Reflective practice in portfolio development: Perceptions of fourth-year nursing students at the University of the Western Cape

By

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A mini thesis submission in partial fulfilment of the requirements for the degree of Magister Curationis at the School of Nursing, Faculty of Community and Health Sciences, University of the Western Cape.

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Date: 8th May, 2015

DECLARATION

I declare that: Reflective practice in portfolio development: Perceptions of fourth-year nursing students at the University of the Western Cape is my own work and it has not been submitted for another degree at any other university.

Victoire Ticha

Signed:

Date:

ACKNOWLEDGEMENTS

I would like to acknowledge some individuals who encouraged me to get to this point of submitting this degree. Without these people I would not have been able to do this great work. I wish to acknowledge the following:

- My father, Retired Ajudant Nji Awa Daniel, and mother Mrs Awa Alice Nkeng, for bringing me into this world.

- My husband, Dr Lawrence Ticha, for his continuous motivation to carry on despite all adversities. I want to seize this opportunity to say darling, you are one out of a million and so special to me.

- My supervisor, Mrs L. Fakude, for her continuous motivation and supervision during the course of my degree. This also applies to my co-supervisor Prof. O. Adejumo.

- My children Emmanuella Ticha, Clara Ticha and Thelma Ticha for giving me the space to study. I love you girls.

- The fourth-year nursing class of 2014 for participating in data provision for this study.

- My brother-in-law Dr E.T. Muluh and Dr I.K. Ticha for their unstinting support that inspired and encouraged me.

Furthermore, I wish to recognise Mrs Loveline Ticha, Mrs Odilia Ticha, Mr Sibusiso Buthelezi, Rachel Dielle, Miss Jessica Mechi, Mr Fritz Nkeng Awa, Miss Solange Bih Awa and Miss Nkengla Anjong, and Madam Muluh Perpetual.

I also want to acknowledge Professor Andreas Diacon at Task Applied Science for his financial support.

DEDICATION

This work is dedicated to my late mother-in-law, Mama Esther Wengum, and my father-in-law

Pa David Ticha, you went so soon. I miss you, but I know you are in a better place.

LIST OF ABBREVIATIONS

FGD   Focus Group Discussion

HIV   Human Immunodeficiency Virus

MOU   Midwife Obstetric Unit

OPM   Operations Manager

PN   Professional Nurse

PoE   Portfolio/s of Evidence

SoN   School of Nursing

SANC   South African Nursing Council

SoN   School of Nursing

UWC   University of the Western Cape

GSH   Groote Schuur Hospital

ICH   The International Council of Nurses Code of Ethics

NSH   New Somerset Hospital

CPUT   Cape Peninsular University Of Technology

TBH   Tygerberg Hospital

ABSTRACT

Background: At the School of Nursing (SoN) of the University of the Western Cape (UWC) students (usually across all levels) carry out reflective practice when they compile a portfolio of evidence (PoE) to be submitted at the end of each semester. This contributes to their formative assessment. The PoE is a great assessment tool, although for various reasons it is often completed late by the students.

Registered fourth-year nursing students were the sample population, because they have been actively involved in reflective practice through the process of compiling a PoE towards the end of every semester, and they have been doing this since their first year.

In order to accomplish safe clinical judgements, nurses must be encouraged to become analytical and critical thinkers. Development of a PoE while reflecting on their clinical experiences is one of the strategies that can be used to enhance analytical and critical thinking among the students. Also, these learners carried out reflective practice, mostly on clinical activities that they were exposed to, and the PoE requirements and evidence are mostly clinically inclined (for example, incidents that they encountered, record of attendance at the clinical facilities). How the students perceive this process is important if they are to be encouraged to do reflective practice. Compilation of a PoE at an SoN of a university in the Western Cape requires and comprises a record of evidence that the learners put together and thereafter reflect upon.

Objective: To describe the perceptions of fourth-year nursing students regarding reflective practice when compiling their PoE.

Method: A qualitative design was used to explore the perceptions of registered fourth-year nursing students regarding their reflective practice when compiling their PoE. A purposive sampling method was employed, and three focus group discussion (FGD) sessions were held

consisting of 6-8 participants per group. Data saturation was achieved at the third session. Tesch's method of data analysis was used. Ethical considerations were employed through the informed consent process, confidentiality, dependability, credibility of participants and appropriate handling and storage of the collected data and the tape recorder.

Results: The results of this study show that through reflection the learners gained experience and professionalism from incidents that occurred and activities expected of them, mainly at the hospitals and classroom. Participants reflected on both good and bad experiences, and saw them as challenges preparing them for the future, bearing in mind that they had just about a month until commencing their Community Service Programme. For some of the participants the compilation of the PoE was a great teaching and learning strategy, as learning gaps were identified and it helped them improve their record-keeping and organisational skills.
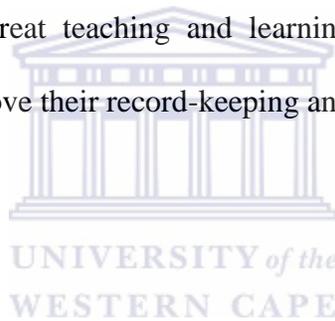
Research output

V Ticha, L Fakude (**2015**). Reflective practice in portfolio development: Perceptions of fourth year nursing students at the University of the Western Cape. (*Paper submitted to Curationis: Research Journal of the Democratic Nursing Organisation of South Africa. Reviewer reports received for correction and final submission. Reference number: 1502*)

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CHAPTER ONE

ORIENTATION TO THE STUDY

1.1 Introduction

Nurses play a pivotal role in the South African health system, as they are usually amongst those chosen as the first point of call for patients. Given the nature and challenges of the profession, nurses are required to act autonomously, while at the same time making appropriate clinical judgements. With this in mind, educators are tasked with the challenge of assisting nurses to make competent clinical decisions in everyday situations (Chirema 2007:192-202). According to Hargreaves (2004:196) assessment of reflective practice frequently requires students to recount narratives about their practice. Both formative feedback and assessment criteria make it clear that such narratives must demonstrate the students' application of appropriate and safe professional practice. Somerville and Keeling (2004:42) define reflection as the examination of personal thoughts and actions. They mentioned that firstly, nurses are responsible for providing care to the best of their ability to patients and families, therefore needing to focus on their knowledge, skills and behaviour to ensure that they are able to meet the demands made upon them by this commitment. Secondly, reflective practice is part of the requirement for nurses to constantly update their professional skills (Somerville & Keeling 2004:42). Reflective practice has been used to overcome the gap between nursing theory and practice and to articulate and develop nursing knowledge embedded in practice (Chong 2009:111).

To be able to accomplish safe clinical judgements, nurses must be encouraged to become analytical and critical thinkers. One of the tools that nurse educators can use to enhance analytical and critical thinking is encouraging students to carry out reflection while they are

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engaged in portfolio of evidence (PoE) development. The undergraduate nursing students are expected to reflect on practical situations and skills that they encounter in their learning process both in the classroom and in clinical settings.

1.2 Background

Keeping a PoE offers considerable opportunity for reflection as an ongoing learning activity. Development of a PoE is practised by students for submission at the end of a semester, and counts towards the formative assessment of the learner. In this PoE the nursing students provide evidence of core clinical assessments, clinical tutorials, records of clinical hours, progress reports for each term, records of self-directed learning at the clinical skills laboratories and peer assessment forms. It should be noted at this stage that most of the evidence required from the learner is mostly clinically orientated. Annual reviews enable nurses to identify strengths and areas of potential growth. Hargreaves (2004:198) alludes that creating a portfolio is a skilled activity and a learning process. This explains why the researcher attempted to explore the development of a PoE by fourth-year nursing students.

In a study carried out at the University of Pretoria Maree (2007:210) highlights that reflective practice is an approach that meets the demands of a specific context by using more than just rational and evidence-based knowledge and skills; it includes experience and personal growth, based on the underlying processes of reflective practice and the hierarchy of competences. Such practice has positive outcomes for the nursing students and the community. Reflective practice was included in the model for training of reflective neonatal nurses.

According to Norris and Gimber (2013:17-18) in their study carried out at LaGuardia Community College in New York, an e-portfolio was used to carry out reflective practices by the

nursing students. This comprises a collection of student assignments that is presented digitally and is similar to a portfolio that professionals use to display their work; the main difference is that an e-portfolio is a digital portrayal of a student's work in contrast to the traditional paper-based portfolio. The findings of this study revealed progress in the learning of the nursing students. In the study by Green, Wyllie and Jackson (2013:4) e-portfolios were used to provide a means through which nurses could record and provide evidence of skills, achievements, experience, professional development and ongoing learning – not only for themselves, but for the information and scrutiny of registration boards, employers, managers and peers.

The compilation of a PoE by the fourth-year nursing students at this university in the Western Cape required the learners to provide a record of proof of clinical assessments, clinical tutorials, records of clinical hours, and progress reports for each term, records of self-directed learning done at the clinical skills laboratories, and peer assessment forms. PoE compilation at this School of Nursing (SoN) requires evidence that the learners put together and then reflect upon. It should be noted that 90% of this evidence is clinically inclined, and hence 90% of the information presented in this study relates more to the clinical setting. Some of the evidence that the participants had to reflect upon included:

➢ A record of bookings at the clinical skills laboratories;

➢ A record of self-directed learning at the skills laboratories;

➢ Evidence of clinical records/ time sheets;

➢ Placement progress reports; and

➢ Accounting of incidents, good and/or bad, where the participants reflect on their feelings at that stage and whatever lessons they had learnt through these experiences.

1.3 Aim

The aim of the study was to critically explore how fourth-year nursing students at the University of the Western Cape (UWC) perceive reflective practice in their PoE compilation. A qualitative exploratory design and purposive sampling method were used for this purpose.

1.4 Objective

The objective of this study was to describe the perceptions of fourth-year nursing students at UWC regarding reflective practice in their PoE.

1.5 Research question

The research question addressed in this study was as follows:

What are the perceptions of fourth-year nursing students on reflective practice in their PoE development at the SoN at UWC?
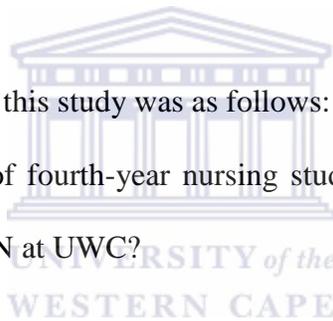
1.6 Significance of the study

Students will benefit from this study as the problems encountered during compiling a PoE will be made known to the nursing educator community, hence contributing to knowledge and nursing practice.

By doing reflective writing the learners will also be able to identify where the learning problems are, and through self-assessment be able to identify where their learning needs lie.

1.7 Operational definition of terms

Nursing student: Someone who is undergoing tertiary education at a university, training to become a professional nurse (PN).

Nursing school: A nursing training institution that enrols and educates nurses undertaking undergraduate and postgraduate studies.

Educator: An individual who is qualified to teach and mentor students.

Learning: A process that causes relatively permanent changes in the knowledge and behaviour of a student.

Reflective practice: The identification and analysis of experiences/incidents that could have impacted on the students' learning, with the goal of improving their professional practice.

Researcher: The principal investigator in the study.

CHAPTER TWO

LITERATURE REVIEW

Somerville and Keeling (2004:42) define reflection as the examination of personal thoughts and actions. They mentioned that, firstly, nurses are responsible for providing care to the best of their ability to patients and families, so they need to focus on their knowledge, skills and behaviour to ensure that they are able to meet the demands made upon them by this commitment. Somerville and Keeling (2004:42) further assert that reflective practice is part of the requirement for nurses to constantly update their professional skills. According to Hargreaves (2004:196) assessment of reflective practice frequently requires students to recount narratives about their practice, and both formative feedback and assessment criteria make it clear that such narratives must demonstrate the students' application of appropriate and safe professional practice.

In addition, Bulman and Schutz (2013) see reflection as reviewing experiences from practice so that it may be described, analysed, evaluated and consequently used to inform and change for the future. Also according to Bulman and Schutz (2013), Dewey saw reflective thinking as thinking with a purpose and focused strongly on the need to test out and challenge true beliefs by applying the scientific method through deductive reasoning and experimentation; he implied that emotions and feelings are part of reflective thinking.

Schon (1983:2) says that a practitioner's reflection can serve as corrective to overlearning; through reflection he can surface and criticize the tacit understandings that have grown up around the repetitive experiences of a specialized practice, and can make new sense of the situations of uncertainty or uniqueness which he may allow himself to practice.

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Bulman and Schutz (2013) alluded to the fact that Schon's concept of reflection on action focuses on retrospective critical thinking to construct events in order to develop oneself as a practitioner and person.

In this PoE the nursing students provide evidence of core clinical assessments, clinical tutorials, records of clinical hours, progress reports for each term, records of self-directed learning done at SoN clinical skills laboratories, and peer assessment forms. Jensen and Joy (2005:139) say that reflection has been advocated as a way to bridge theory and practice. It is one way in which educators develop thoughtful, intelligent and careful practice. Hannigan (2001:279) emphasises the learning associated with reflection as an important tool to incorporate in nursing education, and this is certainly part of the rationale behind the incorporation of reflection into the nursing education programme.

According to Ryan (2011:84) a newly revised curriculum was the impetus for implementing the use of portfolio development at the Adelphi University School of Nursing in New York. The portfolio was put in place, and viewed as a vehicle for self-reflection and a way for the nursing students to document academic and professional accomplishments as they progressed through their nursing programme. In this study a mid-sized group of nursing students was used, and the findings pointed to the fact that the PoE provided an alternative/adjunct method for assessing the nursing students' performance while fostering advanced nursing practice, role development and attainment of established graduate nursing programme outcomes. Also, the students believed that using the portfolio kept them focused and on track academically (Ryan 2011).

According to Norris and Gimber (2013:17-18), in their study carried out at LaGuardia Community College in New York, an e-portfolio is used to carry out reflective practices by the

nursing students. The e-Portfolio is a collection of student assignments that is presented digitally, and is similar to the portfolio that professionals use to display their work, the main difference being that an e-portfolio is a digital portrayal of student work in contrast to the traditional paper-based portfolio. The findings of this study revealed progress in the learning of the nursing students. Furthermore, Green *et al.* (2014:4) postulate that e-portfolio development has been used in a variety of professional disciplines within the University of Technology, Australia, for a number of years to encourage reflective practice in nursing students. The students collected and selected appropriate materials to create a body of work that was representative of their learning over the course of their education. The study revealed that the e-portfolio can represent an authentic means of assessing cognitive, reflective and affective skills; it also revealed that the e-portfolio provides a means through which nurses can record and provide evidence of skills, achievements, experience, professional development and ongoing learning – not only for themselves, but for the information and scrutiny of registration boards, employers, managers and peers. In light of the above, the compilation of a portfolio of evidence by the fourth-year nursing students at this university also required the learners to provide proof of clinical assessments, clinical tutorials, records of clinical hours, progress reports for each term, and records of self-directed learning done at the clinical skills laboratories.

Keeping a portfolio offers considerable opportunity for reflection on ongoing development. Annual reviews enable nurses to identify strengths and areas of opportunity for future development. Hargreaves (2004:198) states that creating a portfolio is a skilled activity that develops learning. This explains why the researcher wanted to explore the experiences of fourth-year nursing students at the university under study while they were developing their PoE. The nursing students, through classroom learning, clinical practice, journal-keeping and the nursing

programme, made use of a curriculum that engaged self-awareness in their experiences/ interactions with patients, which the students wrote down after carrying out a skill. Reflective writing therefore engages the students to understand patients' diverse cultures and hence patients are cared for holistically.

Chang *et al.* (2013:217) believe that knowledge management is what universities have been involved in ever since they were established, and one of the motivations of their study was to find out whether e-portfolios facilitate performance in aspects of knowledge management. Their results showed that e-portfolio significantly facilitated knowledge management performance.

According to Scanlan, Care and Udod (2002:136-137) the use of reflection in education has emerged as an effective means of connecting theory with practice for nursing students; the use of reflection as a basis for transforming the role of the learner is viewed by educators as an effective method to achieve this goal. The purpose of the study was to understand the meaning and use of reflection in teaching and learning, and how reflection contributed to the development of teaching expertise in the classroom. The study supported an examination of nursing students' experiences as a means of understanding reflection and its use in the classroom.

Also, Thorpe (2004:8) alluded that reflective learning journals were recognised as a significant tool in promoting active learning among nursing students. Nurse educators encouraged the students to think about past experiences, current situations and expected outcomes of their actions, so that they could explain what they did in the clinical settings and classroom and why. The purpose of this paper was to discuss the application of two models of reflection to a set of reflective learning journals, and to offer some recommendations for educators, researchers, and nursing students. The major findings indicated that the students could be categorised as non-reflectors (with lack of evidence of deliberate appraisal), reflectors (demonstrating insight

through analysis and evaluation), and critical thinkers (indicating a transformation from initial perspective).

A study carried out by Maree (2007:210) highlighted that reflective practice was an approach that met the demands of a specific context, by using more than just rational and evidence-based knowledge and skills. It included experience and personal growth based on the underlying processes of reflective practice and the hierarchy of competences. These practices had positive outcomes for the nursing students and the community. Reflective practice was included in their model for training of reflective neonatal nurses.

From the above presented literature it can be seen that reflective practice is carried out internationally and also in Africa. Reflective practice is carried out through journaling and compilation of an e-portfolio, which is different from the traditional paper-based form. It should be highlighted at this stage that reflective practice facilitates the teaching and learning process of not only nursing students but students in other disciplines in education. Keeping a portfolio offers a considerable opportunity for reflection on ongoing development. Annual reviews enable nurses to identify strengths and areas of opportunity for future development.

In a study carried out by Jeggels, Traut and Africa (2013) the participants had to compile a PoE for assessment purposes for the course evaluations, and reflective journaling by participants revealed that all of the desired outcomes of the course had been achieved. Positive feedback was also received from some of the managers, who nominated their staff to participate in the continuing education offering. Through classroom learning, clinical practice, journal-keeping and the nursing programme, the nursing students made use of a curriculum that engaged self-awareness in the experiences/interactions with patients after carrying out a skill, which the

students wrote down. Reflective writing therefore engages the students to understand patients' diverse cultures, and hence patient care is addressed holistically.

This research study assessed the perceptions of fourth-year nursing students at UWC regarding their PoE compilation.

The next chapter outlines the methods that were used to answer the research question of the study.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

The aim of the study is to critically examine, using a qualitative exploratory design and purposive sampling method, how fourth-year nursing students at UWC perceive reflective practice in the compilation of their PoE. This chapter describes the methods that were used in this particular study. It commences with an outline of the research design, research setting, population and sample, followed by methods of data collection and analysis are then presented. How scientific rigour was ensured and ethical considerations were adhered to are then outlined.

3.2 Research design

Burns and Grove (2011:49) describe research design as a blueprint for the conduct of a study that maximises control over factors that could interfere with the study's desired outcome. The type of design directs the researcher in selection of a population, sampling procedures and the plan for data collection and analysis and achievement of the goals of the study. Wilkinson (2004:177) alludes that an FGD is a way of collecting qualitative data which essentially involves engaging a small number of people in an informal group discussion focused around a particular topic or set of tissues.

In this study a qualitative approach using an exploratory design was used because the purpose of was to explore the perceptions of registered fourth-year nursing students regarding reflective practice that they implement when compiling their PoE which contributes to their formative assessment mark. Burns and Grove (2011:71) define qualitative research as a systematic

approach used to describe life experiences and give them meaning. Thus a qualitative exploratory design was used to answer the research question.

The researcher also understands that exploratory research aims to get as much information as possible, and this is exactly what was wanted in this specific study. At this junction the researcher acknowledges that this design was the best for this study, bearing in mind the study objectives.

3.3 Research setting

According to Streubert, Speziale and Carpenter (2007:237) "the setting for qualitative research is the field, because the field is the place where individuals of interest live or where they experience life". According to Burns and Grove (2001:40) conducting a study in a natural setting means that the researcher does not manipulate or change the environment for the study. The SoN at UWC forms part of the Community and Health Science Faculty, which also includes the School of Public Health and School of Natural Medicine. The SoN offers training and education at both undergraduate and postgraduate level. This study was conducted at the SoN. Data collection took place at the Senate Building of the SoN in a natural environment. The fact that this setting was a natural one meant that the participants felt at ease to express their feelings openly. The setting was also convenient for both the participants and the researcher to meet. Arrangements were made with the relevant level lecturers and coordinator by the researcher prior to the data collection days.

3.4 Population and sample

3.4.1 Population

According to Burns and Grove (2011:290) the research population is all the subjects that meet the criteria for inclusion in a study. The population in this study was the current registered fourth-year nursing students at UWC. This class was chosen because they were very familiar with the process of portfolio compilation; hence they could better understand the research objective, which was to describe the perceptions of fourth-year nursing students regarding PoE compilation at UWC. The total number of nursing students in this class was 172 according to the UWC Student Administration System (2014).
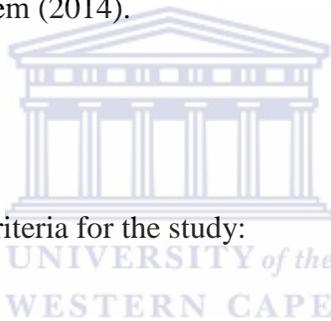
3.4.2 Inclusion criteria

The following were the inclusion criteria for the study:

- ➢ Registered at the UWC;
- ➢ Registered fourth-year nursing student;
- ➢ Students who have completed their fourth-year first semester PoE compilation and are willing to share their experiences.

3.4.3 Exclusion criteria

The following were the exclusion criteria:

- ➢ Registered nursing students on the five-year degree programme were excluded;
- ➢ Students who had not completed their fourth-year first semester PoE.

3.4.4 Sampling

According to Burns and Grove (2011:291) 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. Sampling defines the process for selecting a group of people, events, behaviours, or other elements with which to conduct a study (Burns & Grove 2005:40). Purposive sampling allows the researcher to select participants that are knowledgeable about the phenomena to be studied (Burns & Grove 2011:313). The researcher in this study purposively chose the registered fourth-year nursing class at UWC because these students had a better understanding and insight into reflective practice in putting together their PoE at the end of every semester.

3.4.5 Sample size

According to Onwuegbuzie and Leech (2007:242) sample sizes in qualitative research should not be too large, to the extent that it is difficult to extract thick, rich data. At the same time the sample should not be too small that it is difficult to achieve data saturation. According to Brink, Van der Walt and Van Rensburg (2006:135) there are no hard and fast rules that can be applied to the determination of sample size in qualitative research; however, the researcher should consider both scientific and pragmatic factors influencing the sample size when deciding on the number of subjects to be included in the study.

The sample in this study included 21 participants out of the full fourth-year class of 172 according to the UWC Student Administration System (2014). Three focus group sessions were held, with 8 participants in the first, 7 in the second and 6 in the third; the latter was a confirmatory session. Data saturation guided the researcher as to how many interview sessions to conduct. Three sessions were conducted, and by the second session the researcher noticed repetition of information (data saturation and patterns), hence the third FGD session was a confirmative session. According to Brink *et al.* (2006:137) various factors influence the choice of sample size, including the nature of the research design; in this study a qualitative and exploratory design was employed to describe the perceptions of fourth-year nursing students at UWC regarding portfolio compilation. This qualitative research method was identified as one of the most applicable to give the researcher the opportunity to observe participants' perceptions and provide the answer to the research question, and the sample size was manageable for the researcher.

According to Burns and Grove (2001:425) focus groups are designed to obtain participants' perceptions in a focused area in a setting that is permissive and non-threatening. One of the assumptions underlying the use of FGDs is that group dynamics can assist the participants to express and clarify their views in ways that are less likely to occur in a one-on-one interview. Terre Blanche, Durrheim and Painter (2006:304) opine that most focus groups are composed of 6-12 people. Burns and Grove (2001:425) state that each focus group should include 6-10 participants, as fewer participants tend to result in inadequate discussion. In this study three FGD sessions were held, with 8 participants in the first, 7 in the second and 6 in the third, a total of 21 participants in all.

3.5 Data collection

Data collection can be viewed as the process of obtaining data from a chosen group of participants that meet the inclusion criteria of a study. Terre Blanche *et al.* (2006:287) postulate that qualitative researchers want to make sense of feelings, experiences, social situations or phenomena as they occur in the real world, and therefore want to study them in their natural setting. A central axiom of qualitative research is therefore to work with data in context. The researcher agrees with this and adhered to the above by choosing a calm and non-disruptive, natural research setting, which was the Senate building.

The researcher introduced the study to the student nurses in their classes and obtained a list of participants who were interested in participating. A date, time and venue were set to meet with the participants to brief them about the study, and voluntary participation, informed consent, and confidentiality were highlighted. The lecturers and level coordinator were helpful in assisting to make arrangements as to the date, time and venue for the researcher on the day of data collection.

Holding of FGDs was felt to be appropriate since the participants would feel less intimidated, and would feel free and at ease to express their perceptions. Gibbs's Reflective Cycle (1988) questions were structured and used to probe the participants (see later in this chapter). The FGDs were conducted like a normal conversation, but with a purpose and use of open-ended questions (Burns & Grove 2011:85). The understanding of the use of FGDs was that group dynamics could help the participants to express and clarify their views in ways that were less likely to occur in a one-on-one interview, and could generate authentic information (Burns & Grove 2011:87). The

researcher agreed that the group dynamics would assist the participants to say what they felt in a more relaxed and friendly environment regarding their reflections during compilation of their PoE.

3.5.1 Data collection process

As the student nurses arrived at the agreed venue, the Senate building, the researcher welcomed them, seats were offered, and they were introduced to one another. Privacy and confidentiality were adhered to, making the participants feel comfortable, friendly and relaxed. Brief information about the study was shared, and ground rules were set for the group, for example, cell phones to be kept on silent, and giving each other a chance to speak.

The interviewer explained the aim and purpose of the study and the format of using FGDs and using an audio tape recorder and handwritten notes to ensure that the researcher did not miss any of the information that was discussed; this was accompanied by handing out the information letter. Consent forms were handed to the participants to give permission for the FGD to be carried out, as well as permission for an audio tape recorder to be used during the interview/session.

The following opening question was asked:

 Can you describe some of your perceptions on reflective practice in your portfolios of evidence development at SoN?

Other open-ended questions were asked to gain more insight into the research topic. The tape recorder was switched on, and the discussion commenced. A probing technique was used to

obtain more information about the phenomena under study and to make clarifications where necessary.

The duration of each FGD was about 30-40 minutes, which allowed in-depth discussion. Data collection stopped when data saturation was reached, which occurred during the second session. The third session was a confirmatory session, as no new ideas were emerging from the participants. Non-verbal communication such as body gestures and facial expressions were taken into consideration and written down as notes. The participants' tone of voice and body language were also noted by the researcher.

At this point the researcher can say with confidence that the use of FGDs was the best instrument, as the participants felt really at ease to express their perceptions during their development of PoE without any undue influence or feelings of intimidation. The data for this study were collected in the third to fourth week in November 2014, which was an appropriate time as the participants had finished writing their final examination.

3.5.2 Audio tape recorder

Transcription of the raw data verbatim was crucial for analysis so that the researcher did not miss any information from the participants. The researcher made sure well ahead of the data collection process that the audio tape recorder was of the best quality and in perfect working condition. To ensure good sound quality, the researcher made sure the setting and venue were as quiet as possible.

3.6 Data analysis

According to Terre Blanche *et al.* (2006:321) the key to good interpretative analysis is to stay close to the data, to interpret from a position of empathic understanding, and to provide a thorough description of the characteristics, processes, transactions, and contexts that constitute the phenomenon, as well as an account of the researcher's role in constructing this description. The researcher abided by the above by using probing to gather as much information as possible from the participants and paraphrasing when necessary during data collection.

Data analysis is drawing out conclusions and describing, explaining or predicting results based on the data collected (Brink *et al*. 2006:170). Burns and Grove (2011:93) explain that qualitative data analysis occurs concurrently with data collection; the researcher is attempting to simultaneously gather, manage and interpret a growing bulk of data. The raw data were transcribed the day after collection. Coding was tried on the data collected in the first session of the FGD, and then the rest of the text was coded and further managed.

3.6.1 Process of data analysis

The researcher started to transcribe the raw data as a Word document, verbatim, the day after data collection while the information was still fresh in her mind. The researcher repeatedly listened to and read the data in order to have a good insight into them. When all of the interviews were transcribed they were typed up and saved onto the researcher's laptop, with a back-up copy saved as a mail. Coding was employed and the data were categorised into themes as patterns emerged. Outstanding themes and sub-themes were identified.

3.6.2 Tesch's method of content analysis

According to Zhang and Wildemuth (2009:3) qualitative content analysis is mostly used to analyse discussion transcripts in order to reveal or model people's information related behaviours and thoughts.

In this study data analysis employed Tesch's method of content data analysis for qualitative research (Tesch 1990), as follows:

➢ Prepare the data: The data need to be transformed into written text before analysis can start. The researcher carefully listened to the recorded discussions so as not to miss any data, and then the text was transcribed word for word, according to Burns and Grove (2011:93), without changing any grammatical errors. An electronic back-up version was saved on the researcher's laptop and email. Then the researcher listened to and repeatedly read the data in order to gain a good insight into the data.

➢ Define the unit of analysis: This refers to the basic unit of text to be classified during content analysis. The transcribed data were the basic unit of analysis.

➢ Develop categories and a coding scheme. Qualitative content analysis allows you to assign a unit of text to more than one category simultaneously to ensure consistency of coding, especially when multiple coders are involved. According to Burns and Grove (2011:94) coding is the process of reading the data, breaking text down into sub-parts, and giving a label to each part of the text. Once coding is done the researcher will arrange identical topics/ideas into categories. In this study coding and categories were employed to break down the collected data.

> Test your coding scheme on a sample of text. When sufficient consistency has been achieved, the coding rules can be applied to the entire body of text. Coding will proceed while new data continue to be collected. The researcher coded the first session, and it went successfully**.**

> Code all the text. When sufficient consistency has been achieved, the coding rules can be applied to the entire corpus of text. The entire **t**ext was coded, and then sent to a co-coder for analysis, followed by a consensus meeting between the researcher and co-coder.

> Assess coding consistency after coding the entire set. This involves rechecking the coding consistency of the coding, as human coders are subject to fatigue and are likely to make more mistakes as coding proceeds. Coding consistency was reached in that the researcher sent the text to a co-coder who was experienced in qualitative research analysis, and consensus was reached between them.

> Draw conclusions from coded data, by making sense of the themes or categories identified and their properties, making inferences and presenting the reconstructions of meanings derived from the data (e.g. identifying relationships between categories). A number of themes and sub-themes were derived from the data in this study, and are reported in chapter 3.

> Report methods and findings. When presenting qualitative content analysis results one should strive for a balance between description and interpretation. Description gives the readers the background and context and thus needs to be thick and rich. Interpretation represents the researcher's personal and theoretical understanding of the phenomenon under study.

3.7 Conceptual framework – Gibbs Reflective Cycle

Gibbs' reflective cycle is a theoretical model often used by students as a framework in coursework assignments that require reflective writing, and it was used in this study (Figure 1). The model was created by Professor Graham Gibbs and was described in his book *Learning by doing* (1988).

Figure 1: Gibbs Reflective Cycle (Gibbs, 1988).

Gibbs' reflective cycle is a theoretical model often used by students as a framework in coursework assignments that require reflective writing. The model was created by Professor Graham Gibbs and appeared in *Learning by doing* (1988). It looks like this:

Gibbs' reflective cycle has six stages, which are usually given the following headings:

1. Description: What happened?

2. Feelings: What were you thinking/feeling?

3. Evaluation: What was good /bad about the experience?

4. Analysis: What sense can you make from the situation?

5. Conclusion: What else could have done?

6. Action Plan: If it arose again what would you do?

Gibbs' model was developed from an earlier theoretical model, David Kolb's four-stage experiential learning cycle (Kolb 1984). Whereas Kolb's model is sometimes referred to as an experiential learning model (which simply means learning through experience), Gibbs' model is sometimes referred to as an iterative model, which means learning through repetition. The PoE accounts for the student's formative assessment towards the end of each semester; hence it is a repeated practice and is carried out across all levels at the SoN. According to Forrest (2008:230) the advantage of a reflective cycle is that it presents the reflective practitioner with specific questions which have to be considered in order.
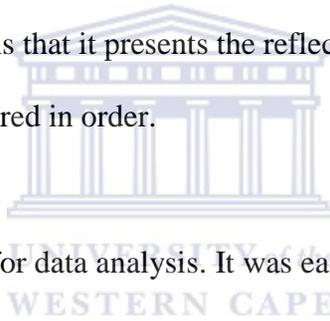
This cycle became the foundation for data analysis. It was easy for the respondents to understand this model, the cycle was explicit, and it was easy to extract the cycle concepts from the respondents since it was a guide for reflection. How this model was used in this study is described below.

3.7.1 Stage 1: Description

The respondents describe incidents and choose episodes and activities for reflection, which could be self-directed learning at the skills laboratory or records of progress report for each term, amongst others. This step carries the bulk of the perceptions that the participants recounted and this was mostly in the clinical area and less in the classroom. The participants expressed their

experiences freely and tried to elaborate on them to make their point clear to the researcher. The researcher probed further to get more information or clarification where necessary.

3.7.2 Feelings

What was the participant thinking and feeling at that time? Good and bad aspects that the students experienced in the process of compilation of the PoE were described as above, as well as their feelings at the time of the incident or experience.

3.7.3 Evaluation

What was good /bad about the experience? One bad experience was that according to these student nurses, they felt that they were overworked at the New Somerset Hospital in the medical ward, and the PN had issues with one another and tended to put pressure on them. They reflected by saying that the aspect of work commitment and professionalism was missing or lacking, since they could still care for the patients despite their differences. It is clear here that the participants felt bad because this attitude of these PNs was not expected.

Good experiences included those such as of one student who reflected on her good time at the hospitals by saying *"just seeing the patients' faces is good for me"*. Critical skills were improved according to this learner, as she said she is now able to act fast/quickly in crisis/situations and hence is assertive at all times.

Learning gaps identified during PoE completion, according to some of the participants, included poor time management, peer pressure and late or less bookings at the skills laboratory.

3.7.4 Analysis

What did the students learn from the development of their portfolios? What were the levels of students' satisfaction with the process of compiling the PoE? The students learned various lessons from compiling a PoE through reflection, and these included record-keeping and organizational skills, and awareness that PoE compilation should start as soon as the lecturer made them aware of the need for a PoE – not waiting until a day or two before submission date. They also became aware that copies of the PoE should be made in advance to prevent mistakes and late submission, and that progress reports should be handed in to the PN for completion ahead of time, and that they may need to consult with class lecturers and colleagues for clarification.

3.7.5 Conclusion

This is an indication of how the students evaluated themselves after submitting their PoE. Most evaluated themselves as average learners, because they said that time was always limited in terms of adequately attending to all the PoE criteria, and there were many challenges experienced at the clinical facilities and on campus or in the classroom (described in the next chapter). However, participants in FGD 2 evaluated/rated themselves as excellent, because they committed themselves to their studies and PoE despite the challenges.

3.7.6 Action plan

What would the students do differently if they failed this assessment? One participant in group one said "*I had the opportunity to submit the PoE and passed once throughout my training, but if I failed I will be very sad because my continuous assessment mark will be greatly affected,*

maybe I will not qualify to write exam; I will ask help from the other students how did they do their PoE that they passed". The other participants said that failing the PoE was not good as you may end up failing the module. Some said this would make them feel very depressed.

3.8 Scientific rigour

To ensure trustworthiness the credibility, dependability and confirmability of the study were ensured as follows.

Credibility was achieved during the interviews, as the participants felt at ease to express their views regarding the phenomenon under study in a comfortable manner and natural environment until data saturation was achieved.

Dependability was ensured as the researcher transcribed the raw data the next day after collection. The audio tape recorder and handwritten notes will be locked up safely for a period of five years. The in-depth natures of the study methods used by the researcher contribute to the dependability of this study, which was also enhanced by the use of colleagues and the research mentor to check the research plan.

Confirmability was ensured through the findings of the study and not the researcher's bias or reflexivity; this involves the realisation that the values and interests of the researcher that may impinge upon research work (Chan *et al.* 2013:1-9). According to Fischer (2009:584) the researcher continuously identifies and records his or her assumptions about a topic as well as his or her interests in it; this process allows one to self-consciously and regularly check to see whether one is imposing meanings on the data and to relook to see what other meanings might appear. In this study bracketing of the researcher's preconceived beliefs and experiences about the phenomenon under investigation was adhered to as described above.

Using an audio tape recorder also enhanced the quality of the evidence of the discussions during data collection.

3.9 Ethical considerations

All ethical principles were strictly followed in carrying out this study. Permission to conduct the study was obtained on 14 November 2014 from the Senate Higher Degrees and Ethical Approval Committee.

Informed consent: Participant information sheets were given to the participants to read and sign, hence giving voluntary consent to take part. All information regarding the study was outlined in this information sheet (Appendix I). Consent letters (Appendix II) were given to the participants about the study, explaining the purpose and ethical considerations. Participants were informed that they had the right to withdraw at any stage of the study, without prejudice. Participation was voluntary.

Confidentiality: The audio tape recorder and transcripts are to be locked in a safe for five years period after the study is completed and thereafter will be destroyed after five years; only the researcher and the supervisor will have access to them. The researcher respected the right of privacy by ensuring that the participants were able to decide to what extent information from the study may be shared with the SoN. Names of participants were not mentioned in the research findings.

Anonymity: This was ensured by omitting the participants' names from the transcripts; numbers were allocated to the groups. The participants understood that there were no financial benefits or any other form of benefit to be gained from participation in this study.

3.10 Conclusion

This chapter provided an overview of the aim of the study, and how a qualitative exploratory design and purposive sampling method were used to ascertain how fourth-year nursing students at UWC perceive reflective practice in their PoE compilation. This chapter described the methods used in this particular study, the research design, research setting, population and sample, data collection and analysis, and conceptual framework used. How ethical considerations were adhered to and scientific rigour was ensured were also described.

Chapter four presents the results and findings of the study.

CHAPTER FOUR

FINDINGS AND RESULTS OF THE STUDY

4.1 Introduction

This chapter describes the findings that emerged from the FGDs and the handwritten notes that were taken down regarding the objective of this study: To describe the perceptions of fourth-year nursing students at UWC regarding reflective practice in their PoE.

4.2 Demographic profile of participants

The target population comprised 21 female and male fourth-year nursing students who had completed their PoE. The participants were 8 African, 9 mixed race and 4 white nursing students. Data were collected through FGDs which lasted 30-40 minutes. After the second FGD data saturation was achieved; however, the researcher conducted a third confirmatory session.
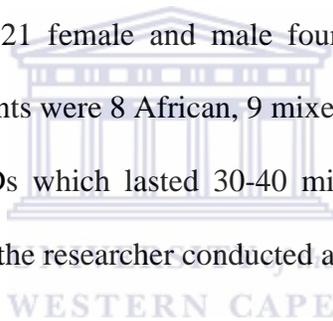
4.3 Perceptions of fourth-year nursing students regarding reflective practice in their PoE at UWC: Themes and sub-themes

The themes that emerged from the data that were collected in this study were as follows: Challenges related to the development of PoE; and some participants experienced development of the PoE with a great deal of positivity. The themes and sub-themes are listed in Table 1. These will be described in detail in the sections that follow.

Table 1: Themes and sub-themes that emerged from the data

Themes	Sub-themes
Challenges related to collecting evidence for PoE development	Professionalism
	Limited time
	Interpersonal relationships
Some learners perceptions on development of PoE	Skills enhancement
	Critical thinking and boosting of confidence

4.3.1 Theme 1: Challenges related to collecting evidence for PoE development

Findings regarding perceptions of fourth-year nursing students at UWC relating to collection of evidence for PoE development revealed many challenges that were faced by the participants, which form the first theme. These challenges are mostly in the clinical facilities, which is where the nursing students spent most of the clinical hours (one of the requirements of the nursing programme at UWC SoN).

According to the *Oxford Dictionaries* (accessed 19 February 2015) a challenge is a demanding task or situation, a call to improve or justify something. For some of the participants the PoE was

a demanding task for them to carry out, but they also faced many other challenges, which are outlined below as sub-themes.

4.3.1.1 Professionalism

According to White (2002:280) nursing care requires a duty to care for patients, which encompasses more than the mere legal explanation of a duty to care. The study suggests that patients value the kind of care they receive from nurses who are sensitive and responsive to their needs. Such care not only includes professional provision of competent treatment, but care in the personal, vocational sense. Also, the Code of Ethics for Nursing Practitioners in South Africa, Article 3.3 (South African Nursing Council 2013) addresses the requirement of beneficence. Nurses are obliged to do well, choose the best option of care under given circumstances, and act kindly at all times. These obligations are an expression of compliance with the imperative duty of care during professional practice.
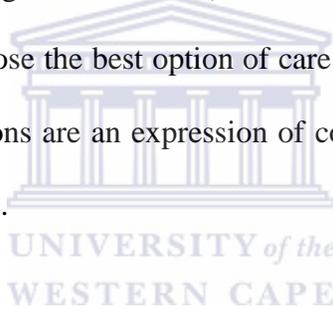
One participant from FGD 1 expressed having experienced a good time at the hospitals, saying: "*just seeing the patients' faces is good for me*". This quality of was also noted by the unit managers in every ward that this participant worked in, and her progress report always included a comment on her good patient care, relationship with patients and outstanding professionalism. The researcher perceived this as a sign of professionalism and caring as a nurse. However, some student nurses felt they were overworked at New Somerset Hospital in the medical ward, where the PNs had issues with one another and tended to put pressure on them. They reflected by saying that aspects of work commitment and professionalism were missing or lacking, and that they could still care for the patients despite their differences.

The International Council of Nurses Code of Ethics (2006:1) states as follows:

> Inherent in nursing is respect for human rights, including cultural rights, the right to life and choice, to dignity and to be treated with respect. Nursing care is respectful of and unrestricted by considerations of age, colour, creed, culture, disability or illness, gender, sexual orientation, nationality, politics, race or social status.

Essentially, this means that all people should be treated equally. This is also reflected in the South African Nursing Code of Ethics, that reminds nurse practitioners to carry out their responsibilities with "the required respect for human rights, which include cultural rights, the right to life, choice and dignity without consideration of age, colour, creed, culture, disability or illness, gender, sexual orientation, nationality, politics, race or social status" (South African Nursing Council 2013:3).
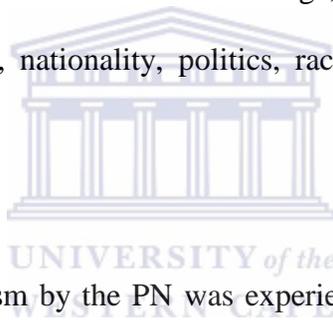
In this study lack of professionalism by the PN was experienced by one participant in FGD 1, who felt unfairly treated by a PN during her midwifery training at the Midwife Obstetric Unit (MOU) in Kraaifontein. According to this participant, she was forced by a PN to assist a patient who was in active labor with ruptured membranes without wearing gloves. This student says that she felt victimized by this. The PN asked her what the difference was whether she was gloved or not gloved. The student was very surprised at this question, knowing the implications. However, the student tried to be assertive by saying "*I do not know the patient's HIV status*". The student said because of this incident the other patients in the ward asked her if she was from Zimbabwe. This student further said that "*the PN continued to shout at me in front of other patients*". After a while the PN was quiet, and gave the impression she was not happy with the student. Upon reflection the student nurse said "*I felt that was racism and victimization since I am black*". Due

to this the PN marked this student down on her progress report, one of the required documents of the PoE.

According to Clarke *et al.* (2012:270), verbal abuse appears to be the most predominant form of bullying experienced by nurses, as well as nursing students. *"The PN continued to shout at me in front of other patients"* says a participant in FGD 1. The actions of the same PN at the MOU left the student with feelings of verbal, emotional, and psychological abuse: *"The PN continued to shout at me in front of other patients"*. Lack of professionalism is likely to be a precursor to abuse.

One of the participants in FGD 2 had positive experiences when some operational managers (OPM) made provision for assisting the student nurses with some of their clinical objectives. This participant provided the example of inserting a urinary catheter and catheter care that had occurred during her first year of training: *"The OPM took time and explained so well, thereafter my clinical book was signed off by her"*. This is congruent to the requirements of the Nursing Act, 2005 (Chapter 2), which indicates that the PN is a person who is qualified and competent to independently practice comprehensive nursing care in the manner and to the prescribed standard, and who is capable of assuming responsibility and accountability for such practice. The OPM is initially registered as a PN and then promoted to the higher position according to experience.
Time sheet signing went well according to FGD 2 participants; however, some PNs were nice while others were not. Some would say *"see you next week"*. It should be remembered that time sheets are one of the documents required for the PoE.

4.3.1.2 Limited time for completing a PoE

The honesty of entries interrogates the validity and credibility of the PoE as an assessment tool. The amount of evidence to be provided and the time-consuming aspect of compiling the PoE may have a negative effect on a student's motivation (Mitchell 1994, cited in Joyce 2005:459). Portfolios have also been criticised for the amount of time they take to complete and to be assessed (Harris *et al*. 2001, cited in Joyce 2005:459).

A participant in FGD 2 said "*Time in compiling the PoE has always been limited*". FGD 2 participants further supported this point of view by adding that it took a lot of time since much needed to be included in the PoE. Owing to extended academic and clinical commitments, such as group work, homework, test preparation, as well as making copies at the print centre or the library, students are often not able to include records of all their activities in the PoE on time. This also allows little time for reflection.

According to participants of FGD 3 progress report completion went well at some wards or clinics but not well in others. Some participants said that usually the PN said they should submit it for completion in advance, but some said they may forget and submit it on the same day. Some PNs were not happy with this; hence they had to take the blame and learn to take responsibility to hand it in ahead of their last day in the facility. Also, if any criterion is marked down by the PN he/she will explain by saying that they cannot give more than 80%, otherwise there will be no room for improvement. The FGDs agreed that it is good to include the progress report so that the lecturers and SoN can know or be aware of how the student is doing at the clinical facilities. Another student said the progress report completion is a problem as it gets delayed because the PN that you have been working may be changed to another shift, and your rating could be

affected. It should be remembered that the progress report is one of the documents required in the POE.

Learning gaps identified during PoE completion according to participants across all three groups included poor time management, peer pressure and late or no bookings at the skills laboratory.


4.3.1.3 Interpersonal relationships

Interpersonal relationships refer to the healthy interaction that should exist between the student and educator (clinical supervisor) while teaching and learning is taking place in a friendly environment. Pacquiao (2007:33) is adamant that time and appropriate supervision are provided to nursing students by means of collaboration between the course faculty and the clinical counsellor. A participant in FGD 3 reflected that he found completion of his PoE difficult during the first and second years of study because: "*Some of the clinical supervisors did not demonstrate skills well and created a tensed environment so I was most of the time scared to ask questions and I know that I am not fluent in speaking the English language*". However, he managed to pass on the grounds of self-directed learning at the skills laboratory and by consulting his class lecturers and colleagues for clarification. This process had been necessitated since the clinical supervisors had limited time to provide appropriate supervision. Other participants in FGD 1 and FGD 2 also raised this point; hence this was seen as a pattern.

The researcher realised that there was poor communication and interpersonal relationships between the learners and clinical supervisors. Under these circumstances teaching and learning only took place partially, owing to the tense learning environment. The preceptors (clinical supervisors) did not really provide professional guidance to the student mentioned above, for example.

Interpersonal relationships are emphasised by Jeggels *et al.* (2013), with the definition of a preceptor as a competent practitioner who, for a limited period of time, provides professional guidance to students in a service setting (Yonge *et al.* 2007:9, cited in Jeggels *et al.* 2013). Support from preceptors enables nursing students to apply knowledge and skills in the clinical setting to facilitate transformation from novice to expert. Preceptorship refers to "an individualized period of support under guidance of an experienced clinical practitioner which attempts to ease transition into professional practice or socialization into a new role" (United Kingdom Department of Health 2009:11, cited in Jeggels *et al*. 2013).

As an educator it is important to get feedback at the end of each and every educational session with learners. One of the ways to solicit feedback is to ask learners at the end of a session whether they have any questions, comments, or clarifications. At that point the learners would enable the educator to identify issues or problems.
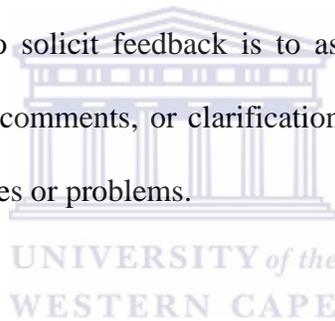
4.4 Theme 2: Some learners' perceptions on PoE development

While some participants struggled with the compilation of a PoE, for others it went well. The positive experiences of participants included direct participation and taking ownership of the development of their PoEs, which boosted their learning process.

4.4.1 Perceptions of skills improvement during the development of a PoE was a positive experience

Timmins and Dunne (2009) suggest that a PoE attests to achievement and professional development by providing a critical analysis of its content. Similarly, it is suggested that a PoE

should at least illustrate students' ability to think critically, perform appropriate therapeutic nursing interventions, communicate effectively, and ultimately integrate theory and practice. In the context of this study those suggestions referred to the outstanding knowledge, skills and experience that some of the participants gained during the process of compiling their PoE.

According to *Cambridge Dictionaries Online*, positivity is the quality of having a positive attitude. Some of the participants perceived a positive attitude while compiling their PoE; ultimately that attitude enhanced skills such as organisation and administration.

FGD 1 participants noted that the skills laboratory was good as learning took place through incorporating theory into practice. They said each session at the skills laboratory gave them a feeling of the hospital, hence boosting their confidence and behaviour. Some skills which they gained included bed making, bed bath, baby bath, administration of oral medication, abdominal palpations, deliveries, removal of clips and sutures and history taking. Also, making use of the assimilated patients took away the feeling of fear and reality kicking in. A participant said that reflection on what was explained in the classroom assisted him during self-directed learning, as he had to carry out a lot of reflection to assess if he was doing the right thing or not. Some participants in FGD 1 and FGD 3 also highlighted this issue (pattern).

Critical skills were improved according to one participant from FGD 3 as she said she was now able to act fast/quickly in crisis situations and hence be assertive at all times. This point was highlighted across the groups by participants.

4.4.2 Perceptions of critical thinking and boosting of confidence

This sub-theme refers to the knowledge and skills that some of the participants gained during the process of compiling their PoE. One of the few studies on critical thinking in nursing education was carried out by Mangena and Chabeli (2005) in South Africa. According to Mangena and Chabeli (2005:292) the goal of critical thinking is to develop learners who are fair-minded, objective, as well as committed to clarity and the ever-changing and increasingly complex state of knowledge development, demanding higher-order thinking of nursing students. "*My critical skills has [sic] improved as [I] am now able to act fast / quickly in crisis situations and hence being assertive at all times*" reflected a participant of FGD 3. This shows her perception of learning through PoE development.

The skills, experience and knowledge that the participants in this study acquired boosted their self-esteem, confidence and critical thinking skills. The researcher was pleased by these developmental indicators, because they represent the characteristics that empowered some of the participants to achieve not only academic success in PoE compilation but also to develop social, psychological and physical competencies.

According to Harder (2009:23) the purpose of using simulation in health care is the preparation of students for clinical situations they may encounter. Simulation attempts should create as realistic an environment as possible. FGD 1 participants reported that making use of simulated patients in the clinical skills laboratories boosted their confidence, self-esteem and ethical behaviour, and made them much more aware of the effects of their practice. "*Making use of the*

simulated patients took away the feeling of fear and reality kicking in," reflected participants of FGD 1 who experienced boosts to their critical thinking and confidence.

Medley and Horne (2005:31) postulated that through use of simulation technology undergraduate students could gain and improve skills in a safe, non-threatening, and experiential environment that also provides opportunities for decision making, critical thinking, and team building. In this study pedagogical qualities of using simulation technology assisted one participant from FGD 1, who explained that information provided in the classroom assisted him during self-directed learning in the skills laboratories since he had to do a lot of reflection to assess whether he was doing the right thing or not.

According to the participants in this study the required documentation of self-directed practice and record of bookings at the skills laboratories for the PoE went well. For some of them compilation of the PoE was a great teaching and learning strategy, since learning gaps were identified, especially during self-directed learning in the clinical skills laboratories. However, some of the participants did not integrate reflective practice adequately due to limited time for compiling a PoE. Some participants encountered racism and discrimination at the clinical facilities.

4.5 Conclusion

Reflective practice enabled the participants to provide information as presented in this chapter.

Throughout this chapter the findings of this study are described, including descriptions by participants of their experiences in compiling a PoE. The discussion and findings confirm that the POE is a good teaching and learning strategy that should be used and maintained.

Also, the findings indicate that the process of compiling a PoE requires a lot of commitment and responsibility from the learner, as well as the educators on campus and at the clinical facilities. Some participants expressed the perception that their experiences and confidence, skills and professionalism were enhanced. Some participants had to exert pressure for their time sheets and progress reports to be completed for their PoEs, despite some of the PNs displaying a negative attitude to the process.

From the above it can be seen that through the participants' reflection on the evidence some of them expressed that skills such as organisation and record keeping had been improved through their compilation of their PoE.

CHAPTER FIVE

CONCLUSION AND LIMITATIONS OF THE STUDY

5.1 Introduction

This chapter provides an overview of the aims and objectives of this study and the extent to which these were achieved. It also summarises the main findings of the study, conclusion, and possible limitations.

## 5.2 Realisation of the aims and objectives of the study

The aim of this study was to critically examine, using a qualitative exploratory design and purposive sampling method, how fourth-year nursing students at UWC perceive reflective practice in their PoE compilation. To this end some of the participants perceived it positively while a few struggled with a number of challenges.

The objective of this study was to describe the perceptions of fourth-year nursing students at UWC regarding reflective practice in compiling their PoEs. The data required to address the above presented objective of the study were collected using FGDs, now confirmed as one of the best data collection tools for the study. In-depth FGDs took place, providing a rich bulk of data and information to be analysed; this was possible because the participants felt comfortable to freely express their perceptions. According to the findings it can be concluded that the objective of this study was achieved.

5.3 Summary of findings and conclusion

The findings of this study show that through reflection the learners gained experience and professionalism from the incidents they went through and tasks expected of them both at the hospitals and in the classroom. Some of the participants reflected on both good and bad experiences. They perceived the challenges as preparing them for future practice, bearing in mind that they had just about a month (1/1/2015) before commencing their Community Service Programme.

Some of the participants perceived that compilation of the PoE was a great teaching and learning strategy as learning gaps were identified, especially during self-directed learning both at UWC and in the hospital skills laboratories. Record-keeping and organisational skills were also enhanced.
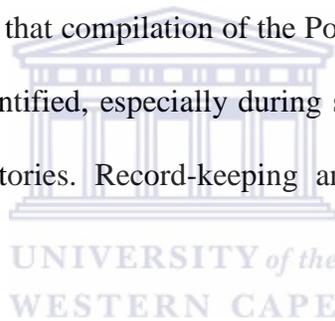
However, some of the participants did not carry out reflective practice properly because of the limited time available to compile the PoE; hence their perception was that of limited time. In addition, some participants encountered racism and discrimination amongst nursing colleagues and at the clinical facilities.

The findings of this study indicate that the process of compiling a PoE requires a lot of commitment and responsibility by both the learners and the educators on campus and at the clinical facilities. For some participants this enhanced their experiences and confidence, skills and professionalism.

Some participants had to work in an unfriendly environment when PNs had differences amongst themselves. At one MOU a PN's attitude towards a participant was unprofessional, including shouting at the learner in front of patients. Racism is also still a problem in the nursing profession.

However, on the positive side many felt that their organisational and record-keeping skills were enhanced, and one participant said that "*just seeing the patients' faces is good for me*" – hence her perception of seeing the PoE development as an opportunity to express her mind. A few had to work their way around challenges; for example, in one instance the clinical supervisor created a tense environment and the participant had to turn to lecturers and class colleagues for assistance. Some participants experienced a great deal of negative attitudes from some of the PNs while on their quest to complete their time sheets and progress reports, which are just some of the documents required in the PoE.

5.4 Possible limitations

The study was limited to fourth-year nursing students at UWC; while the small sample size will affect transferability of the findings, the FGDs and handwritten notes that came out of them provided an understanding of the perceptions of fourth-year nursing students regarding PoE compilation at UWC. In addition, time was also a limitation. The researcher had to collaborate closely with the lecturers and level coordinator to be able to contact the participants, as they were busy with night duty and hence sleeping during the day.

5.5 Conclusion

This research has shed light on the perceptions of fourth-year nursing students regarding PoE compilation at UWC. It also highlights racism and discrimination experienced at the clinical facility, enhancement of skills and confidence, and issues with interpersonal relationships. On the basis of the above presented information, it is the researcher's belief that the PoE should be maintained as one of the teaching and learning strategies at the SoN at UWC.

The findings of this study show that through reflection the learners gained experience and professionalism from the incidents and tasks expected of them both at the hospitals and in the classroom. Participants reflected on both good and bad experiences, the latter as a challenge preparing them for future practice, bearing in mind that they had just about a month before commencing the Community Service Programme.
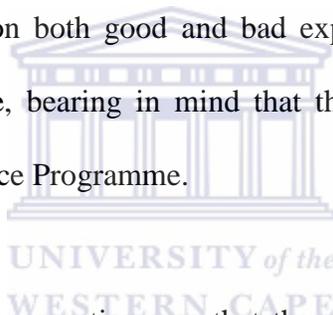
For some of the participants their perception was that the compilation of the PoE was a great teaching and learning strategy as learning gaps were identified, especially during self-directed learning both at UWC and in the hospital skills laboratory. However, some of the participants did not carry out the reflective practice adequately because of the limited time available to compile the PoE and hence their perception of limited time.

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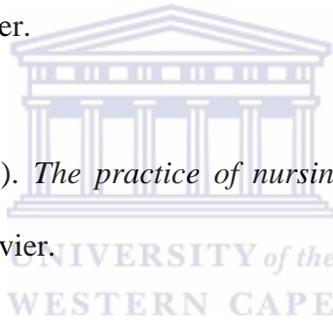
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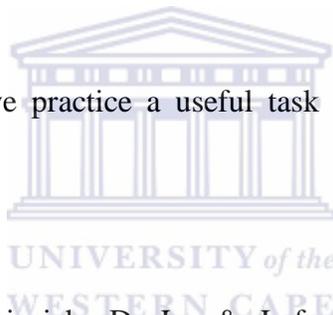
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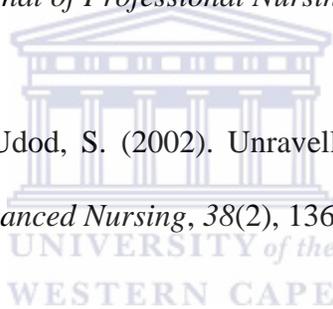
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7. Annexures

7.1 Annexure 1: Ethics Approval

OFFICE OF THE DEAN
DEPARTMENT OF RESEARCH DEVELOPMENT

UNIVERSITY *of the*
WESTERN CAPE

14 November 2014

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:
Mrs V Ticha (School of Nursing)

Research Project: Reflective practice in portfolio development: Perceptions of fourth year nursing students at the University of the Western Cape.

Registration no: 14/9/42

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
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A place of quality,
a place to grow, from hope
to action through knowledge

7.2 Annexure 2: Consent form

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa
Tel: +27 21-959-2271, Fax: 27 21-959-2679
E-mail meshivictoire@yahoo.com

CONSENT FORM

Title of Research Project: Reflective practice in portfolio development: Perceptions of fourth year nursing students at the University of the Western Cape.

The study has been described to me in a language that I understand and I have freely and voluntarily agreed 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.

Participant's name…………………………..
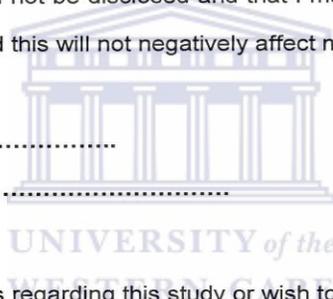
Participant's signature………………………………

Date………………………

Should you have any questions regarding this study or wish to report any problems you have experienced related to the study, please contact the study coordinator:

Study Coordinator's Name: L.P Fakude

University of the Western Cape

Private Bag X17, Belville 7535

Telephone: (021)9592271

Fax: (021)9592679

Email: lfakude@uwc.ac.za

7.3 Annexure 3: Focus group confidentiality binding form

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa
Tel: +27 21-959 2760, Fax: 27 21-959 3683

E-mail: 2819422@uwc.ac.za/meshivictoire@yahoo.com

FOCUS GROUP CONFIDENTIALITY BINDING FORM

Title of Research Project: Reflective practice in portfolio development: Perceptions of fourth year nursing students at the University of the Western Cape.

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

I agree to uphold the confidentiality of the discussions in the focus group by not disclosing the identity of other participants or any aspects of their contributions to members outside of the group.

Should you have any questions regarding this study or wish to report any problems you have experienced related to the study, please contact the study coordinator:

Mrs LP Fakude (Supervisor)
lfakude@uwc.ac.za
Telephone: 0219592679
Fax; 021959267

Participant's name…………………………………………
Participant's signature…………………………………..
Date………………………

Focus Group Confidentiality Binding Form   Version Date: 15 September 2014

7.4 Annexure 4: Editor's Letter

L. Gething, M.Phil. (Science & Technology Journalism) (*cum laude* **)**

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7 May 2015

DECLARATION OF LANGUAGE EDITING OF MINI THESIS

Editing of a mini thesis submission in partial fulfilment of the requirements for the degree of Magister Curationis at the School of Nursing, Faculty of Community and Health Sciences, University of the Western Cape: Reflective practice in portfolio development: Perceptions of fourth-year nursing students at the University of the Western Cape

By Victoire Ticha

I hereby declare that I carried out language editing of the above mini thesis on behalf of the author.

I am a professional writer and editor with many years of experience (e.g. 5 years on *SA Medical Journal*, 10 years heading the corporate communication division at the SA Medical Research Council), who specialises in Science and Technology editing - but am adept at editing in many different subject areas. I am a full member of the South African Freelancers' Association as well as of the Professional Editors' Association.

Yours sincerely

LEVERNE GETHING

leverne@eject.co.za