AN EXPLORATION OF LEARNER MIDWIVES' ABILITY TO UTILISE REFLECTIVE THINKING AS A MEANS OF ENHANCING LEARNING

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DECLARATION

I, Thokozile Marjorie Shezi, declare that this:

AN EXPLORATION OF LEARNER MIDWIVES' ABILITIES TO UTILISE REFLECTIVE THINKING AS A MEANS OF ENHANCING LEARNING

Is my own work. All the sources used, or quoted, have been indicated or acknowledged by means of complete reference.

T M Shezi

DEDICATION

This dissertation is written and dedicated to the memory of my mother, who instilled in me the culture of loving to learn and being studious. She sacrificed her whole life so as to see to it that the atmosphere conducive to learning for me was undisturbed. This was supported by her incessant prayers and strong faith.

May her dear soul rest in peace.

This work is also dedicated to my husband, who always offered unwavering support through words and being physically by my side throughout my studies and this research.

I thank God Almighty, for providing me with these important people and His unconditional love and blessing throughout my life.

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Thokozile Marjorie Shezi (Neé Kawe)

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LIST OF ABBREVIATIONS

South African Nursing Council	SANC
Objective Structured Clinical Evaluation	OSCE
Diploma in Nursing Education	DNE
Senior Professional Nurse	SPN
Outcomes-Based Education	OBE

ABSTRACT

The aim of the study was to explore the abilities of learner midwives in utilizing reflective thinking, so as to enhance their learning. An exploratory and descriptive study was undertaken to obtain the required information. Two questionnaires, one for the learner midwives and one for their clinical accompanists, were designed. They consisted of open-ended and closed-ended questions. Sample consisted of fifty (50) learner midwives and ten (10) clinical accompanists.

The study revealed that reflective thinking was not applied by the learner midwives as, during the learning process, they were not aware of the strategies to use in order to stimulate this. The lack thereof, led to the inability of them to utilise this valuable tool, which would support and facilitate faster learning with insight.

Based on the findings recommendations were presented. It was recommended that the reflective skills should be taught in the classroom so that they can be consciously utilised throughout the course. The clinical accompanists should be in the correct, acceptable ratio of clinical instructor to student. They should also be trained to be reflective practitioners, who

are going to create a conducive atmosphere for the learners to be stimulated and to utilise reflection as a learning strategy.

OPSOMMING

Die doelwit van hierdie studie was om ondersoek in te stel na leerling vroedvroue se vermoëns tot reflektiewe denke, ten einde hulle leervermoëns te verbeter.

'n eksploratiewe en deskriptiewe ondersoek is gedoen om die nodige data te bekom. Twee vraelsyste, een vir die leerling vroedvroue en een vir die kliniese toesighouers, is ontwerp. Die vraelyste het beide oop en geslote vrae bevat, en die steekproef het bestaan uit vyftig (50) leerling vroedvroue en tien (10) kliniese toesighouers.

Die studie het getoon dat reflektiewe denke nie deur die leerling vroedvroue tydens die leerproses aangewend word nie omdat hulle nie bewus was van die strategieë wat gebruik kan word om reflektiewe denke te stimuleer nie. Hierdie gebrek aan strategieë het gelei tot 'n onvermoë om 'n waardevolle instrument, wat kan lei tot 'n verbeterde leervermoë, te internaliseer.

Gebaseer op die bevindinge is sekere aanbevelings gemaak. Daar is aanbeveel dat reflektiewe kundigheid deel moet vorm van lesaanbieding sodat dit bewustelik tydens die kursus toegepas kan word. Die kliniese toesighouers moet ook in die korrekte en aanvaarbare verhouding van kliniese instruktrise tot student aangewend word. Verder moet die kliniese toesighouers opgelei word om reflektiewe denke tydens opleiding te gebruik, sodat 'n omgewing geskep kan word waarin leerders gestimuleer word en reflektiewe denke as 'n leerstrategie toegepas word.

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CHAPTER 1

1.1 INTRODUCTION

As we look back in history it is clear that education has evolved but that learning, i.e, how it occurs, has been a frustrating phenomenon. It is not a debatable factor that the complex human being has the ability to learn, but the manner of this occurring has been the focus in many schools of thought. This has led to many suggested skills that can be utilised as well as analyses of domains of thinking that are evoked by those skills.

Learning, as perceived by Ramsden (1992 : 4-5), should produce a change in thinking, thus enabling a new understanding of the world in which one exists. It is also seen as the core process of human development (Quinn 2001 : 62). Quinn is also cited as connecting learning with experience through utilisation of Kolb's theory of learning (Brand, Keogh & Walker 1985 : 3). These accumulated experiences one has gained through the journey of life form a concrete base for meditation and reflection.

Reflection is a method of going back in thought (Oxford Dictionary, 1983 : 752). In education this is not a new concept, but rather, as Garrat (1992 : 218), cited in Klopper (2001 : 31) comments that it goes back to the time of Aristotle. Reflective thinking abilities are described as "reflection on action", that is the analysis of what has happened, thereby gaining more insight and understanding

(Schön 1987) as cited in (Klopper 2001 : 34). Reflective thinking is not a once-off occurrence, but is a continual element throughout one's life.

Reflection is stated as a generic concept of the cognitive, as well as the affective domain, which leads to exploration of experiences in search of new ideas and perceptions (Brand, Keogh & Walker1985 : 3). Having described reflection as an important human component in an individual, it does need an expert practitioner to nurture it to fruition for effective and efficient use. If reflection is stimulated successfully, it offers an emancipation of mind leading to innovation, creativity, problem-solving abilities and quick decision-making (Johns 1995 : 226). This empowered mind is exactly what is needed by the learner midwife to uplift and facilitate a better comprehension of midwifery. The question may then be asked, is this strategy utilised or is it known at all?

1.2 BACKGROUND

The researcher, being a midwifery course nurse educator, has direct contact with learner midwives of the one year course. These are learner students who have qualified and have been registered as general nurses by the South African Nursing Council after the bridging course from enrolled nurse. Before this they had been exposed to a lot of experiences whilst working as enrolled nurses. They are expected to do better than student nurses from matric, by using their previous experiences. The delivery of programme objectives for the midwifery

course is done through a one month block, dealing with the normalities of midwifery, followed by five months exposure to clinical areas, which have both normal and abnormal conditions of obstetrics. In the sixth month there is a block, which deals specifically with the abnormal conditions of midwifery. One would assume that, with such an exposure of five months in the clinical area, learning based on this concrete experience is created.

The assumption would be that when new theoretical information of what they have already seen and experienced, is offered, reflection on already observed factors will make understanding easier. It is understandable that, theoretically, they have not been taught the abnormal conditions at the classroom level as yet, but a reflection process when applied, should enable the learner midwives to participate actively in their learning with insight. Contributions during group discussions should display that there is contemplation based on experiences attained. The state of affairs though, is that the students seem to experience difficulty in recalling what they have seen and connecting it with what they are learning. The researcher has also, through informal discussions, found that other nurse educators are experiencing the same problem.

Potgieter (1999 : 10), explains that the reflection process is an aid to allow understanding of meaning of ideas through observation, allowing one to describe the experience with clarity. There is an allowance for deconstruction and

reconstruction of factors. When the reflection process is applied there is a demystifying of concepts as well as a re-building of theories, using the known to formulate a clearer concept of the new, thus forming a concrete basis of knowledge (Johns, 1995 : 226). As the midwife practitioner's duty is to care for the health of the mother and child, thereby reducing the peri-natal mortality and morbidity rate, reflective thinking needs to be utilized. Reduction appears to be a frail hope if reflective thinking is not applied by the learner midwives.

1.3 STATEMENT OF THE PROBLEM

Reflective thinking through reflective processes engages a rational, progressive, cyclical, interactive, mental process, which the learner midwife should show to be applying in the course of training. Chabeli (2002 : 12) describes reflective thinking as 'being triggered by uncertainty in a specific situation, bringing about a state of mental awareness and equilibrium'. This leads to reconstruction of new insight and a changed perspective. This seems not to happen to the learner midwives at a stage in the course of midwifery training where this aspect should be fully functioning. What is the problem there, OR, is there a problem? If yes, what causes this problem? This warrants exploration.

1.4 AIMS OF THE STUDY

The aim of the study is to explore the abilities of learner midwives in utilizing reflective thinking as a means of enhancing learning. It is to provide scientific

findings, which will help to improve the learning processes of learner midwives, if there is a flaw, or re-enforce them if they are already inculcated.

1.5 OBJECTIVES

1.5.1 To identify the factors that might help learner midwives' abilities in utilizing reflective thinking as a means to enhance learning.

1.5.2 To identify factors that may hinder the use of reflective thinking as a means to enhance learning in obstetrical units.

1.5.3 To identify problems experienced by the learner midwives and their clinical instructors in the utilization of reflection.

1.5.4 To make recommendations for improving reflection of student midwives when learning.

1.6 RESEARCH QUESTIONS

1.6.1 Are the learner midwives exposed to adequate learning experiences in the clinical area, which aid in reflective thinking?

1.6.2 What are the factors that promote, or hinder, the reflective thinking of learner midwives?

1.7 ASSUMPTION OF THE STUDY

It is assumed that, if the clinical setting is a field to create valuable learning experiences, the reflective process should be easily applied. Mezirow, in Klopper

(2001 : 33), explains that the process of reflecting back on what has already been learnt, thereby justifying what has been acquired to be applicable to the present learning, is the central concept of adult learning. It shows that reflection leads to better comprehension and thus enhances learning.

It is also assumed that proper student accompaniment, (the accompanist creating an environment that nurtures reflective practice), should facilitate instant and timeous prompting of reflective thinking. Reflection makes it possible to correct misconceptions accrued in viewpoints and demystifies errors in problem-solving that may have been assimilated (Klopper, 2001 : 32). Thus the ability to reflect as a learner midwife is a necessity and not a privilege.

1.8 MOTIVATION

The noticeable theory-practica gap with the learners, will ever be an impediment in achieving the goals of good midwifery practices if it is not closed. This will also mean that there will be a remarkable failure in nurturing the learner to be a mature professional. Fortunately the solution of the problems lies in creating a compatibility in nursing practice with concepts of theory, through reflective and critical thinking. Johns (1995 : 226) describes reflection as a 'process of enlightenment, empowerment and emancipation'. There is enlightenment of the role one played during the situation; empowerment of having the courage to act in the situation and emancipation from a state of now knowing to being a

knowledgeable independent practitioner. This reflection process should be a means to provide a pathway through which the fullness of the midwifery situation can be known. When that is achieved, a holistic approach in nurturing a midwife practitioner, who is skilful and knowledgeable, will be attained. One of the ways to achieve this is to explore some of the strategies used by the learners to enhance their learning. As an active participant in learning, the learner is also responsible and accountable for choosing pathways that will make his/her learning period profitable. Seemingly this does not happen as expected. The need, therefore, to explore this reflective thinking phenomenon is paramount.

1.9 DEFINITION OF CONCEPTS

1.9.1 REFLECTION

It is derived from the Latin word 'reflectere'. It means recollection of the past experiences and mental states by 'looking back' (Quinn, 2001 : 568). This may further be defined as looking back at what has happened, in order to gain meaning and have the ability to deal intelligently with further experience (Klopper, 2001 : 32).

1.9.2 REFLECTIVE THINKING

This is the recall of events allowing clearer illumination of views so as to deconstruct and reconstruct factors, thus building a concrete basis of knowledge (Klopper, 2001 : 32).

1.9.3 REFLECTIVE PROCESS

It is a process which is accompanied by a sense of inner discomfort, followed by critical analysis of the situation and then the development of a new perspective (Klopper, 2001 : 35).

1.9.4 REFLECTIVE SKILLS

They are aligned with skills in literature research, which include self-awareness, descriptive skills, critical analysis, a synthesis phase and an evaluation phase (Atkins & Murphy, 1993 : 1190). This involves the use of tools like diaries and journal writing.

1.9.5 REFLECTIVE PRACTICE

The means of finding practice-based answers, which are not wholly solved by theoretical solutions (Schön 1983 in Edwards, 1996 : 40).

1.9.6 *REFLECTION-IN-ACTION*

This is applied to a process of thinking while acting, prompted by an unexpected occurrence which has puzzled the person in action (Schön 1987 in Klopper, 2000 :32).

1.9.7 REFLECTION-ON-ACTION

This is described as a form of meditation applied when recalling what one has experienced at a certain given time and then trying to understand and instil a new perspective of events (Schön 1987 in Klopper, 2000 : 34).

1.9.8 LEARNING

This is described as a process of knowledge construction, not recording or absorption of it. It is viewed as a conjunctive behaviour instituting a change in the midwives' behaviour (Quinn, 1991 : 1290).

1.9.9 EXPERIENTIAL LEARNING

It is defined as learning that results from experiences enacted by doing rather than listening to other people or reading about it (Quinn, 2001 : 62).

1.9.10 ASSIMILATION

This means absorption (The World Book Dictionary, 1983 : 123).

1.9.11 SYNTHESIS

This is described as the integration of new knowledge with previous knowledge. There is a creative use of this knowledge to solve problems and to predict possible consequences of actions (Klopper, 2001 : 36).

1.9.12 CRITICAL THINKING

This is described as reflective and reasonable thinking that is focussed on deciding what to believe or do (Eunis, 1985 : 45).

1.9.13 AN ADULT LEARNER

This is defined as one who is in a didactic situation where there are formal, non-formal and informal teaching situations and which is characterized by possessing experiences, unique learning readiness and is motivated to self-directed learning (Klopper, 2001 : 6 – 8).

1.9.14 LEARNER-ACCOMPANIST

A nurse/midwife practitioner, who accompanies the learner on his/her learning pathway and offers support through constructive guidance or creation of a climate conducive to learning (Klopper, 2001 : 6).

1.10 CONCLUSION

In this chapter the introduction and background of the study were presented. The motivation for the study, the statement of the problem, assumption of the study as well as aims of the study were put in place. Set objectives to be achieved and research questions, as well as a definition of concepts were presented.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

The ultimate goal of reflection is to facilitate mindfulness in students. The researcher, in this chapter, will be reviewing relevant literature, which is in support of that factor. The target group for the study comprises students who have bridged from the enrolled nurse category to professional nurses or general nurses, according to Regulation 683 of the South African Nursing Council (SANC). This course, according to Mpaka and Uys (1999 : 15), was formulated to liberate nurses but has a tendency to leave gaps in knowledge. This is the very gap that makes it difficult to integrate theory with practica. Could this difficulty, assumed to be present in midwifery, have been inherited? Various literature articles have been consulted to find an answer to this question.

2.2 REFLECTION

Reflection, as described by Fisher (1996 : 443), is involved as a second stage in the three stages of learning. It is further analysed as looking back on experience, thus allowing any personalised experience to lead one to new insights.

Reflection is said to offer an anticipatory phase when one is thinking about possible actions, interventions and outcomes; an active phase when one is

becoming anxious about what one is doing; a mindful phase when one is developing a capacity to be actively reflective and thoughtful, and the last phase, known as the recollective phase, i.e, when one considers the success of actions and interventions (Fisher, 1996 : 443). These phases are quite relevant and applicable in the obstetric unit. If reflection can be fully utilised by the midwives, it can lead to remarkable quality care for the mother and child, who are the core of midwifery. If reflection can be put into practice, it should be a valuable tool to bridge the gap between theory and practice.

Mellish & Brink (1990 : 99) see reflection as a step in experiential learning. Schön (1983), cited in Mellish & Brink (1999 : 99), focuses mainly on reflection in action consisting of two aspects. The practitioner or learner can reflect upon a certain experience or practice, while it is occurring, and make adjustments as a result. The student midwife can also reflect after an experience. The learner midwives can reflect on any procedure when it is demonstrated by observation or can reflect upon the same procedure when in practice.

Reflection can occur individually or in a group, where there is sharing of information. The nurse educator can then guide the learner midwives along a systematic analysis by asking several questions. Reflection is student centred and actively involves the students in their learning (Mellish & Brink, 1999 : 99).

2.2.1 Conducive Environment for Reflection

The learning concept also achieves better results if the environment is susceptible to learning. According to Klopper (2000 : 26) teaching is the beginning of offering a contextual atmosphere conducive to learning. This stimulates the learner to be intentionally willing to learn. The accompanist plays a major role in the creation of a conducive environment for the learner. The accompanist achieves a conducive atmosphere through being creative and resourceful, allowing the learner to feel free to try and fail without being humiliated (Klopper, 2000 : 23). There should be a provision of possibilities, which would allow the learner to apprehend reality more comprehensively through reflection.

The atmosphere should provide a humanistic approach, fostering self-esteem (Quinn, 2000 : 418). Good relationships within the team, also fosters a conducive atmosphere to learning. A conducive climate allowing reflection is that climate which allows students to ask questions, observe new procedures, have access to patients' records and attend medical staff rounds (Quinn, 2000 : 418). Several factors influence reflection and these emanate from the conducive climate.

2.2.2 Factors that Influence Reflection

As has been stated, the therapeutic climate, as well as reflective practitioners, plays a major role. Self-directed learning also is important in encouraging reflection as this is learner centred and allows utilization of

accumulated experiences to be used as a springboard for reflection. This is also affirmed by Klopper (2000 : 42), as encouraging deep holistic lifelong learning. Supervision also assists reflection as there is recall of the impact of guidance which has led to improved performance, job satisfaction and maintenance of quality patient care (Mellish & Brink, 1990 : 176). Quinn (2000 : 418) also states that appreciation of learners as part of the learning environment and not just as passive recipients, also encourages them to reflect successfully with positive attitudes. Goal setting also influences reflection as they are stated in terms of the learner's capabilities (Quinn, 2000 : 138). Thus discussions about something influencing reflection, leads one to talk about reflection practices, which are useful in reflection.

2.3 REFLECTIVE PRACTICE

This is defined as a process that allows internal self-awareness and self-evaluation after one has been involved in an experience (Greenwood 1992 : 1183).

Schön (1983), in Greenwood (1992 : 1183), states that reflective practice has two constituent elements, which are reflection in action and reflection on action. Reflection in action deals with trying to solve a problem situation, while reflection on action involves retrospection on past experience. Both reflections, in and on action, require one to reason from his or her actions as well as his or her

intentions. Reflective practice allows one to revisit expounded theories that govern actions in nursing, thus allowing comparison against reality and existing theories (Edwards, 1996 : 40). Kemis (1985), cited in Edwards (1996 : 41), says that reflection does lead to new ways of looking at nursing. It allows one to discuss scientific knowledge as well as technical knowledge. These skills are valuable for the midwives, as they are confronted with problems, which need solution at that moment and, later on, this provides recall on how one has reacted and how successful the intervention was. The recall also allows one to analyse if there is an aspect, which needs a new approach.

Johns (1995 : 226) also supports reflective practice by stating its essential purpose as enabling one to access, understand and learn through his or her lived experiences. This allows one to take congruent action towards developing increasing effectiveness within the context of what is understood and as a desirable practice. Thus the reflective practice does not only enhance learning, but also offers an end product of quality improvement (John 1995 in Ehlers, 2003 : 99). This is supported by Dewhane-Maselesale, Ijallinks & Norval (2001 : 4) in that quality care and quality assurance is retained through correlating of practice and reflective thinking of theory or vice versa. Reflective thinking encourages one to be skilful and to utilise reflective skills.

2.4 REFLECTIVE SKILLS

Reflective skills are aligned with links used in literature research as described by (Atkins and Murphy 1993) in (Klopper 1999 : 36). These involve self-awareness, followed by a description when remembering the events, then critically analyzing these events. These stages are followed by integration of new knowledge with the previous knowledge through synthesis. The last applicable stage is evaluation, which is very valuable in the development of a new insight and perspective of events (Klopper 1999 : 36). The reflective skills enhance learning through focusing on observations, understanding and initiating the meaning of ideas and situations (Potgieter 1999 : 13). The observations, when reflecting, are written down, thus leading to another worthwhile avenue to pursue aspects of the writing of a diary or journal to enhance learning. These diaries or journals are termed reflective diaries or reflective journals.

2.5 METHODS USED TO ENCOURAGE REFLECTION

2.5.1 Reflective Diaries/Journals

It has been documented by Ehlers (2003 : 101) that students' critical thinking has been seen to be enhanced through use of reflective journals or diaries. This has enabled them to become more empowered in their professional positions, thus accessing the ability to be engaged in more autonomous practices. This is despite the limitations imposed by the

education system either through limited resources or through rigid educational frames of references.

This tool, i.e, a diary/journal, seems to be empowering and emancipating, as supported by Kok & Chabeli (2002 : 35), who view it as a valid means of upliftment in learning. Kok & Chabeli (2002 : 35) also validate their observations by proving that the journal/diary writing reflectively leads to creation of reflective learners and practitioners, who form the needed output in education as proposed by Outcomes-Based Education, a new principle, which is outstaging objective based education. The impression created then is that reflective journal/diary writing forms a record that cements reflection. The atmosphere to reflect should be conducive and the accompanists are responsible for creating this. There is a need, then, to review what the literature says about accompanists who may also be called reflective practitioners.

2.5.2 Other Strategies Conducive to Reflection

According to Mellish and Brink (2001 : 99) other strategies that are conducive to the reflective approach are any structured problem-solving activities, projects, simulations and role playing.

2.6 REFLECTIVE PRACTITIONERS

Reflection, as discussed earlier on, is no new concept. It is said to be mirror imaging, thus giving one reason to contemplate. Being a mirror-like occurrence

it allows one to view the images more clearly (Gravett 1993 : 99 in Klopper 2000 : 34). When one reflects, one obtains a chance to correct misconceptions and any errors that may have been incurred in problem solving. All this is facilitated by a person who listens empathically, who is warm and open, but also exuding power, legitimacy and authority. This is more so in the reflective practitioner, who is able to establish a conducive climate for learning. The reflective practitioner is a person who has acquired knowledge of the differences between pedagogy and andragogy and the implications that these two set for the didactic situation (Gravett 1991 : 106) cited in Klopper, (2000 : 24). A reflective practitioner acknowledges the individuality of each learner, respecting each and every learner's viewpoint. A reflective practitioner facilitates learning through a process of reflecting back on prior learning that is now termed as prior experience (Mezirow, 1990 in Klopper, 1999 : 33). The reflective practitioner provides feedback after supervision.

Mellish and Brink (2001 : 99) see the reflective practitioner as having a range of personal qualities and abilities, which are the following:

- engaging in self assessment;
- criticizing the existing state of affairs;
- providing changes and adapting to change; and
- practicing as an autonomous professional.

It is important that the clinical instructor uses reflection as a strategy for teaching so that the learner midwives learn to reflect on their experiences gained

in the clinical areas and the classroom. The clinical instructors supervising the learner midwives, should also try by all means to become reflective practitioners for imitation by students for effectiveness in teaching and learning.

2.7 SUPERVISION

This component is attached to reflection. The literature review gives an impression that reflection enables supervision. Fisher (1996 : 443) suggests that clinical supervision embodies education, support and management and these three functions are also forms of reflection. Supervision in the clinical setting is viewed as the key aspect of quality assurance, a much appreciated concept in the obstetric unit, to ensure that peri-natal mortality statistics are greatly reduced. Clinical supervision thus ensures professional development while offering support. This is done through taking into account all aspects within a reflective context of events. The supervisory aspect in this study is applied to learners who should be establishing a relationship between the learning content and their experiences of the past. They are learners who should also know how to apply these experiences to new situations (Gravett, 1991 : 38 cited in Klopper, 2000 : 46).

2.8 LEARNING

This is a capability that human beings possess. Nursing education then is not in isolation, in nurturing this phenomenon through facilitation in teaching so as to

make learning possible for the student. In the learning situation the learner needs to be motivated, needs to be an active participant and also needs to be in an environment, which is conducive to learning. Middlemass & van Neste-Kenny (1994 : 350), agree that active participation in learning promotes deep holistic lifelong learning. In deep holistic lifelong learning the learner has an ability to manifest a qualitative perception of learning through demonstration of critical thinking and reflection (Klopper, 1999 : 6). The learning phenomenon, therefore, needs to be facilitated by every strategy that can be feasibly employed, and enhancement of learning results through utilization of these specific strategies of which reflection is one.

2.9 EXPERIENTIAL LEARNING

The process of reflecting is based on experiential learning, which views learning from experience, i.e. there is utilization of past experience to gain new insights (Quinn 2000 : 354). Johns (1995 : 226) suggests that learning through experience is the essential nature of reflexivity. The learner midwives, who are the focus of the study, have accumulated experience to reflect on as they have been enrolled nurses prior to being bridging students to be registered as general nurses. Some of them have personalised experience of being obstetric patients in their journey through life. Jarvis (1983) in Klopper (1999 : 46) expresses the fact that adults find it easier to interlink new learning matter with the existing structures as a result of previous experience. It is assumed, therefore, that the

theory-practice gap, as supported by this view, should be non-existent if reflection is applied appropriately. This is supported by Middlemas and van Neste-Kenny (1994 : 352), in that there is meaningful learning if the relationship is ascertained between concepts or knowledge already acquired and the new happenings in one's life. Reflection does evoke critical thinking, which is a valuable asset for the learner.

2.9.1 Elements of Experiential learning

According to Mellish and Brink (2001 : 98), there is a general agreement that experiential learning has four elements. These elements are:

- experience;
- reflection;
- action; and
- revisiting the experience.

It is important to discuss these elements as they are all involved in the process of reflection.

2.9.1.1 Experience

Experiences consist of knowledge, skills, or both; as well as standards that are expected to be attained. Experience should be retained by being brought into the individuals' consciousness, for example when learner midwives are observing a procedure, assisting with a twins' delivery, attending a class, interacting or sent on a field trip.

2.9.1.2 Reflection

This is the second element of experiential learning. As already mentioned it takes many forms, and can be done individually or in groups. It can be written, verbal, structured or unstructured.

2.9.1.3 Action

In order for learner midwives to benefit from the experience and reflection, they need an opportunity to practice, give a test and experiment with new concepts. The learner midwives need to have a go with the new knowledge or skills gained.

2.9.1.4 Revisiting the experience

The knowledge gained from the original experience, may be tried out in different situations (Mellish & Brink, 2001 : 98).

The above discussed elements of experiential learning are described as a circular and continuous movement in effective learning.

2.10 CRITICAL THINKING

This is often used synonymously with reflective thinking, but it mostly capitalizes on usage of cognitive skills that increase rational thinking. It is disciplined and is involved in problem solving and decision making. It is also an act of reflecting

about one's own thinking, while one is trying to be clearer and precise so as to create relevancy and consistency. Critical thinking is, therefore, also reflective (Wilkenson, 1991 in Klopper, 1999 : 39).

A further description of critical thinking is that it is thinking about one's thinking, that is, reflection on one's thinking in such a way that thinking is improved. The goal of critical thinking is to encourage the learner to reflect on learning experiences thus learning to critically examine one's own and others' thinking (Wilson and Loving, 2000 : 71). Mpaka & Uys (1999 : 18), explain that critical thinking is characterized by suspended judgment and "reflective thought"; furthermore, that critical thinking can never be preached but can be practiced and that includes reflection. Saarmans et al (1992 : 28), support the views of other authors by stressing that critical thinking through reflection allows a professional nurse to process complex data and thus make "cogent intelligent decisions" concerning planning, management and evaluation of health care for patients.

2.11 CONCLUSION

Nursing education is helping the learner to access the different spheres of learning. This chapter, through reviewing literature, has highlighted elements, which illuminate reflection as facilitating mindful students. Mindfulness is the key to creative and caring practice, as suggested by Ehlers (2003 : 99).

CHAPTER 3

THEORETICAL FRAMEWORK

3.1 This study was based on Carper's fundamental ways of knowing in nursing. This pathway provided the basis from which the researcher could identify, examine, collect and analyse data (Brink 1996 : 26).

3.2 CARPER'S WAY OF KNOWING

Carper assumes that knowing can be framed within the discreet yet patterns the interdependent ways of empirical, clinical, personal and aesthetical ways. This has served to help individuals to make sense of their worlds in practice, taking into cognizance their personal knowledge as well (Johns 1995 : 227).

3.2.1 Empirical Knowing

This is knowledge, which is systematically organized into general laws and theories for the purpose of describing, explaining and predicting phenomena. The extent of this knowledge being appropriate in relation to human sciences of nursing has created widespread debate, but it is also agreed that if used through the concept of reflection it does give meaning to humanistic nursing philosophy. It must be always interpreted within the context of a specific clinical situation, while the individual is

assimilating it. Empirical knowing cannot stand before practice in order to dictate its outcome. The empirical knowing, therefore, influences the aesthetics. Thus, through reflection, there is correlation of knowledge of theory with the practical situation (Johns, 1995 : 228).

3.2.2 Aesthetic Knowing

This knowing involves the process of perceiving the nature of the situation, and interpreting the information from the situation so as to obtain an understanding while envisioning desired outcomes in order to respond with appropriate and skilled action. There is also reflection of whether the outcomes were achieved as expected.

3.2.2.1 Grasping and Interpretation – these two concepts require empathy and intuition. Intuition is based on understanding of the situation as perceived, not on a blind, wild guess (Benver, 1984 in Johns, 1995 : 228). This leads to decision making.

3.2.2.2 Envisioning and Responding.

These concepts refer to a skilled response, which is appropriate and effective, and which requires one to be goal orientated. It can be accurately applied within the actual situation – midwifery is a skill and thus it needs this concept to be applied in all situations. The aesthetic knowing bases the process of responding on interpretation of the whole situation as well as analysis of

interdependence of the components within a situation. In the midwifery situation this process can be straight forward, for example, a responding process to a patient presenting in labour with the cord prolapsing. Johns (1995 : 228) is cited as saying that Carper's knowing claims that the response to a clinical situation is made through being responsive to the whole situation through one's interpretation.

3.2.2.3 Mastery

This is explaining the quality of unity that gives the knowing its holistic dimension. Aesthetic knowing defines this component as the perception of balance, rhythm, proportion of unity of what is done in the context of dynamic integration and articulation of the whole.

When reflecting aesthetically one answers questions of what one, while acting, was trying to achieve; the reasons for acting in a specific manner on that occasion; the results of the action to the patient, to others and to oneself; what propelled one to act like that; what personal feelings emanated during that period.

3.3 THE PERSONAL WAY OF KNOWING

Johns (1995 : 228) describes Carper's way of knowing as encountering and actualizing of the concrete individual self. It can be further described as knowing of the self in the clinical situation. Self-awareness in reflective practice is one of the reflective skills that should be applied. Knowing of the self, in a personal way of knowing, allows one to respond effectively and therapeutically. This personal way of knowing is a necessity so as to connect one to the situation. The way one responds to a situation is affected by the way one is. There is an involvement in the personal way of knowing, which uplifts the caring component and the question that arises is with internal factors that influence one when there is a situation. Reflection is dealing with being a motivated person who has a drive, and this is stimulating and sustains the learning capabilities.

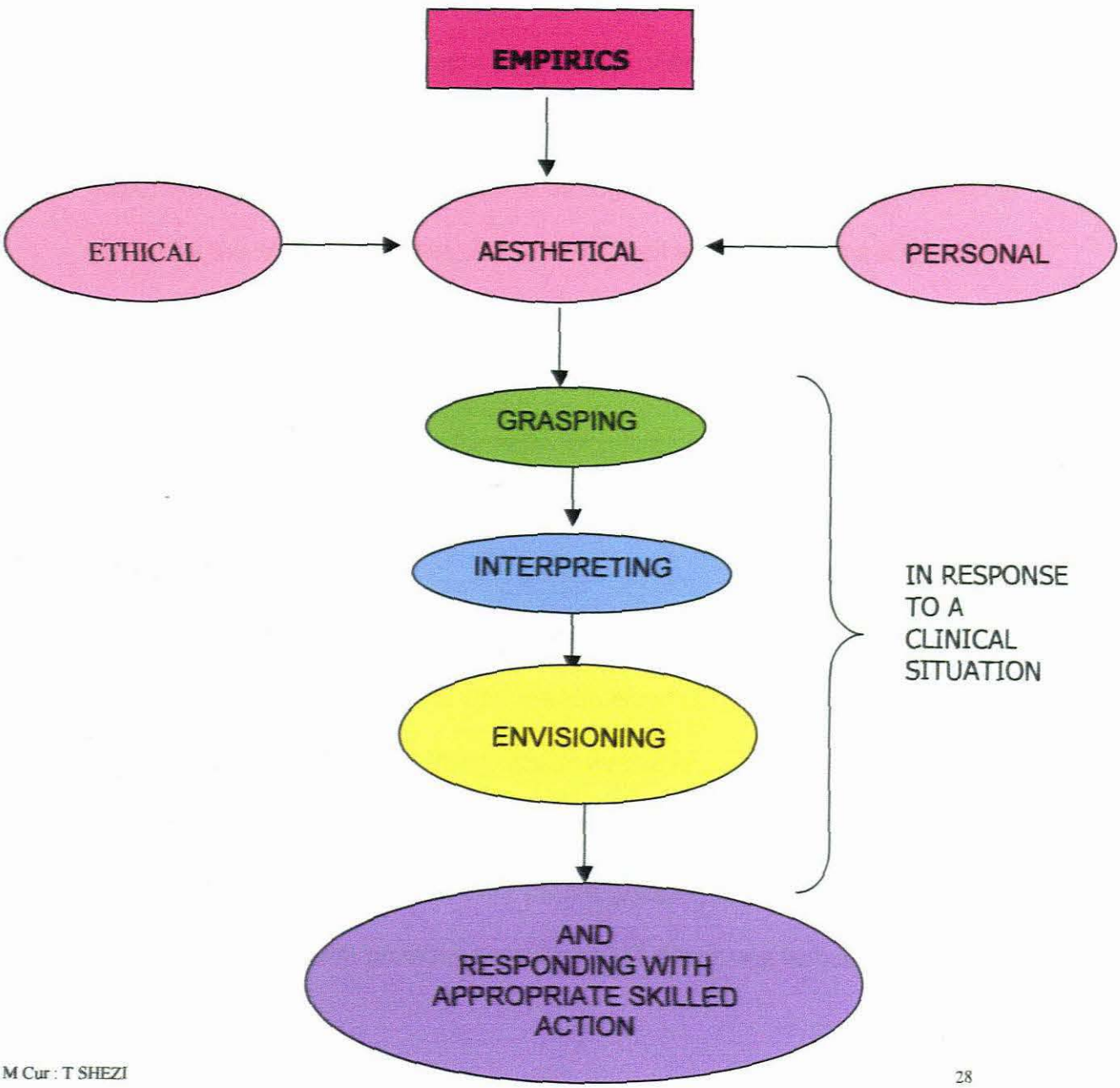
3.4 THE ETHICAL WAY OF KNOWING

This is the knowledge of what is right or wrong, thus reinforcing commitment. Within every experience an ethical dimension is embedded, thus channeling one to act appropriately. Acting ethically is a process of deliberation within that specific situation and this may give rise to a series of conflicts. This gives an empirical support to the significance of ethical knowing with experience (Johns, 1995 : 230).

3.5 INTERRELATEDNESS OF THESE COMPONENTS

Carper (1978), in Johns (1995 : 230), describes the ways of knowing as being discreet and interrelated. The interpretation is that the aesthetic, personal and ethical ways of knowing place the empirical knowledge at the head.

3.5.1 The Modified Model of Carper's Ways of Knowing



Carper's ways of knowing, and their interrelation, form the basis of learning in the nursing profession. This model is relevant to the learner midwives as well. The application is as follows:

Empirical knowing is done when the theory is delivered in both blocks, then aesthetic knowing includes grasping of concepts delivered theoretically; interpreting the information through comprehension and assimilation, then envisioning, and especially through practical correlation of factors clinically. While practically correlating, there is utilization of personal knowing in the sense that there is realization of one's capabilities when reflecting on how he/she has responded to a situation. While acting through the personal knowing, he/she is guided by the right actions that should be applied according to moral standards of the profession. Reflection on interrelating all these components in order to learn effectively and proficiently makes the Carper's way of knowing relevant and applicable in reflective thinking for enhancing learning.

3.6 CONCLUSION

Carper's ways of knowing were discussed in this chapter in order to display how learning is connected to these dimensions. It is obvious, in the practical situation, that the aesthetic way of knowing is a unifying dimension in the Carper's way of knowing and the concepts involved highlight reflexivity. Reflexivity means grasping of a situation and connecting it with previous experience. It allows one to build new

perspectives, to deconstruct and reconstruct as one is deliberating with issues so as to create new perspectives (Johns 1995 : 226). This is training the learner to reflect and, when utilized appropriately, should enhance learning of any individual.

The next chapter will deal with the research methodology.

CHAPTER 4

RESEARCH METHODOLOGY

This chapter will discuss the research design, research setting, population, sample and sampling technique. There will also be a discussion of instruments and data collection, the pilot study that has been applied, reliability and validity, permission and ethical considerations as well as limitations of the study and comments on data analysis.

4.1 THE RESEARCH DESIGN

The present study is an exploratory, descriptive design, which will accurately highlight the abilities of the learner midwives in utilization of reflective thinking as a skill to enhance their learning. It will provide insight from the perspective of the learners (Brink & Wood, 1998 : 283). The insight is sought so as to check if there is a need to update or rekindle the skill. The descriptive phenomenology is supported by Streubert & Carpenter (1999 : 49), as involving exploration and analysis of a particular phenomenon, stimulating perception and emphasizing the breadth and depth of the factor. The researcher has chosen learner midwives registered for a basic midwifery course of one year in the nursing schools and colleges within the eThekweni Metropolitan area in KwaZulu-Natal.

4.2 RESEARCH SETTING

The nursing schools/colleges to be utilized are those which are involved in a one year diploma in basic midwifery.

The first setting is McCord Nursing School and Hospital. The nursing school has an intake twice a year, accepting ten (10) students per intake. The learner midwives involved in the study, are more than six (6) months into the course, as the study relies on reflecting an experience as a skill, to enrich one's learning ability.

The second study is St Mary's College in Marianhill. The intake of students for this college is once a year – they accept ten (10) students.

The third setting is the Natal College of Nursing. It is the centre for the one year course for midwifery, catering for the public hospitals within the eThekwini Metropolitan Area. The college accepts thirty (30) students per intake.

The clinical instructors are from all three of these settings.

The centres are chosen in order to gain a demographic mix, which is also accessible, while ensuring a broader survey.

4.3 TARGET POPULATION

A population is defined by Brink (1996 : 132), as the entire group of persons or objects that are of interest to the researcher.

The target population of this study consisted of learner midwives who were already in the course for more than six (6) months, as they have a broader and

richer experience to reflect on and the study will derive a substantial factor from them. The clinical instructors were also employed by the nursing schools, or colleges, in which the learner midwives were studying.

4.4 SAMPLE AND SAMPLING TECHNIQUE

The purposive sampling technique was used. This sampling method, as described by Brink (1996 : 141), is based on the judgment of the researcher, who regards the subjects as being representative and knowledgeable about the question at issue. The data for the study was evolved from ten (10) learner midwives from McCord Nursing School; ten (10) learner midwives from St Mary's College and thirty (30) learner midwives from the Natal College of Nursing. The clinical instructors involved were two (2) in McCord Hospital; three (3) at St Mary's College and five (5) at the Natal College of Nursing.

4.5 INSTRUMENTS AND DATA COLLECTION

The instruments used were interview schedules. These interview schedules were structured in such a way that they provide fixed alternative questions designed to ensure comparability and facilitation of analysis as described by Polit & Hungler (1999 : 256). These were also open-ended questions, which gave allowance of responses from participants expressing their own feelings. The open-ended questions have been included so as to integrate, to the data, a fuller and enriched perspective (Polit & Hungler, 1999 : 257). The researcher ensured

that the questionnaires were physically collected so as to ensure that loss, through posting, was avoided.

The close-ended questionnaires made it easier for the participants to take part, as open-ended questions could yield an unwillingness to respond (Polit & Hungler, 1999 : 257).

The instrument was subdivided as follows:

SECTION A

- Consisted of the demographic data. This was included in order to compare the use of reflection between males and females as there is an assumption of existing difference of functioning of brains between males and females.
- The age and the number of children are indications of maturity and accumulated experience and this is information, which is relevant to reflective thinking.

SECTION B

- Consisted of the qualifications, which revealed the exposure to learning, thus learning readiness for the learners as well as gained experience.
- The qualifications, with regard to clinical instructors, were informative to the extent of being experienced in the specific field in which they were required to facilitate learning.

SECTION C

- Consisted of work place experience, which gave an indication of the instruction and interest the learners had, as well as the experience accumulated through exposure in the clinical area.

SECTION D

- For the learner midwives this section consisted of classroom experience, giving information related to delivery of theoretical instruction as well as evaluation. The information in this section also dealt with setting of learning outcomes or objectives to be achieved by the learners, as well as information on the capturing of learners' interest by the theoretical instruction and motivation of learners by the facilitators.
- For the clinical instructors this section dealt with creation of a conducive climate to learning through availability of clinical objectives, orientation of learner midwives by the clinical instructors, motivational strategies used by the clinical instructors for the learners in the clinical area, setting of goals by learners aided by the clinical instructors, as well as supervision of learner midwives by the clinical instructors.

SECTION E

- For the learner midwives this section dealt with clinical experience and information regarding orientation in the clinical area; teaching strategies

used in the clinical area; record of reflection used by the learner midwives as well as guidelines received through set objectives/outcomes in the clinical area.

- For the clinical instructors this section consisted of student accompaniment in the clinical area with information on the ratio of the students per clinical instructor, as well as assistance given to learner midwives individually in setting of goals.

SECTION F

- This section, for the learner midwives, consisted of the impact of feedback records in understanding the theoretical work; availability of formal feedback in order to aid constructive learning; the impact of being given or not given the feedback by the clinical instructors in the clinical area, as well as the impact of the records used in the clinical area towards being a source of information for future use in Block 2 of theoretical instruction.
- For the clinical instructors this section dealt with the methods used for teaching by the clinical instructors in the clinical area.

SECTION G

- For learner midwives this section consisted of problems encountered by the learner midwives that affected effective learning.

- For the clinical instructors this section dealt with the methods of evaluation used by the clinical instructors in the clinical area. It provided information in a comparative manner with regard to the strategies used, thus giving a clearer vision for quicker and simpler analysis.

4.6 PILOT STUDY

The pilot study is defined as a trial run, done in preparation for the major study (Polit & Hungler, 1999 : 464).

The pilot study, in this investigation, was used to test the instrument. This helped in appropriately adjusting the instruments. The pilot study comprised three (3) learner midwives with the experience of six (6) months in the course and two (2) clinical instructors, who have been accompanying learners clinically for more than two (2) years. The results of the pilot study were positive. No changes were made to the instrument.

The respondents used in the pilot study did not form part of the main study.

4.7 RELIABILITY AND VALIDITY

Reliability can be defined in terms of accuracy and true reflection of the attributes which are under investigation (Polit & Hungler, 1999 : 296). The instruments were meticulously designed to meet the objectives of the enquiry. Validity and reliability are closely related concepts for a research instrument and are essential (Brink, 1996 : 172). Validity is connected with the accuracy and

truthfulness of the findings. The pilot study helped to review accuracy and credibility.

The instrument was also discussed with one of the research experts in the field of nursing education. Key concepts were also tried out to ensure congruency of meaning between research and the participants. The experts considered the instrument as suitable for collection of data.

4.8 ETHICAL CONSIDERATIONS

Permission to conduct the study was sought and obtained from the relevant authorities, such as the Department of Health Services KwaZulu-Natal, Principals of Colleges and Senior Nursing Service Managers of Hospitals for the Nursing Schools, which are not autonomous. The participants were verbally approached and consent forms were provided after extensive explanation, so as to ensure co-operation. The participants were briefed about the objectives of the study. They were informed of the freedom to withdraw at any time during the research if they felt uncomfortable. The anonymity of the information gathered was stressed. They were also assured that the information gathered would be kept confidential. Participants were given time to ask questions for any unclear aspect. Since they were all professionals, the language used was English, which was understood by all.

4.9 DATA ANALYSIS

In this research study, data analysis was obtained through the use of a Microsoft Word computer software package. The advantage is preservation for retrieval at any time when needed. Records are, thus, kept as safe as possible.

The presentation and analysis of data will be discussed in the next chapter.

4.10 CONCLUSION

This chapter serves as a global indicator of how the whole research process was carried out. In the following chapter the data will be presented and analysed in tables, pie charts and other graphics for clearer visualization.

CHAPTER 5

PRESENTATION, ANALYSIS AND INTERPRETATION OF DATA FOR LEARNER MIDWIVES

INTRODUCTION

In this chapter, the researcher will present and set forth all the factors in the form of tables and charts. This will be in accordance with recommendations by Brink (1996 : 191), who supports the fact that a graphic display offers a visual appeal which makes the analysis quicker and simpler. There is also an avoidance of redundancy of information presented.

The questionnaires have been divided into two. There was one set of questionnaires for learner midwives and another set for clinical instructors, who are the accompanists of the learner midwives. The data was manually analysed. This chapter will deal with the data obtained from the learner midwives' questionnaire.

SECTION "A" - BIOGRAPHICAL DATA FOR LEARNER MIDWIVES

ITEM I: GENDER OF THE RESPONDENTS

TABLE 5.1 Gender of the Respondents Response N : 50

GENDER	FREQUENCY	PERCENTAGE
MALE	NIL	0
FEMALE	50	100
TOTAL	**N = 50**	**100**

Table 5.1 indicates that all the respondents were females. These findings are consistent with previous findings that the nursing profession is female dominated. This factor has also been propounded by socio-cultural beliefs, which do not elevate the esteem of a male who is in a midwifery course. The African culture, for example, has not allowed a male to be near a place or hut in the rural area, where a woman has given birth even if the male is the spouse. African males in midwifery are seen to be breaking the norm, hence there are fewer accouchers. Males in the nursing profession, are usually involved in post-basic courses like psychiatry or orthopaedics.

ITEM 2: AGE GROUP OF THE RESPONDENTS

TABLE 5.2 Age Group of the Respondents

AGE	FREQUENCY	PERCENTAGE
20 – 30	5	10
31 – 40	30	60
41 – 50	15	30
51 – 60	NIL	ZERO
61 – 70	NIL	ZERO
TOTAL	**N = 50**	**100**

Table 5.2 reveals that the majority of the respondents, that is 30 (60%) were between the ages of 31 and 40 years, followed by 15 (30%) who were between the ages of 41

and 50 years, and the last category of 5 (10%) who were between the ages of 20 and 30 years. No learner midwives were above 50 years of age. Thus all the respondents were mature and experienced, although there was variability because of age differences. They could be labeled as having accumulative experiences which, according to Kolb (1984) in Quinn (2000 : 354) allows transformation which facilitates the reflective process.

ITEM 3: NUMBER OF CHILDREN FOR EACH OF THE RESPONDENTS

TABLE 5.3: Number of Children for each of the Respondents

NUMBER	**FREQUENCY**	**PERCENTAGE**
NONE	5	10
1 – 4	40	80
5 – 8	5	10
9 – 12	NIL	ZERO
TOTAL	**N = 50**	**100**

As illustrated in Table 5.3, 40 (80%) had between 1 and 4 children; 5 (10%) had between 5 and 8 children, whilst 5 (10%) had no children at all. None had between 9 and 12 children, thus 45 (90%) had personal experience of being pregnant and giving birth. Fisher (1996 : 443) explains personalized experience as allowing reflection, which brings about change, as there is a projection of meaning to previous occurrences that

attach new perspectives. Therefore, personalized experience forms a foundation for new knowledge.

On the other hand, for reflection to occur the environment should be conducive psychologically, emotionally, physically and spiritually. Being a mother, having children at home and also having the role of being a student does not allow one time to meditate and reflect, therefore the 5 (10%) with no children, are at an advantage of not having any distractions thus they can reflect effectively as they are psychologically and emotionally focused. Having said that the clinical instructors and student midwives with children have an experience to reflect on. This could be a stepping stone to improvement of the learning process for them.

SECTION "B" - QUALIFICATIONS

ITEM 4: QUALIFICATIONS OF THE RESPONDENTS WITH REGARD TO HIGHER EDUCATION

Figure 5.1 Qualifications of the Respondents with regard to Higher Education

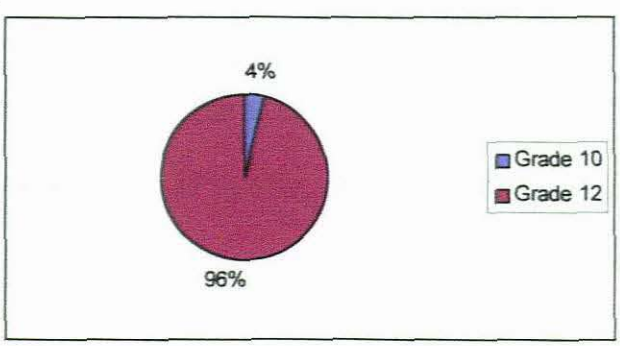


Figure 5.1 indicates that 48 (96%) had higher education up to Grade 12 and 2 (4%) had only grade 10. For Grade 10 to access the bridging course leading to registration as a general nurse, a motivation is submitted to the South African Nursing Council with

recommendations based on the experience acquired by that specific person. Both groups then have an assumed readiness to learn and reflect on their experiences gained during the extended period of learning. According to Klopper (2000 : 46) readiness to learn is one of the characteristics promoting reflection.

ITEM 5: QUALIFICATIONS IN NURSING BEFORE BEING A LEARNER MIDWIFE

TABLE 5.4 Qualifications in Nursing before being a Learner Midwife

PROFESSIONAL QUALIFICATION	FREQUENCY	PERCENTAGE
Previously an enrolled nurse prior to being a Professional Nurse	48	96
Previously an Enrolled Nurse Auxiliary prior to being an Enrolled Nurse	2	4

Table 5.4 shows that 48 (96%) had been enrolled nurses who bridged to be registered general nurses, while 2 (4%) started by being enrolled nursing auxiliaries who challenged the second year in the enrolled nurse category first, then bridged to be registered general nurses. The researcher had targeted the group who have bridged as they seem to be experiencing problems in the Basic Midwifery course. The bridging course, as described by Mpaka & Uys (1999 : 15), was formulated to liberate the nurses but has led to a tendency of leaving gaps. This has also led to difficulty in integrating theory with practice. The clinical instructors were all professional nurses with a post-basic course in Nursing Education and a diploma in Midwifery. No one had an advanced diploma in Midwifery, which might influence the way they will encourage reflection in learning to the student midwives.

SECTION "C" - WORK PLACE EXPERIENCE

This section was included in order to find out if the learner midwives had any previous experience in working, especially in the midwifery department since this will help them in their learning.

ITEM 6: EXPERIENCE IN THE WORKPLACE PRIOR TO BEING A LEARNER MIDWIFE

TABLE 5.5 Experience in the Workplace prior to being a Learner Midwife

WARD	NUMBER	PERCENTAGE
GENERAL WARD	50	100
OBSTETRICS	30	60
NO EXPERIENCE IN OBSTETRICS	20	40

The results in Table 5.5 illustrate that 30 (60%) had previous exposure to obstetric departments prior to being learner midwives and 20 (40%) had no experience. This may have been one of the motivational factors, for those who had worked in midwifery departments, to develop professionally. The learner midwives that were never exposed to work in the midwifery department, might experience problems in correlating theory to practice. The results also showed that 50 (100%) of the learner midwives had experience, i.e. working in the general wards. This might help them with the reflexivity process.

ITEM 7: EXPERIENCE OF THE RESPONDENTS IN THE WORKPLACE DURING THE MIDWIFERY COURSE

TABLE 5.6 Experience of the Respondents in the Workplace during the Midwifery Course

UNIT	FREQUENCEY	PERCENTAGE
Labour Ward	50	100
Ante-Natal Clinic	35	70
Neonatal Nursery	40	80
Ante-Natal Ward	30	60`
Post-Natal Ward	20	40
Post-Natal & Well Baby Clinic	10	20

According to Table 5.6 all the learner midwives were already exposed to the labour ward, i.e. 50 (100%) where the various emergencies, like cord prolapse, are dealt with. Forty (80%) had already been exposed to the neonatal nursery where babies with various problems, like pre-maturity, are admitted for further care; 35 (70%) had been to the ante-natal clinic where most of the pregnant women attend and procedures like abdominal examinations are done; 30 (60%) had been allocated to ante-natal wards, where pregnant women with problems like pre-eclamptic conditions are admitted for management and care; 20 (40%) had been to the post-natal ward, where post-natal care is rendered. Care of the mother and her baby is maintained and sustained and 10 (20%) had also been to the well baby clinic, where health education regarding sustenance or healthy mother and child are done; immunization programmes are continued. In all this the Table displays the fact that the majority of the midwives had observed and acted, though with uncertainty at times, and in conflicting situations thus

giving them a modicum to reflect on. Johns (1995 : 230) supports the fact that reflection is intended to enhance learning, hence, during reflection, identification and confrontation of what has occurred leading to resolution and analysis of actions, does achieve knowledge. The increased knowledge of the learner midwives will help them to reflect on their learning and will also help their clinical instructors, who seemed to lack advanced knowledge in midwifery, because of the few years they have spent as clinical instructors for student midwives.

SECTION "D" CLASS ROOM EXPERIENCE FOR THE FIRST TIME IN THE COURSE

This section was included in order to find out how often they attended their lectures during the first month of study. This will reveal the amount of midwifery lectures they received before they were exposed to different wards.

ITEM 8: CLASSROOM ATTENDANCE DURING THE FIRST MONTH OF THE RESPONDENTS IN THE MIDWIFERY COURSE

TABLE 5.7 Classroom Attendance during the first month of the Respondents in the Midwifery Course

SYSTEM	FREQUENCY	PERCENTAGE
Block system integrated by clinical exposure	50	100
Tutorial days	Nil	0
TOTAL	**N = 50**	**100**

Table 5.7 displays the fact that 50 (100%) were initially exposed to the block system and none (0%) were exposed to tutorial days in order to integrate theory gained to clinical exposure. There was an offering of textbook knowledge to provide a broader base of information. This, in itself, seems to be a rigid approach, being presented by the nursing curriculum at times, which may lead to a production of nurse practitioners who feel as if they are followers and not stimulated to apply reflection and critical thinking. Midwifery requires reflective and critical nurse practitioners, as there are instances where one has to act fast to save the life of the mother and child. This requires an independent confident thinker who has developed reflexivity.

ITEM 9: A COMPONENT OF INTEREST ON THE THEORY DELIVERED IN CLASS.

FIGURE 5.2 A component of interest on the Theory delivered in Class

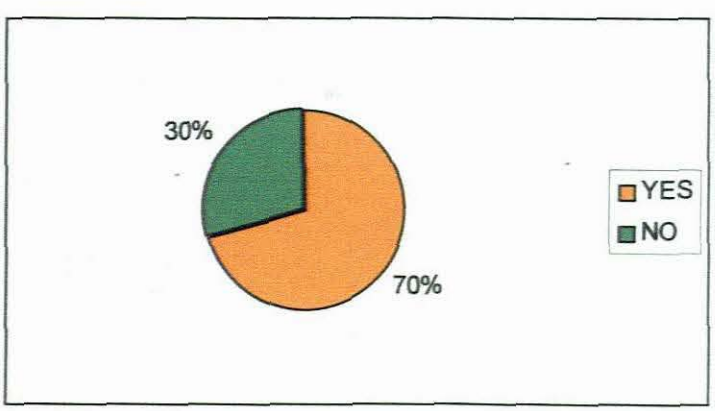
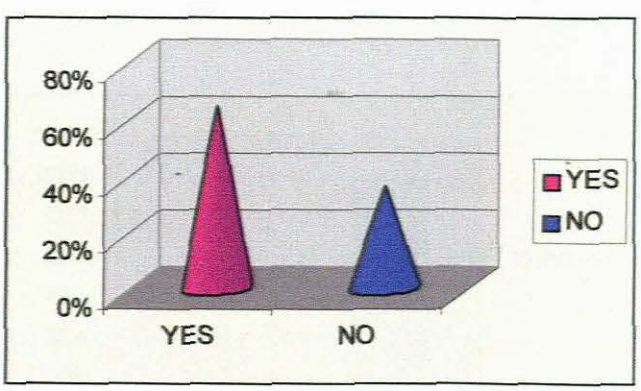


Figure 5.2 illustrates that the theoretical information of the first block was interesting to them. The assumption deduced from the feeling was that some had personally been through the experience when bearing their own children. This feeling of captivated interest was deduced from 35 (70%) of the respondents, while 15 (30%) found the

initial block packed with new concepts, for instance medical terms, presented in Latin, and were left confused. Some are quoted as having said "the information given was so abstract and new to me that I failed to conjure up clear pictures of what was said in my mind". Could this be the result of the traditional content-based curriculum, which comprises prearranged content delivered to a passive learner? Further clarity will be given when an analysis of strategies in the delivery of theory are done. These feelings might be indicative of the need to integrate theory with practica within the first block, not merely allowing them to observe in the clinical area, but allowing actual involvement.

ITEM 10: MOTIVATION OF LEARNER MIDWIVES BY NURSE EDUCATORS.

FIGURE 5.3 Motivation of Learner Midwives by Nurse Educators



The majority of the respondents 32 (64%) stated that they received motivation from the nurse educators. Motivation as described by Klopper (2000 : 141), encourages the learner and the accompanist to interact and reflect mutually. This leads to deep holistic life-long learning. The rest, i.e. 18 (36%) did not find the nurse educators motivating.

In cases where motivation is lacking, dependence is created and there is lack of confidence. It is the duty of the accompanist (nurse educator in this instance) to create a conducive atmosphere to learning; however, motivation is an intrinsic factor, which a learner, especially an adult learner, should be familiar with. If the dual road for motivation is not maintained, reflection becomes a difficult skill to attain.

According to the findings from the clinical instructors, they agreed that they provided motivation to the learner midwives in the form of using different motivational strategies like role modeling, setting a conducive atmosphere for learning through being approachable, with an evaluation of knowledge, skills and understanding at the end of each session.

ITEM 11: REFLECTIVE SKILLS TAUGHT WITHIN THE THEORETICAL SESSIONS

FIGURE 5.4 Reflective skills taught within the Theoretical Sessions.

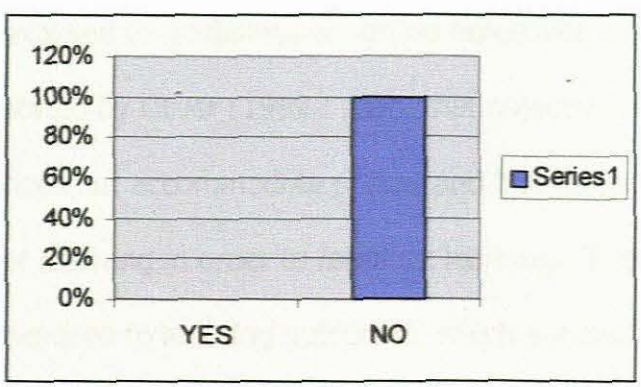


Figure 5.4 indicates that no one (100%), had been taught reflective skills during their theoretical sessions. Reflective skills have a self-awareness concept, which is affective reflexivity according to (Richardson 1999 : 235). There is also a descriptive component

followed by critically analyzing the situation and integrating the new knowledge with the previous knowledge. This does not automatically occur within the student/learner. It needs nurturing and guidance, with inculcation of their culture of reflecting so that it can be applied well in the clinical area, thus bridging the theory-practice gap.

ITEM 12: AVAILABILITY OF LEARNING OUTCOMES OR OBJECTIVES DURING THE THEORETICAL TEACHINGS

TABLE 5.8 Availability of Learning Outcomes or Objectives during the Theoretical Teachings

COMPONENT	FREQUENCY	PERCENTAGE
Learning Outcomes	10	20
Objectives	40	80
TOTAL	**50**	**100**

Table 5.8 is a clear illustration of the fact that 40 (80%) of the respondents had been exposed to guidelines of setting objectives and not Outcomes-Based Education, as stated by Oliver (1999 : 137), that objectives are teacher centred. Teacher centredness does not accommodate proper and holistic inclusion of the learner's feelings of capacity of knowing in order to facilitate learning. The other 10 (20%) respondents had been exposed to learning outcomes, which are said to be learner centred and this is the newly accepted approach in nursing education which has not yet been accommodated by the curriculum. Stenhouse (1925) in Quinn (2000 : 149), clearly states the possibility of organising a curriculum without specifying in advance the behavioural changes that should be expected to occur in a student. He further acknowledges the

fact that the worthiness of teaching should have an element of encouraging learners to reflect on their experiences. The clinical instructors agreed that some were using objectives and others outcomes, especially because objectives indicate whether they have been achieved or not. Outcomes-Based Education is still very new, but there is no excuse. Every nurse, involved in teaching students, should know it and use it.

ITEM 13: RATING OF STRATEGIES USED TO DELIVER THEORY IN THE CLASSROOM

TABLE 5.9 Rating of Strategies used to deliver Theory in the Classroom

STRATEGY	NUMBER	PERCENTAGE
Lecture method	50	100
Role play	Nil	0
Demonstration	30	60
Games	Nil	0
Group discussions	40	80
Projects	40	80
Reflective journal/diary	Nil	0
Posters	Nil	0
Case study/history	25	50
Assignments	35	70
Videos/films	10	20

Table 5.9 reveals that, according to 50 (100%) of the respondents, the highest teaching strategy used to deliver theory in the classroom was the lecture method, followed by group discussions and projects, which 40 (80%) respondents said they used. Assignments were mentioned by 35 (70%) learner midwives; demonstrations by 30 (60%); case studies and case histories were mentioned by 25 (50%) of the respondents, and only 10 (20%) of the respondents mentioned videos/films. Role-playing, games, reflective journals, diaries and posters, were not mentioned by the learner midwives because they were not used for delivering theory. This analysis shows an adherence to the traditional methods of teaching and not those that facilitate easy learning. This could have been due to the fact that many nurse educators have not yet been exposed to new learning and new concepts that encourage reflection, critical thinking and creativity.

ITEM 14: RATING OF STRATEGIES USED BY RESPONDENTS AS MEANS OF EVALUATION.

TABLE 5.10 Rating of Strategies used by Respondents as means of Evaluation.

STRATEGY	NUMBER OF RESPONDENTS EXPOSED TO IT	PERCENTAGE
Formative Evaluation	50	100
Summative Evaluation	50	100
O S C E	50	100
Use of reflective skills, e.g. profiling	Nil	0

Table 5.10 shows that all the respondents were exposed to formative evaluation, which aims at giving the learner new skills and, at the same time, correcting misguided information. This is in contrast to summative evaluation, which is aimed at measuring what the learner has achieved in assessing if what has been aimed at has been attained, and Objective Structured Clinical Evaluation (OSCE), which is evaluating competency in skills. None have been exposed to reflective skills assessment as a means of evaluation. This is including appropriation of occurrence allowing knowledge to form an intrinsic part of the learner's being. Reflective skills assessment, as means of evaluation, are very new methods; even then all nurse educators should empower themselves on their use for effectiveness in teaching and learning.

SECTION "E" CLINICAL EXPERIENCE

ITEM 15: ORIENTATION OF RESPONDENTS IN THE CLINICAL AREA

TABLE 5.11 Orientation of Respondents in the Clinical Area

ORIENTATION	NUMBER	PERCENTAGE
Orientation was done	50	100
Orientation was not done	Nil	0
TOTAL	**50**	**100**

Table 5.11 reveals that all the respondents 50 (100%) were orientated. Orientation, as described by Swansburg (1993 : 51), is to help the nursing worker to adjust to a new work situation. It is seen as one of the most important variables as it forms one of the building blocks in the professional development (Dienemann, 1990 : 386).

ITEM 16: AVAILABILITY OF SUPERVISION IN THE CLINICAL AREA

Table 5.12 Availability of Supervision in the Clinical area

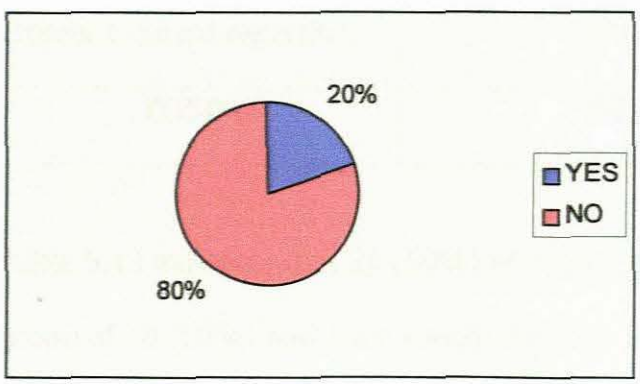
SUPERVISION	NUMBER	PERCENTAGE
Supervision was done by clinical instructors	20	40
Supervision was not done by clinical instructors	30	60
TOTAL	**50**	**100**

Table 5.12 illustrates that 30 (60%) of the respondents commented that supervision was not provided by the clinical instructors. They verified that registered personnel, who were always with them, provided supervision. The other 20 (40%) mentioned that

supervision was provided by their clinical instructors. Controversy does arise on this aspect as all the clinical instructors responded by mentioning that they did supervise the learner midwives. Was this said to save face, or was it a real issue?

ITEM 17: AVAILABILITY OF CONDUCIVE CLIMATE FOR LEARNING FOR THE LEARNER MIDWIVES

Figure 5.5 Availability of Conducive Climate for Learning for the Learner Midwives



According to Figure 5.5 40 (80%) of the respondents said the climate was not conducive to learning. The rationale was that the units, especially the labour ward, were always hectic and busy, thus offering little chance to internalize experiences, while 10 (20%) responded by saying that the climate was conducive. Resnick (1989 : 1), as cited in Klopper (1999 : 60), denotes that learning is a process of knowledge construction, thus it needs a conducive climate. This is supported by Klopper (1999 : 86), that a conducive learning climate makes the learner want to learn.

ITEM 18: RATING OF TEACHING STRATEGIES USED IN THE CLINICAL AREA

TABLE 5.13 Rating of Teaching Strategies used in the Clinical Area.

STRATEGY	NUMBER	PERCENTAGE
Ward rounds	10	20
By objectives	25	50
Case presentations	10	20
Group discussions	5	10
Clinical Incident reporting	Nil	0
TOTAL	**50**	**100**

Table 5.13 indicates that 25 (50%) of respondents had been taught by objectives; one group of 10 (20%) had been taught through ward rounds, while another group of 10 (20%) had been taught through case presentations. A last group of 5 (10%) had been taught through group discussions. The group discussions that were used in the clinical situation, are valuable in the sense that practical experiences are easily discussed and clarification of facts is easily done, while one is still in the situation, and correction of mistakes is easily carried out. None were coached in utilizing clinical incident reporting as a means of strategy to enhance their learning. When the same questions were asked from the clinical instructors, some strategies seemed to be the same. Over and above this they mentioned that they were using projects, lecture methods, assignments, problem solving and workbooks. These disagreements may be due to the

fact that student midwives were still too junior to know all the strategies. It might also happen that the clinical instructor did not use the other strategies.

ITEM 19: RECORDS OF THEIR OWN WHICH THE RESPONDENTS FOUND USEFUL TO UTILISE FOR REFLECTION IN THE CLINICAL AREA

TABLE 5.14 Records of their own which the Respondents found useful to Utilize for Reflection in the Clinical Area

METHOD	NUMBER	PERCENTAGE
Reflective diaries/journals	Nil	0
Note books/exercise books	50	10
Dictaphones	Nil	0
Work books	10	20
Written assignments	10	20

The findings in Table 5.14 reveal that all the respondents, 50 (100%), found value in using notebooks or exercise books. Amongst them some, that is 10 (20%), also utilized work books and written assignments. None used the journal or diary writing technique and none used the dictaphone recording technique. This assumption is based on the fact that the traditional guidance, from the accompanist, may have encouraged the jotting down of new concepts in notebooks and the use of a workbook, according to the setting found by that particular institution. There was little or no allowance given to student midwives to utilize and internalize other means of record keeping in the clinical areas that encourages reflection like reflective diaries/journals and dictaphones (Ehlers, 2003).

ITEM 20: AVAILABILITY OF OBJECTIVES OR LEARNING OUTCOMES DURING CLINICAL TEACHING IN THE CLINICAL AREAS

FIGURE 5.6 Availability of Objectives or Learning Outcomes during Clinical Teaching in the Clinical Area

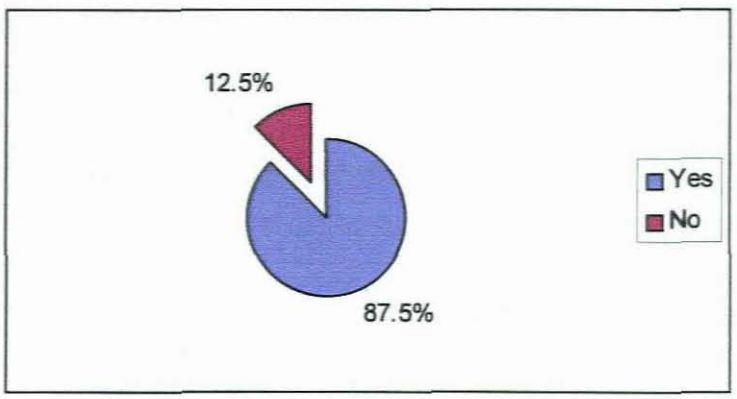


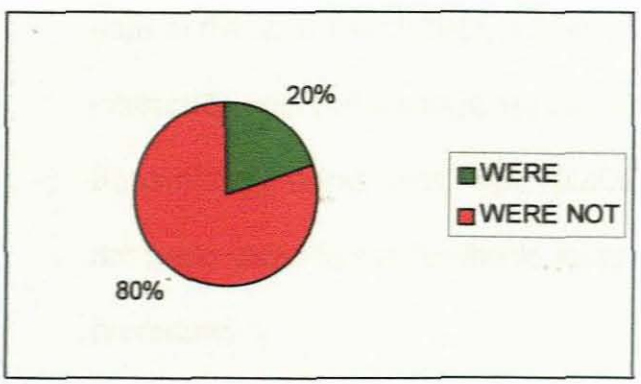
Figure 5.6 is a clear illustration that the majority of respondents were exposed to tuition within the guidelines of learning outcomes or objectives. Thirty five, (87.5%) of learner midwives indicated that objectives, not outcomes, were given at the beginning of a lesson plan, and 5 (12,5%) mentioned that learning outcomes were set. Objectives, according to Outcomes-Based Education, are said to be teacher orientated and are to be done away with. Outcomes are learner orientated and are associated with notional periods of allowing the learner to assimilate his/her learning.

SECTION "F" - IMPACT OF FEEDBACK, RECORDS USED AND UNDERSTANDING THEORETICAL WORK DURING POST EVALUATION

This section was included to investigate the impact of not being given feedback evaluation and the impact of records used in the creation of reflective learning and critical thinking on learner midwives

ITEM 21: FORMAL FEEDBACK GIVEN TO AID CONSTRUCTIVE LEARNING POST EVALUATION IN THE CLINICAL AREAS

Figure 5.7 Formal feedback given to aid Constructive Learning, Post Evaluation, in the clinical areas



The majority of the respondents, 40 (80%), reported that they were not given formal feedback, post evaluation for constructive learning, while 10 (20%) stated that they were given formal feedback. Feedback is important to each student so that he/she can improve in areas where they are lacking.

ITEM 22: IMPACT OF BEING GIVEN OR NOT BEING GIVEN FORMAL FEEDBACK IN THE CLINICAL AREA FOR THE RESPONDENTS

Table 5.15 Impact of being given or not being given Formal Feedback in the Clinical Area for the Respondents

No OF RESPONDENTS	GIVEN FEEDBACK OR NOT	PERCENTAGE
10	YES	20
40	NO	80

* Impact of being given formal feedback – 10 respondents (20%) reported to have been formally given feedback, which allowed them the opportunity to question areas they were not clear about. It also gave them the opportunity of filling the gaps in the skills they lacked, as they were recorded as 'incompetent'. The interaction with the accompanist also provided interdependency and growth.
* Impact of not being given formal feedback – 40 respondents (80%), reported not being given formal feedback, except for being corrected whilst doing the procedure.

ITEM 23: IMPACT OF RECORDS USED IN THE CLINICAL AREA BY RESPONDENTS AS SOURCE OF INFORMATION FOR FUTURE USE IN ASSOCIATION WITH BLOCK 2

This item was asked in order to find out the impact of records the student midwives used in the clinical area as a source of future information, especially when they were exposed to Block 2 of their theory during their training.

TABLE 5.16 Impact of Records used in the Clinical Area by Respondents as a source of information for Future use in Association with Block 2

IMPACT OF RECORDS	YES	PERCENT	NO	PERCENT
Gave ability to recall and connect practica with new theory in Block 2	10	20	40	80
Problem solving was easier in Block 2	Nil	0	50	100
Critical analysis of new information in Block 2 could be done based on experience clinically	Nil	0	50	100
Understanding of new information in block 2 could be achieved faster	10	20	40	80
Learning was integrated by examples extracted from records in clinical area	10	20	40	80

Table 5.16 demonstrates that 10 (20%) student midwives could connect practica with theory, through their own record keeping as encouraged in the clinical areas; were able to recall new theory with practical experiences; understood new information better in Block 2 and found the learning facilitated in an easier manner in Block 2. Forty (80%) did not enjoy the above experiences. None of the respondents could state that the abilities they gained of problem solving, skills and reflective learning or practice and critical analysis, were enhanced by the records they kept and utilized as means of resource in the clinical area. It would be wonderful if all the learning and teaching, which the student midwives received, were utilized more effectively. Ehlers (2003 :

101) explains that the use of such strategies as reflective journaling, empowers students in their professional position.

SECTION "G" – PROBLEMS ENCOUNTERED CLINICALLY BY THE LEARNERS AFFECTING EFFECTIVE LEARNING

This section was included in order to obtain clarity on hindrances that could have barred utilization of reflective thinking for learner midwives.

ITEM 24: PROBLEMS ENCOUNTERED CLINICALLY BY LEARNERS

Table 5.17 Problems encountered Clinically by Learners

PROBLEM	NUMBER	PERCENTAGE
Inadequate orientation	NIL	0
Lack of knowledge of reflective skills	50	100
Inadequate supervision	30	60
Lack of motivation	18	36
Time frame set against loads of work	50	100
Lack of student status	50	100
Inadequate feedback	40	80

The results of Table 5.17 show that 50 (100%) of all the respondents mentioned that orientation was adequate. All the respondents also mentioned that the set time frame for completion of duties, against loads of work, prevented them from revisiting the scenario. All the respondents, 50 (100%), mentioned that, being used as a work force

instead of being students, also did not give them enough time in the clinical situation to recall and meditate about what had happened and how that happening influenced their actions; 40 (80%) mentioned that the inadequacy of feedback left them unconfident and they had unanswered questions. Thirty (60%) mentioned that there was inadequate supervision. As explained by Mellish & Wannenburg (1992 : 1220), supervision overlaps with teaching and this leads to maintenance of standards towards patient care. Eighteen (36%) of respondents mentioned a lack of motivation against new concepts and new information, which hindered comprehension, assimilation and synthesis. The assumption was that reflective thinking might not have been utilized efficiently and effectively with all these stumbling blocks.

CONCLUSION

This section of the data dealt specifically with the learner midwives' dynamics. The next section will analyze data, using tables and figures, connected to the accompanists who are an important aspect in the learning of the learner midwives.

CHAPTER 6

PRESENTATION, ANALYSIS AND INTERPRETATION OF DATA FOR CLINICAL INSTRUCTORS

INTRODUCTION

This chapter deals with the analysis as well as the interpretation of the data collected from the clinical instructors who facilitate the learning of the learner midwives. The use of tables and graphics is utilized to create a meaningful and quicker means for analysis.

SECTION "A" BIOGRAPHICAL DATA

This section was included to find out the gender of the clinical instructors, including their child-bearing practices, since this can influence their teaching and learning of learner midwives.

ITEM 1: GENDER DISTRIBUTION OF THE RESPONDENTS

TABLE 6.1 Gender Distribution of the Respondents

GENDER	FREQUENCY	PERCENTAGE
Male	NIL	0
Female	10	100
TOTAL	**10**	**100**

Table 6.1 Indicated the preponderance of females in the nursing profession, as 10 (100%) were all females. These results were the same as those of learner midwives, where there were no males. This finding corresponds to Sullivan & Decker (1992 : 121) in that "97% of nursing is comprised of females".

ITEM 2: THE NUMBER OF RESPONDENTS WHO HAVE EXPERIENCED CHILDBEARING AND REARING.

TABLE 6.2 The Number of Respondents who have experienced Childbearing and Rearing.

RESPONDENTS	NUMBER	PERCENTAGE
with children	7	70
with no children	3	30

According to Table 6.2, 7 (70%) of the clinical instructors had children, while 3 (30%) had no children. The assumption is that the bearing and rearing of children groomed them to be patient and sensitive to learner midwives' needs. This is an indication that clinical instructors were experienced, which will put the learner midwives at an advantage of being instructed by people with understanding, patience and endurance. Benner (1992 : 282), as cited in Klopper (1999 : 32), describes the clinical instructor as a person who should be empathetic and warm in order to be able to facilitate learning in a learner.

SECTION "B" PROFESSIONAL QUALIFICATIONS

Qualifications of nurse educators/clinical instructors are important for effectiveness of teaching and learning. The more experienced they are, the more the learning is facilitated.

ITEM 3: PROFESSIONAL QUALIFICATIONS OF CLINICAL INSTRUCTORS

TABLE 6.3 Professional Qualifications of Clinical Instructors

QUALIFICATIONS	FREQUENCY	PERCENTAGE
Professional Nurse	-	-
Chief Professional Nurse	-	-
Prof Nurse with Nursing Education	8	80
Senior Prof Nurse with Nursing Education	2	20
Midwifery	10	100
Advanced Midwifery	-	-
Paediatric Nursing	-	-
TOTAL	**N = 10**	**100**

Table 6.3 depicts that 8 (80%) of the respondents were professional nurses with a Diploma in Nursing Education (DNE), while 2 (20%) were Senior Professional Nurses, (SPN) with the DNE post basic course. All the respondents 19 (100%), had a diploma in Basic Midwifery. None has done the post basic course in Advanced Midwifery and

Neonatal Nursing Science, as well as the post basic course in Paediatric Nursing. It would have been an advantage if they had done the above-mentioned courses. The lack of Advanced Midwifery and Neonatal Nursing Science could cause some difficulties in teaching learner midwives, since it is said that the lecturer should have more knowledge than the student. It is presumed, though, that all the respondents had been equipped with the methodology of teaching, since all had a post basic diploma in nursing education. This might help the learners to be assisted in reflection on their learning, as according to Klopper (2000 : 14), an accompanist is responsible for creating a focused holistic learning through his/her teaching methods.

SECTION "C" WORK EXPERIENCE OF RESPONDENTS

This section is important because, for effectiveness in reflective teaching and learning, all respondents have to have enough experience in the field.

ITEM 4: WORK EXPERIENCE OF RESPONDENTS

TABLE 6.4 Work Experience of Respondents

NUMBER OF YEARS	FREQUENCY	PERCENTAGE
0 – 3	8	80
4 – 6	2	20
7 – 9	-	-
10 – 12	-	-
TOTAL	**N = 10**	**100**

The results from Table 6.4, reveal that 8 (80%) of clinical instructors had work experience of clinical teaching, ranging between 0 and 3 years, while 2 (20%) had work experience of from 4 to 6 years. The majority could have been adjusting to the phenomenon of being teachers as well as principals and regulators of clinical instruction, and might lack the skills of teaching learner midwives reflective thinking practice due to a lack of experience in this field. Stanley & Michalaic (1990 : 253), as cited in Klopper (2000 : 38), commented that one can only be able to enhance abilities or reflective thinking if one is an expert in the facilitation of learning in a specific field. The traditional curriculum is content based and needs a high level of innovation and creativity, which is acquired through years of experience.

SECTION "D"

ENVIRONMENT CREATED TO BE CONDUCIVE TO LEARNING

This section was included in order to find out about the type of environment which the Learner midwives were exposed to during their studies.

ITEM 5: AVAILABILITY OF CLINICAL OBJECTIVES/OUTCOMES

Figure 6.1 Availability of Clinical Objectives/Outcomes

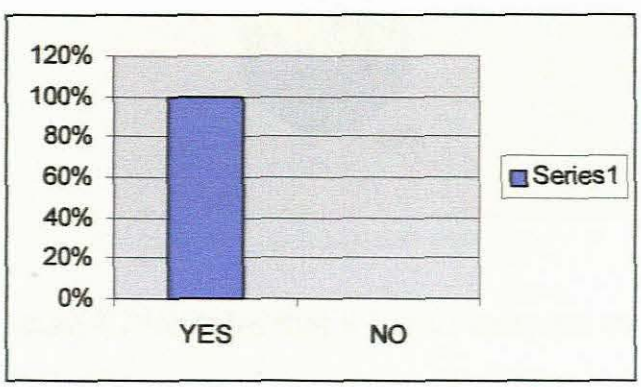


Figure 6.1 illustrates that 10 (100%) set objectives or outcomes in clinical areas. Availability of objectives/outcomes help to direct the learning of the learners. Clinical objectives or outcomes also help in the creation of a conducive atmosphere to learning because they direct learners' learning. According to Mellish (1990 : 35) properly stated objectives mark the pathway to attainment of competence as a professional registered nurse. Bower (2000 : 261) suggests that objectives or outcomes of learners allow periodic assessment or review, whether they are met or not, so as to reduce any stagnation.

ITEM 6: INVOLVEMENT OF CLINICAL INSTRUCTORS IN THE ORIENTATION OF LEARNER MIDWIVES ON THEIR FIRST DAY

Figure 6.2 Involvement of Clinical Instructors in the Orientation of Learner Midwives on their first day

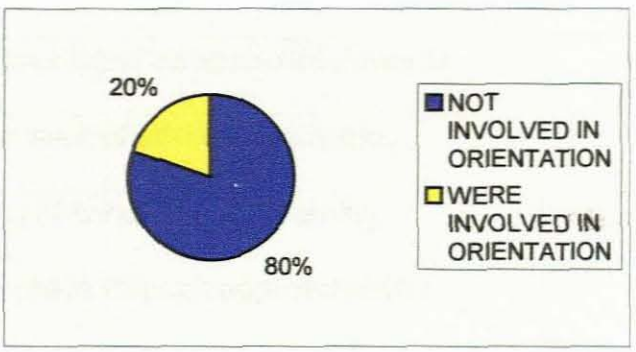


Figure 6.2 indicates that 8 (80%) were not involved in the orientation of learner midwives on their first day in the clinical area, while 2 (20%) were involved in the orientation. Dienemann (1990 : 120) states that orientation helps to identify set objectives or outcomes, major procedures in the clinical area and time frames for procedures. The time frame is specified along with the level of expertise expected.

ITEM 7: MOTIVATIONAL STRATEGIES SET BY THE CLINICAL INSTRUCTORS FOR THE LEARNERS

TABLE 6.5 Motivational Strategies set by the Clinical Instructors for the Learners

METHOD	FREQUENCY	PERCENTAGE
Role modelling	10	100
Goal orientated achievements/awards	4	40
Assessment of intrinsic motivation	2	20
Setting of conducive for learning atmosphere through approachability	10	100
Needs analysis assessment prior to a session of learning	7	70
Evaluation of knowledge, skills and understanding at the end of a teaching session	10	100
Counselling	6	60

Table 6.5 shows that 10 (100%) or all the clinical instructors utilized different motivational strategies, like role modelling, setting of an atmosphere conducive to learning through approachability, evaluation of knowledge, skills and understanding at the end of the teaching session; while 7 (70%), used needs analysis and recognition of

individual needs. Six (60%) used individual counselling as a strategy to keep the learners motivated; 4 (40%), applied the method of goal-orientated achievement awards, and 2 (20%) had time to elicit intrinsic motivational factors from each learner. Motivation, as described by Swansberg (1993 : 291), is a concept that describes both extrinsic conditions that stimulate certain behaviour and intrinsic responses that demonstrate that behaviour in human beings.

When the learner midwives mentioned motivation they received from nurse educators, 32 (64%) stated that they were motivated. Only 18 (36%) were not motivated. Motivation of learner midwives is important, since it is one of the ways of providing a conducive environment for learning.

ITEM 8: SUPERVISION FOR LEARNER MIDWIVES BY THE CLINICAL INSTRUCTORS

FIGURE 6.3 Supervision for Learner Midwives by the Clinical Instructors

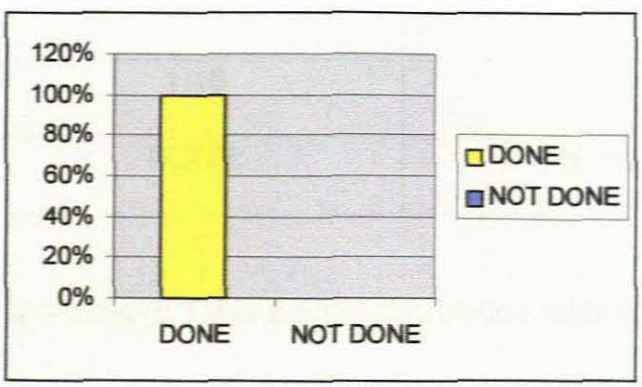


Figure 6.3 reveals that supervision was done by 10 (100%) or all of the clinical

instructors. This is contradictory in comparison with the learner midwives, whose results showed that 30 (60%) were not actually supervised by the clinical instructors, while 20 (40%) mentioned they were supervised. According to Mellish & Wannenburg (1992 : 122), supervision is another strategy for teaching and helping the learner to be competent through set standards.

SECTION "E" STUDENT ACCOMPANIMENT

ITEM 9: DISTRIBUTION WITH REGARD TO THE RATIO OF CLINICAL INSTRUCTORS TO THE NUMBER OF STUDENTS BEING ACCOMPANIED.

TABLE 6.6 Distribution with regard to the ratio of Clinical Instructors to the number of Students being accompanied.

RATIO	FREQUENCY	PERCENTAGE
1:45	NIL	0
1:30	4	40
1:15	3	30
1:10	3	30
TOTAL	**N = 10**	**100**

According to Table 6.6 the distribution ratio of learner midwives to clinical instructors was 1 : 30 for 4 (40%); 3 (30%) had a ratio of 1 : 15; while the other 3 (30%) had a ratio of 1 : 10. The ratio of clinical instructors per a group of students, as set by the South African Nursing Council, should be at a maximum of 1 : 6.

The above results indicate that the clinical instructors had more than the accepted ratio and this could have posed a hindrance to adequate interaction between the clinical instructors and students.

ITEM 10: ASSISTING OF LEARNERS IN SETTING OF GOALS INDIVIDUALLY

FIGURE 6.4 Assisting of Learners in setting of Goals Individually

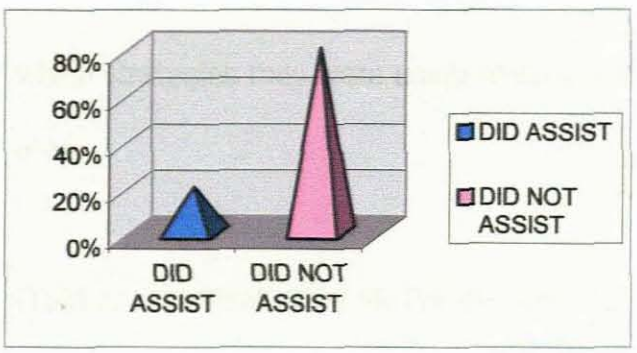


Figure 6.4 reveals that the majority 8 (80%) did not assist the learners in setting their own goals, while 2 (20%) gave assistance to the students. The setting of goals together helps in the creation of good teacher-student relationships that should exist between the learner and the clinical instructor. Gravet (1992 : 94) suggests that the dialogic co-operation between clinical instructors and learners sets an interactive state, which is characteristic to an andragogic didactic situation. On the other hand, allowing the learners to set their own goals, displayed their maturity in being self-aware and

conscious of their own needs as well as their readiness to learn. Setting of their own goals encourages learning through reflection.

SECTION "F"

METHODS USED BY THE CLINICAL INSTRUCTORS FOR TEACHING IN THE CLINICAL SECTOR

This section was included so that the clinical instructors could mention, on their own, which strategies they were using when teaching the learner midwives in the clinical area.

ITEM 11: TEACHING METHODS APPLIED BY THE CLINICAL INSTRUCTORS IN THE CLINICAL SECTOR FOR THE LEARNER TO ENCOURAGE REFLECTION

TABLE 6.7 Teaching methods applied by the Clinical Instructors in the Clinical Sector for the Learner to Encourage Reflection

METHOD	FREQUENCY	PERCENTAGE
Role play	NIL	0
Group discussion	10	100
Reflective Journal writing	NIL	0
Problem solving	4	40
Lecture method	5	50

Assignments	8	80
Projects	3	30
Reflective Diary writing	NIL	0
Demonstrations	10	100
Ward rounds	4	40
Posters	NIL	0
Case presentations	4	40
Use of workbooks	4	40
Utilisation of set objectives	10	100

The above Table depicts the fact that all clinical instructors, 10 (100%), used group discussions, demonstrations and utilization of set objectives as teaching strategies; 8 (80%) utilized assignments, 5 (50%) used the lecture method, and 4 (40%) chose ward rounds, the problem solving approach, case presentations and workbooks as their teaching tools. Three (30%) had projects as their means of teaching while no one used reflective diary writing, the reflective journal writing, posters or role playing. The latter strategies, i.e. reflective diary writing, reflective journal writing, posters and role playing, according to Chabeli (1999 : 10), and Richardson & Maltby (1995 : 235 – 242), encourage conceptual and theoretical reflectivity. The traditional methods of teaching and learning need to be replaced by new ones, which encourage reflective learning processes.

SECTION "G" EVALUATION STRATEGIES

ITEM 12: METHODS USED FOR EVALUATION

TABLE 6.8 Methods used for Evaluation

METHOD	FREQUENCY	PERCENTAGE
O S C E	10	100
Assessment of work books	4	40
Monthly progress reports	10	100
Observation of individual's performance	10	100
Portfolio assessment	NIL	0
Ward round evaluation	4	40
Poster presentation	NIL	0
Reflective diaries reviewing	NIL	0
Reflective journals reviewing	NIL	0
Assignments assessment	8	80

Table 6.8 indicates that all the clinical instructors. 10 (10%), applied observation of individuals' performance, use of monthly progress reporting as a means of evaluation, and objectively structured clinical examination (OSCE). The next 8 (80%) used assessment of prior knowledge through assignments, 4 (40%) used workbooks as a means of assessment including ward rounds. No clinical instructor used poster presentation, reflective diaries, reflective journals or portfolio assessments, which

are a means of assessing reflective skills.

CONCLUSION

Visual representation of the data, through use of tables, portrayed the clinical instructors' biographical data, qualification and work related information regarding the students' accompaniment and facilitation of learning.

The next chapter will present the summary of the findings as well as limitations, recommendations and conclusion.

CHAPTER 7

SUMMARY, CONCLUSIONS, RECOMMENDATIONS AND LIMITATIONS

7.1 INTRODUCTION

This study has been targeted to learner midwives who are from a bridging course for enrolled nurses, leading to registration as general nurses. They should already have been more than five months into the course of basic midwifery. The focus of this study was to explore if this target group was utilising reflective thinking skills to enhance learning, and to find factors contributing to reflection as well as those that hinder it.

This chapter gives a summary, conclusions, recommendations and limitations based on the data analysis from chapters five and six.

7.2 SUMMARY

The purpose of the study was to explore the abilities of learner midwives in utilising reflective thinking as a means of enhancing learning and factors contributing to, or hindering this. The participants in the study were learner midwives who were registered as students in the basic midwifery course for the duration of one year. It should be remembered that the students involved in this course are the Enrolled Nurses who had bridged for two years to be General Nurses. The South African Nursing Council (SANC) instituted the bridging course

in order to diminish misuse of enrolled nurses who, because of their experience in the profession, were expected to perform duties beyond their scope of practice by other categories and members of other health disciplines (Mpaka & Uys, 1999 : 17). The purpose was to bridge the gap between enrolled nurse training and registered nurse training, thus promoting professional growth and upward mobility in the profession.

The other category of participants in the study was composed of the clinical instructors who were the learners' accompanists in the clinical area where practicals were done. Clinical teaching is the means of providing accompaniment for the learners in order to nurture the culture of proficiency and competency in the nursing practice based on theory that has already been acquired. The accompaniment facilitates independency for the learner through the use of the learner's abilities (Davhana-Maselesele et al., 2001 : 5)

It was important to include these two groups of participants so as to obtain accurate clarity on the utilization of reflective thinking abilities by the learner midwives and factors that influence or hinder reflective thinking. The objectives of the study and the questions posed in the research set the guidelines towards attainment of the results.

7.3 CONCLUSION

The conclusion is dealt with in accordance with the objectives and related questions set in the research. The objectives of the study were as follows:

1. To determine the factors that might help the learner midwives' abilities in utilizing reflective thinking as a means of enhancing learning.
2. To identify factors that may hinder the use of reflective thinking as a means of enhancing learning.
3. To identify problems, if any, experienced by the learner midwives in the utilization of reflective thinking as a means of enhancing their learning.
4. To make recommendations on strategies to be put in place so as to improve the learner midwives' abilities in utilizing reflective thinking, if there is a failure in this aspect, or to reinforce these skills if they are already applied. The study's objectives and research questions were achieved as set out in the course of this summary.

7.3.1 OBJECTIVE ONE

To determine the factors that might help the learner midwives' abilities in utilizing reflective thinking as a means of enhancing learning.

7.3.1.1 Age Group – This variable displayed that the learners were mature as most of them, 45 (90%), were between the ages of 31 and 50 years. Maturity in age, in the learning field, encourages reflection thus offering an added advantage in that the learner usually shows readiness to learn, as learning is carried out according to intrinsic need (Cross, 1981 : 189 in Klopper, 1999 : 48).

7.3.1.2 The number of children per participant – This variable elicited the personal experience of the learners and the clinical instructors in child bearing and rearing. Both of them had experience in pregnancy and childbirth, 45 (90%) for the learner midwives and 7 (70%) for the clinical instructors. Personalized experience forms a concrete basis for one to reflect when new information is brought to the fore, thus enhancing critical and reflective thinking. Reflexivity helps in creating new perspectives by correlating the old information with the new, thus deconstructing or reconstructing new ideas (Johns, 1995 : 226).

7.3.1.3 Qualifications – The findings revealed that all participants had extended periods of being exposed to learning. This is advantageous as explained by Kolb's Experiential Learning in Quinn (2000 : 356), that learning, grounded in experience, forms a concrete basis. Forty eight (96%) were enrolled nurses before bridging to be general nurses thus confirming exposure to other courses before engaging in the basic midwifery course. The experience accumulated might influence the abilities of reflection or, perhaps, a hindrance might also be experienced by the very fact of having done the bridging course as, according to Mpaka & Uys (1999 : 15), the course has a tendency to leave gaps, thus causing difficulty in correlating theory to practice.

The professional qualifications of the clinical instructors are quite acceptable, because all of them had a diploma in basic midwifery although

none had done the course of Advanced Midwifery and Neonatal Nursing Science. All of them were also senior professional nurses who had done the post basic course in nursing education. This might have helped them in facilitation of utilization of reflective thinking of the learner midwives as reflexivity is done through experience, as suggested in Greenwood (1992 : 1183).

7.3.1.4 Work place experience of learner midwives, 50 (100%), had experience of working in the general wards. Only 30 (60%) had experience of working in the obstetric department. The remaining 20 (40%) might experience difficulty in reflecting because they were never exposed to work in the midwifery department.

The experience of the learner midwives, during the midwifery course, displayed that all learner midwives were already exposed to the labour ward, where both normal and abnormal labour occurs. This exposure might help the learner midwives as provision of format for reflection. Besides this exposure to the labour ward, other learner midwives were exposed to other obstetric departments which factor then might assist in improving the ability to reflect even more.

7.3.1.5 Strategies used to teach theory in the classroom – The learner midwives were exposed to different teaching strategies, the most common of all being the lecture method. This skill does not encourage reflective learning, critical thinking and creativity. This might have

hindered the learner midwives' ability to use reflective thinking successfully. The other methods used were group discussions and projects as 40 (80%) mentioned; 35 (70%) mentioned assignments, while 25 (50%) also mentioned case studies; 30 (60%) mentioned demonstrations and 10 (20%) also mentioned the use of videos and films. These are good strategies that can provide learner midwives with the stimulation to use reflective thinking and to learn effectively.

There are new teaching strategies that have been utilized lately to encourage reflectivity, critical thinking and creativity, like reflective journals, reflective diaries, posters, games and role play. It has been deduced, from this study, that none of these strategies were used in the classroom when theoretical instruction was delivered. They could have helped the learner midwives in stimulating abilities of utilizing reflective thinking. Many nurse educators are faced with a great challenge in using these new teaching strategies effectively. There was a general deduction from the data analysis, that even the clinical instructors were not using the new strategies clinically. This needs to be corrected.

7.3.1.6 Classroom experience for the first time in the course – All the learner midwives were exposed to a block system, which involved exposure to clinical areas. This exposure might have helped them to correlate theory into practice, a phenomenon, which is helpful in encouraging reflective thinking.

7.3.1.7 Interest on theory delivered in the classroom – Most of the midwives displayed interest in the midwifery theoretical instruction, as shown by responses from 35 (70%). This is a sign that their reflection processes were at good, acceptable levels. Even though only 15 (30%) of respondents found the first block not interesting, but packed with new concepts that caused confusion, the percentage is remarkable and can predispose to an increased failure rate as well as failure of reflective processes to be utilized for facilitation of learning.

7.3.1.8 Motivation of learner midwives by the nurse educators – Motivation from the nurse educators helped them to reflect on their experiences because motivation encourages the learner midwives and the accompanists to interact and reflect mutually (Klopper, 2000 : 141). The clinical instructors also used different motivational strategies for the learner midwives. The most common ones were the modeling, setting of a conducive learning atmosphere and evaluation of knowledge and skills. Some of the clinical instructors used need analysis assessment, counseling, goal orientated achievement awards and assessment of intrinsic motivation. These might have helped in improving the learners' reflection.

7.3.1.9 Orientation of respondents in the clinical areas – All the learner midwives were well orientated in their clinical areas. Orientation could have contributed to learner midwives' abilities to utilize their

reflective thinking, which helped in their learning. There seems to be conflicting results in the data findings, where only 2 (20%) of clinical instructors were involved in the initial orientation, while 8 (80%) were not involved. It can happen that the orientation was done by other clinical staff members, and not the clinical instructors per se. deducing from these factors most of the variables were in place to support the use of reflective thinking, thus aiding enhancement of learning. The objective was, thus, fulfilled.

7.3.2 OBJECTIVE TWO

To identify factors that may hinder the use of reflective thinking as a means of enhancing learning.

7.3.2.1 Lack of work experience in working in obstetric units before being exposed to a diploma in midwifery – The findings have shown that 20 (40%) of the learner midwives were never exposed to the obstetric department prior to their being registered as students for the basic midwifery course. These 20 (40%) learners might experience difficulty in utilizing reflective thinking as they have no experience of obstetrics to reflect on. Even the clinical instructors should be exposed for some years in the obstetric units, i.e. five years minimum, before being promoted to being clinical instructors. According to the data collected most of them, 8 (80%) had only three years experience of being clinical instructors and

this factor can hinder the use or the enhancing of the learner midwives reflection. The clinical instructors also had not done the diploma in Advance Midwifery and Neonatal Nursing Science, which could have formed a broader and more scientific knowledge regarding midwifery, thus empowering them with more skills.

7.3.2.2 Availability of objectives or learning outcomes in the clinical areas and in the delivery of theory in the classroom – Both the clinical area and the classroom were setting objectives rather than the latest trend of outcomes. This could be a hindrance for application of reflective thinking for students, because objectives are teacher centred and are to be done away with. Objectives are said to be stereotyped and offer no freedom of learnability. Outcomes, as supported by Outcomes-Based Education (OBE), are learner orientated and encourage reflective thinking, critical thinking and analytic thinking.

7.3.2.3 Teaching of reflective skills during theoretical sessions – No learner midwife was taught reflective skills in the classroom. Reflective skills do not automatically become embedded within the student's cognitive make-up. They need to be nurtured, guided and inculcated, thus infusing a culture of reflecting for the students. According to Richardson (1999 : 235), reflective skills have a concept of self-awareness, which encourages effective reflection. Thus the failure to

teach reflective skills will hinder reflective thinking and learning of the learner midwives.

7.3.2.4 Supervision – Lack of constant supervision of learner midwives was also a factor which may hinder utilization of reflective and critical thinking. Learner midwives indicated that only 20, (40%), of them were supervised by the clinical instructors while the rest, 30 (60%), were never supervised. On the other hand, all the clinical instructors mentioned that they were supervising the students. This discrepancy shows that though there was supervision it had a flaw, which could have been that of inconsistency. This can also be an impediment to utilization of reflective thinking.

7.3.2.5 Use of teaching strategies that encourage reflective processes for learning – All the learner midwives mentioned that the nurse educators used the lecture method, but the clinical instructors pointed out that only 5 (50%) of them used this method. The lecture method hinders reflective thinking and thus does not aid learning. They were, though, using other good strategies for teaching but the new ones, that encourage reflection, were not used, for example, reflective diary writing, posters and the use of reflective journals. This may also contribute to hindrances to reflective thinking.

7.3.2.6 Lack of orientation of learner midwives – Even 'though all the learner midwives mentioned that they were orientated in the clinical

areas, the clinical instructors 8 (80%) denied being involved with the initial orientation. Only 2 (20%) were said to be involved with the initial orientation. Lack of orientation specifically by clinical instructors is a major factor that may hinder reflective and critical thinking skills. Orientation forms a structured supervision of experiences in the areas of nursing care (Dienemann, 1990 : 393).

7.3.2.7 Students accompaniment – The ratio of students per clinical instructor, as mentioned by the clinical instructors, was 1 : 30 for 4 (40%), which is too high a ratio to allow close interaction between the clinical instructor and the students so as to encourage reflective thinking. A reasonable ratio is 1 : 6 and an acceptable one is also 1 : 10, but not more than that, so as to encourage reflexivity and thus enhance learning amongst the learners.

7.3.2.8 Lack of conducive environment for learning reflection – Most of the learner midwives, 40 (80%), identified that the learning environment was not as conducive to their learning as it should have been. They mentioned that the labour wards were too busy, thus offering them little chance to reflect and internalize. The learner midwives should be taught according to their learning needs as well as their pace of assimilation – not to be used merely as a labour force, covering the workload in the unit.

7.3.2.9 Lack of feedback after evaluation – The learner midwives mentioned that they were not always given formal feedback after evaluation. This deficiency can hinder acquisition of reflective thinking because if the learners are told about their performances, reflection is encouraged and learning is reinforced because praise instills self-confidence, thus competency, while mistakes provide a learning curve for future practicalities.

7.3.3 OBJECTIVE THREE

Problems encountered by the Learner Midwives in the Classroom and Clinical Areas

7.3.3.1 Learner midwives mentioned that the clinical instructors did not assist with the setting of objectives or outcomes for individuals. Even the clinical instructors 8 (80%) mentioned that they did not assist them in setting these outcomes or objectives.

7.3.3.2 Learner midwives also experienced problems in setting of their own individualised objectives or outcomes as not much is done to assist them or even to explain about the differences between the objectives and the outcomes.

7.3.3.3 Some of the learner midwives failed to become interested during theoretical instruction, leading to a loss of interest in some of the

subjects when being taught in the classroom. This impacted on the performance of certain procedures in the clinical areas.

7.3.3.4 Most of the clinical instructors did not have enough experience in clinical instruction of midwifery, thus leading to the failure of the learner midwives in grasping, envisioning and reflecting on some of the procedures.

7.3.3.5 There was a discrepancy and inconsistency in orientation on the initial day of their clinical exposure. Though orientation may have been done by other members of staff, 8 (80%) of the clinical instructors were not actually involved.

7.3.3.6 Lack of supervision or inconsistency thereof, was also noted due to the ratio of students per clinical instructor.

7.3.3.7 The clinical instructors also experienced some problems as identified in their responses, like:

- Lack of student status for learners, thus learners working as a labour force;
- Early promotion to clinical instructorship posts, without adequate experience for the portfolio;
- Lack of knowledge with regard to reflective skills, stimulating strategies for these skills and application of these skills in the learning field;

- Lack of mentoring for the clinical instructors, because if there was mentorship, the hindrance experienced by them would have been eradicated;
- Inappropriate ratio of students per clinical instructor, thus causing a workload which did not allow close interaction at times.

7.3.4 OBJECTIVE FOUR

To make recommendations on ways to improve the learner midwives' abilities to utilize reflective thinking or to reinforce the skills if they are already in place, as the case may be. The following recommendations were made after the completion of study.

According to the findings, it is clear that the reflective skills are lacking, due to certain factors. The following recommendations are made:

- Classroom theory, if delivered through the block system, should involve Clinical Instructors, Ward Personnel, as well as Nurse Educators, so as to avoid making theory, "a glorified cram system" (Mellish & Wannenburg, 1990 : 101). The involvement allows integration of everybody's expectations, thus enabling achievement of required outcomes for the student. This eliminates gaps in theory and practica.

- A study day system throughout the year, following an initial two weeks orientation block, can be of value as it would allow slow presentation of theory, reflection on scenarios of the clinical area, thus stimulating reflexivity, motivation and interest throughout the year. Reflective practices can be applied efficiently and effectively. The possibility of this effective application would be nurtured by the consistent integration of information from the classroom being interlaced by active participation in the clinical area.
- Teaching of reflective skills in the classroom could also assist the learners in utilization of reflective thinking. Ehlers (2003 : 101) comments that students' critical capacities were enhanced through reflective journaling, which is one of the reflective strategies which stimulate reflective skills. The applications of reflective practices empower the learners in their professional basis. Reflection is a feasible teaching strategy through reflective skills and is valuable to the multi-cultural setting. In literature review, Middlemis & van Neste-Kenny (1994 : 351), suggested that reflective skills promote directive, rationale, contextual, syntactical and enquiry learning. Nurse educators and clinical instructors should make sure that they use either new types of reflective strategies in order to improve learner midwives' reflective skills. In this study it has been noted that these skills are neither taught nor applied.

- Clinical Instructors should have been working for more than three years as Professional Nurses in the unit first, before being introduced to specialized clinical supervision. Qualifications in the Post Basic Diploma in Education, should be complimented by experience in years in that specific department. This allows acquisition of expertise, thus making facilitation of learning easier for both the learner and the accompanist. Mentorship for the clinical instructors should also be practiced. As documented by many researchers, mentorship serves the purpose of mentoring, offering encouragement and being supportive, thus reducing the 'burned out' syndrome.
- Increase of clinical instructors in the clinical area, so as to comply to the ratio of 1 : 6 (maximum ratio of Clinical Instructor per learner), will allow adequate interaction between the learner and the clinical accompanist, thus giving time for adequate feedback after evaluation, based on reflecting on previous occurrences. Constructive correction of mistakes could be done at the pace of the student. This will also improve supervision of learner midwives, which was found to be lacking. The lack of supervision could have been due to the overload and rushing against time to complete set objectives with little concern about outcomes. Minimum number of students, per clinical instructor, encourages individualisation and better interaction.

- Inservice education or refresher courses on reflection should also be done in the clinical area for all registered personnel who are potential supervisors of the learners, so that everybody is on the same level with regard to creation of a conducive climate for reflection.
- Everybody involved in teaching of learner midwives should be actively involved in the orientation of learner midwives. In this study orientation was partially done by either the head of department or the clinical instructor, thus uniformity and reinforcement was lacking.
- The clinical instructors should be orientated and inserviced as to what their roles and functions are in clinical teaching and supervision of learner midwives.
- The learner midwives should be exposed to obstetric units before they do the diploma in midwifery, in order to reflect on their experiences during learning. If there are no previous experiences not much reflection takes place.
- It is also advisable that clinical instructors should have advanced midwifery first, so as to empower themselves with enough knowledge, skills and experiences in midwifery. In this research all the clinical instructors had a basic diploma in midwifery, while none had advanced midwifery.
- To meet the changes in nursing education and for effectiveness in encouraging reflective thinking, learner midwives should be exposed to

Outcomes-Based Education, which helps the student to formulate outcomes rather than objectives.

7.4 LIMITATIONS

There was a delay, from the Department of Health, in obtaining permission to conduct the study. The study, therefore, was conducted in a shorter period than planned. Not many institutions were involved, thus the sample score was limited.

The generalization of the research results was limited by the fact that the research only focused on the institutions in the Durban Metro region involved in the Diploma course for Basic Midwifery.

7.5 CONCLUSION

This study succeeded in exploring the abilities of learner midwives to utilize reflective thinking as a means to enhance learning. The findings show that there was inadequate knowledge of the reflective skills necessary to stimulate reflective thinking, thus the learners were unable to utilize the ability to their benefit.

The climate was not conducive for application of reflection as the accompanists, as well, seem to be ignorant of the component of reflection.

The researcher's assumption of theory-gap, and failure to reflect so as to bridge it, was correct. Recommendations suggest a change in the paradigm of teaching and learning so as to provide effective facilitation of learning and an enthusiastic active learner, who is confident, independent and a proficient practitioner. This in turn provides a climate, which ensures high standards of care for the customers who are patronizing the service (patients). Self-confidence also enhances productivity with lessened medical legal hazards.

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ANNEXURE 1.

20 January 2004

P O Box 72360
MOBENI
4060

Mr Trompe
Province of Kwa-Zulu Natal
Health Services
Private Bag X0051
PIETERMARITZBURG
3200

Dear Sir

APPLICATION FOR CONDUCTING RESEARCH

I, Thokozile Marjorie Shezi (Mrs) am requesting permission to conduct research in the hospitals attached to the Nursing Colleges which are training midwives who are for the one-year course programme in the KZN area. The research topic is " AN EXPLORATION OF THE ABILITIES OF THE LEARNER MIDWIVES TO UTILISE REFLECTIVE THINKING AS MEANS TO ENHANCE LEARNING"

My supervisor is Dr AB Kubheka who is in the University of Zululand, Durban – Umlazi Campus. I am also requesting you to kindly fax the response to her. The telephone number is 031 – 907 7000. The fax number is 031 – 907 3011.

Thanking you in anticipation.

Mrs TM Shezi
Student No.: 036028

ANNEXURE 1.

PROVINCE OF
KWAZULU-NATAL
HEALTH SERVICES

ISIFUNDAZWE
SEKWAZULU-NATALI
EZEMPILO

PROVINSIE
KWAZULU-NATAL
DEPARTEMENT VAN GESONDHEID

NATALIA
330 LONGMARKET STREET
PIETERMARITZBURG

TEL. 033-3952111
FAX 033-3426744

Private Bag :X9051
Esikhwama Sposi : Pietermaritzburg
Privaatsak : 3200

Enquiries : Mr G.J. Tromp
Extension: 2761
Reference: 9/2/3/R

Dr B.A. Kubheka
University of Zululand
Durban-Umlazi Campus
Private Bag X10
ISIPINGO
4110

Dear Doctor

RESEARCH PROPOSAL : AN EXPLORATION OF LEARNER MIDWIFE'S ABILITIES TO UTILISE REFLECTIVE THINKING AS A MEANS OF ENHANCING LEARNING : MRS T.M. SHEZI

Your facsimile dated 10 May 2004 refers.

Kindly be advised that authority is granted for Mrs T.M. Shezi to conduct a research regarding "An exploration of Learner Midwife's Abilities to utilize reflective thinking as a means of enhancing learning" at the following hospitals – Edendale and King Edward VIII, provided that ;

(a) Prior approval is obtained from the Heads of the relevant Institutions;

(b) Confidentiality is maintained;

(c) The Department is acknowledged;

(d) The Department receives a copy of the report on completion; and

(e) The staff of the hospital are not disturbed and/or inconvenienced in their work and that patient care is not compromised.

St. Mary's and McCord Hospitals are state aided hospitals therefore, they do not fall under the jurisdiction of KwaZulu-Natal Provincial Hospitals. Mrs Shezi will have to approach the Administration Department of those hospitals for permission to conduct a research.

Yours sincerely

SUPERINTENDENT-GENERAL
HEAD : DEPARTMENT OF HEALTH
GJK/shezi

19 Ellen Road
ESCOMBE
QUEENSBURGH
4093

26 February 2004

Mrs Nkwanyana
Senior Nursing Service Manager
St Mary's Hospital
MARIANHILL
3610

Dear Mrs Nkwanyana

REQUEST TO CONDUCT RESEARCH

I, Thokozile Marjorie Shezi, request permission to conduct research in your Instiution. The target group will be learner midwives and clinical instructors. I am a student at the University of Zululand, Durban-Umlazi Campus and have registered for a Masters Degree in Education.

The topic of the research is "AN EXPLORATION OF THE ABILITIES OF THE LEARNER MIDWIVES IN UTILISING REFLECTIVE THINKING AS A MEANS OF ENHANCING LEARNING"

The researcher has a perception that this strategy is not fully utilized. The research therefore, will help in demystifying the perception if that is the case. The information gathered will lead to recommendations which will revive or sustain this empowering tool.

The self-report technique, in the form of questionnaires, will not be time consuming.

I look forward to your favourable response.

Yours sincerely

Mrs T M Shezi

vate Bag X16
Ashwood
3605
vaZulu-Natal
outh Africa

Telephone:
7 31 7171000

Fax:
7 31 7073375

E-mail:
al@stmarys.co.za

Web Site:
.stmarys.co.za

ST. MARY'S HOSPITAL
MARIANNHILL

ANNEXURE 2.

28 May 2004

Mrs Shezi
C/o McCords Hospital
DURBAN

Dear Mrs Shezi,

We have pleasure in advising you that your application to do research at St Mary's Hospital, Mariannhill, has been successful.

You are requested to present yourself to read to our Management Team the Proposal of your research, background, methodology and benefits to St Mary's Hospital.

Once this presentation has been completed, you are welcome to proceed with your research.

With kind regards,

Yours faithfully
St Mary's Catholic Mission Hospital Trust
Trading as: ST MARY'S HOSPITAL

m. nkwanyana

M. NKWANYANA [Mrs]
Nursing Manager

M Cur T SHEZI

Mary's Catholic
ion Hospital Trust
No 18/11/13/1877

19 Ellen Road
ESCOBE
QUEENSBURGH
4093

24 May 2004

Mrs Z E Mageba
Senior Nursing Service Manager
McCord Hospital
OVERPORT
4067

Dear Mrs Mageba

REQUEST TO CONDUCT RESEARCH

I, Thokozile Marjorie Shezi, request permission to conduct research in your institution. The target group will be Midwives and Clinical Instructors. I am a student at the University of Zululand, Durban-Umlazi Campus and have registered for a Masters Degree in Education.

The topic of the research is 'AN EXPLORATION OF THE ABILITIES OF THE LEARNER MIDWIVES IN UTILISING REFLECTIVE THINKING AS A MEANS OF ENHANCING LEARNING'

The researcher has a perception that this strategy is not fully utilized. The research therefore, will help in demystifying the perception if that is the case. The information gathered will lead to recommendations, which will revive or sustain this empowering tool.

The self-report technique, in the form of questionnaires, will not be time consuming.

I look forward to your favourable response.

Yours sincerely,

Mrs T M Shezi

ANNEXURE 3.

McCORD HOSPITAL

Fundraising Authority : 06 600386 000 9

McCord Road,
Berea,
Durban 4001.
P O Box 37587,
Overport 4067 KZN,
South Africa.

Tel : 031-2685700. Int. 2731-2685700
Fax: 031-2685705. Int. 2731-2685705
Docex : 315 Durban
E-mail : mccords@dbn.lia.net
Web: www.mccords.org

Medical Superintendent : Dr Helga Holst
Financial Director : J E Carroll
Senior Nursing Service Manager : Mrs Z E Mageba

07 June 2004

Mrs. T.M. Shezi
19 Ellen Road
ESCOBE
Queensburgh
4093

Dear Mrs. Shezi

REQUEST FOR PERMISSION TO CONDUCT RESEARCH

Permission is hereby granted to Mrs. T.M. Shezi to conduct research at McCord Hospital.

Wish you all the best.

Yours faithfully

.....

Mrs. Z.E. Mageba
Senior Nursing Services Manager

INFORMED CONSENT TO PARTICIPATE IN NURSING EDUCATION RESEARCH TOPIC

ANNEXURE 4.

I, THOKOZILE MARJORIE SHEZI, AM INVOLVED IN STUDIES OF MASTERS DEGREE IN EDUCATION IN THE UNIVERSITY OF ZULULAND DURBAN – UMLAZI CAMPUS.AS A REQUIREMENT FOR THIS DEGREE I HAVE TO CONDUCT A RESEARCH.THE RESEARCH TITLE IS: **"AN EXPLORATION OF THE ABILITIES OF THE LEARNER MIDWIFE TO UTILISE REFLECTIVE THINKING AS MEANS TO ENHANCE LEARNING"**. I AM THUS, KINDLY REQUESTING YOU TO PARTICIPATE IN THIS STUDY.

THE RESEARCH IS TARGETED TO LEARNER MIDWIVES AND THEIR ACCOMPANISTS. *FINDINGS WILL BE VALUABLE AS SOURCE OF RECOMMENDATIONS TO STRENGTHEN* THIS STRATEGY IF IT IS FOUND TO BE NOT EFFICIENTLY APPLIED OR REINFORCE IT AS THE NEED MAY BE.

INTERVIEWS WILL NOT BE MORE THAN 30 MINUTES .I ASSURE YOU THAT THE INFORMATION GIVEN BY YOU WILL REMAIN CONFIDENTIAL AND WILL SOLELY BE USED FOR THE PURPOSE OF RESEARCH.ANONYMITY IS ALSO THE CORE COMPONENT OF THE INTERVIEWS.

PLEASE BE AWARE THAT: YOU ARE ALLOWED TO ASK AS MANY QUESTIONS AS YOU WISH IN VIEW OF CLARIFYING ANY ISSUES OF CONCERN.

- YOU ARE NOT FORCED TO PARTICIPATE IF YOU ARE UNHAPPY ABOUT DOING SO.
- YOU ARE FREE TO COMMENT IF THERE IS ANY PART WHICH IS MAKING YOU FEEL UNCOMFORTABLE.
- YOU ARE TO SIGN ONLY WHEN YOU FULLY UNDERSTAND THE PURPOSE PROCESS AND THE EXTENT OF THE RESEARCH IN WHICH YOU ARE REQUESTED TO PARTICIPATE.

I .....HEREBY

CONSENT TO PARTICIPATE IN THE ABOVE MENTIONED STUDY. MY RIGHTS HAVE

BEEN FULLY EXPLAINED TO ME BY THE RESEARCHER AND I FULLY UNDERSTAND.

SIGNATURE: .....

WITNESS: .....

DATE: .....

M C SHEZI

AN INSTRUMENT TO INTERVIEW STUDENT MIDWIVES IN A ONE YEAR COURSE OF DIPLOMA IN BASIC MIDWIFERY

Please answer all the questions in full. Tick where applicable, eg, Gender:

Male	√
Female	

Feel free to answer as honestly and genuinely as possible. Confidentiality will be maintained.

SECTION "A" - DEMOGRAPHIC & BIOGRAPHICAL DATA

1. GENDER

Male	
Female	

2. AGE GROUP

20 – 30	
31 – 40	
41 – 50	
51 – 60	
61 – 70	

3. NUMBER OF CHILDREN PER PERSON:

NONE	
1 – 4	
5 – 8	
9 – 12	

SECTION "B" - QUALIFICATIONS

4. EDUCATIONAL QUALIFICATIONS

Grade 10	
Grade 12	

5. PROFESSIONAL QUALIFICATIONS:

Professional Nurse	
Previous Enrolled Nurse	
Previous Enrolled Nurse Auxilliary	

5.1 OTHER ADDITIONAL QUALIFICATIONS (please specify):

_____

_____

_____

SECTION "C" - EXPERIENCE IN THE WORK PLACE

6. WHICH DEPARTMENTS/ WARDS HAVE YOU WORKED IN?

GENERAL WARDS	
OBSTETRIC WARD PRIOR TO MIDWIFERY	
NO EXPERIENCE IN OBSTETRIC WARDS PRIOR TO MIDWIFERY	

7. AS A MIDWIFE HAVE YOU WORKED IN

LABOUR WARD	
ANTENATAL CLINIC	
NEO-NATAL NURSERY	
ANTENATAL WARD	
POSTNATAL WARD	
POSTNATAL AND WELL BABY CLINIC	

SECTION "D" - CLASSROOM EXPERIENCE (FOR THE FIRST TIME IN THE COURSE)

8. HAS THE THEORY BEEN INTERESTING TO YOU?

Yes	
No	

8.1 IF YES, BRIEFLY SUPPORT YOUR ANSWER

_____

_____

_____

_____

8.2 IF NO, WHAT DO YOU THINK WAS THE REASON WHY IT WAS UNINTERESTING?

_____

_____

_____

_____

9. DID YOU FIND THE NURSE-EDUCATORS/LEARNERS MOTIVATING DURING THE THEORETICAL DELIVERY?

YES	
NO	

9.1 IF YES, BRIEFLY STATE HOW BEING MOTIVATED HAS HELPED YOUR LEARNING EXPERIENCE

_____

_____

9.2 IF NO, BRIEFLY STATE HOW THE LACK OF BEING MOTIVATED IMPACTED ON YOUR LEARNING EXPERIENCE

10. DURING THE THEORETICAL DELIVERY, HAVE YOU BEEN TAUGHT ABOUT REFLECTIVE SKILLS?

Yes	
No	

10.1 IF YES, BRIEFLY STATE WHAT WAS SAID ABOUT REFLECTIVE SKILLS

10.2 WHAT IMPACT ARE THEY HAVING ON YOUR LEARNING EXPERIENCE?

11. WERE THE THEORETICAL SESSIONS ACCOMPANIED BY ANY LEARNING OUTCOMES/OBJECTIVES?

Yes	
No	

11.1 IF YES, WERE THEY ACHIEVED? (STATE BRIEFLY)

_____

_____

_____

_____

11.2 IF NO, BRIEFLY STATE THE REASONS FOR NOT ACHIEVING THEM

_____

_____

_____

_____

12. PLEASE TICK, WHERE APPROPRIATE, THE STRATEGIES OF TEACHING THAT WERE USED DURING YOUR THEORETICAL INSTRUCTION

Lecture method	
Role play method	
Demonstration	
Games	
Group discussion	
Projects	
Reflective journal/diary	
Posters	
Case study/history	
Assignments	
Video	

SECTION "E" - CLINICAL EXPERIENCE

13. WAS THE CLIMATE IN THE CLINICAL AREA CONDUCIVE TO LEARNING?

YES	
NO	

14. PLEASE TICK, WHERE APPROPRIATE, THE TEACHING STRATEGIES USED IN CLINICAL AREAS

WARD ROUNDS	
BY OBJECTIVES	
CASE PRESENTATION	
GROUP DISCUSSION	
CLINICAL INCIDENT REPORTING	

OTHER (Please state):

_____

_____

15. PLEASE TICK, WHERE APPROPRIATE, THE RECORDS YOU USE AND WHICH YOU FOUND VALUABLE TO REFLECT ON.

Reflective diaries	
Note book/Exercise books	
Dictaphones	
Work Books	
Written Assignments	

OTHER (Please state):

_____

_____

16. WERE OBJECTIVES/OUTCOMES AVAILABLE DURING THE CLINICAL TEACHING IN THE CLINICAL AREAS?

YES	
NO	

SECTION "F" - IMPACT OF FEEDBACK
Records used and understanding theoretical work during post evaluation

17. PLEASE TICK, WHERE APPROPRIATE, IF YOU WERE GIVEN FORMAL POST EVALUATION

WAS GIVEN FEEDBACK	
WAS NOT GIVEN FEEDBACK	

18. WHAT WAS THE IMPACT OF BEING GIVEN OR NOT BEING GIVEN FEEDBACK. (State briefly in your own words).

_____

_____

_____

_____

19. WHAT WAS THE IMPACT OF THE RECORDS USED IN THE CLINICAL AREA AS A SOURCE OF INFORMATION FOR FUTURE USE IN ASSOCIATION WITH BLOCK 2 ie, FACILITATING EASY COMPREHENSION AND ASSIMILATION. (Please tick where applicable).

IMPACT OF RECORDS	YES	NO
GAVE ABILITY TO RECALL AND CONNECT PRACTICE WITH NEW THEORY IN BLOCK 2		
PROBLEM SOLVING WAS EASIER IN BLOCK 2		
CRITICAL ANALYSIS OF NEW INFORMATION IN BLOCK 2, BASED ON EXPERIENCE CLINICALLY		
UNDERSTANDING OF NEW INFORMATION COULD BE ACHIEVED FASTER IN BLOCK 2		
LEARNING WAS INTEGRATED BY EXAMPLES EXTRACTED FROM RECORDS IN THE CLINICAL AREA		

SECTION "G" – PROBLEMS ENCOUNTERED CLINICALLY BY THE LEARNERS AFFECTING EFFECTIVE LEARNING

20. WHAT PROBLEMS DID YOU ENCOUNTER CLINICALLY, WHICH MAY HAVE AFFECTED EFFECTIVE LEARNING? (Tick where appropriate)

PROBLEM	
Inadequate orientation	
Lack of knowledge of reflective skills	
Inadequate supervision	
Lack of motivation	
Time frame set against loads of work	
Lack of student's status	
Inadequate feedback	

AN INSTRUMENT TO INTERVIEW CLINICAL INSTRUCTORS FOR LEARNER MIDWIVES

(ONE YEAR COURSE)

Please answer all the questions in full. Tick where applicable, eg, Gender:

Male	√
Female	

Feel free to answer as honestly and genuinely as possible. Confidentiality and anonymity will be maintained.

SECTION "A" - DEMOGRAPHIC DATA

1. Gender

Male	
Female	

2. Number of children you have:

0 – 3	
4 – 6	
7 – 9	
10 - 12	

Other (please specify) _____

Ages of children: _____

SECTION "B" - QUALIFICATIONS

3. Professional qualifications:

Professional Nurse	
Chief Professional Nurse	
Professional Nurse with Nursing Education	
Chief Professional Nurse with Nursing Education	
Midwifery	
Advanced Midwifery	
Paediatric Nursing	
Any other	

3.1 Additional qualifications (please specify):

_____

SECTION "C" - WORK EXPERIENCE

4. For how long have you been a clinical Instructor?

0 – 3 years	
4 – 6 years	
7 – 9 years	
10 – 12 years	

More than the above (please specify) _____

SECTION "D"

CREATION OF ENVIRONMENT TO BE CONDUCIVE TO LEARNING

5. Were the clinical outcomes or objectives set for the learners?

YES	
NO	

6. Were you involved in the orientation of the learner midwives on their first day in the clinical area

ORIENTATION	PERCENTAGE
Not involved in orientation	
Involved in orientation	

7. How do you keep your learner midwives motivated?
Is it through:

Role modeling	
Goal achievement	
Assessment of intrinsic motivation	
Setting of conducive for learning atmosphere through approachability	
Need analysis prior to a session for learning	
Evaluation of knowledge skills and understanding at the end of a session	
Counselling	

Other (please specify): _____

SECTION "E" – STUDENT ACCOMPANIMENT

8. Ratio of clinical instructors to students being accompanied in your institution

1 : 45	
1 : 30	
1 : 15	
1 : 10	
OTHER	

9. Did you assist the learner midwives in the setting of their individual goals?

Did assist	
Did not assist	

SECTION "F"

METHOD USED BY THE CLINICAL INSTRUCTORS FOR TEACHING IN THE CLINICAL SECTOR

10. Which teaching methods did you apply in the clinical sector for the learners so as to encourage reflection?

Role play	
Group discussion	
Reflective Journal writing	
Problem solving	
Lecture method	
Assignments	

Projects	
Reflective diary writing	
Demonstration	
Ward rounds	
Posters	
Case presentation	
Use of work books	
Utilisation of set objectives	

SECTION "G" EVALUATION STRATEGIES

11. Which methods of evaluation did you use for your learner midwives?

O S C E	
Assessment of workbooks	
Monthly progress reports	
Observation of individual's performance	
Portfolio assessment	
Ward round evaluation	
Poster presentation	
Reflective diaries reviewing	
Reflective journal reviewing	
Assignment assessment	