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## **Perceptions of student nurses regarding accompaniment in the clinical environment in Gauteng Province, South Africa**

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### **Abstract**

This study explores the perceptions of student nurses during accompaniment in the clinical environment. A qualitative, exploratory, descriptive research approach was applied on 24 student nurses' to explore their perceptions during accompaniment in the clinical environment. The participants were conveniently and purposively selected. The student nurses were registered for their first year of training. Data was generated through two focus group interviews comprising of 12 student nurses each. Unstructured focus groups interviews were conducted during data collection. Studies have confirmed that student nurses who are not adequately accompanied during placement are unable to attain the learning outcomes set by their programme most students were dissatisfied with accompaniment and failed summative practical evaluation. Persons assigned to teach and facilitate learning in this environment were not readily available to take up this responsibility. Data analysis revealed the following findings; a disregard of student status by clinical staff, hostile clinical environment, inadequate clinical supervision and lack of commitment by professional nurses in teaching students and caring for patients under their care. To achieve efficient and effective accompaniment, student status should be recognised by clinical staff, creation of conducive learning environment should be created and appropriate supervision of students be facilitated by professional nurses in the clinical environment.

**Keywords:** Accompaniment, student nurse, clinical practice, clinical environment.

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### **Introduction**

Clinical accompaniment is a prerequisite for all student nurses on training in South Africa as recommend by S.A.N.C. and offers direction and guidance to professional development. However, despite the recommendation of S.A.N.C. accompaniment of student nurses is not effectively realised. In the nursing education literature the term "accompaniment" is used to refer to a planned and deliberate intervention by the clinical mentor, the intervention includes all those activities that occur in a purposeful fashion, according to the identified needs of the student, in order to facilitate development of self-reliance and self-directedness (Van Rooyen et al., 2005). "Accompaniment" is described as the

directed assistance and support extended to a student nurse by a professional nurse or midwife with the aim of developing a competent, independent practitioner (South African Nursing Council (S.A.N.C.), 1983). The South African Nursing Council asserts that the accompaniment of student nurses is indispensable in all teaching and learning situations and this notion is also supported by the study done in Ireland regarding the role of lecturer in clinical practice (McSharry et al., 2010). For this reason it is necessary that professional nurses and midwives accompany student nurses to be able to perform nursing activities. Clinical accompaniment is an integral part of nursing education, as it prepares the student nurses to be capable of “doing” as well as “knowing” the clinical principles in practice (Sharif & Masoumi, 2005; Midgley, 2006). The clinical environment remains an essential and irreplaceable resource in preparing and developing students for the nursing profession. Professional nurses have the key responsibility to accompany student nurses in the clinical environment as mandated by their scope of practice. Teaching has been highlighted as one of the core function of a professional nurse. Student nurses fail both formative and summative practical examinations during assessment of skills due to lack of knowledge of nursing procedures and skill caused by inappropriate accompaniment and this also undermines the care that is rendered by them.

The provision of appropriate clinical accompaniment of student nurses in the clinical environment is acknowledged to be problematic due to the variety of reasons; which included inadequate staffing levels, shortage of equipment, heavy workloads and insufficient time to execute nursing duties due to high nurse patient ratio (Aston & Molossiotis, 2003; Carlson et al., 2003; Lofmark et al., 2008). Professional nurses experience role ambiguity over who has the prime responsibility for clinical teaching and accompaniment of student nurses (Cele et al., 2002; Lambert & Glacken, 2006) as they value patient care as their primary priority that took precedence to student nurse learning and accompaniment. Student nurses require alignment of theory into practice which should be facilitated by professional nurses. Professional nurses experiences lack of time to teach student nurses and pressure of other clinical commitments such as patient care that impinge on the organisation of a formal teaching and supervision programme (Lofmark et al., 2008, Nettleton & Bray, 2008). As the demand for clinical readiness for student nurses increases the provision of quality clinical education and accompaniment emerges as a national concern in South Africa (Dickson et al., 2006).

Accompaniment of student nurses remains the most anxiety-producing component of any nursing programme, as students are subjected to feelings of uncertainty and anxiety (Carlson *et al.* 2003; Chung et al., 2008). These feelings can be attributed to a lack of clinical experience, unfamiliar places, difficult patients and fear of making mistakes and being evaluated by a clinical mentor (Sharif & Masoumi, 2005). Professional nurses are responsible to close this gap

and allay the anxieties of clinical practice. Accompaniment of student nurses is directed towards lifelong learning, critical thinking, problem solving and improvement of clinical skills (Baley et al., 2004, Elcigil & Sari, 2008). A UK study conducted on the support of student nurses in placement reported that attrition of student nurses is caused by academic, environmental and social integration and as such students need support in clinical skills, placement situations and personal issue (Gidman et al., 2009). The literature has revealed that in Australia, Canada, UK, North America and Ireland clinical teaching and accompaniment of student nurses is facilitated by preceptors who are present at all times in the clinical environment, who work directly with students and are referred to as “clinical educators” The primary responsibility of these educators is to facilitate clinical teaching (McSharry et al., 2010). In Sweden lecturer practitioners are responsible for accompaniment of student nurses and are based in the clinical setting (Lofmark et al., 2008). It is therefore mandatory that student nurses be accompanied by professional nurse/preceptor during practice who will support and prepare them to be competent, efficient, mature and capable, professional nurse practitioners (Gidman et al., 2011). According to Meskel et al. (2009) the presence of a lecturer in the clinical environment who supports the student nurses will minimize attrition and maximize achievement of outcomes and retention into their programme.

The benefits of accompaniment outweigh the challenges associated with accompaniment; clinical mentors offer a sounding board, assist in interpreting communication and can be approached in times of doubt and stress (Elcigil & Sari, 2008). Clinical mentors evaluate students’ performance and give positive constructive feedback to motivate students (Elcigil & Sari 2008). This motivation develops confidence, which is equated with independent problem-solving ability, courage and discernment of what to follow (Chung et al., 2008). In addition, clinical mentors play a critical role in smoothing the transition of a neophyte to a professional practitioner and are able to keep the neophyte’s career right on track (Papp et al., 2003; Jowet & McMullen, 2007).

A lecturer’s presence in the clinical environment is crucial and important as they offer educational support by accompanying student nurses and increases their knowledge base and heighten their interest in continuing education (Gillespie, 2006; Meskell et al., 2009; McSharry et al., 2010). Lecturers are not only clinically credible but are a resource to clinical staff as their roles includes policy, practice, professional and clinical research development (McSharry et al., 2010), which will benefit the clinical arena.

Perception is a complex phenomenon as it requires acquisition of information from the environment using all five senses, sight, hearing, touch, smell and taste that influence realities of clinical environment. These realities has to be unlocked and revealed by professional nurses by tapping into their experiences to make

sense to the student nurses who is naive to what is confronting them on daily bases. Therefore, this study seek to explore, describe and identify the perceptions of the student nurse regarding accompaniment in the clinical environment in order to share understanding of their day to day experiences and encounters in the clinical environment in order to identify accompaniment constraints and formulate measures to address them.

## **Methodology**

### *Design*

A qualitative, exploratory, descriptive research approach was used in this study. The perceptions of student nurses regarding accompaniment in clinical environment were explored and described.

### *Population and sampling*

Population included student nurses who were in first year of training, who have been allocated to public clinical learning environment for more than 12 months. These nurses were registered with the South African Nursing Council for a course leading to a qualification as enrolled nurse, as a requirement for training in South Africa (S.A.N.C., 1997) The selection of these nurses was done through convenience sampling. Twenty four (24) participants were purposefully selected from a total number of 100 student nurses and were arranged into two groups of 12 each.

### *Ethical considerations*

Approval to conduct the study was obtained from Research Ethics Committee of the University of Pretoria, South Africa (Ethics number: S184/2010). Permission to conduct the study was also obtained from the selected nursing college and the Gauteng Department of Health, South Africa in March 2011. Recruitment of participants was voluntary and each participant was provided with a verbal explanation of the study purpose and process. Participants were given an opportunity to ask questions and the freedom of choice to withdraw at any time was explained to them. Written consent was obtained from each participant. Confidentiality was maintained throughout all stages of data collection and analysis through allocation of a code to each participant for maintaining anonymity.

### *Data collection*

Data were collected by conducting two focus group interviews in order to gain a deeper insight into the perceptions of student nurses about accompaniment in the

clinical environment. Prior to the commencement of the main interview the framework of the interview was piloted on five student nurses, after which the questions were refined. The researcher conducted the interviews while the co-researcher compiled the field notes. One central question: *What are the perceptions of student nurses regarding accompaniment in the clinical environment?* This question was followed by probing and paraphrasing questions to allow more gathering of data. Focus group interviews allowed participants to share their thoughts with each other (Brink et al., 2008). The number chosen was adequate to reach data saturation. Focus group interviews were conducted during May 2011. The total time for interviewing was 40-55 minutes in length, respectively. At the end of the interviews the participants were thanked.

#### *Data analysis*

Tesch method of data analysis was used to analyse data (Creswell, 2003). Four broad themes and 10 sub-themes emerged from data analysis that assisted the researcher in exploring, describing and identifying perceptions of the student nurses regarding accompaniment in the clinical environment. The four broad themes were identified as follows; perception of the student status, perception of clinical facilitation, perception of clinical practice and lastly perception of professional nurse's role. The themes were discussed, compared together by the researcher and assistant-researcher until consensus was reached.

#### *Trustworthiness*

In qualitative inquiry the key criterion of trustworthiness which includes credibility, applicability, dependability and confirmability are constructed to parallel the conventional criteria of inquiry of internal and external validity, reliability and neutrality as used in quantitative studies (Maree, 2012).

Trustworthiness was ensured by engaging in multiple methods of data collection such as focus group interview, observation, tape recording of data, field notes taking and document analysis. Dependability was ensured by engaging a peer researcher in data analysis and interpretation until reaching a consensus on accurate description of findings and results. Confirmability audit was reached through the use of field notes, the interview report and the taped data confirmed the neutrality of data. The same researcher collected data on all occasions to confirm consistency data. Transferability was facilitated by making follow up visits to collect more data from participants (membership checking) until on new information was elicited. In this way, trustworthiness was enhanced.

## Results

The broad themes emerged were; perception of the student status; perception of clinical facilitation; perception of clinical practices; and perception of professional nurse's role regarding accompaniment (Table 1).

**Table 1:** Themes and subthemes on perceptions of student nurses regarding accompaniment in the clinical environment

Themes	Sub-themes
Theme 1: Perception of student status	<ul style="list-style-type: none"> <li>● Students regarded as working force</li> <li>● Students denied an opportunity to learn</li> </ul>
Theme 2: Perception of clinical facilitation	<ul style="list-style-type: none"> <li>● Orientation in wards and departments</li> <li>● Students accompanied by fellow students</li> <li>● Clinical supervision</li> </ul>
Theme 3: Perception of clinical practice environment	<ul style="list-style-type: none"> <li>● Exposure to inadequate clinical practice</li> <li>● Exposure to responsibility beyond the scope of practice</li> <li>● Witness to negligence and malpractice</li> </ul>
Theme 4: Perception of professional nurse's regarding accompaniment	<ul style="list-style-type: none"> <li>● Fulfilment of teaching role</li> <li>● Non – fulfilment of teaching role</li> </ul>

### Theme 1: Perception of the student status

Student status means the privileges given to student nurses during training which include the right to learn nursing procedures under the supervision of professional nurse and practice the skills until they are competent. In the South African context students on training possesses dual status, being an employee with salary benefits and indemnity insurance certificate and as students who had the right to learn. The dual status ship of student nurses caused role ambiguity during accompaniment as the clinical staff expected them to work like any employee not to study while on clinical placement, and this compromised their learning. Student status is ignored or disregarded by staff in the clinical environment. In contrast, student nurses considered themselves as learners who had the theory expected to be assisted by the clinical staff, especially the professional nurse, to co-relate the theory into practice. The South African National Strategic Plan For Nurse Education, Training and Practice 2012/13-2016/17 lodged by the minister of Health in 2013 outlined that student nurses undergoing training should have full student status rather than been viewed employees (Department of Health, 2013). This decision was taken to address the learning needs of student nurses and to enhance positive student outcomes in the current practice. This strategy will be implemented in the next appointees. The lack of recognition of student status degraded them and made them lose confidence (Caka & Lekalakala-Mokgele, 2013).

From this theme, the following sub-themes emerged: students regarded as a work force, students denied the opportunity to learn.

*Students regarded as a work force*

Participants asserted that clinical staff regarded them as a work force to make up for staff shortages in the health institutions. Students' supernumerary status allows them to practise nursing skills under the supervision of a professional nurse until they are competent. The following quotations bear attest to this view:

*My problem is that, in the ward, they treat us as working forces, because we have PERSAL<sup>a</sup> numbers and we are here to work, because we are paid to do the job. (P1)*

*Sisters balance off duties with students and we are regarded as working forces not as students. (P4)*

*Students denied an opportunity to learn*

Opportunities for students to learn must be created by professional nurses. Participants stated that they were expected by the professional nurses to carry both a practical manual and a textbook during accompaniment in order to correlate the theory learned at the college to the practice situation. This opportunity was denied them, as they had to deliver nursing care to patients according to staff allocation.

*...not allowed to open books and discuss, and we are told that we are supposed to open books at the college not in the ward. (P6)*

*When attending doctors' rounds, the sister will call a student as if you are doing nothing, students learn more during doctors' rounds and sisters don't want students to do doctors' rounds. (P8)*

Participants stated that they need 'real' knowledge of what nursing is all about, as nursing is a practical profession and one learns by applying knowledge learned in the classroom in the real life situation of the clinical environment. According to (Midgley, 2006), professional nurses are the key figures in creating and maintaining a learning climate in their wards.

## **Theme 2: Perception of clinical facilitation**

Clinical facilitation was perceived by participants as a total contradiction of what they were taught in class as theory learned is not correlated into practice

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<sup>a</sup> PERSAL is an acronym denoting the personnel and salaries management system used by the South African public service.

correlation. Participants referred to a lack of proper leadership and guidance and, even on the first day, no induction or orientation to the ward was given. The role of teaching and accompaniment was diverted to other nursing activities and professional nurses hid behind the burden of increased workload and the lack of sufficient time for teaching.

Under this theme, three sub-themes were identified: orientation in wards and departments, students accompanied by fellow students and clinical supervision.

#### *Orientation in wards and department*

Participants alluded that they were not oriented in the wards or departments on reception and that they were left on their own to find their way. The orientation of students forms a good foundation for clinical facilitation. Crowther et al. (1995) explain that orientation is the process of directing, guiding or establishing one's position in relation to one's surroundings until full adjustment has been reached. Participants in this study were denied this opportunity.

The following statements bear witness to this denial of an opportunity for orientation:

*On arriving to the ward, first day, I expected to be orientated in the ward, but I was not orientated. The sister in charge told us that we will be oriented after the routine has been completed, only to find that nobody orientated us until we went off duty. (P2)*

The participants stated that the professional nurses in the wards did not bother to orientate them about the functioning of the ward. This lack of concern caused feelings of rejection, low self-esteem and alienation from the working group as verbalised by participants and let them depend on their fellow students for accompaniment and orientation.

#### *Students accompanied by fellow students*

Participants showed some dissatisfaction about being accompanied by their peers, as their peers lacked adequate cognitive and psychomotor skills to accompany them. The responsibility of accompaniment should be given to the professional nurse in charge. The following quotes confirm this sub-theme:

*In the ward, we are supposed to teach each other and an enrolled nurse, who was a student, gave me wrong information about the condition of the patient. (P3)*

Literature confirm that peer teaching and accompaniment pose both positive and negative implications for student nurses, as the former allows personal growth and development whereas the latter may predispose students to despair and frustration. It can be concluded that peer teaching and guidance do not necessarily guarantee students' competence and development but that there are benefits to the guidance process.

#### *Clinical supervision*

Supervision of student nurses during accompaniment was not taken seriously by professional nurses working with students. Participants verbalised that they lacked guidance and support from the professional nurses. This was clearly stated:

*Nurse Auxilliary in the ward will collect patients' files to the nursing station and start to write cardex of the patient without asking patients how they feel that day; this has deprived me the opportunity of learning how to write a cardex. (P5)*

Cardex refers to nurses progress sheet used to write patient prognosis used in South Africa

Student nurse perceived supervision provided by professional nurses as disorganised, not focused and lacking a common goal and vision. This was evidenced by student nurses failing to meet their learning outcomes and fail practical examination. The implication is that supervision, assessment and evaluation are not effectively executed by professional nurses and this hampers learning in the clinical environment.

### **Theme: 3 Perception of clinical practice**

Clinical practice was perceived by participants as a place of discord where the theory learned was not practised. Participants mentioned that good standards of care were not adhered to and the clinical environment had become a confusing and stressful environment and a threat to their learning. Three sub-themes emerged from this theme: exposure to inadequate clinical environment, exposure to the responsibility beyond the scope of practice and witness to negligence and malpractice.

#### *Exposure to inadequate clinical practice environment*

It was reported by the participants that wards did not have material resources for executing their duties, no linen and equipment like electronic blood pressure machines. This hampered quality patient care. Furthermore, they said that they were exposed to a variety of clinical risks, ranging from handling infectious

patients without proper guidelines to becoming victims of contracting infectious disease while executing their duties. This was evidenced by the following citations:

*Students are put at risk in the clinical area; we have been taught that we should wear gloves when handling patients, but, in practice, we are being told that if the patient's linen is not soiled, we can handle the patient without gloves. (P7)*

*The hospital does not have resources for students to learn; for example, electronic devices for blood pressure, temperature and so on. (P1)*

Exposing student nurses to clinical risk does not only hamper their academic progress but also challenges their personal growth and development and robs them of the opportunity of becoming competent practitioners. This was elicited when participants confirmed that they were denied the opportunity to participate in doctors' rounds.

*When attending doctors' rounds, the sister will call a student as if you are doing nothing. Students learn more during doctors' rounds and sisters don't want students to do doctors' rounds. (P4)*

Doctors' rounds play a major role in integrating patients' conditions supported by the theory learned, as is explained by doctors during the rounds (Monograph on Teaching at bedside) Participants are able to reflect on the care rendered and this promotes critical creative thinking and the development of problem-solving skills.

#### *Exposure to responsibility beyond the scope of practice*

Participants were forced to perform various duties beyond their scope of practice, ranging from fetching patients from theatre to the giving of injections, despite the presence of other more senior student nurses in the ward.

*My experience in the clinical area is that the scope of practice is just a statement. We are allocated to do the job that is above our scope of practice and, even if you report, they take it lightly. (P11)*

Professional nurses are expected to delegate student nurses according to their level of training. Student nurses work under the direct and indirect supervision of professional nurses in order to give guidance and support and prevent the discomfort and stress experienced by students.

*Witness to negligence and malpractice*

Participants alluded that they were exposed to patient neglect and malpractice daily. For example, junior members of staff, such as nurse auxiliary were working without supervision and making decisions that compromised quality patient care. The following quotation justifies these statements:

*They are writing wrong information in the patient's cardex. Patient with vomiting, they will write, 'Breakfast well taken', meanwhile the patient vomited after chemotherapy, which is the total contrast of the patient's condition. (P6)*

Student nurses require extensive mentoring and role modelling for them to be able to learn from reflective practice. Exercising discipline of subordinates and reprimanding subordinates especially nurse auxiliary for their misconduct is required of professional nurses to maintain order and to facilitate the smooth running of the department. Failure to discipline the nurse auxiliary will hamper quality accompaniment of student nurses.

**Theme: 4 Perception of professional nurse's role regarding accompaniment**

Professional nurses were perceived by students as both good role models and poor role models, with the former being able to facilitate students' learning outcome and the latter being professional nurse who could not fulfil the expected roles. The sub-themes identified were: fulfilment of teaching role and non-fulfilment of teaching role

*Fulfilment of teaching role*

Some professional nurses were seen by participants as fulfilling their teaching role during accompaniment and demystifies the language of theory during accompaniment. The following quotation supports the statement set out above:

*There was a sister who was interested in sharing information with students. This sister has graduated recently and was keen to teach students. (P9)*

Professional nurses remain the sources of knowledge and skill and they add value to the nursing profession (Midgley, 2006). Student nurses learn by imitating others because nursing is a 'hands on' profession and participants expressed appreciation towards what other professional nurses are doing – which is teaching and giving feedback.

### *Non-fulfilment of the teaching role*

Some professional nurses were not willing to teach or mentor student nurses. According to participants, these professional nurses made excuses that they were busy with other administrative duties and patient care. This was demonstrated by the following citation;

*Sisters gave excuses that they are busy with patients and have no time for to teach students. (P5)*

*Not informed about patient's diagnosis. When I asked about the patient's diagnosis, the sister will say: 'I don't know.' (P1)*

Teaching of student nurses is one of the core functions of the professional nurse; it is of utmost importance that professional nurses create teachable moments in the ward and do not hide behind increased workload.

### **Discussion**

The findings from this study support previous studies which indicate that students were exposed to traumatic and hostile clinical environment where clinical staff strongly judge and criticize students (Caka & Lekalakala-Mokgele, 2013; Levett-Jones & Lathlean, 2009). This study offers insights into the multiple perceptions student nurses have regarding accompaniment. Most perceptions were predominantly negative.

The themes that were uncovered revealed the following perceptions: student status, hostile clinical environment, inadequate clinical supervision and professional nurses lacking commitment in executing their duties. However, in addition to these factors, this study has highlighted the increased pressure on student nurses clinical practice, which confirms the need for colleges and practice to work together to support students in all aspects of their programmes (Papp et al., 2003; McIntosh & Gidman, 2010). Students desire recognition by clinical staff and the opportunity to develop as reflective thinkers in clinical practice and to attain a full student status like other students in other professions (Caka & Lekalakala-Mokgele, 2013).

The literature reveals that in Ireland student nurses are awarded full student status and are supernumerary when in clinical practice except during internship (McSharry et al., 2010). Acknowledging student nurses status will promote better accompaniment as by Allan and Smith (2009) in their view that students are not a workforce but learners who have come to learn. It is impossible for students to fulfil this role when they are part of the workforce.

Data support the literature that emphasises that orientation and induction of students on arrival at clinical practice is not regarded as a priority. Carlson et al. (2003) and Sharif and Masoumi (2005) add that clinical experience becomes a stressful part of nursing for student nurses and is attributed to a lack of orientation about ward activities and unfamiliar places. Orientation of student nurses is essential as it gives direction to execution of nursing activities and set pace for proper accompaniment and must be done with creativity, innovation and patience (Redding & Graham, 2006). Lack of orientation will cause anxiety and stress and make student nurses vulnerable to committing many mistakes which can be avoided. Orientation of students forms a good foundation of clinical facilitation. This strategy makes student nurses feel welcome and part of the nursing team (Twentyman & Eaton, 2006).

Student nurses in the current study expressed dissatisfaction about being accompanied by fellow students, as they recognised their peers' lack of both cognitive and psychomotor skills and that the responsibility for accompaniment should be given to the professional nurse in charge. Grossman (2007) agrees that interaction between peers or co-mentorship reflect an interaction that occurs between people of equal knowledge, experience and seniority. This interaction can only be achieved when there is mutual trust between the peers. The negative aspect of peer mentoring is also highlighted by du Plessis (2004) that peer teaching should be done on merit, done with proper delegation and must be co-ordinated by the lecturer or professional nurse in charge of the unit. If peer mentoring is not properly facilitated it will hinder student nurses learning and accompaniment.

Twentyman and Eaton (2006) added that peer mentoring can be hindered if it occurs in an unstructured, unpredictable and overwhelming environment, as this will have negative implication on accompaniment student nurses outcomes. Dissimilarly, Chabedi (2001) and Gidman et al. (2011) argues that peer supervision and teaching provide learners with a useful perspective on their performance. Chung et al. (2008) add that this peer teaching fosters professional development and boosts student nurses morale and self-confidence. In this way accompaniment is promoted.

Clinical supervision and discipline were a major challenge to students, as they lack the support and guidance from professional nurses. Hrobsky and Kersbergen (2002) argues that student clinical performance failure is largely attributed to the preceptor's feelings of fear, anxiety and self-doubt because the preceptor lack necessary knowledge and skills to accompany student nurses and this leading to student nurses failing in both formative and summative examinations. This is a grey area that needed attention as appropriate supervision breeds good accompaniment. Time constraints for proper supervision and the lack of support by mentors makes it difficult for students to carry out their role effectively

(Nettleton & Bray, 2008). Successful methods of supporting mentors and clinical teaching staff include availability of experienced educators in the clinical area, frequent visitation of clinical area by such educators and regular meetings with clinical staff, managers and college staff (Jowett & McMullen, 2007). In order to ensure effective supervision clinical mentors require support. McSharry et al. (2010) point out that the lecturer has a pastoral role, to guide and support preceptors to empower them for efficient accompaniment. Regulatory changes to provide time for proper supervision and measures to facilitate induction of clinical staff to be effective should be implemented.

Effective supervision allows students to focus on personal and professional strengths and difficulties and, when supervision is not exercised, discipline in the profession diminishes, as evidenced by the increased litigation for the disciplinary committee of S.A.N.C. (Statistics on Professional Misconduct Cases, 2003-2013) to deal with. According to Luhanga et al. (2008), facilitating the entrance of a potentially unsafe nurse into the nursing profession is an injustice to the community, as the preceptors themselves do not have the clinical skills to mentor the students. It is therefore essential that student nurses are supervised and accompanied adequately to prevent negligence of patients and malpractice.

Teaching and learning remains the cornerstone of nursing because professional nurses represent the interface between the planned curriculum and the instruction experienced by students. Professional nurses' influence on the quality of education continues to be immense and bridges both the theory and practice gap (Bezuidenhout, 2003; Corlett et al., 2003; McSharry et al., 2010). It is imperative that learning opportunities for student nurses are created by professional nurses who are the key players in improving learning opportunities for student nurses (Wiles & Bondi, 2000; Midgley, 2006). According to Jowett and McMullen (2007) students view practiced educators as role models who promote clinical competence because of their expertise and provide practice-based tutorials and, as such, act as a link between theory and practice. Elcigil and Sari (2008) notes that clinical mentors should be advisers, knowledgeable persons and be competent in their speciality to offer information about clinical practice and provide answers to questions asked by students and demonstrate new skills and help them to practice these skills until they are competent. In addition to being mentors preceptorship is provided by experienced, competent professional nurses who are unit based and promote the stability of student nurses (Lekhuleni et al., 2004). It is therefore essential that clinical teaching must be facilitated by professional nurses in charge of units (Midgley, 2006; Papp et al., 2003; Levette-Jones & Lathlean, 2009).

O'Driscoll et al. (2010) argue that auxiliary nurse play a significant role in helping students to acquire bedside skills and whoever teaches the student is

related to who delivers the care, as such this promote good accompaniment. Huitt and Hummel (2003) emphasises that a teacher tailors the content to an individual student's frame of reference. The students in the current study expressed appreciation to the professional nurses and auxiliary nurses who demonstrated passion in teaching them.

The importance of professional practice was highlighted by students in clinical learning, as improper practice leads to litigation. Clinical practice must promote growth and protect the rights of persons involved especially patient's rights. Patients should be treated with the respect and dignity they deserve positive patient outcomes to be achieved.

### **Limitations**

Only one group of students from one particular learning context was investigated and the results cannot be generalised to other settings. To be able to provide more representative viewpoint the study population should be expanded to include all student nurses in Gauteng colleges who are placed in public clinical learning environment. The other limitation is the sample of participants which reflected a potential bias, because students who agreed to participate in the study may have predominantly negative perceptions and experiences of accompaniment which influenced the results.

### **Recommendations**

It is recommended that clinical teaching departments should be established in hospitals to ease the burden of student nurse accompaniment on professional nurses. The lecturers should have a formal accompaniment programme for student teaching and be available at the clinical environment so that student nurses outcomes can be attained. It is also recommended that a book be provided for skill demonstration and evaluation to enhance correlation of theory and practice.

### **Conclusion**

The study provided a comprehensive image and understanding of the perceptions and anxieties student nurses face in the clinical environment. The perceptions explored and described include among others, lack of proper guidance from professional staff and lack of learning opportunities in the clinical learning environment. These perceptions reflected negatively on how vulnerable are student nurses during their first year of training. The study proved that lecturers are not always available in the clinical environment to accompany student nurses. The study therefore highlighted the importance of improving clinical accompaniment and the theory-practice gap.

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