UNIVERSITY OF THE WESTERN CAPE

FACULTY OF COMMUNITY AND HEALTH SCIENCE

RESEARCH REPORT

CLINICAL LEARNING EXPERIENCES OF UNIVERSITY MALE STUDENT NURSES DURING THEIR PLACEMENT IN A CLINICAL SETTING

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A mini-dissertation submitted in partial fulfilment of the requirements for the degree of Magister Curationis in the School of Nursing, University of the Western Cape

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KEY WORDS

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Experiences

University

Male student nurse

Clinical setting

ABSTRACT

An increasing number of males is entering the nursing profession. The researcher in his position as a clinical supervisor at the School of Nursing at the University of the Western Cape (UWC), through informal ward rounds with student nurses in the wards, has received concerns raised by male student nurses regarding their dissatisfaction with their clinical learning. Given the paucity of literature about the experiences of males working in a profession dominated by females, the researcher embarked on this study to understand how male student nurses experienced the clinical learning environment.

The aim of the study was to explore and describe the lived clinical learning experience of male student nurses during their experiential learning in the clinical setting. A descriptive phenomenological design was used. Purposive sampling was used to select participants from the second, third and fourth year of their study. Three focus group discussions, consisting of six participants per group were used to collect data. One open-ended question guided the interviews. Focus group discussions were audio-recorded and transcribed verbatim. Data analysis was conducted by means of Colaizzi`s (1978) seven steps method of qualitative analysis.

Three major themes identified focused on the experiences regarding the constraints in the learning environment, the impact on the self and social support of students working in a female dominated profession. The participants in this study were male students only, but after looking at the findings and literature, the problem of not being given opportunities to practise clinical skills in a clinical learning environment, particularly according to their level of study, is a problem that faces both male and female students. The findings indicate that male nurses do have different experiences compared to female nurses because of their masculinity, hence they are limited in the care that they can provide to female patients.

DECLARATION

I declare that "**CLINICAL LEARNING EXPERIENCES OF UNIVERSITY MALE STUDENT NURSES DURING THEIR PLACEMENT IN A CLINICAL SETTING**" is my own work, that it has not been submitted for any other degree or examination in any other university, and that all the sources I have used or quoted have been indicated and acknowledged by complete references.

Signed: ……

Name: SIBUSISO BUTHELEZI

Date: November 2014

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LIST OF ABBREVIATIONS

CLE:	Clinical Learning Environment
SANC:	South African Nursing Council
SASI:	Student Administration System Information
SoN:	School of Nursing
UWC:	University of the Western Cape

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CHAPTER ONE

ORIENTATION TO THE STUDY

1.1 INTRODUCTION AND BACKGROUND OF THE STUDY

Despite the global increase in the number of males entering the nursing profession (Eswi & El Sayed, 2011), male nurses remain a minority group (Meadus & Towmey, 2011; Lerardi, Fitzgerald & Holland, 2010). In the United State of America (USA) male nurses constitute 9.6%, in Canada 5.8%, and in China less than 1% of the total population of nurses (Landivar, 2013; Rajacich, Kane, Williston & Cameron, 2013; Wang, Li, Hu, Chen, Gao, Zhao & Huang, 2010). In South Africa, as in many other countries, nursing remains a female-dominated profession. Nationally, male nurses comprise only 8.5%, whereas female nurses comprise 91.5% of nurses in the nursing profession (South African Nursing Council (SANC) statistics, 2012). Provincially, particularly in the Western Cape Province, male nurses comprise only 6%, whereas female nurses comprise 94% of the nursing profession (SANC Statistics, 2012). According to the UWC's Student Administration System Information (SASI), the registered student nurses in the nursing programme at the UWC for 2013 comprise 18.7% male student nurses and 81.3% female student nurses. It is evident that although nursing has traditionally been a female-dominated profession (Meadus & Twomey, 2011), there has been a small number of males entering the profession. At the University of the Western Cape the in-take of students into the nursing faculty increased from 120 to 320 in 2004, in compliance with a ministerial decision. This increase can also be attributed to the addition of a foundation year (Extended Programme) which, according to the Council of Higher Education (2013), was meant to enable students who were perceived to be under-prepared though talented, to achieve academic success in higher education.

The founder of modern nursing, Florence Nightingale, considered nursing to be a female occupation because it was an extension of women's roles (Evans, 2004; Ozdemir, Akansel & Tunk, 2014). This has created the serious gender stereotype that males are not suitable candidates for a career in nursing. Valizadeh, Zamanzadeh, Fooladi, Azadi, Negarandeh, and Monadi (2013) revealed that the social construction of nursing as a female profession creates difficulties for male nurses and questions their abilities to offer care to patients However, nursing still remains a female-dominated profession (McKinlay, Cowan, McVittie & Ion, 2010).

Globally males have also played a role in nursing regarding caring for patients and being employed in the health care sectors (Ozdemir *et al*., 2014). Some of these roles include but are not limited to males of various religious orders providing nursing care and protection to the sick, wounded and dying in the time of war and peace (Evans, 2004). Hence, Evans (2004) states that the failure to recognize men`s contribution in nursing leaves male nurses with very little information about their professional background. Smith (2006) and Wilson (2005) allude to the challenges males encounter in their work as nurses. These include questions their masculinity or sexuality, discrimination because of their gender, the absence of suitable role models, lack of support, feelings of isolation, poor instruction on the appropriate use of touch and unequal clinical opportunities (O`Lynn, 2004). These challenges may affect males who choose to register for education and training in nursing at various institutions of learning.

At the UWC School of Nursing (SoN) there has been some growth in the number of male student nurses registered for the Bachelor of Nursing degree, but female students remain in the majority. In order to achieve the desired outcomes for the nursing degree programme, students are placed in clinical settings to integrate theory with practice. They get an opportunity to learn and to practise skills that are being taught in the classrooms (Kaphagawani & Useh, 2013).

The clinical learning environment provides real-life situations and allows the student nurse to use cognitive, psycho-motor and affective skills, which are vital for the development of the specific knowledge, problem-solving skills, and values required in the nursing profession (Salamonson, Bourgeois, Everette, Weaver, Peters & Jackson, 2011; Kapucu & Bulut, 2011). The CLE is defined as an "interactive network of forces within the clinical setting which influence the students' clinical learning outcomes" (Dunn & Hansford, 1997; Chan, 2002). Some authors assert that the clinical learning environment includes everything that surrounds the student nurse, including the clinical setting, the staff and the patient (Papp, Karkkanen & Von Bonsdorff, 2010; Skaalvik, Normann & Henriksen, 2003).

This means that the clinical learning of nursing students depends on a supportive learning environment, which includes the nursing staff, clinical supervisors and other health team members who are involved in the students' clinical learning. It is their responsibility to ensure that CLE is conducive for students to learn in the clinical setting. D`Souza, Venkatesaperumal and Radhakrishna (2013) emphasise that a supportive CLE is important to the success of the clinical teaching process, because many students perceive their clinical learning environment as anxiety- and stress-provoking. Kaphagawani and Useh (2013) mentioned that a supportive CLE is the one that has good inter-personal relationships, communication and support amongst nursing staff, supervisors and students, all of which creates a conducive environment which is essential for students learning in the clinical setting. They further stated that in a positive CLE students have to be given opportunities to practise a variety of nursing skills in order to gain confidence and learn from their mistakes.

The Bachelor of Nursing programme at the University of the Western Cape is presented over a period of four years, and five years for the Extended Programme. The students who do not meet

the criteria for admission to the four year programme are admitted for an additional year known as the foundation year (Extended Programme).

In the first year of study students are taught foundational knowledge about nursing. Placements in a clinical setting are limited as the focus is on theory. However, in the second year of study the nursing programme focuses on the acquisition of knowledge, skills and attitude in general nursing science. The course content is General Nursing Science (GNS), Pharmacology and Human Biology. Students work in a variety of wards to acquire the necessary skills and knowledge in order to care for patients. These wards include Medical, Surgical, Paediatric, Urology, Orthopaedic, and Oncology wards. Students also work in the Operating Theatre, Trauma and Emergency Units, as well as at Community Health Care (CHC) centres. At the CHC, second year students are exposed to patients presenting with various conditions. In the second year, students work two days per week in the clinical setting.

In the third year of the BN programme, the focus is on midwifery, community and child health. Students work for three days per week in these disciplines on a rotational basis in order to meet the SANC and the SoN clinical requirements.

In the fourth year the focus is on Psychiatric Nursing Science. Students work in the mental health care settings for three days per week in order to acquire skills, knowledge and the correct attitude to care for people with mental illness and intellectual disability.

The final year in the nursing programme at UWC in the SoN is the fourth year level. At this level students are taught psychiatric nursing, and other modules such as professional practice as well as an introduction to research methodology. Again, at fourth year level, all students are placed in the various clinical settings, which are psychiatric hospitals, including a hospital for intellectual disability and community mental health clinics, in order to integrate their theory with practice. At

this level students go to clinical settings on three days per week. On the other two days they are in class attending lectures at the university.

In each year, at each level in the undergraduate BN programme, there are clinical supervisors who accompany students during the placements in the clinical settings. The clinical supervisors are professional registered nurses who are employed by the university to provide clinical supervision which includes teaching clinical nursing skills, conducting assessments and providing support to students.

The SoN places all their undergraduate nursing students in an accredited clinical setting (Jeggels, Traut & Africa, 2013) for the purpose of acquiring knowledge, skills and attitudes that are relevant to the nursing profession, regardless of gender. Clinical learning has been described as a vital and major component of the undergraduate nursing students (Dunn & Hansford, 1997). The nursing students are expected to learn and practise nursing skills without being discriminated against because of their gender (Wilson, 2005). Elwér, Aléx and Hammarström (2012) define gender equality as the "absence of discrimination in relation to opportunities, for both female and male". This means that male student nurses should not be forbidden by anyone who is involved in the clinical learning environment to observe or practise any nursing procedural skills, because they are males.

In a study conducted by Keogh and O'Lynn (2007) investigating male nurses' experiences of gender barriers, the participants reported that midwifery staff were cold and hostile , and that male students were made to feel uncomfortable during their placement. They further stated that the majority of male student nurses were not allowed to participate in the full range of caring interventions during obstetric placement. This reveals that male nursing students still face many barriers and obstacles, from their patients and colleagues (GE, Abdel El-Halem, El-Hawashy,

Gamal El-Dein & Taha, 2011). Male students are not faced with additional challenges only in midwifery clinical rotation, but they are faced with these challenges also in other nursing disciplines.

Since the number of male student nurses that are registered in the SoN is increasing, it is important to understand their clinical learning experiences, across year levels in the undergraduate nursing programme at UWC, in the SoN. Therefore, this study was designed to explore and describe the clinical learning experiences of male student nurses during their placement in the clinical setting. Experiences, in this study, refer to knowledge or skill gained through being involved in or exposed to something over a period of time.

1.2 PROBLEM STATEMENT

The researcher, in his position as a clinical supervisor, and through informal ward rounds with student nurses in the wards, has learnt of concerns raised by male nursing students regarding their dissatisfaction with their clinical learning. This prompted a need to understand fully their clinical learning experiences, which were hitherto unknown.

A study conducted in Canada by Meadus and Twomey (2011) revealed that clinical learning experiences remain an area of concern for most male student nurses. In South Africa, although studies have been done on the experiences of nursing students during their placements in the clinical setting, there is very little detail specifically on male student nurses' clinical learning experiences. Moreover, there is no similar study that has been done at UWC, in the SoN regarding male student nurses' clinical learning experiences. The researcher thought it vital to explore and describe male student nurses' clinical learning experiences during their placement in the clinical setting.

1.3 RESEARCH QUESTION

What are the clinical learning experiences of male student nurses during their placement in the clinical settings?

1.4 PURPOSE OF THE STUDY

The purpose of this study is to explore the clinical learning experience of male student nurses during placement in the clinical setting.

1.5 OBJECTIVES

To describe the clinical learning experiences of male student nurses during placement in the clinical setting.

1.6 SIGNIFICANCE OF THE STUDY

The researcher believes that exploring clinical learning experiences would inform the nursing staff, nursing managers, SoN clinical supervisors and managers with a deep understanding of clinical learning experiences of male student nurses. Once these experiences are understood, then it would be possible to come up with strategies to ensure that male student nurses be further supported in overcoming challenges that may negatively affect their clinical learning, in the clinical setting. This study may provide information to assist with the preparation of male student nurses to the clinical setting. The findings of this study may contribute to improving the understanding of the clinical learning experiences of male nursing students in the SoN, at UWC.

1.7 OPERATIONAL DEFINITIONS OF KEY CONCEPTS

Clinical learning

Refers to learning opportunities that are available for male student nurses in the clinical setting, which would help them to develop and improve their knowledge regarding nursing skills, in order to become competent.

Clinical setting

The clinical setting is an environment in which a registered nurse and a student are involved in patient care and where learning opportunities present themselves. *This term was used interchangeably with clinical learning environment in this study.*

Clinical learning environment (CLE)

CLE is an interactive network of forces within the clinical setting which influences the students' clinical learning outcomes (Papastavrou, Lambrinou, Tsangari, Saarikoski & Leino-Kilpi, 2010). *This term was used interchangeably with the clinical setting in this study.*

Experience

This refers to knowledge or skill gained through being involved in or exposed to something over a period of time (Oxford English Dictionary, 2012).

Student nurse

- A student nurse is a person who is "following a programme of study in a nursing education institution" (Nursing Act No. 33 of 2005).

In this study, student nurses refer to male second, third and fourth year student nurses completing the basic degree in nursing at a higher education institution in the Western Cape.

Nurse

The term nurse refers to a nurse who has passed a qualifying examination in order to be licensed by the South African Nursing Council to practise (McQuoid-Mason & Dada, 2009). *This term is going to be used interchangeably with nursing staff in this study.*

University

This is also known as a higher education institution.

A university is described as any institution that provides higher education on a full-time, part-time or distance basis, which has been merged, established or declared or registered as a higher education institution under the Act (South Africa, 1997).

This refers to the participating university in the Western Cape which offers the B Nursing degree for nurse education and training on a full-time basis.

Clinical Supervisor

In this study, a clinical supervisor is a registered professional nurse who is employed by the UWC, in the SoN to teach clinical skills and to supervise a group of nursing students during their placement in the clinical settings.

1.8 RESEARCH METHODOLOGY

An overview of research methodology is described in this chapter. However, the in-depth description of the research methodology is presented in chapter two.

Research design

This study adopted a qualitative approach and descriptive phenomenological design, to explore and describe the clinical learning experiences of male student nurses during placement in the clinical setting.

Population and Sampling

The population in this study was male student nurses, registered at the UWC for the Bachelor of Nursing programme. Students in a first and second year of the foundation programme as well as the first year students of the mainstream programme were excluded.

Sampling method and sample size

Purposive sampling was used to select participants. This method was chosen, because it allowed the researcher to select participants that are knowledgeable about the phenomena to be studied (Brink, Van der Walt & Van Rensburg, 2012).

Data collection method and instrument

The researcher made use of unstructured focus group interviews for data collection. One open ended question was asked to the participants, in order for them to describe their clinical learning experiences broadly. Probes were used to elicit more information from what participants have said. Each focus group interview lasted between 50 – 60 minutes. All focus group interviews were audio-recorded. Three focus group interviews were conducted until data saturation occurred. Each focus group interview consisted of six (6) participants.

Data analysis

The data was analysed following the steps of Colaizzi`s (1978) method of data analysis for qualitative research (Creswell, 2007). To ensure the trustworthiness of the qualitative data, the researcher followed four criteria, which are: credibility, dependability, conformability, and transferability (Lincoln & Guba, 1985 in Polit & Beck, 2012). The in-depth data analysis process is presented in chapter two.

1.9 CHAPTER OUTLINE OF THE STUDY

Chapter 1 presents the background of the study, problem statement, research question, aim, objective, significance of the study. It also briefly outlines the research methodology and design, and, importantly ethical considerations.

Chapter 2 describes the research methodology and design.

Chapter 3 presents the findings of the study and a discussion of the findings. The literature control was used to place the findings in context with other studies, therefore no separate literature review chapter was included in this thesis.

Chapter 4 outlines the conclusions, limitations of the study and provides recommendations based on the findings of the study.

1.10 CONCLUSION

In this chapter, the researcher presented the introduction and background to the study. This chapter also described the problem statement, aim and objective of the study. It also included the research question that was intended to be answered by this study. Moreover, the significance of the study was presented in this chapter. Lastly, a brief overview of the research methodology and

design applied in this study was presented in this chapter. The next chapter will focus on the methodology used in this study.

CHAPTER TWO

METHODOLOGY

2.1 INTRODUCTION

The objective of the study was to explore the clinical learning experience of male student nurses during placement in the clinical setting. This chapter describes the methods used in the study to achieve the above objective. Research methodology is a coherent group of methods, - namely steps, tools and procedures, that will deliver data and findings to answer the research question and suit the research purpose (Henning, van Rensburg & Smit, 2004). Research methods are the systematic, methodical and accurate execution of the design (Babbie & Mouton, 2001). A research design is a plan or blueprint for conducting a study. The aim of research design is to have control over factors that may influence the validity of the study (Burns & Grove, 2009). It is a plan of specifying the selection of participants, data collection method to be used and how data will be analysed (Maree, 2007, p. 70; Green & Thorogood, 2014).

2.2 RESEARCH APPROACH

A qualitative research approach was used in this study. A qualitative approach is recommended when little is known about the phenomenon, which allows the researchers to identify, explore and describe phenomena that are poorly understood in that particular context (Botma, Greef, Mulaudzi & Wright, 2010). Thus, the researcher has chosen the qualitative research approach to explore the clinical learning experiences of male student nurses, because nothing was found documented specifically on male student nurses at UWC, in the School of Nursing (SoN).

According to Hennink *et al*. (2011), qualitative research is "an approach that allows the researcher to examine participants' experiences in details". The value of using a qualitative

approach in this study is that the qualities and the characteristics or properties of students' lived experiences can be examined without placing boundaries on the experience (Henning *et al.*, 2004). This approach was found to be beneficial because it would help the researcher to explore and then understand the perspective of participants about the meaning they give to phenomena (Green & Thorogood, 2014). It is further asserted by Brink *et al*. (2012) that a qualitative approach helps to explore the meaning, describe and provide an in-depth understanding of human experiences. Burns and Grove (2009) define a qualitative approach as systematic, subjective approach that is used to describe life experiences and give them significance, and also, to gain insight through discovering meanings.

The qualitative researchers believe that the world is made up of people with their own assumptions, intentions, beliefs and values. Therefore, the means of knowing the reality is by exploring the experiences of others about a specific phenomenon (Maree, 2007). This is affirmed by some authors who state that because people are different, they construct reality differently (Burns & Grove, 2009; Higgs, Horsfall & Grace, 2009). However, these have meaning only within a specific context.

Since the researcher`s interest was to explore, gain understanding and describe lived experiences of male student nurses, a qualitative approach was deemed to be appropriate and was employed to understand how the students constructed their reality as males working in clinical settings.

2.3 RESEARCH DESIGN

A descriptive phenomenological design was adopted in this study.

Descriptive phenomenological design

Phenomenology is a science whose purpose is to describe the specific phenomena or the appearance of things as lived experience (Streubert & Carpenter, 2007). According to Brink *et al*. (2012), a phenomenology design investigates lived experiences of humans through descriptions provided by the people involved. It is for this reason that the researcher, adopted a descriptive phenomenological design, to explore and describe the clinical learning experiences of male student nurses during their placements in the clinical setting.

Phenomenology draws on the work of German mathematician Edmund Husserl and those who expanded on his views such as Heidegger (Creswell, 2013). These two phenomenological philosophers are commonly adhered to in qualitative research. There are also two main schools of thought in phenomenology. These are descriptive (eidetic) and interpretive (hermeneutics) phenomenology (Polit & Beck, 2012). Husserl has been known as the father of descriptive phenomenology, whilst Heidegger, a student of Husserl, is known as the father of interpretive phenomenology (Polit & Beck, 2012). Furthermore, phenomenology has been known to be both philosophy and research method, which its purpose is to describe experiences as they are lived (Burns & Grove, 2009).

Burns and Grove (2009) further state that the experiences of the people who experience the phenomena must be described, because they cannot be studied using statistics. The core principle in descriptive phenomenology of suspending the researcher`s past knowledge and experience in order to deeply understand the phenomenon, made the researcher conclude that this approach was appropriate to access the male student nurses` world in order to elicit rich and descriptive data on their clinical learning experiences (Creswell, 2013). According to Streubert and Carpenter (2007), descriptive phenomenology involves direct exploration, analysis, and description of a

phenomenon, as free as possible and without any presumption, but to maximize intuitive presentation of participants' experiences.

The researcher has followed the most important aspects of the descriptive phenomenological approach during the inquiry process in this study, which are, bracketing, intuiting, analysing and describing (Brink *et al*., 2012).

2.3.1.1 Bracketing

Bracketing is defined by Burns and Grove (2009) as the qualitative research technique of suspending or laying aside what is known about an experience being studied. Polit and Beck, (2012) assert that bracketing can never be achieved totally, but researchers strive to bracket out the world and any presuppositions in an effort to handle the data in a pure form. Hence, in this study, the researcher has set aside his own beliefs, opinion and experiences about the phenomenon under exploration. The researcher went further to minimize bias during this study by avoiding reviewing the literature comprehensively prior to data collection and analysis (Streubert & Carpenter, 2007). The in-depth literature was reviewed after data analysis was completed.

2.3.1.2 Intuiting

This process was followed by the researcher through remaining open to the meaning given to the phenomenon by participants themselves. This allowed the researcher to become fully immersed in the data provided by participants about the phenomenon under investigation, of course assisted by their descriptions. The researcher focuses all his awareness and energy on the experiences of the participants (Burns & Grove, 2009).

2.3.1.3 Analysing

The researcher read the data several times in order to get a clear understanding of the participants' experiences. Data was coded line by line and all similar codes were grouped together to formulate categories. From these categories the themes emerged. Analysis entails contrasting and comparing the final data to determine which themes emerge (Brink *et al*., 2012).

2.3.1.4 Describing

Streubert and Carpenter (2007) assert that the aim of describing is to communicate and bring into written and verbal description distinct, critical elements of the phenomenon. It is further stated that describing is an integral part of intuiting and analysing. The researcher followed this process by providing a dense description of the findings of this study. In other words, all critical essences that are common to the clinical learning experiences of male student nurses were described in-depth. The researcher also provided a description of the means by which data were collected and analysed.

Research Setting

Burns and Grove (2009) define research settings as the location where the study is conducted. This study was conducted at the School of Nursing at UWC. The data collection venues were the Centre for Teaching and Learning Scholarship (CENTALS) and Disa Court residence, which are both UWC facilities. The former is situated inside the university premises. The Disa Court residence is one of UWC residences that are off-campus. It is situated next to Tygerberg Hospital. This residence accommodates community and health sciences students (i.e. Dentistry, Physiotherapy, and Pharmacy, Nursing and so on). The majority of UWC, SoN, undergraduate

students reside at the Disa Court residence. These students use the university shuttle to travel to and from campus.

Research population and sampling

2.3.1.5 Study population

Population is the entire group of persons who are of interest to the researcher and who meet the criteria of the study (Burns & Grove, 2009; Brink *et al*., 2012). The entire population in this study was male student nurses registered at UWC for the nursing programme. However, the target population consisted of second, third, and fourth year male student nurses. The population was 107 students. There were 42 male nursing students at second year level, 33 male nursing students at third year level and 32 male nursing students at fourth year level.

2.3.1.6 Sampling method

According to Brink *et al*. (2012), sampling refers to the process of selecting the sample from a population in order to obtain information regarding the phenomenon, in a way that represents the population of interest. A sample is a small portion of the population that is selected for a particular study (Burns & Grove, 2003).

Purposive sampling was used to select the participants for the study. Purposive sampling is a type of non-probability sampling which is based on the judgment of the researcher to select a sample that contains the most characteristic, representative attributes of the population that serve the study population best (Grinnell & Unrau, 2008). This method of sampling was chosen because of its importance to the success of focus group interviews, and also to enable the researcher to mix the group of participants from different backgrounds in the collection of data (Maree, 2007). Moreover, it gives the researcher an opportunity to select participants that are going to generate

appropriate, information-rich and useful data (Green & Thorogood, 2014). Most authors (Brink *et al*., 2012; Creswell, 2013; & De Vos, Strydom, Fouche & Delport, 2011) agree that in purposive sampling, the researcher has an advantage of selecting participants that are knowledgeable and have experience of the phenomena to be studied. In this study, participants were selected because they meet the inclusion criteria, meaning the male student nurses in their second, third and fourth years of study. They were considered to be knowledgeable and to possess sufficient experience regarding clinical learning during placement in the clinical setting. Since the intention was to conduct one focus group for each year-level of study, the first six students per year-level who agreed to participate were included in the study.

2.3.1.7 Inclusion criteria

- Must be a male student nurse
- Registered as a student at University of the Western Cape, School of Nursing.
- Must be at the second year level of study or above, in the four year nursing programme.

2.3.1.8 Exclusion criteria

Male students registered in the first two years of the Foundation Programme (Five-year programme) and male students who are registered at first year level in a four year nursing programme will be excluded because they do not have sufficient clinical learning experience at this level of the programme.

The researcher approached the first six participants per year-level who agreed to participate in this study and requested their contact details. To those who agreed to participate in the study, the information sheet was given (Appendix A). Amongst other details, the information sheet contained the purpose of the study, benefits and risks, all clearly explained, including the support that would be provided, should any participant need it. The information sheet stated that

participation in this study was absolutely voluntarily. The participants could withdraw at any stage of the study. They would be penalized, or forfeit their benefits.

According to Green and Thorogood (2014), it is important to report the number of groups that were included in the study, not how many people participated altogether, because the analysis for a group interview is the group, not the individual. Three focus group interviews (one per year-level) were conducted with participants who met the inclusion criteria.

2.3.1.9 Description of the demographics of the student participants

A total of 18 male student nurses participated in the focus group discussion. Most (n=16) of the participants were between the ages of 20 and 26. Only two participants were between the ages of 36 and 39. Overall the participants' ages varied between 20 and 39, with most participants being 20 years old. Most of the participants were Black African and Coloured. There were no Indian or White participants in the study. Many participants resided in Disa Residence, while few were residing off campus. All participants were able to speak English. However, their mother tongue was Afrikaans, Amharic, SeTswana, IsiXhosa or IsiZulu.

2.3.1.10 Access to the research site

Formal written permission was obtained from the Senate Committee for Research at the University of the Western Cape (See Appendix B) and the Director of the School of Nursing in order to obtain access to the participants (See Appendix C). Appointments were made with the students by telephone.

2.3.1.11 Data Collection Methods

Focus group interviews were conducted with the aim of obtaining the relevant research data. Data collection took place from the 8 November 2013 until 28 November 2013.

2.3.1.12 Data Collection

Focus group interviews are interviews with a group of five to fifteen people whose opinion and experiences are requested simultaneously (Brink *et al*., 2012). Hennink *et al*. (2011) alludes to a focus group as an interaction between six to eight pre-selected participants, led by a researcher and focusing on a specific issue.

Focus group interviews are now widely used to produce data in qualitative health research (Green & Thorogood, 2014) and are congruent with phenomenological research (Bradbury-Jones, Sambrook, & Irvine, 2009). The researcher chose this method because of the value it has for sharing experiences and it can generate authentic information (Burns & Grove, 2009), in a fairly short space of time (Green & Thorogood, 2014). Focus group interviews allow multiple voices to be heard during one sitting (Palmer, Larkin, Visser & Fadden, 2010).

The researcher further chose this method because it elicits interaction amongst the group's participants, which brings out the themes and perspective that a single person interview might not elicit (Garner & Scott, 2013; Forrester, 2010). Moreover, it provides the participants with the freedom to express their experiences and feelings in the presence of others. However, it is acknowledged that a focus group might inhibit participants from sharing with their peers. The fact that each group was a homogenous group, and that all members were sharing particular experiences enabled them to interact freely, and also made the environment feel safer for them to share information about the phenomenon under investigation (Green & Thorogood, 2014; Burns & Grove, 2009). According to De Vos *et al*., (2011) homogeneity is important. If participants perceive each other as fundamentally similar, they will not spend too much time explaining themselves to each other, but they will spend more time discussing their experiences. Hence, focus group interview remains an outstanding method of data collection, because it uses group

discussion to generate the data from participants (De Vos *et al*., 2011). Therefore, focus group interviews were found to be the most appropriate data collection method to gather multiple responses from the participants about their experiences.

2.3.1.13 Data collection process and preparation for focus group interviews

Data collection began after Ethics Committee and Higher Degree Committee had approved the research proposal from the University of the Western Cape (See Appendix B). In this study, three focus group interviews were conducted. Each group had six participants. A convenient date, time and venue for each focus group interview were set to suit all participants. The researcher exchanged contact numbers and e-mail addresses with all participants, in order to communicate with them effectively.

Text messages were sent to all participants as a reminder of the scheduled date for a focus group interview. Two days before the date for each focus group interview, the researcher contacted all participants telephonically to confirm their attendance. A day before the scheduled interview, text messages were sent again as a reminder. On the morning of the focus group interview, the researcher contacted all participants telephonically, to confirm their attendance, which was scheduled to take place at CENTALS, UWC, at 12h00. The same procedure was followed with the other two groups. The second and third focus group interviews were both scheduled to take place at Disa Residence, at 19h00. The evening time was convenient for these two groups, because some of them were not available during the day, due to their academic and clinical commitments. The researcher ensured that all focus group interviews were conducted in a quiet, non-threatening and safe environment.

On the day of the focus group interview, the researcher arrived very early at the venue, in order to make sure that everything was set up and ready for the participants when they arrived. Chairs

were arranged around the table in such a way that all participants could see each other. Each participant was identified by a letter of the alphabet which was placed in front of him. This assisted with issues of confidentiality in reporting on the focus group. This also assisted the researcher in organising the data during the transcribing process. The focus group discussions were coded according to the students' year-level.

On the arrival the researcher welcomed all participants, offered them something to drink, and introduced them to one another. The participants had been informed in advance that the refreshments would be provided. The primary incentive was to get the participants to arrive punctually for the focus group discussion. The incentive that was provided to participants was refreshments, not money. According to Green and Thorogood (2014), offering incentives is more common and is beneficial, especially in focus groups. These authors assert that incentives might include reimbursing travelling expenses, refreshments, but not money, which would be seen as influencing the participants' responses. Before the focus group interview began, participants had some refreshments.

At the time to begin the focus group interviews, the researcher welcomed all participants once again and thanked them for attending the focus group interview. The researcher introduced himself and his colleague research assistant. The assistant researcher's role was to take comprehensive notes because the researcher had to focus on facilitating the discussion, encouraging participation and noting key ideas. The researcher chose to bring a male research assistant to make it easier for the participants to share their experiences, if they see that both researcher and his assistant are also males (Krueger & Casey, 2000). The audio recorder was introduced to the participants as a tool that will help the researcher to record the information discussed by participants without omitting any information. The ground rules for the group were explained to all participants (i.e. mobile phones should be switched off). Participants were given

an informed consent form (See Appendix D) to sign and also a focus group confidentially-binding form (See Appendix E). A brief background of the study was explained to the participants at the beginning of the focus group interview. The researcher then further reassured the participants about confidentiality and also encouraged them to speak as freely as possible. The use of the letters of the alphabet on the table in front of the participants was also explained so that they understood how it would work. The researcher first asked the one open-ended question and numerous probing questions were used to obtain in-depth responses from the participants. The question asked was: Please tell me about your clinical learning experiences as a male during placement in the clinical setting. The probing questions included the following: What do you mean…? Tell me more about that. How did you feel as a male student? (See appendix F). Probing questions were used to gain more details from participants and to stimulate them.

Each focus group interview lasted from 45 to 60 minutes (Green & Thorogood, 2014; Garner & Scott, 2013; De Vos *et al*., 2011) and until no new information was emerging. The researcher thanked all participants for participating after each focus group interview. All focus group interviews were audio recorded and transcribed verbatim by the researcher in order for him to become well acquainted with the data.

2.3.1.14 Field Notes

Field notes are the written accounts of what the researcher experienced, heard and felt during the process of collecting and reflecting on the data (Bogdan & Biklen, 2007). Field notes were made by the assistant researcher during the focus group discussion. These included the seating arrangement, the order in which the participants spoke, non-verbal behaviours and striking themes (Greeff, 2011). Reflections on analysis, method, ethical dilemmas and the researcher's frame of mind were also included (Bogdan & Biklen, 2007). The researcher and assistant

moderator discussed the notes after each of the focus group interviews. The researcher also kept a reflective journal in which insights, thoughts and experiences were recorded after every interview - to ensure the absence of bias and prejudice, for the researcher was a clinical supervisor with three years of experience.

2.4 DATA ANALYSIS

Creswell (2013) states that data analysis in qualitative research consists of preparing and organizing the data for analysis, then reducing the data into themes through the process of coding and condensing those codes, and finally presenting the data in tables, figures, or in the format of a discussion. Burns and Grove (2009) also emphasize that data analysis is the process of organizing data and giving full meaning to it. Hence, Hennink *et al*. (2011) says that qualitative data analysis is an art - creative, flexible and involving chaos. Green and Thorogood (2014) emphasize that the units of analysis for a group interview study are the group, not an individual participant. Therefore, the analysis of this study represented the group rather than an individual.

Colaizzi`s (1978) method of analysis, in Creswell (2007), guides the researcher to follow clear guidelines of analysing the data for significant phrases, developing meanings and clustering them into themes, and presents an exhaustive description of the phenomenon. In this study, the researcher made use of Colaizzi`s (1978) method of data analysis for qualitative research to analyse the data (Creswell, 2007).

- The researcher first listened to audio-recordings of the focus group interviews and transcribed them verbatim. The field notes were typed. The transcripts were sent back to the participants in order for them to verify that what they had said in the interview had been accurately reflected.

- The transcripts were then read several times in order to familiarize myself with the data and to gain a full understanding of it. This process allowed the researcher to immerse himself deeply in the data.
- The coding of each transcript was done by going through the text line by line, in order to extract significant phrases that pertain directly to the experiences of male students. The work of an independent coder was compared with the coding of the researcher.
    - All formulated codes were then grouped together into clusters and categories. Several categories were further refined and reduced by identifying similar categories and grouping them together. After this reduction, the themes emerged.
    - The findings were then written out in full as an in-depth, exhaustive description of the male student nurses' clinical learning experiences during their placement in the clinical setting.
    - Lastly, the researcher emailed the transcriptions to the participants for validation of the findings. This gave the participants an opportunity to check whether the findings represent their true experience. Not all the students responded, but those who did respond agreed with the transcripts.

2.5 TRUSTWORTHINESS

Burns and Grove (2009) in Brink *et al*. (2012) describe rigor as the striving for excellence in research that requires discipline, adherence to details and meticulous accuracy. Hence, Lincoln & Guba (1985) in Polit and Beck, (2012) suggest four criteria for developing the trustworthiness of a qualitative inquiry, namely credibility, dependability, confirmability, and transferability.

Credibility

Credibility refers to confidence in the truth of data and interpretations thereof (Polit & Beck, 2012). The researcher in this regard ensured credibility through member checking. Member checking means that the transcripts were sent back to the participants in order for them to confirm that what had been transcribed reflected what they had said during the focus group interview. The participants were also asked to validate the final findings of the study. Credibility was ensured by obeying the principles of the phenomenological method; the researcher bracketed his own experiences and field notes. All transcripts of the focus group interviews were first coded by the researcher and then given to an independent coder for coding (Creswell, 2013).

Dependability

Dependability refers to the provision of evidence such that if it were to be repeated with the same or similar participants, in the same or similar context, it will generate the same findings (Brink *et al*, 2012). The research process must be logical, well-documented and audited (De Vos *et al*., 2011). The researcher kept an audit trail of the research process in order to enhance the dependability of the study. Independent verification of coding by an independent coder enhanced the dependability of the study.

Confirmability

Confirmability entails proving that the data represent the information provided by the participants, not the researcher's biases or imagination (Brink *et al*., 2012). An audit trail was used to determine whether the conclusions, interpretations and recommendations could be traced to the source. The audit trail consisted of raw data: viz. the recorded audiotapes and field notes; data reduction and analysis: viz. writing up of field notes, summaries and condensed notes; data

reconstruction and synthesis: viz. themes that were developed, findings, conclusions and the final report (Babbie & Mouton, 2001). Quotations from the participants were also used in the written report of the study.

Transferability

Transferability entails the extent to which findings can be transferred to or be applied in other settings (Polit & Beck, 2012). This was ensured by the presentation of a detailed description of the participants, research context and setting, together with appropriate quotations. It is, however, the reader's decision as to whether or not the findings are transferable to another context (Graneheim & Lundman, 2004).

In this study a description of the research methodology was provided in addition to an audit trail. The researcher also purposively selected the sample to maximise the range of information from and about the context.

2.6 RESEARCH ETHICS

Ethical approval was obtained from UWC Research Ethics Committee. Permission to use the participants was obtained from the Head of Department of School of Nursing. In this study the researcher respected the rights and protection of the participants by adhering to the following:

Privacy: The researcher gave the participants an opportunity to determine when and where the data should be collected. In this regard the researcher also ensured that the information obtained from the participants was not shared with anyone else except the researcher and supervisors involved in the study (Burns & Grove, 2009). The researcher reminded the participants to respect the privacy of each other by not revealing each other`s contribution to the group discussion once it had ended.

Confidentiality and Anonymity: The researcher ensured that the information discussed with the participants was not disclosed to anyone else, except the supervisor of this study. This is supported by the fact that the researcher transcribed the recordings himself. To further ensure confidentiality, tape recordings and transcripts were locked in a cupboard for the duration of the study and will be securely stored for five years before they are destroyed. As discussed earlier, participants had signed a focus group confidentiality binding form.

Anonymity: The researcher ensured that all identifiable information was removed from the interview transcripts. Pseudonyms will be used (Hennink *et al*., 2011).

Autonomy: The participants were clearly informed that they had the right to withdraw at any time from participating in the study without any penalty being imposed upon them (Burns & Grove, 2009). The researcher ensured that students participated voluntarily in this study (Brink *et al*., 2012).

Justice: Participants participated in this study because they met the study criteria for inclusion in the study.

Risk/Benefit: In this study there were some potential risks for participants in this research, although these risks were minimal. Since the researcher wanted to explore personal experiences, some participants might have serious negative experiences that might affect them emotionally during focus group discussions. A counsellor was made available should any of the participants have required counselling after focus group discussion. No reward was offered to the participants by participating in this study (Polit & Beck, 2008).

Informed Consent: Adequate information about the research was shared with the participants so that they could comprehend that information, and have the ability to consent to participate or decline participation voluntarily (Polit & Beck, 2012).

2.7 CONCLUSION

In this chapter the researcher provided a detailed description of the methodology that was employed in this study. This entails clear steps concerning the means by which data were collected and also the analysis of the data that was collected. The next chapter focuses on the presentation and discussion of the results.

CHAPTER THREE

FINDINGS INTEGRATED WITH LITERATURE AND DISCUSSION

3.1 INTRODUCTION

This chapter presents the results of the analysed data of all participants. The results will be a discussion of the findings in conjunction with the literature control which serves to re-contextualize the findings. Colaizzi's (1978) phenomenological method was employed to analyse the data. This method allowed the researcher to read transcripts several times in order to gain an overall impression of their content. Significant phrases pertaining to the lived experience of clinical learning were identified. The meaning of significant phrases was analysed in order to determine the categories. The next step was to organise the categories in order to derive a thematic description for the research question. Every category and theme is substantiated by quotations from the raw data. It is compared and contrasted with relevant current literature and research, in order to determine the experiences of students' clinical learning.

The researcher conducted a literature search for use as literature control. Literature on the experiences of male student nurses working in clinical settings in the South African context was sparse. However, it was found mostly in other countries. A subject librarian assisted the researcher in the search for the literature control. The following computer-assisted data-based bibliographies were searched: MEDLINE (Medical Literature Online), Academic search premier, Nexus and CINAHL (Computer Index to Nursing and Allied Health Literature), Ebscohost, SpringerLink, Science Direct, Scopus and the library. The literature obtained has been integrated into the results and discussion of the participants' experiences.

3.2 RESULTS FROM THE FOCUS GROUP INTERVIEWS

From the three transcripts, 105 significant statements were extracted. Table1 below depicts the themes, sub-themes and categories that emerged from the data regarding the experiences of student nurses working in the clinical learning environment.

Table 3.1: Experiences of student nurses working in the clinical learning environment

Sub-themes	Categories
Theme 1: Constraints in the clinical learning process	
1.1 Inhibited learning environment	Students experienced limited clinical learning opportunities to practise nursing skills and gain knowledge.
	The transitory nature of clinical placement had a negative effect on students' clinical learning.
	Students felt that they were given non-nursing tasks because of their perceived physical strength and their gender which impeded their learning.
	Students experienced unpreparedness for working in a female-dominated profession.
1.2 Negative staff attitude	Perceived lack of staff involvement resulted in students learning by observation.
	Verbal abuse and intimidation by the clinical supervisors eroded students' self-confidence.
	Students felt that the staff perceived their inexperience to be a hindrance to their being given an opportunity to practise nursing skills.
	Students perceived the clinical staff as neglecting to fulfil their teaching role.
	Students experienced their career choice being questioned and discouraged by female nursing staff.
	Students perceived the questioning of nursing as a career choice to be due to their perceived lack of intelligence
1.3 Communication as a barrier to learning	Students experienced the language barrier by themselves and by clinical staff as an impediment to learning in the clinical setting
Theme 2: The impact on the students' self-esteem	
2.1 Decreased sense of self-worth	Students experienced nursing as a female dominated profession which resulted in a lack of a sense of belonging.

Sub-themes	Categories
	Students felt devalued due to the verbal abuse from clinical supervisors.
2.2 Influence on self-esteem	Students gained self-confidence as they matured in the profession
	Students felt rejected and distrusted by female patients in the clinical setting.
	Students experienced feelings of discomfort whilst caring for female patients.
	Students were motivated and assured by the presence of male nurses in the clinical setting.
2.3 The influence of cultural beliefs	Cultural background influenced students' beliefs and behaviours in caring for female patients.
Theme 3: Student support	
3.1 Peer support	Students experienced their peers as supportive in the clinical setting.
3.2 Clinical and HEI staff support	Clinical staff and supervisors were perceived to be caring and supportive.

Students experienced constraints in the clinical learning process. Constraints in the learning process refer to restrictions or limitations in the clinical setting which negatively impacted on students learning. In this study the constraints referred to the inhibited learning environment, negative staff attitudes and a communication barrier which students experienced. The experiences of male students have more to do with the way in which they were viewed and received by nursing staff as well as by patients, particularly female patients. Their perceptions have something to do with themselves and their lack of preparedness to be in a female-dominated profession. The overall experiences of male student nurses were overwhelmingly negative with regard to clinical learning environment, attitude of nursing staff and many more other aspects which will be discussed below.

Theme 1: Constraints in the clinical learning process

3.2.1.1 Sub-theme 1.1: Inhibited learning environment

Aspects which students experienced as inhibiting their learning included the limited opportunities to practise clinical skills. A student reported *"…We are being inhibited [from] learning opportunities in the wards…"* whilst another student reported his being allowed to perform only certain skills when they had to do specific clinical skills related to their learning outcomes *"…I started this year as a second year student but I left the ward without even doing the skills that I supposed to do at that level."*

The clinical skills were mandatory, thus students had to complete them. Students are placed in the clinical setting in order to integrate the theory learnt in the classroom into practice. They are also expected to practise nursing skills in order to become competent practitioners. However for some students this did not happen. One student reported:

> *"…We (students) don`t get opportunity to learn anything, we were not given any time to do medication…"*

A study conducted by Mabuda, Potgieter and Alberts (2008) when they were exploring student nurses` experiences during clinical practice in Limpopo province, South Africa, found that student nurses spent most of their time in clinical practice doing routine and menial tasks, as the registered nurses do not delegate tasks to them according to their level of training. Another study that was conducted in Finland by Pitkäjärvi; Eriksson and Pitkala (2012) revealed that in an unsupportive learning environment, students were prevented from meaningful learning experiences and were assigned to low-level tasks.

The experience of not being given opportunities to practise what was learned by a student in the classroom was supported by Yang (2013) who stated that students are still experiencing a theory-practice gap during their clinical practice, which leads to dissatisfaction regarding the clinical component of their education.

Students felt that the transitory nature of clinical placement contributed to their not being able to learn skills, which was compounded by the clinical staffs' expectation that students should have the necessary knowledge, skills and attitude as they had had some clinical experience, albeit limited. One student reported:

> *"…I cannot learn…if I come to the clinical setting once a week and then I come again once next week, obviously on the third week I would have forgotten what I learned on the first week".*

> *"…they (nursing staff) expect us to know but we don`t know because the time is short for us, because we go once a week in hospital at first…. So when you come back next week they expect you to know everything they showed you last week, you see…"*

Some students felt that they were perceived by the nursing staff as ill-prepared and unskilled compared to their peers (students) who were studying at nursing colleges. These students were placed for longer periods in the clinical settings and thus were perceived by the participants to have the necessary experience to care for patients, as was reported by students who said:

> *"…the students from nursing school X, they know because they spend a lot of time there (hospital), unlike us, we have a short time in hospital…"*

> *"…they [nursing staff] say that students from…don`t know anything because we come only few times in the clinical setting but when it comes to them (students from*

other colleges) they know a lot of things. Of which, yeah, it`s understandable we spend too much time in class and they spend too much time in the hospital…"

The experience of the students was found in a study conducted by Levett-Jones, Lathlean, Higgins and McMillan (2009) in Australia, where they were investigating the duration of clinical placement. A participant reported:

"We`ve been on clinical two days a week and it does make the continuity hard. If you`re there [clinical setting] for a block, you can do and learn more but not when you`re only there for two days a week".

In another research study conducted by Mabuda *et al*. (2008) in South Africa, which explored the student nurses` experiences during clinical practice, it was found that the students were allocated to a specific discipline for a short period of time, and this interruption negatively affected the learning opportunities for student nurses.

In addition, students felt that they were unfairly treated merely because they were male. They reported that they were assigned non-nursing tasks:

"…if they are going to ask someone to go down to the shop and to buy them a drink, they just ask the male student. And they say you are the only man here…which was not right…"

Another student mentioned that because of their perceived physical strength, they were given labour intensive tasks such as turning patients, as this student reported:

"… it puts you [male student] off from going to work, they (nurses) go straight to the male nursing students, and they [say] …' why … didn`t [you] turn the patient? You are stronger than we (female nurse) are. I [male student] feel that`s very unfair…"

This resulted in participants becoming averse to going to the clinical setting which negatively impacted on clinical learning as they pre-empted what the expectation from the clinical staff would be.

> *"…it`s not that it didn`t affect my learning as such right, but it gives you this sense of I don`t want to go there because I know what is waiting for me every day…"*

These findings are consistent with those of Meadus and Twomey (2011), who found that several male participants felt discriminated against by nursing staff solely because of their gender as "muscle" to lift or move patients.

Students described the clinical staff's attitude towards them as challenging, which they attributed to nursing's being a female-dominated profession. A student verbalized his unpreparedness for the reality of working in a profession dominated by females. The following quotation illustrates this:

> *"…all these problems we face them because now you are going to the female dominated world [profession] and nobody even told us that there is challenges in this female dominated world."*

Similar findings were reported by Keogh and O`Lynn (2007) in Ireland where they were investigating gender barriers for male students. Their study found that clinical programmes preparing male student nurses have not provided a suitable environment in which to prepare men for the nursing profession.

3.2.1.2 Sub-theme 1.2: Negative staff attitude

In this cluster, participants focused on the attitude of the clinical supervisors and clinical staff, which was mostly negative. Nursing staff were perceived to be uninterested in teaching students

skills' which resulted in a student reporting how he learnt from observation, as is illustrated by the following quotation:

> *"…I`ve learned from a distance, just by looking, Most of the times they (nursing staff) will never say do…"*

Sloan (2000) cites factors that inhibit students' learning in a clinical learning environment, which include inadequate or little opportunity to practise and to work with registered nurses, lack of commitment to teach student nurses and non-acceptance of students as active participants in patient care.

Students alluded to their inexperience being perceived as a hindrance by the clinical staff. Some students reported nursing staff chastising them for "wasting my time…" and "…taking forever" when they sought opportunities to practise nursing skills - for example, participating in the medicine round, as illustrated by the following quotations:

> *"…sometimes they (nursing staff) just say, no, you will be taking forever doing this [giving medication]…"*

> *"…she [nurse administering medication] will say, you [students] are wasting my time. I will be wasting my time if I come with you…"*

Similar finding were found in a study conducted by Pitkäjärvi *et al*. (2012) focusing on exploring students` experiences in the clinical environment in Finland, which revealed that students had to use observation as their primary method of learning because of their being denied meaningful learning.

Besides being perceived to be a hindrance, students experienced clinical staff as not wanting to fulfil their teaching role, which is a responsibility of a registered nurse, according to the South African Nursing Council. A student reported:

> *"…most of them (nursing staff) they have got the same problem of not wanting to teach… of not wanting to give what they were taught to students…"*

A research study conducted by Mampunge (2013) in the Eastern Cape, investigated the experiences of final year nursing students at a public college. The study found that clinical staff were too busy or not willing to teach the students in the wards, which affected students` competency.

Students are placed in the clinical learning environment in order to learn under the supervision of the nursing staff and clinical supervisors. However, given that the clinical supervisors are allocated to students working at various hospitals, they conduct accompaniment only at specific times, which means that students spend most of their time in the clinical setting with the clinical staff. A student reported that when he verbalized that as students they needed to gain experience, they were admonished and left to work unsupervised. A student reported:

> *"We as students we are not saying we want to give medication alone, we always want to give medication under supervision because we are still learning. But the person who is in charge of giving medication will see that now, ok, since you want to give medication, give it alone…"*

This finding contradicts the views of Emanuel and Pryce-Miller (2013) in which they emphasized that clinical placements are an important part of the training of students who are studying Bachelor of Nursing programme in order to become professional nurses, because clinical

placements provide students with vast opportunities to learn practical skills, to gain knowledge and to become competent in nursing skills. It is clear, however, from the findings of this study that the students are not getting such opportunities.

Students were demeaned for choosing nursing as a career, with some students being told to change their career, as is illustrated by the following quotations:

> *"…What is very disappointing, you will find professional nurses, females in particular, they will say, you [male student] are still young, you can still go and do medicine…it`s very disappointing …"*

> *"… Nurses they say, what you are doing in this field [nursing profession] while you are a male?"*

A participant perceived the questioning of nursing as his career choice as not being intelligent, instead of pursuing another career, for example medicine. The student said:

> *"…What do I want here because nursing is a woman course? Why do I come here? Is it just because I`m lacking brilliant knowledge…?"*

A study conducted by Meadus and Twomey (2011) revealed that male nursing students were questioned by female nurses and patients, who asked, "Are you going to medical school some day?" or "Have you ever thought about being a doctor?"

Participants articulated their distress at being intimidated by the clinical staff and the clinical supervisors. They felt that they had to learn to deal with the intimidation which resulted in their focusing less on learning and more on surviving their placement, as is illustrated by the following quotations:

"…just imagine the time you spent dealing with intimidation…you spent time dealing with intimidation instead of learning."

"…I never know how you [student] supposed to learn through intimidation…about ninety percent of the people [nursing students] I spoke with…my colleagues had a similar encounter of intimidation from supervisor…"

As previously mentioned the role of the clinical supervisor is to support students in the clinical setting. However, for some of the participants the expected support was not forthcoming. Instead, they reported being verbally abused by the clinical supervisors. Participants were distressed because the verbal abuse eroded their self-confidence. The following quotations illustrate this:

"…if I delayed on something, the question that I`m expecting from you (Clinical supervisor) is why? Not shouting at me, yet you don`t know why did I do this…"

"…how are we (male students) going to have confidence when I`m being shouted… and you (Clinical Supervisor) want that person (male student) to be a person who`s going to stand on his feet as a male in a female dominated world, how is it going to be?"

Jokelainen (2013) emphasized that a good relationship between clinical supervisors and students, is an essential aspect in boosting students' self-confidence. However, the above quotations from the participants show that there was not a good relationship between students and supervisors.

In a study conducted by Papastavrou *et al*. (2010) on student nurses' experience of learning in the clinical environment, it was found that supervisory relationships were problematic, since most of the students had less than satisfactory supervisory relationships, and very few students find supervisory relationships successful.

The descriptions above allude to the challenges which males experience in nursing as a female-dominated profession, which was further exacerbated by the negative attitude from the female staff.

3.2.1.3 Sub-theme 1.3: Communication as a barrier to learning

Communication, both verbal and non-verbal, is important in nursing, in order to provide quality care to patients in the clinical setting. Participants reported that the language barrier impeded their learning in the clinical setting. As alluded to in Chapter 1, students came from diverse backgrounds and, whilst English was the medium of communication in the clinical setting, for many participants it was not their first or home language. However, in this study participants alluded to the clinical staff's aversion to communicating in English, which impeded their learning. Participants did not understand the nursing tasks delegated to them, or important patient information.

The following quotations illustrate this:

> *"…the other thing that has influence in our learning in the clinical settings is the language…"*

> *"…they (nurses) delegate you in a language that you can`t understands…"*

> *"…they do handover in Afrikaans, I am a student but I want to hear what is going on about the patient, you see. And no one is explaining to me after that…"*

Not understanding what was being communicated did not inhibit only student learning; patient care also would be compromised, as students were unlikely able to address patients' nursing-care needs. Students revealed that some of the nursing staff verbalized their discomfort in

communicating in English by making disparaging remarks, as illustrated by the following quotation:

> *"…in terms of language… the sister [professional nurse] says it`s too early for me to speak English, I hate explaining myself in English…"*

Similar findings were reported in a study conducted by Levett-Jones, Lathlean, McMillan and Higgins (2009). Participants whose first language was not English felt discriminated against by the staff in the clinical environment, and this discrimination had a negative impact on their learning.

Another study conducted by Mattila, Pitkäjärvi and Eriksson (2010) similarly revealed that students' feelings of isolation because of language barriers are common in the clinical practice placement and that they may affect the student's learning experience.

Theme 2: The impact on the students' self-esteem

Students experienced the clinical learning environment as having an impact on the self. The impact related to a decreased sense of self-worth, of personality traits affecting the self and of the influence of cultural beliefs.

3.2.1.4 Sub-theme 2.1: Decreased sense of self-worth

Students experienced nursing as a profession which was dominated by females because they did not see males working in the clinical setting. A participant stated: *"…I was just seeing nursing as like a profession whereby there is no male…"* Furthermore, they reported that they felt that they did not belong in a female dominated profession. A student reported:

"…you think that this is not the world (profession) for you"

Meyer (2012) found that male nursing students pointed out that they did not belong in midwifery because there were no notable male role models.

This is supported by Moagi *et al*., (2013) in their study conducted in Pretoria, South Africa, which revealed that male nursing students' experience of isolation may derive from being male in a predominantly female career.

Another participant re-affirmed the female dominance when he reported:

> *"…we can`t deny that this profession is dominated by women."*

One participant describes his experience of nursing by alluding to the fact that there is only a limited number of males in the nursing profession, as is illustrated by the following quotation:

> *"…it`s been three years now, I cannot say… I cannot mention more than five people that I have work with who are male nurses. Everywhere I go females are dominating."*

In Canada, a study conducted by Meadus and Twomey (2011) found that male students felt like an intruders in the nursing profession. Research in the USA which was conducted by Patterson and Morin (2002) revealed that male students realized that they were the only men providing nursing care; none of them had had experience of working with a male nurse, which made them feel "out of place".

In addition, students felt devalued and ashamed by the clinical supervisors' negative behaviour which was described by a student as *"…I`m [male student] not a good person…."* This perception occurred when students became aware of patients' witnessing verbal attacks. A student reported:

"…The ward was full of patients, the supervisor shouted me… from that day in that cubicle the patients were like I`m [male student] not a good person, I know nothing about medication because my supervisor shouted me… Sometimes the treatment of supervisors it`s really, really, not good… "

Another participant verbalized how he could not tolerate the verbal abuse and perceived it as chastisement, likening it to being *"…shouted like small children…."*

"…I cannot take a shouting, because we are being shouted. We are being shouted like small children in hospital…"

Mabuda *et al*. (2008) reported that students were not supported by the ward sisters and were often scolded in front of the patients and the ward sisters' colleagues.

The student may have felt humiliated because he felt that he was not recognized as an adult, which is important in the South African context, especially for Black men who are raised in a culture that says that a woman does not shout at a man under any circumstances.

3.2.1.5 Sub-theme 2.2: Influence on self-esteem

Students appeared to feel more vulnerable in the clinical setting during the first few years of the education and training as a nurse. However, when they reached the fourth year of study, they matured, gained self-confidence and may have learnt how to deal with people. Some students thus did not feel intimidated by the clinical supervisors. The following quotation illustrates this:

"…they [clinical supervisor] have to be friendly to the fourth year, maybe it`s because the students have learned and they have this academic knowledge, now a person [clinical supervisor] cannot intimidate them [students]."

Similar findings were reported in a study conducted in South Africa by Tshabalala (2011) on the experiences of a group of student nurses regarding mentoring during clinical practice. The study found that students in their fourth year of study were more independent and confident than when they had been in their first year.

Participants verbalized that they experienced rejection, particularly from female patients. In addition, participants felt that female patients did not trust them to provide nursing care in the same way as female nurses can do. This might have been a very emotional situation that students were faced with, because being rejected and not to be trusted because of being a male could made them feel that they are not being accepted by patients. This may have increased the likelihood of their not fully participating in nursing activities, as is illustrated by the following quotations:

> *"…our [male students] practice is hindered in a way that some patients do not trust us as males because they are not expecting us to do what the female nurses do…"*
>
> *"…for some patients they don`t even trusts you [male student nurse] to give their babies injectable immunization…they [patients] even ask you, can`t you let your colleague, which is a female to do what you want to do…"*
>
> *"…patients says, no, I cannot be help by male…so, ah…that`s one of the things that we face as male in clinical field…"*

Eswi and El Sayed (2011) reported that patient did not trust male students when receiving care from them.

The distrust and rejection by female patients does not only affect the self, but it may also limit opportunities for male students to practise nursing skills and to become competent nurses. As much as the male students were faced with rejection in the clinical setting, it was noted that this

was worse when male students were placed in midwifery. This could be because intimate care happens more in midwifery than in other disciplines of nursing. This poses a serious challenge for males, especially because it is compulsory for them to rotate in midwifery. This is where most of the males experienced rejection. The following quotation illustrates this:

> *"…while I was doing midwifery I had some challenges…patients who prefer females over males…"*

> *"…when it comes to pv [examination per vaginal] the patient just say: wait! wait! wait! What are you doing? ….No! … call somebody else maybe a sister [female registered nurse]…"*

> *"…one of the patient told me no! no! no! I`ve never been touched by a male since I`d been in hospital…"*

This finding concurs with the findings of Meyer (2012) who conducted a study on the experiences of male nurses in midwifery clinical training; the study found that participants reported that many female patients showed a preference for a female midwifery service provider by refusing treatment that was offered by males.

However, participants themselves verbalized the discomfort that they experienced whilst caring for female patients. The following quotation illustrates this:

> *"…I helped that lady (female patient) but after that I… told the sister… I don`t think I feel comfortable…"*

> *"…Midwifery …was a hard thing for me. I took time to finish my babies [birth delivery]. I took time to finish my pv`s [vaginal examinations] you know, really I was not comfortable."*

In another study conducted in Australia by Inoue, Chapman and Wynaden (2006) revealed that male students found the experience of providing intimate care for women patient very challenging. Meyer (2012) found that males were not comfortable to sit in a chair in front of a woman`s private part to suture the perineum.

Participants, however, felt motivated by the presence of other male nurses which gave them strength to carry on despite of all challenges that they were faced with in a female-dominated profession. The following quotation illustrates this:

> *"…it`s much easier to relate to…to a male professional nurse than with the female professional nurse. It is really also to see the man [male nurse] doing this thing that you are supposed to be doing, it gives you that little bit of a push to do it…"*

> *"…when I`m around a male [nursing staff] from my side I thought when he`s doing something I thought ok males can do this, then I join in and do it."*

The presence of male nurses in the clinical setting helped students to feel part of the team and to become comfortable within the nursing team. This increased the level of students' participation in learning in the clinical environment. The following quotation illustrates this:

> *"…I would say for me learning in the clinical facilities around other male practitioners makes things to be much more appreciated..."*

> *"…I find it very comfortable even though in my whole years of practice, I met with very few male professionals in the clinical facilities…"*

The presence of other males in nursing helped students to cope with the fact that nursing is a profession that is dominated by females. Another student said this:

"…what was nice there was a senior male sister that welcomed us and orientated us, so that really help me a lot to accept the situation…"

In Iran, a study conducted by Valizadeh, Zamanzadeh, Fooladi, Azadi, Negarandeh and Monadi (2013) states that male students expressed their desire to interact more often with male role models.

Patterson and Morin (2002) revealed that when male nurses are present, the male student nurses` degree of comfort increased. This was asserted by Meadus and Twomey (2011) who quote a participant's having stated, "I was the only guy on the floor period, so I found it much better when there was another male student".

3.2.1.6 Sub-theme2.3: The influence of cultural beliefs

Cultural background influenced students' beliefs and behaviours in caring for female patients. Culture still plays a major role in South African communities. This was noted when the students found themselves applying the principles of their culture when they were supposed to provide care to patients, particularly to females. Student stated this:

"…I had difficulties, like since we are from …like different cultures…there`s this thing where they say you can`t…you are not allowed to…to see … adults private parts. So …when they say I must wash the old person, I was like hey…it was a female. It was my first time…"

Mxolisi (2007), as cited in Meyer (2012), reported that one of the pregnant Xhosa participants said, "We as Xhosa women are not used to undress in front of a male". This finding confirms why the males, particularly Blacks, were concerned about seeing the private body parts of a woman.

Theme 3: Student support

Students experienced support which was related to peer support, and to Clinical and Higher Education Institution (HEI) staff's support.

3.2.1.7 Sub-theme 3.1: Peer support

Many students acknowledge that they have received support from their peers [other nursing students] during their placement in the clinical setting. The interesting aspect of the support that was provided to male students is that it was not coming only from other male students, but also from female students. During midwifery rotation, male students were faced with serious challenges, some of which were rejection by female patients and discomfort in providing care to female patients, especially when a patient's private parts were to be exposed. This delayed male students in completing the learning objectives which had been set for them. However, because of the support from their peers, mostly from females, they managed to complete those objectives. The following quotation illustrates this:

> *"…student from college X had [delivered] eleven babies already and she said ok…relax, I`m gonna help you…"*

> *"…I would …depend on my colleagues to explain things for me…"*

A study conducted by Wilson (2005) on the experiences of males entering nursing revealed that males reported their having had positive support from their peers.

In a three year longitudinal study, conducted by Lo (2002) on methods of reducing tension in nursing students, students indicated that peer support assisted them in reducing personal stress.

Research conducted in South Africa by Martin (2012) on the development of a model of emotional support for undergraduate nursing students working in mental health care settings, revealed that some students felt that to share their distress with peers made them feel better, which helped them to cope.

The above references clearly show that students are more than willing to assist each other, regardless of gender.

3.2.1.8 Sub-theme 3.2: Clinical and HEI staff support

Students experienced the clinical staff as supportive in the clinical setting. The participants indicated that some of the nursing staff were supportive during their clinical placement in the setting. This was seen most often when female patients rejected care from male students. Students tend not to know what else they can do or say to convince the patient to accept their assistance, so that they might have the opportunity to practise their nursing skills and to meet their clinical learning objectives. Students stated that nursing staff were supportive when female patient do not allow students to provide care to them. The following quotation illustrates this:

> *"…the sister always have [has] to … talk on my behalf. Some of the sisters just shouted at the patient, no! he needs to learn…"*

Stott (2004) emphasizes that nursing staff and students' peers should be encouraged to assist male students. This finding supports the behaviour of the nursing staff for being advocates of male students in the clinical setting

It is not surprising that at some point students need to be debriefed about what they are experiencing whilst in the clinical setting. These findings show that students are faced with many obstacles and that some students are deeply emotionally affected by them. The nursing managers

and staff were acknowledged for providing a listening ear whenever needed. The following quotation illustrates this:

> *"…I have all the support from the sisters …three unit managers which were there… I felt like I`m talking to my own family…"*

> *"…At fourth year you see a supervisor is your brother … as your father or whoever that you close to, because they care deeply"*

This finding concurs with the findings of Lerardi *et al*. (2009), who conducted a study exploring male students` educational experiences in an associate degree nursing programme. Their study found that in the clinical setting the participants noted that the clinical instructor had a positive influence upon and confidence in the students. This resulted in the students' having confidence in themselves.

3.3 CONCLUSION

This chapter focused on discussing the research findings. The literature was also integrated during the discussion of the findings with regard to the clinical learning experiences of male student nurses during their placement in the clinical setting. These findings were discussed under their main theme, sub-theme and further categories, as outlined in Table: 1. Chapter 4 will discuss the conclusions, limitations and recommendations of the study.

CHAPTER FOUR

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

4.1 INTRODUCTION

The research findings of this study were discussed in the previous chapter. The objective of this study was to explore and to describe the clinical learning experiences of male student nurses during their placement in a clinical setting. During the discussion of the findings, the verbatim quotations from the focus group interviews were used to support the findings. The relevant literature was used to confirm the findings. This chapter will focus on discussing the conclusions, limitations and recommendations which are based on the findings of this study.

4.2 SUMMARY AND CONCLUSION

The conclusion of this study will be discussed in line with the three major themes that emerged during data analysis. These themes were the major themes with regard to the clinical learning experiences of male student nurses during their placement in a clinical setting. Even though there were three major themes that emerged, each theme had its own sub-theme and further categories. See Table: 1 in Chapter 3. Therefore, the conclusions pertaining to the clinical learning experiences of male student nurses will be discussed below, according to the three major themes.

Constraints in the clinical learning process

A conclusion that can be drawn from the findings is that there are limited opportunities given to male students to practise clinical skills in a clinical setting. Although the participants in this study were male students only, after looking at the findings and the literature, this problem of not being

given opportunities to practise clinical skills in a clinical learning environment, particularly according to their year-level of study, is a problem that faces both male and female students.

This research revealed that students encountered several constraints during their placement in a clinical setting. Some of these constraints were related mostly to the negative behaviour of the nursing staff towards the students. It was noted that all year-levels that were involved in the study shared similar experiences regarding the constraints that they are faced with in the clinical setting. The researcher noted that students were more concerned that they were not being given an opportunity to practise clinical skills. This could result in students' not being able to gain appropriate knowledge with regard to clinical skills, which are relevant to the profession. This could therefore affect them as future professional nurses, because students obtain clinical learning experience through practising nursing skills when they are in the clinical setting.

As much as students were concerned about inadequate learning opportunities, the attitude of the nursing staff was not friendly or welcoming towards students. This was noted when the students were concerned that they might not receive relevant educational information about the different health conditions that patients present with, because the nursing staff used a language that was incomprehensible to them. This is another problem that is not restricted to male students only because it affects the students' learning, regardless of gender. This point was raised most often by the Black students, since the majority of them were not Afrikaans speaking. To remind the reader, this study was conducted in the Western Cape, in which Afrikaans and Xhosa are dominant languages. Again, this experience was true for students in all year levels. Most of the difficulties that participants were experiencing while in the clinical learning environment affected the self.

The impact on the students' self-esteem

The students` self-esteem, self-confidence and lack of a sense of belonging were negatively impacted by experiencing rejection from female patients in the clinical learning environment. The female patients might have been behaving in that manner because of their culture, which requires that there must be privacy between men and women. Hence they find it uncomfortable to expose their body in the presence of a man. The male students are most affected by this situation in the wards where there are no male patients, and where the clinical skill can be performed only on a female patient.

The lack of a positive relationship between the students and the clinical supervisor had a serious negative impact on the self. The fact that the nursing profession is dominated by females was also an issue that made the participants feels that they do not belong in the profession. The limited number of male nurses in the clinical setting affected the students` motivation to be in the clinical setting. This shows that they did not have a role model, which is a concern for students in all three year-levels of the programme.

The participants` learning was also compromised by the fact that most often they were allocated to tasks according to their gender. This prevented them from participating in other nursing activities related to the learning objectives which had to be achieved. This derives mostly from cultural background where one finds that males would be tasked to perform activities which require strength, and would be told to be strong because they are men, not women. The norm that men should do hard labour is acceptable to society. These cultural beliefs are carried into the nursing profession as well, because nurses are part of society. Notwithstanding this attitude in society, it needs to be acknowledged that male and female student nurses need to acquire the

same knowledge and skills as one another, so there should not be a division of labour on the basis of gender.

Cultural background further complicated the situation for male students during placement in a clinical setting because they found themselves struggling to provide care to patients, particularly female patients. Some participants were very uncomfortable to participate in care that requires the patient`s private body part to be visible. This made them feel more uncomfortable because, according to some of their cultural norms, they are not allowed to see a woman`s private body parts. Participants found themselves faced with this situation in the nursing profession. It was noted that it was mostly the Black African participants who were seriously concerned about participating in the care that involves the private parts, rather than the participants who were Coloured. This was similar to all year-levels that participated in the study, as the majority was Black African. This confirms the fact that students do need support in the clinical setting in order to overcome such situations that prevent them from fully participating in the nursing care.

Student support

Support is one of the key aspects that nursing staff, clinical supervisors and other health care workers should provide to students while in the clinical setting. Even though students reported that they had support in the clinical setting from their peers, clinical supervisors and some of the nursing staff, it was noted that at second year level there was a lack of support as compared to third and fourth year level. Participants at second year level revealed that they were not fully supported by their clinical supervisors and the nursing staff, whereas, at a senior level, which in this case was the fourth year, students revealed different experiences about the support that they get from their supervisors. At senior level the participants found supervisors to be very supportive and motivating, whilst at the junior level supervisors were found to be more intimidating, prone

to shouting and unsupportive towards their students. This could be due to the fact that at fourth year level students were mature in terms of dealing with challenges, resolving conflict, and that they could function independently because of the experience they have acquired throughout the years. This demonstrates that students, particularly when they are still at the junior level, should receive more support, because of their being inexperienced in the clinical learning environment and in other protocols of the nursing profession.

4.3 LIMITATIONS OF THE STUDY

The following limitations were identified:

The researcher, who was a clinical supervisor of the students, was also the interviewer for this study. This may have influenced the participants' responses as they might not have talked about issues openly, because the researcher was their clinical supervisor. Conversely, they might have talked about what he wanted to hear. Therefore, despite the researcher's attempt at bracketing, it must be acknowledged that, however minimal, his presence might have influenced the study.

4.4 RECOMMENDATIONS

Clinical Supervisors

- The clinical supervisors during the orientation period should provide in-depth orientation, particularly on the issues of gender in nursing as a female dominated profession, for instance, appropriate touch when dealing with female patients. This orientation should preferable be done by a male clinical supervisor or lecturer. This will ensure that students are fully prepared psychologically and emotionally to deal with the challenges they are faced with in a clinical setting.

- The clinical supervisors should improve the support that they give to students in the clinical setting. The study has revealed that there was a lack of support from clinical supervisors.
- Staff-development sessions should be arranged, to discuss how constructive feedback could be provided to students, since students felt that some clinical supervisors were demotivating them or addressing them in a demeaning way.
- The clinical supervisors should provide male students with an opportunity to be debriefed about their fears and challenges with which they are faced and which affect them and their learning.

Clinical Nursing Staff

- The findings of this study must be shared with the clinical nursing staff, to ensure that they understand that male student nurses experience their clinical learning as being different. It is hoped that an attempt will be made at the clinical facilities to improve male student nurses' clinical experience.
- The teaching staff should make sure that they create a conducive and welcoming learning environment and, moreover, allow students to practise nursing skills according to their learning objectives.
- The teaching staff should advocate and provide more support to male students, especially when male students want to perform a clinical skill on a female patient. They should be accompanied by at least one female nurse. This would minimize the chances of not being trusted by a female patient, and will reduce the level of rejection when male wants to provide care to a female patient.
- The teaching staff should exercise their teaching role to teach students whilst in the clinical setting.

- The teaching staff should consider and accept the students' diversity. This means that nursing staff should use a language that will be understood and will benefit all students.
- The teaching staff should refrain from delegating tasks based on physical strength, as this affects the male students the most. Tasks should be allocated to students based on the student`s learning objectives.

Further Research

- The researcher recommends that further research be done on the experiences of multiracial and multicultural male student nurses in a clinical setting. This would help to understand how other races and cultural beliefs would influence the way in which male students care for patients in a clinical setting.
- The researcher also recommends that further research be done on a comparison of experiences between male and female students during their placement in a clinical setting.
- Further research should be done on the perception of student nurses regarding the language used in the clinical setting.

4.5 CONCLUSION

The main focus of this research was on male student nurses. The objective of this research was to explore and describe the clinical learning experiences of male student nurses during their placement in a clinical setting. The researcher used one open-ended question and elicited more information by probing. The data was analysed using content analysis and following Colaizzi`s 1978, seven steps to analyse qualitative data. The analysis was done with the assistance of an independent coder. The literature from database MEDLINE (Medical Literature Online), Academic search premier, Nexus and CINAHL (Computer Index to Nursing and Allied Health

Literature), Ebscohost, SpringerLink, Science Direct, Scopus and the library was used to confirm the findings of this study.

The researcher, based on the findings, concluded that male student nurses are still experiencing additional challenges in the clinical setting, compared to their female counterparts, even though there is limited difference in male and female experiences, as most of the findings relate to nursing students in general (Mabuda *et al*., 2008; Pitkäjärvi, Eriksson & Pitkala, 2012; Levett-Jones, Lathlean, Higgins & McMillan, 2008). The absolute findings are that males do have different experiences with regard to the use of their masculinity, and that they are limited in the care that they can provide to females.

The researcher trusts that the recommendations made will be carried out appropriately, as this would help in resolving the challenges faced by male student nurses.

REFERENCES

Babbie, E., & Mouton, J. (2001). *The practice of social research*. Cape Town: Oxford University Press.

Botma, Y., Greeff, M., Mulaudzi, F., & Wright, S. C.D. (2010). *Research in Health Sciences* .Cape Town: Heinemann

Bradbury-Jones, C., Sambrook, S., & Irvine, F. (2009). The phenomenological focus group: An oxymoron? *Journal of Advanced Nursing, 65*(3), 663-671.

Bogdan, R. & Biklen, S. K. (2007). *Qualitative research for education: an introduction to theory and methods* (4th ed.). Boston: Allyn & Bacon/Pearson Education Group.

Brink, H., Van der Walt, C., & and Van Rensburg. (2012). *Fundamentals of research methodology for healthcare professionals* (3rd ed.). Cape Town: Juta & company Ltd

Burns, N., & Grove, S. K. (2009). *The practice of nursing research:* United States of America: Saunders

Burns, N., & Grove, S.K. (2003). *Understanding nursing research (*4th ed.*).*Philadelphia: Saunders.

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

Colaizzi, P.F. (1978). Psychological research as the phenomenologist views it. *In Existential Phenomenological Alternatives for Psychology*, ed R Valle and M King. New York: Oxford University Press.

Council of Higher Education (2013). A proposal for undergraduate curriculum reform in South Africa: The case for a flexible curriculum structure. Report of the Task Team on Undergraduate Curriculum Structure. http://www.che.ac.za/sites/default/files/publications/Full_Report.pdf

Creswell, J. W. (2007). *Qualitative inquiry & research design: Choosing among five approaches* (2nd ed.). Thousand Oaks: Sage.

Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches* (3rd ed.). Los Angeles: Sage.

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

McQuoid-Mason, D. & Dada, M. (2009). *A-Z of Nursing Law*. Cape Town: Juta & company Ltd.

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

Dictionary, O. E. (2012). *The definitive record of the English language*. Oxford: Oxford University Press.

Dunn, S. V., & Hansford, B. (1997). Undergraduate nursing students' perceptions of their clinical learning environment. *Journal of Advanced Nursing, 25*(6), 1299-1306.

Elwér, S., Aléx, L., & Hammarström, A. (2012). Gender inequality among employees in elder care: Implications for health. *International Journal for Equity in Health, 11*(1), 1-10.

Emanuel, V., Pryce-Miller, M. (2013). Creating supportive environments for students. *Nursing Times, 109*(37), 18-20.

Eswi, A., & El Sayed, Y. (2011). The experience of Egyptian male student nurses during attending maternity nursing clinical course. *Nurse Education in Practice, 11*(2), 93-98.

Evans, J. (2004). Men nurses: A historical and feminist perspective. *Journal of Advanced Nursing, 47*(3), 321-328.

Forrester, M. A. (2010). *Doing qualitative research in psychology*: A practical guide. Los Angeles: Sage.

Garner, R., & Scott, G. M. (2013). *Doing qualitative research*: *Designs, methods, and techniques*: Pearson Education.

GE, A. E., El Hawashy, Z. & Taha, E. (2011). Undergraduate male nursing students' perception about the image of the nursing profession. *Journal of American Science, 7*(3), 614-623.

Graneheim, U. H., & Lundman, B. (2004). Qualitative content analysis in nursing research: Concepts, procedures and measures to achieve trustworthiness. *Nurse Education Today, 24*(2), 105-112.

Greeff, M. (2011). *Information collection: interviewing*. In De Vos, A.S., Strydom, H., Fouche, C.B. & Delport, C. S. L. (Eds.), *Research at grass roots: for the social sciences and human service professions*. Pretoria: Van Schaik.

Green, J., & Thorogood, N. (2009*). Qualitative methods for health research* (2nd ed.). Thousand Oaks: Sage.

Green, J. & Thorogood, N. (2014). *Qualitative methods for health research* (3rd ed.). London: Sage.

Grinnell, R. M. & Unrau, Y. A. (2008). *Social work research and evaluation*: *Foundations of evidence-based practice*. New York: Oxford University Press.

Streubert- Speziale, H. J. & Carpenter, D. R. (2007). *Qualitative research in nursing: Advancing the humanistic imperative*. Philadelphia : Lippincott Williams & Wilkins.

Henning, E., van Rensburg, W. & Smit, B. (2004). *Finding your way through qualitative research.* Pretoria: Van Schaik.

Hennink, M., Hutter, I., & Bailey, A. (2011). Participant recruitment. *Qualitative Research Methods.* London: Sage, 81-107.

Higgs, J., Horsfall, D., & Grace, S. (2009). *Writing qualitative research on practice*. Rotterdam: Sense Publishers.

Lerardi, J. A., Fitzgerald, D. A., & Holland, D. T. (2010). Exploring male students' educational experiences in an associate degree nursing program. *Journal of Nursing Education, 49*(4), 215-218.

Inoue, M., Chapman, R., & Wynaden, D. (2006). Male nurses' experiences of providing intimate care for women clients. *Journal of Advanced Nursing, 55*(5) 559-567.

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

Jokelainen, M. (2013). The elements of effective student nurse mentorship in placement learning environments. *Systematic Review and Finnish and British Mentors Conceptions.* Kuopio: University of Eastern Finland Dissertations in Health Sciences, 184

Kaphagawani, N. & Useh, U. (2013). Analysis of nursing students learning experiences in clinical practice: Literature review. *Ethno Medical, 7*(3) 181-185.

Kapucu, S. & Bulut, H. (2011). Turkish nursing students' views of their clinical learning environment: A focus group study. *Pakistan Journal of Medical Sciences, 27*(5) 1149-1153.

Keogh, B. & O'Lynn, C. (2007). Male nurses' experiences of gender barriers: Irish and american perspectives. *Nurse Educator, 32*(6) 256-259.

Krueger, R. A. & Casey, M. (2000). *A Practical Guide for Applied Research.* Thousand Oaks: Sage.

Landivar, L. C. (2013). Disparities in STEM employment by sex, race, and Hispanic origin. *American Community Survey Report,* ACS-24. Washington, D.C: U.S. Census Bureau. Available online: http://www.census.gov/prod/2013pubs/acs-24.pdf

Levett-Jones, T., Lathlean, J., Higgins, I., & McMillan, M. (2008). The duration of clinical placements: A key influence on nursing students' experience of belongingness. *Australian Journal of Advanced Nursing, 26*(2) 8.

Lincoln, Y. S. & Guba, E.G. (1985). *Naturalistic inquiry*. In N.K. Denzin, & Y.S. Lincoln, (Eds.). *Qualitative research*. Thousand Oaks, CA: Sage.

Lo, R. (2002). A longitudinal study of perceived level of stress, coping and self-esteem of undergraduate nursing students: An Australian case study. *Journal of Advanced Nursing, 39*(2) 119-126.

Mabuda, B. T., Potgieter, E., & Alberts, U. U. (2008). Student nurses' experiences during clinical practice in the Limpopo province. *Curationis, 31*(1), 19-27.

Mampunge, F. (2013). *Experiences of Final Year Nursing Students at a Public College of Nursing in the Eastern Cape Province regarding their Preparedness to Become Registered Nurses* (Doctoral dissertation, University of Fort Hare).

Maree, K. 1951-. (2007). *First steps in research*. Pretoria: Van Schaik.

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

Mattila, L., Pitkäjärvi, M., & Eriksson, E. (2010). International student nurses' experiences of clinical practice in the Finnish health care system. *Nurse Education in Practice, 10*(3), 153-157.

McKinlay, A., Cowan, S., McVittie, C., & Ion, R. (2010). Start Student nurses' gender-based accounts of men in nursing. *Procedia-Social and Behavioral Sciences, 5*, 345-349.

Meadus, R. J., & Twomey, J. C. (2011). Men student nurses: the nursing education experience. *Nursing Forum 46*(4), 269-279.

Meyer, R. (2012). The experiences of male nurses in midwifery clinical training at a regional hospital in the Eastern Cape.

Moagi, M., van Rensburg, E. J., & Maritz, J. (2013). Student nurses' experiences of the clinical psychiatric learning environment in an education institution. *Journal of Psychology in Africa, 23*(2), 359-362.

Mochaki, N. W. (2001). Clinical teaching by registered nurses, Master`s thesis, Department of Health Studies, University of South Africa.

O'Lynn, C. E. (2004). Gender-based barriers for male students in nursing education programs: Prevalence and perceived importance. *Journal of Nursing Education, 43*(5), 229-236.

Ozdemir, A., Akansel, N., & Tunk, G. (2014). Gender and career: female and male nursing students` perceptions of male nursing role in Turkey. *Health Science Journal* 2(3), 154

Palmer, M., Larkin, M., de Visser, R., & Fadden, G. (2010). Developing an interpretative phenomenological approach to focus group data. *Qualitative Research in Psychology, 7*(2), 99-121.

Papastavrou, E., Lambrinou, E., Tsangari, H., Saarikoski, M., & Leino-Kilpi, H. (2010). Student nurses experience of learning in the clinical environment. *Nurse Education in Practice*, *10*(3), 176-182.

Papp, I., Markkanen, M. & von Bonsdorff, M. (2003). Clinical environment as a learning environment: Student nurses' perceptions concerning clinical learning experiences. *Nurse Education today*, *23*(4), 262-268.

Patterson, B. J. & Morin, K. H. (2002). Perceptions of the maternal-child clinical rotation: The male student nurse experience. *Journal of Nursing Education, 41*(6), 266-272.

Polit, D. F. & Beck, C.T. (2008). Nursing research. *Principle and Methods (8th ed.)*. Philadelphia: Lippincott Williams & Wilkins.

Polit, D. F. & Beck.C.T. (2012). Nursing research. *Generating and assessing evidence for nursing practice (9th ed.)*. Philadelphia: Lippincott Williams & Wilkins.

Pitkäjärvi, M., Eriksson, E., Kekki, P., & Pitkala, K. (2012). Culturally diverse nursing students in Finland: Some experiences. *International Journal of Nursing Education Scholarship, 9*(1)

Rajacich, D., Kane, D., Williston, C., & Cameron, S. (2013). If they do call you a nurse, it is always a "male nurse": Experiences of men in the nursing profession. *Nursing Forum, 48*(1) 71-80.

Salamonson, Y., Bourgeois, S., Everett, B., Weaver, R., Peters, K., & Jackson, D. (2011). Psychometric testing of the abbreviated clinical learning environment inventory (CLEI-19). *Journal of Advanced Nursing, 67*(12), 2668-2676.

South African Nursing Council (2012). Retrieved from: www.sanc.co.za/stats/stat2012/Distribution%202012xls.htm on 3/5/2013

Skaalvik, M. W., Normann, H. K., & Henriksen, N. (2011). Clinical learning environment and supervision: Experiences of norwegian nursing students - a questionnaire survey. *Journal of Clinical Nursing, 20*(15-16), 2294-2304.

Sloan, J.P. (2000). *Assessment of practice.* National Board for Nursing, Midwifery and Health Visiting for Northern Ireland: Belfast. United Kingdom

Smith, J. S. (2006). Exploring the challenges for non-traditional male students transitioning into a nursing program. *Journal of Nursing Education, 45*(7), 263-270.

South Africa. (1997). Higher Education Act, no.101, 1997 (as amended). Pretoria: Government Printer.

South Africa. (2005). Nursing Act, no. 33, 2005 (as amended). Pretoria: Government Printer.

Stott, A. (2004). Issues in the socialisation process of the male student nurse: Implications for retention in undergraduate nursing courses. *Nurse Education today, 24*(2), 91-97.

Tshabalala, R. N. (2011). *Experiences of a Group of Student Nurses regarding Mentoring in the Clinical Practice* (Master's thesis. North-West University).

Walker, S., Dwyer, T., Moxham, L., Broadbent, M., & Sander, T. (2013). Facilitator versus preceptor: Which offers the best support to undergraduate nursing students? *Nurse Education Today, 33*(5), 530-535.

Wang, H., Li, X., Hu, X., Chen, H., Gao, Y., Zhao, H., & Huang, L. (2011). Perceptions of nursing profession and learning experiences of male students in baccalaureate nursing program in changsha, china. *Nurse Education Today, 31*(1), 36-42.

Wilson, G. (2005). The experience of males entering nursing. *Contemporary Nurse, 20*(2), 221-233.

Yang, J. (2013). Korean nursing students' experiences of their first clinical practice. *Journal of Nursing Education and Practice, 3*(3), p128.

Zamanzadeh V., Valizadeh, L., Negarandeh, R., Monadi, M., & Azadi, A. (2013). Factors influencing men entering the nursing profession, and understanding the challenges faced by them: Iranian and developed countries' perspectives. *Nurse Midwifery Studies*, 2(2), 49-56

APPENDIX A: INFORMATION SHEET

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-9592274, Fax: 27 21-9592271

E-mail: sbuthelezi@uwc.ac.za

INFORMATION SHEET

Title: Clinical learning experience of male university student nurses during their placement in the clinical setting.

What is this study about?

I am Sibusiso Buthelezi, registered for a Masters in Nursing Education at the University of the Western Cape with Ms L. Fakude as my supervisor and Professor F. Daniels as my Co-Supervisor. I am inviting you to participate in this research study because you are a male nursing student at the University of Western Cape. The purpose of this study is to explore and describe the clinical learning experiences of male student nurses during their placement in the clinical setting.

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

You will be asked to participate in the focus group discussion. In this focus group discussion, I wish to talk to you about your clinical learning experience of male student nurses during their placement in the clinical setting.

Would my participation in this study be kept confidential?

I will do my best to keep your personal information confidential. All the recordings and transcriptions will be locked up in a cupboard and when the study is completed the tapes and transcriptions will be destroyed. The actual names, if mentioned by any chance, will be replaced by the use of pseudo-names. A code will be placed on the focus group discussion transcripts and tape-recordings. Through the use of an identification key, the researcher will be able to link your discussion to your identity. The publication of the report of this study, will not mention any names of participants.

This research project will make use of tape-recording during the focus group discussion. The tape-recorder will help the researcher not to miss out any important details during the focus group discussion. Participants will be given a written informed consent form to say:

- I agree to be tape recorded during my participation in this study
- I do not agree to be tape recorded during my participation in this study

What are the risks of this research?

There are some potential risks for participating in this research, although these risks are very minimal. Since the research wants to explore the experiences, some participants may share serious negative experience that may affect them emotionally during focus group discussion.

Therefore, the researcher will arrange for a counsellor to be present in order to offer support to the participants who may need such assistance.

What are the benefits of this research?

This research is not designed to help you personally, but the results may help the researcher to understand more about the clinical learning experiences of male student nurses in the clinical setting.

The significance of the study is that the results could be useful to the Nursing Schools, Clinical Nurse Educators and nursing staff with a deep understanding of the clinical learning experience of male student nurses in the clinical setting.

Am I obliged to take part in this research project and can I stop participating at any time?

Your participation in this research project is completely free and voluntary. You may choose not to take part at all. If you decide to participate in this research, you may withdraw at any time during the study. If you decide to withdraw from the study, you will not be penalised in any way, neither will you forfeit any benefits for which you otherwise qualify.

How do I get my questions answered?

This research is being conducted by Sibusiso Buthelezi, registered at the University of the Western Cape. If you have any questions about the research study itself, please contact:

Sibusiso Buthelezi

NSH Helen Bowden Residence

Portswood Road

Green Point

8005

Cell Phone: 071 517 6540

Email: sbuthelezi@uwc.ac.za

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

Head of Department: Professor K. Jooste

Email: kjooste@uwc.ac.za

Contact: 021 959 2274

Dean of the Faculty of Community and Health Sciences

Professor J. Frantz

Email: jfrantz@uwc.ac.za

Dean's Office Administrator

Faculty of Community and Health Sciences

University of the Western Cape

Private Bag X17

Bellville, 7535

Contact: 021 959 2631/ 2150/ 2852

Fax: 021 959 2755

APPENDIX B: ETHICAL CLEARANCE FROM THE UNIVERSITY OF THE WESTERN CAPE

UNIVERSITY of the WESTERN CAPE

OFFICE OF THE DEAN
DEPARTMENT OF RESEARCH DEVELOPMENT

30 October 2013

To Whom It May Concern

I hereby certify that the Senate Research Committee of the University of the Western Cape approved the methodology and ethics of the following research project by:
Mr S Buthelezi (School of Nursing)

Research Project: Clinical learning experience of university male student nurses during their placement in a clinical setting

Registration no: 13/8/16

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

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

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

Private Bag X17, Bellville 7535, South Africa
T: +27 21 959 2988/2948 . F: +27 21 959 3170
E: pjosias@uwc.ac.za
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APPENDIX C: PERMISSION LETTER FROM DIRECTOR OF THE SCHOOL OF NURSING

UNIVERSITY OF THE WESTERN CAPE
SCHOOL OF NURSING

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-9592274, Fax: 27 21-9592271
E-mail: kjooste@uwc.ac.za

PERMISSION LETTER

4 November 2013

Mr S. Buthelezi

Title of Research Project: Clinical learning experiences of university male student nurses during their placement in a clinical setting

You are granted permission to conduct your study at the School of Nursing.

You have to arrange the data collection with the appropriate level coordinator(s) for a convenient time. During this phase you have to adhere to the ethical principles outlined in your study.

I wish you success with your studies.

Prof K Jooste
Director
School of Nursing

APPENDIX D: INFORMED CONSENT

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: 071 517 6540. Email: sbuthelezi@uwc.ac.za

INFORMED CONSENT

Title: Clinical learning experiences of University male student nurses during their placement in a clinical setting.

I .....first name and surname…..... voluntarily consent to participate in the above mentioned research project.

The background, purpose, risks and benefits of the study have been explained to me. I have received an information sheet and understand the contents thereof. I also understand that I may withdraw from the study at any time without prejudice. I also agree not to disclose any information that was discussed during the group discussion.

Participant's name ……..

Participant's signature ……..

Witness's signature ……..

Date ……..

Time ……..

APPENDIX E: FOCUS GROUP CONFIDENTIALITY BINDING FORM

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: 071 517 6540. Email: sbuthelezi@uwc.ac.za

Title: Clinical learning experiences of University male student nurses during their placement in a clinical setting.

The study has been described to me in language that I understand and I freely and voluntarily agree to participate. My questions about the study have been answered. I understand that my identity will not be disclosed and that I may withdraw from the study without giving a reason at any time and this will not negatively affect me in any way. I agree to be taped-recorded during my participation in the study. I also agree not to disclose any information that was discussed during the focus group discussion.

Participant's name ……..

Participant's signature ……..

Witness's name ……..

Witness's signature ……..

Date ……..

APPENDIX F: FOCUS GROUP INTERVIEW GUIDE

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: 071 517 6540. Email: sbuthelezi@uwc.ac.za

Title of Research Project: Clinical learning experiences of University male student nurses during their placement in a clinical setting.

Question:

Please tell me about your clinical learning experiences as a male during placement in the clinical setting?

The probing questions:

What do you mean?

Tell me more about that?

Why?

How did you feel as a male student?