Faculty of Community and Health Sciences

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Undergraduate nursing students' perception of the psychosocial clinical learning environment at a selected Higher Education Institution

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ABBREVIATIONS

CINAHL : Cumulative Index of Nursing and Allied Health Literature

CLE : Clinical Learning Environment

CLEI : Clinical Learning Environment Inventory

NEI : Nursing Education Institute

ABSTRACT

Background: Globally there is an urgent requirement for skilled nurses. For this reason, interventions in nursing education need to be carefully assessed and strategically planned and coordinated. In order to establish an effective clinical learning environment at education institutions, it is strongly recommended that one should gain insights from the perceptions of students, regarding their experience of their learning environment.

Aim: The aim of the study was to investigate the undergraduate nursing students' perceptions of the psychosocial clinical learning environment in a Higher Education Institution.

Methodology: A quantitative descriptive survey design was used for this study in the form of questionnaires. The study utilized the pre-existing Clinical Learning Environment Inventory (CLEI) instrument developed by Chan (2001). The study utilised third year and fourth-year undergraduate nursing students. The target population comprised third year undergraduate nursing students (n=250), and fourth year undergraduate nursing students (n=248). The total target population was (n=498) undergraduate nursing students. A random sampling technique was used to select the study sample size of n=218. Self-administered questionnaires were distributed to two hundred and eighteen (218) respondents during class time and two hundred and eighteen (218) completed questionnaires were returned. The data was analysed using the Statistical Package for Social Science version 25. Descriptive statistical analysis was used to generate frequencies, mean values, median and standard deviation of observations. Reliability and validity of the study was ensured as described in the methodology section. Permission to use students for the study was sought from the registrar of the University. Informed written

consent was sought from all the participants in this study. The ethical principles were adhered to ensure confidentiality and anonymity of the participants throughout the study and beyond.

Results: The fourth year respondents, 64.7% (n=90) agreed that their facilitators often think of interesting activities compared to their third-year counterparts, 35.3% (n=49); whereas, 63.6% (n=77) agreed that the facilitator thinks up innovative activities for students as compared with 36.4% (n=44) third years. This significant difference between the year levels cannot be justified from the study findings. However, it can be attributed to an underestimation of the impact of innovation and its impact on teaching and learning. The perception of fifty percent (50%) each for both year levels reported that the clinician talks more, rather than listening to the students. These findings indicate that communication between students and their clinical facilitator is hindering the clinical learning experience.

There was a significant difference found between the groups (t=1.1, p=.027), as the average opportunities for interaction between students and clinical facilitators were lower for third year [2.3(±0.4)], compared with the average participation score for the fourth year 2.4 (±0.4). Most of the respondents, 81.2% (n=177) reported that clinical placement was a waste of time. The findings showed that the degree of satisfaction declined as students progressed from third to fourth year. There was a significant difference between the groups with 91.1% (n=102) fourth years reporting that clinical placement was a waste of time compared to 70.8% (n=75) of their third-year counterparts. A probable explanation for this might be the fact that the learning objectives and activities differed in the academic progression.

The extent to which students are allowed to make decisions and are treated fairly was found to be more favourable by fourth years than third years, with mean scores of 2.7±0.4 and 2.6±0.4 respectively; thus highlighting a greater level of independence at the more senior

level. Study findings reported that 47% (n=102) agreed that the preceptor/clinician often became side-tracked instead of sticking to the point and only 45.9% (n=100) stated that clinical placements were disorganized. The findings from this study indicated that half of the students did experience a certain level of clarity and organization across their classes, while others did not consistently receive this level of clarity.

Conclusion: The findings of the study indicates that there was inadequate supervision, poor student-mentor interaction, a lack of clarity and organization and ineffective teaching methods that impacted negatively on their decision making skills and revealed the need for new strategies to be implemented in the nursing education system, in order to ensure a successful CLE.

Recommendations: This study demonstrated that students perceive the CLE as a place to learn and obtain skills for the nursing profession, yet their perceptions of how they were taught did not reflect their enjoyment of learning, and showed room for improvement in how clinical facilitators used different teaching methods, interacted with learners, and allowed them to make decisions, all the while ensuring that the lines of communication were kept open. Clarity and an organizational culture were lacking in the students learning environment which impacted negatively on their perception of learning. It is imperative that clinical facilitators evaluate their behavior with students consistently, be aware of their behavior and be open to suggestions and recommendations on how to improve their teaching.

KEY WORDS: Nursing Student, Clinical Learning Environment, Psychosocial, Satisfaction, Clinical Facilitator

DECLARATION

I, Chanthelle Jaganath, do hereby declare that an undergraduate nursing students' perception of the psychosocial clinical learning environment at a selected higher education institution, is my own work, that it has not been submitted before, at any other University, and that all sources used or quoted have been indicated and acknowledged as complete references.

Signed: _____ on this   day of December 2019

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CHAPTER 1: INTRODUCTION AND THE BACKGROUND OF THE STUDY

1.1　　Introduction

The quality of patient care has been addressed in the publication of The White Paper for the Transformation of Public Service Delivery (1997), and The White Paper for the Transformation of The Health System in South Africa (1997). However, quality in healthcare, despite all attempts to improve it, continues to be a major concern. One of the various factors that influence the quality of patient care and outcome is the quality training of nursing students for the profession (Setati & Nkosi, 2017). Countless research efforts have provided insightful knowledge on clinical education shortcomings; however the psychosocial perspective from the student nurse's perspective hasn't been investigated enough to yield solid conclusions (Kaphagawani & Useh, 2013; Lawal, Weaver, Bryan & Lindo, 2015).

The integration of students into the clinical learning environment has been widely explored with an established body of knowledge (Bjørk et al., 2014). Evidence of what constitutes a conducive learning environment is documented since the 1980's; however, educators are to date challenged with the identification of features that constitute a conducive learning environment (Niederriter, Eyth & Thoman, 2017). Undergraduate nursing programmes aim to provide positive and proficient experiences for students in the clinical learning environment with the objective of skill acquisition and professional development, but they are failing to bridge the theoretical knowledge with skill practice. This ongoing challenge is resulting in poor quality of practices conducted by novice nurses in the workplace (Hezaveh, Rafii, & Seyedfatemi, 2014; Manoochehri, Imani, Atashzadeh-Shoorideh, & Alavi-Majd, 2015).The realization among nursing educators that the clinical learning environment can impact both positively and negatively on students' learning is growing; however educators

are falling short regarding factors that promote a positive learning environment (Froneman, du Plessis & Koen, 2016). There is an abundance of studies that identify characteristics of positive clinical learning environments; however, there is limited literature on clinical learning environments from the psychosocial perspective (Jamshidi, Molazem, Sharif, Torabizadeh, & Najafi Kalyani, 2016; Rajeswaran, 2017). Clinical learning environments that are easily accessible, adequately staffed with trained professionals who are accommodating to students learning needs, clinical facilitators that implement teaching and learning strategies that combine theory with the practical skills, as well as open communication, have been found to be the four characteristics that greatly contribute to positive environments (Jamshidi, 2016; Papastavrou, Dimitriadou, Tsangari & Andreou, 2016).The purpose of this study was to explore undergraduate nursing students' perceptions of the clinical learning environment. The study's population comprised third and fourth year undergraduate nursing students from The University of The Western Cape. A quantitative research study was conducted with two hundred and eighteen (218) participants in total.

1.2   Background

The application of theoretical concepts and skills to professional practice would not be possible without valuable clinical learning during nursing education and the success thereof is due to the undeniable relationship between the environment and learning (Perry, Press, Rohatinsky, Compton, & Sedgwick, 2016; Lawal, Weaver, Bryan, & Lindo, 2015). However, the clinical learning environment is found to be the most anxiety-provoking experience for students with their preparation for clinical learning, their perception of self and poor relationships between students and clinicians contributing to their dissatisfaction with clinical learning (Papastavrou et al., 2016). Clinical learning environments have been found to impact

unhealthily on students' by decreasing self-confidence and motivation levels and increasing stress and anxiety levels, all of which hinder the learning process (Wawire, Rogers, Claudio, Mwiti, Ndung'u, Katindi, 2014; Rajeswaran, 2017).

As a patients care needs increases and are ever changing with the discovery of new knowledge, so too do the complexities in training required to render this care, therefore, clinical teaching and learning activities require continuous attention, reflection and structural adaptation, which is failing globally as standards for quality patient care are falling which can be directly attributed to failing nursing training programmes (Cremonini, Ferri, Artioli, Sarli, Piccioni, & Rubbi, 2015). The most important feature of a good learning environment is a sense of ontological security which can be established through cooperation and strong partnerships between the educators, clinical nurse supervisors, ward managers and nursing staff in the clinical environment; also referred to as psychosocial harmony (Khoza, 2015; Cremonini et al., 2015). One of the factors that contribute to disruption in ontological security and psychosocial harmony is the disruption of the transition phases between theory-laboratory-practice for the nursing student and poor relationships between the nurse educator and the clinical nurse supervisor in the clinical learning environment (Donae & Varcoe, 2015).

The simulation laboratory is designed to simulate real clinical practice in a safe and secure environment, where learners practice their skills to integrate theory and practice and to develop a reflective stance and reduce anxiety levels (Haraldseid, Friberg & Aase, 2015). Despite the accepted efficacy of simulation laboratories, learners have reported that experiences in the laboratory need to be strengthened as there is limited linkage between the didactic teaching skills taught in the laboratory and clinical placement activities; resulting in

a lack of confidence, increased stress and anxiety levels and an imbalance from a psychosocial perspective. (Rajeswaran, 2017; Turner & McCarthy, 2017). Motivation in academia is defined as the energy required for academic studies. In nursing education, motivation is important as it encourages learners in academic achievement and contributes to retention of nursing students (Yilmaz, Sabancıoğulları & Kumsar, 2016).The physical conditions of the clinical learning environment, respect from staff nurses in the clinical environment, more positive feedback from clinical instructors, clear explanations of what is expected of learners and the criteria for evaluation and references to relevant literature were all found to increase learner motivation (Karabulut, Aktas, & Alemdar, 2015).The psychosocial clinical learning environment can be measured by using the Clinical Learning Environment Inventory (CLEI) instrument that was designed to measure the six subscales of Personalisation, Innovation, Individualisation, Task Orientation, Involvement and Satisfaction of clinical learning. Hence, this study will use the six sub-scales of CLEI to determine the perceptions of nursing students towards the clinical learning environment.

1.3   Problem Statement

The clinical setting as a learning environment is a significant concern in contemporary nursing education and requires interval evaluations to ensure that it remains a conducive learning environment (Papastavrou et al., 2016). Furthermore, there is a growing concern among nursing educators that the clinical learning environment can impact either positively or negatively on undergraduate nursing students' learning, which, in turn, directly impacts their performance as qualified novice nursing professionals and the quality of the service that they deliver. Identifying and understanding the features of a healthy clinical learning environment from the voluminous qualitative research studies that have been conducted

continues to challenge clinical educators; partly because nursing students' have become apathetic about voicing their opinions and difficulties, as students continue to verbalize the same challenges (Rafiee, Moattari, Nikbakht, Kojuri, & Mousavinasab, 2014).Providing clinical environments that support student learning is a major concern for nursing education programmes as this affects the calibre of clinical competence of the nurses tremendously in today's workforce (Baraz, Memarian & Vanaki, 2015).One of the leading factors for student nurse attrition is due to challenges in the clinical learning environment, which, as a result, contributes to the shortage of trained nursing professionals in South Africa (Roos, Fichardt, MacKenzie, & Raubenheimer, 2014). Despite the large number of nursing students assigned to specific health facilities for their clinical practices in the Western Cape, countless qualitative research studies have been conducted exploring this topic. However, limited quantitative studies were found that investigated undergraduate student nurse perceptions of the clinical learning environment from a psychosocial perspective. Thus, this study, aims to investigate the perceptions of undergraduate nursing students in the psychosocial clinical learning environment, from a quantitative perspective.

1.4   Significance

The findings of this study would assist in understanding the clinical learning environment from the psychosocial perspective of the undergraduate nursing student and the findings could offer relevant evidence-based information to help facilitate solutions for better clinical learning environments. The clinical learning environment should be a positive and conducive setting, where students are able to relate theory to practice in comfort, develop and master their practice skills, and evolve the interpersonal skills necessary to function not only within the health services industry but in general day-to-day activities as a member of society.

Studies related to undergraduate nursing students' perception of the clinical learning environment from the psychosocial perspective are few and this limits the literature available to improve on the clinical experiences for students (Lawal, et al., 2015; Kaphagawani & Useh, 2013).

1.5   Aim

The aim of the study was to investigate undergraduate nursing students' perceptions of the psychosocial clinical learning environment in a Higher Education Institution.

1.6   Objectives of the Study

The researcher is interested in investigating the clinical learning environment using the six objectives listed below, as these could provide a complete picture of the problem, based on the six subscales of the CLEI instrument.

1. To examine the extent to which clinical educators introduced new teaching and learning activities.

2. To examine the extent of students active and attentive participation in clinical activities.

3. To determine individual opportunities of interaction between student and clinical educator.

4. To determine the extent to which nursing students enjoy the clinical learning environment.

5. To examine the extent to which students can make decisions and are treated fairly.

6. To determine the extent of organization and clarity of activities in the clinical learning environment.

1.7   Concept Operational Definition

TERM	TERM DEFINITION	OPERATIONAL DEFINITION
Nursing student	Nursing student are individuals who are completing a basic four year nursing programme that has been accredited by the South African Nursing Council, and will result in this individual meeting the minimum requirements for professional registration with the South African Nursing Council as a Registered/Professional Nurse and Midwife (South African Nursing Council, 1994)	For the purpose of this study nursing student refers to third- and fourth-year nursing students registered for the 2020 academic year at a selected higher education institution.
Clinical learning environment	The clinical learning environment is a predetermined venue that the nursing student is systematically exposed to, for learning and practice opportunities with real patients in a service provider facility (Carlson, et al., 2005).	For the purpose of this study a clinical learning environment refers to the health care facilities (hospitals, clinics) that are accredited by the South African Nursing Council for the clinical training of nursing students.
Psychosocial	Psychosocial is defined as the influence of social factors on an individual's mind or behaviour, and the interrelation of behavioural and social factors(Martikainen, Bartley & Lahelma, 2002).	For the purpose of this study, it refers to the interrelation and influence of the clinical learning environment and the student.
Satisfaction	Satisfaction is the response of the customer to organizational success that represents the level of a customer's pleasure in responding to the specificity services provided by the organization	For this study it refers to the level of pleasure and approval that the nursing student expresses for their clinical learning environment.

	(Hakim, 2014).	
Clinical Educator	A Clinical Educator is an individual with expertise in educational theory and practice in addition to hands-on teaching (Branch, Kroenke & Levinson, 1997).	For this study, it refers only to clinical facilitators/supervisors encountered by undergraduate nursing students at clinical learning environments.

1.8   Study chapters layout

Chapter 1: This chapter introduces the scientific foundation of the study with brief descriptions of the problem statement, the background of the study, the significance of the study, the aim of the study, the objectives of the study, and a brief introduction of the research and design methods.

Chapter 2: A review of the literature pertaining to undergraduate nursing students' perceptions of the clinical learning environment is discussed in this chapter.

Chapter 3: The research methodology that was utilised for this study is discussed in this chapter.

Chapter 4: Data analysis and the interpretation of the results

Chapter 5: Discussion of the findings.

Chapter 6: This chapter includes the conclusion and recommendations of the study.

1.9   Summary of the Chapter

This chapter focused on an introduction to the topic of this study, its related problem statement and background as well as the objectives of the study. A brief overview of the research methodology was provided. The chapter concluded with the ethical considerations of the study. The literature review follows in the next chapter.

CHAPTER 2: THE LITERATURE REVIEW

2.1   Introduction

A literature review is purposed for obtaining a broad background and exploring existing knowledge of a problem, with the intention of bridging the knowledge gap (Gray, Grove & Sutherland, 2016). A comprehensive search of literature was completed using various databases as well as hard copy sources such as the Cumulative Index of Nursing and Allied Health Literature (CINAHL), Google Scholar and Science Direct; textbooks, journals and governmental reports. This chapter reviews the literature that is related to this study and is arranged into seven sections, namely:

 i.   The Clinical Learning in Nursing Education;

 ii.   The History of Clinical Learning in South Africa;

 iii.   The Clinical Learning Environment;

 iv.   The Challenges of the Clinical Learning Environment;

 v.   The Role of Clinical Facilitation;

 vi.   Psychosocial Factors identified that Influence Student Nurses in The Clinical Learning Environment; and

 vii.   Factors that Positively Influence Student Satisfaction in the Clinical Learning Environment.

2.2   The Clinical Learning in Nursing Education

Professional nurse education and training aims to develop clinically competent nurses who can deliver health care across all spheres of the profession, in a safe and service orientated capacity (South African Nursing Council regulations No.R425, 1988).The successful

preparation of competent practitioners of nursing requires clinical learning environments as this is a practice-based profession and clinical teaching is crucial in the education programme. Research in nursing education recognises that the role of clinical learning is undoubtedly necessary and a great emphasis is placed on nursing students being given maximum opportunities to experience the clinical environment for bountiful benefits (Papastavrou, 2016; Baraz et al., 2015). Farzi, Shahriari & Farzi (2018) provide a great description for clinical teaching as: "the heart of professional education". It is in the clinical learning environment where students acquire and master clinical practice skills, where they interact with patients and their family members and engage with qualified healthcare professionals, thus allowing them to develop skills like socialisation and teamwork. This environment quickly becomes an interactive network of forces that encourages learning (Farzi, et al., 2018**).** Nursing education has displayed through its history a shift from the hospital-based programmes to institutions of higher education, resulting in concerns highlighting the sufficiency of clinical practice (Blaauw, Ditlopo & Rispel, 2014). The successful preparation of competent practitioners of nursing requires clinical learning environments, as this is a practice-based profession and clinical teaching is crucial in the education programme. Research in nursing education recognises that the role of clinical learning is undoubtedly necessary, and a great emphasis is placed on nursing students being equally if not more exposed to the clinical component than other medical practitioners (Jamshidi et al., 2016).

2.2.1   The history of clinical learning in South Africa

In South Africa, key features of the reformation of nursing education are to increase its level of professionalism and to transfer towards university education (Blaauw, et al., 2014).

Religious institutions were predominantly involved in nurse training during the larger part of the nineteenth century and the early twentieth century, comprising a minority from private organisations, partially subsidised as well as state run facilities (Blaauw, et al., 2014).

The first formal nursing training programme was instituted in 1877 in the diamond mines of Kimberley, South Africa. Despite the objections of its founder who preferred the programme being included under The Department of Education, this nursing training programme that followed the hospital apprenticeship model was classified within the Medical Council (Blaauw, et al., 2014). In 1937 the profession of nursing was officially proclaimed as an academic discipline when The University of Witwatersrand introduced a Diploma in Nursing (Searle, 1965).

The institution of The South African Nursing Council in 1944 freed nursing education from the Medical Council and it became the council responsible for nursing education standards and the professions primary examining body (Blaauw, et al., 2014). The first Bachelor of Arts Nursing qualification was offered by the University of Pretoria in 1955 and was the forerunner of the degree that is known today as the Bachelor of Nursing was introduced by The University of Witwatersrand in 1969 (Horwitz, 2011). The three-year diploma in nursing offered at hospitals served well during this period and proved to be the learning institution of choice at the time. This was owing to the cost related to studying at a university and the prerequisite qualifications that Universities desired (Uys, 1989; Ehlers, 2002).

In 1986 nursing education was officially included in higher education when a policy shift made it mandatory for all nursing colleges to affiliate with university-based schools of nursing (Blaauw, et al., 2014). Concurrently, the South African Nursing Council introduced a new four-year comprehensive nursing training programme which included general nursing,

midwifery, as well as community and psychiatric nursing. Enrolment for this new programme was offered either as a university degree or a nursing college diploma (Blaauw, et al., 2014).

The focus of nursing in South Africa changed once again with the birth of the Democratic nation in 1994 which resulted in the post-apartheid transformation within both the Department of Health and the Department of Higher Education (Blaauw, et al., 2014; Armstrong & Rispel, 2015). This transformation included reforms in the rationalisation of institutions offering nursing training programmes, a change in the nursing scope of practice and a revision of nursing qualifications (Department of Health, 2013; Blaauw, et al., 2014). These revisions of the nursing qualification in South Africa came about owing to the vast changes of the profession as well as to ensure that the qualification of nursing was congruent to the new National Qualifications Framework (NQF) (South African Qualifications Authority, 2012). The leading output of the new qualification framework is for all professional nurses to be registered with a Baccalaureate Degree in Nursing, to enhance the professional status of nurses, engage a higher quality of students, elude medical sovereignty, and validate autonomous nursing practice (Blaauw, et al., 2014; Armstrong & Rispel, 2015).

2.2.2   Learning theories supporting clinical nursing education

Exploring different learning theories helps one to better understand the intrinsic relationship between the environment and learning. Aliakbari, Parvin, Heidari, & Haghani (2015) stated that because learning theories are verified works of instructional techniques, they provide a solid basis to develop teaching and learning strategies. These are tried and tested instructional approaches which serve greatly as a foundation and evidentiary justification towards planned outcomes of a learning programme (Aliakbari, et. al., 2015).

The Experiential Learning Theory focuses on how learning is accomplished with interaction with the environment (Poore, Cullen & Schaar, 2014). Flott and Linden (2016) explains how the environment that students are exposed to and interacts with, plays a vital role in their learning, as their surroundings and all that they come in contact with in some way influences their understanding of concepts, either applicable to life lessons or the subject matter being taught. This interaction between the learner and environment is better understood in three steps; the learner observes an activity, then learns by 'doing' and lastly practicing the activity, under supervision or guided practice (Curran, 2014).

Aliakbari, et al., (2015) supported this learning theory and advocated that learning is best achieved when students are actively engaged, rather than being inert recipients of learning. Palmer, Burns and Bulman (1994) revised the work of theorist John Dewey which made significant contributions to the Experiential Learning Theory, which emphasised experience in education. They described the relationship between actual experience and education as an intimate and necessary one that promotes learning (Palmer, Burns & Bulman,1994). From John Dewey's perspective, in Palmer, Burns & Bulman, (1994) a passive, teacher-focused approach to teaching and learning does not accomplish the desired goal of knowledge transfer.

A study by Curran (2014) explains John Dewey's view of Experiential Learning Theory as knowledge gained from collaborating past and present experiences with the intention to test previously adapted conceptions and develop new practices which cannot be accomplished if the surrounding environment is excluded as the primary conduit for this transfer of knowledge. Similarly, other notable studies by theorists like Jean Piaget and Carl Rogers who build on the foundations of John Dewey support the Experiential Learning Theory (Kolb &

Kolb, 2005). Another formidable theorist who supports the Experiential Learning Theory is David A. Kolb who explained how learners previous experiences, their hereditary characteristics and the environment they encounter all serve to develop a preferred manner of processing lived experiences. These processing mannerisms contribute to the development of different learning styles like reflection, analysing and initiating (Kolb & Kolb, 2005). Studies by Perry, et al., (2016) and Okoronkwo, Onyia-Pat, Agbo, Okpala & Ndu (2013) adopted the theories of John Dewey and David Kolb and emphasised their importance in clinical nursing education. Both studies described the unique ability of transfer of knowledge and development of new knowledge when learners are exposed to learning environments and learning experiences. Beccaria, Kek, & Huijser (2018) also favoured this theory and added that in a practice-based profession like nursing, learners gain valuable experience from an interactive learning environment where the outcomes of clinical practice occur in their natural setting.

Another learning theory that applies to learning in the clinical environment is Behaviourism or the Behaviourist Theory. To fully understand the roots of Behaviourism, Moore (2013) stated that Empiricism which is the view that experience is the primary source of knowledge and that organisms born with no knowledge build from their interactions with the environment, needs to be included. This concept began with the views of Aristotle (384 - 322 B.C) and owing to his perspective, Empiricism claims that if the environment is manipulated accordingly, it will result in an improved learning experiences and ensure that learners make proper associations with knowledge and practice (Cooper & Stowe, 2018). This mindset from the perspective of Empiricism provided the framework for Behaviourism or the Behaviourist Learning Theory (Moore, 2013). To grasp the learning theory of Behaviourism the works of J.B. Watson, B.F. Skinner, Edward Thorndike and Ivan Pavlov dominate. Key features of

their inclusive work comprise stimulus-response, conditioning, reinforcement and laws of effect, all of which support the assumption that the primary focus of Behaviourism is observable behaviour; that all behaviour regardless of its complexity can be attributed to a stimulus-response mechanism and that the environment is the catalyst of learning (Erlam, Smyth & Wright-St Clair, 2017).

Understanding how the Behaviourist perspective supports learning can be confusing considering that the theory draws from the works of multiple contributors. A simplified explanation is provided in an article by (Honey & Proctor, 2017) that states that for the learner to display a desired response or behaviour, the learner must be subjected to a target stimulus. A stimulus is a trigger that whenever encountered by the learner, activates an immediate thought process related to a specific actionable response or task. (Honey & Proctor, 2017) further explains that for learning to be achieved, the stimulus that is used requires structured presentations and the learner must be allowed to practice adapting the stimulus to the task repeatedly, to ensure that the desired response is achieved. Learning is achieved when the task or skill being reinforced is positively observable every time a specific environmental stimulus is encountered by the learner.

In the facilitation of learning, especially in disciplines that require recalling facts, illustration of concepts, making associations and the performance of specific procedures; the Behaviourist Learning Theory serves well, especially when combined with principles of Experiential Learning Theory (Aliakbari, et. al., 2015).

Academic disciplines like nursing that place an emphasis on the pre-assessment of learners to ascertain the level of instruction for skills development, where outcomes of learning are assessed by observable clinical practice and where learning often involves the mastering of

clinical practice in steps; is better served by learning theories such as Behaviourism (Erlam, et al., 2017). Therefore, it is undeniable to state that educational programmes like nursing will not fare well if learning paradigms like Behaviourism and Experiential Learning are disavowed (Erlam, et al., 2017).

2.3   The Clinical Learning Environment

The clinical learning environment (CLE) is best described as anything and everything that surrounds the student during a clinical placement will have direct impact on their understanding of clinical practice as well as promoting clinical competency (Shabnum, Hussain, Mujeed, Afzal & Amir, 2018). Numerous studies have provided evidence stating that the CLE is beneficial to the development of clinical judgement and decision-making skills that students will not easily accomplish in a classroom setting (Flott & Linden, 2016). The quality of the CLE has been found by Palese, Gonella, Brugnolli, Mansutti, Saiani, Terzoni, Destrebecq, Zannini, Grassetti & Dimonte, (2019) to be a great influence on student learning. Careful organisation of learning tasks and a variety of teaching and learning approaches contribute to the learning process (Shabnum, et al., 2018). The growth of students' clinical competency is attributed to many factors, some of which include exposure to numerous clinical settings; realistic clinical learning environments; self-directed or independent study and practice and positive learning environments (Alhaqwi & Taha, 2015).

Hooven (2014) emphasised that the staff members in the clinical setting play an equally integral role in the students' learning process as they are required to recognise the students as learners and motivate the students' growth with positive interaction, constructive feedback and encouragement to interact. Staff members who are assumed to be role models for students serve as resources of knowledge to guide and build the students clinical skills and

clinical attitude (Lapeña-Moñux,Cibanal-Juan,Orts-Cortés, Maciá-Soler, & Palacios-Ceña,2016).

Being a practice-based profession, clinical rotations bear a great deal of weight in the curriculum and the success of a nursing programme is reliant on the effectiveness of the clinical learning experience (Dale, Leland & Dale, 2013). The CLE has a huge impact on learning, as this is the environment where students bridge the gap between knowledge and practice (Hooven, 2014). Kaphagawani & Useh (2013) in their study findings also declare that the CLE is the only platform available to students to transcend beyond classroom learning into the realities of practice. This challenging and complex learning environment is a diverse social context when compared to the classroom setting that affords the learner opportunities to orientate themselves to the realities of the nursing profession (Flott & Linden, 2016). They also strongly contribute to the achievement of predetermined learning outcomes that are crucial in the development of clinically competent nursing practitioners (Flott & Linden, 2016).

Sherwood and Barnsteiner (2017) also discussed the relationship between the CLE and clinical learning outcomes. Their findings affirm that nursing education programmes are more likely to ensure their students' learning outcomes within healthy clinical learning environments. It goes without saying that professions that serve the needs of others like those in the healthcare industry demand high qualities of skills training and competence which cannot be achieved without real life exposure. Therefore, the importance of the CLE cannot be underestimated, especially when its purpose is directly related to events occurring in real time (Flott & Linden, 2016).

2.4   The Challenges of the Clinical Learning Environment

As crucial as the CLE is to any training programme, so too are its challenges. This nexus between clinical learning and the CLE must consider not only the student, but also the client, as well as the employed staff of the facility (Hooven, 2014). The "safety" of practicing skills in simulation laboratories is quickly challenged by constantly changing environmental conditions and involvement in real life events (Jamshidi, et al. 2016). Teaching and learning activities in the classroom and simulation laboratories can easily be structured, however in the clinical learning environment, which is dynamic and unpredictable, structuring of teaching and learning activities is difficult and requires additional support (Msiska, Smith & Fawcett, 2014). This support is provided by employed staff at the clinical learning facility.

Armstrong and Rispel (2015) proclaim in their study findings that relying on staff to support students in the clinical learning environment is untrustworthy. This untrustworthiness is associated with increased workloads and shortage of staff, that results in insufficient time and personnel to ensure that learners' needs are sufficed. They further reported from their study that a lack of quality control within the CLE is evident, with staff lacking appropriate qualifications yet being tasked with the responsibility to guide learners despite their lack of feedback given to the learner. Not all clinical learning environments are able to provide the student with the learning experiences of the skills laboratories.

Due to the lack of basic equipment and other related resources, staff are unable to demonstrate clinical skills appropriately and often improvise and display poor nursing practices to students (Msiska, et al., 2014). This display of clinical practice that contradicts

the learning that students encounter in precise simulation laboratories hinders the learning process (Msiska, et al., 2014).

A lack of variety and poorly organised teaching and learning activities is a key component in the failing of the CLE (Jamshidi, et al. 2016). Baraz et al., (2015) explain that planning in advance is a challenge for teaching and learning experiences in the CLE,as you cannot plan in advance for the ever-changing real world. They further state that these lost opportunities for skills development are further worsened when facilitators of teaching and learning do not provide clear guidance in the CLE. Other factors that affect learning in the clinical environment include demanding patients and scenarios of death or dying (Baraz et al., 2015; Flott & Linden, 2016).

2.5   The Role of Clinical Facilitation

In South Africa, for successful registration as a Professional Nurse, students of nursing must complete a four-year, full time diploma or degree at an accredited Nursing Education Institution (NEI). For successful completion of this programme, the student is required to complete a minimum of four thousand (4000) mandatory supervised clinical hours (South African Nursing Council Regulations No.R425, 1988). Professional nurse education and training aims to develop clinically competent nurses who are able to deliver health care across all spheres of the profession, in a safe and service orientated capacity (South African Nursing Council regulations No.R425, 1988).

 The facilitation of learning in nursing education is best described as clinical facilitation or clinical instruction, while students are in the clinical learning environment. This requires

clinical supervisors or facilitators to assist students, either individually or as a group, with achieving their clinical learning outcomes (Needham, McMurray & Shaban, 2016).

The NEI is responsible for submitting evidence of both theoretical and practical clinical competence of each learner; therefore, the responsibility of ensuring that each learner achieves the necessary requirements for registration as a Professional Nurse lies with nursing educators. Dehghani, Ghanavati, Soltani, Aghakhani and Haghpanah (2016) explained how students who are supervised, monitored and engaged regularly are more likely to adjust and accomplish their learning outcomes with ease.

A curriculum that schedules for student and clinician interaction in the clinical learning environment at regular intervals and provides a variety of communication mediums between the students and clinician encourages a supportive learning structure (Thomas, Kern, Hughes, & Chen, 2015). Hagenauer and Violet (2014) agreed that differing communication mediums facilitate good teacher-learner relationships and allow students to better familiarise themselves with their educators. Needham, et al., (2016) supports clear and open communication between educators and learners, as it results in students who are more comfortable and motivated with the teaching and learning programme.

Whilst students are found to be most vulnerable in the unpredictable CLE, the responsibility to ensure that students are comfortable and focused relies on the nurturing attitude of the clinical facilitator (Kaphagawani & Useh, 2013). Muthathi, Thurling and Armstrong (2017) reported that the time that clinical facilitators spend with students and the support systems that are provided for students favour a healthy and positive clinical placement. Likewise, the visibility of the facilitator is crucial in clinical learning, as students rely on guided practice which poses a challenge if clinical facilitators are not regularly meeting with learners

(Muthathi, et al., 2017). A study by Morbach (2015) affirms that the clinical facilitators approach to learners in the CLE is delicate in nature and requires the utmost attention to the facilitation of learning, thus developing a positive rapport while maintaining professional boundaries.

Learning in clinical environments is more skill and task focused, which requires extensive practice and exposure to clinical skills. The nurse educator/facilitator in the clinical learning environment has the paramount role of guiding learners' clinical practice, supporting them mentally through this strenuous period and ensuring that the staffs of the clinical facility are also well orientated to the clinical skill training programme (Jayasekara, et al., 2018; Dobrowolska, et al., 2015). Guiding learners' practice is not limited to the clinical component only, as clinical nurse facilitators assume the task of integrating classroom knowledge into clinical practice (Jayasekara, et al., 2018). In South Africa, these expectations of nurse educators are affirmed and supported by relevant stakeholders (Department of Health, 2012/13 - 2016/17).

2.6 Psychosocial Factors Identified that Influence Student Nurses in the Clinical Learning Environment

Achieving a positive CLE that promotes healthy learning is increasingly challenging (Jamshidi, et al., 2016). One way of attempting to rectify the challenge of positive learning outcomes is to assess and evaluate the clinical learning programme and the CLEfrom the psychosocial viewpoint of learners (Jamshidi, et al., 2016; Baraz et al., 2015). Valuable student feedback provides the academic institution with lived clinical experiences that expand on the factors contributing to negative learning environments, which can only be understood through planned assessments and evaluations of the clinical learning environment, from the

perspective of the student (Baraz et al., 2015). Students reported that their most challenging encounters during the undergraduate nursing programme were within the CLE where they were failing to relate taught principles to clinical practice and where they encountered high levels of stress and anxiety; with low levels of self-confidence (Jayasekara, et al., 2018; Dubrowolska, et al. 2015).

2.7   Stress, Anxiety and Self-Confidence Levels

Studies have revealed that stress, anxiety and levels of low self-confidence are very common among student nurses' feedback of their experiences during clinical rotations (Eslami, Rabiei, Afzali, Hamidizadeh & Masoudi, 2016). Crisp, Taylor, Douglas, Rebeiro (2012) defined self-confidence as a distinct belief in ourselves and our ability to successfully complete a goal or task. This undeniable characteristic in nursing education is crucial to the effectiveness of skill performance and underpins the competence of healthcare delivery in the clinical setting (Eslami, et al., 2016; McCarthy, et al., 2018). A Clinical Practicum is undoubtedly a crucial component of undergraduate nursing programmes which affords the student opportunities to merge theory with practice, yet this juncture is reported repeatedly as stressful, anxiety provoking and confidence depleting (Cowen, Hubbard & Hancock, 2016).

Stress and anxiety among nursing students' attributes to high attrition rates in undergraduate training programmes (Roos, et al., 2014). Students described stress and anxiety as characteristics of fear, confusion and panic; with their self-confidence being questioned every time they enter their clinical placements (Perry, et al., 2016). Many studies have reported that self-confidence is the most influential characteristic supporting clinical skill performance (Jayasekara, et al., 2018; Dubrowolska, et al. 2015). Further studies add that not only does

self-confidence improve clinical performance; confident nursing students are increasingly more effective nurses (Chesser-Smyth & Long, 2013).

Therefore, it can be said that the success rate of clinical practicum in nursing education is highly dependent on stress, anxiety and self-confidence levels of learners (Porter, Morphet, Missen, & Raymond, 2013). With consideration of this being stated, it is increasingly interesting that research finds self-confidence as reported by nursing students, to be declining and anxiety as increasing as undergraduate programmes progress toward their final year (Porter, et. al., 2013). In a study by Turner and McCarthy (2017) about nursing student experiences, they found that fourth year undergraduate students and novice graduate nurses reported high levels of decreased confidence for their venture into the professional world. They attributed this to unpreparedness during the learning programme. Students in Ireland reported that they weren't provided with enough opportunities to prepare in simulation laboratories before their clinical rotation, which resulted in decreased levels of self-confidence (Chesser-Smyth & Long, 2013).

Similarly, a study conducted by Levett-Jones, Pitt, Courtney-Pratt, Harbrow and Rossiter, (2015) hypothesized that increased anxiety and low self-confidence levels were prevalent in the clinical learning environment as a result of minimal clinical training prior to engaging the clinical learning environment. As with these two studies, numerous other works from the literature have related the lack of simulation training to decreased levels of confidence and increased levels of anxiety in the clinical learning environment (Mills, et al., 2016). Contributing factors include: no accompaniment from academic staff during the clinical rotation, staff members at the clinical site who misuse their time spent, and lastly not being able to meet the learning outcomes, as required by the nursing programme (Perry et al., 2016;

Roos et al., 2014). Other factors related to stress, anxiety and low self-confidence levels amongst undergraduate nursing students included: intimidating nurse educators, staff members' demeanour and a fear of being evaluated and judged by their instructors and peers (Eslami, et al., 2016; Killam & Heerschap, 2013).

As evident as it is that students report high stress and anxiety levels, along with low self-confidence levels in clinical learning, there also exists evidence that aims to provide solutions to this problem. Nasiri, Jahanshahi, Jannat-Alipoor, Navabi and Shamsaliniya (2018) found from their study that nursing students who are involved in mentorship programmes in the clinical learning environment reported lower levels of anxiety and higher levels of self-confidence. This theme is supported by Kramer, Hillman and Zavala (2018) in their study on "Developing a Culture of Caring and Support through a Peer Mentorship Program". Allowing for maximum exposure to simulation exercises in a controlled environment where students are free to practice skills at their own pace alleviates anxiety and encourages confidence during clinical placements (Kaddoura, Smallwood & Gonzalez, 2016). This finding is supported by Sharp, Newberry, Fleishauer and Doucette (2014) who added that students who encountered guided practice in simulation laboratories reported productive outcomes from their clinical placements as they felt well prepared and confident. Increasing the opportunities for students to engage in simulation activities has been proven to have the added value of achieving self-efficacy, boosting self-confidence, encouraging critical thinking and enforcing clinical judgement (Tawalbeh &Tubaishat, 2014).

2.8 Factors that Positively Influence Student Satisfaction in the Clinical Learning Environment

Successful clinical learning environments require an encouraging atmosphere based on psychological and pedagogical aspects, which are directly related to a teacher-student relationship and a variety of learning experiences (Aktaş & Karabulut, 2016). Papastavrou, et al., (2016) reported that learning and development in the clinical learning environment is highly dependent on student supervision and the relationship shared between the student and the clinical supervisor. Aktaş and Karabulut (2016) supported this claim and stated that respect for students and trust in their motivation and commitment promotes positive outcomes in the clinical learning environment. Aktas and Karabulut (2016) further demonstrated how meaningful learning situations and support and feedback from clinical staff encourages good clinical learning experiences for student nurses.

Clinical learning environments with welcoming, affiliating staff who maintain positive personalities have been found to encourage student interaction and participation (Mann-Salinas, et al., 2014). Similarly, McInnes, Peters, Hardy and Halcomb (2015) reported that students expressed that clinical learning environments that felt "welcoming" and "had a sense of belonging" allowed for better clinical learning experiences. An environment where students feel safe to ask questions should be encouraged by clinical staff in order to create healthy clinical learning environments where students feel like they belong to a team (Doyle, et al., 2017). Sundler, et al., (2014) agree with this statement and contributes that students respond positively when clinical managers adopt good leadership styles.

Concurrently, students' value being acknowledged and respected as learners within the clinical learning environment, where they are seen and heard as individuals with the task of

learning (Söderhamn & Haddeland,2013). Clinical learning environments where staff understand and students are accepted as emerging professionals, not yet qualified, but in transition, comprise a healthy environment that does not invoke stress and anxiety, boosts confidence and creates an open learning environment where students are free to enquire, practise and learn (Doyle, et al., 2017; Tawalbeh & Tubaishat, 2014). A study conducted in Australia by Lamont, Brunero, & Woods (2015) reviewed responses from undergraduate nursing students from multiple universities in Australia and their most prevalent conclusion was that their most successful clinical placements were those where staff were welcoming, with pleasant attitudes and another interesting finding was that 75% of students intended to complete post-graduate studies in those clinical placements that they enjoyed and where they felt most welcomed.

2.9   Summary of the Chapter

This chapter served to provide a review of literature pertaining to the challenges experienced in the clinical learning environment (CLE), as well as factors that positively influence student satisfaction in the CLE. International literature provided case studies that supported the assessment of these negative and positive factors of teaching in the clinical learning environment, and confirmed the resultant attitude of students towards their education as being anxious and less-self-confident.

Others enjoyed their clinical learning experience, as the encouraging atmosphere was based on psychological and pedagogical aspects which are directly related to a teacher-student relationship. There appears to be a gap in the literature, regarding providing current evidence relating to teaching in the CLE within South African Higher Institutions. No current literature from South African universities was found, indicating that the current study would prove

invaluable in bridging the knowledge gap in this regard and may provide insights to our local education system and on how to improve it. The chapter that follows presents a comprehensive discussion on the research methodology and design of this study.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1   Introduction

This study employed a quantitative research approach using a self-administered questionnaire to investigate perceptions of the Clinical Learning Environment from the psychosocial perspective of Undergraduate Nursing Students at The University of The Western Cape. Quantitative research is a systematic and rigorous process of collecting and analysing numerical data using different types of statistical analysis (Grove, Gray & Burns, 2015). It involves the collection of empirical data, systematically investigating the phenomena through using statistical computational techniques (Struwig & Stead, 2001).

The research design, the study population, the size and sampling technique, the collection of data and the analysis thereof, as well as measurement for rigour and research ethics will be discussed in this chapter. As stated in the first chapter, this study aims to investigate the perceptions of undergraduate nursing students of the psychosocial clinical learning environment in a Higher Education Institution. The following objectives were used to achieve the aim of this study:

1. To examine the extent to which clinical educators introduce new teaching and learning activities.

2. To examine the extent of students active and attentive participation in clinical activities

3. To determine individual opportunities of interaction between student and clinical educators.

4. To determine the extent to which nursing students enjoy the clinical learning environment.

5. To examine the extent to which students can make decisions and are treated fairly.

6. To determine the extent of organization and clarity of activities in the clinical learning environment.

3.2   Research Method

Barnham (2015) describes quantitative research as a systematic way of securing numerical data, in the pursuit of describing and explaining phenomena in a real-world context. This study aimed to investigate the perceptions of undergraduate nursing students' perceptions of the clinical learning environment from a psychosocial context by espousing a quantitative research approach. There is a lack of studies available that consider the perceptions of undergraduate nursing students from the psychosocial aspect and even fewer studies that have adopted a quantitative approach (Chan, 2001). This lack of knowledge, as explained by Barnham (2015) is what makes quantitative research useful as it enables a method to explore, elaborate and expand on such phenomena.

3.3   Research Design

A quantitative descriptive survey was used for this study, which is a process of obtaining complete and accurate information about a phenomenon, situation or group in real life, providing an accurate account of characteristics as they occur in the natural environment, with no manipulation by the researcher (Grove, Gray & Burns, 2015). This study utilised a descriptive survey design using self-administered questionnaires to investigate perceptions of

the clinical learning environment from the psychosocial perspective of Undergraduate Nursing Students at The University of The Western Cape.

3.4   Study Population

The study population is the entire group of persons that are of interest to the research study and meet the criteria as adopted by the study (Brink, van der Walt & van Rensburg, 2012). For this study, the population was nursing students enrolled in the undergraduate programme at The University of The Western Cape. Gray, Grove and Sutherland (2016) described target population (N) as a group of individuals from the identified population who satisfy the criteria for sampling and who are generalizable to the findings of the study. For this study the researcher chose 3rd and 4th year undergraduate students as the target population. The following statistics are based on the enrolment of students for the year 2018. The total population of undergraduate nursing students was one thousand one hundred (1100). The accessible target population within the undergraduate nursing students was two hundred and fifty (250) third year nursing students, and two hundred and forty-eight (248) fourth year nursing students. The total of the target population was N= 498 nursing students.

3.4.1   Population sampling

Grove, Gray & Burns (2015) described sampling as the process of selecting participants who are representative of the total population of the study. A sample is a subset of the population selected for a specific study. The sampling frame comprised third and fourth year undergraduate nursing students who were currently registered at a University in the Western Cape for the 2018 academic year. All the third and the fourth-year undergraduate nursing

students who met the inclusion and exclusion criteria were eligible to participate in the study. A simple random sampling technique was used to select the participants.

3.4.2 Sample size

The total target population (N) for the study was four hundred and ninety-eight (N=498). The Target population comprised third year undergraduate nursing students (n=250), and fourth year undergraduate nursing students (n=248). The formula for calculating sample size was

n = [DEFF*Np(1-p)]/ [(d^2/Z$^2_{1-\alpha/2}$*(N-1)+p*(1-p)] OpenEpi, Version 3, open source online survey sample calculator with confidence interval level 95% and margin error 5%. In order to ensure that each participant had an equal chance to be selected, the researcher used a simple random sampling technique to select n=218. Hence the sample size for this study was n=218.

3.5   Preparation for the Study

Appendix 1 details all the permissive pathways required from the management structures to collect data. The Head of The School of Nursing was informed via email of the study and the process of data collection; permission is included in Annexure 6. Permission was also sought from the Ethics Committee of The University of The Western Cape, as well as the Registrar's office, which is included in Annexure 4 and 5 respectively. After these standard requirements were fulfilled, the authoritative offices deliberated and shortly thereafter granted permission for the researchers to conduct the study and collect data at The University of The Western Cape.

All the lecturers involved in the third and the fourth-year undergraduate programme were contacted telephonically and via email, informing them about the study and the recruitment of students. The fourth-year team of lecturers advised that the best time to engage the

fourth-year students would be during the Orientation programme scheduled for after the mid-year break. The third-year lecturers agreed that data collection should be done after class and accommodated this process by completing lectures half an hour earlier. Students of both year levels agreed that these would be the best times, respectively, for the completion of the questionnaire. All students were emailed and informed of the nature and purpose of the study. Students were informed of the dates and times for data collection, and all were invited to participate. On each of the days for data collection, the researcher did enforce that participation in the study was voluntary and stated that any participant had the option to withdraw at any time. All the participants signed a consent form (Appendix 4) and were given the opportunity to ask questions before proceeding to complete the questionnaire.

3.6   Instrumentation

The study utilised the pre-existing Clinical Learning Environment Inventory (CLEI) instrument developed by Chan (2001). The researcher found that the CLEI instrument would be most appropriate for the purpose of this study. This is an open access data collection tool that does not require permission for use from the author.

The instrument has forty-two (42) items that are divided into six (6) subscales of: Student Involvement (the extent to which students participate actively and attentively in ward activities), Personalisation (emphasises opportunities for interaction between the clinician and student and regarding the student's personal welfare), Satisfaction (the extent of enjoyment of clinical placement), Task Orientation (the extent to which ward activities are clear and well organised), Innovation (the extent to which the clinician plans new, interesting and productive ward experiences, teaching techniques, learning activities and patient allocations) and Individualisation (the extent to which students are allowed to make decisions and are

treated differently, according to ability or interest).This questionnaire has two versions ("actual" and "preferred") which was developed by Dr Chan, which measures student nurses' perception of the psychosocial characteristics of the actual clinical learning environment and their perceptions on their preferred or ideal learning environment (Chan, 2001; Chan, 2002). For the purpose of this study, only the "actual" version of the Clinical Learning Environment Inventory instrument was used, as it is not an objective of this study to make a comparison between the "actual" and the "preferred" clinical learning environment.

The data collection tool is divided into two sections: Section A collected demographic data. This section explored nominal scale measurements like age, race and gender. Section B consisted of forty-two (42) questions that collected ordinal data in the form of a 4-point Likert Scale ranging from (1) Strongly Agree; (2) Agree; (3) Disagree and (4) Strongly Disagree. Students responded to the questionnaires using six subscales of student Involvement, Personalisation, Satisfaction, Task Orientation, Innovation and Individualisation, of which each subscale comprised seven questions each.

3.7   Data Collection

Gray, Grove and Sutherland (2016) define the process of data collection as a precise collection of information that is systematic with specification to the content of the study's research aims and objectives. The ethics approval letter was obtained from the University's Ethics Committee and permission to conduct this study was obtained from the registrar and the Head of the School of Nursing.After discussion with each year level coordinator, it was decided that the most suitable time to collect data from the students was on the day of their orientation after the mid-year break for the fourth-year students and during class lectures for

the third year students. All students were informed via email of the chosen dates and times for participation.

A total of two hundred and eighteen (n=218) questionnaires were handed out to the third and fourth year students. Of the two hundred and eighteen (n=218) respondents, a hundred and six (106) were third year students, one hundred and twelve (112) were fourth year students.

A combined total of two hundred and eighteen (218) questionnaires were collected. Each session for data collection took approximately twenty (20) minutes.

3.8 Data Analysis

The data was captured on receiving the completed questionnaire from the respondents. Data cleaning and inspection was conducted by the researcher to determine whether the questionnaire was completed or not. Each completed questionnaire was given a code for easy comparison against the original questionnaire during data cleaning. Descriptive statistics helped to convert and reduce large amounts of data into an organised whole that made it possible for the readers of the research report to make sense of it (Polit & Beck 2013). Data was analysed using the Statistical Package for Social Science version 25. Descriptive statistical analysis generated frequencies, mean values and percentages that were tabulated to display variables such as the interaction between clinical facilitators/educators and students, factors influencing effective clinical learning and student satisfaction with clinical learning activities. In this study, inferential statistic data analysis techniques were used. Chi-square analysis was used to check for associations between groups for the categorical variables, and appropriate parametric tests (Independent Sample T-test) were used to rest variable between groups

3.9   Study Rigor

Refers to the standards in a study in relation to its internal and external consistency and adherence thereof is known as the study's rigour (Cypress, 2017).

3.9.1   Reliability

Is the extent to which the instrument can yield the same results on repeated measures is referred to as reliability (Cypress, 2017). The CLEI instrument has been highly recommended and its' Cronbach's alpha reliability is found to range between 0.45 to 0.90 for both versions of the instrument (Phillips, Mathew, Atkin & Catano,2017; Bjork, Berntsen, Brynildsen, Hestetun, 2014; Henderson, et al., 2012, Chan, 2003; Chan, 2004). Chan (2001) and Chan and Ip (2007) reported inter-item reliability (Cronbach's alpha) of 0.73 to 0.84 for the actual version and 0.66 to 0.80 for the preferred version. The Cronbach's alpha coefficient reliability score in an Iranian study was found to be 0.76 to 0.80 for both versions of the instrument, respectively (Bigdeli, et al., 2015).

3.9.2   Validity

The validity of a tool is the ability to accurately measure what it is supposed to measure and is a true reflection of the concepts that are being measured (Cypress, 2017). Face validity refers to the apparent ability of the instrument to measure what it is supposed to measure (Brink, et al., 2012). The questionnaire was assessed for face validity by the supervisor.Face and content validity are used in order to have accurate data collection. Content validity asserts how well the instrument represents all components of the variables to be measured (Brink, et al., 2012). Brink et al., (2012) suggests that to ensure content validity, the adapted instrument should be reviewed by subject experts. The instrument was assessed for content

validity by the research supervisor, by assessing how it measures all the objectives. An extensive literature review of the questionnaire was conducted and was reviewed by the research supervisor and statistician to ensure that all components of the intended study are covered by the instrument. The questionnaire was found to be appropriate by both the research supervisor and the statistician.

Content validity instrument:

Objective	Question No.	Sub-scale
To examine the extent to which clinical educators plan new, interesting, and productive ward experiences, teaching techniques, learning activities, and patient allocations.	5, 11, 17, 23, 29, 35, 41	Innovation
To examine the extent to which students participate actively and attentively in clinical activities.	2, 8, 14, 20, 26, 32, 38	Involvement
To determine the opportunities for an individual nursing student to interact with a clinical educator with concern for the student's personal welfare.	1, 7, 13, 15, 19, 31, 37	Personalization
To determine the extent to which nursing students enjoy the clinical learning environment.	3, 9, 15, 21, 27, 33, 39	Satisfaction
To examine the extent to which students can make decisions and are treated differently, according to ability or interest.	6, 12, 18, 24, 30, 36, 42	Individualization
To determine the extent to which clinical learning environment activities are clear and well organized to facilitate clinical learning.	4, 10, 16, 22, 28, 34, 40	Task Orientation

3.10   Ethics Statement

An ethics approval letter was obtained from the Ethics Committee of the University. Permission to access the study population was granted from the University registrar and the Head of the School of Nursing. The principle of Respect for Persons, in application with this study ensured that all participants were given the choice to participate (Brink et al., 2012). No person was forced into participating in this study and was informed that they could withdraw from participating in the study at any time without any consequences. The researcher ensured that all the participants were informed about what the study was about and what was expected of them. This study required all participants to complete a consent form to participate in the study. The data collection instrument did not require participants to fill in their names, which ensures adhering to the Principle of Justice, and a code was used to ensure anonymity (Brink, et al., 2012). The survey's data was secured under lock and key to maintain privacy, anonymity and confidentiality. Only the researcher and research supervisor had access to the data. The soft data was protected with a password in the computer. Both soft data and hard copies of the data would be destroyed after five (5) years.

CHAPTER FOUR: PRESENTATION OF THE RESULTS

4.1   Introduction

The purpose of the study was to explore the perceptions of the clinical learning environment from the psychosocial perspective of undergraduate nursing students in the school of nursing in the Western Cape, South Africa.

The results of this study are presented in four sections, based on the objectives, namely:

1. To examine the extent to which clinical educators introduce new teaching and learning activities.

2. To examine the extent of students active and attentive participation in clinical activities.

3. To determine individual opportunities of interaction between students and clinical educators.

4. To determine the extent to which nursing students enjoy the clinical learning environment.

5. To examine the extent to which students can make decisions and are treated fairly.

6. To determine the extent of organisation and clarity of activities in the clinical learning environment.

Section 1 describes the sample realization and a description of the respondents. Section 2 describes the objectives of the study.

4.2   Sample Realization

At the time of the survey there were a combined total of four hundred and ninety-eight (498) students studying at the school. A total of two hundred and eighteen (n=218) questionnaires were handed out to the third and fourth year students . Of the two hundred and eighteen (n=218) respondents, a hundred and six (106) were third year students, one hundred and twelve (112) were fourth year students. All questionnaires were completed and returned, with a response rate of 100%. The results are presented separately throughout for these two (2) groups and the differences were tested with a chi-square test where relevant.

4.3   Demographics of Respondents

Most of the respondents were female, 85.3% (n=186) followed by 14.7% (n=32). The mean age of the respondents was 23.5($\pm$4.1). There was a significant difference between the groups (T=0.2, p=.013*) with fourth years being older (24.2$\pm$4.5) as compared with the third years (22.8$\pm$3.4). The majority of the participants were black people 58.3% (n=127) followed by 31.2% (n= 68) coloured people and 8.7% (n=19) white people with only 1.8% (n=4) Indians with a significant difference between the group. None of the respondents had previous nursing education (see Table 1 below).

Table 1: Demographic profile of respondents

Demographics	Total (n=218)	Third year (n=106)	Fourth year (n=112)	Test	p-value
Gender	**(n, %)**	**(n, %)**	**(n, %)**		
Male	32 (14.7%)	15 (14.2%)	17 (15.2%)	X^2= 0.5	.830
Female	186 (85.3%)	91 (85.8%)	95 (84.8%)		
Ethnicity					
White	19 (8.7%)	4 (3.8%)	15 (13.4%)	X^2= 23.7	<.001*
Black	127 (58.3%)	79 (74.5%)	48 (42.9%)		
Indian	4 (1.8%)	2(1.9%)	2 (1.8%)		
Coloured	68 (31.2%)	21 (19.8%)	47 (42.0%)		
Previous nursing education					
No	218 (100%)	106 (100%)	112 (100%)		
Age in years m(sd)	23.5 (4.1)	22.8(3.4)	24.2(4.5)	T=0.2	.013*

*Chi-square Test (or Fisher Exact Tests where appropriate). *Significant at P<.05*

4.3.1 The extent to which clinical educators introduce new teaching and learning activities

The extent to which clinical educators introduce new teaching and learning activities was the first objective of the study and it was measured through the level of agreement with seven statements on how clinical educators introduce new teaching and learning activities. In addition, an overall average score was calculated (see Table 2 below).

The overall average score for the extent to which clinical educators introduce new teaching and learning activities was 2.6 (±0.5) out of a mean score of 4 [95% CI -0.1-0.1].

Overall, no significant difference was found in the extent to which clinical educators introduce new teaching and learning activities score between the two groups (third and fourth year) (*t*=1.7, *p*=.417) with the average score being 2.6 (±0.6) for the third years and 2.6 (±0.3) for the fourth years.

The majority of the respondents 63.8% (n=139) agreed that "*the facilitator often thinks of interesting activities*"; this was followed closely by 55.5% (n=121) agreeing *"the facilitator thinks up innovative activities for students*".

Less than half of the respondents agreed that the same staff members work with the students for most of the placements 44.2%(n=96)*, that new ideas are seldom tried out during clinical placements* 33.0% (n=72)*, that new and different ways of teaching to the students are seldom used in the ward* 24.3% (n=53)*,* and 19.3% (n=42) responded "*that students seem to do the same type of tasks in every shift"*.

There was a significant difference between the groups (X^2=27.4, *p*=<.001) with the fourth years (90, 64.7%) agreeing that facilitators often think of interesting activities, as compared with 35.3% (n=49) of their third-year counterparts.

Lastly, there was also a significant difference between the groups (X^2=16.3, *p*=<.001), with more fourth years, 63.6% (n=77) agreeing that the facilitator thinks up innovative activities for students, as compared with the third years (44, 36.4%).

Table 2: The extent to which clinical educators introduce new teaching and learning activities

Variables	Level of agreement			Test	*p*-value
	Total (n=218)	Third year (n=106)	Fourth Year (n=112)		
1. The facilitator often thinks of interesting activities.	139 (63.8%)	49 (35.3%)	90 (64.7%)	X^2= 27.4	<.001*
2. The facilitator thinks up innovative activities for students.	121 (55.5%)	44 (36.4%)	77 (63.6%)	X^2= 16.3	<.001*
3. Teaching approaches in clinical wards are characterised by innovation and variety.	105 (48.2%)	51 (48.6%)	54 (51.4%)	X^2= 0.0	.988
4. The same staff member (preceptor/clinician) works with the students for most of this placement.	96 (44.2%)	41 (42.7%)	55 (57.3%)	X^2= 2.2	.136
5. New ideas are seldom tried out during clinical placements.	72 (33.0%)	38 (52.8%)	34 (47.2%)	X^2= 0.7	.389
6. New and different ways of teaching to the students are seldom used in the ward.	53 (24.3%)	22 (41.5%)	31 (58.5%)	X^2= 1.4	.234
7. Students seem to do the same type of tasks in every shift.	42 (19.3%)	25 (59.5%)	17 (40.5%)	X^2= 2.5	.116
Extent to which clinical educators introduce new teaching and learning [95% CI -0.1-0.1]	**2.6 (0.5)**	**2.6(0.6)**	**2.6(0.3)**	***t*=1.7**	**.729**

*Chi-square Test (or Fisher Exact Tests where appropriate), Independence sample T-test. *Significance at p<.05*

4.3.2 Extent of students active and attentive participation in clinical activities

Respondents were asked to rate the extent to which students participates actively and attentively in clinical activities, using seven items. The average student participation score was 2.2 (±0.3) out of an average score of 4 [95% CI -0.2-0. 0]. There was a significant difference found between the groups ($t=0.1$, $p=.004$) as the average participation score for third years was lower 2.1(±0.3) compared with the average participation score for the fourth years 2.3 (±0.3) (see Table 3 below). Classifying the responses, more than half of the respondents, 58.3% (n=127) reported that there are opportunities for students to express opinions in the clinical ward, and less than half, 46.8% (n=102) of the respondents agreed that students are seldom involved in the process of handing over to staff in the ward for the next shift, followed closely by 45.9% (n=100) agreeing that the facilitator dominates debriefing sessions. There was a significant difference between the groups ($X^2=8.0$, $p=.005$) with more third year, 55.7% (n=59) of students agreeing that facilitators dominate debriefing sessions as compared with 36.6% (n=41) fourth years. Only 9.2% (n=20) respondents agreed that students put effort into what they do in the ward. No significant difference was found in other items.

Table 3:Extent of student's active and attentive participation in clinical activities

| Variables | Level of agreement | | | Test | *p*-value |
	Total (n=218)	Third year (n=106)	Fourth Year (n=112)		
1. There are opportunities for students to express opinions in the clinical ward.	127 (58.3%)	60 (47.2%)	67 (52.8%)	X^2= 0.2	.630
2. Students seldom are involved with the process of handing over to staff in the ward for the next shift.	102 (46.8%)	44 (43.1%)	55 (56.9%)	X^2= 2.3	.129
3. The facilitator dominates debriefing sessions.	100 (45.9%)	59 (55.7%)	41 (36.6%)	X^2= 8.0	.005*
4. The preceptor/clinician talks rather than listens to the students.	72 (72.0%)	36 (50.0%)	36 (50.0%)	X^2= 0.8	.081
5. Students "clock watch" during clinical placements.	49 (22.5%)	27 (55.1%)	22 (44.9%)	X^2= 1.1	.303
6. Students pay attention to what others are saying in the clinical wards.	23 (10.6%)	13 (56.5%)	10 (43.5%)	X^2= 0.6	.423
7. Students put effort into what they do in the ward.	20 (9.2%)	7 (35.0%)	13 (65.0%)	X^2= 1.6	.201
Extent of students active and attentive participation in clinical activities [95% CI -0.2-0.0]	**2.2(0.3)**	**2.1(0.3)**	**2.3(0.3)**	**t=0.1**	**.004***
*Chi-square Test (or Fisher Exact Tests where appropriate), Independence sample T-test. *Significance at p<.05*					

4.3.3 Opportunities of interaction between students and clinical facilitators

Respondents were asked to rate the opportunities they had to interact with the clinical educators using seven items. The average opportunities of interaction score were 2.4 (±0.4) out of an average score of 4 [95% CI -0.2-0. 01]. There was a significant difference found between the groups ($t=1.1, p=.027$) as the average opportunities of interaction score for third years was lower 2.3(±0.4) compared with the average participation score for the fourth year 2.4 (±0.4) (see Table 4 below). Classifying the responses; more than half of the respondents, 68.8% (n=150) reported that the facilitator was unfriendly and inconsiderate towards students, followed closely by 62.4% (n=136) who agreed that the facilitator was not interested in the students' problems and 54.1% (n=118) reported that the facilitators talked individually with students. There was a significant difference between the groups ($X^2=5.1$, $p=.023$) with more fourth years, 61.6% (n=69) agreeing that the facilitators talk individually with students, as compared with 46.2% (n=49) third years. Just over half of the respondents, 51.4% (n=112) agreed that the clinical facilitator went out of his/her way to help students. There was a significant difference between the groups ($X^2=11.4$, $p=<.001$) with more fourth year, 62.5% (n=70) agreeing that the clinical facilitator went out of his/her way to help students as compared with 39.6% (n=42) of their third year counterparts. Lastly, the "*clinical facilitator considers students' feelings*" had the least level of agreement, 37.6% (n=82).

Table 4: Opportunities of interaction between students and clinical facilitators

Variables	Level of agreement			Test	*p*-value
	Total (n=218)	Third year (n=106)	Fourth Year (n=112)		
1. The facilitator is unfriendly and inconsiderate towards students	150 (68.8%)	74 (69.8%)	76 (67.9%)	X^2= 0.1	.756
2. The facilitator is not interested in students' problems	136 (62.4%)	65 (61.3%)	71 (63.4%)	X^2= 0.1	.752
3. The facilitator talks individually with students	118 (54.1%)	49 (46.2%)	69 (61.6%)	X^2= 5.1	.023*
4. The preceptor/clinician goes out of his/her way to help students	112 (51.4%)	42 (39.6%)	70 (62.5%)	X^2= 11.4	<.001*
5. After the shift, the students have a sense of dissatisfaction	85 (39.0%)	45 (42.5%)	40 (35.7%)	X^2= 1.0	.308
6. The preceptor/clinician helps students who are having trouble with the work	83 (38.1%)	35 (33.0%)	48 (42.9%)	X^2= 2.2	.135
7. The Preceptor/clinician considers students' feelings	82 (37.6%)	36 (34.0%)	46 (41.1%)	X^2= 1.2	.279
Opportunities of interaction between students and clinical educators.[95% CI -0.2-0.0]	**2.4(0.4)**	**2.3(0.4)**	**2.4(0.4)**	***t*=1.1**	**.027***
*Chi-square Test (or Fisher Exact Tests where appropriate), Independence sample T-test. *Significance at p<.05*					

4.3.4 Extent to which nursing students enjoy the clinical learning environment

In measuring the extent to which nursing students enjoy the clinical learning environment, the average score for nursing students enjoying the clinical learning environment was calculated to be 2.4 (±0.4) out of an average score of 4 [95% CI -0.2-0. 01]. There was no significant difference found between the groups (*t=4.1, p=.210*). In classifying the response, the respondent's agreement with seven items was used. Most of the respondents, 81.2% (n=177) reported that clinical placement was a waste of time. There was a significant difference between the groups with more fourth-year students 91.1% (n=102) reporting that clinical placement was a waste of time compared to 70.8% (n=75) of the third years. This was followed by two-third of respondents, 68.3% (n=149) who reported that clinical placement was boring. Less than one-third of the respondents, 28.3% (n=62) agreed that clinical placement was interesting. There was no significant difference in any other items.

Table 5: Extent to which nursing students enjoy clinical learning environment

Variables	Level of agreement			Test	*p*-value
	Total (n=218)	Third year (n=106)	Fourth Year (n=112)		
1. This clinical placement is a waste of time.	177 (81.2%)	75 (70.8%)	102 (91.1%)	X^2= 14.7	<.001*
2. This clinical placement is boring.	149 (68.3%)	72 (67.9%)	77 (68.8%)	X^2= 0.0	.896
3. Students enjoy coming to clinical placements.	126 (57.8%)	59 (55.7%)	67 (59.8%)	X^2= 0.4	.534
4. Students look forward to coming to clinical placements.	112 (51.4%)	51 (48.1%)	61 (54.5%)	X^2= 0.9	.348
5. After the shift, the students have a sense of dissatisfaction.	85 (39.0%)	45 (42.5%)	40 (35.7%)	X^2= 1.0	.308
6. Students are dissatisfied with what is done in the ward.	81 (37.2%)	46 (43.4%)	35 (31.3%)	X^2= 3.4	.064
7. This clinical placement is interesting.	62 (28.4%)	30 (28.3%)	32 (28.6%)	X^2= 0.0	.965
Extent to which nursing students enjoy clinical learning environment.[95% CI -0.0-0.2]	**2.4(0.4)**	**2.4(0.5)**	**2.3(0.5)**	***t*=4.1**	**.210**
*Chi-square Test (or Fisher Exact Tests where appropriate), Independence sample T-test. *Significance at p<.05*					

4.3.5 Extent to which students can make decisions and are treated fairly

The extent to which students can make decisions and are treated fairly was measured through the level of agreement with seven statements. In addition, an overall average score was calculated (see Table 6 below).

The overall average score for the extent to which students were allowed to make decisions and were treated fairly was 2.7 ($\pm$0.4) out of a mean score of 4 [95% CI -0.2-0.1]. Overall, no significant difference was found in the extent to which students were allowed to make decisions and are treated fairly with the score between the two groups being (t=5.8, p=.077) with the average score being 2.6 ($\pm$0.4) for the third years and 2.7 ($\pm$0.4) for the fourth years.

Majority of respondents, 79.4% (n=173) agreed that "*Students have a say in how the shift is spent.*"

There was a significant difference between the groups (X^2=9.3, p=.002) with more fourth year, 87.5% (n=98) agreeing that students had a say in how the shift was spent as compared with 47.2% (n=50) of their third year counterparts; this was followed closely by "*Students are generally allowed to work at their own pace*", 76.0% (n=165)with a significant difference between the groups (X^2=6.2, p=.013) with more fourth year, 83.0% (n=93) agreeing that "*students are generally allowed to work at their own pace*" as compared with the 68.6% (n=72) third years. Close to this is that students were allowed to negotiate their workload in the clinical wards, 73.9% (n=161) with no significant difference between the groups.

More than half of the respondents, 59.0% (n=128) agreed that all staff in the ward were expected to do the same work in the same way and 57.8% (n=126) reported that the teaching

approaches allowed students to proceed at their own pace. There was a significant difference between the groups (X^2=9.5, p=.002) with more fourth years, 67.9% (n=76) reporting that *"teaching approaches allow students to proceed at their own pace"* as compared with 47.2% (n=50) of their third year counterparts.

Less than half of the respondents 36.7% (n=80) agreed that there was little opportunity for a student to pursue his/her particular interest in the clinical ward. Again, there is a significant difference between the groups (X^2=4.0, p=.046) with more third year, 57.5% (n=46) compared to 42.5% (n=34). Lastly, 23.5% (n=51) respondents reported that "*Students seem to do the same type of task in every shift*". There was no significant difference between the groups (X^2=0.2, p=.672).

Table 6: Extent to which students can make decisions and are treated fairly

Variables	Level of agreement			Test	*p*-value
	Total (N=218)	Third year (n=106)	Fourth year (n=112)		
1. Students have a say in how the shift is spent	173 (79.4%)	75 (70.8%)	98 (87.5%)	X^2= 9.3	.002*
2. Students are generally allowed to work at their own pace	165 (76.0%)	72 (68.6%)	93 (83.0%)	X^2= 6.2	.013*
3. Students can negotiate their workload in the clinical wards	161 (73.9%)	74 (69.8%)	87 (77.7%)	X^2= 1.7	.186
4. All staff in the ward are expected to do the same work in the same way	128 (59.0%)	59 (56.2%)	69 (61.6%)	X^2= 0.7	.418
5. Teaching approaches allow students to proceed at their own pace	126 (57.8%)	50 (47.2%)	76 (67.9%)	X^2= 9.5	.002*
6. There are little opportunities for a student to pursue his/her particular interest in the clinical ward	80 (36.7%)	46 (57.5%)	34 (42.5%)	X^2= 4.0	.046*
7. Students seem to do the same type of task in every shift	51 (23.5%)	26 (24.8%)	22 (22.3%)	X^2= 0.2	.672
Extent to which students can make decisions and are treated fairly [95% CI -0.2-0.0]	**2.7(0.4)**	**2.6(0.4)**	**2.7(0.4)**	**t=5.8**	**.077**

*Chi-square Test (or Fisher Exact Tests where appropriate), Independence sample T-test. *Significance at p<.05*

4.3.6 Extent of organisation and clarity of activities in the clinical learning environment

Respondents were asked to rate the extent of organisation and clarity of activities in the clinical learning environment using seven items. The average extent of organization and clarity of activity score was 2.1 (±0.3) out of a total score of 4 [95% CI -0.2 -0.1. A significant difference was found between the groups as the extent of organisation and clarity of activities in the clinical learning environment for third year was lowerat2.0 (±0.4) compared with the fourth year at 2.2 (±0.3) (see Table 7 below).

Classifying the responses, two-third of the respondents, 64.2% (n=140) reported that staff were often punctualand about half of the respondents, 47% (n=102) agreed that the clinical facilitator was often side-tracked instead of sticking to the point. 39.4% (n=86) of the respondents agreed that students know exactly what must be done in the ward. There was a significant difference between the groups (X^2=4.7, p=.030), with about half of the fourth years, 46.4% (n=52) agreeing that students know exactly what has to be done in the ward, as compared with the 32.1% (n=34) third years; the least agreement 7.4% (n=16) was for *"Getting a certain amount of work done is important in each clinical ward."* There was no significant difference between these groups.

Table 7: Extent of organisation and clarity of activities in the clinical learning environment

Variables	Level of agreement			Test	*p*-value
	Total (n=218)	Third year (n=106)	Fourth year (n=112)		
1. Staff are often punctual	140 (64.2%)	65 (61.3%)	75 (67.0%)	X^2= 0.8	.385
2. The preceptor/clinician often gets side-tracked instead of sticking to the point	102 (47.0%)	53 (50.5%)	49 (43.8%)	X^2= 0.9	.321
3. Clinical placements are disorganized	100 (45.9%)	53 (50.0%)	47 (42.0%)	X^2= 1.4	.234
4. Ward assignments are clear so that students know what to do	97 (44.5%)	44 (41.5%)	53 (47.3%)	X^2= 0.7	.388
5. Students know exactly what must be done in the ward	86 (39.4%)	34 (32.1%)	52 (46.4%)	X^2=4.7	.030*
6. Workload allocations in are carefully planned	42 (19.3%)	25 (23.6%)	17 (15.2%)	X^2= 2.5	.116
7. Getting a certain amount of work done is important in each clinical ward	16 (7.4%)	9 (8.6%)	7 (6.3%)	X^2= 0.4	.513
Extent of organisation and clarity of activities in the clinical learning environment [95% CI -0.2-0.1]	2.1(0.3)	2.0(0.4)	2.2(0.3)	*t*=3.8	.024*
*Chi-square Test (or Fisher Exact Tests where appropriate), Independence sample T-test. *Significance at p<.05*					

4.4 Summary of the Chapter

This study included six objectives which were to examine the extent to which clinical educators plan new, interesting and productive ward experiences, teaching techniques, learning activities and patient allocations; to examine the extent to which students participate actively and attentively in clinical activities; to determine the opportunities for individual nursing student to interact with clinical educator and concerning for student's personal welfare; to determine the extent to which nursing students enjoy a clinical learning environment; to examine the extent to which students are allowed to make decisions and are treated differently according to ability or interest and lastly, to determine the extent to which clinical learning environment activities are clear and well organized, to facilitate clinical learning in a university in The Western Cape. Descriptions of the data that was collected, coded and analysed are provided in this chapter and all findings are presented with descriptive statistics presented in tabular format, yielding the frequencies of all participant responses, according to the six objectives of the study. The chapter that follows includes a discussion on the results of this study, the recommendations based on this study's findings and a summary.

CHAPTER FIVE: DISCUSSION OF THE RESULTS

5.1   Introduction

In chapter 4 the study's findings were presented and in this chapter those findings are discussed in relation to the six objectives of the study, which are:

1. To examine the extent to which clinical educators introduce new teaching and learning activities.

2. To examine the extent of students active and attentive participation in clinical activities.

3. To determine individual opportunities of interaction between students and clinical educators.

4. To determine the extent to which nursing students enjoy the clinical learning environment.

5. To examine the extent to which students can make decisions and are treated fairly.

6. To determine the extent of organization and clarity of activities in the clinical learning environment.

This study included two hundred and eighteen (218) respondents, of which 48 % (n=106) were third-year undergraduate nursing students and 52% (n=112) were fourth-year undergraduate nursing students. The study sample had 14.7% (n=32) males and 85.3% (n=186) females, of which each year level is further analysed to reflect that the gender difference is fairly similar. The third-year respondents had 14.2% (n=15) male and 85.8%

(n-91) females; and the fourth-year respondents had 15.2% (n=17) males and 84.8% (n=95) females. A study by Stanley et al., (2016) concluded that males are possibly unaware of opportunities for males in the profession of nursing and the negative stereotypes associated with men within the profession often contribute to the gender imbalance in the nursing profession. The study sample reflected a mean age of 23.5 years of age, with a significant difference between the two different year levels of study. The third-year respondents were younger with a mean age of 22.8yrs, as compared to the fourth-years' 24.2yrs. The ethnic distribution for the entire study sample reflected 8.7% (n=19) white, 58.3% (n=127) black, 1, 8% (n=4) Indian and 31.2% (n=68) coloured. There were significant differences between the two groups. The 3rd year group had 3.8% (n=4) white, 74.5 % (n=79), 1.9% (n=2) Indian and 19.8% (n=21) coloured; whereas the 4th year group had 13.4% (n=15) white, 42.9% (n=48) black, 1.8% (n=2) Indian and 42% (n=47) coloured. No literature was found that explores the relationship or prevalence of ethnicity and the profession of nursing. None of the respondents had had previous nursing education. The discussion to follow will pertain to the study objectives and the results as provided in Chapter Four.

5.2   Discussion of the Study Objectives

The discussion that follows is in relation to the six study objectives.

5.2.1   The extent to which clinical educators introduce new teaching and learning activities

The majority of respondents 63.8% (n=139) agreed that the clinical facilitators introduced interesting clinical activities. This was followed closely by 55.5% (n=121) of the respondents who agreed that facilitators include innovative activities in the clinical learning environment. A study in Australia that adopted a mixed method found that respondents reported an even

balance of positive and negative responses for the innovation, support and facilitation techniques utilized by clinical facilitators in the clinical learning environment (Salamonson, et al., 2015). The positive attributes of their study findings that support the findings of this study were the interesting teaching and learning activities that clinical facilitators incorporated into the clinical learning environment as well as the accessibility of the clinical facilitator. On the other hand 33% (n=72) of the respondents of this study agreed that new ideas were seldom explored during clinical placements, while 24.3% (n=53) agreed that new and different methods of teaching were seldom explored and 19.3% (42) reported that they repeatedly perform the same tasks in each clinical shift; which is similar to the negative attributes found by Salamonson et al., (2015). Their study emphasized the lack of variety of task allocations and the monotony of teaching approaches that were relevant to the learning objectives.

Bigdeli et al., (2015) conducted a study in Iran that also utilized the CLEI tool. The sub-scale of Innovation performed the best when compared to the other six sub-scales of the tool, which resulted in their conclusion that innovation in clinical nursing education is a major component in quality teaching and learning experiences. This theme was supported by Baraz et al., (2015) who reported that clinical facilitators should refrain from theoretical methods of teaching that mimic the classroom environment and instead, should incorporate a variety of activities at the bedsides of patients in the clinical learning environment.

Although the literature provides mixed responses and no particular factors that reflect the lack of innovation in the clinical learning environment, the objective of this study was to explore the extent to which clinical educators plan new, interesting and productive ward experiences, teaching techniques, learning activities and patient allocations. There were only

two domains that showed significant differences between the two-year levels. The fourth-years, 64.7% (n=90) agreed that their facilitators often think of interesting activities, compared with their third-year counterparts, 35.3% (n=49).

Lastly, there was also a significant difference between the groups with 63.6% (n=77) agreeing that the facilitator thought up innovative activities for the students, as compared with 36.4% (n=44) third years. This significant difference between the year levels cannot be justified from the study findings. However, it can be attributed to the responses from the literature that suggested that the impact of innovation which can be considered as a leading driver in quality nursing education is underestimated amongst nursing clinical facilitators (Salamonson et al., 2015; Hénard & Roseveare, 2012).

5.2.2 Extent of student's active and attentive participation in clinical activities

The majority of the respondents, 58.3% (n=127) agreed that there were opportunities for the students to express their opinions in the clinical learning environment. Also, less than half, 48% (n=102) agreed that students were seldom involved in the process of handing over to staff in the ward for the next shift. The results showed that the clinical learning experience is dominated by a rigid learning structure, where only half of the nursing students could express their opinions. The perception of 50% each for both year levels reported that the clinician talks a lot, rather than listening to the students. These findings revealed that communication between the student and clinical facilitator was hindering the clinical learning experience. This finding is supported by a qualitative study by Baraz et al. (2015) conducted in Iran, with eighteen undergraduate nursing students.

Their study identified that student involvement in clinical learning environments is directly attributed to the quality of communication between student and clinical facilitator. Students

are more eager to participate in clinical activities after having had meaningful discussions with clinical facilitators who addressed the students concerns and facilitated skills acquisition (Sundler et al., 2014). Additionally, students were found to achieve clinical learning outcomes more effectively when clinical facilitators were approachable, understanding and eager to assist students with their clinical learning needs (Baraz et al., 2015; Sundler et al., 2014). A study by Papastavrou et al., (2016) that explored nursing students' satisfaction of the clinical learning environment concluded that students reported higher levels of satisfaction when their clinical learning challenges and concerns were addressed by clinical facilitators, which affirmed that communication between students and clinical facilitators plays a vital role in student involvement and satisfaction in the clinical learning environment.

There were two significant differences between the groups. The first being 61.6% (n=69) fourth years agreeing that the facilitators talked individually with students, as compared with 46.2% (n=49) of the third years. The second was 62.5% (n=70) fourth years who agreed that the preceptor/clinician went out of his/her way to help students as compared with 39.6% (n=42) of their third-year counterparts. Both these domains reflected a common trend of dissatisfaction. The study by Baraz et al. (2015) discussed earlier in this chapter described how poor relationships between the student and clinical facilitator could result in student dissatisfaction in the clinical learning environment.

A study by Henderson et al., (2012) reported similar findings in their study that focused on second- and third-year undergraduate nursing students' perception of the psycho-social clinical learning environment. Their study revealed that the second-year students focused on mundane, routine activities that resulted in boring clinical experiences and a lack of involvement with limited clinical facilitation. The senior third year students however,

reported greater motivation and enthusiasm to involve themselves in clinical activities as they recognized greater employment opportunities in desired specialties which have more extensive and engaging clinical activities to practice within specialized clinical facilitation. These various findings from the literature provided suggestions for the significant differences in the perception of involvement between the third- and fourth-year levels of this study.

5.2.3 Opportunities of interaction between students and clinical educators

More than half, 68.8% (n=150) of the respondents felt that the facilitator was unfriendly and inconsiderate and 62.4% (n=136) reported that clinical facilitators were uninterested in student problems. On the other hand, less than half of both third and fourth year respondents, 39% (n=85), 38.1% (n=83) and 37.6% (n=82) respectively, experienced a sense of dissatisfaction, and agreed that the facilitator helped the learners with their work and considered their feelings.

Similarly, a qualitative study by Farzi et al., (2018) in Iran stated that undergraduate nursing students experienced increased levels of dissatisfaction in the clinical learning environment due to the incompetence of clinical facilitators and insensitivity toward students. The impact of insensitive and un-accommodating clinical facilitators and how they hindered clinical learning was also explored in a qualitative study by Baraz et al., (2015) and their study similarly concluded that non-supportive interpersonal communication and insufficient competence of clinical facilitators hindered the learning process and overall student satisfaction.

There was a significant difference found between the groups (t=1.1, p=.027), as the average opportunities for interaction were lower for third years [2.3(±0.4)], when compared with the average participation score for the fourth year 2.4 (±0.4). There is limited literature available

that explores the association between satisfaction indices between the different year levels in nursing education. However, there is a common theme in nursing education that suggests that the success of any year level of study is reliant on the professional clinical facilitation approach adopted (Baraz et al., 2015).

A study by Henderson et al., (2012) explored clinical learning experiences between second- and third-year undergraduate nursing students and they found that mundane clinical placements are a leading cause of dissatisfaction amongst nursing students, which is worsened by clinical facilitators who failed to provide stimulating interaction. Sundler et al., (2014) agreed that the clinical facilitator's attitude and clinical teaching approach is a leading cause for dissatisfaction, regardless of the year level of study.

The significant difference between the third- and fourth-year respondents appears to be related to the poor attitudes of clinical facilitators who are insensitive to student concerns. D'Souza et al., (2013) found in their study that as facilitation relationships improved, so did students' satisfaction. Techniques like listening to students' concerns, providing clarification and adopting a transparent caring attitude paved the way for productive clinical learning experiences (Salehian,Heydari, Aghebati, Moonaghi, 2017).

5.2.4 The extent to which nursing students enjoy the clinical learning environment

Most of the respondents, 81.2% (n=177) reported that clinical placement was a waste of time. Looking at the year level, 91.1% (n=102) fourth year students reported that clinical placement was a waste of time, compared to the 70.8% (n=75) of the third year counterparts. This was followed by 68.3% (n=149) who reported that clinical placement was boring. Only 28.3% (n=62) agreed that clinical placement was interesting.

The sub-scale of "Satisfaction" in the CLEI tool used in this study explored overall student satisfaction in the clinical learning environment. The literature showed that students reported positively in this sub-scale which contradicts this study's findings. A study by Mokadem and Ibraheem (2017) found that of the six sub-scales of the CLEI the sub-scale of "Satisfaction" performed the best. This sub-scale ideally explores the extent of overall happiness of the clinical learning environment (Mokadem and Ibraheem, 2017). Similarly, a study in Australia that explored the perceptions of the clinical learning environment of sixty paramedic students found that "Satisfaction" ranked as the leading sub-scale (Williams, Brown & Winship, 2012). Sundler et al., (2014) conducted their study with one-hundred and seventy-five undergraduate nursing students and they also reported that "Satisfaction" was the leading domain of the CLEI.

Explanations for low levels of satisfaction in the clinical learning environment were explored by Dale, Leland and Dale (2013). Their qualitative study concluded with one main theme; that students strongly expressed feelings of vulnerability and felt challenged with conflicting needs. In their study students reported losing interest in participating in the clinical learning environment which supports the findings of this study's 81.2% of respondents who agreed that the clinical placement was a waste of their time. A similar qualitative study conducted in Iran reported that undergraduate nursing students attributed their dissatisfaction to the clinical facilitator's behavioural and verbal aggression toward students, insufficient clinical facilitators, unfavourable educational planning and inappropriate clinical environments (Najafi Kalyani,Jamshidi, Molazem, Torabizadeh, & Sharif, 2019). Any one of these factors could have contributed to this study's findings, related to dissatisfaction and requires further investigation.

In a study by (Smedley and Morey, 2009), assert that the development of a positive relationship with the clinical teaching staff was paramount in generating the ideal clinical environment. The study indicated that satisfaction was increased, when there was ongoing student involvement. Our current findings emphasized the need for an ongoing mentorship relationship, to ensure successful supervision, as this could be an influential factor in determining student satisfaction, as revealed by earlier studies on the subject (Skaalvik,Normann & Henriksen, 2011; Warne et al., 2010; Dimitriadou et al., 2015). The mentor should possess appropriate teaching experience and pedagogical education. On the other hand, there is a need for the student to also be ready and prepared to learn.

In this study, the findings showed that the degree of satisfaction declined as students progressed from third to fourth year. There was a significant difference between the groups with 91.1% (n=102) of the fourth years reporting that clinical placement was a waste of time, compared to 70.8% (n=75) of their third-year counterparts. A probable explanation for this might be the fact that the learning objectives and activities differed in the academic progression, as was the case in a similar study by Brynildsen et al., (2014). One could conclude that the third-year students felt high levels of mental stress due to their limited knowledge of clinical skills, whereas the fourth year students tended to be more adept at the knowledge, but required more leadership and guidance for their development.

Finally, our findings also showed that after the shift, both third- and fourth-year students, 39% (n=85) and 37.2% (n=81) respectively, reported that they were dissatisfied with what was done in the ward. A probable reason for this is that students are not actively involved in individual patient care with clear information flow and clear documentation of nursing care. In other words, the students were frustrated at being within an unwelcoming, educationally

unstructured environment. This correlates with the findings of previous studies (Dimitriadou et al., 2015, Crombie,Brindley, Harris, Marks-Maran & Thompson, 2013), confirming that the satisfaction of students is directly linked to the quality of nursing care and patient contact. In future studies, satisfaction level could be used as an important contributing factor towards the development and/or reforms of clinical learning environments, in order to satisfy the needs and expectations of students (Papastavrou et al., 2016).

5.2.5   The extent to which students can make decisions and are treated fairly

The majority of the students 79% (n=173), 76% (n=165) and 73.9% (n=161) respectively, agreed that they were allowed to utilize their time spent in the clinical learning environment in their own personal manner, at their own pace and had no difficulty negotiating their workload.

Studies that support these findings all agree that a clinical learning environment where students can explore their learning objectives freely have been found most favourable by respondents. Papastavrou et al., (2016) agreed that accommodating and supportive clinical learning environments promoted clinical learning. This finding was supported by a similar study by Dimitriadou et al. (2015) who found that undergraduate nursing students experienced the clinical learning environment as stimulating and reported a sense of belonging which motivated participation. Crombie et al. (2013) similarly concluded that clinical learning environments that supported clinical learning objectives resulted in more confident nursing students.

The extent to which students are allowed to make decisions and are treated fairly were found to be more favourable by fourth years than third years, with mean scores of 2.7±0.4 and 2.6±0.4 respectively; thus highlighting a greater level of independence at a more senior level.

Regarding clinical learning opportunities, less than half of the respondents agreed that there were few opportunities for a student to pursue his/her particular interest in the clinical ward. This was more notable for the third-year group of which 57.5% (n=46), reported that there were few opportunities for a student to pursue his/her particular interest in the clinical ward, as compared to the 42.5% (n=34) of the forth years. A possible explanation for the differences in findings between year levels is supported by Eraydın and Karagözoğlu (2017) who found that as academic promotion occurs, students reported increasing confidence levels that are directly related to their clinical conduct and to the manner in which they are received and facilitated in the clinical learning environment. Junior undergraduate nursing students are more stringently managed during clinical placements, as opposed to senior year level students who are viewed as capable and trustworthy enough to make clinically competent decisions (Eraydın and Karagözoğlu, 2017).

Lastly, 23.5% (n=51) respondents reported that students seemed to perform the same type of tasks in every clinical learning environment. Many researchers who have explored nurse decision making, have concluded that decision making is a learned skill that must be taught by nurse educators (Cerit, 2010; Cerit & Dinc, 2012; DeSimone, 2016; Sari,Baysal, Celik, & Eser, 2018). Yet, little research has been conducted to explore nursing students' decision making. Our findings in this study revealed that students at a more senior level (fourth year) were granted the ability to make decisions and negotiate. However, the decision-making skill need to be developed at the third year level, for students to learn this vital skill at an earlier stage of learning.

The fact that 57.5% (n=46) of the third year group reported that there were few opportunities for a student to pursue his/her particular interest in the clinical ward, as compared to the

fourth years, may suggest that they were discouraged from being autonomous early on in their careers (i.e. from a third-year level). This finding correlates with the findings in the literature which state that one of the challenges in nursing education is the need to deliver programmes that encourage autonomy, given the increasingly heterogeneous nature of the student population (Ponto, 2011).

5.2.6 Extent of organisation and clarity of activities in the clinical learning environment

Two-thirds of the respondents 64.2% (n=140) reported that staff are often punctual, about half of the respondents 47% (n=102) agreed that the preceptor/clinician often gets side-tracked instead of sticking to the point and only 45.9% (n=100) stated that clinical placements were disorganized. The findings from this study indicated that half of the students did experience a certain level of clarity and organization across their classes, while others did not consistently receive this level of clarity. These findings are consistent with those of Blaich,Wise, Pascarella and Roksa, (2016) who concluded that large populations of college students experience a lack of clarity and organization in clinical learning environments. This is a domain that requires further investigation. However it is hypothesized that if educators intervene deeply into the obscurity and disorganization experienced by learners, they can ensure more positive clinical learning experiences for the students (Blaich et al., 2016).

This study thus exemplifies the importance of the clinical facilitator being clinically competent and organizationally adept. Highly competent clinical facilitators are knowledgeable about their fields, skilful and professional (Collier, 2017). Regardless of how well-meaning a teacher may be, if he is disorganized, his teaching is unlikely to be successful. Teachers do not have to be perfectionists of organization, but they do have to be

able to organize their tasks well enough to provide time for teaching. They also need to be able to organize their thoughts well enough to explain them to the learners (Bigdeli et al., 2015; Najafi Kalyani et al., 2019; Collier, 2017).

Less than half of the respondents, 44.5% (n=97) of the third years and 39.4% (n=86) of the fourth years understood the ward assignments clearly and knew exactly what was to be done in the ward. Only 19.3% (n=42) of third years and 26.3% (n=25) of the fourth years agreed that their workloads were carefully planned. The theme of disorganization and lack of clarity is again evident. Further explanation for this is provided by Bigdeli et al., (2015) who reported that it is the responsibility of the clinical facilitator to provide detailed instructions to students that will ensure clarity and effortless transition into practice in the clinical learning environment. Mokadem and Ibraheem (2017) similarly found that nursing students are increasingly eager to participate in clinical activities when they received clear and organized direction prior and during engagement in the clinical learning environment. This study's findings indicate that students lack clear and well-organized instruction for their time spent in the clinical learning environment.

5.3   Summary of the Chapter

This chapter provided a discussion on the research findings, as framed by the current literature reviewed, related to the perceptions of nursing students, regarding new teaching and learning activities, active and attention participation, interaction between student and clinical educator to the extent of enjoying the clinical learning environment and making decisions. The study's findings thus indicated that educators are creating interesting and innovative methods to teach undergraduate nursing students. The results showed that the clinical learning experience is still dominated by a rigid learning structure, where only half of the

nursing students felt that the facilitator dominated the debriefing sessions, pointing to the possibility of a non-supportive learning environment starting to take root. Limited interaction between students and clinical educators was also observed.

The study has identified that there is room for improvement in designing course curricula that are innovative and interesting, ensuring competency, organization, clarity and providing skilful clinical facilitation and encouraging autonomy in students, so as to ensure student satisfaction and success. These factors determined the efficiency and success of how nursing students would eventually interact with patients and make decisions that impact on the nursing environment or the patient in the long run. There is also a need to encourage the development of decision-making skills early in the student's career, rather than focusing on it at a senior level (for example in fourth year).

In future studies, satisfaction level could be used as an important contributing factor towards the development and/or reforms of clinical learning environments so as to satisfy the needs and expectations of students. Clinical facilitators being approachable is essential to students, thus enabling them to feel welcome and at ease, and hence more receptive to course material. There is a need to be actively engaged in tasks and have a structured educational environment. Although the findings of our study focused on innovative interesting activities performed by clinical facilitators to stimulate learning in the clinical learning environment, as gleaned from student responses; there was a need to include other models of teaching and learning to encourage individualization, innovation, involvement, personalization and task orientation.

This study has described the students' perceptions of the clinical learning environment from a psychosocial perspective. In the chapter that follows, the study will be concluded. Key

findings will be highlighted, limitations identified and recommendations for teaching in the clinical learning environment will be suggested.

CHAPTER SIX: SUMMARY OF THE KEY FINDINGS, LIMITATIONS AND RECOMMENDATIONS

6.1   Introduction

The preceding chapters presented the summary of the background to the study, the study objectives, and the literature reviewed; as well as the methodology and data analysis used to meet the objectives. The quantitative data collected was analysed, findings were presented, and these were discussed and assessed by reference to the literature reviewed. This chapter outlines the final conclusions of the study, its limitations and the recommendations.

6.2   Summary of theKey Findings

This summary addresses each of the six study objectives.

6.2.1   Objective 1: The extent to which clinical educators introduce new teaching and learning activities

The respondents were relatively homogenous in their agreement that facilitators should include innovative activities in their teaching and introduce new ideas. It appears that the extent of these innovative activities was greatly enhanced in the fourth year of teaching to enable the transition from traditionally based thinking to critically based thinking, facilitated by a good clinical facilitator-student relationship. The main message in recognizing the different domains of learning is that different instructional concepts require the selection of different instructional strategies and different methods of assessment.

The responses of our study indicate that diversity in teaching methods, coupled with innovation and stimulating activities positively affected the learning outcome of the students.

Developing ways to improve teaching and learning in the clinical environment can help to develop a more positive clinical learning environment, which in turn, has been identified as producing more effective learning outcomes for students. Moreover, students can benefit from hearing about the purpose of pedagogies, exercises, and assignments. These explanations can help them frame and make sense of what is going on.

It would be helpful for faculties to periodically revisit their own syllabi and talk with their students about where the class is in terms of the schedule and to give students ample warning, and an explanation, when things change. It is even helpful to take a step back and occasionally give a broad overview of how the course is progressing, what significant assignments are coming up, and what the purpose of each section is. In this way educators can expand their repertoire of new and creative methods of instruction.

6.2.2 Objective 2: The extent of student's active and attentive participation in clinical activities

The literature has shown that nursing student's satisfaction has been positively related to the pedagogical atmosphere, the ward manager's leadership style, the premises of nursing in the ward, the supervisory relationship (clinical facilitator) and the role of the nurse educator. The good news is that the response from the students in our study was varied with regard to participation and active engagement, with half of the students appearing to be satisfied with the clinical learning environment they found themselves in.

The other half of the respondents agreed that there were no opportunities to express their opinions, which students were seldom involved in the process of handing over to staff for the next shift and only a few respondents stated that students put effort into what they did in the

ward. This study has shown that there was a lack of good clinical facilitation or a supportive environment, where the student could thrive. This impeded their efforts in the clinical learning environment, and they were not treated with respect. This was made evident, by the facilitator dominating the debriefing sessions. An atmosphere where the clinician talked rather than listened to a student, negatively affected the active and attentive participation of students in clinical activities.

When students feel that they are not part of the health care team, they feel frustrated and this affects their learning potential. Our study findings further revealed the importance of a good supervisory relationship with students that directly influences their active engagement in class or their attentive participation. Possible factors that could result in a negative clinical facilitation experience, from the student's perspective can be linked to incompetent, facilitators, traditionalism in clinical behaviour and a stressful psychosocial environment.

The study further highlighted the need for clinical instructors to be aware of the students, the faculty, and preceptor roles and expectations. Under current economic distress, there is a need to re-clarify the potential roles of all parties involved in students' clinical learning, so that adequate preparations can be made to meet educational objectives. This is crucial because the literature has shown that even nurses familiar with the facilitator role do not necessarily understand the difference between facilitating a student and facilitating a new graduate or a new employee. Our findings also exemplified the need for the clinical faculty to be able to clearly communicate to promote active student engagement and participation.

6.2.3 Objective 3: Opportunities of interaction between students and clinical educators

Even though some students felt that the facilitator talked individually with students and/or went out of his/her way to help students, our study's findings revealed that the interaction

between students and clinical facilitators was limited, due to the facilitator behaving in an unfriendly and inconsiderate manner, not being interested in student problems and the students felt dissatisfied with such behaviour. The literature corroborates with these findings as numerous studies have explored the impact of the clinical facilitators' attitude and behaviour toward undergraduate nursing students.

The harsh morality shown by the facilitator in dealing with the students can instil fear in students and cause them to refrain from asking questions. Students may then become isolated and withdraw from class activities. In this study, it was found that the feelings of students were ignored, and this was a barrier to student learning.

This study thus exemplifies the importance of clinical facilitators as effective role models in the learning process through communication based on respect, integrity and mutual interaction with students. It has been reported that supportive relationships with students have been used as a key to increase student security in clinical wards. Supportive relationships trigger internalization of the nursing role as a provider of healthcare services. The results show that most importantly it is not what is being taught that impacts student learning, but it is about how students feel at the end of the lesson that can impede their potential.

This can be attributed to the fact that clinical staff plays the role of counsellor, coach, and clinical facilitator to the nursing students as they transition from novices to experts in the field of nursing. The study's results encouraged clinical facilitators to be more dedicated, caring and approachable towards their students to provide a satisfying experience and an environment conducive to learning. The results further proved that a supportive clinical learning environment is most influential in the development of nursing skills, knowledge, and professional socialization. Students feel more confident and motivated to learn in an

environment where they are respected, recognized, supported and regarded as part of the team. Thus, it is imperative to explore nursing students' engagement in their clinical learning environment through diverse experiences, shared learning opportunities, student-faculty interaction and active learning, all contributing to effective learning.

6.2.4 Objective 4: The extent to which nursing students enjoy a clinical learning environment

Our study's findings reflected the negative attitudes of students regarding the clinical learning environment. The respondents clearly did not enjoy their learning experience as evidenced by their reports that clinical placement was either a waste of time or boring. Some felt that it was interesting, but the majority were not satisfied with their learning. The findings show that when students are not actively engaged in learning and become isolated, they experience a barrier to learning. Clinical facilitators can cause students a great deal of stress in situations where they become annoyed or harshly confront a student.

As a result, the learner does not progress well, and a lot of time and energy is wasted in trying to adapt to the negative situation. Negative behaviour from clinical facilitators can impact confidence, self-efficacy and self-identity of students and can impede the creation of learning opportunities, as revealed in the literature. Thus, our findings show that there is need for behavioural changes among clinical facilitators and nursing personnel for better acceptance of students and supporting them better. Workshops on communication skills and mentorship can be held to find ways to make the clinical learning environment an enjoyable experience.

Learners could also be dissatisfied with the subjectivity of clinical evaluation and with the traditional approaches to clinical evaluation. Thus, our findings merit the need for educational

institutions to look for more objective and more reliable methods for evaluation. This means that a clear tool could be designed to assess students' performance in clinical settings in a proper manner, which can be a motivating factor for the students to learn.

Moreover, inadequate clinical facilitation, due to the poor competence of the clinical facilitator could lead to frustration and a sense of powerlessness on the student's part. The literature has shown that students have complained about being abandoned in clinical wards and of inadequate facilitation in clinical practices. This caused them to have a sense of powerlessness for implementation of nursing care.

The respondents in the third year were found to be more negative in their perception of learning than the fourth years. This was similar to the findings in literature where nursing students experienced a higher level of anxiety in their second year or in their initial year of clinical study. Fear of making mistakes (fear of failure) and being evaluated negatively by faculty members can cause much anxiety and stress and can lead to a decline in the enjoyment of learning for more junior phase learners. Fourth year students are more experienced, and their confidence level makes them more prepared for modules.

6.2.5 Objective 5: The extent to which students can make decisions and are treated fairly

The dynamic and uncertain natures of health care environments require nurses to be competent decision-makers, in order to respond to clients' needs. The literature shows that the complexity of clinical decision making requires a broad knowledge base and access to reliable sources of information, as well as working in a supportive environment. Our findings in this study revealed that students at a more senior level (fourth year) had the ability to make

decisions and negotiate, while those in third year were unable to negotiate their workload or work at their own pace. Therefore, not all students experienced autonomy and were treated unfairly in their ability to make decisions.

Autonomy took many forms from having a say in how the shift was spent, working at one's own pace, negotiating one's own workload to pursuing one's own particular interest in the clinical ward. The study findings revealed that the respondents felt that making one's own decisions and self-managing were critical to their skills development. The results from our findings should prompt nurse educators to re-evaluate whether clinical and theoretical curricula provide the necessary tools to facilitate the development of decision making and whether all students, irrespective of their level are sufficiently engaged to make all kinds of decisions, including ethical decisions that will affect their entire professional nursing career.

It is also imperative that nursing students should openly discuss their decision making and subsequent actions (whether proposed or actual), so they can receive encouragement from various sources (for example clinical facilitator, nurse educator, nurse). Understanding the decisions students make would allow them to become more autonomous and more ready to progress to more responsibility in the nursing world.

The decision-making skills of the respondents in our study would have been enhanced if their clinical facilitators used critical thinking, by asking comprehensive questions, exploring assumptions and inferences, and incorporating varying resources into their decisions. Hence, the study shows how teaching decision making skills to student nurses is strongly linked to having qualified, competent instructors, who, with their depth of knowledge can mould student thinking from a traditional mode of thinking to a critical mindset. The exploratory nature of this work does not invite definitive conclusions about nurses' decision making.

However, we believe it can stimulate ideas and discussions about additional ways of understanding the thinking processes nurses use in practice.

6.2.6 Objective 6: The extent of organisation and clarity of activities in the clinical learning environment

The findings from our study revealed that half of the students did experience a certain level of clarity and organization across their classes, while others did not consistently receive this level of clarity. This study thus exemplifies the importance of the clinical facilitator being clinically competent and organizationally adept. The level of clarity was influenced by the clinical facilitator getting side-tracked and not sticking to the point, lack of punctuality, students lost in the coursework, and assignments not clear. Workload allocations were not carefully planned, leading to disorganization. This meant that clarity and organization is linked to competent clinical facilitators who are experienced and qualified enough to teach. Lack of trained personnel can result in the curriculum being incorrectly taught and learning objectives not being clearly defined. Students become confused and are unable to advance to becoming expert decision makers, impacting negatively on their professional growth.

6.3 Limitations

The purpose of this study was to investigate the perceptions of undergraduate nursing students of the psychosocial clinical learning environment in a higher education institution. The small sample size (N= 498 nursing students) from the public university made generalization of results limiting. Although this was not intended, exploring the objectives in other universities/colleges in various provinces might have contributed to a more accurate description of student perceptions.

A quantitative descriptive survey was used for this study and provided measurable data. However, quantitative results are limited, as they provide numerical descriptions rather than detailed narrative and generally provide a less elaborate account of human perception. This study utilized a descriptive survey design, using self-administered questionnaires to investigate perceptions of the clinical learning environment. However, we cannot determine a cause and effect relationship from descriptive research. For example, if a student talks about poor facilitation from clinical facilitators that impacted their learning, we cannot conclude that this factor did not help the student to learn, as there may be various underlying reasons that compounded the learning difficulty. Also, respondents may have provided responses that were perceived to be more socially acceptable, which might have influenced results. Using a mixed methods approach, as characterized by triangulation that is the use of several means (methods, data sources and researchers) to examine the same phenomenon could be explored. These may include focused group discussions and interviews with respondents. Within such a mixed methodology there might emerge other interesting and unknown variables. In addition, a longitudinal approach would be very helpful in assessing students' satisfaction with the clinical learning environment from the standpoint of the novice to the expert (students at a more senior level), as drawing inferences from the data collected over a short time cannot prove as reliable or convincing.

6.4   Recommendations

This study demonstrated that students perceive the clinical learning environment as a place to learn and obtain skills for the nursing profession, yet their perceptions of how they were taught did not reflect their enjoyment of learning, and showed that there was room for improvement in how clinical facilitators used different teaching methods, interacted with

learners and allowed them to make decisions; all the while ensuring that the lines of communication were kept open. Clarity and an organizational culture were lacking in the students' learning environment which impacted negatively on their perception of learning. It is imperative that clinical facilitators evaluate their behaviour with students consistently, being aware of their behaviour and being open to suggestions and recommendations on how to improve their teaching.

6.4.1 Recommendations for clinical facilitators on how to introduce new teaching and learning activities

- The clinical facilitator can use presentation software, videos, simulations, concept mapping, online courses and combine games that are relevant to the lecture, to bring about a fresh and enjoyable atmosphere.

- Role playing can also be very effective for experiencing cultural principles and awareness because it allows students to become emotionally involved in cross-cultural learning and reflects upon cultural differences.

- Debating can be used when teaching a controversial issue or discussing a trend in nursing education. All students are responsible for researching the issue being proposed. After the debate, the students in the audience can evaluate the debaters' presentations and participate in post-debate discussion.

6.4.2 Recommendations to improve student's active and attentive participation in clinical activities

- Attempting to inculcate the habit of questioning in students, by means of interactive quiz sessions based on topics taught in the form of lectures.

- Brainstorming learning objectives –allowing them to choose the topic of a short discussion or to generate ideas about how a concept could be applied to a problem that interests them, which automatically increases engagement levels.

- Using case studies in a clinical learning environment and having students work out their solutions independently or in small groups or using case studies as a basis for major projects or exams.

6.4.3 Recommendations to improve interaction between students and clinical facilitators

- Communication is the lifeline that provides for close interaction between students and clinical facilitators. Clinical facilitators can have brief face-to-face meetings with students to open lines of communication and to help clarify student learning needs.

- Welcoming students to the unit and inquiring about personal learning goals or clinical learning objectives.

- Faculty and clinical facilitators should discuss and clarify the division of labour, such as who will supervise students who are administering medications or changing dressings, as overburdened staff will not always be able to cater for the academic needs of students.

- Constructive feedback should be a responsibility shared by clinical nurses, students, and faculty. Without constructive feedback, students can't fully recognize their learning needs or achieve desired learning goals.

- Orientation programmes/mentorship workshops can help clinical facilitators learn how to offer emotional support to learners and be approachable.

Nursing faculties should ask the faculty members and the nursing personnel to reconsider their behaviour and their relationships with students, to avoid disrupting the learning processes of students. One approach to this is consideration of a reward system for clinical facilitators who excel with learners, as voted for by the learners.

6.4.4 Recommendations to improve the extent to which nursing students enjoy the clinical learning environment

- Nursing students must be prepared to enter the clinical setting with foundational skills that will continue to be developed and refined by preceptors and mentors. This will result in less frustration and stress in trying to catch up with modules.

- The nursing system must be prepared to accept new graduates in a manner that fosters learning in a supportive, enriching learning environment.

- Enjoyment of a class depends on the level of competence of the clinical facilitator. Clinical facilitators should improve their teaching behaviour to make the clinical practice more instructive and useful.

- Course content should be consistently evaluated in order to fill knowledge gaps and student input is necessary so as to find out if they are grasping the concepts taught.

6.4.5 Recommendations to improve the extent to which nursing students can make decisions

- Enhancing competence in decision making by coaching and supporting nurses through early decisions, exposing them to scenarios or simulations or real-life case studies where they need to think on their feet and positively affect patient outcome.

- Problem based learning can be introduced where clinical facilitators present realistic patient scenarios, ask questions, and require students to make decisions.

- Creating strong, visible, nurse leaders and ensuring that nurses in supervisory positions are encouraging autonomy.

- Clinical facilitators can help nursing students to develop cognitive strategies to reduce errors in clinical decision making.

6.4.6 Recommendations to improve the extent of organization and clarity of activities in the clinical learning environment

- Good organization and clarity in the clinical learning environment is influenced by the level of competence of the clinical facilitator. Facilitators can maintain and enhance their competence through education, joining professional organisations, networking, conferences, webinars, continuing nursing education modules, and certification.

- Improving and maintaining the qualities and competencies of clinical facilitators requires keeping pace with shifting healthcare expectations, evolving practice requirements, new information technologies, and rapidly expanding evidence-based health services.

6.4.7 Recommendations for future research

- A mixed methodology approach is needed to investigate the association between population variables such as age, gender and ethnic group. These may include focus group discussions and interviews with respondents.

- A longitudinal study should be considered so as to obtain a better reflection of data over a longer time period.

- Exploring the barriers that hinder clinical facilitators from becoming competent in the field, or affect their facilitation or organizational ability, as well as factors that affect their access to facilitation or professional development workshops might provide insights or ways to develop a more trained workforce that encourages a learning environment.

6.5   Summary of the Chapter

The findings of this study and the literature support the need to re-evaluate clinical skills training in nursing education. Clearly all the objectives of the study were interlinked as one objective was directly influenced by another. For example, effective organization and clarity, means having competent interactive teachers, who are able to find new and interesting ways to teach, which in turn, means greater satisfaction rates of learning and improved decision making skills. It is clear from the perceptions of students that good supervision, clarity and organization play an important role in student learning and nursing education in general.

In addition, the current study illustrated the value of the development of an organized clinical facilitation system. This was viewed by the participant nursing students as one of the most important variables in their clinical learning and their satisfaction with the clinical learning environment. There were some similarities between the results of this study with other reported studies that confirmed that some of the factors are universal in nursing education e.g. the importance of clinical facilitation, decision making, clarity and organization. The results of our study highlighted that clinical facilitators needed to be more competent and committed to their organizations. The results of this study will help educators to design strategies for more effective clinical teaching. The results of this study should also be considered by nursing education and nursing practice professionals. Faculties of nursing need to be

concerned about solving student problems in education and clinical practice. The findings support the need for the faculty to plan the nursing curriculum in such a way that nursing students can be actively involved in their education.

REFERENCES

Aktaş, Y.Y.& Karabulut, N. (2016). A Survey on Turkish nursing students' perception of clinical learning environment and its association with academic motivation and clinical decision making. *Nurse Education Today*.1(36), 124-128.

Aliakbari, F., Parvin, N., Heidari, M., & Haghani, F. (2015). Learning theories application in nursing education.*Journal of Education and Health Promotion*.

https://doi:10.4103/2277-9531.1518674

Alhaqwi, A.I., & Taha, W.S. (2015): Promoting excellence in teaching and learning in clinical education. *Journal of Taibah University Medical Sciences*.1(10), 97-101.

Armstrong, S.J. & Rispel, L.C. (2015) Social accountability and nursing education in South Africa. *Global Health Action*. https://doi.org/10.3402/gha.v8.278798

Baraz, A., Memarian, R. & Vanaki, Z. (2015). Learning challenges of nursing students in clinical environments: *A qualitative study in Iran. Journal of Education and Health Promotion.* 4(52).http://www.jehp.net/text.asp?2015/4/1/52/162345

Barnham, C. (2015). Quantitative and Qualitative Research: Perceptual Foundations. *International Journal of Market Research*, 57(6), 837-54.

Beccaria, L., Kek, M.Y.C.A.& Huijser, H. (2018). Exploring nursing educators' use of theory and methods in search for evidence-based credibility in nursing education. *Nurse Education Today.* 65(2018), 60-66.

Bigdeli, S., Pakpour, V., Aalaa, M., Shekarabi, R., Sanjari, M., Haghani, H. & Mehrdad, N. (2015). Clinical learning environments (actual and expected): perceptions of Iran University of Medical Sciences nursing students. *Medical Journal of the Islamic Republic of Iran.* 29(173). https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4431426/

Bjork, I.T., Berntsen, K., Brynildsen, G.& Hestetun, M. (2014). Nursing students' perceptions of their clinical learning environment in placements outside traditional hospital settings. *Journal of Clinical Nursing.* 23(19-20), 2958-2967.

Blaauw, D., Ditlopo, P.& Rispel, L.C. (2014). Nursing education reform in South Africa--lessons from a policy analysis study. *Global health action*.7(1).http://dx.doi.org/10.3402/gha.v7.26401

Blaich, C., Wise, K., Pascarella, E.T.& Roksa, J. (2016). Instructional Clarity and Organization: It's Not New or Fancy, But It Matters. *Change: The Magazine of Higher Learning,*48(4), 6-13.

Branch, W.T., Kroenke, K.& Levinson, W. (1997). The Clinician-Educator − Presentand Future Roles. *Journal of General Internal Medicine.*12(2), 1-4.

Brynildsen, G., Bjørk, I.T., Berntsen, K., Hestetun, M. (2014). Improving the quality of nursing students' clinical placements in nursing homes: an evaluation study. *Nurse Education in Practice.*14(6),722-8.

Brink, H., van der Walt, C.& van Rensburg, G. (2012). Fundamentals of Research Methodology for Healthcare Professionals. Lansdowne, Cape Town: Juta& Company Ltd.

Gray, J., Grove, S. & Sutherland, S. (2016). *Burn's and Grove – The Practice of Nursing Research*. 8th ed. Sacramento, California: Saunders.

Grove, S; Gray, J. & Burns, N. (2015). *Understanding Nursing Research.* 8th ed. Saunders: Philadelphia.

Carlson, S., Kotze, W.J.& van Rooyen, D. (2005). Experiences of final year nursing students in their preparedness to become registered nurses. *Curations.*28(4), 65-73.

Cerit, Y. (2010). The effects of servant leadership on teachers' organizational commitment in primary schools in Turkey. *International Journal of Leadership in Education*, *13*(3), 301-317.

Cerit, B. & Dinç, L. (2012). Ethical decision-making and professional behaviour among nurses: A correlational study. *Nursing Ethics.*20(2), 200-12.

Chan, D.S.K. (2001). Development of an innovative tool to assess hospital learning environments. *Nurse Education Today.*21(8), 624-31.

Chan, D.S.K. (2002). Development of the clinical learning environment inventory: Using the theoretical framework of learning environment studies to assess nursing students' perceptions of the hospital as a learning environment. *The Journal of Nursing Education.*41(2), 69-75.

Chan, D.S.K. (2003). Validation of the Clinical Learning Environment Inventory. *Western Journal of Nursing Research.* 25(5). https://doi:10.1177/0193945903253161

Chan, D.S.K. (2004). Nursing students' perceptions of hospital learning environments - An Australian perspective. *International Journal of Nursing Education Scholarship,* 25(5), 519-32.

Chan, D.S.K. & Ip, W.Y. (2007). Perception of hospital learning environment: A survey of Hong Kong nursing students. *Nurse Education Today*,27(7) 677-84.

Chesser-Smyth, P.A., Long, T. (2013). Understanding the influences on self-confidence among first-year undergraduate nursing students in Ireland. *Journal of Advanced Nursing*. 69(1), 145-57.

Collier, A.D. (2017). Characteristics of an effective nursing clinical instructor: The state of the science. *Journal of Clinical Nursing.*27(1-2)363-374.

Cooper, M.M.& Stowe, R.L. (2018). Chemistry Education Research—From Personal Empiricism to Evidence, Theory, and Informed Practice. *Chemical Reviews.* 118(12), 6053-6087.

Cowen, K.J., Hubbard, L.J.& Hancock, D.C. (2016). Concerns of nursing students beginning clinical courses: A descriptive study. *Nurse Education Today.*43(2016), 64-*8.*

Cremonini, V., Ferri, P., Artioli, G., Sarli, L., Piccioni, E. &Rubbi, I. (2015). Nursing students' experiences of and satisfaction with the clinical learning environment: the role of educational models in the simulation laboratory and in clinical practice. *Acta Biomed for Health Professionals. 86*(3), 194-204.

Crisp, J., Taylor, C., Douglas,C., Rebeiro, G., (2012).Potter and Perry's Fundamentals of Nursing – Australian Version. 4th ed. Sydney: Elsevier.

Crombie, A., Brindley, J., Harris, D., Marks-Maran, D., Thompson, T.M. (2013).Factors that enhance rates of completion: what makes students stay? *Nurse Education Today,* 33(11), 1282-7.

Curran, M.(2014). Examination of the Teaching Styles of Nursing Professional Development Specialists, Part I: Best Practices in Adult Learning Theory, Curriculum Development, and Knowledge Transfer. *Journal of Continuing Education in Nursing,* 45(5), 233-40.

Cypress, B.S. (2017). Rigor or Reliability and Validity in Qualitative Research. *Dimensions of Critical Care Nursing,*36(4), 253-263.

Dale, B., Leland, A. & Dale, J.G. (2013). What factors facilitate good learning experiences in clinical studies in nursing: bachelor students' perceptions. *ISRN nursing,vol 2013*, 628-679.

Dehghani, M., Ghanavati, S., Soltani, B., Aghakhani, N., & Haghpanah, S. (2016). Impact of clinical supervision on field training of nursing students at Urmia University of Medical Sciences. *Journal of Advances in Medical Education &Professionalism*, 4(2), 88–92.

Department of Health (2012/13 - 2016/17). The national strategic plan for nursing education, training and practice. Department of Health: Pretoria.
https://www.sanc.co.za/archive/archive2013/NursingStrategy2013.html.

DeSimone, B.B. (2016). Curriculum Design to Promote the Ethical Decision-Making Competence of Accelerated Bachelor's Degree Nursing Students. *SAGE Open,* 6(1), 1-10.

Dimitriadou, M., Papastavrou, E., Efstathiou, G., Theodorou, M. (2015). Baccalaureate nursing students' perceptions of learning and supervision in the clinical environment. *Nursing and Health Sciences,*17(2), 236-42.

Dobrowolska, B., McGonagle, I., Jackson, C., Kane, R., Cabrera, E., Cooney-Miner, D., Di Cara, V., Pajnkihar, M., Prlic, N., Sigurdardottir, A.K., Kekus, D., Wells, J. & Palese,

A.(2015). Clinical practice models in nursing education: implication for students' mobility.*International Nursing Review*, 62(1), 36-46.

Donae, G.H., & Varcoe, C. (2015). *How to Nurse: Relational Inquiry with Individuals and Families in Changing Health and Healthcare Contexts*. Philadelphia: Lippincott Williams & Wilkins.

Doyle, K., Sainsbury, K., Cleary, S., Parkinson, L., Vindigni, D., McGrath, I., & Cruickshank, M. (2017). Happy to help/happy to be here: Identifying components of successful clinical placements for undergraduate nursing students. *Nurse Education Today,* 49(2017), 27–32.

D'Souza, M., Venkatesaperumal, R., Radhakrishnan, J. &Balachandran, S. (2013) Engagement in clinical learning environment among nursing students: Role of nurse educators. *Open Journal of Nursing*, 3(1), 25-32.

Ehlers, V.J. (2002). Nursing education in the Republic of South Africa. Nurse *Educator,* 27(5), 207-9.

Eraydın, Ş.& Karagözoğlu, Ş. (2017). Investigation of self-compassion, self-confidence and submissive behaviours of nursing students studying in different curriculums. *Nurse Education Today,* 54*,* 44–50.

Erlam, G.D., Smythe, L. and Wright-St Clair, V. (2017). Simulation Is Not a Pedagogy. *Open Journal of Nursing*, 7*,* 779-787.

Eslami, A.A., Rabiei, L., Afzali, S.M., Hamidizadeh, S., &Masoudi, R. (2016). The

Effectiveness of Assertiveness Training on the Levels of Stress, Anxiety, and Depression of

High School Students. *Iran Red Crescent Medical Journal,*

18(1)https://doi.org/10.5812/ircmj.21096

Farzi, S., Shahriari, M.& Farzi, S. (2018). Exploring the challenges of clinical education in

nursing and strategies to improve it: A qualitative study. *Journal of Education and Health*

Promotion, 7(1), 115-9.

Froneman, K., du Plessis, E.& Koen, M.P. (2016). Effective educator-student relationships in

nursing education to strengthen nursing students' resilience. *Curationis*, 39(1), 1-9.

Flott, E.A., & Linden, L. (2016). The clinical learning environment in nursing education: a

concept analysis. *Journal of Advanced Nursing,* 72(3), 501–513.

Hagenauer, G. & Volet, S.E. (2014). Teacher–student relationship at university: an important

yet under-researched field. *Oxford Review of Education,* 40(3), 370–388.

Hakim, A. (2014). Nursing students' satisfaction about their field of study. *Journal of*

Advances in Medical Education & Professionalism, 2(2), 82–87.

Haraldseid, C., Friberg, F. & Aase, K. (2015). Nursing students' perceptions of factors

influencing their learning environment in a clinical skills laboratory: A qualitative study.

Nurse Education Today, 35(9), 1-6.

Henderson, A., Cook, M., Creedy, D., & Walker, R. (2012). Nursing students' perceptions of

learning in practice environments: A review. *Nurse Education Today*. 32(3), 299-302.

Hénard, F. & Roseveare, D. (2012). *Fostering quality teaching in higher education: Policies and Practices. An IMHE Guide for Higher Education Institutions*. Paris:OECD.

Hezaveh, M.S., Rafii, F., & Seyedfatemi, N. (2014). Novice nurses' experiences of unpreparedness at the beginning of the work. *Global journal of health science*, 6(1), 215–222.

Honey, M. & Procter, P. (2017). The Shifting Sands of Nursing Informatics Education: From Content to Connectivity. *Studies in Health Technology and Informatics.* 232, 31-40. http://shura.shu.ac.uk/14898/

Hooven, K. (2014). Evaluation of Instruments Developed to Measure the Clinical Learning Environment. *Nurse Educator Today.* 39(6), 316-320.

Horwitz, A.V. (2011). Creating an Age of Depression. *Society and Mental Health,* 1*(1),* 41–54.

Jamshidi, N., Molazem, Z., Sharif, F., Torabizadeh, C., & Najafi Kalyani, M. (2016). The Challenges of Nursing Students in the Clinical Learning Environment: A Qualitative Study. *The Scientific World Journal,* 2016(1)*,* 1–7.

Jayasekara, R., Smith, C., Hall, C., Rankin, E., Smith, M., Visvanathan, V., & Friebe, T.R. (2018). The effectiveness of clinical education models for undergraduate nursing programs: A systematic review. *Nurse Education in Practice,* 29(1)*,* 116–126.

Kaddoura, M., Vandyke, O., Smallwood, C., & Gonzalez, K.M. (2016). Perceived benefits and challenges of repeated exposure to high fidelity simulation experiences of first degree accelerated bachelor nursing students. *Nurse Education Today,* 36(1)*, 298–303.*

Kaphagawani, N.C. & Useh, U. (2013). Analysis of Nursing Students' Learning Experiences in Clinical Practice: Literature Review. *Studies on Ethno-Medicine.* 7(3), 181-185.

Karabulut, N., Aktas, Y.Y. & Alemdar, D.K. (2015). The relationship of clinical learning environment to nursing students' academic motivation. *Elsevier.* 17(1), 9-15.

Khoza, L.B. (2015). Nursing Students' Perception of Clinical Learning Experiences. *Journal of Human Ecology,* 51(1-2), 103-110.

Killam, L.A.& Heerschap, C. (2013). Challenges to student learning in the clinical setting: A qualitative descriptive study. *Nurse Education Today,* 33(6), 684–691.

Kolb, A. & Kolb, D. (2005). Learning Styles and Learning Spaces: Enhancing Experiential Learning in Higher Education. *Academy of Management Learning & Education,* 4(2), 193-212.

Kramer, D., Hillman, S.M.& Zavala, M. (2018). Developing a Culture of Caring and Support Through a Peer Mentorship Program. *Journal of Nursing Education,* 57(7), 430–435.

Lamont, S., Brunero, S., Woods, K.P., 2015. Satisfaction with clinical placement–the perspective of nursing students from multiple universities. *Collegian,* 22(1), 125–133.

Lapeña-Moñux, Y.R., Cibanal-Juan, L., Orts-Cortés, M.I., Maciá-Soler, M.L., & Palacios-Ceña, D. (2016). Nurses' experiences working with nursing students in a hospital: a phenomenological enquiry.*Revista Latinoamericana de Enfermagem,* 24(0), 1-8.

Palmer, A., Burns, S. & Bulman, C. (1994). *Reflective Practice in Nursing.* Blackwell Science: Oxford.

Lawal, J., Weaver, S., Bryan, V. & Lindo, J.L.M. (2015). Factors that influence the clinical learning experience of nursing students at a Caribbean school of nursing. *Journal of Nursing Education and Practice.* 6(4), 32-39.

Levett-Jones, T., Pitt, V., Courtney-Pratt, H., Harbrow, G.& Rossiter, R. (2015). What are the primary concerns of nursing students as they prepare for and contemplate their first clinical placement experience? *Nurse Education in Practice,* 15(4), 304–309.

Mann-Salinas, E., Hayes, E., Robbins, J., Sabido, J., Feider, L., Allen, D.& Yoder, L. (2014). A systematic review of the literature to support an evidence-based precepting program. *Burns,* 40(3), 374–387.

Manoochehri, H., Imani, E., Atashzadeh-Shoorideh, F.& Alavi-Majd, A. (2015). Competence of novice nurses: role of clinical work during studying. *Journal of medicine and life*, 8(4), 32–38.

Martikainen, P., Bartley, M.&Lahelma, E. (2002). Psychosocial determinants of health in social epidemiology. *International Journal of Epidemiology.* 31(6), 1091 – 1093.

McCarthy, B., Trace, A., O'Donovan, M., Brady-Nevin, C., Murphy, M., O'Shea, M., & O'Regan, P. (2018). Nursing and midwifery students' stress and coping during their undergraduate education programmes: An integrative review. *Nurse Education Today,* 2(61),197–209.

McInnes, S., Peters, K., Hardy, J., & Halcomb, E. (2015). Primary care clinical placements: the views of Australian registered nurse mentors and pre-registration nursing students (part 2*). Nurse Education in Practice*, 15(6), 443–449.

Mills, B., Carter, O., Rudd, C., Claxton, L.& O'Brien, R. (2016). An experimental investigation into the extent social evaluation anxiety impairs performance in simulation-based learning environments amongst final-year undergraduate nursing students. *Nurse Education Today,* 10(45)*, 9–15.*

Mokadem, N.M.& Ibraheem, S. (2017). Nursing Students' Satisfaction with Their Clinical Learning Environments. *American Journal of Nursing Research,* 5(4), 104-108.

Moore, J. (2013). *Three Views of Behaviourism. The Psychological Record,* 63*(3), 681–692.*

Morbach, J.K. (2015): Characteristics of an Appropriate Instructor- Student Relationship in Allied Health. Educational Administration: Theses, Dissertations, and Student Research.

http://digitalcommons.unl.edu/cgi/viewcontent.cgi?article=1221&context=cehsedaddiss

Msiska, G., Smith, P. and Fawcett, T. (2014). The "Lifeworld" of Malawian Undergraduate Student Nurses: The Challenge of Learning in Resource Poor Clinical Settings. *International Journal of Africa Nursing Sciences,* 1(2014), 35-42.

Muthathi, I.S., Thurling, C.H.& Armstrong, S.J. (2017). Through the eyes of the student: Best practices in clinical facilitation. *Curationis,* 40(1),1-8.

Najafi Kalyani, M., Jamshidi, N., Molazem, Z., Torabizadeh, C.& Sharif, F. (2019). How do nursing students experience the clinical learning environment and respond to their experiences? A qualitative study. *British Medical Journal-Open,* 9(7), 1-8.

Nasiri, M., Jahanshahi, M., Jannat-Alipoor, Z., Navabi, N.& Shamsaliniya, A. (2018). The Effects of Mentorship Program on Stressors and Self-Confidence of Nursing Students in the Clinical Settings in 2015-2016. *Scientific Journal of Education Strategies in Medical Sciences,* 11(1), 66-73.

Needham, J., McMurray, A.& Shaban, R.Z. (2016). Best practice in clinical facilitation of undergraduate nursing students. *Nurse Education in Practice,* 9(20), 131–138.

Niederriter, J.E., Eyth, D.& Thoman, J. (2017). Nursing Students' Perceptions on Characteristics of an Effective Clinical Instructor. *SAGE Open Nursing,* 3(2017)*,* 1-8.

Okoronkwo, I.L., Onyia-Pat, J.L., Agbo, M.A.E., Okpala, P.U. &Ndu, A.C. (2013). Students' perception of effective clinical teaching and teacher behaviour. *Open Journal of Nursing.* 3(2013), 63-70.

Palese, A., Gonella, S., Brugnolli, A., Mansutti, I., Saiani, L., Terzoni, S., Destrebecq, A., Zannini, L., Grassetti, L. & Dimonte V. (2019). Nursing students' interprofessional educational experiences in the clinical context: findings from an Italian cross-sectional study. *British Medical Journal*,9(3), 1-10.

Papastavrou, E., Dimitriadou, M., Tsangari, H., &Andreou, C. (2016). Nursing students' satisfaction of the clinical learning environment: a research study. *BioMed Central*, 15(44), 1-10.

Perry, R.D., Press, M.M., Rohatinsky, N., Compton, R.M.& Sedgwick, M. (2016). Pilot study: Nursing students' perceptions of the environment in two different clinical models. *International Journal of Nursing Sciences,* 3(2016), 285-290.

Polit, D.F & Beck, C.T. (2013). *Nursing research: Generating and assessing evidence for nursing practice*. 9th ed. Philadelphia: Lippincott Williams & Wilkins.

Phillips, K.F., Mathew, L., Atkin, N. & Catano, B. (2017). Clinical education and student satisfaction: An integrative literature review. *International Journal of Nursing Sciences,* 4(2017), 205-213.

Ponto. M (2011) Nursing students' perception of autonomy: A qualitative study. *Progress in Health Sciences,* 1(2), 11-17.

Poore, J.A., Cullen, D.L., & Schaar, G.L. (2014). Simulation-Based Interprofessional Education Guided by Kolb's Experiential Learning Theory. *Clinical Simulation in Nursing*, 10(5), 241–247.

Porter, J., Morphet, J., Missen, K., & Raymond, A. (2013). Preparation for high-acuity clinical placement: confidence levels of final-year nursing students. *Advances in medical education and practice*, 4(4), 83-9.

Rafiee, G., Moattari, M., Nikbakht, A.N., Kojuri, J., & Mousavinasab, M. (2014). Problems and challenges of nursing students' clinical evaluation: A qualitative study. *Iranian Journal of Nursing and Midwifery Research*, 19(1), 41–49.

Rajeswaran, L. (2017). Clinical Experiences of Nursing Students at a Selected Institute of Health Sciences in Botswana. *Health Science Journal,* 10(6), 1-6.

Roos, E., Fichardt, A.E., MacKenzie, M.J., &Raubenheimer, J. (2014). Attrition of Undergraduate Nursing Students and South African Universities. *Curations: Journal of the Democratic Nursing Organisations of South Africa.* 39(1), 1-8.

Salamonson, Y., Everett, B., Halcomb, E., Hutchinson, M., Jackson, D., Mannix, J., Peters, K. & Weaver, R. (2015). Unravelling the complexities of nursing students' feedback on the clinical learning environment: A mixed methods approach. *Nurse Education Today,* 35(1), 206–211.

Salehian, M., Heydari, A., Aghebati, N., Moonaghi, H.K. (2017). Faculty-Student Caring Interaction in Nursing Education: An Integrative Review. *Journal of Caring Sciences,* 6(3), 257–267.

Sari, D., Baysal, E., Celik, G.G., & Eser, I. (2018). Ethical Decision-Making Levels of Nursing Students. *Pakistan Journal of Medical Science,* 34(3), 724–729.

Searle, C. *The History of the Development of Nursing in South Africa, 1652–1960.* (1965). Struik: Cape Town.

Setati, C.M., & Nkosi, Z.Z. (2017). *The perceptions of professional nurses on student mentorship in clinical areas: A study in Polokwane municipality hospitals, Limpopo province.* Health SA Gesondheid, 22(2017), 130–137.

Shabnum, S., Hussain, M., Mujeed, I., Afzal, M. & Amir, S. (2018). Nursing Students' Satisfaction with Clinical Learning Environment. *International Journal of Graduate Research and Review,* 4(2), 58-63.

Sharp, P.B., Newberry, L.W., Fleishauer, M., & Doucette, J.N. (2014). High-fidelity simulation and its nursing impact in the acute care setting. *Nursing Management,* 45(7), 32–39.

Sherwood, G., & Barnsteiner, J.H. (2017). *Quality and Safety in Nursing – A Competency Approach to Improving Outcomes*. 2nd ed. Wiley-Blackwell, USA.

Skaalvik, M.W., Normann, H.K., &Henriksen, N. (2011). Clinical learning environment and supervision: experiences of Norwegian nursing students - a questionnaire survey. *Journal of Clinical Nursing,* 2011(20), 2294–304.

Smedley, A., & Morey, P. (2009). Improving learning in the clinical nursing environment: Perceptions of senior Australian Bachelor of Nursing Students. *Journal of Research in Nursing,* 15(1), 75-88.

Söderhamn,U.& Haddeland, K. (2013). Nursing students' experiences of nurse-lead supervision in hospital practice. A phenomenological study. *Nordic Nursing Research*,3(1), 19-33.

South African Nursing Council. (1994). Guidelines for the course leading to registration as a nurse (general, psychiatry, community) and midwife. Pretoria: SANC. http://www.sanc.co.za/pdf/Learner%20docs/Min%20req%204yr%20programme.pdf

South African Nursing Council. (1988). South African Nursing Council Regulations, R425. Pretoria: South African Nursing Council. https://www.sanc.co.za/regulat/Reg-4yr.htm

South African Qualifications Authority (2012). Level descriptors for the South African National Qualifications Framework. Pretoria: South African Qualifications Authority. http://www.saqa.org.za/docs/misc/2012/level_descriptors.pdf

Struwig, F.W. & Stead, G.B. (2001). *Planning, designing and reporting research.* Maskew Miller Longman: Cape Town.

Sundler, A.J., Björk, M., Bisholt, B., Ohlsson, U., Engström, A.K., & Gustafsson, M. (2014). Student nurses' experiences of the clinical learning environment in relation to the organization of supervision: a questionnaire survey. *Nurse Education Today,* 34(4), 661–666.

Tawalbeh, L.& Tubaishat, A. (2014). Effect of simulation on knowledge of advanced cardiac life support, knowledge retention, and confidence of nursing students in Jordan. *The Journal of Nursing Education,*53(1), 38–44.

The White Paper for the transformation of the Health System in South Africa. (1997). Department of Health: Pretoria.

https://www.gov.za/sites/default/files/gcis_document/201409/17910gen6670.pdf.

The White Paper on Transforming Public Service Delivery. (1997) Department of Public Service and Administration. Pretoria: Department of Public Service and Administration.http://www.dpsa.gov.za/dpsa2g/documents/acts&regulations/frameworks/white-papers/transform.pdf.

Thomas, P.A., Kern, D.E., Hughes, M.T.& Chen, B.Y. (2015). *Curriculum development for medical education: A six-step approach*. Johns Hopkins University Press.

Turner, K.& McCarthy, V.L. (2017). Stress and anxiety among nursing students: A review of intervention strategies in literature between 2009 and 2015. *Nurse Education in Practice,* 1(22), 21–29.

Uys, L.R. (1989). Nursing education in South Africa. *Nurse Education Today*, 9(3), 211-13.

Warne, T., Johansson, U.B., Papastavrou, E., Tichelaar, E., Tomietto, M., den Bossche, K. V., Moreno, M.F.V. & Saarikoski, M. (2010). An exploration of the clinical learning experience of nursing students in nine European countries. *Nurse Education Today,* 30(8), 809–815.

Wawire, K.A.L., Rogers, S.S., Claudio, O.O., Mwiti, K.D., Ndung'u, N.M., Katindi, M.J.& Njeri, M.E. (2014). Challenges Experienced by Undergraduate Nursing Students during Their Clinical Rotations. *International Journal of Novel Research in Interdisciplinary Studies,* 1(1), 26-37.

Williams, B., Brown, T.& Winship, C. (2012). The Mismatch Between Perceived and Preferred Expectations of Undergraduate Paramedic Students. *The Internet Journal of Allied Health Sciences and Practice,* 10(4).https://nsuworks.nova.edu/ijahsp/vol10/iss4/12/

Yilmaz, F.T., Sabancıoğulları, S., & Kumsar, A.K. (2016) Motivation in the First Year of Nursing Education: It's Relationship with Professional Self Concept, Self-Esteem. *Archives of Nursing Practice and Care* 2(1), 50-56.

ANNEXURE 1: INFORMATION SHEET

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INFORMATION SHEET

Project Title: Undergraduate nursing students' perception of the psychosocial clinicallearning environment at a selected Higher Education Institution.

What is this study about?

This is a research project being conducted by Chanthelle Jaganath at the University of the Western Cape.

We are inviting you to participate in this research project because you are an Undergraduate Nursing Student at The University of the Western Cape, and you are in either the third orfourth-year of your academic career. You have previous clinical experience in various clinical settings and this research study is grateful for your contribution. The purpose of this research project is to determineUndergraduate nursing students' perception of the psychosocial clinical learning environment at The University of the Western Cape.

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

You will be asked to be available at a predetermined venue as agreed upon by your year level coordinator. Please bring a black ballpoint pen with you. The research study will be explained to you on this day, and the questionnaire that you will be required to complete will also be explained. You will be given time to ask questions if needed. Consent forms will be distributed to all participants and requires you to complete the form and submit it before you begin answering the questionnaire. The questionnaire will be distributed. This questionnaire consists of six (6) subscales and forty-two (42) questions in total. This is questionnaire will require you to choose the most appropriate selection for yourself by placing a (X) accordingly. It will take twenty to twenty-five minutes (20-25min) to complete the questionnaire. Once you have completed the questionnaire you will need to return it in the self-sealing envelope, to the researcher.

Would my participation in this study be kept confidential?

The researchers undertake to protect your identity and the nature of your contribution. To ensure your anonymity, the questionnaire is anonymous and will not contain information that may personally identify you. The questionnaire will be coded so that the researcher may only identify which programme and year level the returned questionnaires are from. The same code will be used in data analysis and reporting and therefore no identifiable information relating to the campus will be included. Only the researcher will have access to the code's identification key.

To ensure your confidentiality, returned anonymous questionnaires will be stored in a locked cabinet for a period of five (5) years and thereafter they will be shredded. Only the researcher and supervisor will have access to the cabinet. Information that is stored electronically will be stored with password protection and will only be accessible by the researcher, supervisor and statistician for data analysis purposes. If we write a report or article about this research project, your identity will be protected.

What are the risks of this research?

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. We do not anticipate any risk participating in the study, in the event of emotional or psychological disturbances participants will be referred to a prearranged counselling service.

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.

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 clinical learning environment and its' impact on the nursing student. We hope that, in the future, other students might benefit from this study through improved understanding of how the interaction between the clinical learning environment and

undergraduate nursing students can impact on the teaching and learning process and help students enjoy this experience.

This study intends to bring awareness of the challenges and satisfaction levels of the undergraduate nursing student in the clinical learning environment. With this knowledge, there will be understanding of how the clinical learning environment impacts on the student and educators can use this knowledge for designing better clinical learning environments for students and encourage learning.

Do I have to be in this research, and may I stop participating at any time?

Your participation in this research is completely voluntary. Participation in the research is not a course requirement. 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 in any way.

What if I have questions?

This research is being conducted byChanthelle Jaganath. I am a Master's Nursing Education student of The School of Nursing from The University of the Western Cape. If you have any questions about the research study itself, please contact me on my mobile phone (0832848491) or email me on 3718302@myuwc.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:

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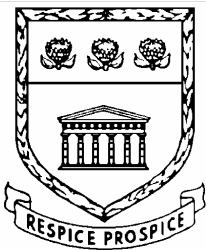
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This research has been approved by the University of the Western Cape's Humanities and Social Sciences Research Ethics Committee.

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CONSENT FORM

Title of Research Project: Undergraduate nursing students' perception of the psychosocial clinical learning environment at a selected Higher EducationInstitution.

The study has been described to me in a 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: _____

ANNEXURE 3: QUESTIONNAIRE

SECTION A: DEMOGRAPHIC DATA

Directions

Please complete the questions in the space provided.

1. How old are you?

   _____

2. Gender?

   _____

3. Which racial group do you belong to? Black __White __ Indian __Coloured __ other? Ifother, please

   specify_____

   _____

   _____

4. What year of the Undergraduate Programme are you completing?

_____

5. Have you been employed in the Healthcare profession or attained a qualification in Health Sciences prior to enrolment into the Undergraduate Nursing Programme?

Yes _____No _____

Directions for Sections B-G

The purpose of this questionnaire is to find out your opinion about clinical placements. This form of the questionnaire assesses your opinion about what clinical placements are ACTUALLY like. Indicate your opinion about each questionnaire statement by placing an "X" in the chosen block.

SECTION B (Obj1): To examine the extent to which clinical educators plans new, interesting, and productive ward experiences, teaching techniques, learning activities, and patient allocations.

		Strongly Agree	Agree	Disagree	Strongly Disagree
1	The preceptor/clinician considers students' feelings.				
2	The preceptor/clinician talks rather than listens to the students.				
3	Students look forward to coming to clinical placements.				
4	Students know exactly what must be done in the ward.				
5	New ideas are seldom tried out in this ward.				
6	All staff in the ward are expected to do the same work in the same way,				
7	The facilitator talks individually with students.				
8	Students put effort into what they do in the ward.				
9	Students are dissatisfied with what is done in the ward.				
10	Getting a certain amount of work done is important in this ward.				
11	New and different ways of teaching to the students are seldom used in the ward.				
12	Students are generally allowed to work at their own pace.				
13	The preceptor/clinician goes out of his/her way to help students.				

1 4	Students "clock watch" in this ward.				
1 5	After the shift, the students have a sense of dissatisfaction.				
1 6	The preceptor/clinician often gets side-tracked instead of sticking to the point.				
1 7	The facilitator thinks up innovative activities for students.				
1 8	Students have a say in how the shift is spent.				
1 9	The preceptor/clinician helps the student who is having trouble with the work.				
2 0	Students in this ward pay attention to what others are saying.				
2 1	This clinical placement is a waste of time.				
2 2	This is a disorganised clinical placement.				
2 3	Teaching approaches in this ward are characterised by innovation and variety.				
2 4	Students can negotiate their workload in the ward.				
2 5	The facilitator seldom goes around to the ward to talk to students.				
2 6	Students seldom are involved with the process of handing over to staff in the ward for the next shift.				
2 7	This clinical placement is boring.				
2 8	Ward assignments are clear so that students know what to do.				
2 9	The same staff member (preceptor/clinician) works with the students for most of this placement.				
3 0	Teaching approaches allow students to proceed at their own pace.				
3 1	The facilitator is not interested in students' problems.				
3 2	There are opportunities for students to express opinions in this ward.				
3 3	Students enjoy coming to this ward.				
3 4	Staff are often punctual.				
3 5	The facilitator often thinks of interesting activities.				
3 6	There is little opportunity for a student to pursue his/her particular interest in this ward.				

3 7	The facilitator is unfriendly and inconsiderate towards students.				
3 8	The facilitator dominates debriefing sessions.				
3 9	This clinical placement is interesting.				
4 0	Workload allocation in this ward are carefully planned.				
4 1	Students seem to do the same type of tasks in every shift.				
4 2	It is the preceptor/clinician who decides the student's activities in the ward.				

Thank you for your time, honesty and participation in this study!

Should the completion of this questionnaire result in the need to speak to a qualified

Counsellor, please contact:

Ms Chanthelle Jaganath on 0832848491 for telephonic/face-to-face counselling. Remember

to indicate that it relates to participation in this study.

ANNEXURE 4: ETHICS CLEARANCE

OFFICE OF THE DIRECTOR: RESEARCH
RESEARCH AND INNOVATION DIVISION

UNIVERSITY of the
WESTERN CAPE

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

07 December 2017

Ms C Jaganath
School of Nursing
Faculty of Natural Science

Ethics Reference Number: HS17/10/48

Project Title: Undergraduate nursing students' perceptions of the
psychosocial clinical learning environment at a selected
Higher Education Institution.

ANNEXURE 5: ADMINISTRATION APPROVAL LETTER

Administration Building, 1st Floor
ashaikjee@uwc.ac.za, nschoeman@uwc.ac.za
021 959 2110

ANNEXURE

CONDITIONS TO GUIDE RESEARCH CONDUCTED AT THE UNIVERSITY OF THE WESTERN CAPE

The onus rests on the researcher/investigator to observe and comply with the conditions set out below with the aim to conduct responsibly ethical research. Clarity must be sought from the authorising office should the interpretation of the conditions be unclear.

1. ACCOUNTABILITY

The University reserves the right to audit the research practices of the researcher/ investigator to assess compliance to the conditions of this agreement.

Data collection processes must not be adapted, changed or altered by the researcher/ investigator without written notification issued to the authorising office.

The University reserves to right to cease research if any proposed change to the data collection process is found to be unethical or in contravention of this agreement.

Failure to comply with any one condition in this agreement may result in:

Disciplinary action instituted against a researcher/investigator employed or registered at the University;

The contravention reported to the organisation employing or registering the external researcher/ investigator.

2. GOVERNANCE

Approval to conduct research is governed by the Protection of Personal Information Act, No 4 of 2013, which regulates the entire information life cycle from collection, through use and storage and even the destruction of personal information and it is incumbent on the researcher/investigator to understand the implications of the legislation.

The researcher/investigator must employ the necessary measures to conduct research that is ethically and legally sound.

3. ACQUIRING CONSENT & RIGHTS OF PARTICIPANTS

It is incumbent on the researcher / investigator to clarify any uncertainties to the participant about the research.

Written consent must be obtained from participants before their personal information is gathered and documented.

Participation in the research must be voluntary and participants must not be pressured or coerced.

Participants have the right to access their personal information, obtain confirmation of what information is in the possession of the researcher / investigator and who had access to the information.

Participants have the right to withdraw from the research and insist that their personal information not be used.

FROM HOPE TO ACTION THROUGH KNOWLEDGE

UNIVERSITY of the
WESTERN CAPE

DEPUTY REGISTRAR:
Academic
Administration
Administration Building, 1st Floor
ashaikjee@uwc.ac.za, nschoeman@uwc.ac.za
021 959 2110

4. DATA AND INFORMATION MANAGEMENT

Due diligence must be afforded by the researcher/investigator to:

Mitigate any risks that could compromise the privacy of participants before
during and after the research is conducted;

Collect only information that is relevant to the aim of the research;

Verify all personal information collected about a participant if the information is
supplied by a source other than the participant;

Refrain from sharing participant information with a third party;

Apply for an exemption if the identity of participants should be revealed in the interest
of the research aims.

The researcher/investigator must employ appropriate, reasonable and technical measures
to protect, prevent loss of and unlawful or unauthorised access of research information.

Should you have any questions relating to this agreement please contact:
ashaikjee@uwc.ac.za, or
researchperm@uwc.ac.za

ANNEXURE 6: PERMISSION TO CONDUCT STUDY – SCHOOL OF

NURSINGUNIVERSITY OF THE WESTERN CAPE

School of Nursing
Faculty of Community and Health
THE UNIVERSITY OF THE WESTERN CAPE

Dear Ms C Jaganath (3718302)

RE: PERMISSION TO CONDUCT RESEARCH AT THE UNIVERSITY OF THE WESTERN CAPE

As per you request, we acknowledge that you have obtained all the necessary permissions and ethics clearances (HS17/10/48) and are welcome to conduct your research as outlined in your proposal and communication with the School of Nursing.

Please note that while we give permission to conduct such research (i.e. interviews and surveys) staff and students at this School are not compelled to participate and may decline to participate should they wish to.

Should you wish to make use of or reference to the School's name, spaces, identity, etc. in any publication/s, you must first furnish the School with a copy of the proposed publication/s so that the School can verify and grant permission for such publication/s to be made publicly available.

Should you require any assistance in conducting your research in regards to access to student contact information please do let us know so that we can facilitate where possible.

Yours sincerely

A/Prof Jennifer Chipps
A/Director School of Nursing
Faculty of Community and Health
THE UNIVERSITY OF THE WESTERN CAPE

T: +27 21 959 3024
E: jchipps@uwc.ac.za

31 January 2018

ANNEXURE 7: CONFIRMATION OF PROOFREADING AND EDITING

115 Main Road, Cape Agulhas, Western Cape, South Africa

Cell: +27 72 244 4363

Email: info@busybeeediting.co.za / brendavanrensburg2@gmail.com

Website: www.busybeeediting.co.za

Proofreading and Editing Certificate

TO WHOM IT MAY CONCERN

This is to certify that we Brenda van Rensburg and Hugo Chandler the owners of the above company are both professional freelance proof-readers and editors. For the past twelve years we have been providing proofreading, editing, layout, syntax, spelling and grammar checks as well as typing and graphic design services to university students and to graduates for their theses, reports and dissertations, as well as to authors for their manuscripts. We will gladly provide any references if needs be.

We have completed the proofreading, editing, layout, syntax, spelling and grammar check on a 27 516words / 91-page **MINI THESIS** titled**UNDERGRADUATE NURSING STUDENTS' PERCEPTION OF THE PSYCHOSOCIAL CLINICAL LEARNING ENVIRONMENT AT A SELECTED HIGHER EDUCATION INSTITUTION**for **CHANTELLE JAGANATH, STUDENT NO.: 3718302**submitted **in PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER'S OF NURSING EDUCATION IN THE SCHOOL OF NURSING AT THE FACULTY OF COMMUNITY AND HEALTH SCIENCES,** at the **UNIVERSITY OF THE WESTERN CAPE.**

Brenda van Rensburg   *Hugo Chandler*

Brenda van Rensburg   **Hugo Chandler**

Date: 29 November 2019