Yes they have a role to teach, but their core, core function will always remain the patient. So clinical teaching becomes like a second task*…. (Ac. FGD. 5. P5).

> …*I think the problem comes where the hospital staff feel, they are very overwhelmed and they are busy and they are short staffed...*. (Ac. FGD. 2. P1).

> …*Shortage of staff also compounds and, adds to even the attitude changes, and the ability to teach the student properly, if taught properly however the student will know, and become an asset to them...* (Ac. FGD. 2. P3).

The main priority of the professional nurse is the welfare of the patient, compounded by staff shortages, student supervision and mentoring. Participants hereby shared their views on how staff shortages affected student training:

…Another of the most important thing that is less spoken about by the nursing fraternity is the shortage that exists in nursing. That is a reality, I always ask myself what the unions are doing about this… (Clin. FGD. 4. P6).

…The clinical facilitators/lecturers from the college must be in the ward most of the time, because really sometimes we are short, we don't have enough time to teach the students, because if there is one sister, and there is this student that doesn't know whatever she is supposed to do you don't have enough time to teach her, it's better if the clinical facilitator is there… (Clin. FGD. 4. P3).

…It goes down to shortage of staff, shortage of resources, it's like our country's global problem. It's not specified to a certain province, you can see every province is having this problem of shortage of staff, where they overwork and then the students, the calibre of students that now become sisters it is difficult… (Clin. FGD. 2. P2).

…If we have the preceptor there, that only does her duties, then it will be much easier, but staff shortages, it really affects student teaching in the unit, then there is also attitude of your own staff in the unit to actively teach. I think also with staff shortages, morale is low, we are tired, burnt outs, it all affects, teaching the student… (Clin. FGD. 2. P1).

…There is a lot of burnouts, so when there's burnout, you get tired, you get easily irritated, it becomes, like impossible, and thus, the nurses end up focusing more, on the patients, because, if something happens to the patient, that nurse needs to answer… (Clin. FGD. 3. P4).

Student's views on shortage of staff and how it affects their training are shared:

…One of the problems which affects students is staff shortages, students are placed like additional staff members, and are even pulled out and sent everywhere, which is

not a good thing, because you just end up working like a normal and not as a student… (Stud. Int.1).

…*There are some wards which are short staffed, and it makes it difficult for the clinical staff to supervise students, so it would be more beneficial if lecturers could actually step in*… (Stud. Int. 4).

5.3.3.4 Resource constraints at the clinical facility

Resource challenges are hugely prevalent in the clinical facility. These inhibit nurses from carrying out procedures as per the standard taught. Participants shared their views on how equipment, material and infrastructure shortages affect student training

…*With the material resources, you find that the linen is short, so the student how is she going to practice even the simple thing like bed making. You find that there is no BP machine that is functional and it does happen at some stage that the student must get a BP machine from the campus side, for an assessment in the hospital. So, on a day to day basis, then how does a student practice BP checking in the ward, it means it does affect acquisition of skill in the ward, and competence*... (Ac. FGD.1. P4).

…*There are not enough resources for the student to practice, so that could also impact on the collaboration of theory and practice and integration…* (Ac. FGD. 2. P3).

…*The lack of resources is still a challenge, you demonstrate to the student, and the student goes to the ward, to practice in a live situation, only to find that there is no equipment the student even buys her own thermometer, which she keeps with her...* (Ac. FGD. 2. P7).

…*We are teaching our students to use all of the resources in the clinical situation, there are things like paper towels, hand soap, hand sanitizer that is lacking. I mean the basic procedures to teach student nurses is how to wash your hands, how to do*

the hand rub, but there are no hand sanitizers around. There are no swabs around. It is scary absolutely scary…. (Ac. FGD. 3. P5).

…*The biggest problem is the resources that are not available in the work area. Like in clinics, you will find that now the student does basic procedures, like urinalysis, but there is no equipment. So, you teach one thing at school, and they see another thing at the workplace there is no correlation at all, so that is the problem*… (Ac. FGD. 4. P2).

…*The patients are sitting on a chair, the couch has got all the stuff, immunisation, cooler boxes, when it's time to put the patient on the couch and examine everything there is no place. The patient, even the baby is sitting in the mothers lap...* (Ac. FGD. 3. P5).

…There are spacing issues, were you find that some of the clinics, are very small, the space is limited, so even when you want to demonstrate a skill with the student, the clinic sisters, are working, and you feel like you are imposing on their space... (Ac. FGD. 6. P3).

…*With the sterile procedures, you even find they use equipment which was on the sink, which has been used already this is not taught in college like this...* (Ac. FGD. 4. P1).

…*We cannot blame the students totally our resources as well is not good we used to have two towels to bath a patient, which we don't have that now. We had cot beds for vulnerable patient to have in a cot bed, to prevent them from falling. Now we don't have these resources...* (Clin. FGD. 4. P2).

…*Firstly, we must look at the cause why the clinical training was not provided adequately, one of it is the lack of equipment. The equipment if it is not there you cannot show a person how to put the catheter if you don't have the proper tray to*

demonstrate and show, and secondly you find out there's staff shortages... (Clin. FGD. 4. P6).

…We don't have time, we don't have resources, the calibre of patients is very complicated, we have multiple gunshot wounds, we have terribly ill patients, ill, ill patients, were they need like total nursing care... (Clin. FGD. 4. P2)

…In college we are taught to do certain skills with everything we require for the skill, whereas in the hospital you never have everything you need so it is very different with the not having the correct resources, you not applying the same learning you learnt in the college to the ward… (Stud. Int. 10).

5.3.4 Theme 4: Clinical preparedness of students prior to clinical allocations

Nursing students are prepared by their training institutions prior to their clinical allocations to be able to cope with the real-life situations that they will be exposed to. Training and practice take place in the clinical simulation laboratories, so that students have a reasonable level of skill, knowledge and confidence to safely practice amongst live patients. Participants expressed that there was a need for nursing students to be well-prepared for their clinical allocations prior to commencement of their clinical training. The level of preparation will provide them with the foundational knowledge that will enable them to transition the theoretical knowledge into clinical practice. The experiences shared by participants provides the information for objective one "Gain in-depth insight into the current practices for clinical education of nursing students at a public nursing college in KwaZulu-Natal." The strategies used for the preparation of the nurse to enter the clinical practice area are highlighted. The data and sub-themes further highlight the information required to meet Objective five – "Probe the arrangements for guidelines for academic and clinical collaboration". The inadequate preparation of nursing students for their clinical learning roles with a lack of standardisation between the academic and clinical area sometimes causes anxiety and confusion for the student and added negatively to their experiences. These areas indicate the need for guidelines to ensure standardised practice, and preparation strategies to bridge the theory and practice gap, which would be determined by planning, communication and standardisation of the education partners.

5.3.4.1 Lack of skills, confidence and competency due to insufficient preparation

Participants reported the need for students to possess a reasonable level of skill and confidence prior to entering the clinical area as a critical success factor to collaborating theory and practice. This level of knowledge and confidence will position the student well, to attain competency and confidence in the clinical practice facility. Participants however shared their experiences where students were not adequately prepared prior to their clinical placements, the views of participants are highlighted as follows:

> …*I think that our clinical skills lab needs things to be improved, so that students can have access to it all the time and they can even go in their self-study and work on specific procedures, there's got to be videos and models that are up to date. They can do the simulation even if there is no lecturer there they can record themselves and they can let the lecturers watch the recording then they can be given feedback in that way*… (Ac. FGD. 3. P4).

> …*Now can you imagine if students don't know simple procedures like how to do an intramuscular injection what are our students going to do in the clinical situation*… (Ac. FGD. 3. P5).

> …*Students were allocated to the Primary Health Care (PHC) Clinics, all they could do was blood pressures in a patient with hypertension. They did not have the knowledge and insight to understand the treatment and the health education that went with it, which is required in a PHC level*… (Ac. FGD. 5. P4).

> …*We are living in simulation which can be a good method but it's not a reality. The student's don't know when they coming to a clinical skills lab, how it feels in reality because it's quite different, and that's the real challenge we put to the students, and when they go to the clinical they have done the theory but when they go to the practical situation, the clinical situation it becomes a real nightmare, because they don't have that confidence*... (Ac. FGD. 5. P4).

Professional nurses shared their experiences when students were not adequately prepared for their clinical training:

…We need them to know that they supposed to have some knowledge before coming to the ward and our job is just to correct them where they are going wrong but they do not want to think for themselves. An e.g. is if you ask the student to set a lumbar puncture (LP) tray they say I don't know what an LP trolley is supposed to be, what do we need, and my question is did you not read up and prepare yourself what is frequently done in this ward before your placement… (Clin. FGD. 3. P2).

…There are times you are all stressed, and you all need to work, you got no time to sit with the student, to guide them, to which steps to take, because you are used to trouble shooting yourself. So they also need to be prepared that there will be instances like that, there will be resuscitations, there will be procedures that cannot wait, that needs to be done now, and time means its life threatening for a patient. They need to be so prepared, they need a proper orientation before they go to the clinical areas, because sometimes when they come to the clinical areas they don't know what is expected from them you know, that's why I'm saying they need a proper orientation… (Clin. FGD. 7. P4).

…We do not have the time to read to them e.g.; if you are putting up a dialysis I can call them and teach them this is how I do it we can do the practical, we can teach them everything in practical, but they must come with the theory it's just not possible for us with the shortage of staff… (Clin. FGD. 5. P3).

…Having a student coming to the ward that doesn't know how to barrier nurse a patient, or she is the cause of the transmission, you know what I mean, so who's liability is it. It is on us as sisters, hospital acquired infection is not a small thing (Clin. FGD. 5. P2).

…What I've noticed in midwifery, when the students come, they've only learnt the normal part of midwifery for e.g.; normal process of labour. Most of our patients, almost 90% of our patients, are complicated. They should probably try to integrate their curriculum with normal and abnormal together. Like we will not just see a Pregnancy Induced Hypertensive, we will see a severe Pre-eclampsia and an

Eclampsia as well and students must have knowledge of these frequently seen conditions… (Clin. FGD. 6. P1).

Student's responses on their experiences on insufficient preparation for clinical practice is shared below

…*Students are not always ready for the clinical practice we could do harm or even kill a patient, we go home so stressed waiting to come back the next day and make sure the patient is ok...* (Stud. Int. 4).

...*We do not always practice the skills in the skills lab, we just watch Maam, and it looks easy, we should practice, and get feedback, if we fail, we need to improve and try again, then it will stay in your mind...* (Stud. Int.10).

…*We do not have sufficient time to practice, in a skills lab to make us confident nurses for practice. We not even introduced to some of the tools, we see it for the first time in the units...* (Stud. Int. 15).

…*There are some real life situations we are not ready for, especially when it is a sensitive case and you have to be involved, the college should give us some small workshops to empower us...* (Stud. Int.13).

5.3.4.2 Use of outdated resources

For students to collaborate theory and clinical practice well, the theory that is taught to the student in the classroom must be based on most updated information, and practice which is in synchronisation to current practice. Participants alleged that academic staff knowledge of the clinical area, is not up to date, and they are therefore lacking in teaching them the correct clinical practice. The following was expressed by participants in this study:

…*There's always changes. Nursing is dynamic, there's new equipment coming out, and sometimes as a campus we the last to know, that something has now changed, and a simple thing is like a BP machine, which they now using a Dynamap, and do we as education have a procedure and assessment tool for the Dynamap*…(Ac. FGD. 2. P2).

…I think many lecturers are not too sure exactly what they have to do for facilitation, in the clinical field, it is difficult in that not every lecturer is skilled in every area of teaching, I mean like someone like me with a background in psychiatry and social science, and now to go into something like midwifery when the rotation happens, our role is to go there and teach the student whatever they need to know for that objective so we also have to have the updated knowledge (Ac. FGD. 3. P4).

…The lecturers as well, I do feel we need a continuous professional development in clinical skills for us to remain clinically competent for e.g., now I have just started teaching midwifery and I last practiced midwifery 15 years ago so there are such challenges… (Ac. FGD. 5. P6).

…For best practice guidelines, I also agree with my colleague that we need to go and work, for e.g.; our new curriculum requires a lot of the students to be at the clinics, and some staff have never worked at clinics so like you know they need that exposure to know what goes on at clinics to practice… (Ac. FGD. 5. P3).

…I joined the Orthopaedic round and I found it very valuable, I used to take students on the round myself, so we would make it a nursing round and I found that the students were very inspired, and I think it is very important that students see that my lecturer is a very competent nurse… (Ac. FGD. 6. P2).

…From the academic side we could identify meetings, for e.g.; midwifery perinatal meetings which could provide exposure on updated management protocols if there was a maternal death, it identifies the care of the client from the first time while being monitored, until the time when the death happened. It helps to identify the gaps and see whether this was any negligence, was this avoidable… (Ac. FGD. 6. P4).

Professional nurses and students also expressed the need for academic staff to be on par with the changes in the clinical field for students to be taught updated information:

…*Tutors and students are not always using books that are recent, it may have outdated treatment and information*... (Clin. FGD. 3. P5).

…*Right now, also the Doctor's they find new ways of treating patients in the ward, or in the Department. So if the lecturers and the clinical facilitators, do come in more often, they will be able to teach the students the new ways*… (Clin. FGD. 3. P4).

…*The lecturers that are attached to that campus, need to have some idea of the layout of the ward, what is happening on the clinical side. You find the lecturers haven't worked on the clinical side, they may have trained in another hospital, worked in another campus, everything is different, and there are policies that are specific to that hospital which students need to be aware of but unfortunately*… (Clin. FGD. 7. P5).

…*We in clinical are up to date with the latest information, research, Doctor's, Programmes, HIV, TB, but I don't know how much of it is incorporated into the curriculum for the students, and that also has to be looked at*… (Clin. FGD. 7. P5).

…*The theory or textbooks that they are using is outdated and not keeping with the current trends that are occurring specifically to the country, and specifically to the Sub-Saharan population*… (Clin. FGD. 6. P1).

…*I think our academic staff have not been to the wards in a long time, although they try to help but their expectations of what happens in the clinical area is very different to reality*… (Stud. Int. 10).

...*We learn a lot from books, but they may be outdated, and you therefore not updated with the current events that are happening in the ward, so the more clinical exposure you get, the better, because you theory can only take you a certain distance, but updated clinical exposure is important*… (Stud. Int. 18).

5.3.4.3 Clinical simulation versus real-life situations

Clinical simulation in nurse training is a teaching strategy which allows students to practice a particular aspect of patient- care in a safe environment such as a simulation laboratory. Students must transition from the simulation experiences in the academic institution, to the real-life situation, which is the actual clinical setting with live patients. The experience proved to be stressful and shocking for students who had to deal with real patients who have emotions and need patience and interpersonal relations when managing them. Participants who shared their views also reported that students were not always fully prepared for the experience:

> …*So in that first week it is absolute shock, they have to find their way around the ward. I think it's overwhelming for the student and we are really punishing them and taking away their passion and their love for nursing, by not preparing them adequately for the reality*… (Ac. FGD. 1. 1).

> …*You started in the classroom, you cannot be abstract, because you are going to be touching a patient you are going to be observing a person so it completes the learning, which can never be complete without the integration of that theory and the actual situation. In the practical component you are dealing with the patient. It clarifies what you have been taught, it makes it real when you are integrating and nursing an actual patient....* (Ac. FGD. 1. P4).

> *You also have to learn the interpersonal relations and the social aspects when you are performing a skill to a human being that has emotions. The experience is different to the demonstration room. Patients will also question you and you need to have theoretical knowledge to answer these questions …* (Ac. FGD. 4. P5).

> …*Procedures like taking of bloods, some of our students are taught in a lab, but the hands-on things are never done...* (Ac. FGD. 7. P2).

> ... *You got twenty-five nurses that need an assessment, maybe one baby has a lumbar puncture, once a month, and now students are practicing on dolls in the demonstration room. Those dolls don't bend, because they made of plastic and it's*

also an incredibly unrealistic situation, because the baby is screaming, Mum is terrified, and yet students got assessed on a plastic doll, lying in the bed, behaving itself… (Clin. FGD. 2. P4).

…When students are performing the last offices the facilitators should also be involved in the doing the last offices on a real patient. The sensitivity part will help prepare the student emotionally and psychologically… (Clin. FGD. 4. P5).

…In the skills lab when we taught a procedure, it seems easy, but it's so different when you have a patient lying there, and you afraid to hurt them, I feel we need more practice in a realistic situation, as it's very different to putting up a drip on a doll's arm… (Stud. Int. 10).

5.3.4.4 Lack of uniformity in performing skills between academic and clinical staff

A unanimous finding amongst participants was the acknowledgement of the difference in teaching of nursing skills and procedures which takes place at the nursing education institution and the actual practice within the clinical practice areas. Participants interviewed, shared their experiences:

…So you find that when they are here at the college we will teach them the right things, but when they get there to the clinical areas, they are not even setting a trolley to do the same procedure, they are just following what the sisters are doing. So it is important for the sisters to remember they are always role models to the students... (Ac. FGD. 3. P6).

…On the first rotation into the clinical field, students do need that support and the clinical facilitators must be there as well because you find that the students they were in shock when they realised what is actually being done in the unit, as opposed to what they are being taught so they will need that somebody there to support them.... (Ac. FGD. 7. P3).

…When you are out there for clinical accompaniment, if the student sees that you are available, then they try their best to do what was taught at the college. They are trying by their own means to get the work done. It becomes a confusion, because they trying by their own means to fit into what the staff is doing. The culture in the wards is we are always saying now you are doing it in a ward style… (Ac. FGD. 4. P2).

…Students are taught one way in college, when you go to the clinical area, to do procedures with the student, the student tells you, I am not going to do it the way was taught, I must do it the ward way. Obviously procedures are drawn up to be safe for the patient and safe for the student, that's why we draw up standard operating procedures (SOP's) and if we not going to comply with those (SOPS) it obviously means that we taking risks somewhere and it does affect nursing education… (Ac. FGD. 7. P2).

…The dressing packs when they are teaching a procedure at college it's so different, and for the wards it is different. They should be notifying CSSD that the requirement should be according to what they are teaching the student so that they learn the correct way… (Clin. FGD. 3. P2).

..What can I say according to the clinical facilitators, is that the when the students come back to block, they fail their tests, because, procedures are done so differently in the wards compared to what is normally taught in college. They come to write a test using the technique that is found in the ward, which is wrong, and they end up failing because the exam papers are not set, using the techniques you use in the ward... (Clin. FGD. 3. P3).

…Students should be psychologically and mentally prepared because what they are actually being taught in the academic area, is totally different from what is actually happening in the units and they get stressed as well… (Clin. FGD. 6. P3).

…There are sometimes differences in how we taught, even by the lecturers themselves, two lecturers will teach you different techniques, even a critical

procedure like Cardiopulmonary Resuscitation (CPR) what we taught in college varies from the clinical area, it becomes very confusing… (Stud. Int. 15).

…*We need a refresher on how to do things in the wards because in campus we learn the ideal setting and in the ward it's another story so when we doing our procedure evaluations in the ward we don't have the resources we were taught to use at campus...* (Stud. Int. 21).

…*They always tell us; you use this equipment to do these procedures. It becomes a challenge when you want to do the procedure, and you can't find the equipment. You enquire from the sister in the ward, and she teaches you different to what you learnt at college, it is very confusing, because you know you going to be marked down...*. (Stud. Int. 20).

5.3.4.5 Shortcuts in undertaking procedures

Procedures and practice at the academic institution, and the clinical placement area should be consistent. This would allow the student smooth transitioning between the theory and clinical training. Participants expressed inconsistent approaches to clinical skills and practice between the academic and clinical partners in nurse training including the use of short cuts in the clinical practice area leading to anxiety and confusion amongst students.

…*You find that the student was taught how to do bed making in college. Then when they go to the clinical area, the nurses there, they rush them and say you're wasting time you know, and they do the way they do. So shortcuts, just take the bedclothes all of them at the same time. But to me it's not even a short cut because those blankets that you took, you bunched them like this, you must sort it out...*(Ac. FGD. 6. P3).

…*There are challenges because when they actually doing a physical examination it takes almost two hours but in the clinic with a real patient that needs to go to work or go home they cannot follow all the aspects of that examination, they have to focus on symptoms and focus on that for the assessment...* (Ac. FGD. 3. P8).

…When they go to the clinical area, they have the basics and the foundation of what is expected of them but when they encounter the clinical area, because of the poor staffing, and the number of patients, the staff in the wards tend to take short cuts, so as a result the student knows, what is expected of them, but now, when they get to the clinical area, the staff are rushing and doing everything, to get it over and done with, so as a result the students are not getting exposed to what is not correct, so they doing the procedures, just to get them over and done with… (Ac. FGD. 2. P6).

…It is very hard to follow step by step, like students are taught in college, so in most cases they learn the shortcut, in the clinical setting. Students they don't get used to it, and get sort of confused on which is the right way to do the things, because they spent hours in the clinical, sisters or nurses, they tell them, you must do it this way, and it becomes hard for them… (Clin. FGD. 3. P1).

…At campus you taught something, then you go to the clinical area they are doing something else, using shortcuts, of which it has become a norm and we not supposed to do the shortcuts as we not experienced enough...(Stud. Int. 6).

5.3.5 Theme 5: Graduate competency not guaranteed on completion of training

On completion of training and after meeting all the necessary clinical hours nursing graduates are expected to have the necessary competencies to function according to the scope of practice as per the statutory body for nursing. Various factors however as unpacked below contribute to the level of competency of graduate nurses. The theme is linked to objective one "Gain an in-depth insight into the current practices for clinical education of nursing students at a public nursing college in KwaZulu-Natal", objective two "Explore and describe the role of the nursing educator with regards to clinical accompaniment and clinical teaching is highlighted" and objective five "Develop academic and clinical collaboration guidelines for nurse training at a public nursing college in KwaZulu-Natal, South Africa." All themes are linked to the clinical training of nurses, with the outcome being the quality of graduate competencies of nurses.

5.3.5.1 Inadequate clinical preparation during training including community service nursing practitioners not ready to practice

Participants expressed that the objective of clinical practice is to prepare nursing students to competently practice after graduation. The fear existed amongst participants that nursing students were not being adequately prepared during training. Notwithstanding the fact that there is a need to obtain competency prior to entering community service practice it was also reported that community service nurse practitioners did not possess the necessary skills and competence to allow them to practice confidently:

> …*So you find that, sometimes we only focus on the assessments of students or preparing them for assessment, and here we do not have enough time to go and groom them for the profession. So maybe that's why now maybe you find that the quality of our nurses is not up to the standard or what we want, because that's the only time that they have for learning, we just check what is the next assessment, am I ready for the next assessment* (Ac. FGD. 3. P2).

> …*The end product of our training will be not good, you know, we won't have a very good professional nurses, who's having all those skills, clinical skills*… (Ac. FGD.1. P3).

> …*We going to have unsafe practitioners, and it's all going to come back to us because we were the ones that were facilitating and teaching them and how do we back up that, what evidence do we have that we taught them the correct thing, so students are going to get themselves into big trouble and obviously when you look at government institutions, the institutions end up paying, they pay a lot of money, large amounts in litigation (* Ac. FGD. 3 P5).

> …*Patients were not so legal wise and now the patients are legal wise, our students are graduating not very competently in the clinical area so that's putting us in a bad place looking at the high rate of litigations that we having. Here in this district, they've set up an entire special department just to administer litigation issues...* (Ac. FGD. 6. P5).

…Unfortunately our students, when they complete the course they are not confident to practice as independent practitioners. One of our former students, now working as a community service nurse was allocated, the Integrated Management of Childhood Illnesses (IMCI) professional nurse, but because she did not know where to start, she the 1st thing she does is phones the college, to say, can you remind me what I was taught, because this student was not competent administering the IMCI… (Ac. FGD. 6. P8).

…What is gonna happen we going to hear of our student or ex-student that actually did something wrong. A patient died, or a patient lost a limb, and it's not even about the student anymore, it's about you as an educator. Are you in the right place, I am trying my best but I don't know, I am scared, although I am trying my best, I am actually scared that, that our students are not yet competent enough… (Ac. FGD. 2. P3).

Professional nurses shared their experiences whilst working with students and community service nurses in the clinical area indicating the need for strengthening the clinical training of nurses:

…These nurses know their theory. They just far with the clinical. I was worried about a person who said professional nurses cannot put a nasogastric tube. I asked myself, when last I saw a student practicing how to do it. So we looking at even those procedures are they matching what is needed now, according to the disease profile. Let's look at our procedure manuals the, the curriculum that is developed... (Clin. FGD. 4. P3).

…No mastering it's just about doing the practical, doing the OSCE (practical exam) and cram, you know cram for the OSCE, going to get the sister who likes you to sign for your workbook without doing all the procedures through proper accompaniment… (Clin. FGD. 4. P4).

…*If you assess the quality of nursing care, it's not there. They can write whatever for you, if you want a written policy, or whatever, they can help you, but the thing is they are not there for patients*… (Clin. FGD. 5. P2).

… *The students are less exposed in the practical, area, it shows, when they qualified and doing community service, then they won't be like confident in the practical areas more, so I think they need more exposure, so when they qualified, they are more confident*… (Clin. FGD. 2. P6).

…*So when I was doing my community service, I remember on my first day they welcomed me, they said we have a new sister here, here is your consulting room, and they left me there alone and I was expected to see patients, prescribe medication alone. I did not know what to do. The patients came and told me, sister I am having a headache, this is my child she is having diarrhoea, and I need to intervene. I didn't know what to do, so it became very difficult*… (Clin. FGD. 5. P1).

Students also reported lacking confidence in their readiness to practice as per their responses shared:

…*There are a lot of procedures we still don't have confidence in because you only do it once, at least if there was an internship as there is no community service in the new diploma programme, you could have two months in one ward and move to another ward it will help in preparing us to practice*…(Stud. Int. 4).

…*I do not feel that I am going to be competent, and that is firstly because I didn't get proper clinical training, and I also have a very low confidence, I don't have confidence in my practice*… (Stud. Int.1).

…*I am going to be incompetent. I will know theory, but not how to balance this practically. Patients are not going to trust us*… (Stud. Int. 9).

…I don't feel my clinical training is very effective, now in my third year, I am scared of community service. They going to expect us to know everything, but in reality, we don't… (Stud. Int.10).

…From what I have seen personally, I've had friends in the groups above me, ahead and when they come to community service, it's like they are new to nursing. They not confident and need to relearn what is required… (Stud. Int.15).

…After our training, when we are professional nurses, we going to be thrown in the deep end. They expect you to know everything, but they don't give you the opportunity to learn more... (Stud. Int. 20).

5.3.5.2 Revolving cycle of graduate incompetence

It was expected that after each clinical rotation the students will build on to their skills to increase their level of competency. Participants however expressed that this is not possible and they do not master one level before moving to the next. The inability of students to grasp all the essential knowledge and skills during their training may compromise their ability to mentor future students adequately resulting in a revolving cycle of graduate incompetence. Participants shared their views on the gaps in clinical competency which poses a threat to the adequate mentoring and supervision of the next cohort of nursing students:

…The calibre of students that we are training, so when they complete now they will be incompetent because of all the challenges that we mentioned, and if they are incompetent as professional nurses, they won't be confident in whatever they are doing as a result they won't be willing to teach students because themselves they won't be confident themselves… (Ac. FGD. 2. P4).

…Professional Nurses are saying, especially the four-year students, they say the four year students do not know anything. The reality is they are the ones that did not prepare these students fully. Whilst they were students, they were not there for them to mentor them and assist them as students, so that they can get all the competencies… (Ac. FGD. 6. P8).

…The Professional nurses don't have updated skills and that also affects the way that students are being trained, and facilitated in that clinical area, because they themselves are not updated. Nursing is dynamic so how will they be of benefit to the student nurse when they are in that clinical area... (Ac. FGD. 7. P1).

…If u didn't learn the correct thing, when you going to become professional how are you going to do the right thing when teaching students... (Ac. FGD. 7. P1).

…Professional nurse who are there currently don't have mentors. They don't have people to support them, they are also pushed into the deep end because you are a professional nurse, you run, and because of that which filtrates down to the student, so how does the student get the confidence if the people that are permanent do not have the confidence themselves… (Ac. FGD. 5. P5).

…They got a role to update, their own knowledge, most of the time the problem that arises, when it comes to supervision and mentoring is the lack of knowledge. Our professional nurses in the clinical area, they don't improve their own knowledge, they satisfied where they are, that's why at the end it's very difficult for them to teach the students…. (Ac. FGD. 6. P3).

…There will not be quality nurses that will be produced because the skill will not be that good because it is just to meet that objective, to sign that, what you call that book, it is just to sign that workbook so that you can get to the next level to finish that semester, yet you are not fit for the first semester objectives… (Clin. FGD. 4. P4).

…You see some of the senior nurses are not willing to deal with students. If they are there, they just put them as part of the workforce and not focussing on them as a teaching function of a professional nurse which will impact on their training. Later on, when that person is qualified, he/she won't provide an adequate training to future students…" (Clin. FGD. 4. P6).

…She will be a supervisor, and when she is teaching the next lot of learners, they will probably be left with litigation and malpractice, because of her incompetency… (Clin. FGD.1. P2).

…When we done with our studies, we going to know nothing, it is going to be a problem for us and the unit, and what will happen to the groups that follow... (Stud. Int. 9).

5.3.5.3 Intrinsic motivation of students to gain graduate competencies

Nursing students in their quest to gain competency, require internal motivation, which serves as a driving force in them adequately benefitting from the clinical learning platforms. Participants expressed that students presented with issues such as absenteeism, inability to manage financial issues, and lacked inner motivation that could serve as a threat to gaining graduate competencies:

…They not interested, even the calibre of students, some of them are not passionate, about nursing. They come here for a job, not wanting to learn, because they want the economic benefit coming with it, and not wanting to go the extra mile, where they practice courtesy, compassion, all these things that are inherent within a nurse, but they don't display it… (Ac. FGD. 2. P6).

…Students, you find that some of them don't have the passion for nursing, they here for the stipend and so they are not willing to give of their best, because the passion is not there... (Ac. FGD. 5. P4).

…A person must be a nurse from inside it will even help with the skills that are needed. A person will be driven, I must know what I am doing, or the product will be not good, you know, we won't have a very good professional nurse, who's having all those skills, clinical skills... (Ac. FGD .1. P3).

…Some males don't want to do bedside nursing and then you find there is a lot of absenteeism, there is alcohol problems. And also students, I think the biggest

challenge of all is the resilience, especially during covid they were really tested and students just refused… (Ac. FGD. 5. P3).

…Absenteeism is high amongst some students, here are students, who are reluctant to go to the clinical area, they are not passionate about nursing, and they just do it for the money. They only enjoy being here at school… (Ac. FGD. 4. P3).

…They exposed in the clinical area, the lack of interest even in them, you can't even pick up this one can be a good nurse... (Clin. FGD. 4. P1).

…If students haven't been exposed, to a procedure, they can just let us know, you know, I haven't done it, and then we are there for them we are there as clinicians, for mentoring them you know to guide them in the correct, direction. If they can just let us know... (Clin. FGD. 5. P1).

*…We press on hard ethics and professionalism and on the behaviour the students are giving us negative attitude, and that is a pr*oblem… (Clin. FGD. 5. P2).

…Students will also continue doing whatever they were taught in the 1st year, they still carry on with absenting themselves like sick leave and all that, like others have got a pattern like weekends if they supposed to work on weekends, they not working… (Clin. FGD. 4. P5).

…I think one of the problems is that when the neophytes come from high school to nursing, they will be getting this stipend that person is not financially literate. The young ones they like to party, they lose focus on studying… (Clin. FGD. 4. P4).

…Students need to be motivated as well. They need to find a way to work around some of the obstacles, as the sister won't be there all the time, you may have to go

and look for your own resources, you need the mind-set that it is my situation and my learning needs… (Stud. Int. 16).

5.4 Summary

In Chapter Five, the results were presented, according to the thematic analysis of the qualitative data, utilising the Tesch (1990) eight-step coding procedure. The five themes and sub-themes which revealed the status of clinical training of student nurses within the public college in KwaZulu-Natal was presented together with the relevant quotations of all participants. The area of concern shared by participants which needed academic and clinical collaboration in line with the aim of the study was also presented. The findings presented in this chapter will be discussed in Chapter Six in line with existing literature pertaining to the academic and clinical collaboration for nurse training in the province. The Andrew's and Andrews's framework which guided the framework will be interpreted in line with the findings.

CHAPTER 6
DISCUSSION OF STUDY FINDINGS

6.1 INTRODUCTION

Chapter Five presented the findings of the study in line with the themes which emerged. Chapter Six focused on discussing the study findings in line with relevant literature. The discussions contained in this chapter takes into account the study aim, objectives, research questions and the relevance of the Andrews and Andrews' clinical placement framework which guided the study. The themes which that emerged from the data of all participant groups are as follows:

Theme 1: Ineffectual clinical training structure.

Theme 2: Inadequate collaboration and supportive relationship between the academic Institution and clinical placement area.

Theme 3: Clinical placement institutional challenges.

Theme 4: Clinical preparedness of students prior to clinical allocations.

Theme 5: Graduate competency not guaranteed on completion of training.

6.2 DISCUSSION OF THEMES

6.2.1 Theme 1: Ineffectual clinical structure

The clinical educational structure in nurse training, serves as a critical factor in building a foundation for nurse graduates and provides an invaluable training platform for the training of students. During their clinical training, students can develop their professional attitudes, norms and values in the nursing profession (Parvan et al. 2018: 41). Within the education model of nursing students, it is imperative that the theoretical and clinical components of nurse training be afforded equal importance and attention requiring NEIs to plan adequately, to ensure that the student gains sufficiently from the real-life settings and experiences during their clinical training (O'Brien, McNeil and Dawson 2019; Masava, Badlangana and Nyoni 2020). Despite of the significance of the clinical component in nursing training, study participants viewed this aspect of their educational programme as being inadequate. Jaseman et al. (2018: 22), is of

the view that the structure of the nurse training programme, inclusive of the clinical component, serves as a critical factor in the preparation of the graduate nurse. This was further emphasised by Forber et al. (2016: 91) who concluded that notwithstanding the fact that the clinical curriculum implementation has proven to be an essential yet undeniably challenging area, a model which is consistent and illuminates principles of sustainable best practice, should be explored and applied across all clinical education programmes to enhance the student nurse experience, skill acquisition and provide quality clinical education. Dobrowolska et al. (2015: 37) emphasised that, clinical placements have a huge impact on the growth of professional competencies and largely influences the confidence, sense of belonging, motivation and preparedness of nurses to enter the profession. These study findings and the literature available clearly indicate that the benefit of aligning the clinical nursing education model to the best practice model of the “Andrews and Andrews” clinical placement framework which guided this study, will promote a well-coordinated nursing education structure which would emphasise the crucial importance of an effective clinical training programme for nursing students. A clear nursing education training strategy which harmonises theoretical and clinical knowledge as well as assessment of students, is critical.

In this study, participants reported that short clinical rotations challenged them in optimising learning opportunities as they were left unsettled and did not have sufficient time to get accustomed to the structure and routine of the unit after orientation and compromised their commitment to teaching and assessing students, due to the limited time spent with the student during each clinical rotation. Findings from the various literature sources, highlight the need for rapid changes in nursing students’ clinical environments which otherwise, could result in the incapacity of these students in absorbing the learning opportunities they are presented with. The discoveries of Woods et al. (2014: 365) highlighted that for students to be adequately prepared to enter the nursing profession, longer clinical placements were required. Evidence provided by Patterson; Boyd and Mnatzaganian (2017: 105) concluded that students’ confidence, and ability to engage with the clinical setting increased when they were not required to constantly re-orientate to a changed setting. Nursing students in a study by Günay and Kilinc (2018: 85) highlighted their views on short clinical stays, expressing their fear in making mistakes while dealing with patients and interacting with other nurses. They expressed the need for longer clinical stays which they hoped would increase their confidence. Garcia et al. (2021: 693) in their study found that longer placements assisted students in forming better

relationships with clinical supervisors thus, positively impacting on their learning environment. Nursing students in that study viewed the optimal duration for clinical placements in each unit to be around seven weeks.

Participants from this study reported that, during students' allocation to the clinical facility, they were frequently being used as part of the workforce and expected to perform non-nursing duties such as porter duties as well as conducting routine patient observations irrespective of their level of training. It was highlighted by Woods et al. (2014: 365) that nurse training institutions needed to be vigilant, even whilst training nurses and meeting the demands of the workforce, that the quality of students' clinical placements not be compromised. Forber et al. (2016: 90) further emphasised that, it is of critical importance for clinical placement facilities to meet the education goals of nursing students in order for them to acquire the required competencies. In this study, it was revealed by participants that the clinical learning objectives of students were largely ignored during their clinical allocation and nursing duties which were often not in line with their clinical learning objectives, formed a large part of their clinical work experience. Participants further expressed that the inability to cover their clinical learning objectives adequately at each level of their training, impacted on their competency levels and degree of preparedness for the next level of training.

Participants in this study reported that their ability to correlate the clinical with the theory, was at times compromised due to them not being exposed to the necessary theoretical knowledge prior to the clinical allocation. This type of arrangement left students, in a vulnerable situation, as they were left dependent on the professional nurse to teach them the theoretical and clinical aspects during that placement. Participants also expressed that is was difficult for them to teach students who were allocated to the clinical facility having not covered the necessary theoretical knowledge prior to their allocation. According to Nguyen et al. (2017: 498), it is crucial for the necessary fundamental skills to be developed in students in the classroom and practised in the clinical skills laboratory, prior to transfer to the clinical practice area. Participants in a study by Warren et al. (2016: 183) echoed similar concerns, and complained that when nurse educators were absent from the clinical placement environment, they experienced a challenge in integrating theory with the practice due to insufficient foundational knowledge. They were also of the view that nurses supervising students did not always understand which aspects were covered in theory prior to their clinical placements. In this study a similar view was expressed

by participants in that they felt that nurse educators understood the training programme and were better suited to teach them at the expected level, even in the clinical facilities especially if the necessary theoretical background had not been covered adequately in class. It was further highlighted in this study by participants that the professional nurse in charge of the unit, managed the allocation of students sometimes resulting in them being allocated to areas which they were not adequately prepared for or which was not in line with their level of training, thus, creating fear and anxiety during that period of their training.

Participants in this study reported a lack of monitoring in achieving their clinical learning objectives by academic staff and were of the view that more could be done to ensure that an efficient monitoring system is implemented and routine evaluation meetings scheduled between academic staff and professional nurses who supervise students. This view was supported by Orban et al. (2017: 163) who emphasised that the clinical accompaniment, monitoring and support for students towards achieving critical and mandatory clinical learning objectives from their nursing education institution was necessary and needed to be improved, if insufficient. It was recommended by Hunter and Arthur (2016) and Merisier, Larue and Boyer (2018) that the monitoring and evaluation to determine the development state of nursing students could take place in the form of questions based on their level of training, building up to full case studies as indicated by Orban et al (2017: 164). Professional nurse training regulatory bodies including the South African Nursing Council have structured clinical hours per discipline in every country (Donough and Van Der Heever 2018:1). Notwithstanding the prescribed minimum hours for clinical training of nursing students, Anarado, Agu and Nwonu (2016: 144) suggest that there are complexities that exist in the clinical environment which may affect training of nursing students. Understanding of the learning environments, misunderstanding of the roles of the academic staff versus the professional nurse in the clinical training of nurses together with the complex needs of the patients, are all factors that contribute to the clinical learning experiences of the student. It is therefore incumbent for the NEI to monitor student achievement and challenges in the clinical placement facility.

6.2.2 Theme 2: Inadequate collaboration, communication and supportive relationships between the academic institution and clinical placement area

The clinical learning experience is significant for students to achieve their goals and progress through their training. This is the environment through which nurses acquire and refine clinical

knowledge, which is applied to the skills and attitudes of the graduate nurse (O'Mara et al. 2014: 212). Amongst the factors which contribute to a positive clinical learning environment is included the crucial partnerships that exists between the academic institution and the clinical learning facility (Bvumbwe and Mtshali 2016: 321). Participants in this study, expressed that the collaboration, communication and supportive relationships that existed between the academic institution and the clinical placement area was inadequate. This finding supported the aim of this study, which aimed at developing guidelines for academic and clinical collaboration which would serve to improve the communication, supportive relationships and collaboration. Ahmad and Anwar (2018) both shared that the theoretical and clinical aspects of nurse training programmes were equally important. It was therefore critical for NEI's to work with the clinical placement facility and not independently in order to provide opportunities for nursing students to apply the theory studied in the classroom to the clinical practice area, and gain clinical expertise and confidence. Research has revealed that in order to provide students with safe and meaningful learning opportunities in a rapidly evolving clinical environment, a systems approach including good communication between academic and clinical partners is essential, in supporting students to reach their full potential and acquire comprehensive training (Bisholt et al. 2014; McKillop et al. 2016; Jeppesen, Christiansen and Fredericksen 2017).

Participants in this study reported that the NEIs and clinical facilities involved in the training of nurses, often worked in silos creating challenges in understanding, implementing and monitoring activities for the training of nurses. They expressed the need for improved communication and strengthening of relationships between education and clinical partners, as well as having a liaison person to assist with improvement of communication between management of the academic and clinical facility, sharing of updated information with each other as partners, and development of standardised guidelines, from the NEI which would assist professional nurses in supporting student nurses in the clinical placement facility. In their study, Broadbent et al. (2014: 408) concluded that successful clinical outcomes in nursing students are best achieved when a close and collaborative working relationship existed between the staff of both the NEI and the clinical placement facility.

The question that may then arise is: while this is meant to be a partnership for the training of nursing students, whose responsibility is it to ensure these working partnerships exists. The view of Phillips et al. (2017), and Doyle et al. (2017) endorse that the responsibility for

development of these positive relationships remain with the nurse educators and nursing education institution, who need to ensure development and maintenance of positive relationships amongst the academic staff, clinical preceptors or supervisors and members of the clinical multidisciplinary health team. This approach has proven essential in forging pathways to clinical competency for nursing students. Muthathi, Thurling and Armstrong (2017: 8) recommend that in order to alleviate confusion, assist in standardisation of procedures, and aid in correlation of theory and clinical skills for nursing students, the academic staff of the NEI and the supervisors in the clinical facility need to work together to correct inconsistencies which may exist.

As stated by Materne, Henderson and Eaton (2017) and Bisholt et al. (2014) that in order for nursing students to be assisted, introduced to developmental networks and be accepted as team members, the support of leaders of the clinical unit are pivotal. In this study professional nurses in charge of the units are referred to as operational managers. Professional nurses and students in this study were of the view that a gap existed, in that operational managers were not adequately included in discussions and decisions around nurse training and communication regarding students placed within their units. It is articulated by Chan et al. (2018: 122) that the academic staff at the NEI are much better acquainted with the curriculum including the learning needs of the students as well as the essential clinical outcomes, whereas the nurse at the clinical facility is more familiar with the needs of the healthcare facility. Participants in this study viewed the operational manager as a key person who ought to be well informed of the key requirements of students when placed in their units to allow adequate cascading of this information to professional nurses supervising students.

A key factor in any collaboration is for all partners to have the same level of knowledge and insight into any process. In this situation, it is essential that the clinical partners and supervisors of students be on par with academic staff regarding the curriculum content of the relevant programmes (O' Brien et al. 2019; Hill and Abhayasinghe: 2022). Participants shared that a new nursing qualification "Diploma in Nursing" was introduced in 2020, which required a change to the curriculum a deficiency in the information-sharing process between the NEI and the clinical placement facility had however existed regarding the curriculum content of this programme. Professional nurses expressed lack of insight into the new Diploma in Nursing Curriculum, and reported being confused about student requirements and their roles in

supervising students at the various levels as compared to programmes that they were previously accustomed to.

This lack of knowledge and understanding affected the ability of professional nurses to supervise and mentor students adequately. Students registered in the new Diploma in Nursing also expressed the difficulties they experienced, due to the confusion amongst the professional nurses who were supervising them in the clinical placement facility.

According to research findings from Broadbent et al. (2014: 408) it is viewed as critical that the academic staff prepare and mentor clinical staff, who will be teaching and supervising students allocated to their clinical facilities. Newton (2016: 3065) advised that it is important for all nursing student clinical supervisors and mentors to have essential and up-to-date knowledge in order to support, guide and assess students.

Nurse training boards provide directives regarding aspects of training such as clinical accompaniment. The SANC requires academic staff to provide a minimum of 30-minutes clinical accompaniment to students allocated to the clinical placement area per fortnight (Donough and Van Der Heever (2018:1). It is however not clear from the data sources in this study if that has been achieved while it is evident that the participants are not satisfied with the focus and structure of the clinical accompaniment with concerns being expressed with the lack of structured clinical accompaniment from academic staff. They revealed that the clinical accompaniment by academic staff focused to a large extent on preparation of students for their formative and summative assessments. It was confirmed that more could be done to assist students in correlating theory and clinical knowledge and skills and for clinical accompaniment to be more structured hereby providing for adequate space and time for discussions, presentations and allowing them opportunities to build confidence, instead of primarily focusing on assessments.

The views shared in this study is similar to reports from Warren et al. (2016: 183) who, when assessing the health competencies globally, reported that in Africa the nurse training institutions primarily focused on memorising facts. Similar views were expressed by participants in a study by Kgafele et al. (2015: 232) who requested the need for nurse educators to increase the time spent in the clinical learning platforms with the belief that it will assist students with the

challenges that they face. An objective in nurse training should be to develop critical thinking amongst nurse students who later become graduates, strengthen and structure clinical accompaniment and support academic staff to achieve this (Graan, Williams and Koen 2016; Hunter and Arthur 2016:). Teaching and learning strategies that could assist in developing nurses become critical thinkers and decision-makers, would involve clinical accompaniment strategies such as clinical case studies, unfolding case studies, and simulation in the realistic clinical area (Billings and Kowalski 2019: 302). Participants in a study by Günay and Kilne (2018: 86) compared other health professionals who were supported in training for example medical doctors, who come to the units, gather all their students and train them. This is however not the case for nursing students, and was also a recommendation that was also alluded to by nursing students in this study.

The Andrews and Andrews' clinical placement framework, has various models, which present the potential challenges that could exist should a proper collaborative process not be followed. The discussions presented regarding findings and challenges on collaboration that exists between the NEI and the clinical placement facility, in this study, is in line with the scenarios shared by the clinical placement model. The best practice clinical placement model when adopted by NEI'S promotes a collaborative relationship between the academic and clinical partners who are responsible for the training of nursing students. Within this model, provision is made for frequent communication, sharing of updates as well as mentor workshops that take place within and between each team. The key to successful training of nursing students is the supportive environment created by this model which seeks to promote the empowerment of both the academic staff of the NEI and the professional nurses of the clinical facility by sharing information relevant to nurse training. Clinical mentors and supervisors who lack experience in nursing education will receive training from academic staff on how to support students in the clinical field. The model further provides for structured student clinical accompaniment on the side of the NEI to be provided, which will benefit the student in meeting their clinical learning objectives.

6.2.3 Theme 3: Clinical placement institutional challenges

The clinical aspect of nursing education is a critical component of any nursing undergraduate programme, and is aimed at preparing nursing students and graduates for competent practice by providing opportunity for correlation of theoretical and clinical knowledge (Phillips et al. 2017:

205). The quality of the mandatory clinical placement is determined by the opportunities for learning at the clinical facility. Numerous factors exist which may influence the clinical learning environment of student nurses and includes mentoring and supervision, resource availability, good role models, and workload of supervisors (Ahmad and Anwar 2018; Bazrafkan and Kaylani 2018).

Participants in various studies reported that challenges which were experienced in the clinical facilities also impacted negatively on the training of nurses. Student nurses require sufficient guidance, support and mentorship during their clinical placements, in order for them to acquire the correct skills and confidence. Several researchers in their own studies, established consensus from participants that they felt the responsibility lay with clinical supervisors to guide and assist students in their professional growth. Disillusionment however, prevailed due to the sometimes unethical behaviour of professional nurses, who could not be regarded as role models to nursing students (Swardt et al. 2014; Kgafele et al. 2015; Arkan et al. 2018).

Participants in this study reported that there was a lack of adequate supervision by professional nurses, as well as erratic availability of preceptors which had left students vulnerable and stressed due to fear of inflicting harm to patients. Mashotyana, Rooyen and Randt (2015: 117) revealed similar results in their study, with students reporting that in some wards they were taught well by staff, whilst in others the teaching was poor. Students were delegated procedures irrespective of their level of training with disastrous outcomes at times.

Participants further shared their own concerns on the challenge of inconsistent preceptorship within their clinical settings and queried the sustainability of this programme in areas where there were such preceptors. They expressed that in order for preceptorship models to be sustainable at these clinical facilities, there ought to be guidelines and uniformity on conditions for appointment, relieving the preceptor of some of the routine work in the unit, and adequately training them so that they are able to understand and execute their roles effectively. These views are in line with Lethale, Makhado and Koen (2019) and Doyle et al. (2017) who revealed in their report that the success factors for preceptorship to work included collaboration between all partners, knowledge and support for the preceptor, discussion of learning outcomes with all parties including the student, good interpersonal relations and a clinical environment that

provides adequate learning opportunities. Doyle et al. (2017: 31) further recommends that student placement within a unit should serve as an opportunity for workplaces to provide a welcoming environment to students whilst encouraging them to communicate their needs, thus attracting them as potential workforce, and at the same time fostering a positive workplace. In order for clinical preceptors or supervisors to understand their role, a requisite, should be educational preparation and training by the NEI (Parvan et al. 2018; McSharry and Lathlean 2017). The situation as reported by participants in this study could once again be attributed to each component, which in this instance reference is made to the NEI and the clinical placement facility, working in silos. The lack of adequate supervision and inconsistent preceptorship which was revealed by participants when students were placed in the clinical facility, indicates a need for the NEI and the clinical placement facility to collaborate and agree on the clinical supervision needs of the nursing students who are placed in that facility as per the recommendations of the aforementioned studies. The benefits of the Andrews and Andrews' best practice clinical placement model, makes provision for support to be rendered to the clinical staff on an ongoing basis thus mitigating this risk.

Nursing students when undertaking their clinical learning are faced with many factors which could deter learning from taking place including intimidation, fear, lack of acceptance and unfamiliar environments (Ahmad and Anwar 2018: 10). Participants in this study shared experiences which included, negative attitudes, being overworked, fear, frustration and differences in treatment by clinical staff who had varied training backgrounds. Lack of orientation into the clinical facility, further posed challenges to them in carrying out their functions. Ketlego et al. (2015: 235) undertook a study on the clinical accompaniment experiences of student nurses, who expressed that they were not treated properly, and expressed the need for them to be treated with some respect and for attitudes towards them to be improved. They further indicated that as much as they may be students but at the same time they were adults and should be treated professionally. Günay and Kilinc (2018); Jasemi et al. (2018) and Admiet et al. (2018:) also highlighted in their studies that it was very common for students to experience fear, anxiety with resultant stress leading to a sense of incompetence, insecurity and lack of confidence when managing patients. Positive relationships between nursing students and clinical supervisors will promote learning, growth, professional development and contributes to a willingness for nurses to remain in the profession. (Ahmad and Anwar 2018; Chan et al. 2018:121; O'Mara et al. 2014).

A concern which affects the learning opportunities of nursing students in clinical facilities is the shortage of staff (Mashotyana 2015: 118). Participants this study reported that staff shortages being experienced in the clinical facilities impacted to a large extent on the ability of the professional nurse to supervise and teach students, as well as focus on the patient needs at the same time. Students' needs were therefore relegated to ensure that patients receive priority attention from professional nurses. The phenomena of staff shortages in the nursing fraternity often results in nursing students being treated as part of the staff instead of be allowed to take advantage of the clinical learning opportunities. It was further shared that nursing students in this study were unable to take breaks, experienced exhaustion and diminished energy at the end of the day with a reduced will to manage their studies. O'Brien; McNeil and Dawson (2019: 48) when researching "The student experience of clinical supervision" explained that student supervision may not be a priority when the clinical supervisor is strained beyond capacity, especially when provision of care for multiple patients are required. Nursing education institutions therefore need to take heed of the human resources sufficiency within clinical units and determine the impact of this on the quality of student supervision within the clinical facilities.

Insufficient resources creates a poor educational experience for nursing students, who have to find methods of adapting skills and procedures to what is available in terms of equipment, surgical resources and infrastructure (Hill and Abhasinghe 2022: 4). Participants in this study, reported that clinical training facilities which include hospitals, and primary healthcare facilities have severe resource constraints which create challenges for students in correlating theory and practice, maintenance of infection control and even obtaining a proper suitable working area to interact with patients. Nursing students in a study by Jasemi et al. (2018: 24) echoed similar challenges with having limited resources in the clinical practice environment. The result of lack of resources is hugely restrictive when practicing the required procedures and gaining the necessary clinical skills, thereby posing as an inhibitor to the professional development in nursing. In order to combat this challenge, Dobrowolska et al. (2015: 40) who conducted studies on various clinical training models globally, has reported that the majority of countries, require an appraisal of all facilities and equipment every two years, to accreditation bodies, to ensure quality is maintained and nursing students are not compromised.

6.2.4 Theme 4: Clinical preparedness of students prior to clinical allocations

Clinical preparedness of nursing students is imperative in allowing them to cope with the demands they face, prior to their clinical allocations. Nursing students in research studies felt that more could be done to prepare them adequately for the clinical facility. They deemed it important to gain some mastery over the skills required for them to be ready for their clinical placement (Woods et al. 2015; Günay and Kilinc 2018). Participants in this study, revealed that their level of preparedness for the clinical placement was insufficient and hindered their ability to transition the theoretical knowledge gained into clinical practice. A concern from them was the limited time and opportunity available to practice these clinical skills prior to their clinical placements. Participants further voiced concerns that students who entered the clinical training platforms, lacked the necessary skills, confidence and competence required for them to ease into practicing and building up their clinical knowledge.

Participants in this study, were of the view that more effort from NEI's in researching adequate strategies for preparation of students for clinical placement was required and a more positive learning and working situation would prevail if students were better prepared for their clinical placements. They were also concerned about the delays in academic staff updating clinical information which is taught to students resulting in confusion when students come into the clinical facility. Participants further expressed the need for academic staff of the NEI and professional nurses from the clinical placement facility to work together allowing for real-time updating of clinical updates and information which could then be filtered to nursing students.

Nursing students in a similar study by Kgafele et al. (2015: 235) indicated that in order for them to practise their clinical skills and obtain mastery, at least one day should be set aside for them to repeatedly practice in the clinical skills laboratory. It was however reported by Shogni et al. (2019: 1) that having theory and practice gaps is not new to nursing and although a complex issue, it requires that both the education and practice components manage the issue, so that students are better prepared for their clinical placements.

In preparing nursing students for their clinical practice it is common practice for NEI's to use clinical-based simulations. It is however recommended that follow-ups be continued even after

graduation of the nurse, to assess effectiveness of clinical-based simulations as a teaching strategy (Bruce, Levett-Jones and Pratt 2019: 23). The simulation-clinical teaching strategy may improve knowledge confidence and skills of nurses, but learners may have individual learning needs which need to be taken into account, as well as adjustments which will be required due to the external factors in the clinical environment (Albagawi et al. 2021: 593). Participants in this study expressed that although simulation is beneficial as a teaching strategy, gaps still existed when students were faced with the real situation in the various clinical areas. It was further expressed that if students practiced in the clinical skills laboratory, additional support was still required when students were faced with emotional situations such as a difficult patient, death, patients experiencing pain and discomfort during procedures and fear of hurting an actual person when they undertook a procedure. Participants further reported that students were in shock, and emotionally compromised when faced with the real situation in the clinical facility. The experiences of students in this study are in line with research findings of Arkan (2018: 131) who shared that nursing students felt that practicing in the clinical laboratory was very different to the clinical placement and, resulted in them being nervous, when faced with the reality. Participants according to Matshotyana et al. (2015: 116) also experienced negative situations, when new to the clinical facilities. The emotions, included dealing with actual people for the first time, conducting procedures, such as dressings, experiencing shock at the death of patients and dealing with loved ones, proved difficult for some students to handle. The true nature of working with the various smells, the sight of blood, even bathing another person is something that many of the students were not really ready for and at times pushed them towards considering termination from the training programme.

The inconsistency in practices between the NEI and the clinical facility, may be challenging for nursing students. This practice as per Günay and Kilinc (2018); Jasemi et al. (2018) and Admiet et al. (2018) highlighted the predicament faced by student nurses, included emotions of constant stress, fear and anxiety. Their challenges in coping within the clinical situation was often attributed to their inability to correlate the theory learnt on campus with practice in the placement area, leading to a feeling of incompetence amongst students. A major contributory factor to the situation of students, resulted from the inconsistency in what was taught in class, as compared to what was being practiced in the clinical area.

Participants in this study shared the challenges that were experienced by students due to the inconsistency between what was taught to them at the NEI, versus what they practised in the clinical facility. The common terminology which was used for referring to the shortcuts is the “ward way”. Participants in this study confirmed that students were taught in a different way in class as compared to the clinical practice, creating challenges in the ability of students to cope. Participants verbalised that assessments took place in line with what was taught to them at the academic institution, and according to their curriculum, differed to what they practiced in the clinical facility. The inconsistency left them unsure of themselves, compromised their ability to correlate the theory and practice, and left them confused when they were being tested. Students in a study by Swardt et al (2014: 6) expressed similar concerns regarding what they faced in the clinical area–nurses who were meant to be role models were instead showing them how to cheat, take shortcuts, and how to cover up incorrect practices. Nursing students in studies by Jassemi et al. (2018) and Kegafele, Coetzee and Heyns (2015) echoed similar views, regarding their difficulty in coping when expectations where inconsistent coupled with the resultant stress and tension further, had a negative effect on their self-confidence.

6.2.5 Theme 5: Graduate Competency not guaranteed on completion of training

The issue of gaps in clinical practice knowledge and use of clinical reasoning skills amongst newly qualified nurse graduates have been commonly reported in previous research studies, with participants expressing their inability to correlate theory and practice (Orban et al. 2017; Stec 2016; Hunter and Arthur 2016; Graan, Williams, Koen 2016). Participants in this study who shared their concerns on graduate readiness on completion of training, viewed the clinical preparation of nurses whilst in training as having been inadequate and resulted in a lack of confidence to practice competently on completion of training. The deficiencies in skills development according to participants, stemmed from the challenges which took place during the clinical training as student nurses. The concern emerging out of this situation as expressed by participants, may be the lack of quality nursing and the resultant increase in issues of complaints, poor image of the nursing profession and an increase in medico-legal claims. These gaps in the competency of graduate nurses according to (Bvumbwe and Mtshali 2018: 66) are a huge concern globally, in spite of there being an ever-increasing demand for efficiency and effectiveness in a complex nursing practice environment. This view on competency gaps amongst newly qualified nurse graduates is shared by registered nurses in Australia, Canada, Turkey, United States of America and South Africa, who have also raised concerns about the

minority of graduates that were competent to practice (O`Mara et al. 2014; Missen et al. 2016; Chan et al. 2018; O`Brien et al. 2019; Günay and Kiline 2018). Although there is some agreement on what constitutes a nurse as being graduate ready, the Australian Government has reported that at least 50% of new graduates are not sufficiently prepared for the work environment and require additional support (McKellar and Graham 2017: 93). Bvumbwe and Mtshali (2018: 66) share the view that the deficiency in preparation of nurses to be adequately equipped for the workforce is a worldwide challenge. It was revealed by student nurses in the study by Ngaiyaye, Bvumbe and Chipeta (2017: 167) that having preceptors in facilitating clinical training and collaboration between the training partners, have positive benefits. The preceptors' role in providing supportive learning environments, constant liaison between the clinical facility and academic institution, guidance and supervision to nursing students, proved useful in strengthening professionalism and graduate readiness amongst these students.

Participants in this study shared that deficiencies were evident amongst community service nurses who lacked the confidence and knowledge to function independently and were thrown into the deep end without the necessary support when they were placed for community service. The concern of participants was that some of the recently qualified nurses lacked the ability to supervise student nurses and this contributed to the perpetual lack of clinical competence amongst student nurses. This phenomenon has been identified in other countries other than South Africa. In Malawi, guidelines were developed to promote confidence and competence amongst new graduate nurses whilst supporting their transition to practice and overcoming the training deficiencies amongst this cadre which was also posing a threat to the health system (Bvumbwe and Mtshali 2018: 66). To promote graduate readiness and enhanced academic and clinical collaboration, it must be ensured that the curriculum is aligned to the clinical setting, that evidence-based practice is strengthened and the theory and practice gap is narrowed by re-orientation of new graduates to practice, utilising innovations when training nurses and using properly trained preceptors to assist graduates in re-enforcing necessary competency and positive clinical environments where students feel a sense of belonging (Bvumbwe and Mtshali 2018: 68). Blomberg et al. (2014) and Edwards et al. (2015) revealed in their studies that the work stress suffered among nurses who had newly graduated was very high, and it was necessary to put in place strategies to support and assist them to adapt to their new roles. In their study, it was found that an option suitable for reducing stress and providing support to new graduates was clinical group supervision. The literature reveals that this phenomenon of low

confidence amongst newly graduated nurses–in this study we are referring to community service nurses– is not isolated but alerts us to the fact that support systems need to be put in place to allow the transition of these nurses to become independent practitioners.

Participants in this study were of the view that as much as the academic staff of the NEI and professional nurses who supervise students in nurse training were important in ensuring graduate competency, the intrinsic motivation from students themselves was a critical factor. An important aspect to gaining graduate competency is the students' attitude to their training, monitoring their own progress, and advocating for the closing of training gaps. Students interviewed by Rikhotso et al. (2014: 3) provide insight into the disruptive behaviours of some students, which may pose a negative perception of students to clinical supervisors, and in turn deprives the students who may be hardworking, from educational experiences and clinical exposure.

In considering all factors when training nurses, it can be safely established that a successful partnership between the academic and clinical partners is critical to ensure that the nursing student is supported equally during both aspects. This will determine the quality of graduates and their ability to practice and are able integrate into the healthcare system. The collaborative relationship must be worked on as a priority by NEIs with their clinical placement facilities. The Andrews and Andrews' best practice clinical placement model if followed and adapted to the institutional policies, provides the basis for this type of academic and clinical collaboration, creating a platform for the quality training of nurse graduates.

6.3 RELEVANCE OF THE "ANDREWS AND ANDREWS" CLINICAL PLACEMENT EDUCATION FRAMEWORK" TO THE STUDY

The theoretical model which was applied to this study focused on the relationships that existed between the academic and clinical partners in nurse training. The "Andrews and Andrews' clinical placement education framework" provides various scenarios for the management of clinical placements of student nurses. The suitable model is one that emphasises collaboration between the academic and clinical components of nurse training, in the interest of optimising nursing students' clinical placement experiences. The researcher set out to understand the

status of the clinical training of nurses at a public college in KwaZulu-Natal guided by this framework.

According to the framework the relationship that exists between the NEI and the clinical placement facility determines the quality of the student's clinical training experience. The core attributes for a successful training partnership lies in both the NEI and the clinical placement facility being able to collaborate effectively with the view that both contribute equally to successful, quality training. A strong collaboration between the NEI and clinical placement institution positively influences a more stable and progressive training environment. This environment suits the nursing student who will benefit from a well-coordinated clinical placement Andrews et al. 2006; Jeppesen, Christiansen and Fredericksen 2017; Doyle et al. 2017).

The success factors in promoting the "Andrews and Andrews' clinical placement education framework" require:

The Unit Manager who organises and allocates all duties for the unit, and will be responsible for allocating student duties according to their level of training together with appropriate supervisors.

A link tutor who is ideally situated to serve as a connection between the campus and the clinical placement area, and manage the flow of information regarding operational issues of students.

The mentor from the clinical unit who is allocated to supervise, role model and groom the clinical competencies of the student in the unit.

The academic staff of the college who remain responsible for the students' academic programme, providing clinical accompaniment and monitoring of the student.

The multidisciplinary team of the clinical facility which consists of all other members of the health team including medical personnel, pharmacists, dieticians etc. remains key

in supporting the student, providing learning opportunities and role modelling to the student. This is normally done according to the delegations of the Unit Manager.

(Andrews et al. 2006; Bisholt et al. 2014; Edwards et al. 2015; Phillips et al. 2017).

The participants of this study revealed challenges in terms of an effective communication system existing between the academic and clinical partners. In line with the “Andrews and Andrews’ clinical placement education framework” It was emphasised that having a liaison person, would greatly aid the much needed communication between these sectors for the flow and exchange of necessary information. Students enter the clinical training facility as inexperienced nurses who require support, guidance, mentorship and supervision for them to correlate the academic aspects of their programme with the clinical experiences at their placement facility (Bvumbwe 2016; Bvumbwe and Mtshali 2018). The weak collaboration between the training partners in this study challenged the system of effective student support.

The Andrews and Andrews’ clinical placement model emphasises the need for mentors to be appointed or allocated at the level of the clinical facility to ensure that students are adequately mentored. The ongoing structured clinical accompaniment and support to students by the NEI is necessary and according to the clinical placement model, aids in transitioning the student towards reaching competency (Chan et al. 2018; Kgafele, Coetzee and Heyns 2015). The study revealed that this aspect was neglected and more attention needed to be paid to strengthening the clinical accompaniment offered to students at this college. In collaborating effectively between the academic and clinical sectors for the benefit of the nursing student, exchange of information by means of in-service education, updates on latest developments, development of standardised guidelines etc. to update each sector accordingly is critical (Ngaiyaye, Bvumbwe and Chipeta 2017; Van der Riet, Levett Jones, Courtney 2018). The need for this type of collaboration at this college to be strengthened is highlighted by the challenges that have been uncovered during the interviews conducted. The threat to a well-coordinated nursing education system is a reality and should this collaboration not be strengthened accordingly to the clinical placement model.

A strong collaborative relationship following the “Andrews and Andrews’ clinical placement education framework” would assist this college in strengthening their clinical placement model currently being utilised. Some of the challenges being experienced by the nursing student will be mitigated by following this framework, and a supportive, transparent clinical education system could be embraced by the NEI and clinical facility for the benefit of the nursing student, and the health service as a whole.

6.4 SUMMARY

In Chapter Six, the discussion of the findings in this study revealed that similarities in terms of the challenges in the clinical education of nursing students were prevalent globally. The structure of the clinical training programme, coupled with the level of collaboration between the NEI and clinical facility, challenges experienced at the clinical placement institution, and the level of preparedness of the student for clinical practice are contributing factors which have a bearing on the graduate competencies of nurses. Nursing Education Institutions ought to analyse the relationships that exist between them and the clinical facility in order to provide for a conducive, well- supported clinical learning environment for students to attain their clinical learning objectives. The guidelines produced in this study for academic and clinical collaboration in nurse training, will serve as a guide to both partners in mitigating the challenges that have been revealed by participants in this study. The findings justify the need for the guidelines in this college. Participants have revealed the challenges in managing a collaborative relationship, which would form the basis for the guidelines. In Chapter Seven, the process followed in developing guidelines for the study will be presented.

CHAPTER SEVEN

DEVELOPMENT OF GUIDELINES FOR ACADEMIC AND CLINICAL COLLABORATION

7.1 INTRODUCTION

Chapter Six presented a discussion of the study findings. Chapter Seven presents the process followed in developing the guidelines for academic and clinical collaboration for nurse training at public colleges in KwaZulu-Natal.

7.2 CONTEXTUAL BACKGROUND

In South Africa, the nurse training models follow a similar pattern as the rest of the world. The programme consists of a theoretical component which is completed at a college, university or a private nursing school and the clinical component at a health facility which is appropriate for the level of training of the student nurse (SANC: Nursing Education and Training Standards 2005: 1). The academic program and the clinical health facilities where the student completes work integrated learning (WIL) are both accredited by the statutory body, the SANC, which governs nursing and nurse training in South Africa, as well as the CHE which is the body that accredits all higher education qualifications in the country. The accreditation of clinical facilities is aimed at ensuring that the facility has the necessary resources to meet the training needs of the nursing student (Lethale, Makhado and Koen 2019: 19).

In a bid to effectively position and strengthen the training of nurses, the National Department of Health published the National Policy on Nursing Education, and the Guidelines for Clinical Education and Training Units in South Africa in 2019. The nursing education system however still requires more attention in respect of the collaboration that exists between the academic institution and the clinical placement site (National Policy on Nursing Education and Training 2019; Guidelines for Nursing Education and Training Units in South Africa 2019). Research was conducted at a public college in KwaZulu-Natal with data being collected from nurse academics, professional nurses and nursing students on their experiences, challenges and recommendations surrounding the clinical training of nurses. The findings revealed that challenges existed in the academic and clinical collaboration for nurse training, and had a negative effect on the clinical training of nursing students. The NEI's could therefore benefit

from guidelines to strengthen the collaboration between the academic and clinical partners in nurse training.

Guidelines are recommendations which are developed and organised to inform and guide decision makers on how to perform a particular task as well as proceed or manage a particular situation. The guidelines developed for academic and clinical collaboration in nurse training for public nursing colleges, seeks to provide guidance and uniformity to providers of nurse training on the collaboration of training activities between the NEI and the clinical placement facility. These guidelines aim to address the collaboration needs, from the programme development to implementation and support phases, whilst also considering the communication and collaboration processes as well as essential monitoring and evaluation that is needed.

In developing these guidelines, the factors which were taken into consideration emanated from in-depth qualitative interviews which took place with academic and clinical staff, as well as nursing students. The findings from this study revealed the deficiencies in the clinical structure, collaboration and supportive relationships between the academic and clinical placement area. The findings also brought to light the clinical placement institutional challenges and graduate insufficiency on completion of training. These challenges posed a threat to the quality of nurses being trained, as participants reported that students did not receive sufficient supervision, mentorship, clinical accompaniment as well as opportunities to practice the relevant skills and procedures according to the set training objectives appropriate for their level of training. The nurse training partners require a strengthened collaborative relationship which could mitigate some of the challenges, increase support to each other in the form of improved communication systems, orientation, in-service training on developments, guidance, and training to effectively mentor students in the clinical area. This may lead to improved quality of accompaniment by academic staff, and an effective monitoring and evaluation system for the clinical training of nursing students. The guidelines for academic and clinical collaboration could play a role in improving graduate competencies thus positively influencing health service delivery in the country.

7.3 THE PROCESS OF DEVELOPING GUIDELINES

In developing the guidelines for this study, and prior to deciding on the process to be used, the handbook for guideline development by the WHO seemed to be an appropriate guide. The

focus on the guidelines is for clinical practice and policy development (WHO 2014: 3). The process however involved many stakeholders and was not suitable for a study of this nature. An alternative was sought in line with the focus of this study. The guidelines for academic and clinical collaboration for nurse training at public colleges in KwaZulu-Natal were developed as per the recommendations by Schünemann, Fretheim and Oxham (2006) who served as an advisory to the World Health Organisation (WHO). An adaptation of using the Delphi technique to get consensus form the expert panel who were providing input to the guidelines was added to the process. The proposed guidelines took into consideration the arrangement for nursing education: which has a theoretical component managed by the NEI; preparation for mandatory clinical practice which takes place in the clinical simulation laboratories of the NEI and placement for clinical practice which occurs at accredited facilities for the clinical practice hours. The supervision and mentoring of nursing students is done by the professional nurse employed at the clinical facility and supported by the academic staff of the NEI. Academic staff of the NEI provide clinical accompaniment support to students, throughout their clinical placement, and monitor and evaluate achievement of clinical learning objectives.

The following steps were followed by the researcher in line with the recommended Guideline development process by Schünemann, Fretheim and Oxham (2006)

7.3.1 Step One: Priority setting

In developing guidelines priorities need to be determined at the outset. Schünemann, Fretheim and Oxham (2006); Norris, Gollogy and Penn (2014) advise that it is essential to understand what you hope to improve with the guidelines. In establishing priorities that need to be included in the guidelines the researcher then acquired an understanding of the clinical training of student nurses at a public nursing college in KwaZulu-Natal by obtaining information on: the practices for clinical education of nursing students; the role of the academic staff in clinical accompaniment and teaching; experiences of professional nurses in supervising and mentoring of nursing students; clinical learning experiences of student nurses and the challenges experienced by nursing students, academic staff and professional nurses in meeting clinical learning needs of nursing students. The research problem and the significance of the study were also taken into consideration as this provided the motivation for this study to take place. This data provided the necessary priority information which needed to be addressed during the development of the guidelines.

7.3.2 Step Two: Group composition and consultation process

The expert stakeholder group should be composed of individuals who are likely to utilise the guidelines and be represented by the various speciality backgrounds (Schünemann, Fretheim and Oxham: 2006; Norris, Gollogy and Penn: 2014). In obtaining input to the guideline development process for academic and clinical collaboration for nurse training, it was therefore essential to obtain input, recommendations and consensus from expert stakeholders in the nursing education field. The composition of the group ensured inclusivity of stakeholders who understood and had experience in the process of nursing education. These stakeholders served as expert participants and made recommendations to the guideline development process. The expert participants who were identified and approached to take part in the guideline development process included stakeholders involved in: curriculum development, examinations, nursing education monitoring and evaluation, nursing education quality assurance, teaching and learning and nursing practice components. Letters were written to the identified group experts requesting their assistance in providing input and reviewing of the proposed guidelines (Appendix 14). A total of six stakeholders agreed to participate in the process (Appendix 15). The stakeholders comprised:

- Examination Officers in the Nursing Examination and Curriculum development section
- Deputy Manager of Nursing Education accreditation and Quality Management component
- Campus: Head of Department
- Nurse Educator
- Director of Nursing Services

It was agreed by all members that communicating and consulting with the group would be done by email and telephonically (when available) to minimise disruption to their work schedules. The Delphi Technique would be used to obtain the inputs and consensus from all expert group members (Polit and Beck 2018: 401). This involved individual inputs from members, with the input summaries circulated to all members and a consensus meeting to be held at the end.

7.3.3 Step Three: Declaration and avoidance of conflicts of interests

In a group, it is necessary to avoid conflicts of interest where a certain member may project bias or have undue influence (Schünemann, Fretheim and Oxham: 2006; Norris, Gollogy and Penn: 2014). For the process of developing these guidelines to continue smoothly and without any bias, all members serving as expert members on the group, needed to be free from any

conflict of interest. It was confirmed with each member telephonically that they were not involved in any research of a similar nature or had any other interest in serving as an expert on the group.

7.3.4 Step Four: Group processes

For groups to function effectively according to Schünemann, Fretheim and Oxham (2006); Norris, Gollogy and Penn (2014), it is necessary for groups to have a formulated plan outlining how the group processes and decisions would be managed, and to have at least one meeting of all members. In maintaining the functioning of the group efficiently and getting the support of all expert members, consensus on the functioning of the group by all members was reached. It was decided by all members that the researcher will provide all relevant information to the expert members by email. Follow -up consultations could take place telephonically, depending on member availability, to clarify any information as needed. All consultation and communication therefore took place individually with a final virtual meeting comprising all expert consultants. The researcher developed the draft guidelines based on the identified priority areas, and the outcomes to be achieved. These guidelines were then circulated to all members until input and agreement was reached by all.

7.3.5 Step Five: Identification of important outcomes

The outcomes of the guideline process are important as it would determine the final product or recommendations. Members therefore needed to have adequate information to be fully involved in the development process (Schünemann, Fretheim and Oxham 2006; Norris, Gollogy and Penn: 2014). In creating an understanding of all members on the important outcomes which needed to be met– the research aims, objectives, questions, and research findings were communicated to the group to develop an understanding of the background information for the guidelines which were to be developed.

The other important outcome of these guidelines was to incorporate the best practice clinical placement framework model by Andrews and Andrews (2006) which guided this study. This model would address some of the challenges which emerged during the priority setting stage of this process, and aimed to create a collaborative working relationship between the academic and clinical partners for nurse training. The model outlined the roles and responsibilities of each role-player in this collaborative relationship. Frequent structured communication, and

collaboration was promoted on issues that impacted the clinical education of the nursing student, with the necessary support being rendered by the NEI to the clinical facility, and vice versa. This collaboration should encourage updates, workshops and frequent sharing of information between the academic and clinical partners allowing for uniformity between the theory and clinical training of the student. The structured communication in the form of meetings between the NEI and clinical facility would assist the professional nurses in understanding their supervising and mentoring role to nursing students during the clinical placement. This could assist students in achieving their clinical learning objectives at each level. The model provided for structured clinical accompaniment and support by academic staff with monitoring and evaluation of the students' progress in meeting clinical training requirements which will assist in mitigating challenges that students experience whilst obtaining their mandatory clinical training requirements. The guidelines therefore, needed to take into consideration all the important information which would seek to address the gaps in the clinical training of nursing students at this college.

7.3.6 Step Six: Identification and presentation of evidence

In developing guidelines according to Schünemann, Fretheim and Oxham (2006); Norris, Gollogy and Penn (2014), the best available evidence should be utilised. Whilst it is common to use systematic reviews, qualitative data also provides the required information. The themes and sub-themes which emerged out of this study as research findings provided evidence for the need for guidelines for academic and clinical collaboration at this college. The challenges which existed in the clinical education of student nurses at this college included: an ineffectual clinical training structure, inadequate collaboration and supportive relationships between the academic institution and clinical placement area, challenges at the clinical placement institution including –lack of adequate supervision and mentorship, staff and resource shortages, and negative attitudes of clinical staff to students, insufficient preparation of students for the clinical area, and graduate competency not guaranteed on completion of training.

7.3.7 Step Seven: Grading evidence and recommendations

In adopting the recommendations and input, it was important for the group to balance these with the guideline outcomes (Schünemann, Fretheim and Oxham 2006; Norris, Gollogy and Penn 2014). In ensuring that the inputs and recommendations of the group were adequately managed, the researcher made use of the Delphi technique to obtain the inputs and consensus

from all group members (Polit and Beck 2018: 401).The first draft of the guidelines by the researcher took into account the gaps in the clinical education of student nurses at this college by reviewing the findings which emerged from this study. It was evident that stakeholders involved in nursing education from both the NEI and the clinical facility were required to have adequate knowledge during the planning, development, implementing, and student support stages of the nurse training programme. The guidelines were therefore developed according to these phases, with attention to monitoring and evaluation as well as communication and collaboration between the NEI and clinical facility (Section C of guidelines).

In line with the group processes agreed upon, the draft guidelines were circulated to all expert participants to obtain further input, clarity and viewpoints on the relevance of the proposed guidelines. The input received from expert group members was reviewed for relevance and incorporated into the draft guidelines. Input received included: requests to strengthen guidelines on communication and collaboration between the NEI and clinical facility, emphasis on structured clinical accompaniment, monitoring and evaluation of student objectives and recording processes at all levels of nurse training. The amended guidelines were circulated to members for a second round requesting further inputs, information and agreement to all changes. Group members clarified any area they needed to, as individuals. The final consultation took place as a virtual meeting using Microsoft Teams where all the members were represented and consensus received on the guidelines which were developed. All expert group members were of the view that these guidelines would be useful and assist the NEI and the clinical facility in coordinating the processes for the clinical education of student nurses (Appendix: 16)

7.3.8 Step Eight: Availability of developed guidelines

The completed guidelines should made available only when all the inputs received has been tabled and quality assessed by the group (Schünemann, Fretheim and Oxham 2006; Norris, Gollogy and Penn 2014). The guideline development process had been completed and the guidelines for academic and clinical collaboration for nurse training at public colleges in KwaZulu-Natal is presented in Section C of the guidelines.

7.3.9 Step Nine: Applicability, transferability and adaption

According Schünemann, Fretheim and Oxham (2006); Norris, Gollogy and Penn (2014), guidelines need to promote equity, standards and principles and stakeholders should therefore be able to adapt them to their situation or need. The expert group members viewed the guidelines as applicable to stakeholders in nurse training and were of the view that it would enhance academic and clinical collaboration. The guidelines could be adapted as per the functioning and policies of the various institutions. Section D of the guidelines, would be available to all stakeholders in nursing education for adoption or adaptation as applicable to their need.

7.3.10 Step Ten: Dissemination of guidelines

Schünemann, Fretheim and Oxham (2006); Norris, Gollogy and Penn 2014) believe that it is important to have a strategy for dissemination of developed guidelines to stakeholders. These guidelines could be available on-line, published in journals and distributed widely so that it may be accessible. It is planned that the guidelines which have been developed will be disseminated to the broader nurse training community for review, adaptation and implementation as they see useful. Various modes for the presentation of the guidelines will be utilised, such as research symposiums, seminars, publishing in nursing and health education journals. The soft and hard copies of the guidelines will be made available to the KZN Department of Health and the Durban University of Technology library. The guidelines will also be shared with the stakeholders in the KZN Department of Health and those nationally who are in nurse training institutions and clinical facilities or management of these areas.

7.4 SUMMARY

In Chapter Seven, the background to the development of the guidelines and processes followed in developing the guidelines were provided. Chapter Eight will present the guidelines for academic and clinical collaboration outlining the necessary considerations for both components in providing a positive clinical nurse training environment for student nurses.

CHAPTER EIGHT

PRESENTATION OF GUIDELINES FOR ACADEMIC AND CLINICAL COLLABORATION FOR NURSE TRAINING FOR PUBLIC NURSING COLLEGES IN KWAZULU-NATAL

8.1 INTRODUCTION

In Chapter Seven the processed followed in developing the guidelines are presented. Chapter Eight presents the proposed guidelines, which can be used by NEI's to enhance the clinical training of nursing students. The proposed guidelines are in line with the sixth objective of the study and are based on the research findings, supporting literature and the "Best Practice Clinical Placement Framework by Andrews and Andrews.

I. Purpose of the guidelines

The purpose of the guidelines are to serve as guiding principles which could serve as an instrument to provide guidance and strengthen the collaboration between the academic institution and the clinical placement facility for nurse training. The management of the NEI and the clinical placement institution, would be steered in a direction which would provide a collaborative platform with a positive and progressive environment for nurse training within the province. The main discoveries which arose from the study, suggest that the there is a lack of proper collaboration between the NEI and the clinical placement facility. Students when placed in the training facility are not always adequately prepared, and receive inconsistent support and guidance, by both academic and clinical staff, thus contributing to a graduate nurse who may not have the necessary competency to practice independently. It is anticipated that through these guidelines, the challenges as mentioned above could be mitigated and students would be the recipients of a strengthened and effective clinical placement environment. Application of the proposed guidelines by the stakeholders as identified, will contribute to the training of nurse graduates who may have improved competency resulting in efficient patient-care and the possibility of a resultant decrease in litigations against the KZN Department of Health. These developed guidelines are a recommendation to improve the clinical education of students within this college, and are not legally binding.

II. Guideline Objectives

The objectives of these guidelines are to:

- Provide guidance to nursing education institutions on factors to consider when developing academic programmes and placing nursing students in clinical placement facilities
- Advice nurses and unit managers on preparing and monitoring nursing students placed in their clinical facilities
- Regulate student support from nursing education institutions and clinical components when placed in clinical learning facilities
- Optimise communication and collaboration between the nursing education institutions and clinical placement facilities
- Provide assistance with clinical placement related issues from both the nursing education institution and the clinical placement facility.

III. Legislative Framework

- The Nursing Act, 2005 (Act 33 of 2005)
- The National Strategic Plan for Nurse Education, Training and Practice (Act 67 of 2008)
- The National Strategic Direction for Nursing and Midwifery Education and Practice (2020/21-2025/26)
- The National Policy on Nursing Education and Training, 2018
- The South African Nursing Council Regulations, R173

IV. Scope and applicability of guidelines

These guidelines will be applicable to the KZN Department of Health Policy Makers, management of NEI's and clinical placement facilities, academic staff, and coordinators of nurse training at clinical placement facilities. These are the stakeholders who are responsible for the funding, planning, implementation and the evaluation of nurse training programmes and activities within the province.

V. Acronyms

CHE: Council on Higher Education

NEI: Nursing Education Institution

NHI: National Health Insurance

WIL: Work Integrated Learning

SANC: South African Nursing Council

VI. Glossary of terms

Clinical Facility: a health facility whose primary purpose is the provision of care to patients and is also used to teach clinical skills to learners and students.

Clinical Preceptor: a professional nurse who is employed to offer support and assistance to a student whilst undertaking their clinical training.

Clinical Supervision: The assistance and support extended to the student by the professional nurse or midwife in a clinical facility with an aim of developing a competent, independent practitioner.

Clinical Supervisor: a nurse educator employed by the college who supports nursing students in the clinical area by utilising a structured process of clinical accompaniment.

Clinical Facilitator: a nurse educator employed by the college who supports nursing students in the clinical area by utilising a structured process of clinical accompaniment.

Clinical Simulation Laboratory: a facility where healthcare students develop their clinical decision-making skills in a controlled, life-like environment that poses no risk to patients.

Curriculum: a systematic process that defines the theoretical and practical content of an education programme and its teaching and evaluation methods.

Nursing Education Institutions: any provider of nursing education accredited by the South African Nursing Council in terms of the Nursing Act 33 of 2005.

Public Nursing College: an institution accredited by the South African Nursing Council and the Council for Higher Education to offer nurse training, and is administered by the Department of Health in the respective province.

Professional Nurse: a registered nurse who has successfully graduated from a nursing program and is licensed by the South African Nursing Council to practice as such.

8.2 ACADEMIC AND CLINICAL COLLABORATION GUIDELINES FOR NURSE TRAINING FOR PUBLIC NURSING COLLEGES IN KWAZULU-NATAL

8.2.1 Guideline Processes

Nurse training in public nursing colleges, is managed by the Department of Health with the NEI's utilising departmental clinical facilities for student placement. The major role- players who could successfully implement these guidelines after following the approval process of the KZN Departmental of Health rests with the management of the college and the clinical facilities. The provision of safe quality patient-care is the priority of the Department of Health therefore requiring policy makers to ensure that the providers of patient-care, are adequately trained to do so.

The controlling principles of these guidelines and their suggested application is aimed at improving the competencies of nurse graduates from this college. The guidelines focus on the following phases of nurse training which are described in detail under the specific phases:

- Programme planning phase
- Programme implementation phase
- Student support phase
- Communication and collaboration
- Monitoring and Evaluation phase

The various phases of the guidelines are to promote the inclusion of all stakeholders who will be responsible for the training of nursing students in the clinical placement facilities. The management of the NEI together with nurse educators should take the lead in rolling out these guidelines, in the interest of quality nurse training.

8.2.1.1 Programme preparation phase

During this phase, the guidelines seek to gather all relevant information regarding the health status of the province and the country and to train a nurse to meet the healthcare needs. Stakeholder involvement is critical to ensure that the programme is developed according to the required needs and understanding of all stakeholders on a similar level.

a. Curriculum Development Phase

The responsibility of development and accreditation of nurse training curricula remains the responsibility of the NEI. The process, however needs to be informed by the health service delivery needs of the country. The involvement of critical clinical stakeholders at the curriculum development stage is therefore important to ensure that nurse training is focused on the health service needs of the country. The NEI needs to adhere to the following steps during this phase:

- Conduct research into the state of health care in the country.
- Identify priority healthcare issues which needs to be covered in the curriculum.
- Identify key service delivery health professionals to serve on the team.
- Research and identify the suitable clinical placement facilities which meet the student clinical placement needs.
- Gain an understanding on the facilities, resources, and human resource capacity of the placement facility.
- Engage with the relevant manager at the clinical facility and enter into a memorandum of agreement.

b. Preparation for the curriculum implementation phase

The preparation for implementing the curriculum involves partnerships between the academic and clinical implementers of the nurse training programme. It is imperative that all stakeholders who will be involved in the implementation of the curriculum are at the same level of understanding to provide an educationally sound platform for nursing students. The following processes ought to be followed by curriculum implementers to achieve the necessary cooperation when implementing their curricula:

- Identify key stakeholders who will be instrumental in implementing the curriculum from both the academic and clinical components.
- Provide in-service training to the identified staff in the clinical placement facility on the curriculum.
- Discuss the learning objectives and ensure this is understood by all stakeholders.
- The NEI is to ensure that all clinical facilities are ready and have the necessary resources to meet the clinical learning needs of students.

c. Standardisation of procedures and activities affecting students

Procedures and skills which are taught to nursing students at the NEI's and practiced at the clinical facility ought to be standardised to prevent confusion and promote standardisation in the promotion of quality patient-care. The following needs to be taken considered:

- All skills and procedures taught to students in the NEI ought to be standardised and there needs to be consistency between what is taught at campus, and what is practiced in the simulation laboratory, and in the clinical facility.
- Academic and clinical staff are required to ensure that they benchmark with the different clinical facilities on how procedures are being carried out, and where there is a difference, a standardised procedure guideline could be drawn up in order to avoid student harm and confusion.
- Staff from the clinical facility could be invited to the demonstrations that students are taught when possible, or demonstrations could be scheduled for them, so that they are able to reskill themselves where necessary

8.2.1.2 Programme implementation phase

All relevant stakeholders should be adequately orientated and trained for their roles. It must be ensured that clinical learning platforms have the necessary resources and clinical learning opportunities for students during each placement.

a. Preparation of all stakeholders for implementation of curriculum

For the curriculum to be implemented correctly and the intended training goals and outcomes met, it is important for all stakeholders to have adequate knowledge regarding the programme requirements, and their role in the training of the students. The following factors should be taken into consideration:

- Training and orientation to be conducted to all academic staff who will be involved with the academic roll-out of the programme.
- Training and orientation to be conducted to nursing management stakeholders for them to understand the supportive role that would be expected of them during the preparation and implementation period of the programme.

- Adequate training of staff in the clinical areas must be conducted to prepare them for the teaching, supervising, supporting, and monitoring role in the training of these students.
- Nursing Education Institutions to assist with the training of clinical preceptors/mentors who will be assisting students to correlate the theory and practice aspects of the programme.
- Identify key academic staff at each campus site who will serve as a helpdesk, or champion and continue supporting the clinical staff in their supervising and preceptor roles.

b. Preparation for clinical allocation of students

The preparation for clinical placements of students must be managed according to the curriculum needs. Proper clinical placement planning will ensure that clinical requirements will be optimal, prevent overcrowding and allow for the clinical facility to prepare adequately for the student placement. Key factors to be considered when managing clinical placement of students are as follows:

- Identify placement units and send the lists of students to the nurse manager or delegated individual at least two-weeks before their allocation.
- Ensure that the numbers placed per clinical facility is according to the accreditation agreement.
- Ensure that resources at the clinical facilities are adequate for students and there will be no overcrowding.
- Nurse Managers to communicate with the clinical unit and provide them with the lists of students being allocated.
- Academic staff from the NEI need to visit each unit and ensure that the training objectives are available at the unit and are understood by all clinical staff who will be responsible for student supervision.
- Academic staff to be familiar with the expectations of each clinical unit students will be allocated to as this will ensure that students are properly prepared for their placement.

c. Preparation of students for clinical placement

The preparation of students for their clinical placement will influence the quality of their clinical training. The responsibility to adequately prepare the nursing student for clinical placement

remains with the NEI, for the student to gain maximum opportunity for development of clinical nursing skills. The following should be ensured by the NEI:

- Nursing Education Institutions to ensure that all theory and clinical aspects of the curriculum are completed for the clinical allocation.
- Identify all skills and procedures that students will be expected to undertake during the clinical allocation for their level of training.
- Ensure students are taught all necessary clinical procedures by demonstrations
- Allow every student the opportunity to practice the procedures, according to their level of training in the simulation room, until competency is achieved.

8.2.1.3 Student support phase

During this phase, the intention to support the student by the nurse educators and the clinical staff is unpacked. This aspect of the training is critical for students to develop their much-needed clinical skills.

a. Supervision and mentoring of students allocated for work Integrated learning at clinical facilities

Students allocated to clinical units require supervision as they have not yet been declared competent for independent practice. The responsibility remains with the unit manager to ensure that the student is adequately supervised and facilitated for clinical learning as well as allocated a mentor or preceptor. The following factors should be considered by the unit managers:

- Students allocated to clinical units are to be supervised accordingly as per the Unit or Operational Manager's instructions.
- Students are to be orientated to the unit to gain an understanding of the ward routines, physical layout, policies, disease profiles, and resources available.
- The clinical environment should be suitable to enable students to correlate the theory covered at campus with the clinical practice.
- Students should not be left managing clinical units unsupervised.
- Preceptor's appointed at unit level ought to be available for guidance and support of students.

- Ensure students receive the necessary clinical exposure, according to their training objectives.
- Allow students to join educational rounds with both nursing and multi-disciplinary teams.
- Preceptors or supervisors are to monitor the attendance of students in the clinical area, and report to the NEI in the case of absenteeism.

b. Clinical accompaniment of students in the clinical area by the Nursing Education Institution

The NEI must retain responsibility for the clinical accompaniment of nursing students as per the directive of the SANC. Clinical accompaniment must be aimed at assisting the student in collaborating clinical with the theory that has been covered. Structured clinical accompaniment activities according to the training requirements of the student will ensure students are well supported by the NEI whilst allocated to the clinical facility. Academic staff of the college, need to adhere to the following guidelines to ensure effective clinical accompaniment takes place for nursing students during their clinical placement:

- Accompaniment to take place according to the SANC regulations of half an hour per fortnight at a minimum.
- The accompaniment for junior students ought to be more frequent when possible.
- When accompanying students, the academic staff are to inform the clinical unit in advance to ensure the availability of students.
- Accompaniment should take place to provide a supportive and positive learning environment to students.
- During accompaniment, active learning and teaching ought to take place according to the level of training of the student.
- Students are to be exposed to learning activities which includes taking students on ward rounds, demonstrating procedures in the real-life situation and allowing the student to do the same, case studies, medication administration rounds , observation and injection rounds, conducting of chart reviews and audits, and any other educational activity as deemed fit for the students' level of training.
- Academic staff support of students must be visible especially when the student is not coping well in the clinical facility due to the various factors.

- Records of all clinical accompaniment activities to be kept by academic staff.

c. Monitoring and evaluation of student objectives for clinical training

The clinical learning objectives for nursing students, are based on the curriculum, and it is as essential to be achieved as the theoretical learning objectives. The academic staff from the NEI together with the staff supervising and precepting students from the clinical facility, share a joint responsibility in monitoring the attainment of student clinical objectives. The factors stipulated below will contribute effectively to the attainment of clinical training objectives:

- Students' clinical objectives need to be discussed between the clinical preceptor/supervisor and student at the beginning of each clinical rotation.
- The student must be allocated as far as possible to perform duties and procedures according to training clinical objectives.
- Weekly monitoring ought to be done of students' attainment of clinical objectives within the unit to assess if goals are being met.
- In areas where students are having difficulties with certain procedures or activities and the clinical preceptor, or the supervisor of the student is unable to resolve the issue, the clinical facilitator, or academic staff of the NEI should be informed for intervention.
- Monitoring the attainment of student clinical objectives is also the responsibility of the academic staff accompanying students.
- If student objectives are not being met, intervention should be instituted from the NEI to ensure that the situation is rectified

8.2.1.4 Communication and Collaboration Phase

During this phase, the collaborative relationship between the academic and clinical partners in nurse training are unpacked. The communication strategies and support in the form of in-service training and scheduled meetings in supporting the student are laid out.

a. Role of the Clinical Facilitator as a liaison person between the Nursing Education Institution and the clinical facility.

It is important to promote communication between the NEI and the clinical placement facility. The clinical facilitator is ideally placed to facilitate this communication between the NEI and the clinical placement facility. Updates or developments can be communicated by the clinical facilitator to ensure adequate flow of information on both sides. The following should be taken into consideration by the clinical facilitator in promoting positive collaboration between the academic and clinical facilities:

- The clinical facilitator serves as a contact person between the NEI and the clinical placement unit.
- The clinical facilitator must observe developments which affect students in either the NEI or the clinical placement unit and communicate these to the relevant party accordingly.
- Records of all communication is to be kept.

b. Communication between the Clinical Facility and the Nursing Education Institution

In facilitating a positive clinical learning environment, it is necessary to ensure that there are regular structured communication systems existing between the NEI and the clinical placement facility. This communication system as stipulated below will allow all role-players from the clinical and academic facilities as well as students to share information, thus creating a trust relationship between the stakeholders.

- A meeting calendar should be set up to allow for effective communication between academic and clinical placement partners.
- The meeting must take place according to an agenda.
- The meeting should take place at least once a quarter.
- Clinical placement decisions, updates on either academic or clinical activities must be tabled and discussed at this meeting.
- Representation from various levels in the clinical component must be encouraged, prioritising staff who are responsible for teaching and supervising students.
- Clearly identified means of communication should be put in place for ad hoc communication such as changes to student allocation, reporting of student issues such as sick leave, absenteeism, social issues of students and students' misconduct.

- Registers and records of meetings need to be kept and should be available for reference purposes.

c. Collaboration activities between Nursing Education Institution and clinical facility.

There is a strong need for educators, clinical staff and students to work together in a collaborative environment, with the aim of strengthening the nursing education system and to provide a supportive environment for students. The following collaboration activities should be considered:

- In-service training on all nursing education updates must be conducted by academic staff for clinical staff.
- In-service training must be conducted by clinical staff on all clinical updates to academic staff.
- The NEI must offer training and support to clinical supervisors and preceptors on how to manage students' learning needs in the clinical placement facility.
- The sharing of teaching and learning resources, if possible for the benefit of the student, could optimise the realistic teaching and learning environment in the skills laboratory, and vice versa if required in the clinical facility.
- The academic and clinical sectors should jointly work on projects including research projects in the interest of nursing and student progress.
- Academic and clinical staff should work together actively when conducting career and marketing strategies for prospective nursing students.

8.2.1.5 Monitoring, evaluation and reporting phase

Adequate monitoring and evaluation are critical in ensuring that the student meets all the necessary clinical objectives and outcomes. All necessary records are required for auditing purposes by regulatory bodies in the future.

a. Monitoring and Evaluation

To monitor the clinical placement of students, it is essential for accurate records to be kept of these placements. Clinical placement records as outlined below are required for completion

documents and audit purposes by the accreditation bodies and should be kept and maintained accordingly:

- Monitoring of all student placements needs to be kept by the NEI and the clinical facility.
- Reports should be compiled on the clinical placement after each group has completed.
- The report should include issues pertaining to student's objectives after their clinical allocation, achievement of objectives, challenges and recommendations.
- Quality improvement plans need to be put in place as required.

b. Record Keeping

All records serve as legal documents and need to be kept accurately for future reference. Students may require access to these documents in the future for verification and employment purposes, safekeeping of these records is therefore important:

- The records of all clinical placements need to be kept by the NEI for auditing purposes.
- Reports of meetings, decisions and incidents should be kept in a file specifically for clinical training

8.2.2 Diagrammatic representation of Guidelines for Academic and Clinical Collaboration for Nurse Training

The model represented in Figure 8.1 below provides a diagrammatic presentation of the guidelines that should be followed by both the academic and clinical components of nurse training, to promote collaboration and provide a structured learning platform for nursing students.

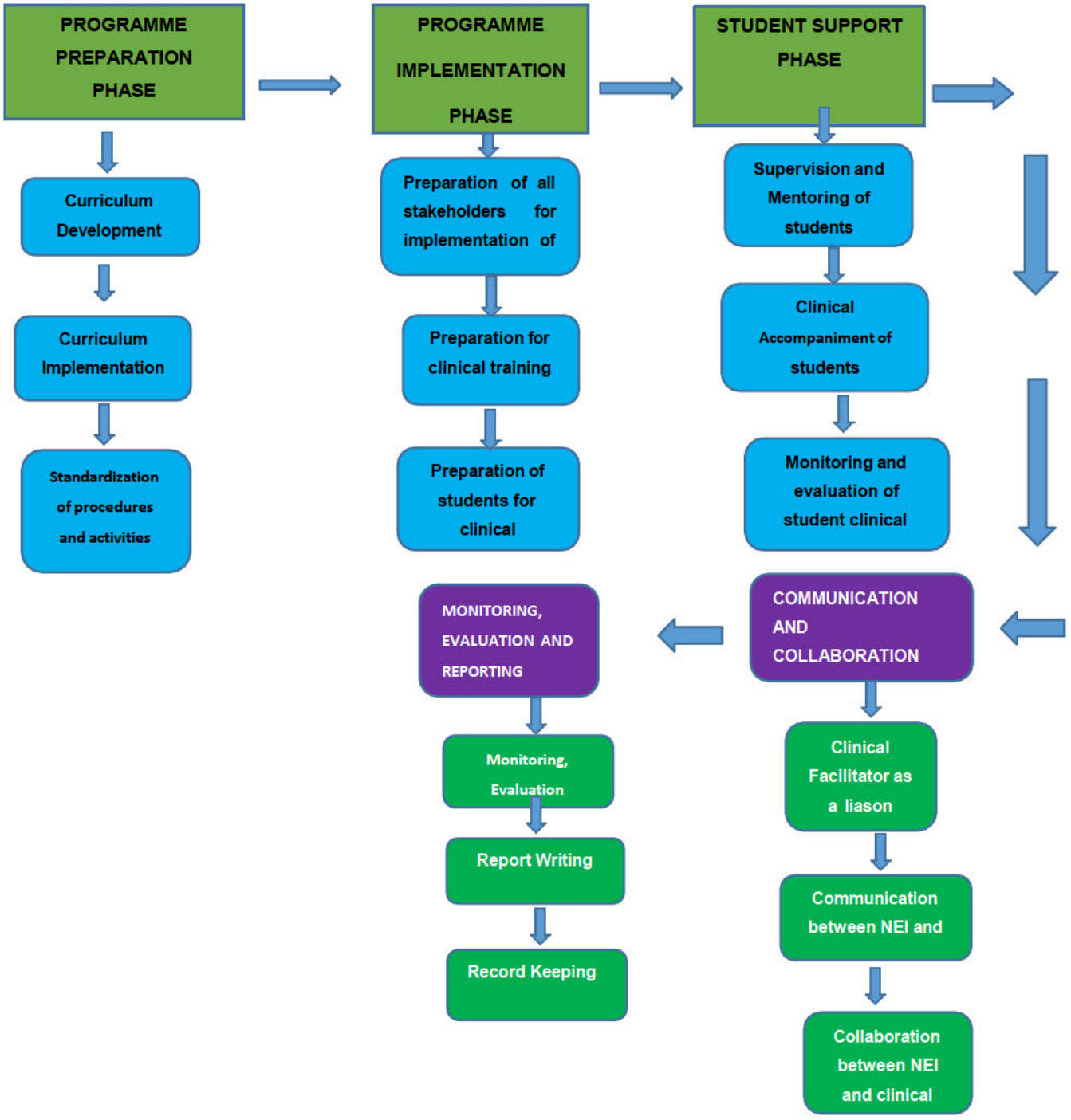

Figure 8.1 Guidelines for Academic and Clinical Collaboration for Nurse Training

8.3 SUMMARY

The guidelines for academic and clinical collaboration are presented in this chapter outlining the necessary considerations for both components in providing a positive clinical nurse training environment for student nurses. These guidelines may be considered by nurse training institutions for review, adaptation and implementation. The background to the development of the guidelines is provided, and considers processes during the planning, implementation, student support, monitoring and evaluation phases of nurse training programmes as well as ongoing necessary communication and collaboration. Chapter Nine will focus on limitations of the study, recommendations, proposed areas for future research and meeting of study objectives.

CHAPTER NINE

SUMMARY, CONCLUSION LIMITATIONS AND RECOMMENDATIONS

9.1 INTRODUCTION

In Chapter Eight, the guidelines proposed from the findings of the study were presented. The themes which emerged from the study together with the best practice clinical placement framework provided guidance for the development of guidelines for academic and clinical collaboration for nurse training at public nursing colleges. The guidelines proposed are aimed at providing a supportive environment for the clinical training of nurses and can be adopted or utilised by the NEI and the clinical placement facilities to provide guidance on processes to be implemented, prior to and during the mandatory clinical placements. In Chapter Nine, the summary of the study which includes the limitations of the research as well as the recommendations and conclusion will be presented.

9.2 SUMMARY OF THE STUDY

The researcher set out to study the clinical education of student nurses with the aim of developing guidelines for academic and clinical collaboration for nurse training at a public nursing college in KwaZulu-Natal. A qualitative research design with a constructivist approach was used to conduct the study. The purposive sampling method allowed for the most suitable participants to be selected amongst academic staff, professional nurses and student nurses enrolled in diploma in nursing programmes, to share their experiences in the clinical education of nursing students at this college. Collection of all data took place on site for participants using a total of 13 focus group discussions and 21 semi-structured interviews. Data was analysed manually and revealed five themes and sub-themes which emerged as findings of the research study. The qualitative rigour of the research data was established using the framework by Lincoln and Guba (1985). These findings were discussed in line with available literature. Guidelines were developed during this study and aims to enhance the collaborative relationships between the academic and clinical partners in nurse training, and can be used by the management of both structures who are responsible for nurse training.

9.3 Meeting of study objectives and aim

At the commencement of the study, the researcher set out to achieve aims and objectives as well as answer research questions. The researcher has achieved the objectives that were set out as well as the overall aim of the study which was to: “develop academic and clinical collaboration guidelines for nurse training at a public nursing college in KwaZulu-Natal”. The objectives of the study were achieved as follows:

Study Aim

The aim of the study was to develop guidelines for academic and clinical collaboration for nurse training at a public nursing college in KwaZulu-Natal, South Africa. The aim of the study was guided, by reviewing literature relevant to nurse education globally, as well as existing partnerships which promote academic and clinical partnerships. The data retrieved and analysed from participants in this study, provided the basis for the guidelines. The views of participants provided the challenges, positive experiences and recommendations, which were taking into consideration, in drafting the guidelines which were reviewed by an expert group prior to finalisation and achieving the aim of the study.

Objective One

Gain in-depth insight into the current practices for clinical education of nursing students at a public college in KwaZulu-Natal.

This objective was achieved by conducting of qualitative interviews in the form of focus group discussions with academic staff and professional nurses and one-on-one semi- structured interviews with nursing students. The participants who shared their knowledge and experiences during these interviews allowed the researcher to gain insight into the clinical education practices at this college. The information required to meet this objective is included in themes one, four and five.

Objective Two

Explore and describe the role of the nursing educator with regards to clinical accompaniment and clinical teaching.

Academic staff interviewed shared their current practice in terms of clinical accompaniment and teaching. The views of the professional nurses and students in terms of how accompaniment

and clinical teaching was conducted by nurse educators, emerged during the interviews. The information required to meet this objective is presented in themes two and five.

Objective Three

Explore and describe the experiences of the clinical ward staff in supervision and mentoring of nursing students.

Professional nurses shared their experiences in terms of supervision and mentoring of nursing students. The status and challenges being experienced by professional nurses in fulfilling this function emerged during these interviews. The in-depth views of how students and nurse educators viewed the supervision and mentoring by professional nurses was also revealed during their interviews. The information required to meet objective three is provided in theme three.

Objective Four

Explore and describe the experiences of student nurses regarding clinical teaching and learning. Students shared their views on their experiences in the clinical practice area. They expressed their positive and negative experiences in meeting their mandatory clinical learning objectives. The information required to meet objective four is contained in themes three and four.

Objective Five

Develop academic and clinical collaboration guidelines for nurse training at a public nursing college in KwaZulu-Natal, South Africa

The themes which emerged from the study, unpacked the gaps that exist in the clinical training of nursing students. The guideline for facilitating academic and clinical collaboration for nurse training in public colleges in KwaZulu-Natal was developed from the identified themes which emerged in this study and the best practice clinical practice framework by Andrews and Andrews, which guided the study. These guidelines are available in chapter eight of this study.

9.4 STUDY LIMITATIONS

The research was conducted in a multi-campus public nursing college in one province. The results may therefore not be generalised to the nurse training partnerships that exist in other provinces, as well as those of private institutions. The perceptions of academic and clinical staff

may differ in other provinces, universities and private nursing schools not included in this study due to the policies that exist to manage nurse training issues, staffing, communication, and support systems for students within their contexts. The student perceptions are specifically from this college and may differ from their counterparts in other provinces or sectors depending on their system of nursing education.

9.5 RECOMMENDATIONS FROM THE STUDY

The following recommendations are proposed in line with the research findings of this study, and may assist in overcoming challenges which are being experienced by participants who are responsible for the training of nurses, and covers the following: policy formulation, service delivery, nursing education and research. The recommendations could assist to improve the collaboration between the academic and clinical partners in nurse training, in providing for a more effective clinical placement for nursing students which may positively impact on the graduate competencies of nurses from this college.

9.5.1 Policy Formulation and Implementation

The following recommendations may be considered and could contribute to the NEI strengthening or developing policies and guidelines which may have a positive impact on the clinical training of student nurses registered for nurse training programmes:

9.5.1.1 Aligning the clinical education model to the best practice of Andrews and Andrews' clinical placement model, in order to facilitate a positive relationship with the academic and clinical sectors, and promote information sharing between the two sectors.

9.5.1.2 Reviewing of the guidelines on the duration of clinical placements and rotation to allow the student to have adequate time to practice at each clinical unit, whilst further affording the professional nurse the opportunity to work with and assess the student adequately during each clinical rotation.

9.5.1.3 Review the policy on orientation of students on commencement of each clinical placement, to allow for adjustment and more effective functioning in line with the unit requirements whilst ensuring that clinical staff understand the importance of this for nursing students.

9.5.1.4 Monitor the guidelines on disseminating and training of clinical staff on student clinical learning objectives for training. Clinical training objectives ought to be available in every unit with both clinical staff and students understanding the requirements that are expected at every level.

9.5.1.5 The communication structure and strategies ought to be strengthened between the clinical and academic partners, by ensuring guidelines are available to allow for having frequent scheduled meetings, and ensuring attendance and participation by all required stakeholders.

9.5.1.6 Further guidelines could be developed or adapted from those proposed in this study, implemented and monitored by both academic and clinical partners specifically on the placement, support, and guidance of nursing students when they are placed in the clinical placement facilities.

9.5.1.7 Guidelines on how to effect changes in nurse training curricula or policies which, necessitates intensive training and ongoing support to be provided by the NEI to the supervisors who will be working directly with the nursing students, are critical. These guidelines ought to be developed, reviewed if available, or monitoring systems to be put in place to evaluate compliance. This will assist to facilitate knowledge sharing amongst all stakeholders enabling them to acquire adequate knowledge on the latest developments, and positively influencing nurse training.

9.5.2 Service Delivery

In the interest of promoting service delivery, the following recommendations could assist in enhancing the nurse training systems, as well as maintaining an efficient healthcare service.

9.5.2.1 Collaborative relationships need to be developed and nurtured by the NEI with the clinical placement facilities, in order to remove the silos between the two in working with students, and mitigate the threat of each component of the nursing education partnership working on their own.

9.5.2.2 The use of students in performing non-nursing duties, should not be the norm. In the event of an emergency and to prioritise patient safety or needs, it may be acceptable, but should not be the norm, as it will challenge the students' ability to meet their own training requirements.

9.5.2.3 There ought to be a platform developed which allows for the sharing of updated information on a regular basis. This could be in the form of in-service education, and

will assist in keeping each component up to date, on the developments on either the clinical or the academic side.

9.5.2.4 Increased involvement of unit managers or operational managers in issues of student nurse training is required. The unit manager needs to be knowledgeable about the curriculum, and the supervisory and teaching role of the clinical staff, for them to manage and monitor student allocations adequately.

9.5.2.5 The NEI could take a more active role in training nursing supervisors and mentors on how to carry out this function. The findings did reveal that professional nurses may have trained according to varied systems and could require additional training on how to mentor students according to the training institution. This training by the NEI will assist students in receiving an improved quality of supervision.

9.5.2.6 Managers at clinical facilities, need to train staff in role-modelling professional behaviour for student nurses, so that they can learn the correct manner of conducting themselves whilst in the clinical placement area. This will then teach nurses themselves how to behave in a professional manner when they are professional nurses themselves.

9.5.2.7 Nurse Managers and OM's must ensure that there is proper control over student supervision. This will prevent students working outside of their scope, and posing possible dangers to either the patient, themselves or the image of the institution or health department.

9.5.2.8 A positive practice environment needs to be created which will promote a safe learning space for students within the clinical placement facility. Workshops can be held by the nursing management together with the NEI on how to provide an enabling environment for students to learn and meet their clinical learning requirements and acquire the necessary skills with minimal fear and anxiety.

9.5.2.9 The NEI ought to take the lead role in ensuring that the clinical placement facility staff are updated in terms of the latest developments in nursing education, nursing procedures, and skills to be taught to students, to ensure that no outdated practices are taught.

9.5.2.10 A standardised manner needs to be adopted on how students are taught at the NEI versus the way in which they practice in the clinical area, to avoid hazards and confusion and enable them to cope with their examinations. If there is a differing in practice between the NEI and the clinical facility, then procedure guidelines must be drawn up and monitored by both sectors for compliance.

9.5.2.11 Adequate support must be provided to newly qualified professional nurses, by allowing the NEI to be part of the orientation programme provided to them. Nurse educators can orientate these professional nurses on their roles in supervising and mentoring students. They can receive orientation on the way skills and procedures are also conducted at this facility if they have trained at other institutions which may have differing policies. Provision of this support will provide newly graduated nurses with confidence to commit to student mentorship and supervision.

9.5.2.12 A system of motivating students to prepare for preceptorship roles could be implemented in their final year. A peer mentorship programme can assist these students to understand and be ready for their mentoring roles when they graduate. This system will assist future students who will have motivated mentors and preceptors to assist them when they are in training.

9.5.2.13 It must be ensured that students are not used as part of the workforce. The training needs of students should be prioritised, for them to meet the clinical training objectives appropriate for their level of training. This will ensure that students incrementally gain the necessary clinical knowledge and skills in line with the theoretical knowledge thus producing more competent graduate nurses who will impact positively on health service delivery.

9.5.3 Nursing Education

The NEI is the custodian of the nurse training programme, and the following recommendations may be considered to improve the clinical training experience of the nursing student whilst positively influencing the correlation of theoretical and clinical knowledge:

9.5.3.1 To ensure that the clinical training of nursing students is strengthened, the theoretical and clinical components of the training programme ought to be given the same degree of attention. More attention could be spent on the planning and preparing of all stakeholders for the clinical placement of nursing students.

9.5.3.2 Appoint or delegate academic staff at each training site to oversee that the processes and resources for the clinical training of nurses are strategically planned for and available for students in the clinical facility to prevent students not being accommodated effectively.

9.5.3.3 It must be ensured that for students to benefit adequately from the clinical placement, the necessary theoretical knowledge be covered by the NEI prior to the placement.

9.5.3.4 Appoint or allocate a person who will serve as a liaison between the academic and clinical facility and will be tasked with updating each sector on an ongoing basis, to allow timeous exchange of information, which will further assist with student monitoring.

9.5.3.5 Clinical accompaniment of students by the nurse educators need to be drastically reviewed. Use of lectures and classroom teaching methods in the clinical facility should be avoided. The structure of clinical accompaniment, should be in line with the student objectives, and clinical placement learning opportunities. Nurse educators need to assess the need for clinical training amongst the students when they visit them for accompaniment, and support them accordingly.

9.5.3.6 Nurse educators should refrain from focusing only on assessments during clinical accompaniment as this could result in rote learning amongst students who will only focus on preparing for the assessments. They need to ensure that nursing students are exposed to all their necessary clinical training needs so that they are competent at each level before proceeding to the next.

9.5.3.7 It is essential for a preceptorship programme to be established at the clinical placement facility. The programme ought to be supported by the NEI who can train the preceptors and render continuous support. The clinical facility manager would need to assess the workload of the preceptors to support the sustainability of the programme.

9.5.3.8 An urgent need exists for both the NEI and the clinical placement facility management to examine the effect of shortages of staff on student clinical training. If it is established that these shortages are adversely affecting the supervision and mentoring of students, as well as them achieving their learning goals, alternative plans need to be adopted by the NEI for student placement and supervision.

9.5.3.9 Nursing Education Institutions need to review the challenges surrounding the lack of resources within the clinical placement facility. Negotiations with the institutional management for the availability of necessary resources is required. Should there still be a challenge in terms of resources for students undergoing assessments, it is recommended that the NEI consider providing these resources, to avoid unnecessary stress on the student and the clinical staff.

9.5.3.10 The NEI ought to schedule more frequent assessments of the clinical placement area after the initial situational analysis, to ensure that the facilities remain suitable for nursing students to meet their mandatory clinical requirements. Should changes occur after the initial assessment which negatively affects nurse training, then contingency plans to support students must be put in place.

9.5.3.11 It must be ensured by the NEI's that the students are adequately prepared for their clinical placements, by providing for and encouraging them to utilise opportunities to practice in the clinical skills laboratory until they are confident to enter the real-life situation.

9.5.3.12 The NEI's should put in place measures to assess readiness of students' clinical skills prior to them being allowed into the clinical practice area. If a student is not confident in the required skills, then additional practice measures must be put in place for student readiness.

9.5.3.13 There needs to be a balance between how students are taught, by encouraging more practice and exposure to the real clinical situation, even when the student is still at college. The nurse educators should structure the clinical training, in a manner that allows the student to be exposed to the reality of the clinical situation in phases, whilst continuing their training at the skills laboratory.

9.5.3.14 A system of increased support for students is required and needs to be instituted for when they are still junior and new to the clinical environment, to provide sufficient support and assist them to adapt to emotionally stressful situations for example death, handling of loved ones, dealing with a corpse for the first time and so forth.

9.5.3.15 There is a need for the NEI to focus on developing clinical and critical reasoning skills in nursing students. This can be achieved by proper exposure in the clinical field, and using teaching strategies such as case studies coupled with a supportive mentorship programme or other strategies deemed suitable.

9.6 Uniqueness of study

In conducting preliminary research to this study, the researcher scanned through literature on nursing education matters globally. Literature was very freely available on the various nursing education strategies, challenges, transformation processes and clinical placement models being used globally. There was however not much focus on how the academic and clinical collaborations were being managed. There were very few articles that touched on this aspect of nursing globally. In the context of South African

Literature there seems to be an absolute lack of research in this area. In reviewing nursing education systems in South Africa the perspective of the Professional Nurse in the clinical placement facility is generally missing. This study brings in the perspective of the academic and clinical partners, as well as the student, and is unique in that the majority of studies especially in South Africa, the focus is on the student or the academic staff. The in-depth perspective from all the important stakeholders is critical and brings forth new understanding into the status of collaborative partnerships for nursing education in this public nursing college. This study has provided the opportunity to bring forth the question ***"Does the historical arrangements which exists in nurse training where the responsibility of the clinical learning of the nursing students which was bestowed upon the staff in the clinical area, need to be reviewed"***. The data that has been shared in this study provides a scenario of this being an unsustainable practice. This is mainly due to the transformation of health service needs and increasing demands that are the priority responsibility of the Professional nurse in the clinical facility. The results of this study provides the opportunity for standards issued by the SANC on clinical accompaniment by the NEI to be further researched and determined for relevance, in the light of the challenges that Professional nurses in the clinical units are experiencing in supervising and teaching students during their training. The uniqueness of this study has provided data indicating that NEI's really need to transform the clinical models of nursing education, as there has been no other study in the province of KwaZulu-Natal or South Africa which unveils comprehensively the true nature of collaborative relationships between academia and clinical placement facilities. This research indicates that standard generating and accreditation bodies in South Africa need to re-evaluate the clinical education requirements as set out, and determine if this is really allowing for the transforming of theoretical education to clinical knowledge, skills and clinical reasoning. This study further allowed the researcher to compile comprehensive guidelines for academic and clinical collaboration in nurse training which is currently not available in any literature in this form.

9.7 Further Research

To provide a broader literature base and address the challenges facing nursing education in South Africa, it is recommended that further research ought to be conducted on the following areas:

9.7.1 Models and strategies utilised for the effective clinical training of nurses.

9.7.2 The collaborative relationships between academic and clinical training partnerships which exist in nursing education in provinces not included in this study, private nursing schools and universities.

9.7.3 Further qualitative research on each of the themes which emerged as findings in this study to gain in-depth insight into nurse training issues.

9.7.4 Examine and analyse the effect of nursing staff shortages on student nurse training.

9.7.5 Mentoring, precepting and supervising trends of professional nurses to student nurses which is further, a critical issue greatly affecting the quality of graduate nurses.

9.7.6 The nursing regulatory body in South Africa, the SANC, could independently conduct research on the norms for clinical accompaniment for future nurse training, in the light of challenges experienced by clinical staff and resultant lack of supervision of nursing students.

9.8 CONCLUSION

This section brings this research study to a conclusion. The final section of the study is presented in Chapter Nine and includes the summary of the study, recommendations, limitations, objectives achieved, as well as the recommended future research. Notwithstanding the limitations of this current study which have been acknowledged, the overall aim and objectives have been achieved. On a personal level, the researcher in undertaking this study was drawn into a new reality. The realism that the education of student nurses extends far beyond that of the classroom. The stark reality of the clinical placement facility challenges, as shared by the participants in this study left me being very concerned about the competencies of nursing students and graduates. The literature reviewed however indicated that globally, challenges existed in the clinical education of student nurses, which negatively affected graduate competency. The scenario at this nursing college according to study participants is similar with regards to the clinical education partnerships and managing mandatory clinical training of student's nurses. These challenges required innovative teaching strategies to be explored and implemented in improving the correlation of theory and practice amongst nursing students. It has been established that the success of nurse training is dependent on the sound academic and clinical collaboration which would provide safe, efficient, and supportive systems and platforms for nursing students. In the developing and maintaining of these critical academic and clinical collaboration partnerships, guidelines are pivotal in sustaining these processes. The Andrews and Andrews' clinical placement model together with the research findings of this study provided the basis for the development of academic and clinical collaboration for nurse training in public nursing colleges in KwaZulu-Natal. The opportunity exists for NEI's and clinical training platforms to strengthen academic and clinical relationships with necessary collaboration, thus offering the necessary support to nursing students in correlating theory and clinical practice, and improving graduate competency. The developed guidelines can be adopted or adapted by NEI's and their clinical partners to provide the necessary supportive clinical training platforms to benefit student nurses in their mandatory clinical placements. The recommendations for future research around this topic will provide essential data and input into the issues of nursing education for the future. The challenges being experienced in the clinical training of nursing students as evidenced in this research study and the lack of guidelines for collaboration of this training between the necessary stakeholders is a serious concern, and requires NEI's to take the lead in forging new pathways for training nurse graduates who will be responsive to the healthcare needs of the country.

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APPENDICES

Appendix 1

5 January 2022

Mrs S Maharaj
54 Brixham Road
Orient Heights
Pietermaritzburg

Dear Mrs Maharaj

Guidelines for facilitating Academic and Clinical Collaboration for Nurse training at a Public College in KwaZulu-Natal
Ethical Clearance number 200/21

The Institutional Research Ethics Committee acknowledges receipt of your gatekeeper permission letter.

Please note that FULL APPROVAL is granted to your research proposal. You may proceed with data collection.

Any adverse events [serious or minor] which occur in connection with this study and/or which may alter its ethical consideration must be reported to the IREC according to the IREC Standard Operating Procedures (SOP's).

Please note that any deviations from the approved proposal require the approval of the IREC as outlined in the IREC SOP's.

Yours Sincerely

Prof J K Adam
Chairperson: IREC

Appendix: 2

Mrs Sangeetha Maharaj
54 Brixham Road
Orient Heights
Pietermaritzburg
3201
23 November 2020

Dr SZ Mthembu
Principal: KwaZulu-Natal College of Nursing
211 Pietermaritz Street
Pietermaritzburg

RE: REQUEST FOR GATE-KEEPER PERMISSION TO CONDUCT RESEARCH AT THE KWAZULU-NATAL COLLEGE OF NURSING

Dear Dr Mthembu

My name is Mrs Sangeetha Maharaj, a Doctoral Degree nursing student at the Durban University of Technology. I am writing to request support from you to collect data from the campuses of the KwaZulu-Natal College of Nursing. The campuses are Greys, Edendale, Port Shepstone, RK Khan, Addington, Prince Mshiyeni Memorial, Charles Johnson Memorial, Madadeni, Benedictine and Ngwelezane campuses. The research I wish to conduct is for my Doctoral thesis involves the development of **"Guidelines to facilitate Academic and Clinical Collaboration for Nurse training in Public Nurse Colleges in KwaZulu - Natal"**.

I am conducting a quality study, which will involve the conducting of quality interviews in the form of focus group discussions with academic staff and students.

I am hereby seeking your consent to conduct interviews at the identified campuses. The interviews will be scheduled with minimum disruption to the academic programme of the campus, and all Covid 19 protocols of the institution will be complied with.

I have provided you with a copy of my proposal which includes copies of the data collection tools letter of Information and consent to be used in the research process, as well as a copy of the approval letter which I received from the Institutional Research Ethics Committee (IREC).

If you require any further information, please do not hesitate to contact me on the following contacts: Cell Phone 074 723 6048, email Sangeetha.maharaj@kznhealth.gov.za

Thank you for your time and consideration in this matter.

Yours sincerely,

Sangeetha Maharaj
Durban University of Technology

Appendix: 3

WAZULU-NATAL PROVINCE

IEALTH

REPUBLIC OF SOUTH AFRICA

Postal Address : **Private Bag X 9089 Pietermaritzburg 3200**
Physical Address: **211 Pietermaritz Street , Pietermaritzburg 3200**
Tel: 033 264 7800/01 Fax: 033 394 7238
Email address :Sindizama.Mthembu@kznhealth.gov.za
www.kznhealth.gov.za

Name of Directorate :
KWAZULU-NATAL COLLEGE OF NURSING

Reference: Mrs. S. Maharaj Date: 19 November 2021

Principal Investigator: Mrs S Maharaj

Durban University of Technology

Student No: 21237180

RE: GATE KEEPER PERMISSION TO CONDUCT RESEARCH AT THE KZNCOLLEGE OF NURSING CAMPUSES.

TITLE: Guidelines for facilitating Academic and Clinical Collaboration for Nurse training at a Public College in KwaZulu-Natal

Dear Mrs. Maharaj

I have the pleasure in informing you that Gate Keeper permission has been granted to you by the Principal of the KZN College of Nursing.

Data Collection site(s):- All KZN College of Nursing Campuses

Please note the following:

1. Please ensure that you adhere to all policies, procedures, protocols and guidelines of the Department of Health with regards to this research.
2. Kindly adhere to all COVID 19 protocols of the institution
3. This research can only commence once you have received approval from the ProvincialHealth Research Committee in the KZN Department of Health.
4. Gate keeper permission is therefore granted for you to conduct this research at the aboveidentified campuses after consultation with the Campus Principals.
5 The KwaZulu-Natal College and its NEI's will not be providing you with any resources forthis research.
6. You will be expected to provide feedback on your findings to the Principal of theKwaZulu-Natal College of Nursing.

Thank You

DR. 5.Z MTHEMBU

PRINCIPAL: KZN COLLEGE OF NURSING **DATE**

Appendix: 4

Mrs Sangeetha Maharaj
54 Brixham Road
Orient Heights
Pietermaritzburg
30 November 2021

Dr. T Moji
Acting Deputy Director General: District Health Services
Natalia Building
330 Longmarket Street
Pietermaritzburg
3201

RE: REQUEST FOR APPROVAL TO CONDUCT RESEARCH AT THE KWAZULU-NATAL DEPARTMENT OF HEALTH

Dear Dr. Moji

My name is Mrs Sangeetha Maharaj, a Doctoral Degree nursing student at the Durban University of Technology. I am writing to request approval to conduct a research study at facilities of the KwaZulu-Natal Department of Health. The hospitals included per district are as follows:

Zululand:	Benedictine
King Cetshwayo:	Ngwelezana
Ethekwini:	RK Khan, Prince Mshiyeni Memorial Hospital, Addington
Umgungundlovu:	Harry Gwala, Greys
Ugu:	Port Shepstone
Umzinyathi:	Charles Johnson memorial
Amajuba:	Madadeni

The research I wish to conduct is for my Doctoral thesis and involves the development of:

"Guidelines for facilitating Academic and Clinical Collaboration for Nurse training at a Public College in KwaZulu-Natal"

I am conducting a qualitative study, which will involve the conducting of interviews in the form of focus group discussions with Clinicians in the category of Professional Nurses at the identified hospitals. I am hereby seeking Gatekeeper Approval to conduct these interviews at the identified Institutions. The interviews will be scheduled with minimum disruption to service delivery and all Covid 19 protocols of the institution will be complied with.

I have provided you with a copy of my proposal, data collection tools letter, of Information and consent to be used in the research process as well as a copy of the conditional approval letter which I received from the Durban University of Technology Institutional Research Ethics Committee (IREC).

Should you require any further information, please do not hesitate to contact me on the following contacts: Cell Phone 074 723 6048, email Sangeetha.maharaj@kznhealth.gov.za

Thank you for your time and consideration in this matter.

Yours sincerely,

Sangeetha Maharaj
Durban University of Technology

St. No. 21237180

KWAZ\11.U-NATAL PROVINCE
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DIREC ORATE:
OFFICE OF THE OEPUTV DIRE,CTOR•GENERAL
CLINICAL SERVICES

Enquiries: Dr E Lutge
TelephOne: (033) 395 2046

Mrs S Maharaj
54 Brixham Road, Orient Heights
Pieter,marit@Urg

Re: Support for research study entflled "Guidelines for facllltating Academic and Clinical Collaboration for Nurse training at a Public College in KwaZulu-Natal"

I have pleasure in informing you tllat I support your concluct or the research sh;dy above.

Please note the following;

1. Please ensure lhat you adhere to alJ the policies, procedures, protocols and guidelines of the Departmen,t01Health with regards to this research.
2. This research will only commence once this study has beerl approved by the Provincial Heallh Research and Ethics Committee in the KZN Department of Health.
3. Please ensure this office is Informed t,efore you commence your research.
4. The District Otllce/Facility will not provide any resources for this res,earch.
5. You wlll be expected to provide feedback on your findings to the Health Researcl1 and Knowledge Management Un" in tho Provincial Department 01 Hoalth for further dissemination within the Deparlment.

Kind Regards.

DR TD MOJI
ACTING DDG: CLINICAL S RVICeS
KW EPARTMENT OF HEALTH
DATE: 22/12/2021.

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Postal Address: Private Bag X9050
Physical Address: 330 Langalibalele Str: PM Burg: 3201
Tel: 0333953189/3123/2805 Fax: 033-3943782
Email address: hrkm@kznhealth.gov.za
Health Research & Knowledge Management Unit

NHRD Ref: KZ_202112_027

Dear Mrs Maharaj

Approval of research

The research proposal titled "Guidelines for academic and clinical collaboration for nurse training at a Public College in KwaZulu-Natal "was reviewed by the KwaZulu-Natal Department of Health (KZN-DOH). It is hereby **approved** for research to be undertaken at selected public health facilities andselected College of Nursing campuses.

1. You are requested to take note of the following:
   a. *All research conducted in KwaZulu-Natal must comply with government regulations relating to Covid-19. These include but are not limited to: regulations concerning social distancing, the wearing of personal protective equipment, and limitations on meetings and social gatherings.*
   b. *Kindly liaise with the facility manager BEFORE your research begins in order to ensure that conditionsin the facility are conducive to the conduct of your research. These include, but are not limited to, anassurance that the numbers of patients attending the facility are sufficient to support your sample sizerequirements, and that the space and physical infrastructure of the facility can accommodate the research team and any additional equipment required for the research.*
   c. *Please ensure that you provide your letter of ethics re-certification to this unit, when the current approval expires.*
   d. *Provide an interim progress report and final report (electronic copy) when your research is completeto hrkm@kznhealth.gov.za*
   e. *Please note that the Department of Health shall not be held liable for any injury that occurs as a resultof this study.*

For any additional information please contact HRKM on hrkm@kznhealth.gov.za .
Yours Sincerely

Dr.Lutge Chairperson,
Health Research Committee
Date: *24/12/2021*

Appendix 7

INVITATION TO PARTICIPATE IN A RESEARCH STUDY

PLEASE JOIN ME TO SHARE YOUR EXPERIENCES ON NURSING EDUCATION

TITLE OF STUDY: Guidelines for facilitating Academic and Clinical Collaboration for Nurse training at a Public College in KwaZulu-Natal

TARGET PARTICIPANT: ACADEMIC STAFF, STUDENTS REGISTERED IN BASIC NURSE TRAINING PROGRAMMES. PROFESSIONAL NURSES MENTORING STUDENTS

DATE: TO BE CONFIRMED PER CAMPUS

VENUE: CAMPUS - FOR ACADEMIC STAFF AND STUDENTSS

CLINICAL FACILITY - FOR PROFESSIONAL NURSES

DATA COLLECTION METHOD: FOCUS GROUP DISCUSSIONS / INTERVIEWS (+- 1 hr)

NO COST TO PARTICIPANTS

AIM OF STUDY: To develop guidelines to facilitate academic and clinical collaboration for nurse training at a Public Nursing College in KwaZulu - Natal

ANONYMITY: YOUR IDENTITY WILL BE KEPT ANONYMOUS

CONFIDENTILALITY: ALL INFORMATION SHARED WILL BE KEPT CONFIDENTIAL AND STORED SAFELY WITH ONLY THE CONTACT PERSON RESEARCHER HAVING ACCESS.

CONTACT PERSON: Sangeetha Maharaj☎ 074 723 6048
sangeetha.maharaj@gmail.com
Alternatively please leave your details with your Campus Principal or Nurse Manager

NB: PARTICIPATION IS VOLUNTARY!!!

Appendix 8:

CONSENT

Full Title of the Study: Guidelines to facilitate Academic and Clinical Collaboration for Nurse training at a Public College in KwaZulu-Natal

Names of Researcher/s: Sangeetha Maharaj

Co-Investigator/s/supervisor/s: Prof. TSP Ngxongo and Dr A Razak

Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the research about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number: __,
- I have also received, read and understood the above written information (Participant Letter of Information) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerised system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

Full Name of Participant	**Date**	**Time**	**Signature / Right Thumbprint**

I, _____ (name of researcher) herewith confirm that the above participant has been fullyinformed about the nature, conduct and risks of the above study.

Full Name of Researcher	**Date**	**Signature**
Full Name of Witness (If applicable)	**Date**	**Signature**
Full Name of Legal Guardian (If applicable)	**Date**	**Signature**

Appendix: 9

Letter of Information

Dear Participant,

You are invited to participate in my research study. Details of the study are provided below.

Title of the Research Study:

Guidelines to facilitate Academic and Clinical Collaboration for Nurse training at a Public College in KwaZulu-Natal

Principal Investigator/s/researcher: Sangeetha Maharaj – Masters of Technology in Nursing

Co-Investigator/s/supervisor/s: Prof. TSP Ngxongo (Dr of Nursing)

Dr A Razak (PHD)

Brief Introduction and Purpose of the Study: Thank you for taking your time to understand the study that I am undertaking which could make a positive contribution in the training of nurses in Public Nurse Training Colleges in KwaZulu-Natal. In South Africa the health system is predominantly nurse driven. It is critical for nurses to possess the necessary competencies on graduating. Support during clinical training as well as academic and clinical partnerships are deemed to be key factors during training of student nurses. The aim of the study is to develop guidelines to facilitate academic and clinical collaboration for nurse training in public nursing colleges in KwaZulu-Natal.

Outline of the Procedures:

You are requested to participate in the study in the following manner

- A focus group discussion which will take approximately 1 hour for Academic Staff and Professional Nurse
- A Semi Structured interview for students, which will take approximately 45 minutes

I will facilitate the discussions, which will take place at your campus or clinical facility.

The study will be conducted with academic staff and students of the nursing education institutions, as well as professional nurses at the clinical placement facility.

The focus group discussions will be conducted separately for each group, academic staff at the campus and Professional Nurses at the clinical facility. The number of participants per focus group will be between 6 and 8. Each student will be interviewed individually. A private room will be arranged with the institutional management at a time which is suitable to participants to avoid interruption to their schedules. Semi structured and open ended questions will be utilised, and all focus group discussions will be conducted in English. I will kindly request to audio record all discussions, as it will not be possible to capture all the data in notes during the interview process.

Risks or Discomforts to the Participant: There will be no risks to the participants who participate in the study.

Explain to the participant the reasons he/she may be withdraw from the Study: Participation is voluntary, and you may choose to withdraw from the study at any point. There will be no consequences to you should you wish to withdraw.

Benefits: The study which is focused on improving nursing education through academic and clinical partnerships will identify if there are any shortcomings in the clinical training of nurses and the academic and clinical partnerships at Public Colleges. The study will form the basis for further research in this area. Findings will be available for stakeholders in nursing education to utilize when developing policies and guidelines. The result of the findings will have a positive influence on the clinical nurse training of students and the competencies of graduates. The completion of the research could result in the researcher obtaining a Doctoral Degree in Nursing.

Remuneration: There will be no remuneration for the participant or the researcher during or on conclusion of the study.

Costs of the Study: The participants will not be expected to cover any costs of the study.

Confidentiality: You will be expected to fill in a consent form. Your anonymity will be guaranteed and you are not required to write your name on any interview forms. All notes will be kept in a lock up cupboard, and recordings will be transcribed onto a password protected computer.

Results: Publication in accredited journals and Conference presentations.

Research-related Injury: The nature of the study does not pose any potential risk of injury to you as the participants.

Storage of all electronic and hard copies including tape recordings: The consent forms with participant details and the recording tapes will be kept in a locked cabinet for 5 years, only accessible to the researcher.

Persons to contact in the Event of Any Problems or Queries:

Researcher: Sangeetha Maharaj Tel: 0747236048

Supervisor: Prof TSP. Ngxongo Tel: 0313732609

Co-Supervisor: Dr A Razak Tel .0827867282).

Institutional Research Ethics administrator Tel: 0313732375

Complaints can be reported to: the Director: Research and Postgraduate Support Dr L Linganiso on 031 373 2577 or researchdirector@dut.ac.za.

APPENDIX: 10

FOCUS GROUP AND INTERVIEW GUIDE FOR ACADEMIC STAFF, CLINICAL STAFF, AND STUDENTS

STUDY TITLE: Guidelines for facilitating academic and clinical collaboration for nurse training at a public college in KwaZulu-.

BACKGROUND INFORMATION

Participant Group:

Date:

Venue:

Time:

Semi Structured Questions:

- What is your understanding of integration of clinical and theoretical aspects of nurse training?
- In your view, how should nurse educators and the nursing education institutions contribute to clinical accompaniment, clinical teaching, supervision and mentoring of nursing students?
- In your view, how should clinical staff and the clinical facility contribute to clinical accompaniment, clinical teaching, supervision and mentoring of nursing students?
- Can you tell me about the challenges being experienced in the clinical training of student nurses?
- What are the consequences of ineffective clinical training for student nurses?
- What factors in your view would support the clinical training of nurses in KwaZulu – Natal?

THANK YOU FOR YOUR PARTICIPATION!

Appendix: 11

[redacted] **EXAMPLE OF TRANSCRIPT**

F0CUS GROUP INTERVIEW

Int.	Thank you for agreeing to take part in the interview, and signing the consent, as I explained your anonymity and confidentiality will be maintained at all times. I have explained to you about the format of the interview. In terms of the questions, they broad, and they really based on how you view things. It does not only have to be how you doing things, if you feel there should be something different, or added you are free to voice that as well, because that will you know create the change we looking for, if there is a need for it. So the 1st thing I wanted to check with you as being in the clinical area, you know the clinical facility. What is your understanding of the integration of clinical and theoretical aspects of nurse training, how you view it from the clinical side? The integration of nurse training. What's your view.
Part. 1	Hello, I am from the background of maternity, from the midwives point of view it is correlating theory with practice, and able to the concepts that are taught in the colleges that needs to be applied in the clinical field. That is my understanding. There must be correlation between the 2 of what is learnt and what is done, and it must be current information that is being practiced, not theory or using textbooks that are outdated and not keeping with the current trends that are occurring specifically to the country, and specifically to the Sub-Saharan population.
Part. 2	I would say it would be the academic knowledge or the theoretical knowledge with the practical experience that they gain in the unit. But it is also making sure that they up to date with the information, it must be current so that people are affay with everything that is new, that is available and that it upskills everybody, it's not just the students that are going to be learning, it's everybody that's going to be learning. When you say

	everybody, are you talking about people in the clinical area as well...? The clinical area yes, that's what I'm talking about ya. So who you feel should be responsible for upskilling the people in the clinical area when it comes to student related matters... Both the college and management...
Part. 3	I know the nurses in training, they are actually disadvantaged, when they come into the actual field, they come into the unit because we don't have the clinical facilitators in the department that are actually there to accompany them, they are only there when they are there to assess them, then there is that gap were they actually don't grasp and with us we expect people to be there to be knowledgeable to be ready to be ready to practice, but it's difficult for them, when they don't get that support from the colleges as well. So when you say you expect people who are there to be knowledgeable, and ready to practice, are you talking about the nurse that has graduated. The nurse that is still in training, and even the one that has graduated because they haven't been in the clinical field with a support system cause with the rotation system you find that you are just in different wards as well, and you don't get that support. You may find that you are more comfortable with one ward and not comfortable with another ward. But if they had a support whereby the facilitator would be constantly there, for the students, it will be better.
Int.	In your experiences… just probing a little bit... now when you getting the newly graduated prof nurses, do u feel they are confident to be left alone in the unit. That's what we trying to achieve by what we doing today, that training both in the academic and the clinical, the support that should be there for the students, so when they come out as graduates they should be confident
Part. 3	But I think there is a missing link. Somewhere, somehow…What is the missing link what do you think... Because personally I come from a private institution, whereby you will have the CNS who is responsible for the students. Just the students only and there is a facilitation department that

	is responsible for the students, that is there for the students at all times. So you think... I just want to clarify. Within the clinical facility… yes… there should be a clinical department…. Yes... Clinical department. That should be responsible for mentoring students and that type of thing… yes... do you all agree with what has been said. Yes ok anything else.
Part. 4	But the clinical teaching, need to be present in the department, not isolated at separate, it must be on the floor… now ok when you say on the floor, within the unit. Ok so if you say midwifery, in the unit, that's there all the time, because she has 1st hand experiences of what is happening in the ward, and gonna relate it to the student. Unlike someone from college who hasn't had experience in the ward with many years because she has been teaching. Now what you teach and what you see in the ward there's a difference. But you bringing up an interesting point because you saying that the lecturer has been teaching for many years so she may not be up to date, in what happens in the ward, but isn't that a problem in itself, yes that's true. So how could that lecturer then, what I'm saying how this collaboration that we have between the academic could and the education even support the academic side to be updated. Ok then we need the lecturers to be in the wards, seeing what's happening, maybe on a weekly basis, or bi-weekly basis to have 1st hand experience as to what the staff is doing. How they do it. You see this is the type of input, I am saying, we probing a little bit, because you got the idea, and you know what is the problem and it makes sense, because it could be one of the areas and in the guidelines you could say academic staff every month you spend one day, or something, like that, you know I am just giving you an example. And hands on so that's a very valuable point.
Part. 4	But at the same time there are a lot of registered nurses who are very good in teaching students, but it's just that they don't have that teaching experience in a closed classroom, but in the unit they are very good. Do it on the spot...

Part. 5	The student accompaniment must be more often than just once a month, because the student's need the support of the academic staff, and then to bridge that gap, like once a month is too little. We need more visibility of the academic staff actually at the patient's bedside, not , even if you coming to the clinical side, it's not use taking a room and then doing a lecture, it's actually doing the work with the patient and following them through from the beginning to the end.. So you feel they have covered the academic while in college, while they in the unit, you not wanting them to lecture the students aside, and you want them on the spot, at the point of care and practicing or supervising the student there. The clinical guide was good, what we used to use previously when we were student maybe that also will help to bridge that gap and make the students stronger as individuals.
Int.	Confident… ya... so speaking about clinical accompaniment, because that is the next question and we will cover it, I am not going to go in order, but we'll just cover it. Now do you find that there is specific times that it is more crucial, for students to have more supervision or accompaniment and here I will just give you an example now, if we looking at maybe students in their 1st clinical rotation, you know things like that, but what is your view on that?
Part. 3	I think on the 1st rotation into the clinical field, they do need that support and the clinical facilitators must be there as well because you find that the students they were into shock when they realised what is actually being done in the unit, as opposed to what they are being taught so they will need that somebody that is there, that is actually on the floor, in the field with them. Somebody from the NEI… yes...
Part. 6	Ya, they really need support from both sides, from the college and the wards as well. The only problem with us as department, we, don't have 1. HR, we don't have time, even if you want to give them, empower them that information and knowledge and skills, but time becomes a factor, because we have your own things that you need to do, but in the mornings, we do

	give them a bit in our team briefings and also during the, when we doing procedures but because of time and everything it's not easy, that's why I second the point of having the clinical facilitators that are in the department. Not only to come when they are doing their assessments.
Int.	So it comes out clear now, that, so what we heard, your expectation now from the NEI or the campus you like to see more clinical accompaniment, you like to see more accompaniment not just for assessments. What else do you think they could do, which would help assist the student in the clinical area.
Part. 1	What I've noticed in midwifery, when the students come, they've only learnt the normal part of midwifery for eg; normal process of labour or whatever we are not seeing normal. Most of our patients, almost 90% of our patients, are high risk they experiencing shoulder dystochia, breach deliveries, twin, which they haven't had any exposure so when they come to the clinical area, it's totally different, they haven't had any knowledge on it. No training, and they lost. So how do you think the campus could assist for that student to be better prepared... Probably to integrate their curriculum with normal and abnormal together. Like we will not just see a PIH, we will see a severe Pre-eclampsia and an eclampsia, so maybe the PIH maybe the BPs are fine, she will be treated as an outpatient, not generally admitted. But He's gonna see a severe Pre-eclampsia with all the foetal complications and mother an eclamptic, because an eclamptic, needs an ICU care and he doesn't know anything. So you feel like the way the curriculum is structured is not realistic in line with what is the reality. (Ya.. others in agreement).
Int.	In terms of, ok, we got this clinical accompaniment now what more can the academic staff do to support the students more while they in the clinical area besides just accompaniment. Err there was a student that felt very strongly that they needed to sit with their academic after a few days and review their progress in the clinical area. Do you feel that, that is done or

	academic staff could play a more important role with that, like as they go for their rotation, going back, reviewing their outcomes, their objectives that type of thing?
Part. 3	I think that the students should be psychologically and mentally prepared because what they are actually being taught in the academic area, is totally different from what is actually happening in the units and they get stressed as well, and we are all working under stress, and you find some of the students, I think about 30%, they leave nursing as soon as they go into the wards. They realise that this is not what we actually signed for and they opt to leave, but if they were prepared early, they knew exactly what they will encounter then they'll be able to cope.
Int.	Yes when you speak to the students, and this comes across in a lot of the literature as well. Students and we all have been students at some stage, they get so fearful, they feel so isolated, they are so like, not confident in what they doing, when they are faced with this live patient. Now what kind of support can be given to students? I am thinking like your preceptorship, you know, like your mentoring a system, where within a unit you have an identified person, that students can feel comfortable in going and saying ok, I know everyone is so busy, but I have just not done, let's say suturing of episiotomy before. That person can have maybe that connection with students. In some models of education, within the unit they have an identified person. So you think that could be something that could support students.
Part. 4	That could really help, cause really if a student comes to ICU or to maternity, there are times you are all stressed and you all need to work, you got not time to sit with the student, to guide them, to which steps to take, because you are used to trouble shooting yourself. So they also need to be prepared that there will be instances like that, there will be resuscitations, there will be proceedures that cannot wait, that needs to be

	done now, and time means its life threatening for a patient. They need to be so prepared,
Int.	I understand, you know sometimes when you look at it, the student is in the area, but they come to a simulated environment but when they go to the realistic environment that is where the shock hits them, and that is where they need more support or to be able to go to someone that can assist them. There are lots of demands on students, so it is a realistic thing that is happening to students even within our own organisation.
Part. 4	The other thing, I think the student, they need a proper orientation before they go to the clinical areas, because sometimes when they come to the clinical areas they don't know what is expected from them you know, that's why I'm saying they need a proper orientation you know. They must be aware, when they going there, what is expected from them.
Int.	And what about you, should I say clinical mentors in a way do you know what is expected of you when the students come, especially now that we have a changing system. Do you know the R171 programme, for the 1st time we are seeing this student, it's a new programme, and I am used to the other system have you been orientated as to what is expected of you.
Part. 6	On this part, I don't know whether it was last year, or 2020, the college gave us documents to say, this is the curriculum, this is what is expected at this level, and this level, but there was like no orientation or introduction of this thing to us, if you just push like documents, like to say,.. we got the papers but nobody organised sort of a meeting, or a greeting where, you are introduced to this thing, this is what is expected from this level 1 student, level 2, now you have to do that on your own, check all that, we don't have time for that
Int.	So you feel like, especially when there is a new programme. You should be taken through some type of orientation… Yes, Yes, Ya... even if it's one per unit, or whatever then you can cascade it or something like that.

Part.6	Yes better that way than giving us the documents which we don't have time to, because we have our own things that are happening in the department...
Int.	You see now, those are the things I am hoping will come through for developing the guidelines. It could be said that is you placing a student in the clinical area, there should be an orientation, and with the orientation, there should be an identified liason person you know, things like that, so what you bringing up is very, very valuable because that's what you experiencing, and those things must come up now when we developing the guidelines. And you on the ground so you know what is working and what is not working and we shouldn't just take something and do it without doing some sort of investigation, but that's I think especially I think the climate we facing with the new nursing qualifications.
Part. 1	I was saying one of the ways to reduce the anxiety of the students, when we were doing ADM we used to go to college once a week, on the day that we go then we expressing our views, and our experiences in the ward and we had the lecturer to assist us, but now, the student's go like 3 weeks or 4 weeks straight to college, and they only seeing the student in the next block. They haven't had a chance... yes, they haven't had a chance
Part. 7	It has to be relatable, the work that they doing has to be relatable to the students they will always come back and think, the environment that they thought they getting into isn't as they perceived, so it has to be relatable for them. And maybe that will give them time to debrief as well. Exactly, Exactly. In a controlled environment.
Part. 5	The lecturers that are attached to that campus, need to have some idea of the layout of the ward, what is happening on the clinical side. You find the lecturers haven't worked on the clinical side, they may have trained in another hospital, worked in another campus, everything is different, and there are policies that are specific to that hospital which students need to

	be aware of but unfortunately because the lecturer has not worked on the clinical side doesn't know what's happening there, and so she's unable to relate and support the students correctly, for eg; absenteeism, punctuality etc.
Int.	I know we have just touched on this as we were going on, but maybe you can give me an idea now, you in the clinical area, what are the challenges you have when it comes to supervision, mentoring of students. Yes because you know like, you were saying, the wards are so full, there's shortage of staff, all those things do have an impact on your supervision ability on training and we all know this becomes competing now, I have to see to this patient, but I really cannot get to that student's procedure, it's the reality that we experience. So I just want to know what challenges you having when it comes to supporting students.
Part. 5	When the student allocation is made, and it's broken up into weeks because they have so many hours to meet in the clinical area, there's not much insight given to it, when they putting to many students in one area, that leaves the sister to supervise so many students and also they may not meet all their requirements when it comes to deliveries. When you putting 5 students all at once at the same go, but on night duty you don't have anyone and then on day shift all 5 students cannot get their 15 deliveries within the 2 weeks or 3 weeks or whatever and night duty there is nobody working there when they could have got their deliveries. That is one eg; where there is 2 many allocated in one area, to get, all the requirements. The 2nd example is there are 2 many students, and then you cannot give quality supervision to all the students equally because there's so many students there at a time.
Part. 3	Another challenge you find that students will be allocated to like midwifery for 2 weeks and then will be pulled out of maternity to a medical ward, instead of continuing with maternity hours, like to do at least 2 months of maternity, before they can go to a medical ward, or a surgical ward. That

	breaks the continuity, there's no continuity in the allocation. So the too short allocations…yes...
Int.	Anything else… what about the calibre of students… does that affect your ability to supervise them, you know, we know we got a changing generation of students as well. How does that affect you?
Part. 6	Ya, when it comes to the challenge, you see these students, they are in the wards, but when they not coming on duty, they not coming on duty, but they reporting to college, that they not coming on duty, sometimes it's not even easy to monitor, because they not reporting to us directly. So if they allocated to your ward and they going of sick, they report to college only, and then college reports to you. Ya they report to college ya..
Part. 7	Some students report to the ward as well.
Part. 1	The question was, with the students like you were saying the students don't report, but also the students the challenge we face when it comes to the managers and the generation gap, the students feel they workbook orientated they have the specific number of criteria that they have to meet in terms of numbers for their workbooks and they tend to forget that they dealing with the human beings, patients, and patient care is a priority and like for eg; if kitting is not part of their clinical requirement in the department, then it's forgotten. So they don't treat the patient holistically with what requirements they may do, for that block to meet their requirements, so the care you find, there is a difference between the older nurses and the newer nurses. The older nurses were treating the patients holistically, for eg; catheter care is taught in the 1st year, and then they come to do midwifery some of them behave like it's not a 1st year requirement. And also in terms of them technology is a, is mobile now and we are used to documenting and writing our patients notes. So you find them not so good in documenting when it comes to record keeping as well. They not taught, or

	they may be taught, but they don't practice the importance of record keeping.
Int.	And that is so important, when it comes down to litigation, it comes down to the report, and if the report is not done, then it is taken as it's not done. And that's why the Dept. is having this cycle of high litigation.
Part. 1	And even in the nursing process, it says scientific, nursing process, but if you look at the quality of the entries they make in the nursing process, even after they qualify, it's sad to say they don't use the scientific method of nursing in the nursing process.
Int.	From what you telling me again its telling that the competencies on graduation of these nurses, is really not up to the standard that we would like it to be.
Part. 1	In the ward we making assumptions about the student's cognitive behaviour, because I may see a student once a week during the off duties, or whatever, and I may teach him today, suturing, so you expect him, or the next time to know how to do, but you'll find the same student now, not doing what you taught him to do. So you don't understand his ability to learn because this is the 1st time you meeting him. It actually becomes a challenge, I taught him twice and he is not learning, why he is not learning, Ya...
Int.	So in that case you need to have that relationship with the campus, to be able to discuss these type of individual students.
Part. 1	Yes, to be able to give that little bit of extra care, who we know will be sufficient on their own, you know
Part. 7	We do have a good relationship with the campus, I must say. I don't know if it applies to all at campus, but the tutors that come to us, actually have a good relationship, they ask me about their students. So we do have that interact on a one to one, I will tell them if their students are not performing

	the way they should. If there's some reasons for me to be worried, I will tell them no that particular student, he needs more assistance than the others, but the others are performing well. There are some students that are exceptional in terms of what they want to learn, because they always want to learn more than what they taught, they like way ahead of some of the other students so that we can buddy them up with the ones that are a little bit weaker, and are struggling, but not all the students are going to give us that problem, so it's not always the case where the tutors don't interact. But maybe it's happening in your environment, it's not happening everywhere, it's not happening everywhere, and it's not all the time though...
Int.	I think you need like a formalised system where you are maybe at a certain time during a student's allocation, be able to review the student. So it's like the student goes there, is placed there, but sometimes is lost and then nobody sort of follows up on the student, that is what I am getting form you. Sometimes it works where you have that relationship, some units may not have that relationship. Some are busier that others, so maybe a more formalised approach, where there is like a standardised system. I just want to check with you now, so we've got these students and it's coming across very clearly that there are some gaps and issues, and obviously in any system there will be. What do you think could strengthen the clinical training of nurses? Just briefly from either side anything that could strengthen the clinical training, I know we spoke about clinical accompaniment, we spoke about the numbers, maybe having review meetings, orientations. Is there anything else that you think could strengthen
Part. 5	A clinical lab in the clinical area is very important for strengthening the student's learning experience. You can't use a patient as a dummy to put a drip, put a catheter, or experiment or do this or that, so having a clinical lab, which includes the right equipment, dolls resuscitator, etc. equipment

	is very, very important and should not only be on the college, it should be in the clinical side. So if I want to take a student and teach her bag mask ventilation I can, I know I got a dolly there, and it can be in that area, away from the thing where she can practice.
Int.	That's very valuable, and I don't know if you have heard that clinical education and training units should be established at the clinical facility, however, the guidelines for it came up just before Covid, and it fell by the way side a bit. But from the National Department of Health it was informed that every clinical facility must have what you are saying. So I am glad that you see it as valuable, but in the future that's something that will be built up. But it must be something developed between the campus and the hospital. You know the campus should assist you to build up that unit.
Part. 6	What we are saying will not only benefit the students, but the junior staff in the departments will benefit from the skills lab in the institution, so if you want to teach something there or they started just joined in the unit, you take her to the skills lab, and teach her to do 1,2,3,. From that it will help a lot, if the facility is in the working environment. So you don't have to go far, it must be accessible Ya...
Part. 6	Another thing again, if the student is allocated to your department and is allocated for 1 week. In that 1 week the student has to have some days of, they only working 40 hrs. a week, she still has to be of, then you still have to write a report on this person, how you write a report on this person. Can you say you have observed a person for 3 days, then you can say the behaviour and personality is like this? It is just too short a time. if a student is allocated in a ward, say is in a paediatric ward, give a student a full month in Paeds. That person has enough time to learn whatever he is supposed to learn in Paeds. And then it gives the person who is a clinical facilitator or the nurse who is in the ward, enough time to assess this one. You have to write a report at the end of the month. You can write something instead of just ticking, ticking, and signing, because I only know 3 days of

	this person, basically I don't know anything about this person. Because only like 3 days, so I can't even like follow, only 3 days he's going to be with me in the department… and I think the new programme the R171 is actually worse, where they very short periods in the clinical area, and they move. Ya it's something that we could take back to the curriculum team. You know once the findings are all there, because it's coming up time and again. Another thing with nursing, we all know that nursing is practical, so more time should be given to practical exposure than or we should try to correlate both, because when this one qualifies, you expect this one to be competent and comfortable, no, I did not get enough exposure to the department, it will give him or her a really hard time.
Int.	The quick movement does not make any (word unclear)… is that what u saying. Anything else… I think we covered most as we went on… maybe just for the last area... What do u think would be the result of ineffective clinical training of nurses? Just even if it is one word.
Part. 5	High turnover of students when they qualified. Moving from institution to institution, thinking it is better on the other side that could be one of the outcomes with poor training.
Part. 7	Insufficient time to adjust and acclimatise to the area that they working in. not enough supervision. They could have preconceived ideas of the area that they coming to so they don't know the reality. Also depends what they, they can write a paper and not remember anything they learnt in college. So also their knowledge when they come into the wards. So its different people learn at different rates so it could be bad.
Part. 1	Poor learning outcomes, is going to result in poor patient care., and that's going to put the department on strain in terms of litigation, more hazards, complaints, problems. So ultimately it's going to impact on the whole country, the community, our families, their own families,

Part. 2	I think what she has said, it's going to affect patient care, you not going to produce a nurse who is going to be competent enough to function in the clinical facility.
Part. 3	Ummm I think the student must be well prepared to come out in the community and ah, ya that's it.
Part. 6	I think it will result in poor nursing care, and which will lead to litigations, currently it's what the Department of Health, Nationally is facing currently. Lots of litigation we will end up having no budget to support the institutions. Won't have enough exposure, doesn't know much, so I think that will be the outcome.
Part. 3	There'll be a lack of patient care, and also there'll be few people that will want to do nursing.
Int.	Ya... I think thank you so much, and I think really that is the reality
Part. 1	Also the resources they come in thinking that we have all the resources but it's not an ideal situation. Each ward does not have everything. And you realise there is HR deficiency and material deficiency. Everything is an issue so they like that reality is hard to adjust to
Int.	So when they in campus they have this ideal, and when they come to clinical, it's very different. And then that comes up as a challenge for your side as well. That hasn't been prepared, that doesn't know the reality, that doesn't have the resources for actually providing support to the student. And I think those are the realistic things that we are facing and we all know that litigation is extremely high. So there was also a suggestion that in working together with the education, even from the clinical side, you identify learning opportunities and communicate that to the college, you know those are some of the things, that.. You see something that would probably not be seen again, for a long while. Then between the clinical and the college you make sure the students get exposed to it. But I think it all comes down to this liason person and relationship you have, and the

	collaboration that exists, and that can actually assist then. But I want to really thank you all for giving me your time... but how did you feel talking about this, because not often we speak about these issues. We think oh, you know we just continue, and continue and we shouldn't be speaking about it but there comes a time where you have to address certain issues as well. I am not saying everything will be sorted out after this, but we can make people aware of what is happening. But how did you feel participating in this exercise where you had to think about what you doing.
Part. 1	I think what u did to us today, should have been done to us before the new courses had come out, because we could put all this into practice. The reason I am saying that is because we got the 3 year course, which we told is focused primarily on PHC. Now what happens to that sister when she qualifies and is employed in an institution? So that's a big battle to, if you have them out there, they don't put up catheters, they don't put up drips there, they basically giving health education, a whole registered nurse when she comes to the ward, she needs to perform as a registered nurse, not PHC and it will be a challenge
Part. 5	What saddens me with the Prof nurses, that most of the nurses when they qualify they don't want to work in the hospital setting, they either want to work in the clinic. PHC sector, polyclinics, or private sector, but the real need for nurses is the state hospitals, that's where the most ill patients are and unfortunately, as much as we are training students, as we got trained, there are sick patients who are in hospital, and we are not able to attract that quality. Nobody wants to apply to the hospital, if it is an advanced midwife or a professional nurse, no specialities, I don't know about the other specialities, if they have the other specialities, they want a comfy cosy job office 9 to 5 job, shift work is not for them all this shows that the student has not been prepared for the reality situation. When u said about the generation one generation was hard working, with their hands on, the other generation they more self-conscious and more self, I don't want to

	use the word selfish, but nursing is about caring for someone else, the core value, of taking care of someone else, but I seems nursing is no more a vocation a profession for the salary. Those things are not drummed into the students.
Int.	Just beside the nursing care, the values, the value system of nursing
Part. 5	The Ethos and the ethics needs to be developed. Work principles. Yes at the end of the day, work ethics are very important, and I don't think the students are very prepared when they qualified to be in the clinical field as Prof. Nurses. They still feel they want to be treated as students.
Int.	And yet they become the drivers of the provision of that care. Ya no, it's interesting and I really think nursing is on a rocky boat and health professionals you know they need to sit and debrief, even what we doing here is allowing you to debrief a little bit about your experiences you know and that helps us to grow as well.
Part. 6	Another thing we college on that side and the service there should be a strong relationship between the college and the service. There are new things that are happening at the college side, which we don't know that shows us we don't have much of a relationship, because you know, we don't know. They should be a part of us, because they are training the student that will be working here
Int.	So you feel like when you have you monthly meetings for OMs, then the Principal could come in, and address you on changes in education. You know things like that,, Ya,, help you to understand more… ya. Ya no, that is acceptable.
Part. 5	Sorry one more thing, I have noticed that we in the clinical area, we up to date with the latest information, research, Dr's, Programmes, HIV, TB, and I don't know how much of it is incorporated into the curriculum for the students, that also has to be looked at.

Int.	So you see when you look at collaboration, it's both ways, you feed into the education system, and the education system feeding into the clinical area, so you both are on par. Now when you have those updates how do you think the educators can, the district has them., district must invite educators to attend all district meetings so that they know what is happening in the clinical area, it they do family planning and this is the update of family planning, the clinical area, will know, but college must be invited they can update themselves. . No thank you, I think that is very valuable. And that is why I think earlier on you said that the lecturers are at a different level and the clinical at a different level. It's just because we not talking at one, you know. So thank you so much, I know you are very busy, thank you for your time in this important discussion. Your inputs really will assist a lot. Thank you…

Appendix: 12

Example of analysis report

Interviewing Questions	Responses	category	Analysis	
			Themes	Sub- Themes
What is your understanding of integration of clinical and theoretical aspects of nurse training?	P 1. I find that there is a big disconnect between the theory and the practical area. As much as we lecturers can go, to the practical area, to do accompaniment, but I think learning takes place, Ummm on the spot, on the teachable moment when you have, so not all procedures, or incidents do occur when we go to the clinical area, and we have a large number of students to see as well. So I think the disconnect or the problem comes where the hospital staff feel, they are very overwhelmed and they are busy and they are short staffed, and they cannot do preceptorship or mentoring of the student which I think is very important to close the gap between theory and practice.	Theory/Practice	Clinical Preparedness	Lack of uniformity
		Clinical Accom	Inadequate Collaboration and supportive relationships	Inconsistent clinical accompaniment
		Challenges/Clin/ Accom.	Inadequate Collaboration and supportive relationships	Inconsistent clinical accompaniment
		Lack of Precept/Mentor	Clinical Placement institutional Challenges	Lack of effective Mentorship/Supervision
	P2. I feel that, no matter how much of theory you do in your campus, or college setting, if they can't see it at that time, it's easy for them to forget. So when they go in the clinical area, it's a bit hard for them to get that exact correlation, because that means, they either going to have their notes with them, or they got to have very good recall. So I do think there is that gap, because when we place them, they could have finished quite a bit of content, before they go.	Correlation/ Theory/Practice	Clinical Preparedness	Insufficient clinical Preparation
	P3. In most institutions when we trained, there was a clinical teaching department and the theory and practice, used to	Clinical Teaching support	Clinical Placement Institutional Challenges	Lack of effective Mentorship/support

	correlate, when we trained theory and practice correlated, because our clinical teaching department and our college used to work together. as much as the college tries to get preceptors involved and with sisters in the wards, and with meetings and explained, with the guidelines, the outcomes, it's still not working because as soon as they leave the meeting, we don't, there's no monitoring if the preceptors are actually following what we doing, had the clinical teaching department at the hospital been effective, I am sure we'll get better collaboration.	Theory/Practice/ Correlation Challenges/ Preceptorship Lack of monitoring Need for Collaboration	Inadequate Collaboration Inadequate Collaboration Clinical Placement Institutional Challenges Inadequate Collaboration	Lack of supportive Relationships/ Guidelines Lack of communication /supportive relations Lack of effective Mentoring/Supervision Lack of Comm. Supportive Relations
	P4. I think sometimes it can be due to students who are not co-operating like I've seen in many instances, you will find that you demonstrate some of the procedures at the nursing campus but when you go to the clinical area, some of the students are, if I may call it, they are like ignorant because u can't find the skill back that you have demonstrated, and they don't make an effort to go and ask from the clinical staff, and even when you go for accompaniment they don't show that interest much, much interest of learning, even simple skills some of the time, you will find that, they can't demonstrate properly, yet it was demonstrated	Students not motivated Lack of preparedness of students for clinical Lack of motivation students	Graduate Competency Not Guaranteed Clinical Preparedness of students Graduate Competency not guaranteed	Intrinsic Motivation of students Lack of skills Confidence and Competency Intrinsic Motivation of students
	P5. I think it also comes to the registered nurse, your responsibility to teaching, and I see it going to the wards they very short staffed for one, their lack of motivation, they nor motivated to care, much for the patients, they	Lack of interest students	Clinical Preparedness of student	Lack of skills Confidence and Competency

	don't want to teach the students. They go this don't care attitude, and students are sometimes left alone, in the ward, while you find all the registered nurses are gone to tea or lunch and you find that no one is there to really work with the students. They feel that preceptor, is responsible to teach all the students in the department. So that's why I think we having such a problem, to integrate theory and clinical.	Staff Shortages	Clinical Placement Institutional Challenges	Staff Shortages
		Staff Attitudes	Clinical Placement Institutional Challenges	Attitudes of Staff
	P1. I think the preceptors are part of the ward staff, as well so it makes it difficult for them to oversee so many students at one time because you can have sometimes and from different groups as well	Preceptors Role	Clinical Placement Institutional Challenges	Lack of effective Mentorship
	P6. Because of the poor staff, and the number of patients, the staff in the wards tend to take short cuts, so as a result the student knows, what is expected of them, but now, when they get to the clinical area, the staff are rushing and doing everything, to get it over and done with, so as a result the students are not getting exposed to what is correct, so they doing the procedures, just to get them over and done with, not, following the guidelines, and the SOP's because they just want to get the work over and done with and like it was said previously, the staff just don't have the time, or the motivation, or the inclination to assist students they think it's our role solely just to support the students.	Preceptors role versus ward work	Clinical Placement Institutional Challenges	Lack of effective Mentorship
		Staff Shortages Patient needs	Clinical Placement Institutional Challenges	Staff Shortages
		Difference in Practice	Inadequate Collaboration	Lack of Comm. Support. Relationships/Standardised Guidelines
		Lack of standardisation	Inadequate Collaboration Clinical placement institutional	Lack of Comm. Support. Relationships/Standardised Guidelines
		Clinical staff challenges	Challenges	Attitudes of staff Lack of Communication Supportive Relationships
	P7. It would help if the student can have a chance to practice, like what	Lack of collaboration	Inadequate Collaboration Supportive	

	they have learnt in a short space of time, between the theoretical exposures. If we learn it in the skills lab, and then 2 weeks later they learn it in the clinical area, some of the things might be, you know gone of their minds, but also the issue of the shortcuts in the clinical area, it would	Lack of Practice time for students Lack of standardisation	Relationships Clinical Preparedness of students Clinical Preparedness of students	Lack of skills, Confidence and Competence due to Insufficient practice Shortcuts in procedures
	P1. This one week of block and one week of out, hasn't given them a chance to actually, apply those skills that they actually need, so sometimes our, curriculum, we from the curriculum level need to change. P6.Curriculum is so rigid, and structured, it doesn't give a lee way for students who are slow to catch up so when the time has lapsed you move on.	Students unable to practice Short Clinical rotations Inadequate clinical Preparation	Ineffectual Clinical Training Structure Clinical Preparedness of student prior to clinical	Challenge of Short Clinical rotation Lack of skills, Confidence and Competence due to Insufficient prep.
	P1. we never had any preceptors, we never had any mentors, we had Prof. nurses, who took accountability for teaching in the ward and if I, did my practice, in campus, and then I went to the ward, I was sure to be shown those procedures, because not as if the. I think we have to go and accompany our students, we have to support them, provide guidance, supervision, err, we need to go quite often to the clinical area to accompany them and allow them to demonstrate the procedures back to you, to see how competent they are, but I think we just have to make sure, like we there all the time in order to give them support in the	Role of Prof. nurses in Supervision Structured clinical support needed	Clinical Placement Institutional Challenges Inadequate collaboration and supportive relationship between the academic and clinical	Lack of effective Mentorship and Supervision Inconsistent clinical accompaniment

	clinical area, that's the only way they can be competent, P1. what is lacking now as everybody else said, the motivation, because I mean if we bring people from outside now, so be working in the dept. like an educator, then the nursing staff are also going to hands off, but I think nursing, registered nurses need to take that responsibility of their teaching role in the wards no matter, how busy, because if you teach me, you empower	Supervision role of the Prof Nurse Teaching Role of Prof. Nurse	Clinical Placement Institutional Challenges Clinical Placement Institutional Challenges	Lack of effective Mentorship and Inadequate Supervision Lack of effective Mentorship and Inadequate Supervision
In your view, how should nurse educators and the nursing education institutions contribute to clinical accompaniment, clinical teaching, supervision and mentoring of nursing students?	P5. I think we have to go and accompany our students, we have to support them, provide guidance, supervision, err, we need to go quite often to the clinical area to accompany them and allow them to demonstrate the procedures back to you, to see how competent they are, but I think we just have to make sure, like we there all the time in order to give them support in the clinical area, that's the only way they can be competent, P1. I have to work with the student, to ensure that she knows everything about that procedure. The teachable moment, whoever is available during that moment of learning? So we from nursing education, us trying our best, but us now getting more short staffed, on our side as well. From when you look at the student as well, I am looking at the academic staff, the academic staff, come in, and I think we need more training, development a	Clinical accompaniment needs Lack of co-operation academic/Clin. Lack of collaboration Academic staff challenges	Inadequate Comm. /Collab. Inadequate Comm. /Collab. Inadequate Comm. /Collab. Inadequate Collaboration And Supportive relationship between academic and clinical	Inconsistent clinical Accompaniment Inconsistent clinical Accompaniment Inconsistent clinical Accompaniment Inconsistent clinical Accompaniment

	P4. I've realised that a lot of students are having a lot of social problems especially because of the age of students who we are having now, most of them are married, most of them are having children and they are having a lot of social problems which impact negatively on their clinical practice as well.	Student support	Inadequate Collaboration And Supportive relationship between academic and clinical	Inconsistent clinical Accompaniment/support in clinical
			Inadequate Collaboration And Supportive relationship between academic and clinical	
	P1. First becomes service delivery, and we get like back, but they don't realise that nursing education improves service delivery. So that's where we have the problem, because from a college perspective, we always trying to have like a lot of meetings.	Lack of communication/collaboration	Inadequate Collaboration And Supportive relationship between academic and clinical	Lack of communication/supportive relations
	P3. with all our like nursing council and you know our accreditation processes, we try to make sure that we do enough and our students and we always getting, a hiding I would say about the competence of the nurses we are producing and we trying our best, but we also having the resistance, where the hospital doesn't meet us in that part were we want to, we training there staff, so that we can improve it. For eg; we will have a practical block, we will invite the clinical people from the hospital to join us, and on the morning we will find that no one is coming to join us.	Interpersonal relations/ communication		Lack of communication/supportive relations
		Strengthening communication	Inadequate Collaboration And Supportive relationship between academic and clinical	Lack of communication/supportive relations
	P7. I think it will also help us a lot, when we get to the clinical area, to improve our interpersonal relationship to the staff that works there because we need it is easier	Improve relations	Clinical Preparedness of students prior to clinical allocations	Lack of communication/supportive relations

	for them to give us a feedback about our students, and we can also help strengthen their practice, you know some of the things theoretically, there are to develop that trusting relationship. The registered nurses so that they do not see us as people who are coming to pile up work on them,			
	P2. Something's has now changed, and a simple thing is like a BP machine, which they now using a Dynamap, and do we have a tool for the Dynamap, ok but that's something else that we going to look at.	Outdated practice/ academics	Inadequate Collaboration And Supportive relationship between academic and clinical	Use of outdated resources/practices
	P6. As a campus we the last to know, that something has now changed, and a simple thing is like a BP machine, which they now using a Dynamap, and do we have a tool for the Dynamap. Our students of today, they not interested, even the calibre of students, some of them are not passionate, about nursing. They come here for a job, not wanting, to, because they want the economic benefit coming with it, and not wanting to go the extra mile,	Lack of standardisation academic/ clinical Lack of updates from clinical Lack of interest/attitudes of students	Graduate competency not guaranteed	Lack of comm. supportive. Relationships. standardised guidelines Intrinsic motivation of students
	P7. The other, just from those meetings that she was talking about, I think the other gap is lack of communication and information to the people that are supposed to be working with the students, it becomes difficult, because you know all the attitudes. The very thing that you are studying, so you are not going to get support from that person. So I think it's also important to, it will be great if the	Lack of Communication Poor attitudes	Inadequate Collaboration And Supportive relationship between academic and clinical Clinical Placement Institutional Challenges	Lack of comm. supportive. Relationships. standardised guidelines Lack of effective mentorship and inadequate

	people in charge, will cascade, and maybe find a way to get the staff to buy into a idea of mentoring the students. P4. This is the ability of the student to relate, with the professional nurse who understands. I think that is a big challenge, because, some people are coming here to just push the desk and clear the bench till the patients finish. If that relationship between, the academic relationship, between the student nurses and the clinical staff, it is easier so that when the lecturer comes, they find that their relationship is being, fostered.	Need for mentorship Need for mentorship Lack of positive relationships Need for collaborative relationships	Clinical Placement Institutional Challenges Clinical Placement Institutional Challenges Inadequate Collaboration And Supportive relationship between academic and clinical	supervision in the clinical area Lack of effective mentorship and inadequate supervision in the clinical area Lack of effective mentorship and inadequate supervision in the clinical area Lack of comm. supportive. Relationships. standardised guidelines
In your view, how should clinical staff and the clinical facility contribute to clinical accompaniment, clinical teaching, supervision and mentoring of nursing students?	P1. First becomes service delivery, and we get like back, but they don't realise that nursing education improves service delivery. So that's where we have the problem, because from a college perspective, we always trying to have like a lot of meetings. P3. with all our like nursing council and you know our accreditation processes, we try to make sure that we do enough and our students and we always getting, a hiding I would say about the competence of the nurses we are producing and we trying our best, but we also having the resistance, where the hospital doesn't meet us in that part were we want to, we training there staff, so that we can improve it. For eg; we will have a practical block,	Clinical staff/ service delivery needs versus student needs Lack of co-operation academic/Clin. Lack of collaboration Competency of nurses produced	Clinical Placement Institutional Challenges Inadequate Comm. /Collab. Inadequate Comm. /Collab Graduate Competency	Staff Shortages Lack of comm. Supportive relations Lack of comm. Supportive relations

	we will invite the clinical people from the hospital to join us, and on the morning we will find that no one is coming to join us.			Inadequate clinical Preparation
	P7. I think it will also help us a lot, when we get to the clinical area, to improve our interpersonal relationship to the staff that works there because we need it is easier for them to give us a feedback about our students, and we can also help strengthen their practice, you know some of the things theoretically, there are to develop that trusting relationship. The registered nurses so that they do not see us as people who are coming to pile up work on them,	Lack of communication/collaboration Interpersonal relations/ communication	Inadequate Collaboration And Supportive relationship between academic and clinical Inadequate Collaboration And Supportive relationship between academic and clinical	Lack of Comm. Supportive Relations Lack of Comm. Supportive Relations
	P7. The other, just from those meetings that she was talking about, I think the other gap is lack of communication and information to the people that are supposed to be working with the students, it becomes difficult, because you know all the attitudes. The very thing that you are studying, so you are not going to get support from that person. So I think it's also important to, it will be great if the people in charge, will cascade, and maybe find a way to get the staff to buy into a idea of mentoring the students.	Strengthening communication Improve relations Work more collaborate Lack of Communication Poor attitudes Need for mentorship	Inadequate Collaboration And Supportive relationship between academic and clinical Clinical Placement Institutional Challenges	Lack of Comm. Collab. and standardised guidelines Attitudes of Clinical Staff
	P4. This is the ability of the student to relate, with the professional nurse who understands. I think that is a big challenge, because, some people are coming here to just push the desk and clear the bench	Lack of positive relationships	Clinical Placement Institutional Challenges	Lack of effective Mentorship and Supervision

	till the patients finish. If that relationship between, the academic relationship, between the student nurses and the clinical staff, it is easier so that when the lecturer comes, they find that their relationship is being, fostered.	Need for collaborative relationships	Inadequate Collaboration And Supportive relationship between academic and clinical	Lack of Comm. Collab. and standardised guidelines
Can you tell me about the challenges being experienced in the clinical training of student nurses?	P5. I say the challenges the student is now facing in the clinical area, is lack of teaching. Registered nurses are not taking the responsibility to teach.	Lack of supervision and mentoring	Clinical Placement Institutional Challenges	Lack of effective Mentorship and Supervision
	P1. I think another big problem is, our students are more used as porters. Where a student goes into a ward, they don't build that rapport, with the, err, with their mentors, or preceptors.	Non-nursing duties Students used as workforce	Ineffectual Clinical Training Structure	Use of students as Workforce
	P7. I think lack of resources again it's still a challenge, because you find that you demonstrate to the student, and you expect the student to go through the ward, and practice in a live situation, but only to find that there is no equipment and at this stage you will find that the student will have to buy her own thermometer when preparing for the procedure. So I think resources are still a challenge, a great challenge. That's sad, because we as a teaching institution, we should be looking at what we can then do to also support the student if it is you know, the equipment is not there.	Lack of resources Simulation versus reality Shortage of resources/ even for assessments	Clinical Placement Institutional Challenges Clinical Preparedness of students prior to clinical allocations Clinical Placement Institutional Challenges	Resource Constraints at the Clinical facility Clinical simulation Versus reality Resource constraints at clinical facility
	P3. I think it all boils down to the attitudes, because when you go down to the wards you find the ward staff feel, its college responsibility to teach, it's not their responsibility. I think shortage of staff also compounds that, adds to all this. They see it as the student is	Staff Attitudes lack of collaborative relationships	Inadequate Collaboration And Supportive relationship between academic and clinical	Lack of Comm. Collab. and standardised guidelines

	there, and it's a college responsibility, and they just need to be sitting there, making their hours, it's not like they need to be taught, they need to be guided, that somebody else guided them, to where they are, and I also think it is fear as well, because there is a lot of times when I came to the ward, and the staff didn't know certain things. I would say her ego because she doesn't want to say I don't know, so u find they won't want to teach students, and they don't want to ask when they don't know, so it becomes also their personalities, their egos, and attitudes. Yes we have the problems with the resources, which we'll always have with the current economic status with every country. I think the attitude, if you can change the attitude. So I think, that's the way, the attitudes and the egos and I think with collaboration more and giving more information, and if they make themselves more available we are here to give the information. P2. I think all it comes to, we start building our relationships, it's good to have some sort of protocol or guidelines to say when the student come, they. P3. The student was never, will never will always be going like assess me or teach me something, now, it's like there's no responsibility or accountability for them to do anything. P6. Where they want to take a back seat, because if they going to be	Lack of co-operation and collaboration Staff attitudes Lack of teaching/ mentorship Lack of resources Attitudes Lack of communication Standardisation and Guidelines	Inadequate Collaboration And Supportive relationship between academic and clinical Clinical Placement Institutional Challenges Clinical Placement Institutional Challenges Clinical Placement Institutional Challenges Inadequate Collaboration And Supportive relationship between academic and clinical Inadequate Collaboration And Supportive relationship between academic and clinical	Lack of Comm. Collab. and standardised guidelines Attitudes of Clinical Staff Lack of effective Mentorship and Inadequate supervision Resource Constraints Attitudes of clinical Staff Lack of Comm. Collab. and standardised guidelines Lack of Comm. Collab. and standardised guidelines

	mentoring the student it is going to be extra work for them. Now in order for them to mentor the student they have to know things.	Students need for mentorship	Clinical Placement Institutional Challenges	Lack of effective Mentorship and Inadequate supervision
	P1. They unsure of themselves because they were once students and they were not mentored, or taught, so they ended up not being confident. We away from the hospital situation, the student can't just phone and say Mrs… sisters are busy I do have this procedure can please come. We have to take transport, and go there, and by that time the procedure is over.	Lack of mentorship	Clinical Placement Institutional Challenges	Lack of effective Mentorship and Inadequate Supervision
		Lack of knowledge of clinical staff	Graduate competency not guaranteed on completion of training	Revolving cycle of graduate incompetence
	P6. For the student and the lecturer to interact, privately we don't have it at our clinical institution, or you in the passage, but there's no designated area.	Lack of graduate competency	Inadequate Collaboration And Supportive relationship between academic and clinical	Inconsistent Clinical Accompaniment from academic staff
		Challenges for clinical Accom.		
	P2. Our students go into the clinical area, to correlate theory and practice, and to learn the clinical skill, but most often, they are used for the most menial tasks, either they going to do BPs for the whole day, or TPR, or portering, we can't even stress it enough, because when we go to accompany them, where are they either in CT Scan, and ultrasound.	Lack of resources	Clinical Placement Institutional Challenges	Resource constraints at the clinical facility
		Students as workforce	Ineffectual clinical training structure	Use of students as Workforce
		Not meeting clinical objectives	Ineffectual clinical training structure	Disregard for student Training objectives

What are the consequences of ineffective clinical training for student nurses?	P7. For me I heard that the biggest of money that is paid out for litigation, is regarding the maternity, the obstetrics and gynaecology areas, yes, more, midwifery u know, I just feel that my biggest fear is that one day we will be told that there is no more midwifery to practice.	Medical negligence Graduate competency	Graduate competency not guaranteed on completion of training Graduate competency not guaranteed on completion of training	Inadequate clinical Prep. Inadequate Clinical. Prep
	P5. for me I heard that the biggest of money that is paid out for litigation, is regarding the maternity, the obstetrics and gynaecology areas, yes, more, midwifery u know, I just feel that my biggest fear is that one day we will be told that there is no more midwifery to practice.	Litigation	Clinical Preparedness of students Prior to clinical allocations	Inadequate Clinical Prep Inadequate Clinical Prep
	P1. They have to know the theory well, before going into the clinical area.	Graduate Competency	Graduate competency not guaranteed on completion of training	Inadequate clinical Preparation during training
	P4. I agree with Mrs…the calibre of students that we are training, so when they complete now they will be incompetent because of all the challenges that we mentioned, and if they are incompetent as Professional nurses, they won't be confident in whatever they are doing as a result they won't be willing to teach students because themselves they won't be confident themselves	Clinical Preparation Clinical staff not competent Inability to supervise	Inadequate Collaboration And Supportive relationship between academic and clinical Graduate competency not guaranteed on completion of training	Revolving cycle of Graduate Incompetence Lack of skills, Confidence, and competency due to insufficient prep.
	P3. Ya, I also said that whatever they said, is actually what's gonna happen, we gonna find that we gonna hear of our student that actually did something wrong, a patient died, a patient lost their limb, a patient did something you know with these challenges that we	Lack of student competence	Graduate competency not guaranteed on completion of training	Lack of skills, Confidence, and competency due to insufficient prep.

	having you sit and y think I am doing the best I can, but is it the best, you get to the point, where you, it's not even about the student anymore, it's about you, are you in the right place, are you, I'm trying my best but I don't know, I am scared. P2. Will I invest in a hospital when there is so much so litigation, and where's it coming, from the nurses, then obviously the minister of health is going to say, obviously we not producing competent nurses cut down on the number of nurses. So it has, and then you will get unemployment. So it will be like such a bad cycle, ya.. exactly and it will be a snowball effect, from one to the other, and all it needed was, a good relationship between the clinical, the theory and in getting a competent nurse. So I think, that the end you know, it's nice that we starting now to even think about it, and looking at how we can change things. P6. Definitely the nurses that we are producing, are not up to scratch. The quality of nursing care, has deteriorated. The level of accountability is almost non-existent, professionalism is also out the door. So in order for them, in order for litigation to be reduced, we need to be professional in our manner of conduct P1. We just want to bring out, 30, 20 students, and then if you look at the ratio between lecturer and student, you need one to one mentorship. If I stand and say no, I	Fear of student incompetence Litigation Graduate competency Graduate competency Clinical staff not competent to teach Need for positive collaborative relationship Lack of competency of graduates Lack of role models for nursing Challenges for Academic staff in clinical accompaniment. Challenge of clinical competency	Graduate competency not guaranteed on completion of training Graduate competency not guaranteed on completion of training Inadequate Collaboration And Supportive relationship between academic and clinical Graduate competency not guaranteed on completion of training Clinical Placement Institution Challenges Inadequate Collaboration And Supportive relationship between academic and clinical Graduate competency not guaranteed on completion of training	Inadequate clinical Preparation during training Inadequate clinical Preparation during training Revolving Cycle of Graduate Incompetency Lack of Comm. Coll. Supportive. Relationships Inadequate clinical Preparation during training. / Revolving Cycle of Graduate Incompetency Clinical staff attitudes Inconsistent Clinical Accom. From Academic. Inadequate clinical Preparation during. training

	am not confident enough, to nurse my own mother, then it says something about the teaching and training.			
What factors in your view would support the clinical training of nurses in KwaZulu – Natal?	P6. I will definitely focus on mentorship, because, err, the students need guidance. In order for them to get that guidance they need to look up to somebody and this person needs to be a mentor for them	Need for clinical supervision and mentorship	Clinical Placement Institutional Challenges	Lack of effective mentorship and inadequate supervision in clinical area
	P7. Like we've been saying the sisters don't want to mentor people because they were not mentored, so I think we need to break the cycle. I understand my role towards an ordinary registered nurse in the clinical area, because you know all these issues of self-esteem, they perceive me as better than them, they not gonna want to collaborate with me, and who suffers is the student.	Lack/cycle of mentorship challenges	Clinical Placement Institutional Challenges	Lack of effective mentorship and inadequate supervision in clinical area
		Challenges in collaboration	Inadequate Collaboration And Supportive relationship between academic and clinical	Lack of Comm. Collab. and standardised guidelines
	P5. What I also suggest is maybe the campus can go out there and do in-service training or workshops with the staff to empower them, into any procedure, anything even an HET, or anything that guides us on how it should be done, what the procedure entails and how it should be done.	Campus support and training to clinical	Inadequate Collaboration And Supportive relationship between academic and clinical	Lack of Comm. Collab. and standardised guidelines
	P6. Ooh I think when it comes to clinical I prefer a live patient more that simulation in the skills lab, because you find that when the student goes to the clinical area, she's having that inferiority	Clinical simulation versus reality	Clinical preparedness of students prior to clinical allocation	Clinical simulation versus real life situation

	complex of not trusting herself that she can do the procedure on a live patient if the skill is not like dangerous, or not going to endanger the patient, let us practice, on the live patients, let us demonstrate on the live patients, so that the students get used to do in a normal patient, just like a comprehensive examination, I prefer over OSCE because the student is able to communicate and you are able to look at all those skills like affective skill, how is she interacting with the patient, and all those things.	Clinical preparation of students/ simulation versus reality Clinical versus reality	Clinical preparedness of students prior to clinical allocation Clinical preparedness of students prior to clinical allocation	Clinical simulation versus real life situation Clinical simulation versus real life situation
	P3. I think if I go historically that was the thing that made us better nurses, so everything that we all are saying is coming back to that, strengthening of the clinical teaching dept. because and their roles need to be, clearly spelt out for them, because at the moment the clinical teaching department. It was to teach everyone in the hospital everyone, you know, if we strengthen that part our collaboration will improve. If we strengthen the collaboration between the campus and the clinical placement, the clinical area, will improve, collaboration between the staff and teachers in that department will improve. They don't realise, I think we need to re go back and teach them, what is required and show them how it will improve their hospital, improve their standards, and then because that department works in collaboration with quality, with infection control, with, the patient, at the moment that department	Supportive Clinical teaching Dept. Updates for academic / clinical Strengthen collaboration Improved communication by academic Need for communication and guidelines	Inadequate Collaboration And Supportive relationship between academic and clinical Inadequate Collaboration And Supportive relationship between academic and clinical Inadequate Collaboration And Supportive relationship between academic and clinical	Lack of Comm. Collab. and standardised guidelines Lack of Comm. Collab. and standardised guidelines Lack of Comm. Collab. and standardised guidelines

	seems to be a standalone, so maybe during our guidelines, that is going to be created we need to make sure that… is unpacked as well. P3. I am going to add, to that is availability of equipment as well because that really hampers your teaching, you get there and they don't have enough equipment, or if somebody is using it then the student can't have it at the time. So I think that's just it, I know they have to procure, so hopefully in our budgets, we set aside money for equipment. P2. We need to strengthen our interpersonal relationships, our manner of approach is very important, and the wary in which we foster our relationships, so we have like an open door policy. Where if you want something done you should be able to pick up the phone and say…Mrs… 1, 2 and 3. Please can you assist me, or how can you assist me.	Need for improved resources Need to strengthen interpersonal relationships Support to clinical facility	Clinical Placement Institutional Challenges Inadequate Collaboration And Supportive relationship between academic and clinical	Resource constraints at the clinical facility Lack of Comm. Collab. and standardised guidelines

Mrs Sangeetha Maharaj
54 Brixham Road
Orient Heights
Pietermaritzburg
3201
10 October 2022

Dr. NC Shangase
Examinations and Curriculum Development: KwaZulu-Natal College of Nursing

RE: REQUEST FOR YOUR PARTICIPATION IN PROVIDING INPUT TO GUIDELINES TO FACILITATE ACADEMIC AND CLINICAL COLLABORATION FOR NURSE TRAINING IN PUBLIC COLLEGES IN KWAZULU-NATAL

Dear Dr. Shangase

My name is Mrs Sangeetha Maharaj, a Doctoral Degree nursing student at the Durban University of Technology. As part of my study, I will be developing guidelines "**TO FACILITATE ACADEMIC AND CLINICAL COLLABORATION FOR NURSE TRAINING IN PUBLIC COLLEGES IN KWAZULU-NATAL".** Please may I request you to serve on a committer providing input on these guidelines as an expert in nursing education matters. The development of these guidelines is an objective of my research study. I have concluded the data collection and analysis. The themes which have emerged out of the study indicate the need for guidelines which can assist the nursing education institution and clinical facility to collaborate in coordinating, and supporting activities for the clinical training of nursing students in a uniform manner.

Kindly note that there will be no remuneration provided.
Should you agree to the request further information on the research study will be provided to you.

You are free to contact me on the contact details below.

Cell Phone 074 723 6048, email Sangeetha.maharaj@kznhealth.gov.za

Thank you for your time and consideration in this matter.

Yours sincerely,

Sangeetha Maharaj
Durban University of Technology

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Appendix:14

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GROWING KWAZULU-NATAL TOGETHER

KwaZulu- Natal College of Nursing

Enquiries: Dr. N.C. Shangase

Date: 21 October 2022

Dear Mrs Maharaj

Thank you for inviting me to be part of the guidelines review committee.

This study is relevant and appropriate for nursing education. I am keen on assisting in providing input to the guidelines being developed. I believe these guidelines will be useful and significant to both Nursing Education Institutions and Clinical facilities for improved clinical education.

Kind Regard,

NCShangase

NCShangase

Dr. N.C. Shangase

Vice Principal: Examination Officer

KwaZulu-Natal College of Nursing

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Appendix: 15

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KZN COLLEGE OF NURSING

Date: 20 October 2022

Letter of Appreciation

Dear Mrs Maharaj

Thank you for inviting me to be part of the guidelines review committee. I find this study to be more relevant as literature has shown that there is dearth of empirical studies thatfocuses on collaborative clinical facilitation in nursing and midwifery in Africa. These guidelines will be useful and significant to both Nursing Education Institutions and Health Service Administrations for improved clinical education. In line with your study findings please can you ensure that the following aspects are covered:

Monitoring of students in the clinical area, support of clinical facilities and adequate record keeping.

Kind Regards

Dr. B.M. Dube
Project Manager Accreditation: KZN College of Nursing

EDITING CERTIFICATE

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SANGEETHA MAHARAJ

20 January 2023

Dissertation submitted in fulfilment of the requirements for the Doctoral Degree in **Nursing** in the Faculty of **Health** Sciences at the Durban University of Technology

GUIDELINES FOR FACILITATING ACADEMIC AND CLINICAL COLLABORATION FOR NURSE TRAINING AT A PUBLIC COLLEGE IN KWAZULU-NATAL

This thesis has been editing to ensure technically accurate and contextually appropriate use of language, grammar, logical coherency and presentation

Hiralaal

Final Doctoral Thesis

by Sangeetha Maharaj

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