EMPOWERMENT OF THE NURSE UNIT MANAGER
IN CREATING A CLIMATE CONDUCIVE TO LEARNING

by

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This study is dedicated to my wife
and beloved children, Boitshoko and Didintle.

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SUMMARY

The overall purpose of this study is to describe empowerment strategies for the nurse unit manager to create a climate conducive to clinical learning at the nursing college in the North-West Province.

In view of the South African Nursing Council report (1990), it clearly indicates that the nurse unit managers do not apply their theoretical knowledge to clinical practice, and that the student learning in the clinical nursing units are not up to the expected standard, hence the quality of clinical nursing education is questionable.

The current education system in South Africa focuses on the provision of quality assurance in order to be in line with international standards. In accordance with the South African Qualifications Authority, the Constitution, South African Nursing Council, Batho-Pele principles, National Plan for Higher Education and outcomes-based education, there is a need to create a climate that is conducive to learning in the nursing units in order to develop the students' abilities regarding analytical, critical, evaluative and creative thinking.

The nurse unit manager is experiencing problems with regard to clinical nursing education and the nursing students are also complaining that the clinical learning areas are not conducive to their learning. Therefore, the products that are produced by such an environment lack knowledge, skills, values and attitudes inherent in the nursing profession. Hence this study strives to describe empowerment strategies for the nurse unit manager to create a climate conducive to learning, based on their expert knowledge and experiences. The research questions arising from this problem are:

❑ What are the expectations and perceptions of the nursing students about the role of the nurse unit manager in creating a climate conducive to learning at the nursing college in the North-West Province?

❑ How can the nurse unit manager be empowered to create a climate conducive to clinical learning?

The objectives are:

Phase One: Stage one: To explore and describe the expectations of the nursing students regarding the role of the nurse unit manager in creating a climate conducive to learning.

Stage two: To explore and describe the expectations and perceptions of the nurse unit manager regarding their role in creating a climate conducive to learning.

Phase Two: To describe a conceptual framework.

Phase Three: To describe empowerment strategies for the nurse unit manager to create a climate conducive to learning.

The research design in this study was qualitative, descriptive, explorative and contextual in nature.

In stage one of phase one, descriptive naïve sketches were used as a method of data gathering (Giorgi in Omery, 1983:52) whereby 22 nursing students from the nursing college were selected for the research study. The following open-ended questions were written on the chalkboard, namely:

"What are your expectations about the role of the nurse unit manager in creating the clinical nursing units as a climate conducive to learning?"

The data was analysed according to Tesch's descriptive method (in Creswell, 1994:155). An independent coder who was purposively selected was used in the categorisation of data. The researcher held meetings with the independent coder for consensus discussions reached independently. Trustworthiness was ensured as described by Lincoln and Guba's (1985:290-326) model of trustworthiness. In order to ensure the credibility of the study, five nursing students who participated in the study were selected to participate in individual interviews to validate the categories and subcategories.

In stage two of phase one, focus group interviews were conducted as a method of data gathering whereby 13 nurse unit managers from the clinical learning areas where the nursing students are placed for their clinical learning experiences were selected by the quota sampling technique. The interview was conducted by a nurse educator with a Master's degree, who is also a psychiatric nurse with expertise and experience in interviewing skills. A tape recorder was utilised with the nurse unit manager's permission to collect data. A follow-up interview with five nurse unit managers was conducted to validate the data gathered during the focus group interview. The following open-ended questions was used to obtain data from the nurse unit manager:

"What are your perceptions regarding your role in creating an environment conducive to clinical learning?"

"How can you be empowered as part of your role, to create clinical nursing units as climates conducive for clinical teaching and learning for nursing students?"

Data was analysed according to Tesch's descriptive method (in Creswell, 1994:155). An independent coder was purposively selected in the categorisation

of data. Categories were defined and arranged in table form for both participants in order to arrive at final categories. Trustworthiness was ensured as described by Lincoln and Guba's (1985:290-326) model of trustworthiness.

Findings were conceptualised and conclusive statements made through logical deductive, inductive reasoning and inferences. A conceptual framework was developed within Muller's (1998) management process and the legal and professional frameworks. The integrated empowering process was adapted from Muller's management process, Vogt & Murrel's (1990) & Hokanson-Hawks' (1999) empowerment methods. This process comprises planning, organising (providing and structuring), directing (education, leading, mentoring and supporting), and control (actualising).

Empowerment strategies for the nurse unit manager were described to create a climate conducive to learning, based on the results of phase one and phase two. Evaluation of the study was done, limitations, recommendations and conclusions were described with regard to nursing education, practice and nursing research.

OPSOMMING

Die oorkoepelende doelstelling van hierdie studie was om bemagtigingstategieë vir die verpleegeenheidsbestuurder te omskryf wat 'n gunstige klimaat skep vir kliniese leer by die verpleegkollege in die Noordwes Provinsie.

'n Verslag van die Suid-Afrikaanse Verpleegraad (1990) het aangedui dat die verpleegeenheidsbestuurders nie hulle teoretiese kennis in die kliniese praktyk toepas nie. Studente in die kliniese verpleegeenhede voldoen nie aan die verwagte standaard nie en sodoende word die kwaliteit van kliniese verpleegopleiding bevraagteken.

Die huidige onderwysbestel in Suid-Afrika fokus op die versekering van kwaliteit wat aansluit by internasionale standaarde. Volgens die Suid-Afrikaanse Kwalifikasie Outoriteit, die Suid-Afrikaanse Verpleegraad, die Batho-Pele hoofde, die Nasionale Plan vir Hoër Onderwys en Uitkomsgebaseerde Onderwys, is daar 'n behoefte om 'n klimaat te skep wat bevorderlik is vir leer in die verpleegeenhede. Sodoende kan studentvermoëns rakende analitiese, kritiese, evaluerende en kreatiewe denke ontwikkel word

Die verpleegeenheidsbestuurder ervaar probleme rakende kliniese verpleegopleiding en die verpleegstudente kla weer dat die kliniese leerareas nie bevorderlik vir leer is nie. Daarom sal die produkte wat uit so 'n omgewing kom, 'n gebrek aan kennis, vaardighede, waardes en houding toon wat inherent deel vorm van die huidige verpleegberoep. Hierdie studie het probeer om bemagtigingstrategieë vir die verpleegeenheidsbestuurder te omskryf wat 'n klimaat skep bevorderlik vir leer en gebaseer op kennis en ervaring. Die navorsingsvrae wat uit hierdie probleem na vore gekom het, is die volgende:

❏ Wat is die verwagtinge en persepsies van die verpleegstudente rakende die rol van die verpleegeenheidsbestuurder in die skep van 'n klimaat wat bevorderlik is vir leer by die verpleegkollege in die Noordwes Provinsie?

❏ Hoe kan die verpleegeenheidsbestuurder bemagtig word om 'n klimaat te skep wat bevorderlik is vir kliniese leer?

Die doelstellings is die volgende:

Fase een: Vlak een: Verken en omskryf die verwagtinge van verpleegstudente rakende die rol van die verpleegeenheidsbestuurder rakende die skep van 'n klimaat wat bevorderlik is vir leer.

Vlak twee: Verken en omskryf die verwagtinge en persepsies van die verpleegeenheidsbestuurder rakende die rol in die skep van 'n bevorderlike leerklimaat.

Fase twee: Omskryf die konsepsionele raamwerk.

Fase drie: Omskryf die bemagtigingstrategieë vir die verpleegeenheidsbestuurder wat 'n klimaat skep bevorderlik vir leer.

Die navorsingsuitleg van die studie is kwalitatief, beskrywend, eksploratief en kontekstueel van aard.

In vlak een van fase een is deskriptiewe naïewe tekeninge as 'n metode van dataversameling gebruik (Giorgi in Omery, 1983:53) waar 22 studente van die verpleegkollege doelbewus vir die navorsingstudie geselekteer is. Die volgende oopeind-vraag is op 'n swartbord neergeskryf:

"Wat is u verwagtinge rakende die rol van die verpleegeenheidsbestuurder in die skep van 'n klimaat in die kliniese verpleegeenheid wat bevorderlik is vir leer?"

Data is volgens die deskriptiewe metode van Tesch (in Creswell, 1994:155) geanaliseer. 'n Onafhanklike kodeerder is doelbewus geselekteer en vir die kategorisering van data gebruik. Navorser het samesprekinge met die onafhanklike kodeerder gevoer en konsensus is onafhanklik bereik. Geloofwaardigheid is volgens Lincoln and Guba (1985:290-326) se model verseker. Vyf verpleegstudente wat aan die studie deelgeneem het, is geselekteer om deel te neem aan individuele onderhoude wat die betroubaarheid van die studie rakende die hoof- en subkategorieë gestaaf het.

Gedurende vlak twee van fase een is fokusgroeponderhoude as 'n metode van dataversameling gebruik waarvolgens 13 verpleegeenheidsbestuurders van kliniese leerareas waar verpleegstudente vir kliniese leerervaringe geplaas is, deur middel van 'n kwota-monstertegniek geselekteer is. Die onderhoude is onder leiding van 'n verpleegopvoeder met 'n meestersgraad gevoer wat ook 'n psigiatriese verpleegster is met kundigheid en ondervinding rakende onderhoudsvaardighede. 'n Bandopnemer met toestemming van die verpleegeenheidsbestuurders is aangewend om data op te neem. 'n Opvolgonderhoud met vyf verpleegeenheidsbestuurders is gevoer om die data wat gedurende die fokusgroeponderhoude versamel is, te staaf. Die volgende oopeind-vrae is gebruik om data van die verpleegeenheidsbestuurder te verky:

"Wat is u verwagtinge rakende u rol in die skep van 'n omgewing wat bevorderlik is vir kliniese leer?"

"Hoe kan ons u bemagtig om kliniese verpleegeenhede te skep wat 'n bevorderlike klimaat bied vir kliniese onderrig en leer vir verpleegstudente?"

Data is weer volgens die deskriptiewe metode van Tesch (in Creswell, 1994:155) geanaliseer. 'n Onafhanklike kodeerder is doelbewus geselekteer in die kategorisering van data. Kategorieë is gedefinieer en in tabelvorm vir beide deelnemers opgestel sodat finale kateogrieë bereik kon word. Geloofwaardigheid is weer volgens Lincoln and Guba (1985:290-326) se model verseker.

Resultate is gekonseptualiseer en konkluderende bevindinge is deur logiese deduktiewe en induktiewe redenasies en gevolgtrekkinge gemaak. 'n Konseptuele raamwerk is binne Muller (1988) se bestuursprosesse en wetlike en profesionele raamwerke ontwikkel. Die geïntegreerde bemagtigingsproses is uit Muller se bestuursproses, Vogt & Murrel (1990) en Howkanson-Hawks (1999) se bemagtigingsmetodes geformuleer. Die proses het bestaan uit beplanning, organisasie (voorsiening en strukturering), rigting aangee (opvoeding, leiding, mentorskap en ondersteuning), en beheer (aktualisering).

Bemagtigingstrategieë vir die verpleegeenheidsbestuurder, gebaseer op die resultate van fase een en twee, is omskryf om 'n klimaat te skep wat bevorderlik is vir leer. Evaluering van die studie is gedoen en beperkinge, aanbevelings en gevolgtrekkings is omskryf met verwysing na verpleegopleiding, praktyk en verpleegnavorsing.

TABLE OF CONTENTS

CHAPTER THREE

DESCRIPTION OF THE FINDINGS 34

CHAPTER FIVE

DESCRIPTION OF EMPOWERMENT STRATEGIES, EVALUATION,

LIST OF TABLES

PAGE

LIST OF FIGURES

PAGE

LIST OF ANNEXURES

Annexure A :   Request for permission to conduct research

Annexure B :   Request for consent from participants (naïve sketches)

Annexure C :   Request for consent from participants (focus group)

Annexure D :   Transcripts of naïve sketches

Annexure E :   Transcripts of a focus group interview

Annexure F :   Field notes – naïve sketches

Annexure G :   Field notes – focus group
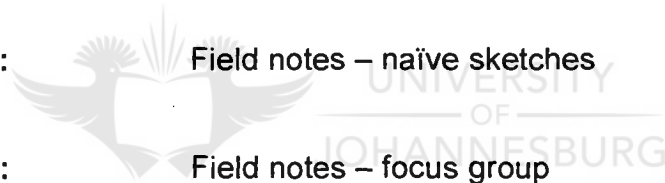
CHAPTER ONE

ORIENTATION TO THE STUDY

1.1   INTRODUCTION

The purpose of this chapter is to present an overview of the study, that is the background and rationale, research problem and questions, purpose, objectives and research design. It concludes with measures for ensuring trustworthiness, ethical consideration and division of chapters.

1.2   BACKGROUND AND RATIONALE

Clinical nursing is a vital component of the education and training of nursing students registered for the programme leading to registration as a nurse (general, psychiatry and community) and midwife. It is imperative that students are involved in a broad range of clinical learning areas so that their clinical learning experiences constitute a major component of their total learning.

According to Chabeli (2001:348), clinical nursing education is a dynamic, constantly changing, real-life environment in which theoretical knowledge is integrated with practice. The facilitator is responsible for creating an environment conducive to learning while the learners construct their own knowledge and skills through interactive facilitation so as to promote reflective thinking.

The purpose of clinical nursing education is to provide the nursing students with meaningful learning opportunities to apply theories of action to real clinical contexts and ultimately become socialised into the main profession (Reilly & Oermann, 1992:110). In the clinical nursing units, the nursing students gain

experience through interaction with the nurse unit manager and other members of the multidisciplinary health team.

Therefore, the clinical nursing unit should be supportive, characterised by valuing learning, exhibit a caring relationship for all concerned, provide student freedom within the structure for exploring, accept differences in others and foster the development of each other. The SANC (1993:6) policy on nursing education states that the purpose of nursing education should be the development of the learner's ability regarding analytical, critical, evaluative and creative thinking. Reilly and Oermann (1992:117) maintain that the clinical nursing unit, rich in learning experience but lacking a supportive environment, discouraged the student from seeking experiences and resulted in the loss of many opportunities for growth.

According to Reilly and Oermann (1992:109), clinical teaching is an interactive process, which requires the involvement of the teacher and the learner in a supportive and facilitative environment, and for the nurse unit manager to be effective in clinical teaching as well as competent in clinical nursing practice. The maintenance of clinical competence is essential in assisting student nurses in the development of knowledge and skills and provision of expert supervision in the clinical nursing units. It is important that the nursing students are placed under the appropriate professional supervision.

The purpose of this study is to describe empowerment strategies for the nurse unit manager to create a climate conducive to learning. According to Rodwell (1996:305), empowerment is a helping process, a partnership valuing self and others; mutual decision making; and freedom to make choices and accept responsibility. It is a helping process whereby the nurse unit managers will be provided with strategies as to how they can create a climate conducive to learning. The empowerment involves a partnership and mutual decision making,

which should exist between the nurse unit manager and the nursing students in order to facilitate clinical learning.

Glass (1998:134) related three components for empowering nurses: "the raising of consciousness, the development of a strong positive esteem, and the management skills needed to negotiate and change the health care system." In support of this, Gibson (1991:356) asserts that "empowerment entails a process of helping individuals develop a critical awareness of the root causes of their problems and readiness to act on this awareness."

In the emancipatory teaching-learning, the role of the facilitator is to design opportunities for students to engage in dialogue and critical reflection and to create their own meaning (Schreiber & Banister, 2002:41). Furthermore, in doing so, the facilitator enables the students to tap into their experiences and raise awareness with the ultimate goal of transforming the students' perspective towards a wider, more contextualised understanding. Most of the students argued that learning gained from placement experience was much more meaningful and relevant than that which was gained in the lecture room. The theoretical support for this is found in the writings of learned theorists such as Carl Roger and David Kolb (in Quinn, 1996:180).

Therefore, it is very important that clinical teaching and training is executed in a meaningful manner so as to ensure that the students' learning needs are met. Again it is imperative that a framework, which supports problem solving, experiential learning and human caring, be utilised effectively in clinical units (Reilly & Oermann, 1992:48). According to Mashaba & Brink (1994:152), experiential learning is the best approach to be utilised in clinical nursing education because of its characteristics, namely active involvement of the total person in a situation, available time for reflection, and ultimately knowledge must be transformed into a usable tool – experience.

Troskie, Guwa and Booyens (1998:44) conducted a study to determine the contribution of the unit manager towards the training of student nurses coming to their unit for clinical practicals. The findings revealed that the majority of unit managers were teaching students whenever they had the opportunity but many students were not satisfied with some clinical learning opportunities presented to them, for example drawing up of patient care and discussing patients' treatment plans when submitting reports. These findings hold true for the study as the nurse unit managers were found to teach students whenever they had opportunities and that many students were dissatisfied with some of the learning opportunities presented to them.

Troskie et al. (1998:44) concurs with Bezuidenhout, Koch and Netshandama (1999:46) in the investigation of the ward manager's role in creating a conducive clinical learning environment for student nurses. The findings revealed that the nurse unit managers were generally satisfied with the way in which they handle the important role that they play in facilitating teaching and learning for student nurses. In contrast, the nursing students were dissatisfied with several aspects that appeared to be lacking in the clinical environment, namely good interpersonal relations, a support system, exposure to practice, administrative skills and lack of feedback about their performance (Bezuidenhout et al., 1999:46). In response, the unit managers expressed the view that their responsibility is to provide nursing care to patients while the teaching of the student nurses is the responsibility of the nurse educators who have been chosen to be teachers.

Mhlongo (1996:30), who conducted a study on the role of the "unit sisters" in teaching student nurses, found that the "unit sisters" are involved in all activities of the clinical teaching process and that the major problems encountered by the unit sister in clinical teaching were lack of resources, i.e. both human and material, too many students in one unit, non-involvement of nurse educators and poor communication between the nursing college and nursing unit. Therefore,

Mhlongo (1996) forms the foundation of the present study as the student nurses' perceptions were left out even though they play an important role in the teaching and learning process.

Quinn (1995:182) identified the characteristics of a good clinical learning environment as perceived by students to promote their learning as a humanistic approach to them, team spirit, teaching and learning support. It is therefore very important to empower the nurse unit manager to create a climate that is conducive to learning. Even though the nurse educators accompany the student nurses in the clinical areas, it does not mean that the nurse unit manager is freed from all their clinical teaching responsibilities. Clinical teaching is the most important function of the nurse unit manager because it lays the foundation for improvement and maintenance of nursing standards (Troskie et al., 1998:44).

The study will be conducted in the clinical learning areas approved by the South African Nursing Council for the nursing college in the North-West Province. The target population will consist of two groups, i.e. the nurse unit managers and the nursing students. The clinical learning environment is strongly influenced by the way in which all nurses render patient care in the unit because nursing students learn a lot through observation, positive role modelling and good supervision in the clinical learning areas (Bezuidenhout et al., 1999:50). The significance of the study is to ensure that the clinical nursing units are seen as environments conducive to learning for student nurses and that the nurse unit manager is seen as being valuable and irreplaceable in creating a climate that is conducive to clinical learning.

An effective clinical climate can encourage the nursing students to take responsibility for their own learning and actively seek out opportunities for further learning. An important part of the learning process is experimentation where the nursing students can adopt different approaches to patient care and be creative and innovative. The nurse unit manager should act as a role model for the

student nurse and must encourage peer group teaching in order to prepare the students for a future clinical teaching role. Therefore, the unit manager is responsible for enabling a student nurse who has been assigned to the unit for experience in that specific area of nursing, which will facilitate the student's growth and development into a competent, independent practitioner (Mellish & Brink, 1990:219).

However, the empowerment process can provide the resources, skills, knowledge, values and attitudes, and opportunities to develop a sense of control, in creating a climate conducive to learning. Finally, it is motivation, participation and mutual commitment to the empowerment process, which can empower the nurse unit manager. Based on the previous research and personal experiences as the nurse educator involved in teaching student nurses theory and being responsible for accompaniment in clinical learning areas, the researcher deemed it necessary to undertake this study.

1.3   RESEARCH PROBLEM AND RESEARCH QUESTIONS

The research problem in this study is that the nurse unit manager is experiencing problems in creating the clinical nursing unit as a climate conducive to learning for the nursing students. Hence, the quality of clinical nursing education is questionable, especially with regard to the clinical competence of the newly qualified nurses.

The problem of this study is supported by the South African Nursing Council (SANC) report (1990) that the nurse unit managers basically do not apply their theoretical knowledge to clinical practice, and that student learning in the clinical nursing unit is not up to the expected standard. Many research reports in Nursing Science reveal the inadequate integration of theory and practice in the basic nursing programmes (Mhlongo, 1996:28 & Bezuidenhout et al., 1999:46).

Troskie et al. (1998:44) indicated that student nurses were not satisfied with some of the clinical learning opportunities presented to them by the nurse unit manager and, supported by Bezuidenhout et al. (1999:46), study findings show that the student nurses were dissatisfied with several aspects that appeared to be lacking in the clinical learning environment and they were expecting more than they were getting in the clinical learning environment.

The findings of these studies strengthen the problem of the present study, namely that the nurse unit manager is experiencing problems in creating a climate conducive to learning for the nursing students in the clinical nursing unit. According to the SANC (1993:6), policy on nursing education states that the purpose of nursing education should be the development of the learner's ability regarding analytical, critical, evaluative and creative thinking. Consequently, the future nurse unit managers that are produced by such an environment lack the competence and confidence that are required from the practitioners in the clinical learning area (Lowane, 1990:5).

The clinical teaching role of the nurse unit manager is very valuable and irreplaceable based on their expert knowledge and experiences (Chabeli, 1998:41). It is therefore necessary to empower the nurse unit manager to create a climate conducive to learning for the nursing students, hence the research questions arising from this problem are:

□ What are the expectations and perceptions of the nursing students and nurse unit managers about the role of the nurse unit manager in creating a climate conducive to learning for the nursing student at the nursing college in the North-West Province?

□ How can the nurse unit manager be empowered to create a climate conducive to clinical learning?

1.4   PURPOSE AND OBJECTIVES

The purpose of this study is to describe empowerment strategies for the nurse unit manager to create a climate conducive to learning for the nursing students at the clinical learning areas approved by the SANC for the nursing college in the North-West Province. The objectives are:

- ❑ To explore and describe the expectations and perceptions of the nursing students and nurse unit managers regarding the role of the nurse unit manager in creating a climate conducive to learning for them.
- ❑ To describe empowerment strategies for the nurse unit manger in creating a climate conducive to learning.

1.5   ASSUMPTIONS OF THE RESEARCHER

1.5.1   META-THEORETICAL ASSUMPTION

The assumptions of the researcher are based on the paradigmatic perspective of nursing theory for health promotion (RAU, 2000:4). The environment refers to the clinical nursing units, which is seen as an internal environment (body, mind and spirit) and external environment consisting of physical, social and spiritual dimensions. The researcher believes that the person (nursing student and nurse unit manager) is a holistic being (body, mind and spirit) in interaction with the environment in an integrated and interactive manner (RAU, 2000:4). The nurse unit manager is seen as an approachable and supportive professional who demonstrates knowledge, skills and values to facilitate clinical learning within a conducive climate.

1.5.2   THEORETICAL ASSUMPTION

The theoretical assumptions of this study were based on Kolb's experiential

theory (Kolb, 1984:38). Kolb's theory explains the process of experiential learning as having concrete experiences, reflective observation, abstract conceptualisation and active experimentation. Muller's management process (1998:131) and Vogt and Murrel (1990:66) were utilised to develop a conceptual framework for the study.

1.6   DEFINITION OF CONCEPTS

- Clinical nursing context

The clinical nursing context is a dynamic, multipurpose real-life environment that is constantly changing, in which theoretical knowledge is integrated with practice. It provides the learner with a meaningful, authentic and humane experience (Chabeli, 2001:150).

- Nursing student

The nursing students in the study consist of fourth-year nursing students registered for the diploma in comprehensive nursing (general, psychiatric and community) and midwifery with the SANC at a nursing college in the North-West Province.

- Nurse unit manager

The nurse unit manager is a professional nurse that has been formally authorised to manage the clinical nursing unit by virtue of the post description and designated lines of authority within the nursing service (Muller, 2000:45).

- Strategy

A strategy refers to the written guidelines to empower the nurse unit manager in

creating a climate conducive to learning.

- Empowerment

Empowerment is a helping process, a partnership valuing self and others, mutual decision making and freedom to make choices and accept responsibility (Rodwell, 1996:305).

1.7   RESEARCH DESIGN AND METHODS

A qualitative, explorative, descriptive and contextual research design will be utilised to conduct this study (Mouton & Marais, 1999:43-44). The research will be conducted in three phases as follows:

1.7.1   PHASE ONE – EXPLORATION AND DESCRIPTION OF THE EXPECTATIONS AND PERCEPTIONS OF THE NURSING STUDENTS AND NURSE UNIT MANAGERS

Phase one will be the exploration and description of the expectations and perceptions of the nursing students regarding the role of the nurse unit manager in creating the clinical nursing unit as a climate conducive to learning for the nursing students. It will be conducted in two stages involving the nursing students and nurse unit managers.

1.7.1.1   Stage one - nursing students

1.7.1.1.1   Population and sampling methods

The target population will consists of the fourth-year nursing students registered for the diploma in comprehensive nursing (general, psychiatric and community) and midwifery with the SANC at the nursing college in the North-West Province.

The non-probability sampling method will be utilised through the purposive sampling technique (De Vos, 1998:198). All fourth-year nursing students will be approached and requested to volunteer in order to constitute a sample.

1.7.1.1.2   Data collection method

The descriptive naïve sketches will be used for data collection (Giorgi in Omery, 1983:52) followed by individual interviews in order to validate the data and the findings. This method requires the researcher to allow, without bias, the expectations and perceptions of the participants to unfold, as they exist in the real-life situation. The researcher will take field notes on non-verbal cues in order to obtain supportive information for naïve sketches.

1.7.1.1.3   Data analysis

The data will be analysed by means of the descriptive method of analysis by Tesch (in Creswell, 1994:155). The researcher and an independent coder, who will be purposively selected, will analyse the data through Tesch's protocol. The consensus discussion meeting will be held to agree on the categories and subcategories. Follow-up individual interviews will be conducted whereby the participants will be purposively selected in order to validate the categories and subcategories.

1.7.1.2   Stage two - nurse unit managers

1.7.1.2.1   Population and sampling methods

The target population at this stage will consist of the nurse unit manager at the clinical learning areas approved by the South African Nursing Council for the nursing college in the North-West Province, where the nursing students are placed for their clinical learning experience. The nurse unit manager should have

two years experience as a unit manager to be included in the study. The non-probability sampling method using the quota sampling technique by De Vos (1998:199) will be used in order to ensure that the sample reflects certain characteristics of the target population. One nurse unit manager will be selected from each different clinical learning area to constitute a sample.

1.7.1.2.2   Data collection method

Focus group interviews (De Vos, 1998:314) will be used to explore and describe the expectations and perceptions of the nurse unit managers about their role in creating a climate conducive to learning for the nursing students. Focus group interviews were chosen because they offer open conversation on the expectations and perceptions, and each participant can make comments and ask questions – depending on the situation. Open-ended questions will be asked, a recording will be made by an audiotape recorder and the researcher will take field notes during interview sessions.

1.7.1.2.3   Data analysis

Data analysis will be done using Tesch's descriptive method (Creswell, 1994:154-156). The recorded interviews will be transcribed and coded, that is . naming and categorising the phenomenon through close observation of data. A co-coder will be utilised as triangulation in order to ensure the credibility of the findings.

1.7.2   PHASE TWO – CONCEPTUALISATION

Phase two will be conceptualisation, whereby, after completing the process of data analysis, a literature control will be done in order to recontextualise the findings within the existing theoretical framework (Morse & Field, 1996:106).

1.7.3   PHASE THREE – DESCRIPTION OF EMPOWERMENT STRATEGIES

Phase three will be descriptions of empowerment strategies for the nurse unit manager to create a climate conducive to learning for the nursing students. Through logical, deductive reasoning and inference, empowerment strategies for the nurse unit manager will be deduced from both phase one and phase two.

1.8   MEASURES FOR ENSURING TRUSTWORTHINESS

In order to ensure and maintain trustworthiness for the study, the strategies of credibility, applicability, dependability and conformability were used as described by Lincoln and Guba (1985:290-327).

1.9   ETHICAL CONSIDERATION

The DENOSA (1998:7) ethical standards of research and criteria were strictly adhered to as follows:

A letter requesting permission will be sent out to the appropriate institutions where the research will be conducted. Informed consent will be obtained from all participants after explaining the purpose and objectives of the research, as well as the significance and the benefits of the study.

There will be no victimisation of participants who refuse to participate in the research or withdraw during the process, and they will be informed that participation is not compulsory. Confidentiality and anonymity will be ensured and maintained by not disclosing the participants' and institutions' identities. The researcher will ensure that the privacy, worth and dignity of the participants are maintained throughout the whole research process.

The researcher will conform to the principles of sampling in a trustworthy manner and demonstrate integrity throughout the research. The researcher will also be accountable for the appropriate dissemination of the results and recommendations, and will ensure that the research is meaningful and contributes to the improvement of clinical nursing education. The quality of the research will be maintained by strictly adhering to the standards of planning, implementing, evaluating and reporting of research and by utilising accepted procedures to ensure credibility of the research findings.

1.10   DIVISION OF CHAPTERS

- Chapter 1:   Orientation to the study
- Chapter 2:   Research design and method
- Chapter 3:   Discussion of the findings
- Chapter 4:   Conceptual framework
- Chapter 5:   Description of empowerment strategies, evaluation, limitations, recommendations and conclusion

1.11   SUMMARY

In this chapter an overview of the research was described, which comprises a background and rationale, the problem statement and research questions, the purpose and objectives of the study, the paradigmatic perspective, the research design and methods, the ethical consideration as well as the division of chapters.

CHAPTER TWO

RESEARCH DESIGN AND METHOD

2.1 INTRODUCTION

In this chapter the research design is described and justified. The study was conducted in three phases, with phase one a perceptual survey, being described under two stages and for each stage the target population, sampling methods and techniques, methods of data collection and analysis are described in phase two and phase three. It concludes with measures for ensuring trustworthiness.

2.2 RESEARCH DESIGN

A qualitative, explorative, descriptive and contextual research design was utilised to conduct this study (Mouton & Marais, 1992:45; Burns & Grové, 1993:28-29). Within a holistic framework, qualitative research design is a means of exploring the depth, richness and complexity inherent in phenomena (Burns & Grové, 1997:67). This approach was chosen to get the deep and rich data in order to develop empowerment strategies for the nurse unit manager to facilitate the clinical nursing unit into an environment conducive to clinical nursing education in the North-West Province. The perceptions and expectations of the nurse unit managers and the student nurses were explored and described as to how the nurse unit managers can be empowered to create such an environment.

• Qualitative

Qualitative research evolved from behavioural and Social Science as a method of understanding the unique, dynamic and holistic nature of human beings (Burns

& Grové, 1997:28). Qualitative research is a thoughtful, cognitive and deliberate endeavour (Morse & Field, 1996:64). The focus of qualitative research is on the participants' perceptions and experiences, and the way they make sense of their lives (Creswell, 1998:162). Therefore, the qualitative research was chosen to put the researcher in a better position to explore and describe the perceptions and expectations of the nursing students and nurse unit managers as to how the nurse unit manager can be empowered in transforming the clinical nursing units into environments that are conducive to clinical nursing education.

Qualitative research is a way to gain insights by discovering meaning (Burns & Grové, 1997:67). Therefore, the expectations of the nursing students about the clinical teaching role of the nurse unit manager and the perceptions of the nurse unit manager as to how they can be empowered to create a climate conducive to learning within the clinical nursing unit were explored and described in order to develop strategies for the nurse unit manager.

Therefore, from the process of data analysis all the pieces of information that were similar were grouped together, categories and subcategories were identified and eventually the meaning and descriptions of concepts were reconstructed based on the participants' realities, hence the qualitative research uses as an emic perspective of inquiry, that is it derives meaning from the subjects' perspective (De Vos, 1998:242). With the qualitative approach, reality is explored and described from an emic perspective, understanding life from the perspective of the participants in the setting under the study and everyday life is examined in an uncontrolled, naturalistic setting (Field & Morse, 1996:17).

• Explorative

A qualitative research design is an explorative method as the researcher explores the topic when the variables are unknown (Field & Morse, 1996:15). The researcher plans to assemble new information about an unstudied

phenomenon (Seaman, 1987:181), the purpose is to obtain new knowledge by exploring, classifying and inventing concepts.

The expectations of the nursing students regarding the clinical teaching role of the nurse unit manager were explored as well as the perceptions of the nurse unit manager as to how they can be empowered in transforming the clinical units into an environment conducive to clinical nursing education. With the in-depth exploration of expectations and perceptions of nursing students and nurse unit managers, the researcher was able to describe empowerment strategies for the nurse unit manager to create a climate conducive to clinical learning for the nursing students.

• Descriptive

A qualitative research is descriptive because it provides an accurate portrayal or account of the characteristics of an individual, event or group in real-life situations for the purpose of discovering new meaning, describing what exists, determining the frequency with which something occurs and categorising information (Burns & Grové, 1997:779). The purpose of descriptive research is the exploration and description of phenomena in real-life situations and furthermore through descriptive research concepts are described and relationships are identified (Burns & Grové, 1997:55).

In this study, having explored the expectations and perceptions of the nurse unit managers and nursing students with regard to the role of the nurse unit manager in creating a climate conducive to learning within the clinical nursing units, the findings were described fully to give meaning to the study.

The researcher was interested in discovering in-depth information about how the nurse unit manager can be empowered to manage the clinical nursing units in such a way that they are conducive to clinical teaching and learning. The

researcher identified categories for sorting and organising data in order to describe empowerment strategies for the nurse unit manager to create a climate conducive to learning.

- Contextual

The context refers to the body, the world, and concerns unique to each person within which that person can be understood (Burns & Grové, 1997:777). The context of this study is clinical learning areas approved by the South African Nursing Council (SANC) for the nursing college, where nursing students are placed for their clinical learning experience in the North-West Province. The clinical learning areas include four hospitals, that is two provincial hospitals and two district hospitals as well as a number of community clinics attached to each hospital.

Therefore, within these contexts, the researcher was interested in exploring and describing the expectations and perceptions of the nursing students and nurse unit managers with regard to how the nurse unit manager can be empowered in creating the clinical nursing units as a climate conducive to clinical teaching and learning for nursing students. The researcher was interested in the intrinsic and the immediate contextual significance, in order to describe empowerment strategies for the nurse unit manager, hence the idiographic research strategy was chosen because it is concerned with the unique immanently defined context of the real event. Qualitative research design is idiographic because it aims to understand the meaning that the people attach to everyday life (De Vos, 1998:242).

2.3   THE RESEARCH METHOD

The research was conducted in three phases, namely phase one which involved the exploration and description of the expectations and perceptions of the

nursing students and the nurse unit managers, phase two in which the findings were conceptualised and phase three where empowerment strategies for the nurse unit managers to create a climate conducive for clinical learning were described.

- ❑ Phase one : Exploration and description of expectations and perceptions of the stakeholders
- ❑ Phase two : Conceptualisation
- ❑ Phase three : Description of the empowerment strategies for the nurse unit manager

2.3.1 PHASE ONE – EXPLORATION AND DESCRIPTION OF EXPECTATIONS AND PERCEPTIONS OF THE NURSING STUDENTS AND THE NURSE UNIT MANAGERS

The objective of this phase was to explore and describe the expectations and perceptions of the nursing students and nurse unit managers as to how the nurse unit manager can be empowered to create a climate conducive to clinical teaching and learning for nursing students in the clinical nursing unit.

Phase one was conducted in two stages involving nursing students and nurse unit managers respectively:

- ❑ Stage one - Nursing students
- ❑ Stage two - Nurse unit managers

2.3.1.1 Stage one – nursing students

At this stage the nursing students, as participants in the study, are described including the population and sampling methods, data collection and data analysis methods.

2.3.1.1.a   Population and sampling methods

The target population consisted of all 22 fourth-year nursing students registered for the programme leading to registration as a nurse (general, psychiatric and community) and midwife with the SANC at the nursing college in the North-West Province, who meet the sample inclusion criteria and the provision of consent to participate in the study.

The researcher used the non-probability sampling method with the purposive sampling technique for sample selection (Burns & Grové, 1997:302,306). The fourth-year nursing students were purposively selected because they had in-depth knowledge and experiences, and they had acquired the knowledge, skills and attitudes from first- to fourth-year level of the nursing education and training. The sample consisted of 18 female and 4 male nursing students.

Criteria for inclusion into the research project:
The sample of nursing students must consist of:

❏ Nursing students in the process of studying for a diploma in nursing (general, psychiatric and community) and midwifery;
❏ nursing students who are in their fourth-year of study; and
❏ both male and female students.

All students volunteered to participate in the study.

2.3.1.1.b   Data collection methods

The descriptive naïve sketches were used for data collection from the nursing students (Giorgi in Omery, 1983:52). Individual interviews were also conducted in order to validate the data and the findings. In order to ensure the credibility of the study, five nursing students who participated in the study were purposively

selected to participate in individual interviews to validate the categories and subcategories.

The naïve sketch method was chosen because all 22 fourth-year nursing students were approached and requested to participate in the research project, as it was suitable for the number of participants. They described their expectations openly and freely without any form of intimidation from the researcher who also requested them not to write their names in order to ensure anonymity. This method requires the researcher to allow, without any bias, the expectations of the nursing students to unfold as they exist in real-life situations. The nursing students were requested to assemble in an upstairs classroom, which was free from any distractions. This helped to create a calm atmosphere in which the students could relax and participate freely in the research project.

The data collection process commenced at 10:00 whereby the first ten minutes were used to put the students at ease by giving them a warm welcome to facilitate a friendly environment. The researcher explained the purpose of the research project in detail, the benefits and the ethical consideration to protect the rights of every participant. Every student was given a copy of a consent form to read through and were requested to sign it if they agreed to participate in the study. All 22 fourth-year nursing students signed the consent forms as a measure to ensure confidentiality. The students were given blank pages to answer one open-ended question, which was written on the chalkboard as follows:

- *What are your expectations about the role of the nurse unit manager in creating the clinical nursing units as an environment conducive to learning?*

During the process of data collection, the researcher took field notes on the students' non-verbal cues and reactions. The session took one hour and fifteen minutes to complete.

2.3.1.1.c   Data analysis methods

The researcher utilised the open coding of Tesch's descriptive method (in Creswell, 1994:155). The following steps were used to analyse the data:

- The researcher read through all the 22 raw data of naïve sketches on the nursing students' expectations about the role of the nursing unit managers in creating the clinical nursing units as a climate conducive to learning.
- The researcher read through the naïve sketches several times in order to be immersed in and conversant with, the raw data.
- The researcher documented the nursing students' expectations along the margin and ultimately on the paper.
- Categories and subcategories of the nursing students' expectations were identified and described.
- The raw data was also sent to independent coders for analysis, who were the study supervisor and co-supervisor because they had extensive experience in conducting qualitative research and had doctoral degrees in nursing education.
- The researcher held meetings with the independent coders for consensus discussion reached independently.
- A literature control with research conducted on the role of the nurse unit manager was undertaken to confirm the results and findings of this research.

Following the completion of data analysis, a literature control was done to recontextualise the data within the existing theoretical frameworks (Morse & Field, 1996:106).

2.3.1.2   Stage two – nurse unit managers

At this stage the nurse unit managers, as participants in this study, are fully described including target population, sampling methods, data collection and

data analysis methods.

2.3.1.2.a   Population and sampling methods

The target population at this stage consisted of the nurse unit managers based at the clinical learning areas approved by the South African Nursing Council for the nursing college in the North-West Province, who meet the sample inclusion criteria and consent to participate in the study. The researcher used the non-probability sampling method with the quota sampling technique for sample selection (Burns & Grové, 1997:302, 304).

Out of four hospitals, where nursing students are placed for clinical learning experience, two hospitals were conveniently selected based on the distance problems as well as problematic circumstances that were prevailing at that time.

One provincial hospital and one district hospital as well as two community clinics per hospital were used to select a sample of nurse unit managers. Within these clinical learning areas, a quota sampling technique was used to select a nurse unit manager from every quota that includes medical, surgical, paediatric, operating theatres, out-patient departments, casualty, intensive care units, midwifery units, psychiatric units and community clinics. The furthest hospital is 600 kilometres away from the nursing college where the students receive the theoretical instruction to correlate it to practicals.

Table 2.1:   Sample selection of the nursing unit manager from different clinical
               nursing units

CLINICAL NURSING UNITS	NURSE UNIT MANAGERS (N)
• Out-patient departments	1
• Casualty	1
• Surgical units	1
• Medical units	1
• Paediatric	1
• Operating theatres	1
• Intensive care units	1
• Midwifery units	2
• Psychiatric units	2
• Community clinics	2
Total	13

The sample consisted of ten female and three male nurse unit managers.

Criteria for inclusion into the research project:

The sample must consist of:

□ Nurse unit managers who have two years' experience and work at the clinical
   learning areas where the students are placed for their clinical learning
   experiences;

□ both male and female nurse unit managers; and

□ nurse unit managers who have been selected purposively from each quota.

2.3.1.2.b   Data collection methods

The focus group interview is an in-depth examination of a phenomenon being
studied (Morgan, 1993:37). Focus group interviews are described as a purposive

discussion of a specific topic taking place between 8 and 15 individuals with similar backgrounds and common interests (De Vos, 1998:314).

The objective of a focus group interview is an in-depth examination of a phenomenon being studied (Morgan, 1993:37). A focus group interview was utilised to explore and describe the perceptions of the nurse unit managers as to how they can be empowered to make the clinical units an environment conducive to teaching and learning for the nursing students. A focus group interview was chosen because it offers open conversation on the perceptions of the nurse unit managers and every participant can make comments and ask questions. It also generates qualitative data, namely words, categories and expressions that are used by the participants themselves (De Vos, 1998:315).

(a)   Description of the setting

The clinical learning areas where the nursing students are placed for clinical learning experiences were chosen as a setting for conducting this study. The focus group interview was conducted in the hospital boardroom with chairs arranged in a circle to ensure that the participants face each other to enhance free discussion and comments. Two focus group interviews were conducted in two provincial hospitals and a follow-up interview was also conducted to validate the data gathered during the focus group interviews.

The hospital's boardroom is situated in an area that is free from noise and conducive to conducting interviews without any disturbances. Refreshments were served before and after the interview process, and it was conducted during working hours in accordance with the permission granted by the authorities of the institutions (Annexure B).

(b)   Procedure of the focus group interview

The following basic principles were adhered to during the focus group interview.

●   Confidentiality

After receiving permission to conduct the research project from the institutions, the nurse unit managers were given letters inviting them to participate in a focus group interview. Each participant was given a copy of a consent form to read through and were requested to sign it if they agreed to participate in the study.

The nurse unit managers signed the consent forms and the researcher also requested permission for the interview to be recorded. For recording purposes, only one participant was allowed to speak at a time. In order to ensure confidentiality and anonymity, participants were requested not to disclose their names.

●   Integrity

The researcher maintained a sound relationship of trust and good rapport with participants by clearly describing the benefits and risks of the research project as well as ethical considerations to ensure that the participants' rights are protected. The participants were treated with absolute honesty and no false expectations were raised. The first ten minutes were utilised to build rapport, and to facilitate a warm and friendly environment with the participants in order to put them at ease.

●   Individualisation

The researcher adhered strictly to the principle of individualisation, which was based on acceptance and recognition of the uniqueness of every participant with regard to nationality, religion, personality and background (De Vos, 1998:307).

The researcher employed empathy and understanding in order to perceive and communicate accurately with participants.

- Communication skills

Communication constitutes a vital part of interviewing, therefore the researcher utilised the principles of everyday communication, which are described as mutual interactions between the researcher and the participants in order to explore and describe perceptions of the nurse unit managers as to how they can be empowered to manage the clinical nursing units as environments conducive to clinical teaching and learning. During the interview proceedings, the researcher took field notes on the participants' non-verbal cues and reactions that could not be tape-recorded. The researcher purposively selected the interviewer to conduct the focus group interview, who was an experienced nurse educator with a Master's degree in psychiatric nursing and who had good interpersonal and communication skills.

- Probing

Probing is a powerful technique to elicit additional information when participants make vague comments (De Vos, 1998:322). Probing was done in a friendly, reassuring and non-threatening manner to stimulate the participants to provide additional information. The researcher pointed out clearly that although the given responses are acceptable, further information was required for clarification purposes.

The focus group interview consisted of 13 participants in order to control and manage the group properly. Information-rich participants with both depth and breadth experience were selected according to the inclusion criteria. The following open-ended question was utilised to obtain data from the participants.

- *What are your perceptions with regard to your role in creating a climate conducive to learning?*

- *How can you be empowered to create the clinical nursing units in such a way that it is conducive to clinical teaching and learning for nursing students?*

During the interview process, the participants' responses were further reformulated in question form to clarify vague responses by using tracking, clarification and reflective summary as probing techniques. Participants were allowed to react and build upon the responses of other participants. The data was collected until the saturation point had been reached. A summary of the main points was formulated to pull the group interview together and to confirm the information with the participants in order to increase the credibility of the findings.

2.3.1.2.c   Data analysis methods

The open coding/emic approach according to De Vos (1998:283) was utilised for data analysis as developed by the participants which refers to the patterns found in a particular culture. Open coding as a part of data analysis was used for naming and categorising the phenomena through close observation of the data.

The researcher utilised Tesch's descriptive methods (in Creswell, 1994:155).
The following steps were used to analyse data:

- ❑ A verbatim transcription of the tape recording and field notes were done to facilitate analysis of the contents and also to link these with the non-verbal cues and behaviours.
- ❑ To get a sense of the entire recorded information, the researcher read all the transcriptions and jotted down the ideas in the margin.

- Several readings were done until the researcher was conversant with, and immersed in the data.
- A list of all topics that were similar was kept and abbreviated as codes.
- The researcher tried to organise the themes preliminarily to see whether new categories and codes emerged.
- The most descriptive wording for the topics was determined and turned into categories that were related to each other.
- Lines were drawn between the categories to indicate interrelationship.
- The recorded tapes were also sent to an independent coder for analysis, who was purposively selected as she has a Master's degree in psychiatric nursing and also conducted the focus group interview.
- Thereafter, a meeting was held between the researcher and the independent coder for consensus discussion on the themes and categories reached independently.

- **The researcher's role**

During the focus group interview, the researcher welcomed the participants, explained the purposes, objectives and the ethical consideration of the research project. A warm and friendly environment was created to put the participants at ease and the respective roles of the researcher and interviewer were clearly described as well as the reasons why the interviewer was selected to conduct the focus group interview. The researcher took field notes on the participants' non-verbal cues and reactions that could not be tape-recorded and probing questions were posed in order to clarify certain concepts and to obtain in-depth information.

- Phase two   :   Conceptualisation

Conceptualisation of the findings was done within Muller's (1998:13) management process and the empowerment methods within Vogt and Murrel (1990:66) from which the integrated empowering process was adopted. A

literature review was used to control the empirical findings and concluding statements were made through deduction, analysis and inferences.

□ Phase three   :   Description of empowerment strategies for the nurse unit manager to create a climate conducive to learning

The empowerment strategies necessary for the nurse unit manager to create a climate conducive to clinical learning were described from the integrated empowering process as indicated in Table 4.1, starting with the context within which the empowerment process should occur.

2.4   MEASURES FOR ENSURING TRUSTWORTHINESS

In order to ensure and maintain trustworthiness for this study, the guidelines described by Lincoln and Guba (1985:290-326) were utilised.

The following measures were used to ensure trustworthiness:

•   Persistent observation

The researcher is a nurse educator with six years' experience in clinical accompaniment of nursing students in clinical learning areas. Thus, the researcher is in a position to identify those characteristics and elements in the situation that are most relevant to the problem and focus on them in in-depth details. The researcher tried to ensure that neutrality (as a criterion for ensuring trustworthiness) was strictly adhered to by utilising appropriate methodology that maintained an adequate balance between the researcher and the participants.

- Prolonged engagement

The researcher, as a nurse educator, is responsible for teaching theory and clinical accompaniment of nursing students in the clinical learning areas, and understands the context of the participants and strengthens the relationship to ensure trust and rapport. Due to previous experiences, the researcher had employed measures to combat problems of misinformation by himself and the participants. The interest of the participants and the researcher were honoured and the participants were given the opportunity to influence the inquiry process. The researcher's perceptions of higher education and training of nursing students have been shaped by personal experiences.

The researcher believes that his understanding of the clinical nursing units, as the context of this study, and his role enhances the awareness and sensitivity of the problems encountered by both nursing students and nurse unit managers in the clinical learning areas. During the process of data analysis, the researcher read through raw data several times to be immersed in, and conversant with, data in order to describe the expectations and perceptions from the participants' point of view.

- Triangulation

In order to ensure that the feelings of the participants and the description of the categories were credible the researcher conducted a literature control to support and confirm the results and findings of the research with evidence from other sources. To ensure credibility, the themes and categories were reached independently, and consensus discussions were held between the researcher and independent coder. Triangulation of data gathering of focus group interviews and naïve sketches was used.

- Peer debriefing

Data analysis was also done by the researcher and the independent coder, whereby the researcher and independent coder worked independently to identify themes and categories from the transcripts and raw data of naïve sketches, and consensus discussions were held between the researcher and the independent coder on the identified categories.

- Thick description

The researcher provided rich, thick, detailed and descriptive data so that anyone interested in the transferability of the results of the study had a concrete frame of reference for comparison. A complete description and justification of the research design were outlined in order to ensure thick description of data. Direct quotations from the participants were utilised to support the data. The researcher provided the detailed stance of the focus of the study, the researcher's role and the context from which data was gathered (Creswell, 1994:168). Categories and subcategories were fully described.

- Member checks

After the data was analysed and categories and subcategories had been identified, the researcher arranged a discussion with the nursing students and nurse unit managers whereby the recorded tape was played back, and the copies of the categories and subcategories were distributed for reaction and confirmation. The co-supervisor and the study supervisor who had extensive knowledge and experience in conducting qualitative research also acted as a member check panel in order to probe the researcher's bias, explore meanings and clarify interpretations.

- Reflexivity

The researcher took field notes during the focus group interview to capture any non-verbal cues and reactions of the participants, which was linked with the data during analysis. A consensus discussion with independent coders was held.

2.5   SUMMARY

The research design, population and sampling methods, data collection and analysis, and measures for ensuring trustworthiness of phase one were fully described. Phase two, conceptualisation of the empirical findings are described in chapter four, whilst phase three, description of empowerment strategies for the nurse unit manager to create a climate conducive for clinical learning are described in chapter five.

CHAPTER THREE

DESCRIPTION OF THE FINDINGS

3.1 INTRODUCTION

The purpose of this chapter is to present a description of the final findings obtained from the data of phase one, which was conducted in two stages involving nursing students in stage one and nursing unit managers in stage two.

A description of the findings includes the participants' expectations as to how nursing unit managers can be empowered to create a climate conducive to learning. Both stages of data collection focused on how nursing unit managers can be empowered to create a climate conducive to clinical learning.

Data was collected by means of naïve sketches with the purposive inclusion of all 22 fourth-year nursing students from a nursing college in the North-West Province. The students were given blank pages to answer one open-ended question, which was written on the chalkboard, namely:

- *What are your expectations as to how the nursing unit managers can be empowered in creating a climate conducive to learning?*

The data from the nursing unit managers was collected by focus group interviews using non-probability sampling methods. A purposive sampling technique was utilised to select 13 nurse unit managers from each quota that included medical, surgical, paediatric, operating theatres, out-patient departments, intensive care units, midwifery units, psychiatric units and community clinics to constitute the

sample. The following open-ended question was utilised to obtain data from the nursing unit managers, namely:

- *What are your perceptions regarding your role in creating an environment conducive to clinical learning?*

- *How can you be empowered as part of your role, to create clinical nursing units as climates conducive for clinical teaching and learning for nursing students?*

Data was analysed using Tesch's (in Creswell, 1994:155) method. The eight steps of this method were followed as outlined in chapter two. On analysis of both data, four common categories emerged from both nursing students and nurse unit managers as to how unit managers can be empowered to create a climate conducive to learning.

This chapter will focus on the description of both findings as indicated in the final list of categories (Table 3.1). Therefore the findings of the two stages will be presented and described concurrently based on the final list of categories. The items that were not indicated by the nursing students (stage one) are included in the final categories because they came from the nursing unit managers (stage two).

Table 3.1: Expectations and perceptions with regard to the empowerment of nurse unit managers in creating a climate conducive to learning

SUBCATEGORIES

CATEGORIES	Nursing students	Nurse managers	Final subcategories
Teaching	▪ Learning objectives ▪ Teaching programme ▪ Teaching methods ▪ Evaluation methods	▪ Learning objectives ▪ Teaching programme ▪ Teaching methods ▪ Student role expectations ▪ Evaluation methods	▪ Learning objectives ▪ Teaching programme ▪ Teaching methods ▪ Student role expectations ▪ Evaluation methods
Management	▪ Orientation ▪ Delegation ▪ Supervision ▪ Communication ▪ Equipment ▪ Clinical competency ▪ Decision making ▪ Leadership ▪ Discipline	▪ Orientation ▪ Delegation ▪ Supervision ▪ Communication and interpersonal relationships ▪ Clinical committees ▪ Multidisciplinary team ▪ Decision making and problem solving	▪ Orientation ▪ Delegation ▪ Supervision ▪ Organisation ▪ Equipment ▪ Patient care ▪ Clinical committees ▪ Communication and interpersonal relationships

		- Leadership - Discipline	- Decision making and problem solving - Multidisciplinary team - Leadership - Discipline
Role model	- Respect - Attitudes and norms - Socialisation	- Respect and attitudes	- Respect - Attitudes and norms - Socialisation
Research	- Knowledge, skills and attitudes	- Knowledge, skills and attitudes	- Knowledge, skills and attitudes

3.2   DESCRIPTION OF FINDINGS: EXPECTATIONS OF NURSING STUDENTS AND NURSE UNIT MANAGERS WITH REGARD TO THE EMPOWERMENT OF NURSE MANAGERS IN CREATING A CLIMATE CONDUCIVE TO LEARNING

The description of the findings will be in accordance with the final list of categories as indicated in Table 3.1. The direct quotations from both the naïve sketches and focus group interviews will be presented in italics.

The data revealed four common categories, which reflected the suggestions from both nursing students and nursing unit mangers as to how the nurse unit managers can be empowered to create a climate conducive to learning. These four categories included teaching, management, role model and research; and every one of them has its own subcategories as indicated in Table 3.1.

3.2.1   TEACHING

Both nursing students and nurse unit managers were of the opinion that teaching plays an integral part in the creation of an environment that is conducive to learning. The participants expected that the nurse unit managers should maintain high standards of professional knowledge, skills, competence and attitudes so that they can serve as resource persons in the clinical nursing units. Through teaching, knowledge and skills are developed and the nurse unit managers can gain knowledge from the collective sharing of experiences by attending in-service training, congresses, workshops and by reading professional journals.

Furthermore, the participants expressed that the nurse educators should liaise and network with the nurse unit managers in order to create a climate conducive to clinical nursing education.

Within this category the following subcategories emerged from the data, namely: learning objectives, teaching programme, teaching methods, student role expectations and evaluation methods (Table 3.1). These subcategories are described as follows: using direct quotations from the naïve sketches and focus group interviews to support the descriptions.

3.2.1.1   Learning objectives

The participants highlighted that the nurse unit managers should have clear learning objectives in their clinical nursing units and utilise them as guidelines to direct and maintain their clinical teaching functions. The nurse unit managers expect to formulate a particular vision as to what must be achieved in clinical nursing education and that there should be a joint effort to achieve that vision. Findings indicated that the nurse unit managers are not utilising learning objectives according to the level of student training, as most of the time students are allocated to perform routine duties such as measuring vital signs and performing bed baths especially at fourth-year level of training.

Participants expected the nurse unit managers to allocate tasks and responsibilities that will create challenges and allow for new clinical learning experiences, such as activities related to unit management. Unit management as a part of the learning experience for the nursing students seems to be lacking as the participants emphasised that they are never given a chance to execute nursing aspects related to unit management.

The nurse unit managers should play an active role by participating in formulating learning objectives, which are in line with the learning opportunities that are available in the nursing units using participative management whereby all personnel are involved.

They expressed the view that their expectations are to understand the learning objectives of the nursing students in order to ensure that theory and practice are correlated, which will ultimately contribute to a conducive clinical learning environment. This was evidenced by the following direct quotations:

"The nurse unit managers should create, be aware of students learning objectives and teach us focusing on the learning objectives according to our level of training and should get these objectives from the nursing college."

"They should allocate to us activities such as planning of off-duties, ordering and controlling of equipment, not only to take vital signs but to give us chance to meet learning objectives related to unit management especially at fourth-year level."

Whilst nurse unit managers' expectations with regard to teaching empowerment are: *"Every personnel to be involved in formulating the nursing unit objectives, identification of the learning opportunities and students to bring along their learning objectives so as to assist them to correlate theory with practice."*

3.2.1.2   Teaching programme

The teaching programme was also viewed as being part of creating a climate conducive to learning as well as the utilisation of learning opportunities which can stimulate discussion and debate around clinical problems which will ultimately facilitate correlations of theory and practice in the clinical nursing units. Therefore, both participants expect to be involved in the planning and implementation of the teaching programme to ensure that the students' learning needs are identified and met. This is evident by:

"Unit managers should make sure that their units are having teaching programmes which cover all level of personnel and be implemented."

"Planning of the teaching programmes should involve doctors, unit managers and students and relevant topics be chosen for all categories to facilitate learning needs in the unit."

In the same tone, the nurse unit managers' expectations are...*"We should draw the teaching programme where we have to adhere to it which is in conjunction with the learning opportunities that are available in the unit using participative management".*

3.2.1.3   Teaching methods

Both groups of participants were of the opinion that the nurse unit managers should choose teaching methods and strategies that are appropriate to the clinical nursing unit in order to create a conducive clinical learning environment. They emphasised the use of a variety of teaching and learning methods such as group discussions, role playing, case studies and debates in order to stimulate the nursing students' interests and abilities. To quote an example group discussion as a teaching method elicits students' participation and facilitates reasoning and understanding, which will eventually help students to clarify values.

Therefore, all nursing activities provided to the patients should be regarded as learning opportunities and students should be guided throughout in order to acquire the appropriate knowledge and skills.

"The teaching should either be formal or informal and the nurse unit managers should choose methods of teaching that are appropriate for the unit, for example case studies, ward and doctors' rounds and active participation to facilitate student participation such as peer group teaching debate."

"Use every moment as a teaching moment like taking of unit rounds and allow students to take doctors' rounds because doctors also contribute to learning of the students, for example if a certain condition is not known."

On the other hand, the nurse unit managers indicated...*"Demonstration is not the only method that can be used in clinical teaching, we are to apply other methods of teaching so that we give students an opportunity to understand better like group discussions, case studies, role play and debate."*

"To encourage the students to take and give reports as well as taking rounds with doctors because they had opportunities to ask questions as part of learning and to promote student participation by involving them in different teaching and learning strategies."

Furthermore, the participants expect the nurse managers to be skilful, knowledgeable and competent in all activities in the nursing unit. They expect proper guidance when demonstrating nursing skills and also to be invited to all activities that take place in the unit as well as utilising the skills obtained in the classroom as guidelines and principles. They expect wall charts and books to which they can refer to in order to ensure the facilitation of clinical learning. This was evidenced by:

"Unit managers must be knowledgeable in all nursing skills so that when teaching he/she knows the sequence of the procedure in order to produce quality practical nurses, and to be confident in all nursing aspects in order to create conducive environment that facilitates learning in the units."

"There should be enough books, booklets and charts where students can obtain additional knowledge and the unit managers to answer questions asked by students honestly, and also to organise workshops which will include students to increase their knowledge and improve their skills."

Participants viewed the nurse unit managers as teachers, which means that it is their responsibility to maintain their expert knowledge and experiences in order to help the students to develop positive attitudes towards clinical learning as well as to create a conducive climate to learning.

They further expect nurse unit managers to update themselves with technological developments in the medical and surgical nursing fields, and also be knowledgeable about the illnesses and conditions of patients so that they can provide input regarding the treatment of patients, by attending workshops and symposiums to be made aware of any new developments and techniques with regard to clinical nursing education.

"Teaching is the responsibility of the nurse unit managers towards patients and students and should stop telling us that we should be accompanied by our tutors from the college, forgetting their clinical roles as teachers."

"Unit managers should acquire adequate knowledge about conditions within the nursing units in order to be useful to the students, and keep on updating themselves with new development such as technology by attending workshops and symposiums."

3.2.1.4   Student role expectations

It became clear from the findings that the nursing students also play an important role in making the clinical nursing units an environment conducive to learning.

The nurse unit managers expect the nursing students to be committed, flexible and be obligated as individuals during their clinical placement in order to participate actively in service delivery as part of their learning, not only to come and complete specific hours. They further emphasised that the nurse educators

should prepare the students psychologically prior to their clinical placement as to what is expected from them as individuals.

"We expect to be informed as to student role expectations during their clinical placement. Nurse educators should prepare the students prior to their clinical placement, because some think that they just come and complete hours and are not aware of their role they are expected to play."

"... Students to be committed and responsible towards rendering patient care as part of their learning activities."

3.2.1.5   Evaluation methods

Evaluation of the nursing students was viewed by both groups of participants as an integral part of clinical nursing education, hence the purpose thereof is to determine the clinical performance of the students and the achievement of the expected outcomes. The nursing students expect the nurse unit managers to give them honest feedback about their performance in a corrective and sensitive manner as well as to identify their strengths and weaknesses in their clinical performance.

Participants expect a comprehensive evaluation tool that is to be developed by both nurse educators and unit managers. Therefore, at the end of the month, student evaluations that follow the policy of the units, if utilised properly, can provide a broad picture of the students' progress as well as any learning gaps which can be used as strategies in the creation of a conducive clinical learning environment.

"They should assess and monitor our clinical progress on a daily basis and give us feedback before we go to the practical examination."

"Unit managers should have evaluation meetings and clinical conferences in order to boost our self-esteem and give us responsibility to work harder to acquire knowledge and skills."

Whilst the nurse unit managers expect *"...to be updated on current student evaluation tools and to formulate a comprehensive evaluation tool together with the nurse educators."*

"...with continuous assessment the students should also evaluate us (unit managers) to see that we are on the right track with regard to their learning objectives. To evaluate the students and give them feedback timeously as to allow for self-evaluation."

Findings on teaching as the major expectations of both the nursing students and nurse unit managers as well as its subcategories have been clearly described as to how the unit manager can be empowered to create a climate conducive to learning.

Therefore, management as another category of expectations of both the nursing students and nurse unit managers is described below:

3.2.2   MANAGEMENT

Management was emphasised by both groups of participants as a strategy that can be used to create a climate conducive to learning whereby all personnel are given a chance to participate in, and contribute towards, the formulation of the vision and objectives of the nursing units and that their input and uniqueness be respected in order to achieve the objective of the unit.

Participants strongly highlighted the importance of participative management as a way that could encourage the creation of a conducive clinical learning

environment through the participation of all personnel where commitment is elicited and not imposed.

Therefore the participants had high expectations of participative management as a way that could eventually equip them to manage the clinical nursing unit as an environment conducive to learning. Within this category, the following subcategories emerged from the data, namely: orientation, delegation, supervision, communication and interpersonal relationships, clinical committees, equipment and facilities, patient care, decision making and problem solving, multidisciplinary team, organisation, leadership, and discipline. These subcategories are now described and supported by direct quotations as follows:

3.2.2.1   Orientation

Both groups of participants were of the opinion that proper orientation can be utilised as a strategy to create a climate conducive to learning whereby the role expectations of both parties, that is the nursing students and nurse unit managers, are clearly defined and described. They further emphasised that orientation is a continuous process that should be done on a daily basis in order to ensure the smooth running of the nursing units and to alleviate the anxiety and frustrations of the nursing students especially during the first year of training.

Furthermore, the nurse unit manager pointed out that orientation is done to achieve specific clinical nursing objectives, such as to promote a spirit of cohesiveness, to know each other better, to prevent risks and complications and to ensure that personnel are competent in performing unit activities. Hence the nursing students revealed that the level of training is not considered during orientation sessions as the first-year students are given the same orientation as fourth-year students and sometimes fourth-year students are not orientated as they are seen as senior students, yet they need orientation in unit management as future unit managers.

"Each time during clinical placement of the students there should be proper orientation which is planned, unit managers should give warm welcome to the students so as to allow them to feel free and prevent their fears and frustrations."

"Unit managers should orientate us to the unit structure, personnel, patients, routine duties, procedures and policies of the unit and not just to ask our names. Levels of orientation to be considered as we are given the same orientation and sometimes fourth-years are not orientated as we are regarded as seniors."

In the same tone the nurse unit managers reported *"To improve orientation programme so as to prevent complications, promote spirit of cohesiveness, to know each other better but basically to achieve quality patient care."*

"Orientation is a continuous process which can ally anxiety and frustrations and the students should also be given a chance for self-orientation and peer orientation as a form of feedback after being orientated."

3.2.2.2 Delegation

Both the nursing students and the nurse unit managers viewed delegation of the nursing activities as a strategy that can be used to create a conducive climate to clinical learning.

The nursing students expect the nurse unit managers to teach them the principles of delegation and also to apply these principles when delegating duties and responsibilities to them. They further expressed that the duties should be distributed equally among the students without any form of favouritism and that challenging tasks be allocated to them so as to broaden their level of thinking.

Furthermore, both the nursing students and the nurse unit managers highlighted that the delegation of activities went hand in hand with supervision which

ultimately leads to evaluation. This can be seen when a specific nursing activity is delegated to a nursing student who would carry out the activity under the supervision of the nurse unit manager who would in turn evaluate the student's capabilities as well as any learning gaps.

Again the delegation of nursing activities should be allocated according to the level of student training and knowledge in order to prevent frustration and also to begin with simple and progress to complex activities so as to enhance the personal and professional growth of the nursing students gradually.

"Unit managers are to teach us the principles of delegation in terms of practice, competency and capabilities and also distribute the work equally without favouritism amongst students in order to ensure smooth running of the unit."

"They should delegate challenging tasks to us and consider our knowledge, skills and professional maturity to stimulate our thinking."

In the same tone, the nurse unit managers expressed that they should: *"Delegate responsibility to the nursing students according to their level of training, skills and knowledge to prevent frustration and promote conducive climate to learning."*

"...Again through delegation you are to supervise and evaluate at the same time and create learning opportunities as well as giving the students an opportunity to develop personally and professionally. Delegate other nursing personnel with authority to participate in students' teaching and learning."

3.2.2.3   Supervision

Supervision was seen as an inseparable aspect of clinical teaching and learning by both the nursing students and nurse unit managers.

The nurse unit managers highlighted that they were trying their level best to supervise the nursing students, but complained of having too many students in the clinical nursing unit and too few nursing personnel: whilst the nursing students expected the nurse unit managers to help them to attain practical skills and foster a nurturing clinical environment where they could practice and apply their clinical knowledge and skills under good supervision. Furthermore, the nurse unit managers expect to be informed prior to the clinical placement of the nursing students, that is both the university and college students.

Management of emergency situations and crisis intervention was emphasised by the nursing students as the areas that needed the most supervision. They added that the supervision should be seen as a constructive function carried out by personnel with a sound knowledge of the professional and educational aspects of clinical care.

"Unit managers should ensure proper supervision of the students as supervision is part of teaching and guidance. To appreciate for any good work done in the unit as to motivate us to learn further."

"To be confident in all aspects of nursing care and to teach and supervise us during emergency situations and crisis situations to ensure proper guidance in order to prevent medico-legal hazards."

Therefore, the nurse unit managers reported the following quotations:

"I think that the ward should be informed in time before allocating the students. The students can be under our responsibility for at least a month, and the unit managers should supervise all aspects related to the students teaching and learning."

"Sometimes with shortage of staff we end up abusing the very students by making them to run errands. To have preceptors in the units is another way of relieving the situations, because the nurse educators will be knowing that there is somebody responsible for the students."

3.2.2.4 Organisation

Participants viewed proper organisation as a means that can be used to transform the clinical nursing units into an environment that is conducive to clinical nursing education.

Participants further emphasised participation by all nursing personnel in formulating clinical guidelines, protocol, policies and procedure manuals so that they have a clear understanding in the application of these policies in the unit so as to create a conducive environment for clinical nursing education. The findings pointed out that organisation in terms of resources, that is the provision of opportunities for building and developing the organisational skills of the nursing unit managers during emergencies, was an important factor.

"To be organised as unit managers, to have policies in the units, protocols, guidelines and procedure manuals, the way of doing things. To do things in a correct way. Students can use procedure manuals and be creative in their learning."

"Still under organisation, during emergencies and disaster situations, one should be ready by being organised, facilities and equipment should be readily available as part of organisation."

3.2.2.5   Equipment

Equipment was also highlighted as one of the nursing students' expectations from the nurse unit managers. Participants expect the nurse unit managers to teach them about the use, ordering, maintenance and storage of equipment, as well as ensuring that the clinical nursing units are stocked with the necessary equipment to facilitate clinical nursing education. Furthermore, the participants emphasised that they need good working equipment in order to facilitate clinical nursing education before they apply the concept of improvisation, which is always the answer for a shortage of equipment. Therefore, adequate learning equipment that is functioning properly can assist the nurse unit managers in creating a climate conducive to learning.

"Learning equipment to be available that are used during clinical procedures and be in a good working order so that we can learn the correct techniques before practising improvising."

"They should teach us how to order and control equipment in real practical situations."

3.2.2.6   Patient care

Patient care was expressed by the nursing students as the nurse unit managers' responsibility. They felt that the unit managers should deliver comprehensive quality care which is physical, psychosocial and spiritual so as to create an environment conducive to quality patient care.

They further expect the nurse unit managers to be involved with the practical nursing activities, that is working side by side with the nursing students and facilitating clinical nursing as the situation requires. By demonstrating nursing skills to the students, the nursing unit managers are given an opportunity to

assist students in the application of knowledge and skills required by their learning objectives. The unit managers have an important role to play in the professional development of the students, that is to be responsible, accountable and knowledgeable about the clinical aspects of learning.

Participants also highlighted that the nurse unit managers should apply the rules and regulations of the SANC to guide and accompany them.

"We expect the unit managers to manage patient care holistically and deliver quality nursing care, and to understand his/her function as a nurse to the patients, as a teacher to the students and as supervisor to the multidisciplinary team."

"To know the patients' rights and the rules and regulations of the SANC to function well with patients and students in order to respect their norms and values."

"They should not be concerned with meetings and ordering of drugs, but role model nursing care, and some unit managers don't even know patients because they are always out of the nursing unit."

3.2.2.7   Clinical committees

The participants clearly indicated that they expect a formation of a clinical committee, which will serve as an information-giving session as well as an in-service education strategy. This clinical committee should be an amalgamation of nurse educators, unit managers and nursing students in order to formulate common clinical learning objectives and to clear up any misunderstandings related to clinical nursing education.

The purpose of establishing the clinical committee was highlighted as a reminder to the nursing students that when they are in clinical learning areas the nursing unit managers are there to guide them and again to clarify the expectations from each party concerned in order to create a conducive climate to learning. Furthermore, participants indicated that they expect to be empowered with contemporary knowledge such as outcomes-based education, the South African Qualifications Authority (SAQA) and quality assurance strategies.

"To establish a clinical committee consisting of unit managers, nurse educators and with the nursing students in order to formulate common clinical learning objectives, clarify the role expectations and be updated on transformation issues in nursing education such as outcome-based education, SAQA and quality assurance strategies."

"When the clinical committee is formulated the issues related to clinical nursing education will be discussed such as accompaniment of students and again with regular meetings problems will be identified and solved jointly."

3.2.2.8   Communication and interpersonal relationships

Communication and interpersonal relationships were viewed by both nursing students and nurse unit managers as a strategy that influences all other activities in the clinical nursing units. Both groups of participants' expectations revealed that both parties should build a positive relationship by creating and maintaining mutual respect, trust, effective interpersonal relationships and also to extend these relationships to the patients.

The establishment of two-way communication and effective listening skills were further indicated as another expectation by the nursing students from the nursing unit managers because facilitation of clinical learning depends on the quality of the interaction students and unit managers.

The nurse unit managers expressed that the attitude, the tone of voice used, gestures and facial expressions are all means of communication that can promote or destroy effective communication and interpersonal relationships in the clinical nursing units. Both groups of participants strongly emphasised the need to develop good relationships and partnerships between the nursing units and the nursing college so as to develop a harmonious environment that promotes clinical learning.

The participants were of the opinion that regular meetings in the nursing units could be used as a strategy to create a climate conducive to learning by employing an open-door complaints system whereby they can discuss negative communication behaviours. It is, therefore, essential to develop co-operative interpersonal relationships with the nurse educators responsible for teaching specific components whereby harmony and compromise in their interaction is maintained.

"We expect two-way process of communication where there is interactions but not commands from the nursing unit mangers. To have good communication between students and unit managers and not what is happening presently in the units."

"Good interpersonal relationship and unit managers to be assertive in order to facilitate conducive learning environment where we can be free to ask questions and to extend this interpersonal relations to patients so that we can observe and imitate good behaviour from them."

The same tone was echoed by the nurse unit managers as is evident from the following quotations:

"Encourage open communication system that is horizontal and vertical communication, use of diaries, verbal and written, gestures and facial expressions."

"Guard against factors that will indicate negative communication towards another person for example the way you talk and look at a person, frowned faces and tone of the voice, we should bring sort of open-door complaints system."

"... good communication between the college and clinical nursing units to be built and maintain good interpersonal relationships between unit managers and nurse educators, because there is still lack of students' accompaniment with regard to integrating theoretical aspects and practice."

3.2.2.9   Decision making and problem solving

Decision making and problem solving were viewed by both the nursing students and unit managers as strategies that could contribute to the creation of a conducive climate to learning. Participatory problem solving and joint decision making are processes which require some element of creativity in the clinical nursing practice and if the nursing students are allowed to participate in such strategies they will develop skills such as critical thinking skills, reasoning skills and decision making skills and they will be innovative in the clinical learning areas.

The nursing students further reported that the nurse unit managers should develop teamwork in decision making whereby the input of each personnel member be respected and valued as well as creating a supportive environment where students can freely voice ideas, problems and opinions. They expect the unit mangers to display open, honest and non-destructive behaviour and to respect the personal rights of self and others.

The findings indicated that the nurse unit managers lack courage and confidence in decision making hence they expect to be empowered to be assertive in solving problems so that fairness, consistency and co-operation be maintained at all times.

"Unit managers should allow teamwork in every decision taken in the clinical units whether it is about patients, students and management of the unit. To be open, honest and be assertive not submissive nor aggressive."

"Our input as students to be respected and valued and we expect the environment that is open and free for our professional development."

The following quotations represent the nurse unit managers' expectations as they relate to decision making and problem solving:

"We expect joint decision making and problem solving as part of unit management, to involve the nursing students during these processes to promote their personal and professional growth."

"Clinical problems are to be solved immediately following the steps of problem solving and to be assertive."

3.2.2.10   Multidisciplinary team

A multidisciplinary team was indicated as a means that can be utilised by the nurse unit managers to create a climate conducive to learning. The participants emphasised that in the past the multidisciplinary team members, such as doctors, psychologists, social workers and psychiatrists, used to contribute a lot to the clinical teaching and learning of the nursing students which appears to be lacking in the present situation.

It is, therefore, quite clear that the nursing students cannot be professionally socialised if they are not aware of the essential role that is played by the multidisciplinary team in the clinical nursing areas. The nursing unit managers are expected to co-ordinate the services of the multidisciplinary team and give the students an opportunity to accompany doctors, as well as emphasise the importance of taking responsibility for their actions in order to stimulate the students' responses to clinical challenges as they arise. Therefore, the nursing unit managers are expected to be supportive in their clinical accompaniment role in order to create a conducive clinical learning environment.

"Yes is true some of other health care team members like psychologist, doctors, psychiatrist and social workers have a role to play, we had to engage the students in such activities, for example doctors were actively involved during ward rounds as an opportunity for teaching and learning in clinical areas."

3.2.2.11   Leadership

Leadership was viewed by both groups of participants as an interpersonal relationship in which the leader employs specific behaviour in order to influence the nursing personnel toward goal setting and the attainment thereof within a specific nursing unit. Leadership as a strategy focuses on developing other personnel members to be future leaders, therefore the nursing unit managers, as leaders, are to demonstrate the ability to maintain current knowledge on ethical and legislative issues related to clinical nursing units.

The nursing students indicated that the nurse unit managers issue instructions and commands to them which are characteristic of an autocratic leadership style, forgetting that students are adults and need to be consulted. Furthermore, the nurse unit managers highlighted different types of leadership styles, such as transformational, transactional, democratic and participatory leadership as appropriate styles, as long as a leader understands the positive and negative

impacts thereof. Therefore, it is essential that the nurse unit manager should display personal and professional maturity in order to involve, direct and equip the nursing students with the necessary leadership skills during their clinical placement. This was evidenced by:

"The unit managers should avoid autocratic type of leadership which does not give us independence to execute duties. We expect democratic atmosphere, to be involved that is sharing of ideas and suggestions."

The nurse unit managers' leadership expectations were evidenced by the following quotations:

"I think interactive management and leadership which actually comprises with shared governance and to accept opinions and ideas of other personnel and involve all in unit activities."

"Leadership such as transformational, transactional, democratic and participative leadership are good but as a leader you should understand the negative and positive impact of the chosen style."

3.2.2.12   Discipline

Discipline was seen by the nursing students and nursing unit managers as a control measure over all the activities in the clinical nursing units. The nursing students expect the nursing unit managers to respond appropriately to unacceptable student behaviour and to make the necessary changes to guide the students as well as to promote personal and professional growth.

The nurse unit managers highlighted discipline as setting high standards, displaying ordinary good manners, ethics and professional conduct from the managers as he/she is seen as a role model in clinical areas.

Furthermore, they emphasised that the rules and regulations that govern the nursing profession, hospital policies, college code of conduct, Labour Relations Act and Batho–Pele principles should be made available and be known by all nursing personnel including the students in order to ensure the smooth running of the unit.

"We expect that if a student nurse is not behaving well, the unit managers should stop condemning his/her behaviour but to take disciplinary measures as stated in the college code of conduct."

In the same vein, the feelings of the nurse unit managers were evidenced by the following quotations:

"If we talk about discipline we refer to ordinary good manners, ethics, professional conduct and setting of high standards. Do only what is right so that you become a role model."

"Considering also rules and regulations that govern the nursing profession, hospital policies, college code of conduct, Labour Relation Act and all personnel should understand these acts as well as disciplinary procedures to be followed."

"To adhere to Batho-Pele principles as a service delivery standard and apply these principles as to ensure good discipline and service delivery."

3.2.3   ROLE MODEL

Role modelling was indicated as the highest expectation from both the nursing students and nurse unit managers in the creation of a climate conducive to learning, whereby the nursing unit managers display and maintain high standards of professionalism, knowledge, skills and attitudes within the clinical nursing units. The nursing unit managers as role models play facilitating roles in the

professional socialisation of the nursing students as well as their development of norms and values. Hence, good role modelling enables the students to learn through interaction within the unit.

As role models, the nursing unit managers have a big responsibility in influencing the personal and professional development of the nursing students allocated to their clinical nursing units.

From within this category of role modelling, the following subcategories emerged from the data, namely respect, attitudes and norms, and socialisation.

3.2.3.1   Respect

Respect and dignity were also identified as an important aspect of both groups of participants' expectations as to how the nurse unit managers can create a climate conducive to learning.

A positive relationship between the nursing students and the nursing unit managers can be built through the creation and maintenance of mutual respect of one another as unique human beings, trust and dignity whereby both parties display a sense of humour.

"Unit managers should be respectful, concerned, have love and be approachable and not treat us with attitudes that other students has been doing wrong things, but to treat us as unique human beings."

Whilst the nurse unit managers stated: *"...to demonstrate positive attitudes, trust, respect and dignity as role models, always lead by an example to influence the personal and professional growth of the students."*

3.2.3.2   Attitudes and norms

Both groups of participants shared the same sentiments that the attitudes of the nursing students and nurse unit managers play an important role in creating an environment that is meaningful and conducive to clinical nursing education. The nurse students expect the nursing unit managers to maintain a high morale within the clinical nursing unit, which will ultimately create a conducive clinical learning environment where students can discuss issues and be committed to their learning.

Furthermore, the nursing unit managers highlighted that to be a good role model one has to start with good manners before introducing ethics and professional conduct so that the students have a frame of reference which they can imitate.

"... expect positive attitudes and high morale from the nursing unit managers, to be good role models for example to be punctual, responsible and committed so that students can imitate good behaviours."

The nursing unit managers' expectations were evidenced by *"...we had negative attitudes and unapproachable behaviour, and basically to start with ordinary good manners before we can talk about ethics and professional conduct and adhere to the broad functions of a nurse that is teaching, patient care, unit management and research."*

3.2.3.3   Socialisation

It is the responsibility of the nurse unit managers to ensure that the nursing students are socialised into the nursing profession as part of the clinical teaching function. Through the process of socialisation the nurse unit managers are expected to guide and assist the nursing students in learning the necessary behaviour, values and norms for assuming their role as students in the clinical

nursing units. As part of socialisation, the participants expected the nurse unit managers to demonstrate the ability to share knowledge and expertise in the clinical nursing units with them in a non-threatening and informal manner as a motivating factor. This was evident from the following quotations:

"The unit managers should socialise the students into the nursing profession that is its culture, values and the norms."

"To share knowledge and expertise with us and gives student time to clarify their values as part of socialisation."

3.3   RESEARCH - BASED PRACTICE

3.3.1   KNOWLEDGE, SKILLS AND ATTITUDES

Research was clearly indicated by both the nursing students and the nurse unit managers as the strategy that can contribute to the creation of a climate conducive to clinical learning. Nursing research is one of the functions of the nursing unit managers, therefore they are expected to acquire knowledge and skills in research as the current emphasis is directed towards quality assurance and quality service delivery.

The nursing students were of the opinion that the nursing unit managers need to be empowered with the knowledge, skills and attitudes with regard to clinical research and in the same vein the unit managers indicated that they themselves lacked knowledge and skills in conducting research projects.

Both groups of participants acknowledged the importance of utilising research as a strategy of finding solutions to the problems that are prevailing in the nursing units in order to develop nursing standards and to maintain the professional status of the profession. Therefore, the nursing unit managers are expected to

utilise their scientific and technological knowledge to create a climate conducive to clinical learning. This was evident from the following quotations:

"If repeated problems are found in the nursing units, unit managers should conduct research and involve us to find out solutions and causes. To update themselves with knowledge, skills and attitudes based on research."

"Unit managers should realise the importance of research in the units which helps in uplifting nursing standards and maintaining professional status."

On the other hand, the unit managers indicated that ... *"as unit managers we lack knowledge, skills and attitudes to conduct research projects in the units and we expect to be empowered."*

3.4   SUMMARY

The empowerment expectations of both the nursing students and the nursing unit managers have been presented and described as to how the nursing unit managers can be empowered to manage the clinical nursing units in such a way that it is conducive to learning.

The findings revealed four common categories as empowerment expectations, namely: teaching, management, role model and research, which will now be conceptualised within the relevant existing literature in chapter four.

CHAPTER FOUR

CONCEPTUAL FRAMEWORK

4.1   INTRODUCTION

The purpose of this chapter is to conceptualise the empirical findings shown in Table 3.1 with the ultimate aim of describing strategies that will empower nurse unit managers so that they are able to create a climate conducive to learning. The empirical findings revealed four main categories, namely teaching, management, role modelling and research-based practice.

The empirical findings indicated in Table 3.1 will be rearranged in accordance with the adapted integrated management process as described by Muller (1998), Vogt and Murrel (1990), and Hokanson-Hawks (1999) as indicated in Table 4.1. However, the teaching function will be discussed under the directing component of management, whilst role modelling and research-based practice are discussed under the organising component.

Conceptualisation refers to the definition of concepts for research, and the integration of the research within the larger existing framework of information regarding the subject (Mouton, 1998:109). Through logical, deductive, inductive reasoning and inference, empowerment strategies will be described for the nurse unit manager so that a climate conducive to learning for the nursing students is created.

The empowerment of the nurse unit manager occurs within clinical nursing education. Clinical nursing education is a complex, dynamic environment under the continuous influence of contemporary regulations such as the South African

Qualifications Authority (SAQA), National Plan for Higher Education, the South African Nursing Council (SANC), the Constitution and Batho-Pele principles. The finding of the expectations of nurse unit managers and student nurses will be conceptualised within Muller's management process (1988:131-134) and supported by Murrel's empowerment matrix (Vogt & Murrel, 1990:72-73).

The conceptual framework in Figure 4.1 will be described. Firstly, the clinical learning environment as influenced by the legal and professional frameworks, followed by the description of the integrated empowering process using the empirical findings as adapted from Muller (1998) and Vogt and Murrel (1990) using participative management as the underlying dynamics.

Figure 4.1: Conceptual framework: Empowerment of nurse unit managers in creating an environment conducive to clinical learning
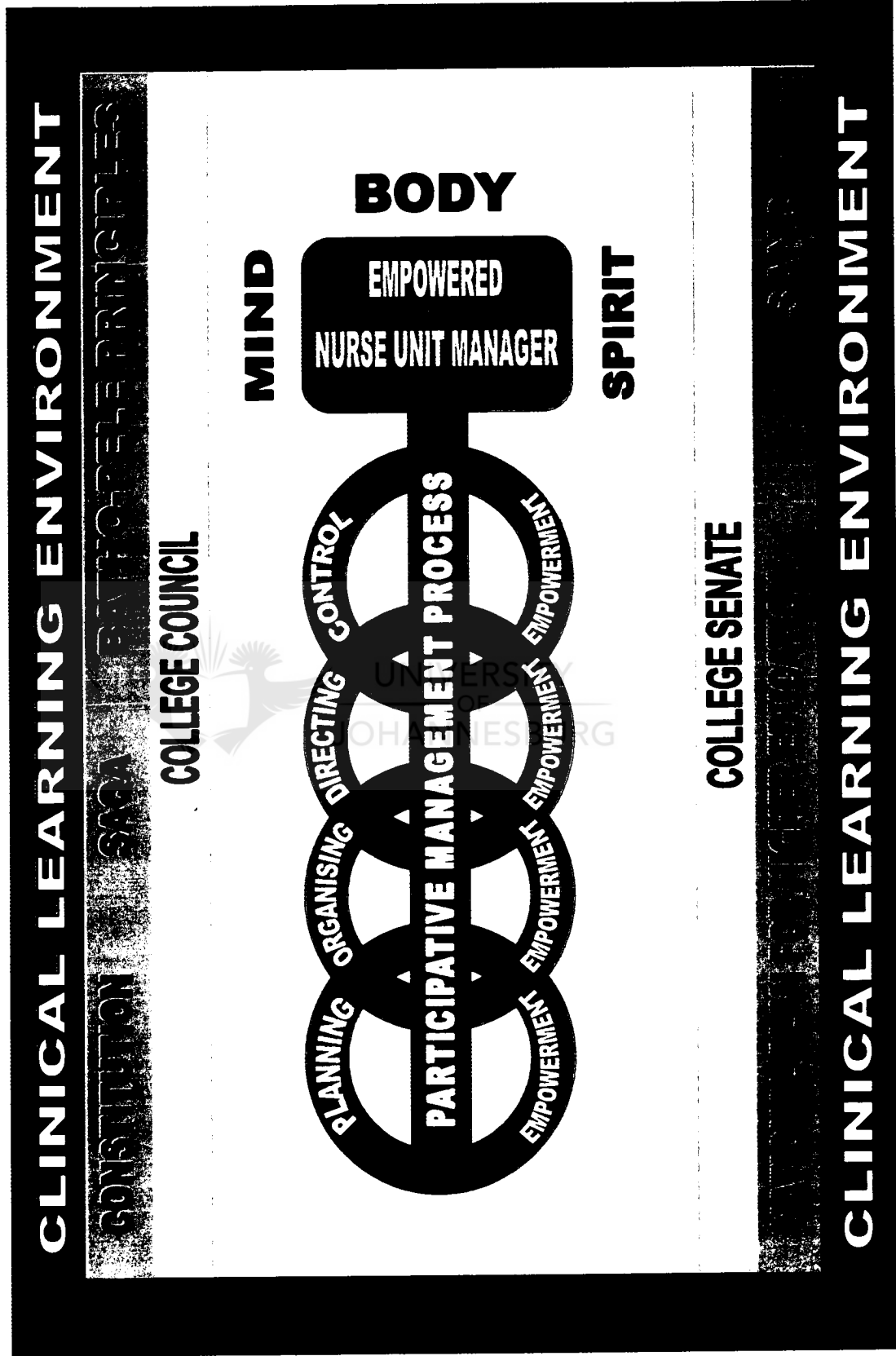
4.2 CONCEPTUALISATION OF THE FINDINGS

The conceptual framework in Figure 4.1 will be utilised to present this chapter as follows: the national legal framework will be described first, followed by the local structures and lastly the management process with the integration of the empirical data supported by literature.

4.2.1 CLINICAL LEARNING ENVIRONMENT

Empowerment of the nurse unit manager occurs within the clinical nursing education, which is dynamic and has been impacted by contemporary legislation such as the Constitution, SAQA, National Plan For Higher Education, Batho-Pele principles and the South African Nursing Council. In South Africa, the health services are divided into various levels of services. In this study, the provincial, district and local services are also described as part of the learning context with particular emphasis being placed on clinical nursing education within the North-West Province. Therefore, it is essential to empower the nurse unit manager for the creation of a climate conducive to learning.

4.2.1.1 National legal framework

Since 1994 there have been contemporary legislations which have had an influence on the education system, such as the Constitution (1996), the SAQA (1995) with NQF and OBE, National Plan for Higher Education (2001) and Batho-Pele principles (1997) in the country. These legislations are discussed below:

4.2.1.1.a Constitution

The Constitution of South Africa requires education to be transformed and democratised in accordance with the following values: human dignity, the achievement of equality, advancement of human rights and freedom. It

emphasises cooperation with one another in mutual trust and good faith by fostering relations, assisting and supporting one another on matters of common interest and adhering to agreed procedures (Constitution, 1996:25-26). The nurse unit manager needs to be empowered to consider values such as human dignity, equality, advancement of human rights, freedom, mutual trust and respect in order to create a climate conducive to learning whereby all nursing students and nurse unit managers are involved in unit activities including the nursing students. Participative management should be practised in order to use consultation and transparency as strategies to create a climate conducive to learning.

In creating a climate conducive to learning, the nurse unit manager must consider democratic ethics and values so that the nursing students can then inculcate the culture of mutual trust and respect, human dignity, freedom, participation and commitment within this context. The nurse unit manager should ensure that fundamental human rights as put down in the South African Constitution are available and accessible, and can be utilised as strategies to create a climate conducive to quality patient care, quality education and training.

The nurse unit manager should be empowered to promote and maintain professional ethics at all times and to create a climate where the nursing students can acquire the knowledge, skills, values and attitudes inherent in the nursing profession. The Constitution as a legal framework gives guidance as to how the nurse unit manager can be empowered to create a climate conducive to learning by considering the democratic values and principles enshrined in the Constitution.

4.2.2.1.b   South African Qualifications Authority Act

The South African Qualifications Authority (SAQA, Act 58 of 1997) is the statutory body responsible for ensuring the development and implementation of a National

Qualifications Framework (NQF), which contributes to the full development of each learner and the social and economic development of the nation at large (Coetzee, 2002:262). In establishing a national quality assurance, the SAQA has accredited the South African Nursing Council (SANC) as an Education and Training Qualification Assurer (ETQA) in order to monitor and evaluate the quality of education and training in nursing.

According to Coetzee (2002:137), applied competence entails applying knowledge, skills, values and attitudes in three ways, namely foundational competence (knowledge) – the demonstrated understanding of what one is doing and why, practical competence (skills) – the demonstrated ability to consider a range of options/possibilities to make a decision about practice, and reflexive competence (self-assessment activities) – the demonstrated ability to connect one's understanding with one's performance.

The Department of Education (1997:14) spelt out 12 critical cross-field outcomes, which were developed by the SAQA in order to contribute to the full, personal, social and economic development of each learner upon completion of a particular qualification. As part of being empowered, the nurse unit manager needs to consider these 12 critical cross-field outcomes in order to create an environment conducive to learning.

• Problem-solving skills

Problem-solving skills require the identification and solution of problems using both critical and creative thinking. The nurse unit manager, in creating a climate conducive to learning, has to make sure that the nursing students are able to identify and solve clinical problems using critical and creative thinking as expected by the SAQA requirements. This will ultimately help the nurse unit manager and the nursing students to participate in problem solving processes as

well as to improve the quality of patient care whilst equipping the students with decision making and problem-solving skills during training.

During the process of problem solving the nurse unit manager should allow the nursing students to assess the effects of their decisions and make changes if necessary as a learning strategy. Students should be encouraged to ask questions, explore different approaches to problems, and to find out for themselves why some approaches work and others do not.

- Teamwork

Teamwork can be defined as working effectively with others as a member of a group, organisation or community (Coetzee, 2002:11). Cooperation and interaction in the nursing unit are therefore necessary to create a climate conducive to learning. Within this climate, the nurse unit manager should be empowered to motivate and encourage all nursing personnel including the nursing students to demonstrate good cooperation and positive attitudes as a strategy to create a conducive learning climate.

Teamwork in the nursing unit depends on the ability of the nursing personnel to interact with each other openly and freely in order to promote solidarity. The establishment of a working relationship based on trust and respect plays an important role in creating a climate conducive to learning. Participative management and leadership enhance team building and teamwork in the nursing unit (Naudé et al., 2000:223). Group work encourages social interaction, collaboration, conflict resolution, compromise and the development of communication skills, such as talking, listening and discussing.

- Self-responsibility skills

Self-responsibility skills can be described as the organisation and management

of one's self and one's activities responsibly and effectively (Coetzee, 2002:11). The nurse unit manager as a mature professional person should organise and manage the daily unit activities in such a way that it promotes the creation of a climate conducive to learning. This will be beneficial to the nursing students as they will regard the nurse unit manager as a good role model and thus begin to imitate and practise the expected professional behaviours required in the nursing profession. Learner-centred learning will encourage the nursing students to take responsibility for their own learning.

•   Research skills

Research skills can be regarded as the collection, analysis, organisation and critical evaluation of information (Coetzee, 2002:11). In creating a climate conducive to learning, the nurse unit manager should be empowered to initiate and implement research on clinical problems and to involve the nursing students in the research as a learning opportunity. The research skills in the nursing unit play an important role in the development and improvement of policies, procedures and nursing care.

The empowerment of the nurse unit manager on research knowledge and skills is vital as a strategy in the creation of a climate conducive to learning. Participation in knowledge development enhances the nurse unit manager's ability to think through a problem and to clarify nursing actions (Naudé et al., 2000:15).

•   Communication skills

Communication skills can be considered as the effective distribution of ideas using visual, mathematical and/or language skills in the modes of oral and written persuasion. Communication is a core strategy that the nurse unit manager is expected to use in creating a climate conducive to learning. The nurse unit

manager should be empowered to improve their interpersonal communication skills by being sensitive and considerate at all times.

- Technology and environmental literacy

Technology and environmental literacy would be the use of science and technology effectively and critically, showing responsibility towards the environment as a teaching and learning context (Coetzee, 2002:11). Technology is an important aspect of health care and nursing practice as there are daily reports of newly discovered knowledge and technologies, such as machines used to assess patients, monitor their progress and ultimately treat them. The nurse unit manager must be empowered to learn and know these new technologies, using them in an appropriate, accountable and responsible manner in order to ascertain that patients are receiving the best clinical care. The theoretical learning must be linked to the practical application of skills so that students can develop applied competence.

- Learning skills

Learning skills are the exploration and reflection of a variety of strategies to learn more effectively (Coetzee, 2002:11). In creating a climate conducive to learning the nurse unit manager will have to be a reflective manager who is creative and innovative, as well as one who thinks about professional practice in a critical manner. Through reflective activities the nurse unit manager engages in an ongoing self-dialogue in order to increase self-awareness. "The discovery of self that emerges in this dialogue empowers the nurse unit manager by incorporating previous perceptions and learning and connecting it with what is already known" (Naudé et al., 2000:102). Therefore, through reflection, the nurse unit manager can manage and create a climate conducive to learning.

- Citizenship

According to Coetzee (2002:11), citizenship means to participate as responsible citizens in the life of local, national and global communities. The nurse unit managers should be empowered to take an informed stand on human rights and social issues with courage, self-confidence as well as assertiveness and professional responsibility. They should be empowered to establish partnerships and liaise with local, national and global communities by applying collaboration and networking strategies in order to enhance health care, and the education and training of the nursing students.

- **Cultural and aesthetic understanding**

This refers to being culturally and aesthetically sensitive across a range of social contexts. A holistic approach to nursing is a powerful strategy for the nurse unit manager because it implies that the culture, religious beliefs and traditions of the patients are taken into consideration.

- Employment-seeking skills

Employment-seeking skills refer to the exploration of educational and career opportunities (Coetzee, 2002:11). The nurse unit managers should continue to maintain professional competence by furthering their education and to use personal/professional growth and development as strategies to manage and create a climate conducive to learning. Therefore, the pursuit and acquisition of knowledge and skills are the best tools for empowering the nurse unit manager to create a climate conducive to learning. This notion is supported by Vogt and Murrel (1990:72) that information is power and providing information to others is thus an empowering act.

Therefore, the SAQA's 12 critical cross-fields should guide the nurse unit manager in developing more specific outcomes and drawing up learning programmes, teaching strategies, learning experiences, assessment and evaluation methods in clinical nursing education (Chabeli, 2001:364).

4.2.1.1.c   Batho-Pele principles

Batho-Pele principles form a framework, which frees up the energy and commitment of the public servant in order to introduce a more customer-focused way of working. The service delivery principle of Batho-Pele includes consultation, service standards, access courtesy, information, openness and transparency, redress and value for money (Batho-Pele, 1997:15). The nurse unit manager should design a strategy to ensure compliance with these principles as an activity to create a climate conducive to learning.

With reference to consultation, the nurse unit manager should develop a culture whereby consultation is used as a strategy for decision making and problem solving. In creating a climate conducive to learning, the nurse unit manager should consult all nursing students and nurse unit managers through group discussions and meetings. Consultation can also help to foster a more participative and cooperative relationship between the nurse unit manager and the nursing students. The nurse unit manager should undertake consultation processes in a sensitive manner and more than one method of consultation should be used in order to ensure comprehensiveness and representativeness.

As part of the empowerment strategies, the nurse unit manager should welcome all customers in a warm and friendly manner, treat the nursing students with dignity, display good manners at all times and demonstrate respect for individual values. The service standard principle is to ensure that clinical nursing units as learning environments are able to provide valuable learning opportunities that aid in the facilitation of the learning process.

Openness and transparency are the hallmarks of a democratic government and are fundamental strategies, which can be used by the nurse unit manager to create a climate conducive to learning. The importance of this principle lies in the need to build confidence and trust between the nurse unit manager, nurse educators and the nursing students. Access means that all nursing students should have equal access to quality clinical learning and the nurse unit manager should facilitate the principle of equity. The Batho-Pele principle of redress requires a completely new approach to handling problems and complaints. Complaints from the nursing students should be encouraged as a strategy and opportunity to create an open and transparent relationship between the nurse unit managers and the students.

Batho-Pele principles were also revealed by the empirical data as a strategy that can be used to create a climate conducive to learning. This was evidenced by *"to adhere to Batho-Pele principles as a service delivery standard and apply these principles as to ensure good discipline and service delivery"*. Therefore, the nurse unit manager has to maintain a high standard of professionalism and consider the nursing students as customers with innovative ideas.

4.2.1.1.d   National Plan for Higher Education (2001)

The Ministry of Education in 1998 launched the Culture of Learning, Teaching and Service (COLTS) campaign, which aimed at developing a culture of learning and service conducive to the delivery of quality education throughout the country.

The COLTS campaign is therefore a mechanism to bring massive visibility, urgency, popular participation and commitment to educational quality throughout the system. It provides a focus for driving behaviour and enforces key values in the education process such as application, commitment, discipline, mutual support, involvement and ownership (Department of Education, 2000:18).

Clinical nursing units are a multidimensional entity with a complex social context, whereby learning, teaching and service delivery are the main activities. The nurse unit manager should utilise the COLTS campaign as a strategy to create a climate conducive to learning as it provides the nurse unit manager with key values as to how to develop a culture of learning, teaching and service delivery conducive to both quality patient care and quality education within the nursing unit.

4.2.1.1.e   South African Nursing Council

The South African Nursing Council, a statutory body constituted in accordance with, and governed by, the Nursing Act no. 50 of 1978 (as amended), is charged with the responsibility of regulating nursing education, training and practice. The SANC has been accredited as an Education and Training Quality Assurance Body (ETQA) in terms of 5(i)(a)(ii) of the South African Qualifications Act (Act no. 58 of 1995). As an ETQA, the SANC is responsible for monitoring and auditing achievements in terms of the national standard, as well as bringing nursing education in line with the National Qualifications Framework (NQF).

The SANC policy on nursing education (1993:6) states that the purpose of nursing education programmes should be the development of the nursing student's ability with regard to analytical, critical, evaluative and creative thinking and the continuing stimulation of the student's capacity to interpret scientific data for nursing actions, to draw conclusions and to exercise independent judgement.

The SANC emphasises clinical accompaniment in nursing education as a directed assistance and support to a nursing student by the nurse unit manager with the aim of developing a competent, independent practitioner, and a creative and critical thinker. Therefore, in the clinical nursing units, the nurse unit manager is indispensable in the accompaniment of the nursing students, which is the best strategy in creating a climate conducive to learning.

The vision of the SANC is to ensure that the highest standard of nursing care is rendered to all people in South Africa by upholding professional, social and democratic values in its regulation of the profession (SANC guidelines, 1999:1). In order to achieve the objectives of the National Qualifications Framework (NQF), the outcomes of the quality assurance are to enhance the development of the quality culture that benefits the learner and society (SANC circular, 2002:10). Hence, quality education and quality patient care are reciprocal concepts within the nursing profession. The SANC aligns itself with the vision, mission, goals and objectives of the Department of Health and Education.

The clinical nursing units are the core context in which the nursing students can acquire the knowledge, skills, values and attitudes inherent in the nursing profession. Therefore, the nurse unit manager should consider and apply professional ethics, and social and democratic values as guidelines in the creation of a climate conducive to quality nursing care, education and training.

The Nursing Council's policy in respect of clinical practicals gives guidelines that permits the students to practice in the health services under the supervision of a professional nurse. Therefore, the nurse unit manager is charged with responsibility by the Nursing Council to create a positive climate where the nursing students can actively participate as a member of the health team in order to practice and master nursing (general, psychiatry and community) and midwifery skills.

In creating a climate conducive to learning, the nurse unit manager is empowered to utilise teaching and learning strategies that enhance student-centred education and training based on the health care needs/problems of individuals, families and communities as methods of acquiring knowledge, skills, values and attitudes. The SANC gives direction as to how the nurse unit manager can create a climate conducive to learning through accompaniment, being supportive and knowledgeable as well as involving the nursing students at cognitive,

psychomotor and affective levels. These skills should be developed within the clinical situation during the students' training. The SANC also approves the provincial, district and local health services as clinical learning environments so as to ensure that human and material resources are available and that the physical structure of these service providers are conducive to education and training.

4.2.1.1.f   Provincial and district health services as clinical learning environments

The clinical nursing units exist within the provincial and district health services. It is here where the nursing students are placed for their clinical learning experience and undergo the process of socialisation as the clinical learning units themselves are social settings with their own norms, values and group phenomena.

Within this environment, the nursing students learn a variety of life skills, such as the ability to work as a team, decision making skills and communication skills. In creating a climate conducive to learning, the nurse unit manager should provide the nursing students with the opportunity to develop competencies in the application of knowledge, skills, values and attitudes by creating a non-threatening atmosphere and ensuring freedom of speech so that continuous critical debate can take place (Chan, 2001:630).

According to Chabeli (2001:348), clinical nursing education is a dynamic, constantly changing, real-life environment in which theoretical knowledge is integrated with practice. The facilitator is responsible for creating an environment conducive to learning, while the learners construct their own knowledge and skills through interactive facilitation so as to promote reflective thinking. Clinical nursing education occurs within legal and professional boundaries. The nurse unit manager should provide a supportive climate for discussions - a climate of trust,

respect and empathetic understanding - and must be available for student guidance and support at all times (Chabeli, 2002:41).

The creation of a psychological climate conducive to learning is as important as creating a physical environment conducive to learning. The characteristics of a psychological environment conducive to learning are mutual respect, collaboration, mutual trust, support, openness and authenticity, pleasure and humaneness (Naudé et al., 2000:85; Knowles, 1984:14-17; Mellish & Brink, 1990:73-74). The nurse unit manager has to consider and apply the characteristics of both the physical and psychological climates conducive to learning. Therefore, for learning to be facilitated in the clinical nursing unit, a supportive, nurturing and understanding environment must be created by the nurse unit managers.

Muller (1998:342) asserts that the nursing unit is the most significant source laboratory for nursing students in training. The establishment of a positive learning climate in the unit is therefore vital to the learning process. If the learning climate is positive, students will feel good about being there, what they are doing and learning and the input and control that they have over their experiences. They will feel challenged and be able to meet the challenges of the clinical nursing units (Barr, 1980:49).

According to Moos (in Chan, 2001:647), "all human environments are characterised by the relationship, personal development and system maintenance dimensions". The relationship dimensions identify the nature and intensity of personal relationships within the environment. This includes aspects such as involvement, student cohesion, supervision support, peer cohesion and expressiveness. The nurse unit manager should create good interpersonal interaction where there is involvement, friendship, loyalty, supervision and support, free and open expression among all nursing personnel as a strategy to create a climate conducive to learning.

The personal development dimension indicates opportunities for self-enhancement and development of self-esteem. Naudé et al. (2000:86) also support the notion that the nurse unit manager should see and accept the students as human beings and try to recognise the humaneness of them with all their weakness and potentials.

The system maintenance and system change dimension refers to the extent to which the environment is orderly, clear in its expectation, maintains control and is responsive to change. The nurse unit manager should organise the nursing activities in such a way that there is order and control so as to ensure the smooth running of the unit. Change should be viewed as a challenge and opportunity to do something new or innovative. Therefore, good planning through negotiation, facilitation and support should be used as strategies to view change as part of creating a climate conducive to learning.

Bezuidenhout, et al. (1999:50) identified the following activities as ways to improve the clinical learning environment, namely being supportive, guiding nursing students, being a positive role model, involving nursing students in problem solving and decision making, recognising and acknowledging good work performed by nursing students, encouraging two-way communication between qualified staff and nursing students, doing follow-ups on aspects that need improvement, maintaining effective time management and encouraging good interpersonal relationships.

These activities support the empirical data, which basically indicates expectations such as supervision, role modelling, decision making, problem solving, communication and evaluation methods. Therefore, these activities can be integrated as empowerment strategies that the nurse unit manager can use to create a climate conducive to learning. Klopper (1994)(in Muller, 1998:341) describes the following principles, which are applicable to the establishment of a positive learning climate in the nursing unit:

□ maintain a non-threatening learning atmosphere in the unit by promoting a questioning attitude on the part of the student/learner;

□ display a positive and professional attitude without humiliating the learner;

□ be open-minded in the encouragement of questions and critical debate in the unit;

□ plan the education times in the unit, such as a daily learning round purposefully;

□ create an atmosphere of freedom of speech in the unit so that critical debate can take place;

□ establish a positive team spirit in the unit, as well as quality of work life, which are conducive to learning;

□ maintain a high level of interest and explanation and provide relevant assessment and feedback;

□ show care and respect for the learners and their learning so as to encourage them to be successful; and

□ encourage independence, control and active involvement.

Therefore, it is essential for the nurse unit manager to create a climate conducive to learning through the application of these principles as part of the daily functioning in the unit. The nursing literature revealed that a conducive learning environment is a crucial element of human resources development. Hence, it is important that the nurse unit manager is able to create a climate conducive to learning in order to develop nursing students as future unit managers. The nursing units should be stimulating and accommodating in order to facilitate learning.

4.2.1.2 Local structures

Local structures that also have an impact on clinical nursing education are the college council and college senate. The college council is the overarching governing body of the college and is tasked with overseeing human resources

and financial issues, whilst the college senate is responsible for all academic matters. Therefore, the nurse unit managers form part of the college senate where all academic issues are discussed and debated including clinical nursing education.

The philosophy of the college is that "the clinical component includes all experiential learning in clinical areas (hospital, clinic or community) and it serves as the area for the formative and summative evaluation of the student, and for the development and modification of the curriculum" (Mmabatho College Rules, 2001:2). It further explains that the aim of the college is to provide enriched experience in order to promote student creativity, academic and professional growth as well as development. Therefore, the nurse unit managers that constitute the college senate are to be utilised as key resources in the mobilisation of other unit managers so as to create a climate conducive to learning.

4.2.2   INTEGRATED EMPOWERING PROCESS

The empowerment methods as described by Vogt and Murrel (1990:66) and Hokanson-Hawks (1999:610) will be integrated with Muller's (1998:131-134) management process for the purpose of describing strategies based on categories from the empirical data that will empower the nurse unit manager to create a climate conducive to clinical learning. Firstly, the concept of empowerment will be described followed by the participative management process and, lastly, the empowerment of the nurse unit manager will be described using the integrated management process and categories, namely planning; organising (providing and structuring); directing (education, leading and mentoring/supporting); and control (actualising).

The table below indicates how the researcher has integrated Muller's (1998) management process and Vogt and Murrel's (1990) empowering methods and

categories in order to arrive at the integrated empowering process, which will be used to describe empowerment strategies for the nurse unit manager to create a climate conducive to learning.

Table 4.1:   Integrated management process and categories to empower the nurse unit manager in creating an environment conducive to clinical learning

MANAGEMENT PROCESS By Muller (1998:131-134)	EMPOWERMENT METHODS By Vogt & Murrel (1990:66) and Hokanson-Hawks (1999:610)	INTEGRATED EMPOWERING PROCESS AND CATEGORIES
1. PLANNING	1. EDUCATION	1. Planning all steps of both frameworks
		2. Organising
	2. LEADING	2.1 Providing
2. ORGANISING		2.1.1 Human resources
	3. MENTORING/ SUPPORTING	• Delegation
		• Role modelling
3. DIRECTING		• Research-based practice
	4. PROVIDING	2.1.2 Material resources
		2.2 Structuring
		3. Directing
		3.1 Education
		• Orientation programme
		• Clinical competence
	5. STRUCTURING	• Clinical committees
4. CONTROL		• Multidisciplinary team approach
	6. ACTUALISING	• Learning outcomes
		• Teaching programme
		• Teaching methods
		• Evaluation methods

		3.2 Leading • Leadership • Communication and interpersonal relationships • Decision making and problem solving 3.3 Mentoring/Supporting 4. Control 4.1 Actualising • Supervision • Discipline

4.2.2.1 Empowerment process

Empowerment refers to a purposeful process of personal and professional development of every staff member in the nursing unit in order to facilitate participative management (Muller, 1998:142). Hokanson-Hawks (1992:610) defines empowerment as "the interpersonal process of providing the resources, tools and the environment to develop, build, and increase the ability and effectiveness of others to set and reach goals for individual and social ends". Rodwell (1996:309) expresses the same view. According to Carl (1995:7), "empowerment is the process of development and growth through which a person goes, which enables him/her to take independent decisions and to act autonomously with a view to make a contribution towards the development of his particular environment".

According to Vogt and Murrel (1990:69), a central component of the process model of empowerment is commitment. The self is empowered through trust, communication, and participation, which in turn, brings about commitment. Commitment, in turn, connects the individual with others and with a sense of personal worth that brings a sense of self-fulfilment.

This process model recognises that a culture valuing openness, individual contributions, interdependence, and personal well-being must first be in place. Within it, a communication process that is multi-levelled, honest, open to asking and listening, and encourages everyone's input is crucial. Such a communication system creates the opportunity for each person to express their authentic self, to receive feedback that fosters growth and promotes participation (Vogt & Murrel, 1990:70), demonstrates self-awareness, clarity about self and ongoing self appraisal through review of the past (Vogt & Murrel, 1990:103).

Therefore, within the clinical nursing unit, the nurse unit manager should establish a participative management system which encourages collaboration, humaneness and enjoyment at all times. In creating a climate conducive to learning, the nurse unit manager is expected to believe and trust in other nursing personnel, create a shared vision and define personal and organisational values. The unit manager should be empowered to assume responsibility and participate in goal-setting behaviours that encourage empowerment, demonstrate interpersonal skills, the ability to listen, recognise the relationship between personal self and the work environment, provide the opportunity to examine one's own ethics and values, and the ability to value networking, helping skills and mentoring skills (Vogt & Murrel, 1990:148).

Grafft (in Carl, 1995:13) maintains that the success of the empowerment process depends on the standard of interaction. He suggested the following steps to stimulate empowerment: building up confidence, maintenance and promotion of personal relationships as well as good communication, drawing and following up clear objectives, and relationships.

The nurse unit manager is obliged by the nursing profession to promote social interaction, maintain and promote good personal relationships and healthy working relationships, which is basically the same as creating a climate conducive to learning. The literature supports the empirical data as evident from

"good communication between the college and the nursing unit should be built and good interpersonal relationships maintained between unit managers and nurse educators".

Tebbit (1993:21) indicates the advantages of empowerment - it improves service and learning through experimentation with the application of new management practices in work methods; emphasises collaboration, compromise and consensus building as problems and people are dealt with directly; promotes self-expression and self-growth; promotes the seeking of productive solutions; facilitates involvement and commitment; and improves customer service that is quality nursing management and quality nursing education and training.

The following empowerment strategies were adapted from Naudé (1995:186) in order to empower the nurse unit manager to create a climate conducive to learning:

- ❑ display self-empowerment by demonstrating self-comfort and self-management;
- ❑ enhance a feeling of self-efficiency by limiting aspects and conditions which foster powerlessness;
- ❑ create an environment in the nursing unit where the nursing students can utilise their unique knowledge, skill, experience and creativity to the fullest;
- ❑ focus on the individual needs of the nursing student and encourage self-responsibility by altering self-limiting beliefs;
- ❑ create a paradigm shift from nursing unit domination to personal participation and partnership;
- ❑ develop a shared vision;
- ❑ encourage an open communication system;
- ❑ provide autonomy from bureaucratic restraint;
- ❑ set learning outcomes that are meaningful and inspirational to the nursing students;

❑ encourage integrity from and respect all nursing personnel including the nursing students;

❑ revise and redefine existing values in the nursing unit in participation with the nursing students in order to enhance a feeling of commitment;

❑ utilise participative management and delegate responsibilities and authority to the nursing students to decentralise decision making; and

❑ display openness, honesty and excitement regarding clinical teaching and learning.

Management is described as a process of achieving organisational goals through the coordination of resources and activities (Naudé et al., 2000:13). The management process is described as a strategy to achieve the objectives of the nursing unit by using the following management activities; planning, organising, directing and control, within the context of health services, mission, philosophy, and policy (Muller, 1998:131).

Muller further explains that these management activities are performed in an integrated manner along with the principles of personnel management in order to ensure that the nursing unit runs smoothly. The management process provides the nurse unit managers with a structured process to use in their daily functioning.

The nurse unit manager is therefore responsible for managing nursing unit activities, human and material resources that need to be planned, organised, directed and controlled in order to ensure the smooth running of the unit. The unit manager is expected to use management skills in the nursing unit so that students are able to learn from the management techniques, such as ordering supplies, running a unit, supervising other personnel and co-ordinating treatment (Mellish & Lock, 1992:315). Chiles and Zorn (1995:6) argue that the nurse unit manager should learn to change their traditional way of management to a style of participative management.

4.2.2.1.a   Participative management

The participative management process is described as a process of dynamic interactive decision making and problem solving, shared governance, ownership and accountability, organisational transformation and empowerment as well as applicable communication inside and outside the nursing unit (Muller, 1998:137). Swansburg and Swansburg (1999:442) state that participatory management is characterised by trust, commitment, involvement of employees in setting goals and objectives, autonomy and inclusion of employees in decision making. The nurse unit manager should be empowered to demonstrate respect and trust by treating all nursing personnel as professional adults and valuing their views, inputs, opinions, knowledge, skill and experience as a strategy to create a climate conducive to learning. Nursing personnel support processes and outcomes that they have participated in or helped to build. It is therefore important that the nurse unit manager plans and implements participative management strategies to draw commitment from personnel (Naudé et al., 2000:214).

From the discussion above it is clear that the nurse unit manager should allow nursing personnel including the nursing students to participate in, and contribute towards, daily unit management. Creation of a climate conducive to learning should be a joint effort. Collaboration is an ongoing interaction, which occurs between professionals, in which each person contributes from their own professional knowledge base on problem solving (Reilly & Oermann, 1992:12). Mutual respect among colleagues and open communication are cornerstones of collaborative practice. To develop these essential components there must be commitment to common goals.

Participative management supports the empirical data as evidenced by *"Participative management is a way that could equip us (unit managers) to manage the clinical nursing unit as the climate conducive to learning. To be*

organised as unit managers, to have policies, protocols, guidelines and procedure manuals, the way of doing things – to do things in a correct way".

Muller (1998:137) indicated the following strategies for participative management.

- Interactive decision making and problem solving

Interactive decision making and problem solving in the nursing unit are based on the principles of involvement and participation of all group members whereby group involvement and participation are promoted at all times. She further described the following decision making strategies, namely:

– Consultation

The unit manager should make a serious and purposeful effort to obtain the group's ideas about an issue/problem. Consultation takes place through group discussion and freedom of participation by every member. In creating a climate conducive to learning, the nurse unit manager is expected to consult the nursing students and the responsible nurse educator regarding the learning needs and the learning outcomes. Consultation encompasses active involvement and active participation which is essential to the facilitation of learning, be it clinical or not, because many students learn best by doing, rather than watching or listening (Naudé et al., 2000:90). The nurse unit manager must ensure that consultation takes place through group discussions and meetings.

– Consensus decision making

With this strategy a problem is openly discussed and debated in a group context. The decision, which is then made, is a group decision with sufficient support from the majority of group members. Consensus decision making and problem solving promotes ownership of a decision and makes it easier to implement. The nurse

unit manager should allow the nursing student to think critically and analytically, to reason, to be creative and innovative as strategies to create a climate conducive to learning. Shared ownership and motivation for the implementation of group decision making is the method of choice and complies to the post-modern management paradigm (Muller, 2002:111).

– Negotiation

This decision making strategy implies that two parties reach an agreement on an issue, based on a give-and-take principle. The decision is based on mutual acceptance by both parties. When handling a complaint in the nursing unit, the nurse unit manager should utilise negotiation as a strategy for decision making, involving the nursing students. The decision should be based on mutual acceptance by both parties. An atmosphere of critique (and not criticism) with accompanying guidance and support must be created as a strategy to create a climate conducive to learning (Naudé et al., 2000:237).

– Democratic decision making

With this strategy an issue is voted on. This strategy is used when it is clear that consensus cannot be reached. Therefore, the nurse unit manager should select a decision making strategy that is appropriate to the management of the unit by emphasising involvement and participation of all personnel including the nursing students so as to create a climate conducive to learning.

• Shared governance

Shared governance refers to the establishment of a relationship of trust between the unit manager and group member to promote co-ownership. The devolution of decision making further requires that the group reaches consensus in respect of the values, philosophy, objectives and standard in the unit. Shared governance in

creating a conducive climate for learning implies that the nurse unit manager delegates certain management responsibilities to the nursing students especially at fourth-year level of training in order to stimulate independent decision making as well as promoting their professional development.

- Organisational transformation

It implies that the bureaucratic line structure in the nursing unit is tempered in order to divide the responsibilities. The division of responsibilities should take place according to the availability, skills and willingness of the person. There should be a move from organisational domination to personal participation and partnership. The nurse unit manager should provide a supportive climate for group discussion and allow the nursing students to discuss the practical and realistic aspects of their experiences freely (Chabeli, 2002:41). It is therefore, essential for a new nursing unit management to be characterised by good communication, suitable climate and participation in decision making and problem solving. The nurse unit manager should stimulate the intellectual abilities of nursing personnel by means of training and the promotion of critical thinking. It is therefore important that the nurse unit manager should possess the necessary skills, such as participative leadership, in order to create a climate conducive to learning.

In clinical nursing education, critical thinking describes various activities that are required by the nursing students so as to be able to engage in careful judgement and sustained reflection; activities which students could use to underpin their daily work with patients, their problem solving, their decision making and their evaluation of care (Alexander, 1993:33). According to Paul (1993:20), comprehensive critical thinking is "thinking which is responsive to and guided by intellectual standards, such as relevance, accuracy, precision, clarity, depth and breadth. Without intellectual standards to guide it, thinking cannot achieve excellence".

Teaching critical thinking includes facilitating student self-sufficiency and autonomy, and helping students to act and judge (Mpaka, 1999:16). She goes on to say that teaching critical thinking has to empower nursing students to control their destiny, encourage them to ask questions, to look for evidence, to seek and scrutinise alternatives and be critical of their own ideas as well as those of others.

Therefore, the nurse unit manager should create a conducive climate where the nursing students are continuously encouraged to analyse, evaluate and reason when confronted with problematic situations. However, nursing is a profession that demands a high level of knowledge and safe practice.

4.2.2.1.b   Planning

Muller (1998:131) asserts that planning is the first management activity and refers to the intentions of the unit manager and group members. She further states that "planning requires a purposeful assessment of what should be achieved and how it will be achieved". Planning is the key element in nursing that gives the profession direction and cohesion (Swansburg & Swansburg, 1999:75).

Planning demands the application of certain thinking/reasoning skills, such as assessment, critical analysis, prioritisation, decision making and problem solving (Muller, 1998:132). When using empowerment methods, it is important that effective, collaborative planning of the empowering process as indicated in Table 4.1 (education, leading, mentoring/supporting, providing, structuring and actualising) is done in order to empower the nurse unit manager to create a climate conducive to learning.

When planning, the nurse unit manager should be empowered to create an environment, which encourages joint planning with reference to the vision, policies and protocol within the nursing unit. The unit manager should be

empowered to involve nursing personnel whose inputs and interest will help to ensure a successful planning process.

In creating a climate conducive to learning, the unit manager should be empowered to maintain a non-threatening learning atmosphere in the unit by promoting a questioning attitude in the nursing students; planning the education times in the unit, for example daily learning rounds, purposefully; and establishing a positive team spirit in the nursing unit. Appropriate consultation in the planning process, and the establishment of agreed working principles, can provide an environment of shared ownership, support and commitment, in which learning can take place.

4.2.2.1.c   Organising

Organising is the grouping of activities for the purpose of achieving objectives. It involves the type of work to be accomplished in terms of direct patient care, the kind of nursing personnel needed to accomplish this work, and the span of management or supervision needed (Swansburg & Swansburg, 1999:336). Organisation refers to the orderly structuring and division of function with a view to ensuring the smooth running of activities in the unit. It involves creating order in the unit and the logical arrangement and distribution of work (Muller, 1998:169).

In creating a climate conducive to learning, the nurse unit managers should be empowered to have up-to-date clinical knowledge and skills, be receptive and flexible, and promote freedom and openness as strategies to manage and create a climate conducive to learning. They should also be empowered to display good organisational skills and the delegation of duties should be based on the knowledge, skills and experience of each student and their needs for personal and professional development.

4.2.2.1.c.i   Providing

Providing as an empowering method focuses on finding and supplying others with the resources necessary for their success (Hokanson-Hawks, 1992:610). For most theorists, increasing empowerment means increasing access to essential resources, which are human and material resources. Non-material resources, such as psychological and social support, provided to the nurse unit manager will increase their self-esteem and self-efficiency as well as critical consciousness about their training responsibilities, which is the accompaniment of students' training and the evaluation of students.

The nurse unit manager, as a resource person, should be empowered to mobilise and utilise available resources, and at other times make referrals to other knowledgeable people interdepartmentally. Providing will be discussed under the subheadings: human resources and material resources.

• Human resources

When discussing human resources the following aspects of the integrated empowering process as indicated by the participants will be considered, namely delegation, role modelling and research-based practice. The nurse unit manager is empowered to ensure adequate utilisation of human resources. The establishment of an environment that facilitates the utilisation of individual resources depends on the nurse unit manager's organisational skills.

The nurse unit manager is a spiritual being with a body, mind and spirit who functions in an interactive manner with the environment (RAU, 1999:4). Morrison (in Naudé, 1995:56) describes specific characteristics of a successful manager, which are valuable in describing empowerment strategies for the nurse unit manager.

Firstly, the manager should have a professional self-image, be committed to becoming an effective manager and believe that the people are worthy and that all workers can contribute positively to the organisation. The unit manager should develop effective and therapeutic communication skills as well as competent leadership and motivational skills for conflict management, time management, problem solving and critical thinking, and the management process should be enhanced. The empowered nurse unit manager should develop effective negotiation, delegation and team building skills.

The nurse unit manager should have the moral, legal and ethical responsibility to create an environment that is conducive to learning in clinical nursing education. However, the nurse unit manager needs to be in possession of the following characteristics in order to provide a climate conducive to learning.

The guiding characteristics of a unit manager are: the reflective disposition, which entails self-awareness, clinical competency, open-mindedness, willingness, empathy, justice, logical reasoning, mutual respect and trusting relationships, courage, commitment, confidence, responsibility and accountability (Chabeli, 2001:367). She further states that motivation, role modelling, a good sense of humour, and good interpersonal relationship and communication skills including language clarity and cultural sensitivity play an integral role.

Therefore, the nurse unit manager should be empowered to utilise these characteristics as part of the empowerment strategies to create a climate conducive to learning. A good manager is expected to display and demonstrate up-to-date knowledge, the ability to assess the needs and a sense of fairness. Building positive relationships with other nursing unit managers and sharing concerns, problems and frustrations often provides the necessary support through mutual understanding.

Both Fretwell (1980) and Pembrey (1980) (in Chan 2001:625), in their studies, concluded that the nurse unit manager was a key figure in establishing and maintaining a ward atmosphere conducive to learning. It further explains that it is not just the unit manager's own commitment to teaching and the amount of teaching that is done, but the organisation of the unit activities and leadership as well as patterns of interactions that contribute to this environment. Therefore, the nurse unit manager is expected to be a good manager who can organise the unit activities in such a way that they constitute a climate conducive to learning.

A description of the empowered person based on the work of Thomas and Velthouse (in Vogt & Murrel, 1990:69) states that "such a person has an open and healthy worldview and a positive and accurate self-concept; sees self as making an impact, having the ability to do, recognising meaning in one's pursuit, and progressing in life, is able to discern reasons for outcomes and to evaluate self in ways which are encouraging and finally that person is able to envision success, she/he is capable of meaningful activity, concentrated efforts in initiating actions, flexible interactions and personal resiliency". From the empirical data, the importance of the aspects delegation, role modelling and research-based practice becomes apparent in the creation of an environment conducive to learning.

– Delegation

Delegation refers to the allocation of specific tasks, duties and responsibilities to a specific personnel member (Naudé et al., 2001:156; Muller, 1998:174). As part of the empowerment process, the nurse unit manager will be encouraged to utilise the principle of delegation, such as the nature and the extent of the tasks and experience needed, to perform the tasks. A clear description of the task as well as the expected outcome should be given to the personnel.

The delegation of work involves not only getting the job done but also focuses on the training and development of the nursing students. Learning opportunities are therefore identified and utilised in a goal-orientated manner as a strategy to create a climate conducive to learning. The empirical data was supported by the literature that the principles of delegation be utilised as a strategy to create a conducive learning climate. This was also evidenced by *"Unit manager is to use the principles of delegation, supervise and evaluate the work delegated to ensure quality nursing care"*.

Muller (1998:178) asserts that delegation should be seen as an opportunity for team building, motivation and participative management in the unit. As part of the empowerment process, the nurse unit manager should be motivated and encouraged to delegate tasks to the nursing students where the learning experience, as required by the level of their training and education, can be acquired. The balance in delegation can be discussed and evaluated during open communication and feedback unit meetings (Muller, 1998:175). This supports the empirical data, as is evident from *"To distribute the work delegated equally without favouritism amongst students in order to ensure smooth running of the unit"*.

Therefore, delegation should include aspects such as clinical, management, educational and research responsibility in order to enhance the personal and professional development of the nursing student.

– Role modelling

Role modelling emerged from the empirical data as an empowerment strategy that can be utilised to create a climate conducive to learning. Searle and Pera (1994:154) state that "The nurse unit manager is a role model who is competent, concerned, compassionate, can provide comprehensive nursing within legal and ethical parameters, is able to remain calm and dignified under stress, is a good

teacher and supervisor and provide a health care climate that is conducive to recovery and learning". This supports the empirical data that the nurse unit manager is to display and maintain high standards of professionalism, knowledge, skills and attitudes within the clinical nursing unit.

"Unit managers should be respectful, concerned, have love and be approachable and not to treat us (students) with attitudes that other students has been doing wrong things, but to treat us as unique human beings. To demonstrate positive attitudes, trust, respect and dignity as role models, always lead by example to influence the personal and professional growth of the students."

Barr (in Chabeli, 1998:4) maintains that nursing personnel in the clinical learning units are primary role models whose attitudes, whether positive or negative, are quickly observed and imitated by students. In the same vein, Muller (1998:221) asserts that role modelling by the unit manager is an important external motivator. The personal example set by the unit manager is a strong incentive to the nursing students. Role modelling in respect of general professional conduct, updated knowledge and skills, directing nursing care in the unit, productivity and positive attitudes, is one of the most important external environmental motivators in the unit. Therefore, clinical placement provides students with optimal opportunities to observe role models, practice by oneself, and reflect on what is seen, heard, sensed and done (Chan, 2000:70).

The nurse unit manager has the responsibility of serving as role models for the nursing students in order to enhance their reflexive competency. By being supportive in their accompaniment role, unit managers can create not only the environment that enhances clinical learning for the student, but also provide students with a role model to follow. In creating a climate conducive to learning, the nurse unit manager is empowered to demonstrate caring behaviour by means of helping relationships in which they accompany the nursing students with self-confidence and professional maturity.

Naudé et al. (2000:104) maintain that "students need to have professional role models that will assist them in accepting and internalising the nature, norms and values of the profession". The concept of a role model will be discussed under the subheadings: self-awareness, attitudes and values, and socialisation.

The nurse unit manager should be empowered to work on increasing self-awareness by acknowledging strengths and weaknesses as well as listening to, and learning, from others. They should realise that they are in a powerful position by virtue of their knowledge and skills, and should use their expertise as a tool for their own empowerment among themselves within the environment of equal partnership with each other. Glass (1998:134) stated three related components of empowering nurses: the raising of consciousness; the development of a strong positive esteem; and political skills needed to negotiate and change the health care system. This notion was supported by Gibson (1991:357) who concluded that it is the result of self-awareness, self-growth and resources that empowers and not the services provided.

In a professional sense, the goal of empowering the nurse unit manager is to help develop autonomy, commitment, self-awareness, accountability, a supportive culture, mutual goal setting, participation and ownership in managing the clinical nursing unit in such a way that it is conducive to learning. Therefore, every manager must learn that self-development is normal and that growth is inevitable (Vogt & Murrel, 1990:93).

The affective development of the nursing students is concerned with their attitudes and values towards the profession, their professional pride and the quality of nursing care being rendered to patients. This is only possible if the nurse unit manager is accountable and responsible as a role model.

Minaar (2002:37) states that empathy is a basic element essential for the development of a helping-trusting relationship. Empathy is the ability to

understand another person and to be sensitive to their needs. The nurse unit manager is expected to show interest in students by accepting them, and giving encouragement and praise where and when it is due. There should be mutual trust and respect between the nursing students and the nurse unit manager. This involves respect for each other as human beings. The nursing students expect a friendly face and understanding senior figure to guide them in unfamiliar and frightening situations. This concurs with the empirical data that positive attitudes and high morale should prevail in the unit as a strategy to create a climate conducive to learning where feelings and attitudes can be explored.

Kozier and Erb (1988:47) describe socialisation as "a process that produces attitudes, values, knowledge and skills required to participate effectively as an individual or group member". Thus, socialisation is an interactive and lifelong process.

Socialisation to the profession of nursing is a process by which the nursing students develop an identity with the profession by internalising the norms, values, skills and behaviours necessary to practice that profession (FortherGill-Bourbonnais & Higuchi, 1995:41). Bezuidenhout (1982:12) asserts that "Socialisation of the student nurse is a dynamic process, needing the responsive participation of both partners that is the student nurse herself and the socialisation agent, and their willingness to compromise their own personal objectives in reaching a mutual objective". The nurse unit manager as a socialisation agent is expected to play a major role in socialising the nursing students. Commitment, involvement and partnerships are essential factors during this process.

Oermann (1991:13) states that "professional education is designed to shape the values, attitudes, self-concept, and role behaviour of the nursing student, thereby enabling the learner to assume the new role of a professional practitioner".

Oermann (1991:13) indicates that "an individual learns role behaviour through two processes that occur simultaneously (i) interaction and (ii) learning".

The interaction process, which involves interaction with others, enables a person to master specific role behaviour and pre-requisites for learning about the role. The learning process through which socialisation occurs includes reinforcement of behaviour, direct instruction, observing the behaviour of others, imitative learning, modelling and role playing. Therefore, the nurse unit managers are expected to work closely with the nursing students and act as a role model. The true picture of whether a nursing student has developed a concept of self as a professional occurs in the clinical areas, hence the nurse unit managers are expected to create a climate conducive to learning.

Therefore, the nurse unit manager as a role model plays a facilitating role in the professional socialisation of students as well as their development of values and ethical conduct.

– Research-based practice

Research is the scientific investigation of problems in order to find solutions to these problems (RAU, 1999:15). Nursing research is one of the functions of the nurse unit manager. Naudé et al. (2000:271) maintain that the nurse unit manager needs to be involved in nursing research. They further explain that involvement means to initiate and implement new research projects on clinical nursing and to implement relevant results from the completed research.

Nursing research provides the knowledge needed for nursing practice. The important outcome of research is to ensure that nursing care is based on sound scientific knowledge. Oermann (1991:253) and Burns and Grové (1997:4) share the same sentiment. "Research must be accepted as an integral part of nursing practice by the nurse unit manager. Research requires a creative mind and

emotional commitment which provide strong motivation to complete the project"
(Mellish & Brink, 1990:342). A challenging environment that supports questioning
and creativity is a key element for the success of research-based practice. The
literature concurs with the empirical data as evidenced by:

*"If repeated problems are found in the nursing unit, the nurse unit manager
should conduct research and involve us (student) to find out solutions and
causes".*

In contrast to the literature, the nurse unit managers indicated that they lacked
the knowledge, skills and attitudes to conduct research projects in the unit. To
enable the nursing unit manager to become more confident and competent in
conducting research projects, there should be participation in research projects
conducted in other nursing units and institutions (Naudé et al., 2000:283). This
will provide a good experience for the nurse unit manager to be guided by an
experienced researcher.

The nurse unit manager is expected to acquire knowledge and skills in
conducting research as the current emphasis is based on quality assurance and
quality service delivery. It is the responsibility of the nurse unit manager to go
through appropriate academic journals on a monthly basis and also to debate
and discuss the relevant research findings. Quality assurance and nursing
standards committees are excellent vehicles for the development of research
skills. The nurse unit managers who are involved with quality assurance activities
often do not realise that they are participating in evaluation research (Wade,
1995:253).

- Material resource

Material resources refer to general supplies and equipment used in the nursing
unit to ensure quality patient care and in the teaching-learning process of the

nursing students. The nurse unit manager should ensure that all the necessary material resources in the nursing unit are available and functioning well. The empirical data indicated a shortage of material resources as the students are always expected to improvise. This was evidenced by " *learning equipment to be available that are used during clinical procedures and be in good working condition so that we can learn the correct techniques before practising how to improvise*".

The material resources also need to be planned, organised and controlled in order to ensure that they are economically utilised. A monitoring system is required to execute effective material control. However, where there is a dearth of resources, the nurse unit managers cannot facilitate access unless they participate in creating the needed resources.

4.2.2.1.c.ii   Structuring

The process of structuring as an empowerment method includes promoting organisational arrangements that allow or limit activities (Hokanson-Hawk, 1992:610; Vogt & Murrel, 1990:73). Structuring primarily pertains to organisational arrangements and procedures as well as the individual's daily work activities. There should be a move from organisational domination to personal participation and partnership.

A transformation to empowerment begins by re-affirming existing values. The nurse unit manager should be empowered to create a shared vision, prepare shared nursing unit culture, ensure belonging, implement participation and understand the nature of the work in order to restructure the nursing unit (Vogt & Murrel, 1990:155). Therefore, a new nursing unit management - characterised by good communication, a suitable climate, the development of interpersonal relationships and participation in decision making and problem solving - is necessary.

4.2.2.1.d   Directing

According to the integrated empowering process (Muller, 1998:131; Hokanson-Hawk, 1992:610 and Vogt & Murrel, 1990:66), directing is centred around education, leading and mentoring/supporting as well as all the subcategories that have to do with teaching from participants. These aspects are discussed from the empirical data's point of view as supported by relevant literature, within the integrated empowering process.

Subcategories indicating how a nurse unit manager should be empowered to create a climate conducive to clinical learning from the participants are as follows (Table 4.1): orientation programme, clinical competence, clinical committees, multidisciplinary team approach, learning outcomes, teaching programmes, teaching methods, evaluation methods, decision making and problem solving, communication and interpersonal relationships and leadership.

Muller (1998:134) asserts that directing refers to giving direction and ensuring that goals are achieved in the unit. She further explains that directing is also a facilitating function in which the nurse unit manager practices applicable leadership in undertaking the supervision, motivation and empowerment of group members or subordinates in the nursing unit. In creating a climate conducive to learning, the nurse unit manager should be empowered to guide, support and monitor the nursing students' progress during clinical placement.

The overall supervision and motivation within the nursing unit are the key elements of directing to be used by the nurse unit manager as a strategy to create a conducive learning climate. Swansburg and Swansburg (1999:447) state that "directing is a physical act of nursing management, the interpersonal process by which personnel accomplish the objectives of nursing". It is the process by which nursing personnel are inspired or motivated to accomplish work.

4.2.2.1.d.i   Education

The process of educating as an empowerment method denotes that information is power, providing information to others is thus an empowering act (Vogt & Murrel, 1990:72). Education, which provides the nurse unit manager with opportunities for self-assessment and developing awareness of the particular role necessary for creating a climate conducive to learning, is vital.

The empowerment will be based on interpersonal communication skills and the ability to listen, network and value networking, conflict and confrontation skills, opportunity to examine one's own ethics and values, authenticity in self and relationship with others (Vogt & Murrel, 1990:148).

The aim of networking is to share information and act as a support system in order to facilitate learning. Sharing valuable information and assisting the nursing students can aid in the creation of a climate conducive to learning. Workshops, conferences and seminars provide the ideal situation for networking with other nursing professionals (Naudé et al. 2000:173), which in turn empowers the nurse unit manager.

• Orientation programme

Orientation emerged as one of the expectations of the participants as to how the nurse unit manager can be empowered to create a climate conducive to learning. Orientation refers to the formal procedure or action whereby the newly appointed person is informed and introduced to the unique circumstances of the nursing unit (Muller, 1998:307).

O'Connor (1996:398) describes orientation as the process by which new staff are introduced to the philosophy, goals, policies, procedures, role expectations and physical facilities in a specific work setting. The first day often sets the tone for

the rest of the students' experience in the nursing unit, as evidenced by *"unit managers should orientate us to the unit structure, personnel, patients, routine duties, procedures and policies and not just to ask our names. Orientation is a continuous process which can ally anxiety and frustrations."*

The nurse unit manager should be empowered to plan and implement a formal orientation programme. An orientation programme should be followed up a few weeks later by an investigation into the work to clear up any difficulties that the new personnel members may still experience, and also to evaluate the orientation programme which was offered with a view to improve future programmes (Mellish & Lock, 1992:158). This supports the empirical data as the nursing students expect to be given a chance for peer orientation as a form of feedback after the initial orientation by the nurse unit manager.

Orientation procedures can be used as a strategy to create a climate conducive to learning, whereby the role expectations and the unique circumstances of the nursing unit are discussed.

- Clinical competence

Clinical competence is a multifaceted concept which involves meeting set standards of knowledge application; psychomotor interventions and implementation; critical, analytical, creative and intuitive thinking; competency and accountability as a member of the nursing profession; competence and accountability in verbal and written communication; application of legal, cultural and professional values; application of research findings to clinical practice; and independent and collaborative decision making (May, 1999:103).

Competence is the possession of sufficient skills and information to be able to function effectively. Clinical competence in nursing practice demands the acquisition of higher level behaviours in the cognitive, affective and psychomotor

domain in learning (Scheetz, 1989:29). Therefore, in creating a climate conducive to learning, the nurse unit manager is expected to display and demonstrate expert knowledge and skills with regard to clinical judgement, clinical performance, decision making and problem solving in order to guide and support the nursing students during their clinical placement.

The empirical data indicated that the nurse unit manager should be involved with practical nursing activities. They should work side by side with the nursing students in order to facilitate clinical learning as the situation requires. *"They should not be concerned with meetings and ordering of drugs, but to be involved in the teaching of students."*

Clinical nursing education requires students to read extensively in order to gain clinical knowledge. Therefore, a positive attitude and trust of the nurse unit manager regarding clinical competence will motivate the nursing students to learn through precept and example. The nurse unit manager should create a culture of learning and reading through clinical conferences and reflective practice meetings as strategies to create a conducive learning climate. The culture of learning should be established utilising good management, discipline and an effective learning climate (Makupu, 2000:17).

• Clinical committees

Mellish and Brink (1989:226) state that committees should be set up to monitor clinical teaching and should include nurse educators as well as personnel from general hospitals, psychiatric hospitals, community and midwifery units, so that a uniform policy concerning clinical learning can be established. This supports the empirical data as evidenced by *"to establish a clinical committee, consisting of unit managers, nurse educators and the nursing student in order to formulate common clinical learning objectives".* When the clinical committee is formulated, issues related to clinical nursing will be discussed, such as accompaniment, and

with regular meetings problems will be identified and solved jointly. It is necessary to hold regular meetings to create a platform where clinical learning issues are discussed, debated and joint decision making and problem solving are made.

The nurse unit manager should develop partnerships with other nursing students, nurse unit managers, tutors from nursing colleges, communities and non-governmental organisations whereby all parties are committed to, and accountable for the development of a conducive learning climate. The empirical data also indicated that the clinical committee serve as an information-giving session as well as an in-service education strategy. The meetings provide the opportunity for an open climate of discussion and joint decision making, whereby both nurse unit managers and students are involved.

A cooperative interpersonal relationship between students, nurse educators and unit managers can be mutually beneficial in terms of these individuals' own professional development. The nurse educator may become a source of information in a theoretical aspect and the nurse unit manager may serve as a resource for the lecturer on clinical development. Both the nursing students and patients will benefit from such a cooperative and communicative collegial relationship (Naudé et al. 2000:98).

• Multidisciplinary team approach

A multidisciplinary team approach also emerged as a strategy that can be utilised by the nurse unit manager to create a climate conducive to learning. To contribute effectively in the teaching of student nurses, the unit manager has to develop a collaborative relationship with the multidisciplinary health team personnel in assessing, planning, implementing and evaluating clinical teaching (Mhlongo, 1996:28).

Multidisciplinary professionals such as doctors, physiotherapists, social workers, psychiatrists, pharmacists and radiographers can all contribute to the learning environment, provided that they are made to feel part of the total team. This was evidenced by *"Yes is true, some health care team members like psychologists, doctors, psychiatrists, radiographers, pharmacists, have a role to play. We had to engage the students in such activities for example, doctors were actively involved during ward rounds as an opportunity for teaching and learning in clinical areas".*

The nurse unit manager as a key person in the clinical area should explain the ethos of the clinical area in relation to learning to all team members in order to see themselves as a resource of clinical knowledge for the nursing students. It is therefore quite clear that the nursing students cannot be professionally socialised if they are not aware of the essential role that is played by the multidisciplinary team.

The nurse unit manager should provide guidance and the education should be student-centred. Clinical problems should be utilised as learning opportunities and the nursing students should be actively involved in their own learning within the multidisciplinary team.

Muller (1998:211) maintains that teamwork is promoted when each member of the team is offered the opportunity to make a contribution and all the opinions are heard and considered. It is the team's responsibility to establish an environment in which opinions can be exchanged freely. To enable the students to be able to function as members of multidisciplinary teams, guidance needs to be provided by the nurse unit manager. By communicating with each other regarding the latest theoretical, technological as well as clinical developments all professionals will contribute to the quality of education and training of the students.

Therefore, the nurse unit managers are empowered to co-ordinate the services of the multidisciplinary team and give the students an opportunity to take part

actively in ward rounds and emphasise the importance of responsibility for their actions in order to stimulate the students' response to clinical challenges as they arise.

• Learning outcomes

Learning outcomes are the end product of a learning process. Clinical teaching puts more emphasis on learning experiences, emphasising the learning outcomes or abilities of the nursing student within the nursing unit, which should be cognitive, affective and psychomotor. It is therefore essential that the nurse unit manager be empowered to develop cooperative interpersonal relationships with the nurse educators responsible for teaching the students in order to formulate clinical learning outcomes. The nurse unit manager should ensure that the learning outcomes are clear, explicit and known to the nursing students in order to base the assessment of their competence.

According to Coetzee (2002:10), learning outcomes refer to everything that is learnt, including social and personal skills, the activities of learning how to learn, understanding concepts, acquiring knowledge, and understanding methodologies, values and attitudes.

As part of the student nurse's professional development the student nurse needs to progress towards becoming responsible, accountable, knowledgeable and skilled, the nurse unit manager has a role to play in this (Naudé et al., 2000:82). They further indicate that students should be accompanied according to the level of their training and the programme they follow. Aspects related to unit management seems to be lacking as is shown by the empirical data. This was evidenced by *"they should allocate us activities such as planning of off-duties, ordering and controlling of equipment, not only to take vital signs but give us chance to meet learning objectives related to unit management especially at fourth-year level".*

Therefore, the nursing students are not adequately prepared to be future nurse unit managers with a teaching component. Most nursing literature reveals that the nurse unit manager has a preceptor role or a teaching function. This role involves the personal involvement with students in the facilitation of their learning. In outcomes-based education, positive and constructive ongoing assessments based on predetermined criteria should be essential to allow students to reach their potential. The outcomes-based education approach enforces the active participation of learners in order to facilitate critical and reasoning skills. Group work and team spirit is the backbone of outcomes-based education's approach for critical thinking and learning (SAQA, 1995:8).

The nurse unit manager should be empowered to know that learning outcomes are as important as any other activities in the nursing unit. Naudé et al. (2000:116) maintain that the nurse unit manager as preceptor is responsible for acquainting the learner with modelling the roles, responsibility, formal and informal rules, customs, culture and norms of the clinical setting. Therefore, the nurse unit managers are empowered to plan, implement and evaluate learning outcomes in the nursing unit, based on their clinical expertise and competence. The nurse unit manager as a resource person must provide the nursing student with a nurturing environment where the student can learn skills and values.

• Teaching programme

Teaching is an interactive process, which requires the involvement of a teacher and a learner in a supportive and facilitative learning environment (Reilly & Oermann, 1992:109). Teaching involves helping, guiding and enabling a person to learn. It facilitates learning and creates an environment in which learning can occur.

Mashaba and Brink (1994:66) state that if a student is to learn they must be comfortable in the learning environment and it must provide the opportunity to

learn. The nurse unit manager should be empowered; for clinical teaching to be effective it is essential to draw up and implement a teaching programme based on the educational needs of the nursing students at different levels of training.

As part of the empowerment process, the nurse unit manager will be encouraged to gain cooperation from other nursing personnel and include those with special expertise in a clinical teaching programme. The purpose of the teaching programme is to provide systemic learning experience for the nursing students during their clinical placement. It is a professional expectation that the unit manager takes an active role in teaching students. The nursing staff need to be clear about this expectation and given information about the legal implications of working with the students (Attack et al., 2000:391).

Literature supports the empirical data in that the teaching programme should be based on the available learning opportunities, which can stimulate discussion and debate around clinical problems in order to facilitate correlation of theory and practice. This was evidenced by *"We should draw the teaching programme which is in conjunction with the learning opportunities that are available in the unit using participative management"*. The nurse unit manager should be empowered to compile a profile of the students to ensure that the students' learning needs and expectations are met.

It is clear that, even though it is not the responsibility of the nurse unit manager to be involved in the formal education of the students, there must be an involvement regarding the provision of guidance, accompaniment and facilitation of clinical learning (Naudé et al., 2000:74). In creating a climate conducive to learning, the nurse unit manager should be empowered to plan and incorporate teaching and learning time into the unit routine as part of the directing function.

- Teaching methods

The present and future teaching methods place emphasis on learner-centred and learner-friendly scientific approaches. The methods are founded in co-partnership between the teacher and the learner. The teaching methods should therefore organised for successful teaching in such a way that they become vehicles of learning for the students. Mashaba and Brink (1994:70) assert that effective managers also demonstrate specific teaching behaviours, including the ability to diagnose the students' learning needs; plan instruction, reflecting the students' needs while meeting the goals of the clinical experience; effectively supervise students; and evaluate their learning. The nurse unit manager should be empowered as teaching behaviour is very crucial as it may influence students' self-esteem and self-concepts, which can result in increased levels of stress and decreased levels of learning.

The teaching approach aims at equipping all learners with the knowledge, competence, skills and orientation about the learning context, to be successful once they complete their training (Bengu, 1997:1).

Student portfolios are collections of work that are used to document, monitor and evaluate performance (Williams, 2001:135). In her discussion, Williams (2001:136) states that "a clinical note book is an innovative teaching strategy that has the potential to fully attend to teaching-learning process as it occurs in clinical situations". Developed in concert with students, it encourages students to take responsibility for their own learning, foster regular communication, between the student and nurse unit manager, and it allows for individual learning needs to be addressed. It also provides a way to appreciate the valuable learning that occurs as students engage with patients and other professionals in the clinical setting. Literature and empirical data support the teaching methods, such as group discussion, role play, demonstration, teachable moment, clinical

conference, ward rounds and peer group teaching. This was evidenced by the following quotation:

"Teaching should either be formal or informal and the nurse unit manager should choose method of teaching that are appropriate for the unit, for example, demonstration, case studies, ward and doctor rounds, group discussion, clinical conferences and peer group teaching. Use every moment as a teaching moment like taking of unit and doctors rounds and also to encourage the students to take and give reports in the unit."

To add on, reflective journal writing is one of the learner-centred teaching strategies that can promote the learner's critical and reflective thinking (Chabeli, 2001:269). The emphasis falls on collaborative interaction to develop reflective thinking skills and learning in clinical nursing education to improve practice and develop lifelong learning skills. The nurse unit manager should be empowered to provide a supportive climate for discussion, a climate of trust, respect and empathetic understanding; should act as a resource person encouraging the learners to express their views and to help with the integration of a theoretical perspective with their experience; and allow the learners to discuss the practical and realistic aspects of their experience freely (Chabeli, 2002:41).

The need for research and community outreach projects is an important clinical teaching strategy that will meet the demands made by evidence-based research (Chabeli, 2001:57). Therefore, to ensure learning with this strategy, a proper and thoughtful planning project is important, proper networking with community leaders should be done to establish joint decision making and commitment. The learning outcomes to be achieved should be formulated clearly and mutually (Chabeli, 2001:58).

The nursing process as a teaching strategy constitutes the following dimensions: assessment, formulation of nursing process, planning, implementation,

evaluation, and recording. Therefore, in order for the nursing student to execute the nursing process efficiently, the intellectual, interpersonal and technical skills, health assessment skills, physical and psychosocial assessment, analytical, diagnostic, decision making and problem solving, advocacy, counselling and referral, teaching and recording skills are vital (Chabeli, 2001:28). The nurse unit manager should facilitate these skills within a supportive, encouraging and stimulating environment. The teaching methods should develop the students' ability to demonstrate competence.

• Evaluation methods

Evaluation is the process whereby information obtained through assessment is interpreted to make judgements about the learners' competence (Chabeli, 2001:85; Quinn, 1988:335; Reilly & Oermann, 1992:380). It is a dynamic, continuous process interwoven with the teaching-learning process. The purpose of evaluation is to determine the performance of students and the achievements of the expected learning outcomes (Mashaba & Brink, 1994:164).

In creating a climate conducive to learning, it is imperative that the nursing students be taught self-evaluation of their own competence, which should become part of their daily lives in the clinical learning environments. Self-evaluation represents an important component of any clinical evaluation tool.

The nurse unit manager should be empowered so that self-evaluation should be accompanied by teacher-student discussions whereby the sharing of evaluation takes place and decisions are made regarding future learning experiences (Reilly & Oermann, 1992:410). This concurs with the empirical data *"...they should assess and monitor our clinical progress on a daily basis and give us feedback, to have evaluation meetings and clinical conferences in order to boost our self-esteem."*

The nurse unit manager should be empowered to consider other effective evaluation strategies such as promoting student independence, correcting students' mistakes without belittling them, and communicating clear expectations to the nursing students. In creating a climate conducive to learning, the nurse unit managers are empowered to supervise, assess and evaluate the nursing students in order to ascertain their strengths and weaknesses in their clinical performance. Therefore, the nursing students' knowledge, skills, attitudes as well as their academic and professional development in every clinical component should be determined as part of creating a climate conducive to learning.

The empirical data also suggested comprehensive interactive evaluation methods such as assignments, workshops, portfolios, projects, case studies, peer group assessments and self-assessment as appropriate clinical evaluation methods.

Self-assessment plays an integral part in the facilitation of reflective thinking because it forces learners to reflect back on their thoughts and actions. Self-assessment is applicable to all phases at different levels of complexity (Chabeli, 2001:3). It is important for self-regulated learning since it promotes the learners' sense of ownership and responsibility. Therefore, to facilitate self-evaluation, the nurse unit manager should ensure that the nursing students understand the rationale for implementing self-assessment and the feedback from the facilitator must be purposeful and encouraging.

Clinical conferences and evaluation meetings can also be utilised as evaluation methods in creating a climate conducive to learning. The nursing students must be briefed about the importance of their active role in participating in the discussions. Clinical conferences should challenge the students to think reflectively by correlating theory and practice (Chabeli, 2001:54).

4.2.2.1.d.ii   Leading

The process of effective leading as an empowerment method begins by involving others in goal-setting and decision making processes. A leadership that excites, energises, motivates, and liberates others is the essence of empowerment (Vogt & Murrel, 1990:73).

Leadership in an empowering setting focuses on developing others, not on methods to control others. The nurse unit manager is empowered to utilise the principles of critical/reflective thinking to solve problems and to make decisions based on true facts and critical judgement (Muller, 2002:19).

The unit manager as a leader should create a working environment that is conducive to learning; the principles of group dynamics; the principles of transformational management at all times; and acknowledge accountability for, or accept ownership of, the consequences (Muller, 2002:164). Leadership was described by the participants as a strategy to create a climate conducive to clinical learning.

- Leadership

La Monica (1990:76) defines leadership as the ability to influence the activities of an individual or group of individuals towards the attainment of a goal in a unique and given situation. Leadership skills are essential for establishing an atmosphere that values individuals, team building, creative thinking and reflective practice (Sams, 1996:38). In creating a climate conducive to learning, the nurse unit managers are empowered to display personal and professional maturity in order to involve, direct and equip the nursing students with the necessary leadership skills during their clinical placement.

The nurse unit manager as a leader should be empowered to demonstrate effective interpersonal communication skills as well as positive self-image and self-confidence as a strategy to create a conducive learning climate. Paré (1998:11) states that "a positive leader-follower relationship in the nursing unit includes the leader creation of a positive environment; maintenance of an individualised relationship with the followers; demonstration and maintenance of a leader's professional competence and personal attributes of supervision for inexperienced nurses".

Therefore, effective leadership style is an integral part of creating an environment that nurtures the development of empowered nursing staff. The development of team cohesion depends on participative leadership among the nursing personnel as a strategy to create a climate conducive to learning.

Transformational leadership is defined by Marriner-Tomey (in Van Niekerk, 1999:8) as a process in which a leader and followers raise one another to high levels of motivation and morality. Fullum et al. (1998:256) state that "transformational leadership is the method to cultivate an empowered environment". According to Bass (in Fullum et al., 1998:265), transformational leadership encompasses the following four dimensions.

– Charisma   - provides a vision and sense of mission
– Inspiration   - builds confidence
– Intellectual stimulation   - increases staff awareness of problems and
                                          influences new problem solving approaches
– Individual consideration   -provides support and encouragement of
                                          opportunities for followers

This supports the empirical data as evidenced by *"I think interactive management and leadership which actually comprises with shared governance, and to accept opinions and ideas of other personnel. Leadership such as*

transformational, transactional, democratic and participative leadership are good but as a leader you should understand the negative and positive impact of the chosen style."

Therefore, the nurse unit manager as a transformational leader should act as a change agent whereby they are able to inspire and stimulate the intellectual capabilities of the nursing students.

The nurse unit manager should encourage participative leadership in all aspects of the nursing unit management as a strategy to create a climate conducive to learning. Naudé et al. (2000:190) identified five behaviours, which the nurse unit manager should implement for effective leadership within the nursing unit. The behaviours include self-awareness, trust, communication, vision and empowerment. Flarey (1996:189-190) expresses the same view. Transformational leadership was specifically included in this study as it provides the dimensions and behaviours, which are appropriate to the empowerment strategies for the nurse unit manager to create a climate conducive to learning.

Directing is the core function of the nurse unit manager that can be used to create a climate conducive to learning. A complete plan of clinical teaching and learning should be incorporated in the daily activities of the management, and teachable moments should be created and utilised appropriately. The nurse unit manager will therefore, provide a stimulating environment and encourage active participation and involvement in learning activities. Create a climate where participatory problem solving and decision making are possible. The nurse unit managers are empowered to use team-building and motivational strategies in order to create a climate conducive to learning.

- Communication and interpersonal relationships

Kotechi (2002:61) defines communication as a dynamic, interactive process

influenced by symbolic meaning in an environment. Gillies (1994:183) maintains that a communication climate may either facilitate or inhibit clinical learning. The nurse unit manager should be empowered to have effective communication and interpersonal skills for communication to flow in both directions.

This supports the empirical data as evidenced by *"We expect two-way communication where there is interaction but not a command from the nursing unit manager. To have good communication between student and unit managers and not what is happening presently in the unit"*. Hence, the facilitation of clinical learning depends on the quality of the students' and nurse unit managers' interactions.

Attack et al. (2002:392) indicated that fostering a climate of respect in which staff are encouraged to view the students as junior colleagues would also facilitate staff-student interactions. The nurse unit manager should be empowered to give students direction and feedback in a way that would be more positively received by the students.

Muller (1998:213) asserts that in everyday communication, in the unit, personal ownership for what is said is important. This notion supports the empirical data as evidenced by *"the attitudes, the tone of voice that is used, gestures and facial expressions are means of communication"*. Therefore, these types of communication can promote or destroy effective communication and interpersonal relationships which are so important in creating a climate conducive to learning.

Positive relationships as a strategy in creating a climate conducive to learning can be built through creating and maintaining mutual respect, trust and integrity, establishing open and honest communication and feedback, effective listening skills and teamwork, treating every personnel member as a unique individual with valuable input, effective interpersonal relationships and effective conflict

management (Naudé et al., 2000:236). The nurse unit manager will be encouraged to use these characteristics of positive relationships as strategies to manage the nursing unit in such a way that it constitutes to a learning environment. Therefore, good communication and interpersonal relationships between the nursing units and the nursing college is so important to develop a harmonious environment that promotes learning.

• Decision making and problem solving

Another key area that emerged as an empowering strategy for the nurse unit manager to create a climate conducive to learning was decision making and problem solving. Muller (1998:200) asserts that decision making and problem solving are purposeful processes whereby the nursing practitioner or the group selects the most suitable alternative for the solution of a problem, implement it and evaluate the consequences thereof. She further explains that group participation in decision making and problem solving are important in order to increase group cohesion in the unit. This supports the empirical data whereby the nurse unit managers clearly stated that *"We expect joint decision making and problem solving as part of unit management, to involve nursing students during these processes to promote their personal and professional growth."*

As part of the empowerment process, the nurse unit manager will be encouraged to share their thinking strategies and nursing care techniques with the students. Participatory problem solving and joint decision making are processes, which require some element of creativity. Therefore, in creating conducive learning climates, the nursing students should be allowed to participate in such strategies in order to develop skills such as critical thinking skills, reasoning skills and decision making skills.

Swansburg and Swansburg (1999:311) describe consensus building as "a strategy to improve decision making abilities". Furthermore, they state that "to

build consensus, one listens to all parties, uses their ideas, brings them in the team by involving them in critical thinking and realistically considering their ideas". Partnership among groups requires consultation and cooperation. This supports the empirical data as evidenced by *"unit managers should allow teamwork in every decision taken in the clinical unit whether it is about patients' care, students and unit management"*.

"Our inputs as students should be respected and valued, we expect the environment that is open and free for our professional development." The nurse unit manager is empowered to establish a system in order to ensure consultative, interactive and transparent decision making and problem solving as strategies in the creation of a climate conducive to learning.

Therefore, the nurse unit manager should be empowered so that for effective problem solving and decision making to take place, active participation and commitment should be considered. During the whole process of empowerment, all personnel will be motivated and encouraged to respect and value the input of each other as a strategy to create a climate conducive to learning.

4.2.2.1.d.iii   Mentoring/Supporting

Mentoring/supporting as an empowering method helps to build an individual's competence and self-confidence. This form of empowering is more personal and is based on a closer emotional attachment than leading (Vogt & Murrel, 1990:73). Provision of support and guidance are strategies to be utilised by the nurse unit manager to create a climate conducive to clinical learning. Attack et al., (2000:392) state that patience and understanding are two characteristics required when working with students.

Mellish and Lock (1992:144) maintain that the health care team is accountable for the students through constant guidance and assistance during the road to

professional adulthood; and maintenance of their own standards of professional competence, knowledge and ethical standards.

Knowledge and skills are components of personal empowerment, therefore, self-knowledge such as individual's goals, values, limitations and strengths are fundamental for increasing and maintaining self-empowerment.

4.2.2.1.e.   Control

Control is the management function in which performance is measured and corrective action is taken to ensure the accomplishment of organisational goals (Swansburg & Swansburg, 1999:609). Muller (1998:134) states that control is a management activity whereby the unit manager checks whether the set objectives have been achieved. She further indicates that control is not a bureaucratic action, but rather the empowerment of subordinates or group members to achieve the set objectives successfully.

Self-control is an essential strategy to create a climate conducive to learning. Self-control includes being up to date in knowledge, giving clear orders, being flexible, understanding reasons for behaviours, helping others to improve, increasing problem-solving skills, staying calm under pressure and planning ahead (Swansburg & Swansburg, 1999:611).

In creating a climate conducive to learning, the nurse unit manager should be empowered to consider self-control as an important strategy. With regard to self-control, the nurse unit manager will be motivated and encouraged to have up-to-date knowledge, be flexible, patient and understanding, helping the nursing students to improve their clinical skills and knowledge as strategies to create a climate conducive to learning. The nurse unit manager should initiate the process of control in the nursing unit. This function involves the use of power by the nurse unit manager to promote openness, honesty, trust, competence and even

confrontation (Swansburg & Swansburg, 1999:611). Muller (1998:135) describes the following three controlling functions of the unit manager:

❑ Proactive control – refers to the measures, which are introduced to ensure that things run smoothly in the unit. These measures begin with planning and include setting standards, laying down certain routines in the unit and the formulation of policy.

❑ Continuous control – refers to supervising and directing in the unit, which focuses on the empowerment of personnel to provide quality nursing care.

❑ Reactive control – refers to the application of discipline to overcome problems which already exist.

As part of the empowerment process, the nurse unit manager is empowered to use all types of control in managing the clinical nursing unit as the environment conducive to learning. In particular, continuous control is the most important, because the nurse unit managers are encouraged to supervise, direct and evaluate the learning progress of the nursing students. This is also a way of creating a climate conducive to learning. They should be empowered to recognise and acknowledge good work performed by the nursing students and maintain effective time management in the nursing unit. Control also involves ethical decision making and professional self-regulation by the nurse unit managers in creating a climate conducive to learning. Participants recognised supervision and discipline as the main components of control.

4.2.2.1.e.i   Actualising

The final method of empowering builds on all five of the previous methods, which come together as the actualised spirit in which the individual performs at the highest level of work that they are best prepared to do (Vogt & Murrel, 1990:74). They further explained that the self-actualising process is the joint responsibility

of both the person and organisation and is not geared toward perfection but psychological health.

Self-esteem and self-efficacy are components of empowerment, which refer to a set of attitudes and beliefs about the self and about the self in relation to the environment (Schwerin, 1995:61). Self-esteem is the evaluative function of the self-concept and self-efficacy is the judgement about one's personal capabilities. However, self-esteem is a basic need and is strongly related to the process of becoming a "self-actualised person". Therefore, the nurse unit manager is empowered to develop positive attitudes toward self; that is self-worth attitudes toward self, self-acceptance and self-respect through self-assessment. A self-actualised nurse unit manager with up-to-date knowledge, skills, attitudes and values is needed to create a climate conducive to learning.

Bandura (1986:392) defined perceived self-efficacy as "people's judgement of their capabilities to organise and execute courses of action required to attain designated type of performance. It is concerned not with the skills one has but with judgement of what one can do with whatever skills one possesses."

In creating a climate conducive to learning, the nurse unit manager is empowered to provide non-threatening opportunities for self-assessment, willingness to share self with others, cultivate a trustful and trustworthy atmosphere, setting own values and maintaining them even in unfavourable environments, and strengthen self-esteem and self-reliance.

• Supervision

Supervision also emerged as one of the strategies that can be utilised by the nurse unit manager to create a climate conducive to learning. One part of being a nurse unit manager is to supervise the nursing team, which in many cases is mainly composed of the nursing students who are to learn techniques, skills and

attitudes relevant to nursing. Quinn (1988:188) states that professional nurses are responsible for teaching, supervising, guiding, counselling, assessing and evaluating student nurses in clinical areas. This concurs with empirical data as evidenced by *"Unit managers should ensure proper supervision of the students as supervision is part of teaching and guidance".*

Kirkpatrick et al. (1991:104) indicate that clinical supervision includes observing student-patient interaction, reviewing the process of recording, guiding the development of nursing formulation, and reviewing documentation such as nursing notes and care plans. The nurse unit manager should be empowered to improve self-development by consulting journals and nursing literature and to be committed to lifelong learning as strategies to create a climate conducive to learning. The aim of supervision is to enable a close relationship between the nurse unit manager and the nursing students, which will facilitate the students' learning and provide individual support and guidance.

The nurse unit managers should be empowered to build up mutual respect between themselves and the students as an empowerment strategy. Mellish and Brink (1990:178) summarise the main points for the creation of an environment conducive to good supervision, namely:

❑ An atmosphere of mutual respect and trust in the unit so that supervision is accepted by all in a positive light, readiness to help and guide during supervision.

❑ Competence in their own practices so that they are truly known to be people who can watch with authority and who have a right to supervise.

❑ Ability to motivate learning by showing interest in the progress and ability of the learner.

❑ Noticing during the process of supervision, areas where improvement is necessary, planning such improvements, teaching persons so that the plan can be implemented and evaluating the results.

❑ Acknowledging the value of other members of staff as part of the supervision of patient care and providing a learning-teaching situation, so that they in turn, also become good supervisors.

This supports the empirical data whereby supervision was seen as an inseparable aspect of clinical teaching and learning. Therefore the nurse unit manager as a supervisor of patient care and student learning should be empowered to use these strategies in order to create a climate conducive to learning.

• Discipline

Discipline refers to the authority of the unit manager to perform an act that prevents personnel from behaving in a manner that could disrupt the functioning of the unit (Muller, 1998:319). The literature aligns itself with the empirical data as evidenced by *"We expect that if a student nurse is not behaving well, the unit manager should stop condemning the behaviour but to take disciplinary measures as stated in the college code of conduct".*

The nurse unit manager has a responsibility to discipline nursing personnel including the nursing students who fail to conform to the nursing unit's code of conduct. The nurse unit manager should ensure that rules and regulations are known and available to all who have to adhere to them, as a strategy to create a climate that is conducive to learning. Discipline must be maintained in the nursing unit to ensure that the education and training of the nursing students proceeds in an organised manner as well as teaching and leading the students toward self-discipline. Therefore, disciplinary action should not be regarded as negative, as there are positive aims connected to disciplinary action, namely:

❑ Make a personnel member aware of the unacceptable performance or behaviour.

❑ Suggest the necessary change to assist and guide the personnel member in making the necessary changes.

❑ Promote personal and professional growth, maintain order in the nursing unit and institutions.

❑ Maintain a high degree of quality nursing care in the nursing unit (Naudé et al., 2000:250).

Therefore, these positive aims of disciplinary action will be used and integrated as empowerment strategies. The nurse unit managers are empowered to use discipline as a developmental act and as a teaching strategy where the nursing students can reflect and develop self-discipline. Discipline should be conducted in a sensitive and professional manner as a strategy in creating a climate conducive to learning.

The literature aligns itself with empirical data as evidenced by *"Discipline refers to displaying and demonstrating ordinary good manners, ethics and professional conduct from the nurse unit manager point of view as a role model. Therefore, self-control and self-discipline from the nurse unit manager can be a good strategy in the creation of a climate conducive to learning."*

4.3   SUMMARY

In this chapter, conceptualisation of the findings was made within Muller's (1998:13) management process and the empowerment methods by Vogt & Murrel (1990:66), namely the integrated empowering process for the purpose of describing empowerment strategies for the nurse unit manager. A literature review was used to control the empirical findings, concluding statements were made through deduction, analysis and inference on which the empowerment strategies will be based. In chapter five, empowerment strategies, evaluation of the study, limitations, recommendations and conclusion will be described.

CHAPTER FIVE

DESCRIPTION OF EMPOWERMENT STRATEGIES, EVALUATION, LIMITATIONS, RECOMMENDATIONS AND CONCLUSION

5.1   INTRODUCTION

In chapter four, conceptualisation of the findings was done within Muller's (1998:131-134) management process and empowerment methods (Vogt & Murrel, 1990:66) which occur within the legal and professional framework, that has an influence on the context. Concepts and sub-concepts were derived through deductive reasoning. Concluding statements were made which form the basis for the description of empowerment strategies using the results from the empirical data and literature control (Phase one and two).

The purpose of this chapter is to describe empowerment strategies within the legal and professional boundaries that should empower the nurse unit manager to create a climate conducive to learning. The evaluation of the study, limitations, recommendations and conclusions are also described in this chapter.

5.2   EMPOWERMENT STRATEGIES FOR THE NURSE UNIT MANAGER TO CREATE A CLIMATE CONDUCIVE TO LEARNING

The empowerment strategies for the nurse unit manager to create a climate conducive to learning are described from the integrated empowering process as indicated in Table 4.1, starting with the context within which the empowerment process should occur.

5.2.1   ADDRESSING CONTEXT

5.2.1.1   Constitution

❑ The Constitution requires that education be transformed and democratised. The nurse unit manager should consider and apply values such as human dignity, equality and advancement of human rights, mutual trust and respect in order to create a climate that is conducive to learning (Constitution, 1996:25-26);

❑ ensure that fundamental human rights as laid down in the South African Constitution are available and accessible at all times in the nursing unit;

❑ use consultation and transparency principles as enshrined in the Constitution to create a climate that is conducive to learning; and

❑ promote and maintain professional ethics at all times and create a climate where the nursing students can acquire the knowledge, skills, values and attitudes inherent in the nursing profession.

5.2.1.2   The South African Qualifications Authority Act

❑ should encourage the nursing students to identify and solve clinical problems using critical and creative thinking as expected by the SAQA requirements (Coetzee, 2002:11);

❑ should allow the nursing students to assess the effects of their decisions and make changes if necessary as a learning strategy;

❑ should encourage students to ask questions and explore different approaches to clinical problems;

❑ should promote learner-centred learning that will encourage students to take responsibility for their own learning;

❑ should improve their interpersonal communication skills by being sensitive and considerate at all times;

- should be a reflective manager who is creative, innovative and thinks about professional practice in a critical manner;

- should engage in an ongoing self-dialogue in order to increase self-awareness;

- should establish partnerships and liase with local, national and global communities by applying collaboration and networking strategies; and

- nurse unit managers should use the 12 critical cross-fields as guides in developing more specific outcomes and drawing up learning programmes, teaching strategies, learning experiences, assessment and evaluation methods in clinical nursing education (Chabeli, 2001:364)

5.2.1.3   Batho – Pele principles

- The service delivery principles of Batho-Pele include consultation, service standards, access, courtesy, information, openness and transparency, redress and value for money (Batho-Pele, 1997:15). The nurse unit managers should design a strategy which is in compliance with these principles in order to create a climate conducive to learning;

- develop a culture whereby consultation is used as a strategy for decision making and problem solving;

- consult all nursing students and nurse unit managers through group discussions and meetings and undertake the consultation processes in a sensitive manner;

- welcome all customers in a warm and friendly manner, treat the nursing students with dignity, display good manners at all times and demonstrate respect for individual values;

- ensure equal access to quality clinical learning and facilitate the principle of equity; and

- encourage complaints from the nursing students as a strategy and opportunity to create an open and transparent relationship between the nurse unit managers and the students.

5.2.1.4   National Plan for Higher Education

❑ The nurse unit manager should utilise the COLTS (Culture Of Learning, Teaching and Service) campaign strategy, which enforces values in the education process such as commitment, discipline, mutual support, involvement and ownership (Department of Education, 2000:18).

5.2.1.5   South African Nursing Council

❑ The nurse unit manager should create an environment that will facilitate the development of the nursing students' abilities with regard to analytical, critical, evaluative and creative thinking and stimulate the students' capacity to interpret scientific data for nursing action, to draw conclusions and to exercise independent judgement (SANC, 1993:6);

❑ should consider clinical accompaniment as direct assistance and to support the nursing students with the aim of developing a competent, independent practitioner, and creative and critical thinker;

❑ should consider and apply professional ethics, social and democratic values as guidelines in the creation of a climate conducive to both quality nursing care, education and training;

❑ should be charged with responsibility by the SANC to create a positive climate where the nursing students can actively participate as members of the health team in order to practise and master nursing (general, psychiatry and community) and midwifery skills;

❑ should utilise teaching and learning strategies that enhance student-centred education and training based on the health care needs/problems of the individual, families and communities as methods of acquiring knowledge, skills, values and attitudes; and

❑ should be supportive and knowledgeable as well as involving the nursing students at a cognitive, psychomotor and affective level.

5.2.1.6 Provincial and district health services as learning environments

- The nurse unit manager should provide the nursing students with the opportunity to develop competencies in the application of knowledge, skills, values and attitudes by creating a non-threatening atmosphere and freedom of speech so that continuous critical debate can take place (Chan, 2001:630);

- provide a supportive climate for discussion, a climate of trust, respect and empathetic understanding, and must be available for guidance and support at all times (Chabeli, 2002:41);

- consider and apply the characteristics of a psychological environment conducive to learning such as mutual respect and trust, collaboration, support, openness and authenticity, pleasure and humaneness (Naudé et al., 2000:85; Knowles, 1984:14-17; Mellish & Brink, 1990:73-74);

- create and maintain a supportive, nurturing and understanding environment in order to facilitate learning in the clinical nursing units;

- ensure that the nursing unit is the most significant source laboratory for the nursing students in training and the establishment of a positive learning climate in the unit is also vital to the learning process (Muller, 1998:342);

- create good personal interactions where there is involvement, friendship, loyalty, supervision and support, free and open expression among all personnel (Moos in Chan, 2001:647);

- see and accept the students as human beings and try to recognise the humaneness with all their weaknesses and potentials (Naudé et al., 2000:86);

- view change as a challenge and opportunity to do something new or innovative;

- improve the clinical learning environment by being a positive role model, involving nursing students in problem solving and decision making, guiding nursing students, recognising and acknowledging good work performed by the nursing student, encouraging two-way communication between qualified staff and nursing students, doing follow-ups on aspects that need

improvement, maintaining effective time management and encouraging good interpersonal relationships (Netshandama, 1999:50);

❑ maintain a non-threatening learning atmosphere in the unit by promoting a questioning attitude on the part of the student;

❑ display a positive and professional attitude without humiliating the learner;

❑ be open-minded in the encouragement of questions and critical debate in the unit;

❑ plan the education times in the unit, such as daily clinical learning rounds/conferences purposefully;

❑ establish a positive team spirit in the unit, as this and quality of work life are conducive to learning;

❑ maintain a high level of interest and explanation and provide relevant assessment and feedback;

❑ show care and respect for the learner and their learning so as to encourage them to be successful; and

❑ encourage independence, control and active involvement in clinical learning (Klopper in Muller, 1998:341).

5.2.2   INTEGRATED EMPOWERING PROCESS

5.2.2.1   The empowered nurse unit manager

❑ The nurse unit manager should demonstrate self-awareness, clarity about self, ongoing self-appraisal through review of the past (Vogt & Murrel, 1990:103);

❑ demonstrate interpersonal communication skills, the ability to listen, recognition of the relationship between personal self and the work environment, opportunity to examine one's own ethics and values, ability to value networking, helping skills and mentoring skills (Vogt & Murrel, 1990:148);

- create a shared vision, prepare unit culture, ensure belonging and implement participation (Vogt & Murrel, 1990:155);

- promote self-expression and self-growth and facilitate involvement and commitment (Tebbit, 1993:21);

- recognise own expertise and knowledge and appreciate new ideas in creating a climate conducive to learning;

- accept mistakes of self and others and work to correct them in an encouraging and sensitive manner;

- provide non-threatening opportunities for self-assessment and cultivate a trustful and trustworthy atmosphere (Vogt & Murrel, 1990:106);

- display self-empowerment by demonstrating self-comfort and self-management;

- create an environment in the nursing unit where the nursing students can utilise their unique knowledge, skills, experience and creativity to the fullest;

- focus on the individual needs of the nursing students and encourage self-responsibility by altering self-limiting beliefs;

- create a paradigm shift from nursing unit domination to personal participation and partnership;

- encourage an open communication system and provide autonomy from bureaucratic restrain;

- set learning outcomes that are meaningful and inspirational to the nursing student;

- encourage integrity from and respect all nursing personnel including the nursing students;

- revise and redefine existing values in the nursing unit in participation with the nursing students in order to enhance a feeling of commitment; and

- display openness, honesty and excitement regarding clinical teaching and learning.

5.2.2.2   Participative management

❑ The nurse unit manager should encourage participative management in the clinical nursing units (Muller, 1995:15);

❑ plan and implement participative management strategies to draw commitment from personnel (Naudé et al., 2000:214);

❑ demonstrate respect and trust by treating all nursing personnel including the nursing students as professional adults and valuing their views, inputs, opinions, knowledge, skills and experiences;

❑ ensure mutual respect among colleagues and open communication as they are cornerstones for collaborative learning;

❑ consult the nursing students and the responsible nurse educator regarding the learning needs and the learning outcomes;

❑ enhance active involvement and active participation which is essential to the facilitation of all learning, be it clinical or not, because many students learn best by doing, rather than watching or listening (Naudé et al., 2000:90);

❑ allow the nursing students to think critically and analytically, to reason, to be creative and innovative as strategies to create a climate conducive to learning;

❑ provide an atmosphere of critique (and not criticism) with accompanying guidance and support (Naudé et al., 2000:237);

❑ delegate certain management responsibilities to the nursing students especially at fourth-year level of training to stimulate independent decision making as well as promoting their professional development;

❑ provide a supportive climate for group discussions and allow the nursing students to discuss the practical and realistic aspects of their experiences freely (Chabeli, 2002:41);

❑ facilitate critical thinking as it empowers nursing students to control their destiny, encourage them to ask questions, to look for evidence, to seek and scrutinise alternatives and be critical of their own ideas as well as those of others (Mpaka, 1999:16); and

❑ provide a conducive climate where the nursing students are continuously encouraged to analyse, evaluate and reason when confronted with problematic situations.

5.2.2.3   Planning

❑ The nurse unit manager should appreciate that planning is the key element in nursing that gives the profession direction and cohesion (Swansburg & Swansburg, 1999:75);

❑ apply thinking/reasoning skills such as assessment, critical analysis, prioritisation, decision making and problem solving when planning (Muller, 1998:132);

❑ create an environment which encourages joint planning with reference to the vision, policies and protocol within the nursing unit;

❑ ensure effective and collaborative planning of the empowering process regarding education, leading, mentoring/supporting, providing, structuring and actualising as strategies to create a climate conducive to learning; and

❑ facilitate consultation in the planning process and the establishment of agreed working principles that can provide an environment of shared ownership, support and commitment, in which learning can take place.

5.2.2.4   Organising

❑ The nurse unit manager should create order in the unit and logical arrangement and distribution of work to ensure smooth running of activities (Muller, 1998:169);

❑ have up to date clinical knowledge and skills, be receptive and flexible, and promote freedom and openness as strategies to manage and create a climate conducive to learning;

- ❑ display good organisational skills, and the delegation of duties should be based on the knowledge, skills and experience of each student and their needs for personal and professional development;

- ❑ maintain nursing standards, update procedures to facilitate quality teaching (Gillies, 1994:108);

- ❑ develop effective and therapeutic communication skills as well as competent leadership and motivational skills for conflict management and time management (Naudé, 1995:56);

- ❑ develop effective negotiation, delegation and team building skills;

- ❑ have the moral, legal and ethical responsibility to create a climate conducive to learning;

- ❑ possess guiding characteristics in order to provide a climate conducive to learning which entails self-awareness, clinical competency, open-mindedness, willingness, empathy, justice, logical reasoning, mutual respect and trusting relationships, courage, commitment, confidence, responsibility and accountability (Chabeli, 2001:367);

- ❑ display and demonstrate up-to-date knowledge, ability to assess the needs and have a sense of fairness;

- ❑ organise the unit activities in such a way that they constitute a climate conducive to learning;

- ❑ building positive relationships with other unit managers and sharing concerns, problems and frustrations often provides the necessary support through mutual understanding; and

- ❑ have an open and healthy worldview and a positive and accurate self-concept, sees self as making an impact, having the ability to do, recognising meaning in one's pursuit, and progressing in life, is able to discern reasons for outcomes and to evaluate self in ways which are encouraging (Vogt & Murrel, 1990:69).

5.2.2.4.i   Providing

• Human resources

❑ The nurse unit managers should find and supply the nursing students with the necessary resources to achieve their learning needs;

❑ facilitate access to essential resources, that is human and material; and

❑ plan, organise and control both human and material resources to facilitate clinical learning.

• Delegation

❑ The nurse unit manager should utilise the principles of delegation such as the nature and the extent of the tasks and experience needed to perform a task;

❑ provide a clear description of the task and the expected outcomes;

❑ use delegation as training and development of the nursing students;

❑ utilise delegation as an opportunity for team building, motivation and participative management in the unit (Muller, 1998:178);

❑ distribute the work equally without any favouritism among students to ensure the smooth running of the unit; and

❑ ensure that delegation includes aspects such as clinical aspects, management, education and research to enhance the personal and professional development of the nursing students.

• Role modelling

❑ Demonstrate competence, compassion, concern, provide comprehensive nursing within legal and ethical parameters, the ability to remain calm and dignified under stress, be a good teacher and supervisor and provide a health care climate that is conducive to recovery and learning (Searle & Pera, 1994:154);

❑ maintain high standards of professionalism, knowledge, skills, values and attitudes within the clinical nursing unit;

❑ provide students with optimal opportunities to observe role models, practise by oneself and reflect on what is seen, heard, sensed and done (Chan, 2000:70);

❑ serve as role models for the nursing students in order to facilitate their reflexive competency;

❑ demonstrate caring behaviour by means of helping relationships in which they accompany the students with self-confidence and professional maturity;

❑ assist the students in accepting and internalising the nature, norms and values of their profession (Naudé et al., 2000:104);

❑ use their expertise as a tool for their own empowerment among themselves within the environment of equal partnership with each other;

❑ develop autonomy, commitment, self-awareness, accountability, a supportive culture, mutual goal setting, participation and ownership in managing the nursing unit in such a way that it is conducive to learning;

❑ show interest in the students by accepting them, giving encouragement and praise where and when it is necessary;

❑ play a major role in socialising the nursing students, bearing in mind that commitment, involvement and partnerships are essential factors during this process;

❑ ensure that professional education is designed to shape the values, attitudes, self-concept and role behaviour of the nursing students, thereby enabling the learners to assume the new role of a professional practitioner (Oermann, 1991:18); and

❑ facilitate the learning process through which socialisation occurs that includes reinforcement of behaviour, direct instruction, observing the behaviour of others, imitative learning, modelling and role-playing (Oermann, 1991:13).

- Research-based practice

□ The nurse unit manager should initiate and implement relevant research project in the nursing unit in order to ensure that clinical nursing education is based on sound scientific knowledge leading to quality nursing care;

□ be open-minded in the acquisition of knowledge, skills and attitudes in conducting research as the current emphasis is based on quality assurance and quality service delivery;

□ subscribe and utilise national and international academic journals on a monthly basis and also debate and discuss the relevant findings to improve clinical learning; and

□ participate and be a member of the multidisciplinary research team in the health care system.

- Material resources

□ The nurse unit manager should provide adequate material resources to facilitate clinical learning;

□ mobilise and utilise available resources and at other times make referrals to other knowledgeable personnel interdepartmentally; and

□ establish a monitoring system to ensure that material resources are economically utilised.

5.2.2.4.ii   Structuring

□ The nurse unit manager should create a shared vision, prepare unit culture of learning, ensure belonging, implement participation of and understand the nature of the work in order to restructure the nursing unit (Vogt & Murrel, 1990:155);

□ allow organisational arrangements and procedures as well as the individual's daily work activities that facilitates learning; and

❑ promote movement from organisational domination to that of personal participation and partnership.

5.2.2.5   Directing

❑ The nurse unit manager should utilise a directing or facilitating function where applicable leadership is practised in the undertaking of the supervision, motivation and empowerment of group members or subordinates in the nursing unit (Muller, 1998:134);

❑ monitor, guide and support the nursing students' progress during their clinical placement; and

❑ should appreciate directing as a physical act of nursing management and the interpersonal process by which personnel accomplish the objectives of nursing (Swansburg & Swansburg, 1999:447).

5.2.2.5.i   Education

❑ The nurse unit manager should encourage the view that information is power, providing information to others is thus an empowering act (Vogt & Murrel, 1990:72);

❑ sharing valuable information and assisting the nursing students can facilitate clinical learning; and

❑ attend workshops, conferences and seminars as they provide the ideal situation for networking with other nursing professionals (Naudé et al., 2000:173), which in turn empowers the nurse unit manager.

• Orientation programme

❑ The nurse unit manager should collaboratively plan and implement a formal orientation programme based on daily, weekly and monthly duties, physical

layout, general policy and routines, work procedures and standard, disaster and emergency programme and communication (Muller, 1998:307-308);

❏ provide a follow-up of orientation sessions to clear up any difficulties that the nursing students are still experiencing;

❏ evaluate the orientation programme which was offered with a view to improve future programmes (Mellish & Lock, 1992:158); and

❏ create an opportunity for peer orientation as a form of feedback after the initial orientation.

• Clinical competence

❏ The nurse unit manager should facilitate meetings; set standards of knowledge application, psychomotor interventions and implementations; critical, analytical, creative and intuitive thinking; competency and accountability in verbal and written communication; application of legal, cultural and professional values; application of research findings to clinical practice, and independent and collaborative decision making (May, 1999:103); and

❏ create a culture of learning and reading through clinical conferences and reflective practice meetings.

• Clinical committee

❏ The nurse unit manager should establish committees to monitor clinical teaching including nurse educators, nursing students as well personnel from general hospitals, psychiatric hospitals, community and midwifery units so that a uniform policy regarding clinical learning can be established (Mellish & Brink, 1989:226);

❏ hold regular meetings in order to create an opportunity where clinical learning issues are discussed, debated and joint decision making and problem solving are done; and

❏ develop partnerships with other nursing students, nurse unit managers, tutors from nursing colleges, communities and non-governmental organisations where all parties are committed to, and accountable for learning issues.

• Multidisciplinary approach

❏ The nurse unit manager should develop a collaborative relationship with the multidisciplinary health team personnel in assessing, planning, implementing and evaluating clinical learning and training (Mhlongo, 1996:28);

❏ utilise clinical problems as learning opportunities and encourage the nursing students to be actively involved in their own learning within the multidisciplinary team;

❏ promote teamwork whereby each member of the team is offered the opportunity to make contributions and all the opinions are heard and considered;

❏ provide guidance to the nursing students so that they are able to function as members of the multidisciplinary team; and

❏ coordinate the services of the multidisciplinary team and give the students the opportunity to actively participate in ward rounds.

• Learning outcomes

❏ should develop cooperative interpersonal relationships with the nurse educator responsible for teaching the students in order to jointly formulate clinical learning outcomes;

❏ ensure that the learning outcomes are clear, explicit and known to the nursing students in order to assess their competence;

❏ prepare the students to progress towards becoming responsible, accountable, knowledgeable and skilled as part of their professional development (Naudé et al., 2000:82);

❑ facilitate group work and team spirit as required by the outcomes-based education approach for critical thinking and learning (SAQA, 1995:8);

❑ take responsibility for acquainting the learner with modelling the roles, responsibility, formal and informal rules, customs, culture and norms of clinical setting (Naudé et al., 2000:116);

❑ plan, implement and evaluate learning outcomes within the nursing unit, based on their clinical expertise and competence; and

❑ provide the nursing students with a nurturing environment where they can learn skills and values.

• Teaching programme

❑ The teaching programme should enhance teaching as an interactive process which requires the involvement of a teacher and a learner in a supportive and facilitative learning environment (Reilly & Oermann, 1992:109);

❑ plan and implement the teaching programme based on the available learning opportunities which can stimulate discussions and debates around clinical problems so as to facilitate correlation of theory and practice;

❑ provide systematic learning experiences for the nursing students during their clinical placement;

❑ be involved in the provision of guidance, accompaniment and facilitation of clinical learning (Naudé et al., 2000:74); and

❑ plan and incorporate teaching and learning time into the unit routine as part of the directing function.

• Teaching methods

❑ The nurse unit manager should utilise teaching and learning strategies that enhance student-centred education and training as methods of acquiring knowledge, skills, values and attitudes;

❑ demonstrate specific teaching behaviours such as the ability to diagnose the students' learning needs, plan instruction, reflecting the students' needs while meeting the goal of clinical experiences, effectively supervise students and evaluate their learning (Mashaba & Brink, 1994:70);

❑ watch teaching behaviour as it may influence students' self-esteem and self-concept which can result in increased levels of stress and decreased levels of learning;

❑ encourage the use of clinical note books as an innovative teaching strategy that has the potential to fully attend to the teaching-learning process as it occurs in clinical situations (Williams, 2001:136). It encourages students to take responsibilities for their own learning, foster regular communication between the student and nurse unit manager, and it allows for individual learning needs to be addressed; and

❑ utilise reflective journal writing as a learner-centred teaching strategy that can promote the learner's critical and reflective thinking (Chabeli, 2001:269).

• Evaluation methods

❑ The nurse unit manager should determine the performance of students and the achievement of the expected learning outcomes (Mashaba & Brink, 1994:164);

❑ provide a positive climate in which students are taught their own competence which should become part of their lives in clinical areas;

❑ bear in mind that self-evaluation should be accompanied by teacher-student discussions whereby the sharing of evaluation takes place and decisions are made regarding future learning experiences (Reilly & Oermann, 1992:410);

❑ consider other effective evaluation methods such as promoting student independence, correcting students' mistakes without belittling them, and communicate clear expectations to the nursing students;

❑ supervise, assess and evaluate the nursing students to ascertain their strengths and weaknesses in their clinical performance;

- ❑ facilitate self-evaluation to ensure that the nursing students understand the rationale for implementing self-assessment and the feedback from the facilitator must be purposeful and encouraging (Chabeli, 2001:3);

- ❑ utilise clinical conferences and evaluation meetings as evaluation methods, and students must be briefed about the importance of their active role in participating in the discussion. Clinical conferences should challenge the students to think reflectively by correlating theory and practice (Chabeli, 2001:54);

- ❑ use a wide range of assessment and evaluation methods that will facilitate higher ordered thinking skills of students such as portfolio assessment (Chabeli, 2002:7); and

- ❑ provide an opportunity where the students are helped with their self-assessment in relation to their professional development and the acquisition of competence (Chabeli, 2002:8).

5.2.2.5.ii   Leading

- • Leadership

- ❑ The nurse unit manager should facilitate effective leading by involving the nursing students in goal-setting and decision making processes;

- ❑ provide leadership that excites, energises, motivates and liberates others which is the essence of empowerment (Vogt & Murrel, 1990:73);

- ❑ utilise the principles of critical/reflective thinking to solve problems and to make decisions based on true facts and critical judgement (Muller, 2002:19);

- ❑ utilise leadership skills that are essential for establishing an atmosphere that values individuals, team building, creative thinking and reflective practice (Sams, 1996:38);

- ❑ display personal and professional maturity in order to involve, direct and equip the nursing students with the necessary leadership skills during their clinical placement;

❑ demonstrate effective interpersonal communication skills, a positive self-image and self-confidence;

❑ encourage a positive leader-follower relationship in the nursing unit which includes the leader creation of a positive environment, maintenance of an individualised relationship with the followers, demonstration and maintenance of a leader, professional competence and personal attributes of supervision for inexperienced nurses (Paré, 1998:11);

❑ act as a change agent who is able to inspire and stimulate the intellectual capabilities of the nursing students;

❑ encourage participative leadership in all aspects of the nursing unit management; and

❑ implement effective behaviours for leadership within the nursing unit: self-awareness; trust, communication, vision and empowerment (Naudé et al., 2000:190).

• Communication and interpersonal relationships

❑ The nurse unit manager should be aware that the communication climate may either facilitate or inhibit clinical learning (Gillies, 1994:183);

❑ foster a climate of respect in which staff are encouraged to view the students as junior colleagues and facilitate staff-student interaction (Atack et al., 2002:392);

❑ provide student direction and feedback in a way that would be more positively received by the students;

❑ to have effective communication and interpersonal skills for communication flow in both directions;

❑ create positive relationships through mutual respect, trust and integrity, establishing open and honest communication and feedback, effective listening skills and teamwork, treating every member as a unique individual with valuable input, effective interpersonal relationships and effective conflict management (Naudé et al., 2000:236); and

❑ provide good communication and interpersonal relationship betweens the nursing unit and the nursing college in order to develop a harmonious environment that promotes learning.

• Decision making and problem solving

❑ The nurse unit manager should encourage group participation in decision making and problem solving in order to increase group cohesion in the unit;

❑ consider consensus building as a strategy to improve decision making abilities (Swansburg & Swansburg, 1999:311). In order to build consensus, one has to listen to all parties, use their ideas, bring them together in a team by involving them in critical thinking and realistically considering their ideas; and

❑ encourage active participation and commitment in order to facilitate collaborative, effective problem solving and decision making skills.

5.2.2.5.iii   Mentoring/Supporting

❑ The nurse unit manager should facilitate mentoring/supporting as methods that help to build an individual's competence and self-confidence (Vogt & Murrel, 1990:73);

❑ exercise characteristics, such as patience and understanding, when working with students (Attack et al., 2002:392); and

❑ demonstrate constant guidance and assistance along the road to professional adulthood, maintenance of their own standards of professional competence, knowledge and ethical standards in creating a climate conducive to learning.

5.2.2.6   Control

❑ The nurse unit manager should realise that control is not a bureaucratic action but rather the empowerment of a subordinate or group member to achieve the

set objectives successfully (Muller, 1998:134);

❑ utilise self-control as a strategy to create a climate conducive to learning because it includes being up to date in knowledge, giving clear orders, being flexible, understanding reasons for behaviours, helping others to improve, increase problem-solving skills, staying calm under pressure and planning ahead (Swansburg & Swansburg, 1999:611); and

❑ initiate the process of control in the nursing unit in order to promote openness, honesty, trust, competence and even confrontation (Swansburg & Swansburg, 1999:611).

5.2.2.6.i   Actualising

❑ The nurse unit managers should strive towards an actualised spirit in which performance is at the highest level of work that they are best prepared to do (Vogt & Murrel, 1990:74);

❑ realise that the self-actualising process is the joint responsibility of both the person and the organisation and is not geared towards perfection by psychological health (Vogt & Murrel, 1990:74);

❑ develop positive attitudes toward self, that is, self-worth attitudes toward self, self-acceptance and self-respect through self-assessment;

❑ a self-actualised nurse unit manager with up-to-date knowledge, skills, attitudes and values is needed to create a climate conducive to learning; and

❑ provide non-threatening opportunities for self-assessment, willingness to share self with others, cultivate a trustful and trustworthy atmosphere, setting own values and maintaining them even in an unfavourable environment, and strengthen self-esteem and self-reliance.

• Supervision

❑ The nurse unit manager should be responsible for teaching, supervising, guiding, assessing and evaluating student nurses in clinical areas (Quinn, 1988:188);

❑ consider clinical supervision as observing student-patient interaction, reviewing the process of recording, guiding the development of nursing formulation, reviewing documentation, such as nursing notes and care plans (Kirkpatrick et al., 1991:104);

❑ create an atmosphere of mutual respect and trust in the unit so that supervision is accepted by all in a positive light, readiness to help and guide during supervision (Mellish & Brink, 1990:178);

❑ ability to motivate learning by showing interest in the progress and ability of learners; and

❑ notice (during the process of supervision) areas where improvement is necessary, planning such improvement, teaching persons so that the plan can be implemented and the results evaluated (Mellish & Brink, 1990:178).

• Discipline

❑ The nurse unit manager should maintain discipline in order to prevent personnel from behaving in a manner that could disrupt learning and the functioning of the unit (Muller, 1998:319);

❑ ensure that rules and regulations are known and available to all who have to adhere to them;

❑ maintain discipline in the nursing unit to ensure that education and training of the nursing students proceed in an organised manner as well as teaching and leading the students towards self-discipline;

❑ make a personnel member aware of the unacceptable performance or behaviour and suggest the necessary change to assist and guide the member in making the necessary changes (Naudé et al., 2000:250);

❑ use discipline as a developmental act and as a teaching strategy where the nursing students can reflect and develop self-discipline; and

❑ conduct discipline in a sensitive and professional manner.

5.3 EVALUATION OF THE STUDY

5.3.1 RATIONALE OF THE STUDY

With reference to the National Qualifications Framework, South African Qualifications Authority, Constitution, Batho-Pele principles, outcomes-based education and SANC as ETQAs, it became clear that clinical learning environments have to be revisited and reviewed in order for effective clinical nursing education to take place. The nurse unit manager is charged with the responsibility of creating learning environments, which are inviting, challenging and motivating. The clinical learning atmosphere should be conducive, thereby promoting a culture of learning.

5.3.2 THE PURPOSE OF THE STUDY

The purpose of this study is to describe empowerment strategies for the nurse unit manger to create a climate conducive to clinical learning. The objectives are as follows:

Phase one	:	to explore and describe the expectations and perceptions of the nursing students and nurse unit managers about the role of the nurse unit manager in creating a climate conducive to learning
Phase two	:	to describe a conceptual framework
Phase three	:	to describe empowerment strategies for the nurse unit manager to create a climate conducive to clinical learning

5.3.3   THE RESEARCH DESIGN AND METHOD

5.3.3.1   The research design

The research design in this study is qualitative, exploratory, descriptive and contextual in nature. It is a qualitative study as it explores and describes the expectations of the nursing students and the in-depth perceptions of the nurse unit manager in the nursing unit so as to enable the researcher to describe empowerment strategies for the nursing unit manager to create a conducive climate for learning.

The study is exploratory as it seeks to gain new insight and understanding of the nursing students' expectations as well as the nurse unit managers' perceptions in creating a conducive learning climate. The study is also descriptive in nature as it gathers a holistic understanding of the patterns, characteristics and meanings of the nursing students' expectations and the nurse unit managers' perceptions in their role in creating a climate conducive to clinical learning. Thus, empowerment strategies will be developed for the nurse unit manager to create a climate conducive to clinical learning based on the description of the students' expectations and the perceptions of the nurse unit managers. The study is contextual because it was conducted to ascertain the nursing students' educational needs and the nurse unit managers' perceptions as clinical learning facilitators. Burns and Grové (1997:777) refer to a context as the body, the world, and concerns unique to each person within which that person can be understood.

5.3.3.2   The research method

The research was conducted in three phases, namely phase one which involved the exploration and description of the expectations and perceptions of the nursing students and the nurse unit managers, phase two in which the findings were

conceptualised and phase three where empowerment strategies for the nurse unit managers to create a climate conducive for clinical learning were described.

• Data collection

Phase one was conducted in two stages:

Stage one: naïve sketches were written by 22 nursing students from a nursing college in the North-West Province (Giorgi in Omery, 1983:52), followed by individual interviews to validate the findings.

Stage two: a focus group interview of 13 nurse unit managers working at the selected clinical areas where the nursing students are placed for their clinical learning experiences was conducted by an expert interviewer (Morgan, 1993:37).

Findings were conceptualised and conclusive statements made through deductive, inductive reasoning and inferences. Empowerment strategies were described from the conclusive statements made.

• Population and sampling

In phase one, stage one, the purposive sampling of 22 students was obtained from the fourth-year nursing students who are in the process of studying for a diploma in nursing (general, psychiatric and community) and midwifery. Fourth-year nursing students were purposively selected because of their in-depth knowledge and experiences as well as the skills, values and attitudes they have acquired from first- to fourth-year levels of education and training.

In stage two, a quota sample of 13 nurse unit managers based at the different clinical nursing areas approved by the South African Nursing Council for the

nursing college in the North-West Province, who met the sample inclusion criteria and consented to participate in the study were selected. Most of the participants had obtained nursing education as a qualification and had knowledge in the principles of teaching and learning, and also had experience in teaching students in clinical learning units.

The conceptual framework was developed from the empirical findings and the management process described by Muller (1998:131-134) and empowerment methods of Vogt and Murrel (1990:66), as well as legal and professional frameworks. From both frameworks, an integrated empowering process was developed which was used to describe empowerment strategies for the nurse unit manager through deductive and inductive logical reasoning and inferences.

• Trustworthiness

Trustworthiness was used as developed by Lincoln and Guba's (1985:314) model of trustworthiness. Consideration was given to credibility, transferability, dependability and conformability. The research design selected for this study is a qualitative design, which is exploratory, descriptive and contextual in nature. Since the description of the nursing students' expectations and the perceptions of the nurse unit managers were to be determined by narrative sketches in stage one and the focus group interview in stage two, the criteria for trustworthiness had been met as described by Lincoln and Guba (1985:314).

• Data analysis

In this study, data analysis was done according to Tesch (in Creswell, 1994:155). An independent coder was used for the categorisation of data collected in stage one and two of phase one. Deductive, inductive reasoning and inference were used to describe the empowerment strategies for the nurse unit manager to create a climate conducive to learning.

5.4   LIMITATIONS OF THE STUDY

The researcher finds it difficult to identify limitations of the study based on the good cooperation received from the college and the health care services management as well as participants in stage one and two of phase one and appropriate use of the research design and methods.

5.5   RECOMMENDATIONS

In the study, recommendations are made with reference to nursing education, practice and nursing research.

5.5.1   Nursing education and practice

Clinical nursing education is a dynamic, constantly changing, real-life environment in which theoretical knowledge is integrated with practice (Chabeli, 2001:348). It is therefore recommended that the nurse unit manager should take a leading role in creating learning environments which are inviting, challenging and motivating for the nursing student to correlate theory into practice. Outcomes-based education and training is a learner-centred, result-orientated and activity-based approach to teaching and learning. It is recommended that the nurse unit manager should use empowerment strategies to create an environment that is conducive to clinical teaching and learning for the nursing students.

5.5.2   Nursing research

It is recommended that the nurse unit manager should initiate and implement relevant research projects in the nursing units in order to ensure that clinical nursing education is based on sound scientific knowledge that will lead to quality nursing care. The nurse unit manager should be open-minded in the acquisition

of knowledge, skills, values and attitudes in conducting research project as the current emphasis is based on quality assurance and quality service delivery. It is recommended that the described empowerment strategies be tested in the practical situation.

5.6 CONCLUSION

The study has a significant contribution in clinical nursing education. The researcher has explored and described the expectations and perceptions of the nursing students and the nurse unit managers as to how the nurse unit managers can be empowered to create a climate conducive to clinical learning.

A literature review was conducted to control the findings. Empowerment strategies for the nurse unit manager on how to create an environment conducive to learning were described. The nurse unit managers were challenged to use these strategies to create a climate conducive to clinical teaching and learning for the nursing students.
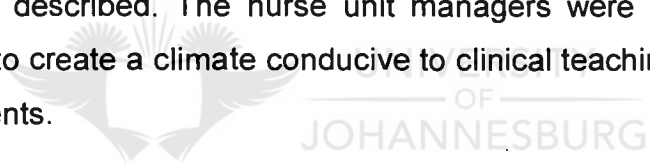
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ANNEXURE A

REQUEST FOR PERMISSION
TO CONDUCT RESEARCH

R . A . U

RANDSE AFRIKAANSE UNIVERSITEIT	RAND AFRIKAANS UNIVERSITY
Posbus 524, Auckland Park 2006	PO Box 524, Auckland Park 2006
Republiek van Suid-Afrika	Republic of South Africa
Tel (011) 489 2911	Fax (011) 489 2191
+ 27 - 11 - 489 2911	+ 27 - 11 - 489 2191

DEPARTMENT OF NURSING SCIENCE -
Telephone   : (011) 489-2655

2000-10-23

The Department of Health
Private Bag X2068
MAFIKENG
2745

Dear Sir

REQUEST FOR PERMISSION TO CONDUCT RESEARCH

I wish to conduct a research project entitled "Empowerment of nurse unit manager to create a climate conducive to learning", as part of the requirement for acquisition of a M. Cur. Degree in Professional Nursing Science. This study will be done under the supervision and guidance of Prof MM Chabeli and Prof AC Botes, from the Department of Nursing Science, Rand Afrikaans University.

The objectives of this research project is to describe empowerment strategies for the nursing unit manager to create a climate conducive to learning.

For this objective to be attained it is necessary to collect data from nursing students and nurse unit managers. Data collection from the nursing students will firstly be conducted by naïve sketches which will be followed by focus group interview to verify and validate data collected by naïve sketches. For the nurse unit managers, focus group interviews will be conducted where fifteen participants will be purposively selected. The interview session will take one to two hours with a break in between.

The nurse unit managers will be asked to freely describe their expectation and perception as to how they could be empowered to create a climate conducive to clinical learning.

The nursing student will be asked to describe their expectation about the role of the nurse unit managers in creating the clinical nursing units as an environment conducive to learning.

Criteria for inclusion into the research project the student must be:

- In the process of studying for a diploma in nursing (general, psychiatry and community) and midwifery;

- In fourth year level of study;

Nurse unit managers must:

- Have two years experience as a nurse unit manager at the clinical learning areas where student are placed for their clinical experience;

- Be both male and female.

The identity of participants will be protected as they will be given numbers to avoid using their names. The name of the hospitals, clinics and the college will not appear on the research report.

It is envisaged that about fifteen participants will be needed for the research project. Arrangement as to where the focus group interviews will be conducted will be made as soon as permission is granted.

Participants will give informed consent and have the right to withdraw their consent at any stage during the process of the research procedures. There are no risks involved but the participants will benefit by implementing the described strategies in creating the environment conducive to clinical learning.

Research results will be made available to the participants, hospitals, clinics and college and the Department of Health on request.

Should you have any questions with regard to this research project, I will be pleased to answer them. Feel free to contact me at: Cell No.: 083 511 1352 or Fax. (018) 384 1257.

Address: P O Box 1204
                MAFIKENG 2745

Thank you

J M MATSIPANE (MR)
M. CUR. STUDENT

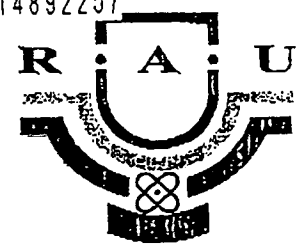M M CHABELI (PROF)
SUPERVISOR

A C BOTES (PROF)
CO-SUPERVISOR

ANNEXURE B

REQUEST FOR CONSENT
FROM PARTICIPANTS (NAÏVE SKETCHES)

0114892257

R A U

RANDSE AFRIKAANSE UNIVERSITEIT	RAND AFRIKAANS UNIVERSITY
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Republiek van Suid-Afrika	Republic of South Africa
Tel (011) 489 2911	Fax (011) 489 2191
+ 27 - 11 - 489 2911	+ 27 - 11 - 489 2191

DEPARTMENT OF NURSING SCIENCE

Telephone   : (011) 489-2655   2000-10-23

_____

_____

_____

Dear Participant

REQUEST FOR CONSENT FROM PARTICIPANTS

I wish to conduct a research project entitled "Empowerment of nurse unit manager to create a climate conducive to learning", as part of the requirement for acquisition of a M. Cur. Degree in Professional Nursing Science. This study will be done under the supervision and guidance of Prof M M Chabeli and Prof A C Botes, from the Department of Nursing Science, Rand Afrikaans University.

The objective of this research project is to describe empowerment strategies for the nursing unit manager to create a climate conducive to learning.

With your permission, a focus group interview will be conducted for one to two hours, whereby you describe expectations and perceptions about the role of the nurse unit manager in creating the clinical nursing unit as an environment conducive to learning for the student nurse.

An audio tape recorder will be utilized with your permission, and to verify and validate the interview results, further individual interviews with selected participant who belonged to the same group will be conducted. The audiotapes will be destroyed after completion of the research project.

To protect your identity, participants will not indicate their names or the institutions before commencement of the interview. If you agree, you will be given an informed consent for this research project to attach your signature and date on the consent form provided. You have the right to withdraw your consent at any stage of the research procedure. It is clearly understood that you are under no obligation to participate in this research project. There are no risks involved but participants will benefit by implementing the described strategies to create the environment conducive to clinical learning.
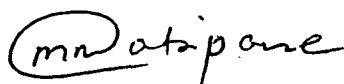
Arrangement will be made with you once permission has been granted by you as to the venue where the interview will be conducted within a private, comfortable area free from disturbances in your institution.

Research results will be made available to you and your institution on request.

Should you have any questions with regard to this project, I will be pleased to answer them. Feel free to contact me at Cell. Phone: 083 511 1352 or Fax (018) 384 1257.

Address: P O Box 1204
            MAFIKENG   2745

Thank you

J M MATSIPANE (MR)
M. CUR. STUDENT

M M CHABELI (PROF)
SUPERVISOR

A C BOTES (PROF)
CO-SUPERVISOR

ANNEXURE C

REQUEST FOR CONSENT
FROM PARTICIPANTS (FOCUS GROUP)

0114892257

R · A · U

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DEPARTMENT OF NURSING SCIENCE

Telephone   : (011) 489-2655   2000-10-23

Dear Participant

REQUEST FOR CONSENT FROM PARTICIPANTS

I wish to conduct a research project entitled "Empowerment of nurse unit manager to create a climate conducive to learning", as part of the requirement for acquisition of a M. Cur. Degree in Professional Nursing Science. This study will be done under the supervision and guidance of Prof M M Chabeli and Prof A C Botes, from the Department of Nursing Science, Rand Afrikaans University.

The objective of this research project is to describe empowerment strategies for the nursing unit manager to create a climate conducive to learning.

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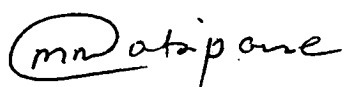
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Address: P O Box 1204
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Thank you

J M MATSIPANE (MR)
M. CUR. STUDENT
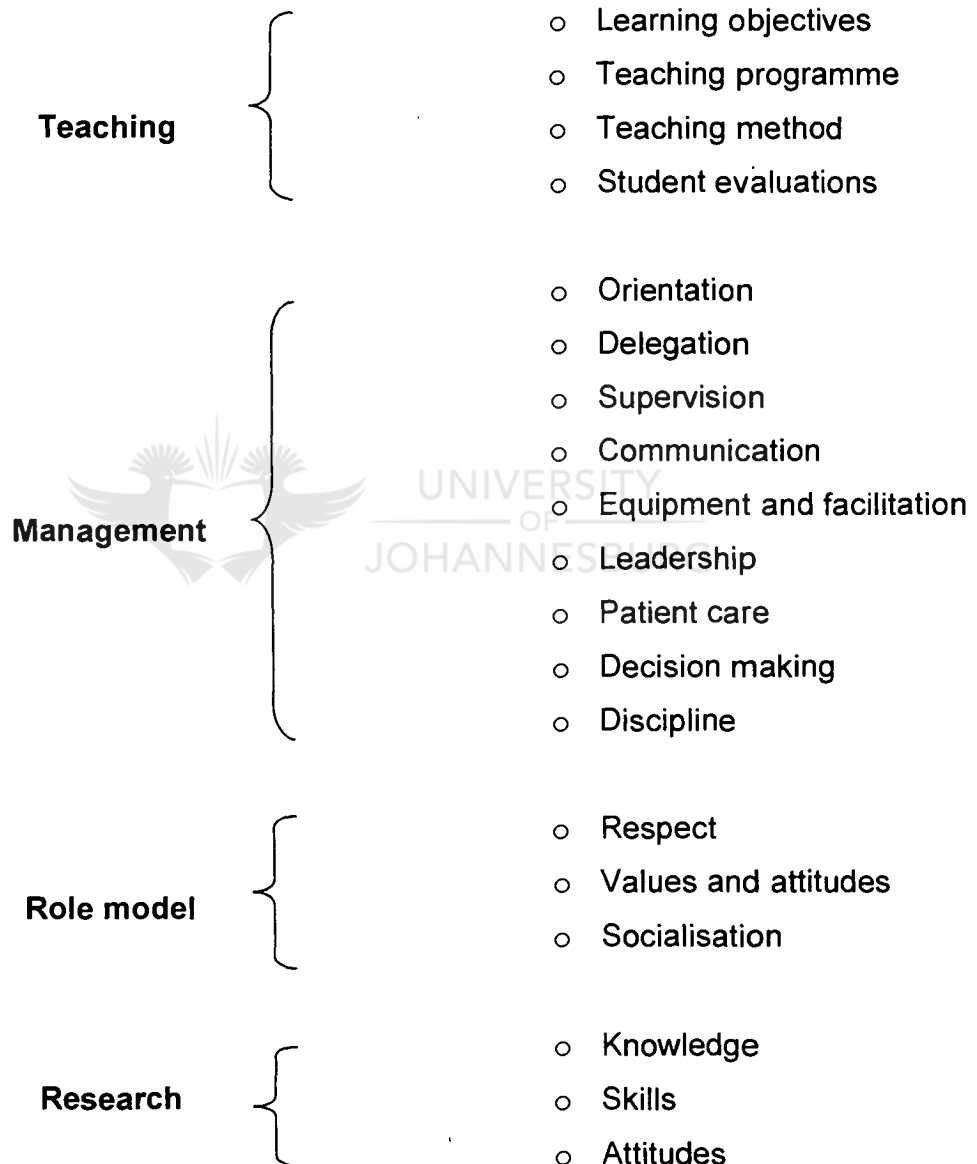
M M CHABELI (PROF)
SUPERVISOR

A C BOTES (PROF)
CO-SUPERVISOR

ANNEXURE D

TRANSCRIPTS OF
NAÏVE SKETCHES

SUMMARY OF STUDENT NURSES' EXPECTATIONS
FROM NURSE UNIT MANAGERS

STUDENT EXPECTATIONS

Teaching
- o Learning objectives
- o Teaching programme
- o Teaching method
- o Student evaluations

Management
- o Orientation
- o Delegation
- o Supervision
- o Communication
- o Equipment and facilitation
- o Leadership
- o Patient care
- o Decision making
- o Discipline

Role model
- o Respect
- o Values and attitudes
- o Socialisation

Research
- o Knowledge
- o Skills
- o Attitudes

EXPECTATIONS FROM NURSE UNIT MANAGERS TO CREATE A CLIMATE CONDUCIVE TO LEARNING.

We expect good leadership, knowledge, respect, guidance and supervision. Teaching programme and learning objectives to be established and ask our learning needs. Good communication with us not to command us. To formulate committees in the unit and include us to solve the problems. Organise equipment and materials and teach us the correct procedures before they tell us about improvising. Proper orientation, delegation and discipline. Socialization is part of teaching. Decision making and problem solving to include us and follow the correct steps. To allocate us activities such as planning of off-duties, ordering and control of equipment. To have enough books, booklet and chart where we can get additional knowledge. They should up-date themselves with new development and technology. To monitor and assess our clinical progress on daily basis and give us feedback before we go to the practical examination.

1. To support and guide to give us a chance to correlate theory to practice.

2. Learning objectives, teaching programme and evaluation methods and give us chance to take rounds with doctors.

3. Communication which is good human relations, good attitude and proper socialization as part of learning.

4. Teaching, management, patient care and research are their broad function, if this function are done properly the unit can be conducive to learning.

5. Orientation programme, delegation and good decision making to be done properly and involved us.

6. Multidisciplinary team approach, doctors, physiotherapist, radiographer, lab technicias should be included in our teaching and the nurse unit manager to guide us.

7. Equipment and material be available and not to tell us with improvising.

8. Teaching methods to be appropriate, to us debate, group discussion, peer group teaching and demonstrations.

Expectation from the unit manager to create a climate conducive to learning.

Multidisciplinary team approach on, taking rounds with doctors. To improve their leadership attitudes to us. Teaching is their function to us and patients. Teaching programme and learning objectives and to consult our tutors. Socialization we expect respect, trust and good attitudes in creating a conducive environment to learning. Management is important, supervision and delegation. To have orientation programme and and give us a chance to give feedback. We expect respect and trust, supervise and guide us correctly.

Expectations from the Nurse Unit Manager to create a climate conducive to learning

To play their clinical teaching role and show us procedures, not to tell us that we must go and ask our tutors.
Orientation to the policies, protocols, personnel, patient, ward routine and the environment, not just to ask our names.
Teaching programme in the unit, all personnel to be involved not only the student, to conditions admitted in the ward. Teaching programme to include doctors, pychologist, unit managers and relevant topics to be chosen for all categories to facilitate learning needs of the students.
Teaching should either be formal or informal and the nurse unit manager to choose method of teaching that are appropriate for example case studies, doctors rounds and demonstrations.
Should evaluate us and give us feedback in order to boost our self-esteem
Use principles of delegation and delegate challenging task to us and not taking of vitals signs.
Should appreciate good work done by us to motivate us to learn further.
To be confident in all aspects of nursing care and supervise us during emergency situations.

expectation from Nurse Unit Manager to create a climate conducive to learning

Good communication and interpersonal relationship, behaviours and attitudes.

Management, should allocate us to do management function such as scheduling off-duties, stock control and to be in charge of the unit to manage patient care holistically and deliver quality nursing care and understand his/her function as a nurse to patients.

Should have self-discipline before they could discipline students, and to follow steps of problem-solving and decision-making when dealing with us.

Know to our learning objectives and be prepared to teach us.

Solve problems in the unit, to do small research and involve us

To be role Models, punctual, dress properly and not to absent themselves thinking that student will work.

Involve us in taking and giving report, ward round.

Void managing from duty-rooms and stop attending meeting everyday but to be involved in patient care.

ANNEXURE E

TRANSCRIPTS OF A
FOCUS GROUP INTERVIEW

- **Research Question**

"How can we empower you to create a climate conducive to clinical learning for the nursing students?"

Key : I - Interviewer
      P - Participant

P: Every personnel should be involved in formulating the nursing unit objectives, identification of learning opportunities and the students should bring their learning objectives so as to assist them to correlate theory and practice.

I: We should draw up a teaching programme which is in line with the learning opportunities that are available in the unit. To use participative management.

P: Demonstration is not the only method that can be used in the clinical method of teaching. We should apply other methods so that we give the students an opportunity to understand better like, group discussion, case studies, role play and debate.

I: Hmmm, what else?

P: To encourage the students to take and give reports and take rounds with doctors because there they have the opportunities to ask questions as part of their learning. To acquire adequate knowledge about conditions within

the nursing unit in order to be useful to the student and to keep updating ourselves with new developments by attending workshops and symposiums.

I: Yes?

P: Students should be committed and responsible towards rendering patient care as part of their learning activities. To be updated on current student evaluation tools and to formulate a comprehensive evaluation tool together with the nurse educators.

I: Yes, let us talk, how can we create this conducive climate for clinical learning?

P: To improve the orientation programme so as to prevent complications, promote a spirit of cohesiveness, to know each other better but basically to achieve quality patient care. Orientation is a continuous process which can ally anxiety and frustrations. Give the students a chance for peer-orientation as a form of feedback after being orientated. Delegate responsibility to the nursing students according to their level of knowledge, skills and to prevent frustrations.

I: Is that all, what else?

P: Through delegation, you supervise and evaluate at the same time, create learning opportunities and allow students the opportunity to develop personally and professionally. To be organised as unit managers, to have policies, protocol, guidelines and procedure manuals, the way of doing things — to do things in a correct way. Still under organisation, during emergencies and disaster situations, one should be ready by being

organised, facilities and equipment should be readily available as part of organisation.

I: Hmmm!

P: To establish clinical committees consisting of the unit manager, nurse educators and nursing students in order to formulate common clinical learning objectives, clarify role expectations and be updated on transformation issues in nursing education, e.g. outcomes-based education, SAQA and NQF. Encourage an open communication system that is horizontal and vertical, use verbal and written gestures and facial expressions. Guard against factors that indicate negative communication towards another person, e.g. the way you talk and look at a person, frowned face and tone of the voice. To have good communication between the college and clinical nursing units, to build and maintain good interpersonal relationships between unit managers and nurse educators.

I: You say problem solving – what about it?

P: We expect joint decision making and problem solving as part of the unit management. Clinical problems are to be solved immediately following the steps of problem solving and to be assertive. I think that interactive management and leadership which actually comprises with shared governance and to accept opinions and ideas of other personnel. Leadership such as transformational, transactional, democracy and participative leadership is good but as a leader, we should understand the negative and positive impacts of the chosen style.

I: Yes!

P: If we talk about discipline, we refer to ordinary good manners, ethics and professional conduct and the setting of high standards. Do only what is correct so that you become a good role model. Consider rules and regulations that govern the nursing profession, hospital policies, college code of conduct, labour relation and all personnel should understand these acts as well as the disciplinary procedures to be followed. To adhere to Batho-Pele principles as service delivery standards and apply these principles to ensure good discipline.

I: Hmmm, what else?

P: To demonstrate positive attitudes, trust, respect and dignity as role models, always lead by example in order to influence the personal and professional growth of the students. To adhere to broad functions of the nurse, that is teaching, unit management and research. As unit managers, we lack the knowledge and skills to conduct research projects in the units and we expect to be empowered.

ANNEXURE F

FIELD NOTES – NAÏVE SKETCHES

FIELD NOTES – NAÏVE SKETCHES

At 10:00 the nursing students were seated in the upstairs classroom in the nursing college. The room was well ventilated and free from any disturbances.

The researcher provided the students with full-scap papers to answer the question which was written on the chalkboard. Participants were reminded not to write their names on the full-scap papers.

One student shouted loudly, "Yes, we got them, let us write guys, the truth and nothing else". The others laughed at this outburst, some nodded their heads, and some clapped their hands. Soon, all the participants began answering the question on the chalkboard placing as much concentration into it as they would have an important exam. Some participants stopped writing after 30 minutes, glanced at their watches and the researcher at the same time.

After 45 minutes, the first participant stopped writing and submitted her naïve sketch. One participant handed in his naïve sketch only to return moments later wanting to write down something that he had forgotten. He was given a chance to write and finished after 15 minutes.

Most of the participants handed in their naïve sketches and the last two participants asked the researcher to "please do something to change the attitudes of the nurse unit manager and good luck with your research".

ANNEXURE G

FIELD NOTES – FOCUS GROUP

FIELD NOTES – FOCUS GROUP INTERVIEW

It was 13:00 when the nurse unit managers were seated in the hospital boardroom which was free from any disturbances. The chairs were arranged in a circle to facilitate discussion.

The researcher and the interviewer greeted the participants. The researcher introduced the interviewer to the nurse unit manager and the participants to the interviewer. The researcher highlighted the purpose, objectives, benefits and the ethical consideration of the study.

The researcher placed the tape recorder in the centre and tested it for sound and volume. The interviewer made an introductory address in order to put the participants at ease. The researcher, the interviewer and the participants set the following rules to be followed during the interview session:

❑ Raise your hand when making a contribution
❑ Speak loudly so that your voice can be recorded
❑ Switch off all cellphones
❑ Give one another a chance to speak – no interruptions
❑ Do not use names, but use the term "my colleague"
❑ Everybody should make a contribution, therefore, no criticisms

The interviewer posed the question:

How can we empower you to create a climate conducive to clinical learning for the nursing students?

Three participants raised their hands in response to the question asked by the interviewer. The discussion unfolded smoothly without any interruptions from the

interviewer. The participants were seen to enjoy the discussion and almost everybody was ready to make their contributions.

The first tape ended and the researcher put in a second tape and the discussion continued. The interviewer asked for clarification of some issues by using probing questions.

The interviewer made a summary and the participants confirmed the summary. The researcher and the interviewer thanked the participants for participating in the research project.

Refreshments were served at the end of the focus group interview.