AN EDUCATIONAL PROGRAMME TO SUPPORT REGISTERED NURSES DURING CLINICAL SUPERVISION OF STUDENT NURSES IN MEDICAL AND SURGICAL WARDS AT A TRAINING HEALTH FACILITY IN THE OSHANA REGION, NAMIBIA

A DISSERTATION

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NESHUKU HANNA

STUDENT NUMBER: 9613919

SUPERVISOR: DR. M. VAN DER VYVER

CO-SUPERVISOR: DR. L. HAOSES–GORASES

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ABSTRACT

The provision of appropriate clinical supervision to nursing students is acknowledged to be problematic for a variety of reasons; i.e. inadequate staffing levels, heavy workloads, poor communication, and a shortage of materials. Furthermore, the need to initiate and assess a more suitable supervision programme to support supervisors is imperative.

In this study, the researcher explored and described the views of registered nurses and nursing students about their experiences of clinical supervision of nursing students in medical and surgical wards with the purpose of developing, implementing, and evaluating an educational programme to support clinical supervision of nursing students in the medical and surgical wards at a training health facility in the Oshana region, Namibia.

The study had been designed to be qualitative, explorative, descriptive, and contextual in nature and was conducted in four phases.

Phase 1 comprised a situational analysis and was carried out to explore and describe the lived experiences of registered nurses and nursing students about the clinical supervision of nursing students in medical and surgical wards. Data was collected through in-depth individual interviews. Data was analysed according to Tech's method of qualitative data analysis. The findings revealed the managerial and educational challenges that registered nurses and nursing students encountered; hence the need for registered nurses to support the facilitation of effective clinical supervision for nursing students.

Phase 2 dealt with the conceptualisation of a framework to guide the development of an educational programme to support registered nurses during the clinical supervision of nursing students.

Phase 3 focused on the development of an educational programme to support registered nurses during clinical supervision of nursing students. The development of the programme had been guided by the findings of the situation analysis of this study, as well as by the survey list as suggested by Dickoff and Wiedenbach (1968).

Phase 4 comprised the implementation and evaluation of an educational programme that had been developed to support registered nurses during clinical supervision. A two-day training workshop was facilitated at a training institution (UNAM Oshakati Campus) to support registered nurses who were supervising nursing students in medical and surgical wards at health facilities of the Oshana region during their course of study.

The workshop was attended by registered nurses (registered nurses at a training health facility (UNAM Oshakati Campus) and a training hospital (Oshakati Intermediate Hospital) in the Oshana region). The evaluation of the programme was conducted immediately after the implementation of sessions with the aim of assessing the feasibility of the programme implementation. The programme outcome evaluation was conducted three months after the implementation of the programme. The programme implementation was recommended as useful and supportive by the participants while the programme outcome evaluation revealed that as a result of the programme intervention there was a marked positive change in clinical supervision of nursing students.

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DECLARATION

I, Hanna Neshuku, hereby declare that this study is a true reflection of my own work, and that all the sources used have been acknowledged in the text and the list of references. The version of this work is an original work and has not previously been submitted in its entirety or in part for a degree at any other institution of higher learning.

Signature ……..

Neshuku, Hanna Date: _____

DEDICATION

I dedicate this dissertation to all the registered nurses who will continue to supervise nursing students in the future. Let this work be a source of inspiration to you all.

CHAPTER 1

ORIENTATION AND OVERVIEW OF THE STUDY

1.1 INTRODUCTION AND BACKGROUND

The purpose of this study was to develop, implement, and evaluate an educational programme to support registered nurses in clinical supervision of nursing students in medical and surgical wards at training health facilities in the Oshana Region of Namibia. Namibia is located in the south-western part of the African continent and shares borders with Angola and Zambia in the north, with Botswana in the east, and with South Africa in the south and south east. It has a surface area of 824 295 km² and ranks as the fifteenth largest Africa's country, according to the Ministry of Health and Social Services (MOHSS, 2004).

The country is governed by twenty ministries of which the Ministry of Health and Social Services is one. The MOHSS is divided into four administrative health regions as recorded in the Namibia Demographic and Health Survey of 2001. The north-western health regions include the Oshana, Omusati, Ohangwena, and Oshikoto Regions; the north-eastern health regions include the Okavango and Caprivi Regions; the central health regions comprised the Kunene, Otjozondjupa, Erongo, and Omaheke Regions; and the southern regions include the Khomas, Hardap and Karas Regions (MOHSS, 2004). Each health region comprises different levels of health facilities and administrative offices. This study was conducted in one of the health facilities of the Oshana Region. Figure 1.1 contains a map of Namibia that indicates the location of the Oshana Region.

Figure 1.1: Namibian map

Clinical supervision describes an educational relationship between an experienced nurse and nursing students (A Dictionary of Nursing, 2008). Clinical supervision of nursing students in Namibia takes place at health facilities that have been approved by the Health Professionals Council of Namibia as training health facilities. Todd and O'Connor (2005) refer to clinical supervision as the cornerstone of clinical practice. Hlongwa (2003) holds the opinion that it is through the mode of clinical practice that nursing students are provided with the opportunity to translate theoretical knowledge into practice. The aim of learning in clinical practice is to enable nursing students to develop in the domains of competence and to become safe, caring, and competent decision-makers (Preceptorship, 2003).

Professional nursing is a practice-based discipline built upon nursing knowledge and theory. Therefore, these health care facilities are the laboratories where the complex processes of the art and science of nursing are learnt. It is in the "laboratory" of the health facilities where nursing students are supervised by experienced nurses who are registered nurses working in the clinical area, as well as lecturers from the educational institution to diagnose and treat human responses to actual and potential health problems. Clinical practice is an integral part of nursing education. Sharif and Masoumi (2005) hold the opinion that clinical practice prepares nursing students to master the art of "doing", as well as "knowing" the clinical principles in practice. It further stimulates students to use their critical thinking skills for problem solving. Both education and service institutions share in the creation of a supportive learning milieu. To master the discipline of nursing and the increasingly complex skills required to deliver safe and effective patient care, theoretical and clinical practice are essential for nursing students (American Association of Colleges of Nursing, 2011).

For the purpose of this study, the researcher concentrated on clinical supervision in the medical and surgical wards at training hospitals in Oshana Region, Namibia. It was in the milieu of the medical and surgical wards where the researcher wanted students to, as stated by McCarty and Higgins (2003), develop the ability to critically analyse and solve clinical problems that were fundamental characteristics of nurse education. It is only through effective clinical supervision that a meaningful correlation of theory and practice can occur, a view supported by Hlongwa (2003), as well as by Sharif and Masoumi (2005), who amalgamate all the essential aspects to

fundamentally meet the requirements of clinical supervision in nursing education practice.

Besides the physical environment or milieu where supervision occurs, role functions and organisational frameworks also play a fundamental role. These role functions refer to feelings of safety, security, self-awareness, self-confidence, as well as meanings attached to the role of the supervisor and that of the student, while framework refers to clear roles and responsibilities through the provision of clinical practice guidelines.

If there is a gap between theory and practice in nursing education of nursing students, the ability to develop understanding and professional knowledge that stems from both theory and practice needs to be affected. Addis and Karadag (2003), as well as Papp, Markkanen and Von Bonsdorff (2003) are of the opinion that a very important contribution to clinical supervision seeks to increase students' knowledge and their capability to synthesise theoretical knowledge and nursing care.

The integration of theory and practice has didactics at its centre. It requires that supervisors, namely registered nurses, have in-depth knowledge of the subject matter, as well as a broad knowledge of the disciplines that are taught. Not only should supervisors have sound knowledge of the subject that they teach or the disciplines where they supervise nursing students in clinical practice; they should also be able to demonstrate the relation between the theoretical knowledge from various study units in order for students to see the whole "gestalt", the comprehensive picture of how everything that they have learnt in the classroom fits into the clinical milieu (Henderson, n.d., para. 7). To ensure effective facilitation of

teaching and assessment of learning, the minimum educational requirement at the University of Namibia (UNAM), Faculty of Health Science (FHS) is at least a Master's degree in Nursing Science for lecturers, since they need to have more advanced knowledge in nursing and the capacity to synthesise theoretical knowledge and nursing care in clinical supervision.

Supervision has to occur in an organised manner. The registered nurses who supervise nursing students start with the orientation of the learners / students in a specific area. It is during orientation that students become acquainted with the new environment. At the time of orientation; clinical objectives, assessment information, and other didactic factors are introduced. Carlson, Kotze and Van Rooyen (2003) state that the main function of an orientation programme is to reduce fear and uncertainties. Therefore, proper orientation is essential to assist students with coping and starting to learn with less or without fear while being certain about the expected outcomes. Furthermore, orientation should include the integration of students into the practice system, as well as the health care team. The supervisor's role includes tasks, such as demonstrating nursing skills and problem-solving skills about issues related to clinical practice. The application of the nursing care process is particularly important in terms of problem-solving. Another important function of the registered nurse is to directly guide the nursing students during the dissemination of difficult cognitive information that would augment their understanding of its application in clinical practice. Equally important is the supervision of therapeutic communication techniques to facilitate collaboration with clients and their families (An Bord Alstranais, 2003).

The registered nurse should be the mirror of professional conduct to students. Dale, Leland and Dale (2013) view clinical supervision as an important aspect that could be utilised to facilitate ethical development to encourage students to reflect on their experiences related to handling ethical issues in clinical settings.

Nursing students acquire the knowledge, skills, and values necessary for professional practice during clinical supervision. It is only in a safe and secure environment that students can develop self-awareness and self-confidence. Sardo, Santos Kock Pires Machado and Morais (n.d., p. 1) (a) are of the opinion that students get an opportunity to work in a clinical area where knowledge is created, tested, applied, monitored, and evaluated.

The environment where students and the registered nurse meet for an educational encounter should be conducive to learning. The environment has to be openly supportive of nursing students' independence and freedom to learn and experiment. However, a conducive and supportive learning environment depends on the availability of support systems. Such support systems include supervision; a conducive and supportive learning environment; and a good relationship between the faculties, registered nurses in the clinical area, and nursing students (Begat & Serevinsson, 2005).

Authors, such as Addis and Karadag (2003) and Astron and Moassiotis (2003) report a decrease in the learning opportunities that result from the increase in the number of clients / patients. Registered nurses might find it difficult to balance the time available to supervise students. Moeti, Van Niekerk and Van Velden (2004) share similar views that workload and staff shortages consequently limit the opportunities

for effective teaching and supervision of students while in clinical settings. The factors under discussion might mean that students' expectations of their clinical learning objectives are not met. It was evident from the study done by Iipinge and Venter (2003) that unmet expectations in the clinical setting result in frustrations that relate to poor theory and practice integration, as well as a lack of tutorial support and guidance by registered nurses.

1.2 PROBLEM STATEMENT

Background information had emphasised the unmet needs of nursing students and registered nurses during clinical supervision; therefore, it was unclear whether clinical supervision of nursing students at training health facilities in the Oshana Region of Namibia was effective. Furthermore, it was not known whether registered nurses had the necessary knowledge and skills about supervising nursing students. Since the implementation of the Diploma in Comprehensive Nursing and Midwifery Science at the University of Namibia, 537 students have successfully completed the diploma. The Bachelor of Nursing Science (Clinical) Degree was introduced in 2008 and the diploma was phased out in 2010. If clinical supervision has not been done effectively, then the training and education of 537 registered nurses who currently work in the clinical field of nursing is questionable and it will continue to be the case with nursing students who are going to complete their Bachelor's Degree in Nursing Science.

On the other hand, some supervisors complain that nursing students are seen sitting at the nurses' station during working hours; they refrain from taking part in the

clinical activities in the wards. This situation put a question mark on the supervision of nursing students while they are busy with clinical practice.

The supernumerary status of students brings some challenges to the arena of clinical supervision. This factor unfortunately results in absenteeism of students from clinical practice because some of them feel that they are not full members of the staff at service. This situation makes it difficult for the supervisor who seeks to assist them with integrating theory and practice. This situation is not unique to Namibia. O'Cauaghaint and Slevin (2003) in their study report of an investigation of the lived experiences of registered nurses facilitating supernumerary nursing students, explain that student behaviour and absenteeism merely add to the ever-present challenges and need to be mitigated in order to meet educational requirements.

These concerns had triggered the interest of the researcher to explore and describe the lived experiences of nursing students and registered nurses in terms of clinical supervision.

Research questions are queries that are asked and their answers facilitate the achievement of study objectives (Cohen, Manion & Morrison, 2007).

The problem statement stated above prompted the researcher to formulate the following research questions:

- How do nursing students and registered nurses in medical and surgical wards at training hospitals of the Oshana Region, Namibia experience clinical supervision?

- What can be done to facilitate effective clinical supervision of nursing students by registered nurses in medical and surgical wards at training hospitals of the Oshana Region?

1.3 PURPOSE OF THE STUDY

The purpose of the study was to develop, implement, and evaluate an educational programme to support registered nurses during clinical supervision of nursing students in the medical and surgical wards at the training hospitals of the Oshana Region in Namibia.

1.4 OBJECTIVES OF THE STUDY

In order to answer the research questions, the objectives of the study were to:

- explore and describe the lived experiences of nursing students and registered nurses in terms of clinical supervision in the medical and surgical wards at training heath facilities of the Oshana Region in Namibia.
- conceptualise the results forthcoming from the first objective in order to develop a framework for an educational programme that supports registered nurses during clinical supervision of nursing students in medical and surgical wards at training heath facilities of the Oshana Region in Namibia.
- develop an educational programme that supports registered nurses during clinical supervision of nursing students in medical and surgical wards at training heath facilities of the Oshana Region in Namibia.

- implement and evaluate an educational programme that supports registered nurses during clinical supervision of nursing students in medical and surgical wards at training heath facilities of the Oshana Region in Namibia.

1.5 PARADIGMATIC PERSPECTIVES

Qualitative researchers approach studies with a certain paradigm or worldview, a basic set of beliefs or assumptions that guide their inquiries (Polit, Beck & Hungler 2006). Polit and Beck (2009) define paradigm as a phenomenon that encompasses a set of philosophical assumptions that guides one's approach to inquiry. Four types of assumptions were applied during this study. Those assumptions related to the ontological assumption or the nature of reality, the epistemological assumption or the relationship of the researcher to that being researched, the axiological assumption or the role of values in a study, and the methodological assumptions or the process of the research study. According to Shuttleworth (2008), a paradigm is a framework containing the assumptions about the research subject, research structures, and research methods that direct the manner in which the research should be carried out. It is the whole system of thinking and a basic orientation to research and theory; the window through which the researcher views the world.

Rew (2005) describes a paradigm as a researcher's own view of concepts; thus the theory about theory. Paradigms, therefore, influence the identification of researchable problems, the most relevant methods, as well as the appropriate techniques for data collection, analysis and interpretation. It is acknowledged that

researchers have different paradigms, views, and understanding in terms of issues they are researching.

In order to clarify the researcher's understanding of the concepts related to the research and the implications thereof, the philosophical assumptions of this study were described.

1.5.1 Ontological assumption

Ontological constructivism is concerned with the nature and reality as perceived by research participants in various situations. A research question has to be answered in relation to: "what the nature and reality is, as perceived by the research participants in various situations." According to Coady and Lehman (2008), reality is created as a consequence of an individual's perceptions and reaction to external stimuli to which he / she responds. We construct our own understanding of the phenomena that surround us by reflecting on our experiences. Klenke (2008) argues that reality is subjective and each individual's creation of reality is unique and independently formulated. Ontology attempts to explain how the phenomenon is subjectively explained or perceived by the researcher and participants, as well as analysed to extend the universal truth about a particular phenomenon. Hence there is no single reality; there are multiple realities, constructed by an individual from his / her own perception and interpretation of a given phenomenon (Klenke, 2008). Therefore, ontological constructivists' assumptions are crucial in our understanding of human reality by exploring the meaning of a phenomenon and its influence on human behaviour. For naturalistic enquirers, reality exists within any given context. This is not a fixed entity but rather a construction of the individual's participation in the

study (Lindgreen, 2008; Potvin, McQueen & Hall, 2008; Holloway & Wheeler, 2010).

The researcher assumed that each registered nurse, as well as each nursing student experienced clinical supervision differently. Hence, it led to the assumption that different registered nurses and nursing students are constructing their own reality based on perceptions and reactions to how they carried out their supervisory role and how nursing students were supervised. In this study, reality consisted of multiple experiences; namely the realities of the researcher, those of the participants (students and the registered nurses), and those of the readers interpreting the study. The researcher used direct quotations from interviews as data. Thereafter, data gained from observations and interactions were divided into sets of themes and abstracts in order to provide clear meanings that reflected the lived experiences of registered nurses and students of clinical supervision (Mertens, 2009; Hays & Singh, 2011). The reality or the findings of this study were multifaceted and subjective because they were constructed according to the perceptions of different individual participants to the study.

1.5.2 Epistemological assumption

An epistemological assumption emphasises the importance of a researcher's interaction with research participants with the purpose of maximising the knowledge of the subject under study. Lindgreen (2008) holds the opinion that epistemology seeks to provide philosophical grounds for knowing and learning about the world around us. This perspective implies that epistemology refers to a researcher's understanding of knowledge and how he / she acquires knowledge while

emphasising that real findings are created through interaction between a researcher and participants (Lindgreen, 2008; Potvin *et al*., 2008; Holloway & Wheeler, 2010). In this study, the following question had to be answered: "What is the relationship between the researcher and the participants, what is being researched, and how do we come to know what we know?" Trying to understand the nature and the sources of knowledge, in other words epistemology, is attempting to answer the following question: "How do we come to know what we know?" This includes the understanding of perceptions, truth explanations, principles, and views of the concerned individuals (Coady & Lehman, 2008; Klenke, 2008). Thus, knowledge is generated through observations and interactions between the researcher (the knower) and the research participants (the "would be known").

The purpose of gathering information during the interaction with registered nurses and nursing students through in-depth interviews was to enable the researcher to gain knowledge about the effective or ineffective supervision of registered nurses to nursing students. On the other hand, the information gained revealed the challenges encountered by the registered nurses in terms of nursing students' performance during clinical supervision. It was, therefore, necessary to conduct in-depth focused interviews with the registered nurses and nursing students to obtain answers because the truth was encapsulated in the reality they constructed for themselves and that assisted the researcher with gaining knowledge about clinical supervision in medical and surgical wards at the training hospitals of the Oshana Region. The findings of this study were the result of interaction between the researcher and the participants through face-to-face individual interviews.

In this study, the researcher collaborated and spent time in the field with the participants with the purpose of understanding participants from an insider's perspective and understanding the importance of the context.

1.5.3 Axiological assumption

Axiology is the study of "being". It tries to address what is considered ethical and moral behaviour by a researcher and how the researcher's values influence the research question and design (Hay & Singh, 2011; Lapan, Qaurtaroli & Riemer, 2011). The authors hold the opinion that values play an important role in research studies. Nassar-McMillan and Niles (2011) explain that researchers should be aware of their values and how those values influence the study.

In this instance, the axiological assumption of the question "what is the role of values?" requires an answer, such as: "Axiology influences how people view themselves in relationship with others". It focuses on the role of values and ethics in research, which are basic principles a researcher applies that enable participants and users of the study to become familiar with the context in which the research is conducted (Klenke, 2008).

Furthermore, it takes into consideration that values shape the interpretation of the researcher, as well as the interpretation of the participants (Polit & Beck, 2009). In this study, there were different concerned groups who brought their own values with them; such as registered nurses, nursing students, and the researcher. The researcher, therefore, acknowledged that the research is value laden and that biases were present. It was for that reason that the researcher openly discussed values with the

participants. The researcher also assumed that effective clinical supervision of nursing students by registered nurses could be achieved through educational support of registered nurses, since such support would foster positive interpersonal relationships between the registered nurses and nursing students create a conducive environment for clinical supervision, as well as address challenges encountered by registered nurses and nursing students during clinical supervision.

1.5.4 Methodological assumption

Methodology refers to the best way of obtaining evidence. In this study, the research process was based on a qualitative naturalistic phenomenological methodology. Burns and Grove (2005 b) (in Jooste, 2010) explain that qualitative research is a systematic, interactive, and subjective approach that describes the experiences of participants and the meaning they ascribe to their experiences in the context of a research question. The naturalistic methodological assumption emphasises the desirability to present the entire narrated information of the participants, as well as to contextualise the entire phenomenon (Polit & Beck 2009). For the purpose of this study, an inductive process and the interpretation of narrated information from the registered nurses and student nurses in training health facilities in the Oshana Region were used. The findings were qualitatively analysed and findings were based on the result that there was a need to support registered nurses in order to enable them to provide effective clinical supervision to nursing students.

In addition, the findings of this study and the implementation of the educational programme can be replicated in any relevant context.

1.6 THEORETICAL BASIS OF THE STUDY

The researcher chose Kolb's (2001) theory of experiential learning; the adult learning theory of Knowles (in Atherton, 2002, p. 12); and Dickoff, James and Wiedenbach (1968) practice theory as theoretical perspectives of this study.

1.6.1 Dickoff, James and Wiedenbach (1968) practice theory

This theory was used to conceptualise the findings of the study, as well as the resources that were needed by the registered nurses and the students. The theory prescribes the activities or interventions required to reach pre-determined goals and predicts the consequences of interventions. It outlines the goal to be achieved, surveys alternatives, and prescribes activities to attain the goal (Dickoff *et al*., 1968; McEwen & Wills, 2011).

Answers to the six questions of the theory explain concepts and analyse the prescribed activities that are aimed at realising the programme goal, namely:

- Who or what perform activities?
- Who or what is the recipient of the activity?
- In what context is the activity performed?
- What is the end product of the activity?
- What is the guiding procedural technique of protocol of the activity?
- What are energy sources for the activity?

1.6.2 Kolb's theory of experiential learning

Kolb's theory of experiential learning was the guiding procedure and technique when the educational programme was implemented.

Kolb sees learning as a core process of human development and makes a distinction between development and readjustment. The theory focuses on development that results from experiential learning (Quinn & Heights, 2007).

Kolb's model works on two levels, namely a four-stage cycle and a four type definition of learning style (Figure 1.2).

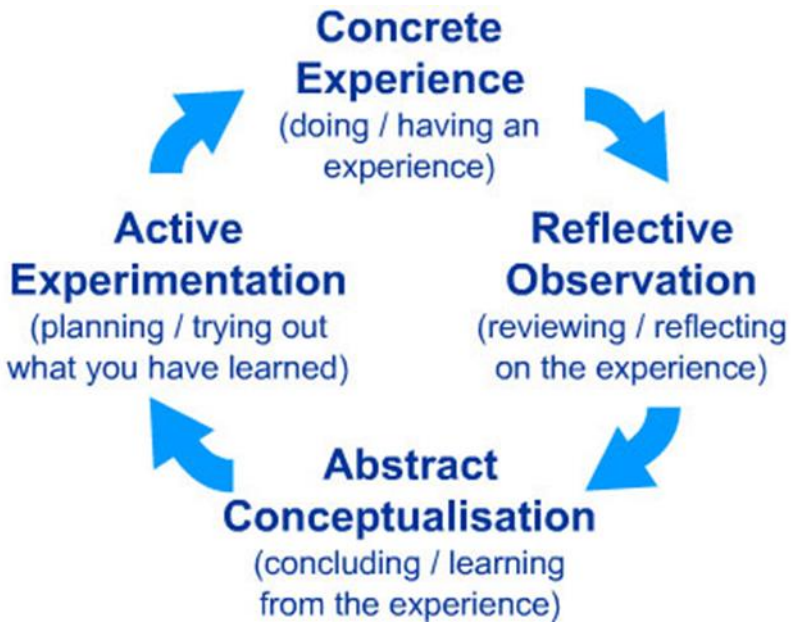


Figure 1.2: Kolb - Learning Styles (Saul McLeod, published 2010, updated 2013 from *http://www.simplypsychology.org/learning-kolb.hmtl*)

The four-stage cycle consists of:

Concrete experience – doing / having an experience; this is learning that results from discussions and feedback from fellow participants.

Reflective observation – reviewing and reflecting on experience; this involves observation of other people or the development and observation of one's own experience that become possible as a result of brainstorming or reflective exercises like role playing.

Abstract conceptualization – concluding / learning from experience; this is learning from authority, directed learning situations that emphasise theory, for example learning from lecture presentations and drawing own conclusions.

Active experimentation – planning and trying out what was learnt; it includes active learning through experimentation; for example learners engaging in small group discussions, as well as learning from case studies, homework, or simulations.

The four definitions of the learning styles (each representing the combinations of two preferred styles) consist of:

Diverging – this includes (concrete and reflective) feeling and watching, gathering information and viewing concrete situations from many or different perspectives; adapt by observation rather than actions that is made possible by brainstorming.

Assimilation – (abstract reflective) combines a number of ideas or observations into an integrated whole, for example through lecture presentations.

Converging – practical application of ideas and problem solving, for example during case study role playing.

Accommodation – (learn by trying) tries different ways to achieve objectives.

Kolb's cycle begins with concrete experience, whereby registered nurses get a chance to reflect on their experiences and analyse them until insight begins to emerge. The implications of this conceptualisation process can then be utilised to modify existing practices of providing supervision for students (Willis & Ricketts, 2004).

1.6.3 Adult learning theory

According to Atherton (2002, p. 12), two key differences between the ways in which adults and children approach learning are that adults desire to be self-directed and want to take responsibility for decisions. Courses for adult learners are sensitive to these desires and designed to permit some autonomy when learners approach and schedule their learning activities. Knowles lists the following assumptions about adult learning: Adults need to know why they need to learn something, adults need to learn experientially, adults approach learning as problem-solving, and adults learn best when they are convinced that the topic is of immediate value.

Based on the assumptions of adult learning listed above, the facilitator made use of teaching strategies; such as role play (autonomy, experience), group work, feedback, and self-evaluation during the implementation of the programme (Chapter 6) to ensure active participation and effectiveness of the programme (Kobus, 2007, p. 34; Gravett, 2001, p.45).

1.7 RESEARCH DESIGN AND METHODS

A detailed discussion of the research design and method is provided in Chapter 2. However, for the purposes of the overview and orientation of the study, as well as measures to ensure trustworthiness a brief discussion needs to be provided in this chapter.

1.7.1 Research design

The research design for this study was qualitative, descriptive, explorative, and contextual in nature, which explored and described the lived experiences of nursing students and registered nurses with regard to clinical supervision of nursing students.

1.7.1.1 Qualitative design

Qualitative design was used for this study in order for the researcher to explore and describe experiences of nursing students and registered nurses with regard to clinical supervision of nursing students at training health facilities in the Oshana Region, Namibia. The researcher considered it appropriate to use a qualitative research design because issues with regard to clinical supervision in a clinical setting where registered nurses supervised nursing students by in order to understand how this particular phenomenon was being dealt with (Burns & Grove, 2009); ~~y~~)

1.7.1.2 Explorative design

This design was used in this study to establish and gather new fact about clinical supervision of nursing students in order to determine whether there was new

information that would enable the researcher to gain new insight about the phenomenon under study (Babbie & Mouton, 2009).

1.7.1.3 Descriptive design

A descriptive design allowed the researcher to obtain accurate and complete information about the experiences of nursing students and registered nurses about clinical supervision of nursing students at training health facilities in the Oshana Region. This was achieved during individual face-to-face interviews.

1.7.1.4 Contextual design

The contextual interest of the researcher was aimed at the understanding of clinical supervision of nursing students in the natural setting which was medical and surgical wards of training health facilities in the Oshana Region, Namibia (Babbie & Mouton, 2009).

Chapter 2 provides a detailed account of the research design.

1.7.2 Research method

A research method is defined as a systematic set of techniques and procedures followed by a researcher when collecting and analysing data. It refers to the particular steps, advanced procedures, and strategies used by the researcher when collecting and analysing data during the research process (Babbie & Mouton, 2009). Effective research methods ensure that a research question is answered as reliably as possible with the purpose of achieving the objectives of a study (Creswell, Rocco & Hachert, 2011). For this study, individual in-depth interviews were conducted. The

researcher kept written records of all the observations made and noticed during each interview and a voice recorder was used to capture all information during each interview. Figure 1.3 illustrates the research phases of for this study.

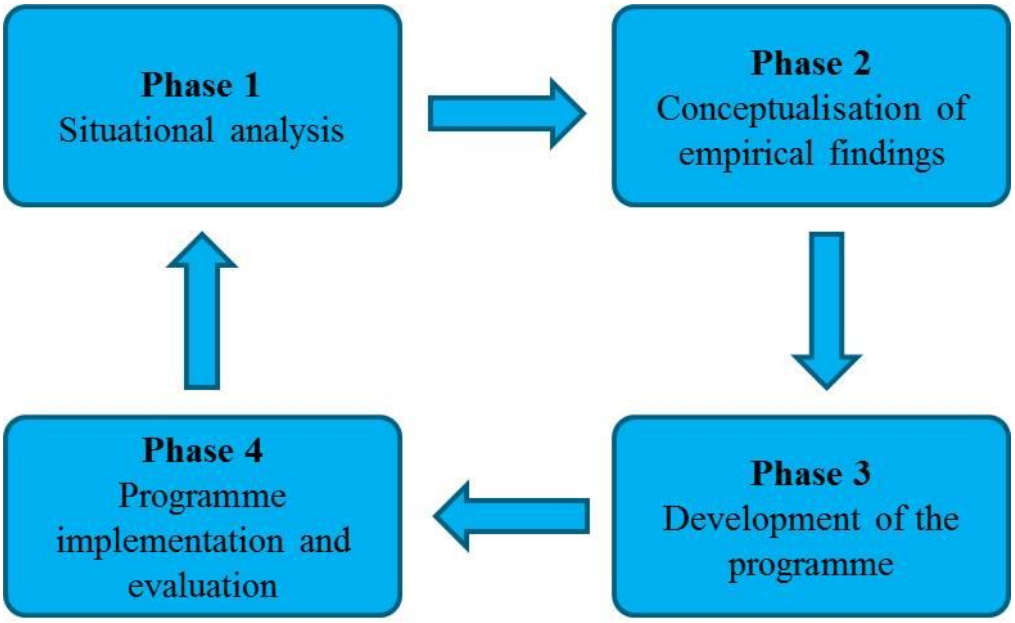


Figure 1.3: Illustration of research phases of the study

This study was conducted in four phases, namely a situation analysis, development of the conceptual framework, programme development, and a programme implementation and evaluation.

1.7.2.1 Phase 1: Situation analysis

Phase 1 comprised the situation analysis that explored and described the experiences of nursing students and registered nurses in relation to the clinical supervision of nursing students.

1.7.2.2 Phase 2: Development of the conceptual framework

Phase 2 was dealt with the development of a conceptual framework for the development of an educational programme to support registered nurses during the clinical supervision of nursing students.

1.7.2.3 Phase 3: Programme development

During this phase of the study, an educational programme to support registered nurses during clinical supervision was developed guided by the results of the situation analysis and the conceptual framework (Dickoff, James & Weidenbach, 1968).

1.7.2.4 Phase 4: Programme implementation and evaluation

Firstly, the educational programme interventions that were developed to support registered nurses during clinical supervision of nursing students were implemented during this phase.

Secondly, the educational programme was evaluated in order to validate whether the programme interventions were likely to bring about the desired change among the participants or whether the programme intervention could be generalised to another situation with a similar context.

1.8 MEASURES TO ENSURE TRUSTWORTHINESS

The researcher adhered to the principles of trustworthiness throughout the research process. Trustworthiness is a method of ensuring rigor in qualitative research (Brink,

2007). Polit and Beck (2009) explain that research findings should be as trustworthy as possible and every research study must be evaluated in relation to the procedures used to generate the findings.

Measures for trustworthiness were ensured for this study by using the following four criteria: Credibility, dependability, transferability, and the confirmability (Macnee & McCabe, 2008). These criteria are discussed fully in Chapter 2.

1.9 ETHICAL MEASURES

Ethical measures that were considered in this study included obtaining written permission from the Research Postgraduate Committee of the University of Namibia, as well as from the Ministry of Health and Social Services to conduct the research study. Written consent was requested and obtained from the participants to take part in the study and their participation was voluntary.

1.10 SIGNIFICANCE OF THE STUDY

There are certain attributes to be considered when identifying the significance of a study. One of those attributes was the implication for nursing practice, which evaluated whether the study had the potential to produce interventions that could improve the nursing practice in terms of benefits to the patients, nurses, community members, and to the nursing service as a whole. The importance of the findings of this study was emphasised by the strengths and shortcomings of the current medical and surgical clinical supervision of nursing students by registered nurses in Namibia. Understanding the experiences of registered nurses and nursing students with regard to clinical supervision provided the insight that was necessary to conceptualise the

need for supporting interventions to facilitate effective clinical supervision. The results from the situation analysis that explored and described the phenomenon were used to develop an educational programme to support registered nurses involved in clinical supervision of nursing students with the aim of reaching the goals of teaching in nursing. Supporting registered nurses in clinical supervision would create a situation where nursing students would be well-prepared for their future role as registered nurses. Effective clinical supervision would enable nursing students to meet the objectives of their course of study according to the Namibian perspective, which were to provide effective and comprehensive nursing and midwifery care that responded to the health care needs of the Namibian population (Government Gazette of the Republic of Namibia, 3249, of 2004, p. 3). To fulfil these objectives, registered nurses are expected to supervise, guide, and teach students in clinical settings (Faculty of Health Sciences, 2007). Effective supervision of the clinical teaching enables nursing students to become safe, caring, and competent decision-makers who are willing to accept personal and professional accountability for nursing and midwifery care.

The study, furthermore, contributes to the essential knowledge base of nursing in Namibia.

1.11 DEFINITION OF CONCEPTS

For the purpose of this study, the meaning of some of the concepts had to be clarified.

1.11.1 Clinical supervision

Clinical supervision is a term used to describe a formal process of professional support and learning that enables students to develop knowledge and competence and to assume responsibility for their own practice.

It is an intervention that is provided by a senior member in a profession to junior members of the same profession with the purpose of enhancing the professional function of the junior members (Consedine, 2004).

1.11.2 Context

Context refers to a particular setting where a study is conducted that includes a particular environment, people, etc. (Pequegnat, Strover & Boyce, 2011). This research project was conducted at the training heath facility in the Oshana Region. Data was collected at that facility and an educational programme was implemented at the same facility. The data collection process is described in Chapter 3.

1.11.3 Development

A process of producing or creating new or advanced products and events, that are likely to establish activities that affect what happens in a continuing situation (Hornby, 2010)

1.11.4 Educational programme

An educational programme is a brief organised and directed outline to be followed at an educational gathering session with the aim of transferring knowledge and skills to

the one who is being educated with the express intent to bring about change. In this study, the educational programme aimed at supporting registered nurses to find positive ways of overcoming challenges they were experiencing in their daily lives that prevented them from providing effective supervision to the nursing students.

Furthermore, an educational programme can be used as a tool for registered nurses, as well as nursing students to learn about interpersonal relationships and gain skills that would enhance healthy interpersonal relationships between them. The programme also aimed at increasing self-awareness to enable nursing students and registered nurses to change negative attitudes and behaviour that form barriers to the supervision of nursing students.

1.11.5 Experience

According to Evans (2008), experience refers to the knowledge that adult have been exposed to, although this knowledge depends on where they have been for for acquiring the knowledge of registered nurses and nursing students in terms of the concept clinical supervision.

1.11.6 Evaluation

The method is used to determine whether the service is conducted as planned and whether the service actually helps people in need. The major goal is to determine the relevance, efficiency, availability, and effectiveness of a programme.

Medical and surgical nursing is the promotion of health and health care of patients who receive treatment in medical and surgical wards at the training health facilities in the Oshana region, Namibia (Lemone & Burke, 2004).

1.11.7 Nursing students

This is a person who is enrolled to undertake a diploma or degree course in general nursing and midwifery science at a nursing training institution.

1.11.8 Programme

A programme is defined as an officially organised system of service activities or opportunities that assist people with achieving something (Cambridge Academic Content Dictionary, 2009). For this study, it refers to a programme to support registered nurses during the clinical supervision of nursing students.

1.11.9 Programme evaluation

Programme evaluation is defined as a social research procedure used to evaluate whether a programme is needed, whether it is likely to bring about desired change, and whether it is effective (Mouton, 2004; De Vos, 2007).

Furthermore, it refers to a systematic collection of information about activities, characteristics, and outcomes in order to answer questions and make decisions about a programme (Hodges & Vitedo, 2010).

1.11.10 Programme development

Programme development is a continual systematic process that professionals follow while they are planning, implementing, and evaluating their educational programmes. The process is not confined to a four-year planning cycle. It can be applied on a small scale to an individual workshop, on a larger scale to a comprehensive community initiative, or to a county or state wide programme of action. The scope may be different but the principles of programme development remain the same.

1.11.11 Registered nurses

A registered nurse is a lecturer who is employed by the University of Namibia or registered nurses who are supervising nursing students while allocated to medical and surgical wards at a training hospital in the Oshana Region, Namibia

1.11.12 Support

Encouragement and help or anything else necessary for reaching a goal successfully. For the purpose of this study, support to enable registered nurses referred to the provision of effective clinical supervision to nursing students (Hornby 2010).

1.12 DIVISION OF CHAPTERS

This dissertation is presented in the following chapters and phases:

Chapter 1 comprises an introduction to the study. It provides the background information about the reason why the researcher decided to conduct this study.

Chapter 2 describes the research design and methods. It explains the design methods that the researcher followed to conduct the study. This chapter includes the content of Phase 1, i.e. the situation analysis that was conducted to explore and describe the registered nurses and nursing students' experiences in relation to clinical supervision. Measures to ensure trustworthiness, as well as reasoning strategies used are henceforth discussed in this chapter.

Chapter 3 provides an account of the data analysis and literature control processes. The chapter presents the method used to analyse data, as well as literature that supports the findings.

Chapter 4 contains the conceptual framework of the study. This chapter explains Phase 2 of this study; i.e. the development of the conceptual framework. The results of data analysis served as a guideline to develop the conceptual framework. The content of this phase is discussed in the subsequent chapters.

Chapter 5 explains the programme development of an educational programme to support registered nurses during the clinical supervision of nursing students; Phase 3 of this study. The content of the programme, the interventions to be implemented, and the theories to be applied are described in this chapter.

Chapter 6 describes the programme implementation and evaluation. This chapter focuses on Phase 4 of this study, i.e. the implementation and evaluation of an educational programme for supporting registered nurses at training health facilities in the Oshana Region during clinical supervision of nursing students. The chapter is divided in two sections. The first section deals with the implementation of the

educational programme while section two describes the evaluation of the feasibility of the implementation of the programme and the evaluation of the outcome of the programme implementation.

Chapter 7 presents the conclusions, limitations, and recommendations of the educational programme to support registered nurses during the clinical supervision of nursing students. The conclusion is based on the findings that answered the research question: "How do registered nurses and nursing students in medical and surgical wards at a training hospital in the Oshana Region experience clinical supervision?" These conclusions had been used to determine whether the purpose and objectives of the study were achieved.

1.13 SUMMARY

This chapter introduces the overview of the study and describes the rationale for the research. The background to the problem is emphasised and the research problem, the research purpose, and objectives are stated. Operational definitions of key concepts are provided. The research design and methods, measures to ensure trustworthiness of the study, and ethical measures are also summarised. In the next chapter, the research design and methods are described.

CHAPTER 2

RESEARCH DESIGN AND METHOD

2.1 INTRODUCTION

In the previous chapter, the background and rationale for the study are presented. In this chapter, the researcher presents the research design and methods that refer to the approaches to researching this specific problem. Furthermore, this chapter emphasises the research design to answer the research questions in such a way to enable valid and trustful results.

2.2 RESEARCH DESIGN

The research design for this study was qualitative, descriptive, exploratory, and contextual in nature. The study explored and described lived experiences of registered nurses in relation to supervision of nursing students in the context of clinical settings in the medical and surgical wards at a training health facility in the Oshana Region. The main function of a research design is to enable a researcher to anticipate what the appropriate decisions should be in order to maximise the trustworthiness of the eventual results (Burns & Grove, 2005 a). Punch (2005) defines research design as the comprehensive plan for a piece of research that includes the main proposal, the strategy, conceptual framework, questions about the study phenomena, and tools that needs to be used for collecting and analysing data. The research design contains the structure and strategy of the research. It is regarded as the blueprint or detail about the effective execution of the research study (De Vos, 2007). Burns and Grove (2005 b) note that the research design “guides the researcher

in planning and implementing the study in a way that is most likely to achieve the intended goal". It focuses on the logic of the research and accommodates the nature of evidence that is required to adequately address the research question in order to ensure maximum trustworthiness of the study (Mouton, 2001 b). The research design, therefore, clarifies the phenomenon to be studied, as well as the envisaged approach to be followed (Gorman & Clayton, 2005).

According to Polit and Beck (2009), the research design is a set of logical steps taken by a researcher to address research questions (Polit & Beck, 2008). It is a plan for conducting a study that maximises control over factors that could hinder the validity of the eventual results (Burns & Grove, 2005 a). The research design denotes an organised plan for conducting a study (Merriam, 2009). It refers to clearly defined structures that inform the context of the study implementation (Burns & Grove, 2005 a). Based on the previous information, a research design explains the type of the study that is conducted in accordance with the type of results that the researcher aims at, methods of data collection, and forms of data analysis in order to provide answers to a research question (Silverman, 2006. Research methodology is defined as the total strategy that starts at the identification of the problem and ends at the final plans for data collection and analysis (Creswell, 2008; Prosser & Schwartz, 2004). Babbie and Mouton (2009) describe it as follows:

Research methodology is referring to the implementation of the research design. It includes the type of tools used and the procedure that is followed while conducting a study. Both research design and methods ensure a logical execution of research activities.

2.2.1 Qualitative design

A qualitative study design was selected for this study because the researcher wanted to understand clinical supervision from the participant's point of view, which were the registered nurses and nursing students' perspectives. It is a naturalistic inquiry to collect data that is based on the perceptive of the participants. Furthermore, it presents the participants' (registered nurses and nursing students) self-constructed meanings of the study experiences in relation to clinical supervision of nursing students. Therefore, during data collection, the researcher allowed the participants to express their views. De Vos, Strydom, Fouché and Delport (2007), Thomas (2010), and Houser (2011) support this perspective by saying that qualitative research enables a researcher to understand the meaning of events from the participants' points of view within a certain context. The participants are regarded as the insiders who are best positioned to describe their situation and as such, they are the primary sources of the data. Therefore, a researcher needs to remain free from preconceived ideas about the phenomenon under investigation for the preservation of objectivity towards the data (Silverman, 2010; Streubert & Carpenter, 2007; Hardy & Bryman, 2004).Without the insight of qualitative research methodology, it would not have been possible to understand the "how", "what", "why", and "why not" of clinical supervision (Mathews & Kostellis, 2009; Vishnevsky & Beanlands, 2004). A qualitative design is an approach to inquiry that crosscuts disciplines and subject matter. Furthermore, a qualitative design was considered to be suitable for this study because it made a systematic inquiry possible. A systematic inquiry is concerned with the understanding of human beings and the nature of their transactions with

themselves and their surroundings. Donalek (2004) is of the opinion that a qualitative study in nursing starts with the researcher's curiosity about an aspect that occurs in the clinical situation. This includes an understanding of how particular phenomena are dealt with. In the context of this study, it involved the execution of clinical supervision of nursing students. Qualitative design is an umbrella concept that includes several forms of inquiry that help us to understand and explain the meaning of social phenomena with as little disruption of the natural setting as possible.

The following reasons led the researcher to select a qualitative design for this study:

- Qualitative design is an attempt to understand people's interpretation, for example the interpretation of the registered nurses and nursing students.
- Data is collected in a natural setting, for example the working environment where clinical supervision is taking place.
- A researcher is interested in meanings implied in the way in which participants make sense of their own live experiences in relation to encounters in their own world. For this study, the researcher examined the lived experiences of registered nurses and nursing students in relation to clinical supervision of nursing students during clinical nursing practice.
- Through qualitative design the researcher was able to build a complex, holistic picture of views and experiences of registered nurses and nursing students about clinical supervision.

Other terms often used interchangeably with qualitative design are naturalistic inquiry, interpretive research, field research, participant or observation inductive

research, case study, and ethnography (Gorman & Clayton, 2005; Maxwell, 2006). In qualitative studies, most of the data collection and data analysis techniques are devoted to eliciting knowledge about a particular problem. Luna-Reyes and Anderson (n.d., p.13) are of the opinion that qualitative study lends itself perfectly to identifying concepts that would indicate the conceptual theory to be used in a particular study. This is made possible by data analysing techniques that include tests to transcribe and translate concepts with the purpose of starting to construct an educational programme.

2.2.2 Exploratory design

The word "explore" implies scrutinising areas for the purpose of discovery, therefore, an explorative design is used to explore the way in which individuals experience a phenomenon under study of which a researcher has little, if any, knowledge with the aim of discovering more about the issues being studied. The design is applied to investigate what is happening in a particular context / setting. An exploratory design aims at establishing facts, gathering new data, gaining insight into phenomena, and presenting a detailed picture of a situation. This point of view is supported by Hall (2008) and Blake (2009) who say that an explorative design seeks to develop an initial understanding of a phenomenon, and subsequently to develop a clear understanding of the research participants in a particular setting / context.

The exploratory approach was found to be suitable for this study, since not much was known by the researcher about the nursing students' and registered nurses' experiences about clinical supervision of nursing students in the Oshana Region.

In this study, an explorative design was used with the aim of gaining insight into and an understanding of the situation when nursing students are being supervised in the clinical areas. Because the researcher did not have enough information about the experiences of registered nurses and nursing students with regard to clinical supervision in Namibia, the researcher assumed that the insight about the phenomenon would support the development of an educational programme for clinical supervision to enhance effective clinical supervision of nursing students in Namibia.

2.2.3 Descriptive design

According to Burns and Grove (2005 a), a descriptive design refers to the accurate portrayal of particular individuals in real-life situations for the purpose of discovering new meaning. A descriptive design is conducted to describe the experiences of participants in a particular setting / context or during a particular event. A descriptive study aims at providing a detailed picture of the phenomenon under study. In this study, the researcher collected data in the form of participants' own words. A descriptive design was used to achieve a holistic understanding of the manner in which the supervision of nursing students was implemented in medical and surgical wards. The researcher obtained subjective information from the students and registered nurses in order to describe the reality of the experiences of nursing students and registered nurses with regard to clinical supervision.

2.2.4 Contextual design

Context means a particular setting in which a study is taking place, i.e. an environment, people, etc. (Pequegnat *et al*., 2011). A contextual study focuses on a phenomenon of interest in terms of its immediate context. A contextual study was preferable because action-related descriptions could only be provided in a particular situation or context (Burns & Grove, 2005 a). This study was contextual in nature because it was carried out in medical and surgical wards at a training hospital in the Oshana Region. This context was selected because the researcher was familiar with the setting where registered nurses supervised nursing students in the clinical setting and where nursing students learnt the art of nursing. That was, therefore, a natural setting and an appropriate context for conducting the study.

2.3 REASONING STRATEGIES

Reasoning strategies refer to the processing and organising of ideas in order to reach meaningful conclusions (Burns & Grove, 2001). It facilitates the logical formulation of arguments that assists the exploration and description of a phenomenon under study. Reasoning strategies used in this study were inductive and deductive reasoning, synthesis, analysis, and bracketing.

2.3.1 Inductive reasoning

Inductive reasoning refers to a bottom-up approach to problem solving in which conclusions are drawn based on the information from experiences and observations during a study. Merriam (2009) suggests that the strongest claim a researcher can make is that a conclusion is likely to be either true, or possible but still extremely

valid. These claims make it possible to discover new knowledge that augments existing knowledge. Inductive reasoning was applied during Phase 1, i.e. a situation analysis that explored and described the lived experiences of nursing students and registered nurses about clinical supervision. It was also used during Phase 2 for identifying themes and sub-themes, as well as for developing the conceptual framework that was used to develop an educational programme.

2.3.2 Deductive reasoning

Deductive reasoning is a top-down form of problem solving. The conclusions are drawn based on theories that serve as a guide for either supporting or rejecting the research findings (Hartas, 2010). The deductive theory builds on previous knowledge and research and is available in situations where a researcher has clearly identified the construction of concepts as a point of departure.

In this study, the researcher used deductive reasoning to develop an educational programme. Deductive reasoning was also used to conduct a literature review that supported the findings.

2.3.3 Synthesis

Synthesis is a scientific process that encompasses either dealing with extracts or amalgamating concepts and statements from the body of data, set of observations, or an empirical statement acquired through a qualitative and literature approach (Burns & Grove, 2001). It refers to the process of transitioning practice and knowledge about a phenomenon of interest into an integrated whole. Such an intergraded whole allows a researcher to amalgamate fragments of knowledge in a more useful and

coherent format. In this study, synthesis was used in Chapter 2 for data analysis and the development of themes and sub-themes. It was also employed during programme development.

2.3.4 Bracketing

Bracketing is the cognitive process of suspending one's preconceived beliefs and theories, not making judgments about what is observed or heard, and remaining open to data as it is revealed. This allows the richness and the depth of participants' experiences to emerge as their personal life unfolds while enabling the researcher to gain insight into their experience of the phenomenon being studied (Polit & Beck, 2008). Bracketing implies that a researcher makes explicit his / her biases and personal and theoretical assumptions with the purpose of not distorting research interpretations (De Vos *et al*., 2005). Bracketing usually starts at the beginning of a study and it is observed throughout data collection and analysis processes. In this study, the researcher clarified her meta-theoretical, theoretical, and methodological assumptions in Chapter 1, Section 1.4.

The researcher attempted to bracket her preconceived beliefs, ideas, assumptions, and interpretations to ensure that she approached the study without prejudice and that she remained flexible and open-minded throughout the research process (Houser, 2011). Bracketing aimed at understanding the life-world of participants from their own perspective and gaining insight into their views about clinical supervision.

2.3.5 Analysis

Analysis is a process that aims at clarifying and redefining existing concepts and statements (Babbie & Mouton, 2007). It dissembles a complex issue into it components. This is made possible by reviewing the information provided during data collection and identifying common areas and differences in order to group data into functional categories (Streubert & Carpenter, 2007)

2.4 PHASE 1: SITUATIONAL ANALYSIS

In Phase 1 of the study, the researcher entered the field of nursing practice in order to explore and describe the experiences of nursing students and registered nurses about the current situation with regard to clinical supervision. That assisted the researcher with gathering information from registered nurses and nursing students that accommodated views and needs of both groups during the development of the programme (Holliday, 2003)

Inductive logic was used to explore the experiences of students and registered nurses. According to Chinn and Kramer (2004), inductive reasoning takes place when one departs from the particular on order to conceptualise the general.

Individual face-to-face interviews were conducted with registered nurses and nursing students and field notes were taken during the situational analysis. While conducting the study, the researcher adhered to ethical considerations: Individual written was secured from participants after they had received an information letter that invited them to participate in the study. Data was carefully collected and analysed. A literature control was conducted to identify similarities between this study and the

existing literature. Themes were developed based on the findings. Table 2.1illustrates the situational analysis (Phase 1).

Table 2.1: Illustration of Phase 1: Situational analysis

Phase 1: Situational analysis	Population	Sampling, sampling criteria, and sample size	Data collection	Data analysis
1.1 Explore and describe the experiences of nursing students and registered nurses with regard to clinical supervision of nursing students in the medical and surgical wards.	• Nursing students who were working in the medical and surgical wards and registered nurses who were supervising these students.	Purposeful sampling was used. The sample size was determined by data saturation.	Data was collected during individual interviews and observation. Field notes were taken.	Tesch's method of open coding and data reduction was applied.

2.4.1 Study population for Phase 1

Population is a group of elements that comprise characteristics of interest to a researcher and who meets the specific characteristics that a researcher has predetermined (Polit & Beck, 2009). This point of view is supported by Babbie and Mouton (2009) who note that a population is a group or collection that a researcher is interested in.

Tobias (2006, p. 25) defines a study population as a target group that one intends to study. The group that is targeted might not all be available and, therefore, some of

the individuals may be excluded from the study. When conducting a research study, a researcher seldom has access to the entire population. The participants who are available or accessible as participants of the study are termed the accessible population (Botma, Greef, Mulaudzi & Wright, ., 2010: 124).

The population for this phase were all the students who were enrolled for the Comprehensive Diploma in Nursing and Midwifery Science and Bachelor's Degree in Nursing Science at the University of Namibia on a fulltime basis and who were allocated to the medical and surgical wards at the either the Oshakati Intermediate Hospital, or the UNAM Oshakati Campus training institution in the Oshana Region, Namibia; as well as registered nurses who were supervising the clinical learning of nursing students of the above-mentioned programme in the medical surgical wards at the Oshakati Intermediate training Hospital in the Oshana Region.

2.4.2 Sample and sampling procedure

A sample represents a small proportion of the total population that a researcher uses to pursue the investigation in a particular setting, while sampling is a procedure for selecting a set of individuals who has the same characteristics as the ones of the study population to serve as representatives (sample) of the targeted research population and to whom the findings can be applied (De Vos *et al*., 2007). Furthermore, with sampling the main aim is to obtain information about the phenomenon that represents the population of interest (Brink *et al*., 2008). Appropriate sampling places the study in a better position for transferability of the study results to a situation with a similar context (Brink, 2007). During this study, purposive sampling was used to select the participants because according to~~)~~ Shank

(2006), it is essential for the researcher to establish who will be the most eligible participants to provide an abundance of pertinent information. With purposive sampling, the sample is selected because it contains the same characteristics as the population. A purposive sampling technique entails a process of selection with the purpose of acquiring the maximum information during a qualitative research project (Qualitative Methodology, 2008).

On the basis of the information provided above, the second and third year nursing students allocated to medical and surgical wards at training health facilities in the Oshana Region were selected to participate in the study; the duration of clinical practice under supervision was also taken into account. The second and third year nursing students were selected to participate in the study, since they had been under supervision in clinical settings and were better positioned to provide valid information about their experiences about clinical supervision than first year nursing students. On the other hand, the fourth year nursing students were not selected, since the researcher assumed that they had already started to develop coping mechanisms during their supervision. The registered nurses were selected on the basis of their involvement with clinical supervision of second and third year nursing students on day duty in medical and surgical wards; nursing students were required to only work during the day.

The proponents of qualitative research argue that in qualitative studies, the sample size is statistically insignificant because sample size is based on data saturation, even when the data can be derived from a few cases. Furthermore, qualitative studies are not intended for generalisation to larger groups of the population. They are intended

to provide thick and meaningful information in order to increase existing knowledge about the phenomenon under investigation (Creswell *et al*., 2011). The respective samples consisted of 27 nursing students and eight registered nurses. The researcher did not know the sample size prior to data collection. The sample size was determined by data saturation (Holliday, 2003). In this study, data saturation was reached when participants started to repeat already mentioned issues or concepts without adding any new information. A criterion sampling method was applied, therefore, only participants who had met certain criteria were selected (Boeije, 2009). Criteria for selection focused on various subjective and rational characteristics that applied to the whole population. The inclusion criteria for the study required nursing students to be registered for either the Comprehensive Diploma in Nursing and Midwifery Science, or the Bachelor's Degree in Nursing Science at the University of Namibia, Oshakati Campus on a fulltime basis and allocated to the medical and surgical wards at the Oshakati Intermediate Hospital (a training hospital) in the Oshana Region. Second and third year nursing students were included whether they were enrolled for that year of study for the first time or not. Furthermore, registered nurses had to be employed at an Oshana health facility (Oshakati Intermediate Hospital) for at least one year. Those registered had to be involved in the supervision of those nursing students during clinical practice in the medical and surgical wards.

2.4.3 Context

As this study is contextual in nature, the context of this study was the Oshakati Intermediate Hospital in the Oshana Region. The Oshana Region is one of the thirteen health regions that are administered by the Ministry of Health and Social

Services (MOHSS) of Namibia. It is one of the four northern health regions. This study was conducted at the Oshakati Intermediate Hospital, one of the nursing training hospitals in the Oshana Region, where nursing students were allocated for clinical practice in medical and surgical nursing. Some of the registered nurses from the University of Namibia Oshakati Campus were selected, since they also were supervising nursing students during practice at the Oshakati Intermediate Hospital.

2.4.4 Data collection

Data collection is a term used to describe a process of preparing and collecting data. It is simply how information is gathered from the participants. For this study, individual face-to-face interviews were conducted (Streubert & Carpenter, 2011; Creswell *et al*., 2011), since those interviews enabled the researcher to seek more clarity and elaboration on the responses provided. Furthermore, the interviews allowed the participants to answer questions any way they wanted to (; Jacobsen, 2011).

The exploration of nursing students' and registered nurses' experiences was made possible by individual interviews. Individual face-to-face interviews were conducted with 35 participants comprising 15 nursing students from medical wards, 12 students from the surgical wards and eight registered nurses. Based on the educational level, 11 were second year nursing students while 16 were third year nursing students.

Individual interviews were conducted until data was saturated. Qualitative researchers continue to collect data until they reach the point of data saturation. Data saturation occurs when a researcher no longer obtains new information (Qualitative

Methodology, 2008). While assessing the pilot study, the researcher took into consideration the characteristics of the population and the nature of the questions.

2.4.5 Pilot study

A pilot study is a small-scale trial run of an actual research study. It is carried out in order to test the practical aspects of a research study. The researcher wanted to investigate the feasibility of the proposed study (Brink, 2007; Creswell, 2007).

The researcher conducted individual in-depth pilot interviews. The population for the pilot testing comprised six nursing students (three second year nursing students and three third years nursing students) who were registered for either the Comprehensive Diploma in Nursing and Midwifery Science, or a Bachelor's Degree in Nursing Science on a fulltime basis at the University of Namibia, Oshakati Campus and and who were allocated to the medical and surgical wards at the Oshakati Intermediate Hospital in the Oshana Region. Other participants were three registered nurses; one lecturer from the University of Namibia, Oshakati Campus and two practising registered nurses, one from the medical ward and one from the surgical ward at the Oshakati Intermediate Hospital. Participants were selected purposefully and they were all from the training health facilities (UNAM and Oshakati Intermediate Hospital) in the Oshana Region. Participants who took part in the pilot study were not selected to participate in the actual study, since their contributions could have cockeyed the results of the study (Brink, 2007). An audio recorder was used to record the individual interviews to prevent any loss of information that could have been caused by possible distraction and loss of eye contact during interview (Henning, Stone & Kelly, 2009). A voice recorder was also used during pilot testing

after receiving permission from participants to record the interviews for later verbatim transcription.

Pilot testing helped the researcher to become acquainted with the question to be asked during the interview, the technical aspects of the voice recorder, and the interview procedure. The researcher also took field notes in order to record observations other than the the verbal responses.

For the purpose of this study, the research question was pilot-tested for its relevance and the appropriateness of the interview process. To establish the relevance of the research question, it was pilot-tested on registered nurses while the interview process was evaluated during the pilot interviews with the nursing students. To test the feasibility of the study, the degree of openness and willingness to participate were determined, provided information was evaluated, and the researcher tested her interview skills. The pilot interviews had been conducted in the presence of a study to facilitate guidance by the supervisor. After the pilot-testing, the researcher was more aware of her own level of interviewing skills. Any shortcomings in a question and probing questions were identified and the research question was modified to ensure trustworthiness of the information gathered from the participants during the main study (De Vos *et al*., 2007).

As a result of this outcome, the researcher gained experience in guiding questions, structuring a logical flow of the questions, and probing for more responses during the actual study (Lewis, 2003).

2.4.6 Method of data collection

Data collection refers to the gathering of information from the participants. Since this study was qualitative in nature, methods of data collection applicable to qualitative studies were used throughout the study to collect data from registered nurses who were supervising nursing students during clinical practice, as well as from nursing students who were allocated to medical and surgical nursing units.

2.4.7 Field preparation

Field preparation was done as supported by De Vos *et al*. (2005) who argue that when preparation for data collection is properly done, pertinent information about the research and the participants will be obtained. The information collected will serve as a guide for a researcher to establish how the participants should be approached and how the situation should be managed. The researcher started with the preparation of the context (field) before collecting the data. The preparation was done by consulting the nurse manager at the Oshakati Intermediate Hospital, informing her about the study, as well as writing letters that ask for permission and explain the importance of the participation of registered nurses and nursing students. The environment where data was going to be collected had been prepared before the data collection commenced. A suitable room was identified in each ward that would be comfortable to all the participants. Environmental factors; such as light, air, noise, and atmosphere were controlled to create a conducive environment for data collection. The room was cleaned and two chairs and a table were arranged in a non-confronting way. All participants of a particular ward were interviewed in the same room to ensure consistency. Burns and Grove (2005 b) are of the opinion that an uncontrolled

environment introduces extraneous variables into the study situation that can have an effect on the study outcomes. The voice recorder was placed on the table next the researcher within easy reach. Preparation of the field, furthermore, included practice by the researcher to use the voice recorder to ensure that there were no operational problems, such as audibility and voice fidelity without other noise interference that would lead to the loss of invaluable data. Bucher, Fritz and Quarantelli (n.d., p.1) explain that the voice recorder has become an important technical aid in social research.

2.4.8 Timing and invitation for interview

The date and time was arranged by both parties based on the schedules of the ward routine where the interview was going to be conducted. That included making sure that the interview fitted into the daily schedule of the participants. The date and time were selected to coincide with the quiet periods in that ward, for example after the ward round and treatment rounds were finished. Because the researcher conducted individual interviews, the other participants were urged to attend to patient care and continue with ward activities until it was their turn to be interviewed. Participants were reminded of the date and time when the researcher would be visiting their ward to conduct the interviews.

2.4.9 Conducting interview

Data was collected by means of individual face-to-face interviews as follows:

Prior to the commencement of an interview, the researcher welcomed the participant in the interview room, offered him / her a chair and encouraged him / her to be

comfortable. Furthermore, the researcher read the letter requesting consent to each participant who subsequently gave their verbal informed consent and the researcher re-emphasised the purpose and objectives of the study. The participants were informed to answer the questions as openly and honestly as possible to also ask questions when there was anything they did not understand. Participants were further informed about the use of the audio recorder and they could choose whether an audio recorder could be used or not. However, the use of audio recordings was important, since they provided a complete record of information with referential adequacy, an aspect that ensured credibility (Babbie & Mouton, 2007). Therefore, the voice recordings were used to transcribe everything that was said for data analysis purposes (De Vos, 2007). However, interviewees had the opportunity to indicate to the researcher whether they preferred the use of a voice recorder. Individual in-depth interviews were conducted with the participants to describe their experiences in relation to clinical supervision of student nurses in medical and surgical wards. Thirty-five interviews were conducted, 27 interviews with nursing students and 8 interviews with registered nurses. The numbers were determined by data saturation.

Although the researcher had planned each interview to last 30 minutes, she was flexible in this regard and the duration of the interviews were determined by the satisfaction of the researcher and the participant that the necessary information was shared. The researcher replayed the audio recording of the interview to give the participants an opportunity to establish whether they were satisfied with the information provided or stated; Polit and Beck (2009) suggest this technique. Lastly,

the researcher thanked each participant for taking part in the interview and for providing the information.

2.4.10 The role of the researcher during data collection

To be able to conduct an interview, the researcher should have interpersonal, as well as interviewing skills. These communication skills and interpersonal skills include various attitudes that may contribute to the researcher's ability to create a context in which the participants will provide the required information freely and honestly. The researcher used facilitative techniques that were based on a keen interest in the phenomenon under investigation (Streubert & Carpenter, 2007, p. 36). That enabled the researcher to recognise each participant's unique contribution, to listen carefully, and to allow an open and free expression of thoughts and feelings during each interview.

Congruence: The researcher remained consistent throughout each interview while interacting with every participant. The same question used during the pilot study was asked: "How do you experience clinical supervision of nursing students?"

All participants were asked that one central question in a respectful manner during each individual face-to-face interview.

Communication skills refer to non-verbal, as well as verbal skills. The non-verbal communication skills that the researcher used were accommodating body language conveyed by a nod; an encouraging, listening attitude; and maintaining eye contact.

Use of communication techniques

The following communication techniques were used by the researcher to ensure that participants expressed their ideas freely during discussions.

Language use: The researcher used language and terminologies that were simple and understandable in order to facilitate the participants' understanding.

Minimal verbal responses: Minimal responses included responses; such as "ok", "I see", and "I understand" which indicated that the researcher was actively following what participants were saying. By restating what the interviewee had said, the interviewer demonstrated that she understood what had been said. Minimal responses were applied to encourage discussions between the interviewer and the interviewee. The interviewer adopted a less active role and allowed more time for the participants to talk (De Vos, 2007).

Tracking: Tracking was encouraged throughout the interview session by keeping the discussion / conservations on track and by directing it back to the purpose of the study (Blessing & Forister, 2012).

Probing: A probe in the form of a question or comment seeks clarification on something that had already been said. It is done to deepen the responses and enrich data from the participants by giving clues to the participants about the level of responses that were expected of them while encouraging the participants to pursue line of thoughts (Brink, 2007). Gall, Gall and Borg (2007) point out that probing may take numerous forms; they range from silence to sounds, from a single word to complete sentences.

Silence should be used judiciously. The utterance "I see" can sometimes be combined with nodding the head. "Yes, yes" is a good alternative. During this study, the researcher asked for more details and for clarification in order to stimulate the participant to provide detailed exploration and clarification of their experiences and to enable the participants to understand what was not coherently described (Babbie & Mouton, 2007).

Paraphrasing: Paraphrasing the participant's words was done when the researcher re-stated a statement in another format, whilst retaining the same meaning in order to enhance a participant's meaning and understanding.

Member checking or reflective summary: During this exercise, participants' expressions, thoughts, and ideas were reflected back for the interviewees (participants) to provide an immediate check on the researcher's understanding of the meaning of the information provided. This was done to ensure the validity of data (Gay, Mils & Airasian, 2009).

Observation and field notes: In addition to the interviews, observational data about the participant's nonverbal responses were collected and field notes were taken (Creswell, 2008).

Field notes are incorporated as part of the collected data and they contain both descriptive and reflective aspects of the field work. They are used to help a researcher to remember, retrieve, and analyse his/her reflections, observations, and experiences during the data collection process. In this study, however, it was limited to avoid interruptions during an interview (Yin, 2010).

The researcher kept written records of all the observations made and noticed during each interview. These records were necessary to capture important events and behaviour that could not be audio recorded, but were nonetheless important for understanding the phenomenon more comprehensively (Streubert & Carpenter, 2007). The notes included information about non-verbal communication; such as gestures, lack of interest, enthusiasm, and uncertainty.

2.4.11 Data analysis

Data analysis in this study referred to qualitative data analysis as a search for general statements about relationships among categories of data. The process involved a descriptive examination of the participants' narratives, discussion of field notes, details about data arrangement and storage, and where appropriate, the categories and clusters that were used to make sense of the data (Holliday, 2005; Gorman & Clayton, 2005; Williamson, 2005).

2.4.11.1 Data was analysed by applying Tesch's method of open coding (Saks & Allsop, 2007; Kobus, 2007). This process involves separating, examining, comparing, and categorising raw data with the purpose of amalgamating it in a new way (De Vos *et al*., 2007). This method was chosen, since it was a systematic approach and its procedures were clearly described. The stages of data analysis were conducted according to Tesch's method of qualitative data analysis as proposed by Creswell (2008).Step 1: Data transcription

Interviews were audio recorded and subsequently transcribed verbatim. Olivier, Serovick and Mason (2005) view the transcribing of data as being pivotal to qualitative inquiry. The practice approach that was employed for this study was naturalism, which implied that every participant's information was transcribed as comprehensively as possible; including stutters, involuntary vocalisations, and pauses (Olivier *et al*., 2005).

- The researcher read through all field notes of the interview that contained observational data of each interview, listened to the information on the voice recording, carefully transcribed all recorded interviews word for word, and jotted down some ideas as they came to mind. It assisted her with familiarising herself with the data and with gaining a global understanding of the whole phenomenon.
- A list of all topics was made and similar topics were clustered together to form themes.
- The researcher organised sub-themes that belonged to a particular theme.

- The most descriptive wording for the topics was found and turned into sub-themes. Sub-themes were reduced by grouping topics together that related to one another.
- Related sub-themes were identified, grouped together and themes for each group were identified.

Qualitative data analysis assisted with reducing the amount of data while keeping in mind the core ideas of the participants. Data was collected to explore and describe the lived experiences of registered nurses and nursing students about clinical supervision of nursing students in medical and surgical wards. All the data captured during the interviews was converted into transcripts that were stored electronically; thereafter the data was analysed. According to Thomas (2010), qualitative data consists of words and observations that are analysed and interpreted with the purpose of understanding. Tesch's method of open coding was used to conduct the data analysis. The text based on the original interviews and the interview summaries comprised the data for this study. An extract from an interview is included as Annexure B to this research report. After the data was transcribed, the interview transcripts were read through several times to obtain a sense and meaning of the whole phenomenon. Topics were identified and noted down in the transcripts. Thereafter, topics were recorded in columns.

2.4.11.2 Step 2: Data reduction

After the data had been transcribed, the interview transcripts were read through several times to obtain a sense and meaning of the complete picture. To ensure trustworthiness of the transcribed data, the researcher retained transcripts and the audio recorded interview information for audit purposes. Transcripts were sent to the study supervisor as requested to verify whether all information was included in the study; that was done to ensure that no information had been omitted. Topics were identified and noted on the transcripts. Thereafter, topics were separated into columns.

Topics with the same meaning were indicated by means of connecting lines. That resulted in the identification of sub-themes. Those sub-themes needed to be relevant to the research purpose. During the analysis, the researcher attempted to gain a deeper understanding of registered nurses' and nursing students' experiences. The findings were supported by verbatim quotations from the interviews and they were supported by relevant literature. A review of literature is conducted to generate a picture of what is known and not known about a particular situation. That information forms the background of a study (Walliman, 2005; Babbie *et al*., 2007). It helps the researcher to become familiar with practical and theoretical issues related to the topic. A literature review furthermore identifies and compares earlier studies and also assists with avoiding duplication and unnecessary repetition. It increased the researcher's limited information about the clinical supervisory areas of nursing students. The interpretation of the data was refined continually.

Topics with the same meaning were connected with lines. That resulted in the identifications of sub-themes. Eleven sub-themes were identified, namely:

- Too heavy workload and the staff shortage;
- Too large a supervisor / student ratio;
- Absence of clinical instructors;
- Lack of knowledge of supervision role;
- The gap between theory and practice;
- Outdated knowledge of supervisors;
- Supervisors were providing in-effective clinical supervision;
- Poor guidance of nursing students by registered nurses;
- Poor interpersonal relationships between supervisors and nursing students;
- Poor communication among supervisors and students;
- Registered nurses and nursing students experienced ineffective clinical supervision provided by registered nurses; and
- Hospital stock shortages.

Sub-themes were grouped to form main themes that provided the bedrock of an educational programme to support registered nurses with clinical supervision of nursing students. Three main themes were identified, namely:

- Registered nurses and nursing students experienced managerial challenges during clinical supervision of nursing students in medical and surgical wards at the training heath facility in the Oshana Region, Namibia.

- Registered nurses and nursing students experienced educational challenges during clinical supervision of nursing students in medical and surgical wards at the training heath facility in the Oshana Region, Namibia.
- Registered nurses and nursing students experienced a non-conducive environment during clinical supervision of nursing students in medical and surgical wards at the training heath facility in the Oshana Region, Namibia.

All themes were experienced as detrimental to the execution of clinical supervision for nursing students by registered nurses. In support of this procedure (developing of themes); Streubert, Speziale and Carpenter (2007) state that it requires intense and prolonged engagement that may take months and considerable expertise of the researcher.

Writing down any ideas, feelings or responses that emerge during data collection supports reductive phenomenology. Although the transcribed data were divided into topics, sub-themes and main themes, which may be taken out of context, it remains comprehensible. This is supported by McLafferty and Morrison (2004).

2.5 PHASES 2: DEVELOPMENT OF THE CONCEPTUAL FRAMEWORK

2.5.1 The conceptual framework for an educational programme in this study was constructed according to the three essential ingredients of a situation-producing conceptual framework of the framework as proposed by Dickoff, James and Wiedenbach (1964); i.e. goal-content, activities prescription, and a survey list. Goal-content

Goal-content is the aim of the conceptual framework to realise the desired goals (Dickoff, James and Wiedenbach, 1964). In the context of this study, the goal was to develop, implement, and evaluate an educational programme that supported registered nurses to provide effective clinical supervision to nursing students.

2.5.2 Activities prescription

This is the specification of the actions to be taken that are appropriate and are, therefore, likely to lead to the realisation of the goal content. In this study, the activities prescription referred to the identification of the following six components that were needed to achieve the goal.

- Who performs the activities (agent?).
- Who is the recipient of the activity (recipient?).
- The context in which activity is performed (context).
- The energy source of the activity (dynamics).
- The guiding procedural techniques and protocols (procedure).

- The end point of the activity (terminus) (McEwen & Wills, 2011).

2.5.3 Survey list

The survey list is the identification and categorisation of major and related concepts of activity prescription; namely the agent, recipient, context, procedure, dynamics, and terminus (Dickoff *et al*., 1964). In this study, the major concepts were placed in a relational order of causal connection, thus ensuring a logical development and implementation of an educational programme that contained prescribed activities in order to achieve the goals suggested by the survey list. Table 2.2 illustrates the development of the conceptual framework (Phase 2).

Table 2.2: Illustration of Phase 2: Development of the conceptual framework

Activities	Outcomes
2.1 Conceptual framework was developed based on the results of Phase 1. The survey list of Dickoff *et al*. (1968) which includes the context, agent, recipient, dynamics, procedure, and terminus serves as basis of the formulation of the conceptual framework development.	• Researcher's mind map was developed and consisted of: *Context* - Medical and surgical wards at a training health facility in the Oshana Region of Namibia; *Agent* - Researcher as facilitator; *Recipient* - Registered nurses in medical and surgical wards at a training health facility in the Oshana Region; *Dynamics* - Managerial and educational challenges, as well as non-conducive environmental identified during situational analysis; *Procedure* - development of an educational programme to address managerial, educational, and environmental challenges identified during the situational analysis; and *Terminus* - managerial and educational support of registered nurses served as basis of the formulation of the conceptual framework development.

2.6 PHASE 3: PROGRAMME DEVELOPMENT

The programme development constituted Phase 3 of this study and was based on the survey guide suggested by Dickoff *et al*. (1968). The researcher was guided by the six survey components as described in Chapter 4. The programme was also developed in line with the educational expectation that a programme should have a specific focus based on need assessment outcomes or findings, which is a crucial requirement for programme development. The needs assessment done during Phase 1 (situation analysis) provided a foundation for the development of this educational programme. The programme development included the purpose and goals of the programme, programme objectives, programme structure, participants' role and responsibilities, activities, processes, and approaches. These programme building blocks are described fully in Chapter 3 of this study. Table 2.3 illustrates Phase 3: Programme development.

Table 2.3: Illustration of Phase 3: Programme development

Phase 3: Programme development	Processes of programme development	Activities	Outcome

An educational programme to facilitate clinical supervision of nursing students was developed based on the themes extracted from the transcripts of the individual interviews and information derived from exploring existing literature. Programme development based on experiential learning by Kolb and adult learning theory.	• Programme objectives
	• Programme structures
	• Programme approaches
	• Programme content
	• Description of the programme (building blocks are explained fully in Chapter 4 of this study)
		• A two-day workshop to address managerial challenges
		• Workshop addressed the following sub-themes:
		  • Workload too heavy and shortage of staff
		  • Supervisor-student ratio too lopsided
		  • No clinical instructors
		• Educational challenges:
		  • Lack of knowledge about supervision role
		  • Gap between theory and practice
		  • Out-dated supervisor knowledge
		  • Supervisors provide ineffective clinical supervision
		• Environmental challenges:
		  • Poor guidance of students by supervisors
		  • Poor interpersonal relationship and communication between and among supervisors and nursing students
		  • Hospital stock shortages
			Educational programme to support registered nurses in clinical supervision of nursing students

2.7 PHASE 4: PROGRAMME IMPLEMENTATION AND EVALUATION

Programme implementation involves the implementation of a programme that has been developed; in other words, executing the planned activities of the programme (Lundy & Janes, 2009). To achieve the effective implementation of a programme, its goal, and objectives; it is imperative to select an appropriate teaching methodology. For the implementation of an educational programme to support registered nurses during their clinical supervision, the researcher selected to conduct a workshop with the purpose of creating a platform for two-way communication for exchanging ideas and facts that were valuable for everybody in attendance. The programme had a time frame that provided the date and time when the workshop would start (the selected method of programme implementation) and what the duration would be. In this study, the workshop was conducted over two days. It also included the work plan for implementation, which was compiled to provide guidelines for what, when, by whom, and how to implement the programme (Watson, 2011). The programme was implemented in three phases. Phase 1 comprised the introductory phase, the working phase (Phase 2) consisted of three interactive sessions, and lastly Phase 3 concluded the programme with a termination activity. The researcher kept detailed field notes, including the observational notes, during the implementation of the programme. Each session was implemented according to specific objective activities for that session and it was expected to produce outcomes that would assist the registered nurses during the execution of their duty of clinical supervision of nursing students. The implementation and workshop evaluation was done by the participants every day

at the end of the day of training programme. The post-evaluation of the feasibility of the programme was conducted two months after the implementation. Table 2.4 illustrates Phase 4: Programme implementation and evaluation.

Table 2.4: Illustration of Phase 4: Programme implementation and evaluation

Phase 4: Programme implementation and evaluation	Population	Sampling and sample size	Activity	Outcome

The programme was implemented based on Kolb experiential learning and adult learning. Sessions and the workshop were evaluated during the implementation of programme.
Post-workshop evaluation was conducted two months after the implementation to evaluate the feasibility of the programme.
	• Registered nurses who are supervising nursing students and nursing students	• No sampling was done; all registered nurses in medical and surgical wards were invited. The sample comprised all registered nurses who turned up to attend the workshop.	• The following phases were carried out:
			  • Orientation session
			  • Working phase and
			  • Termination phase and
			  • programme evaluation was done during the implementation workshop
			• Post workshop evaluation of the programme was done at clinical sites two months after the implementation of the programme
				Recommendations for the programme and its implementation

2.8 MEASURES TO ENSURE TRUSTWORTHINESS

Measures for trustworthiness were ensured for this study by using the following four criteria: credibility, dependability, transferability, and confirmability (Macnee & McCabe, 2008).

2.8.1 Credibility / Trust value

Credibility refers to the degree of trust value of data that was collected as the truth value of human experiences as they are lived and perceived by the research participants and discovered by a researcher. The application of credibility demonstrated the researcher's ability to establish confidence in the truth of the findings of this research project, with particular reference to the participants and the context in which the research happened (Morse, 2005; Allsop & Saks, 2007).

Activities that increase the probability of credible findings are: prolonged engagement, persistent observation, triangulation, peer debriefing, and member checking (Denzin & Lincoln, 2011; Evans & Hardy, 2010). Table 2.5 provides an account of the application of the credibility criteria in this research study.

Table 2.5: Criteria of credibility

Credibility	Method of application
Prolonged engagement	Data had been collected until data saturation occurred. The researcher took six months to collect data. That was done to ensure that the risk data of distortions as a function of the researcher's limited time of engagement with participants was avoided.
Triangulation	Data collection methods: Individual interviews were conducted, observation and field notes were taken, and audio recordings were used to collect data from different sources (registered nurses and nursing students). Several resources for defining concepts were used; e.g. dictionaries, theoretical usage of concepts, and general linguistic usage.
Member reviews	Results of interviews were checked with participants and participants were given an opportunity to confirm the data, correct misinterpretations, and provide additional information.
Peer group reviews	Audio recorded interviews were played back to peers for their comments. That gave participants the opportunity to correct misinterpretations and to confirm individual statements made. The method aimed at refining the data and soliciting more information. The researcher maintained consultations with other professionals in the field of nursing and research in order to refine the data and promote her own growing insight into research.

2.8.2 Transferability / applicability

Transferability is a strategy to ensure applicability. Thornicroft, Szmukler, Mueser and Drake (2011) refer to transferability as the extent to which data of a specific study could be transferred or applied to other people in a similar context. In this study, the criteria of transferability were applied. That meant ensuring the probability

that the findings of this research had meaning and were applicable to other people in similar situations (Streubert & Carpenter, 2007). The expectations for determining whether the findings fit or are transferable rest with the potential user of the findings and not with the researcher. The strategies of transferability used to ensure the applicability of this study are presented in Table 2.6.

Table 2.6: Criteria of transferability

Transferability	Method of application
Research design and method	The research design for this study was qualitative, descriptive, exploratory, and contextual in nature. Applicability of transferability in this study was maintained through naturalistic inquiries, field research, and observation that were used during data collection to gain more knowledge about clinical supervision from the participants' point of view. The researcher obtained subjective information from participants and represented it in direct quotations; observations and audio recordings were included to support the findings of the study. The study was conducted in the natural setting where the registered nurses were supervising nursing students. The researcher chose Kolb's (2001) theory of experiential learning, Dickoff *et al*.'s (1968) practice theory, as well as adult learning theories as theoretical perspectives for this study.
Context	This study was conducted in the Oshana Region only, therefore, the transferability of this study depended on the user as stated by (Gay *et al*., 2009) that data is context relevant or identified with a specific setting that makes it context bound. On the other hand, findings of this study could be transferred to a situation of similar context as supported by (Morse, 1994).

2.8.3 Dependability / Consistency

Triangulation is one strategy that ensures dependability. The criteria of dependability demonstrate the ability of a researcher to ensure that the findings of a research study can be repeated if the research is replicated with the same (or similar) participants in the same or similar context (Denzin & Lincoln, 2011; Brink, 2007). The criteria of dependability are presented in Table 2.7.

Table 2.7: Criteria of dependability

Dependability	Method of application
Triangulation	• Research method was described in detail. • Open coding was used during data analysis to ensure reliability of the data. • Research experts were involved to ensure that the study adhered to institutional protocols.

2.8.4 Confirmability / Neutrality

Confirmability means obtaining direct and often repeated affirmations of what a researcher has heard, seen, or experienced with respect to the phenomena under study. Confirmability includes a researcher obtaining evidence from participants about findings or interpretations (Morse, 2005).

The researcher recorded the activities carried out in this research over time to ensure that another individual could follow the same sequence. The researcher demonstrated confirmability by clearly illustrating the evidence and thought processes that had led

to the conclusions of this research (Kobus, 2007) Table 2.8 details how the criteria of confirmability was ensured in this research project.

Table 2.8: Criteria of Confirmability

Criteria	Method of application
Confirmability	• Raw data was voice recorded, field notes were taken. • Data was reconstructed and synthesised. • The researcher kept the voice recordings and written documents and notes from the interview safely for referral, since they supported the research inquiries. Referential adequacy or coding of the data was performed. • Structuring of sub-themes, themes, and a conceptual framework were developed. • A programme was developed and implemented in accordance with the conceptual framework.

2.9 ETHICAL MEASURES

Ethics guide the conducting of research to enable a researcher to provide a safe environment and protection to the participants of a study. Furthermore, ethics are associated with the mechanism for researcher accountability and responsibility. In research, ethical measures need to be implemented in order to ensure that the rights of the participants are not violated. Ethical measures are important at all stages of the research process and must adhere to from the start of the research to the end (Brink, 2007).

It was the researcher's responsibility to conduct nursing research in an ethical manner. To conduct research in an ethical manner means that a researcher must carry out research competently, manage resources honestly, and acknowledge fairly those people who contribute guidance or assistance. Communicating results accurately and considering the consequences of the research for society are also part of ethical research. Failure to meet this responsibility undermines the whole scientific process and may lead to many unfortunate and problematic consequences (Brink, 2007). The ethical considerations that were used during this study are henceforth described (Brink, 2007; Kobus, 2007).

2.9.1 Principle of autonomy and respect

Participants in a research study are perceived as the first priority (Pera & Van Tonder, 2005). Although a researcher has the right to seek the truth, it is not permissible to do so at the expense of the human research participants (Burns and Grove, 2005 (a).

A researcher has an ethical responsibility to take the basic human rights of the participants into account and to protect these rights at all times. In this study, the researcher protected the human rights of self-determination, privacy, anonymity, confidentiality, fair treatment, and the right to be protected from discomfort and harm. Since individuals are autonomous, these rights should also be respected. The right to self-determination implies that individuals have the right to decide voluntarily whether or not to participate in a study without the risk of penalty or prejudicial treatment. The participants of this study were treated with respect at all times.

In addition, participants have the right to withdraw from a study at any time, to refuse to give information, or to ask for clarification about the purpose of the study (Brink, 2007). Participation in this study was voluntary and participants retained their right to withdraw at any-time without any pressure or coercion.

2.9.2 Principle of beneficence

This principle involves an effort to secure the well-being of persons. It states that one should do well, and above all do no harm. Discomfort and harm can be physical, emotional, spiritual, economically, social, or legal. This means that a researcher has the responsibility to protect participants against harm as opposed to efforts to mitigate, repair, or minimise such harm after it had occurred. Participants must be thoroughly informed beforehand about the potential impact of the investigation and interviews. These research interventions must be conducted in a non-threatening way and in an environment free of potential physical and mental harm (Botes, Nolte & Poggenpoel, 2004). The researcher ensured that participants understood the information before obtaining their consent. The information was communicated in English, which is the medium of instruction during their training. The researcher respected the rights of participants by refraining from causing harm and conducting interviews in a non-threatening environment.

2.9.3 Principle of justice

This principle includes the participants' right to fair selection and treatment and their right to privacy. The selection of the population to be studied and the specific participants to be studied should be fair.

The participants should be selected for reasons directly related to the problem being studied and not because they are easily available, or manipulated, nor because a researcher would like them to receive specific benefits as a result of a study (Brink, 2007).

2.9.4 Right to anonymity, privacy, and confidentiality

Anonymity refers to the act of keeping individuals nameless in relation to their participation in the research. The anonymity and confidentiality of interview data were maintained. Although interviews were audio recorded, that was done only for the purpose of analysing the data thoroughly by using an open coding method. No identity of the registered nurses and nursing students were referred to in any way and at any time that could harm them. Individual interview transcripts and participants were assigned numbers instead of using their names. These numbers were used during the whole process of data collection, as well as during data analysis. The participants were informed that confidentiality would be maintained and personal information would not be disclosed (Silverman, 2006). The participants were assured that data produced during the interviews would be kept private and only the researcher and the supervisors would have access to research data.

2.9.5 Right to informed consent

This refers to the process of providing participants with information about the title, purpose, objectives, potential risks and benefits of the study, as well as the participants' input in order to ensure that they agree to participate in the research without any elements of force, fraud, or any other constraints (Burns & Grove, 2005

b; Holliday, 2005). For this study, written consent was obtained from the director of the Oshana Health Region, whilst verbal consent was obtained from registered nurses and nursing students.

In order to receive consent, a researcher must provide an individual with sufficient understandable information about his or her participation in a research project. Information for this study was provided in written form and included the identification of the researcher, the study topic, the purpose, and objectives of the study. The participants were also informed that the study was for academic purpose only. All essential information was presented and discussed with participants in order to ensure their understanding (Brink, 2007).

2.10 SUMMARY

This chapter describes the research rationale, research design, and method. The research method for this study comprised three phases: Phase 1 consisted of a situational analysis, Phase 2 of the conceptual framework and the development of the educational programme, and Phase 3 of the implementation and evaluation of the programme. Trustworthiness is described in terms of credibility, applicability, dependability, and confirmability of research.

The next chapter deals with the descriptions of research results, the identification of themes, as well as a description and discussion of the literature control.

CHAPTER 3

DATA ANALYSIS AND LITERATURE CONTROL

3.1 INTRODUCTION

In the previous chapter the research design and methods followed in conducting this study are discussed. In this chapter, the results of Phase 1 (situational analysis) of this study are discussed; the lived experiences of registered nurses and nursing students about clinical supervision of nursing students in medical and surgical wards are explored and described.

3.2 DISCUSSIONS OF THE THEMES AND SUB-THEMES

The results are described based on the main themes and corresponding sub-themes identified after data analysis and interpretation (Clayton and Gorman, 2005). Freshwater and Avis (2004) support the data analysis process that condenses the immense amount of text, since the data collection process yields an enormous amount of information. However, the researcher took care not to influence the richness of the data during this process by retaining the words used by the participants during the interviews.

A literature control serves the purpose of relating the findings to the context of the existing body of knowledge and current trends about the phenomenon under study in order to observe either a confirmation, or a contradiction of existing literature. On the other hand, a literature control allows a researcher to state new insights from a new study that contributes to the existing literature (De Vos *et al.*, 2007). The

literature control for this study was conducted after the data analysis as suggested by Streubert, Speziale and Carpenter (2007) who argue that in a phenomenological study, a literature review should be carried out following the data analysis in order to avoid bias owing to preconceived ideas about the phenomenon.

Three themes and 11 sub-themes were identified. Forrester (2008) suggests a discussion of the themes and sub-themes about the participants' experiences in relation to the existing body of knowledge. The themes and sub-themes of this study are illustrated in Table 3.1.

Table 3.1: Themes and sub-themes

Themes	Sub-themes
3.2.1 Registered nurses and nursing students experience managerial challenges during clinical supervision of nursing students by registered nurses.	3.2.1.1 Workload too heavy and shortage of staff. 3.2.1.2 Lopsided supervisor-student ratio. 3.2.1.3 Absence of clinical instructors in some wards.
3.2.2 Educational challenges were another experience of registered nurses and nursing students during clinical supervision of nursing students by registered nurses.	3.2.2.1 Lack of knowledge of supervision role. 3.2.2.2 Gap between theory and practice. 3.2.2.3 The knowledge of supervisors is outdated. 3.2.2.4 Supervisors are providing ineffective clinical supervision to nursing students.
3.2.3 Registered nurses and nursing students experience a non-conducive environment for clinical supervision.	3.2.3.1 Poor guidance of nursing students by registered nurses. 3.2.3.2 Poor interpersonal relationship between supervisors and nursing students. 3.2.3.3 Poor communication among supervisors and nursing students. 3.2.3 .4 Hospital stock shortages

3.2.1 Theme 1: Managerial challenges

Participants expressed clear views about the workload and the shortage of staff that prevented effective clinical supervision. Shortage of staff resulted in an increased workload and registered nurses had little time to supervise students.

Registered nurses communicated the following about the shortage of staff and the heavy workload:

> *"We are trying to supervise students but patient care prevents us to concentrate on students as the burden is too big; patients are too many and wards are understaffed. Sometimes, we are not coping due to overcrowded wards; we prefer to give time to our patients."*

> *"In this ward, we have very few registered nurses. We don't always have time to guide and teach students properly, those [sic] are allocated to our ward."*

Nursing students draw on their experiences in clinical supervision in relation to workload as follows:

> *"Sometimes, supervisors have no time to teach students, they say that they are too few and have other responsibilities, students try to learn through experience as per delegation without guidance and it is not always easy."*

> *"I experience a lot of problems with supervision in the ward as registered nurses are too busy with patient care."*

> *"Um! So far the supervision is not okay because although registered nurses are trying to supervise they cannot cope with the number of students allocated to them."*

> *"Yes, registered nurses in wards are most of the time overloaded with work; therefore, they do not have time to assist students in doing procedures. It is an overwhelming experience that I have gained when working in the wards."*

The quotations above are a clear indication that the participants in this study experienced challenges with supervision, caused by the shortage of staff and too heavy a workload. Wards were overcrowded due to a big number of patients and nursing students. This problem prevented registered nurses from providing proper supervision to nursing students. Kemper (2007) concurs that the presence of students in a ward is seen as an added burden by ward nurses.

In their study, Magobe, Beukes and Muller (2010) establish that the shortage of staff is one of the factors identified as an obstacle to the facilitation of nursing students' learning in clinical areas.

Moeti *et al*. (2004) concur with the findings of this study when they state that due to a shortage of staff, it is difficult for professional nurses to guide and supervise the newly registered ones sufficiently. Similar results are described in Magobe *et al*.'s (2010) study, since the perceived shortage of staff contributes to students' poor clinical competence due to a lack of mentoring. This is in turn caused by the staff shortages or mentors who are overloaded with ward work; therefore, they are not able to supervise nursing students. In the same study, the researchers explain that nursing students, due to the shortage of nursing staff and a heavy workload, are regarded as part of the staff complement and not as nursing students who need to improve their practical skills. Findings of a study done by Castledine (2002) support

the above findings by indicating that an increased workload and limited time are two major reasons for nurses being reluctant to supervise nursing students.

The findings correlate with the study of Mochaki (2001, p. 86) who establishes that ward sisters and college tutors are unable to teach and supervise nursing students effectively during clinical practice owing to a shortage of staff and an increased workload. As a result, of a shortage of staff, registered nurses in wards have no other option but to direct their energies to the needs of patients rather than to nursing students. Another finding of a study by Castledine (2002) supports the abovementioned findings by stating that an increased workload and limited time are two major reasons that cause the reluctance of registered nurses to clinically supervise nursing students, (Bestern, 1992 as cited in Van Rhyn and Gontsana ., 2004).

Waldock (2010) states that time and workload are considered to be key factors that contribute to the reduced learning opportunities of nursing students. The workload needs to be reduced for nurses who are supervising nursing students because time and workload are significant barriers that impact negatively on clinical supervision. The study done by Clarle, Gibb and Ramprogous (2003) supports the previous statement by citing workload as one of the major reasons why nurses are unwilling to supervise nursing students. Another study identifies workload as a critical factor (Hagbaghery 2004). They further state that the workload needs to be reduced for nurses with the aim of enabling them to supervise nursing students during clinical practice. A study by Spouse &Redferm (2000) reveal that busy wards and inadequate staff levels contribute to poor and irregular supervision of nursing students. Moeti *et*

al. (2004) share similar views that the shortage of staff has a negative influence on nursing students' learning during clinical practice.

However, the researcher is convinced that registered nurses should fulfil an important function as socialising agents for providing supervision to nursing students.

Management is a process of influencing other people with the specific intention of getting them to perform effectively and contribute to meeting the desired goal. A study done by Hlongwa (2003) about factors that might improve psychiatric competence in clinical units reveals that effective management is one of the most important factors that enhance students' reflective clinical learning experience. This study found that many registered nurses did not provide effective clinical supervision to the nursing students due to managerial challenges. The following sub-themes (Figure 3.1) were identified in terms of managerial challenges that registered nurses encountered during clinical supervision of nursing students.

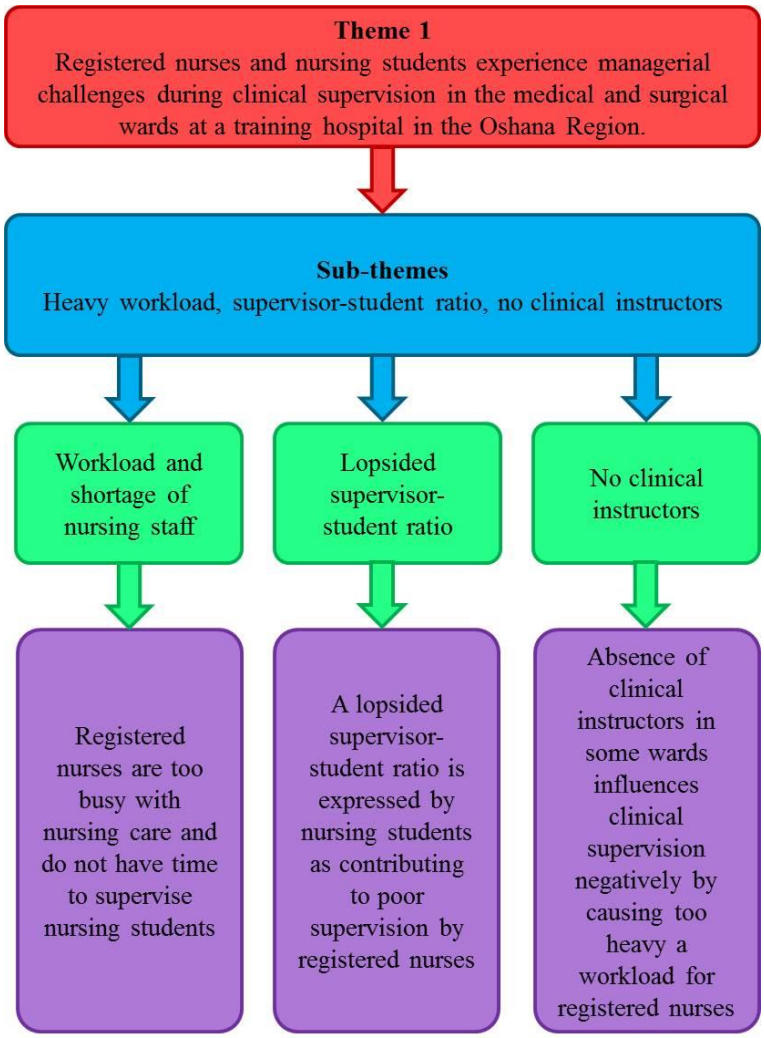


Figure 3.1: Managerial challenges

3.2.1.1 Too heavy workload and shortage of staff

Participants expressed clear views about the manner in which the workload and the shortage of staff prevented effective clinical supervision. Shortage of staff resulted in an increased workload and registered nurses had little time to supervise nursing students.

Registered nurses communicated their points of view about the shortage of staff and a heavy workload:

> *"We are trying to supervise students but patient care prevents us to concentrate on students as the burden is too big; patients are too many and wards are understaffed. Sometimes, we are not coping due to overcrowded wards; we prefer to give time to our patients."*

> *"In this ward, we have very few registered nurses. We don't always have time to guide and teach students properly, those [who] are allocated to our ward."*

Nursing students draw on their experiences of the influence of workload on clinical supervision:

> *"Sometimes, supervisors have no time to teach students, they say that they are too few and have other responsibilities. Students try to learn through experience as per delegation without guidance and it is not always easy."*

> *"I experience a lot of problems with supervision in the ward as registered nurses are too busy with patient care."*

> *"Um! So far, the supervision is not okay because although registered nurses are trying to supervise, they cannot cope with the number of students allocated to them."*

> *"Yes, registered nurses in wards are most of the time overloaded with work; therefore, they do not have time to assist students in doing procedures. It is an overwhelming experience that I have gained when working in the wards."*

The quotations above were a clear indication that the participants in this study experienced challenges with supervision caused by the shortage of staff and too heavy a workload. Wards were overcrowded owing to a big number of patients and nursing students. That problem prevented registered nurses to provide proper supervision to nursing students. Kemper (2007) concurs with the previous findings, since she reports that ward nurses perceive the presence of nursing students in a ward as an added burden.

A study done by Magobe *et al*. (2010) points out that the shortage of staff is one of the factors identified as obstacles to the facilitation of nursing students' learning in clinical areas.

Moeti *et al*. (2004) concur with these findings, stating that due to a shortage of staff, it is difficult for professional nurses to guide and supervise the newly registered ones sufficiently.

Similar results are reported by Magobe *et al*.'s (2010); their participants perceive the shortage of staff as a contributing factor to students' poor clinical competence due to a lack of mentoring. In turn, this is caused by the shortage staff or mentors who are overloaded with ward work; therefore, they are not able to supervise students. The same study explains that students, due to the shortage of staff and a heavy workload,

are regarded as part of the staff or workforce and not as nursing students who need to exercise their practical skills.

Findings of a study done by Castledine (2002) support the above findings by indicating that an increased workload and limited time are two major reasons for the reluctance of nurses to supervise nursing students.

The findings correlate with Mochaki's (2001, p. 86) study that states both ward sisters and college tutors are unable to teach and supervise students effectively during clinical practice owing to a shortage of staff and an increased workload.).

However, the researcher is of the opinion that registered nurses should fulfil an important function as socialising agents for providing supervision to nursing students.

3.2.1.2 Too large supervisor-student ratio

During the interviews, participants reported that there was a lopsided supervisor-student ratio. This may have negative effects on student learning because it prohibits some positive health practices and reduces the assistance that is provided to students. The researcher found that a lopsided supervisor / student ratio was promoting an inadequate supervision of nursing students.

The observation was emphasised by the following statements of nursing students:

"Supervisors are trying to teach us but most of the time they are overloaded with ward work and sometimes we don't get time for all of us to practice because we are too many."

"So far, the clinical environment is not good because although registered nurses are trying to supervise students, they cannot cope. Sometimes during supervision, some students are left unattended while supervisors are attending to some because the number allocated to them is not manageable."

"Some registered nurses used to supervise us in groups but those who are not in a group at that time is left unattended and they end up not learning anything because we are too many and supervisors are too few."

Registered nurses responded to the challenge about the lopsided supervisor-student ratio by stating the following:

"We cannot supervise student nurses properly because we are also doing ward activities, tasks are too many and we really can't cope."

"In our ward there are only two registered nurses and the ward is most of the time busy, therefore, there is no time for guiding students."

"Nowadays, wards are overloaded with student nurses although the number of registered nurses has not been looked at. Students are too many to be supervised by the available registered nurses in the wards."

The clinical environment should provide teaching and learning opportunities, as well as adequate human resources to provide supervision. It can be deduced that when nursing students are allocated to the same clinical area in large numbers, it affects teaching and learning negatively, since registered nurses would not be able to give them the necessary support. On the other hand, the increase of student numbers in clinical settings may lead to students not being competent to perform some tasks when completing their study. Therefore, the number of nursing students allocated to any unit at a time should be controlled if effective supervision is to be achieved. In a study done by Magobe *et al*. (2010), it is reported that one of the reasons for nursing students' poor clinical competencies in primary health care and clinical nursing diagnoses and treatment is the shortage of supervisory staff. Therefore, personnel shortage creates a crisis in health care and contributes to nursing students' poor clinical competence.

The findings of a study done by Hlongwa (2003) supports this observation by stating that the increased number of nursing students in clinical practice brings an additional strain and workload to the already short-staffed and overworked registered nurses. This means that opportunities for learning; such as role modelling, clinical supervision, ward rounds, and teachable moments are compromised when the registered nurses focus their energy on patient care only. Basteenbier (1992, as cited in Van Rhyn & Gontsana, 2004) in the study of stress experienced by nursing students during clinical practice also reports that too many nursing students are simultaneously allocated to the wards.

Similar findings are revealed in an interview by Klerk (2010) who says that while in the hospital, nursing students are not properly supervised and trained due to the large number of nursing students allocated to one setting.

According to Landmark, Hansen, Bjones & Bohler (2003), registered nurses are experiencing difficulties in managing large numbers of nursing students in one clinical area. This view is also supported by Klerk (2010) who reveals that due to a large number of nursing students, registered nurses develop negative attitudes towards clinical supervision; in turn, these attitudes affect the learning process of nursing students.

Mhlongo (1996, as cited in Mabuda, Portgieter & Albert, 2008) found that too many nursing students in clinical settings have a negative influence on the clinical supervision of nursing students.

Mabuda, *et al*. (2008) reveal that a large number of students in clinical settings impede their clinical learning. In a study by Van Rhyn *et al*. (2004) participants reported that they were allocated in large numbers to one unit, which resulted in their inability to learn due to the poor supervision and insufficient learning opportunities. According to the findings of this study, the researcher concurred with the previous study findings and concluded that the lopsided supervisor-student ratio was one of the challenges during clinical supervision.

3.2.1.3 Sub-theme 3: Absence of clinical instructors in some wards

The absence of clinical supervisors in some wards was another challenge identified during the interviews that contributed negatively to the clinical supervision of nursing students.

The following quotations from nursing students are evidence of this observation:

> *"We have to go back to our old style, that style when there were clinical instructors who were responsible for practical teaching of students; the clinical instructors are up-to-date with what students' need to learn in wards rather than some other supervisors because they are undergoing refresher training rather than any other supervisors, therefore, we need them to be present in each ward."*

> *"I only see clinical instructors when they come to do clinical assessments. I don't see them on a daily basis, sometimes they are not supervising student nurses, and they say that they are only for enrolled nurses."*

Registered nurses, on the other hand, expressed the following sentiments about the absence of clinical supervisors in some wards:

> *"Some supervisors did not undergo the same training like the one [sic] offered today and this makes it too difficult for them to help students allocated to their wards and there is nobody to help them on how to supervise those students allocated in their wards."*

> *"Clinical instructors in this hospital are allocated as if in-charge of the wards just like other registered nurses. They are responsible for taking care of patients in the ward where they are allocated; they do not get time to supervise student nurses."*

According to the findings of a study done by Ohaya (2010, p. 5), participants in that study indicated that the clinical instructors' presence in the clinical area made little difference, even where it was needed. Brown, Herd, Humphries and Parton (2004) support the pervious statement by stating that students appreciate the presence of teachers in the wards.

In the study done by Mabuda *et al*. (2008), participants indicated that there were no clinical preceptors / instructors. Therefore, in their absence practical learning was too difficult. However, nursing students felt that clinical teachers needed to be more readily available in clinical situations. The previous statements are supported by Lambert and Glecken (2005) who state that clinical nurse educators' role is to enhance learning by providing opportunities for learning. In a study by Burns and Paterson (2004) about clinical supervision and placement support, they explain that mentors (clinical instructors) are key components for effective clinical practice. These findings are similar to the ones of Andrew, Bodie, Andrews, Wong, Rixon and Thomas (2006) that reveal nursing students experience no mentor assigned to them for the whole duration of their placement. Furthermore, the findings above are supported by a study done by Sharif and Masoumi (2005) and they explain that college tutors are not doing accompaniment of nursing students. Based on the above research findings, it seems that clinical practice guidance by lecturers does not

always function optimally. However, in a study by Burns and Paterson (2004) about clinical supervision and placement support, they find that mentors (clinical instructors) are key components of effective clinical practice.

In the study done by Sharif and Masoumi (2005), the majority of participants thought that instructors had a more evaluative role than a teaching role while instructors were not readily available. Some student participants indicated that lecturers were not always available to supervise students:

> *"Our lecturers are not coming several times to do follow-ups; they only come when they need students to do procedures for evaluation."*

Registered nurses expressed their experiences as follows:

> *"We lecturers are too few and students are too many, we are not coping in following them all."*

> *"We cannot concentrate on daily student supervision because students are too many and they need to do evaluation as early as possible."*

A study done by Ip and Chan (2005) reveals that senior professional nurses regarded the clinical accompaniment of nursing students in the psychiatric units by tutors as a possible cause that contributes towards newly registered nurse's incompetency.

3.2.2 Theme 2: Educational challenges

The findings of this study revealed particular educational challenges and those challenges were expressed by all participants (registered nurses and nursing students): poor guidance of nursing students by registered nurses, as well as a lack of knowledge to fulfil the supervision role. Furthermore, the study revealed that the need for the education and training of registered nurses in terms of supervision-related issues was a concern for most participants. They suggested that registered nurses needed to be educated about their roles and responsibilities during clinical supervision. Participants felt that supervision training needed to be provided. This can be done by educating or updating registered nurses about providing clinical supervision and relevant information about supervision- related issues. Figure 3.2 illustrates the sub-themes that emerged from Theme 2.

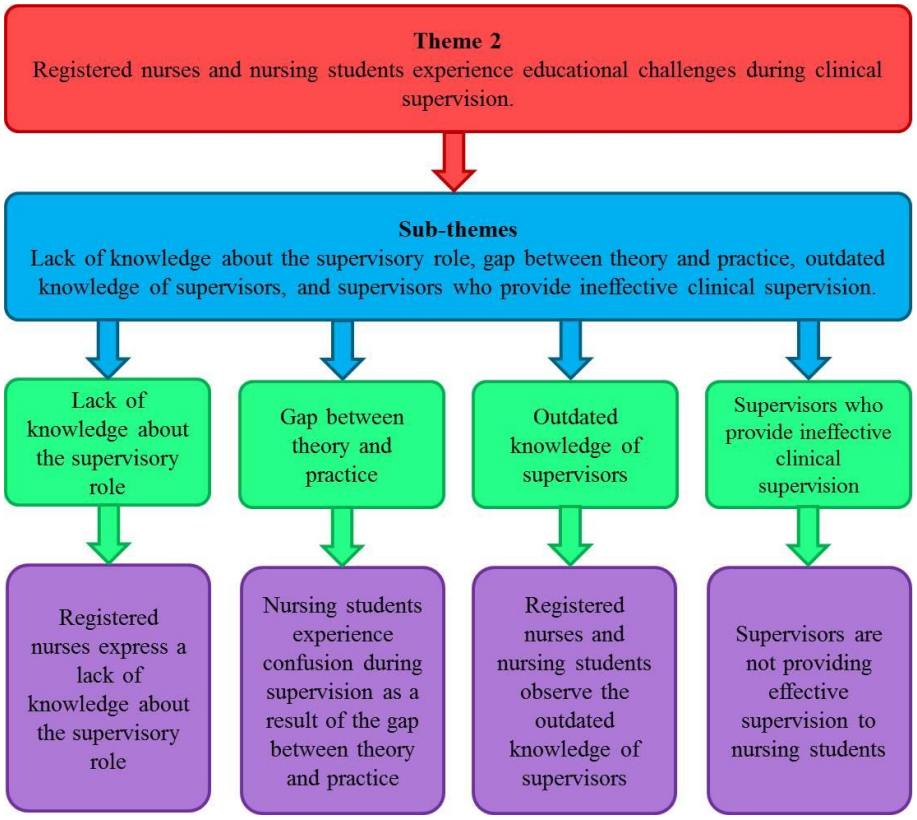


Figure 3.2: Educational challenges

3.2.2.1 Lack of knowledge about supervisory role

Transition from the classroom to the reality is the point when many of the mentioned problems in clinical supervision arise. Registered nurses expressed their lived experiences as follows:

> *"Practice programmes for student nurses are not always clear for us in the wards. What is not clear is what students on different levels should know and learn at [sic] practical settings."*

"I was just selected to be a supervisor but, furthermore, nothing was done to prepare me for that, which I feel it was needed because I need guidance on how to supervise student nurses effectively."

Nursing students expressed the following:

"Some registered nurses don't want students to practice some procedures, for example drawing of blood samples. They just want them to do full wash every day."

"Registered nurses do not allocate students according to their year of study where they can get opportunities to learn and finish their practical work books; instead, they send us to do full wash observations and baby weighing which was the first year's work."

"I observed that the supervision in wards depends on the registered nurse the student nurses are working with. There are registered nurses who offer guidance and support to students while some registered nurses just tell students to go and perform a certain procedure so that she will come and see later. Students are learning if registered nurses come only to check later, sometimes the student did not do the procedure the proper way. The student will do [sic] mistakes or even not do the procedure at all because she doesn't know."

Findings of a study done by Ip and Chan (2005) reveals the same situation by stating that the lack of knowledge of tutors and ward sisters about the implementation or integration of primary health care approaches in the subjects that are taught during

clinical sessions is leading to ineffective guidance of nursing students. A similar picture is painted in a study done by Sharif and Masoumi (2005) where one student states that some nursing staff members have good interaction with nursing students and they are interested in helping nursing students in clinical placement. However, they are not aware of the skills and strategies necessary for clinical education and they are not prepared for their role of instructors in clinical placement. Appropriate preparation for the supervising role has been identified as one of the key aspects to reduce frustration and role confusion for registered nurses working with nursing students. It also enhances student performance and enables the registered nurses to review their own level of knowledge. A study done by Magobe *et al*. (2010) reveals that some preceptors / supervisors are not prepared for the supervision role. According to a study done by Van Rhyn and Gontsana (2004), based on the responses from the participants indicates that registered nurses are unable to impart knowledge to students and they show minimal interest in the student learning process.

Carlson *et al*. (2003) in their study identify a lack of awareness of nursing students' needs in a clinical environment as an important factor that leads to poor supervision.

Addis and Karadag (2003) in their study find that students are supervised by nursing staff who are not adequately trained in student supervision.

In addition to the abovementioned, a study by Tanner (2001) finds that registered nurses lack clear guidelines and insight into what their role entails during the clinical supervision of nursing students.

Sardos *et al*. (n.d.) (a) indicates that a lack of knowledge on the clinical supervision role is another factor resulting in the supervisor failing to provide effective clinical supervision. The same study indicated that there is a need of supplementary education in supervision in order to prepare supervisors for their supervision role.

It was clear for the researcher that some of those problems can be avoided by adequate planning and preparation of both nursing students and clinical staff on clinical supervision and some of them can be improved by improving knowledge and practice on supervision roles.

3.2.2.2 Gap between theory and practice

Most researches done on clinical supervision reveal a gap between theory and practice (Kelly, 2007; Longley, Shaw & Dolan, 2007). The same picture was found by this study.

In a study by Sharif and Masoumi (2005), it was reported that students experienced confusion in the wards because of discrepancies between what is taught in class and what is actually implemented in the clinical environment. Kaphagwani and Uscb (2013) state that theory forms the basis for learning what students have to apply in the clinical practice in order to make meaning from theory. A study done by Safadi, Saleh, Amre & Froclicher (2011) discovered that students also reported disparities between what was learned in the classroom and simulation laboratory and the actual practice in clinical practice; these findings are similar to what was revealed by the participants of this study. They indicated that they experience a problem of

correlation between theory and practice with specific reference to practical procedures. The following statements are accounts of this phenomenon:

> *"Things that are learned in class are not done the same in practice. Like the way procedures are taught in class is not done the same way, at practice people have their own style of doing things; this makes me to be confused because I don't know who is correct and who is wrong and not knowing which way to follow."*

> *"Nurses in the clinic laughed at me saying how can you do all of these things according to the principles. There is no time to do it."*

One registered nurse participant said:

> *"The way you were taught to do things in class is not the same way we do things in practice and we have been doing it for a long time and no client died because of that, so we are not in wards for signing practical books for students, we are here for our patients."*

A study done by Sharif and Masoumi (2005) revealed that nursing students felt confused in the clinical settings when they realised how different it is between the ideal nursing taught and that of clinical settings. They perceive that there are differences between theory and practice. For example, the students found that the theory they had learnt about medication administration and aseptic techniques were not practiced in the clinical settings by nurses and other clinical staff. When they tried to apply theory in practice, they found that they were unable to do so. They were also given little support. In Van Rhyn and Gontsana's study (2004), participants

revealed that lack of integration of theory in practice resulted ineffective teaching and learning as well as de-motivation of nursing students.

In the same vein, Longley (2007) supports the above findings by indicating that the gap in the integration of theory to clinical practice has an impact on the students' learning of clinical skills.

In a study by Ohaya (2010), student participants expressed their learning in classroom as different from the reality they found in clinical settings by finding some practices as not "evident based".

According to Mabuda *et al*. (2008), participants in their study indicated that there were discrepancies between theory taught in class and what is actually happening in clinical settings and this confused nursing students. Reports of the same study indicate also that college tutors are not accompanying students at practice to enforce what they taught them in class into practice and this left students with no option other than to agree to what registered nurses are telling them.

From the above studies, it becomes clear that there is a serious challenge in terms of the integration of theory into practice and this problem seems to persist despite numerous research studies and recommendations on this issue.

The need for training was expressed under the following sub-themes:

3.2.2.3 Sub-theme 3: Out-dated supervisors

One student participant emphasized the need for education when he stated the following:

> *"Courses have been changed such that there might be some things that have been changed too and not all registered nurses are aware of it. They need to be updated and the lecturers are not informing them about those changes and what their students need."*

According to Searle, Human and Mogtline, (2009), the assessment of knowledge and skills should be carried out by competent nurses in order to ensure safe patient care. However, results of this study identified knowledge and skills of supervisors out-dated in providing clinical supervision. It is in line with the findings of the study done by Bampton (2011) on guidelines for clinical supervision of nursing students and midwives in Namibia, which found that a lack of knowledge and skills are some of the possible factors affecting clinical nursing learning and the performance of nursing students. Another factors identified by Mills Francis and Bonner (n.d.) on mentoring, clinical supervision and preceptoring: clarifying the conceptual definition for Australian rural nurses were increasing demand for advanced practise but limited opportunities to up skills and maintain practical skills. Magobe *et al.*'s (2010) study findings revealed that a lack of continuing education by the registered nurses/preceptors for student supervision was one of the reasons why they did not have adequate knowledge and skills to guide students in PHC clinical fields.

A study by Pillay and Matshali (2008) revealed that some institutions lack trained staff to carry out supervision and they end up using supervisors without experience. A study by Frankel (2008) indicated that practitioners, including registered nurses, needed to consider aspects of their practice that could be changed and they need guidance to take them through the process of implementing changes.

Regarding the need of training registered nurses, they have the following concerns:

> *"Some of the things included in your course requirement are new to us; therefore we need to be updated if we have to continue supervising students".*
>
> *"Most of us are not up-to-date with the latest development because no workshop on supervision has been held for us".*
>
> *"Practice programmes for student nurses are not always clear for us in the wards. What is not clear to supervisors is what students on different levels should know and learn at practical settings."*
>
> *"I did not receive any communication on what is expected from me regarding the supervision of students, therefore I am not sure whether what I provide is correct."*

Nursing students expressed:

> *"Some supervisors did not undergo the same training offered today and this makes it too difficult for them to help students allocated to their wards and there is nobody to help them on how to supervise students allocated in their wards".*

The result of a study done by Magobe *et al*. (2010) indicated that some clinical supervisors lack the necessary knowledge due to the fact that they do not have the required qualifications and thus they could not improve student clinical competence. Findings of a study by Pillay and Matshali (2008) revealed that some institutions lack

trained staff to carry out supervision so they use clinical supervisors without any nursing education qualification. This is supported by the results of a study by Davahana Maselelele (2000) on problems with the integration of theory and practice in a selected clinical setting, of which they found that tutors were not fully involved in the accompaniment of students due to a lack of knowledge and confidence with regards to clinical skills.

Conclusions of a study done by Papastvrou, Lambrinou, Tsangari, Saarikoski and Leino-Klipi (2009), recommended that the role of the mentors needs to be reformed, strengthened and supported. The latter is supported by McCarty and Higgins (2003) who indicated that appropriate clinical knowledge and skills help to prepare and support the preceptor for the role of mentoring.

A study done by Sardos, *et al*. (n.d. (a), p. 4) indicates that nurses consider it a pertinent issue that schools develop a course of clinical supervision as a practical component owing to the fundamental importance of learning to execute a supervisory role.

According to Steven (2007), Whitaker (1999), and UNAIDS (2005); training and development are essential for achieving individual changes through learning. However, scholars further argue that the focus of learning cannot be confined to knowledge and skills; since individual principles, values, and attitudes play an important role in facilitating learning and in the successful implementation of planned organisational change (Forrest, Strange, Oakley & RIPPLE Team, 2002; Bradley, 2006). Another study shows that registered nurses exhibit poor clinical

competencies which could result in erroneous health care assessment, patient management, as well as student supervision (Krykjebo & Hage, 2005).

Addis and Karadag (2003) point out that the insufficiently qualified and inexperienced nursing staff should refrain from supervising nursing students. The abovementioned statements are supported by McCarty and Higgins (2003) who state that appropriate clinical knowledge and skills help to prepare and support the preceptors / supervisors for the role of mentoring and supervision. They also argue that a lack of knowledge about the foundation of supervision imposes limitations to their supervisory roles.

In a study conducted by Sardo *et al*. (n.d. b), the conclusion supports the need for training supervisors to enable them to supervise. Lockwood-Rayermann's (2003) study reveals that some registered nurses who are supervising students are simply selected on the basis of mere availability of human resources. As a result, the ones selected feel inadequate and ill-prepared for their supervisory role; therefore, they need some education and training on supervision.

3.2.2.4 Supervisors are providing in-effective clinical supervision to nursing students

The results of this study revealed that there was a shortage of materials needed during student guidance and supervision in clinical practice.

The following quotations of registered nurses are evidence of the above findings:

"For me, supervision is too challenging because the shortage of equipment is a problem; it interferes with or enables one to carry out his task. One may be willing to teach students but there is a shortage of the necessary equipment, for example gowns and caps, or even no dressing packs because without necessary the equipment, the procedures and carrying out of nursing care will be done in a wrong way and this will not contribute to student learning."

"Most of the time, we order the materials needed to provide nursing care, for example syringes and dressing packs but we don't get them because they are out of stock. This demoralises us when it comes to teaching students; we are not able to teach them if we don't have the necessary materials."

"It is difficult to learn some procedures because of a lack of materials like cottons swabs, and dressing materials, and instruments; students are not able to learn how procedures are done if there are no necessary equipment."

In another study done by Magobe *et al*. (2010), participants indicated that there was really a shortage of equipment like baumanometers® and drugs that were preventing them from working effectively and guiding nursing students properly in order for them to become competent practitioners. Moeti *et al*. (2004) concur with the above findings by stating that due to the shortage of staff and high bed occupancy, it is difficult for experienced professional nurses to guide and supervise newly-registered nurses sufficiently. The situation becomes frustrating when the equipment necessary

for patient care is not available. Findings of the study done by Ehlers, Bezuidenhout, Monareng and Jooste (2003) revealed that South African registered nurses leave the country to work in other countries due to a lack of resources in the South African health system which can happen also in Namibia if the situation stay unattended.

The findings about nursing students' and registered nurses' experiences in terms of staff and equipment reveal that the shortage of equipment impedes the clinical supervision process of nursing students. The same results are revealed in a study by Jackson and Mannix (2001) that the shortage of staff and materials influences the quality of health care and supervision negatively.

Clarke *et al*. (2004) conducted a study which indicates that a shortage of materials restricts the opportunities for supervisors to provide proper clinical supervision.

These views concur with Carlson *et al*. (2003) whose study findings reveal that the shortage or absence of equipment leads to staff helplessness and frustration.

The researcher fully concurs with the above findings; as a lecturer in the Nursing Department at the University of Namibia, she is also confronted with a similar situation because registered nurses advise her during consultations at clinical facilities that they do not have time to teach and supervise students mainly owing to material shortages.

3.2.3 Theme 3: Non-conducive environment for clinical supervision

The study revealed that the clinical environment where the supervision of nursing students took place was not conducive for such an activity. That was worrying for

most of the participants, both nursing students and registered nurses. They felt that it was impossible for registered nurses to provide effective clinical supervision due to the shortage of materials. Participants also indicated that they experienced poor interpersonal relationships and poor communication during the process of clinical supervision; that was true for communication between nursing students and supervisors, as well as among supervisors. This issue needs urgent attention, since it stifles clinical supervision. This theme yielded the following sub-themes during data analysis (Figure 3.3).

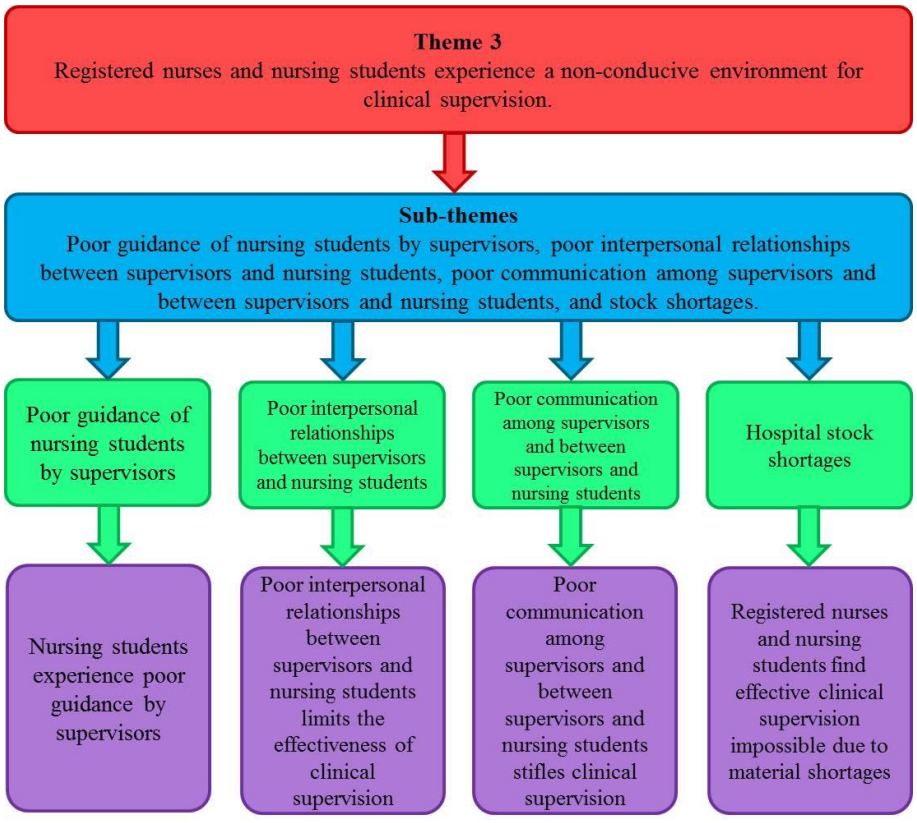


Figure 3.3: Non-conducive environment for clinical supervision

Sub-theme 2: Poor interpersonal relationships between supervisors and nursing students

The nursing student participants mentioned that the interpersonal relationships between nurses in the wards and nursing students were not always satisfactory. Those wanting relationships had detrimental consequences on the learning of nursing students. Poor interpersonal relationships resulted in poor communication.

The following statements from nursing student participants supported this perception:

> *"I really have been discouraged by the way supervisors approach students during their practical feedback. The way of correcting students makes me to feel [sic] bad because most of the supervisors are only concentrating on the mistakes done by the student as if the student did not do anything correct[ly] during the procedure. I don't know what to do; this really makes me lose my interest in practice and I am always afraid of approaching them to attend to me."*

> *"The supervision given, I can say is better. I am saying so because some registered nurses are not willing or interested to work with students. They just want to keep students in the unit but if they are doing something they don't want to work with students or they don't answer students' questions. They only say they are too busy and sometimes when doctors are doing procedures they don't inform students to attend."*

"I experience a lot of problems with the supervisors in the ward because not all registered nurses are friendly."

"Registered nurses are not interested in supervising student nurses to learn; they are only interested in manpower to do transport duties."

Registered nurses also complained about the attitude of nursing students towards them in the wards:

"The supervision of student nurses at clinical settings is very poor despite students being sent there to be taught; students are being underestimated, manipulated, called funny names and sent around to do other work like to go get results from the laboratory rather than to be taught on how to do procedures and they have a tendency of liking pupil nurses only."

"One of the challenges is the students' attitude and they are not interested in practising nursing or even in their learning and it causes difficulties in supervising. With attitude I mean a disposition or a tendency to respond negatively or positively towards a certain thing because you may find that students are absent from duty and sometimes they are not interested in what you are doing and at the end of the session they will end up not learning anything. I say they are not interested meaning the negative attitude revealed by absenteeism of student nurses at clinical settings and during the practical demonstration."

While conducting this study, the researcher noted the need for positive attitude changes of registered nurses and nursing students towards clinical supervision. In the study done by Van Rhyn and Gontsana (2004), participants reported inadequate interaction and communication among supervisors and between supervisors and nursing students, which included unfriendly registered nurses preventing students from asking questions. The findings of a study done by Kapucu and Bulut (2011) on the interaction with clinical nurse participants states that they are expecting respect and positive feedback from clinical nurses because generally positive feedback increases the levels of interaction and positive support. Instead, clinical nurses insist on asking nursing students awkward questions and criticising them.

This is in contrast to the findings by Iipinge and Venter (2003) that nursing students have negative experiences due to the staff being uncaring and frustrated in daily practice.

Other findings from a study done by Ohaja (2010), on the support for learning in a clinical area experienced by post registration midwifery students, explain that the clinical staff's attitude is not conducive for providing the level of support required by students. Their attitude is characterised by lack of recognition, as well as positive feedback.

Most of the participants of this study were convinced that positive behaviour and attitudes with regard to clinical supervision issues would promote satisfactory communication between registered nurses and nursing students. Participants believed that they needed to change their behaviour and attitude towards clinical supervision

issues and they should offer effective supervision with the aim of contributing to the improvement of student learning.

Maxwell (2006) emphasises that an individual's commitment to behavioural change is reinforced by being involved in planning, by engaging in self-monitoring, and by conducting frequent "self-awareness checks". Maxwell (2006) argues that positive reinforcement can help change behaviour. However, change will not be lasting when the environment does not support an individual's activities and internal motivation to change it into a lifelong process. When these elements are present, reinforcement programmes are useful. Therefore, motivation is very important to counteract possible resistance. Resistance always obfuscates change due to the complex nature thereof (Taylor, 2004).

Taylor (2004) suggests that when change is planned, an implementation time frame should be developed, since any delay in implementation makes it increasingly difficult for people to let go of the old and accept the new.

3.2.3.1 Poor guidance of nursing students by registered nurses

The nursing students who participated in this study revealed several experiences in respect of poor guidance by registered nurses, leaving them unsure, causing them frustrations, creating feelings of abandonment, and ignoring them as part of the team. The findings of a phenomenological study conducted by Shin (2000) with Korean nursing students about their clinical supervision indicates that the feelings of abandonment are high amongst the Korean nursing students because head nurses or preceptors also have other duties to attend to, other than attending to the educational

needs of nursing students, thus leaving them to cope on their own. Nursing students explain that when they go to clinical settings and no longer had continuous supervision, they feel abandoned. Nursing student participants in this study raised their concerns:

> *"Some supervisors don't want students to practise difficult procedures like drawing of blood samples; they only want students to do full wash every day* (angrily)*; how will students learn other procedures?"*

> *"We are not properly supervised during clinical practice; they only leave us alone to do the work on our own."*

> *"Some supervisors do not care about students' differences; they end up doing sometimes* [sic] *demonstrations and explaining things in their local language, not caring about those who do not understand them."*

> *"Registered nurses are not interested in teaching students; some tell students that they are tired, some answer by saying that they are not for student teaching but for work."*

A study done by Van Rhyn and Gontsana (2004) report that participants are feeling discouraged and they are not interested owing to the negative attitude of staff members in clinical practice settings. According to Pillay and Matshali (2008), some participants in their study express their negative experiences about guidance by reporting that they are not receiving academic support; they are seen as a burden by unit staff. In addition, they also explain that they are left to function independently, even when they depend on some guidance.

Carlson *et al*. (2003) report similar findings that nursing students are left un-attended, with nobody checking whether whether they perform procedures correctly. The same study reports a lack of guidance and support of nursing students by nursing personnel in clinical practice.

The findings of the study done by Magobe *et al*. (2010) indicate that participants voice their experiences by indicating a lack of providing feedback. A study by Sharif and Masoumi (2005, p. 6) supports the abovementioned findings. According to them, ward staff are not concerned about what nursing students learnt; they are too busy with their duties, therefore, they are unable to attend to the educational needs of nursing students.

A study done by Frankel (2008) reveals that supervision is not done across an organisation due to a lack of confidence, inexperience, and a lack of supervisor training. Not only nursing students need support; supervisors need the same support to enable them to provide effective clinical supervision. The same experiences are reported in the study done by Waldock (2010), where it is indicated that nurses lack support from the nursing school, therefore, health care providers cannot efficiently execute their supervisory role. According to the results of a study by Ohaya (2010), participants express the need for staff to take responsibility for the provision of learning support to nursing students during their clinical practice.

3.2.3.2 Poor interpersonal relationships between supervisors and students

The student participants mentioned that the interpersonal relationships between registered nurses and nursing students in the wards were not always supportive. That

held destructive implication for learning. Poor interpersonal relationships resulted in poor communication.

The following statements from nursing student participants support this perspective:

> *"I really have been discouraged by the way supervisors approach students during their practical feedback. The way of correcting students makes me to feel bad because most of the supervisors are only concentrating on the mistakes done by the student as if the student did not do anything correct during the procedure. I don't know what to do; this really makes me lose my interest in practice and I am always afraid of approaching them to attend to me."*

> *"The supervision given, I can say is better. I am saying so because some registered nurses are not willing or interested to work with students. They just want to keep students in the unit but if they are doing something they don't want to work with students or they don't answer students' questions. They only say they are too busy and sometimes when doctors are doing procedures they don't inform students to attend."*

> *"I experience a lot of problems with the supervisors in the ward because not all registered nurses are friendly."*

> *"Registered nurses are not interested in supervising students to learn; they are only interested in manpower to do transport duties."*

Registered nurses also complained about the attitude of students towards them in the wards:

> *"The supervision of student nurses at* [sic] *clinical settings is very poor despite students being sent there to be taught; students are being underestimated, manipulated, called funny names and sent around to do other work like to go get results from the laboratory rather than to be taught on how to do procedures and they have a tendency of liking pupil nurses only."*

> *"One of the challenges is the students' attitude and they are not interested in practising nursing or even in their learning and it causes difficulties in supervising. With attitude I mean a disposition or a tendency to respond negatively or positively towards a certain thing because you may find that students are absent from duty and sometimes they are not interested in what you are doing and at the end of the session, they will end up not learning anything. I say they are not interested meaning the negative attitude revealed by absenteeism of student nurses at clinical settings and during the practical demonstration."*

Musarurgwa (2008) defines attitude as a complex system comprising a person's beliefs about an object and his / her feelings towards that object. Attitudes are learnt and they can be changed when necessary. An attitude can also be defined as an intense feeling of a positive or negative nature for or against an object / subject. While conducting this study, the researcher noted the need for positive attitude

changes of registered nurses and nursing students towards clinical supervision. In the study done by Van Rhyn and Gontsana (2004), participants report inadequate interaction and communication among supervisors and between supervisors and students, which include unfriendly nurses obstructing nursing students from asking questions. The findings of a study done by Kapucu and Bulut (2011) about the interaction with clinical nurse participants state that they are expecting respect and positive feedback from clinical nurses because generally positive feedback increases the levels of interaction and positive support. Unfortunately, interaction with clinical nurses remains limited to asking nursing students questions and criticising them.

This is in contrast to the findings by Iipinge and Venter (2003) that nursing students reported negative experiences due to the staff being uncaring and frustrated in daily practice.

Most of the participants of this study shared the opinion that positive behaviour and attitudes in terms of clinical supervision issues will promote open registered nurse/nursing student communication. Participants believed that they needed to change their behaviour and attitude towards clinical supervision issues and they should offer effective supervision in order to contribute to the improvement of student learning.

Maxwell (2006) emphasises an individual's commitment to behavioural change is reinforced by being involved in planning, by engaging in self-monitoring, and by conducting frequent "self-awareness checks". Maxwell (2006) also argues that

positive reinforcement can accelerate changes in behaviour. However, change will not last if an individual does not have an environment that supports activities and the internal motivation to make it a lifelong process. When these elements are present, reinforcement programmes are useful. Therefore, motivation is a very important constituent to counteract possible resistance. Resistance always frustrates change due to the complex nature of change (Taylor, 2004).

Taylor (2004) suggests that when change is planned, an implementation time frame should be developed, since any delay in implementation makes it increasingly difficult for people to let go of the old and accept the new.

3.2.3.3 Poor communication between supervisors and nursing students

Some participants indicated that poor communication is sometimes a stumbling block in student supervision. It seemed that what nursing students should learn and practise was stifled by ineffective communication among lecturers and registered nurses and with students.

In this context, registered nurses expressed their lived experiences:

> *"There is poor communication between supervisors. With poor communication between supervisors I mean not reporting to each other problems encountered during student supervision like misconduct and student progress, as well as other problems encountered by students during practical placement that need to be dealt with to enhance or help promote student learning."*

> *"Through communication supervisors will learn and be aware of what students know and what they don't know and also what they need and will be able to help them with."*

Nursing students expressed their experiences:

> *"There is no contact between the registered nurses and the lectures."*

> *"Lecturers and registered nurses in the wards are not helping each other in supervision because they don't sit and discuss together on what is expected from each of them regarding student supervision."*

> *"Supervisors are not sharing what they experience during supervision. I believe that if they want to help us better, they should give each other feedback on how the task is performed."*

Effective communication is the key to forming relationships between registered nurses and nursing students. However, not all nurses use appropriate forms of communication during clinical teaching (Wilkes, 2006, p. 41-42). Negative experiences occur when nurses grudgingly accept students, making them feel rejected and devalued. Nurses may be unaware that their communication negatively affects student learning and performance. Interpersonal relationships can be defined as any of the many and varied relationships that exist for every individual; as well as between individuals, groups of people, the greater community, and global relationships. These relationships include, but are not limited to, an individual's relationship with him / herself, friendships; as well as romantic, collegial, and communal relationships (Rew, 2005). On the other hand, the learning environment

has to meet the standards laid down by the country's nursing regulatory body; such as student learning experiences and evaluations, environment, quality assurance mechanisms, as well as appropriate and accessible learning opportunities.

In Namibia, the Nursing Council of Namibia controls the nursing profession. The Nursing Act No. 30 of 1993 provides for the establishment of a Nursing Council and places the control of nursing education in the hands of the profession in the interest of the public (Van Dyk, 2000).

The following standards of the College and Association of Registered Nurses in Alberta (2005, p3) are applicable in Namibia: "The practice setting where the clinical practicum is to occur and the place where the students are enrolled must have an agreement that addresses lines of communication, supervision of students in clinical practicum, expectations and accountabilities".

The nursing faculty member, in collaboration with the regulated member at the point of care, must decide on a reasonable and prudent clinical assignment for a given practice environment in light of nursing student practitioners' current competencies, the nursing care required, and client needs. The supervision of students may happen directly, indirectly, or indirect-remotely.

Relevant practice setting policies and guidelines formulated by the nursing education programme for clinical practice students are to be followed (An Bord Alstranias, 2003). According to An Bord Alstranias (2003, p. 3), the quality of clinical learning environments is influenced by dynamic, democratic structures and processes in wards / units where staff members are valued, highly motivated, and where they

deliver quality patient / client care; supportive relationships, good staff morale, and team spirit; good communication and interpersonal relations between registered nurses and students; and acceptance of students as learners who contribute to the delivery of quality patient care.

A clinical setting that is rich in learning experiences but which lacks a supportive environment discourages learners from seeking experiences. Consequently, it results in the loss of learning and growth opportunities. Henderson (n.d., p. 1) supports this view by saying that when students have positive experiences in clinical settings, they are more likely to experience meaningful learning.

The results of this study indicated that interpersonal relationships were a key element of constructive communication between and among registered nurses and between registered nurses and nursing students. Participants were of the opinion that talking to each other strengthened and enriched the relationships among registered nurses and between nursing students and registered nurses. Generally, the findings about the importance of general communication styles support Kirby's (2007, p. 67) argument that when one wishes to improve the communication of registered nurses, one should teach them skills pertaining to general communication.

3.2.3.4 Hospital stock shortages

The results of this study revealed that there was a shortage of materials needed during student guidance and supervision in clinical practice.

The following quotations of registered nurses were evidence of the above findings:

> *"For me, supervision is too challenging because the shortage of equipment is a problem; it interferes with or enables one to carry out his task. One may be willing to teach students but there is a shortage of the necessary equipment, for example gowns and caps, or even no dressing packs because without necessary equipment, the procedures and carrying out of nursing care will be done in a wrong way and this will not contribute to student learning."*

> *"Most of the time, we order the materials needed to provide nursing care, for example syringes and dressing packs but we don't get them because they are out of stock. This demoralises us when it comes to teaching students; we are not able to teach them if we don't have the necessary materials."*

> *"It is difficult to learn some procedures because of a lack of materials like cottons swabs, and dressing materials, and instruments; students are not able to learn how procedures are done if there are no necessary equipment."*

In a study done by Hagbaghery; Salsali.and Ahmadi, F.(2003) about factors facilitating and inhibiting clinical decisions in nursing, participants responded that managers were responsible for the provision of resources / equipment like sheets, injections, and dressing equipment but they were not doing it properly.

In another study done by Magobe *et al*. (2010), participants indicated that there was really a shortage of equipment like baumanometers® and drugs that were preventing them from working effectively and guiding nursing students properly, in order for them to become competent in applying theoretical knowledge in practice.

Moeti *et al*. (2004) concur with the above findings and state that due to the shortage of staff and high bed occupancy, it is difficult for experienced professional nurses to guide and supervise newly-registered nurses sufficiently. The situation becomes frustrating when the equipment that is supposed to be used for patient care is not available. This concurs with Ehlers *et al*. (2003) who provide the reason why South African registered nurses leave the country to go and work in other countries as a lack of resources in the South African health system.

Based on the findings above, nursing students' and registered nurses' experiences in relation to staff and equipment revealed that the shortage of equipment obfuscates the clinical supervision process of nursing students. The same results are revealed by a study done by Jackson *et al*. (2002) that the shortage of staff and materials influences the quality health care and supervision negatively.

Clarke *et al*. (2004) conducted a study that indicates a shortage of materials restricts the opportunities for supervisors to provide proper clinical supervision.

These views concur with Carton *et al*. (2003) whose study findings reveal that the shortage or absence of equipment leads to staff helplessness and frustration.

The researcher fully concurred with the above findings. As a lecturer in the Nursing Department at the University of Namibia, she was also confronted with a similar situation, since registered nurses advised her during consultations at clinical facilities that they did not have time to teach and supervise nursing students, mainly owing to material shortages.

3.3 SUMMARY

In this chapter, research findings about the perceptions of registered nurses and nursing students with regard to clinical supervision are presented and discussed. This phase of the research project consists of three themes; namely managerial and educational challenges, as well as a non-conducive environment for clinical supervision of nursing students. The sub-themes of each theme are discussed in conjunction with a literature control.

The main themes were the foundation of the conceptual framework.

CHAPTER 4

A CONCEPTUAL FRAMEWORK

4.1 INTRODUCTION

In the previous chapter, the results of Phase 1 of the research project are presented. The results are based on the in-depth interviews about the experiences of nursing students and registered nurses with regard to clinical supervision. Themes and sub-themes findings of the data analysis process are discussed. A literature control supports the discussion with the purpose of contextualising the findings of the study in terms of existing literature.

Chapter 4 comprises Phase 2 of the research project and focuses on the process to devise a conceptual framework for the development of an educational programme to support registered nurses during the clinical supervision of nursing students. The conclusions drawn from the discussion of the findings were used to guide the development of the conceptual framework. Thereafter, the conceptual framework served as a guide for the development and implementation of an educational programme in order to address the challenges registered nurses and nursing students experienced during clinical supervision of nursing students.

4.2 DEVELOPMENT OF A CONCEPTUAL FRAMEWORK

The development of the educational programme was based on the conceptual framework derived from an analysis of the data collected by means of individual in-

depth interviews and field notes. The conceptual framework of the programme in this study was structured according to the survey list suggested by Dickoff *et al*. (1968).

The conceptual framework for an educational programme in this study was constructed according to the three essential ingredients of situation-producing framework as proposed by Dickoff *et al*. (1964).

4.3 THE RESEARCHER'S REASONING MAP

A researcher's reasoning map represents the interaction between the agent and recipients, which is contextualised within a specific framework and procedure. The use of reasoning maps is a powerful and useful approach for modelling knowledge and qualitative reasoning. Thus, a reasoning map is a structure of concepts for a specific domain (Alejandro, Humberto & Agustin, 2005). A researcher's thinking map represents the interaction and facilitation between the agent and the recipient, which is conceptualised within a specific framework whilst acknowledging the dynamics underpinning the interaction and the facilitation process. Both the context and the dynamics determine the procedures to be followed towards the goal attainment of a desired outcome. The terminus (outcome) is the effect of the procedure on the recipient . The researcher's thinking map for this study was developed according to the activities of Dickoff *et al*. (1968 p438) as illustrated in the researcher's reasoning map in Figure 4.1.

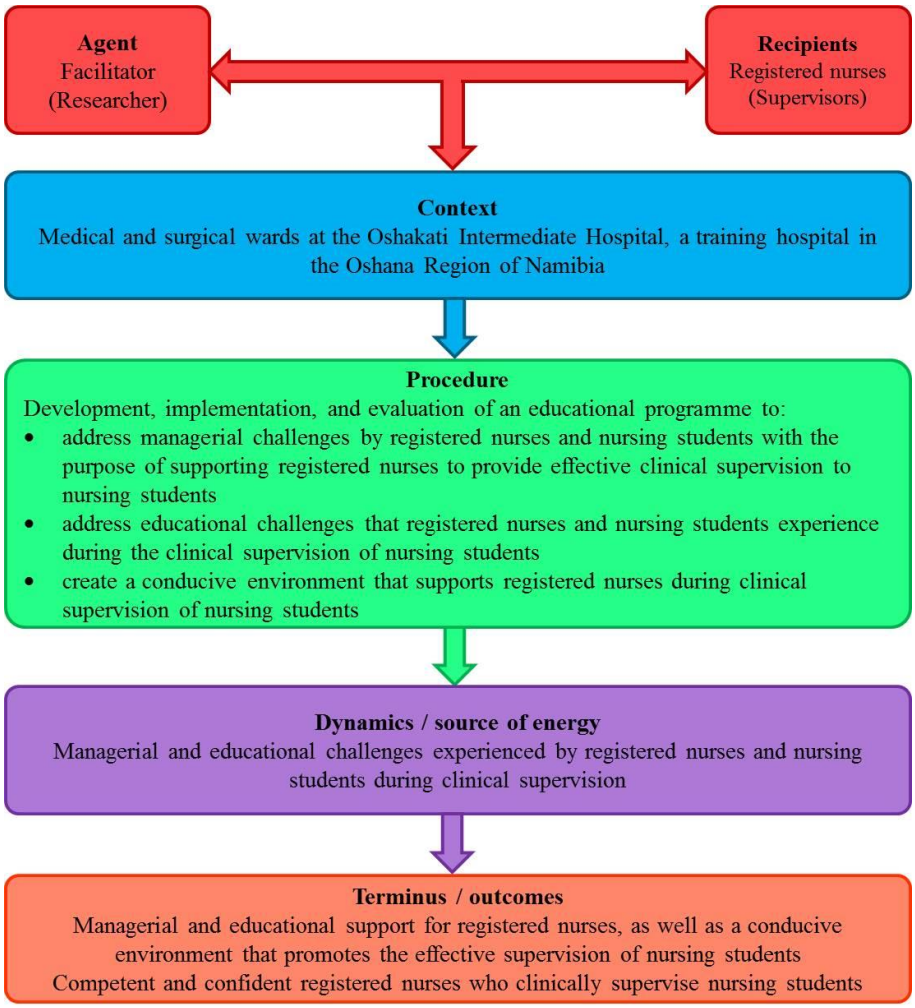


Figure 4.1: Researcher's reasoning map

4.4 CLASSIFICATION AND DEFINITIONS OF CENTRAL AND ASSOCIATED CONCEPTS

The survey list of Dickoff *et al*. (1968) was adopted as a basis for the formulation of the researcher's thinking map.

The six components of Dickoff's survey list adopted for the formulation of the researcher's thinking map and their applicability to this study are henceforth described:

4.4.1 Agent: Researcher

The term “agent” refers to the person who performs the activity (Dickoff *et al*., 1968). For the purpose of this study, the agent was the researcher as a registered nurse midwife and an educator who has to provide the activity, namely an educational programme for supporting registered nurses in executing the clinical supervision of nursing students. According to Meleis (2011), the researcher used her professional knowledge, skills, as well as her experience in clinical supervision during the prescription of activities to be carried out during the implementation of an educational programme that aimed at addressing the challenges that affect the clinical supervision of nursing students by registered nurses.

That required, firstly, that agent possessed the personal qualities needed to build constructive interpersonal relationships with the recipients, namely the registered nurses; those qualities were applied throughout this study. Those required qualities included knowledge, values, as well as communication and personal skills as indicated in Figure 4.2.

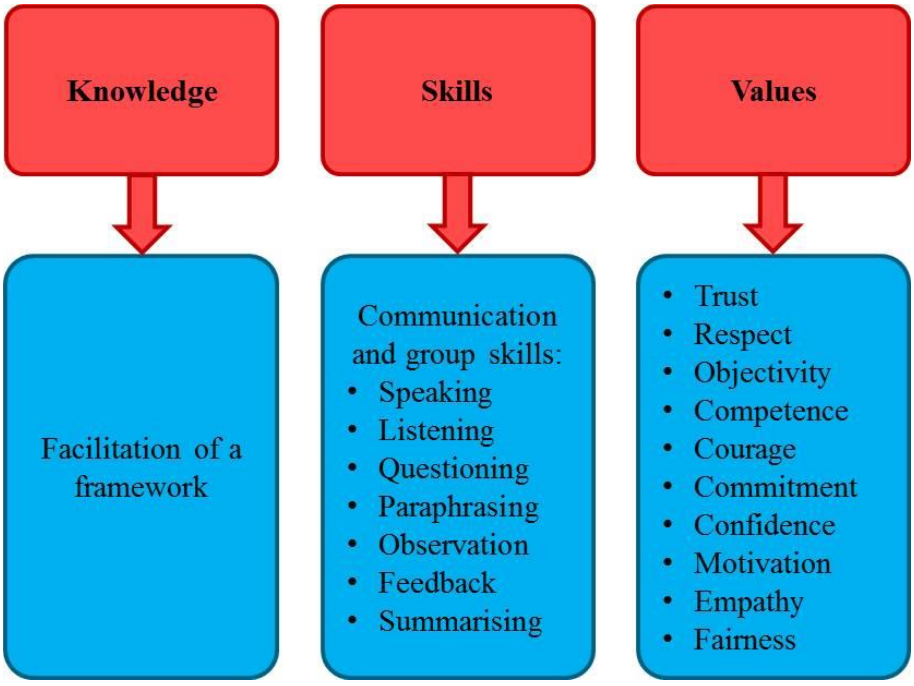


Figure 4.2: Characteristics of an agent

These personal qualities are discussed as follows:

4.4.1.1 Knowledge

"Knowledge" is the theoretical framework; the "what to do" and the "why". Knowledge is generated through the recipients' experiences rather than presented as a product of an expert (the facilitator) to the recipients (Willis & Ricketts, 2004). The facilitator in this study, as a lecturer and a supervisor, had the knowledge required to promote the active learning process of the recipients providing the structured framework for them to develop, explore, experiment, and teach (Meyer, 2004). On the other hand, "knowledge" refers to a body of facts or ideas acquired through study. The agent would encourage recipients to acquire the necessary knowledge through investigation, observation, or experience. Registered nurses needed knowledge about clinical supervision issues. If they did not have adequate

knowledge about those issues, it would be difficult for them to execute clinical supervision. This study confirmed that principle, since it had found that many registered nurses felt incompetent and not motivated in the execution of clinical supervision.

During the educational programme, registered nurses were given tutorial material that contained notes with the aim of providing theoretical knowledge foundation on which to build the activities of the workshop. Recipients were guided to attach meaning to their experiences and to apply the knowledge gained from group work to their actual lived experiences.

In order for the agent to provide guidance and support to registered nurses, she needed to be able to incorporate her knowledge in guiding and supporting her recipients. While providing support and guidance, the agent needed certain personal qualities that enabled her to fulfil her role effectively. One of the personal qualities that the agent needed was the ability to build constructive interpersonal relationships with recipients (registered nurses).

An agent should be able to establish and maintain positive relationships based on mutual trust, work collaboratively, accept compromises when appropriate, communicate effectively, and listen to problems encountered by recipients (Ritchie and Lewis., 2006; Chinn & Kramer, 1995).

In order for an agent to be supportive, he / she needs to have certain characteristics (values).

4.4.1.2 Values

Values refer to the accepted, desirable standards of individuals or a group. According to George (2008), it refers to desirable characteristics of an agent that serve as a yardstick for that agent's actions. In this study, recipients needed the following values:

Trust and respect for relationships: Trust is the foundation of all successful interpersonal relationships. An agent has the ability to collaborate with recipients in overcoming doubts and the unknown (Meyer, 2004).

Objectivity: This characteristic includes being an impartial, neutral, and independent role player. This means that an agent does not take sides and is not influenced by the power play between different individuals and groups. A constructive agent lives by a set of personal values but accepts and respects other people's views and opinions (Meyer, 2004).

Competence, courage, commitment, and confidence: Competence refers to an agent's status of being knowledgeable and skilful in what he / she is pursuing and providing to recipients. The agent (facilitator) in this study was competent in the activities that were to be carried out during the implementation of the educational programme in order to support registered nurses during the clinical supervision of nursing students. An agent has to be courageous, which implies that he / she should set an example of not giving up easily. Commitment implies providing the "extra" effort to meet the needs of a community. As a result, the facilitator in this study tried her utmost to guide and share her knowledge with recipients in relation to clinical

supervision. To be confident implies that an agent has to value his / her own strengths and to be receptive to opportunities for improvement (Collins *et al*., 2002).

Motivation: Motivation is defined by Glanz, Rimer and Visuanath (2008) as the inner strength necessary for persistence in pursuing an action under particular circumstances that is being influenced by either an internal or external drive, such as principles. The researcher as an agent was motivated by of the principle of supporting registered nurses in order to empower them to provide effective clinical supervision to nursing students.

Empathy: Empathy involves a deep understanding of the feelings and thoughts that constitute the inner experiences of recipients, recognising similar experiences that an agent might have had (Atherton, 2002). This means that the facilitator needed to sense and accept the experiences of the recipients without becoming too emotionally involved. These characteristics made it possible for the agent to build positive interpersonal relationships and use good communication skills throughout the implementation of the educational programme and during his / her practice in general.

Fairness: An effective facilitator is also guided by the value of "fairness" that needs to be applied throughout a study. All recipients should be treated in a fair and consistent manner; no preference should be shown to any individual or group (Meyer, 2004). In this study, particular skills facilitated fairness of the agent to the recipients.

In addition to the values needed by the facilitator, a variety of skills were required to enable the implementation of the educational programme in order to support registered nurses during the clinical supervision of nursing students.

"Skills" refer to what an agent needs to do and "how to do" it (Meyer, 2004). These skills are grouped into communication skills and group skills.

Communication skills: An effective agent is a communicator who not only communicates clearly, but also helps a group to clarify its ideas with the purpose of enabling its members to also become effective communicators (Meyer, 2004). In fact, the success of facilitation depends to a large extent on the quality of communication. An effective agent tunes into the body language, unspoken messages, and underlying emotions of group members. Awareness of these nuances helps the agent to keep the group or individual focused on the pertinent issues, on positively and non-critically phrasing thoughts, and on presenting ideas assertively in the group.

An agent needs to have a broad variety of communication skills; for example speaking, listening, questioning, paraphrasing, observing, feedback, and summarising.

Speaking: The agent needs to speak clearly for everyone in the group to understand; speak in short, clear, and understandable sentences without omitting valuable information to the group; report ideas objectively and accurately; be honest, direct, and straight forward; vary the tone of voice; use simple words; speak with

confidence; show a high level of enthusiasm; and share speaking time without dominating a discussion (Meyer, 2004).

Listening: Listening skills are important skills in the agent-recipient relationship in any programme. When doing facilitation work, the agent needs to listen actively and attentively when different ideas are exchanged among members of the group because active listening guides the recipients to greater self-awareness (Littleton, 2005). During this study, the researcher as agent used her listening skills to enable her to absorb ideas for the purpose of finding a solution to the group's problems or issues under discussion (Bradley, 2006).

Active listening conveys the agent's respect, acceptance, and empathy; freeing group members to explore and express their feelings and experiences. Thus, group members feel encouraged to actively participate in learning new information about themselves, their behaviour, and their relationships with other people (Meyer, 2004).

Establishing rapport necessitates that the agent creates a climate conducive to effective interpersonal interaction. The agent needs to encourage the recipients to share their thinking, feelings, and experiences with the group through questioning, paraphrasing, observing, and summarising.

Questioning: Questioning has several purposes during facilitation. In this study, the facilitator asked questions that assisted the group to focus on achieving their objectives. Asking a question is often far more powerful than trying to come up with an answer. It helps to clarify certain issues and assists a group to generate options in order to find a solution (Meyer, 2004).

Asking questions helped the facilitator to learn more about the background and needs of the group. Questions in this study were asked at the beginning of interviews and throughout the interview process in order to test progress and understanding (Meyer, 2004, p. 38). Questions were asked again at the end of sessions to determine whether the group had achieved its goals.

Paraphrasing: The purpose of paraphrasing is to comprehend what a person is saying by restating the communication in such a way that both the agent and the group (recipients) would understand. In this study, the agent endeavoured to restate what participants had said in her own words to clarify the meaning of what was actually said (Justice & Jamieson, 1999; Meyer, 2004, p. 40).

Observation: Observing is the skill of surveillance and involves the ability to perceive what is going on during a session by observing participants in the group (Forsyth, 2006).

Feedback: Feedback often takes the form of debriefing sessions when an agent consolidates his or her feedback to the group. Proper feedback and debriefing has many benefits for both a group and an agent; namely it helps the group to understand what is happening during the sessions, to tie up loose ends, and to reinforce learning from one another and from the particular activity (Forsyth, 2006).

For this study, feedback was provided in the form of mixing the positive and the more negative comments throughout the interview to enable participants to concentrate on each statement in order to draw their own conclusions (Forsyth, 2006; Atherton, 2002).

Summarising: Summarising happens when an agent repeats the main points of what were discussed during a session or presentation to enable the recipients to reflect on what was discussed. It also could serve as an introduction to a subsequent session. An agent would summarise previous sessions before the next session, which help the group to see the link between different sessions (Byrne, 2007).

The agent in this study was the person who developed, described, and implemented an educational programme to support registered nurses in the provision of clinical supervision to nursing students in the medical and surgical wards at a training hospital in the Oshana Region, Namibia. That required the establishment of sound interpersonal relationships with recipients, which in turn required sound knowledge about clinical supervision and adult learning. It further required characteristics of communication and people skills, as well as values.

4.4.2 Recipients: Registered nurses at training hospitals in the Oshana Region

Meyer (2004, p. 12) defines the term "recipient" as a beneficiary of something, an addressee, and a receiver. This can be any person who is in interaction with and agent and receives action from the agent to realise a goal or desired situation. According to the Cambridge International Dictionary of English (2005, p. 452), a "recipient" is a person who receives something. From the results of the data analysis in this study, it was clear that registered nurses did not provide effective clinical supervision to nursing students.

Registered nurses at a training hospital in the Oshana Region were the recipients of this programme Therefore, the discussion of the recipients' characteristics focused on the registered nurses who were fulfilling the role of supervisor for nursing students.

Registered nurses had to possess certain characteristics (Bradley, 2005) in order to benefit from the programme.

4.4.2.1 Characteristics of recipients

The following characteristics are required to enable the recipients to be responsive to and responsible for constructing the knowledge and skills needed execute clinical supervision effectively.

Figure 4.3: Characteristics of the recipient

Pulsford, Boit &Owen *et al*. (2002) explain that the characteristics of recipients (registered nurses / supervisors) and the nature of the relationship between registered nurses and nursing students are central to the success of supervision.

Responsibility: Registered nurses are responsible for the practical education of nursing students, thus they should have knowledge and should be involved in and responsible for the provision of clinical supervision of nursing students. Responsibility denotes the availability and accountability of a supervisor towards those people who are under his / her supervision (Stajduhar, Leigh, Martin, Bardwish & Fyle, 2008); therefore, registered nurses are responsible for providing clinical supervision to nursing students in order to contribute to their clinical learning.

Confidence: Like in the case of an agent, recipients should have this characteristic while presenting, since it serves as a combination of belief and trust that enables them to provide effective clinical supervision to nursing students.

Willingness: The willingness to do something is a driving force towards reaching objectives. Registered nurses should be willing to execute clinical supervision. According to George (2008) willingness is defined as the power of mankind to make own decisions and act upon these decisions.

Mutual trust and respect: Registered nurses must epitomise the value of respect and should build on the principle of respect for other people (Meyer, 2004). Registered nurses should respect themselves and students. Good supervisors display genuine concern for students as individuals and desire to be their supervisors. Furthermore, a positive supervisor-student relationship is based on partnerships,

consistency, and mutual respect (Pulsford *et al*., 2002). Willing registered nurses are prepared to acquire knowledge and practical skills that are necessary for the clinical supervision of nursing students.

Effective interpersonal relationships and communication: Good interpersonal relationships provide the basis for effective and open communication among registered nurses, between registered nurses and nursing students, as well as between nursing students and fellow nurses (Rae, 1997).

4.4.3 Context: Oshakati Intermediate Hospital, Oshana Region in Namibia

"Framework" refers to the context in which an activity takes place (Dickoff *et al*., 1968, p. 435). According to Moskowitz (2005), context is a situation, a framework, a milieu, an environment, or a background. For the purpose of this study, the context of the programme implementation was the environment or milieu where registered nurses were supervising nursing students during clinical practice in medical and surgical wards in the Oshana Region.

This study was contextual in nature. The researcher obtained data from registered nurses, as well as second and third year nursing students in medical and surgical wards at the training heath facilities, in Oshana Region. The participants comprised university students and registered nurses at the Oshakati Hospital and a nursing lecturer at the UNAM Oshakati Campus who were supervising those nursing students during clinical practice. The programme was developed and described to support registered nurses during the clinical supervision of nursing students in that same context.

4.4.4 Procedure

Procedures are guiding rules, protocols, or techniques to be followed while activities are taking place (Dickoff, James & Weidenbach, 1968). It referred to tasks or responsibilities of the researcher as an agent in supporting registered nurses, as well as activities that needed to be performed during the researcher's interaction with registered nurses with the purposes of enabling the latter to provide effective clinical supervision to nursing students. For this study, the procedure was carried out during the implementation of an educational programme to support registered nurses in the supervision of nursing students in the medical and surgical wards. Registered nurses were educationally supported to provide effective clinical supervision to nursing students.

Registered nurses in the medical and surgical wards of the training hospital in the Oshana Region and lecturers involved in the supervision of nursing students allocated to those wards during clinical practice were participants in the programme. The programme addressed the needs identified in the results of the study.

The programme was structured according to the experiential approach to learning as suggested by Kolb (1984). Thus, the programme developed was based on experiential learning and was conducted in the form of a workshop (Kolb's experiential learning cycle is discussed later). The workshop incorporated an orientation phase, a working phase, and the termination phase; the planned two-day workshop involved procedures to facilitate information sharing; such as presentations, role playing, scenarios, and group discussions.

The term “workshop” refers to an opportunity to participate in an experiential learning process (Soanes, Spooner & Hawker, 2001). For this study, a workshop referred to an active process during which participants were fully involved in the unfolding of the learning experience with the guidance of an effective facilitator. The workshop was planned to have sequenced set of activities and exercises designed to equip registered nurses with the knowledge and skills for the clinical supervision of nursing students. The workshop was carefully planned to meet specific goals that were based on the needs of the participants (SIECUS, 2005).

4.4.4.1 Enhancing self-awareness

According to Moskowitz (2005), enhancing self-awareness is crucial to psychological insight and self-understanding because enhancing self-awareness motivates people to reduce the discrepancy between how they actually behave and how they desire to behave. Registered nurses were motivated and encouraged to enhance self-awareness about the manner in which they were providing clinical supervision at that moment and how they would want to do it in future.

4.4.4.2 Facilitating constructive interpersonal relationships

Interpersonal relationships are defined as a relatively long term association between two or more people. Constructive interpersonal relationships are the driving force behind registered nurses in the provision of clinical supervision to nursing students.

These relationships usually involve some level of interdependence. People in relationships are inclined to influence one another while sharing their thoughts and

feelings, as well as engaging collaboratively in activities. People may be interdependent when they are sharing mutual and common goals.

Furthermore, when two people are interdependent, a change in the state of one person causes a change in the state of the other person. Owing to this interdependence, most things that change or impact one member in a relationship would have some level of impact on the other member (Moskowitz, 2005).

4.4.4.3 Motivation and encouragement of positive attitudes and behaviour

Attitudes are defined as a person's mood and feelings towards things, circumstances, or people.

People's attitudes, whether positive or negative, are displayed during their daily lives. Many people say that attitude is more important than experience or education. People cannot change the past or how other individuals act but they can change their reactions and attitudes. A positive attitude is a vital asset at any time. People should portray a positive attitude when they present themselves (Yowell, 2004).

Secondly, registered nurses must take responsibility for their attitude, as well as their actions. This will give them strength and control during the time of change. When change occurs, people may experience feelings of fear, anger, sadness, or resistance; as well as relief, hope, or excitement (Yarcheski & Mahon, 2009). Registered nurses need to counteract possible resistance, since resistance always obstructs change due to the complex nature of change.

Registered nurses must be positive role models for nursing students and other people they relate to.

The results of the data analysis clearly showed that registered nurses needed to change their behaviour and attitudes towards clinical supervision. These changes should support them in professional growth because the improvement of the quality of the care that they provide depends on it.

4.4.4.4 Provision of information about clinical supervision

Registered nurses need to gain knowledge and skills about aspects related to clinical supervision. Such knowledge and skills will reduce feelings of incompetency, inadequacy, and they will enhance constructive interpersonal relationships among themselves and between registered nurses and nursing students. Registered nurses need to develop a sense of self-confidence, self-determination, self-control, and positive attitudes towards clinical supervision. Registered nurses also need information about the challenges that may occur during clinical supervision. The ability to communicate enables human beings to move beyond events taking place at any time. Registered nurses can share ideas, knowledge, principles, and opinions about events in the distant past and possibility in future, about events here or in another place, about the particular or general, and the concrete or the abstract. It also enables people to make meaningful contact with other individuals through establishing and maintaining relationships. Registered nurses need to communicate to ensure continuity and constructive relationships among registered nurses and between registered nurses and nursing students.

4.4.5 Dynamics

Dynamics refers to the energy source or motivation for an activity (Dickoff *et al*., 1968, p. 435). The dynamics that emerged from this study were similar to the themes and sub-themes.

Managerial challenges encompass too heavy workload, shortage of nursing staff, lopsided supervisor-student ratio, and no clinical instructor supervisors. Registered nurses need information that they can use during clinical supervision in order to minimise or prevent the identified challenges. The information can be gained from activities (group discussions presentations, and role playing) planned to take place during the programme implementation.

Educational challenges are the lack of knowledge of the supervisory role, the gap between theory and practice, and outdated knowledge and skill of supervisors. As a result, supervisors provide ineffective clinical supervision.

Non-conducive environment for clinical supervision is caused by poor guidance of nursing students by registered nurses, poor interpersonal relationship between supervisors and nursing students, poor communication among supervisors and nursing students, and hospital stock shortages.

Registered nurses need information that they can use during clinical supervision in order to minimise or prevent the identified challenges. That information can be

gained from activities (group discussions, presentations, and role playing) planned to take place during the programme implementation.

4.4.6 Terminus

"Terminus" refers to the last stage, the end, or the finishing point (Dickoff *et al*., 1968, p. 435). It refers to the goals that one would like to achieve by performing certain activities (Moleki, 2008). The terminus of this study was the ultimate goal of an educational programme that was developed to support registered nurses by providing them with knowledge and skills they required during clinical supervision of nursing students. This programme enables registered nurses to be competent in providing clinical supervision to nursing students. Supporting registered nurses through education and training results in competent, skilful registered nurses who possess knowledge and proper information to utilize during clinical supervision to augment the supervision of nursing students.

4.5 SUMMARY

In this chapter, the conceptual framework of the programme of this study is structured according to the survey list suggested by Dickoff, *et al*. (1968). The application of Dickoff's survey list for the description of the activities of an educational programme to support registered nurses during the clinical supervision of nursing students is also discussed. The researcher's reasoning map with regard to the application of the concepts of agent (who performs the activity), recipient (who is the recipient of the activity), context (the context in which an activity takes place), and dynamics (the energy source of the activity) are described in accordance with the

context of this study. The desired characteristics of an agent and the recipient during the implementation of a programme are discussed. Finally, the dynamics to mitigate negative experiences and procedures to change these dynamics are explained and the desired outcome stated. In the next chapter, the description of the programme development and its contents are discussed.

CHAPTER 5

DEVELOPMENT OF AN EDUCATIONAL PROGRAMME TO SUPPORT REGISTERED NURSES DURING CLINICAL SUPERVISION OF NURSING STUDENTS

5.1 INTRODUCTION

In the previous chapter, the conceptual framework is described in accordance with the reasoning map of the activities in accordance with Dickoff *et al*. (1968). This chapter focuses on the development of an educational programme to support registered nurses during the clinical supervision of nursing students in the medical and surgical wards at a training hospital in the Oshana Region, Namibia. A programme is defined as an officially organised system of a series of activities or opportunities that help people to achieve something (Cambridge Academic Content Dictionary, 2009) This description concurs with Merriam Webster (n.d.) who defines a programme as a brief, usually printed outline of the order to be followed or features to be presented, or a plan of activities to achieve a specific result.

An educational programme is defined as a programme for education. Educational programmes are constructed opportunities for learning that can be re-designed to improve knowledge. In this study, an educational programme referred to compiled learning activities that would support supervisors with the aim of enabling them to provide effective clinical supervision to nursing students. The activities were compiled based on the challenges identified during Phase 1, i.e. the situation analysis of this study.

5.2 DEVELOPMENT OF AN EDUCATIONAL PROGRAMME

The data analysis revealed that registered nurses and nursing students were encountering managerial and educational challenges during the clinical supervision of nursing students and the clinical environment was not conducive for the clinical supervision of nursing students. After analysing the data and formulating a conceptual framework, the researcher resolved to institute the intervention of developing an educational programme to support registered nurses during clinical supervision of nursing students.

The programme development constituted Phase 3 of this study and was based on the survey guide suggested by Dickoff *et al*. (1968). The researcher was guided by the six survey components (Chapter 4). The programme was also developed in line with the educational the crucial expectation that a programme should have a specific focus based on a needs assessment and outcome or findings (Watson, 2011). The needs assessment done during Phase 1 (situation analysis) provided a foundation for the development of this educational programme. The programme developed contained the purpose and goals of the programme, programme objectives, programme structure, as well as participants' roles and responsibilities, activities, processes, and approaches.

5.2.1 Purpose of the educational programme

Educational programmes are developed to serve a specific goal based on a needs assessment (Watson, 2011). The purpose of this programme was to support registered nurses educationally with the aim of enabling them to provide effective

clinical supervision to nursing students in their specific context. After the data collection Phase 1 and data analysis Phase 2 of this study, three areas to address challenges encountered by registered nurses and nursing students during clinical supervision were identified to address:

- the managerial and educational challenges identified as affecting the clinical supervision of nursing students in order to support registered nurses during clinical supervision of nursing students .
- educational challenges by providing registered nurses with knowledge and skills in relation to the concept of clinical supervision.
- the issue of a non-conducive environment through teaching and motivation about constructive interpersonal relationships among registered nurses and between registered nurses and nursing students that promotes effective clinical supervision of nursing students by registered nurses.

Swanepoel (1992) states that a programme is always developed with concrete purposes in mind and that a researcher also subconsciously arrives at "abstract goals" that refers to the stable and permanent outcomes of the programme. The long term goal of this programme was competent registered nurses in clinical supervision.

5.2.2 Objectives of the programme

The objectives of the programme developed were to address:

- the managerial and educational challenges identified as affecting the clinical supervision of nursing students in order to support registered nurses during clinical supervision of nursing students.

This objective is intended to cater for the experiences of managerial challenges by registered nurses and nursing students, i.e. too heavy a workload, a lopsided supervisor-student ratio, and the absence of clinical instructors in some wards that hampers effective supervision.

- educational challenges by providing registered nurses with knowledge and skills in relation to the concept of clinical supervision.

This objective is intended to cater for the following themes: Educational challenges that include lack of knowledge about the concept of clinical supervision, a lack of knowledge about supervisory roles, outdated knowledge of supervisors, and the gap between theory and practice as experienced by registered and nursing students during clinical supervision.

- a non-conducive environment through teaching and motivation about constructive interpersonal relationships among registered nurses and between registered nurses and nursing students that promote effective clinical supervision of nursing students by registered nurses.

This objective intends to cater for the following themes: To create a conducive environment and enhance constructive interpersonal relationships among registered nurses and between registered nurses and nursing students that promote effective clinical supervision; these themes include the following sub-themes; poor interpersonal relationships and poor communication among the supervisors and between supervisors and nursing students, poor guidance of nursing students by

registered nurses, as well as material shortages that affect the process of clinical supervision negatively.

5.2.3 Programme structures

The programme was developed to be implemented in the form of a two-day workshop. The workshop was planned to be conducted at the library boardroom at the Oshakati University Campus.

5.2.4 Programme processes

The educational programme development required a three-phase process, consisting of an orientation phase, a working phase, and a termination phase.

5.2.5 Educational approaches

The educational approaches to the programme took cognisance of the experiential learning within the paradigm of adult learning, as suggested by Smith (2002). Experiential learning refers to learning opportunities that enable recipients to learn from and through personal and group experience and by reflecting on what has been taught (Smith, 2004). Experiential learning focuses on building on existing strengths and on the life experiences of the recipients. This approach was applied during the programme development in the sense that the challenges identified were lived experiences of the participants. Those challenges were used as objectives for the programme content.

5.2.5.1 Kolb's (2006) experiential learning theory / model

Spouse and Redferm (2000) describe experiential learning competences on the basis of Kolb's theory that has been constructed according to the behaviour during the following five stages of experiential learning:

Learning management: During this stage, intentional learning takes all experience into account.

Concrete experience: During this stage, the individual withdraws from experience and begins to observe objectively.

Reflective observation: During this stage, the individual makes precise observations and creates accurate links between experience and observation.

Abstract conceptualisation: During this stage, the individual identifies patterns of regularities in current or past learning experiences.

Active experimentation: During this stage, the individual makes judgments about the experience and or its effects in relation to the intention to act.

During an educational programme development the researcher took into account all experiences learnt during Phases 1 to 3, which informed the guide to the development of the programme, e.g. challenges identified and learning approaches. From the information gained during data analysis, the challenges guided the researcher to identify the factors that would effectively address those challenges.

Kolb and Kolb (2001) say that ideally (and by inference) this process represents a learning cycle or spiral during which a learner "touches all the bases"; for example a cycle of experiencing, reflecting, thinking, and acting. Immediate or concrete experiences lead to observations and reflections. These reflections are then assimilated (absorbed and translated) into abstract concepts with implications for action that a person can actively test and experiment with. In turn, the process enables the creation of new experiences (Smith, 2004). A key phrase in experiential learning is "freedom within structure", which means that registered nurses should feel free to express themselves in the structured group process. The structure, framework, and boundaries of experiential workshops should be developed to provide learners with a sense of security. It should allow them to explore and reflect on feelings, thoughts, and behaviour (Ritchie & Lewis, 2006). All participants in this study were required to commit to all phases and sessions of the programme.

5.2.5.2 Adult learning theory or model

According to Knowles (in Atherton, 2002), two key differences in the ways that adults and children approach learning are that adults desire to be self-directed and want to take responsibility for decisions. Courses for adult learners are sensitive to these desires and designed to permit some autonomy in how participants approach and schedule their learning activities. Knowles lists the following assumptions about adult learning: Adults need to know why they need to learn something, adults need to learn experientially, adults approach learning as a problem-solving activity, and adults learn best when (they believe that) the topic is of immediate value.

5.2.6 The content of an educational programme

Information from the situation analysis (Phase 1) and the insight that were gained from a literature review were used while compiling the programme content. It included activities to address managerial challenges as identified to be affecting the clinical supervision of nursing students in order to support registered nurses during clinical supervision of nursing students. Furthermore, the programme contained activities focused on providing registered nurses with knowledge and skills about clinical supervision with the aim of increasing their understanding and competence about the clinical supervision of nursing students. Another activity included interventions for enhancing positive interpersonal relationships and good communication skills to improve effective interaction between registered nurses and nursing students. Table 5.1 illustrates the development of the programme. Table 5.2 describes the programme phases.

Table 5.1: An Educational Programme to support clinical supervision of nursing students by registered nurses in the medical and surgical wards at training health facilities in the Oshana Region, Namibia

Aspect	Description
Programme objectives	• To address the managerial and educational challenges identified as affecting the clinical supervision of nursing students in order to support registered nurses during clinical supervision of nursing students • To address educational challenges by providing registered nurses with knowledge and skills in relation to the concept of clinical supervision • To address a non-conducive environment through teaching and motivation about constructive interpersonal relationships among registered nurses and between registered nurses and nursing students that promote effective clinical supervision of nursing students by registered nurses
Programme structure	The programme is developed to be implemented in the form of a workshop
Programme approaches	Kolb learning theory and adult learning approach
Programme phases	Orientation phase, working phase, and termination phase

Table 5.2: Description of the programme phases

Phase	Description
Orientation phase	• Welcoming of the participants • Introduction of the workshop • Discussion of the purpose and objectives of the workshop • Establishment of workshop rules
Working phase	• Activities to address the managerial and educational challenges identified as affecting the clinical supervision of nursing students in order to support registered nurses during clinical supervision of nursing students • Activities to provide registered nurses with knowledge and skills in relation to the concept of clinical supervision • Activities to create a conducive environment and enhance constructive interpersonal relationships among registered nurses and between registered nurses and nursing students that promote effective clinical supervision
Termination phase	• Evaluation and feedback on the training outcomes • Closing of the workshop

5.2.7 Description of the content of the educational programme that was developed

The content was described based on the objectives that were generated on the basis of the data analysis.

5.2.7.1 Objective 1: To address managerial challenges identified as affecting the clinical supervision of nursing students in order to support registered nurses during the clinical supervision of nursing students

In order to address the managerial challenges experienced by registered nurses and nursing students, the following guidelines were formulated:

- Workload management and addressing the issue of the nursing staff shortage
- Addressing the issue of the lopsided supervisor-student ratio
- Addressing the unavailability of clinical instructors

In order to address the managerial challenges experienced by registered nurses and nursing students, the following guidelines were formulated:

Workload management and addressing the issue of the nursing staff shortage

- There should be clear rules, policies, and guidelines for providing clinical supervision at the health facilities provided that they are known to registered nurses and nursing students.
- Supervisors need to know what their goals in life are; it is also necessary to draw up a list of personal and career goals.
- All the supervisors should be involved in all activities from planning, organisation, implementation, and evaluation.
- All the activities should be appropriately clear to all the attending supervisors.

- Registered nurses need to plan and organise supervision sessions more effectively, these actions include planning and scheduling activities in order to accomplish the set goal.

Addressing the issue of a lopsided supervisor-student ratio

- Registered nurses should delegate the responsibility and authority when it possible.
- Time management through effective planning and scheduling of the work time to insure that the most important work is completed and that sufficient time is allowed for unexpected emergencies and crises that may occur during the facilitation process.
- Registered nurses need to keep a time log of their activities.

Addressing the unavailability of clinical instructors

- Consensus decision-making: Registered nurses should have time to debate and agree on the who, how, and when of clinical supervision.
- Negotiation: There should be a regular platform for individual supervisors, hospital management, and training health professionals to deliberately meet with the aim of reaching a jointly acceptable agreement about the clinical supervision of nursing students.

5.2.7.2 Objective 2: To address educational challenges by providing registered nurses with knowledge and skills with regard to the concept of clinical supervision

To overcome those challenges following activities need to be carried out for the facilitation of the following guidelines

- Provision of knowledge and skills about the supervision role
- Addressing the gap between theory and practice
- Updating of supervisors

Provision of knowledge and skills about the supervision role

- To educate, train, and disseminate information by providing registered nurses with basic knowledge, skills about morals and values, and an understanding of clinical supervision.
- The supervisors need to have knowledge and skills about clinical supervision that includes the following topics: Definitions of models and components of clinical supervision; core content of supervision interventions; qualities, roles, and responsibilities of a supervisor; and supervisor preparation.
- Training and educating methods should be used during the acquisition of knowledge and skills. These methods could be group discussions, role playing, lecturing, group discussion, counselling, and demonstrations.
- There should be adequate and effective training and educational materials to be used during the process.

Addressing the gap between theory and practice

Strategies for conflict management: Mechanism on how to approach conflict caused by the gap between theory and practice through corroboration between those who are providing theory and supervisors of practice. Through collaboration different perspective are examined, new ideas and possibilities are explored and common knowledge derived can be used to reach the conclusion on how to tackle this problem. Fostering of the integration of theory and practice need to be emphasised**.**

Updating of supervisors

- Training and education should be formal or informal which could take place in wards or lecture halls at the health facility or elsewhere.

5.2.7.3 Objective 3: To address non-conducive environment through teaching and motivation in relation to constructive interpersonal relationships among registered nurses and between registered nurses and nursing students that promote effective clinical supervision of nursing students by registered nurses

These objectives aim at creating interpersonal relationships and among the registered nurses and between registered nurses and nursing students by increasing self-awareness, openness, trust, communication, receptiveness and motivation. An effective environment for clinical supervision and clinical learning includes a physical environment to deliver quality care and facilitate the development of competencies. It should provide teaching and learning opportunities, resources, space, and referral materials that enhance teaching and learning. An effective

environment for clinical supervision is characterised by a humanistic approach to students during clinical supervision (Quinn, 2000). There must be a sound leadership who values the education of nursing students and provides direction for registered nurses by promoting a conducive environment, trust, respect, and support for colleagues and nursing students. In order to achieve the abovementioned objectives, the following guidelines need to be implemented:

- Addressing the issue of poor guidance of nursing students and poor interpersonal relationships
- Addressing the issue of poor communication
- Addressing the issue of hospital stock shortages

Addressing the issue of poor guidance of nursing students nurses and poor interpersonal relationships

- Building trust and relationships among registered nurses and between registered nurses and nursing students, showing interest, and listening to their needs and goals.
- Collectively putting issues on the table, creating a comfortable environment for the expression of all possible points of view.
- Developing agreements, implementing the agreed plan of action, monitoring progress, and maintaining working relationships.

Addressing the issue of poor communication

- An effective communication process should involve the exchange of strategic information, thoughts, ideas, or emotions in a comprehensive and productive manner.
- Communication should be a two-way process during which all the stakeholders actively participate and are involved in discussion until consensus is reached.
- Communication content should be clear, simple, and open with the purpose of facilitating the same understanding and interpretation of the message.
- The use of common language should facilitate continual interpersonal dialogue, shared meaning, understanding, interpretation, and accurate analysis of the communicated information.
- The communication process should be relevant, comprehensive, and timely.

Addressing the issue of hospital stock shortages

- Mobilisation of material needed for clinical supervision.
- Emphasising stock control and stock management strategies.
- Consultation meeting between registered nurses and hospital management to discuss hospital stock control.

5.3 SUMMARY

In this chapter, the researcher describes the developmental process of an educational programme to support registered nurses in the provision of effective clinical supervision to nursing students. The programme development constituted Phase 3 of this study and it was based on the survey guide suggested by Dickoff *et al*. (1968) that guided the researcher according to the six survey components (Chapter 4). Furthermore, the programme was also developed congruent to the educational expectations that a programme should have a specific focus based on a needs assessment; a specific focus should be a crucial component of programme development. The approaches, as well as implementation process is described. The learning characteristics of adult learners are described in detail to ensure that facilitators are aware and sensitive to the requirements, as set out in the development of the conceptual framework of the programme (Willis & Ricketts, 2004; Dolinsky, 2000). The next chapter deals with the implementation and evaluation of the educational programme.

CHAPTER 6

PROGRAMME IMPLEMENTATION AND PROGRAMME EVALUATION

6.1 INTRODUCTION

In the previous chapter the development of the programme is discussed. This chapter focuses on the implementation and evaluation of an educational programme to support registered nurses at training health facilities in the Oshana Region during the clinical supervision of nursing students. This chapter is divided in two sections. The first section deals with the implementation of the educational programme while section two comprises the evaluation of the feasibility of the implementation of the programme and the evaluation of the outcomes of the programme implementation.

6.2 SECTION ONE: PROGRAMME IMPLEMENTATION

In this section, the procedures for the programme implementation that includes the executing of planned activities are described (Lundy & Janes, 2009). To achieve the effective implementation of a programme that leads to the achievement of the desired goals and objectives, it is important that an appropriate implementation method needs to be selected. Therefore, the section consisted of the content of an educational programme developed, the methods used, as well as the theories that were selected and applied for its implementation. For this study, a two-day workshop was selected as a method for implementation of an educational programme to registered nurses. The context and methods used, as well as theories that were applied for the programme implementation were described.

6.3 CONTEXT

A training workshop was conducted to support registered nurses at a training health facility during the clinical supervision of nursing students in the Oshana Region.

6.4 POPULATION OF THE IMPLEMENTATION PHASE AND SAMPLING PROCEDURE

The workshop was attended by registered nurses (registered nurses from a training institution and training health facilities) from the Oshana Region. Participants were selected using a criterion sampling method (registered nurses who were supervising second and third year nursing students during clinical practice; those registered nurses were from medical and surgical wards at training heath facilities in the Oshana Region and had been working there for a year or more). There were no limitations on the number / sample size; the researcher allowed all participants who turned up to attend the workshop. Seventeen participants chose to attend the workshop. .

6.5 ADVANCED ARRANGEMENTS FOR THE EDUCATIONAL PROGRAMME

In order to ensure that a programme is successful and effectively implemented, and achieves its aim; certain activities should be carried out beforehand. This methodology is supported by Rew (2005) who explains that the effective organisation creates a safe environment that is conducive to the participants' exploration and discovery, as well as the extension of their skills.

Certain aspects were considered before the implementation of the programme.

6.5.1 The venue

The UNAM Oshakati Campus library boardroom was the chosen venue for the workshop. The venue was suitable because it was well equipped with enough chairs and tables, and enough space and light to contribute to the smooth running of the programme implementation. Participants were seated in a circle to create open communication and a feeling of mutual support in the group. Some tables and chairs were prepared for group work and other activities.

6.5.2 Time schedule

The workshop was held from nine o'clock in the morning until five o'clock in the afternoon; this training period corresponded with the usual working hours of the participants.

6.5.3 Programme schedule

The programme schedule was divided into three sessions to be covered during a two-day workshop. In this programme, the facilitator adhered to the programme schedule in terms of times and training activities. However, she was flexible and allowed for changes to the programme activities. Flexibility respected the unique qualities of the group, its needs, and its potential, and its purposes to the individual members (Doel, 2006). Flexibility also allowed the facilitator to respond to the immediate needs of individuals and the group as those needs arose.

6.5.4 Resources and training aids

The facilitator supplied learning materials; such as summary or hand-outs of presentations, marker pens, flip charts; as well as snacks during breaks. The provision of snacks also maintained group cohesion and provided an opportunity to practice social skills and to reflect on group experiences.

6.5.5 Group norms

Group expectations and group norms were discussed with the participants at the beginning of the programme implementation to obtain their input with regard to group norms. Those expectations and norms had to be maintained throughout the programme. In order to facilitate communication during the programme, participants wore name tags that displayed names they wanted to be called by during the workshop. The group members were assured that their privacy and confidentiality would be respected and observed.

6.6 FACILITATION TECHNIQUES

Facilitation is an interactive goal-orientated process of learning that leads to self-discovery (Pretorius, 2008). It assists with enabling participants to discover their existing knowledge, to further develop their personal learning, to explore their potential, and to identify the available options in order to actualise their full potential. Facilitation is a technique usually used by a facilitator to lead and guide a group; in this study, a workshop format was used. It is based on the assumption that a facilitator guides participants to gain knowledge through active participation in the context of small group activities (Meyer, 2004, p. 11-13). In this study, the facilitator

guided participants in experiential groups to discover their existing knowledge, to further develop their own learning, to discover their potential, and to weigh up their options. Those activities assisted them with making skilled and informed life decisions. The facilitation of this programme was based on a framework. The facilitation framework followed is shown graphically in Figure 6.1

A key phrase in experiential learning is “freedom within structure”, which means that registered nurses should feel free to express themselves in the structured group environment. The structure, framework, and boundaries of experiential the workshop provided them with a sense of security. It allowed them to explore and reflect on feelings, thoughts, and behaviour (Ritchie & Lewis, 2006). All participants were required to commit to all the workshop sessions.

The facilitator prepared the topic content, structure, and materials prior to the initiation of the programme (Kobus, 2007). The facilitator took care of time management and provided refreshments. The facilitator also made adjustments and comments to what had been discussed during the day after every session. Recommendations were made during the evaluation section.

The workshop was presented in the official language which is English; the usual communication language of registered nurses at work. The facilitator used carefully selected techniques during the workshop.

6.6.1 Icebreakers

According to the English Collins Dictionary (2000), an ice breaker is something intended to relieve mutual shyness at a gathering of strangers. In this study, icebreakers were implemented to:

- create a positive group atmosphere;
- help people to relax;
- break down social barriers;
- energise and motivate;
- help people to "think outside of the box"; and
- help people to get to know one another.

Icebreakers helped participants to relax, laugh, and learn while they were enjoying themselves; it provided the group with an emotionally conducive tone for learning. At first, the participants were asked to share their names, departments or roles in the organisation, length of service, and one hardly known fact about themselves.

This "hardly known fact" becomes a humanising element that helped to break down differences, such as grade or status during future interactions. That process was followed by a discussion of the teaching methods to be used during the workshop.

During the workshop, each session consisted of role play, group activities, or problem scenarios for them to work on in a short space of time. Once every group had analysed the problem and prepared their feedback, each group had a turn to present their analysis and solutions to the wider group. The idea was not to solve a

real problem singlehandedly but to "warm up" the group for further interactions or problem solving during the workshop. The group also become familiar with each participant's style of problem-solving and interaction.

6.6.2 Lecture

Lecture referred to the presentation of pre-prepared information by the facilitator with the aim of providing the participants with necessary information. A lecture enabled the facilitator to convey a considerable amount of knowledge in a limited period of time. During technique lecture, the participants were not active although they were encouraged to ask questions and to give additional information gained from experience. In this study, the lecturing approach was limited, since other methods were used to enhance active participation of the group members.

Hand-outs were provided afterwards to serve as referral notes on what was presented.

6.6.3 Role play

Role play is an exceptionally valuable technique during training. It provides an opportunity for the direct experience of emotions that cannot be achieved by discussions alone. It helps participants to understand the range of concerns, values, and positions held by other people. Role playing was used during the facilitation of scenarios that the facilitator prepared by assigning roles to the participants to act out. During role playing, individuals were placed in an imagined situation that that mimicked reality. The other group members were expected to view the role play, reflect on it, and comment after the role playing activity.

6.6.4 Case scenarios

In order for this strategy to be successful, case studies should be well designed and they need to be conducted in a conducive environment (peaceful and non-threatening). A case scenario is defined as an in-depth analysis of real life situations. It requires participants to be actively involved in constant discussions, sharing ideas, debating, and making decisions on the phenomenon under discussion by using their own knowledge and assumptions (Meloy, 2002). After a case scenario presentation, all participants were given an opportunity to share their views about the scenario.

6.6.5 Debating

Debating is one of the teaching strategies when participants are encouraged to exchange ideas and decisions. To be able to do that, participants are confronted with real life situations that allow them the opportunity to apply their own knowledge and skills to be able to mitigate the situation. Debating could be made when used in small groups, since most people feel comfortable to share their ideas while in a small group (Smith, 2009).

6.6.6 Group discussions

The purpose of a group discussion is to encourage maximum participation from everyone in the group. Discussions can take place in one large group or in several smaller groups. When working in small groups, the important points raised by the different groups should be summarised during a plenary discussion. After each group discussion, participants went back to the plenary discussion for presenting

what they had discussed, followed by comments and questions from the whole group.

6.6.7 Plenary discussions and feedback

The purpose of plenary discussions is to share the outcomes of the smaller groups with all the other participants. Plenary discussions assist with consolidating any discussions that have been discussed in smaller groups.

6.7 PROCESS OF AN EDUCATIONAL PROGRAMME IMPLEMENTATION

Programme implementation involves putting the programme that was developed into effect; in other words, executing the planned activities of the programme (Lundy & Janes, 2009). To achieve the effectiveness of the programme implementation, its goal, and objectives; it is imperative to select an appropriate teaching methodology. For the implementation of this educational programme and to support registered nurses during their clinical supervision, the researcher selected to conduct a workshop because during a workshop it was possible to have two-way communication that encouraged the exchange of ideas and facts with the aim of sharing valued information among one another. The programme had a time frame that indicated the date and time when the workshop was staring (the selected method of programme implementation) and how long it would last. For this study, the duration of the workshop was two days. It also consisted of a work plan for implementation that was drawn up to provide guidelines about the content to be implemented, as well as when, by whom, and how it should be implemented

(Watson, 2011). The researcher kept detailed field notes, including the observational notes throughout the implementation of the programme. The implementation of each session was based on the specific objective activities of that session and it was expected to produce an outcome that would help the registered nurses during the execution of their clinical supervisory duties of nursing students. The implementation of each session was evaluated by the participants and the evaluation of the workshop was done at the end the workshop. The post-evaluation of the feasibility of the programme was done two months after the implementation.

6.8 DESCRIPTION OF PHASES OF THE IMPLEMENTED EDUCATIONAL PROGRAMME

The programme was implemented in three phases as illustrated in Figure 6.1.

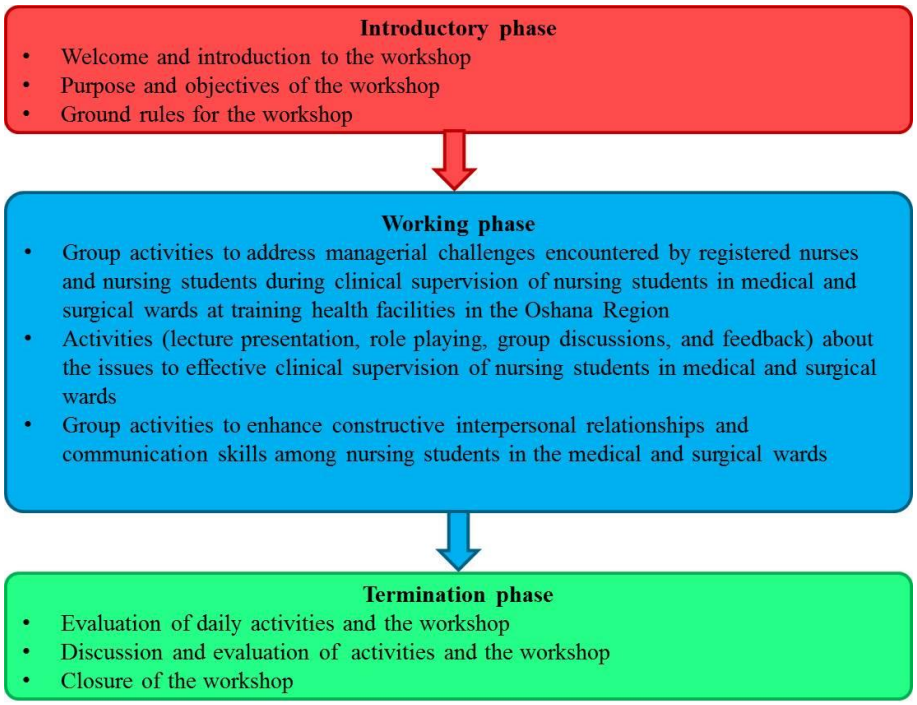


Figure 6.1: Illustration of the implementation process of an educational programme

6.8.1 Orientation phase

During the orientation phase, the facilitator invited registered nurses to participate in a workshop that took place AT a selected venue in the Oshana Region, namely the library boardroom at the Oshakati UNAM Campus on the 27th and 26th February 2014. The researcher served as the facilitator of the workshop. This phase provided an introduction to the workshop where aspects related to the purpose, goals, and objectives of the workshop and logistical arrangements of the implementation of the programme were discussed. It was held in the morning on the first day of the workshop. Participants were informed about the purpose of the programme and asked to consent to participating in the development of the programme. The ground rules and expectations were discussed and repeated at the beginning of each session. The general aims and objectives of the workshop were explained to the participants during the introduction. That was done in order to help participants to understand why they had been invited and to emphasise the importance of the workshop. The programme protocol and expectations were also dealt with.

The facilitator used ice breaker activities at the beginning of each session when it was needed in order to afford participants the opportunity to settle down and get comfortable with one another, as well as to lead them into the next session.

6.8.2 Working phase

The programme was based on the experiential learning approach within the paradigm of adult learning and structured as the second phase of the workshop. The programme addressed the needs identified during the data analysis in Phase 1 of the

study. The working phase is centred on supporting registered nurses educationally in order for them to competently execute clinical supervision to nursing students. The implementation approach acknowledged Kolb's experiential learning cycle.

The working phase consisted of three sessions which is corresponding to the programme objectives. Each session will fully explain as follows: (~~2~~).

6.8.2.1 Section1: Addressing managerial challenges identified that affected the clinical supervision of nursing students in order to support registered nurses during the clinical supervision of nursing students

This session aimed at addressing specific challenges experienced by registered nurses and nursing students as indicated in Phase 3 of the study where the research shared ideas with the registered nurses in a lecture form, followed by a group activity that explained how to deal with those challenges.

- Registered nursed and nursing students experienced too heavy a workload and a shortage of nursing staff influenced the clinical supervision of nursing students negatively.
- A lopsided supervisor-student ratio was expressed by nursing students as contributing to poor supervision of nursing students by registered nurses.
- Absence of clinical instructors in some wards influenced the clinical supervision negatively by causing an increased workload for registered nurses.

Managerial challenges that had been identified included too heavy a workload, the shortage of staff, and a lopsided supervisor-student ratio, the absence of clinical instructors during clinical practice and a shortage of materials. The facilitator shared those challenges with the participants during a PowerPoint presentation. Another activity was a case scenario that was role played by the participants who were guided by the challenges identified. Group work and group discussions were planned to be conducted after the case scenario, then feedback from the groups and discussions from the groups about they the strategies that they suggest for assisting registered nurses to overcome the challenges identified. Table 6.1 illustrates the processes followed to cover Objective 1 of the programme.

Table 6.1: Illustration of the processes followed to cover Objective 1 of the programme

Date	Time	Activities	Teaching strategies	Learning Approaches
27.02.2014	14:00-14:45	Activity 1: Awareness raising of managerial challenges (Workload and shortage of staff, lopsided supervisor-student ratio, no clinical instructors) identified that were encountered by registered nurses and nursing students during clinical supervision of nursing students in medical and surgical wards at training health facilities in the Oshana Region.	PowerPoint presentation about challenges encountered by registered nurses and nursing students during clinical supervision of nursing students.	Kolb's learning theory Concrete experience Participants gained new knowledge and values through group discussions and self-exploration based on the PowerPoint presentation.
	14:45-15:45	Activity 5: Discussions about the proposed solutions to the challenges that included: Time management and task allocation / delegation aimed to enable registered nurses to execute all their functions (administrative, educational,	Group work that involved role play based on case scenario1, feedback, and discussions with regard to time management, task allocation / delegation aimed at enabling registered nurses to carry out all their functions	Adult learner's theory Allowing contributions to the topic presented by the participants. Sharing own experiences about the challenges they had been confronted with during

		and caring functions).	(administrative, educational, and caring functions).	clinical supervision of nursing students nurses. Kolb learning theory Active experimentation through ~~penalty~~ feedback and group work based on case scenario 1.
27.2.2014	16:45-17:00	Evaluation of Day 1 proceedings		

Application of Kolb's learning theory

Concrete experience: Reflection and active experimentation

Based on the challenges encountered by registered nurses during clinical supervision, participants also agreed that they were confronted by the same challenges during clinical supervision. Furthermore, after viewing the role play, participants discussed their feelings about being a good supervisor and they reflected on their own supervisory styles, making use of the information to understand their feelings and experiences (abstract conceptualisation). The active implementation was facilitated when some participants took part in the role play and shared their experiences and feelings with the other participants.

Application of learning theory: Concrete experience

By using PowerPoint presentations, participants were expected to familiarise themselves with challenges identified during the individual interviews of registered nurses and nursing students in respect of clinical supervision. It was acknowledged that participants also had experienced some of those challenges, therefore, during group discussions they were expected to comment and to discuss how they could minimise those challenges.

Active experimentation

All participants were expected to actively take part in group discussions and during role playing some participants were role players while the other group members were the audience who had to comment on the role play.

Adult learners' theory

Participants needed to share their own experience about challenges they had been confronted with during the clinical supervision of nursing students.

According to Meyer (2004), adults learn better in the following conditions:

- Adults need to be respected and treated as people who have knowledge and experience.
- Adults need information that is useful to them, in other words, information they can use in their personal lives or at work.
- Adults need to be allowed to relate their own experiences and situations.
- Adults need to be allowed to listen to suggestions and decide what is useful to them.
- Adults need to contribute to the learning process, i.e. to give input and ideas, as well as to add value to the learning process.
- Adults need to cover information that will help them achieve their future objectives, such as career goals or other personal life challenges.

All the abovementioned principles of learning had to be taken into account during the implementation of the programme.

The following case scenario was used to enhance critical thinking and problem solving skills among the participants during group discussions.

6.8.2.2 Scenario 3: How to overcome the following managerial challenges during clinical supervision: Shortage of staff and too heavy a workload

Participants had to review the scenario below and answer the question provided.

You are a lecturer at a training institution. During your supervisory visit, you find a supervisor in charge of a surgical ward faced by the following situation: It is a busy day because nine patients need to undergo operations in that ward and she / he needs to conduct a supervisory session with nursing students allocated to her / his ward.

Write down your list of suggestions how she / he should mitigate this situation she / he finds him / herself in.

6.8.2.3 Scenario 4: How to deal with the shortage of materials (Annexure I)

Mr. Andreas aged 35 years is admitted to your ward after a motor vehicle accident. Observations at the casualty revealed the following:

BP 80/60, Pulse 100/min, Respiration 30/min.

You are faced with the challenge of shortage of equipment including baumanometers® in your ward. View the scenario above and provide your opinions based on your supervisory role to address this challenge.

6.8.2.4 Scenario 5: Shortage of equipment (Annexure I)

As a lecturer, during your student supervision in medical and surgical wards, you are experiencing situations where nurses are complaining about the shortage of

equipment needed for nursing care and the teaching of nursing students. Write down your answers to how best this problem could be solved.

Secondly, the facilitator provides the participants with a PowerPoint presentation that was followed by a group discussion and questions, as well as comments about the issues presented. The following topics were covered to serve as support to registered nurses during clinical supervision:

Time management

According to Booyens (2005), time management means the effective and efficient use of time. Registered nurses were encouraged during the presentation to plan and schedule their work time to ensure that enough time was available for important work, as well as for expected emergency and crises that might occur.

Planning

Planning should be done timely to allow preparation by both the supervisor and supervisee with the purpose of being able to take part in clinical supervision sessions. Supervisors should draw up a list of goals and priorities that serves as a guideline for supervision and schedules the accomplishment of these goals. Booyens (2005) lists the roles and responsibilities for both supervisor and supervisee during supervisory sessions that needs to be communicated at the beginning of the supervisory session.

Task allocation / delegation, staff-student ratio

Participants were made aware of how to allocate / delegate tasks, for example careful planning is needed in order to decide which duties to delegate and to whom. Staff

members' empowerment and motivation to perform the duty allocated to them effectively and satisfactorily need to be maintained (Booyens, 2005). Supervisors remain responsible for the delegation of tasks / duties to other staff members under their supervision and they are accountable for the way in which delegated duties are performed.

Conduct meetings with health services / hospital management teams, as well as training institution staff about the number of nursing students to be allocated to the ward / unit in order to avoid overcrowding, since overcrowding is not conducive for supervision and learning in clinical practice. Conduct meetings between registered nurses at training institutions and ward supervisors to discuss student placement, objectives, supervision, and assessment (Nursing Board of Tanzania, 2006).

Mobilisation of material resources needed to provide clinical supervision

Resources mobilisation to ensure that resources needed for clinical supervision are sufficient both in quantity and quality needs to be done timely and correctly.

Regular consultations between registered nurses from training institutions / tutors and registered nurses in the wards to discuss how to share the responsibility of supervision of nursing students during practice. Raise concerns to the management about preceptors, mentors, clinical instructors, or other experts in nursing and peers to be involved in the clinical supervision of nursing students in the absence of their tutors or ward supervisors (Royal College of Nursing, n.d.).

Discuss the strategies to be followed in order to make necessary material resources available to ensure the smooth running of supervisory processes (Hinchlif, 2005).

6.8.2.5 Session 2: Providing registered nurses with knowledge and skills in respect of clinical supervision of nursing students

The aim of session one was to equip registered nurses with knowledge and skills about what clinical supervision is all about. This was done to address the following educational challenges as they were identified during Phase 2 of this study, which were: lack of knowledge about the concept of clinical supervision and the supervisory role, supervisors with outdated knowledge and skills, gap between theory and practice as experienced by both registered nurses and nursing students during clinical supervision. Table 6.2 illustrates the processes followed to cover Objective 2 of the programme.

Table 6.2: Illustration of the processes followed to cover Objective 2 of the programme

Date	Time	Activities	Teaching strategies	Learning Approaches
27.02.2014	8:15-8:45	Activity 2: Orientation to the concept of clinical supervision, as well as educational challenges identified during Phase 1 of this study.	Lecture presentation, group work and discussions, and plenary feedback.	**Kolb's learning theory** • **Concrete experience** Participants need to listen to the presentations in order to gain knowledge; therefore, concept abstraction will be gained from the PowerPoint presentations. • **Adult learning approach** that will be facilitated by allowing contributions to the topic presented by the participants through individual or group feedback.
27.02.2014	10:35-11:45	Activity 3(b) Discussions about the qualities and characteristics of a good	Role playing and group discussions about the qualities and characteristics of	• **Reflective observation** Participants need to discuss their

		clinical supervisor.	a good clinical supervisor.	feelings and views in relation to the role play and scenarios. • **Concrete experience** Participants need to listen to the presentations in order to gain concept abstraction from the PowerPoint presentation.
	12:00-13:00	Activity 4: Adequate preparation and continual support for registered nurses to participate in the crucial role of student supervision.	Scenario 3 and 6; PowerPoint presentation about adequate preparation and continual support for registered nurses in clinical supervision.	
27.02.2014	**13:00-14:00**	**Lunch Break**	**Lunch break**	**Lunch break**

To realise the abovementioned objectives, the programme contained PowerPoint presentations, scenarios, role playing and group discussions about all the aspects of clinical supervision, information about the qualities and characteristics of a good clinical supervisor, as well as how to facilitate adequate preparation and continual support for registered nurses during clinical supervision.

Role and responsibilities of a clinical supervisor, as well as the core content of supervision sessions were part of information shared during the PowerPoint presentation.

Participants had to reflect while observing role playing and case scenarios, thereafter they discussed their feelings related to the role playing and scenarios with regard to their understanding of clinical supervision, their implementation of clinical supervision in the past, their preferred approach in future.

Participants also had to gain knowledge from the presentation, including knowledge about clinical supervision the characteristics of a good supervisor. All the abovementioned information facilitated concrete experience of the participants about issues related to clinical supervision. Participants were grouped and requested to search the literature for different definitions of the concept “clinical supervision”. Different definitions were prepared and shared by the facilitator (Chapter 5) and included in the hand-out of the presentation. The definitions were explored and discussed with the purpose of illustrating to the participants that clinical supervision centred around the “what and how” of clinical supervision (Van Ooijen, 2000).

During that session, the facilitator presented a lecture using a PowerPoint presentation and the content of the PowerPoint presentation included the following information that was compared with the information gained through the literature search conducted by the participants, as well as information and activities that were covered during the implementation to address the educational challenges identified:

The concept of clinical supervision

The concept "clinical supervision" is defined differently by several authors. Some focus on the aspect of "how" clinical supervision is done while other authors focus on the "what" of clinical supervision. Van Ooijen (2000) defines it as a reflective relationship that supports and improves practice.

Bezuidenhout (2003) refers to clinical supervision as a professional entering into a relationship with the practical situation and having confidence to enter into an equal partnership with other health care professionals in their quest for making a real contribution to health and health care.

Another definition by Consedine (2004) views clinical supervision as a term that describes a formal process of professional support and learning that enables students to develop knowledge and competencies and assume responsibility for their own practice. It is an intervention that is provided by senior members of a profession to junior members of the same profession with the purpose of enhancing the professional function of the junior members. According to Driscoll (2000, p. 8), it is an opportunity (time) designed for interaction between practitioners.

Based on the definitions above, it is clear that clinical supervision is a formal process that is designed for the interaction between practitioners and involves support and learning, assuming responsibilities for practice, enabling practitioners and students to share and learn from experiences, sustain the development of professional skills, and reflective practice.

Modes and models of clinical supervision

Another lecture presentation was done by the facilitator to provide registered nurses with knowledge and skills about the mode and models they could use during clinical supervision.

The information below was shared with the participants:

Modes of clinical supervision refer to the practical way of the operationalization of the process of clinical supervision while the model of supervision refers to the theoretical and philosophical underpinnings of supervision and the way in which this informs work (Freeman, 2005/6).

Components of clinical supervision in nursing

Participants were given a lecture that enabled them to gain knowledge and skills about what was needed during the planning of a supervisory session. Hand-outs that were provided to the participants included the following information as components of clinical supervision:

- Infrastructure;
- The administrative foundation that allows work based learning;

- Relevant experience in relation to clinical supervision;
- Learning culture; as well as
- the value of adhering to the knowledge and skills during clinical supervision

Qualities and characteristics of a good clinical supervisor

Two role playing events were used to introduce this topic; one dealt with the qualities of a good supervisor and the other one illustrated an example of a bad supervisor. After viewing the role plays, participants were asked to brainstorm about what they thought and felt were the qualities and characteristics of a good clinical supervisor, and reflect on how they could adapt their actions when supervising nursing students, and then give feedback. The activity was guided by the instructions in the format of the following scenarios:

Scenario 1: Skills to be conveyed to students during supervision (Annexure I)

As a supervisor in a medical or surgical ward list specific skills and practice sessions that you should schedule for your student training in your wards.

Scenario 2: Registered nurse Amanda Siwayu is a newly appointed registered nurse in a medical and surgical ward where nursing students are also allocated under her supervision (Annexure I).

Write down your views about what she needs to be prepared for executing her role and responsibilities competently.

Several factors were provided during feedback, which were compared to the ones that were prepared by the facilitator. Nearly most of the qualities and characteristics

prepared by the facilitators were mentioned and participants were encouraged to use them while they are supervising students when they would prefer to be regarded as good clinical supervisors. Hand-outs containing information about the qualities and characteristics of a good supervisor were given to the participants for further referral; the hand-outs included the following information:

A **good supervisor** needs to be knowledgeable in his / her theoretical orientation about the concept of clinical supervision and the supervisor roles, supervisee's role, supervision models, as well as clinically competent and credible. Such a supervisor is ready to share expertise by providing the supervisee with information / knowledge skills and suggestions relevant to practical problems. A supervisor needs extensive training and wide experience in the theoretical and practical field, which would assist them with achieving a broad perspective of the work. A supervisor can effectively employ a variety of supervisory interventions, and deliberately choose from these interventions based on their assessment of a supervisee's learning needs, learning style, and personal characteristics. A supervisor seeks continual growth in counselling and supervision through educational activities, self-evaluation, feedback from supervisees, clients, other supervisors, and colleagues.

Skills: In a nursing context, skills include clinical and teaching (adult learning) skills, assessment knowledge and experience by displaying technical competencies while assisting supervisees with their work, as well as competencies in interpersonal human relations. Good supervisors also have the professional skills of good teachers (e.g. applying learning theories, developing sequential short-term goals, evaluating interventions, and supervisee learning) and they are good consultants (e.g.

objectively assessing problem situations, providing alternative interventions and / or conceptualisations of problems or clients, facilitating supervisee brainstorming of alternatives, and collaboratively developing strategies for supervisee and client growth).

They need to be objective clinicians who are open minded, non-judgmental, non-abusive, non-threatening, a good listener, gentle, accepting, challenging, stimulating, provocative, reassuring, encouraging, possess a good sense of humour, a good sense of timing, innovative, genuine, self-aware, self-confident, and assertive. These abilities promote the establishment of sound relationships with supervisees and psychological safety.

Supervisors should be physically available and psychologically approachable, accessible, flexible, empathetic, and have a sense of humour. These attributes would assist the supervisor and supervisee with collaboratively mitigating difficult circumstances in their work and achieving a healthy perspective on their work.

Role models: Supervisors act as role models, share nursing knowledge and ethical codes, and focus on patient-related situations (Berggren & Severinsson, 2003).

Responsibilities of a clinical supervisor

Practical scenarios about conducting supervision were presented; thereafter, participants were given group activities to write down what they knew about the roles and responsibilities of a clinical supervisor and how to handle the situations indicated in the scenarios. Group feedback was done, including a discussion of the information presented during group feedback. Thereafter, they were encouraged to

utilise the knowledge and skills learnt from the discussion. Again, prepared hand-outs with the information below were provided to the participants additional to the group work information.

Clinical supervisors have the following responsibilities while conducting student supervision:

- Establish a safe environment where supervision could take place.
- Share information, experiences, and skills with their supervisees.
- Confront personal and professional blockages that interfere with clinical supervision; these obstacles include managing challenges (managerial, educational) that affect supervision and giving clear feedback to the supervisees and management.
- Respect confidentiality, be non-judgmental, non-abusive, and non-threatening with the purpose of building good interpersonal relationships with the supervisees.
- Keep records of supervision interventions and share them with supervisees at opportune moments.

Role of a clinical supervisor

Administrative role

This role needs the following factors to be considered for the smooth running of the supervision session: time, place, and frequency of the supervision sessions.

Supportive and facilitative role

The supervisor should be able to recognise and manage problems / stress of the supervisee and develop personal awareness related to the supportive and facilitative role.

Educational role

A supervisor identifies areas of further skills and knowledge development, which in turn improves their educational role. He or she raises awareness about different models, methods, theories, and practices that could be used during clinical supervision.

Consultative role

The supervisor has to exchange and share ideas for new practice. He or she shares problems encountered during their consultative function and identifies potential solutions to those problems (Royal College of Nursing, n.d.).

Appropriate preparation is one of the factors that determine the success of continual student supervision and positive outcomes. Nurses who are prepared for the role are more able to facilitate the transfer of nursing knowledge and behaviour in an effective way during expert guidance and assistance. Preparatory courses are provided at some nursing schools for registered nurses who are going to be responsible for supervising nursing students (Kaviani & Stillwell, 2000). However, the health providers are responsible to make preparatory courses available, enabling access and time to registered nurses to participate in those courses.

Core content of supervision sessions

The researcher distributed the prepared template to the participants for discussion and comments, as well as its future utilisation during clinical supervision. The core content of the supervision session guided the registered nurse how to conduct clinical sessions; the example of the format is illustrated in Table 6.3.

Table 6.3: Core content of supervision sessions

Content	Description
Issues	Legal and ethical issues related to the supervision that need to be taken into consideration during effective supervision.
Goals	Negotiate goals with the supervisee that he / she could use to develop a supervision plan for supervision: "SMART" (Specific, measurable, achievable, realistic, and timely).

Adopted from (www.nceta.flinders.edu.au/workforce/publication-and-resources)

Supervisor preparation

The researcher introduced this topic in the format of case scenarios that required the participants to brainstorm their feelings about the preparation for implementing their roles and responsibilities (including clinical supervision) competently. Secondary participants were engaged in the exercise to explore the information with regard to what they think could be done to prepare the registered nurses for their supervisory role. The following are the results from the discussions:

The training of supervisors needs to include, among others, initial training, seminars, and workshops that would guide them in understanding the concepts of clinical

supervision, assessment, counselling, interpersonal skills, helpful behaviour, direct guidance on clinical work, linking theory and practice, engaging in joint problem solving, and role modelling. In-service training is necessary for updating registered nurses about new developments in the field of clinical supervision when the need arises.

There must be adequate preparation and continual support for registered nurses to participate in the crucial role of student supervision through workshops and provision of educational materials, e.g. leaflets and supervision strategies. Ensure that new supervisors are orientated to the supervisory role, organisation, and policies of the facility where they are going to execute their duties (Jooste, 2009).

Ward supervisors should be role models for nursing students in whatever they do or say in the clinical setting. Therefore, it is important for them to further their academic and professional qualifications to enable them to supervise students at a required set of quality standards (Hinchliff, 2005).

According to Kilminister, Cottrell, Grant and Jolly (2007); effective supervisors possess the following qualities: Good interpersonal skills, good teaching skills, clinical competencies, and appropriate knowledge.

An equally important factor when preparing for the supervisory role, is taking into consideration that competencies and experience are essential when identifying registered nurses to supervise nursing students.

Another factor is the approach and willingness to assume a supervisory role (Ohrling & Hallberg, 2001). The education and training of registered nurses about the provision of clinical supervision should include:

Educational: Institutions in collaboration with supervisors are responsible for working collaboratively with the clinical supervisors with the purpose of supporting them with regular contact to ensure that communication systems are in place to deal with issues or queries.

Communicate any changes in student programmes or assessments timely and implement an effective evaluation system.

Application of an adult learning approach

Participants were given a lecture that enabled them to gain knowledge and skills about providing clinical supervision to nursing students. However, they were given the opportunity to self-direct the activity and take responsibility for their decisions based on the information they had gained.

On the other hand, the researcher regarded registered nurses as adult learners with knowledge and skills and they needed to share that knowledge with the purpose of contributing to the topic presented to the other participants. Throughout the session, the participants shared their individual experiences with respect and understanding.

The facilitator accepted that all participants had some experience in clinical supervision; therefore, throughout the implementation the facilitator encouraged the

participants to actively contribute during group and plenary discussions of the topic presented, as well as on the role playing and case scenarios.

Application of Kolb's learning theory: Concrete experience

Participants learnt about and acquainted themselves with knowledge and skills gained from the presentation and during group discussions; they asked questions about the topics that were presented and they discussed how they felt about the information provided.

The facilitator anticipated that participants were going to gain new knowledge and values during group discussions and self-explorations based on PowerPoint presentations, therefore, the facilitator encouraged the participants to listen attentively during the presentations. On the basis of concrete experiences the participants learnt about or acquainted themselves with new knowledge and values from interaction with the facilitator and as a result of self-exploration, discovery of existing potential, and identification of options.

Kolb's learning theory: Active experimentation

All participants were expected to actively take part in group discussions and during the role play; some participants acted as role players while the remaining participants were the audience that had to comment on the role playing. The researcher ensured the cooperation of all participants by expecting them to alternate between being role player and members of the audience during role playing Scenarios 1, 2, 3 and 6. Active experimentation encouraged the participants to practically test concrete learning.

6.8.2.6 Objective 3: To create a conducive environment and enhance constructive interpersonal relationships among registered nurses and between registered nurses and nursing students that promote effective clinical supervision

An effective environment for clinical supervision and clinical learning includes the physical environment for delivering quality care and facilitating the development of competencies. It should provide teaching and learning opportunities, resources, and space; as well as referral materials that enhance teaching and learning. An effective environment for clinical supervision is characterised by a humanistic approach to students (Quinn, 2001).

Sound leadership values the education of nursing students and provides direction for registered nurses by promoting an environment that promotes mutual trust, respect, and support for colleagues and nursing students (Mamchur & Myrich, 2003). The achievement of the abovementioned objective relies on emotional support that promotes constructive interpersonal relationships and good communication skills among registered nurses and between registered nurses and nursing students by providing continual guidance to supervisors in the form of coaching and career counselling sessions (Joose, 2009). Good team work and good communication are other equally important factors that need to be established among clinical staff and staff from a training school with the purpose of promoting the sharing of feelings, ideas, and new information related to the supervision of nursing students (Fraser *et al*., 2006). Another strategy borrowed from Toloczko (1989) examines the implementation of stress inoculation training and social support training. The training

proposed for the acquisition of sufficient knowledge, self-understanding, and coping skills to equip the nurses working at a hospital with better ways of handling stressful events. Social support training and stress inoculation training significantly improve the leadership and nurses' teamwork (Toloczko, 1989). According to the Royal College of Nursing (2002, p. 15), some form of psychological support needs to be provided to the registered nurses who supervise students with the aim of promoting behaviour, as well as the physical and mental health that would enable them to supervise nursing students effectively. Furthermore, such support would assists registered nurses with not internalising emotions that lead to maladaptive behaviour (Fraser *et al*., 2006).

In order to facilitate the implementation of this objective, the activities as illustrated in Table 6.3 were carried out.

Table 6.4: Illustration of the processes followed to cover Objective 3

Date	Time	Activities	Teaching strategies	Learning Approaches
28.2.2014	9:15-10:30	Activity 7: Discussions of constructive interpersonal relationships and communication skills among and between registered nurses and student nurses that promote effective clinical supervision of student nurses in medical and surgical wards.	Scenario 4: Role playing of constructive interpersonal relationships and communication skills among and between registered nurses.	**Kolb learning theory** **Abstract conceptualisation and active experimentation** This was facilitated by participants' involvement in role playing and group discussions while reflecting on their own interpersonal relationships. Analysed how knowledge and skills gained from the activities would make sense and add value during clinical supervision.
28.2.2014	10:30-11:25	Activity 8: Discussions about strengthening the collaboration between the nursing school staff and registered nurses at wards to facilitate information	Lecture presentation, group discussion, and plenary feedback on strengthening the collaboration between the nursing school staff and registered nurses at	**Kolb learning theory:** **Concrete experience** Participants needed to gain knowledge

		sharing in relation to student supervision.	wards to facilitate information sharing about student supervision.	and information from presentations and to analyse them during discussions.
28.02.2014	11:30-12:25	Activity 9: Practise counselling skills for providing emotional support that promotes constructive interpersonal relationships and good communication skills among registered nurses and between registered nurses and student nurses.	Scenario 3: Lecture presentation and practise of counselling skills for providing emotional support that promotes constructive interpersonal relationships and good communication skills among registered nurses and between registered nurses and student nurses.	**Abstract conceptualisation** Participants were allowed to access counselling for emotional support. **Active experimentation** Participants were involved in role playing and group discussions while reflecting on their interpersonal relationships and communication.
28.2.2014	13:00-14:00	Activity 6: PowerPoint presentation and deliberations about the mobilisation of material resources needed to provide clinical supervision.	Scenario 2 and 5: PowerPoint presentation about mobilisation of material resources needed to provide clinical supervision.	**Adult learner's theory** Sharing own experiences about being confronted by challenges during clinical supervision of student nurses.

For this educational programme implementation, PowerPoint presentations were an integral part of the programme to enable participants to gain information and analyse it in relation to the new knowledge during discussions to make sense of and its value during clinical supervision.

Participants were grouped and requested to search different for definitions from the literature of the concept clinical supervision. Different definitions were prepared by the facilitator (Chapter 5) and included in the hand-outs of the presentation that were shared with the participants. The definitions were explored and discussed to make it clear to the participants that clinical supervision centred around the "what and how" of clinical supervision (Van Ooijen, 2000).

During this session, the facilitator presented a lecture using a PowerPoint presentation that included content that was compared with the information gained from the literature search done by the participants.

The aim of Session 3 was to equip registered nurses with good communication skills and to motivate them to develop good and correct interpersonal relationships with the aim of facilitating effective clinical supervision. It provided registered nurses with the information that would support open communication between them and their students.

In order to explore constructive communication skills, the facilitator introduced a role playing activity. The participants were asked to observe a role play performed by the facilitator and one of the participants in the group. At the end of the activity, the facilitator demonstrated poor communication. The facilitator pretended to be a

supervisor, while the participant pretended to be a nursing student. After the role play, the participants were asked to comment about what they had observed. Following the discussion, two participants were invited to perform the role play; this time they demonstrated constructive communication skills. Another activity in this regard was done in the form of a scenario about the ways in which to communicate messages in order to make sure that it is clear, understood, and reached the student timely. The participants provided information based on the scenario about the effective communication of messages to students while commenting and emphasising the constructive communication skills observed.

6.8.2.7 Scenario 4: Means of communication (Annexure I)

Mrs Brown is a supervisor of a male ward. She intends to carry out an orientation sessions with nursing students allocated to her ward.

Write down your views that would assist het to ensure each student receives the invitation to the session.

Application of Kolb's learning theory

Concrete experience, abstract conceptualisation, and active experimentation

Participants gained new knowledge and skills with regard to communication and interpersonal relationships by means of direct observation of the role play and participation. They analysed their observations to make sense of and add value to clinical supervision. Secondly, they reflected on their ways of communication and their interpersonal relationships.

Kolb's learning theory: Concrete experience

Participants gained knowledge and information from the presentation and analysed it by discussing it in related to their own experiences.

Application of learning theory: Abstract conceptualisation

Another activity that supervisors and supervisees engaged in during the programme implementation was the abstract conceptualisation of the practising emotional support counselling and active experimentation of participants during role playing and group discussions while reflecting on their of interpersonal relationships and ways of communication. Abstract conceptualisation enabled the participants to systematically comprehend what would be learnt and to apply newly acquired knowledge and skills in terms of interpersonal relationships and communication.

Application of learning theory: Active experimentation

Participants were involved in role playing and group discussions while reflecting on their interpersonal relationships and ways of communication.

6.8.3 Termination phase

The programme was implemented in three phases. Phase 1 comprised the introductory phase. The working phase which in turn consisted of three sessions, and lastly, Phase 3 covered the termination phase.

During the termination phase, all the issues related to registered nurses' experiences during the implementation of the programme were summarised and reflected upon.

6.9 CONCERNS OF PARTICIPANTS AND THE FACILITATOR ABOUT PROGRAMME IMPLEMENTATION

Registered nurses raised a concern that some registered nurses did not have time to take part in the clinical supervision of nursing students. Consensus was reached to raise awareness and the importance of the importance of engaging in the clinical supervision of nursing students.

The researcher was concerned that she was not going to have a sufficient number of participants for the two-day workshop because it was conducted early in the year and it was close to the start of an academic year and activities; most registered nurses from training institutions were too busy to prepare for and welcome their new students. Another worry raised by registered nurses was the telephonic requests from some practising registered nurses to the facilitator that a one-day workshop should be conducted owing to a shortage of staff in their wards. However, as a result of several consultations and motivations by the facilitator, the workshop was attended by the required number of participants. The researcher was also concerned about the fact that she would not be able to cover the planned aspects of the workshop because the activities on day one had taken more time with the result that some activities were left for the next day. The next day, the facilitator / researcher took time into consideration during the workshop deliberations and managed to complete all the planned activities of the workshop. This was done by adding extra time, although it caused the workshop closure to be done later than it had been scheduled. That was mutually agreed upon between the researcher and participants.

6.10 SECTION 2: PROGRAMME EVALUATION

The previous session focused on programme implementation. The programme contained the goals and objectives that were aimed at supporting the registered nurses to provide effective clinical supervision to nursing students. Furthermore, the implementation followed the designed programme, which was carried out according to the time frames that had been developed. The subsequent session was concerned about the evaluation of the implemented programme. A qualitative evaluation was conducted with the participants who describe their experiences in relation to the programme activities.

All the participants of the programme implementation were asked to voluntarily participate in the evaluation of the programme. According to Pretorius (2008), programme evaluation is the assessment of whether the programme activities are congruent with the set programme. Programme evaluation, as well as evaluation of each session was done before the closure of the workshop. It was important to evaluate a session to determine how effective it had been. For the purposes of this study, processes and outcomes evaluation was conducted as proposed by Metz, Bowie and Blasé (2007). A process evaluation was conducted immediately after the implementation session to assess the feasibility of the programme implementation. The outcome of the programme evaluation was conducted three months after the implementation of the programme to determine whether there were any changes in the way in which clinical supervision had been carried out by the registered nurses in the medical and surgical wards at a training hospital in the Oshana Region. A qualitative evaluation was conducted with the purpose of allowing the participants to

share their experiences about they way in which the programme had been implemented. All participants who had attended the workshop were requested to voluntarily participate in the evaluation of the programme.

6.10.1 Programme evaluation planning

Evaluation is defined as a systematic collection of information about activities, characteristics, and outcomes of a programme (Fertman & Allensworth, 2010). It aims at providing feedback on whether the aim and objectives of the programme were achieved by utilising different approaches to examine the goals, processes, and outcomes of the programme (Jacobsen, 2011). This means that evaluation is undertaken in order to determine:

- whether the programme had been implemented as intended;
- whether the programme was effective (had reached the goals and objectives); and
- programme efficiency and attribution.

The planning process involved the designing of an evaluation approach. The approach needed to include programme indicators, as well as methods for evaluation, data collection, and timeframes for evaluation (Anderson & McFarlane, 2011).

For this study, the programme evaluation was carried out as follows:

- Evaluation of participants' general views of programme implementation;
- Impact evaluation; and
- Outcomes evaluation.

6.10.2 Evaluation of participants' general views of programme implementation

For this purpose of the evaluation, data was collected by means of filling in the evaluation tool that had been compiled by the facilitator and distributed to the participants to write down their individual responses. Open-ended questions were used in order to allow participants to express themselves without limitations.

An example of the general comment evaluation form appears in Table 6.5.

Table 6.5: Evaluation instrument for programme implementation

Share you general comments about the programme implementation based on following: 1. What did you learn during the sessions today? --- --- --- 2. What did you like most about today's activities? --- --- ---

3. What did you not understand during today's sessions?

---

4. What general comments do you have about the programme?

6.10.3 Discussion of the findings of the evaluation of the programme implementation

During this part, participants elaborated on what they had learnt, what they understood most or did not understand, as well as giving their general comments about the presentation and content of the educational programme.

Participants were requested to provide their comments about the workshop presentations.

The information derived from answering that question was likely to justify the quality of learning from the programme by the participants. The participants

described the programme and the activities as essential for enabling them to provide effective clinical supervision to nursing students. They responded to the first question as it appeared on the assessment form as follows:

"What did you learn from the sessions today?"

> *"I have learnt the definition of clinical supervision and that clinical supervision is a formal process of the profession and needs to be planned."*
>
> *"I learnt what good communication skill is between each level of student education."*
>
> *"What verbal and non-verbal communication is and the advantages of clinical supervision of student nurses and how to bring in changes which facilitate team work in the workplace."*
>
> *"The information about qualities of a good supervisor adds to my knowledge on how the supervisor should be."*
>
> *"I learnt how to supervise student nurses in the clinical area."*
>
> *"I learnt that clinical supervision should be formal and continuous. I also learnt about the models of clinical supervision and how to use them in practice. I also learnt about my role and responsibilities as a clinical supervisor."*

"I learnt an important thing today on how to narrow the gap between theory and practice."

"I learnt the principles of clinical supervision as a guide for me when I will be involved in the clinical supervision of student nurses."

"I learnt how to maintain a good relationship between myself, my colleagues, and my students."

"I learnt how to communicate openly; I think I learnt many good things in this workshop."

By answering the question **"What did you like most about today's activities?"** the participants were expected to provide their view about which implementation activities assisted them most.

Participants responded as follows:

"I have enjoyed the role play most, it was educational, and especially that it demonstrated real life situations."

"We had fun moments; I can realise that most registered nurses do not supervise student nurses in the correct way."

"I ended up criticising myself, especially after the last scenario on communication presentation which states as follow: They may forget what you say but they will never forget how you made them feel. It made me to feel the reality."

"I liked the introduction to session one where participants were asked to answer the following questions: 'Tell me about the best registered nurse you have ever had and what made him or her special?' It was really a fun moment of sharing."

"Today's activity was about reality and I learnt that we don't try out different models of clinical supervision."

"I liked the part that states that supervisors are the advocacy agents for students and that we are the ones who should teach students and show them what is right and what is not right."

"I liked the portion on how to deal with challenges; it contributed to my knowledge on how to go about it."

The information derived from answering the abovementioned question may serve as identified stumbling block to quality learning by the participants during the implementation of to programme and programme activities.

To the third question, **"What did you not understand during today's session?"** participants responded as follows:

"None, I understood almost everything."

"Everything was just important and great to me."

Some answers to the fourth question **"What did you understand during today's sessions?"** were:

"I understand about good clinical supervisors and their responsibilities."

"Possible clinical supervision scenarios used during clinical supervision of students and to be a role model."

"What the characteristics of clinical supervisors are."

"I understood that students behave the same way as their supervisors."

"I did understand almost everything."

On the question **"What general comments do you have about the programme?"** participants answered as follows:

"The programme is really useful to me."

"The workshop was well planned."

"It added to my knowledge about clinical supervision, it was well planned."

"Active participation was a great opportunity for information sharing"; "The workshop was successful."

"I would like to comment that the workshop of this nature to be done to all supervisors especially 'elders'."

"To have more workshops on the programme and not only registered nurses from medical and surgical units to attend because students work in different departments."

"The sessions were very good; I gained more skills on how to perform clinical supervision and its importance."

"This programme should be shared to all registered nurses, even two times per year".

The participants' general impression of the workshop was expressed as follows:

"The workshop was fruitful, educative, motivational and encouraging; we learned more that we were not aware of."

"We have enjoyed the discussions, role plays, they taught us who we are, and our responsibilities towards the supervision of student nurses allocated to our units. Without fully knowing who you are, and self-acceptance, change becomes impossible."

"I have identified my weaknesses and I learned how to develop positive attitudes and behaviours towards the clinical supervision of my students."

"We learned how to get rid of fear and maintain self -confidence."

One participant summed up the general experiences of the group in relation to the implementation of the educational programme by stating:

> *"We really enjoyed, we had a lot of fun though educative and motivational; the way the facilitator treated us was very much appreciated. We were treated with respect, dignity and as human beings, thanks."*

Based on her observations and her interactions with participants, the facilitator noted that during the workshop, registered nurses were quite enthusiastic about sharing their clinical supervision experiences, as well as their interaction and communication among themselves and with nursing students. They showed their interest in and the need for being supported in order to provide effective clinical supervision to nursing students. They found the workshop had benefitted them.

Impact evaluation results were drawn from the responses that had been provided by the participants during the general comments about the programme implementation and they were summarised.

Focus area 1: Programme implementation

Indicator 1: Registered nurses from medical and surgical wards participated in the programme implementation to support registered nurses in their provision of clinical supervision to nursing students.

Active participation, role playing, group work, and plenary feedback enhanced the knowledge about clinical supervision. The following quotations from the participants' responses with regard to the programme implementation represent their views:

"The programme is really useful to me."

"The workshop was well planned."

"It added to my knowledge about clinical supervision."

"It was well planned."

"Active participation was a great opportunity of information sharing."

"The workshop was successful."

"We have enjoyed the discussions, role plays; they learned us who we are, and our responsibilities towards the development of their children. Without fully knowing who you are, self- acceptance and change becomes impossible."

"I have identified my weaknesses and I learned how to develop positive attitudes and behaviours towards sexuality issues."

Focus area 2: Programme content

Indicator 2: The participants indicated their contentment with the programme activities and structures in the context of the programme duration with regard to the timing of the activities and content relevance.

"We really enjoyed, we had a lot of fun, though educative and motivational; the way the facilitator treated us was very much

appreciated. We were treated with respect, dignity and as human being, thanks."

"I have enjoyed the role play most, it was educational, and especially that it demonstrated real life situations."

"I ended up criticising myself, especially after the last scenario on communication presentation which states as follows: 'They may forget what you say but they will never forget how you made them feel. It made me to feel the reality'."

Focus area 3: Programme limitations

Indicator 3 showed the need for regular follow-up activities to enhance the continuity of the programme implementation during clinical practice.

"To have more workshops on the programme and not only for the registered nurses from medical and surgical units to attend because students work in different departments"

"The sessions were very good; I gained more skills on how to perform clinical supervision and its importance."

"This programme should be shared to all registered nurses even two times per year."

The summary of the educational programme implementation is presented in Table 6.6.

Table 6.6: Educational implementation outcomes

Focus areas	Outcomes	Indicators
1. Programme implementation	• Successful implementation of the programme activities. • Facilitation of the programme content and interventions. • Facilitation of the supportive agents of the programme activities. • Provision for active participation of registered nurses in programme implementation activities.	• Registered nurses from the medical and surgical wards participated in the programme implementation to support registered nurses during their provision of clinical supervision of nursing students. • Active participation of registered nurses during the programme implementation activities. • Active participation, role playing, group work, and plenary feedback that enhance knowledge and skills about clinical supervision.
2. Programme content	• Facilitation of the programme activities based on the needs of participants with regard to clinical supervision. • Successfully leading programme activities that support registered nurses during clinical supervision.	• Contentment with the programme activities and structures in the context of the programme and duration of the implementation with regard to the timing of the activities and content relevance.
3. Programme outcomes	• Successfully implementing the programme to support registered nurses during the clinical supervision of nursing students.	• Identification and provision of knowledge required by registered nurses / supervisors to be used during clinical supervision. • Identification and mobilisation of human and material resources required during clinical supervision of nursing students. • Registered nurses' empowerment to actively take part in clinical supervision of nursing students.

4. Programme limitations	• Routinely repeat the programme implementation for registered nurses during clinical supervision.	• Need for regular follow up activities to enhance the continuity of the programme implementation during clinical practice.

Registered nurses suggested that the programme should become a continual activity. They felt that other supervisors in all wards should also be trained, since they too were involved in the clinical supervision of nursing students when they were allocated to their wards and for uniformity purposes.

They expressed the need to have supervisors who trained other supervisors when it was not convenient for them to attend the implementation of the programme and who would assume the responsibility to train newly appointed supervisors in the region.

6.11 POST IMPLEMENTATION EVALUATION

The researcher conducted focus group discussions with registered nurses and nursing students in the medical and surgical wards two months after the implementation of the programme. The aim was to assess the long-term effects of the programme activities as might be signified by changes in the way that nursing students were clinically supervised (Metz *et al*., 2007). Registered nurses indicated that the programme had been effective and they had started to implement it although motivation and encouragement were always needed to retain the momentum of the programme implementation. For this purpose, an impact evaluation was used. It consisted of the the following areas that were considered during the evaluation:

Programme objectives, evaluation indicators, themes, categories, and level of objective achievement.

Impact evaluation

Impact evaluation was used to determine the effect of an educational programme on the knowledge and skills of registered nurses with regard to the concept of clinical supervision.

It was done with an attempt to seek and explain the outcomes and cause-effect relationships and to assess the difference that the interventions had made to the outcomes. The evaluation tool for impact evaluation is illustrated in Table 6.7.

Table 6.7: Impact evaluation tool for an educational programme to support registered nurses during clinical supervision

1. Tell me what have you have learnt from the workshop that is applicable to your daily routine of supervising students in your unit.

……

……

……

……

2. Could you please share your experiences about the ways in which your attendance of the implementation of an educational programme address the challenges you are encountering during clinical supervision.

……

……

……

……

……

3. Please tell me about your experiences with regard to the interaction and communication among supervisors and between supervisors and nursing students after the workshop you had attended.

……

……

……

…….....

6.11.1 Discussion of the evaluation findings after the programme implementation

There was evidence that the programme was implemented at the hospital by the registered nurses, based on the objectives that were planned to be met.

Data from the above findings revealed the following with regard to the successful implementation of the programme.

Programme objective 1

Indicator 1: Minimum managerial and educational challenges were experienced during clinical supervision.

The programme objective that targeted to address the managerial and educational challenges identified as affecting clinical supervision of nursing students in order to support registered nurses during clinical supervision of nursing students was met. Registered nurses found support from the programme and they were able to manage time and resources better than before; that enabled them to take part in and execute clinical supervision of nursing students effectively.

> *"The programme gave me a starting point to manage my limited time and to be able to have time with my student nurses."*

> *"I did not believe that I will be successful in student supervision with that small number of registered nurses in the unit but when I delegate some tasks to other registered nurses it minimises my burden and now I am able to care for both my patients and my students as well."*

> *"The programme gave me encouragement to approach my management when I am in need. I was demoralised because I thought that it is just wasting my time but sometimes we need to wait for such a time to get what we want."*

> *"The programme taught me a lesson on how to take care of my resources; I create the feeling of ownership in me."*

Programme objective 2

Indicator 2: Knowledge and skills acquisition in clinical supervision of nursing students.

Registered nurses indicated that their knowledge and skills about clinical supervision had improved.

The programme objective was to provide registered nurses with knowledge and skills with regard to the concept clinical supervision. This objective was also met. Registered nurses expressed that they were encouraged and motivated to assume their role and responsibilities as supervisors. They also indicated that they were confident to provide clinical supervision to nursing students, trying to use the knowledge and skills they gained during the implementation of the programme, but still they emphasised the issue of continual motivation and encouragement in the form of workshops or group discussions. The abovementioned statements are supported by the following quotations:

> *"When I am seeing students in the wards they always remind me about the role play which was done on the day of the programme implementation; then I start thinking that let me go and something to my students."*

> *"Since the date I attended the workshop I wanted to do more to the best of my ability to bring the students to where I am now, the programme made me to reflect on how I was cared for by my supervisors when I was a student. I want to do the same; I think they are the best role models."*

"Supervision is my task, there is no way I should exempt myself from doing it. The programme bolstered me again; I thought that I am off the road, at least now I know what to do and who to ask if I have queries."

"I did not know that what I should teach my students is what is happening in my ward together with what is in their practical registers. I thought that practical registers are for their lecturers, now I feel proud to be a part of them all."

"The programme adds to my knowledge and it continues to add more. The moment I am supervising students I also learn new things from their registers Oh! It's wonderful."

Programme Objective 3

Indicator 3: Improved interaction among supervisors and between supervisors and nursing students.

The programme objective was to create a conducive environment for and enhance constructive interpersonal relationships among registered nurses and between registered nurses and nursing students to promote effective clinical supervision. This objective was met.

Registered nurses and nursing students were comfortable with one another in terms of interaction and communication.

The following quotation supports the abovementioned findings:

"The programme opened up the door for us to meet with our colleagues at the training institutions to discuss student practical books and supervision."

"Student nurses are our mirror; what they are reflecting is how we treat them; the programme changed my attitude towards them. I want to do my best to show them good examples."

"What I find in this ward is not the same in other wards I have been practicing. The supervisor here is always open and approachable to everyone."

"I am impressed by the programme schedule I found in this ward. I did not experience it before, here people are trying to keep eyes on us and teach us."

"In this ward we are attached to a supervisor every day, at least one knows where to go and ask for help if the need arises."

"Thanks for the programme, …hope was born by this programme where we meet with our colleagues from the training institution and that made us to feel as brothers and sisters, now we can do things better."

Table 6.8 summarises the programme evaluation outcomes:

Table 6.8: Summary of the programme evaluation outcomes

Programme objective	Evaluation indicator	Themes	Categories	Level of objective achievement
To provide registered nurses with knowledge and skills with regard to the concept of clinical supervision.	Knowledge and skills acquisition in clinical supervision of nursing students.	Registered nurses acquired knowledge and skills about supervision as a result of the programme.	Information acquisition with regard to: Role modelling, task allocation, educational role fulfilment, on-the-spot teaching, student follow-up assessment and evaluation, and maintenance of professional standards.	Knowledgeable and skilled with regard to the concept of clinical supervision; competent and motivated registered nurses in the clinical supervision of nursing students.
To address the managerial and educational challenges identified as affecting clinical supervision of nursing students in order to support registered nurses during clinical supervision of nursing students.	Minimum managerial and educational challenges experienced during clinical supervision.	Registered nurses and nursing students experienced support as a result of using the programme.	Improved time management; Improved resources management; Improved knowledge of clinical supervision.	Registered nurses and nursing students were confident and competent in supervising nursing students. Nursing students experienced supportive supervision.
To create a conducive environment for	Improved interaction among supervisors and	Frequent consultations between	Comfortable interaction and communication	Committed registered nurses and supervisors

Programme objective	Evaluation indicator	Themes	Categories	Level of objective achievement
and enhance constructive interpersonal relationships among registered nurses and between registered nurses and nursing students to promote effective clinical supervision.	between supervisors and nursing students.	registered nurses as well as good communication; Behavioural change and good interaction among supervisors and between registered nurses and nursing students.	among registered nurses and between nursing students and registered nurses. Frequent consultations, briefing, and information sharing between registered nurses. Feelings of being supportive, approachable, willingness, and readiness among registered nurses.	with positive interpersonal relationships and communication skills.

6.12 SUMMARY

This chapter provides an account of the implementation and evaluation of the educational programme to support registered nurses during the clinical supervision of nursing students. The practical arrangements for the implementation of the programme are explained, the implementation of the programme is discussed, as well as the evaluation conducted at the end of the programme. The results of the programme evaluation indicate a strong feasibility and successfulness of implementation of the programme activities. . The outcomes evaluation indicates that the participants found the programme worthwhile and demonstrated a positive

attitude towards the programme, since they were satisfied with the programme and tried to implement the knowledge gained during their routine activities and recommended the decentralisation of the programme. The next chapter deals with the conclusions, limitations, and recommendations of this research project.

CHAPTER 7

FINDINGS, CONCLUSIONS, LIMITATIONS, AND RECOMMENDATIONS

7.1 INTRODUCTION

This last chapter of the study presents the findings, conclusions, limitations, and recommendations in relation to the educational programme to support registered nurses during the clinical supervision of nursing students. The conclusions are based on the findings from the answers to the research question "How do registered nurses and nursing students in medical and surgical wards in a training hospital in the Oshana Region experience clinical supervision?" These conclusions were used to determine whether the purpose and objectives of the study had been achieved.

7.2 AIMS AND OBJECTIVES

The purpose of this study was to explore registered nurses' and nursing students' experiences during clinical supervision in order to develop, implement, and evaluate an educational programme for clinical supervision at a training hospital in Namibia. To achieve the aim of this study, the following objectives were formulated:

- To explore and describe the lived experiences of nursing students and registered nurses in terms of clinical supervision in the medical and surgical wards at training hospital in the Oshana Region of Namibia.
- To conceptualise the results forthcoming from the first objective in order to develop a framework for the programme of clinical supervision in medical and

surgical wards. It was through this objective that the educational programme could exclusively be developed for clinical supervision in this context.

- To develop an educational programme that facilitates effective clinical supervision in medical and surgical wards at training hospital in the Oshana Region of Namibia.
- To implement and evaluate an educational programme of clinical supervision in medical and surgical wards at training hospital in the Oshana Region of Namibia.

7.3 SUMMARY

The research goals and objectives as formulated in Chapter 1 are revisited in order to ascertain whether they have been achieved. Such the general assessment of the outcomes of this research find that the study contributed to the potential for change, with particular reference to the support of registered nurses during clinical supervision of nursing students that would benefit nursing students too, then this study has been successful in contributing to the larger body of knowledge.

The study was performed in four sequential research phases, and all the phases were carried out successfully.

7.3.1.1 Phase 1

Phase 1 consisted of Objective 1 that was a situational analysis to explore and describe the experiences of nursing students and registered nurses about the clinical supervision of nursing students in the medical and surgical wards at a training hospital.

This phase was implemented by conducting in-depth interviews with registered nurses and nursing students who were purposefully selected from the medical and surgical wards at a training hospital in the Oshana Region of Namibia.

The interviews proved to be a rich source of data that was subsequently transcribed and analysed using Tesch's (1990) open coding method. The data was contextualised and a literature study was conducted to validate the findings. It was clear from the findings that registered nurses did not provide effective clinical supervision to nursing students. The reasons why they were not able to provide effective clinical supervision to nursing students are described in the findings of this chapter.

7.3.1.2 Phase 2

Phase 2 dealt with Objective 2, the conceptualisation of the results that identified the challenges encountered by registered nurses and nursing students during clinical supervision. The conceptual framework derived from the results of the situation analysis formed the basis for the development of a programme of clinical supervision in medical and surgical wards in the Oshana Region of Namibia.

The survey list of Dickoff *et al*. (1968) was used as a basis for the formulation of the conceptual framework. The conceptual framework addressed the survey list as described by Dickoff *et al*. (1968, p. 423). It consisted of an agent, recipient, context, procedure, dynamics, and terminus. Those elements were reflected upon by the researcher in Chapter 4.

7.3.1.3 Phase 3

The programme development (Phase 3) consisted of Objective 3, the development of an educational programme to support registered nurses during the clinical supervision of nursing students in medical and surgical wards at training health facility in the Oshana Region.

The programme was structured in the format of three activities to address the following objectives:

- Session 1: Focused on addressing managerial challenges encountered by registered nurses during clinical supervision.
- Session 2: Dealt with educational challenges encountered by registered nurses during clinical supervision.
- Session 3: Comprised the teaching and motivation of constructive interpersonal relationships and communication skills among and between registered nurses and students.

7.3.1.4 Phase 4

Phase 4 dealt with the implementation and evaluation of the programme. The programme was implemented during a two days workshop that took place in the Oshana Region and participants were registered nurses who were supervising nursing students during their clinical practice in the medical and surgical wards.

The programme was evaluated twice; once before the closure of the workshop and then two months after the implementation phase. The researcher went back to the

participants after two months and held a focus group discussion with the participants and nursing students to find out how successful and effective the programme implementation had been. Registered nurses indicated a positive progress of the programme. Registered nurses also indicated that their confidence had been enhanced by the information they had gained from the programme. They became aware of their responsibilities and the role they had to play in and during the clinical supervision of nursing students. Positive remarks were also received from the nursing students with regard to the the programme. Recommendations were made during and after the implementation of the programme.

The researcher expected that changes, that occurred during the implementation of the programme or as a result of the workshop, would stimulate the self-development of the participants. The researcher, furthermore, anticipated that registered nurses would become aware of their own responsibilities, as well as the importance of constructive interpersonal relationships and open communication between themselves and their nursing students. Once registered nurses became aware of the role that they could play in the clinical supervision of nursing students, they were able to realise their importance in the provision of effective clinical supervision.

7.4 FINDINGS

The participants were asked to describe their clinical supervision experiences the data they had provided was analysed. Three broad themes were identified after the data were analysed using Tesch's open coding method for descriptive data (Creswell, 2003).

7.4.1 Findings with reference to managerial challenges experienced by nursing students and registered nurses during clinical supervision

Participants expressed clear views about the obstacles to effective clinical supervision, namely workload and the shortage of staff. Wards were overcrowded due to a big number of patients and students; that overcrowding prevented registered nurses to provide proper supervision to nursing students. The limited human resources (nursing staff) caused workload to increase, leaving registered nurses with too little time to supervise students.

Although it was reported that registered nurses were trying their utmost, the burden remained too heavy; there were too many patients and the wards were too overcrowded. Since the registered nurses could not cope, they preferred to spend more time caring for patients while neglecting the supervision of nursing students allocated to them; is the nursing students found it an overwhelming experience.

The number of nursing students allocated to each ward or other clinical units should be controlled if learning experiences of nursing students are to be enhanced, since the number of nursing students in clinical areas influences the availability of learning opportunities and clinical supervision; this situation needs to be avoided.

On the other hand, participants in this study indicated that registered nurses as supervisors should view clinical supervision of nursing students as part of their functions and quality improvement strategies in their ward because competent nursing students because of effective supervision would be able to provide quality care, therefore, also reducing the workload of registered nurses.

During this study, nursing students revealed that the supervisor-student ratio was too lopsided. That might have had negative effects on student learning, because it prohibited all nursing students from being exposed to some positive health practices in the wards and reduced the assistance given to students. It was reported that during supervision some students were left unattended while supervisors were attending to only a few because the number allocated to them was not manageable.

Registered nurses responded to the challenge about the lopsided supervisor-student ratio by indicating that they could not cope; the burden was too heavy.

The absence of clinical supervisors in some wards was another challenge indicated during the interviews that had a negative effect on the clinical supervision of nursing students. Nursing students indicated that it was preferable to have someone who would guide and supervise nursing students during clinical practice. By not allocating clinical instructors to some wards or withdrawing them from wards to perform other tasks worsened the situation and; it even necessitated the possible reappointment the clinical instructors in all clinical areas. It was also revealed that registered nurses from the training institutions were not accompanying nursing students to do clinical practice; they were only seen in clinical areas when they performed student evaluation, Both non-accompaniment of student by registered nurses from the training institution (lecturers) and absence of clinical instructors in the wards caused nursing students to feel abandoned with neither clinical instructor or registered nurse from the training institution, nor registered nurse in the ward to provide clinical supervision to them.

Nursing student participants in this study revealed that students learnt quickly and became more confident from observing the role models who were practising skills in clinical areas rather than in the classroom because it better facilitated the integration of theory and practice.

The nursing students who participated in this study revealed several experiences in relation to poor guidance by registered nurses, leaving them unsure, causing them frustrations, feelings of being abandoned, and not being regarded as part of the team. Nursing students were challenged by registered nurses who did not permit them to either take part in, or attend to the procedures done in the wards; they were only allowed to perform some daily routine activities. This study found that nursing students valued accompaniment and supervision by lecturers as an integral component of their clinical learning experience.

The results of this study revealed the too challenging shortage of materials needed during student guidance and supervision in clinical practice, since it interfered with or prevented one from carrying out tasks with the result that procedures and nursing care, as well as student learning would be compromised.

7.4.2 Findings with reference to educational challenges experienced by the registered nurses and nursing students during clinical supervision

The first theme was the educational challenges experienced by the registered nurses and nursing students during the clinical supervision of nursing students by registered nurses.

This study found the following educational challenges; those challenges were expressed by both participants (registered nurses and nursing students): Poor guidance of nursing students by registered nurses as well as a lack of knowledge about the supervisory role. It was revealed by registered nurses that practice programmes for nursing students that were followed at the time of the study were not the same as the programmes they had been exposed to during their training, therefore, it was difficult for them to supervise students without the knowledge of the programme that their allocated students were following. Because registered nurses were not familiar with the learning objectives of the nursing students, they were not allocating students according to their level of training or scope of practice to afford them opportunities to learn the skills and knowledge required at that level. Furthermore, registered nurses indicated that they were simply selected to supervise whether they were prepared to do it or not. Due to the fact mentioned above, the need for the education and training of registered nurses about supervision-related issues concerned most of the participants. They indicated that supervisors had to be regularly updated on the latest trends in clinical practice in order to enable them to supervise nursing students congruent to the relevant actual practice and technological development in clinical areas.

The study further found that there were discrepancies between what was taught in class and the actual practices in clinical areas. That was reported as causing confusion for nursing students, since they were left with the dilemma whether to obey what people were telling them at practice or not. That obstructed the integration of theory and practice.

Registered nurse indicated their need to be equipped with the latest developments in clinical supervision of nursing students because they had no workshop opportunities to keep them up-to-date. Furthermore, that would assist the supervisors who were not exposed to the same training as the nursing students whom they were supervising. The deficit in knowledge and skills made it virtually impossible for them to assist the nursing students.

This study emphasised that skills supervisors from training institutions, as well as from health and surgical wards at hospitals needed to be involved in planning learning objectives of and opportunities for nursing students needed encouragement to participate in in-service training and workshops about clinical supervision with the aim of improving their supervision skills.

7.4.3 Findings with reference to a non-conducive environment experienced by nursing students and registered nurses during clinical supervision

This study found that there poor communication between supervisors existed. Owing to the lack of contact between the registered nurses and the lectures (registered nurses from the training institution), lecturers and registered nurses in the wards were not assisted one another in supervision because they did not collaboratively discuss what was expected from them regarding in relation to nursing student supervision.

Supervisors were not sharing what they were experiencing during supervision and a need existed for both registered nurses from the training institutions and health and surgical wards to be well versed in the learning objectives of nursing students allocated to them for supervision.

The findings of this study showed that there were poor interpersonal relationships between ward staff and nursing students. Despite nursing students being allocated to medical and surgical wards to be taught, students were underestimated, manipulated, and ridiculed. Poor interpersonal relationships among supervisors and students obscured the clinical supervision of nursing students. Furthermore, it was established that there was a need for building constructive interpersonal relationships between supervisors and nursing students, as well as among supervisors through regular meetings where problems in relation to clinical practice could be addressed by all parties.

To summarise, from the findings of this study, it was clear that registered nurses and nursing students encountered challenges during the clinical supervision of nursing students.

Educational challenges, managerial challenges, and a non-conducive environment for the clinical supervision of nursing students are described in Chapter 3.

Three broad themes were identified after the data had been analysed by using Tesch's open coding method for descriptive data (Creswell, 2003).

The first theme identified the issue of registered nurses and nursing students' experiencing managerial challenges during the clinical supervision of nursing students by registered nurses. Several sub-themes were identified in this theme, namely:

- too heavy a workload and shortage of staff;
- lopsided supervisor-student ratio;

- absence of clinical instructors in some wards; and
- shortage of materials.

The second theme comprised the educational challenges experienced by the registered nurses and nursing students during the clinical supervision of nursing students by registered nurses consisted of the following sub-themes:

- lack of knowledge about the supervisory role;
- gap between theory and practice;
- Out-dated knowledge of supervisors; and
- Supervisors are providing ineffective clinical supervision.

The third theme categorised the non-conducive environment for conducting supervision with the following sub-themes:

- poor guidance of nursing students by registered nurses;
- poor interpersonal relationships between nursing students and registered nurses;
- poor communication among and between nursing students and registered nurses; and
- hospital stock shortage.

7.5 JUSTIFICATION OF THE STUDY AS AN ORIGINAL CONTRIBUTION TO THE BODY OF KNOWLEDGE

This study is an original contribution to the body of knowledge about clinical supervision. The findings are based on the themes after the analysis and

interpretation of the results and support the above statement. Furthermore, the development of the conceptual framework has formed the foundation of the development of the programme to support registered nurses during the clinical supervision of nursing students which demonstrates that this study makes an original contribution to the body of knowledge. This study is unique, since the basic goal; namely the development, implementation, and evaluation of the educational programme has been achieved.

This study makes it possible for registered nurses to receive the much needed information pertaining to the clinical supervision of nursing students, and serves as a guiding and supporting tool for the clinical supervision of nursing students.

7.6 LIMITATIONS OF THE STUDY

This study was limited by the following factors:

LoBiondo-Wood and Haber (2010) state that research studies are surrounded by limitations that cannot be controlled. This study was limited by identified factors.

In a qualitative study such as this, it is not appropriate to generalise the results to all regions in Namibia. The population and sample of the participants in this study were selected from a specific area in the Oshana Region, i.e. the Oshakati Intermediate Hospital. The use of a small purposive sample produces findings that are contextual, since the participants are not representative of all the registered nurses in Namibia. Yet, the results of this study are valuable for reference purposes and future research.

7.7 RECOMMENDATIONS

According to LoBiondo-Wood & Haber (2010) recommendations provide suggestions from the participants to the researcher with regard to the study applicability theory, practice, and further research. Furthermore, the recommendations of a researcher indicate the value of a study. A number of recommendations emerge from this research study; i.e. general suggestions for further study, for programme implementation, for future research, and for the training heath facilities.

The aim of this study has been to support the registered nurses during the clinical supervision of nursing students in the medical and surgical wards. After taking part in the programme, registered nurses are expected to accept and demonstrate their supervisory role and responsibilities for their nursing students effectively. Recommendations might assist with future planning of improving clinical supervision.

7.7.1 Recommendations for the decentralisation of this educational programme

The researcher recommends that an educational programme of this nature should ideally be provided to all registered nurses involved in the supervision of nursing students during clinical practice.

An educational programme of this nature should be offered on a continual basis to include a large number of registered nurses with supervisory responsibilities. Adopting this approach will ensure that many registered nurses, if not all registered

nurses in the Oshana Region, participate in and provide effective clinical supervision to nursing students.

is the researcher also recommends that the in-service training interventions are strengthened at training heath facilities to include student supervision in order to provide refresher training courses to supervisors with the aim of providing them with current knowledge and skills.

7.7.2 Recommendation for government support

The Ministry of Health should provide technical support (financial assistance, transport, and materials) to stakeholders that enable them to easily conduct workshops in the whole region after they have completed training those nursing supervisors at training facilities, since all registered nurses need the information to equip them with the knowledge and skills to clinically supervise nursing students at the health facilities. Money and other resources are mandatory building blocks of all training activities.

7.7.3 Recommendations for future research

The researcher echoes the valuable recommendations made by the participants of this study for further research in the same field. Future research should focus on:

- determining when and whether registered nurses are providing effective clinical supervision to nursing students after they have been trained;
- determining the knowledge, attitudes, and practice of clinical supervision of nursing students;

- identifying the relationships among registered nurses and between registered nurses and students during clinical supervision of nursing students; and
- identifying challenges that contribute to perceivable poor registered nurses' clinical supervision of nursing students.

The execution of these recommendations would undoubtedly improve the value of this programme.

7.8 SUMMARY

This chapter outlines the findings and conclusions of the study. The study is justified as an original contribution to the existing body of knowledge in general health nursing science. Limitations are described and recommendations pertaining to the programme are discussed.

7.9 CONCLUSION

The researcher wishes that this study would contribute to a clearer understanding of the need for effective clinical supervision of nursing students by registered nurses.

REFERENCES

A dictionary of nursing. (2008). *Clinical supervision*. Retrieved from: http:www: encyclopaedia. com.doc/1062/clinical supervision html.

Addis, G. & Karadag, A. (2003). An evaluation of nurses' clinical teaching role in Turkey. *Nurses Education Today*, *23*, 27-33.

Abid-Haybaghery, M., 6 :93-101Evident Based practice : Iranian nurse perception Wold view Evid, Based Nurse 2009, 6 : 93-101 [Pubmed]

Alejandro, P., Humberto. J., Agustin, G.D. (2005, October). Knowledge and Reasoning Supported by cognitive Maps. *MICA* 41-50.

Allsop, J. & Saks, M. (2007). *Researching Health: Qualitative, Quantitative and Mixed Methods*. SAGE Publications. London.

An Bord Altranais. (2003).*Guidelines on the key points that may be considered when developing a quality clinical environment*. An Bord Alstranais Retrieved from http:/www.nursingbord.ie.publication.

American Association of College of Nursing, (2011). American Association of College of Nursing faculty shortage fact sheet Retrieved 2.6.2014, from http//www.aacnnche/mediarealtioNrsgShortageFS pdf.

Andrew, M. & Cliton, F. (2000). Student and mentor perception of mentoring effectiveness. *Nurse Education Today 2000,*7, 555-562.

Andrew, S. & Halcomb, E. (2009). *Mixed method research for nursing and health Science*. London: Blackwell.

Andrews, G.J., Brodie, D.A., Andrews, J.P., Hilian,E., Thomas, B.G., Wang, J. & Rixon, L., (2006) Professional roles and communications in clinical placement A qualitative study of nursing students perceptions and some models for practice *International Journal of Nursing Studies ; 43:7,861-874*

Anderson ,ET. & McFarlane, J.M. (2011). *Community as a partner: Theory and practice in nursing.* Philadelphia: Lippincott Williams & Wikins.

Aston, L. & Moassiotis, A. (2003). Supervising and supporting student nurses in clinical placements; the peer-support initiative. *Nurse Education Today, 23*, 202-210.

Atherton, J.S. (2002.) *Learning and from experience*. Retrieved 28 September 2009 at: http://www.dmu.ac.uk.

Babbie, E. & Mouton, J. (2009). *The practice of social research (*9th ed.). Belmont. Wadsworth.

Babbie, E.R. (2010). *The practice of social research (*12th ed.). California: Cengage Learning.

Basford, L. & Slevin, O. (2003). *Theory and Practice of nursing: An integrated approach for caring practice*. Edinburgh: Campion Press LTD.

Basit, F. (2003). *Understanding qualitative research*. Pretoria: Van Schawk.

Bampton EL 2011 Guideline for clinical Nursing of the pupil nurse and Midwife in Namibia unpublished thesis submitted in fulfilment of the requirement for the dedree of master degree of Nursing Science University of Namibia, Windhoek.

Begat, I. & Serevinsson, E. (2005). Nurses' satisfaction with their work environment and the outcome of clinical nursing supervision on nurses 'experience of well-being. *Journal of Nursing Management, 13*, 221-223.

Berggren, I. & Serevinsson, E. (2003). Nurses supervisors' actions in relation to their decision-making styles and ethical approaches to clinical supervision. *Journal of Advance Nursing, 41*(6), 615-622.

Botes, A.C., Nolte, A.G.W. & Poggenpoel, M. (2004). *Research Methodology*. Johannesburg: Rand Afrikaans University.

Bradley, L. (2006). Combating a Negative Attitude. *EzineArticles* (October, 02), Retrieved May, 2, 2008 at http://ezinearticles.com/?Combating-a-Negative-Attitude&id=78538. H.R., Ryran, G.W. (2010) Qualitative Data . Systematic Approaches . Sage Publication Inc.

Bernstein, M. (2002). *Ten tips on writing the living Web. A list Apart: For people who make websites*, 149, retrieved 02 May 2008, from http://www.alistapart.com/article/write.

Braithwaite, D.O. & Baxter, L.A. (2006). *Engaging Theories in family communication: Multiple Perspective*. SAGE Publications: Thousand Oaks, London, New Delhi.

Bezuidenhout, M.C. (2003). Guideline for enhancing clinical supervision. *Health SA Gesondheid, 8*(4):12-23.

Brink, H. (2007). *Fundamentals of research methodology For Health Care Professionals*. Jute and Company (Ltd).

Brown, L., Herd, K., Humphries, G. & Parton, M. (2004). The role of the lecturer in practice placement: What do students think? *Nurse Education Today* 5(2), 84-90.

Blake, N. (2009). *Designing social research* (2nd ed.). Cambridge: Polity Press.

Black, J.M., Furnery, S.R. & Graf, H.M. (2010). *Philosophical foundation of health education.* San Francisco: John Willey & Sons.

Blessing, J.D. & Forister, J.G. (2012). Book alone: *Introduction to research and literature for health professionals* (3rd ed.). Sudbury: Jones & Barlett.

Bellini, J.L. & Rumrill, P.D. (Jnr). (2009). *Research in rehabilitation counselling: A guide to design methodology and utilization* (2nd ed.). Illinois: Charles C Thomas.

Billay , D Younge, O., 2004 Contribution to the theory development of perceptorship Nurse education Today ; 24:7,566-574

Booyens S.W. (2005). *Dimension of Nursing Management*. Juta & Co. LTD: Lansdowne S.A.

Botma, Y. Greef . M. Mulaudzi F Wright, S (2010) Research in Health Sciences Pearson Education South Africa (Pty) Ltd Town p10-238

Boeije, H. (2009). *Analysis in qualitative research*. California: SAGE.

Bucher, R., Fritz, C.E. & Quarantelli, E.L. (Undated). Tape recorded interviews in Social Research. Retrieved May, 2, 2013 at http://www. Jstor.org/sici?sici=2003-1224.

Burns, N. & Grove, S.K. (2005 (b). *The practice of nursing research*. Philadelphia: W.B. Saunders.

Burns, N.L. & Grove, S.K. (2001). *The practice of nursing research. Conduct Critique & Utilization* (4th ed.). Oxford: W.B. Saunders Company.

Burns, N.L. & Grove, S.K., (2005)(a). *The practice of nursing research. Conduct, Critique, and Utilization* (5th ed.) St. Louis: Elsevier.

Burns I Paterson IM 2004 Clinical practice and placement SUPPORT; Supporting LEARNING IN PRACTICE Nurse Education in practice Accessed May 13 2005 at www.elsevirheath.com/journal/nepr.

Byrne, J. (2007). *Sex Education: Early adolescent girl's conversations with mothers*. Thousand Oaks, London, New Delhi.

Cambridge Academic Content Dictionary. (2009). Cambridge: Cambridge University Press.

Casare, H.D.J., Knebel, A. & Helmers, K. (2003*). Ethical challenges of palliative care research*. J Pain Symptom Manage 2003:25:53-55. [Cross Ref] [Medicine] [Web of Science].

Castledine, G., 2002 Students must be treated belter in clinical area *British Journal of Nursing 11:18 1222*

Carlisle, C. & Ibbotson, T. (2005). Introduction problem-based learning into research method strategy: Student and facilitation evaluation. *Nurse Education Today 25*(7) 527-541.

Carlson, S., Kotze, W.J. & Van Rooyen, D. (2003). Accompaniment needs of first year nursing students in the clinical learning environment. *Curationis 26*(2): 30-39.

Clarke C.L., Gig C.E., Ramprogus, V. ,Clinical earning environment an evaluation of an innovative role support preregistration nursing placements" Learning in Health and Social care2003 vol.2 no2 pp105-115

Chabeli, M. (1999). Student nurses learning needs and expectations in clinical learning units *Curationis, 22*(4), 24-28.

Chetty, R. & Gwele, N.S. (2001). Graduates' perceptions of their midwifery training during the four year comprehensive nursing diploma. *Curationis, 24*(1), 77-83.

Chinn, P.L & Kramer, M.K. (2004). *Theory and Nursing. A Systematic approach* (4th ed.). St. Louis: Mosby.

Gorman, G.E. & Clayton (2005). *Qualitative research for the information professional. A practical handbook*. Facet Publishing.

Coady, N. & Lehman, P. (2008). *Theoretical perspectives for direct social wok practice: A generalistic-eclectic approach* (2nd ed.). New York: Springer.

Cohen, L., Manion, L. & Morrison, K. (2007). *Research methods in education* (5th ed.). London: Routledge.

College & Association of Registered Nurses of Alberta. (2005). Retrieved 18.7.2008 at http:www. nurse.ab.ca/pdf.

Collins A. Metz, A.J.R., 2009 How administrator can support out of school time staff Research –to result brief. Publication No2009-32 *Child trend* Retrieved May 20, 2013 at http://www.childtrend.org

Consedine, M. (2004). *Clinical values and possibilities*. Available on line at http:www.tidal model co uk/clinical-supervision.htm. Retrieved on 9.1.2006.

Cotè, C.J., Lerman. J. & Todres, I.D. (2009). *A practice of anaesthesia in infants & children* (4th ed.). Philadelphia: Saunders.

Creswell, J.W. (2003). *Research design. Qualitative Quantitative approach and mixed method approach* (2nd ed.). London: Sage Publisher.

Creswell, J.W. (2007). *Qualitative inquiry & research design: choosing among five approaches*. London, New Delhi.

Creswell. J.W. (2008). Educational Research: *Planning, Conducting and Evaluating Qualitative & Quantitative research*. Pearson Education: New Jersey.

Creswell J.W., Rocco T.S. & Hachert, T. (2011). *The handbook of scholarly writing and publishing*. San Francisco: John Willey and Sons.

Cuba, E.G. & Lincoln, Y.S. (2004). *Competing Paradigms in Qualitative Research: Theories and Issues*.

Cutis, G.B. & Schuler, J. (2010). *Your baby's first week by week* (3rd ed.). Cambridge: da Capo Press.

Dale, B., Leland, A. & Dale, J.D. (2013). *What factors facilitate Good learning experiences in clinical studies in nursing Bachelor Student's Perceptions*. Retrieved at http:/www.hindawi.com/journal/isrn/2013/626879.

Davhana-Maselesele, M. (2000). *Problems in integration theory with practice in selected clinical nursing situations*. Unpublished master's dissertation Pretoria University of South Africa.

Davies, T.T., Kumtepe E.G. & Aydenis, M. (2007). Fostering continuous improvement and learning through peer assessment: Part of an integral model assessment. *Educational Assessment 12*(2), 112-135.

De Vos, A.S. (2007). *Research at the grass roots*. Pretoria: Van Schaik publishers.

De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L. (2007). *Research at grassroots for Social sciences and human service professions*. Pretoria: Van Schaik.

Denzin, N.K. & Lincoln, Y.S. (2011). *The SAGE Handbook of qualitative research* (4th ed.). California: SAGE.

Dickoff, J., James, A. & Wiedenback. (1968). Theory in a practice discipline. Part 1; practice oriented theory. *Nursing Research 17*(5), 415- 435.

Driscoll, J. (2000). *Practicing Clinical supervision: A Reflective Approach*. Bailliere Trinidall: Edinburgh.

Dolinsky, B. (2000). *An Active Learning Approach to Teaching Statistics.* Retrieved 14 April 2009 at http://www.endicott.edu/staff/bdolinsky/activearticle.htm.

Donalek, J.G. (2004, October). Choosing among qualitative traditions. *Urologic Nursing*, *24*(5): 409-422.

Doel, M. (2006). *Using groupwork*. London, New York.

Erbs, B. & Kozier, S. (2008). *Fundamental of nursing: Concept, process and Practice* (8th ed.). Pearson International Edition.

Ehlers, V.J., Bezuidenhout M.C., Monareng, L.V. & Jooste, K. (2003). Post basic nursing student perception of the emigration of nurses. *SA Gesondheid 8*(4), 24-37.

Evans, R.J. (2008, October 25). Becoming a good mother: Empowering the adolescent. *AWHONN 19th Annual Conference*. Ottawa, Ontario.

Evans, T. & Hardy, M. (2010). *Evidence and knowledge for practice*. Cambridge: Polit Press.

Faculty of Health Science. (2007). *Bachelor of Nursing Science (Curriculum)*. University of Namibia: Windhoek.

Fertman, C.L. & Allensworth, D.D. (2010). *Health Promotion Programs: From theory to practice*. San Francisco: John Willey & Sons.

Forrest, S., Strange, V., Oakley, A. & The RIPPLE team. (2002) *A comparison of student evaluations of a peer-delivered sexuality education programme*. Greensides.

Forrester C 2008 Terminal care:: Psychosocial needs of significant others (ss131-169) The social Work Practitioner Reserch Retrieved may 3. 2013 at http/www.uj.ac.za

Forsyth, P. (2006). *How to Motivate People*. Kogan page. London and Philadelphia.

Fowler, J., Fenton, G. & Riley, J. (2007). *Using solution-focused techniques in clinical supervision*. Retrieved 18 October 2008 www.nursingtimes.net.

Freeman, C. (2005/2006). *Sharing the best Practice across the PTC Clinical supervision guideline for registered nurses*. Birkenhead and Wallsey: NHS.

Freshwater, D. & Avis, M. (2004). Analyzing interpreting analysis: exploring the logic of critical reflection. *Nursing Philosophy 5*, 4-11.

Frankel, A. (2008). Nurse learning style promoting better integration of theory into practice. *Nursing Times 105*, 24-27.

Fraser, M.D. & Cooper, M.A. (2006). *Survival guide for midwifery*. Churchill: Livingstone Elsevier.

Gall, M.D., Gall, J.P. & Borg, W.R. (2007). *Educational research: An introduction*. Pearson Education, Inc. Boston: New York.

Gay, L.R., Mils, G.E.,& Airasian, P. (2009) *Educational Research: Competencies for Analysis and applications 9th edition*. Pearson International Edition. Pearson

Gass, M.A. (2002, November 7-10). Kurt Hahn Address. *30th Annual Association for Experiential Educational Conferences*. Paul, M.N.

Gravett, S. (2001). *Adult learning: Designing and implementing learning events. A dialogic approach*. Pretoria: Van Schaik.

George, J.B. (2008). *Nursing Theories; The base for professional nursing practice* (4th ed.). Connecticut: Appleton & Lange.

Glanz, K., Rimer, B.K. & Visuanath, K. (2008). *Health behaviours and health education: Theory. Research and Practice* (4th ed.). Jossey-Bass Publisher.

Green, T. & Throgood, N. (2006). *Qualitative methods for health research*. London Sage.

Gorman, G.E. & Clayton, J. (2005). *Qualitative research for the information professional: A practical handbook*: Facet Publishing.

Greenway, R. (2002). *Experiential learning articles and Critiques of David Kolb's theory*. Sage. Publications: London, Delhi.

Government Gazette of the Republic of Namibia 3249. (2004). Nursing Professions (Act No 8 of 2004). Windhoek: Government Printers.

Gribich, C. (2003). *Qualitative research in health an Introduction*. London Sage.

Hagbaghery M.A.; Salsali, M.; Ahmadi, F.(2003) The factors facilitating and inhibiting effective clinical decision-making in nursing: *a qualitative study.*

Retrieved on May 13, 2013 at *http://www.ncbi.nlm.nih.gov/pmc/articles/PMC411049/*

Hall, R. (2008). *Applied social research; Planning, designing and conducting real world research*. South Yarra: MacMillan.

Hardy, M.A. & Bryman, A. (2004). *Handbook of data analysis*. Sage Publications.

Harrison, J.K. (2004). *Sexuality Education in Secondary Schools*. Bailleire Tindall: London, Philadelphia.

Hartas, D. (2010). *Educational research and inquiry Qualitative and Quantitative approaches*. New York: Continuum International.

Henderson, S. (undated). *Clinical teaching involves more than evaluating students*. Retrieved July 7, 2008 at http://1sn.curtin.edu.au/tlf/tlf1995/henderson.html.

Hlongwa, E. (2003). *Diplomate's perceptions of their psychiatric nursing component of the four-year comprehensive programme*. Retrieved July 17, 2008 from http://www.etd.unisa.ac.za/.

Hinchliff, S. (2005). *The practitioner as teacher* (3rd ed.). Elsevier: Churchill.

Hlongwa, E. (2003). Retrieved July 17, 2008. http://www.etd.unisa.ac.za/.

Hodges, B.C. & Vitedo, D.M. (2010). *Assessment and planning in health programs* (2nd ed.). Sudbury: Jones & Barlett.

Hornby 2010 Oxford Advance Leaners dictionary 8 th edition Oxford University Press

Holliday, A. (2003). *Doing and Writing: Qualitative Research*. SAGE Publications: London, Thousand Oaks..

Houser, J. (2011). *Nursing research: Reading, using and creating evidence* (2nd ed.). Sudbury: Jones & Barlett.

Iipinge, S.N. & Venter, E.S. (2003). Student nurses' experiences during rural Informal Education. Social Sciences method. 41. Thousand Oaks: Sage.

Ip, W.P. & Chan, D.C.K. (2005). Hong Kong Nursing Students' perception of the clinical environment: a questionnaire survey. *International Journal of Nursing studies 42*, 665-672.

Jackson , D; Mannix, J.2001 Clinical nuse as a teacher : Insight from students of nursing in their first semester of study . Journal of clinical Nursing 10:2.270-277.

Jacobsen, K.H. (2011). *Introduction to health research methods: A practical guide*. Sudbury: Jones & Barlett.

Jooste, K. 2003. Promoting a motivational workforce in nursing practice. *Health SA Gesondheid, 8*(1), 89-98.

Justice, T. & Jamieson, D.W. (1999). The facilitor's Fieldbook. Step-by-step procedures, checklists and guidelines, samples and templates. AMACOM.

Kaviana, N., ; Sillwell Y 2000 An evaluation study of clinical preceptorship. Nurse Education Today, 20:3 .218-226

Kaphagwani, N.C. & Usch, U. (2013). *Analysis of nursing students learning experiences in clinical practice: Literature Review*. Retrieved May 2 2014 at http://www.krepulisher.com/../sSEm-.07-3-181-13-393-usch-ute.pdf.

Kapucu, S. & Bulut, H. (2011). Turkish nursing students' view of their clinical learning environment: a focus group study. *Pak J Med Sci* 2011:*27*(5), 1149-1153./.

Kirby, D. (2007). Emerging Answers Summary: Research findings on programs to reduce teen pregnancy and sexuality transmitted diseases. Washington, DC: National Campaign to Prevent Teen and unplanned pregnancy. 2007 http://www.thenationalcampaign.org/ea2007/..

Kemper, N. (2007). Win-win strategies help relieve preceptor burden: *Nursing Management, 38*(2) 3-12.

Kelly, C. (2007). Theory of Experiential Learning. *The internet Test Journal, 3*(9).

Klerk, K. (2010). *Clinical supervision in selected hospitals*; Cape Town. Reflection on registered nurses live experiences Magister Curationis University of Western cape South Africa. Retrieved 28.7.2014 at http://etduwc-ac.29/bitstream/handle/11394/.176/klerk-mcur-2010 pdf? Sequence.

Kilminister, SM., Folly, BC., 2002 Rffective supervision in clinical practice settings Literture review medical Educaction 34:827-840

Kobus, M. (2007). *First steps in research*. Van Schaik Publishers: Pretoria. SA.

Kolb, A. & Kolb, D.A. (2001). *Experiential Learning Theory Bibliography*. New Jersey: Prentice Hall..

Kolb-Learning Styles by Saul McLeod published 2010, updated 2013 retrieved 2.7. 2014 from http://www.simplypsychology.org/learning-kolb.hmtl.

Krykjebo, J.M. & Hage, I. (2005). What we know and what they do: Nursing students experiences of improvement knowledge in clinical practice. *Nurse Education Today 25*(3), 167-175.

Landmark, B.T.H., Hansen, G.S., Bjones, I. & Bohler, A. (2003). Clinical supervision factors defined by nurses as influential upon development of competence and skills in supervision. *Journal of Clinical Nursing*, *12*, 834-841.

Lapan. S.D., Quartaroli, M.T. & Riemer, F.J. (2011). *Qualitative research and introduction to methods and design*. San Francisco: John Willey & Sons.

Lewis, D. (2003). Clinical supervision for nurse lectures. *Nursing standard 12*(290), 40-43.

Lemone, P. & Burke, K. (2004). *Medical–Surgical nursing: Critical thinking in client care.* USA Pearson Education LTD.

Lindgreen, A. (2008). *Managing market relationships: methodological and empirical insight*. Surrey: Gower.

Littleton, K. (2005). Children's personal and social development. Malden, MA. Milton Keynes, UK. Open University.

Lundy, K.S. & Janes, S. (2009). *Community Health Nursing: caring for the public's health* (2nd ed.). Sudbury: Jones & Bartlett..

Lockwood-Rayermann, S. (2003). Preceptor Leadership style and the nursing practicum. *Journal of Professional Nursing*, *19*(1), 32-37.

Lo-Boindo-Wood, G.& Haber, Judith, (2010). Nursing Research Methods and Critical appraisal for Evidence based Practice Mosby Elsevier.

Longley, M., Shaw, S. & Dolan, G. (2007). *Towards 2015 alternative Scenarios for nursing Health Education in UK in 2015* retrieved 25.4.2012 from http//wwwnmckorg/document/Research520paper/Nursing520Towards52020155summarypdf.

Luna-Reyes, L.F. & Anderson, D.L. (Undated). *Collecting and Analysing Qualitative Data for System Dynamics: Methods and Models*. Retrieved 2.6.2009 at http://hosting.ud/ap.mx/profesores.

Mabuda B.T., Portgieter, E. & Albert, U.U. 2008 Student nurse experiences during clinical practice in the Limpopo Province Curationis 31 (1):19-27.

Macnee, C.L. & McCabe, S. (2008). *Understanding nursing research: Using research in evidence Practice* (2nd ed.). Philadelphia: Lippincott Williams & Wilkins.

Magobe, N.B.D., Beukes, S. & Muller, A. (2010). Reason for student poor clinical competence in Primary health care; clinical nursing diagnosis treatment and Care: *Health SA Gesondheid 15*(1) Art.# 525 6 pages Doi 104102/hasdv15i.525.

Mamchur, C., Myrick F 2003 Preceptorship and interpersonal conflict A multidisciplinary study. Journal of Advance Nursing 43: 2, 388-196

Matheus, T.D. & Kostellis, K.T. (2009). *Designing and conducting research in health and human performance.* San Francisco: John Willey and Sons.

.McCarty, M. & Higgins, A. (2003). Moving to an all graduate profession preparing preceptors for their role. *Nurse Education Today,* 9-95.

McLafferty, I. & Morrison, F. (2004). Attitudes towards hospitalized older adults. *Journal of Advanced Nursing 40*(4), 446-453.

Maxwell, L. (2006). *Context and "Contextualization" in Sex relationship*.

Meleis, A.I. (2011). *Theoretical nursing development and progress* (5th ed.). Philadelphia; Lippincott Williams & Wilkins.

Meloy, J.M. (2007). *Writing the Qualitative Dissertation: Understanding by Doing (2nd ed.).* Lawrence Erlbaum Associates, Publishers: Mahwah, New York.

Merriam, S.B. (2009). *Qualitative research a guide to design and implementation* (3rd ed.). San Francisco: John Willey & Sons.

Mertens, D.M. (2009). *Research and evaluation in education and psychology: Integrating diversity with quantitative, qualitative and mixed methods* (3rd ed.). California: SAGE.

Metz, A.J.R., Bowie, L. & Blasé, K. (2007). *Seven activities for enhancing the reliability of evidence based practice*. Research-to-the Result Brief. Publication No

2007-31. Children Trends. Retrieved on May 19 2012 from the http: //www. Child trends org/../child trends -2007-10-01 –whyprogeval.

Meyer, M. (2004). *Effective Facilitation: Practical Guidelines for managers, facilitators, Consultants and Trainers*. NAE: New Africa Books (Pty) Ltd.

McCarty, M. & Higgins, A. (2003). *Moving to an all graduate profession*.

McEwen, M. & Wills M. (2007). *Theoretical bases for nursing* (2nd ed.). Philadelphia: Lippincott Williams & Wilkins.

McEwen, M. & Wills M. (2011). *Theoretical bases for nursing* (3rd ed.). Philadelphia: Lippincott Williams & Wilkins.

McLeod, S., 2010 : Kolb - Learning Styles retrieved December,5, 2013 from http://www.simplypsychology.org/learning-kolb.hmtl.

Mills, J.E., Francis, K.L. & Bonner, A. (Undated). *Mentoring Clinical supervision and preceptoring: Clarify conceptual definitions for Australian rural nurses*. A review article. Retrieved on 31.7.2006 at http://rrh.diakin.au.

Mochaki, N.W. (2001*). Clinical teaching by registered nurses*. Unpublished master's dissertation. Pretoria: University of South Africa.

Moeti, M.R., Van Niekerk, S.E. & Van Velden, C.E. (2004). Perception of the clinical competence of newly registered nurses in the North West Provence. *Curationis, 27*(3), 72-84.

Moleki, M.M. (2008). *Critical care nursing students' experience of clinical accompaniment in open distance learning: A phenomenological perspective.* D lit et Phil (Health studies) Thesis (8th ed.). Belmont: Cengage Learning.

Morse, J.M. (2005). *Nursing research. The application of qualitative approaches*. New York: Chapman and Hall.

Moskowitz, G.B. (2005). *Social Cognition. Understanding self and others*. London: The Guilford Press.

MOHSS Ministry of Health and Social Services (2004) Adolescent friendly heath service (AFAS) For Namibia A training manual Windhoek MOHSS

Musarurgwa, E.S. (2008). *The evaluation of effectiveness of Sexuality education programme for adolescent*. http:hdl.handle.net/10210/1582.

Nassar-Mcmillan, S. & Niles, S.G. (2011). *Developing your identity as a professional counsellor: Standard, setting and specialties*. Belmont: Cengage Learning.

O'Cauaghaint, N. & Slevin, E. (2003). An investigation of the lived experiences of registered nurses facilitating supernumery nursing student nurses. *Education Today, 23*, 123-130.

Ohaya M., 2010. Support for learning in clinical area The experience of Post registration student nurses Volume 2(1) 14:174-5

Olivier, D.G., Serovich, J.M. & Mason, T.L. (2005). Constraints and opportunities with interview transcription: towards reflection in qualitative research. *Social Forces 84*(2), 1273-1289.

Ohrling K Hallberg I 2001 The meaning of perceptorship: Nurse 'lived experience of being preceptor. Journal of Advance Nursing 33:4,530-540

Papp, I., Markkanen, M. & Von Bonsdroff, M. (2003). Clinical environment as a learning environment: student nurses perception concerning learning experiences. *Nurse Education Today, 23*, 262-268.

Papastvrou, E., Lumbrinou, E., Tsangari, H., Saarikoski, M. & Leino-Klipi, H. (2009). Student nurses experiences of learning environment. *Nurse Education in Practice*. Retrieved at journal homepage www. elsevier.com/nep.

Pretorius, L. (2008). *An educational programme to facilitate critical thinking of student nurses in Namibia*. Ph D. Thesis University of Namibia Windhoek Namibia.

Pillay, P. & Matshali, N.G. (2008). Clinical supervision and support for the bridging programme student in the great Durban area South African Nursing Association. *Curationis 31*(4), 46-56.

Polit, N.F., Beck, C.T., 2009) The nursing Research generating and Assessing Evidence for nursing practice. Lippincott Williams & Wilkins Philadelphia..

Programme development Retrieved April 2, 2009. at http//www.wwwaaa.orgg/oaaservice/program development.

Prosser, J., & Schwartz, D. (2004). *Photographs within the Sociological Research Process* New York oxford University Press.

Pequegnat, W., Strover, E., & Boyce, C.A. (2011). *How to write a successful research grant application A Guide for Social and behavioural scientist*. New York: Springer.

Preceptorship. (2003) Retrieved July 7. 2008 at http://www.nuigalway.ie/nursing/perseptorship.htm.

Pulsford , D. Boit, K., & Owen *S., (*2002) Are mentors ready to make a difference a survey of mentor's attitudes towards nurse education., *Nurse education Today 22.6.439-446*

Punch, K.F., (2005) Introduction to Social research: quantitative and qualitative approaches 2nd edition. London Sage.

Quinn, F.M. & Heights. (2007). *Principles and practice of nurse education*. Cheltenham, U.K.: Nelson Thorn

Qualitative Methodology available. Retrieved February 28.2009 at http:www.gov.mu/portal/sitencb/dcp/report qualitative mtd.doc.

Rae, L. (1997). *Evaluation Approaches for training and development: A complete resource Kit*. Kogan. Page.

Rew, L. (2005). *Adolescent health. A multidisciplinary approach to theory, research and intervention*. University of Texas, Austin, SAGE Publications: Thousand Oak, London, New Delhi.

Ritchie, G.A. & Lewis, A. (2006). Strategies to promote sexuality health. *Nursing Standard 20*(48), 34-40. Liverpool: University Hospital.

Safadi, R.R., Saleh, M., Nasser, O.S., Amre H.M. & Froclicher, E.S. (2011). Nursing students perception of nursing - a descriptive study of four cohorts. *International Nursing Review 58*, 420-427.

Saks, M. & Allsop, J. (2007). *Researching Health: Qualitative, Quantitative and Mixed Methods*. SAGE Publications: Los Angeles.

Sardo, D.S., Santos, M.R., Kock, M.C., Pires R.M., Machado, P.P. & Morais, E.E.A. (Undated). *Current Development in Technology-Assisted Education*. Available online Retrieved on 2.6.2008. at http:/www.foormatex.org/mite2006.

Sardo, D.S., Santos, M.R., Kock, M.C., Pires, R.M., Machado, P.P. & Morais, E.E.A. (Undated). *Condition and factors in nursing. Student Clinical Supervision*. Retrieved on 2.6.2008 at www.foormatex.org/mite2005.

Searle, C., Human, S. & Mogtlane, S.M. (2009). *Professional practice: a South Africa perspective*. Johannesburg: Heinemann.

Sharif, F. & Masoumi, S. (2005). *A Qualitative Study of Nursing Students' Experience of clinical Practice*: The Cochrane Library.

Shin, K.R. (2000). The meaning of clinical experiences of Korean nursing students. *Journal of Nursing Education*, *39*(6), 259-265.

SIECUS. (2005). "What does the research say about abstinence-only-until- marriage programs and comprehensive sexuality education?" Siecus Public Policy Office Factsheet". Accessed 4th November 2009. .

Silverman, D. (2006). *Interpreting Qualitative Data; Methods for Analyzing Talk, Text and Interaction*. SAGE Publications: London.

Shank, G.D. (2006). *Qualitative Research - A personal skills approach*. Pearson Merrill, Prentice hall, Columbia: Ohio.

Sloan, G. & Watson, H. (2002). Clinical supervision models for nursing structure research and limitation. *Nursing Standard*, *17*(4), 41-46.

Spouse, J. & Redferm, L. (2000). *Successful supervision in health care practice; promoting professional development*. Malden: Blakwell Science..

Smith, M.K. (2004). David A. Kolb on experiential learning. *The encyclopedia of Informal Education. Social Sciences method.* Vol.41. Thousand Oaks: Sage.

Smith, M.K. (2009). Facilitating learning and change in groups and group sessions. http/ww.infed.org/biblio/b-facil.htm.

Soanes, C., Spooner, A. & Hawker, S. (2001). Oxford' paperback dictionary thesaurus and word power guide. New York: Oxford University Press.

Spouse, J. & Redferm, L. (2000). *Successful supervision in health care practice; promoting professional development*. Malden: Blakwell Science.

Stajduhar, K., Leigh Martin, W., Bardwish, D. & Fyle, G. (2008). Factors Influencing Family Caregivers Ability to Cope with Providing End of Life Cancer Care at Home . *Cancer Nursing 31*(1), 77-85.

Steven, D. (2007). *Boost the act of giving hope or support to someone, the expression of approval and support*. Available from: Retrieved 01 November 2009 at http:/www.kidshealth.org/teen/your-body/take.

Streubert, H.J. & Carpenter, D.R., (2004). *Qualitative research in Nursing. Advancing the humanistic imperative*. Philadelphia: J.B Lippincott.

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

Swanepoel, H., (1992) Community development: putting plans into action. Kenwyn: Juta.

Tanner C.A., 2001 Competent based education The new panacea? *Journal of Nursing education 40 (9) 387-8*

Taylor, L.S. (2004). *Real parent*. Retrieved accessed 28 November 2009 at: http://www.lewrockwell.com/taylor/taylor60.html.

Thomas, J.C. (2010). *Handbook clinical psychology competence*. New York: Springer.

Thornicroft, G., Szmukler, G., Mueser, K.t., & Drake, R.E. (2011). *Oxford text of community mental health.* Oxford: Oxford University Press.

Tobias, E. (2006). *Interaction between learners who are hard of hearing and their hearing peers in regular classrooms* Unpublished Med Thesis. Oslo: University of Oslo.

Todd, C. & O'Connor, J. (2005). Clinical Supervision. In N. Skinnerf, A.M.. Roche & J. O'Connor, tice Strategies: (Y. Pollard & Todd (eds). Workforce Development Tips - Theory into practice Strategies - A resource kit for the alcohol and other drugs field. National Centre for the Education and Training on Addiction (NCETA). Flinders University: Addaillle, Australia 196 –181.

Van Dyk, A. (2000). Bachelor of Science Nursing education Centre for External studies University of Namibia, Windhoek.

Van Rhyn, W.J.C. & Gontsana, M. (2004). Experiences by student nurses during clinical placement in psychiatric units in a hospital. *Curationis*. 2004 Nov *27*(4):18-27. Retrieved at http:/www.ncbi.nlm.gov/pubmed/15712822.

Vishnevsky, T. & Beanlands, H. (2004). Interpreting research in nephrology nursing. *Nephrology Nursing Journal* March-April *31*(2).

Watson E., 2011 System approach workbook for health education and program planning Sudburg: Jones & barlet

Waldock, J. (2010). Facilitating student learning in clinical practice many nurses believe they are ill prepared an d poorly supported to supervise students Heavy

workload also prevent effective teaching and learning taking place. Retrieved February 2, 2011 at http:/www.thefreelibrary.com/facilitating+student+in+clinical+practice %3A+m.

Walliman, N. (2005). *Your Research Project - a step-by-step guide for first-time researcher* (2nd ed.). London: SAGE Publisher.

Willis, J. & Ricketts, M. (2004). *Continuous learning cycle*. Executive Edge.

Wood, N.F. & Catanzaro. M. (2002). *Nursing research. Theory and Practice*. St Louis: C Mosby.

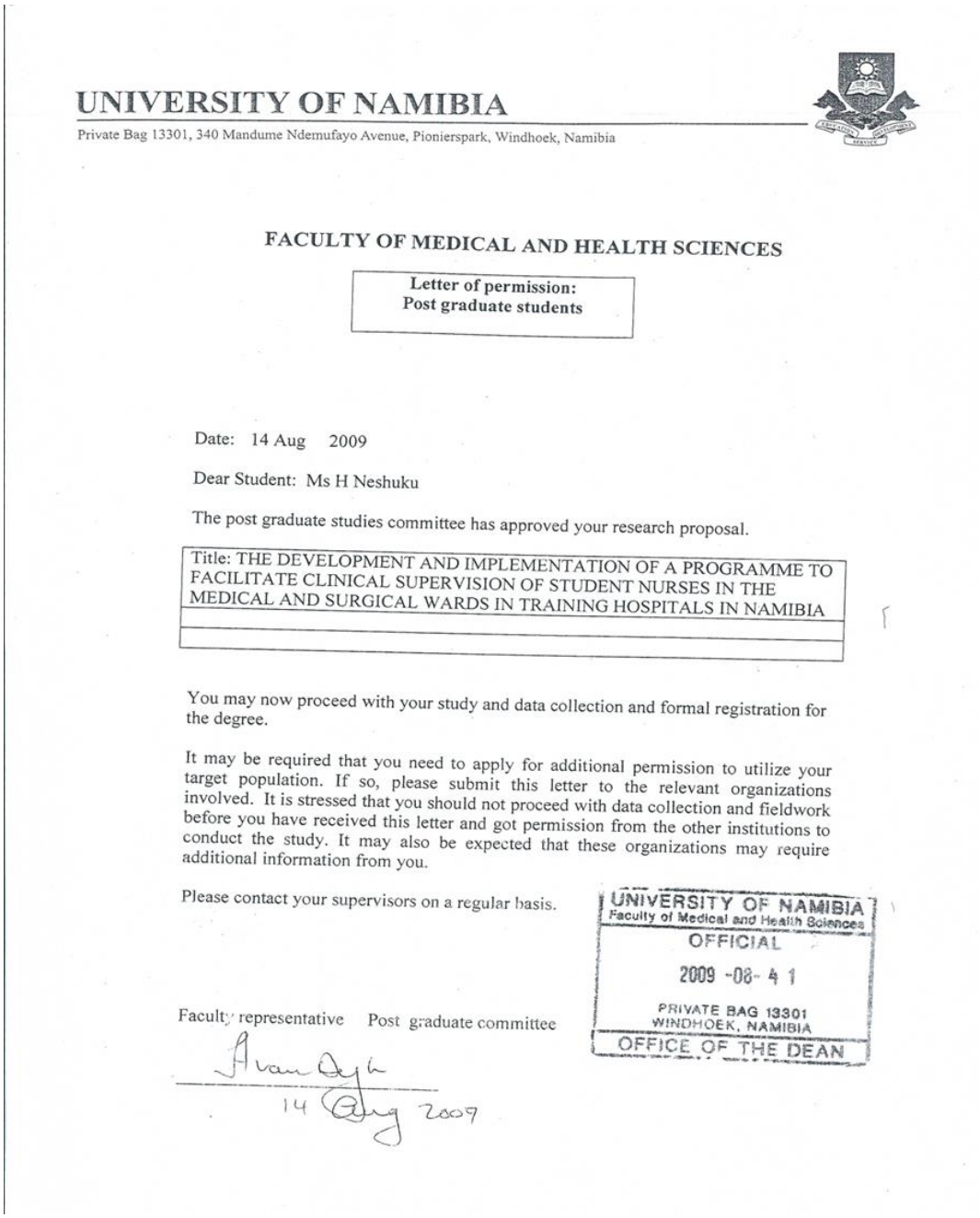
Wilkes, Z. (2006). The student- mentor relationship a review of literature. *Nursing Standard*, *20*(37), 42-47.

Yarcheski, A. & Mahon, N. (2009). Methodological challenges during 20 years of adolescent research, *Journal of Pediatric Nursing*, Volume 22, Issue 3, 169-175.

Yin, R.K. (2010). *Qualitative research from start to finish*. New York: Guilford Press.

Yowell, C.M. (2004). Risks of communication: early adolescent girls' conversations with mothers and friends about sexuality. *Early Adolescent, 2004, 17,* 172-96 www.nceta.flinders.edu.au/workforce/publication-and-resources.

ANNEXURE A: PERMISSION LETTER FROM THE UNAM POSTGRADUATE COMMITTEE TO CONDUCT A RESEARCH STUDY



UNIVERSITY OF NAMIBIA

Private Bag 13301, 340 Mandume Ndemufayo Avenue, Pionierspark, Windhoek, Namibia

FACULTY OF MEDICAL AND HEALTH SCIENCES

Letter of permission:
Post graduate students

Date: 14 Aug 2009

Dear Student: Ms H Neshuku

The post graduate studies committee has approved your research proposal.

Title: THE DEVELOPMENT AND IMPLEMENTATION OF A PROGRAMME TO FACILITATE CLINICAL SUPERVISION OF STUDENT NURSES IN THE MEDICAL AND SURGICAL WARDS IN TRAINING HOSPITALS IN NAMIBIA

You may now proceed with your study and data collection and formal registration for the degree.

It may be required that you need to apply for additional permission to utilize your target population. If so, please submit this letter to the relevant organizations involved. It is stressed that you should not proceed with data collection and fieldwork before you have received this letter and got permission from the other institutions to conduct the study. It may also be expected that these organizations may require additional information from you.

Please contact your supervisors on a regular basis.

UNIVERSITY OF NAMIBIA
Faculty of Medical and Health Sciences
OFFICIAL
2009 -08- 4 1
PRIVATE BAG 13301
WINDHOEK, NAMIBIA
OFFICE OF THE DEAN

Faculty representative Post graduate committee

14 Aug 2009

ANNEXURE B: REQUEST TO THE MOHSS FOR PERMISSION TO CONDUCT A RESEARCH STUDY

To: The Permanent Secretary

Ministry of Health and Social services

Private Bag 13198

Windhoek

From: Hanna Neshuku

P O Box 1489

Ondangwa

Tell 065 223 2257 / 018 280 2796

Date: 20 September 2009

REQUEST FOR PERMISSION TO CONDUCT A RESEARCH STUDY

Dear Sir / Madam

I am a lecturer at the Oshakati Campus, Department of Nursing Science of the Faculty of Medical and Health Sciences, School of Nursing and Public Health, University of Namibia. I hereby would like to request your permission to conduct a research study that I wish to conduct as one of the requirements for the Doctoral degree in Nursing Science at the University of Namibia. I intend to conduct my study at the Oshana Regional Hospital. The population of the study will be registered

nurses serving at University of Namibia, Oshakati Campus and supervising nursing students during practice in health and surgical wards.

Registered nurses who are supervising nursing students in medical and surgical wards at the Oshana Regional Hospital (Oshakati Intermediate Hospital), as well as University of Namibia Oshakati Campus nursing students who are practising in medical and surgical wards. The title of the study is: **Development, implementation, and evaluation of an educational programme to facilitate clinical supervision of** nursing student**s in medical and surgical wards at a training hospital in the Oshana Region, Namibia.**

The aim of the study is to develop a programme for clinical supervision of nursing students by registered nurses. Through the said programme, it is hoped that registered nurses will be educationally supported to enable them to provide effective clinical supervision to nursing students. The population of the study will be:

1. Registered nurses serving in the Nursing Department of the University of Namibia, Oshakati Campus and supervising nursing students during practice.

2. Registered nurses who are supervising nursing students in medical and surgical wards at the Oshana Regional Hospital (Oshakati Intermediate Hospital), as well as University of Namibia Oshakati Campus nursing students who are practising in medical and surgical wards. The suggested timeframe for data collection is January 2010 – March 2010.

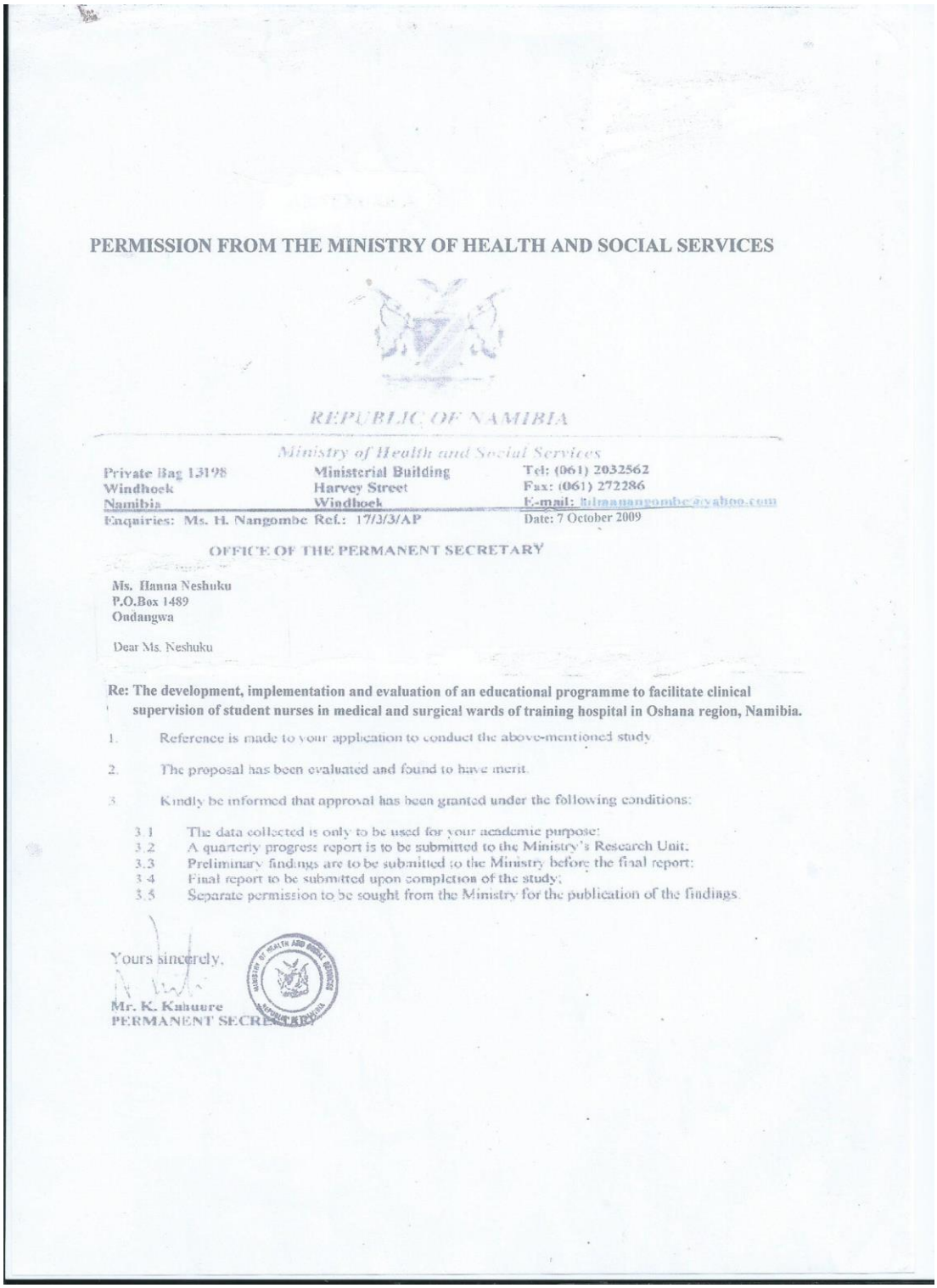
Enclosed, please find:

1. A letter from my supervisor; Prof A van Dyk, Faculty of Medical and Health Sciences, University of Namibia authorising me to conduct a study.

2. My research proposal.

Thank you in advance

ANNEXURE C: PERMISSION LETTER FROM THE MINISTRY OF HEATH AND SOCIAL SERVICES TO CONDUCT A RESEARCH STUDY



PERMISSION FROM THE MINISTRY OF HEALTH AND SOCIAL SERVICES

REPUBLIC OF NAMIBIA

Ministry of Health and Social Services

Private Bag 13198
Windhoek
Namibia

Ministerial Building
Harvey Street
Windhoek

Tel: (061) 2032562
Fax: (061) 272286
E-mail: hilmanangombe@yahoo.com

Enquiries: Ms. H. Nangombe Ref.: 17/3/3/AP

Date: 7 October 2009

OFFICE OF THE PERMANENT SECRETARY

Ms. Hanna Neshuku
P.O.Box 1489
Oudangwa

Dear Ms. Neshuku

Re: The development, implementation and evaluation of an educational programme to facilitate clinical supervision of student nurses in medical and surgical wards of training hospital in Oshana region, Namibia.

1. Reference is made to your application to conduct the above-mentioned study.

2. The proposal has been evaluated and found to have merit.

3. Kindly be informed that approval has been granted under the following conditions:

   3.1 The data collected is only to be used for your academic purpose;
   3.2 A quarterly progress report is to be submitted to the Ministry's Research Unit;
   3.3 Preliminary findings are to be submitted to the Ministry before the final report;
   3.4 Final report to be submitted upon completion of the study;
   3.5 Separate permission to be sought from the Ministry for the publication of the findings.

Yours sincerely,

Mr. K. Kahuure
PERMANENT SECRETARY

ANNEXURE D: REQUEST FOR PERMISSION FROM THE OSHANA REGIONAL HEATH DIRECTOR TO CONDUCT A RESEARCH STUDY

To: Dr N T Hamata

Oshana Regional Director

Ministry of Health and Social services

Private Bag 5538

Oshakati

From: Hanna Neshuku

P O Box 1489

Ondangwa

Tell 065 223 2257 / 018 280 2796

Date: 15 December 2009

REQUEST FOR PERMISSION TO CONDUCT A RESEARCH STUDY

Dear Dr Hamata

I am a lecturer at the Oshakati Campus, Department of Nursing Science of the Faculty of Medical and Health Sciences, School of Nursing and Public Health, University of Namibia. I hereby wish to request your permission to conduct a

research study as one of the requirements the Doctoral degree in Nursing Science at the University of Namibia. I intend to conduct my study at the Oshana Regional Hospital. The population of the study will be:

1. Registered nurses serving at the Nursing Department of the University of Namibia, Oshakati Campus and supervising nursing students during practice.

2. Registered nurses who are supervising nursing students in medical and surgical wards at the Oshana Regional Hospital (Oshakati Intermediate Hospital), as well as the University of Namibia Oshakati Campus nursing students who are practising in medical and surgical wards.

The title of the study is: **Development, implementation, and evaluation of an educational programme to facilitate clinical supervision of nursing students in medical and surgical wards of a training hospital in Oshana Region, Namibia.**

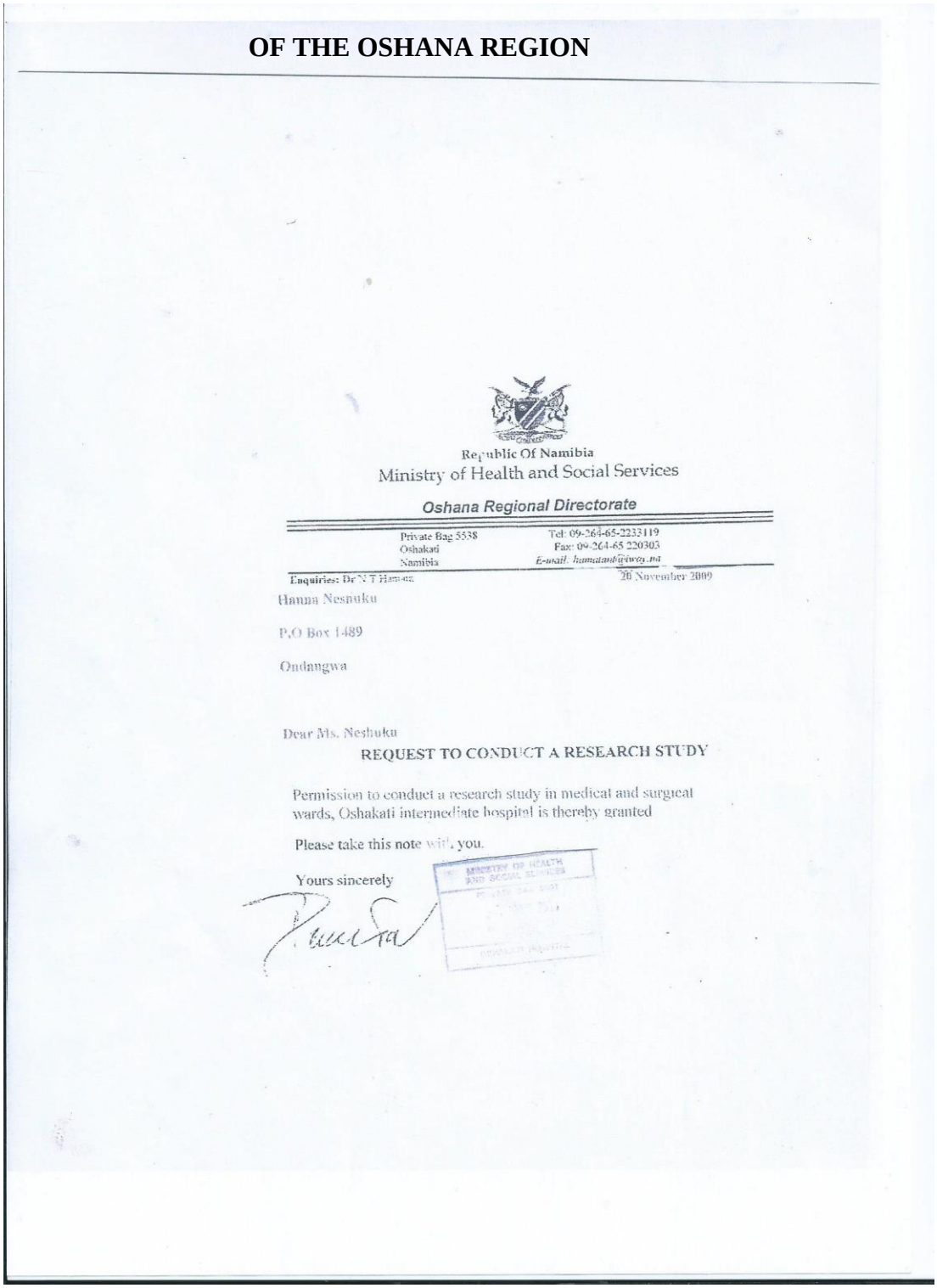
Enclosed, please find:

1. A copy of the letter from my supervisor; Prof A van Dyk Faculty of Medical and Health Science, University of Namibia, who has authorised me to continue with the a study.

2. A copy of the permission letter from the Permanent Secretary, Ministry of Health and Social Services in Namibia.

Thank you.

ANNEXURE E: PERMISSION LETTER FROM THE DIRECTOR (MINISTRY OF HEALTH AND SOCIAL SERVICES) OF THE OSHANA REGION



Republic Of Namibia
Ministry of Health and Social Services

Oshana Regional Directorate

Private Bag 5538
Oshakati
Namibia

Tel: 09-264-65-2233119
Fax: 09-264-65 220303
E-mail: hamatani@iway.na

Enquiries: Dr N T Hamata

26 November 2009

Hanna Nesnuku

P.O Box 1489

Ondangwa

Dear Ms. Neshuku

REQUEST TO CONDUCT A RESEARCH STUDY

Permission to conduct a research study in medical and surgical wards, Oshakati intermediate hospital is thereby granted

Please take this note with you.

Yours sincerely

MINISTRY OF HEALTH AND SOCIAL SERVICES

ANNEXURE F: INVITATION LETTER TO REGISTERED NURSES AND NURSING STUDENTS TO PARTICIPATE IN A RESEARCH STUDY

To: The UNAM Nursing students

Nursing Department

Faculty of Health Sciences University of Namibia

Oshakati Campus

From: Hanna Neshuku

P O Box 1489

Ondangwa

Tell 065 223 2257 / 018 280 2796

Date: 8 December 2009

Dear Sir / Madam

CONSENT REQUEST LETTER TO REGISTERED NURSES AND NURSING STUDENTS TO PARTICIPATE IN A RESEARCH STUDY

I am a lecturer at the Oshakati Campus, Department of Nursing Science of the Faculty of Medical and Health Sciences, School of Nursing and Public Health, University of Namibia. I hereby would like to request your permission to participate

in a research study as one of the requirements for admission to the degree of Doctor in Nursing Science at the University of Namibia.

The title of the study is: **An educational programme to facilitate clinical supervision of nursing students in medical and surgical wards of a training hospital in the Oshana Region, Namibia.**

The purpose of this study is to investigate how clinical supervision for nursing students is been implemented at the Oshakati Hospital, Namibia to be able to produce competent registered nurses in the field of general nursing (medical and surgical), and to develop a programme that will support a high standard of clinical supervision of nursing students by registered nurses.

The study will be conducted in four phases:

Phase 1: Situational analysis

In this phase, the researcher will conduct the research part of the study by engaging the training hospital in order to explore and describe the experiences of nursing students and registered nurses about the current situation concerning clinical supervision. This will require conducting individual interviews with the registered and nursing students.

Phase 2: Conceptualisation of empirical findings

A conceptual framework will be developed from the results of Phase 1. This framework will form the basis of the programme for the purpose of facilitating clinical supervision of nursing students. Concepts derived from the results will be

defined and described. Because it is a qualitative study, the results will determine the conceptual framework to be used as the foundation of programme development.

Phase 3: Development of the programme

The third phase will consist of developing a programme to facilitate clinical supervision of students. The themes that will be extracted from the transcripts of the individual interviews and information derived from exploring the literature will assist in developing a programme.

Phase 4: Programme implementation and evaluation

Implementation refers to the process of putting an idea into action, through a programme or set of activities and processes to facilitate the desired outcome; i.e. clinical supervision in this study. The programme will be implemented with registered nurses in a form of a workshop. The workshop will focus on how to supervise and the programme evaluation will be done thereafter.

The study period is estimated to extend between January 2010 and March 2012.

Phase 1: to start as from January 2010 – June 2010 (individual interviews with registered and nursing students).

Phase 2: to start as from June 2010; no need to enter the practical field.

Phase 3: to start as from September 2010; no need to enter the practical field.

Phase 4: to start as from January 2011; two-day workshop with registered nurses.

Currently, I am busy with Phase 1 and as per allocation; I have seen that you are allocated in wards for more than two years. Therefore, I am request your permission to take part in the study and share you experiences about clinical supervision of nursing students at the abovementioned hospital. The study and its procedures have been approved by the Permanent Secretary in the Ministry of Health and Social Services in Namibia, and the Director of the Oshana Health Region (letters will communicate to you when you choose to take part). The direct benefit for your participation in this study is that you will have an opportunity to verbalise your experiences during clinical supervision in a practical clinical area. A summary of the research findings will be made available to you on request. The interview will be audio recorded for verification by an independent expert in qualitative research. In this study, I undertake to safeguard your anonymity by omitting the use of names and places. Confidentiality will be insured by the erasure of recorded material on completion of the transcripts of these recordings. The researcher will only share the transcribed material with her supervisor and the independent expert in qualitative research.

You are hereby giving your informed consent to these proceedings and reserve the right to cancel it at any stage of the proceedings. It is understood that you are under no obligation to participate in this study.

Should you wish to contact the researcher, you may do using her phone number above.

Yours Sincerely

Date when I can meet with you: ……

Hanna Neshuku (Mrs)

Researcher

ANNEXURE G: INTERVIEWS

Part A: Interviews with registered nurses

Interviewer: Good morning colleagues my name is Hanna Neshuku, as we have already met and we know each other I am here for the interview according to our appointment.

Interviewer: As you have been allocated to the medical and surgical wards student use to be allocated in your wards for practical experience I would like to know you experience about your supervision of those students during that period It can something that have done yourself or see others are doing or it might be things you hear Another thing is that there is no right or wrong answer therefore you input will be very much appreciated For the purpose of confidentiality you are not expected to mention your name or names of other people, hospital or ward were you are working. Is that ok for you?

Interviewee: Yes During clinical supervision we face many challenges

Interviewer: Could you please share which challenges you are faced during clinical supervision?

Interviewee: One of the challenges student attitudes they a really not interested in practice nursing or even in their learning and it cause difficulties in supervising them.

Interviewer: Why are you saying they are not interested?

Interviewee: Like if you prepare a procedure during the procedure you may find that students are not interested in what you are doing because you may find that they are just playing with their cell-phones or even give you a back and leave you during the procedure that is way I say they are not interested.

Interviewer: Anything you want to add?

Interviewee: Yes, sometimes students are allocated to a unit or are given a task to do in the unit you may find that some are not where they are allocated and they are no were to be found or they are not doing what is allocated to them but they don't ask if they are having problems so one cane not help them because they are no were to be found or you don't know what their problems are.

Interviewer: Is that all you want to share?

Interviewee: Another challenge is the student ratio, student are too many while supervisors are too few this make supervisors not able to supervise them properly.

Interviewer: Oh, I see. Anything else about student ratio?

Interviewee: With that big number supervisors are not able to control them because we are also having other duties to do them end up absconding and absent from work.

Interviewee: There are some registered nurses who are running away from their teaching role and these put a burden on some registered nurses only.

Interviewer: How do you mean with that by saying running away from teaching role?

Interviewee: Some registered nurses are not willing to teach students they always refer to others who are selected as supervisors or other registered nurses from training institutions for them to be responsible for student supervision but when the students are allocated in the unit the registered nurse on duty is the one who is all the time with those student and he/she is the one who is able to see how students are performing and while doing other duties she have time to do on spot teaching so every registered nurse should guide and supervise students in his/her unit.

Interviewer: Oh, now I understand.

Interviewee: For me it is too challenging because shortage of equipment is a problem you may be willing to teach students but there are no necessary equipment so.

Interviewer: So, shortage of equipment is cause problems in supervision?

Interviewee: Yes, because if you don't have equipment you may even post-phone the procedure or you may just give nursing care the other way that is not needed for the student to learn.

Interviewer: Anything else you want to add?

Interviewee: Another thing is poor communication between supervisors.

Interviewer: Could you please tell me more what about more what you mean by saying poor communication?

Interviewee: The thing is that some supervisors they do not report on the progress of student nurses or if some supervisors visit their students in the wards they only concentrate on their specific students if they find other students whom they are not teaching they don't care about them or even make an attempt to see how all students in the unit are doing and report to the registered nurses in the ward or at training institution or even help them with their procedure one will never know if things are not reported.

Interviewee: (Irritated!) Now day registered nurses at training institutions they don't do follow ups students they only want us to do their job.

Interviewer: I see…

Interviewee: They should do follow up and because we really don't have time we are having many patients to take care of.

Interviewee: I only see few only when they do examination procedure how do they expect students to know if they are not follow them and guide them.

Interviewer: I understand! Anything else to share?

Interviewee: No, we are trying but we are going to leave our patients and concentrate on students.

Interviewee: Some students are not serious about their study and we are not able to help them.

Interviewer: Why are you saying they are nor serious?

Interviewee: They are coming with those funny uniforms with no practical books and they just want to sit and not ask anything.

Interviewer: So, you want them to ask so that you can help them?

Interviewee: Yes, How will I know what they know and what they don't know?

Interviewer: Ok, if they can ask you will be able to help them?

Interviewee: Yes, with this big number of students we have to go back to our old style.

Interviewer: Could you tell me more about old style?

Interviewee: That style were we were having clinical instructors responsible for practical of students only.

Interviewer: So, now there are no clinical instructors.

Interviewee: May be they are but they are not doing their work of if they are there they are not in each ward we are trying our best but we need more clinical instructors to help us.

Interviewee: The other thing is nee…

Interviewer: Yes (nodding).

Interviewee: The clinical instructors will be up to date with what students need in ward rather than only given students and we have not undergo the same training it is too difficult for us to help them and there is nobody to help us on how to supervise them.

Interviewer: You mean you need guidance on how to supervise students?

Interviewee: Yes, because courses have been changed there might be some-thing that have been changed too and we do not know them and the lecturers are nor informing us what their students need they don't communicate to us they only send us students.

Interviewer: I see…

Interviewee: Another thing is that students are been allocated to clinical area but lectures are not even informing registered nurses at clinical area how they wants student to be guided or what the students need to cover for a specific year and some students even don't come with their practical books one will end up not knowing how to help them.

Part B: Interviews with nursing students

Interviewer: Good morning colleagues. My name is Hanna Neshuku, as we have already met and we know each other I am here I am here for the interview according to our appointment.

Interviewer: As you have been allocated to the medical and surgical wards for practical experience I would like to know you experience about your supervision during that period. It can something that happens to you or it might be things you hear Another thing is that there is no right or wrong answer therefore you input will be very much appreciated For the purpose of confidentiality you are not expected to mention your name or names of other people, hospital or ward were you are doing practice Is that ok for you?

Interviewee: Things that are learned in class are not done the same in practice.

Interviewer: Could you explain more about that?

Interviewee: Like procedure what we are taught in class is not the same as is done in practice at practice people have their own style of doing things.

Interviewer: Do you mean that if you are taught a certain procedure when people do it at practice is not the same as you were taught in class?

Interviewee: Yes! And this make me to be confuse because I don't know who is correct and who is wrong.

Interviewer: Anything else to add?

Interviewee: No

Interviewer: Ok, thank you.

Interviewee: Only some registered nurses are willing to orientate students sometimes you will leave the ward without being oriented even though they will be sending you.

Interviewer: How do you feel about that?

Interviewee: I feel bad but I cannot do otherwise I just try on my own to get use to the situation.

Interviewer: Anything else you want to share?

Interviewee: No, not at all.

Interviewee: Sometimes supervisors have no time to teach the students due to the shortage of staff in the ward but the experience.

Interviewee: There is no other way students only try to learn to do things as per delegation.

Interviewee: My experience of clinical supervision of student nurses in the wards is quite not organised.

Interviewer: Is that so?

Interviewee: Yes, it is because sometimes students are not delegated to work with supervisor. Sometimes they are found not doing anything.

Interviewer: Who are those not doing anything?

Interviewee: Students leading them to drop out from work in between and they are only seen when it is time to knock off when they bring their attendance registers to be signed.

Interviewee: I experience a lot of problem with the supervisors in the ward as registered nurses are too busy with the patient workload and not all registered nurses are friendly.

Interviewee: Registered nurses in wards they are supervising students but lectures are failing to carry out their duty they don't come to practical areas.

Interviewer: Do you mean they don't do student follow up?

Interviewee: Yes, and registered nurses in the wards are most of the time overloaded with work and therefore do not have enough time to assist students in doing the procedures It is an overwhelming experience that I have gain when working in this word

Interviewee: Some supervisors like to work with students and teach them. Some like even teaching and allow students to practice but they refuse to sign their practical books.

Interviewer: And then?

Interviewee: Why do they let students to practice if they don't sign so that other will know the student know that procedure or the student will finish the practical book because it is one of the requirements?

Interviewee: Some supervisors don't want students to practice difficult procedure like drawing of blood they only want students to do full was every day (angry) how will students learn other procedures than…

Interviewee: It is difficult to learn some procedures because of lack of material like dialysis machine students are not able to learn if there is not necessary material.

Interviewee: I observe that the supervision in wards depends on the nurse the students are working with While the lazy on just tell students to go and perform a certain procedure so that she will come and see later.

Interviewer: So, you want the registered nurse to be present when performing you procedure?

Interviewee: Students are learning if registered nurses come only to check later some tomes the student did not do the procedure the proper way the student will do mistakes or even not do the procedure at all because he don't know.

Interviewer: So, you want them to be present?

Interviewee: Yes, so that they can guide students teach and answer their questions.

Interviewer: Why are you saying they are not friendly?

Interviewee: They are because they don't want to teach students they always say they are busy in that unfriendly manner even shouting to students.

Interviewee: Some registered nurse s when they are delegated with students they like to teach them everything they are doing and they make sure that at the end of the day the student catch up as much as possible and that student will be able to do it alone next time on the other hand some registered nurses don't like to teach students some apparently don't like to work with them because they are delaying their work.

Interviewee: I really is been discouraged by the way supervisors approaching students during their practical feedback.

Interviewer: Why are you saying so?

Interviewee: The way of correcting students make me to feel bad because most of the supervisors are only concentrated on the mistake done by the student as if the student did not done anything correct during the procedure.

Interviewer: And now?

Interviewee: I don't know what to do this really make me losing my interest in practice and I am always afraid of approaching them to attend to me.

Interviewer: I see. Do you want to add more?

Interviewee: No, not at all.

Interviewer: Ok.

Interviewee: Time frame when students are allocated to clinical area is too short but students are expected to cover different subjects during clinical practice sometimes students are too may in one unit and clients are too few for that big number so students end up not to get clients to practice or if supervisors teach one group with one client there is a possibility for some students not to get another client.

Interviewer: How do you feel about that?

Interviewee: I feel been left out and did not learn anything even I was allocated in that unit I see it as a wasted of my time.

Interviewer: Anything else to share?

Interviewee: Um! So far the clinical environment is not good because although registered nurses are trying to supervise students they cannot cope with the number of students allocated to them.

Interviewer: Oh, yes!

Interviewee: Sometimes registered nurses they use to supervise us in groups but those who are in the group they are most of the time just on their own ending up not learning anything because we are too many or not been attended on time is really not good.

Interviewee: Clinical supervision is good but we are encountered some problems too.

Interviewer: Could you tell me why you are saying only sometimes it is good and what problems did you encountered?

Interviewee: I am saying it is good because in some units were are oriented and been taught the routine that make us to be familiar with the unit and how things are been done but some registered nurses they don't want to work with students or they only allocate and delegate students the same work every day that waist our time to learn other procedures also.

Interviewer: Why are you not able to learn other procedures?

Interviewee: I am not able to do so because sometimes you will not get time to do other work or sometimes the registered nurse will just tell you that you are not allocated to do that other task and you only end up not doing any other things so you will not know them.

Interviewer: I see!

Interviewee: Anything else to add?

Interviewee: Nothing.

Interviewer: Thank you!

Interviewee: Clinical supervision is good because registered nurses use to sign students attendance list early in the morning and at knock of time that make students to be in the unit and learn what is done in the units registered nurses use to guide use and teach us and it will enable us to supplement what we have been taught in class it expose us to really situation.

Interviewer: Oh, I see!

Interviewee: The supervision is sometimes good and bad is bad because some tomes students are allocated to do work in the unit but supervisors don't sign student's practical registers that make students feel bad and some most of the time are postponing attending student procedure till that time students are allocated in that unit is over.

Interviewer: How do you feel about that?

Interviewee: I feel very bad and I feel I wasted my time although I learn something there is no a signature to indicate I have done this and that it really interfere with our progress.

Interviewee: How does it interfere with you progress the thing is although you have learn something or if I can put it like this if you have done a procedure but the registered nurse did not sign you practical book it does not mean anything it is just like you did not do it and you don't finish your practical book to write examination.

Interviewer: I understand (nodding).

Interviewer: Anything you want to add?

Interviewee: Yes, if lectures could come to do follow up and help us than it could be better.

Interviewer: So, you are saying that lecturers are not helping you when you are at practical area?

Interviewee: Our lecturers are not coming several times to do follow up on regular basis they use only to come when they need students to do procedure for evaluation.

Interviewer: So, you need them to come several time and why?

Interviewee: Yes, because if they are coming several times they will also learn what problems we are encountered and if we are having questions we will ask them because due to the overloading of registered nursed in the health facilities they tend to ignore us and just concentrated on their clients care.

Interviewer: Ok. Do you have something else to share?

Interviewee: No, no that is all.

Interviewer: All right!

Interviewee: Supervisors they are trying to teach us but most of the time they are overloaded and sometimes we don't get time all of us to practise.

Interviewee: The supervision is good but I can say is better.

Interviewer: Why are you saying so?

Interviewee: I am saying so because some registered nurses are not willing or interested to work with students.

Interviewer: Why are you saying they are not interested?

Interviewee: It is because they just want to keep you in the unit but if they are doing something they don't want to work with students or they don't answer student questions they only say they are too busy and sometimes when doctors are doing procedure they don't inform students to attend.

ANNEXURE H: SCENARIOS

Scenario 1: Skills to be conveyed to students during supervision

As a supervisor in a medical ward or surgical ward, list specific skills and practice sessions that you should schedule for your student training in your wards.

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Scenario 2: Registered nurse Amanda Siwayu is a newly appointed registered nurse in a medical and surgical ward where nursing students are also allocated under her supervision

Write down your views as to how she needs to be prepared for her to be able to carry out her role and responsibilities competently.

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Scenario 3: How to overcome the following managerial challenges during clinical supervision (Shortage of staff, too heavy a workload)

Review the scenario below and answer the subsequent question.

You are a lecturer at a training institution; during your supervisory visit you find a supervisor in charge of a surgical ward faced by the following situation: It is a busy day because nine patients need to undergo operations in that ward and she / he needs to conduct a supervisory session to students allocated to her / his ward.

Write down your points on how she / he should go about this situation she / he finds him / herself in.

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Scenario 4: How to deal with shortage of material

Mr Andreas, 35 years old is admitted to your ward after a motor vehicle accident. Observations done at casualty revealed the following:

BP 80/60, Pulse 100/min, Respiration 30 /min.

You are faced with the challenge of a shortage of equipment, including Baumanometers® in your ward.

View the scenario above and provide your opinions based on a supervisory role to address this challenge.

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Scenario 5: Shortage of equipment

As a lecturer during your student supervision in medical and surgical wards, you are experiencing situations where nurses are complaining about a shortage of equipment needed for nursing care and teaching of students.

Write down your ideas how best this problem can be solved.

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Scenario 6: Means of communication

Mrs. Brown is a supervisor of a male ward. She intends to carry out an orientation sessions with students allocated to het ward.

Write down your views on how she should make sure that each student gets the invitation to attend the session.

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ANNEXURE I: MEMORANDA TO SCENARIOS

Scenario 1: Skills to be conveyed to students during supervision

As a supervisor in a medical ward or surgical ward, list specific skills and practice sessions that you should schedule for your student training in your wards.

Answers to Scenario 1

Practical skills regarding patient care in the ward depending on cases available in the wards this can include practical procedure to be carried out for patient care (wound care administration of medication patient preparation for different procedures).

Nursing care offered to patent for example full wash, bed making, feeding of patients, mouth wash, feeding of patient.

Counselling of patients and grievance counselling for patient family members and staff.

Communication skills between patients and staff and among nursing professionals

Scenario 2

Registered nurse Amanda Siwayu is a newly appointed registered nurse in a medical and surgical ward where nursing students are also allocated under her supervision.

Write down your views how she needs to prepare to carry out her roles and responsibilities competently.

Answers to Scenario 2

For her managerial / administrative function, registered nurse Siwayu needs to be prepared in terms of:

- Employment policies, clinical practice, and procedures;
- Disciplines and grievance procedures;
- Case load work analysis and problem solving; and
- Workload management.

Educationally, she needs to be prepared through:

- Statutory education;
- In-service training;
- Special training, e.g. for mentors an preceptors;
- Personnel development and capacity building opportunities; and
- Research.

Supportive function

She /he need to be guided with regard to:

- How to do counselling and peer support;
- Occupational health and welfare services; and
- Clinical standards.

Scenario 3: How to overcome the following managerial challenges during clinical supervision (Shortage of staff, too heavy a workload)

Review the scenario below and answer the question provided.

You are a lecturer at a training institution; during your supervisory visit, you find a supervisor in charge of a surgical ward faced by the following situation: It is a busy day because nine patients need to undergo operations in that ward and she / he needs to conduct a supervisory session with students allocated to her / his ward.

Write down your points on how she / he should go about this situation she / he finds him / herself in.

Answers to scenario 3

Time management

Registered nurses should plan their daily activities so that time is left for clinical teaching and student supervision.

Task allocation / delegation

Task allocation / delegation aimed at enable registered nurses to carry out all their function (administrative education and patient care). Delegate nursing care task to other time she/ will be responsible for supervision session and receive feedback on patient nursing care activities afterward. Each duty should be delegated. Staff members should be empowered and motivated to perform the duty allocated to them and to be responsible and accountable for the duties delegated to them

Mobilisation of human resources and sharing of tasks

Negotiation with registered nurses from training institutions/tutors to do clinical supervision of nursing students it her schedule allowing it.

Scenario 4: How to deal with the shortage of material

Mr. Andreas 35 years old is admitted to your ward after a motor vehicle accident Observations done at casualty revealed the following:

BP 80/60, Pulse 100/min, Respiration 30 /min.

You are faced with the challenge of a shortage of equipment, including Baumanometers® in your ward.

View the scenario above and provide your opinions based on the supervisory role to address this challenge.

Answers to scenario 4

Administrative function

Ordering of equipment includes how often where to order how long it will take to get the order.

Stock control of equipment daily checking on the number and functionality of the equipment.

Maintenance of equipment, reporting system, who should do the fixing and when.

Emergency options (what to do in case of emergency).

Educational and nursing care function

Use of critical thinking skills to enable him / her to carry out the procedure.

Borrowing equipment from other departments while facilitate for immediate replacement.

Scenario 5: Shortage of equipment

As a lecturer during your student supervision in medical and surgical wards, you are experiencing situations were nurses are complaining about shortage of equipment needed for nursing care and teaching of students.

Write down your ideas how best this problem can be solved.

Answers to scenario 5

Refer to answers to scenario 4.

Scenario 6: Means of communication

Mrs. Brown is a supervisor of a male ward; she intends to carry out an orientation session with students allocated to het ward.

Write down your views on how she should make sure that each student gets the invitation to the session.

Answer to Scenario 6

Make sure to send invitations on time to student for them to arrange for the session the invitation should be clear indicating the time venue as well as goal things to prepare for the session.

Plan delegation of tasks to that an extent that the supervisors and nursing students will be able to attend the session.

Use different types of invitations that suit the situation, e.g. display of posters with invitation.

Personal invitation or group invitation when the supervisors call the students to address them about the invitation.

Telephonic and email invitations if the facilities and number for communications are known.

Use of mail invitations and colleagues involvement in dissemination of the invitations.