UNIVERSITY OF THE WESTERN CAPE

Faculty of Community and Health Sciences

School of Nursing

PERCEPTIONS OF CLINICAL SUPERVISORS ABOUT THEIR PREPAREDNESS FOR CLINICAL TEACHING AT A UNIVERSITY IN THE WESTERN CAPE

A thesis submitted in fulfilment of the requirements for the degree Magister Curationis in School of Nursing, Faculty of Community and Health Sciences, University of the Western Cape

Student name: Margaret Ursula Marinda Hoffman

Student number: 3718296

Supervisor: Professor F Daniels

Date: May 2019

http://etd.uwc.ac.za/

KEYWORDS

Clinical accompaniment

Clinical placement

Clinical supervision

Clinical supervisor

Clinical teaching

Learning needs

Practice

Preparedness

http://etd.uwc.ac.za/

LIST OF ABBREVIATIONS

CHE: Council of Higher Education Community and Health Sciences

CHS: Community and Health Sciences

CLE: Clinical learning environment

CPD: Continuous professional development

DEU: Dedicated Educational Nursing Unit

ECP: Extended Curricular Programme

FUNDISA: Forum for Nursing Deans in South Africa

UNIVERSITY of the
WESTERN CAPE

HAN: Hoogeschool Arnhem and Nijmegen

HEI: Higher Education Institution

HSSREC: Humanities and Social Sciences Research Ethics Committee

NEI: Nursing Education Institution

NMC: Nursing & Midwifery Council

SANC: South African Nursing Council

SDL: Self -directed learning

SLM: Skills laboratory methodology

SoN: School of Nursing

UWC: University of the Western Cape

http://etd.uwc.ac.za/

DECLARATION

I declare that "**Perceptions of clinical supervisors about their preparedness for clinical teaching at a university in the Western Cape"** is my own work, that it has not been submitted for any degree or examination at any other university, and that all sources I have used or quoted are indicated and acknowledged by complete references.

Full name: Margaret Ursula Marinda Hoffman

Date: May 2019

Signed:

UNIVERSITY of the
WESTERN CAPE

http://etd.uwc.ac.za/

ACKNOWLEDGEMENTS

All glory and thanks to our Heavenly Father for His grace, mercy and blessing upon me while I completed this research.

I would like to express my sincere gratitude to my supervisor, Professor Felicity Daniels for her continuous support, patience and guidance throughout this journey.

I am highly appreciative of the support of colleagues and friends.

I would like to acknowledge and express gratitude to the participants in my study, for their time and valuable input. Without your passionate participation in the study, the research would not have been possible.

The weekend writers retreat group, Jeffrey Hoffman, Ashley and Charné Kordom, a big thank you for your motivation, continuous support, sharing of knowledge and brain-storming. Thank you all for an open door and a welcome home for gatherings.

Thank you to the coach, Ms Onyinye Akunne from the Department of Post- Graduate Studies who assisted me in using the Atlas ti 8 programme during data analysis.

Thank you to Independent Language Specialist, Ms Gava Kassiem for transcribing my interviews.

Thank you, Mr Gareth Lowe, for the editing done on this thesis.

I must express profound gratitude to my daughter, Catherine Hoffman. I am highly indebted to her for her support and encouragement through this Journey. Thank you for understanding.

Lastly, I want to dedicate this thesis to my late son, Cornelius Hoffman (Boeta). In his short time on this earth he has shown strength, courage, faith and perseverance, making the following

UNIVERSITY of the
WESTERN CAPE

http://etd.uwc.ac.za/

comforting words his own: “Because He lives, I can face tomorrow”. His character and perseverance have been my motivation throughout this journey.

UNIVERSITY of the
WESTERN CAPE

http://etd.uwc.ac.za/

LIST OF TABLES

Table 1: Application of Kolb's Learning Cycle in conjunction with Skills Laboratory Methodology

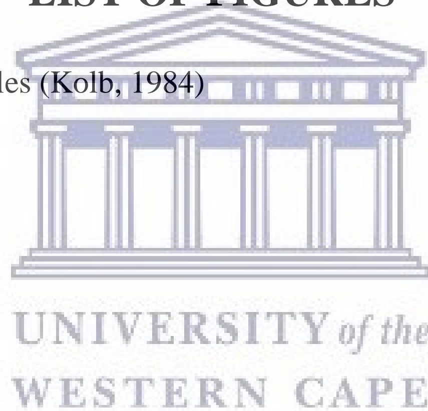
Table 2: Distribution of clinical supervisors across the year levels

Table 3: Sample size per discipline

Table 4: Theoretical framework, themes, and categories related to the interviews with clinical supervisors

LIST OF FIGURES

Figure1.1: Kolb's learning styles (Kolb, 1984)



http://etd.uwc.ac.za/

ABSTRACT

Background: Clinical supervision or clinical accompaniment is considered an integral part of nursing education and is crucial for the development of nursing students' clinical competence. In order to achieve this, clinical supervision requires skilled human resources which vary from one educational institution to another and may include lecturers, clinical supervisors/facilitators and professional nurses.

Clinical supervisors are required to be good educators as well as excellent clinicians. In addition, they often draw on their individual, personal and professional experiences to guide their teaching to meet the demands of both the clinical and academic contexts in which they work. However, the clinical teaching model or framework used by educational institutions is often not aligned to clinical practice activities and vice versa. This poses challenges for students due to the different expectations of educators and professional nurses in practice. Inadequately prepared clinical supervisors can have a detrimental effect on the delivery of the nursing programme that may include poor clinical teaching and inadequate integration of theory and clinical competencies, which ultimately leads to poorly trained nursing students.

Aim of the study: The aim of this study was to explore the perceptions of clinical supervisors regarding their preparedness for clinical teaching**.**

Methods: The study adopted a qualitative research approach, utilising an exploratory descriptive design. A non-probability purposive sampling method was used to select 12 clinical supervisors in the undergraduate programme. The researcher collected the data by means of semi-structured interviews with open-ended questions and analysed this data using content data analysis. Analysis of the data using ATLAS, ti 8 research software programme generated four themes and 18 categories.

UNIVERSITY of the
WESTERN CAPE

http://etd.uwc.ac.za/

Findings: The findings indicated that clinical supervisors required time to adapt to their role and improve their knowledge and skills despite them having a positive experience during their orientation. Although appreciative of the support and guidance, clinical supervisors stated that not all colleagues were supportive, which in some instances had a negative impact on interpersonal relationships. The findings furthermore indicated that clinical supervisors apply all the steps of the five phases in the skills lab methodology employed by the School of Nursing at the university where the study was conducted. Clinical supervisors are required to be well informed and committed to continuing education in order to incorporate theory into practice with the latest developments and equipment in facilities. Furthermore, the findings indicated that inconsistency and failure to attend to students' clinical learning needs can have a negative impact on student learning.

Ethics: The researcher adhered to all principles of research ethics throughout the study.

UNIVERSITY of the
WESTERN CAPE

http://etd.uwc.ac.za/

Table of Contents

KEYWORDS ii

LIST OF ABBREVIATIONS iii

DECLARATION iv

ACKNOWLEDGEMENTS v

LIST OF TABLES vii

LIST OF FIGURES vii

ABSTRACT viii

CHAPTER ONE 1

ORIENTATION TO THE STUDY 1

1.1 Introduction 1

1.2 Conceptualisation of clinical teaching 1

1.2.1 Clinical teaching 1

1.2.2 Clinical supervision 4

1.2.3 Clinical facilitator 5

1.3 Background 6

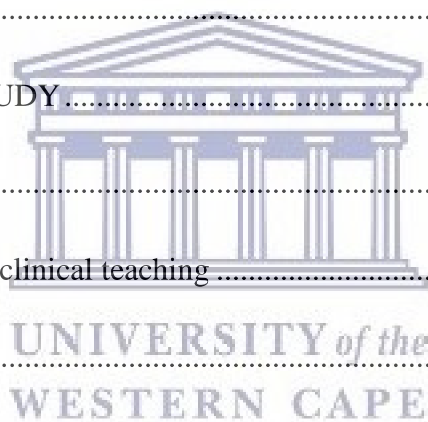
1.3.1 Orientation to the skills laboratory methodology (SLM) 8

1.3.2 Taking up the role of clinical supervisor 11

1.3.3 Preparation for clinical teaching 13

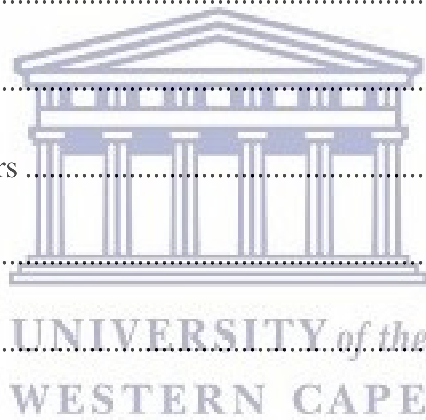
1.4 Problem statement 14

1.5 Research question 15


UNIVERSITY of the
WESTERN CAPE

http://etd.uwc.ac.za/

1.6 Aim of the study ... 15
1.7 Research objectives ... 15
1.8 Significance of the study ... 15
1.9 Clarification of concepts ... 16
1.10 Research methodology ... 18
1.10.1 Research setting ... 18
1.10.2 Research population ... 19
1.10.3 Sample technique ... 19
1.10.4 Inclusion criteria ... 19
1.10.5 Data analysis ... 19
1.11 Outline of the chapters ... 20
1.12 Summary ... 20
CHAPTER TWO ... 22
LITERATURE REVIEW ... 22
2.1 Introduction ... 22
2.2 Conducting the literature search ... 23
2.3 Preparedness of clinical supervisors for teaching and learning needs ... 23
2.4 Historical context of nursing education ... 27
2.4.1 Nurse education and training in South Africa ... 28
2.5 Strategies to facilitate the role of clinical supervisor ... 30
2.5.1 Quality of support and established relationships ... 30


UNIVERSITY of the
WESTERN CAPE

http://etd.uwc.ac.za/

2.5.2 Demonstration strategy 31

2.5.3 Critical and reflective practice analysis strategy...32

2.5.4 Feedback strategy 32

2.5.5 Observation strategy..33

2.5.6 Continuing education 34

2.6 Theoretical framework 34

2.6.1 Experiential learning 35

2.6.2 The Experiential Learning Cycle 35

2.7 Summary 38

CHAPTER THREE 39

RESEARCH METHODOLOGY...39

3.1 Introduction 39

3.2 Research approach and design 39

3.3 Qualitative research approach 40

3.3.1 Exploratory design 41

3.3.2 Descriptive design 41

3.4 Research setting...42

3.5 Research population 43

3.5.1 Sampling and sampling technique..43

3.5.2 Inclusion criteria...44

3.5.3 Exclusion criteria...44

UNIVERSITY of the
WESTERN CAPE

http://etd.uwc.ac.za/

3.5.4 Sample size ... 44

3.5.5 Data collection methods ... 45

3.5.6 Data collection tool ... 45

3.5.7 Data collection process ... 46

3.6 Trustworthiness in qualitative research ... 47

3.6.1 Credibility ... 47

3.6.2 Dependability ... 48

3.6.3 Confirmability ... 48

3.6.4 Transferability ... 48

3.6.5 Reflexivity ... 49

3.7 Data analysis ... 49

3.8 Ethics ... 51

3.8.1 Informed consent ... 51

3.8.2 Voluntary participation ... 52

3.8.3 Confidentiality and anonymity ... 52

3.8.4 Risks ... 52

3.9 Summary ... 52

CHAPTER FOUR ... 54

FINDINGS AND DISCUSSION ... 54

4.1 Introduction ... 54

4.2 Discussion of findings ... 57

UNIVERSITY of the
WESTERN CAPE

http://etd.uwc.ac.za/

4.2.1 Theme 1: Positive experiences and challenges related to orientation, time to adapt to the role administration, knowledge and skills, equipment, interpersonal relations 57

4.2.2 Theme 2: Orientation to the rationale of the skills, viewing and practice of the skill under guidance and independent practice is done before assessment....................................64

4.2.3 Theme 3: Challenges with the clinical supervisor role. 69

4.2.4 Theme 4: Learning needs of clinical supervisors differed. 75

4.3 Summary 77

CHAPTER FIVE 79

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS 79

5.1 Introduction 79

5.2 Conclusions 79

5.2 1 Theme 1 79

5.2.2 Theme 2 80

5.2.3 Theme 3 81

5.2.4 Theme 4 83

5.3 Limitations of this study 83

5.4 Recommendations 83

5.4.1 Recommendations for education and practices 84

5.4.2 Recommendations for research 85

5.5 Summary 85

REFERENCES 86

APPENDIX A: INTERVIEW GUIDE 98

UNIVERSITY of the
WESTERN CAPE

http://etd.uwc.ac.za/

APPENDIX B: PERMISSION LETTER 100

APPENDIX C: PARTICIPANT'S INFORMATION SHEET 101

APPENDIX D: PARTICIPANT'S CONSENT FORM 104

APPENDIX E: ETHICS CLEARANCE LETTER 105

APPENDIX F: TRANSCRIPT OF PARTICIPANT INTERVIEW 106

APPENDIX G: EDITORIAL LETTER.. 119

http://etd.uwc.ac.za/

CHAPTER ONE

ORIENTATION TO THE STUDY

1.1 Introduction

This chapter provides an orientation to the phenomena studied. It sketches the background to the research problem and presents the aim and objectives of the study. The significance of the study is presented and concepts used in the study are clarified. The research methods are briefly described in this chapter while a detailed presentation of the research methods can be found in chapter three. The chapter ends by providing a summary of each chapter in the thesis.

1.2 Conceptualisation of clinical teaching

1.2.1 Clinical teaching

Clinical teaching is generally understood to refer to the teaching of students in clinical settings or the clinical learning environments and skills laboratories with the aim of guiding them individually or in groups to work effectively to obtain their learning outcomes. It involves planning activities to stimulate and support students' learning by conducting clinical assessment and evaluation of their overall performance. Clinical teaching also aims to enable students to become competent professionals, capable of providing healthcare and treatment based on sound knowledge, critical thinking, practiced skills and professional values (Bruce & Klopper, 2017). In a study undertaken in Canada by Luhanga (2018), about the traditional-faculty supervised teaching model entitled 'Nursing faculty and clinical instructors' perspectives', the author asserts that the clinical experience is an integral component of an undergraduate nursing education programme.

UNIVERSITY of the
WESTERN CAPE

http://etd.uwc.ac.za/

In preparation for the clinical experience, students are taught and practice the required nursing skills in the clinical skills laboratory under the supervision of a university or college clinical supervisor or facilitator. Clinical experiences provide students with the opportunity to acquire the knowledge, skills, and values required for practice and to become proficient in the nursing profession. The traditional model is used by most undergraduate baccalaureate nursing programmes and involves a clinical supervisor, who is a registered nurse (RN) employed by the educational institution and who oversees eight to ten nursing students.

In a study done by Asirifi, Ogilvie, Barton, Aniteye, Stobart, Bilash, Eliason, Ansong, Aziato, and Kwashie (2017) in Ghana which assessed challenges relating to clinical education in a baccalaureate nursing programme, the authors agreed that clinical teaching is a vital component of nursing education worldwide because students' experience in the clinical setting connects theory to practice. Furthermore, the authors stated that this is where nursing students receive clinical supervision from faculty / lecturers, preceptors, charge nurses and staff nurses. Preceptors are the nurses/midwives designated to assume the primary clinical teaching/supervision responsibility for students assigned to their unit (Asirifi et al., 2017).

UNIVERSITY of the
WESTERN CAPE

According to a study undertaken in northwest Ethiopia by Bifftu, Dachew, Tiruneh, Ashenafie, Tegegne and Worku (2018) on the views of nursing students and nurse educators regarding effective clinical teaching behaviours, the authors stated that effective clinical education promotes students' critical thinking, clinical judgment, decision making, clinical skills, clinical knowledge, and attitudes. The authors also asserted that effective clinical teaching influences the students' socialisation, professionalism, satisfaction, competency, and interpersonal relationships.

http://etd.uwc.ac.za/

1.2.1.1 Clinical teaching in skills laboratories

Dhakal and Dhakal (2014) conducted a study in Canada on the need for a clinical skills laboratory at a Nepalese Medical School; the authors stated that clinical skills laboratories are designed for teaching and assessing nursing students at different levels of skill, experience and expertise in a controlled and safe environment. Furthermore, in a qualitative study done by Demiray, Keçeci and Çetinkaya (2016) in Turkey, about students' perceptions of psychomotor skills training, the authors stated that there has been a significant increase in the use of simulation technology for instruction and assessment in professional training in the healthcare field over the last two decades. They were of the opinion that the main objective of simulation is to imitate or resemble as closely as possible, real life situations in a way that simulates a realistic experience (Demiray et al., 2016).

In South Africa, a study by Jansen (2014) on guidelines for facilitators to implement the skills laboratory method at the university where this current study was conducted, the author asserts that the skills laboratory method leads to many positive teaching outcomes, but it remains the responsibility of everyone involved to ensure that all the necessary content for the skills laboratories in an undergraduate curriculum is complied with.

UNIVERSITY of the
WESTERN CAPE

Simulation in clinical teaching requires simulators which vary between low, medium to high fidelity:

Low- fidelity simulators: These are replicas of certain anatomical parts and are ideal for demonstrating certain procedures and task training.

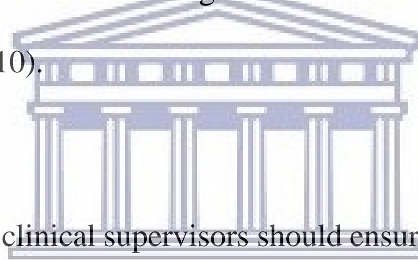
Medium-fidelity simulators: These are full- bodied mannequins that are linked to a computer. Facilitators can manipulate a variety of settings to create a particular learning opportunity.

http://etd.uwc.ac.za/

High- fidelity simulators: These are also full-bodied wireless computerised mannequins that are manipulated from a distance and are able to display humanlike features.

Another type of 'simulator' is the simulated patient who has been trained to play the role of the patient by mimicking the characteristics of a specific condition (Bruce & Klopper, 2017).

Jeggels, Traut and Kwast (2010) conducted a study in South Africa and introduced the revitalization of skills training at the School of Nursing (SoN) at the university where this current study was conducted, by introducing the skills laboratory method (SLM) as the clinical teaching strategy or methodology in the Bachelor of Nursing programme. The authors furthermore highlighted the importance for clinical supervisors to draw on their clinical experience during the preparation of learning material and the planning and execution of assessments (Jeggels et al., 2010).



1.2.2 Clinical supervision

According to Falender (2014), clinical supervisors should ensure that supervision is conducted in a competent manner where ethical standards, legal prescriptions, and professional practices are used to promote and protect the welfare of the client, the profession, and society at large.

UNIVERSITY of the
WESTERN CAPE

As purported by several authors, clinical supervision or clinical accompaniment is considered an integral part of nursing education and is crucial for the development of nursing students' clinical competence. Mtshali and Pillay (2008), further suggest that effective clinical supervision provides structure for the learning environments, promotes problem-solving and critical appraisal skills, provides professional support and encouragement, and objectively provides feedback on students' performance.

Furthermore, clinical supervision requires skilled human resources which varies from one education institution to another and may include lecturers, clinical supervisors/facilitators and

http://etd.uwc.ac.za/

professional nurses. The lecturers and clinical supervisors are employed by the nursing education institution (higher education and colleges) and professional nurses are employed by the clinical facilities. Clinical supervisors are expected to be good educators as well as excellent clinicians. In addition, they often draw on their individual, personal and professional experiences to guide their teaching to meet the demands of both the clinical and academic contexts in which they work.

The primary cognitive process of clinical supervision is reflection, that is, thinking back on clinical experiences in order to recount them and deepen understanding and/or identify areas for further improvement. Reflection is particularly relevant to professional growth in an evidence-based practice such as nursing. During clinical accompaniment, the clinical supervisor is expected to assist students to improve their cognitive, psychomotor and affective skills as well as offering emotional support during learning in the clinical placement.

1.2.3 Clinical facilitator

UNIVERSITY of the
WESTERN CAPE

Carlson (2013) is of the opinion that facilitation of clinical learning is an advanced skill and the person fulfilling this task has multiple roles to play that include being a role model, socialiser, educator, skill builder, assessor, competency validator, confidence builder and student advocate. In order to accomplish all these roles, facilitators need to create a supportive learning environment, enable students' individual learning process, develop their professional attributes and identities, enhance the attainment of students' professional competence, and promote integration of learning and practice (Jokelainen, Turunen, Tossavainene, Jamookeeah, & Coco, 2011).

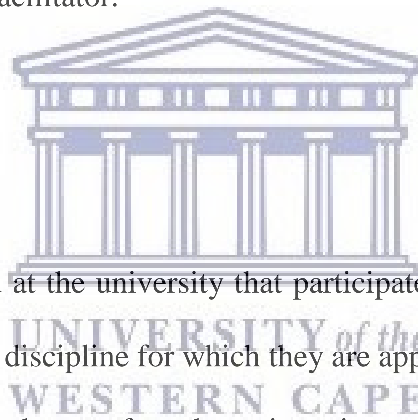
Bruce and Klopper (2017), summarised the characteristics that facilitators should display as follows:

- Be expert practitioners

http://etd.uwc.ac.za/

- Be good communicators and listeners
- Respect students
- Be caring and compassionate people
- Be professional and ethical role- models (Giallonardo, Wong & Iwasiw, 2010; James & Chapman, 2010; Omansky, 2010; Huybrecht, Loeckx, Quaeyhaegens, De Tobel & Mistiaen, 2011 and Omer, Suliman, Thomas & Joseph, 2013)

The concepts of clinical facilitator, clinical supervisor and clinical instructor have been used by many to refer to the same category of human resources who provide clinical supervision of nursing students. For the aim of this study, the concept of clinical supervisor will be used interchangeably with clinical facilitator.


UNIVERSITY of the
WESTERN CAPE

1.3 Background

Clinical supervisors appointed at the university that participated in the study are required to have clinical experience in the discipline for which they are appointed. After the appointment, the new clinical supervisors undergo a four-day orientation programme where after they are allocated to an established clinical supervisor for a period of one week for shadowing in the clinical supervisor role.

The number of students assigned to newly appointed clinical supervisors is done according to the undergraduate nursing students' academic timetables. The supervisors are responsible for clinical teaching including daily supervision of bedside nursing as well as supporting the students in clinical nursing skills development (Fakude, Le Roux, Daniels & Scheepers, 2014).

In 2018, a total of 1127 undergraduate students were enrolled at the SoN where this study was conducted. The total number of undergraduate nursing students, per year level, for the 2018

http://etd.uwc.ac.za/

academic year was as follows: Bachelor of Nursing programme mainstream, first year, 263 students; second year, 283 students; third year, 248 students; fourth year, 212 students; students enrolled for the Extended Curricular Programme (ECP), first year, 62 students and ECP second year, 59 students.

Prior to placement in the clinical facilities, students in the first year ECP programme complete a compulsory orientation period for the first semester in the clinical skills laboratory. The four clinical supervisors in the ECP work across years one and two and are responsible for clinical teaching and skills demonstrations in the skills laboratory, relating to fundamental nursing. In the second semester clinical supervisors accompany students in the ECP at the four hospitals in which students are placed for clinical learning. The second year ECP students are in placement from the beginning of term one. The clinical supervisor-student ratio for first and second year ECP is approximately one clinical supervisor per 30 students.

During the first year of the mainstream programme, students are placed in general medical and surgical wards at 5 hospitals in the Cape Town area for 1 day per week according to the academic timetable for clinical learning. The thirteen clinical supervisors allocated in the mainstream programme work across years one and two.

The second-year nursing students in the mainstream programme are placed in the clinical setting for two days per week according to shifts. These placements include five hospitals and eight community health centres where the students are accompanied by the clinical supervisors assigned for the various placement settings. Among the 13 clinical supervisors, two groups are created to cover alternatively first and second year skills facilitation in the skills laboratory, for three two hour afternoon sessions. Therefore, the clinical supervisor-student ratio for first- and second-year mainstream is approximately one clinical supervisor per 40 students for the mainstream programme across the first and second year. Each lecturer is also assigned

UNIVERSITY of the
WESTERN CAPE
http://etd.uwc.ac.za/

approximately six students for clinical supervision. This is to ensure that the lecturers stay abreast of developments in clinical practices and to ensure appropriate integration of theory and practice.

In the third year of the programme, the focus of training is on midwifery and community nursing. Students are placed at eight Community Health Centres, eight clinics and eight Maternity Obstetrical Units (MOU) as well as at four maternity hospitals for high-risk midwifery.

Clinical supervisors allocated to midwifery are assigned two MOUs for clinical supervision. They furthermore engage in skills laboratory sessions, where specialised skills are demonstrated and student practices if guided. There are five clinical supervisors allocated for midwifery and the clinical supervisor-student ratio is approximately, one clinical supervisor per 22 students.

The six clinical supervisors working in the discipline of community health nursing are also expected to engage in community projects. The clinical supervisor-student ratio for community health students is approximately one clinical supervisor per 17 students.

UNIVERSITY of the
WESTERN CAPE

During the fourth year of training the focus is on psychiatric nursing and students are placed at various psychiatric hospitals and community health centres. Clinical supervisors are responsible for clinical teaching in skills laboratories and clinical supervision at the facilities where students are placed. The clinical supervisor-student ratio is approximately one clinical supervisor per 37 students.

1.3.1 Orientation to the skills laboratory methodology (SLM)

During the four days of orientation the clinical supervisors are orientated to the clinical methodology used in the School of Nursing. The methodology for clinical skills development

http://etd.uwc.ac.za/

used in the Bachelor of Nursing programme at the university where this study was conducted is referred to as the SLM. The methodology has been adapted from international higher education institutions at the Hoogeschool Arnhem and Nijmegen (HAN) and the University of Maastricht in the Netherlands (Jeggels et al., 2010). During 2006 and 2007 the SoN at the university where this study was conducted started with an extensive skills training programme and the skills lab method was introduced to revitalise simulated skills training. The method mainly aims at the enablement of learners to practise different tasks – from simple to complex – in a controlled and safe environment (Jansen, 2014). Due to the increase in student numbers and the resultant reduction in hospital beds for bedside clinical teaching, a natural migration to skills laboratory training occurred (Jeggels et al., 2010). The primary objective of the skills lab method was to introduce students to a student-based clinical skills development that gives them an opportunity to practice in a safe environment prior to being exposed to real life situations in the clinical placement (Jeggels, Traut & Africa, 2013).

At the university where the study was conducted there are four skills laboratories for the Bachelor of Nursing programme. These laboratories are designed and equipped to accommodate students with fundamental learning skills as well as more advanced skills. Simulators that vary between low, medium to high fidelity are used in clinical teaching sessions. Regular training on the effective use of these simulators is provided by the coordinator for simulation training.

The SLM is presented to all new clinical supervisor appointees and comprises five phases:

1.3.1.1 Orientation

Orientation assists undergraduate nursing students to focus on the rationale of the method and to gain insight into the SLM and various concepts that are used in the clinical placement. Students receive workbooks with learning outcomes, a complete description of all procedures,

UNIVERSITY of the
WESTERN CAPE
http://etd.uwc.ac.za/

and acquired pre-knowledge that is necessary for their preparation for each skills laboratory session. They are also introduced to the clinical supervisors and simulated patients. The importance of attending self-directed learning and recordkeeping as evidence thereof emphasised during orientation (Jeggels et al., 2010).

1.3.1.2 Visualisation

Visualisation enables undergraduate nursing students to form an image and to gain insight into nursing actions. Clinical supervisors demonstrate a nursing technique by using actual equipment in order to show nurses how a procedure is done. Students are divided into small groups and are encouraged to ask questions and give opinions after the demonstration of the skill. The demonstration might be conducted by using a simulated patient such as a mannequin or a learner volunteer (Duvivier, Muijtjens & Van der Vleuten, 2011). Students are afforded the opportunity to engage and reflect on the experience. Other methods of visualisation include viewing of DVDs, CDs and video recordings (Jeggels et al., 2010).

UNIVERSITY of the
WESTERN CAPE

1.3.1.3 Guided practice

During this phase, students are provided with critical information and theory as well as the opportunity to practise their skills on simulated patients. Students are encouraged to ask questions and concepts are clarified. The clinical supervisor might redemonstrate a skill to clarify uncertainties students may have in understanding the demonstrated skill. Students are encouraged to perform and practise the skill in the presence and direct supervision of the supervisor to enable them to become proficient in the technique. Feedback on students' clinical performance is provided by clinical supervisors, simulated patients and peers in the small group (Jeggels et al., 2010).

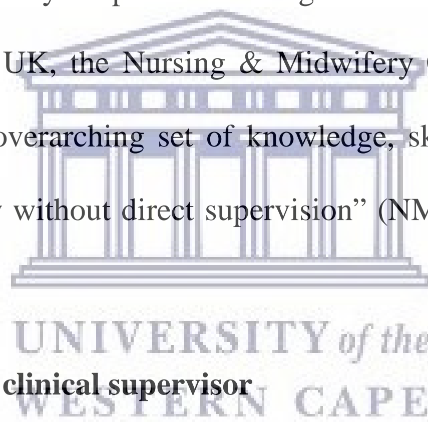
http://etd.uwc.ac.za/

1.3.1.4 Independent practice

This phase offers students the opportunity to practice clinical skills and execute actions independently. They can either practice with a peer and assess each other as workbooks with adequate guidelines and assessment criteria are available, arrange to practise with a simulated patient, or watch a videotape during this session (Jeggels et al., 2010). Students are able to book practice sessions at times that are convenient for them and which do not interfere with their scheduled timetables.

1.3.1.5 Assessment

Assessment enables undergraduate nursing students to demonstrate competence in the clinical skills they have practiced, and they are provided with guidance towards mastery of these skills (Jeggels et al., 2010). In the UK, the Nursing & Midwifery Council (NMC) use the term competence to refer to "the overarching set of knowledge, skills and attitudes required to practice safely and effectively without direct supervision" (NMC, 2010; Yanhua & Watson, 2011).


UNIVERSITY of the
WESTERN CAPE

1.3.2 Taking up the role of clinical supervisor

After the orientation period there are specific expectations in the role of the clinical supervisor. Julie (2017) summarised the core functions of clinical supervisors at the university where this study was conducted as the supervision, accompaniment and clinical teaching of students, and conducting clinical assessments of students according to Operational and the South African Nursing Council (SANC) definitions.

1.3.2.1 Supervision of students

Clinical supervisors must be able to facilitate clinical learning in simulated, as well as clinical settings. The supervisor should ensure that the student is able to integrate theory with practice. The clinical learning needs of the student must be identified and addressed, and full record

http://etd.uwc.ac.za/

keeping of all activities should be maintained and submitted as required by the university. The clinical supervisor should work as a team member in all the different year levels depending on the needs in the SoN.

1.3.2.2 Accompaniment in the clinical environment

The clinical supervisor should vigilantly identify teachable moments and utilise them optimally to stimulate critical thinking while being accessible to the student at all times. Clinical supervisors may willingly participate in some teaching activities as an empowering experience for the student.

At the university where the study was conducted, clinical supervisors often perform dual roles, namely a clinical educator as well as a liaison person working between the educational institution and various health care institutions according to assigned placements. These dual roles, high student/supervisor ratios and students who do not communicate absenteeism from clinical placement in advance, result in clinical supervisors mainly focusing on assessment deadlines and core assessments rather than providing students with support in the development of general or overall clinical competence. Most of the clinical supervisors have created a WhatsApp group with their students to communicate availability and accessibility for the students between community health centres and hospitals.

UNIVERSITY of the
WESTERN CAPE

1.3.2.3 Conduct clinical assessments of students

Clinical supervisors should conduct assessments of students in an environment where constructive feedback, reflection and remedial actions are the norm. Clinical assessments may be conducted in simulated as well as clinical settings. The percentage of simulated assessments in the skills lab must be monitored as 80% of assessments should be done in a real-life clinical setting. Reasons for simulated assessments during the continuous assessment period should be very clear and must be recorded. Clinical learning hours and requirements worked by students

http://etd.uwc.ac.za/

should be monitored and verified for record keeping as required by the SANC. It is also expected of clinical supervisors to monitor students and to report absenteeism of students during simulation or clinical practice to administrative staff at the SoN.

1.3.2.4 Participation in School of Nursing activities

Supervisors are expected to participate in SoN activities such as attendance of SoN quarterly board meetings, where a summary and update of the latest developments at the SoN are provided by the Head of Department. Other meetings pertaining to clinical related aspects are scheduled quarterly where clinical supervisors' have the opportunity to raise their concerns and opinions regarding clinical teaching. During clinical meetings, guidance on challenges experienced in the role as clinical supervisors is provided.

Activities such as open days and wellness days are scheduled once a year by the university where the study was conducted. These activities create a relaxing and educational environment for both prospective students and staff members. Clinical supervisors should feel part of educational environment and build positive relationships with other staff and students. They should enhance professionalism in nursing practice and in the educational environment and be a role model for students to portray a positive image of SoN

UNIVERSITY of the
WESTERN CAPE

1.3.3 Preparation for clinical teaching

The newly appointed clinical supervisors are orientated to the vision of the SoN. Operational guidelines and all relevant documents that are needed for quality supervision at facilities such as anecdotal notes, evidence of clinical accompaniment and student attendance are provided. Human resource management as it applies to clinical supervisors is explained to new appointees. Newly appointed clinical supervisors are accompanied by one of the more experienced staff and enable them to learn from one another through observation, imitation and modelling (Davey, 2012). During the university recess period, the newly appointed clinical

http://etd.uwc.ac.za/

supervisors attend clinical skills demonstrations for the new term as arranged by the clinical supervisor coordinator.

The researcher was previously employed as a clinical supervisor and clinical supervisor coordinator and is currently employed as a lecturer at the university where the study was undertaken.

1.4 Problem statement

Inadequately prepared clinical supervisors can have a detrimental effect on the delivery of the nursing programme. This may include poor clinical teaching and inadequate integration of theory and clinical competencies which ultimately lead to poorly trained nursing students and poor performance in clinical competencies with consequent poor patient care.

Clinical supervisors are expected to have a high level of clinical expertise to efficiently supervise students through the clinical nursing programme. Danhlke, Baumbusch, Affleck and Kwon (2012) suggest that clinical supervisors tend to believe they should be good educators and clinical nurses, while straddling the context of clinical and university settings. This causes them to doubt their abilities to meet the multiple expectations of the role. Despite the efforts made by the university where this study was conducted to prepare new clinical supervisor appointees for their role, it was not known what the perceptions of clinical supervisors are regarding their preparedness for clinical teaching and their learning needs to enhance their clinical teaching and supervision skills.

UNIVERSITY of the
WESTERN CAPE

http://etd.uwc.ac.za/

1.5 Research question

To what extent do clinical supervisors feel prepared for the role of clinical teaching of the nursing students assigned to them?

1.6 Aim of the study

This study aimed to explore the perceptions of clinical supervisors regarding their preparedness for the role of clinical teaching, and to identify their learning needs to enhance their competence in clinical teaching.

1.7 Research objectives

- Objective one: To explore and describe the perceptions of clinical supervisors regarding their preparedness for clinical teaching.
- Objective two: To explore and describe the practice of clinical supervisors in relation to clinical teaching.
- Objective three: To explore and describe the learning needs of clinical supervisors for clinical teaching.

UNIVERSITY of the
WESTERN CAPE

1.8 Significance of the study

The result of the study could inform areas for improvement in the clinical programme based on the findings of objective two. It could contribute to identifying areas where the competence of human resources can be improved. The result of the study could also inform the standardisation of clinical teaching once the needs of clinical supervisors have been addressed.

http://etd.uwc.ac.za/

1.9 Clarification of concepts

Clinical accompaniment: Clinical accompaniment is defined by Bruce, Klopper & Mellish (2011) as the conscious and purposeful guidance and support of students, based on their unique needs. Student accompaniment is important since the student needs to be guided and supervised in order to gain self-confidence through academic and emotional support. In this study, clinical accompaniment means the guidance and assistance given during clinical teaching and clinical practice by a clinical supervisor employed by the higher education institution.

Clinical placement: Nursing is not limited to bedside care. It includes the non-institutionalised activities of ambulatory care and care in community centres. Placements in these practice settings are called clinical placements and enable students to learn from clinical encounters with the patients, clients, families and communities and to meaningfully transfer learning from theory to practice (Bruce, Klopper & Mellish, 2011). In this study, clinical placement refers to the community health centres, clinics and general hospitals, "Midwife Obstetrics" units and psychiatric hospitals where students are placed for clinical learning according to the required clinical hours prescribed by the South African Nursing Council for the Bachelor of Nursing Degree.

UNIVERSITY of the
WESTERN CAPE

Clinical supervision: This is defined as the assistance and support given to the learner by the professional nurse, midwife or staff nurse in a clinical facility with the aim of developing a competent and independent practitioner (South African Nursing Act No. 33 of 2005). In this study, clinical supervision refers to support given to the undergraduate student nurse during clinical teaching and clinical practice by the clinical supervisor employed by the higher education institution.

Clinical supervisor: A clinical supervisor is a professional nurse who is qualified and competent to independently practice comprehensive nursing, in the manner and to the level

http://etd.uwc.ac.za/

prescribed, and is capable of assuming responsibility and accountability for such practice (South African Nursing Act No. 33 of 2005). In this study, clinical supervisor refers to a competent professional nurse who is employed by a higher education institution to guide, teach and supervise undergraduate nursing students during their clinical placement and in the skills laboratory.

Clinical teaching: This refers to teaching which takes place in a clinical context and aims to produce a competent professional nurse capable of providing nursing care based on sound knowledge and decision making, practiced skills and professional values. This care involves interaction between two or more human beings (Bruce, Klopper & Mellish, 2011). In this study, clinical teaching includes clinical supervision and accompaniment of undergraduate nursing students in simulation and in clinical practice settings.

Learning needs: Learning needs refers to the gap between the learner's current level of knowledge, skills and experiences within a particular context, and the level of knowledge, skills and experience required to perform a task (Chew, 2014). In this study, learning needs refers to those needs required to ensure effective clinical teaching.

UNIVERSITY of the
WESTERN CAPE

Practice: This refers to a method, procedure process or rule used in a particular field or practice and a set of these regarded as standard (Business Dictionary, 2017). In this study, practice means the method used by clinical supervisors in relation to clinical teaching.

Preparedness: This refers to a state of being prepared or ready for a particular situation (Waite, 2012). In this study, preparedness refers to the readiness of clinical supervisors concerning knowledge, skills and experience for clinical teaching.

http://etd.uwc.ac.za/

1.10 Research methodology

A brief outline of the research methodology is described in this chapter. A more in-depth discussion is presented in Chapter three.

The study employed a qualitative approach, using an exploratory descriptive design to explore to what extent clinical supervisors feel prepared for the role of clinical teaching of the nursing students assigned to them. De Vos, Strydom, Fouche and Delport (2011) assert that in qualitative studies, descriptive designs present a picture of the specific details of a situation, social setting or relationship. It was therefore used in this study to explore the perceptions of clinical supervisors regarding their preparedness for the role of clinical teaching and to identify their learning needs to enhance their competence in clinical teaching.

1.10.1 Research setting

The study was conducted at a School of Nursing at a university in the Western Cape, which is approximately 24 km from Cape Town City Centre. This university is one of the two higher education institutions (HEIs) offering undergraduate nursing at the time of data collection, out of four HEIs in the Western Cape. Clinical supervisors at the School of Nursing are employed on fulltime contract to facilitate clinical teaching for student nurses in both the undergraduate and postgraduate programmes. They conduct clinical supervision at primary, secondary and tertiary levels of the health care system. The undergraduate programme is a four-year Bachelor of Nursing programme, one of the largest in Africa. This Bachelor of Nursing also has an extended curricular programme which is offered over five years. A total of 33 clinical supervisors work in the undergraduate programme and are placed across all year levels as indicated in Table 2 in Chapter three.

UNIVERSITY of the
WESTERN CAPE

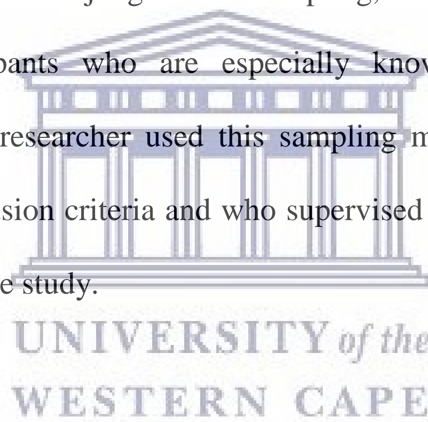
http://etd.uwc.ac.za/

1.10.2 Research population

Research population is defined as a complete set of persons or objects that possess some common characteristics that are of interest to the researcher (Polit & Beck, 2014). The population of interest for this study was all clinical supervisors employed at the School of Nursing for clinical teaching of undergraduate nursing students.

1.10.3 Sample technique

Sampling refers to the process of selecting the sample from a population in order to obtain information regarding a phenomenon in a way that represents the population (Brink, Van der Walt & Van Rensburg, 2012., Creswell & Plano Clark, 2018 and Burns and Grove, 2011) assert that purposive sampling, also called judgemental sampling, is based on the judgement of the researcher regarding participants who are especially knowledgeable about the study phenomenon. Therefore, the researcher used this sampling method to identify 12 clinical supervisors who met the inclusion criteria and who supervised students in the undergraduate programme to participate in the study.


UNIVERSITY of the
WESTERN CAPE

1.10.4 Inclusion criteria

Participants were employed as clinical supervisors at the university where this study was conducted and facilitated clinical teaching and learning among student nurses in the undergraduate programme.

1.10.5 Data analysis

The researcher analysed and interpreted the data in the study by using content analysis in order to get meaning from the obtained data. Trustworthiness was ensured through an audit trail, member checking and a thick description of the data. A more in-depth discussion is presented in Chapter three.

http://etd.uwc.ac.za/

1.11 Outline of the chapters

Chapter One: This chapter focusses on the introduction to the research problem; background and significance of the study. A detailed description of the definitions of terms is provided. The research site and objectives of the study are explained.

Chapter Two: The literature that has been reviewed related to clinical supervision of undergraduate nursing students during clinical teaching is discussed in this chapter. The role of clinical supervisors and the challenges and needs that they face when supervising nursing students in the clinical placement is discussed as well as this chapter will also discuss the theoretical framework for the study.

Chapter Three: In this chapter, the methodology and approach followed in conducting the study is presented and includes the study design, research setting, research population, target population, sample technique and size as well as data collection methods. This chapter also discusses how the data will be analysed and what measures will be taken to ensure the trustworthiness of the study.

UNIVERSITY of the
WESTERN CAPE

Chapter Four: This chapter presents and discusses the research findings of the study.

Chapter Five: The conclusion, discussion and recommendations of the research study are discussed in this chapter.

1.12 Summary

This first chapter of the study has outlined the background of the study and explained why the researcher felt it was necessary to conduct the study. Key concepts were explained and defined. An outline of the research methodology and design was also discussed. The next chapter will

http://etd.uwc.ac.za/

orientate the reader to the theoretical framework and outline and discuss the literature review that was conducted for this study.

http://etd.uwc.ac.za/

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

A literature review was conducted in order to identify existing similar or related studies and to determine a theoretical framework for the study. According to Burns and Grove (2011), a literature review enables the researcher to gain insight into what is currently known regarding the research study, to identify research gaps and to contribute to the existing knowledge about this specific study phenomenon. A review of literature to contextualise the study entails examining the work of other researchers, textbooks and journals. This chapter will focus on literature relating to the preparedness of clinical supervisors for the role of clinical teaching of the nursing students assigned to them as well as the challenges experienced in the role and the identification of learning needs of clinical supervisors. The literature that was reviewed for this research is organised according to the criteria listed below:

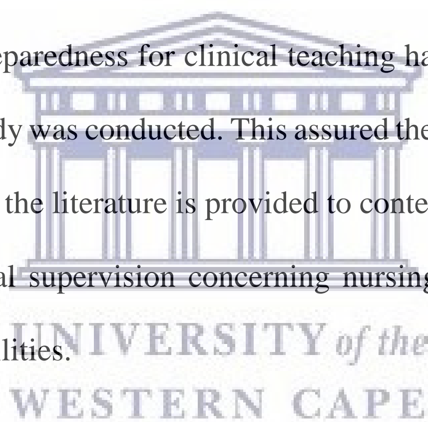
UNIVERSITY of the
WESTERN CAPE

- Conducting literature search
- Preparedness of clinical supervisors for teaching
- Historical context of nursing education
    - Nurse education and training in South Africa
- Strategies in place to facilitate the role of clinical supervisors in clinical teaching
- Theoretical framework

http://etd.uwc.ac.za/

2.2 Conducting the literature search

The literature search was conducted using Science Direct, Google Scholar, UWC Library, Ebscohost as well as textbooks and journals. Inclusion of literature was limited to 2009 to 2019 unless it was the seminal work of authors or areas in which minimal research on the topic was conducted. The following keywords were used: clinical accompaniment, clinical placement, clinical supervision, clinical supervisor, clinical teaching, learning needs, practice and preparedness. The researcher searched for both South African and International publications. While there is a considerable amount of literature about the nursing student's preparedness for clinical learning, the literature search revealed that no study about the perception of clinical supervisors regarding their preparedness for clinical teaching has previously been undertaken at the university where this study was conducted. This assured the researcher of the significance of the study. A brief review of the literature is provided to contextualise the study and focuses on the effectiveness of clinical supervision concerning nursing students' competencies and accompaniment in clinical facilities.


UNIVERSITY of the
WESTERN CAPE

2.3 Preparedness of clinical supervisors for teaching and learning needs

In a study by Needham (2015) in South East Queensland, Australia about 'best practice in clinical facilitation of undergraduate nursing students: the perspective of clinical facilitators', the author revealed that participants in the study found the lack of research into their role frustrating, considering that it is often referred to as an important role, which led some to believe that the role was undervalued by both their educational and clinical partners. They were of the opinion that their role required excellent communication and interaction skills. The author further revealed that the barriers to best practice in the role of clinical supervisor include

http://etd.uwc.ac.za/

professional isolation, lack of educational foundations, lack of clear policies and guidelines, and balancing professional loyalty.

In a study done by Glynn, Mcvey, Wendt and Russel (2017) in Boston, Massachusetts, about the Clinical Instructors role perceptions and learning needs in a Dedicated Educational Nursing Unit (DEU), it was revealed that the outcomes of the DEU models support an improved clinical outcome for the student. However, little research has been conducted to evaluate the role perceptions of the clinical instructors and their learning needs.

In order for a nursing student to achieve competency, a skilled and well-prepared clinical supervisor is required to guide and facilitate them to achieve their optimum potential in the clinical facilities. Brunero and Stein-Parburry (2008) reviewed literature to accumulate available evidence regarding the effectiveness of clinical supervision in nursing practice in order to inform these efforts. They concluded that clinical supervisors provided peer support and stress relief for nurses (restorative function), promoted professional accountability (normative function) and helped to develop skills and knowledge (formative function). This study specifically explored and determined the formative function of clinical supervision to establish supervisors' preparedness for clinical teaching. Literature indicates that supportive clinical education focuses on strategies concerning not only the practice experience but also the personnel who engage with the learner (Hamshire, Willoss & Wibberley, 2012; Holland & Lauder, 2012). However, clinical education faces the problem of how to provide meaningful clinical learning experiences that help undergraduate nursing students develop clinical judgement and increase self-efficacy (Pierce et al., 2011).

UNIVERSITY of the
WESTERN CAPE

Clinical supervision is a conceptually sound learning model which is flawed by problems of implementation. These problems were reported in a qualitative study by Chang and Pai (2012) in Taiwan, which found that clinical supervisors have work related stressors regarding

http://etd.uwc.ac.za/

inadequate role occupancy, high work demands, deficient role preparedness, lowered role control and insufficient role support and role bargain cited in (Xaba, 2015). In a study done by Dale, Leland and Dale (2013), students expressed concerns regarding the preparedness and expectations of clinical supervisors. In this regard, clinical supervisors were perceived as being ill-informed and lacking in preparedness to engage in clinical teaching as some lacked sufficient knowledge and were not updated about the curriculum or relevant documentation. In addition, students expressed feelings of frustration about clinical supervisors' motivation and attitudes as well as their lack of interest in updating their knowledge with the result that they became defensive if their skills were challenged. Chandan and Watts (2012) suggest that a clearer understanding of the clinical supervisor's perceived role in clinical teaching would offer some insights into the satisfying and unsatisfying aspects of the role thereby facilitating a more targeted approach regarding preparation and clinical teaching updates.

Banneheke, Nadarajah, Ramamurthy, Sumera, Ravindranath, Jeevaratnam, Efendie, Chellamuthu, Krishnappa, & Ray Peterson (2017) conducted a study: 'student preparedness characteristics important for clinical learning: perspectives of supervisors from medicine, pharmacy and nursing', in Malaysia. The authors reported that student perspectives of clinical preparedness and transition have been studied in the literature. However, studies of the perspectives of supervisors from various health professional courses who teach students to gain professionally related skills in the clinical environment is limited. The views of students were obtained in relation to learning environments, intellectual climate, and the relationship with fellow students and supervisors. Students reported that interest in the subject, a meaningful learning environment and a positive student-supervisor relationship are the most important aspects for effective clinical learning. They concluded that clinical supervision is an essential component in work-based contextual learning for clinical students. The authors furthermore stated that clinical supervisors currently in practice assign a higher importance to professional

UNIVERSITY of the
WESTERN CAPE

http://etd.uwc.ac.za/

and interpersonal skills compared to those with no clinical practice experience. The development of skills such as time management, organization, verbal and written communication, observation, research, social and problem-solving skills can be seen as imperative in maintaining good clinical standards (Banneheke et al., 2017).

In a study done by Letswalo and Peu (2015) about perceptions of student nurses regarding accompaniment in the clinical environment in Gauteng Province, South Africa, it was revealed that clinical supervision and discipline were a major challenge to students as there was a lack of support and guidance from clinical supervisors. Hrobsky and Kersbergen (2002) and Letswalo and Peu (2015) argued that students' clinical performance failures is largely attributed to the preceptor's feelings of fear, anxiety and self-doubt because the preceptor lacks the necessary knowledge and skills to accompany student nurses. This leads to student nurses failing in both formative and summative examinations which is of great concern and needs attention as appropriate supervision breeds good accompaniment. The authors furthermore revealed that time constraints for proper supervision and the lack of support by mentors make it difficult for students to carry out their role effectively.

UNIVERSITY of the
WESTERN CAPE

In a study done by Mtshali and Pillay (2008) in Durban on clinical supervision and support for the bridging programme for students in the greater Durban area, it was revealed that some of the more glaring problems related to students' learning include limited emphasis on problem-solving, lack of clear expectation of student performance, inadequate feedback to students, inappropriate role models in clinical settings and inadequately prepared teachers.

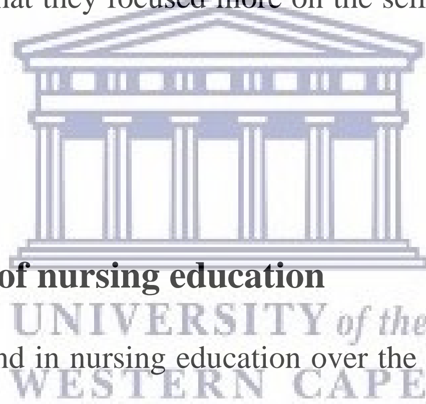
Literature review established that two studies about clinical supervisors were carried out by Klerk (2010) at the university where this study was conducted focused on the actual experiences of clinical supervisors in selected hospitals. This study concluded that registered

http://etd.uwc.ac.za/

nurses are uncertain about their role regarding clinical supervision of the nursing students and the challenges they face on how to structure clinical activities for the students.

Magerman (2016) focused on the experience of clinical supervisors when supervising nursing students. The researcher established that clinical supervisors are generally satisfied with their jobs and enjoy the teaching role. Magerman (2016) concluded that clinical supervisors were unhappy with the circumstances that they experienced in this role.

Another study by Lejaha (2015) focused on the relationship between the leadership styles of clinical facilitators and the maturity of learner nurses in a clinical environment. This study concluded that most learner nurses indicated that they were mature (able and willing) while the clinical facilitators indicated that they focused more on the selling and participation styles of leadership (Lejaha, 2015).


UNIVERSITY of the
WESTERN CAPE

2.4 Historical context of nursing education

Globally, the predominant trend in nursing education over the last century has been towards greater professionalisation through the lengthening of training periods and the shift from a hospital-based apprenticeship mode to professional education at institutions of higher learning (Blaauw, Ditlopo & Rispel, 2014). Many countries offer nurse education and training programmes at a university level, leading to the attainment of a baccalaureate degree, and at a nursing college, leading to the attainment of a diploma in nursing after a duration of four years (Martin, 2013).

The latest trend for entry to the profession has been a call for a baccalaureate degree (Forbes & Hickey, 2009; Blaauw, Ditlopo & Rispel, 2014). The shift to a baccalaureate degree as entry to nursing practice is also influenced by the desire to enhance the professional status of nursing,

http://etd.uwc.ac.za/

attract high-quality students, escape medical domination and allow for more autonomous nursing practice (Blaauw, Ditlopo & Rispel, 2014). The first course of formal theoretical and practical instruction or training for nurses was presented in Germany by Professor Franz May of Mannheim. He persuaded the authorities of the need for training of nursing attendants who nursed in-patients. This was 50 years before the Nightingale School was established in London (Bruce & Klopper, 2017). Formal education preparation for nurses spread across Europe in 1793 and was prompted by an Italian, Professor Sannazaro, who published an article on the importance of the nurse's role in the care of the sick, emphasising the importance of training (Knox & Morgan, 1987; Bruce & Klopper, 2017).

2.4.1 Nurse education and training in South Africa

Nursing education systems have developed over the years from a fragmented, hospital-based system to a quasi-centralised system with higher education institutions, including universities and universities of technology, provincial nursing colleges and private nursing education institutions, all contributing to the nursing workforce. Reforms in nursing education have been influenced by the ordinances from provincial health departments and higher education (National Policy on Nursing Education and Training, 2019).

UNIVERSITY of the
WESTERN CAPE

In 1985, the SANC that governs the training of student nurses, introduced Regulation 425 of 22 February 1985, which requires more comprehensive training of nurses in South Africa leading to registration as a nurse (general, psychiatric, community and midwife). Prior to the introduction of this regulation, students were required to complete three years to become a registered general nurse and an additional one year for each of the following specialities, midwifery, community nursing and psychiatry. This requires nurse training programmes to be registered with the SANC and the Council on Higher Education (CHE) must approve the training programmes for nurse training at a higher education institution (HEI). Clinical facilities for the placement of nursing students for clinical learning must also be approved and

http://etd.uwc.ac.za/

accredited by the SANC and the CHE. According to the SANC endorsed new Bachelor of Nursing and Midwifery curriculum due for implementation in 2020, clinical teaching and learning should make up 50% of the curriculum. In addition, 70% of all clinical learning must be supervised. Based on this requirement, clinical supervisors play an integral role in the education and training of nurses.

According to Henderson and Tyler (2011), the clinical teaching component of the nursing education programme is essential. In most instances, nursing students commence clinical learning with placement in community and health service settings from their first year of training. This provides opportunities to develop clinical skills and values in the nursing profession in line with the clinical learning outcomes prescribed by the SANC. It is this part of clinical learning as well as the simulated preparation of students for such clinical placements that is supervised by clinical supervisors who guide students towards meeting the clinical learning outcomes.

In an article in the Forum for Nursing Deans in South Africa (FUNDISA) publication (Managers, 2012), about a proposed model for clinical nursing education and training in South Africa, a clinical supervisor is defined as a person employed by higher education institutions to interact closely with allocated groups of students in a specific facility or group of facilities in order to optimise clinical learning of students in formal nursing programmes. The role functions are stipulated as follows:

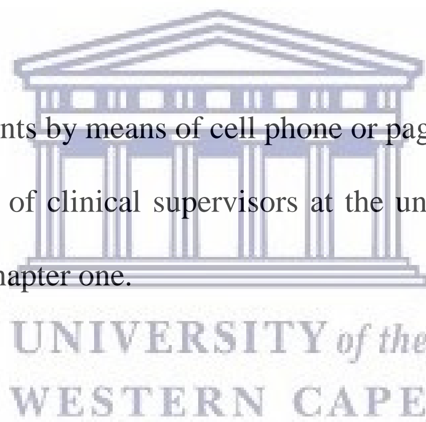
- Inspire, invest in and support students;
- Facilitate the application of theory to practice, as well as encouraging higher levels of thinking;
- Support students in emotionally challenging environments in clinical practice and refer them where necessary;

UNIVERSITY of the
WESTERN CAPE

http://etd.uwc.ac.za/

- Maximise learning opportunities of students and facilitate exposure to appropriate learning opportunities;
- Promote the involvement of ward staff in the teaching of students;
- Teach by monitoring the student as he/she progresses towards the achievement of learning outcomes;
- Facilitate the role-modelling of complex clinical behaviour;
- Maintain a close working relationship with the academic staff and act as liaison between the service and the NEI;
- Participate in the formulation of clinical learning outcomes;
- Schedule working time over weekends, night duty and NEI vacation time as flexi- time systems;
- Be accessible to students by means of cell phone or pager.

A brief discussion of the role of clinical supervisors at the university where this study was conducted was presented in Chapter one.


UNIVERSITY of the
WESTERN CAPE

2.5 Strategies to facilitate the role of clinical supervisor

The following strategies were identified in a study done by Pires, Santos, Pereira and Rocha (2016) in Portugal about the most relevant clinical supervision strategies in nursing practice:

2.5.1 Quality of support and established relationships

The quality of student support and the establishment of relationships are seen as essential factors in the development of clinical expertise and in building the professional identity of students. This confirmed the study findings of Rocha (2013), where this was considered the third most frequently implemented and preferred strategy.

http://etd.uwc.ac.za/

At the university where this study was conducted, students are assigned to a specific supervisor for a term (a period of seven to eight weeks), which allows sufficient time for building a relationship of trust between clinical supervisor and student. Students are guided, mentored and supported by clinical supervisors to enable them to cope within the clinical learning environment and to attain the outcomes as set out for that specific period and placement for learning. Furthermore, students are supported to reach competence in prescribed clinical skills.

The strategy of support also refers to effective personal relationships between colleagues to help clinical supervisors manage their own emotions and feelings. This will not only help them not to feel isolated and provide feelings of security and self-confidence, but will also be instrumental in providing scientific support to their professional practices (Vieira, 2014; Pires, Santos, Pereira & Rocha, 2016).

2.5.2 Demonstration strategy

This strategy refers to the exemplification methods used by the supervisor to teach or explain to the student how to approach a situation or clinical skill that needs to be learned or enhanced. The study developed by Rocha (2013) shows that this was the second most frequently implemented and preferred strategy in healthcare centres. According to Bruce and Klopper (2017), the purpose of a demonstration is:

- To show students how to carry out a nursing technique that is completely new to them
- To demonstrate new techniques that will replace those currently in use
- To show students how to form a sound nurse/patient relationship when in clinical placement
- To illustrate to students how to apply fundamental scientific principles in nursing

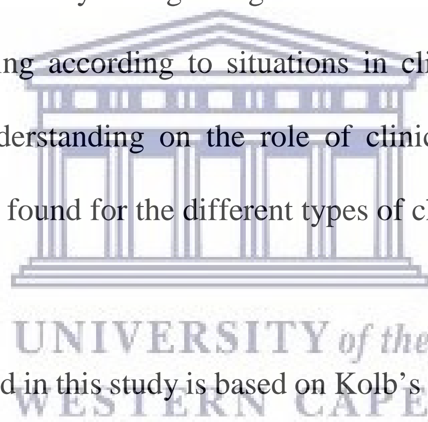
UNIVERSITY of the
WESTERN CAPE

http://etd.uwc.ac.za/

Strategies in place for demonstration, as proposed in the SLM at the institution, include orientation, visualisation and demonstration of skills to new clinical supervisors by the clinical supervisor coordinator. Clinical supervisors are encouraged to voice their opinions after they have viewed the skill. Other methods of visualising and demonstrating skills include watching DVDs, video recordings and CD ROMs to enable clinical supervisors to rehearse and assess their performance in selected skills (Jeggels et al., 2010; Bruce & Klopper, 2017).

2.5.3 Critical and reflective practice analysis strategy

Critical and reflective practice analysis strategy was considered the most important strategy in the study conducted by Pires, Santos, Pereira and Rocha (2016). The study highlighted the importance of critical-reflective analysis in guiding the clinical supervisor to be flexible and to reorganised and adjust planning according to situations in clinical practices. Through this analysis, higher levels of understanding on the role of clinical teaching are attained and solutions are more likely to be found for the different types of challenges faced by the clinical supervisor.


UNIVERSITY of the
WESTERN CAPE

The theoretical framework used in this study is based on Kolb's theory of experiential learning and focuses on the importance of critical and reflective strategies during the reflective observation stage. Clinical supervisors encounter new situations or experiences and they find meaning behind the experience. This enables them to reflect, observe and critically examine their experiences from all perspectives to solve challenges they face during the accompaniment of students in the clinical placement.

2.5.4 Feedback strategy

Giving and receiving feedback on practice is a critical aspect of clinical supervision in nursing. To ensure the effectiveness of feedback for learning, feedback should be planned and must be constructive (Bruce & Klopper, 2017). The purpose of this strategy is to provide individuals

http://etd.uwc.ac.za/

with insight on self-performance: strengths, areas that need improvement and individual potential in order to promote awareness on personal and professional development (Pires, Santos, Pereira & Rocha, 2016). At the university where this study was conducted, clinical supervisors attend demonstration workshops during the recess period in preparation for the next term. Each clinical supervisor is given an opportunity to demonstrate a specific skill. They are provided with immediate feedback during these demonstration sessions from their colleagues, which prepares them for their role as clinical supervisors. During clinical accompaniment, new clinical supervisors are accompanied by a colleague or the clinical supervisor coordinator to guide them in the clinical placement. Immediate feedback enables the clinical supervisor coordinator to provide support and encourage new clinical supervisors to further consult study guides and textbooks in preparation for their next student accompaniment. When the clinical supervisor coordinator or colleagues neglect to provide feedback, clinical supervisors would be unaware of their strengths and weaknesses and unable to pursue learning goals (Hauer & Kogen, 2012).

UNIVERSITY of the
WESTERN CAPE

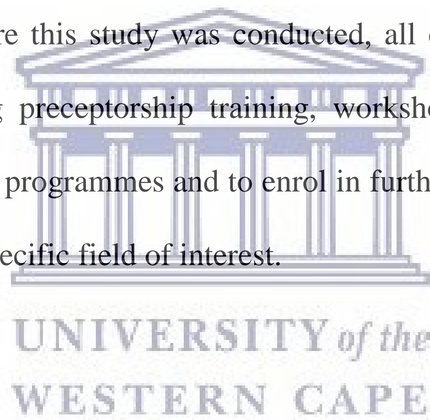
2.5.5 Observation strategy

Observation is seen as an organised process of gathering information on clinical supervisors, individuals and colleagues and is used as a starting point of the reflection on action (Alarcão & Tavares, 2010). Direct observation is important for a supervisor work-based approach, since it is one of the most effective ways to monitor the development of skills, performance and competencies when accompanying students. During clinical accompaniment, on the first day of new placements, clinical supervisors at the university where this study was conducted gather information on students' previous and current state of progress, completion of projected clinical assessments and outstanding clinical assessments. This information is used as a starting point to enable clinical supervisors to plan the clinical teaching for the entire placement in that specific discipline.

http://etd.uwc.ac.za/

2.5.6 Continuing education

The strategy of continuing education is considered of major relevance to nurses' professional practice (Pires, Santos, Pereira & Rocha, 2016). Continuous professional development (CPD) is an ongoing, self-directed, structured, outcome-focused cycle of learning and personal and professional development (Bruce & Klopper, 2017). CPD is a "purposeful statutory process whereby practitioners registered with SANC and, through personal commitment, engage in a range of learning activities to maintain and improve their knowledge skills, attitudes and professional integrity to keep up to date with new science innovation and health care developments to enable them to practice safely, ethically, competently and legally within their evolving scope of practice to provide quality care to the South African community" (SANC, 2018). At the university where this study was conducted, all employees are encouraged to engage in CPD by attending preceptorship training, workshops on the use of high-tech simulation, in-service training programmes and to enrol in further studies to stay abreast with latest developments in their specific field of interest.


UNIVERSITY of the
WESTERN CAPE

2.6 Theoretical framework

The theoretical framework used in this research study is based on Kolb's theory of experiential learning. Firstly, it guided the researcher to set the objectives for this study and provided a framework for the interview guide. Secondly, it enabled the researcher to collect, analyse, interpret and present the findings of this study. Therefore, this study meets the criteria for inductive reasoning that is defined as a reasoning process that proceeds from the specific to the general and from empirical data to theory (Brink, Van der Walt & Van Rensburg, 2012).

http://etd.uwc.ac.za/

2.6.1 Experiential learning

Experiential learning, proposed by psychologist David Kolb (1984), was influenced by the work of theorists such as John Dewey, Kurt Lewin and Jean Piaget. Kolb (1984) defined experiential learning as the process whereby knowledge is created through the transformation of experience. It is an inductive, learner-centred and activity orientated reflection about the experience and the application of what is learned and is viewed as crucial for effective experiential learning (Bruce & Klopper, 2017). Kolb's theory focuses on the learner's perspective and on personal development. In experiential learning, the individual guides the learning process as opposed to the conventional, didactic method.

2.6.2 The Experiential Learning Cycle

Research conducted by Kolb (1984) distinguishes four learning styles in which each person uniquely perceives information and changes or transforms that information into learning. According to Kolb, effective learning occurs when knowledge is created through the transformation of experience, which occurs through an ongoing cycle of four stages. His theory treats learning as a holistic process where one continuously creates and implements ideas for improvement.

UNIVERSITY of the
WESTERN CAPE

In this study, learning refers to clinical supervisors learning how to facilitate clinical teaching. This means that in this study, the clinical supervisor is regarded as the learner. Furthermore, it explores how the clinical supervisor moves through the stages of experiential learning as described by Kolb. According to Kolb, effective learning can only take place when an individual completes a cycle of the following four stages: (1) concrete experience, (2) reflective observation, (3) abstract conceptualisation, and (4) active experimentation.

http://etd.uwc.ac.za/

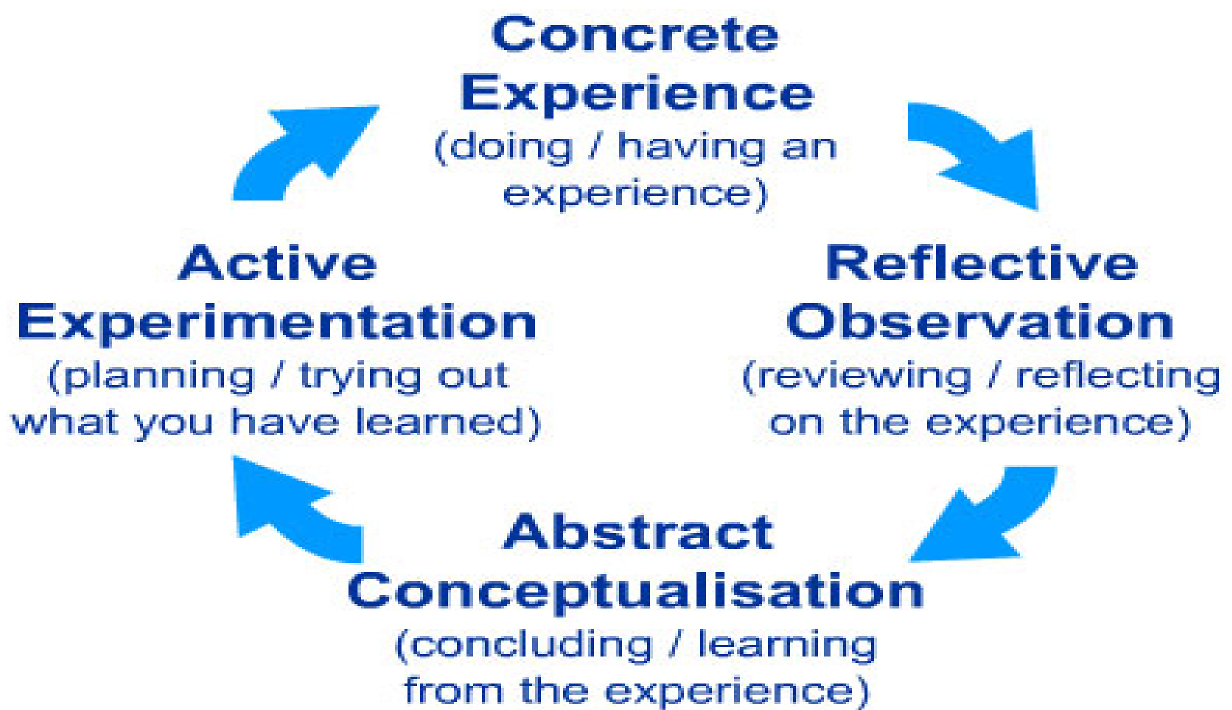


Figure1.1 Kolb's learning styles (Kolb, 1984)

2.6.2.1 Stage 1: Concrete Experience

In the first stage of the cycle, an individual has a new experience, encounters a new situation or has an opportunity to reinterpret an existing experience that serves as the basis for observation and creates an opportunity for learning. According to Kolb's theory, a person cannot learn by simply observing or reading. The goal is for the individual to actively participate in the experience in order to learn from it. Clinical supervisors should be able to form mental images in order for them to reflect on their observations.

UNIVERSITY of the
WESTERN CAPE

2.6.2.2 Stage 2: Reflective Observation

During the second stage of the learning cycle, any inconsistencies between the experience and understanding of the individual's learning are clarified. Learners or individuals are afforded the opportunity to reflect on the experience before making any judgements. The new situation or experience encountered by the individual is reviewed to find meaning behind the experience. They reflect, observe and critically examine their experiences from all perspectives

http://etd.uwc.ac.za/

2.6.2.3 Stage 3: Abstract Conceptualisation

As a result of the reflective process, when observation and reflections were done, new ideas arise, or existing ideas and conceptualisations are modified. Individuals use logic and ideas as opposed to feelings to understand situations and problems. In this stage, the individual identifies recurring themes, problems or situations that will provide them with new learning experiences. The purpose of the third stage is to create concepts that individuals can apply in the future.

2.6.2.4 Stage 4: Active Experimentation

During this stage, learners (clinical supervisors) apply the newly acquired knowledge and experience to another learning environment such as the clinical placement. Clinical supervisors should revisit the experience with a more acute awareness (Bruce & Klopper, 2017). The learner takes risks and implements theories to see what the outcome will result be (experimentation). It is the combination of reflection and experience that results in learning and the outcomes of this experiential learning cycle is the acquisition of skills, knowledge, and professional development (Fowler, 2008; Jansen, 2014).

UNIVERSITY of the
WESTERN CAPE

In the context of the school where this study was conducted, the (SLM), was used in conjunction with the underpinning of Kolb's Learning Cycle. Its application to the four stages of the learning cycle can be understood as illustrated in Table 1 below:

http://etd.uwc.ac.za/

Table 1: Application of Kolb's Learning Cycle to the Skills Laboratory Methodology

Skill Lab Method	Kolb Learning Cycle
Orientation and Visualisation	Concrete Experience
	Reflective Observation
	Abstract Conceptualisation
Guided practice and Independent practice resulting in Assessment	Active Experimentation

2.7 Summary

This chapter presented an overview of the literature reviewed to explore and explain the concepts related to clinical supervisors' preparedness for the role of clinical teaching. Some of the strategies in place to facilitate the role in clinical teaching and similarities in strategies to those at the university where this study was conducted were explained. The theoretical framework used in the study was also explained and discussed.

UNIVERSITY of the
WESTERN CAPE

The next chapter focuses on the research methodology used in this study and a description of the research design, methodology, data collection and data analysis are provided. The ethics considered for the study is also discussed in Chapter three

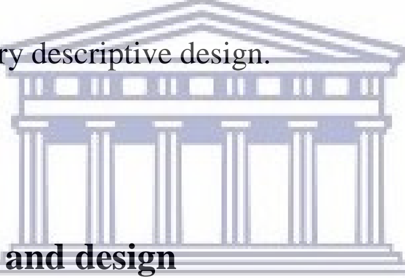
http://etd.uwc.ac.za/

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

Research methodology specifies how researchers may go about practically studying whatever they believe can be known (Blanche, Durrheim & Painter, 2014). Methodology is concerned with the specific ways and methods that the researcher used to deliver data and findings that address the research question. This chapter describes the research methodology of this study in order to explain the researcher's approach to answer the research question including the methods used during data collection and analysis. The study adopted a qualitative research approach, utilising an exploratory descriptive design.



3.2 Research approach and design

UNIVERSITY of the
WESTERN CAPE

Research approach can be viewed as an overall plan and procedure guide that consists of steps ranging from broad assumptions to detailed methods of data collection, analysis and interpretation and is based on the research problem under study (Datt & Datt, (2016). Blanche, Durrheim and Painter (2014), state that a research design is a strategic framework for action that serves as a bridge between the research question and the execution or implementation of the research. The authors also stated that designs are plans that guide 'the arrangement of conditions for collection and analysis of data in a manner that aims to combine relevance to the research purpose with economy in procedure' (Blanche, Durrheim & Painter, 2014). According to Grove, Burns and Gray (2012), the research design maximises control over factors that could influence the outcome of the study. In this study; a qualitative, exploratory, descriptive design was used to explore and described the perceptions of clinical supervisors regarding their

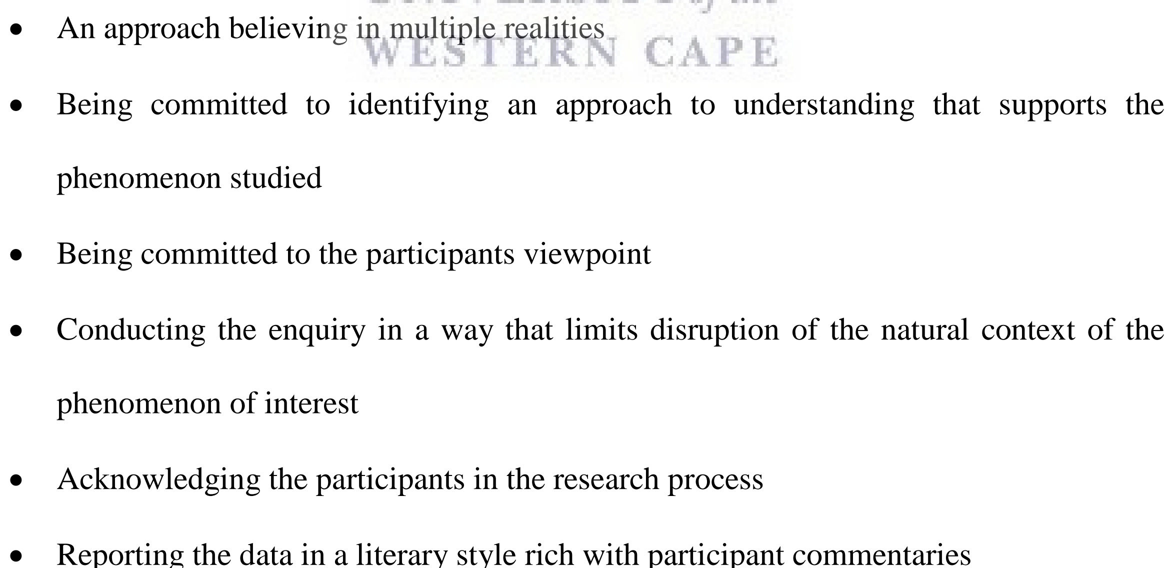
http://etd.uwc.ac.za/

preparedness for clinical teaching. The results of the study could contribute to identifying areas to improve the competence of human resources in nursing.

3.3 Qualitative research approach

According to LoBiondo-Wood and Haber (2010), qualitative research represents a basic level of inquiry that seeks to discover and understand concepts, phenomena, or cultures. Creswell (2013), defines qualitative research as an inquiry process of understanding based on a distinct methodological approach to the inquiry that explores a social or human problem. Corbin and Straus (2014) defined qualitative research as a form of research in which the researcher collects and interprets data, making the researcher as much a part of the research process as the participants and the data they provide.

According to Streubert and Carpenter (2011), qualitative research is characterised by six principles:



- An approach believing in multiple realities
- Being committed to identifying an approach to understanding that supports the phenomenon studied
- Being committed to the participants viewpoint
- Conducting the enquiry in a way that limits disruption of the natural context of the phenomenon of interest
- Acknowledging the participants in the research process
- Reporting the data in a literary style rich with participant commentaries

In combination, all the mentioned views and principles about the qualitative approach is the justification of the researcher’s choice to use this approach to explore the perceptions of the

http://etd.uwc.ac.za/

participants regarding their preparedness for clinical teaching. This approach actively allowed for communication with participants and offered the opportunity to immediately record the rich relevant information received from the participants. It also gave the researcher the opportunity to study human activity as it has been experienced.

3.3.1 Exploratory design

Exploratory designs are used to make preliminary investigations into relatively unknown areas of research. They employ an open, flexible and inductive approach to research in an attempt to look for new insights into phenomena. Exploratory studies generate speculative insights, new questions and hypothesis (Blanche, Durrheim & Painter, 2014). Exploratory studies are also useful in addressing phenomena where there are high levels of uncertainty and ignorance (Van Wyk, 2012). Polit and Beck (2014), unpacks this even further, and states that exploratory research is used to study issues that have not been studied before and attempts to identify new knowledge, insights, and new meanings with the aim of exploring factors related to the topic. The researcher used an exploratory method to explore how clinical supervisors perceived their preparedness for their role in clinical teaching, to gain insight into their learning needs, and to determine their practice in relation to clinical teaching.

UNIVERSITY of the
WESTERN CAPE

3.3.2 Descriptive design

In qualitative studies, descriptive designs present a picture of the specific details of a situation, social setting or relationship, and focus on ‘how’ and ‘why’ questions (Kreuger & Neuman, 2006, in De Vos et al., 2011). Brink, Van der Walt and Van Rensburg (2012), state that descriptive designs are used in studies where more information is required in a particular field through the provision of a picture of the phenomenon as it occurs naturally. These designs describe the phenomena in order to answer the research question with no intention of establishing a cause and effect relationship. This study describes the views of participants regarding their preparedness for clinical teaching

http://etd.uwc.ac.za/

3.4 Research setting

Research setting refers to the specific place or places where the data are collected. The decision about where a study is conducted is based on the nature of the research question and the type of data needed to address it (Brink, Van der Walt & Van Rensburg, 2012).

The research setting plays an essential role when data are collected because participants should feel free to express their feelings and views openly. This study was conducted at a School of Nursing at a university in the Western Cape. This university is one of four universities in the Western Cape, and one of two that offered a four-year baccalaureate degree programme in nursing at the time of data collection. Clinical supervisors are employed on contract to facilitate clinical teaching and learning among student nurses in both the undergraduate and postgraduate programmes. The undergraduate programme is a four-year Bachelor of Nursing programme, one of the largest in Africa. An Extended Curricular Programme (ECP) was introduced in 2007 to facilitate access to studying nursing at a higher education level. The (SoN) is linked to the Faculty of Community and Health Sciences (CHS) which comprises six departments and three schools. The SoN is committed to excellence in teaching, learning and research.

UNIVERSITY of the
WESTERN CAPE

There are 33 clinical supervisors allocated to the undergraduate programme. The four clinical supervisors in the ECP work across year one and two. Likewise, the thirteen clinical supervisors in the mainstream programme work across year one and two. The third and four year clinical supervisor's work in specific disciplines as indicated in Table 2.

http://etd.uwc.ac.za/

Table 2: Distribution of Clinical Supervisors across the year levels

Programme year level	Discipline	No. of Clinical Supervisors
ECP: Year One and Two	Fundamental Nursing	4
Mainstream: Year One and Two	General Nursing	13
Mainstream: Year Three	Community Health	6
	Midwifery	5
Mainstream: Year Four	Psychiatry	5
Total		33 Clinical Supervisors

3.5 Research population

Research population is defined as the entire group of persons or objects that are of interest to the researcher and that meet the criteria that the researcher is interested in studying (Brink & Wood, 1998; Burns & Grove, 2011). The entire set of elements about which the researcher would like to make generalisations is also called the 'target population' (LoBiondo-Wood & Haber, 2010). The population of interest for this study were the clinical supervisors employed at the SoN for clinical teaching of undergraduate nursing students, which totalled 33.

UNIVERSITY of the
WESTERN CAPE

3.5.1 Sampling and sampling technique

Sampling refers to the process of selecting the sample from a population in order to obtain information regarding a phenomenon in a way that represents the population (Brink, Van der Walt & Van Rensburg, 2012). For the purpose of this study, the researcher used a non-probability purposive sampling method. Non-probability sampling refers to any kind of sampling where the selection of elements is not determined by the statistical principle of randomness (Blanche, Durrheim & Painter, 2014).

Purposive sampling is also called judgemental sampling (Brink & Wood, 1998; Burns & Grove, 2011). Purposive sampling depends on both the availability and willingness of participants and the selection of participants for the purpose of describing an experience in

http://etd.uwc.ac.za/

which they participate (Blanche, Durrheim & Painter, 2014). Use of this sampling technique was based on the judgement of the researcher regarding participants, namely the clinical supervisors who are especially knowledgeable about the study phenomenon and who met the inclusion criteria.

3.5.2 Inclusion criteria

Participants employed as clinical supervisors at the university where this study was conducted and who facilitate clinical teaching and learning among student nurses in the undergraduate programme were included in the study.

3.5.3 Exclusion criteria

All clinical supervisors who facilitate clinical teaching and learning among students in the postgraduate programme were excluded from the study.

3.5.4 Sample size

In qualitative research, the sample size should be large enough to obtain most or all of the data from the participants until data saturation is reached. Data saturation occurs when additional sampling does not reveal new information but only information already collected (Burns & Grove, 2011; LoBiondo-Wood & Haber, 2010). The sample commenced with two clinical supervisors from each discipline including the four supervisors allocated for ECP years one and two for a total of 12 interviews as indicated in Table 3, and continued until data saturation was achieved. Saturation is when the researcher stops collecting data because fresh data no longer sparks new insights or reveals new properties (Creswell, 2014).

UNIVERSITY of the
WESTERN CAPE

http://etd.uwc.ac.za/

Table 3: Sample size per discipline

Programme year level	Discipline	Sample size per year level
ECP: Year One and Two	Fundamental Nursing	4
Mainstream: Year One and Two	General Nursing	2
Mainstream: Year Three	Community Health	2
	Midwifery	2
Mainstream: Year Four	Psychiatry	2
Total		33 Clinical Supervisors

3.5.5 Data collection methods

Data was collected by means of semi-structured interviews, with open-ended questions which allowed participants to engage in free verbal descriptions of their experiences. Open-ended questions allowed more varied information to be collected and required a content analysis method to analyse responses. Semi-structured interviews allowed the researcher to gain a detailed picture of a participant's perceptions of a particular topic. The method was flexible and allowed the researcher to follow up on information that emerged from the interview (De Vos et al., 2011).

UNIVERSITY of the
WESTERN CAPE

3.5.6 Data collection tool

A researcher-developed, semi-structured interview guide (see appendix A), containing five open ended question was used. The questions were linked to the research objectives, clinical teaching methods used in the school at the university where this study was conducted and Kolb's learning cycle, which was utilised as the theoretical framework for this study (Kolb, 1984). This ensured that data collected was valid and answered the research question. Probes were used to gain the necessary depth in the discussion and to elicit responses to the objectives on participants' teaching and learning needs. Semi-structured interviews were ideal for this study because it was difficult to get all the clinical supervisors together at one time as they

http://etd.uwc.ac.za/

conduct clinical teaching in various disciplines, at various skills laboratories and clinical facilities on different days. The instrument was pre-tested with one clinical supervisor to ensure that the questions were clear. The findings from the pre-test were excluded from the study. Changes were made where necessary in consultation with the researcher's supervisor.

3.5.7 Data collection process

Permission to conduct the study at this higher education institution was requested from the Registrar of the university (see appendix B). Data collection using the semi-structured interviews was conducted by the researcher. The researcher collected the data which enabled her to obtain insight into the perceptions, the practice and learning needs of the participants. As an employee at the university where this study was conducted, the researcher had access to the contact details of the clinical supervisors. Arrangements were made to meet the clinical supervisors after their skills lab sessions at the three skills laboratories used by the school. Detailed information about the study was given to the participants in the form of printed copies of the information sheet (see appendix C). Written consent was obtained from the participants after a thorough explanation was provided on the purpose of the study (see appendix D). Participants were reminded that participation were voluntarily and that they were allowed to withdraw from the study at any stage without any negative consequence.

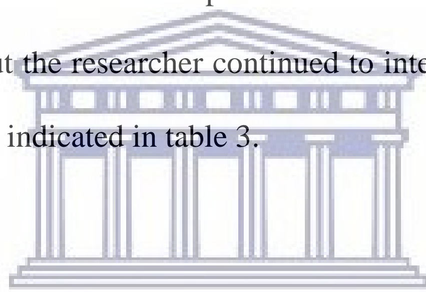
UNIVERSITY of the
WESTERN CAPE

Appropriate appointments were then scheduled for the interviews according to the availability of the clinical supervisors. A reminder of the interview date, venue and time was communicated to participants a day prior to the interview via sms, email, or telephonically. Before the first interview was conducted the researcher had a practice interview with the research supervisor, to ensure that the interviewing skills were adequate. Interviews were conducted at the SoN at the university where the study was conducted, in a non-threating, private and what was considered to be a quiet environment (LoBiondo-Wood & Haber, 2010). However, despite preparation for a quiet environment such as placing a notice on the door indicating that an

http://etd.uwc.ac.za/

interview was in progress, the researcher still experienced disturbances and relocated venues, when necessary, to limit noise and disturbances. During the interviews, the researcher could clarify issues for the participants in order to obtain more detailed information from participants.

Audio recordings of the discussions between the researcher and the participants were made with the participants' permission. The use of an audio recorder allowed for a more complete record than would with notetaking during the interview (De Vos et al., 2011); and allowed the researcher to concentrate on the facilitation of the interview and to guide the direction of the discussion. The recordings were assigned a different code for each interview, to maintain anonymity. The interviews were conducted between February and April 2018. Each interview took approximately 30 to 45 minutes to complete. Data saturation was achieved after nine interviews were conducted, but the researcher continued to interview the clinical supervisors from each of the year levels as indicated in table 3.


UNIVERSITY of the
WESTERN CAPE

3.6 Trustworthiness in qualitative research

Trustworthiness refers to the employment of procedures to ensure accuracy of findings in qualitative research (Brink, Van der Walt & Van Rensburg, 2012. Burns and Grove (2011) furthermore emphasise that the researcher should be non-judgmental and not allow personal bias to interfere with the study. Trustworthiness, which entails credibility, dependability, conformability and transferability, was applied as follows:

3.6.1 Credibility

According to Polit and Beck (2012), credibility refers to confidence in the truth of the data and the interpretations thereof. It involves establishing whether the results of the research are believable. The accuracy of the findings was verified by participants and the supervisor of the study. In this study, the researcher ensured credibility by audiotaping the interviews, which

http://etd.uwc.ac.za/

were transcribed verbatim by a professional Independent Language Specialist. The transcriptions were returned to the participants to confirm the accuracy of the transcribed data (LoBiondo-Wood & Haber, 2010).

3.6.2 Dependability

According to Lincoln and Guba (1985) in Brink, Van der Walt & Van Rensburg (2012), it is advisable to do an audit trail whereby the procedure and process used by the researcher are followed and documented to confirm their acceptability. Relevant documents, data and coding were reviewed by the supervisor to confirm the accuracy of the findings. The researcher pre-tested the data collection tool on one clinical supervisor under the supervision of her supervisor to ensure that the questions were clear. The findings from the pre-test were not included in the study.

3.6.3 Confirmability

This refers to the degree to which others could confirm the results. It ensures that the findings, conclusions and recommendations are supported by the data and that there is internal agreement between the researcher's interpretation and the actual evidence ((Brink, Van der Walt & Van Rensburg, 2012). These interpretations were confirmed by the researcher's supervisor. To ensured objectivity, actual quotes of what the participants shared were included in the findings, as were confirmed in the transcripts by the participants, to ensure accurate interpretation and reflection of information and to prevent any form of bias.

UNIVERSITY of the
WESTERN CAPE

3.6.4 Transferability

Qualitative research cannot be generalised. However, according to Lincoln and Guba (1985) in Brink, Van der Walt & Van Rensburg (2012), transferability to another setting will be possible by providing the reader with a thick description of the research study and what it

http://etd.uwc.ac.za/

entailed, including the setting in which the research was conducted. Findings of this study might be experienced differently by another subjects in another research setting.

3.6.5 Reflexivity

The concept of reflexivity refers to a researcher who is conscious of the role that his/her identification or dis-identification with subjects might play in the research process (Blanche, Durrheim & Painter, 2014). As the researcher, a lecturer, was previously employed as a clinical supervisor at the same school where the research was conducted, all the participants were known to her. The researcher focussed on the aim and objectives of the study by maintaining a professional relationship with the participants. In this study the researcher remained aware of, and prevented any biases, values and experiences to influence the qualitative research study by taking reflexive notes after each interview to enable the researcher to reflect on possible areas of biasness. The researcher furthermore remained outside of the subject matter by clarifying questions when some of the participants assumed the researcher should know what they meant (Creswell, 2013).

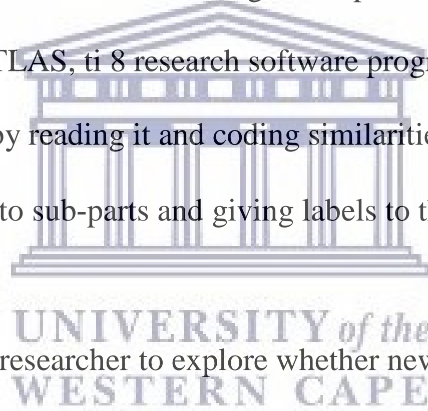
3.7 Data analysis

The researcher made use of content analysis for analysing and interpreting the data in order to give meaning to them. Content analysis is a systematic approach which is an inductive and iterative process where researchers look for similarities and differences in text that would corroborate or disconfirm theory (Maree, 2012). According to Creswell (2013), the process of data analysis in qualitative research involves organising the data, conducting a preliminary read-through of the data, coding and organising themes, representing the data, and forming an interpretation of them. Since content analysis involves coding and classifying data it is also referred to as categorising of data. The researcher recruited the services of a professional

http://etd.uwc.ac.za/

Independent Language Specialist to transcribe the interviews word for word and uncertainties in the transcripts were clarified with the researcher and participants. After training on qualitative data analysis, the researcher was able to conduct the data analysis with the help of the supervisor. The researcher used the following steps to interpret and understand the raw data.

- The researcher first listened to all the audio recordings of the interviews to familiarise herself with the content.
- All the transcribed interviews were then read through thoroughly.
- The first analysis was done in consultation with the supervisor and enabled the researcher to further gain an understanding of the process.
- With the use of the ATLAS, ti 8 research software programme, the researcher became immersed in the data by reading it and coding similarities in text into "themes".
- Breaking text down into sub-parts and giving labels to that part of the text, also called "categories".
- This was done for the researcher to explore whether new categories and themes might emerge from the data.
- These labels enabled the researcher to begin to identify patterns in the data, because sections of text that were coded the same way were compared for similarities and differences (Burns & Grove, 2011).
- The results were presented in such a way that enabled the reader to understand the interpretations. Data analysis was done in consultation with the researcher's supervisor to enhance the trustworthiness of the study.


UNIVERSITY of the
WESTERN CAPE

http://etd.uwc.ac.za/

3.8 Ethics

Research ethics govern the standards of conduct for researchers. It is important to adhere to ethical principles in order to protect the dignity, rights and welfare of participants in a study (WHO, 2017). Before this research study commenced, the proposal was presented to a review committee at the SoN and was recommended for submission to the Higher Degrees Committee of the university. Ethics approval was obtained from the Research Ethics Committee at a university in the Western Cape with reference number HS17/10/22 (see appendix E).

3.8.1 Informed consent

According to Brink, Van der Walt & Van Rensburg (2012), informed consent means that the researcher must provide participants with adequate information regarding the research, ensuring that participants are capable of comprehending the information, and that they have the power of free choice which will enable them to consent voluntarily to participate in the research or decline participation. Informed consent is described in ethical codes and regulations for human subjects' research with the aim of providing sufficient information to a potential participant in a language which is easily understood in order for the participant to make a voluntary decision whether or not to participate in the research study (Lokesh et.al. 2013). Participants in this study were given adequate information regarding the purpose of the study in written format and the researcher verbally clarified any uncertainties. The results of the study and potential contribution that the results could have on human resources was also explained to the participants. Voluntary consent was obtained when the participants demonstrated a clear understanding of the information provided to them.

UNIVERSITY of the
WESTERN CAPE

http://etd.uwc.ac.za/

3.8.2 Voluntary participation

The researcher assured the clinical supervisors that they can exercise their free will in deciding whether to participate in the research study or not; and that they would not be exposed to any form of coercion.

3.8.3 Confidentiality and anonymity

Participants were assured of anonymity and that the information shared during the study would be kept confidential. To ensure confidentiality, all audio recordings, transcripts and all written notes pertaining to this research study were locked in a cupboard for the duration of the study and will be securely stored for five years. Participants were assured that no names would be disclosed throughout the interviews and that only the researcher and the supervisor would have access to obtained information. The files of the recordings were password protected and only the researcher and supervisor have access to them. The audio recordings were marked with a code instead of the names of participants and only the researcher could link the code to the identity of the participants. The researcher further ensured anonymity by removing all identifiable information from the transcripts.

UNIVERSITY of the
WESTERN CAPE

3.8.4 Risks

The researcher informed the participants that talking about themselves or others may carry some degree of risk. Information shared during the interviews could affect the participants, therefore the researcher reassured them that should they need assistance a suitable professional would be available.

3.9 Summary

This chapter provides an explanation of the design and methods that were used to answer the research question under investigation. A qualitative approach utilising an exploratory

http://etd.uwc.ac.za/

descriptive design was employed to explore the perceptions of clinical supervisors regarding their preparedness for clinical teaching. It described the setting in which the research was undertaken, the population used to obtain the data as well as the data collection and analysis processes. The research findings and discussion are presented in chapter four.

http://etd.uwc.ac.za/

CHAPTER FOUR

FINDINGS AND DISCUSSION

4.1 Introduction

This chapter presents the findings generated from 12 interviews with clinical supervisors who facilitate clinical teaching in an undergraduate nursing programme. The findings are discussed in the context of existing literature on the phenomenon and is used as a control. This study sought to explore the perceptions of clinical supervisors regarding their preparedness for the role of clinical teaching, and to identify their learning needs to enhance their competence in clinical teaching. The objectives were to explore and describe the perceptions of clinical supervisors regarding their preparedness for clinical teaching; the practice of clinical supervisors in relation to clinical teaching; and the learning needs of clinical supervisors for clinical teaching at a university in the Western Cape.

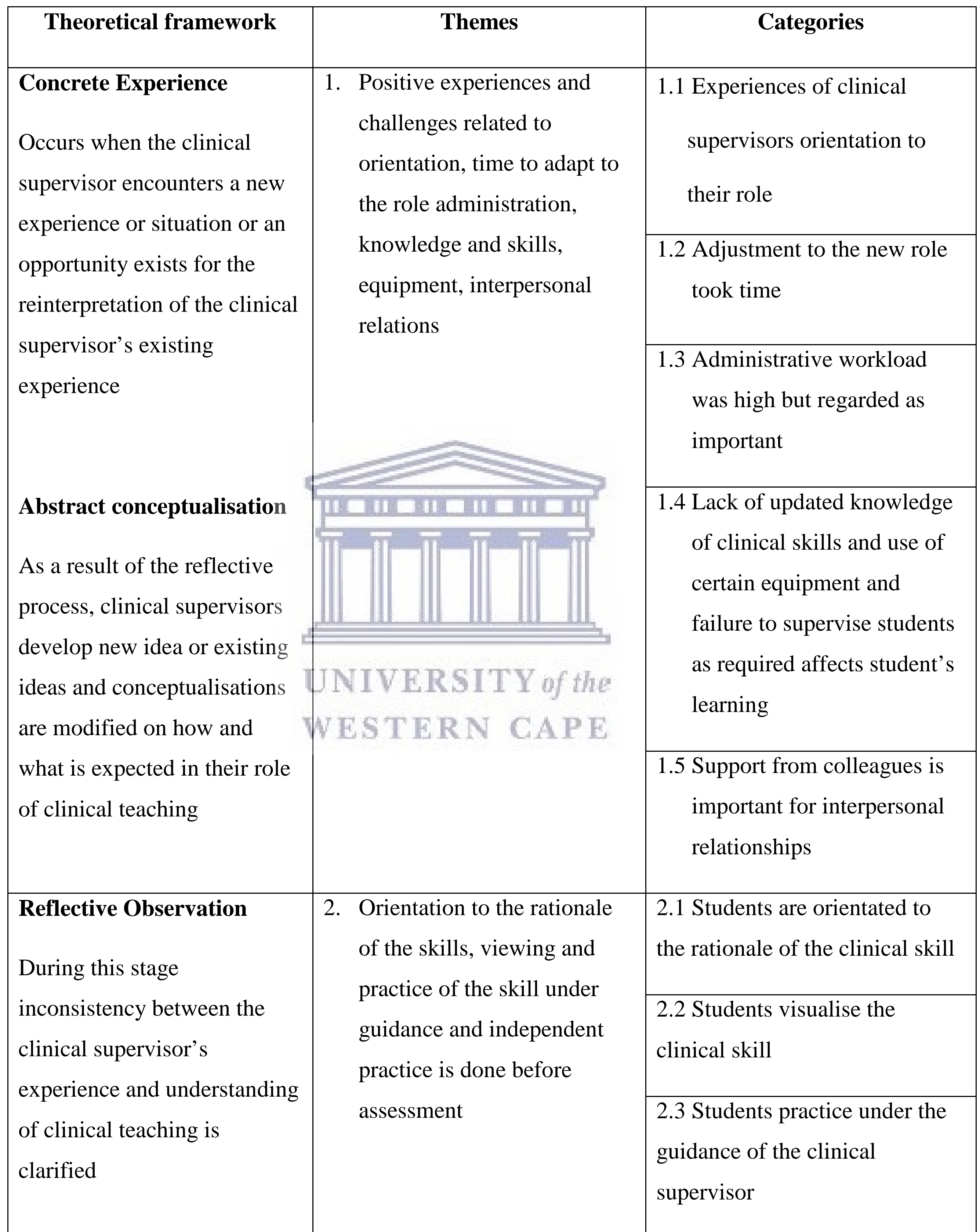
The aim of analysing data was to obtain usable and useful information as well as to attach meaning to them (Brink, Van der Walt & Van Rensburg, 2012). Data analysis was done in consultation with the researcher's supervisor to ensure credibility. Analysis of the data using ATLAS, ti 8 research software programme generated four themes and 18 categories as presented in Table 4.

Each of the themes and their related categories are discussed in detail in this chapter and are aligned to the study's theoretical framework.

UNIVERSITY of the
WESTERN CAPE

http://etd.uwc.ac.za/

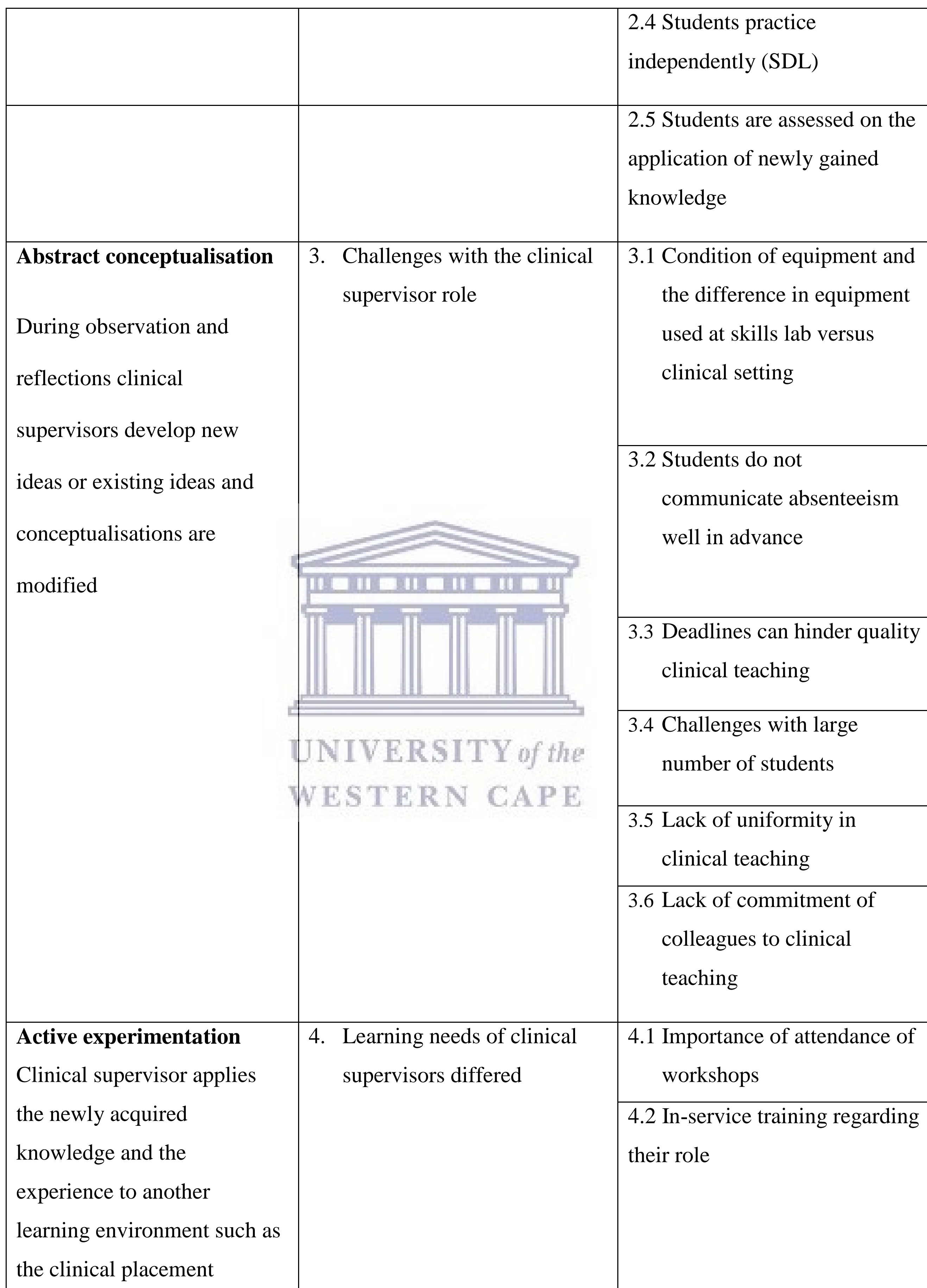
Table 4: Theoretical Framework, Themes and Categories related to the interviews with clinical supervisors



Theoretical framework	Themes	Categories
Concrete Experience Occurs when the clinical supervisor encounters a new experience or situation or an opportunity exists for the reinterpretation of the clinical supervisor's existing experience	1. Positive experiences and challenges related to orientation, time to adapt to the role administration, knowledge and skills, equipment, interpersonal relations	1.1 Experiences of clinical supervisors orientation to their role
		1.2 Adjustment to the new role took time
		1.3 Administrative workload was high but regarded as important
Abstract conceptualisation As a result of the reflective process, clinical supervisors develop new idea or existing ideas and conceptualisations are modified on how and what is expected in their role of clinical teaching		1.4 Lack of updated knowledge of clinical skills and use of certain equipment and failure to supervise students as required affects student's learning
		1.5 Support from colleagues is important for interpersonal relationships
Reflective Observation During this stage inconsistency between the clinical supervisor's experience and understanding of clinical teaching is clarified	2. Orientation to the rationale of the skills, viewing and practice of the skill under guidance and independent practice is done before assessment	2.1 Students are orientated to the rationale of the clinical skill
		2.2 Students visualise the clinical skill
		2.3 Students practice under the guidance of the clinical supervisor

UNIVERSITY of the
WESTERN CAPE

http://etd.uwc.ac.za/


UNIVERSITY of the
WESTERN CAPE

		2.4 Students practice independently (SDL)
		2.5 Students are assessed on the application of newly gained knowledge
Abstract conceptualisation During observation and reflections clinical supervisors develop new ideas or existing ideas and conceptualisations are modified	3. Challenges with the clinical supervisor role	3.1 Condition of equipment and the difference in equipment used at skills lab versus clinical setting
		3.2 Students do not communicate absenteeism well in advance
		3.3 Deadlines can hinder quality clinical teaching
		3.4 Challenges with large number of students
		3.5 Lack of uniformity in clinical teaching
		3.6 Lack of commitment of colleagues to clinical teaching
Active experimentation Clinical supervisor applies the newly acquired knowledge and the experience to another learning environment such as the clinical placement	4. Learning needs of clinical supervisors differed	4.1 Importance of attendance of workshops
		4.2 In-service training regarding their role

http://etd.uwc.ac.za/

Clinical supervisors should revisit the experience with a more acute awareness		

4.2 Discussion of findings

The semi-structured interviews with clinical supervisors generated four themes and 18 categories as presented in table 4. The findings of the study are presented against the Kolb Experiential Learning framework as discussed in Chapter two.

4.2.1 Theme 1: Positive experiences and challenges related to orientation, time to adapt to the role administration, knowledge and skills, equipment, interpersonal relations

There are five categories related to theme one. The findings indicate that clinical supervisors valued interpersonal relations and the importance of their administrative role. However, they required time to adapt to their role and improve their knowledge and skills despite having a positive experience of the orientation.

UNIVERSITY of the
WESTERN CAPE

4.2.1.1 Category 1: Experiences of clinical supervisors orientation to their role

Participants reported that they began their new role with orientation conducted by the clinical supervisor coordinator. They were of the opinion that their orientation was good and that they were well prepared for their role as clinical supervisors. One participant remarked:

> *P1: "So my orientation at the university was good because there were no students and we could go through quite a few of the things"*

http://etd.uwc.ac.za/

The institution must ensure that newly appointed clinical supervisors have the necessary preparation and develop skills to effectively execute their duties in clinical teaching. This is supported by Xaba (2015), who asserts that induction and orientation of staff is crucial in all organisations for the best staff performance.

Clinical teaching orientation also included how to respond to students' questions. One of the participants remarked:

> *P3: "I learnt how to respond to students if they ask questions…"*

At the end of the orientation, clinical supervisors understood their role regarding clinical teaching as highlighted by one of the participants:

> *P10: "So we knew the outcomes for the students and we knew what was expected, and I knew what was expected of me as a clinical supervisor*."

The orientation was beneficial to clinical supervisors to help them align their planning around the learning outcomes related to the programme that students are required to meet. This assisted them to perform their clinical teaching role in the clinical learning environment (CLE).

UNIVERSITY of the
WESTERN CAPE

4.2.1.2 Category 2: Adjustment to the new role took time

Participants were divided with regard to their adjustment to their new role. Some felt unprepared for their role as clinical supervisors while others felt they were well prepared. A participant who felt unprepared said:

> *P2: "... I would say I was not prepared at all. I first had to find myself, be comfortable in the new environment that I am currently…* "

This confirms the importance of role orientation and the need for time to adjust to the new role.

http://etd.uwc.ac.za/

Clinical supervisors are to be good educators, as well as excellent clinicians. They often draw on their individual, personal and professional experiences to guide their teaching to meet the demands of both the clinical and academic contexts in which they work. This sometimes makes the adjustment easier, as expressed by one of the participants:

> *P9: "I was ready and when I got into the environment, then yes, I did realise, that yes of course, I was ready and with the experience that I have gained over the years and what I have learnt as well over the years and yes I found myself that I was ready."*

Adjustment to the new role also meant that clinical supervisors have to overcome their fear of public speaking and shyness, as expressed by one participant:

> *P7: "Challenging a bit at first was standing in front of a crowd and, how can I say, teaching them, and at the same time there are certain things that I must be prepared as well"*

UNIVERSITY of the
WESTERN CAPE

Being qualified as a professional nurse does not necessarily equate with being adept in performing clinical teaching. When clinical supervisors initially step into their new role, they tend to experience anxiety and tension, and may believe that they are not prepared to be clinical supervisors. These feelings have been highlighted in many studies and are viewed as an international phenomenon (Cangelosi, Crocker & Sorrell, 2009; Fulvio, Stichler & Gallo, 2015; Magerman, 2016).

http://etd.uwc.ac.za/

4.2.1.3 Category 3: Administrative workload was high but regarded as important

One participant expressed the following concerns about what was expected of her regarding the completion of administrative tasks such as recording her movements during the week and the submission of evidence of clinical teaching performed during the week:

> *P5: "Coming to the administrative role, it was so hectic because at the end of the week they expect you to send an email where were you from Monday to Friday, what students did you see from Monday to Friday, what did you do with your students from Monday to Friday*."

Another participant raised the opinion that administrative tasks, as part of the role of clinical supervisor, were time consuming and stated:

> *P8: "Sorry for laughing but I think you get so tired of writing all the time I think there's so much time going into writing the reports."*

For some participants, the completion of administrative tasks came as a surprise, but they recognised its importance as one participant stated:

UNIVERSITY of the
WESTERN CAPE

> *P9: "No-one told me there was such admin (laughs) You know you get it and you realise that it is a lot of writing that needs to happen but I can't do without this writing. It is important*"

According to the SANC (Act 33 of 2005), students registered in the R425 (Regulation, No. R425 of 22 February 1985, as amended), nursing programme must complete a total of 4000 clinical learning hours during the four-year programme and must meet specific clinical learning outcomes. This requires close monitoring and recordkeeping by clinical supervisors and administrators working in the programme. It is also expected of clinical supervisors to monitor and report absenteeism of students in simulation and clinical practice to administrative staff of

http://etd.uwc.ac.za/

the School of Nursing (SoN) as stipulated by Julie (2017). Monitoring and recordkeeping assist in tracking students at risk of not meeting the requirement of the SANC and facilitates timeous implementation of remedial action.

4.2.1.4 Category 4: Lack of updated knowledge of clinical skills and use of certain equipment and failure to supervise students as required affects students' learning

Participants were concerned about limited knowledge about certain equipment as mentioned by one participant:

> *P1: "Well, if a supervisor doesn't know what equipment is used at the hospitals, for example, with the new underwater drainage, you can't teach your students the way that the hospital is doing it because you don't have the knowledge yourself."*

The results revealed that it is important for clinical supervisors to keep up to date with their knowledge of the latest developments and equipment used in clinical practice.

UNIVERSITY of the
WESTERN CAPE

The finding was supported in a study by Dale, Leland and Dale (2013), where the following aspects from a student's point of view regarding the preparedness and expectations of clinical supervisors were identified. Some clinical supervisors exhibited a lack of information and preparedness before starting clinical teaching, while others were hampered by not being updated about the curriculum or relevant documentation. In addition, students expressed feelings of frustrations about clinical supervisors' motivation and attitudes and their lack of interest in updating their own knowledge and how they became defensive if their skills were challenged.

http://etd.uwc.ac.za/

One participant was concerned about teaching outdated information to students and the potential danger for the patient, as alluded in the following statement:

> *P2: "Then we teach outdated information. So the student goes out with the wrong information and it can be a hazard to the patient"*

It is crucial for students to be trained as effectively as possible in real-life situations like the clinical learning environment (CLE). Clinical supervisors are therefore required to be well informed and committed to continuing education in order to incorporate relevant and up-to-date theory into practice using the latest developments and equipment at facilities. Nursing education cannot overemphasise the need for the integration of theory and clinical practice.

The demonstration of clinical competence is integral to clinical learning and is a vital component in the training of nursing students (Bruce & Klopper, 2017), meaning that there is a significant clinical requirement for the students. Therefore, the clinical learning environment (CLE) and efficient clinical facilitation are essential elements in clinical teaching and have a considerable impact on students' learning.

UNIVERSITY of the
WESTERN CAPE

One participant reported that failure to supervise students as required affects students' learning and stated:

> *P5: "…say for instance they have a cut-off date… they haven't been prepared for assessments. Now they are in a rush and they become very tense"*

In a study done by Papathanasiou, Tsaras and Sarafis (2014), in Greece about views and perceptions of nursing students on their clinical learning environment, the authors stated that when supervision is consistent but gradual, students develop confidence and independence with regard to clinical skills. Inadequately prepared clinical supervisors can have a detrimental effect on the delivery of the nursing programme that may include non-supervision of students, poor

http://etd.uwc.ac.za/

clinical teaching and inadequate integration of theory and clinical competencies, which ultimately leads to poorly trained nursing students. From the above quotation of a participant in this study, it is evident that inconsistency and failure to attend to students' clinical learning needs can have a negative impact on their competence and consequently on patient care.

4.2.1.5 Category 5: Support from colleagues is important for interpersonal relationships

Initial preparation and support from fellow colleagues for clinical teaching could result in positive working relationships between the participants as stated by one participant:

> *P8: "Because I think I learnt a lot during that process because the support was good; the guidance was good. And I was buddied with somebody in the skills lab"*

Bruce and Klopper (2017) emphasise that appropriate interpersonal skills such as communication, trust-building and conflict resolution enhance cohesion and productivity.

UNIVERSITY of the
WESTERN CAPE

Work satisfaction was found to influence effective clinical teaching, which is in line with the results of a study which found that teaching efficacy is influenced by a peer support system, sufficient educational resources, and the type of educational institution (Kim & Shin, 2017).

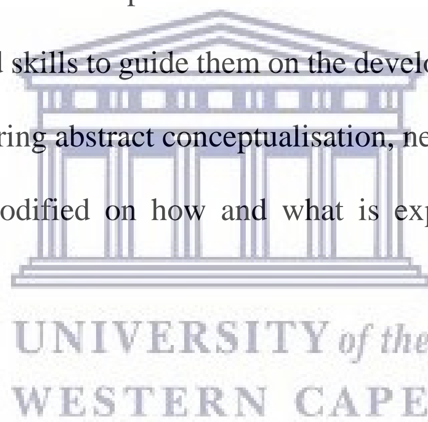
During the interviews, the researcher observed the participants' appreciation for the support and guidance received from fellow colleagues when they started the role as clinical supervisor.

Participants were also of the opinion that not all colleagues were supportive and wanted fellow colleagues to make mistakes. Interpersonal relationships are characterised by attitude factors which did not gain the approval of the following participant. When referring to this conversation, the researcher established whether the attitudes of colleagues perhaps negatively influenced the participant's behaviour towards the students and the response was as follows:

http://etd.uwc.ac.za/

P5: "It never affected my teaching with the student. It only affected my personal relationships and feeling free with colleagues"

According to the Kolb experiential leaning cycle the clinical supervisor experiences relate to them having had opportunity for both a concrete experience and abstract conceptualisation of what their new role in clinical teaching entails, what is expected of them and the how to perform certain skills in the new role as clinical supervisor. Clinical supervisors receive detailed information on administrative tasks and the expectations of their role as clinical teachers. The application of the stages of concrete experience and abstract conceptualisation in the Kolb theory relates to clinical supervisors' previous experience in the education environment or the care of patients in a hospital or clinic. Supervisors use an interactive process which encourages the use of prior knowledge and skills to guide them on the development of new knowledge and skills for clinical teaching. During abstract conceptualisation, new ideas arise or existing ideas and conceptualisations are modified on how and what is expected in the role of clinical teaching.


UNIVERSITY of the
WESTERN CAPE

4.2.2 Theme 2: Orientation to the rationale of the skills, viewing and practice of the skill under guidance and independent practice is done before assessment.

Theme two generated five categories which are related to five phases or steps in the skills lab methodology employed by the SoN that participated in this research.

4.2.2.1 Category 1: Students are orientated to the rationale of the clinical skill

One participant stated that she prepares students by preceding each clinical session with clear explanations of the rationale of each clinical procedure and gradually introduces additional information needed regarding the new skills.

http://etd.uwc.ac.za/

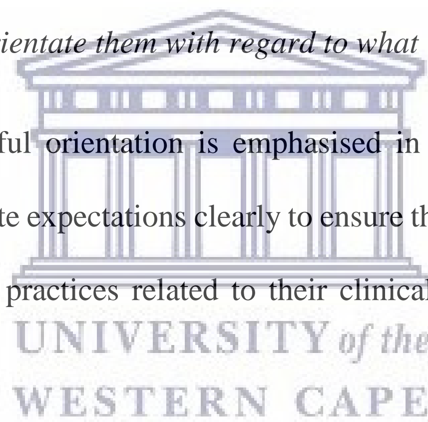
P7: "I would start first with the explaining to them the rationale of the procedure and then break it off from there ..."

Jansen (2014) highlighted that a detailed introduction during orientation could significantly prevent problems from occurring in the learning environment. In order to achieve the objectives of a clinical learning situation or any simulated activity, objectives must be clearly formulated before every session and learners need to express an understanding of the situation or activity (Edgecombe et al., 2013; Jansen, 2014).

Another participant mentioned that students gets the opportunity to gain insight into what is expected of them during skills lab attendance.

P10: "So we orientate them with regard to what is expected."

The importance of a successful orientation is emphasised in literature which stresses that facilitators should communicate expectations clearly to ensure that learners understand and are familiar with procedures and practices related to their clinical learning (Ali, 2012; Jansen, 2014; Jeggels et al., 2010).


UNIVERSITY of the
WESTERN CAPE

4.2.2.2 Category 2: Students visualise the clinical skill

Participants stated that they allow students to visualise a new skill through observation of the skill being performed by the clinical supervisors on available mannequins or simulated patients. This enhances the new experience for students. One participant stated:

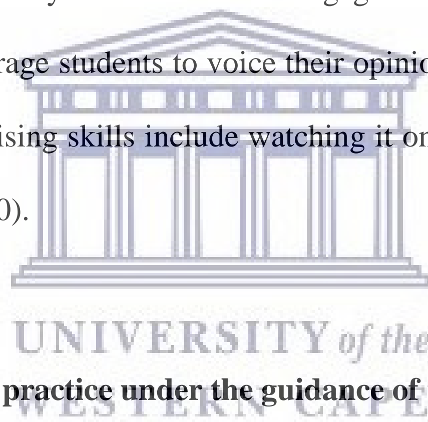
P7: "…then I show them practically also on the mannequin what they need to look for if the mother must lie on the side - in what position, practically I show them what to assess for"

http://etd.uwc.ac.za/

Facilitators or clinical supervisors should, however, realise that observation is a scaffolding process in the attainment of a skill and that as learners' progress, they will be directed to the critical elements of a skill which includes the integration of theory and practice (Grierson et al., 2012). In this regard, literature suggests that the visualisation of skills allows students to see the bigger picture of the skills without being distracted by additional theoretical information (Jeggels et al., 2010). The SLM used in the SoN allows for such scaffolding of learning as one participant reported:

> *P8: "So there are skills that they need to just watch. And there are skills that you can interact..."*

Participants also indicated that they allow students to engage in visualisation of a skill after the orientation process and encourage students to voice their opinions after they have viewed the skill. Other methods of visualising skills include watching it on DVDs, video recordings and CD ROMs (Jeggels et al., 2010).


UNIVERSITY of the
WESTERN CAPE

4.2.2.3 Category 3: Students practice under the guidance of the clinical supervisor

Participants reported that they allow students to practice while they monitor how students apply the newly gained knowledge. One participant remarked:

> *P2: "You will teach the student and then you will tell the student come and show me what you have been taught."*

Another participant said:

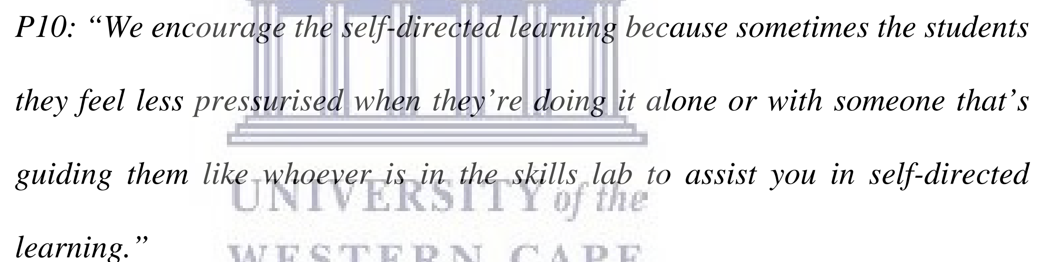
> *P4: "We do have guided practices where the student can practice but before assessment even in a real setting in hospital we allow the student guided practice before we really assess"*

http://etd.uwc.ac.za/

The guided practice can be done in the presence of a group of students and the clinical supervisor or one on one between student and clinical supervisor. According to Gosselin (2013), effectiveness of simulation practices increased with the decreasing levels of anxiety. In light of this, it is evident that clinical supervisors believe that continuous guided practice will decrease student anxiety and improve clinical performance. This is especially important before the students performs the skill in the real-life setting.

4.2.2.4 Category 4: Students practice independently

Participants indicated that they encourage students to attend self-directed learning (SDL) to enhance their confidence in clinical placement and reduce feelings of anxiety and pressure. One participant stated:


UNIVERSITY of the
WESTERN CAPE

> *P10: "We encourage the self-directed learning because sometimes the students they feel less pressurised when they're doing it alone or with someone that's guiding them like whoever is in the skills lab to assist you in self-directed learning."*

Another participant mentioned that prior to assessment, students are referred to SDL which is a safe environment for the practice of clinical skills prior to their real-life application during formal assessment:

> *P3: "That student needs to continue with the formal assessment because we have done guided practice and that student is referred to self-directed learning"*

During SDL students have a variety of options to practice independently. They are encouraged to do self-assessment during these practice sessions which can either be with peers, a scheduled encounter with a simulated patient, or the viewing of a videotape (Jeggels et al., 2010). SDL

http://etd.uwc.ac.za/

provides students with a relatively unlimited amount of practice opportunities. In addition to the options suggested by the aforementioned authors, students may consult with an available skills laboratory co-coordinator should they have any questions of challenges.

4.2.2.5 Category 5: Students are assessed on the application of newly gained knowledge

One participant mentioned that students are assessed to establish whether learning was successful and if the desired learning outcomes were achieved.

> *P9: "Whereas when it comes to the assessment I need to see what the student understands and it is all the student's effort."*

Another participant said*:*

> *P6: "You started the education, the teaching first. So that the student and then you go with all that until the assessment of the students."*

UNIVERSITY of the
WESTERN CAPE

A clinical supervisor's role is to assess the nursing student's knowledge and skills required within nursing care. This can be done either as a formative assessment, where students are given feedback and supportive accompaniment, or a summative assessment that evaluates the product or outcome of learning (Meyer & Van Niekerk, 2008).

In a study conducted in Sweden, about assessments of nursing students in clinical practice, the author stated that clinical supervisors were positive about the opportunity to assess a student "on his/her way towards achieving the learning goals" as it was felt too definite to pass or fail a student during the half way assessment dialogue. This assessment was of great advantage for the clinical supervisor and student to weigh in what areas of development needed to be focused on during the remaining placement period (Baumgartner, 2017).

http://etd.uwc.ac.za/

The application of the reflective observation stage is to clarify any inconsistency between the clinical supervisor's experience and understanding of clinical teaching. During orientation clinical demonstration of new skills and procedures are done, according to the expectations of the university where this study was conducted. Clinical supervisors gets the opportunity to clarify uncertainties, to revisit the side and reflect on previous and exciting ideas. They also have the opportunity to practice the newly observed skills under supervision of peers and/or the clinical supervisor coordinator. Throughout this process, the supervisor is exposed to new information, which must be presented in an organised and logical manner in order to empower the clinical supervisor in development of advanced critical thinking skills and effective reflective principles in preparation for clinical teaching.

UNIVERSITY of the
WESTERN CAPE

4.2.3 Theme 3: Challenges with the clinical supervisor role.

The six categories related to theme three relate to the challenges that clinical supervisors face during clinical teaching and are derived from human relationships, students' issues and equipment in clinical teaching areas such as skills lab and clinical placement.

4.2.3.1 Category 1: Condition of equipment and the difference in equipment used at skills lab versus clinical setting

The lack of maintenance of teaching equipment and the use of outdated teaching materials were mentioned by one participant as a stumbling block in executing quality clinical teaching:

> *P10: "Equipment was also sometimes not outdated, but some of the equipment didn't work in the skills lab so it was a challenge there."*

http://etd.uwc.ac.za/

Another concern raised was that the clinical teaching model or framework used by the education institution is often not aligned to clinical practice activities and vice versa. This is challenging for students when the expectations of the clinical supervisors and professional nurses in practice differs based on the latest trends and developments in nursing care being applied in the clinical learning environment. One participant stated:

> *P1: "…the other aspect is when new equipment is used in the hospital but the skills lab at the university doesn't have the new equipment that you can teach them the new equipment procedures."*

The findings of this study have shown that lack of up–to-date resources in the clinical skills laboratory stifles the clinical teaching and learning process because clinical supervisors are unable to teach students on the latest equipment used in the facilities. This potentially affects the student's performance when in clinical practice. This is confirmed by a study conducted in Malawi about factors affecting acquisition of psychomotor clinical skills by student nurses, the authors (Mwale & Kalawa, 2016) mentioned, among other factors, that a shortage of materials can influence the ability to acquire clinical skills.

UNIVERSITY of the
WESTERN CAPE

4.2.3.2 Category 2: Students do not communicate absenteeism well in advance

Participants were of the opinion that absenteeism of students, when booked for assessments and other clinical procedures, can be seen as a challenge. One participant said:

> *P1: "My challenges would be when students do not communicate when they would not be at a facility when a procedure has been booked for or an assessment has been booked."*

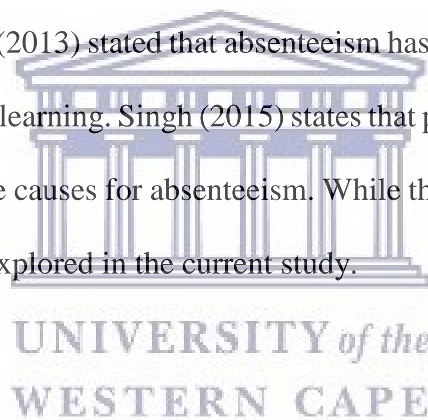
http://etd.uwc.ac.za/

In a study at a KwaZulu-Natal Nursing College, about causes and effects of student nurses' absenteeism, one of the factors identified for absenteeism of students related to assessments. The findings revealed that students who were absent did not perform well in clinical assessments (Singh, 2015).

Another participant reported on the attitudes of students and the waste of much needed human resources.

> *P5: "Some not respecting you and some not even communicating when they're not coming and probably you have booked an assessment and you drive all the way and the student doesn't pitch up."*

Desalegn, Berhan and Berhan (2013) stated that absenteeism has been shown to be an indicator of low levels of motivation for learning. Singh (2015) states that poor relationships with clinical supervisors could be one of the causes for absenteeism. While this may be true, the reasons for student absenteeism was not explored in the current study.


UNIVERSITY of the
WESTERN CAPE

4.2.3.3 Category 3: Deadlines can hinder quality clinical teaching

Participants indicated that assessment deadlines and projected assessment due dates for students can have an effect on the quality of the clinical learning. One of the participants stated:

> *P8: "You see the thing is you don't have time to spend at the bedside with a patient with a student because you need to get guided practices done and you need to get assessments done."*

Henderson and Tyler (2011) have shown that learning is maximised when facilitators are flexible with their availability when 'teachable moments' arise during accompaniment of students. However, one participant stated:

http://etd.uwc.ac.za/

P4: "Because you are so concerned about the due date…when a patient eventually arrives at the trauma unit that is applicable to neuro obs [observations] *you will end up not being able to complete the procedure."*

A counterargument, however, could be that while the clinical supervisor and the students wait for an appropriate patient situation or learning opportunity for assessment, they should make use of the time by engaging in other teachable moments that arise.

Another challenge highlighted in literature is the shifting role of the clinical supervisor from a clinical educator to a liaison person working between educational institution and various health care institutions according to assigned placements (Saarikoski et al., 2013; Sweet & Broadbent, 2017). It is therefore not surprising that the availability of clinical supervisors for completion of skills and bedside teaching has become an issue of concern.

4.2.3.4 Category 4: Challenges with large number of students

UNIVERSITY of the

One participant voiced dissatisfaction with the large number of students in the skills laboratory and in clinical placement:

WESTERN CAPE

P2: "In the facilities you will have three or four. In the clinical setting I would have 24 students at the same time"

With clarification it was confirmed that the clinical supervisor referred to having an allocation of 24 students at any given time. Literature highlights that supervising large numbers of students can be seen as a challenge. Eta, Atanga, Atshili and D'Cruz (2011), identified that nurses and clinical educators were dissatisfied by not meeting their objectives, such as preparing nursing students for clinical practice, due to the challenges of high workloads.

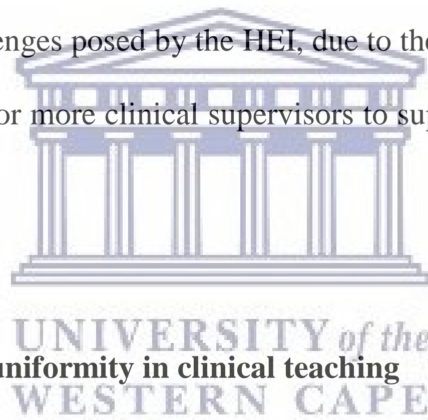
http://etd.uwc.ac.za/

Large numbers of students assigned to clinical supervisors can have a negative impact on the quality and competence of graduates produced, as revealed in a study done in the Western Cape by Fakude, Le Roux, Daniels and Scheepers (2014).

Another participant reported that despite the psychophysiological effect of large numbers of students, she has to persevere in her role as clinical supervisor and stated:

> *P6: "You become so-so drained out but because there is no other way that it is going to happen because you have got large numbers that are too much for one person"*

This was acknowledged by Bimray, Le Roux and Fakude (2013), who suggested in a study in which they explored the challenges posed by the HEI, due to the increased number of nursing students, that there is a need for more clinical supervisors to supervise students at the clinical learning sites.


UNIVERSITY of the
WESTERN CAPE

4.2.3.5 Category 5: Lack of uniformity in clinical teaching

The findings participants identified were the need for meetings to establish guidelines for all clinical supervisors to follow in the clinical learning environment as one of the participants stated:

> *P3: "I think if we can have regular meetings for all the clinical supervisors to be on the same page when it comes to assessments and skills that we teach the students"*

Irregularities in teaching clinical skills and not following the prescribed guidelines to meet the student's outcomes can have a detrimental effect on students' learning and patient care.

http://etd.uwc.ac.za/

P6: "Sometimes the students have been taught something by someone else and it is not what is in the book. "

The clinical supervisors' role in under-graduate nursing education is complex and multifaceted and the importance of their role cannot be over-emphasised. Undergraduate nursing students identify clinical supervisors as key to their learning in the clinical setting. However, supervisors often feel unprepared to serve in this role (McClure & Black, 2013; Glynn et al., 2017).

4.2.3.6 Category 6: Lack of commitment of colleagues to clinical teaching

One participant reported on the negative impact of colleagues who are not committed to clinical teaching.

P5: "It actually affects me negatively because sometimes I feel like you're doing your work and somebody is not doing hers"

UNIVERSITY of the
WESTERN CAPE

A study conducted in Australia, by Sweet and Broadbent (2017), highlights the commitment required by clinical facilitators and reported on students' views that clinical facilitators needed to be better prepared with knowledge of the curriculum and aligned expectations, have insight and recent experience in the specific service site together with good organisational skills to optimise learning opportunities.

Another participant said:

P4: "Meaning that now I will end up with more work, adapt my planning. Go back to just for example a full wash where my plan was to continue for instance with CPR"

http://etd.uwc.ac.za/

Further reference to the importance of optimal clinical teaching and learning is reported in a South African study which suggests that some of the more glaring problems related to students learning includes limited emphasis on problem-solving, lack of clear expectations for student performance, inadequate feedback to students, inappropriate role models in clinical settings, and inadequately prepared teachers (Mtshali & Pillay, 2008).

The stage of abstract conceptualisation in the Kolb theory comes into pay in this theme relates to the need for clinical supervisors to develop new ideas and modify existing ideas as the context requires. This ability enables them to manage situations and challenges that occur during clinical teaching, whether in the skills laboratory or in the real life clinical setting. They should be able to adapt their plan according to the situation to ensure that the student has a positive learning encounter.

4.2.4 Theme 4: Learning needs of clinical supervisors differed.

This theme generated two categories which focussed on the learning needs identified by the participants.

UNIVERSITY of the
WESTERN CAPE

4.2.4.1 Category 1: Importance of attendance of workshops

Participants identified the need for training workshops which all clinical supervisors should attend for the development of clinical supervision skills.

One participant said:

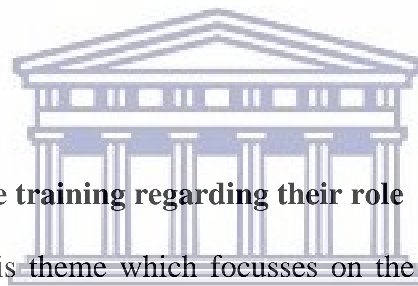
> *P5: "If they could give say a month and probably send you to a workshop where you can gain some skills to do clinical supervision it would be much better"*

http://etd.uwc.ac.za/

Clinical supervisors realise the importance of lifelong learning to maintain competence for clinical teaching. As another participant reported:

> *P6: "Yes, if that we can have some workshops whereby we're all be on…par so that we know that when you work from one level to another you are aware of what is happening…"*

Literature suggests that informal learning, which occurs at work, is the best approach to learning and fills the gap of knowledge and skills which formal learning cannot do (Puteh, Kaliannan & Alam, 2015). Nurses are required to engage in lifelong learning and it is the responsibility of organisations to create an environment for lifelong learning at work (Davis, Taylor & Reyes, 2014).


UNIVERSITY of the
WESTERN CAPE

4.2.4.2 Category 2: In-service training regarding their role

Similar to category one in this theme which focusses on the needs of clinical supervisors, participants were of the opinion that continuous in-service training would be advantageous for them as can be seen in the following comment:

> *P2: "It is the responsibility of the university to give us the necessary education and updates so that we can ensure the student gets the best quality of education"*

This gap was identified in a study conducted in Cape Town which reported that while participants acknowledge the importance of continuous professional development for the successful attainment of quality clinical teaching of students, their own needs for development are not met (Magerman, 2016).

http://etd.uwc.ac.za/

With regards to this, one participant mentioned:

> *P8: "I think continuous in-service training. I think there's a bit of a lack I think when it comes to that"*

In a study on continuous development in healthcare conducted by Panthi and Pant (2018) at a higher education institution in Finland, the authors assert that formal learning takes place at learning institutions such as accredited university studies. Activities that foster formal learning in conjunction with university studies are conferences, publications and lectures. On the other hand, informal learning takes place anywhere and anytime. Examples include working life experiences, guidance from peers and colleagues and extensive reading (Taylor, 2016). These are options for institutions to consider ensuring that clinical supervisors remain competent in their role in clinical teaching.

The stage of active experimentation in the Kolb theory relates to clinical supervisors' ability to apply newly acquired knowledge and experience during their clinical accompaniment. However, as reported by the participants, requires regular updates through attendance of workshops and other forms of in-service training. Active experimentation provides an opportunity for new concepts to be tested, which can later be applied by the clinical supervisors during clinical teaching.

4.3 Summary

In this chapter the findings of the data analysis were presented. The findings were discussed under the four main themes and 18 categories as outlined in Table 4. It is evident that the majority of the participants required time to adapt to their role and improve their knowledge and skills despite them having a positive experience of the orientation when they were initially

UNIVERSITY of the
WESTERN CAPE
http://etd.uwc.ac.za/

appointed in their roles as clinical supervisors. The results revealed that clinical supervisors are required to be well informed and committed to continuing education in order to incorporate theory into practice with the latest developments and equipment in facilities. Furthermore, the study revealed that inconsistency and failure to attend to students' clinical learning needs can have a negative impact on student learning.

Chapter five will discuss the limitations, conclusions and recommendations of the study.

UNIVERSITY of the
WESTERN CAPE

http://etd.uwc.ac.za/

CHAPTER FIVE

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter concludes the study by summarising the findings as presented in the previous chapter. The aim of the study was to explore the perceptions of clinical supervisors regarding their preparedness for clinical teaching. This chapter will focus on discussing the limitations, conclusions and recommendations based on the findings of the study.

5.2 Conclusions

Four themes were generated from the semi- structured interviews with clinical supervisors. The main findings of each theme are summarised below:

UNIVERSITY of the
WESTERN CAPE

5.2 1 Theme 1

Positive experiences and challenges related to orientation, time to adapt to the role, administration, knowledge and skills, equipment, and interpersonal relations

- When clinical supervisors initially step into their new role, they tend to experience anxiety and tension. However, participants in this study indicated that the orientation to their new role was beneficial and that by the end of the orientation, they understood their role in clinical teaching.
- Some clinical supervisors felt unprepared for their role as clinical supervisors while others felt they were well prepared. In general, participants indicated that a longer period is required in order for them to adapt to their new role.

http://etd.uwc.ac.za/

- Clinical supervisors rely on their individual, personal and professional experiences to adapt to the new environment.
- Although appreciative of the support and guidance, clinical supervisors stated that not all colleagues were supportive, which in some instances had a negative impact on interpersonal relationships.
- Administrative tasks were viewed as time consuming, but their importance for monitoring students was recognised.

5.2.2 Theme 2

Orientation to the rationale of the skills, viewing and practice of the skills under guidance and independent practice is done before assessment

Participants reported that they apply the following five phases in the SLM employed by the SoN at the university where the study was conducted.

5.2.2.1 Orientation

Participants highlighted the importance of a thorough orientation, with clear expectations of the rationale and objectives of each clinical procedure. They furthermore mentioned that the orientation phase in the SLM allows for students to gain insight into what is expected of them when attending skills lab sessions.

5.2.2.2 Visualisation

Participants mentioned that they allow students to visualise a new skill by observing how clinical supervisors perform the skill. They also indicated that they make use of mannequins and simulated patients to demonstrate clinical skills. Furthermore, they allow students to voice their opinions and raise questions to clarify uncertainties.

UNIVERSITY of the
WESTERN CAPE

http://etd.uwc.ac.za/

5.2.2.3 Students practice under the guidance of the clinical supervisor

Participants reported that they allow students to practice while they monitor how students apply newly gained knowledge. Feedback is provided on how students can improve their performance of a skill.

5.2.2.4 Students practice independently

Most of the participants stated that they encourage students to attend self-directed learning (SDL) to improve self-confidence and are supportive when referring students for SDL prior to their real-life application during formal assessments.

5.2.2.5 Students are assessed on the application of newly gained knowledge

Participants indicated that students are assessed to establish whether learning was successful and if the desired learning outcomes were achieved. Regular feedback and reflection on performance enable students to identify areas for improvement.

5.2.3 Theme 3

Challenges with the clinical supervisor role

UNIVERSITY of the
WESTERN CAPE

Participants indicated that challenges with the lack of maintenance of teaching equipment and the use of outdated teaching materials have a negative impact on their ability to provide quality clinical teaching.

Participants also indicated that the clinical teaching model or framework used by the educational institution is often not aligned to clinical practice activities and vice versa. This is challenging for students when the expectations of the clinical supervisors and professional nurses in practice differ based on the latest trends and developments in nursing care being applied in the clinical learning environment.

http://etd.uwc.ac.za/

If the mentioned challenges with equipment in the skills lab and clinical placement could be addressed, participants indicated that they would be able to provide students with quality clinical teaching and ultimately improve students' performance in clinical practice, thereby maintaining and improving the standards of the university where the study was conducted as well as improving patient care.

Participants also reported that students do not communicate absenteeism well in advance. Good communication could prevent possible misunderstandings between clinical supervisors and students, thereby minimising the waste of much needed human resources and allowing time for supervisors to attend to other students.

Another issue that participants highlighted is that assessment deadlines and projected due dates for students can hinder quality clinical teaching due to the unavailability of patients for certain assessments. However, the researcher is of the opinion that learning is maximised when clinical supervisors are flexible with their availability and utilise the waiting time to create 'teachable moments' during accompaniment of students.

UNIVERSITY of the
WESTERN CAPE

Participants furthermore mentioned the psychophysiological effect of teaching large numbers of students, such as feeling drained and tired. However, despite these effects, participants have to persevere in their role as clinical supervisors.

Furthermore, participants expressed the need for workshops to resolve issues such as the lack of uniformity and irregularities in teaching clinical skills and not following the prescribed guidelines to meet students' learning outcomes. This can have a detrimental effect on students' learning and patient care. Participants were also of the opinion that students perceive clinical skills differently due to inconsistencies in the way participants demonstrate skills.

http://etd.uwc.ac.za/

In addition, participants raised concerns regarding the negative impact of colleagues who are not committed to clinical teaching, resulting in some participants ending up with more work, having to adapt their planning, and feelings of frustration.

5.2.4 Theme 4

Learning needs of clinical supervisors differed

Participants mentioned the importance of lifelong learning to maintain their competency in clinical teaching. They shared the opinion that they would benefit from continuous in-service training and indicated that it is the responsibility of the university where the study was conducted to create an environment for lifelong learning at work.

5.3 Limitations of this study

The study was conducted at a university in the Western Cape. The population of interest for this study comprised of 12 out of 33 clinical supervisors employed for the clinical teaching of undergraduate nursing students at the School of Nursing. As such, the results of the study do not represent the perceptions of clinical supervisors at other institutions offering a Bachelor of Nursing programme or those of all clinical supervisors in the undergraduate programme. Therefore, the findings cannot be generalised beyond the study context as it is limited and specifically applicable to this study context.

UNIVERSITY of the
WESTERN CAPE

5.4 Recommendations

The following recommendations are based on the findings of the study and relate to education, practice and research.

http://etd.uwc.ac.za/

5.4.1 Recommendations for education and practices

- A detailed and structured induction and orientation programme is required for all new clinical supervisors to alleviate possible discrepancies between job expectations, roles and the actual workload. This should be formalised by the management of the SoN.
- Regular updates should be given through training sessions aimed at ensuring standardisation of clinical teaching methods and the maintenance of quality in clinical teaching. These training sessions should be compulsory for all clinical supervisors and form part of a staff development programme.
- The SoN should arrange regular stakeholder meetings e.g. once per semester or twice per year, to bring staff of education and practice together to discuss developments in both sectors. This will ensure that clinical supervisors stay abreast of the latest developments in practice to ensure that clinical teaching remains current. Likewise, staff from clinical practice will remain informed about developments in nursing education which will ensure that, in the absence of the clinical supervisor, the student will receive appropriate supervision from the clinical staff.
- More attention should be placed on up-skilling clinical supervisors on the use of technology in their clinical teaching and to manage administrative duties.
- Monitoring of clinical supervisor skills should be done through peer assessment during recess periods. This will provide guidance in terms of the clinical supervisors' learning needs, which in turn will inform the training sessions mentioned above.
- Negotiations must be pursued with the university to increase the number of clinical supervisor posts to reduce the student/clinical supervisor ratio and improve the quality of clinical teaching.
- Memoranda of Understanding must be drafted to formalise the dual responsibility of clinical teaching between registered nurses and clinical supervisors.

UNIVERSITY of the
WESTERN CAPE

http://etd.uwc.ac.za/

- Avenues for reporting challenges experienced by the clinical supervisors and registered nurses, with reference to clinical teaching, must be formalised in the School of Nursing.

5.4.2 Recommendations for research

- This research can be expanded to other nursing education institutions which will provide a broader view of the clinical supervisor's readiness for clinical teaching.
- Further research on coping mechanisms used by clinical supervisors to manage challenges in clinical teaching is recommended.

5.5 Summary

The aim of this study was to explore the perceptions of clinical supervisors regarding their preparedness for clinical teaching at a university in the Western Cape. Based on the findings of the study, the researcher has made recommendations that may enhance positive clinical learning experiences for clinical supervisors. The researcher trusts that the proposed recommendations will be implemented to help resolve the numerous challenges that clinical supervisors face in clinical teaching and with continuous professional development.

UNIVERSITY of the
WESTERN CAPE

http://etd.uwc.ac.za/

REFERENCES

Alarcão, I. & Tavares, J. (2010). *Supervisão da prática pedagógica: uma perspectiva de desenvolvimento e aprendizagem* (2ª ed.). Coimbra: Almedina.

Ali, W.G. (2012). Caring and effective teaching behaviour of clinical nursing instructors in clinical area as perceived by their students. *Journal of Nursing Education and Practice*, 3(7):15–27.

Asirifi, M., Ogilvie, L., Barton, S., Aniteye, P., Stobart, K., Bilash, O., Eliason, C., Ansong, G., Aziato, L. & Kwashie, A. (2017). Assessing challenges of clinical education in a baccalaureate nursing program in Ghana. *Journal of Nursing Education and Practice*, 7(10): 109-118. doi: 10.5430/jnep.v7n10p109.

Banneheke, H., Nadarajah, V. D., Ramamurthy, S., Sumera, A., Ravindranath, S., Jeevaratnam, K., Efendie, B., Chellamuthu, L., Krishnappa, P. & Ray Peterson, P. (2017). Student preparedness characteristics important for clinical learning: perspectives of supervisors from medicine, pharmacy and nursing. *BMC Medical Education*, 17:130: 1–9. doi: 10.1186/s12909-017-0966-4.

Baumgartner, R. (2017). Assessment of nursing students in clinical practice - An intervention study of a modified process. *Journal of Nursing Education and Practice*, 7(11). doi: 10.5430/jnep.v7n11p111.

Bifftu, B. B., Dachew, B.A., Tiruneh, B.T., Ashenafie, T.D., Tegegne, E.T. & Worku, W.Z. (2018). Effective Clinical Teaching Behaviors Views of Nursing Students and Nurse Educators at University of Gondar , Northwest Ethiopia : Cross-Sectional Institution Based Study. *Journal of Caring Sciences*, 7(3): 119-123. doi: 10.15171/jcs.2018.019.

Bimray, P.B., Le Roux, L.Z. & Fakude, L.P. (2013). Innovative education strategies implemented for large numbers of undergraduate nursing students: The Case of one

UNIVERSITY of the
WESTERN CAPE

http://etd.uwc.ac.za/

South African university nursing department. *Journal of Nursing Education and Practice*, 3(11):116

Blaauw, D., Ditlopo, P. & Rispel, L.C. (2014). Nursing education reform in South Africa: lessons from a policy analysis study. (December). *Global Health Action*, 2014(7). doi: 10.3402/gha.v7.26401.

Blanche, M., Durrheim, K. & Painter, D. 2014. *Research in Practice: Applied Methods for the Social Sciences* (2nd ed.). Cape Town: Juta and Company Ltd.

Brink, H., Van der Walt, C. & Van Rensburg, G. (2012). *Fundamentals of Research Methodology for Healthcare Professionals* (3rd ed.). Cape Town: Juta.

Brink, P.J. & Wood, M.J. (1998). *Advanced Design in Nursing* (2nd ed.). London: Sage.

Bruce, J.C., Klopper, H.C. & Mellish, J.M. (2011). *Teaching and Learning the Practice of Nursing* (5th ed.). Cape Town: Heinemann.

Bruce, J.C. & Klopper, H.C. (2017). *Teaching and Learning the Practice of Nursing* (6th ed.). Cape Town: Heinemann.
UNIVERSITY of the
WESTERN CAPE
Brunero, S. & Stein Parburry, J. (2008). The effectiveness of clinical supervision in nursing: an evidence based literature review. *Australian Journal of Advanced Nursing*, 25(3):86–94.

Burns, N. & Grove, S.K. (2011). *Understanding Nursing Research* (5th ed.). Philadelphia: Saunders.

Business Dictionary. (2017). Available at: https://www.businessdictionary.com/definition/practice.html.

Cangelosi, P.R., Crocker, S. & Sorrell, J.M. (2009). Expert to novice: clinicians learning new roles as clinical nurse educators. *Nurs. Educ. Res.*, 30(6):367–371. http://dx.doi.

http://etd.uwc.ac.za/

Carlson, E. 2013. Precepting and symbolic interactionism- a theoretical look preceptorship during clinical practice. *Journal of Advanced Nursing,* 69(2):64-457 doi:10.1111/j.13652648.2012.06047.xorg/10.1016/j.cpen.2008.10.006.

Chandan, M. & Watts, C. (2012). Mentoring and Pre-registration Nurse Education. Available at: http://www.williscommission.org.uk/data/assets/pdffile/0009/479934/Mentoring.and.pre-registration.nuringeducation.pdf.

Chang, S. & Pai. (2012). *Explorative of job stressors of Clinical nursing instructors in Taiwan*. Available at:http://ir.fy.edu.tw/ir/handle/987654321/11419

Chew, R. (2014). What does learning needs mean. Quaror. Available at: https://www.quara.com.

Corbin, J., & Strauss, A. (2014). *Basics of qualitative research: Techniques and procedures for developing grounded theory*. Sage publications

Creswell, J.W. (2013). *Research design: Qualitative, quantitative, and mixed methods approaches.* Sage Publications.

Creswell, J.W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches.* Sage Publications

Creswell, J.W., & Plano Clark, V.L. (2018). *Designing and Conducting Mixed Methods Research.* Sage Publications

Dale, B., Leland, A. & Dale, J.G. (2013). What factors facilitate good learning experiences in clinical studies in nursing: bachelor students' perceptions. *ISRN Nursing*, 2013. https://dx.doi.org/10.1155/2013/628679.

UNIVERSITY of the
WESTERN CAPE

http://etd.uwc.ac.za/

Danhlke, S., Baumbusch, J., Affleck, F. & Kwon, J. (2012). The clinical instructor role in nursing education: a structured literature review. *Journal of Nursing Education*, 15(1):1–5.

Datt, S. & Datt, S. (2016). Importance of research approach in a research or knowledge tank. Project Guru. Available at: https://www.projectguru.in>publications.

Davey, K. (2012). Cognitive Apprenticeship in Learning Theories. Available at: https://www.learningtheories.com/cognitive-apprenticeship-collins-et-al.

Davis, L., Taylor, H & Reyes, H. (2014). Lifelong learning in nursing: A Delphi study. *Nurse Education Today,* 34:441-445.

Demiray, A., Keçeci, A. & Çetinkaya, M. Y. (2016). Students' Perceptions of Psychomotor Skills Training: A Qualitative Study. *International Archives of Nursing and Health Care*, 2(1):1–6.

De Vos, A.S., Strydom, H., Fouche, C.B. & Delport, S.L. (2011). *Research at grass roots: for the social sciences and the human service professions* (4th ed.). Van Schaik Publishers.

Desalegn, A.A., Berhan, A. & Berhan, Y. (2013). Absenteeism among medical and health science undergraduate students at Hawassa University, Ethiopia. *BMC Health Services Research*, 13(7):1–6.

Dhakal, A. K. & Dhakal, S. (2014). Clinical skills Lab: A Need in Nepalese Medical School. *Journal of Patan Academy of Health Sciences*, 1(1): 49–51.

Duvivier, R.J., Muijtjens, A. & Van der Vleuten, C. (2011). The role of deliberate practice in the acquisition of clinical skills. *BMC Medical Education*, 2011(11):101. doi: 10.1186/1472-6920-11-101.

UNIVERSITY of the
WESTERN CAPE

http://etd.uwc.ac.za/

Edgecombe, K., Seaton P., Monahan, K., Meyer S., LePage S. & Erlam, G. (2013) Clinical simulation in nursing: a literature review and guidelines for practice. National Centre for Tertiary Teaching Excellence. Wellington.

Eta, V.E. A., Antanga, M.B.S., Atashili, J. & D'Cruz, G. (2011). Nurses and challenges faced as clinical educators: a survey of a group of nurses in Cameroon. *Pan African Medical Journal*, 8(1). Available at: https://www.ajol.info/index.php/pamj/article/view/71085 (Accessed: 12 June 2018).

Fakude, L.P., Le Roux, L., Daniels, F. & Scheepers, N. (2014). Reflections of nursing students, lecturers and clinical supervisors in the Western Cape on large classes. *South African Journal of Higher Education*, 28(6):1762–1775.

Falender, C.A. (2014). Clinical supervision in a competency-based era. *Sage Journals*, 44(1): 6-17. Available at: https://journals.sagepub.com/doi/abs/10.1177/0081246313516260 (Accessed: 9 April 2019).

Forbes, M.O. & Hickey, M.T. (2009). Curriculum reform in baccalaureate nursing education: review of the literature. *Int J Nurs Educ Scholarsh*, 2009(6): Article 27.

Fowler, J. (2008) Experiental learning and its facilitation.*Nurse Education Today,* 28(4), 427-433

Fulvio, D.B., Stichler, J.F. & Gallo, A.M. (2015). Teaching future nurses in the clinical setting: the clinical nurses' perspective. *J. Nurs. Adm.*, 45(1):21–27. http://dx.doi. org/10.1097/NNA.0000000000000156.

Giallonardo, L.M., Wong, C. & Iwasiw, C.L. 2010. Authentic leadershio of preceptors: predictor of new graduate nurses' work engagement and job satisfaction. *Journal of Nursing Management,* 18(8):9993-1003. Doi10.1111/j.13652834.2010.01126.x

Glynn, D.M., McVey, C., Wendt, J. & Russell, A.N. (2017). Dedicated educational nursing unit: clinical instructors role perceptions and learning needs. *Journal of Professional*

UNIVERSITY of the
WESTERN CAPE

http://etd.uwc.ac.za/

Nursing, 33(2):108–112. doi: 10.1016/j.profnurs.2016.08.005.

Gosselin, A.M. (2013). *Nursing simulation experience: self-efficacy, state anxiety, locus of control, and simulation effectiveness*. Undergraduate Honors Thesis, University of New Hampshire.

Grierson, L.E.M., Barry, M., Kapralos, B., Carnahan, H. & Dubrowski, A. (2012). The role of collaborative interactivity in the observational practice of clinical skills. *Medical Education*, 46(4):409–416.

Grove, S.K., Burns, N, & Gray, J. (2012). The practice of nursing research: Appraisal, synthesis, and generation of evidence. Elsevier Health Science.

Hamshire, C., Willoss, T.G. & Wibberley, C. (2012). The placement was probably the tipping point: the narrative of recently discontinued students. *Nurse Education Practice*, 12:182–186.

Hauer, K.E. & Kogan, J.R. (2012). Realising the potential value of feedback. *Medical Education*, 46(2):140–142.

Henderson, A. & Tyler, S. (2011). Facilitating learning in clinical practice: evaluation of a trial of a supervisor of clinical education role. *Nurse Education in Practice*, 11(5):288–292.

Holland, K. & Lauder, W. (2012). A review of evidence for the practice learning environment: enhancing the context for nursing and midwifery care in Scotland. *Nurse Education Practice*, 12:60–64.

Hrobsky, P.E. & Kersbergen, A.L. (2002). Preceptors' perceptions of clinical performance failure. *Journal of Nursing Education*, 41:550–553.

Huybrecht, S., Loeckx, W., Quaeyhaegens, Y., De Tobel, D. & Mistiaen, W. 2011. Mentoring in nursing education: perceived characteristics of mentors and the consequences of

UNIVERSITY of the
WESTERN CAPE

http://etd.uwc.ac.za/

mentorship. *Nurse Education Today,* 31(3):274-8. doi:10.1016/j.nedt.2010.10.022

James, A. & Chapman, Y. 2010. Preceptors and patients- the power of two: Nursing student experiences on their first acute clinical placement. *Contemporary Nurse*, 34(1):34-47.

Jansen, N. (2014). 'Guidelines for facilitators to implement the skills laboratory method at an undergraduate institution in the Western Cape'. A thesis submitted in fulfilment of the requirements for the degree of Magister Nursing at the School of Nursing, Faculty of Community and Health Sciences, University of the Western Cape. Supervisor: Prof K. Jooste. Date: November 2014.

Jeggels, J.D., Traut, A. & Kwast, M. (2010). Revitalization of clinical skills training at the University of the Western Cape. *Curationis*, 33(2):51–59.

Jeggels, J.D., Traut A. & Africa. F (2013). A report on the development and implementation of a preceptorship training programme for registered nurses. *Curationis*, 36(1):1-6

Jokelainen, M., Turunen, H., Tossavainene, K., Jamookeeah, D. & Coco, K. 2011. A systemic review of mentoring nursing students in clinical placements. *Journal of Clinical Nursing*, 20(19-20): 2854-67. doi:10.1111/j.1365-2702.2010.03571.x

Julie, H. (2017). *The role of the clinical supervisor*. Unpublished report. Cape Town: School of Nursing, UWC

Kim, E.K. & Shin, S. (2017). Teaching efficacy of nurses in clinical practice education: a cross-sectional study. *Nurse Education Today*, 54(March):64–68. doi: 10.1016/j.nedt.2017.04.017.

Klerk, K. (2010). Clinical supervision in selected hospitals, Cape Town: reflections on registered nurses live experiences. Available at: http://hdl.handle.net/11394/1761

Knox, J.E. & Morgan, J. (1987). Characteristics of 'best' and 'worst' clinical teachers as perceived by university nursing faculty and students. *Journal of Advanced Nursing*.

UNIVERSITY of the
WESTERN CAPE

http://etd.uwc.ac.za/

1987; 12: 331-331-7

Kolb, D.A., (1984). *Experiential Learning: Experience as the Source of Learning and Development*. N.J: Prentice-Hall., Englewood Cliffs

Lejaha, E. (2015). 'The relationship between leadership styles of clinical facilitators and maturity levels of learner nurses in the clinical learning environment of Western Cape hospitals'. Available at: http://etd.uwc.ac.za/handle/11394/4684 (Accessed: 12 June 2018).

Letswalo, L.O. & Peu, M.D. (2015). Perceptions of student nurses regarding accompaniment in the clinical environment in Gauteng Province, South Africa. *African Journal for Physical Health Education, Recreation and Dance*, 1(12):351–368.

Lincoln, Y. & Guba, E. (1985). *Naturalistic Enquiry*. Beverly Hills, CA: Sage.

LoBiondo-Wood, J. & Haber, J. (2010). *Nursing research: methods and critical appraisal for evidence-based practice* (7th ed.). St. Louis: Evolve-Elsevier.

Lokesh, P. N., Manthan, D. J., Muddukrishna, B.S., Bhat, K.M., Bairy, K.L., Udupa, N. & Musmade, P.B. 2013. Informed Consent: Issues and Challenges. *Journal of Advanced Pharmaceutical Technology & Research,* 4(3):134-140. Available at: http://www.academia.edu (Accessed on 9 April 2019).

Luhanga, F. L. (2018). The traditional-faculty supervised teaching model: Nursing faculty and clinical instructors' perspectives. *Journal of Nursing Education and Practice*, 8(6): 124-137. Available at: http://www.sciedupress.com/journal/index.php/jnep/article/view/12565/7991 (Accessed on 9 April 2019)

Magerman, J. (2016). 'Clinical supervisors' experience of supervising nursing students from a higher education institution in the Western Cape'. Available at:

UNIVERSITY of the WESTERN CAPE

http://etd.uwc.ac.za/

http://etd.uwc.ac.za/handle/11394/4905 (Accessed: 12 June 2018).

Managers, N, (2012).' A Proposed Model for Clinical Nursing Education and training in the Nursing Education Stakeholders (NES) Group', (1).

Maree, K. (2012). First Steps in Research (10TH ed.) Pretoria: Van Schaik Publisher.

Martin, P.D. (2013). The development of a model of emotional support for undergraduate nursing students working in mental health care settings. Doctoral dissertation, University of Western Cape.

McClure, E. & Black, L. (2013). The role of the clinical preceptor: An integrative literature review. *Journal of Nursing Education,* 52, 335-341.

Meyer, S. & Van Niekerk, S. 2008. Nurse Educator in practice. Cape Town:Juta.

Mtshali, N.G. & Pillay, P. (2008). Clinical Supervisor and support for bridging programme students in the greater Durban area. *Curationis*, 31(4): 46–55.

Mwale, O.G. & Kalawa, R. (2016) Factors affecting acquisition of psychomotor clinical skills by student nurses and midwives in CHAM Nursing Colleges in Malawi: A Qualitative exploratory study.*BMC Nursing*, 15-30.

'National Policy on Nursing Education and Training.pdf' (2019). Unplubished document

Needham, J. A. (2015) 'Best practice in clinical facilitation of undergraduate nursing students : The perspectives of clinical facilitators .'(Unpublished document)

Nursing and Midwifery Council (NMC), (2010). *Standards for Pre-registration Nursing Education*. Nursing and Midwifery Council, London.

Omansky, G.L. 2010. Staff nurses' experiences as preceptors and mentors: an integrative reviw. *Journal of Nursing Management,* 18(6):697-703. Doi:10.1111/j.1365-2834.2010.0145.x

UNIVERSITY of the WESTERN CAPE

http://etd.uwc.ac.za/

Omer, T.Y., Suliman, W., Thomas, L. & Joseph, J. 2013. Perceptions of nursing students to two models of preceptorship in clinical training. *Nurse Education in Practice*, 13(3):155-60. doi.10.1016/j.nepr.2013.02.003.

Panthi, L.P. & Pant, S.S. (2018) 'Continuous Professional Development in Healthcare' Available at: http://urn.fi/URN:NBN:fi:amk-2018052410042

Papathanasiou, I.V., Tsaras, K. & Sarafis, P. (2014). Views and perceptions of nursing students on their clinical learning environment: teaching and learning. *Nurse Education Today*, 34(1):57–60. doi: 10.1016/j.nedt.2013.02.007.

Pierce, V., Dunn, L., Houser, R., Lee, M. & Wright, V. (2011). Baccalaureate nursing students' perceptions of clinical judgement and self-efficacy following high-fidelity simulation. CiteSeerX. Available at: https://citeseerx.ist.psu.edu.

Pires, R., Santos, M.R., Pereira, F. & Rocha, I. (2016). Most relevant clinical supervision strategies in nursing practice. *European Proceedings of Social and Behavioural Sciences*, (July). doi: 10.15405/epsbs.2016.07.02.34.

Polit, D.F. & Beck, C.T. (2012). Nursing Research generating and asssessing evidence for nursing practice. 9th ed. Philadelphia: Lippincott Williams & Wilkin

Polit, D.F. & Beck, C.T. (2014). Essentials of Nursing Researh. Apprasing Evidence for Nursing Practice. 8th ed. Philadelphia: Lippincott Williams & Wilkins.

Puteh, F., Kaliannan, M. & Alam, N. (2015). Learning for professional development via peers: a system theory approach. *Procedia - Social and Behavioral Sciences*: 172:88–95. doi: 10.1016/j.sbspro.2015.01.340.

Rocha, I. (2013). Construção e Validação do Questionário de Avaliação da Frequência de Estratégias de Supervisão Clínica em Enfermagem. Tese de Mestrado, Escola Superior de Enfermagem do Porto, Porto.

UNIVERSITY of the
WESTERN CAPE

http://etd.uwc.ac.za/

Saarikoski, M., Kaila, P., Lambrinou, E., Pérez Cañaveras, R.M., Tichelaar, E., Tomietto, M. & Warne, T. (2013). *Students' experiences of cooperation with nurse teacher during their clinical placements: an empirical study in a Western European context*. Nurse Educ. Prac.13,78e82.

Singh, P. (2015). Causes and effect of student nurses absenteeism at the Kwazulu-Natal College of Nursing. *DUT Open Scholar*, (May).

South Africa. (2005). Nursing Act 33 of 2005. Pretoria: Government Printer. Available at: www.sanc.co.za./pdf/.

South Africa. (1997). Higher Education Act 101 of 1997 (as amended). Pretoria: Government Printer.

South African Nursing Council. (2018). Circular 3/2018. Available at: www.sanc.co.za/archive2018/newsc1803.htm

South African Nursing Council (SANC), Regulations relating to the approval and the minimum requirements for the education and training of a Nurse (General , Psychiatric and Community) and Midwife leading to registraton R425, in terms of the Nursing Act, 1978 (Act no. 50, 1978, as amended). Pretoria: SANC www.sanc.co.za (accessed on 09 April 2019)

Streubert, H.J. & Carpenter, D.R. (2011). *Qualitative research in nursing: advancing the humanistic imperative* (5th ed.). China: Lippincott, Williams & Wilkins.

Sweet, L. & Broadbent, J. (2017). Nursing students' perceptions of the qualities of a clinical facilitator that enhance learning. Nursingplus.com. Available at: http://www.nursingplus.com/article/S1471-5953(16)30233-5/abstract (Accessed: 12 June 2018).

Taylor, L.E. (2016). How to develop yout Healthcare Career: A Guide to employability and professional development. John Wiley and Sons, Incorporated, Chicester. Available

UNIVERSITY of the WESTERN CAPE

http://etd.uwc.ac.za/

from: ProQuest Ebook Central. pp 69-76.

Van Wyk, B. (2012). *Research design and methods. Part 1.* Cape Town, University of the Western Cape. Available at: https://www.uwc.ac.za>Document>Research.

Vieira, J. (2014). Identificação de indicadores de qualidade do exercício profissional: contributo para um programa de supervisão clínica em enfermagem. Dissertação de mestrado, Escola Superior de Enfermagem do Porto, Porto.

Waite, M. (2012). *Oxford English Dictionary* (7th ed.). Oxford University Press.

World Health Organisation. (2017). *Ethical standards and procedures for research with human beings.* Available at https://www.who.int/ethics/research/en/.

Xaba, N.P. (2015). The assessment of the facilitation of the clinical training component of an undergraduate nursing programme at a university of technology. DUT Open Scholar. Ir.dut.ac.za/handle/10321/1319.

Yanhua, C. & Watson, R. (2011).'Nurse Education Today A review of clinical competence assessment in nursing', *YNEDT*. Elsevier Ltd,. 31(8), pp 832-86. doi:10.1016/j.nedt.2011.05.003.

UNIVERSITY of the
WESTERN CAPE

http://etd.uwc.ac.za/

APPENDIX A: INTERVIEW GUIDE

UNIVERSITY OF THE WESTERN CAPE

Title: Perceptions of clinical supervisors about their preparedness for clinical teaching at a university in the Western Cape

Questions	Probes
1. Describe your preparedness for the role of clinical teaching of the nursing students assigned to you /how prepared where you in leading students in skills lab and clinical placement Role breakdown a. Supervision of students in clinical setting and in simulation b. Accompaniment and clinical teaching c. Conducting clinical assessments d. Monitoring of clinical learning hours of students	Explain more; elaborate; give examples
2. What are the challenges that you experience in the role of clinical supervisor?	Explain more; elaborate; give examples
3. Explain the process that you follow regarding the skills lab methodology to enhance nursing students clinical learning.	Orientation
	Visualization
	Guided practice
	Independent practice
	Assessment

UNIVERSITY of the
WESTERN CAPE

http://etd.uwc.ac.za/

4. What are the challenges that you experience in the role of clinical supervisor?	Explain more; elaborate; give examples
5. What are your learning needs in clinical teaching?	Explain more; elaborate; give examples

http://etd.uwc.ac.za/

APPENDIX B: PERMISSION LETTER

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 2443 Fax: 27 21-959 2271

E-mail: mhoffman@uwc.ac.za

1/11/2017

Dear Ms Lawton-Misra

Permission to conduct study at UWC using staff as study participants

I, Margaret Ursula Marinda Hoffman, a registered student (M Nursing) at the University of the WesternCape, hereby request permission to conducting a research study focusing on the perceptions of clinical supervisors about their preparedness for clinical teaching at a university in the Western Cape. My target population will be clinical supervisors who supervise undergraduate nursing students in the first and second year of the foundation programme and first to fourth year level of the mainstream of the Bachelor of Nursing programme. This research project involves making audiotapes to capture the exact words of the participants during the interviews. The audio recordings will be marked with a code instead of the name of participants and only the researcher and supervisor will have access to them. To ensure anonymity, personal information of research subjects will be kept confidential. Risks associated with this study are minimal however they have been catered for by means of referral to a counsellor which has been organised by the researcher.

I trust that my request will be favourable.

Yours truly

Mrs M Hoffman

Student number: 3718296

UNIVERSITY of the
WESTERN CAPE

http://etd.uwc.ac.za/

APPENDIX C: PARTICIPANT'S INFORMATION SHEET

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 2443 Fax: 27 21-959 2271

E-mail: mhoffman@uwc.ac.za

INFORMATION SHEET

Project Title: Perceptions of clinical supervisors about their preparedness for clinical teaching at a university in the Western Cape

What is this study about?

This is a research project being conducted by student Margaret Hoffman at the University of the Western Cape. We are inviting you to participate in this research project because you are a clinical supervisor employed at the University of the Western Cape at the School of Nursing for clinical teaching of undergraduate nursing students.The purpose of this research project is to explore the perceptions of clinical supervisors regarding their preparedness for, and learning needs to enhance their competence in clinical teaching.

UNIVERSITY of the WESTERN CAPE

What will I be asked to do if I agree to participate?

You will be asked to participate in a semi- structured interview. The interview will only be between you (the research participant) and the researcher. The length of the interview will be approximately 45 minutes. The interview will take place at the School of Nursing in the researcher's office to ensure privacy, at a time that will be most convenient for you (the research participant.) A tape recorder will be used during the interviews with your permission. Several questions will be asked in which you describe your preparedness for the role of clinical teaching, challenges that you experience, the practice that you follow and in addition your learning needs in clinical teaching.

Would my participation in this study be kept confidential?

The researcher undertakes to protect your identity and the nature of your contribution. To ensure your anonymity, your personal information will be kept confidential to the researcher only. A tape recorder will be used during the interviews with your permission. The audio recordings will be marked with a code instead of your name and only the researcher will be able to link the code to the identity of the participant. With an identification key, the researcher will be able to link the data from the semi-structured interview to your identity and only the researcher will have access to the identification key. The files of the recordings will be password protected and only the researcher and supervisor will have access to them. The Institutional Review Board (IRB) requires that recordings should be destroyed within a definite timeframe for

http://etd.uwc.ac.za/

example five years following the making of the recordings, five years after data are collected unless the research subject agree that the recording may be archived for future research.
In accordance with legal requirements and/or professional standards, we will disclose to the appropriate individuals and/or authorities' information that comes to our attention concerning abuse or neglect or potential harm to you or others. In this event, we will inform you that we have to break confidentiality to fulfil our legal responsibility to report to the designated authorities.

What are the risks of this research?
There may be some risks from participating in this research study. All human interactions and talking about self or others carry some amount of risks. We will nevertheless minimise such risks and act promptly to assist you if you experience any discomfort, psychological or otherwise during the process of your participation in this study. Where necessary, an appropriate referral will be made to a suitable professional for further assistance or intervention.

What are the benefits of this research?
This research is not designed to help you personally, but the results may help the investigator learn more about the perceptions of clinical supervisors about their preparedness for clinical teaching of the undergraduate nursing students. We hope that, in the future, other people might benefit from this study through improved understanding of the needs of clinical supervisors. The results of the study could contribute in identifying areas to improve the competence of human resources through the identified needs of clinical supervisors.
.
Do I have to be in this research and may I stop participating at any time?
Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

UNIVERSITY of the
WESTERN CAPE

What if I have questions?
This research is being conducted by Margaret Hoffman at the School of Nursing (SoN) at the University of the Western Cape. If you have any questions about the research study itself, please contact:
Margaret Hoffman at:
56 De La Cruz Street
Highbury
Kuils River
7580
Telephone number: 0735054402
Email: mhoffman@uwc.ac.za

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Prof J Chipps
Head of Department

http://etd.uwc.ac.za/

University of the Western Cape
Private Bag X17
Bellville 7535
jchipps@uwc.ac.za

Prof A Rhoda
Dean of the Faculty of Community and Health Sciences
University of the Western Cape
Private Bag X17
Bellville 7535
chs-deansoffice@uwc.ac.za

This research has been approved by the University of the Western Cape's Research Ethics Committee. (REFERENCE NUMBER: HS17/10/22)

http://etd.uwc.ac.za/

APPENDIX D: PARTICIPANT'S CONSENT FORM

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 2443 Fax: 27 21-959 2271

E-mail: mhofman@uwc.ac.zak8

CONSENT FORM

Title of Research Project: Perceptions of clinical supervisors about their preparedness for clinical teaching at a university in the Western Cape

This research project involves making audiotapes of the interview in order for the researcher to capture the exact words said between you and the researcher. The recordings will be password protested and only the researcher will have access to the passwords. The Institutional Review Board (IRB) requires that recordings should be destroyed within a definite timeframe for example five years following the making of the recordings, five years after data are collected unless the research subject agree that the recording may be archived for future research.

- I agree to be audiotaped during my participation in this study.
- I do not agree to be audiotaped during my participation in this study.
- I agree for the audiotaped recordings to be archived for future research within the institution under study.

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

Participant's name………………………..

Participant's signature……………………

Date……………**…**

http://etd.uwc.ac.za/

APPENDIX E: ETHICS CLEARANCE LETTER

OFFICE OF THE DIRECTOR: RESEARCH
RESEARCH AND INNOVATION DIVISION

Private Bag X17, Bellville 7535
South Africa
T: +27 21 959 2988/2948
F: +27 21 959 3170
E: research-ethics@uwc.ac.za
www.uwc.ac.za

29 November 2017

Mrs M Hoffman
School of Nursing
Faculty of Community and Health Sciences

Ethics Reference Number: HS17/10/22

Project Title: Perceptions of clinical supervisors about their preparedness for clinical teaching at a university in the Western Cape.

Approval Period: 29 November 2017 – 29 November 2018

I hereby certify that the Humanities and Social Science Research Ethics Committee of the University of the Western Cape approved the methodology and ethics of the above mentioned research project.

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

Please remember to submit a progress report in good time for annual renewal.

The Committee must be informed of any serious adverse event and/or termination of the study.

Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape

PROVISIONAL REC NUMBER - 130416-049

FROM HOPE TO ACTION THROUGH KNOWLEDGE.

UNIVERSITY of the
WESTERN CAPE

http://etd.uwc.ac.za/

APPENDIX F: TRANSCRIPT OF PARTICIPANT INTERVIEW

I Good morning and thanks for coming to participate in my research study. How are you?

P I'm good and you?

I I am also fine. We went through our information sheet and you also signed a consent form. Because you are now from work and you must go back to work we will go straight to the questions.

P That's fine.

I Describe your preparedness for the role of clinical teaching with the nursing students assigned to you. In other words, how prepare were you in leading the students in the clinical setting and in the skills lab?

UNIVERSITY of the
WESTERN CAPE

P Talking about my experience I will say that I was never prepared being a clinical supervisor. I just got into the profession without even knowing what I was getting into. I think my first experience can actually be linked to the first day when I had to see students at the facility. It was very tough because I could find myself getting lost. I could find myself still feeling like a student. I wasn't prepared at all to being a clinical supervisor. I was very lost. It was a very, very challenging time for me.

I When you mentioned that, were you totally on your own or was there somebody accompanying you?

http://etd.uwc.ac.za/

P Actually when I came in there as a clinical supervisor we went through the normal orientation process but the orientation process was more like orientating you to the University of the Western Cape and the teaching team and the teaching methodologies. It was not actually preparing you of what you were supposed to be doing in the field. So on my first day at the clinical setting I went wth one of the clinical supervisors, Mrs F just to see how she is doing supervision with the students. She was very helpful though. But I will say that even seeing what she's doing doesn't make you feel ready to be a clinical supervisor.

I And that was now for the clinical placement. And how prepared were you for the skills lab?

P For the skills lab, I still had orientation as to what is being done in the skills lab and with my previous exposure doing the undergrad studies I think I could understand what is required to be done in the skills lab. So that wasn't really a major problem but a major problem was facing the students. That was the major problem.

UNIVERSITY of the
WESTERN CAPE

I Explore a little bit more about what you mean 'facing the students'.

P Facing the students, I meant that because I just recently graduated. It was two years after my completion and coming back as a clinical supervisor to assess students was something unexpected. It never occurred to me that I would one day come back to be assessing students.

I And how did that affect your clinical teaching for the students?

http://etd.uwc.ac.za/

P At the beginning I would say I was very lenient with the students. That for sure I can say. I was very lenient with the students because I could see them on the other side of students and also see myself sitting in the chair just two years back and I know the pressure. I understand how tense students tend to be when the clinical supervisor is around. So that made me to become very lenient with the students because I sometimes tell them please, try and relax because I was a student just two years back just like you and I think it might have worked for me or it might have meant that the students weren't taking me very seriously.

I So with leniency you mean that yo reassured the student or you oversaw some things?

P Not overseeing – I tried to reassure them just to make them comfortable.

I You've mentioned that you were not at all prepared for your role as a clinical supervisor. How did you overcome that obstacle?

P Overcoming that as I mentioned earlier on Ms F, she was then part of the clinical team who have been here before and she assisted me like during the first weeks of placement I will go with her to the clinical setting, sit with her when she's doing her assessments. And the second week after doing assessments with her and then at the end of assessments we would judge the final marks that we have and then we try to give understanding to where you minus a mark or why did you give an excess mark here for me to understand how to do the assessments. And still as part of the clinical, I think Ms H she had to be my driver to drive around to find out where the clinics are, which was also a major challenge for me because the hospitals and clinics were scattered all over. I

UNIVERSITY of the
WESTERN CAPE

http://etd.uwc.ac.za/

can remember getting lost in Khayelitsha for almost three hours. So that was a major challenge for me – locating the hospitals as well.

I And the fact that you had a challenge with that did it affect your clinical teaching with the students? Were you now stressed out or worked up because of these three hours you were delayed?

P It actually stressed me out until I even thought of quitting the job. I only started driving so getting lost for three hours in a neighbourhood that is not safe, not secure it made me very scared. It affected my behaviour with the students because when I got to them I just couldn't focus anymore. I was just so exhausted. On some days I couldn't even make it because I just get lost and I had to go back home.

UNIVERSITY of the
WESTERN CAPE

I So all this negatively influenced now your effective teaching with the students to put it like that?

P Yes, it did.

I That was now a challenge that you mentioned. Were there perhaps other challenges that you had while seeing the students?

P Another challenge that I had while seeing the students was students' attitude. I mentioned that I was lenient with them and trying to be and show them that you know I was just sitting in the chair a couple of years back. So I understand why you're being tensed and how it feels like to do an assessment. But for some reason I think the students they tend to undermine you thinking okay, probably she is young as me or she's inexperienced – that was some of the thoughts that they had. So it became a challenge with the attitude of the

http://etd.uwc.ac.za/

students – some not respecting you and some not even communicating when they're not coming and probably you have booked an assessment and you drive all the way and the student doesn't pitch up.

I And how did that influence the fact that you feel…that they are not respecting you and…?

P I actually felt bad because throughout my years as a student I couldn't imagine disrespecting a clinical supervisor or a lecturer. So I really didn't understand. Was it because it is me? Where is the student's attitude coming from? So it actually made me feel very bad.

I So how did you address this – the fact that they didn't respect you or the feeling that you had?

P I think with time I eventually dealt with that because like I said from the beginning, self-confidence was also an issue for me. So I think eventually with time I had my self-confidence. So I could speak to the students boldly even though I am reassuring them and making them comfortable but I could draw the line between the student and the supervisor.

UNIVERSITY of the
WESTERN CAPE

I And you set an example and you were there as a role model?

P Yes.

I Is that what you said – how you address yourself and how you exposed yourself to a student was sort of an example to them of professionalism and respect?

P Yes, I actually exposed that to them that it doesn't have to be the age or the number of years of experience that you have for you to respect a professional

http://etd.uwc.ac.za/

nurse or a clinical supervisor or whoever that is senior to you. So respect is something… definitely, respect comes from both ways. Even though you expect the students to respect you but you as a clinical supervisor you also need to respect the students. So I think I spoke to them nicely about respect and professionalism and I explained to them they will find it at the workplace where for instance an enrolled nurse will be disrespecting them then they will feel very bad. So it is both ways. You respect your enrolled nurse and she will eventually respect you.

I Now this change after you've spoken to them in relation now to the students…

P Actually…

I Yes, how did that affect you? Was it a better teaching environment or how was the environment or the teaching of the …?

P I think it changed like during the first placement, the first encounters and during the second encounters I realised that there was some sort of a change. The students, I could say they showed more respect. Because I explained to them that you guys should be respecting a UWC Sister because you are also UWC. We tend to look out for our own. So if you should be the first one to disrespecting me just because she's probably your age or she has just two years of experience it is really not good. So with the second rotation I think the attitude of the students was much better.

I You mentioned now that you had two years' experience prior before you started in your new role. Were there any learning needs that you identified in yourself

UNIVERSITY of the
WESTERN CAPE

http://etd.uwc.ac.za/

that you think this is still what I need to do to prove myself or enhance my teaching and learning?

P During that time I realised that taking up a position as a clinical supervisor is not just for the sake of I just want a job. I think if they can make it much better just to give the clinical supervisor a month of training before they actually send you out to the students I think it will be much better. Because the experience I had, okay, I had a normal orientation and then I just had one or two weeks with another clinical supervisor and then I was allowed on my own. So for me I think the time was just too limiting. If they could give say a month and probably send you to a workshop where you can gain some skills to do clinical supervision it would be much better.

I Do you mean now a clinical supervisory workshop, a crash course on how and what to do clinical supervision?

P Not like a crash course I would say a workshop just like a workshop. So for a month you go for a workshop where you're exposed to clinical teaching?

UNIVERSITY of the
WESTERN CAPE

I Do you think that this workshop will now help you enhance your clinical teaching? Because a workshop will be away from the clinical setting and away from the skills lab. How will this now benefit you?

P I think…

I Or do you just want it for guidelines?

P Just for guidelines; not like something formal. The clinical teaching could still be in the skills lab. Say they give you like a month's grace period or something for you to follow the clinical teaching at least a month before you can actually

http://etd.uwc.ac.za/

engage with the students. You can follow the students into the skills lab. You can follow them to the clinical placements. You can go to all the meetings but at least a month gap should be okay.

I When you mention this workshop for the clinical supervisors, do you mean like you actually wanted the presenting, a workshop where you can present to the students or how to teach the students or overcome public fear? What do you think will be the goal for you in this workshop?

P It is not only the problem of fear but I think if there is a workshop it should be just to give you more guidance.

I So more guidance on how to do it.

P On how to do it.

I Thank you for sharing. I just want to take you back where we started, the role of the clinical supervisor. You've mentioned the role in the skills lab and you've also mentioned the role in the clinical placement. You mentioned that you will conduct clinical assessment but there is also another role you didn't mention when you spoke about that. How prepared were you to monitor the students' assessment besides the assessments, the clinical learning hours of students and your other administrative tasks as also part of your role as clinical supervisor?

P Coming to the clinical to doing assessments with the students that role it was a little bit challenging at the beginning, as I said, you were not sure of your understanding of the tool because it is a rubric that somebody came up with. So you're not sure if your understanding of the rubric is actually what they want.

UNIVERSITY of the
WESTERN CAPE

http://etd.uwc.ac.za/

So at the beginning it was a little bit challenging but as time goes on you understood what the tool meant. So that improves over time. And before you do every assessment with the student you must have demonstrated the clinical skills to the students. First, I call it normally I call it an orientation session where I get all the students in a single room. We go through the assessment tool. We go through how to do the procedure. Then it comes to demonstrating. I might play the role of demonstrating or I might use the students to demonstrate what is required of them. Then I allow the student to go practice. They could practice under my supervision or they can practice under the supervision of the Sister in the ward. If the student then feels comfortable with the practice then the student can do a self-directed learning in the skills lab. From there we can assess and see if a student is read for assessment.

I So you first do all these – explain, what you've just done now is that you were now explaining to me the process that you follow regarding the skills lab methodology and how to enhance a student's clinical learning. So you would do all those steps that you have now explained to me, and then do the assessments.

P Yes.

I You prepare them well to help them with the assessments.

P I'm trying my best to prepare them before their assessment. Talking about that I think that is also a challenge with the supervision. Because our students do rotate. Say after a couple of weeks they come from another facility. Then you find out that the student wasn't prepared by the other supervisor. It becomes a challenge because you prepare your students for assessments and by the time

UNIVERSITY of the
WESTERN CAPE

http://etd.uwc.ac.za/

the other students come to you they've got no clue about what to do and you ask yourself what have you been doing at the clinical settings? So it is a major challenge when it comes to that.

I How will that now influence your teaching or your outcome of your students?

P It actually affects me negatively because sometimes I feel like you're doing your work and somebody is not doing hers. And sometimes you feel like okay, I just don't care because at the end of the day, another student will come to me that was never guided properly so I should also allow my ones to go like that. Sometimes you feel also that you should just go on with that attitude as well, which is very bad. Coming to the students, it actually affects the students negatively because say for instance they have a cut-off date and towards the cut-off date they haven't been prepared for assessments. Now they are in a rush and they become very tense. They become very… some of them are still scared and some do break down. Because now you're rushing them to do an assessment.

UNIVERSITY of the
WESTERN CAPE

I So meaning that the focus is only on assessment and not really on the clinical teaching?

P Yes. At the time now you're focusing on the assessments.

I The outstanding and late assessment yes. …instead of teaching the students?

P Yes, that is where the problem is.

I And how do you monitor your students' clinical hours? How prepared do you feel for that one?

http://etd.uwc.ac.za/

P Clinical hours? Coming to clinical hours, I deal with fourth-year students which I believe are senior students. I also tell them they're senior students. I don't have to be running behind you checking your clinical hours every second. On the first day of the orientation I tell them if there is no opportunities in the ward please create an opportunity for yourself. Go to the Sister and ask her you want her to give you a book so that you want…. Create an off duty if anybody comes to the hospital and say were you here they can trace it in that book. So if a student creates their off duty, say for instance, the student was there for a whole week and on that rotation I probably see the student once. The only way I can know that that student was there on Tuesday is through the off-duty.

I Is that the students' own off duties of the ward?

P It could be the off duties in the ward. Like I told them if there are no off duties in the ward please let the sister provide something for you to create an off-duty. So I follow the off-duty in the ward or the one that is created under the Sister because normally the Sister will also have to check, the unit manager. So I need the off-duty to check your timesheets. But I always tell the senior students, you are professional nurses please do the right thing. Give the Sisters to sign your time sheet. If you're sick simply come and get it later. I've got a bad experience when it comes to clinical hours don't get your life messed up – that's all I tell them.

I And with regard to your other administrative roles - how prepared were you?

P Coming to the administrative role, it was so hectic beause at the end of the week they expect you to send an email where were you from Monday to Friday, what students did you see from Monday to Friday, what did you do with your

UNIVERSITY of the
WESTERN CAPE

http://etd.uwc.ac.za/

students from Monday to Friday. That becomes a little bit challenging because I for instance didn't have a laptop at home and I didn't have Wi-Fi. Which means that from my clinical side I must drive to campus to get all of that done and the email. I think it was a big problem because Monday, Tuesday, Wednesday you keep getting the emails please can you send your work proof, can you send your proof of… what do you call that? You just have to send your work through.

I Evidence.

P Yes, evidence of clinical supervisor. And it was very challenging for me because they were putting too much pressure on us. At one point they said it must come in on Friday by four o' clock and sometimes by four o'clock you're still at a clinical site and they're calling you to send in an email at four o' clock. So it was challenging.

I And how did that affect you?

UNIVERSITY of the
WESTERN CAPE

P I was so frustrated at one time. I remember Mrs F, she was Laura, where were you on Monday? So I was really forced by… they needed to give us at least the weekend then we can compile everything and then probably give us at least till the Monday to submit the info. But I think somehow it got to a point where we're submitting Monday. But it was frustrating at the time.

I Is there anything else that you want to share with me? Any other challenges?

P Other challenges is in terms of working with your colleagues it is a challenge.

I Explain what you mean by that.

http://etd.uwc.ac.za/

P I will say that every profession has its own politics that is what I say. So working with colleagues it is challenging for me because sometimes you think you understand them but they turn around and then you feel like oh, I didn't understand this person at all. Some are supportive and some are not supportive. Some are just waiting for you to make the least mistake and then it becomes an issue of which I believe that everyone… you learn on a daily basis. If I do make a mistake it was just for you to say you've made a mistake and this is what you were supposed to do. And I believe that everybody … if you are in an academic field then you should be open to learning.

I And how did that make you feel?

P I actually thought of quitting my job, and going to look for work somewhere else. But at the end of the day they just told me that wherever you go you will find a boardroom full of [pricks].

UNIVERSITY of the
WESTERN CAPE

I Does this perhaps negatively influence your students?

P Not really. It never affected my teaching with the student. It only affected my personal relationships and feeling free with colleagues.

I Thank you so much for participating and I hope you will have a wonderful day.

P Thank you.

(End of audio)

http://etd.uwc.ac.za/

APPENDIX G: EDITORIAL LETTER

LETTER OF CERTIFICATION

Gareth O P H Lowe

9 Lamborghini Avenue

Wierda Park

Centurion

0157

Tel: +27 83 726 6868

Email: gareth_lowe@yahoo.com

19 April 2019

To whom it may concern

I hereby certify that I, Gareth Owain Paul Howel Lowe, edited the thesis of **Margaret Ursula Marinda Hoffman**, entitled **"Perceptions of clinical supervisors about their preparedness for clinical teaching at a university in the Western Cape"**, for language.

Regards

Gareth Lowe

Editor

http://etd.uwc.ac.za/