

**AN INVESTIGATION INTO MUTUAL PERCEPTIONS OF  
NGWELEZANA NURSING COLLEGE STUDENT NURSES AND THE  
CLINICAL PROFESSIONAL NURSING STAFF AND THE INFLUENCE  
THIS HAS ON STUDENT NURSES' LEARNING**

**BY**

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**EXTERNAL EXAMINER:**

**DATE OF SUBMISSION:**              **March 1997**

## **DEDICATION**

This work is dedicated to:

- (i) Registered nurses and student nurses of NGWELEZANA, Saint Benedictine and Charles Johnson's Memorial Health Wards hoping that it will help to improve the problem of interpersonal problems between the old regulation course diplomates and the new regulation course students at NGWELEZANA Health Wards.
- (ii) Nurse educators as a motivation for further research.
- (iii) My late parents Eliam and Albertina Ndlela who laid the foundation of what I am today.
- (iv) My beloved husband Mr E M R Mahlasela for his support and encouragement.

**DECLARATION**

I, **Norah Ntombi Mahlasela** do hereby declare that **‘AN INVESTIGATION INTO MUTUAL PERCEPTIONS OF NGWELEZANA STUDENT NURSES AND THE CLINICAL PROFESSIONAL NURSING STAFF, AND THE INFLUENCE THIS HAS ON STUDENTS’ LEARNING’** is my own work in conception and creation. All sources that have been quoted have been acknowledged by means of complete references.

**MRS N N MAHLASELA**

## **ABSTRACT**

This is a descriptive exploratory study which aimed at

- assessing the involvement of the clinical professional nursing staff in students' clinical guidance.
- establishing student nurses' acceptance of clinical guidance offered by clinical professional nurses.
- identifying problems experienced by clinical registered nurses in clinical teaching.
- ascertaining perceptions that student nurses have about the quality of clinical teaching and guidance of clinical professional nurses.
- ascertaining perceptions that registered nurses have about the involvement of student nurses in their clinical learning.

Questionnaires and focused group interviews were used to solicit the registered nurses' and student nurses' mutual perceptions regarding the registered nurses involvement in student nurses' clinical teaching and student nurses' involvement in their clinical learning.

From the major findings of the study, it can be concluded that:

- A. The old regulation course diplomates accept their role as mentors for the new regulation course students, however they encounter problems therewith, with the student nurses looking down upon their qualifications.
- B. Some of the new regulation course students do look down upon the old regulation course diplomates. However, some of the problems have been identified as 'institutional' rather than 'interpersonal'.

Therefore, the old regulation course diplomates perceive the new regulation course students as their mentees, but the new regulation course students do not accept them.

Recommendations are that nurse educators should revisit their task of student accompaniment so that they identify problems encountered by clinical professional nurses in the clinical situation. Sisters in charge of wards should improve conditions in their wards/units which may hinder students' clinical instruction.

### **Acknowledgement**

I wish to express my gratitude and sincere appreciation to those persons who contributed directly and indirectly to the completion of this study. In particular, I wish to acknowledge the inestimable help I received from the following individuals and institutions:

Professor Grace Them bani Mashaba with whom the study was commenced, but unfortunately because of man's mortality, she was called to higher service. May her soul rest in peace.

This study would not have succeeded had it not been for the energetic directive of Miss Doreen Nelisiwe (Nicky) Mzimela whose unfailing supervision and support gave me encouragement throughout this study.

Professor P T Sibaya's assistance and contribution that made the study worthwhile.

Mrs B M Zungu, Acting Head, Department of Nursing Science at the University of Zululand who would support me emotionally when I had lost hope about my study.

Medical Superintendents of Ngwelezana, Saint Benedictine and Charles Johnson's Memorial Hospital Health Wards for allowing me to conduct my study in their institutions.

Registered nurses in the clinical situation and student nurses of Ngwelezana, Saint

Benedictine and Charles Johnson's Memorial Hospital Health Wards who participated in this study, without whom this study would not have succeeded.

Mrs Sibongile R T Koloti for typing this project. Her tolerance and support are highly appreciated.

Last but not least, my beloved husband Essau (Mr E M R Mahlasela), who has always been my role model in academic affairs and pillar of strength in everything I do. His guidance, encouragement and unfailing support cannot be overemphasised.

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## **CHAPTER 1**

### **1.1 INTRODUCTION**

Regulation 425 (1986) of the South African Nursing Council brought about changes in the system of nurses' training programme. This regulation stipulates that 'contemporary nurses should undergo a comprehensive nurses' education that provides for attaining of registration in disciplines of nurse (general, psychiatry, community) and midwifery at the same time.

According to Makhathini and Uys, (1995: 340), one of the programme objectives set by the South African Nursing Council for this programme is:

to provide for personal and professional development of the student, so that, on completion of the course of study, he is skilled in the diagnosing of individual, family, group and community health problems and in the planning and implementing of the therapeutic action

and nursing care for the health service consumers at any point along the health - illness continuum in all stages of the life cycle (including care of the dying and evaluation thereof) (SANC, 1985).

The scientific and technological advancement in the health care delivery system led to the amendment of the existing acts and regulations in order to meet with the health needs of the country.

The old system of nurses' training is stipulated in regulation 1144, May (1987). This regulation stipulates that a nurse could undergo training for a period of three years as a general nurse before undergoing training for post basic studies in Community Health, Midwifery and Psychiatry.

These differences in nurses' training programme may give rise to conflict between the clinical professional nurses and the students of a comprehensive course. These changes had an impact especially in the interpersonal relationship between the clinical professional nurse and the learner.

This was envisaged by Loudon (1984: 9) who says that the fact that students graduating from the new course will automatically be qualified in all four disciplines will probably spark off feelings of

resentment by professional nurses trained under the old system. This study attempts to establish how Ngwelezana College student nurses perceive the role and function of the clinical professional nurses in assisting and guiding nurse learners.

The study also tries to ascertain how clinical professional nurses in turn perceive the role of student nurses in clinical learning experience. The researcher who is involved in education and training of these students has sensed that these mutual perceptions are inappropriate and they clash which results in the deterioration of human relationships between the two groups.

Such a situation probably adversely affects the students' learning as well as patient care. The disturbed relationships between student nurses and the clinical professional nursing staff is deeply rooted in the differences in their experiences and outlook. If therefore a thorough investigation of such mutual perceptions is not done in a scientific manner and solutions sought, the repercussions of these perceptions may undermine students' learning. The researcher's intention therefore is to investigate attitudes which are hidden in their covert mutual perceptions.

The present student nurses will hereafter be referred to as the new regulation course students, and the qualified nurses as the old regulation course diplomates.

## **1.2 Background of the problem**

The new regulation course students of Ngwelezana Nursing College resist to consult, seek guidance and take instructions from the old regulation course diplomates. Students of the new regulation course do verbalize that the old regulation course diplomates are inadequate in their knowledge and expertise. This status quo has resulted in the escalation in student absenteeism from the clinical situation and feelings of inferiority on the part of old regulation course diplomates.

Nkosi, (1988: 7) says that with the implementation of this new course many problems have been encountered by professional nurses as well as students undertaking this course. Students undertaking this course claim that professional nurses are neglecting them and they are reluctant to teach them as they say student nurses know better, and yet professional nurses claim that students are not prepared to take instructions from them. These problems render the clinical area not conducive for learning because of poor interpersonal relationships. This situation is detrimental both to the teaching self-image of the registered nurse and to the quality of learning experience of the nurse. The question being asked is: 'what sort of input is, and should be made by clinical professional nurses to students' learning experience?



Mellish, (1980: 5), says that the clinical situation is vital to the whole educational programme of the student nurse, therefore the attitude that professional nurses have towards clinical teaching needs to be established.

Teaching is a dynamic event, it is not neutral, but it helps to develop positive attitudes in those being taught towards the life of the world for which the teaching is preparing them. The new regulation course students of Ngwelezana Nursing College should bear in mind that the clinical nursing staff is particularly significant in the learning environment. Since they serve as role models for nursing practice, their humanistic approach to students, the team spirit, their management style and their teaching have a strong bearing on the students' clinical experience. Brink, (1984: 2), says that if nursing education programmes are to serve their intended purpose and successfully meet the challenges for example demands of an expanding health services, more attention will have to be given to the people who have to educate the nurse practitioners of the future.

This is a challenge to the personnel who run the nursing colleges and nursing services. They have to see to it that the professional nurses engaged in the teaching of students be it theoretical or practical aspects, are sufficiently prepared to meet the needs of the programme and to ensure that they are up to date with recent developments within the profession.

The preparedness and willingness by the clinical professional nurses to guide student nurses in the clinical area may be null and void without the acceptance of this offer by students and their readiness to learn.

Quinn, (1983: 44), says that it is important to ensure that learning activities coincide with the learner's readiness to learn, so it would seem that student nurses need direct experience of hospitals and patients before they will be ready to study the aspects of nursing science.

According to Cust, (1996: 260), the students bring into their academic programme a range of learning-related characteristics including educational orientation, concept of learning, background knowledge and interests. These learning-related characteristics moderate the second group of factors: the students perceptions of various aspects of the teaching/learning context. In turn, it is these perceptions that determine the approaches students adopt when learning. However, it must be emphasised that it is not so much the actual academic environment that influences students but their interpretation of it.

There is evidence, for instance, that individual students perceive and respond to the same environment in different ways. In a study conducted by Earnshaw (1995: 277), on mentorship and the students'

views, the mentor/mentee relationship was viewed differently by the mentor and mentee. Earnshaw says that as time progressed most of the relationships became increasingly open and relaxed as each person became more at ease with the other. In this study some students noted that some things did not always go smoothly in the clinical situation and that sometimes the mutual respect and rapport that should mark this relationship did not occur. A possible explanation as to why not all relationships developed favourably could be quite simply that on a personal level the two people did not like each other. A second reason could be that some students failed to fit in with the ways of the ward. It could also be that students perceived that the mentor had no interest in fulfilling his or her role and as such resented the time spent with students. How the relationship developed seemed to some extent, to depend on the student's behaviour. As the student showed interest, the mentor began teaching. It seems that mentors were letting the student set the agenda and were not prepared to 'waste' their time on students who showed little interest in learning. Other students, however, noted that the relationships between mentor and mentee worked best when both parties contributed equally to the relationship and recognised each other's strengths and weaknesses.

### **1.3 Statement of the problem**

Differences in roles and positions between the old regulation course

diplomates and new regulation course students at Ngwelezana health ward adversely affect the relationships between these parties. This lack of good interpersonal relationship between these parties becomes unfortunate because student nurses depend on professional nurses for their clinical teaching in the clinical situation. This problem emanates from the introduction of the Regulations 425 of 1985 as amended. This regulation stipulates that students of this new comprehensive Diploma programme would qualify in all post basic courses of psychiatry, community health nursing science and midwifery. This regulation 425 has been perceived differently by the old regulation course diplomates and new regulation course students at Ngwelezana health ward.

#### **1.4 Motivation for the Study**

People feel happier and work better if their general perceptual background is pleasant and comfortable to them. It is not clear how Ngwelezana Nursing College students and clinical professional nurses perceive each other in the clinical situation.

Loudon (1984: 8) says that supervision of and interest shown in the students by their trained colleagues encourages the former to be motivated and keen to acquire new skills and to progress in their training. Loudon goes on to say that this in turn fosters good interpersonal relationship and an atmosphere conducive to the

rehabilitation of the patient.

What actually motivated the researcher to conduct this study is the escalation of absenteeism, students truancy, cheating and failure to take instructions from the old regulation course diplomates by the new regulation course students in the clinical situation of Ngwelezana health ward.

The probability of existence of feelings of resentment towards new regulation course students may be true for old regulation course diplomates. Loudon, (1984: 9), says that it would be unrealistic to think that the professional nurses trained at least twenty or more years ago, who now hold senior positions would not harbour feelings of professional jealousy or inadequacy towards these students. It becomes apparent therefore that delving into such areas would reveal true perceptions prevailing among these two parties. In as much as it is true that the aim of the new curriculum would be to train nurses with a varied and comprehensive body of knowledge to better equip them for South Africa's health needs, the old regulation course diplomates have a very important part to play. Loudon, (1984: 9), says that whilst the old regulation course diplomates may not be officially qualified in all the basic disciplines, they have struggled to maintain health services until now, in many and varied roles. They have helped our inadequate numbers of doctors to fulfil their roles by extending and developing their independent nursing functions. The

introduction of the new system of nurses' training has caused what van Niekerk, (1984: 5), called 'the generation gap in nursing'. She says that nurses have noted, mentioned and complained about the differences detected in the youngsters coming into nursing nowadays. The young student nurses often reject the values of the established nursing family.

During these times of contemporary violence and political unrest in all spheres of life, the nursing profession is obliged to form a united front which will enable its members to render quality nursing care irrespective of colour, race, creed or political affiliation. According to Searle, (1975: 108), teaching effectiveness will determine the future of the nursing profession.

If, therefore a thorough investigation of such mutual perceptions is not done in a scientific manner and solutions sought, the repercussions of these mutual perceptions may undermine students' learning, professional nurses' teaching self image as well as patients' care.

### **1.5 Significance of the study**

The significance of this study will be to reveal to the new regulation course students the need for guidance and accompaniment along the way towards professional maturity. It will enable them to accept that

the preparation and experience the old regulation course diplomates have, are sufficient for them to master the norms and values of the nursing profession.

The study will also enable the old regulation course diplomates to have confidence in teaching and guiding these student nurses.

The importance of this study will therefore be a contribution to the reinforcement of good human relationship between nurse teacher and nurse learner. The study will also bridge the generation gap and encourage both parties to review their differences of opinion.

The registered nurse has an important role which she must perform in the wards; that is, caring for and teaching of patients as well as the neophytes of the nursing profession. If she is deprived of her teaching role she may even lose interest in her work.

Pohl, (1981: 2), says that the term 'teaching function' means the sum of all the activities by which the nurse helps the learner to understand and apply knowledge about health and illness. The term includes informal teaching as well as more structured activities.

The study is therefore going to boost the self-image of the registered nurses in their work.

## **1.6 Objectives of the Study**

The objectives of this study are to:

- 1 Assess the involvement of the clinical professional nursing staff in students' clinical guidance.
- 2 Establish student nurses' acceptance of clinical guidance offered by clinical professional nurses.
- 3 Identify problems experienced by clinical registered nurses in clinical teaching.
- 4 Identify problems experienced by student nurses in the clinical learning.
- 5 Ascertain perceptions that student nurses have about the quality of clinical teaching and guidance of clinical professional nurses.
- 6 Ascertain perceptions that registered nurses have about the involvement of student nurses in their clinical learning.

## **1.7 DEFINITION OF TERMS**

### **1.7.1 Perception**

Fisher, (1987: 122), defines perception as 'the process by which sensory cerebral areas receive, organize and interpret patterns of stimuli from inside the body or from the



environment in order that the individual may be aware of recent data.'

### **1.7.2 Student nurse**

A 'student nurse' means a person registered as such under section 23 (xvii) of the Nursing Act 50 of 1978 as amended.

In this study nursing students refer to the students studying for the Diploma in Nursing (general, psychiatric, community) and midwifery leading to the registration as stipulated in Regulation 425 of 1985 as amended. These student nurses should be trained at Ngwelezana, Benedictine or Charles Johnson Memorial Campuses.

### **1.7.3 Registered nurse**

'Registered nurse' means a person registered as a nurse under section 16 (iii) of the Nursing Act 50 of (1978) as amended.

In this study 'registered nurses' is referring to the registered nurses allocated in the clinical situation at Ngwelezana, Saint Benedictine and Charles Johnson's Memorial Hospital Health Wards.

#### **1.7.4 Clinical teaching**

‘Teaching in clinical nursing is the vehicle that provides students with the opportunity to translate basic theoretical knowledge into the learning of a variety of intellectual and psychomotor skills needed to provide patient centered quality nursing care.’ Schweer Gebbie (1976: 31).

In this study clinical teaching is referring to the teaching which takes place at Ngwelezana, Benedictine, and Charles Johnson’s Memorial Hospital Health Wards.

## **CHAPTER 2**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

In 1985 the South African Nursing Council introduced a new nurses' training programme R425 of 1985 as amended.

This regulation (R425) replaced the old system of nurses' training which is stipulated in R879 May 1975 as amended by R1144 May 1987.

Makhathini and Uys (1995: 341) quote van Huysteen (1981) who says that the system of training nurses in South Africa prior to the introduction of the comprehensive nursing programme in 1985 presented a number of problems. These problems included, inter alia, the duplication of learning material taught in various post basic programmes and the rigid presentation of the course (van Huysteen 1981: 23) which did not prepare students for independent practice in a comprehensive health system.

To address these problems the South African Nursing Council approved the four year comprehensive nursing programme [(South African Nursing Council (SANC)1985)] leading to registration as a

nurse (general, psychiatric, community) and midwife. The qualification was going to ensure that the newly qualified nurses were going to have the distinguishing devices for general nursing , psychiatry, community health nursing science and midwifery. This situation puts the newly qualified nurses seemingly superior to the old regulation course diplomates who had done only one post basic course, usually midwifery, and so were referred to by the new regulation course students as 'BAR-ONES'.

This problem has been at the root of the unpleasant attitudes and conflicts between the two groups which have gone on into poor mutual working relationships even while the young group is still on training.

The literature about the teaching function of the nurse practitioners has been consulted. It is an indisputable point that the nurse practitioner is a very important person who forms the support system for the student nurses' learning experience in the clinical situation. Literature on research methodology was consulted which assisted the researcher in choosing the tool for data collection and analysing data collected.

## **2.2 Perceived conflict in the clinical situation**

On perusing available literature, research studies and journals

pertaining to this issue, it was established that it is not unusual for the trained nursing staff and the nurses on training to entertain inappropriate views about each other.

The conflict which prevails in the clinical situation of health wards is sometimes due to the fear of the unknown by the old regulation course diplomates. This is due to inaccurate perceptions. Oppositions to change may be based on incorrect perceptions of the change itself.

According to Barbara and Erb, (1988: 455), incorrect or inaccurate perceptions may cause apprehension about the change, resulting in resistance on the part of people involved.

Age conflict is also significant in interstaff antagonism. Older staff members may resent the younger ones especially when it comes to having to take orders from them.

These young registered nurses enter the service in the belief that they have much to contribute. Many may have no thought that their contributions would be unwelcome in some circles. This can be thwarting and constricting to both parties and result in deadlock. Such situations require early recognition and skilled handling because the patients' care suffers as a consequence.

According to Hickey, (1996: 25) :

‘adapting to change can often be a difficult process. How traditionally trained nurses perceive the change brought about by project 2000 is important since this may affect how they view their own future, how they receive those who are qualifying via project 2000 and how they work with project 2000 diplomates in the future.’

This study supports what has been observed by the researcher that there is an ongoing conflict between the old regulation course diplomates and the new regulation course student nurses in the clinical situation at Ngwelezana health ward.

A similar study has been conducted by Tlakula, (1991: 15), where it became evident that the clinical nursing staff is particularly influential in students’ learning in the clinical situation. Since the clinical nursing staff serve as role models for nursing practice, their teaching has a strong bearing on the students’ clinical experience.

This study will compliment Tlakula’s study and serve as a base for similar studies in other areas of South Africa. Literature consulted included selected samples from the related fields like psychology, general education and nursing administration.

### **2.3 Pertinent studies on mutual perceptions between clinical professional nurses and student nurses in the clinical situation**

Many authorities have written about the mutual perceptions between the trained staff and student nurses in the clinical situation.

The mutual perceptions between trained nursing staff and student nurses in the clinical situation usually take the form of negative attitudes towards each other.

According to Kretch, Crutchfield and Ballachy, (1962: 146), an attitude may be defined as an enduring system of three components centering around a single object. The three components are: beliefs about the object (cognitive component), affect connected with the object (feeling component) and the disposition to take action with respect to the object (action tendency component).

Some of the common characteristics found among attitudes are:

- Attitudes are based upon evaluative concepts regarding the characteristics of the referent object and give rise to motivated behaviour.
- Attitudes are construed as varying in quality and intensity on a continuum ranging from positive, through neutral to negative.

- Attitudes are learned and are therefore not innate. They are learned through individuals' interaction with social objects, social events and situations.
- Attitudes have specific social referents
- Attitudes possess varying degrees of inter-relatedness to one another.

In this study it becomes evident that the negative mutual perceptions between trained nursing staff and student nurses in the clinical situation originated from the difference in their training programmes.

What should be borne in mind by the parties in conflict in the clinical situation is that these negative mutual perceptions are detrimental to both parties' and the worst is that it is detrimental to the patients' health.

Van Niekerk, (1984: 5), equates conflicts in the clinical situation with what she calls 'the generation gap in nursing'. She says that it is when the differences of opinion occur that problems start. In other words the generation gap exists in nursing when differences of opinion can be attributed to differences in age. In this study, it is true of the differences in age. The new regulation course students enter the field of nursing in their teens and they are being supervised by the old regulation course diplomates, some of them in their fifties.



According to van Niekerk, (1984: 6), Carl Deurr describes the two types of people communicating in any management as 'Able' and 'Beta'. He describes Able, as 'the school of hard knocks' person. In nursing she would be the person who became a nurse in a time when things were difficult. She says that this nurse is a nurse in the true sense of the word; she loves her work and continues nursing, being a very good old fashioned hard worker with a world of experience but with lesser qualifications. In this study, these types of people are equated with the old regulation course diplomates.

Beta is described as the person with the advanced schooling background. In nursing, she would be the girl for whom fate smiled all the way. She was selected to do a degree in nursing, could stay on and complete a Masters degree and was involved in that fancy activity called research and she even knows how a computer works. She talks about people, theories and things applied to nursing that Able has not heard of and does quite a good job as well. In this study these types of people are equated with the new regulation course student nurses. The new regulation course nurses required Matric certificate for entrance in training, the period of training has been lengthened to four years and the programme incorporates extensively some aspects of midwifery, community health nursing, psychiatric nursing over and above general nursing science. Nurses qualifying under this programme will have been prepared sufficiently to function in a comprehensive health service system.

If one imagines mutual perceptions of such types of nurses (Able and Beta) one would see that they harbour negative feelings about each other. In a study conducted by Tlakula, (1991: 41), it became evident that clinical registered personnel indeed harbour feelings of professional jealousy. She quotes one student nurse who said:

‘I was allocated in a surgical ward where I asked for help from the sister, and she told me that she thinks that I know everything because I am doing the new curriculum course. She also said that I was going to undermine the information that she will give me, so that she better not tell me the answer.’

The old regulation course diplomates appear as if they panic about their training. They should not because their preparation and experience make them efficient practitioners. Searle, (1980: 8), says that the ward sisters’ responsibility to teach student nurses is therefore a major one, namely her duty to employer to ensure that its contracts are honoured, her duty as a registered nurse to the neophyte who must be adequately prepared for professional practice.

The perceptions of changes in the nurses’ training programme bring with it positive and negative comments. In a study by Hickey, (1996: 389), on the challenge of change in nurse education, traditionally trained nurse’ perceptions of project 2000, both positive and negative

comments about project 2000 emerged. Positive comments included: the belief that the new students would be stimulating and that they would bring increased recognition to the profession; that project 2000 provided a stimulus for others to undertake further study.

A range of negative comments was also expressed. There was a concern that the supernumerary status of students would have a detrimental effect on staffing levels because the loss of service contribution would not be adequately replaced. This was an unfortunate misinformation as students with a 'supernumerary status', are not taken as visitors in health wards. Searle, (1983, 221), says that student status cannot be 'supernumerary status,' no matter what is said in other parts of the world. If the student strength is altogether over and above the staff requirements of the clinical departments what will there be for them to do and so to learn! If they are observers they are not true participants or earners. The student strength should be complementary to the basic staffing requirements which have been calculated on the basis of patient need. There was also concern about staff keeping up to date so that they could act as effective mentors to project 2000 students. Similar comments about the introduction of a comprehensive nursing programme emerged. Loudon, (1984: 9), says that many people feel that the nurses completing the new course will not be as proficient in these areas (general, psychiatric, community health nursing science, midwifery) as they might be.

In a study by Fry, et al., (1982: 22), on a survey of abandonment of student nurses at Greys hospital, the sample comprised those drop-outs who had commenced training at Greys hospital in the period January 1976 to December 1979. During this period 224 students out of a total intake of 600 abandoned training, hence giving a drop out rate of 37.3%. The study showed that ward experiences were a significant factor among contributory factors resulting in their abandonment of training. Specific mention was also made of poor interpersonal relationships at the nursing team level; unduly critical attitudes of ward nursing staff, degradation in the presence of patients, situational demands such as cancer or death and other stresses beyond their personal coping mechanisms.

Bezuidenhout, (1993: 25), quotes Zaleznik, (1977: 74), who believes that it is the one-to-one mentor-mentee relationship that accelerates and intensifies the young leader's development. It is this type of relationship that fosters in young people the ability to take risks, to make a commitment to a professional philosophy, to freely share ideas and in the interpersonal relationships, to be both intuitive to others' needs and be empathic of their situation.

In this study the researcher's aim is to investigate the covert negative attitudes which prevail between the old regulation course diplomates and the new regulation course student at Ngwelezana Health Ward.

#### **2.4 The role of the registered nurses in the student nurses' clinical instruction**

Cele, (1990: 19), quotes Joachim and Karampelas, (1982), who summarise the role of the ward sister in relation to clinical instruction as follows:

- To create an environment in which students and staff establish rapport and good human relationships.
- To demonstrate and practice quality patient care.
- To provide a stimulating setting in which principles of learning can be applied.
- To plan clinical experiences that minimize reality shock.
- To create relationships that bridge the gap between service and education.

According to these authors (Joachim and Karampelas, 1982) the ward sisters are not expected to take part in direct teaching of students in the classroom situation, but to facilitate the process of teaching by creating an environment conducive to learning in the clinical situation.

According to Mellish and Brink, (1990: 218), clinical teaching aims at producing a competent registered nurse capable of giving expert nursing care which is based on sound knowledge and practised skill.

To answer the question 'who is responsible for clinical teaching?' Mellish and Brink, (1990: 218), say that a great deal of clinical instruction, formal and informal rests in the hands of the unit professional nurse. Traditionally, she has been the teacher in the clinical field. Her passing on of expertise she has developed over years of thoughtful and observant practice, is of inestimable value to the student.

This fundamental aspect of the work of the professional nurse in charge of the ward has never been taken away from her, nor should it ever be. The professional nurse in charge of the ward must be given acknowledgement and support, even assistance, but it is a responsibility which she cannot sidestep.

The ward sisters possess knowledge of the hospital structure, available resources and key personnel. They have both management and clinical skills, which place them in an excellent position to contribute meaningfully to student education. Infante, (1975), as cited by Cele, (1990: 22), states that a strength in nursing education has been that nurse educators realize the importance of student contact with the real situation so that they are adequately prepared for their future role. This statement clearly states that for student nurses to be safe practitioners of the future, they ought to be exposed to the clinical setting for the practice of skills. What should be borne in mind is that there should be a mutual understanding between the old

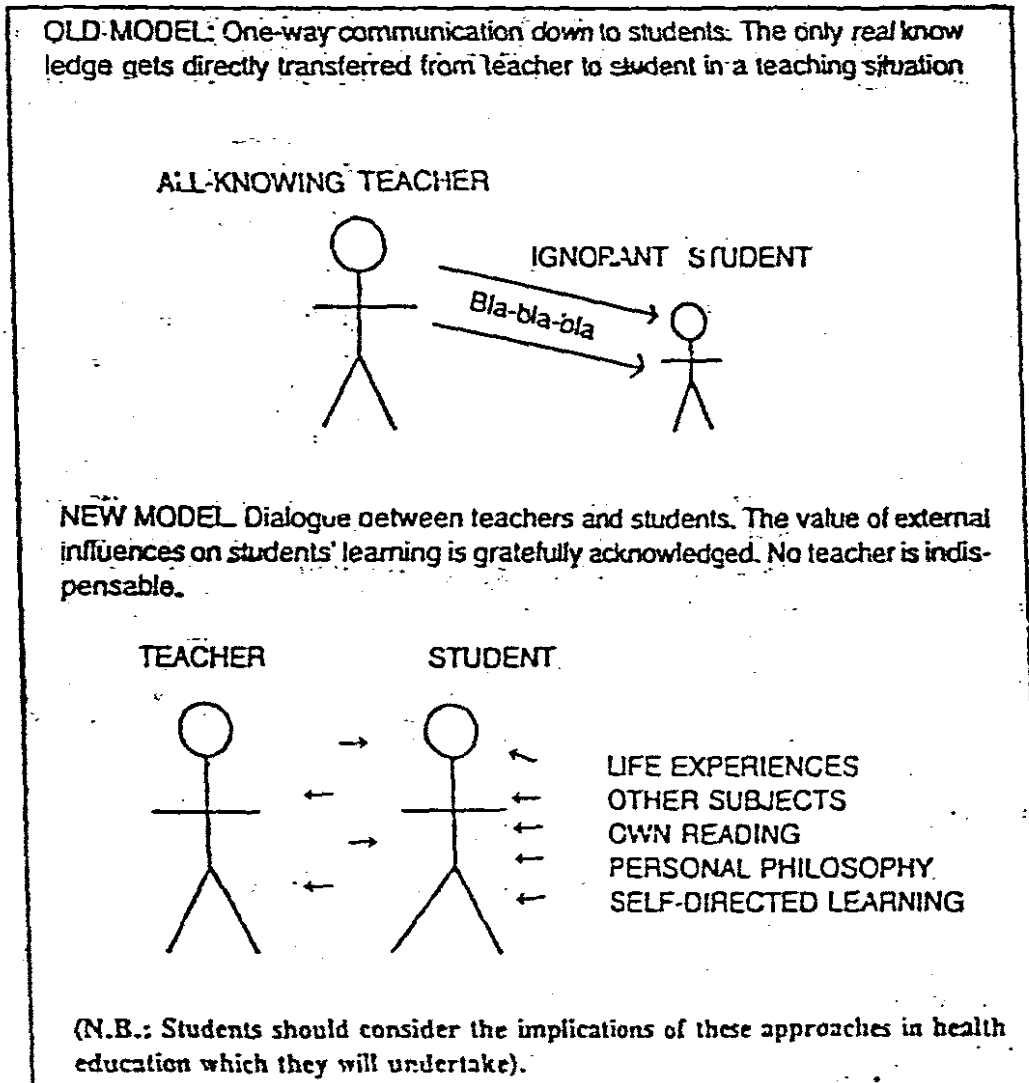
regulation course diplomates and the new regulation course students in the clinical situation. Student nurses should not be passive recipients of knowledge. They must be seen actively involved in seeking knowledge in the clinical situation. Hammond, (1984: 59), says that it is a generally recognised principle of adult educational theory that people learn best when they can:

- work at a pace which suits them
- work at a time when they feel motivated
- be actively involved in the process of learning
- get immediate feedback on their progress
- take responsibility for their own learning.

Hammond (1984: 59), quotes one educationalist who commented that only the learner can learn. This implies that students must be viewed as active participants in the learning process, not passive recipients of truth which is poured into their relatively empty heads. Hammond also quotes one student who critically summed up his frustration: 'This course has too much teaching and not enough learning.'

Another criticism of many teachers is that they don't know the difference between an inquiring mind and an acquiring mind.

Fig. 1. Traditional versus modern teaching.





According to Bezuidenhout, (1993: 25), 'as in any relationship, there are various dynamics at work during a mentorship. The mentor-mentee relationship can be seen as a helping dyad, the socialisation takes place on a one-to-one basis.' Pohl (1984: 38) says that rapport is as important to the learner as it is to the teacher. The ability to establish a good teacher-learner relationship or rapport with another person is important in any kind of cooperative effort. For the professional nurses to be able to perform the teaching role satisfactorily a good interpersonal relationship should exist between themselves and the student nurses. The question which occupies the mind of the researcher is whether the teacher-learner relationship does take place at Ngwelezana health ward. Do the new regulation course student nurses take the old regulation course diplomates as their mentors in the clinical situation?

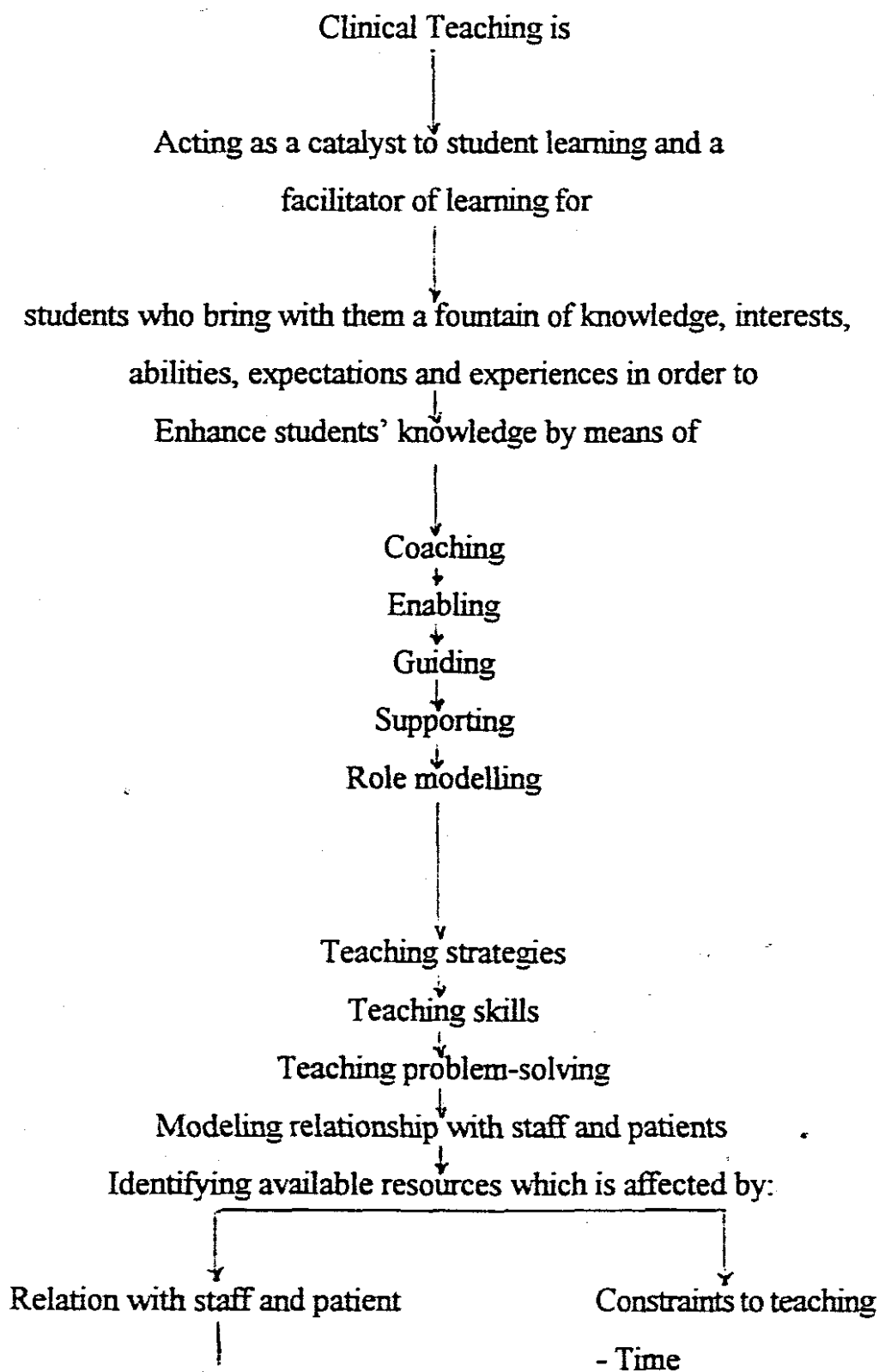
According to Earnshaw (1995: 274), whilst the concept mentorship is not without its critics it is generally regarded as a valid way of supporting student nurses, creating in students a sense of belonging and security. An effective mentor-mentee relationship may be determined by mutual respect and cooperation between professional nurses and student nurses in the clinical situation. Clinical cheating, students truancy and absenteeism are some of the factors which may hinder good interpersonal relationships between the clinical professional nurses and student nurses in the clinical situation. Clinical cheating is one of the most devastating ways students can

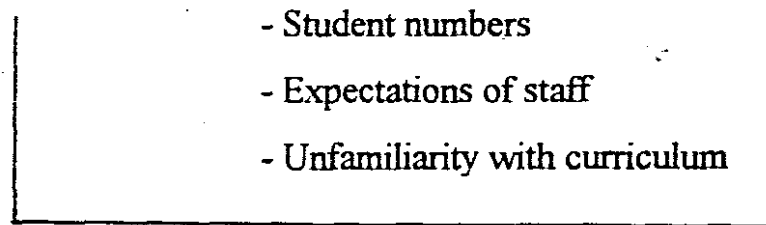
breach moral principles, and its prevention should be a priority for nurse educators. According to Hoyer, et al., (1991: 170),

‘compared to academic cheating, clinical cheating can have as much or even greater impact on a nurse’s future. Both types of cheating (academic and clinical cheating) establish a pattern for the future professional. Clinical cheating however, can have immediate and direct impact on the client’s health.’

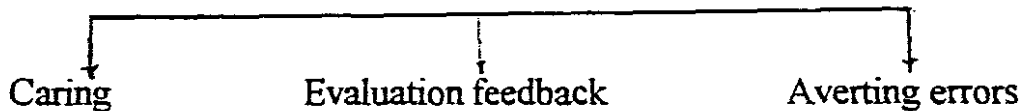
It is an undisputable fact that nursing is best learnt in reality, that is, at the bedside and supervised by professional nurses who are always where the action is. According to Marson (1984: 13), ‘the ward sister has always been regarded as an essential element in the training of future members of the profession.’

The importance of the clinical teaching has been depicted by Paterson, (1994: 352), in what they call ‘concept mapping’. According to this author, concept mapping is a way of representing the central ideas within a field of knowledge or a discipline of study. They say that by drawing a map which links the concepts (or main ideas, or points of interests) the relationship among the concepts can be linked and described.





and is conducted within the context of



and is designed for the purpose of assisting the students to move towards wisdom, excellence and expertise.

Patersen (1994: 352)

From the above map, it becomes evident that the registered nurses in the clinical situation play an important role in students' clinical instruction. It is therefore the duty of the registered nurses to make the clinical situation conducive for the student nurses' learning.

Searle (1980: 9) sees the ward sister as a role model - the pearl without price. She says that the ward sister who is professionally knowledgeable, up to date and competent, who is administratively adept, who projects the true role model image of a first line manager and professional registered nurse, and who is a worthy and devoted preceptor to the student body and her subordinates, who is a loyal colleague of the doctor and of other members of the health team, who knows her own worth to the community, who serves the hospital authority with diligence and loyalty and who above all, fulfills her role as custodian and advocate of the patient, is a pearl without price

in the hospital service, indeed in the whole health service.

The registered nurses based in the clinical situation have built into their job description the duty to teach students, the rationale backing this expectation being that nursing students render patient care under the supervision and responsibility of the professional nurses. In order to ensure that the nursing care given by students is safe and adequate, professional nurses must teach safe and adequate patient care to students.

Professional nurses are expected to teach both formally and informally using learning opportunities present in their clinical areas to assist students develop cognitive, affective and psychomotor skills to be acquired at each level of training.

How does the person in charge of a ward or unit do this teaching? Mellish, (1978: 16), says that by precept and examples, by acting as a role model, by using her planning and supervision of patient care as a teaching-learning situation and by keeping herself up to date with what is happening in her field of work so that she is capable of stimulating enquiry and passing on knowledge, by ascertaining the level of study of the students allocated to her ward or department and by planning her teaching programme to add to the students knowledge and understanding. The clinical area, properly used, is vital to the whole educational programme of the nurse. Mellish,

(1982: 67), says that in executing the teaching function, the unit sister can make use of different teaching strategies which are applicable in her unit. The situational teaching of student nurses may be formal or informal. She further states that though in some units the bedstate number can be very high in comparison to the nursing personnel available, the unit sister should never divorce the teaching aspect from her daily chores. This means that the unit sister can make use of appropriate strategies for such situations such as making use of teachable moments. A teachable moment can be of inestimable value in the teaching strategy of a unit. This strategy is described as that moment when something occurs during the nursing care. Where immediate intervention is desirable and which can be used there and then, to impart knowledge to those involved in the particular caring incident.

As a person who is usually present and in charge, the unit professional nurse has a great responsibility to teach by example intangible concepts such as attitudes as well as ward administration. Mellish and Brink, (1989: 218), has this to say about the clinical teaching:

- It occurs in the real life situation; it translates theory into reality.
- The student is an active participant.
- It is a small group activity.
- The student is given an opportunity to develop self-

confidence by performing under expert guidance.

- It affords the student opportunities for observation and decision making.
- It allows assessment of the degree to which educational objectives have been attained.
- It centres around patient care.
- The real life situation necessitates careful handling to prevent both patient and student from being placed in a difficult position.
- It is an invasion of the privacy of patients and therefore can be carried out only with their consent.

## **2.5 Students' view on clinical instruction**

The belief of the researcher was that literature should also be reviewed in relation to what the consumers of clinical instruction have to say about their clinical instruction. Cele, (1990: 24), quoted Coles and Dobbin, (1981) who conducted a study in which 90 students were asked whether they felt their learning needs were met in the clinical situation. Of the sample 40% said their needs were not met and cited heavy commitment to patient care by ward staff as the major cause of unsatisfactory quantity and quality of clinical instruction. Tlakula, (1991: 18), quoted Wong, (1978), who in her study identified students' perceptions of teacher behaviours in the clinical situation which facilitated or hindered their learning.

Findings revealed the following teacher behaviours as hindering learning:

- posing a threat, for example 'you will be reported to the Matron',
- correcting students in the presence of others,
- supervising students too closely and a tendency to emphasize the students' mistakes or weaknesses. Cele (1990: 24), says that abounds in statements by students who reveal that their learning in the clinical setting leaves much to be desired. Cele quotes some authors who comment about students' dissatisfaction in the clinical situation.

'Little formal training takes place in the ward situation, training often falls short of expectation' MacQuire, (1961: 87).

'You see, there may be very much to learn on the ward, but you may not learn anything because the ward sister does not teach you much'. Fretwel, (1982:33).

## 2.6 Conclusion

The foregoing literature constitutes evidence of the nature and extent of the factors which affect interpersonal relationships between professional nurses and student nurses in the clinical situation and the



effects thereof. King's conceptual framework on which this study is based, stipulates that nurses must assess the environment in which they find themselves and make alterations conducive to promoting their interpersonal relationships.

### **CHAPTER 3**

#### **CONCEPTUAL MODEL USED IN THE STUDY: KING'S INTERACTING SYSTEMS MODEL**

##### **3.1 Introduction**

The aim of exposing student nurses into clinical instruction is to correlate theory which is given in the classroom situation, to practice which is offered in the real situation, that is, at the bedside. The key concepts in King's interacting systems framework are:

- |                          |               |
|--------------------------|---------------|
| - Interaction            | - Perception  |
| - Communication          | - Transaction |
| - Role                   | - Stress      |
| - Growth and development | - Time        |
| - Self                   | - Space.      |

These key concepts indicate that there are two parties involved in this interaction. In the clinical teaching and learning situation there are two parties involved, that is, the clinical professional nurse and the student nurse. The reciprocal perceptions of each other will determine the growth and development of student nurses into professional maturity. This interaction takes place in an environment which in this study is the clinical situation.

## **3.2 Definition of concepts**

Parse, (1987: 109), defines the key concepts in King's interacting model as follows:

### **3.2.1 Interaction**

'A process of perception and communication between person and environment and between person and person, represented by verbal and nonverbal behaviours that are goal-directed.'

### **3.2.2 Perception**

'Each person's representation of reality . It is an awareness of persons, objects and events'.

### **3.2.3 Communication**

'A process whereby information is given from one person to another either directly in face-to-face meetings or indirectly through telephones, television or the written word. Communication is the information component of an interaction.'

### **3.2.4 Transaction**

'Is an observable behaviour of human beings interacting with their environment. Transactions are viewed as the valuation component of human interaction.'

### **3.2.5 Role**

'A set of behaviours expected of persons occupying a position

in a social system; rules that define rights and obligations in a position; a relationship with one or more individuals interacting in a specific situation for a purpose.'

### **3.2.6 Stress**

'A dynamic state whereby a human being interacts with the environment to maintain balance of growth development and performance.'

### **3.2.7 Growth and development**

'Two distinct concepts used together in most nursing and related literature. Together they are defined as continuous changes in individuals at the cellular, molecular and behavioural levels of activity.'

### **3.2.8 Time**

'A sequence of events moving onwards to the future. Time is a continuous flow of events in successive order that implies change a past and future. Time is a duration between one event and another as uniquely experienced by each human being; it is the relationship of one event to another.'

### **3.2.9 Self**

'A personal system defined as a unified, complex whole, self who perceives, thinks, desires, imagines, decides, identifies goals and selects means to achieve them.'

### **3.2.10 Space**

‘Existing in all directions and the same everywhere. Space is a physical area called territory and is defined by the behaviour of individuals occupying space, such as gestures, postures and visible boundaries erected to mark off personal space.’

### **3.3 Definition of conceptual framework**

Polit and Hungler, (1987: 527), define a conceptual framework as ‘interrelated concepts or abstractions that are assembled together in some rational scheme by virtue of their relevance to a common theme.’ Conceptual framework presents diverse views of certain phenomena in the world that have profound influences on our perceptions of that world.

Cele, (1990: 26), cites Lo Biondo-Wood and Haber, (1986), who suggest that a theoretical framework is like a map for it gives direction with regards to methods for conducting a study and also guides the interpretation evaluation, and integration of the study findings.

### **3.4 Imogene King’s interacting systems framework**

King’s framework was formulated in response to her perceived personal concern about the changes influencing nursing; a conscious

awareness of the knowledge explosion and a hunch that some of the essential components of nursing have persisted.

In as much as changes in a right direction in nursing may be entertained these changes should not be allowed to undermine the noble traditions of the nursing profession. The questions which emanated from King's concern about the changes influencing nursing are:

- What are some of the social educational changes in the United States that have influenced changes in nursing?
- What basic elements are continuous throughout these changes in nursing?
- What is the scope of practice of nursing and in what kind of settings do nurses perform their functions?
- Are the goals of nursing similar to those of the past half a century?
- What are the dimensions of practice that have given the field of nursing unifying focus over time?

King says that these questions established a framework for thinking about nursing today, for reacting about nursing in society, for discussing ideas with nurses and other individuals. King's framework for thinking about nursing is because according to King 'the focus of nursing is human beings interacting with their

environment, leading to a state of health for individuals, which is an ability to function in social roles.'

King also identified more specific assumptions upon which her conceptual framework and theory are based. Assumptions about human beings according to King are:

- Individuals are social beings
- Individuals are sentient beings
- Individuals are rational beings
- Individuals are reacting beings
- Individuals are perceiving beings
- Individuals are controlling beings
- Individuals are purposeful beings
- Individuals are action oriented beings.
- Individuals are time oriented beings.

King does not strictly designate principles from her assumptions, but she postulates a statement that emphasizes the importance of the concepts of interaction, communication, transaction, role, and stress.

King wrote:

'It is postulated that nurse and client interactions are characterised by verbal and nonverbal communication in which information is exchanged and interpreted; by transactions, in

which values, needs and wants of each member of the dyad are shared; by perception of nurse client and situation; by self in role of client and self in role of nurse; and by stressors influencing each person and the situation in time and space.'

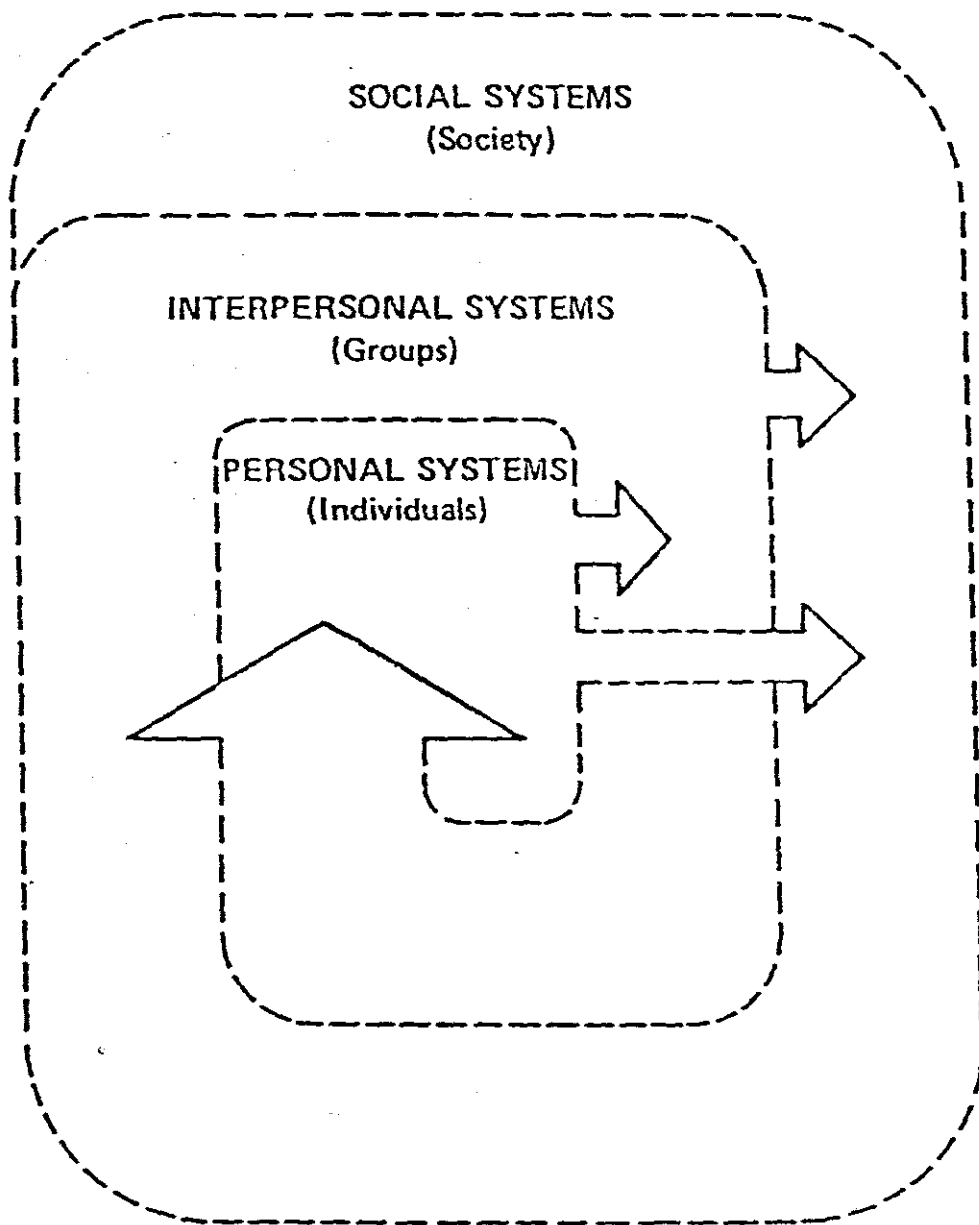
### **3.5 The content of the model**

#### **3.5.1 Person**

Fitzpatrick & Whall quote King, (1981: 142), who stated, that 'human beings are the focus for nursing.' The primary concerns of nursing are human behaviour, social interaction and social movements. The explicitly stated assumptions provided descriptions of Man as social, sentient, rational, reacting, perceiving, controlling, purposeful, action-oriented, and time-oriented (King, 1981: 143).

In King's conceptual framework human beings are viewed as open systems interacting with the environment, each exhibiting permeable boundaries permitting an exchange of matter, energy and information. Within the conceptual framework of three dynamic interacting systems, individuals are called personal systems. Each human being is conceptualised as a unique total system the care of whom is the focus of nursing.





Fitzpatrick and Whall (1983:227)

Fig. 1. A conceptual framework for Nursing: Dynamic interacting systems.

In the process of human interactions, individuals react to persons, events, and objects in the environment in terms of their perceptions, expectations, needs, values and goals.

A South African Nursing Credo according to Searle, (1980: 17), states that nursing serves mankind in the preventive, promotive, curative and rehabilitative fields. It does so from before birth until death. It is concerned with man as a unique biological, social and spiritual being who has diverse health needs, so giving to nursing technological, psychological, physical, social and spiritual dimensions. King says that human beings are open systems interacting with environment.

### **3.5.2 Environment**

The environment is also conceptualized as an open system exhibiting permeable boundaries permitting an exchange of matter, energy and information with human beings. King proposes that an understanding of the ways human beings interact with their environment to maintain health is essential to nurses. Reference is made to both the internal and external environment of human beings.

Fitzpatrick and Whall, (1983: 224), say that the internal environment of human beings transforms energy to enable them to adjust to continuous external environmental changes. Satisfaction in the performance of daily living depends upon harmony and balance in each person's environment.

### **3.5.3 Health**

Parse, (1987: 119), defines health as 'dynamic life experiences of a human being which implies continuous adjustment to stressors in the internal and external environment through optimum use of one's resources to achieve maximum potential for daily living. Illness is defined as a deviation from normal, that is, an imbalance in a person's social relationship.'

Whereas health is viewed as a functional state in the life cycle, illness indicates an interference in the cycle. King relates health to the way individuals deal with the stresses of growth and development while functioning within the cultural pattern in which they were born and to which they attempt to conform.

### **3.5.4 Nursing**

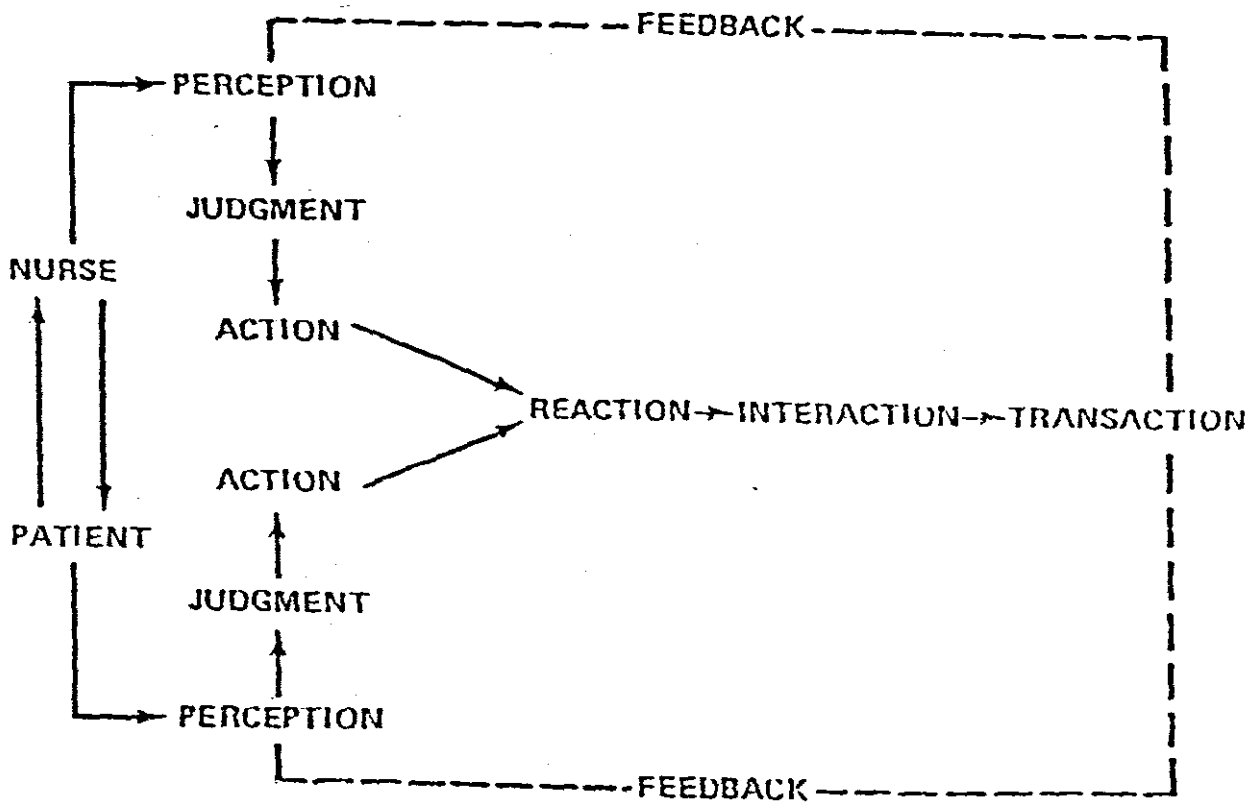
King defines nursing as a process of human interactions

between nurse and client whereby each perceives the other and the situation; and through communication, they set goals, explore means, and agree on means to achieve goals.

King identifies essential variables in nursing situations:

- geographical place of the transacting system such as the hospital
- perceptions of nurse and patient
- communications of nurse and patient
- expectations of nurse and patient
- mutual goals of nurse and patient
- nurse and patient as a system of interdependent roles in a nursing situation.

King says that the quality of nurse-patient interactions may have a positive or negative influence on the promotion of health in any nursing situation. It is within this interpersonal system of nurse-client-relationship that the traditional steps of the nursing process are carried out.



Fitzpatrick and Whall (1983:225)

Fig. 2. A process of human interaction.

### 3.6 Interrelationships of person, environment health and nursing

Person and environment are open systems continuously exchanging matter, energy and information. This interaction may or may not be conducive to health promotion and, as such, has implications for the practice of professional nursing.

#### 3.6.1 Internal analysis of the model

### **3.6.1 Internal analysis of the model**

We can easily conclude that the interpersonal system is the focal system of King's conceptual framework. The primary attention afforded interpersonal systems is evidenced by:

- The relatively greater detail provided the description of concepts within this system.
- The fact that the theory of goal attainment was derived mainly from component concepts of the interpersonal system.
- The theory of goal attainment describes the interpersonal system of nurse - client.
- King's reference to the conceptual framework of interpersonal systems rather than to that of interacting systems.

### **3.6.2 Personal systems**

King equates personal systems with growth and development which describe the processes that take place in individuals' lives to help them move from potential for achievement to self-actualization. Age is a critical variable in any nursing situation because it defines the stage of each person's developmental task and their responses to each other.

### **3.6.3 Interpersonal systems**

Perception, communication and transaction are the major concepts presented as fundamental for understanding human interactions as interpersonal systems. One communicates on the basis of perceptions with persons and things in the environment. Accuracy of perception increases effectiveness of one's action. Effectiveness in interaction cannot be understood without considering the variable of purpose or goal. An additional idea presented within interpersonal systems is that of reciprocally contingent interaction where the behaviour of one person influences the behaviour of the other.

### **3.6.4 Social systems**

King suggests that there are social forces in constant motion in social systems, the interplay of these forces influences social behaviour, interactions, perceptions and health. Social systems describe units of analysis in a society in which individuals form groups to carry on activities of daily living to maintain life and health and hopefully happiness. Any social systems in which the nurse interacts with health care consumers, such as a family or a hospital belongs to the category of social systems. Concepts relevant for functioning

in social systems include organizations, role, power, authority and decision-making. ( Polit and Hungler, (1987: 89)).

### **3.7 Application of Imogene King's interacting systems framework to the study**

Clinical instruction may be equated with didactic education which is a particular pedagogical perspective on instruction and learning in the education situation. This education takes place in a triad, that is, the educator, the educand and the subject matter. In the clinical situation the student of nursing becomes part of a triad where there is the professional nurse and the subject matters (clinical instruction) in which the professional nurses' task is to accompany the neophyte of nursing profession along the way to professional maturity. In their endeavour to fulfil this task, the professional nurses in the clinical situation may be disturbed by the lack of cooperation among health care workers in the clinical situation. Bruce et al., (1992: 311), say that cooperation increases self-esteem not only through increased learning but through the feeling of being respected and cared for by the others in the environment. Cooperation also increases positive feelings toward one another in reducing alienation and loneliness, building relationships and providing affirmative



views of other people.

Through interaction in the clinical situation between old regulation course diplomates and new regulation course student nurse negative attitudes towards each other may develop which may lead to disturbed learning environment. This is how the personal system influences interpersonal systems according to King's conceptual framework. The perception and interpretation of a phenomenon by a personal system may affect interpersonal system as well as social system.

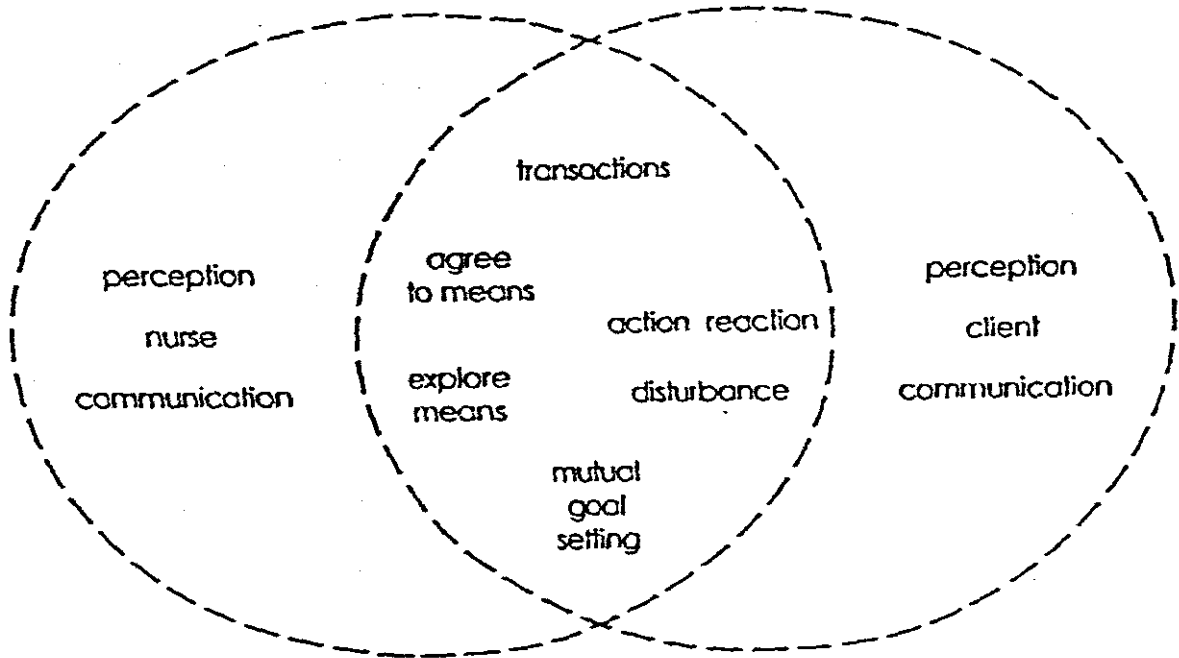
The introduction of Regulation 425 (1985) was perceived differently by the old regulation course diplomates and the new regulation course students. To old regulation course diplomates the new curriculum would mean that they would be supervised by the new regulation course diplomates because the new regulation course students would at the end of the four year course be registered in more than one course.

To the new regulation course students the new curriculum would mean that at the end of their fourth year of study they would hold supervisory positions because of their qualifications. In a research report of a study by Xulu, (1988: 99), on the views of Ngwelezana Hospital professional nurses

regarding the comprehensive Diploma programme and their clinical teaching role, the report reveals that a substantial

number of professional nurses display a negative attitude towards the new curriculum because of lack of insight. Xulu, (1988: 99), recommends that inservice education be done to enlighten the professional nurses with regards to the new curriculum and how it is aimed at improving the quality of nursing care. The derogatory statements like 'Bar One' by the new regulation course students against the old regulation course diplomates in the clinical situation at Ngwelezana health ward may be the source of conflict between these two parties. It is obvious that the supervision of student nurses in the clinical situation by the old regulation course diplomates may be impaired under such conditions. This is what King in her interacting systems framework called the Action-Reaction-Transaction. Parse, (1987: 112), says that a model of nurse-patient interactions that led to transactions was the result of a descriptive study of nurse-patient interactions using trained observers. Parse, (1987: 109), gives an operational definition of transaction as 'An observable behaviour of human beings interacting with their environment. Transactions are viewed as the valuation component of human interaction.' Findings were confirmed from analysis of interaction data in two other studies in which time series data were available. Analysis of

situations.



Parse, (1987:112)

Fig. 3: Theory of goal attainment.

In King's interacting systems framework man is said to be the focus of nursing. In this study the concept man is referring to the student nurse and professional nurse who should be the focus of teaching in the clinical instruction. These two people's behaviour, their interaction with each other, patients, as well as the members of the health team is of utmost importance in influencing the negative reciprocal perceptions among interpersonal systems.

The environment which is the clinical situation in this study should be conducive enough to allow effective clinical teaching/learning. The

The environment which is the clinical situation in this study should be conducive enough to allow effective clinical teaching/learning. The internal environment of human beings which according to King's interacting systems framework transforms energy to enable them to adjust to continuous external environmental changes should also be conducive to learning.

The conduciveness of the internal environments of human beings may be prepared by means of orientation in the clinical situation so that the interpersonal systems are not adversely affected. Health in King's interacting systems may be equated with the state of wellbeing in one's personal systems. This state of wellbeing may only be attained if an individual is adjusted to stressors in the internal and external environments. Using a systems model, Roy and McLeod, (1981), as quoted by Parse, (1987: 53), developed a theory of the person as an adaptive system. Stimuli from within and outside the person, also called stressors, serve as the input to the system.

### **3.8 Contribution of King's theory to Nursing Science**

According to Parse, (1987: 132), King's theory has made a significant contribution to nursing science by offering a conceptual approach to nursing process that moves beyond a strict observational and problem solving approach. The utility of theory is enhanced by its focus on the helping relationships so that it is possible that this

theory could be applied with other nursing theories, for example, the theory of goal attainment might be used in conjunction with Roy's adaptation model as a way of enhancing the collection of data about the adaptive modes of physiological needs, self concept, role function and interdependence. King's theory of goal attainment provides the discipline of nursing with a theoretical base for applying the traditional nursing process. The value of King's work for nursing theory-based practice will continue to enhance the scientific progress of the discipline of nursing. Fitzpatrick and Whall, (1983: 242), say that King's conceptual model has been evaluated as being very significant for nursing and having great potential to generate new information relevant to the discipline. Finally, external analysis has shown King's nursing model to have pragmatic value in relationship to research, education and practice.

### **3.9 Conclusion**

From the foregoing discussion it is evident that human systems may adapt to their ever changing environments and make alterations conducive to promoting health. King states that 'the moving forces in nursing are imbedded in the dynamics of society in which the process of change alters the environment.'

## **CHAPTER 4**

### **METHODOLOGY**

#### **4.1 Introduction**

According to van der Walt, et al., (1982), research methodology is 'the study of methods and logic of science, rules of organised research and the norm by which procedures and techniques are chosen and emphasised.'

In this chapter the methods followed to accomplish the study will be discussed. The discussion includes the research design, the method of data collection, the nature and development of the research instrument, the population, the research samples, the response rate and the methods used for data analysis.

#### **4.2 Research design**

The research design is a framework by means of which an adequate and systematic investigation of relationships of variables can be made. In this study the researcher used a descriptive survey using a modified critical incident technique. Polit and Hungler, (1987: 528), define a descriptive research as 'studies that have as their main objective the accurate portrayal of the characteristics of persons, situations, or groups and the frequency with which certain

phenomena occur.’ In this study the method focused on factual incidents that are critical, such as effective performance of duties and non-compliance with instructions.

### **4.3 The survey method**

The researcher having conceptualized the research questions, selected the survey as the most appropriate design. The type of information sought influenced the researcher in selecting survey in order to be able to identify and describe important data. The greatest advantage of survey research according to Polit and Hungler, (1987: 157), is its flexibility and broadness of scope. It can be applied to many populations, it can focus on a wide range of topics and its information can be used for many purposes. In this study, the researcher selected the questionnaire for the collection of data. The researcher also used the focus group interview. Polit and Hungler, (1987: 529), define focus group interview as ‘an interview in which the respondents are a group of ten to twenty individuals assembled to answer questions on a given topic.’ The focus group interview is loosely structured where the interviewer guides the respondent through a set of questions using a topic guide. For this study two sets of focus group interview were formulated, that is, that for the old regulation course diplomates and for the new regulation course students.

#### **4.4 The research instrument**

In this study the data was collected by means of questionnaires. Two sets of questionnaires were used, one for student nurses meant to gather information about their perception of the old regulation course diplomates' role in clinical teaching. The second set of questionnaires was distributed to the old regulation course diplomates to gather information about their perception of the new regulation course student nurses' role in clinical learning situation. Although the researcher explained fully how the respondents should fill in the questionnaires, there was also a note to direct the respondents. The choice of questionnaire for this study was based on the following advantage. According to Treece and Treece, (1982: 35), 'apart from a questionnaire being the most popular research instrument for collecting research information, bias would be avoided.' According to Polit and Hungler, (1987: 282), bias would be avoided because the researcher is absent during the answering of questions in the research tool. They also state that using a questionnaire as a research tool ensures the possibility of complete anonymity which is not possible in the face to face process. The questionnaire designed for this study had mainly closed-ended questions, and where the researcher wanted a detailed information, open-ended questions were used.

The Likert scale was also used for its relevance in the measurement of attitudes. According to Polit and Hungler, (1987: 531), Likert



scale is defined as 'a type of composite measure of attitude that involves summation of scores on a set of items (statements) to which respondents are asked to indicate their degree of agreement or disagreement.' Polit and Hungler, (1987: 252), say that Likert scales may appear to involve a lot of work and trouble but they are actually quite powerful. The summation feature of these scales makes it possible to make very fine discrimination among individuals with different points of views. In this study, the researcher used Likert scale because it enabled the researcher to measure the respondents' attitudes. Focused group interview was also used for the collection of data. According to Polit and Hungler, (1987: 52) focused group interview is 'an interview in which the respondents are a group of ten to twenty individuals assembled to answer on a given topic.'

Young and Schmid, (1956: 212), say that the focused group interview is based on the assumptions that through it, it is possible to secure precise details of personal reactions, specific emotions called into play, definite mental associations provoked by a certain stimulus and the like.

Baillie, (1994: 152) says that the focused group interview method allows for considerable flexibility in scope and depth.

#### **4.5 Pilot study**

According to Polit and Hungler, (1987: 39), a pilot study is 'a small scale version of trial run of the major study.' The function of the pilot study is to obtain information for improving the project or assessing its feasibility. The pilot study may reveal that revisions are needed in one or more aspects of the project. The pilot study for this study was done among students who were registered in 1989. The pilot testing of the questionnaires for registered nurses was done among registered nurses who were allocated in theatre. These registered nurses were not involved in the main study.

#### **4.6 Delimitation of the study**

The study was confined to the student nurses who are currently registered for the four year course Diploma in nursing at Ngwelezana Nursing College. Ngwelezana Nursing College is situated on the same grounds as Ngwelezana Hospital. Ngwelezana Nursing College comprises two satellite campuses; that is, Saint Benedictine and Charles Johnson's Nursing College campuses. These two satellite campuses were utilized as they form part of Ngwelezana Nursing College. The study was also confined to professional nurses at Ngwelezana, Saint Benedictine and Charles Johnson's Hospitals.

#### **4.7 Ethical considerations**

Polit and Hungler, (1987: 529), say that ethical consideration in research methodology refers to the quality of research procedures with respect to their adherence to professional, legal and social obligations to the research subjects. In this study, the researcher exercised care in ensuring that the rights of subjects are protected by obtaining the informed consent, ensuring anonymity and confidentiality with the results of the study. Permission was obtained from the medical superintendents of Ngwelezana, Saint Benedictine and Charles Johnson's Memorial Hospitals.

#### **4.8 Population and sample**

The population consisted of student nurses of the new comprehensive Diploma course who are registered at Ngwelezana Nursing College. The comprehensive Diploma course is stipulated in regulation 425 (1985) of the South African Nursing Council as amended. The population of the professional nurses consisted of nurses who trained under the old system of nurses training which is stipulated in regulation 879 May (1975) as amended by regulation 1144 May (1987).

#### **4.9 The sample and sampling**

According to Polit and Hungler, (1987: 536), a sample is 'a subset of a population selected to participate in a research study. Sampling is the process of selecting a portion of the population to represent the entire population.'

In this study, the questionnaires were delivered to:

- (a) The population of 306 of old regulation course diplomates, and only 77 questionnaires were returned. Out of 77 returned questionnaires three (3) were spoilt; leaving 74 responses at twenty four percent (24%) response rate.
- (b) A population of 217 student nurses of the new regulation course and 95 were returned. Out of this 95 responses five (5) were spoilt, leaving 90 at forty percent (40%) response rate.

#### **4.10 Analysis and interpretation of data**

Manual analysis of data was done. Findings were interpreted and are presented in the form of descriptive statistics and tables. Appropriate recommendations were made.

## **CHAPTER 5**

### **DATA ANALYSIS AND REPRESENTATION OF FINDINGS**

#### **5.1 Introduction**

This chapter presents a description of the analysis of data and presentation of findings. Objectives formulated in Chapter One are tested in this chapter. Data is presented by means of tables.

#### **5.2 Analysis and discussion of findings**

The study was done at three Campuses of Ngwelezana Nursing College, namely, Ngwelezana, Saint Benedictine and Charles Johnson's Campuses. The objectives of the study were to ascertain the degree of the mutual perceptions between the old regulation course diplomates and the new regulation course students.

### **SECTION A**

#### **5.3 Responses from the old regulation course diplomates**

N = 74

##### **5.3.1 Personal particulars**

The number of questionnaires returned were 77 out of 306

making a response rate of 25%. Due to inaccuracies, three (3) were discarded and therefore 74 (24%) were analysed.

### 5.3.2 Table 1. Gender distribution N 74

This involved determination of the perceptions according to the gender of subjects supervising clinical instruction at Ngwelezana Nursing College.

Variables	Number	Percent
Males	15	20
Females	59	80
Total	74	100

There were more females (80 percent) than males (20 percent) who responded among the old regulation course diplomates. The profession of nursing is still numerically dominated by females. This, however, is expected to have no bearing on the findings of the study.

### 5.3.3 Table 2. Marital status distribution

Variables	Number	Percent
Single	25	34
Married	45	60
Divorced	2	3
Widowed	2	3
Total	74	100

There were more married old regulation course diplomates (60 percent), 34 percent single, 3 percent divorced and 3 percent widowed. These are variables which are not expected to have any bearings on the findings of the study.

### 5.3.4 Table 3: Basic professional qualifications N74

Variables	Number	Percent
Registered nurse/midwife	55	74
Registered nurse/psychiatric nurse	15	20
Registered nurse/midwife/community health nurse	4	6
Other: specify	0	0
Total	74	100

Table 3 reflects a variety of specialization of the professional nurses. 74 percent of respondents comprised of old regulation course diplomates qualified in general nursing and midwifery, 20 percent of respondents were qualified in general nursing and psychiatric nursing. Only 6 percent had an additional qualification of community health nursing science.

94 percent of respondents is the category of registered nurses who are referred to by the new regulation course students as 'BAR ONES'. Although this category of professional nurses may be referred to by the new regulation course students as 'BAR ONES', their experience and qualifications make them suitable supervisors of clinical teaching in the clinical situation.

It is a fact that the supervision of the new regulation course student nurses needs a lot of integration of the various aspects of care, but this does not mean an experienced professional nurse who is having midwifery or psychiatric nursing only as an additional qualification cannot supervise a student nurse of the new regulation course.



### 5.3.5 Table 4: Length of experience as a registered nurse

Period	Number	Percent
1-4 years	40	54
5-8 years	15	20
9-12 years	6	8
13 years and over	13	18
Total	74	100

Table 4 reflects 54 percent respondents having less than 5 years experience as registered nurses, 20 percent more than five years and 26 percent more than 10 years experience. This table indicates that as far as experience in years is concerned the old regulation course diplomates can be considered professionally mature. An enthusiastic student nurse who is eager to correlate her theory gained from the classroom situation to the practice offered in the clinical situation can gain more skill from these old regulation course diplomates.

Those professional nurses with less than 5 years experience (54%) should equally be an asset as they are still 'fresh' and have the current knowledge which is relevant to the present day student. Those that are more than 10 years in the field

have a wealth of practical experience over and above the theoretical knowledge gained in their training.

#### **5.4 Views on the role of registered nurse practitioner in clinical teaching**

##### **5.4.1 Item 1: Role of Registered nurse practitioner in clinical teaching**

According to the stipulations of KwaZulu Department of Health policy, one of the functions of the registered nurse practitioners is to teach/guide student nurses in the clinical situation. In this study the subjects responded to the question of their awareness of this role as follows:

**Table 5: Responses of registered nurses on their role as registered nurse practitioners in clinical teaching**

<b>Responses</b>	<b>Number</b>	<b>Percent</b>
Yes	64	86
No	3	4
Not sure	7	10
Total	74	100

The table reflects that 86 percent of the old regulation course diplomates concurred with KwaZulu Department of Health policy that one of the functions of the registered nurse practitioner is to teach/guide student nurses in the clinical situation, 4 percent of respondents said no and 10 percent were not sure of this role. These unsure respondents are among those respondents whose status is less than 5 years experience as registered nurses. This is an evidence that this category of registered nurses are still running short of experience in the clinical situation.

#### **5.4.2 Item 2: Basing of clinical teaching/guidance on clinical learning objectives provided by tutors**

In the involvement of registered nurse practitioners in students' clinical guidance they are expected to base their teaching/guidance on clinical learning objectives provided by tutors. These objectives enable student nurses to correlate the theory they get from the classroom with the practice offered in the clinical situation. The subjects respnded as follows:

**Table 6: Responses of Registered Nurse practitioners with regard to basing of clinical teaching/guidance on clinical learning objectives provided by tutors N=74**

Response	Number	Percent
Yes	60	81
No	8	11
Not sure	6	8
Total	74	100

The table reflects 81 percent of old regulation course diplomates who based their clinical teaching/guidance on clinical objectives provided by tutors, 11 percent said they do not base their clinical teaching guidance on clinical objectives provided by tutors and only 8 percent said they were not sure of this basing their clinical instruction on clinical objectives provided by tutors. On checking the status of these respondents who said they were 'not sure', the researcher found that they are less than 5 years experienced as registered nurses which implies that their experience in students' clinical teaching/guidance in the clinical situation is still wanting.

**5.4.3 Item 3: Cooperation of tutors with registered clinical practitioners regarding students/ clinical guidance**

**Table 7: Responses of Registered nurses on cooperation of tutors regarding students' clinical guidance**

<b>Respondents</b>	<b>Number</b>	<b>Percent</b>
Yes	31	42
No	41	55
Not sure	2	3
Total	74	100

The table reflects that 42 percent of registered nurse agreed that tutors do cooperate with them, 55 percent said tutors do not cooperate with them and only 3 percent said that they were not sure about the cooperation of tutors with registered nurse practitioners regarding students' clinical guidance. Cooperation between nurse educators and registered nurse which in this study implies working hand in hand harmoniously is very important because they are both involved in student nurse' learning. Their cooperation with each other reinforces the correlation of theory to practice. Mellish, (1978: 13), says

that the nurse tutors should not be college bound, but be ready and able to move freely into the clinical situation with her students. It will be in these free movements into the clinical situation where nurse educators would reinforce their cooperation with the registered clinical practitioners.

#### **5.4.4 Item 4: Enough time to attend to students' clinical instruction**

**Table 8: Responses of the registered nurse practitioners about having time to attend to students' clinical instruction**

<b>Responses</b>	<b>Number</b>	<b>Percent</b>
Yes	47	64
No	27	36
Don't know	0	
Total	74	100

The table reflects that 64 percent of registered nurse practitioners did provide time to attend to students' clinical instruction and 36 percent did not get time for students' clinical instruction. The researcher found it gratifying that there are still many registered nurse practitioners who give

priority to student nurses' clinical teaching/guidance in the clinical situation. The 36 percent of respondents who said they don't get time for students' clinical teaching gave reasons such as busy wards and shortage of staff.

#### **5.4.5 Item 5: The most suitable time for ward teaching**

**Table 9: Responses of registered nurse practitioners regarding suitable time for ward teaching**

<b>Responses</b>	<b>Number</b>	<b>Percent</b>
In the morning	9	12
When the ward is not busy	39	53
During a special learning opportunity	18	24
In the afternoon	2	3
Other: specify ..... on the spot	6	8
Total	74	100

The table reflects that 12 percent of registered nurse practitioners did students' clinical instruction in the morning, 53 percent did it when the ward was not busy, 24 percent during a special learning opportunity, 3 percent did it in the

afternoon and 8 percent did it on the spot. What is significant about this table is that although 53 percent of registered nurse practitioners said they do clinical instruction when the ward is not busy, what is obvious is that student nurses do not get clinical instruction when the ward is busy which is a situation prevailing most of the time.

**5.4.6 Item 6: Demonstration of procedures by registered nurse practitioner in the clinical situation**

**Table 10: Demonstration of procedures**

Responses	Number	Percent
Yes	57	77
No	13	18
Not sure	4	5
Total	74	100

The table reflects that 77 percent of old regulation course diplomates do demonstrations to student nurses, 18 percent do not and 5 percent were not sure about their demonstration of procedures to student nurses in the clinical situation. This is an indication that the old regulation course diplomates have



confidence in themselves regarding students' clinical teaching guidance in the clinical situation. Mellish, (1978: 13), says that those who are interested in teaching should be encouraged. Their preparation should be rewarding, their condition of work should be attractive and it should be made possible for them to see their teaching as teaching nursing to nurses and not as a separate entity.

**5.4.7 Item 7: Involvement of student nurses in Doctors'/Matrons' rounds**

**Table 11: Doctors'/Matrons' rounds**

Responses	Number	Percent
Yes	67	90
No	5	7
Not sure	2	3
Total	74	100

The table reflects the responses regarding the involvement of student nurses in Doctors'/Matrons' rounds in the clinical situation. 90 percent of the old regulation course diplomates said they involve student nurses in Doctors'/Matrons' rounds in the clinical situation. Student nurses in the clinical situation

may benefit if they are involved in Doctors'/Matrons' ward rounds. Mellish and Brink, (1990: 173), say that the nursing service managers' (Matrons') rounds can provide invaluable teaching situations if they are utilized properly. These authors (Mellish and Brink, 1990: 173), say that the person in charge of the ward has to ensure that students are taught how to do Doctors' rounds and what reports or queries she must put to him about the condition of his patients who are also her patients. 7 percent said they do not involve student nurses in Doctors'/Matrons' rounds and 3 percent said they were not sure.

#### **5.4.8 Item 8: Involvement of registered nurses in students' clinical evaluation**

In their involvement in students' clinical teaching/guidance, the registered nurse practitioners would also be expected to be involved in students' clinical evaluation. The researcher wanted to ascertain whether the registered nurse practitioners in the clinical situation are involved in student nurses' clinical evaluation.

**Table 12: Students' clinical evaluation**

<b>Responses</b>	<b>Number</b>	<b>Perecent</b>
Yes	34	46
No	36	49
Not sure	4	5
Total	74	100

The table reflects that 46 percent of registered nurse practitioners are involved in students' clinical evaluation, 49 percent are not involved and only five percent were not sure. The aim of evaluation in clinical teaching according to Mellish and Brink, (1990: 229), is 'to improve student performance. The assessment, report or whatever form the evaluation takes, is part of the evaluation of nursing education as a whole.' Professional nurses in the units form an important component of the teaching team.

Without registered nurse practitioners, teaching in the clinical situation can never be feasible.

The student nurses develop their practical skills in the clinical situation under the supervision of the registered nurse practitioners, the clinical instructor or the tutor. As

the registered nurse practitioners participate in the teaching of students in the clinical situation, they should be involved in the evaluation of students.

#### **5.4.9 Item 9: Student related problems in the clinical situation**

The researchers wanted to ascertain whether the old regulation course diplomates do experience student nurse related problems in the clinical situation.

**Table 13: Responses of registered nurse practitioners with regard to student related problems in the clinical situation**

Responses	Number	Percent
Yes	60	81
No	10	14
Not sure	4	5
Total	74	100

The table reflects that 81 percent of old regulation course diplomates said they experienced student-related problems in the clinical situation, 14 percent said they did not experience student-related problems and only 5 percent said

they were not sure of these student-related problems in the clinical situation. This is evidence that indeed there are student nurse related problems in the clinical situation at Ngwelezana Nurses' College. The presence of student nurse related problems in the clinical situation confirms the researchers suspicions that it appears that there is conflict prevailing between registered nurses and student nurses at Ngwelezana Nurses' College, and investigation into this conflict should be done scientifically and solutions sought.

**5.4.10      Item 10: Nature of student related problems**  
**in the clinical situation (N=60)**

	<b>Items</b>	<b>Number</b>	<b>%</b>
5.4.10.1	Students' absenteeism in the clinical area	25	34
5.4.10.2	Student nurses disappearance from the wards	20	27
5.4.10.3	Shortage of facilities to do procedures with	15	20
5.4.10.4	Lack of interest by student nurses	15	20
5.4.10.5	Poor interpersonal relationships	15	20
5.4.10.6	Students undermine registered nurses with midwifery only as an additional qualification 'Bar Ones'	15	20
5.4.10.7	Students coming late on duty	12	16
5.4.10.8	No time to do procedures	10	14
5.4.10.9	Students do not report their movements	10	14
5.4.10.10	Students dodging during working hours	10	14

5.4.10.11	Fragmented curriculum	10	14
5.4.10.12	Students resent corrections	5	7
5.4.10.13	Shortage of staff	5	7
5.4.10.14	Students are not prepared to book procedures	4	5
5.4.10.15	Students are always called for demonstrations	3	4
5.4.10.16	Lack of cooperation between college and wards	3	4
5.4.10.17	Lack of respect for seniors	3	4
5.4.10.18	Students feel superior to registered nurses	2	3
5.4.10.19	Students are not prepared to be supervised by registered nurses	2	3
5.4.10.20	Students do not want to do practicals unless they are told to do so	2	3
5.4.10.21	Students do not know what to do	2	3
5.4.10.22	Students do not participate actively in their clinical teaching	2	3
5.4.10.23	Students should be taught etiquette	1	1.3
5.4.10.24	Poor communication between the college and the clinical situation	1	1.3
5.4.10.25	Students are not disciplined from the college	1	1.3
5.4.10.26	Differences in practical methods between the college and wards.	1	1.3

Although these responses are phrased differently, some of them are related and mean the same thing. Because of their relatedness in meaning the researcher decided to group them according to their meaning as follows:

**A. Students misbehaviour in the clinical situation**

- i Student nurses coming late on duty
- ii Student nurses disappear from the wards
- iii Student nurses do not report their movements in the clinical situation.
- iv Students absenteeism in the clinical situation.
- v Students dodging from the clinical area during working hours.

**B Student nurses' lack of direction regarding their clinical teaching/guidance**

- i Student nurses feel superior to registered nurses.
- ii Student nurses are not prepared to be supervised by the registered nurses.
- iii Student nurses are not prepared to book procedures in the clinical situation.
- iv Student nurses do not want to do practicals unless they are instructed to do so.
- v Lack of respect for senior personnel.
- vi Student nurses resent corrections.
- vii Student nurses do not know what to do.
- viii Student nurses do not participate actively in their clinical teaching guidance.
- ix Lack of interest by student nurses.

- x Students undermine registered nurses with only Midwifery as an additional qualification.

**C Lack of Rapport between the College and clinical area**

- i Fragmented curriculum
- ii Lack of cooperation between the College and wards.
- iii Differences in practical methods between the College and wards.
- iv Poor communication between the College and wards.

**D Constraints in the clinical situation**

- i Shortage of facilities to do procedures with.
- ii No time to do procedures.
- iii Shortage of staff.
- iv Poor interpersonal relationship between student nurses and registered nurses.

**E Lack of discipline to student nurses**

- i Student nurses should be taught etiquette.
- ii Student nurses are not disciplined at College.



The foregoing topics, namely,

- Students' misbehaviour in the clinical situation
- Student nurses' lack of direction regarding their clinical teaching guidance
- Lack of rapport between the College and clinical area
- Constraints in the clinical situation
- Lack of discipline to student nurses appear to be the main causes of misunderstanding between the old regulation course diplomates and the new regulation course student nurses.

**5.4.11      Item 11:    Views on what should be done to enable registered nurses to do students' clinical instruction (N=60)**

	Items	Number	%
i	Students accompaniment by tutors	17	23
ii	Inservice education for registered nurses	16	22
iii	Adequate facilities in the clinical situation	11	15
iv	Increment of staff in the wards	10	14
v	Standardization of procedures	6	8
vi	Updating of staff on new methods	6	8
vii	Cooperation between tutors and ward staff	5	7
viii	Students needs strong discipline	1	2

Students' accompaniment by tutors and In service education for registered nurses are the responses which rated high. This is an indication that the contribution by nurse educators in students' clinical teaching is still wanting. Beukes, (1993: 7), says that there is a need for nurse educators to regain their clinical proficiency and to become part of the teaching team in the clinical situation. The involvement of the tutors in the clinical area cannot be overemphasized. It is important for the nurse educators to be involved in the clinical teaching to ensure that the clinical teaching programme is feasible and that the stated objectives are attainable.

Although items (iii) and (iv) namely adequate facilities in the clinical situation and increment of staff in the wards are not the direct responsibility of the ward staff, they do affect students learning indirectly. Student nurses need constant supervision in the clinical situation; if there is shortage of staff supervision of student nurses may be adversely affected.

Items (v), (vi) and (vii) namely: standardization of procedures, updating of staff in the clinical situation on new methods are very important because, if procedures are not standardized and the ward staff is not updated about new methods in nursing procedures, clinical teaching, students' learning and patient care would all be adversely affected.

The new regulation 425 (1986) as amended stipulates that contemporary nurses should undergo a comprehensive nurses education that provided for attaining of registration in disciplines of nurse (general, psychiatry, community) and midwife. Differences in training programmes might give rise to conflict, which may affect students learning as well as patients' care.

### **5.5 Perceptions about the students' behaviour as a factor in clinical instruction**

**Table 14. Poor interpersonal relationship between registered nurses and student nurses in the clinical situation**

Responses	Number	Percent
Agree	70	95
Neutral	2	3
Disagree	2	3
Total	74	100

The table reflects that 95 percent of the respondents agree that poor interpersonal relationships between the new regulation course student nurses and the old regulation course diplomates in the clinical situation adversely affect clinical teaching. The clinical situation is

the teaching/learning situation which must be free of constraints to the delivery of subject matter. The clinical teaching also takes place in a triad, namely the subject matter which is the clinical instruction, the educator who in this study is the old regulation course diplomate and the educatee who is the new regulation course student. It is apparent therefore that there would be no effective teaching/learning activities in the clinical situation if there is poor interpersonal relationships between these two parties.

**Table 15: There is conflict between old regulation course diplomates and student nurses of the new regulation course.**

Responses	Number	Percent
Agree	65	88
Neutral	2	3
Disagree	7	9
Total	74	100

The percentage of respondents who agreed that there is conflict between the old regulation course diplomates and the new regulation course students totalled 88 percent. This is an indication that there is indeed a conflict between these two parties in the clinical situation at Ngwelezana Health Ward. Only 9 percent of respondents

disagreed that there is no conflict. The researcher's interest is on this conflict because if its cause is not investigated scientifically and the solution sought, the effects of this conflict may be detrimental both to the registered nurses as well as students' learning.

**Table 16: Students' clinical teaching/guidance is time consuming**

Responses	Number	Percent
Yes	41	55
Neutral	5	7
Disagree	28	38
Total	74	100

The table reflects that over half of the respondents (55 percent) agreed that students' clinical teaching/guidance is time consuming and 38 percent disagreed. These responses are an indication that clinical teaching/guidance may not be attended to effectively as it should be at Ngwelezana Health Ward.

**Table 17: Students clinical teaching interferes with ward routine.**

Responses	Number	Percent
Agree	41	55
Neutral	8	11
Disagree	25	34
Total	74	100

The table reflects that more than half of the respondents (55 percent) agreed that the clinical teaching interferes with ward routine. The percentage of respondents who disagreed totalled 34 percent. If the old regulation course diplomates of Ngwelezana Health Ward agreed in Table 5 that one of their functions was to teach/guide student nurses in the clinical situation, what becomes questionable is that how do registered nurse divorce clinical teaching/guidance from the ward routine?

**Table 18: Student nurses do consult with the registered nurses for their learning needs in the clinical situation.**

Responses	Number	Percent
Agree	50	68
Neutral	0	0
Disagree	24	32
Total	74	100

The table reflects that more than half (68 percent) of the respondents agreed that student nurses do consult with the registered nurses for their learning needs in the clinical situation and 32 percent disagreed. Although 100 percent would be expected to agree on this item, 68 percent shows that at least student nurses are aware that the registered nurse has an important part to play for students' instruction in the clinical situation. According to Marson (1984: 13) 'the ward sister is the most suitable person to teach the skill of nursing both from her position as the team leader and as an experienced nurse with knowledge and expertise to pass on.'

**Table 19: Student nurses do come forward to the registered nurses for the assessment of their proficiency in nursing procedures**

<b>Responses</b>	<b>Number</b>	<b>Percent</b>
Agree	45	61
Neutral	4	5
Disagree	25	34
Total	74	100

The percentage of respondents who agreed that student nurses do come forward to registered nurses for the assessment of their (students') proficiency in nursing procedures totalled 61 percent and 34 percent disagreed. This is an indication that student nurses at Ngwelezana Nursing College are self directed in their learning in the clinical situation. Self-directed learning is evidenced by the enthusiasm shown by the student nurse in her learning activities.



**Table 20: Student nurses do present their clinical records for the registered nurses signatures in the clinical situation**

Responses	Number	Percent
Agree	20	27
Neutral	4	5
Disagree	50	68
Total	74	100

The table reflects that 68 percent of the respondents disagreed that student nurses do present their clinical records for the registered nurses' signatures in the clinical situation and 27 agreed. This shows that student nurses of Ngwelezana Nursing College do not consider it as their duty to take initiative in their learning in the clinical situation. Beukes, (1993: 8), says that in teaching towards excellence in clinical nursing, students therefore need to be guided to create their own learning experience to reflect on, moving away from the role of passive receiver of knowledge to the active participant reaching out for meaning and understanding.

**Table 21: Student nurses do not resent corrections made by registered nurses in the clinical situation**

<b>Responses</b>	<b>Number</b>	<b>Percent</b>
Agree	12	16
Neutral	3	4
Disagree	59	80
Total	74	100

The table reflects that 80 percent of respondents disagree that student nurses do not resent corrections made by the registered nurses in the clinical situation and 20 percent agreed. The high percentage (80 percent) of respondents who disagreed on this item shows that student nurses of Ngwelezana Nursing College lack insight that corrections which are made by the registered nurses in the clinical situation are aimed at improving the skills of student nurses in the clinical situation.

**Table 22: Student nurses do report to the registered nurses in charge when they come or go out of the ward**

Responses	Number	Percent
Agree	37	50
Neutral	3	4
Disagree	36	46
Total	74	100

The percentage of respondents who disagreed that student nurses do report to the registered nurses in charge when they come or go out of the ward totalled about 46 percent and those who agreed totalled 50 percent. This table indicates that student nurses at Ngwelezana Nursing College show some respect for the registered nurses in the clinical situation.

#### **5.6 Item 12: of the focused group interview**

A group of ten old regulation course diplomates were interviewed in order to get their views about the new regulation course students.

	Items	Number	%
(i)	'We registered nurses are aware that it is one of our functions to teach/guide student nurses in the clinical situation according to the stipulations of KwaZulu Department of Health policy'.	10	100
(ii)	'We as registered nurses are willing to guide student nurses, but student nurses do not want to be supervised by the registered nurses'.	10	100
(iii)	'Student nurses call us (professional nurses) 'Half cooked cakes' 'BAR ONES'.	10	100
(iv)	Student nurses do absent themselves from duty without prior arrangements with the person in charge of the ward.	10	100
(v)	Student nurses need a lot of motivation about their learning and that task must be implemented by tutors from the College who set objectives for clinical instruction.	10	100
(vi)	'Despite the fact that we are 'BAR ONES' student nurses are obliged to respect us as adults'.	10	100

The responses from the focused group interview are very sensitive. There would be no sound interpersonal relationship between the old regulation course students with such derogatory statements from the student nurses. For the mere fact that item (ii) namely 'we registered nurses are willing to guide student nurses in the clinical situation but student nurses do not want to be supervised by the old regulation course students,' shows the registered nurses' willingness and this

means that student nurses have problems in the clinical situation.

## **SECTION B**

### **5.7 Responses from the new regulation course students N=90**

#### **5.7.0 PERSONAL PARTICULARS**

##### **5.7.1 Item 13: Gender distribution**

This involved determination of the perceptions according to the gender of subjects receiving Clinical instruction at Ngwelezana, Saint Benedictine and Charles Johnson's health wards.

**Table 23: Gender Distribution**

<b>Variables</b>	<b>Number</b>	<b>%</b>
Females	73	81
Males	17	19
Total	90	100%

There are more females ( 81 percent ) than males ( 19 percent) who responded among the new regulation course students. This reflects the true nature of the nursing profession which is

still a female dominated profession numerically.

### 5.7.2 Item 14: Age in years

**Table 24. Age in years**

Variables	Number	%
19-22 Years	20	22
23-26 Years	50	56
27-30 Years	11	12
31 Years and above	9	10
Total	90	100

The table reflects more than half of the respondents. (56 percent) is between the age of 23-26 years, 22 percent between the age of 19-22 years, 12 percent between the ages of 27-30 years and only 10 percent of 31 years and above. Although students complete matriculation at the age of 18-19 years, because of the small intake numbers in the nursing profession, student nurses start training at the age of +- 21 years and above.

### 5.7.3 Item 15: Level of study

**Table 25: Level of study:**

Variables	Number	%
First year of study	4	4
Second year of study	22	24
Third year of study	23	26
Fourth year of study	41	46
Total	90	100

The table reflects the level of study of the respondents. The respondents in the fourth year of study are 46 percent, third year of study 26 percent and first year of study 4 percent. This is an indication that the student nurses at the fourth year of study, had enough experience of being student nurses, and their responses would be the true reflection of what they had observed throughout their period of stay as student nurses. Another factor which may affect the respondents at the first and second years of study, is the lack of knowledge about the research process. The research process is introduced at the third year of study, which may make them fail to respond as they were expected.

### **Student nurses role in the clinical learning experience**

#### **5.7.4 Item 16: Submission of student nurses for clinical guidance by clinical registered nurses**

**Table 26: Responses of student nurses regarding their submission to registered nurses for clinical teaching guidance in the clinical situation.**

<b>Responses</b>	<b>Number</b>	<b>Percent</b>
Yes	68	76
No	5	6
Don't know	1	1
To a certain extent	16	17
Total	90	100

The table reflects the majority of respondents (76 percent ) who said they would readily submit themselves to clinical guidance by the registered nurses in the clinical situation. 6 percent said 'no', 1 percent said they 'don't know' and 17 percent said 'to a certain extent'. Although it is the task of the registered nurse in charge of the unit/ward to draw a clinical teaching programme. An enthusiastic student nurse



who is eager to learn would be expected to come forward and seek guidance pertaining to her learning experience in the clinical situation. Although 6 percent, 1 percent and 17 percent of the respondents did not give reasons why they did not submit their registers to registered nurses, the response in item 9.1.4 that 'we student nurses cannot accept registered nurses as our supervisors because they have negative attitudes towards us' may be the cause of their failure to submit their registers to registered nurse.

**5.7.5 Item 17: Student nurses benefiting from the quality of the procedures demonstrated by registered nurses in the wards.**

**Table 27: Responses of student nurses regarding their benefitting from the quality of the procedures demonstrated by the registered nurses in the wards.**

Response	Number	Percent
Yes	64	71
No	20	22
To a certain extent	5	6
Do not know	1	1
Total	90	100

The table reflects that 71 percent of new regulation course students do benefit from the quality of the procedures demonstrated by the old regulation course diplomates, 22 percent say they do not benefit and only 5 percent say they are not sure.

The high percentage ( 71 percent ) of respondents who benefit from the quality of the procedures demonstrated by the registered nurses in the wards, indicated that the old regulation course diplomates have confidence in themselves and can be considered professionally mature. The 22 percent of the respondents who said they do not benefit from from the quality of the procedures demonstrated by the old regulation course diplomates are those student nurses who had court negative attitudes towards registered nurses. Their covert negative attitudes managed to surface in item number 9.

**5.7.6 Item 18: Acceptance of corrections/counselling  
by unit registered nurses**

**Table 28: Responses of student nurses regarding their acceptance of corrections/counselling by unit registered nurses.**

Responses	Number	Percent
Yes	79	88
No	1	1
To a certain extent	10	10
Don't know	0	0
Total	90	100

By virtue of their placement in the clinical situation, the student nurses are expected to be supervised, corrected and counselled by the registered nurses who have experience in patient care. It is gratifying that 88 percent of student nurses did accept corrections/ counselling by unit registered nurses. Although there is 1 percent who did not accept corrections/counselling by unit registered nurses, this percentage becomes insignificant compared to 88 percent who accepted corrections and counselling. 10 percent did accept corrections/counselling to a certain extent. This is the group of respondents who still possess mixed feelings about the old regulation course diplomates.

**5.7.7 Item 19: Submission of student nurses' registers promptly to registered nurses in wards/units for their signatures.**

**Table 29: Responses of student nurses regarding their submission of workbooks/ registers promptly to registered nurses in wards/ units for their signatures.**

Responses	Number	Percent
Yes	55	61
No	17	19
Not sure	1	1
Sometimes	17	19
Total	90	100

The table reflects 61 percent of the respondents who submit their workbooks/ registers promptly to registered nurses in wards/ units for their signatures. The table shows that these students do their work independently of the registered nurses in the clinical situation. They perceive the registered nurses in a very traditional way, who is still a role model in their

endeavour to adapt to the norms of the nursing profession. 19 percent do not submit their workbooks sometimes, and 1 percent is not sure. Although this percentage ( 39 percent ) of student nurses' failure to submit their workbooks promptly to the registered nurse may be an indication of undermining registered nurses, they are also running short of the knowledge about the requirements of the South African Nursing Council. It is the requirement of the South African Nursing Council, that student nurses cover a certain amount of hours in the clinical situation.

#### **5.7.8 Item 20: Students taking rounds with matrons**

**Table 30: Responses of student nurses regarding their inclusion in matron's rounds**

<b>Responses</b>	<b>Number</b>	<b>Percent</b>
Yes	26	29
No	57	63
Don't know	0	0
To a certain extent	7	8
Total	90	100

The table reflects that 29 percent of the new regulation course

students are included in matrons rounds, 63 percent is not included and 8 percent is included to a certain extent. The student nurses may benefit from a lot their learning experience during matrons rounds. Mellish and Brink, (1990: 173 ), say that nursing service managers whose functions include a teaching component, should make a point of conducting ward rounds with students and not only with the nursing practitioners in charge of the unit. They say that ward rounds provide an invaluable teaching situation if they are utilized properly. Only 8 percent of the new regulation course students are included in matron's rounds to a certain extent.

**5.7.9 Item 21: Asking for guidance from the registered nurses in the clinical situation**

**Table 32: Responses of the student nurses regarding their asking for guidance from the registered nurses in the clinical situation.**

Responses	Number	Percent
Yes	72	80
No	0	0
Sometimes	18	20
Total	90	100

The table reflects that 80 percent of the new regulation course students do ask for guidance from the old regulation course diplomates in the clinical situation, and only 20 percent sometimes ask for guidance from the registered nurses in the clinical situation. This 20 percent of the respondents who sometimes ask for guidance from the registered nurses may be having negative attitudes towards the old regulation course diplomates. This may also be due to lack of interest in their work as student nurses. A student nurse who is interested in her work, who is eager to learn will always ask for guidance from the registered nurse in the clinical situation.

**5.7.10 Item 22: Encountering problems in the clinical situation**

**Table 32: Responses of the student nurses regarding their encountering problems if they are allocated in the clinical situation.**

Responses	Number	Percent
Agree	62	69
No	14	16
To a certain extent	14	15
Don't know	0	0
Total	90	100

The table reflects that 69 percent of the new regulation course students did experience problems in the clinical situation, 16 percent did not experience problems and 15 percent experienced problems in the clinical situation to a certain extent. Student nurses spend much of their time in the clinical situation, if they are experiencing problems their learning experience would be adversely affected.

Mellish, (1978: 13), says that student nurses in the majority of our training schools spend 10-12 months of a 36 months basic diploma course in the classroom and three months on leave. This means that 21-23 months of their time which is allocated for their education as a nurse is spent in the clinical area. This author (Mellish) says that the clinical area properly used, is vital to the whole educational programme of the nurse.

**5.7.11 Item 23: Nature of the problems experienced by student nurses in the clinical situation N76**

	Items	N	%
23.1	Shortage of facilities to do procedures with	30	39
23.2	Shortage of staff in the wards	20	26
23.3	Busy wards no time for student supervision	15	19
23.4	Students are sent to other departments as porters	10	13



23.5	Students are used as a labour force	10	13
23.6	Registered nurses do not want to supervise student nurses	10	13
23.7	Student nurses are allocated to non nursing duties	9	12
23.8	Students learning needs are not met	8	11
23.9	Most of the registered nurses resist change, they do not want to be modernized	7	9
23.10	Registered nurses say they do not want to interfere because student nurses know too much	6	8
23.11	Registered nurses gossip about nurses that they are 'Phahladira'	6	8
23.12	There are few learning opportunities provided in the clinical area	4	5
23.13	Registered nurses say they do not want to supervise experts	1	1
23.14	There is no correlation of theory to practice	1	1
23.15	There are no technical teaching programmes in wards	1	1
23.16	Wheeling patients to X-Ray and laboratory	1	1
23.17	No supervision	1	1
23.18	Students left alone in some of the sections	1	1
23.19	Registered nurses gossip about student nurses that student nurses know nothing	1	1
23.20	Registered nurses don't like student nurses	1	1

From the responses of the new regulation course students regarding the nature of problems they encounter in the clinical situation, it became apparent that student nurses are encountering problems in the clinical situation. The issue of the shortage of staff, shortage of equipment and busy wards

figured high among many problems encountered by student nurses in the clinical situation.

Important remarks from the new regulation course students included:

‘We are allocated for non nursing duties.’

‘Registered nurses gossip about us that we are ‘Phahladira.’

‘Phahladira’ is the name of the driving school in KwaNdebele at Mpumalanga province which most people do not accept as an official driving school because people take a very short time to qualify as fully fledged drivers. ‘Registered nurses say that they do not want to supervise experts.’

**5.7.12 Item 24: Student nurses perception of old regulation course diplomates’ involvement in clinical teaching. N=90**

**Table 33: Registered nurses are not fully involved in students' clinical teaching in the clinical situation.**

Responses	Number	Percent
Agree	45	50
Neutral	10	11
Disagree	35	39
Total	90	100

Table 33 reflects that 50 percent of respondents agree that the old regulation course diplomates are not fully involved in students' clinical teaching. This lack of involvement of old regulation course diplomates is confirmed by item 23 which reflects that 11 percent of respondents said registered nurses do not want to supervise student nurses. Lack of involvement of the old regulation course diplomates in students' clinical instruction at Ngwelezana Nursing College is an indication that there is a deep seated conflict between the old regulation course diplomates and the new regulation course students.

**Table 34: Insufficient qualifications and experience make old regulation course diplomates unsuitable to run wards used to train students.**

Responses	Number	Percent
Agree	32	36
Neutral	13	14
Disagree	45	50
Total	90	100

In table 34 half of the respondents (50 percent) disagree that insufficient qualifications and experience make the old regulation course diplomates unsuitable to run wards used to train student nurses, and 36 percent of the respondents agree. This is an indication that new regulation course student nurses accept old regulation course diplomates to run wards used to train students at Ngwelezana Nursing College. According to Anderson (1993: 808) 'During clinical practice periods, students see qualified nurses as teachers and examples.' These respondents are contradicted in table 38 where 70 percent of respondents agreed that the old regulation course diplomates show inadequacy towards guidance of the new regulation course students.

**Table 35: Old regulation course diplomates are not suitably qualified to conduct students' clinical teaching.**

Responses	Number	Percent
Agree	41	46
Neutral	9	10
Disagree	40	44
Total	90	100

The table reflects that 46 percent agreed and 44 percent disagreed. The difference between these responses (2 percent) indicates that the respondents do not see eye to eye about this problem.

**Table 36: The registered nurses do not set aside time to cater for an individual students' clinical guidance.**

Responses	Number	Percent
Agree	52	58
Neutral	13	14
Disagree	25	28
Total	90	100

**Table 35: Old regulation course diplomates are not suitably qualified to conduct students' clinical teaching.**

Responses	Number	Percent
Agree	41	46
Neutral	9	10
Disagree	40	44
Total	90	100

The table reflects that 46 percent agreed and 44 percent disagreed. The difference between these responses (2 percent) indicates that the respondents do not see eye to eye about this problem.

**Table 36: The registered nurses do not set aside time to cater for an individual students' clinical guidance.**

Responses	Number	Percent
Agree	52	58
Neutral	13	14
Disagree	25	28
Total	90	100

The table reflects that more than half (58 percent) of respondents agreed that the registered nurses do not set aside time to cater for an individual students' clinical guidance in the clinical situation. Comparing this table and table 9 where 53 percent of respondents said they do clinical teaching only when the ward is not busy, it becomes evident therefore that students' clinical teaching is adversely affected because inspite of the fact that wards are always busy which prevent registered nurses to attend to students' clinical teaching, registered nurses also do not set aside time to cater for an individual students' clinical guidance

**Table 37: Conflict in having to be clinically taught by old regulation course diplomates**

Responses	Number	Percent
Agree	43	47
Neutral	25	29
Disagree	22	24
Total	90	100

The table reflects that 47 percent of respondents agreed that they have conflict in having to be clinically taught by old regulation course diplomates. This response is an indication

that the new regulation course student nurses are ill-informed about Regulation 425. This statement of the new regulation course student being ill-informed about regulation 425 is reflected in the remarks by Loudon, (1984: 9), where she says that if the transition is to be as smooth as possible, nurses trained under the old system have a very important part to play. Whilst they may not be officially qualified in all the basic disciplines, they have struggled to maintain health services until now in many and varied roles.

**Table 38: Old Regulation course diplomates show inadequacy towards guidance of the new regulation course students**

Responses	Number	Percent
Agree	63	70
Neutral	13	14
Disagree	14	16
Total	90	100

The table reflects that 70 percent of the respondents agreed that the old regulation course diplomates show inadequacy towards guidance of the new regulation course students. These responses are an indication that student nurses of the



new comprehensive course R425 (1985) as amended have misconceptions about this course, which is a challenge to nurse educators who should orientate new regulation course students about the implications of regulation 425.

**Table 39: Registered nurses feel threatened about qualifications of the new regulation course students.**

Responses	Number	Percent
Agree	65	72
Neutral	6	7
Disagree	19	21
Total	90	100

The table reflects that 72 percent of the respondents agreed that registered nurses feel threatened about the qualifications of the new regulation course students. The new regulation course students forget that the experience the old regulation course diplomates have in the clinical situation plays an important role. Loudon, (1984: 9), says that whilst the old regulation course diplomates may not be officially qualified in all the basic disciplines, they have struggled to maintain health services until now in many and varied roles.

**Table 40: The registered nurses have no business about my whereabouts when I am allocated in the clinical area'.**

Responses	Number	Percent
Agree	30	33
Neutral	5	6
Disagree	55	61
Total	90	100

Table 40 reflects that 61 percent of respondents disagreed that the registered nurses have no business about student nurses whereabouts when students are allocated in the clinical situation. This is an indication that student nurses at Ngwelezana Nursing College do consider the registered nurses as their superiors who must be informed about student nurses' movements in the clinical situation.

**Table 41: The registered nurses are not interested in the student nurses.**

Responses	Number	Percent
Agree	30	33
Neutral	5	6
Disagree	55	61
Total	90	100

The table reflects that 61 percent disagree that the registered nurses are not interested in student nurses and 33 percent of the respondents agreed. This is an indication that the new regulation course student nurses at Ngwelezana Nursing College do consider the old regulation course diplomates as their role models. This table contradicts table 33 where 50 percent of respondents agree that registered nurses are involved in students clinical instruction.

**Table 42: Registered nurses have negative attitudes towards clinical teaching.**

Responses	Number	Percent
Agree	25	28
Neutral	15	17
Disagree	50	55
Total	90	100

The table reflects that 55 percent of the respondents disagree that registered nurses have negative attitudes towards clinical teaching. This table contradicts table 33 where half of the respondents (50 percent) agree that registered nurses are involved in students' clinical teaching in the clinical situation.

**Table 43: Registered nurses do not have control of student nurses in the clinical situation.**

Responses	Number	Percent
Agree	50	56
Neutral	5	6
Disagree	35	38
Total	90	100

Item number 8 of which tests objective number 6 depicts the respondents' opinion regarding student nurses perception of the old regulation course diplomates' involvement in students clinical teaching. Table 33 reflects that 50 percent of respondents agree that the old regulation course diplomates are not fully involved in students' clinical teaching. This lack of involvement of old regulation course diplomates is confirmed by item 7.11.6 where it became apparent that registered nurses do not want to supervise student nurses in the clinical situation. Lack of involvement of the old regulation course diplomates in students' clinical teaching is contradicted by table 5 where 86 percent of the registered nurses agree that one of their functions is to teach/guide student nurses in the clinical situation.

In table 34 half of the respondents (50 percent) disagree that insufficient qualification and experience make the old regulation course diplomates unsuitable to run wards used to train student nurses. This statement is contradicted in table 38 where 70 percent of respondents say that old regulation course diplomates feel inferior to new regulation course students.

When one looks at tables 34, 37, 38, 39 one would see that the new regulation course students are ill informed about Regulation 425. This statement of the new regulation course students being ill informed about regulation 425 is reflected in the statement made by Loudon, (1984), where she says that if the transition is to be as smooth as possible, nurses trained under the old system have a very important part to play.

### **5.8 Item 25: The focused group interview**

As previously mentioned the data was also obtained from the focused group interview and recorded on tape. Polit and Hungler, (1987: 529), define the focus group interview as 'an interview in which the respondents are a group of 10-20 individuals assembled to answer questions on a given topic.'

### 5.8.1 Tape transcription

The researcher found it impossible to analyse data straight from the tape without first transcribing it. Pauses were denoted by dashes while a series of dots indicated gaps, exclamations, change of voices to indicate emotion were also indicated. After the transcription was completed the tape was played once again to check for accuracy.

The researcher managed to recognise persistent words, phrases and or concepts within the data for later retrieval. There was consistency in the remarks made by the respondents regarding their perceptions of registered nurses involvement in their (students) clinical teaching as well as students knowledge and practice of nursing.

	Items	Number	%
5.8.1.1	'When we students ask registered nurses questions they show negative attitudes towards us.'	10	100
5.8.1.2	'When we ask for assistance from registered nurses in the clinical situation they always refer us to our nurse educators at College.'	10	100
5.8.1.3	'We nurses are happy to a certain extent about the involvement of the old regulation course diplomates in our (student) clinical teaching'.	8	80

5.8.1.4	'We student nurses cannot accept registered nurses as our supervisors because they have negative attitudes towards us'.	7	70
5.8.1.5	'The procedures demonstrated by registered nurses in the clinical setting do not correlate with theory given at College'.	7	70
5.8.1.6	'We nurses are never involved in Matrons' rounds even if we are quite aware that we may benefit a lot from these rounds'.	6	60
5.8.1.7	Over and above their function of nursing patients in the wards we (nurses) are expecting the registered nurses to teach us'.	5	50
5.8.1.8	'We student nurses are aware that some student nurses call registered nurses 'Bar Ones' in the clinical situation'.	5	50
5.8.1.9	'Registered nurses are suffering from inferiority complex because they have only midwifery as an additional qualification'.	1	10
5.8.1.10	'Registered nurses are not willing to be involved in students' clinical teaching'.	1	10

## 5.9 Interpretation of data

From the responses of student nurses in focused group interview, it is clear the student nurses have ill-defined comments about the old regulation course diplomates. The inclusion of this item enabled the researcher to make the respondents verbalize their felt problems between themselves (student nurses) and the old regulation course diplomates. The issues of negative attitudes, refusal to assist student nurses are rating high, namely 100 percent each item. Derogatory

statements made by student nurses included:

‘Registered nurses are suffering from inferiority complex because they have only midwifery as an additional qualification.

‘We student nurses are aware that some student nurses call registered nurses as ‘Bar Ones’ in the clinical situation.’

The above-mentioned statements verify the presence of conflict between the old regulation course diplomates and the new regulation course student nurses at Ngwelezana Nursing College.



## **CHAPTER 6**

### **Summary discussion of findings, conclusion and recommendations**

#### **6.1 Introduction**

Regulation 425 (1985) of the South African Nursing Council brought about changes in the system of nurses' training programme. This regulation stipulates that contemporary nurses should undergo a comprehensive nurses' education that provide for attaining of registration in disciplines of nurse (general, psychiatry, community) and midwifery at the same time.

The old system of nurses' training is stipulated in Regulation 879 May (1975) as amended by R1144 May, (1987). This regulation stipulates that a nurse could undergo training for a period of three years as a general nurse before undergoing training for post basic studies in community health, midwifery and psychiatry.

These differences in nurses' training programmes give rise to conflict between the clinical professional nurses and the students of a comprehensive course. These changes had an impact especially in the interpersonal relationships between the clinical professional nurse

and the learner.

The new regulation course students of Ngwelezana Nursing College resist to consult, seek guidance and take instructions from the old regulation course diplomates. The new regulation course students do verbalize that the old regulation course diplomates are inadequate in their knowledge and expertise. This has resulted in the feelings of inferiority complex on the part of the old regulation course diplomates. The feelings of inferiority has led to inadequate control over student nurses and hence student truancy, absenteeism from the clinical situation and ineffective patient care.

The intention of the project was to investigate whether the old regulation course diplomate accepted their role in the clinical teaching of the new regulation course student nurses given the above conditions. The investigation was also directed to the new regulation course students as to whether they accepted the old regulation course diplomates as their mentors, role models and supervisors in the clinical situation. The questionnaires were developed with these questions in mind.

## **6.2 Delimitation of the study**

Because of financial and time constraints, the study was limited only to Ngwelezana Nursing College. The aspects of the problem which

have not been studied are the effects of poor interpersonal relationship in students' performance in their learning in general and the effects on patient care.

### **6.3 Objectives of the study**

The objectives of the study were to:

6.3.1 Assess the involvement of the clinical professional nursing staff in the students' clinical guidance.

6.3.2 Establish student nurses acceptance of clinical guidance offered by clinical professional nurses.

6.3.3 Identify problems experienced by clinical registered nurses in clinical teaching.

6.3.4 Identify problems experienced by student nurses in clinical learning.

6.3.5 Ascertain perceptions that student nurses have about the quality of clinical teaching and guidance of professional nurses.

6.3.6 Ascertain perceptions that registered nurses have about the

involvement of student nurses in their clinical learning.

#### **6.4 Significance of the study**

It is envisaged that this study will have an impact in the nursing academic audience because it will enable nurse educators to evaluate the effect of a comprehensive course R425 (1985) in students' performance both in the classroom as well as the clinical situation and how the contemporary student nurse relates with other members of the health team. It will identify causes of differences and suggest ways of solving these differences.

#### **6.5 Literature review**

Literature review showed that it is not unusual for the trained nursing staff and nurses on training to entertain inappropriate views about each other. The literature also showed that the clinical professional nurse is still an important person in the clinical teaching of student nurses in the clinical situation. According to van Niekerk (1984: 5) 'It is natural that conflict will result if youngsters just take over and throw the proven existing values, beliefs, methods and procedures overboard.' Van Niekerk gives an example of an intensive care unit which she says came into existence only about fifteen years ago. She says before that, there was only one standard way in which patients in hospitals were nursed, and that was in the wards. The pre-

intensive care unit nurses coped well with this situation.

When, however, the critically ill were taken away, concentrated into a unit with specialized nurses caring for them with the help of all sorts of fancy machines, they withdrew and concentrated on caring for the remaining patient, as before.

The fact that they do not work in the highly specialized parts of nursing does not mean that they are doing inferior work or that they are needed to a lesser extent. Van Niekerk calls these groups of nurses as 'Able and Beta', 'Able' being those who belong to the old school of thought and 'Beta' as the person with the advanced schooling background. What is interesting about these groups of nurses according to van Niekerk is that they are all needed in nursing profession. She says that: Beta minus Able or Able minus Beta is incomplete. Beta plus Able can meet the challenges of the nursing profession.

It is a fact that adapting to change can often be a difficult process. Hickey (1996: 389) in his article: 'traditionally trained nurses' perceptions of project 2000' says that how traditionally trained nurses perceive the change brought about by Project 2000 is important since this may affect how they view their own future, how they receive those who are qualifying via Project 2000 and how they work with Project 2000 diplomates in the future. This is what caused concern

of the researcher about the mutual perceptions of the old regulation course diplomates and the new regulation course students at Ngwelezana Nursing College.

Differences in nurses training programme if perceived wrongly by different groups concerned may adversely affect students' learning, self-image of the registered nurse and the patients' care. What should be borne in mind by the old regulation course diplomates is that they have the challenge of helping the young neophyte in nursing to become inwardly strong, responsible for herself and her actions, deliberately self-reliant, courageous and with professional competence, integrity and compassion, the key strand in her professional life, is one of the most challenging task facing trained nurses. Trained nurses should feel confident about the role they play in nurses' clinical teaching in the clinical situation. Merriner (1986: 350), says that the only people competent to teach nursing or to teach what nurses are supposed to do are qualified nurses. It is a fact that the professional nurses are the key personnel for teaching of student nurses in the clinical setting. This is because they are in the real situation; they are where action is, they enable student nurses to correlate theory to practice.

## **6.6 Findings of the study**

### **6.6.1 Objective number 1: Involvement of the clinical professional nurse in students' clinical guidance:**

The findings about this objective are that the old regulation course diplomates are fully involved in student nurses' clinical teaching in the clinical situation. This has been confirmed by the following tables:

(a) Table 5 reflects that 86 percent of old regulation course diplomates accepted their role of student clinical teaching in the clinical situation,

(b) Table 6 reflects that 81 percent of old regulation course diplomates based their clinical teaching on objectives provided by tutors from the college, Table 8 reflects that 64 percent agreed that they have enough time to do clinical teaching,

(d) Table 10 reflects that 77 percent registered nurses demonstrate nursing procedures to student nurses and

(e) Table 11 reflects that 90 percent do involve student nurses in doctors'/matrons' rounds. Table 11 confirms what has been said by Mellish and Brink (1989: 173), that

Matrons'/Doctors' rounds can provide invaluable teaching situations if they are utilised properly.

However, Table 14 reflects that 95 percent of respondents agreed that there is poor interpersonal relationships between registered nurses and student nurses in the clinical situation at Ngwelezana Nursing College.

Table 7 reflects that 55 percent said there is no cooperation between the clinical staff and the college regarding students' clinical teaching. Table 9 reflects that 53 percent of registered nurses do clinical teaching when the ward is not busy, Table 12 reflects that 49 percent are not involved in student nurses evaluation, Table 16 reflects that 55 percent of registered nurses said clinical teaching is time consuming and Table 17 reflects that 55 percent registered nurses said clinical teaching interferes with ward routine. These tables which reflect negativism against students' clinical teaching are so significant because they show that students' clinical teaching is adversely affected. This is significant because the wards are often very busy which means that clinical instruction is not done as they ought to be done in the clinical situation. It is apparent therefore that registered nurses are involved in students' clinical instruction.



**6.6.2 Objective number 2: Student nurses' acceptance of clinical guidance offered by registered nurses.**

The responses of the registered nurses for this objective are as follows:

(a) Table 18 reflects that 68 percent of registered nurses reflects that student nurses do consult registered nurses for their (students) clinical guidance,

(b) Table 19 reflects that 61 percent of registered nurses said student nurses come forward to registered nurses for proficiency in their nursing procedures. To those registered nurses whose responses reflected negativism regarding student nurses' acceptance of clinical guidance offered by registered nurses, their responses are as follows:

(i) Table 20 reflects that 68 percent of registered nurses disagreed that student nurses present their records to registered nurses for their signatures in the clinical situation.

(ii) Table 21 reflects that 80 percent said student nurses resent corrections. These responses are an indication that student nurses do not accept clinical guidance offered by registered nurses at Ngwelezana Nursing College.

### **6.6.3 Objective number 3: Problems experienced by the registered nurses in the clinical situation**

The responses for the registered nurses for this objective are as follows:

(a) Table 13 reflects that 81 percent of registered nurses agreed that they do experience student-related problems in the clinical situation, and 19 percent disagreed that they experience student-related problems in the clinical situation. Item 10 reflects the nature of the problems experienced by the clinical professional nurses in the clinical situation. Because of the diversity in the nature of student-related problems, the researcher decided to group them as follows:

#### **6.6.3.1 Institutional problems**

- shortage of staff
- shortage of facilities to do procedures
- no time to do procedures
- fragmented curriculum
- lack of cooperation between college and wards
- students are always called for demonstrations
- differences in practical methods between the college and wards.

### **6.6.3.2 Interpersonal problems**

- students' absenteeism from the clinical area
- lack of interest in student nurses
- poor interpersonal relationships
- student nurses resent corrections
- student nurses are not prepared to book nursing procedures
- student nurses undermine registered nurses with only midwifery as an additional qualification, calling them (registered nurses) 'BAR ONES'
- student nurses coming late on duty
- student nurses feel superior to registered nurses
- lack of respect for seniors
- student nurses are not prepared to be supervised by registered nurses.

The nature of interpersonal problems are an indication that student nurses do undermine the status of the registered nurses at Ngwelezana Nursing College.

### **6.6.4 Objective number 4: problems experienced by student nurses in the clinical situation**

Table 32 reflects that 69 percent of student nurses experience problems in the clinical situation and 31 percent disagreed that

they experienced problems in the clinical situation.

#### **6.6.4.1 Institutional problems**

- Shortage of facilities to do procedures with
- Shortage of staff in the wards
- Busy wards: no time for students supervision
- There are no technical teaching programmes in the wards
- Students are used as porters
- Students are used as labour force
- Student nurses left alone in some of the sections.

#### **6.6.4.2 Interpersonal problems**

- Registered nurses do not want to supervise student nurses
- Students' learning needs are not met.
- Registered nurses say they do not want to interfere because student nurses know too much
- Registered nurses gossip about nurses that they are 'Phahladira'
- There are few learning opportunities provided in the clinical area

- There is no correlation of theory to practice
- There are no technical teaching programmes in the wards.
- Registered nurses do not like student nurses.

Although the institutional problems experienced by student nurses are not related to the interpersonal problems between the registered nurses and student nurses, they do affect indirectly students' clinical teaching/learning. The interpersonal problems between registered nurses and student nurses indicate that there is poor interpersonal relationships between the old regulation course diplomates and the new regulation course student nurses at Ngwelezana Nursing College.

#### **6.6.5 Objective number 5: Perceptions that student nurses have about the quality of clinical teaching and guidance of clinical professional nurses**

From the responses of student nurses it is apparent that student nurses do not question/query the quality of clinical instruction offered by the registered nurses.

Table 26 reflects that 76 percent of student nurses do submit themselves to registered nurses for guidance.

Table 27 reflects that 71 percent do benefit from the quality of the procedures demonstrated by the old regulation course diplomates.

Table 28 reflects that 88 percent of student nurses do accept corrections counselling by unit registered nurses, table 29 reflects that 61 percent of respondents submitted their workbooks/registerd promptly to registered nurses in wards/units for their signatures.

Table 31 reflects that 80 percent of student nurses ask for registered nurses guidance in the clinical situation.

Table 33 reflects that 50 percent agreed that registered nurses are involved in students' clinical teaching/guidance in the clinical situation.

Table 34 reflects that 50 percent of respondents disagreed that registered nurses are unsuitably qualified to supervise student nurses in the clinical situation.

Table 40 reflects that 61 percent disagreed that student nurses perceive that registered nurses have no business in students' whereabouts in the clincial situation.

Table 41 reflects that 61 percent disagreed that registered nurses are disinterested in student nurses.

Table 42 reflects that 55 percent disagreed that registered nurses have negative attitudes towards clinical teaching.

The responses in the tables above indicate that student nurses at Ngwelezana health ward do recognise that the experience that the registered nurses have in the clinical situation could benefit them (student nurses) along their way to professional adulthood.

The responses that are contrary to the above responses are as follows:

Table 30 reflects that 63 percent of respondents disagreed that student nurses are involved in Doctors'/Matrons' rounds which contradicts table 11 which reflects that 90 percent of registered nurses agreed that student nurses are involved in Doctors'/Matrons' rounds.

Table 35 reflects that 46 percent of student nurses agreed that registered nurses are not suitably qualified to conduct students' clinical teaching.

Table 36 reflects that 58 percent of respondents agreed that registered nurses do not set aside time to cater for an individual students' clinical guidance.

Table 38 reflects that 70 percent of respondents agreed that registered nurses show inadequacy towards guidance of the new regulation course students.

Table 39 reflects that 72 percent of old regulation course diplomates feel threatened about qualifications of the new regulation course students.

Table 43 reflects that 56 percent of respondents agreed that registered nurses do not have control of student nurses in the clinical situation.

Table 37 reflects that 47 percent of respondents agreed that they are having conflicts in having to be clinically taught by old regulation course diplomates.

**6.6.6 Objective number 6: perceptions that registered nurses have about the involvement of student nurses in their clinical learning**

Table 14 reflects that 95 percent of registered nurses agreed



that there is poor interpersonal relationships between registered nurses and student nurses at Ngwelezana Nursing College.

Table 15 reflects that 88 percent of respondents agreed that there is conflict between old regulation course diplomates and student nurses of the new regulation course.

#### **6.6.7 Responses from the focused group interview - Registered Nurses**

Responses from the focused group interview reflect the registered nurses' willingness to guide student nurses in the clinical learning but they are prevented by student nurses who do not want to be supervised by the old regulation course diplomates. The responses reflect also the derogatory statements from student nurses, namely, 'BAR ONES,' 'Half Cooked Cakes.'

#### **6.6.8 Responses from the focused group interview - Student Nurses**

The responses for the focused group interview from the student nurses reflect that registered nurses have negative attitudes towards student nurses in the clinical situation.

Derogatory statements from student nurses included: 'Registered nurses are suffering from inferiority complex because they have only midwifery as an additional qualification.' 'We student nurses are aware that some student nurses call registered nurses 'BAR ONES'.

With such responses from these two parties, namely, registered nurses and student nurses, it becomes evident that there are no sound interpersonal relationships between the old regulation course diplomates and the new regulation course student nurses at Ngwelezana Nursing College.

## **7 Conclusions drawn from the study**

From the above findings, it can be concluded that:

- (a) The old regulation course diplomates do accept their role as mentors for the new regulation course student nurses, however, they encounter problems therewith, with student nurses looking down upon their qualifications.
- (b) Some of the new regulation course student nurses do look down upon the old regulation course diplomates, however some of the problems that they experience have been identified as 'institutional' rather than 'interpersonal'.

Therefore, the old regulation course diplomates perceive the new regulation course student nurses as their mentees at Ngwelezana Nursing College but the new regulation course student nurses do not accept them.

## **8     Recommendations**

Working on the findings of the study and the many remarks by the respondents it becomes evident that students' clinical instruction is still wanting at Ngwelezana Nursing College health wards. The researcher recommends that:

**8.1** It is therefore a challenge to the nurse educators of Ngwelezana Nursing College to revisit their clinical objectives and also reinforce their most important function, namely, students' accompaniment. During students' accompaniment nurse educators could identify problems experienced by registered nurses in the clinical situation. Beukes, (1993: 7), says that the need for nurse educators to regain their clinical proficiency and to become part of the teaching team in the clinical situation is important. It is also imperative that nurse educators should draw level clinical objectives which should guide clinical professional nurses for students' clinical teaching/guidance in the clinical situation.

Nurse educators should also orientate student nurses about the implications of Regulation 425 as amended. From the foregoing findings, it became apparent that the student of the new comprehensive course at Ngwelezana Nursing College are ill-informed about the main objective of introducing Regulation 425 (1985) by the South African Nursing Council. Nurse educators should work hand in hand with the clinical professional nurses regarding the students' clinical instruction/guidance in the clinical situation.

Nurse educators should also establish formal peer support groups that would enable student nurses to vent their felt problems both in the classroom and clinical situations. Chaska (1983) quotes Hughes et. al. (1967) who discovered in their study that the peer groups provide support during difficult times in the process of learning and that they provide solutions to problems and also provide reinforcement for behaviours.

Nurse educators should also reinforce lessons in ethics and professional practice so as to revive etiquette in nursing profession.

**8.2** Clinical professional nurses in charge of wards should make it their task that the shortage of staff, equipment, and busy wards should be attended to because they indirectly adversely affect

students' clinical instruction in the clinical situation. It is also their duty to see to it that trained nurses have to be helped to become more aware of the ways in which their attitudes and behaviour influence nurse learners and also assisted to become more effective in facilitating students' learning. Clinical professional nurses in charge of wards should also reinforce communication with the college personnel so that intensive strategies are employed to bridge the gap between the college and the wards/units.

### **8.3 Recommendations for further research**

For further study, the researcher would like to recommend an investigation into how the new regulation course students relate to other members of the health team namely, doctors, and paramedical staff, the effect of poor interpersonal relationships have on student performance and on patient care.

It is also recommended that the research findings of this study should not merely be shelved by the researcher, but that other researchers, students, colleagues and the community at large would be made aware of these findings.

## 9 Conclusion

As reflected in table 4 the number of professional nurses with 'newer blood' rated 54 percent (1-4 years' experience). This is an indication that the number of registered nurses with comprehensive training and multiple qualifications is increasing and the so-called 'BAR ONES' are retiring or taking their retirement packages, so it is hoped that the problem of 'BAR ONES' and 'Half Cooked Cakes' will soon be over. The 'BAR ONES' who are still young in age or in spirit are also upgrading their qualifications through continuing education programme. So when there are no more 'BAR ONES' what next shall the 'lazy' student nurses would find to moan about?

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## QUESTIONNAIRE

Dear Respondent

Kindly fill in this questionnaire. The information is required for research purposes only. Information will be treated as confidential. Please do not write your name.

### A Demographic Data

Mark with a cross where applicable.

1) Sex

M	F
---	---

2) Level of study

First year of study
Second year of study
Third year of study
Fourth year of study

3) Approximate age

19-22 years
23-26 years
27-30 years
31 years and above

### B Student Nurses' Role in Clinical learning Experience

1) Do you readily submit yourself to clinical guidance by ward/clinical registered nurses?

Yes
No
Don't know
To a certain extent

- 2) Do you think you benefit from the quality of the procedures demonstrated by the registered nurses in the wards?

Yes
No
To a certain extent
Do not know

- 3) Do you accept corrections/counselling by unit registered nurses?

Yes
No
To a certain extent
Do not know

- 4) Do you submit your workbooks/registers promptly to registered nurses in wards/units for their signatures?

Yes
No
Not sure
Sometimes

- 5) According to your opinion, do the Matrons ward rounds provide an opportunity for students learning?

Yes
No
Do not know
To a certain extent

- 6) Do you ask for guidance from the registered nurses in the clinical situation?

Yes
No
Sometimes

- 7) Do you encounter any problems if you are allocated in the clinical situation?

Yes
No
To a certain extent
Do not know

- 8) If yes, what problems do you experience in the clinical situation in relation to your clinical learning experience.
- 9) When you are allocated in the wards for your clinical teaching/guidance how is your attitude towards registered nurses in wards/units?
- 10) Comment on the quality of clinical instruction you receive from clinical registered nurses.

C Student Nurses Perception of old regulation course diplomates involvement in clinical teaching

The old regulation course diplomates (ORD) were prepared under the old system of nurses training which is stipulated in regulation 879 May (1975) of the South African Nursing Council as amended by regulation 1144 May (1987).

This regulation caters for the Diploma in general nursing for registration as a general nurse. Hereunder this group is referred to as ORD.

The new regulation course students are the contemporary student nurses who are undergoing training under Regulation 425 February (1986) of the South African Nursing Council as amended. This regulation is for the course leading to Registration as a nurse, (general, psychiatric and community) and midwife. Hereafter this group is referred to as new regulation course (NRC) students.

Rate your perception of the involvement of the registered nurse in students clinical instruction.

	Stron- gly Agree	A g r e e	N e u t r a l	D i s a g r e e	Stron- gly Disagree
1) The registered nurses are not really involved in students clinical teaching.					
2) The qualifications and experience that the ORDs have make them unsuitable to run the wards/units that are used for training student nurses.					
3) The ORDs are not suitably qualified to conduct our clinical teaching.					
4) The registered nurses do not set aside time to cater for an individual student's clinical guidance.					
5) As a new regulation course students we experience conflict in having to be clinically taught by diplomates of the old regulation course.					
6) We sense that old regulation course diplomates feel inferior to the students of the new regulation course.					
7) The old regulation course diplomates show inadequacy towards effective educational guidance of the new regulation course students.					
8) The old regulation course diplomates appear to feel threatened about the qualifications the new regulation course students will have after the completion of their course.					



9)	The registered nurses have no business to know about my whereabouts when I am allocated to the clinical area.					
10)	The registered nurses are not interested in the student nurses.					
11)	The registered nurses have negative attitude towards clinical teaching.					
12)	The registered nurses do not appear to have control of student nurses' movements in the clinical situation.					
13)	Registered nurses do not get involved in continuous assessment of student nurses allocated in their wards					
14)	Registered nurses do not guide student nurses according to their level/clinical objectives.					

## The focuses Group Guide

### (A) Student' perception of registered nurses involvement in clinical teaching

- 1) Are you aware of the conflict which prevails between the old regulation course diplomates and the student nurses in relation to students clinical teaching.
- 2) According to your opinion, are the student nurses happy about the involvement of old regulation course diplomates in their clinical teaching?
- 3) According to your opinion, is there any contribution which can be made by the old regulation course diplomates towards your clinical teaching?
- 4) Do you think the old regulation course diplomates are willing to participate in your clinical teaching?
- 5) The majority of the old regulation course diplomates have only midwifery as an additional qualification, how does this affect you in relation to their involvement in your clinical instruction?

### B Students knowledge and practice of Nursing

- 1) Do the procedures carried out in the clinical situation correlate well with the theory given at college?
- 2) Is there any learning experience you gain from being taught by the old regulation course diplomates in the clinical area?
- 3) Do the Matrons use their ward rounds to teach student nurses in the clinical situation?
- 4) According to your opinion what is the role of the old regulation course diplomate in the clinical situation?
- 5) What problems if any, do you encounter if you are taught by the old regulation course diplomates in the clinical area?

## QUESTIONNAIRE

Dear Respondent

Kindly fill in this questionnaire. The information is required for research purposes only. Information will be treated as confidential. Please do not write your name.

### A Demographic Data

Mark with a cross where applicable.

1) Sex:

F	M
---	---

2) Marital status:

Single	
Married	
Divorced	
Widowed	

3) Basic professional Qualifications:

Registered nurse/midwife	
Registered nurse/psychiatric nurse	
Registered nurse/midwife/Comm. Health nurse	
Registered nurse/psychiatric nurse/Midwife/Comm. H. Nurse	
Other ... (specify)	

4) How long is your experience as a registered nurse?

1 - 4 years	
5 - 8 years	
9 - 12 years	
13 years and over	

## QUESTIONNAIRE

Dear Respondent

Kindly fill in this questionnaire. The information is required for research purposes only. Information will be treated as confidential. Please do not write your name.

### A Demographic Data

Mark with a cross where applicable.

1) Sex:

F	M
---	---

2) Marital status:

Single	
Married	
Divorced	
Widowed	

3) Basic professional Qualifications:

Registered nurse/midwife	
Registered nurse/psychiatric nurse	
Registered nurse/midwife/Comm. Health nurse	
Registered nurse/psychiatric nurse/Midwife/Comm. H. Nurse	
Other ... (specify)	

4) How long is your experience as a registered nurse?

1 - 4 years	
5 - 8 years	
9 - 12 years	
13 years and over	

- 5) How long is your working experience in a nurse training hospital?

1 - 4 years	
5 - 8 years	
9 - 12 years	
13 years and over	

B Views on the role of registered nurse practitioner in clinical teaching

- 1) According to the stipulations of KwaZulu Department of Health policy, do you see it as your function to teach/guide student nurses in the clinical situation?

Yes
No
Not sure

- 2) In your involvement in students' clinical guidance, do you base your clinical teaching/guidance on clinical learning objectives provided by tutors?

Yes
No
Not sure

- 3) According to your opinion, do the tutors cooperate with the registered nurses regarding students clinical guidance?

Yes
No
Not sure

- 4) In your opinion do you think you have time to attend to students' clinical instruction?

Yes
No
Don't know

- 5) Which is the most suitable time for ward teaching?

5.1 In the morning
5.2 When the ward is not too busy
5.3 <u>During a special learning opportunity</u>
5.4 In the afternoon
5.5 Other (specify) .....

- 6) Do the registered nurses demonstrate procedures to student nurses in the clinical situation?

Yes
No
Not sure

- 7) Do you include student nurses in doctors'/matron's ward rounds?

Yes
No
Not sure

- 8) Are the registered nurses involved in students clinical evaluation, such as the objective scientific clinical evaluation (OSCE)

Yes
No
Not sure

- 9) Do you, and other registered nurses experience student related problems in the clinical situation?

Yes
No
Not sure

- 10) If the answer is yes in question 9, state the nature of problems you experience

.....

.....

.....

.....

.....

- 11) Do you feel you are adequately qualified and prepared to guide student nurses in the clinical situation?

Yes
No
Not sure

- 12) If the answer in question 11 is no, state what skills do you need so as to equip yourself for students clinical instruction.

- 13) What should be done or improved to enable you to do students clinical instruction properly?

14)

C Perceptions on Students Commitment to Clinical learning experience

The introduction of the regulation 425 (1986) by the South African Nursing Council which replaced regulation 879 (1975) as amended, appears to have generated conflict among the old regulation course diplomates and the students of the new regulation 425 (1986) as amended.

The old regulation 879 (1975) as amended is for the course for the Diploma in general nursing for the registration as a general nurse.

The new regulation 425 (1986) as amended stipulates that contemporary nurses should undergo a comprehensive nurses education that provided for attaining of registration in disciplines of nurse (general, psychiatry, Community) and midwife.

Differences in training programmes might give rise to conflict which may affect students learning as well as patients care.

Rate your perception about students' behaviour as a factor in clinical instruction.

	Strongly Agree	A g r e e	N e u t r a l	Strongly Disagree
1) Poor interpersonal relationships between the new regulation course diplomates adversely affect clinical teaching.				
2) There is conflict between old regulation course diplomates and student nurses of the new course regulation.				
3) Students' clinical teaching/guidance is time consuming.				
4) Students' clinical teaching interferes with ward routine.				
5) Student nurses do not consult with the registered nurses for their learning needs in the clinical situation.				
6) Student nurses do not make themselves available for teaching/guidance in the clinical situation.				



7)	Student nurses do not come forward to the registered nurses for the assessment of their proficiency in nursing procedures.				
8)	Student nurses do not present their clinical records for the registered nurses' signatures in the clinical situation.				
9)	Student nurses resent corrections done by registered nurses in the clinical situation.				
10)	Student nurses do not report to the registered nurse in charge when they come or go out of the ward.				
11)	Students' absenteeism without prior arrangements is escalating in the clinical situation.				
12)	Lack of students' cooperation with registered nurses in the clinical situation undermines their (students) learning.				

D. The Focused Group Guide

- 1) What is your understanding of students' clinical instruction?
- 2) What is the KwaZulu's Department of Health policy for clinical instruction of student nurses.
- 3) Does your job-description include students' clinical instruction?

Probe: If 'yes', what exactly are you expected to do?

- 4) What problems have you encountered in your endeavour to participate in students' clinical instruction?
- 5) According to your observations, do student nurses accept your participation in their clinical instruction/guidance?

Probe: If 'no', explain the indicators which prove their disapproval.

- 6) According to your observations, do student nurses consider the registered nurses suitably qualified to be involved in their clinical guidance?

Probe: If 'No' explain the indicators which prove their disapproval.

- 7) Do student nurses show respect to the registered nurses in the clinical situation by submitting to their guidance, control and discipline.

Probe: If 'no' explain why do you think so.

- 8) What unpleasant remarks if any, which are often made by student nurses against the registered nurses in the clinical situation.

- 9) According to your observations do tutors cooperate with registered nurses towards students clinical teaching?

Probe: If 'no' explain the kinds of problems you encountered thereof.

- 10) Are there any other comments you would like to make related to students clinical teaching?

THE SENIOR MEDICAL SUPERINTENDENT BENEDICTINE HOSPITAL

Telephone: Telegraphic Address:  IMPILO	Isikhwama Seposi: Private Bag:  X5007 NONGOMA 3950	Ucingo: 0358 310314  Fax :
mbuzo: MRS G.B.N. MATHE enquiries:	Usuku: 02/09/94 Date:	Inkomba: Reference:

MRS N.N. MAHLASELA  
PRIVATE BAG X100  
KWABLANGWEZ WA  
3886

Dear Mrs Mahlasela

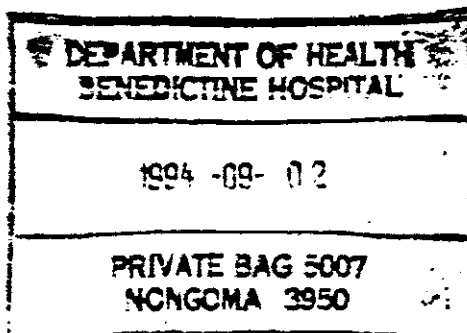
I am in receipt of your letter dated 20/08/94 requesting permission to conduct a study in this institution.

I am glad to inform you that permission is granted to you to conduct your study.

Good luck in your study.

Thank you.

for *J.B. Mathe*  
MEDICAL SUPERINTENDENT  
BENEDICTINE HOSPITAL  
NONGOMA



PROVINCE OF  
KWAZULU/NATAL

ISIFUNDAZWE  
SAKWAZULU/NATAL

PROVINSIE  
KWAZULU/NATAL

HEALTH

EZEMPILO

GESONDHEIDSDIENSTE

THE SENIOR NURSING SERVICES MANAGER: NGWELEZANA HOSPITAL

POSTAL ADDRESS : P/BAG X 20021	FAX NO. :	TEL NO. :
IKHELI LEPOSI : EMPANGENI	FAX : 0351/941634	UCINGO : 0351/942311
POS ADRES : 3880	FAKS NO.:	TEL NO. : EXT. 242
ENQUIRIES :	DATE :	REFERENCE :
IMIBUZO : A. MANSVELDER	USUKU : 10/01/95	INKOMBA :
NAVRAE :	DATUM :	VERWYSING :

Mrs N. Mahlasela  
University Of Zululand  
Private Bag X 1001  
KWA-DLANGEZWA  
3886

Dear Madam

## REQUEST FOR PERMISSION TO DO RESEARCH AT NGWELEZANA HOSPITAL

Your letter dated 20/11/94 on above proposal refers.

I am grateful to notify you that permission has been granted for you to conduct research in this institution. Wishing you success in your study.



MEDICAL SUPERINTENDENT

**GESONDHEIDSDIEN**

TEL. NR.:

VERWYSING:

*A. K. Murdeshi*  
MEDICAL SUPERINTENDENT

DEPARTMENTAL POLICY : ROLE OF WARD SISTER IN CLINICAL INSTRUCTION  
TO NURSING STUDENTS.

1. It is policy of our Department of Health that all Professional Nurses based in the clinical setting have built into their job description the duty to teach students. The rationale backing this expectation being that Nursing Students render patient care under the supervision and responsibility of the professional nurse. In order to ensure that the nursing care given by students is safe and adequate, professional nurses must teach safe and adequate patient care to the students.
2. Professional Nurses are expected to teach both informally and formally using learning opportunities present in their clinical areas to assist students develop cognitive, affective and psychomotor skills to be acquired at each level of training.

2.1. INFORMAL INSTRUCTION.

- (i) Observe students as they work and correct mistakes.
- (ii) Give guidance and explanations to students who appear in doubt about a procedure or aspect of patient care.
- (iii) Question students to assess understanding of their actions in patient care.
- (iv) Show students how to do things.
- (v) Show students what to observe and how to observe patients.
- (vi) Explain meaning of findings on patient observations
- (vii) Ask students to prepare reports of patient care.
- (viii) Ask students to prepare patient care plans.
- (ix) Ask them to evaluate patient care.
- (x) Do clinical rounds with students.

- (xi) Ask students to interpret laboratory findings.
- (xii) Make them order supplies.
- (xiii) Give on the spot counselling, if necessary.
- (xiv) Above all, demonstrate a high standard of patient care in the ward as a whole.
- (xv) Role model professional behaviour.

2.2. FORMAL CLINICAL INSTRUCTION:

- 2.2.1. Each professional nurse is expected to do at least one supervised procedure while a student gives nursing care once a month.
- 2.2.2. Observe students with regard to growth in responsibility, productivity, punctuality, speed, insight, clinical competence, interpersonal relationships and honesty and report on these at the end of each month.
- 2.2.3. With the clinical instructor and the tutor form a team at the beginning and at the end of the month to plan for and evaluate student performance.

SIGNED: .....

DATE:.....

as amended by

No. R. 1312

No. R. 2078

No. R. 753

19 June 1987

25 September 1987

22 April 1988

soos gewys deur

No. R. 1312

No. R. 2078

No. R. 753

19 Junie 1987

25 September 1987

22 April 1988

#### THE SOUTH AFRICAN NURSING COUNCIL

REGULATIONS RELATING TO THE APPROVAL OF AND THE MINIMUM REQUIREMENTS FOR THE EDUCATION AND TRAINING OF A NURSE (GENERAL, PSYCHIATRIC AND COMMUNITY) AND MIDWIFE LEADING TO REGISTRATION

The Minister of Health and Welfare has, on the recommendation of the South African Nursing Council, in terms of section 45(1) of the Nursing Act, 1978 (Act 50 of 1978), made the regulations as set out in the Schedule hereto.

#### SCHEDULE

##### Definitions

1. In these regulations "the Act" shall mean the Nursing Act, 1978 (Act 50 of 1978), and any expression to which a meaning has been assigned in the Act shall bear such meaning, and, unless the context otherwise indicates -

(i) "academic year" means a period of at least 44 weeks in any calendar year;

(ii) "course of study" means a programme of education and training approved in terms of section 15(3), leading to the obtaining of a qualification which confers on the holder thereof the right to registration as a nurse (general, psychiatric and community) and a midwife;

(iii) "nursing college" means a post-secondary educational institution which offers professional nursing education at basic and post-basic level where such nursing education has been approved in terms of section 15(2);

(iv) "section" means a section of the Act.

##### Conditions for registration

2. A nurse (general, psychiatric and community) and midwife shall be registered in terms of section 16 if -

(a) he received education and training at an approved nursing school;

(b) he was registered as a student in terms of the regulations relating to registers for students published under Government Notice R. 3735 of 14 November 1969, as amended by Government Notices R. 171 of 12 February 1971, R. 1294 of 7 July 1972, R. 1647 of 20 September 1974 and R. 2207 of 31 October 1980;

(c) he successfully completed the course of study, has complied with the programme objectives referred to in regulation 6(2), and the other requirements for the award of the qualification concerned.

##### Conditions for the approval of a nursing school

3. A nursing school shall be approved for the offering of a course of study if -

(a) it is a university with a department or sub-department of nursing or a nursing college which has entered into a co-operation agreement with a university which has a department or sub-department of nursing;

(b) the course of study has been approved in terms of section 15(3);

#### DIE SUID-AFRIKAANSE RAAD OP VERPLEGING

REGULASIES BETREFFENDE DIE GOEDKEURING VAN EN DIE MINIMUM VEREISTES VIR DIE OPLEIDING EN ONDERRIG VAN 'N VERPLEEGKUNDIGE (ALGEMENE, PSIGIATRIESE EN GEMEENSKAPS-) EN VROEDVROU WAT LEI TOT REGISTRASIE

Die Minister van Gesondheid en Welsyn het, op die aanbeveling van die Suid-Afrikaanse Raad op Verpleging, kragtens artikel 45(1) van die Wet op Verpleging, 1978 (Wet 50 van 1978), die regulasies in die Bylae hiervan, uitgevaardig.

#### BYLAE

##### Woordomskrywings

1. In hierdie regulasies beteken "die Wet", die Wet op Verpleging, 1978 (Wet 50 van 1978), en het enige uitdrukking waaraan 'n betekenis in die Wet geheg is, daardie betekenis, en, tensy uit die samehang anders blyk, beteken -

(i) "akademiese jaar" 'n tydperk van minstens 44 weke in enige kalenderjaar;

(ii) "artikel" 'n artikel van die Wet;

(iii) "studiekursus" 'n program van onderrig en opleiding, goedgekeur kragtens artikel 15(3), wat lei tot die verwerwing van 'n kwalifikasie wat die houer daarvan die reg verleen tot registrasie as 'n verpleegkundige (algemene, psigiatriese en gemeenskaps-) en vroedvrouw;

(iv) "verplegingskollege" 'n na-sekondêre onderwysinstelling wat professionele verpleegopleiding op basiese en na-basiese vlak aanbied waar sodanige verpleegopleiding kragtens artikel 15(2) goedgekeur is.

##### Voorwaardes vir registrasie

2. 'n Verpleegkundige (algemene, psigiatriese en gemeenskaps-) en vroedvrouw word ingevolge artikel 16 geregistreer indien -

(a) hy onderrig en opleiding aan 'n goedgekeurde verpleegskool ontvang het;

(b) hy as student geregistreer was kragtens die regulasies betreffende registers vir studente afgekondig onder Gowermentkennissgewing R. 3735 van 14 November 1969, soos gewysig by Gowermentkennissgewings R. 171 van 12 Februarie 1971, R. 1204 van 7 Julie 1972, R. 1647 van 20 September 1974 en R. 2207 van 31 Oktober 1980;

(c) hy die studiekursus suksesvol voltooi het, aan die programdoelstellings bedoel in regulasie 6(2) en die ander vereistes vir die toekenning van die betrokke kwalifikasie voldoen het.

##### Voorwaardes vir die goedkeuring van 'n verpleegskool

3. 'n Verpleegskool word goedgekeur vir die aanbieding van 'n studiekursus indien -

(a) dit 'n universiteit is met 'n departement of sub-departement van verpleegkunde of 'n verplegingskollege is wat 'n samewerkingsooreenkoms aangegaan het met 'n universiteit wat 'n departement of subdepartement van verpleegkunde het;

(b) die studiekursus kragtens artikel 15(3) goedgekeur is;



(c) the head of the department or sub-department of nursing of the university or the head of the nursing college where the education and training is offered, is a registered nurse who holds at least a baccalaureus degree and against whose name an additional qualification in nursing education and an additional qualification in nursing administration are registered.

#### Admission to the course of study

4. In order to be admitted to a course of study, a person must be the holder of at least a senior certificate or an equivalent certificate which gives admission to formal post secondary education.

#### Duration of the course of study

5. The duration of the study course is four academic years.

#### Curriculum

##### Submission of curriculum to council

6.(1) The curriculum shall be submitted by the university or nursing college concerned to the council for approval in terms of section 15(2).

##### Programme objectives

(2) Such curriculum shall provide for personal and professional development of the student so that, on completion of the course of study, he -

(a) shows respect for the dignity and uniqueness of man in his social-cultural and religious context and approaches and understands him as a psychological, physical and social being within this context;

(b) is skilled in the diagnosing of individual, family, group and community health problems and in the planning and implementing of therapeutic action and nursing care for the health service consumers at any point along the health/illness continuum in all stages of the life cycle (including care of the dying), and evaluation thereof;

(c) is able to direct and control the interaction with health service consumers in such a way that sympathetic and empathic interaction takes place;

(d) is able to maintain the ethical and moral codes of the profession and practise within the prescriptions of the relevant laws;

(e) endorses the principle that a comprehensive health service is essential to raise the standard of health of the total population and in practice contributes to the promotion of such a service, bearing in mind factors from within and outside the borders of the country which are a threat to health;

(f) is able to collaborate harmoniously within the nursing and multidisciplinary team in terms of the principle of interdependence and co-operation in attaining a common goal;

(g) is able to delineate personal practice according to personal knowledge and skill, practise it independently and accept responsibility therefor;

(h) is able to evaluate personal practice continuously and accept responsibility for continuing professional and personal development;

(c) die hoof van die departement of subdepartement verpleegkunde van die universiteit of die hoof van die verplegingskollege waar die onderrig en opleiding word, 'n geregistreerde verpleegkundige is wat oor 'n baccalaureus graad beskik en teenoor wie se naam 'n adisionale kwalifikasie in verpleegonderrig en 'n adisionale kwalifikasie in verpleegadministrasie geregistreer is.

#### Toelating tot die studiekursus

4. Ten einde tot 'n studiekursus toegelaat te word, 'n persoon die houer wees van minstens 'n senior of gelykde sertifikaat wat toelating tot formele na-sekondêre onderwys verleen.

#### Duur van die studiekursus

5. Die duur van die studiekursus is vier akademiese jare.

#### Kurrikulum

##### Voorlegging van kurrikulum aan raad

6.(1) Die kurrikulum moet kragtens artikel 15(2) van die betrokke universiteit of verplegingskollege aan die raad voorgelê word vir goedkeuring.

##### Programdoelstellings

(2) Sodanige kurrikulum moet voorsiening maak vir persoonlike en professionele ontwikkeling van die student sodat hy by voltooiing van die studiekursus -

(a) respek toon vir die waardigheid en uniekheid van mens in sy sosiaal-kulturele en religieuse verband en 'n psigiese, fisiese en sosiale wese binne hierdie verband benader en verstaan;

(b) vaardig is in die diagnosering van individuele gesins-, groeps- en gemeenskapsgesondheidsprobleme en beplanning en implementering van terapeutiese optrede verpleegsorg vir die gesondheidsdiensverbruiker op enige punt langs die gesondheid/siekte-kontinuum in alle stadië van die levensiklus (insluitende sterfensbegeleiding), die evaluering daarvan;

(c) in staat is om die interaksie met gesondheidsdiensverbruikers op so 'n wyse te rig en te beheer dat simpatie en empatiese interaksie plaasvind;

(d) in staat is om die etiese en morele kodes van die professie te handhaaf en binne die voorskrifte van die tersaaklike wette te praktiseer;

(e) die beginsel onderskryf dat 'n omvattende gesondheidsdiens essensieel is om die gesondheidsstandaard van die totale bevolking te verhoog en in die praktyk 'n bydrae tot die bevordering van so 'n diens lewer, inagnemend gesondheidsbedreigende faktore van binne en buite die grense van die land;

(f) in staat is om harmonieus saam te werk binne die verpleegkundige en multidissiplinêre span, volgens die beginsels van interafhanklikheid en medewerking vir die bereiking van 'n gemeenskaplike doel;

(g) in staat is om eie praktyk volgens eie kennis en vaardigheid af te baken, dit onafhanklik te beoefen en verantwoordelikheid daarvoor te neem;

(h) in staat is om voortdurend eie praktyk te evalueren en verantwoordelikheid te neem vir voortgesette professionele en persoonlike ontwikkeling;

(l) evinces an enquiring and scientific approach to the problems of practice and is prepared to initiate and/or to accept change;

(j) is able to manage a health service unit effectively;

(k) is able to provide effective clinical training within the health service unit;

(l) is acquainted with the extent and importance of the environmental health services and knows the professional role and responsibilities in respect of the services and in respect of personal professional actions where the services are not available;

(m) is able to promote community involvement at any point along the health/illness continuum in all stages of the life cycle;

(n) has the cognitive, psychomotor and affective skills to serve as a basis for effective practice and for continuing education;

#### Subjects

(3) The curriculum shall consist of at least the following subjects and the approach shall be the integration of the various fields of study, particularly in their clinical application:

(a) Fundamental Nursing Science, ethos and professional practice - at least one (1) academic year.

(b) General Nursing Science - at least three (3) academic years.

(c) Psychiatric Nursing Science - at least two (2) academic years.

(d) Midwifery - at least two (2) academic years.

(e) Community Nursing Science - at least two (2) academic years.

(f) Biological and natural sciences - at least two and a half (2½) academic years.

(g) Pharmacology - at least half (½) an academic year.

(h) Social Sciences - at least two (2) academic years.

(4)(a)-(b) Deleted by Government Notice No. R. 1312 dated 19 June 1987.

(5) Deleted by Government Notice No. R. 1312 dated 19 June 1987.

#### Examinations

(6)(a) Subject to the provisions of paragraph (b), examinations shall be conducted in all subjects prescribed in subregulation (3) and an examination mark of at least 50% shall be obtained in each subject.

(b) In the case of nursing science subjects with practical components, the theory and the practice shall be examined and passed separately in terms of the requirements of the nursing school concerned.

(l) 'n vraende en wetenskaplike benadering tot praktiese probleme openbaar en bereid is om verandering te inisieer en/of te aanvaar;

(j) in staat is om 'n gesondheidsdiensseenheid effektief te bestuur;

(k) in staat is om doeltreffende kliniese onderrig binne die gesondheidsdiensseenheid te gee;

(l) kennis dra van die omvang en belangrikheid van die omgewingsgesondheidsdienste en die professionele rol en verantwoordelikhede ken ten opsigte van die dienste, -- ten opsigte van persoonlike professionele optrede waar die dienste nie beskikbaar is nie;

(m) in staat is om gemeenskapsbetrokkenheid op enige punt langs die gesondheid/siekte-kontinuum in alle stadië van die lewensiklus te bevorder;

(n) oor die kognitiewe, psigomotoriese en effektiewe vaardighede beskik om as grondslag te dien vir doeltreffende praktyk en vir voortgesette onderwys.

#### Vakke

(3) Die kurrikulum bestaan uit minstens die volgende vakke en die benadering moet wees om die verskeie vakgebiede met mekaar en veral in die kliniese toepassing, te integreer:

(a) Fundamentele Verpleegkunde, etos en professionele praktyk - minstens een (1) akademiese jaar.

(b) Algemene Verpleegkunde - minstens drie (3) akademiese jare.

(c) Psigiatrisiese Verpleegkunde - minstens twee (2) akademiese jare.

(d) Verloskundige Verpleegkunde - minstens twee (2) akademiese jare.

(e) Gemeenskapsverpleegkunde - minstens twee (2) akademiese jare.

(f) Biologiese en natuurwetenskappe - minstens twee en 'n halwe (2½) akademiese jare.

(g) Farmakologie - minstens 'n halwe (½) akademiese jare.

(h) Geesteswetenskappe - minstens twee (2) akademiese jare.

(4)(a)-(b) Geskrap deur Goewermentskennisgewing No. R. 1312 gedateer 19 Junie 1987.

(5) Geskrap deur Goewermentskennisgewing No. R. 1312 gedateer 19 Junie 1987.

#### Eksamens

(6)(a) Behoudens die bepalinge van paragraaf (b), eksamen in alle vakke in subregulasie (3) voorgeskryf, afgeneem word, en 'n eksamenpunt van minstens 50% in elke vak behaal word.

(b) In die geval van verpleegkundevakke met praktiese komponente moet die teorie en die praktika afsonderlik eksamineer en geslaag word volgens die vereistes van die betrokke verpleegskool.

## Application of these regulations

7.(1) Subject to the provisions of subregulation (2), examinations in terms of the provisions of the regulations published under Government Notices R. 879 of 2 May 1975, R. 880 of 2 May 1975, R. 881 of 2 May 1975 and R. 882 of 2 May 1975, as amended from time to time, shall be conducted by the council only until 31 December 1990: Provided that the following provisions of the aforementioned regulations shall remain in force and effect until a date to be determined by the Minister in the Government Gazette:

- (a) Government Notice R. 879 of 2 May 1975, as amended - regulation 7.
- (b) Government Notice R. 880 of 2 May 1975, as amended - regulation 7.
- (c) Government Notice R. 881 of 2 May 1975, as amended - Annexure A.
- (d) Government Notice R. 882 of 2 May 1975, as amended - Annexure A.

(2) Notwithstanding the provisions of the regulations referred to in subregulation (1) and the regulations relating to registers, published under Government Notice R. 3589 of 24 October 1969, as amended, no person may, after 1 January 1986, be registered as a student for the first time for a course of study leading to registration as a nurse or midwife, unless he registers for the course of study referred to in these regulations, or the course provided for in the regulations published under Government Notice R. 254 of 14 February 1975, as amended by Government Notices R. 479 of 10 March 1978 and R. 2212 of 31 October 1980.

8. The regulations published under Government Notice R. 2118 of 30 September 1983 are hereby repealed.

## Toepassing van hierdie regulasies

7.(1) Behoudens die bepalings van subregulasie eksamen kragtens die bepalings van die regulasies seer onder Goewermentskennisgewings R. 879 van 2 Mei 1975, R. 880 van 2 Mei 1975, R. 881 van 2 Mei 1975, R. 882 van 2 Mei 1975, soos van tyd tot tyd gewysig, slegs tot 31 Desember 1990 deur die raad afgeneem: Met dien stande dat die volgende bepalings van voormelde regulasies van krag bly tot 'n datum wat deur die Minister in die Staatskoerant bepaal word:

- (a) Goewermentskennisgewing R. 879 van 2 Mei 1975 gewysig - regulasie 7.
- (b) Goewermentskennisgewing R. 880 van 2 Mei 1975 gewysig - regulasie 7.
- (c) Goewermentskennisgewing R. 881 van 2 Mei 1975 gewysig - Bylae A.
- (d) Goewermentskennisgewing R. 882 van 2 Mei 1975 gewysig - Bylae A.

(2) Ondanks die bepalings van die regulasies en subregulasie (1) en die regulasies betreffende regs gepubliseer onder Goewermentskennisgewing R. 3589 Oktober 1969, soos gewysig, word geen persoon na 1 Januarie 1986 vir die eerste maal as 'n student vir 'n studium wat lei tot registrasie as 'n verpleegkundige of geregistreer nie, tensy hy registreer vir die studie in hierdie regulasies bedoel, of die kursus voorsien regulasies gepubliseer onder Goewermentskennisgewing van 14 Februarie 1975, soos gewysig deur Goewermentskennisgewings R. 479 van 10 Maart 1978 en R. 2212 van 31 Oktober 1980.

8. Die regulasies gepubliseer onder Goewermentskennisgewing R. 2118 van 30 September 1983 word hierby herroep.