

**ACHIEVEMENT OF CLINICAL LEARNING OBJECTIVES BY
MIDWIFERY UNDERGRADUATE NURSING STUDENTS IN A
UoT: AN APPRECIATIVE INQUIRY**

Ntombifuthi Pearl Ngcobo

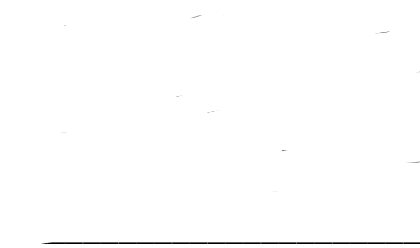
Dissertation submitted in fulfilment of the requirements for the Degree in Masters in
Health Sciences in Nursing at the Durban University of Technology

Supervisor: Dr D. G. Sokhela

Date: June 2020

DECLARATION

This is to certify that the work is entirely my own and not of any other person unless explicitly acknowledged (including citation of published and unpublished sources). The work has not been previously submitted in any form to the Durban University of Technology or to any other institution for assessment or for any other purpose.



Signature of the student

Date: 19 June 2020

Approved for submission



Dr D. G. Sokhela

19 June 2020

Date

ABSTRACT

INTRODUCTION

Clinical practice in nursing education is vital as it provides a platform for nursing students to correlate what they have been taught in the classroom during a theory session and apply it in the real-life situation. There are specific objectives which midwifery nursing students must achieve in order to meet the required competency levels as prescribed by the South African nursing education regulating body the South African Nursing Council (SANC) (South Africa 2005: 5). Some of the learning objectives that have to be achieved by midwifery students are: demonstrate competency in the assessment, planning and implementation and evaluation of nursing care for a woman with an uncomplicated and complicated pregnancy, labour puerperium and normal new born baby. The country has embarked on an endeavour to improve maternal and child health as expressed in the Sustainable Development Goals (SDGs) (United Nations 2015: 3). Goal number 3 of the 17 SDGs is to ensure healthy lives and promote well-being for all at all ages. This goal is relevant to this study as competent midwives are the foundation for maintaining mother and child well-being during pregnancy, labour, delivery and post-delivery, yielding healthy families, communities and the nation.

AIM OF THE STUDY

The purpose of the study was to describe how an Appreciative inquiry (AI) was used to determine strategies used towards achievement of the midwifery clinical learning objectives.

METHODOLOGY

An AI approach with a qualitative descriptive research design was used to determine the strategies used by the lecturer and midwifery clinical instructors and students in the University of Technology (UoT) selected for this study and students towards achievement of their clinical learning outcomes. Purposive sampling was used to

select the lecturer, midwifery clinical instructors in the UoT, hospital midwifery clinical instructors and students. Six professional nurses from the clinical facilities, one lecturer from the UoT, seven clinical instructors from the UoT and eleven midwifery nursing students were purposively sampled and interviewed.

RESULTS

The results of the study revealed that there were several factors that assisted students to achieve their midwifery clinical learning objectives. These included supervision by clinical instructors who modelled good behaviour, had no favouritism and were always willing to teach students. Collegiality and co-operation between lecturers, clinical instructors in the UoT and facility clinical instructors assisted in bridging the gap between theory and practice resulting in students achieving their midwifery clinical learning objectives. Staff development was cited as a key factor in ensuring that students are taught relevant and up-to-date knowledge.

CONCLUSION

Collaboration of all stakeholders in coordinating and planning student training is essential for the production of well-rounded, competent and confident students. In this collaboration, it is imperative to acknowledge that everyone's contribution is equally important for good outcomes of students.

Key words: Appreciative Inquiry, clinical education, learning objectives, and midwifery.

DEDICATION

I dedicate this dissertation to God my source of strength who has given me direction and wisdom to pursue this journey, my one and only daughter Enhle whom I love dearly, my husband Dumisani who supported me throughout my studies, and not forgetting my aunt Nombuso Sosibo who instilled the value of education in me and to the Khambule, Ngcobo and Mohomotsi families.

ACKNOWLEDGEMENTS

To my dearest Lord and saviour who has given me life, unconditional love and all the blessings without whom this accomplishment would not have been possible and to the following people:

- My supervisor Dr D. G. Sokhela for her invaluable assistance, guidance and hard work that she contributed for me to finish this study.
- My co-supervisor Ms B. T. E. Kumalo who I started this journey with but she retired before I could finish this study.
- To my parents Johannes Ngcobo and Thandi Getrude Khambule, may your souls rest in eternal peace.
- To all my three families, Khambule, Ngcobo and Mohomotsi, for their love and support during this journey.
- To my husband Dumisani, who has been with me throughout this difficult and uneasy journey, I will forever be thankful to him.
- To my daughter Enhle the apple of my eye, this is for you baby girl, for the love and support. Sometimes you were sitting with me late at night just to keep me company, love you dearly.
- To my aunt Nombuso, love you. When I lost my mommy you stepped in her shoes, thank you for loving us unconditionally.
- To my mother-in-law who passed on before I completed this degree, may your soul rest in peace.
- To my helper Thobile Gwala who made sure that my daughter was taken care when I was working away from home.
- To my friend, colleague and sister Nompumelelo Xaba who has given me support from the beginning.
- To my colleagues at Indumiso nursing department for your endless support.
- To KwaZulu-Natal Department of Health for granting me permission to conduct my study in their clinical facilities.
- To all the participants who became part of the study may God richly bless you.

TABLE OF CONTENTS

| | |
|---|------|
| DECLARATION..... | i |
| ABSTRACT | ii |
| DEDICATION | iv |
| ACKNOWLEDGEMENTS | v |
| TABLE OF CONTENTS | vi |
| LIST OF TABLES | x |
| LIST OF FIGURES..... | xi |
| LIST OF APPENDICES..... | xii |
| LIST OF ACRONYMS | xiii |
| CHAPTER 1: OVERVIEW OF THE STUDY..... | 1 |
| 1.1 INTRODUCTION AND BACKGROUND..... | 1 |
| 1.2 AIM..... | 3 |
| 1.3 RESEARCH QUESTION..... | 3 |
| 1.4 PROBLEM STATEMENT | 4 |
| 1.5 SIGNIFICANCE OF THE STUDY..... | 4 |
| 1.6 DEFINITION OF TERMS..... | 5 |
| 1.7 CONCLUSION | 6 |
| CHAPTER 2: LITERATURE REVIEW..... | 7 |
| 2.1 INTRODUCTION..... | 7 |
| 2.2 SEARCH STRATEGIES..... | 7 |
| 2.3 HISTORY OF MIDWIFERY TRAINING..... | 7 |
| 2.4 GLOBAL TRENDS ON CLINICAL EDUCATION..... | 8 |
| 2.4.1 IMPORTANCE OF CLINICAL TEACHING | 8 |
| 2.4.2 APPROACHES IMPLEMENTED TO ENHANCE CLINICAL TEACHING AND LEARNING Error! Bookmark not defined. | |
| 2.4.2.1 Aims of clinical placement | 12 |
| 2.4.2.2 Challenges faced in the clinical field..... | 13 |
| 2.5 REGULATION AND MONITORING OF CLINICAL EDUCATION IN SOUTH AFRICA..... | 9 |

| | | |
|---------------------------------------|--|-----|
| 2.6 | CLINICAL EDUCATION IN AFRICA | 16 |
| 2.6.1 | Clinical supervision in Nigeria | 16 |
| 2.6.2 | Clinical facilitation in South Africa | 16 |
| 2.7 | CONCLUSION | 17 |
| CHAPTER 3: RESEARCH METHODOLOGY | | 18 |
| 3.1 | INTRODUCTION | 18 |
| 3.2 | RESEARCH DESIGN | 18 |
| 3.3 | RESEARCH SETTING | 19 |
| 3.4 | STUDY POPULATION | 20 |
| 3.5 | SAMPLING AND SAMPLING PROCESS | 21 |
| 3.5.1 | Sampling of facilities | 21 |
| 3.5.1.1 | Inclusion criteria of facilities | 21 |
| 3.5.1.2 | Exclusion criteria of facilities | 22 |
| 3.5.2 | Sampling of UoT clinical facilitators and lecturers | 22 |
| 3.5.2.1 | Inclusion criteria | 22 |
| 3.5.2.2 | Exclusion criteria | 22 |
| 3.5.3 | Sampling of facility midwifery clinical facilitators | 22 |
| 3.5.3.1 | Inclusion criteria | 23 |
| 3.5.3.2 | Exclusion criteria | 23 |
| 3.5.4 | Sampling of students | 23 |
| 3.5.4.1 | Inclusion criteria | 23 |
| 3.5.4.2 | Exclusion criteria | 23 |
| 3.6 | SAMPLE SIZE | 24 |
| 3.7 | DATA COLLECTION | 24 |
| 3.7.1 | Phase 1 (Discovery phase) | 25 |
| 3.7.2 | Phase 2 and 3 (dream and design) | 25 |
| 3.8 | DATA COLLECTION TOOL | 244 |
| 3.9 | DATA COLLECTION PROCESS | 26 |
| 3.10 | PHILOSOPHICAL UNDERPINNINGS OF THE STUDY | 27 |
| 3.11 | PILOT STUDY | 277 |
| 3.12 | DATA ANALYSIS | 28 |
| 3.13 | RESEARCH RIGOUR AND TRUSTWORTHINESS | 28 |
| 3.13.1 | Credibility | 288 |

| | |
|--|-----|
| 3.13.2 Dependability | 288 |
| 3.13.3 Confirmability | 299 |
| 3.13.4 Transferability | 299 |
| 3.14 ETHICAL CONSIDERATIONS | 299 |
| 3.14.1 Beneficence | 30 |
| 3.14.2 Justice..... | 30 |
| 3.14.3 Respect for human dignity | 30 |
| 3.15 CONCLUSION | 30 |
| CHAPTER 4: PRESENTATION OF RESULTS | 322 |
| 4.1 INTRODUCTION..... | 322 |
| 4.2 DEMOGRAPHIC DATA OF PARTICIPANTS..... | 322 |
| 4.3 THE DISCOVERY PHASE | 333 |
| 4.3.1 Theme 1: Teaching role of a mentor | 344 |
| 4.3.1.1 Clear objectives..... | 344 |
| 4.3.1.2 Orientation..... | 355 |
| 4.3.1.3 Readiness and willingness to learn | 355 |
| 4.3.1.4 Treating students as individuals | 366 |
| 4.3.1.5 Demonstration of procedures | 377 |
| 4.3.1.6 Supervision..... | 377 |
| 4.3.1.7 Evaluation..... | 388 |
| 4.3.2 Theme 2: Desirable and undesirable attitudes of mentors..... | 399 |
| 4.3.2.1 Role modelling..... | 399 |
| 4.3.2.2 Favouritism..... | 40 |
| 4.3.2.3 Comparing students | 40 |
| 4.3.3 Theme 3: Strategies of bridging the gap between theory and practice .. | 41 |
| 4.3.3.1 Integration of theory into practice | 41 |
| 4.3.3.2 Clinical accompaniment | 42 |
| 4.3.4 Theme 4: Support | 43 |
| 4.3.4.1 Teamwork..... | 434 |
| 4.3.4.2 Mentors and mentoring | 444 |
| 4.4 THE DREAM AND DESIGN PHASE | 455 |
| 4.4.1 Theme 1: Capacity building of staff..... | 455 |
| 4.4.1.1 Continuing education..... | 466 |

| | | |
|---|---|------|
| 4.4.1.2 | In-service education and drills | 466 |
| 4.4.2 | Theme 2: Learning drives | 477 |
| 4.4.2.1 | Learning climate | 477 |
| 4.4.2.2 | Duration of placement | 488 |
| 4.4.3 | Theme 3: Learning resources | 488 |
| 4.4.3.1 | Equipment | 499 |
| 4.4.3.2 | Personnel | 499 |
| 4.5 | CONCLUSION | 50 |
| CHAPTER 5: DISCUSSION OF RESULTS, LIMITATIONS AND | | |
| RECOMMENDATIONS | | 51 |
| 5.1 | INTRODUCTION..... | 51 |
| 5.2 | OVERVIEW OF RESEARCH DISCUSSION | 51 |
| 5.2.1 | Discovery phase | 51 |
| 5.2.2 | Dream and design phase..... | 51 |
| 5.3 | DISCOVERY PHASE | 5252 |
| 5.3.1 | Theme 1: Teaching role of a mentor..... | 5252 |
| 5.3.2 | Theme 2: Desirable and undesirable attitudes of mentors..... | 544 |
| 5.3.3 | Theme 3: Strategies of bridging the gap between theory and practice | 566 |
| 5.3.4 | Theme 4: Support | 577 |
| 5.4 | THE DREAM AND DESIGN PHASE | 588 |
| 5.4.1 | Theme 1: Capacity building of staff..... | 588 |
| 5.4.2 | Theme 2: Learning drives | 599 |
| 5.4.3 | Theme 3: Learning resources | 600 |
| 5.5 | CONCLUSION | 6161 |
| 5.6 | LIMITATIONS OF THE STUDY..... | 6262 |
| 5.7 | RECOMMENDATIONS | 6262 |
| 5.8 | FURTHER RESEARCH | 6464 |
| REFERENCES..... | | 65 |
| APPENDICES | | 7676 |

LIST OF TABLES

| | |
|--|----|
| Table 4.1: Demographic data of participants..... | 32 |
| Table 4.2: Themes and subthemes in the discovery phase | 33 |
| Table 4.3: Themes and subthemes in the dream and design phase..... | 45 |

LIST OF FIGURES

| | |
|--|----|
| Figure 3.1: UMgungundlovu locality map | 20 |
|--|----|

LIST OF APPENDICES

| | |
|--|----|
| Appendix 1: Letter of information (Clinical Facilitators and Lecturers)..... | 76 |
| Appendix 2: Data collection tool | 80 |
| Appendix 3: IRIC Approval | 81 |
| Appendix 4: Permission to conduct research at the UoT..... | 82 |
| Appendix 5: Permission to conduct research at Indumiso campus | 83 |
| Appendix 6: Letter to request permission Head of Programme..... | 84 |
| Appendix 7: Letter of permission Head of Programme..... | 85 |
| Appendix 8: Letter of request for permission Estcourt Hospital | 86 |
| Appendix 9: Letter of permission Estcourt Hospital | 87 |
| Appendix 10: Letter of request for permission Greytown Hospital..... | 88 |
| Appendix 11: Letter of permission from Greytown Hospital..... | 89 |
| Appendix 12: Letter of request for permission from Greytown Hospital | 90 |
| Appendix 13: Letter of permission from Greytown Hospital..... | 91 |
| Appendix 14: Letter of permission to use the interview guide | 92 |
| Appendix 15: Editing certificate | 93 |

LIST OF ACRONYMS

| ACRONYM | FULL WORD |
|---------|--|
| AI | Appreciative inquiry |
| ANC | Antenatal care clinic |
| CHC | Community Health Centre |
| CPD | Continuing Professional Development |
| DUT | Durban University of Technology |
| EMTCT | Elimination of Mother to Child Transmission of HIV |
| ERIC | Education Resource Information Center |
| HIV | Human Immunodeficiency Virus |
| ICM | International Confederation of Midwives |
| KZN | KwaZulu-Natal |
| PHC | Primary Health Clinic |
| SANC | South African Nursing Council |
| UNFPA | United Nations Fund for Population Activities |
| UNICEF | United Nations International Children's Emergency Fund |
| UoT | University of Technology |
| WHO | World Health Organisation |

CHAPTER 1: OVERVIEW OF THE STUDY

1.1 INTRODUCTION AND BACKGROUND

Nursing education differs with the countries. In South Africa there are various nursing education programmes that are offered. Midwifery is a course that is taught as a one-year diploma where a person first has to obtain a qualification as a general nurse then study midwifery for one year. The duration of the nursing programme for undergraduate study is four (4) years (SANC 2005: 5), after which a student nurse qualifies as a general nurse, mental health and community health nurse and midwife. Nursing education programmes consist of theoretical and clinical education. Clinical education takes place in the clinical skills laboratory and clinical facilities. Clinical education doesn't only provide midwifery nursing students with the opportunity to learn and sharpen their skills but it gives them an opportunity to integrate theory into practice and learn to provide safe care under the supervision of professional nurses (Jeppesen *et al.* 2017: 118).

Midwifery is the profession of midwives, which is practiced by midwives only. It consists of an exceptional body of knowledge, skills and professional attitudes (International Confederation of Midwives (ICM) 2017: 1). Midwifery is an approach to care of women and their newborn infants whereby the midwives enhance the normal biological, psychological, social and cultural practices of childbirth and early life of a newborn. Midwives work hand in hand with a woman, respecting the individual circumstances and views for each woman. Promotes women's personal capabilities to care for themselves and their families. Lastly collaborate with midwives and other health professionals as necessary to provide holistic care that meet each woman's individual needs (ICM 2017: 1).

In South Africa nursing education is regulated by the South African Nursing Council (SANC) with its function being determining the scope of practice and conditions under which persons registered in terms of the Nursing Act may practice their profession

(SANC 2005: 5). According to SANC (1985 as amended: 3), the minimum clinical hours for midwifery is 1000 hours spread across different clinical areas including antenatal services, labour ward or delivery room, neonatal care and post-natal services. The UoT has a master allocation plan projecting the number of students and the clinical areas where students are allocated throughout the duration of the module. Students are issued a clinical hour record sheet where they record the time worked. These hour sheets are checked by the clinical facilitators at the end of the clinical placement for completeness of hours. The requirement by SANC is that students should be accompanied by a person who is qualified as a nurse and midwife and registered with SANC (Nursing Act, 33 of 2005: 7).

Clinical competence is the capacity and expertise to perform a certain duty. According to the Nursing Act, 33 of 2005 (SANC 2005: 6) assessment of learning by a nursing education institution must be conducted by an assessor registered with the SANC, and the learner must be assessed and found competent in all learning outcomes of the programme and obtain the minimum of 60% of formative clinical assessment activities conducted in real life situations. Clinical competence at UoT is measured using continuous assessment during the semester. The evaluation tool for midwifery clinical competence is a workbook designed by the midwifery clinical team at UoT and the midwifery register which is kept in accordance with the regulations of the SANC. The workbook and register are issued to each student prior to clinical placement and need to be completed as case based evidence of their learning. The workbook contains a detailed assessment of the antenatal, labour and postnatal care whereas the midwifery register covers the minimum clinical antenatal, delivery, puerperal and neonatal cases that the student has to complete.

In these workbooks are clinical learning objectives developed by the midwifery clinical team of the UoT that the student is expected to achieve for each of the services rendered in midwifery. The student has to demonstrate competence in assessment, planning, implementation and evaluation of a woman with uncomplicated and complicated pregnancy, labour and puerperium, and diagnosis and management of high-risk new-born babies. and the student works under the direct supervision of the clinical facilitator who signs the workbook confirming procedures performed. The other

tool used to measure competence is the universal midwifery register where the students enter cases of antenatal care, deliveries conducted, neonatal and postnatal care cases. The minimum requirement for the student to be competent in midwifery are that they have to witness five cases of normal deliveries, three cases of episiotomy performance then perform three episiotomies themselves, witness two cases of repair of 1st and 2nd degree tears, deliver fifteen cases five of which must be progressed by the student, perform fifteen vaginal examinations, care for a woman in puerperium and care for well and sick babies (SANC 2005: 5). Therefore, this study seeks to explore and describe the strategies used in order to assist the students in achieving their midwifery clinical learning objectives.

1.2 AIM

The purpose of the study was to describe how an Appreciative inquiry (AI) was used to determine strategies used towards achievement of the midwifery clinical learning objectives.

1.3 RESEARCH QUESTION

- What are the strategies used by midwifery clinical facilitators and nursing students towards achievement of clinical learning objectives in the Durban University of Technology?

In order to probe the participants for further discussion the following questions were used as a guide:

- What are the teaching approaches used in the clinical field that assisted you to achieve your learning outcomes?
- How is the clinical field efficiently meeting your learning outcomes?
- What do you expect from the students in order for them to be able to achieve their learning outcomes?
- What would you like to see being improved in the clinical education?

1.4 PROBLEM STATEMENT

Undergraduate midwifery nursing students are allocated in the midwifery clinical learning environment in order for them to gain competency, become skilled in rendering midwifery nursing care to the mother and newborn baby. With creation of positive clinical learning environment and provision of support and guidance to students this can be achieved (Phuma-Ngaiyaye et al. 2017: 166). Most of the literature reports on challenges faced by the students in the clinical learning area.

In the UoT under study midwifery students perform very well in the clinical assessment and there are good reviews of students' clinical performance from institutions where students are placed during training and community service. The UoT is accredited for placement of students in the clinical facilities that are far from it, the furthest being 147 kilometres away. Some of the clinical facilities in the same district as the UoT have already been approved for other nursing colleges. As such, clinical facilitators spend much time travelling to and from the facilities thus reducing the amount of time spent with the students. Further to this, large number of students are allocated in each facility: as a result, the clinical facilitators conduct group supervision. Despite all the challenges students are doing well in the clinical module. There are few reports that have explored what works well in support of students to achieve their clinical learning objectives. The researcher was keen to explore the strategies used by midwifery nursing students, midwifery lecturer and clinical facilitators in assisting students to achieve their learning objectives.

1.5 SIGNIFICANCE OF THE STUDY

The researcher noted that there are various articles reporting on challenges in education (Shayan *et al.* (2019: 1), Ahn and Choi (2019: 48), Jasemi *et al.* (2018: 21), Kerthu and Nuuyoma (2019: 21), and Manamela (2019: 1), little literature exist that seeks to find what is positive about clinical education. So this study seeks to explore and describe the strategies used to assist students to achieve their learning objectives.

The ICM is an accredited non-governmental organization working closely with World Health Organisation (WHO), United Nations Fund for Population Activities (UNFPA) and United Nations International Children's Emergency Fund (UNICEF) to achieve common goals in the care of mothers and children. It envisions a world where every child bearing women has access to a midwife's natural medical care for herself and newborn in order to enhance the reproductive health of women and the health of their newborn and their families (ICM 2017: 1). Furthermore, it works to professionalize midwifery through legislation and regulation of practice and also provides advocacy and promotion of reduction of maternal and neonatal mortality. Findings obtained from the study may assist the clinical facilitators at UoT in refining and re-enforcing their methods and strategies in clinical education thereby assisting students to achieve their learning outcomes resulting in clinical competence. These findings can be replicated in other clinical subjects and assist in the reduction of maternal and neonatal deaths.

1.6 DEFINITION OF TERMS

- **Appreciative Inquiry (AI)**

AI is a research approach that collects positive ideas and images from individuals or groups as a way of fostering learning and promoting innovative ideas (Maxwell, Black and Baillie 2015: 36).

- **Clinical education**

Clinical education takes place in the clinical skills laboratory and clinical facilities to provide midwifery nursing students with the opportunity to learn and sharpen their skills as well as giving them an opportunity to integrate theory into practice and learn to provide safe care under the supervision of professional nurses (Jeppesen *et al.* 2017: 118).

- **Learning outcomes**

The prescribed competencies and educational outcomes for the programme (SANC 2005: 1).

- **Midwifery**

Midwifery is the profession of midwives, which is practiced by midwives only. It consists of an exceptional body of knowledge, skills and professional attitudes (International Confederation of Midwives (ICM) 2017: 1).

1.7 CONCLUSION

This chapter presented the background regarding clinical education for midwifery nursing students at the University of Technology. So this study seeks to explore and describe the achievements of the clinical learning objectives by midwifery nursing students. The next chapter will present relevant literature that was reviewed in order to gain more perception and understanding on clinical education and to support relevance of the study.

CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION

The previous chapter presented a background of midwifery training, functions of the legislative body that regulates the training of midwifery and overview of the competencies for midwifery. This chapter presents the literature review that highlights the experiences of midwifery nursing students in the clinical facilities globally and nationally.

2.2 SEARCH STRATEGIES

The researcher used Google Scholar to gain access to databases. The following databases were used to search for literature, Academic Search Complete, Africa Wide Information, AFHS Consumer Medication Information, Cumulative Index to Nursing and Allied Health Literature Plus with full text, ERIC, Health-Consumer Edition, Health Source-Nursing Academic, Medical Literature On-Line with full text and Summon Search. The search strategy included using key words related to midwifery clinical education, achievement of learning objectives as well as related terms. Several articles were read and reviewed; these were selected as they were relevant to the study. Only those articles written in English and within the year 2010 to 2019 were used.

2.3 HISTORY OF MIDWIFERY TRAINING

McKune (2011: 1) stated that midwifery education dates back to the early 1960s. During those times for a person to become a midwife, they had to qualify as a general nurse (three years of training) and then pursue a further full year training as a midwife. McKune (2011: 1) further stated that the nursing curriculum was changed in 1986 when the four-year course was implemented. This new curriculum is offered by several universities and universities of technology and is regulated by Department of Higher Education (Council on Higher Education 2011: 24) and the SANC. According to

McKune (2011: 2), the four-year degree course was first implemented in the United States due to nurses being the only healthcare professional without a degree.

2.4 GLOBAL TRENDS ON CLINICAL EDUCATION

Globally and locally clinical teaching aims to produce competent and skilled registered nurses and midwives. It is during this time that students apply theory taught in the classroom and in the clinical environment thereby closing the theory-practice gap.

2.4.1 Importance of clinical teaching

Clinical teaching involves contact with the patient and carrying out procedures on the patient. In a study conducted at a Caribbean nursing school by Lawal *et al.* (2016: 32), it was found that clinical teaching plays an important role in nursing education as it is the transfer of theoretical knowledge into practice. Clinical teaching takes place in the clinical skills laboratory as well as in clinical placement areas such as hospitals, PHCs and any other facilities approved by the SANC to be a clinical education site. A number of authors agree that time allocated to learning midwifery theory should be equal to the time students spend in the clinical field (Lyn, Olivia, and Donovan 2016: 2; Brunstad, Giske and Hjalnhult 2016: 137; Sissel, Ragnhild and Tveit 2015: 1). Successful clinical experience is obtained through a welcoming and encouraging environment in terms of the clinical placement area and the relationship between the clinical staff and mentors (Lawal *et al.* 2016: 32). These authors concluded that encouragement offered by the nursing staff in the clinical environment is very crucial in assisting students to achieve their learning objectives.

According to Houghton *et al.* (2012: 1964), students favour learning skills in clinical practice instead of clinical skills laboratory, however implementing clinical skills can be difficult in the real life situation as other procedures may not be readily available for an example management of cord prolapse may not be available to teach the students. Similarly, challenges could be encountered where students are taught the skill differently in clinical practice to the way it had been taught in clinical skill

laboratory or in each clinical placement leading to inconsistency therefore a theory-practice gap emerges (Houghton *et al.* 2012: 1964).

According to Esmaeilli *et al.* (2014: 460), in Tehran, communication and interaction between students and clinical educators is one of the factors influencing learning in the clinical environment. For clinical practice to be effective, clinical instructors should display respectful behaviour, offer affirmation to students and not discourage them. Flexibility, approachability, prompt feedback and valuing of students' learning progress are effective characteristics of clinical instructors. Furthermore, unfavourable comments in the patient's room or in the presence of other students discouraged students resulting in demotivation and loss of self-confidence (Esmaeilli *et al.* 2014: 460).

Moonaghi *et al.* (2015: 4) are also in favour of effective communication in the clinical education as it plays a crucial role. Communication should be based on respect, openness, fairness and justice. Students expect to have a highly spirited, lively, motivated, interested, humanistic and self-confident clinical instructor. The authors further state that effective communication is a valuable component in teaching clinical competency. Effective communication also involves positive feedback during clinical practice (Moonaghi *et al.* 2015: 6).

Witnessing friendly and respectful communication between the multi-disciplinary team leads to motivation whereas bad interaction results in demotivation. Hanifi, Parvizy and Joolaei (2013: 342), in Iran, stated that communication between the student and the clinical instructor can have influence on students' motivation to learn. According to a study conducted in Turkey by Sercekus and Baskale (2016: 136), communication between hospital staff was viewed as a vital aspect of learning for the students on clinical placement. Lack of communication hinders effective clinical learning (Moore *et al.* 2018: 802). Fokuo *et al.* (2017: 263) findings suggest that good communication skills are vital for effective clinical supervision.

There is evidence that motivation is one of the effective factors in clinical education (Moonaghi *et al.* 2015: 5). Clinical instructors and nursing staff should be role models that can motivate or demotivate students (Hanifi, Parvizy and Joolaei 2013: 342). Students are motivated if they are under the guidance of knowledgeable instructors (Hanifi, Parvizy and Joolaei 2013: 342). Several studies have found that motivation plays a crucial role or is a strong factor in influencing students to learn in clinical settings (Lawal *et al.* 2016: 32-37; Hanifi, Parvizy and Joolaei 2013: 340-345).

2.4.2 Approaches implemented to enhance clinical teaching

There are numerous methods used in clinical nursing education to assist students to achieve their midwifery clinical learning objectives namely clinical supervision and clinical accompaniment. Clinical supervision means assistance and support offered to students by the professional nurse or midwife at the clinical facility aimed at developing a competent and independent practitioner (SANC 2005: 2). According to Vizcaya-Moreno *et al.* (2018: 6), students felt more secure and involved with patient safety when supervised by their tutor nurse. The presence of the clinical facilitator from the university made them feel that they were being assessed even when it was just a supervisory visit. Clinical placement is a learning environment and opportunity created for students to practice under the guidance of the skilled and experienced supervisor. It is also allocation of students to various wards or departments in order for them to get clinical experience in nursing thereby resulting in clinical competence (SANC 2005: 2). Mentors who helped students were seen as exciting and encouraging role models. Students in turn enjoyed working under a helpful mentor resulting in increased self-confidence in the students. On the other hand, the unhelpful mentors were viewed as poor role models, unsupportive and unmotivated clinical educators who did not give the students opportunity for hands-on practice and this affected the ability of students to learn (Licquirish *et al.* 2013: 878).

According to Moonaghi *et al.* (2015: 3), for learning to take place in the clinical environment, clinical facilitators should possess effective teaching qualities for example knowledge, role modelling, clinical competence, teaching experience, good

communication and offer positive feedback. The authors further state that incompetent clinical instructors are major stumbling blocks to learning in the clinical field as most of them teach something in the clinical skills laboratory which however they do not apply in clinical field. Dale, Leland and Dale (2013: 3) state that factors such as unpreparedness and lack of information of the supervisor can negatively influence the well-being and motivation of the student.

Houghton *et al.* (2012: 1965) conducted their study in Ireland and identified support as being of great importance in assisting students to learn in their clinical placement. Being particularly supported by one person was a significant factor in assisting students to gain the knowledge and skills they needed. This concurs with research conducted in Norway by Brunstad, Giske and Hjalhmhult (2016: 138) who found that being supported by one supervisor led to increased self-confidence in the student. According to Morell and Ridgway (2014: 520), in the United Kingdom, lack of support in the clinical placement causes a lot of stress to students whereas being supported made students feel part of the team. Support is not given by mentors only in the clinical placement; students themselves can support each other (Houghton *et al.* 2012: 1965). In Iran Moonaghi *et al.* (2015: 5) reported that an unsupportive environment has a bad effect on learning and professional socialisation.

In a study conducted in Iran by Heydari *et al.* (2013: 469), the researchers found strong evidence that little or no support in the clinical placement has a negative effect on students' confidence (Heydari *et al.* 2013: 469). Students develop self-confidence and are able to carry out the skill correctly if they are given support which results in them achieving their clinical learning objectives (Heydari *et al.* 2013: 469). Support is divided into three categories, namely: educational, emotional and social (Heydari *et al.* 2013: 469). Educational support is provided through getting support for the accomplishment of clinical skills and by creating learning opportunities for the students. Students learn skills more effectively in a supportive environment than in an unsupportive environment.

Clinical accompaniment of students in the clinical setting as they perform their skills is one of the major features of support (Heydari *et al.* 2013: 469). These authors further

assert that students expect their clinical facilitators to support them should they encounter problems in the clinical environment so that they could be assisted to solve these problems. According to Dale, Leland and Dale (2013: 2), in Norway, students stressed the importance of feeling welcomed in the clinical field as demonstrated by the supervisor's ability to know the student's name and their level of training.

Creation of learning opportunities is another way of giving educational support. Spending time with students and assisting them to use learning opportunities is another aspect of support, which leads to trusting relationships (Heydari *et al.* 2013: 471). These authors report that clinical facilitators felt that support can be offered by calming or reassuring students when facing stressful situations. The third and last type of student support is social support which is demonstrated by not leaving the students alone in a stressful clinical environment. Provision of support creates a sense of belonging to the clinical environment (Heydari *et al.* 2013: 471).

Lawal *et al.* (2016: 32) argue that students felt that they achieved their learning objectives more in a supportive environment rather than in an unsupportive environment. There is strong evidence that an unsupportive clinical environment results in lagging in achievement of clinical learning objectives. Support given by nursing staff in the clinical area can be a source of motivation to nursing students as they feel at ease and part of the team which will assist them in learning. A supportive environment enhances socialisation into the nursing profession thereby lessening anxiety and increasing confidence (Lawal *et al.* 2016: 36).

2.4.2.1 Aims of clinical placement

Clinical practice is essential for students to correlate theory and practice. It does not only link theory with practice but it is also when students begin socialisation into the nursing profession (Gilbert and Brown 2013: 25). Clinical placement plays a very important role in nursing education as it provides a platform for the student to practice in a real life situation in order to bridge the theory-practice gap.

2.4.2.2 Challenges faced in the clinical field

Literature identified challenges that were perceived by nursing students in the clinical field that influenced the achievement of their learning objectives. The discussion below explains these challenges.

- **Unpreparedness for placement**

In a study by Levett-Jones *et al.* (2015: 4) in an Australian university the researchers explored the concerns of first year students preparing for their first clinical placement. Students felt that they were not prepared for their first clinical placement; they were worried that they might not be able to remember what they learnt in the theory session to apply in practice. They also lacked confidence in themselves and were fearful of not having enough knowledge and skills to perform their duties. This led to embarrassment and feeling of letting their patients down. They perceived that they were going to make mistakes which could harm or kill the patient. And this might hinder learning in the clinical environment. Yang (2013: 131) asserts that students are frightened by the clinical environment which is unfamiliar and strange to them resulting in fear and being unsure how to perform tasks. In a study conducted in Korea by Yang (2013: 131), students expressed fear as to whether they would perform well or badly in the clinical placement. This feeling was worsened when the nursing staff asked questions which the students could not answer.

- **Acceptability of students by facility staff, relationships and sense of belonging**

A sense of belonging along with sound knowledge is vital to students. Students learn better in an environment where they are accepted (Gilbert and Brown 2013: 25-26). According to an Australian study conducted by Dewar *et al.* (2020: 7), student midwives felt they fitted in when they were warmly welcomed by the nursing staff in the clinical area. Furthermore, recognising and valuing relationship between the midwifery students and the nursing team contributed to the sense of belonging in the clinical placement area (Dewar *et al.* 2020: 8).

According to Levett-Jones *et al.* (2015: 5), students wish for a welcoming environment where they would feel valued as members of the team, and to not be regarded as annoying students who do not know anything. They were concerned of being given tasks or delegated duties above their level of training by their mentors, which would be hard for them to refuse as this was going to be viewed as disrespectful.

According to Gilbert and Brown (2013: 25), students' feeling of belonging has an effect on their self- confidence, resilience, ability and motivation to learn. Feeling included in the clinical environment and given opportunities to practice independently makes students feel as if they are members of the nursing team. Noise and noxious smells due to patients' clinical conditions and the clinical environment result in students feeling that they do not belong in the clinical area (Gilbert and Brown 2013: 26). Students in Norway reported that they learn better and are motivated if they are included and welcomed in the clinical area (Thunes, Johanne and Sekse 2015: 245).

In a study conducted at a Caribbean nursing school by Lawal *et al.* (2016: 36), it was found that the clinical field was friendly resulting in students learning better and achieving their learning objectives. However, students felt that there were inadequate learning opportunities for them to holistically and safely care for patients and would therefore become nursing graduates who had not met the standards and competencies of the nursing profession (Lawal *et al.* 2016: 36). There is evidence that students practice well in a student-friendly environment and when they are given time to reflect on their studies as students (Dale, Leland and Dale (2013: 3). Furthermore, supervisors should be self- motivated, open, flexible and friendly to render the clinical environment suitable for learning.

2.5. REGULATION AND MONITORING OF CLINICAL EDUCATION IN SOUTH AFRICA

The South African Nursing Council (SANC) is the body which regulates nursing education in South Africa. The functions of the SANC are to:

- Conduct inspections and investigations of nursing education institutions, nursing education programme, and health establishments.

- Withdraw or suspend accreditation of a nursing education institution or nursing education programme if the nursing education provider doesn't comply with the prescribed requirements
- Determine the scope of practice and conditions under which persons registered in terms of the Nursing Act may practice their profession and the continuing professional development (CPD) requirements for them to remain competent (South African Nursing Council [SANC] 2005: 5).

The clinical learning objectives that midwifery students are required to achieve are as follows:

In the antenatal clinic and antenatal ward, the student should be able to:

- Conduct antenatal screening and essential investigations for a pregnant woman.
- Conduct physical examination and abdominal examination on a pregnant woman.
- Administer correct medication and vaccinations to a pregnant woman.
- Give relevant health education and follow up schedule to the pregnant woman.
- Apply relevant Department of Health programmes such as Basic Antenatal Care, (BANC) and Elimination of Mother to Child Transmission (EMTCT) of Human Immunodeficiency Virus (HIV) to the woman coming for antenatal care (ANC) visit.
- Display knowledge in monitoring maternal and foetal wellbeing.

In the labour ward the student should be able to:

- Admit and manage the woman throughout all stages of labour.
- Provide immediate care of a new-born and promote breastfeeding.
- Apply infection prevention and control measures.

In the nursery the student should be able to:

- Identify and prevent medico legal hazards in the unit.
- Monitor babies with abnormalities and offer support to mothers of these babies.

In the post-natal ward student should be able to:

- Identify and manage post-natal complication and emergencies.
- Draw a discharge plan for the mother and the baby.

2.6 CLINICAL EDUCATION IN AFRICA

2.6.1 Clinical supervision in Nigeria

A study conducted by Anarado, Agu and Nwonu (2016: 7) found that little or no supervision was carried out by the clinical facilitators, mentors and preceptors. Further to this in some hospitals there was inadequate equipment for students to practice with which interfered with their learning opportunities.

2.6.2 Clinical facilitation in South Africa

- **Attitudes and the clinical environment**

According to Cunze and van Rensburg (2016: 1), professional nurses are expected to practice what they preach by displaying a sense of professionalism at all times so that students can follow such in the clinical field. A positive attitude was seen as crucial in the clinical placement area. There appears to be evidence that students learn better in a supportive environment. One of the responsibilities of the professional nurse is to supervise, mentor, guide and support students in achieving their clinical learning outcomes (Cunze and van Rensburg 2016: 1). A welcoming and friendly clinical environment where students are made to feel part of the team enhances learning. For clinical learning to be effective professional nurses in the clinical setting should be role models students can look up to (Cunze and van Rensburg 2016: 1).

In a study conducted in a South African university by Letswalo and Peu (2015: 7), students perceived role ambiguity where they are regarded as employees as well as students. Professional nurses in clinical facilities expected them to work as they were being paid and not to open their theory books while on clinical placement. Students

were used to cover for nursing staff shortages in the wards limiting their time to learn in the clinical placement (Letswalo and Peu 2015: 7).

Clinical facilitation was perceived as total opposite of what they learnt in the classroom as theory was not correlated with the real practice situation. Nurses tend to hide behind the heavy workloads and have no time to teach the students (Letswalo and Peu 2015: 8). Students were not orientated and left to find their own way, which led to stress and frustration. There was inadequate supervision as it lacked a goal and was disorganized, resulting in students being hindered in their learning and so not meeting their clinical learning objectives (Letswalo and Peu 2015: 5).

- **Clinical practice**

The clinical environment was perceived by students as lacking proper standards of practice and led to confusion and threatened their ability to learn (Letswalo and Peu 2015: 9). These authors further reported that professional nurses were seen as both good and bad role models. Good role models were the ones able to assist students in achieving their learning outcomes and the poor role models were the ones not able to accomplish their expected role (Letswalo and Peu 2015: 9).

2.7 CONCLUSION

Midwifery nursing students need guidance in the clinical placement and persons they could look up to (Nieuwenhuijze *et al.* 2020: 435). The presented literature shows that there are challenges faced by midwifery nursing students but they are able to achieve the learning objectives in the clinical placement. The onus is on the clinical facilitators and the clinical facility staff to ensure that students achieve the set clinical learning objectives. Chapter 3 will present the research methodology.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 INTRODUCTION

In this chapter the researcher presents the research design, research setting, sampling process, data collection instruments, data collection and analysis, inclusion and exclusion criteria as well as ethical considerations of the study. The research design selected shows the plan for addressing the research question which was a descriptive qualitative case study design.

3.2 RESEARCH DESIGN

An appreciative inquiry (AI) approach with the qualitative descriptive research design was used to determine strategies used by the midwifery lecturer, clinical facilitators and nursing students towards achievement of their clinical learning outcomes in a UoT. AI was founded by David L. Cooperrider in 1986 (Reed 2007: 22). AI is a research approach that collects positive ideas and images from individuals or groups as a way of fostering learning and promoting innovative ideas (Maxwell, Black and Baillie 2015: 36). Its aim is to generate new knowledge of a collectively desired future based on four phases, the 4Ds: discovery (appreciate what is), dream (imagine what might be), design (determine what should be) and destiny (create what will be). The researcher chose the AI approach as it allowed an opportunity to explore the positive experiences of participants in the clinical area in order to assist in refining and reinforcing their strategies in clinical education.

Qualitative research is an inquiry that is flexible, capable of adjusting to new information and involves merging of different data collection strategies (Polit and Beck 2017: 463). The researcher opted for this design as it allows exploration of the deep, rich and complex experiences inherent in the lives of human beings (Burns, Gray and Grove 2013: 57).

Descriptive research has its main aim the accurate depiction of people's characteristics or circumstances within which certain phenomena occur (Polit and Beck 2017: 726). In this study the researcher aimed to describe the strategies used by the midwifery lecturer, clinical facilitators and students to achieve their learning objectives in the clinical environment. The researcher opted for this design as it enabled description of the strategies used to achieve the learning objectives in the UoT under study.

3.3 RESEARCH SETTING

The study was conducted at the UoT, Indumiso campus and various hospitals where midwifery students were placed for clinical midwifery practice. These were Northdale, Greytown and Estcourt Hospitals. Northdale hospital is listed as one of the useful services in the Midlands region in case of emergencies when the campus is closed after hours in the student's health guide. Greytown hospital is 80.3 kilometres and one-hour drive away from the UoT under study. Estcourt hospital is 96.5 kilometres and one hour 23 minutes' drive away from the campus. UoT is situated in KwaZulu-Natal (KZN) province in Pietermaritzburg, UMgungundlovu district. Pietermaritzburg is the capital city of KZN and has a population of 500 000 (Figure 3.1).

Indumiso campus is situated at Imbali which is a semi-urban township about five kilometres from the city centre. Most of the students at this UoT are black South Africans from rural or previously disadvantaged areas of various provinces.

The Nursing undergraduate programme which was started in 2010 shares the campus with two programmes from various faculties. UoT has been chosen for this study because it is the only UoT in the area that offers nursing training and, in particular, the midwifery course. This UoT was chosen because it is the only institution that offers the undergraduate degree programme in nursing in the city of Pietermaritzburg.

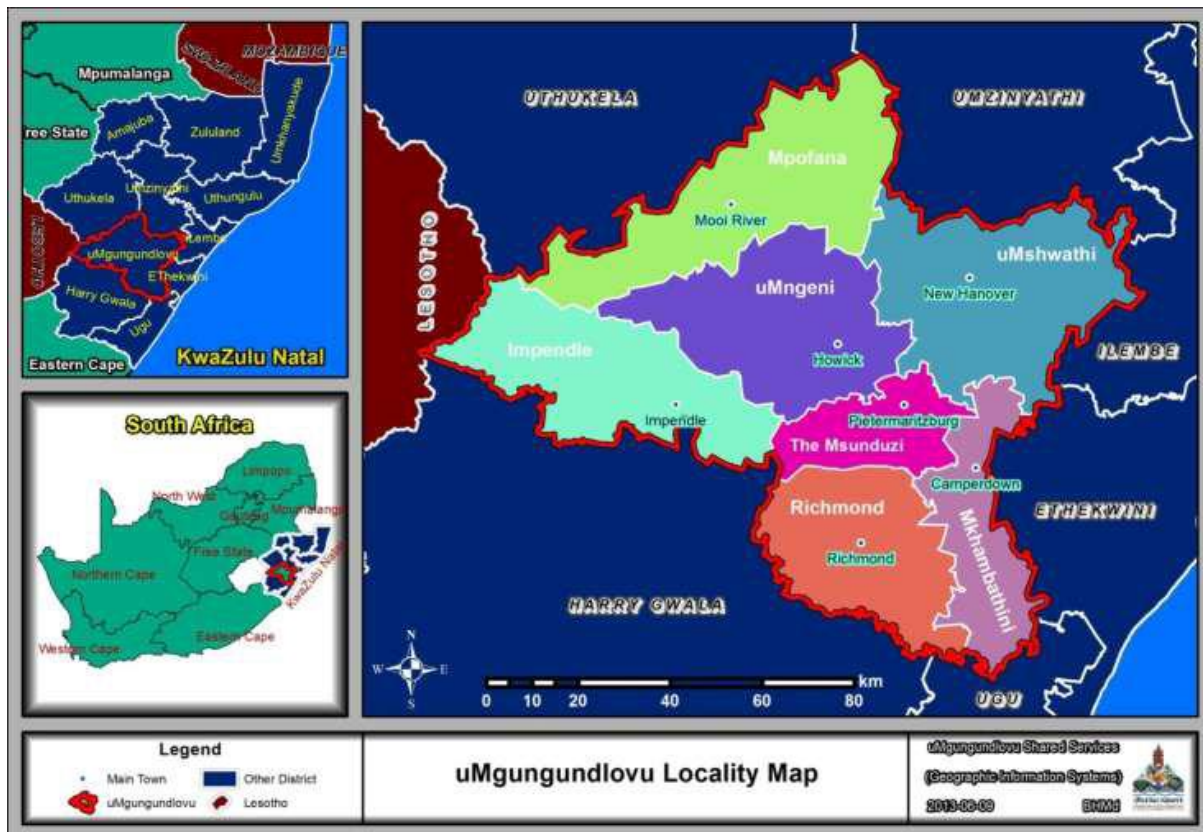


Figure 3.1: uMgungundlovu locality map

3.4 STUDY POPULATION

Population is the group of people or type of element that is the focus of the research (Burns, Gray and Grove 2013: 351). In this study the population comprised of students who were registered for Bachelor of Health Sciences in Nursing, and had completed the midwifery module, the lecturer, and the clinical facilitators working at UoT and hospital clinical facilitators where students were allocated. The target population was clinical facilitators working in facilities where students were allocated, all nursing students who were in their 3rd and 4th level of study in 2019, the lecturer who taught midwifery as well as the clinical facilitators working in the UoT. The researcher chose this target population as they would have completed or been exposed to the midwifery clinical practice module. There were 90 3rd year and 93 4th year students. There were eight clinical facilitators working at the UoT who accompanied students to clinical facilities. There were 10 lecturers working at UoT and all had a midwifery qualification, however only one lecturer had the required experience and was allocated to teach the

module. The researcher selected clinical facilities where students were allocated in order to locate facility-based mentors.

3.5 SAMPLING AND SAMPLING PROCESS

Sampling is the process of selecting groups of people, events, behaviour or other elements with whom to conduct the study (Burns, Gray and Grove 2013: 708). In this study the researcher used purposive sampling of facilities and all categories of participants in the study. This sampling technique involves conscious selection by the researcher of certain subjects or elements to include in the study (Burns, Gray and Grove 2013: 705). The researcher selected participants that most benefited the study which were students that had completed the midwifery clinical module, the lecturer, the clinical facilitators working in hospitals where students were placed and clinical facilitators working in the UoT.

3.5.1 Sampling of facilities

There were nine clinical facilities where UoT students were allocated for midwifery clinical nursing practice. The purposive sampling method was used to select the clinical facilities. The researcher selected three clinical facilities where the highest number of midwifery students were allocated because of their midwifery capacity able to accommodate more students.

3.5.1.1 Inclusion criteria of facilities

- The three clinical facilities where the highest number of midwifery nursing students are allocated for work integrated learning were included in the study.

3.5.1.2 Exclusion criteria of facilities

- All other facilities where the lowest number of midwifery nursing students are placed were excluded.
- Facilities where students are not placed for midwifery clinical practice were excluded.

3.5.2 Sampling of UoT clinical facilitators and lecturers

The researcher selected clinical facilitators using purposive sampling, only midwifery clinical instructors and one midwifery lecturer in the university were able to provide rich data on midwifery students.

3.5.2.1 Inclusion criteria

- Clinical facilitators working at UoT who are involved in midwifery student accompaniment and have more than six months' experience of working at the UoT were included in the study.
- The lecturer that teaches the midwifery module participated in the study.

3.5.2.2 Exclusion criteria

- All clinical instructors who are not involved with midwifery students were excluded.
- All lecturers that do not teach the midwifery module were excluded.

3.5.3 Sampling of facility midwifery clinical facilitators

The researcher used purposive sampling whereby potential participants were selected to support recruitment based on the researcher's judgement and knowledge (Moule, Aveyard and Goodman 2017: 411). All clinical facilitators working in the three selected facilities were sampled.

3.5.3.1 Inclusion criteria

- All clinical facilitators available on the day that data were collected were selected.

3.5.3.2 Exclusion criteria

- Non midwifery clinical facilitators were excluded from the study.
- The clinical facilitators who were not available on the day that data were collected were not included in the study.

3.5.4 Sampling of students

There were 90 3rd year and 93 4th year students that had completed their midwifery module. The students were approached in the afternoon after class so as to not interfere with their class timetable. They were handed information letters (appendix 1) informing them about the research while they were in class and residence and those that agreed to participate signed the consent form (appendix 1).

3.5.4.1 Inclusion criteria

- All available nursing students in their 3rd and 4th year level of study for Bachelor of Health Sciences in Nursing at UoT were included in the study.

3.5.4.2 Exclusion criteria

- Nursing students in their 1st and 2nd year level of study as they would have not done the midwifery clinical practice module or not yet completed it were excluded in the study.

3.6 SAMPLE SIZE

According to Moule, Aveyard and Goodman (2017: 293), qualitative researchers have no exact rules of sample size to work with, so sample size depends on the need to attain sufficient information to address the research question. Sample size is guided by “data saturation” where no new information is acquired from the participants. The midwifery lecturer, six clinical facilitators working at the UoT and seven hospital clinical facilitators were interviewed and two clinical facilitators working at UoT and hospital facilitators were added to verify data saturation. Eleven midwifery students were interviewed and three were added to verify data saturation. Thus, the data saturation was reached at thirty-two participants.

3.7 DATA COLLECTION

Data were collected after receiving permission from the UoT Institutional Research Ethics Committee (Appendix 3). Permission to conduct the study was obtained from the Director of Research (Appendix 4) and the Head of Department of Nursing (Appendix 7). Data collection is the precise and systematic gathering of information relevant to the research purpose or the specific objectives, questions or hypotheses of a study (Burns, Gray and Grove 2013: 691). Data were collected using semi-structured one-on-one interviews with the lecturer, clinical facilitators and students. This technique allowed participants to talk freely about all topics on the interview guide and to tell stories in their own words (Polit and Beck 2017: 510). Data were collected from June to September 2019.

3.8 DATA COLLECTION TOOL

The data collection tool was developed by the researcher following the phases of the AI as laid out by its founder Cooperrider in 1986 (Reed 2007: 22). The three steps (Ds) of the AI were followed consisting of section A for demographic data of participants and section B with AI guided questions (Appendix 2). The participants' demographic data profiles include gender, age and level of training for the students, and for the

lecturer and clinical instructors it includes age, gender, years of experience in clinical facilitation and highest qualification.

3.8.1 Phase 1 (Discovery phase)

The aim of this phase was to explore and describe the perceptions of the lecturer, clinical facilitators and hospital clinical facilitators where students are allocated regarding students' achievement of the midwifery clinical learning objectives, and to describe the positive and past experiences of students in achieving their midwifery clinical learning objectives. The following questions were used in this phase:

- What factors enhance learning in the clinical environment?
- What strategies are implemented to ensure that students achieve their learning objectives and what strategies work for the students in order for them to achieve the midwifery clinical learning objectives?
- How best do you think the clinical preceptors can enhance students' learning in the clinical environment?
- What support do clinical facilitators get from management and colleagues?

3.8.2 Phase 2 and 3 (dream and design)

The aim of these phases was to explore changes that the lecturer, clinical facilitators at the UoT, clinical facilitators working in hospitals and students would like to see to achieve midwifery clinical learning objectives. The following questions were asked of the participants:

- In the next five years what positive new changes would you like to see introduced in the university to enhance learning in the clinical environment?
- In the next five years what positive new changes would you like to see introduced in the clinical facilities to enhance learning in the clinical environment?

Probing was used to obtain more information or clarity on the answer given.

3.9 DATA COLLECTION PROCESS

The researcher conducted the interviews. She made use of the department boardroom for clinical facilitators and an empty classroom for students. Each interview lasted for 20-30 minutes and was conducted in English. Data were collected from June to September of 2019 when all student participants had completed the midwifery clinical module. This allowed them to share their experiences of both theory and practical midwifery clinical modules. Participants were met at 12h00 during lunch time so as not to disrupt classes and ward routine as well as in the afternoon when their work day was over and on the days that they were off. The venue used for interviews was quiet, with no distractions and there was enough light. Interviews were guided by the AI phases as stated in the interview guide (Appendix 2). Permission to audio-tape the interviews was sought from the participants. Audio-recording ensures that the interview reflects the actual verbatim responses of participants. It is also more unbiased and less invasive than note taking (Ritchie *et al.* 2014: 172).

3.10 PHILOSOPHICAL UNDERPINNINGS OF THE STUDY

A research paradigm is a way of looking at natural phenomena, a worldview that encompasses a set of philosophical assumptions and guides one's approach to inquiry (Polit and Beck 2017: 738). In this study the following eight basic assumptions of AI guided the study (Hammond 1998: 20):

- In every society, organization or group, some strategies work.
- What we focus on becomes our reality.
- Reality is created in the moment and there are multiple realities.
- The fact of asking questions of an organization or group influences the group in some way.
- People have more confidence and comfort to journey to the future (the unknown) when they carry forward part of the past (the known).
- If people carry parts of the past forward, they should be what is best about the past.
- It is important to value differences.
- The language that is used creates reality.

3.11 PILOT STUDY

A pilot study was conducted prior to the actual study. According to Polit and Beck (2017: 739), a pilot study is a minor scale version of a proposed study conducted to develop or refine the methodology or data collection process to be used in a larger scale study. The following people were approached to partake in the pilot study: two students per each level, one clinical instructor from the UoT and one clinical instructor from the clinical facilities where students are placed. The participants were selected according to the inclusion criteria. All participants that were part of the pilot study signed the written informed consent. The result of the pilot study was that the data collection instrument was acceptable, and no changes were made. Participants in the pilot study did not participate in the main study.

3.12 DATA ANALYSIS

Data were analysed according to phases of AI and was done according to the 3Ds. Audio taped data were transcribed, coded and analysed using Tesch's six steps of data analysis (Creswell 2014: 197-201) as follows:

- Data were organized and prepared for analysis by transcribing the interviews and sorting it into groups.
- The researcher read the transcripts and compared them with the audio-taped interviews to familiarize herself with data.
- Similar topics were grouped together under one topic.
- The researcher then drew themes and subthemes from these topics.
- Common themes were identified, defined and named.
- Themes were reviewed by reading the transcripts and comparing with the audiotapes.
- The researcher reviewed the literature in order to make an interpretation of the findings.

3.13 RESEARCH RIGOUR AND TRUSTWORTHINESS

Rigour of qualitative research is different to the rigour of quantitative research (Burns, Gray and Grove 2013: 58). Rigorous qualitative researchers are characterised by openness, methodological congruence, scrupulous adherence to a philosophical perspective, thoroughness in collecting data, consideration of all the data in the analysis process, and self-understanding (Burns, Gray and Grove 2013: 58).

Trustworthiness was ensured by applying the four criteria explained in detail below.

3.13.1 Credibility

According to Polit and Beck (2017: 559), credibility refers to confidence in the truth of the data and interpretations of them. In this study credibility was achieved by interviewing various participants from different sites. The researcher used the same interview guide throughout the study on different participants and obtained data triangulation. Member check was conducted whereby the researcher went back to participants to ensure that data were transcribed correctly.

3.13.2 Dependability

The researcher kept an audit trail of audio-taped interviews using a tape recorder with the participants' permission. Detailed notes of the interviews were written immediately while the tape was played over and over again during the transcription of the data, to ensure that the correct information was recorded. The interview questions were pretested to identify any misinterpretation. Data were collected until data saturation occurred.

3.13.3 Confirmability

Confirmability refers to neutrality which is the potential for congruence between two or more independent people about the data accuracy, relevance or meaning (Polit and Beck 2017: 559). Data were interpreted where themes and subthemes were identified and were supported with the use of direct quotes from transcribed data to avoid and eliminate bias and the subjectivity of the researcher.

3.13.4 Transferability

Transferability is the extent to which qualitative findings can be transferred to other settings or groups (Polit and Beck 2017: 747). The researcher provided a thick description of the findings of the case for the reader to make an informed decision about the transferability of the findings. The researcher gave a clear description of the study context, study setting and research process in order for the reader to establish the transferability of the results.

3.14 ETHICAL CONSIDERATIONS

The researcher sought ethical clearance from the UoT Institutional Research Ethics Committee (Appendix 3). Permission to conduct the study was obtained from the Director of Research (Appendix 4) and the Head of Nursing Department (Appendix 7) of the UoT. Informed consent was obtained from the participants prior to the start of the study.

There are three essential ethical principles that guide researchers during the research process, namely: respect for persons, beneficence and justice. These principles are based on the human rights that need to be protected in research, which are: the right to self-determination, privacy, anonymity and confidentiality, fair treatment and being protected from discomfort and harm (Brink, van der Walt and van Rensburg 2012: 34). The ethical principles outlined below were observed.

3.14.1 Beneficence

Beneficence refers to the principle of doing good for both the research participant and society (Moule, Aveyard and Goodman 2017: 60). Participants were assured that the information they provided would not be used against them. There were no risks or discomfort to participants during the study. Confidentiality was maintained by not including participants' personal information on the data collection tools. Consent forms were not linked with the individual interview guides.

3.14.2 Justice

Justice refers to the principle of being fair to the participants and not to give preference to or discriminate against participants (Moule, Aveyard and Goodman 2017: 59). Privacy was maintained by not writing participants names in the interview records. All participants were put at ease by the researcher so that they were able to speak freely during the interview. The researcher did not discriminate against or pressurize any participant during the study.

3.14.3 Respect for human dignity

This is the principle indicating that persons have a right to self-determination and the freedom to participate or not participate in the research study (Burns, Gray and Grove 2013: 708). Participants were assured that participating in the study was voluntary, and no one was forced to participate. Participants could withdraw at any stage of the research without any negative consequences to them. The purpose of the study was explained to them using information letters. Participants signed an informed consent form prior to partaking in the study.

3.15 CONCLUSION

This chapter presented the research design, setting, sampling process, data collection process, data analysis, research rigour and ethical consideration. The analysis of data collected will be presented in the next chapter.

CHAPTER 4: PRESENTATION OF RESULTS

4.1 INTRODUCTION

The previous chapter presented research methodology. This chapter presents the results of data obtained from individual interviews in this study. The structure of this chapter is aligned with the phases of the appreciative inquiry namely: discovery phase, dream and design phases. The purpose of the study was to determine strategies used by the lecturer, clinical instructors and students to achieve the midwifery clinical learning objectives.

4.2 DEMOGRAPHIC DATA OF PARTICIPANTS

The total number of participants interviewed were six professional nurses working with midwifery students in the hospitals where they are placed, one lecturer that teaches midwifery, seven clinical instructors working in the UoT where the study was conducted and eleven students in the 3rd and 4th levels of study. The demographic characteristics are illustrated in Table 4.1.

Table 4.1: Demographic data of participants

| Category | Academic staff | Facility staff | Students | Total |
|--|-------------------|-------------------|--------------------|---------|
| Age | 25 to 54 years= 9 | 25 to 48 years= 9 | 22 to 28 years= 14 | 32 |
| Gender <ul style="list-style-type: none">• Female• Male | 9 0 | 7 2 | 8 6 | 24 8 |
| Level of study <ul style="list-style-type: none">• 3rd year• 4th year | | | 8 6 | 14 |
| Highest qualification <ul style="list-style-type: none">• Masters• Bachelor's degree• Diploma | 1 8 0 | 9 | | 18 |

4.3 THE DISCOVERY PHASE

The results of the study are presented in themes and sub-themes that were derived from the analysis of interviews and are organized in line with the different phases of AI. Four major themes and 14 subthemes were developed in the discovery phase (Table 4.2). Applicable direct quotes are provided to substantiate relevant results. The discovery phase reveals, studies and appreciates the best of “what is” by concentrating on one’s best experiences and successes (Cooperrider *et al.* 2008: 104). The objectives of this phase in this study were to:

- Describe the perceptions of the lecturer and clinical instructors on students’ achievements of midwifery clinical learning objectives.
- Describe the positive and past experiences of students in achieving their midwifery clinical learning objectives.

Table 4.2: Themes and subthemes in the discovery phase

| MAIN THEMES | SUB-THEMES |
|--|---|
| THEME 1 Teaching role of a mentor | 1.1 Clear objectives 1.2 Orientation 1.3 Readiness and willingness to learn 1.4 Treating students as individuals 1.5 Demonstration of procedures 1.6 Supervision 1.7 Evaluation |
| THEME 2 Desirable and undesirable attitude of mentors | 2.1 Role modelling 2.2 Favouritism 2.3 Comparing students |
| THEME 3 Strategies of bridging the gap between theory and practice | 3.1 Integration of theory and practice 3.2 Clinical accompaniment |
| THEME 4 Support | 4.1 Teamwork 4.2 Mentor and mentoring |

4.3.1 Theme 1: Teaching role of a mentor

In theme one, seven sub-themes emerged which are: clear objectives, orientation, readiness and willingness to learn, treat as individuals, demonstrate the procedures, supervision, and evaluation.

4.3.1.1 Clear objectives

In this study student participants reported that they learnt better if there were clear objectives set for them to be achieved. This also assisted professional nurses in teaching students because they knew what to teach. The clinical instructors communicate clinical learning objectives to the students at the beginning of the semester and also on the day of clinical placement. A student participant reported that preparing herself before going for clinical placement when there were clear objectives set for her to meet, was one of the strategies that assisted her in achieving the clinical objectives. This was supported by the following statements:

It helped to have orientation of students where clinical objectives were broken down and clearly explained. This made students aware of what is expected of them during clinical placement. [UoT lecturer, participant 10]

Close to clinical placement we go through the objectives with the students and assist where they feel they need assistance. [UoT lecturer, participant 10]

Prepare yourself before going for clinical placement because if you know you are expected to meet certain objectives for midwifery you read midwifery books to refresh yourself with the content covered in theory session to assist you in practical area ... [fourth year level student, participant 7]

Hemberg and Sjombloom (2018: 690), concurs with the findings of this study that preparation for placement is crucial whereby students are issued with comprehensive description of the learning outcomes and full orientation of these conducted.

4.3.1.2. Orientation

Clinical instructors working in the facilities where students were placed reported that orientation of students was one of their roles/functions. Proper, well organised orientation assisted students to achieve their clinical learning objectives as reported by the clinical instructors and the student participants. Orientation also helped to provide clarity where students were uncertain and needed to ask questions. This is clear from the statements below.

Well organised orientation between lecturers, clinical instructors and operational managers of midwifery wards gave us guidelines on what to do when we reached the wards. [fourth year level student, participant 9]

When they come as new students they need orientation; my role is to orientate them to the physical layout of the ward, ward routine, policies, protocols and standard of practice so that they practice safely. [facility clinical instructor, participant 2]

One of my roles was to orientate the student so that she is familiar with the ward and be able to work in the facility and the ward because it will be difficult for the student to start working without any orientation. [facility clinical instructor, participant 5]

4.3.1.3 Readiness and willingness to learn

‘Willingness’ means a person’s desire or intention in a particular situation (Compact Oxford English Dictionary 2013: 1189). Willingness and readiness to learn was expressed by participants as factors that enhanced their learning in the clinical area.

Getting ready, whereby you have to prepare yourself before going for clinical placement by reading your books in order to have basic knowledge helped. [fourth year level student, participant 7]

... it depends on students because I can be positive and willing to teach and find them not interested at all. This thing is two-way, when you are willing to teach and they are available. "When it is teatime?" they say. I am not going for tea because this is what we still need to learn, this is what we still need to do. You plan your time that I will be teaching you together about this topic because my role is to teach. [facility clinical instructor, participant 3]

Students show willingness to learn; although at times we are short-staffed, we fulfil that obligation. [facility clinical instructor, participant 2]

4.3.1.4 Treating students as individuals

Clinical facilitators expressed views of treating each student as an individual as one of the things they needed to do because students are not the same. There are those that grasp content fast and others that take some time to grasp what is being taught.

I think you have to see the capability of the student, they are not the same, some master so fast, some don't so you have to assist that one ... [facility clinical instructor participant 5]

It is important to accept them as they are, sometimes they look so anxious of what is going to happen. Sometimes they look so lost sister, because of the problems from home as well as at school. [facility clinical instructor, participant 2]

People are different and we learn in different ways. You can't expect students to perform in the same way or level of understanding in certain things. Some of us are like very good when it comes to theory and some

are very competent when it comes to practical so you can't expect us to perform the same way. [fourth year level student, participant 7]

4.3.1.5 Demonstration of procedures

'Demonstration' means to clearly show and explain how something works or is done (Compact Oxford English Dictionary 2013: 263). Participants reported that one of their roles is to demonstrate procedures to students in order to assist them to achieve the clinical learning objectives.

I demonstrate procedures for the students to see if they understand how to perform the skill. It is my role and function as a clinical instructor. [UoT clinical instructor, participant 13]

I demonstrate to them before working with equipment or give them information regarding any condition that they need to know. [facility clinical instructor, participant 5]

My role is to teach students in the facility, demonstrate to the students. I expect them to demonstrate back what I taught them to see that they understand. [facility clinical instructor, participant 4]

In a study done by Bowen *et al.* (2019: 7) similar findings were reported that demonstration was employed as one of the teaching strategy by mentors to assist students to learn in the clinical area.

4.3.1.6 Supervision

Students work better under the supervision of the senior nurse. They feel confident if there is someone with knowledge and experience supervising and guiding them.

Allowing us to do certain procedures independently but with supervision because that will help you to know your strengths and weaknesses.

[fourth year level student, participant 7]

... supervised during their practice in the clinical settings so that they will be able acquire the necessary knowledge and competency to become professional midwives. [UoT clinical instructor, participant 14]

Healthcare personnel enhanced my learning through continuous supervision and providing relevant information. [third year level student, participant 19]

Vizcaya-Moreno et al (2018: 324), concurs with the findings of this study, that students appreciated more supervision from the tutor nurses as this assisted them to feel more safe in the clinical placement area.

4.3.1.7 Evaluation

‘Evaluate’ means forming an idea of the amount of value of something (Compact Oxford English Dictionary 2013: 342). Students were not only taught in order for them to achieve their clinical learning outcomes, but they were evaluated to see if they understood what they were taught.

... then we need to go back to them and evaluate if they did learn or not or they still need us to teach them so that they can master what we teach them. [facility clinical instructor, participant 1]

... to be evaluated to measure the expected level of performance/competence and achievements of learning outcomes. [UoT clinical instructor, participant 14]

... assessment to prepare student midwives to engage with real healthcare experience during clinical experience. [UoT clinical instructor, participant 11]

4.3.2 Theme 2: Desirable and undesirable attitude of mentors

There are certain characteristics and behaviours perceived by the participants as factors that contributed to their learning in the clinical environment. Participants in the study shared some of the characteristics and behaviours presented below and these were the subthemes that emerged: role modelling, favouritism and comparison.

4.3.2.1 Role modelling

One of the functions of the clinical facilitators is to be a role model for the students in order for them to achieve the learning objectives. Role modelling is leading by example. A student participant reported that they looked up to the preceptors that taught and guided them hence learning took place. Students appreciated that the preceptors were approachable, had the necessary knowledge and skills to teach students and assisted them to achieve their learning objectives.

I need to be the role model to them as they look up to me, what I did to the patient, so I need to be a role model at all times. [facility clinical instructor, participant 6]

I think they should lead by example. You can't expect a person to do a certain thing or behave in a certain manner meanwhile you are not ... [fourth year level student, participant 7]

Everywhere you go if you want to achieve something you should have someone you look up to and say I want to be like that person. [facility clinical instructor, participant 1]

Setati and Nkosi (2017: 134) and Bowen *et al.* (2019: 7), all reported similar findings that mentoring was perceived as role modelling whereby students are taught the right way of doing things.

4.3.2.2 Favouritism

According to Compact Oxford English Dictionary (2013: 363), 'favouritism' is the unfair favouring of one person or group at the expense of another. Participants expressed feelings of favouritism by professional nurses working with them, which motivated and inspired them to work harder to achieve their learning objectives.

Sometimes they push forward their own students then we come later – favouritism happened but this never stopped me in working towards my goal. [fourth year level student, participant 9]

So my scare now was favouritism from the midwife, you will find in the clinical area where you are allocated, that was hard for me that now I am not getting the deliveries the way I want because it is not my turn. When it was now my turn I pressed on and worked hard to gain necessary knowledge and skills to become competent. [facility clinical instructor, participant 2]

4.3.2.3 Comparing students

Participants reported that they were being compared with fellow students they were placed with. This resulted in student participants' motivation to work harder in order to achieve their learning objectives.

... you do not know how to do blood pressure; haha! UoT students. If it is her colleague doing the procedure yeah you need to do it like this (she is shown how the procedure is done). This motivated me to work even harder than before. [fourth year level student, participant 9]

How come you do not know this, meanwhile other students from other colleges know this? I went home that evening, read my books and did research on the work that I didn't know. [fourth year level student, participant 7]

Ahn and Choi (2019: 51), concurs with this by reporting that students felt they were compared with students from other schools resulting in pressure for them to achieve their learning objectives.

4.3.3 Theme 3: Strategies of bridging the gap between theory and practice

The theory-practice gap is a key matter in nursing education. Not much literature exists on how to bridge this gap. Participants reported that they appreciated the shared responsibility of nursing education between the academics and the clinical instructors. There are two subthemes that emerged: integration of theory and practice, and clinical accompaniment.

4.3.3.1 Integration of theory into practice

There is collegiality between the lecturers, clinical instructors in the UoT under study and the clinical instructors in the clinical facilities. This was reported as one of the measures that allowed students to achieve their learning outcomes. This is supported by the following statements below.

One of the measures I put in place in order to achieve the midwifery clinical learning objectives was linking the theory that I was taught in class with the practical skills in the clinical facility. [fourth year level student, participant 9]

There was a time when I voiced my concern that we learn different things in our university but now there has been an improvement in collaboration

between the university staff and the hospital staff. [fourth year level student, participant 8]

First it is theory part, that I have been taught in class assisted me in how I attended to the patients under my care. That really helped me a lot because if I didn't have that knowledge I wouldn't have been able to practice in the clinical area and acquire the necessary clinical skills. [third year level student, participant 17]

4.3.3.2 Clinical accompaniment

'Clinical accompaniment' refers to a "structured process by a nursing education institution to facilitate assistance and support to students by the nurse educators and the clinical staff at the clinical facility to ensure the achievement of the programme outcomes" (SANC 2013: Regulation R.173, section 1). Students stated that they learnt better if they were accompanied by their clinical instructors from the university and this helped them to achieve their clinical learning objectives and the facility clinical instructors agree with this comment.

Clinical facilitators who accompany students like you always do, because at times students misunderstand us. So if their clinical instructor comes and visits them not neglecting them, they learn better from them. [Facility clinical instructor, Participant 6]

Students feel empowered and encouraged when they are accompanied closely in the clinical areas and they gain confidence in performing skills as demonstrated in class. [UoT clinical instructor, Participant 13]

... they also teach us if they are here to see if we know what we are doing and observe everything that we are doing. [fourth year level student, Participant 8]

Mbakaya *et al.* (2020: 7), in their study reported that students desired for their lecturers to accompany them in the clinical area. Furthermore, they appreciated the presence of clinical instructors in the first days of their allocation to assist with acquaintance to the new setting.

4.3.4 Theme 4: Support for students

‘Support’ meant anything done to students that was viewed as of assistance to their learning experience such as positive support (Mbakaya *et al.* 2020: 7). Students felt that they achieved their learning objectives better if they were supported in the clinical environment. Two themes emerged: teamwork, and mentor and mentoring.

4.3.4.1 Teamwork

Working in a team was a comment that was often made by participants which enhanced their clinical learning. Participants reported a strong collaboration between themselves as students, educators and clinical instructors in the clinical facilities which students were pleased with because this helped them to succeed. Pairing of students with a senior nurse who is knowledgeable and skilled to enhance learning of students was very beneficial.

Teamwork is very important for us as students and also with the professional nurses and staff working here since they are our seniors so we gain a lot from them, whereby if we work alone as students I think we will fail because there is no guidance. [fourth year level student, participant 7].

What helped me to learn in the clinical environment is teamwork. So teamwork is essential because an input from other team members gives you clear picture as to what things to follow, what to do and not to do. [fourth year level student, participant 9]

There is an intense collaboration with nurse-educator/facilitator-student-clinical institution staff to enhance student learning, sharing equal responsibilities in ensuring that student nurse midwives are provided with quality structured clinical experiences in real life situations ... [UoT clinical instructor, participant 11]

Dewar *et al.* (2020: 7) and Williamson *et al.* (2020: 3) concur with the findings of this study that students valued working where they felt part of the team rather than a spare part and this helped them develop problem solving skills resulting in them forming strong bonds and lasting relationships.

4.3.4.2 Mentors and mentoring

From the participants' perspective, a good preceptor is someone who is willing to teach, support students in every way possible, who is a good role model and is experienced in teaching students. A significant characteristic of a preceptor, as recognised by the participants, was spending more time with the students. Students in the clinical area needed someone with whom they could build a relationship.

They appreciated preceptors who motivated them to learn. Preceptors should also be knowledgeable to add to what the students have been taught in class. From the staff point of view, they appreciated students who were willing to be mentored.

When I am facilitating I would like to see students asking questions in order for me to see if they really paid attention to what I taught them. [facility clinical instructor, participant 6]

Some of the attributes of a good supervisor are to become a coach, counsellor, role model and mentor towards subordinates, so if these traits are displayed at all times it can enhance learning in the clinical environment. [third year level student, participant 19]

I will say mentorship from the facilitators as well as midwives that are already working at the facility enhanced my learning in the clinical environment. [third year level student, participant 16]

Setati and Nkosi (2017: 133), defines mentoring as a caring phenomenon and also included guidance, teaching, supporting, supervising and accompanying the students in the clinical area.

4.4 THE DREAM AND DESIGN PHASE

The dream phase encourages participants to dream about what might be better for the organisation and a better world while the design phase focuses on creating the ideal organisation so that it might achieve its dream (Cooperrider *et al.* 2008: 130, 162). The objective of this phase in this study was to explore the changes that all participants would like to see to achieve midwifery clinical learning objectives. There are three main themes and six subthemes that emerged (Table 4.3).

Table 4.3: Themes and subthemes in the dream and design phase

| MAIN THEMES | SUB-THEMES |
|--|---|
| Theme 1 Capacity building of staff | 1.1 Continuing education 1.2 In-service education and drills |
| Theme 2 Learning drives | 2.1 Learning climate 2.2 Duration of placement |
| Theme 3 Learning resources | 3.1 Equipment 3.2 Personnel |

4.4.1 Theme 1: Capacity building

Capacity building is vital in assisting staff to grow academically. Students learnt better and mastered skills when accompanied by staff who were knowledgeable and skilled. Two subthemes emerged namely: continuing education, and lifelong learning.

4.4.1.1 Continuing education

By definition, 'continuing education' it is a course of instruction for practising nurses for the purpose of updating professional knowledge and skills, developing professionalism in nursing and assisting nurses in advancing their careers (Blackwell's Nursing Dictionary 2012: 147). Clinical educators need to teach relevant information and keep up to date with new, innovative and advance policies and guidelines in health care. Clinical facilitators reported that support was provided by the management in assisting students to achieve their clinical learning objectives by affording them opportunities to grow in their careers through sending them for workshops, seminars and other educational activities.

We are provided with opportunities to develop ourselves as staff by attending trainings, seminars, workshops and courses. [UoT clinical instructor, participant 11]

Management sends us to workshops even though it is not often, in order to update us on current teaching strategies used. Also management send us to short courses in order to develop us and enhance our teaching skills. [UoT clinical instructor, participant 12]

Setati and Nkosi (2017: 134), agrees that mentors should keep up to date with recent knowledge so that they transfer updated knowledge to the students during mentoring.

4.4.1.2 In-service education and drills

According to Compact Oxford English Dictionary (2013: 524), 'in-service education' is a training intended to take place during the course of employment in nursing education thereby assisting the students to achieve their clinical learning objectives. Participants reported that workshops and in-service trainings that are held for staff and students have contributed a lot in teaching students to become competent hence achieve the clinical learning outcomes.

Students are fully engaged on drills that are done by trained staff as these are very helpful. [facility clinical instructor, participant 5]

I like the part of in-service training where we choose the topics and teach, because when you teach a person, that knowledge stays with you as you go along. [third year level student, participant 17]

Setati and Nkosi (2017: 134), concurs that the in-service education is vital as it revives professional nurses in order for them to keep abreast with recent knowledge for effective clinical education. Bowen *et al.* (2019: 9), agrees with further training of mentors in supporting their role as mentors.

4.4.2 Theme 2: Learning drives

Learning environment plays an important role in assisting students to achieve their clinical learning outcomes. That is where the students are socialised into the culture of nursing. Two subthemes emerged: learning climate, and duration of placement.

4.4.2.1 Learning climate

In this study participants reported that they learnt better in a climate that is welcoming and friendly. They felt comfortable when they were getting support from the clinical instructors who trusted and afforded them opportunities to learn new things. This is supported by the statements below.

Professional nurses were giving me an opportunity to practice under their guidance and I was corrected constructively. There was no shouting but I was shown how to do the skill and complimented for doing it right. [third year level student, participant 17]

... friendly staff, when I say friendly staff I mean operational managers or sisters in charge who are more friendly, who give us more practice

and trust us in delivering the women under their supervision while guiding us and not criticising. [fourth year level student, participant 9]

4.4.2.2 Duration of placement

Longer duration of placement in the clinical area was perceived as one of the contributory factors in learning in the practical environment resulting in the achievement of the clinical learning outcomes. Participants stated that at times during their scheduled clinical placement they did not find the number of midwifery cases required for their midwifery registers, hence they arranged to work during their spare time.

Arranging to be placed during Saturdays at the clinical facilities helped because on weekends I don't compete with anyone as most students do not work on weekends, this assisted me to achieve the set objectives of the clinical module. [third year level student, participant 18]

... time spent in clinical placement on days that are not so busy, increases students' opportunity to integrate theoretical knowledge and everyday practice of nursing and this was a contributory factor in my learning in the clinical facility. The first two weeks of placement is for orientation to the ward where the students familiarise themselves with the ward routine and policies and then the rest of clinical placement is used for teaching. [UoT clinical instructor, participant 11]

4.4.3 Theme 3: Learning resources

Availability of teaching and learning resources had a great contribution in assisting students to learn thereby achieving their clinical learning objectives. Two subthemes emerged: equipment, and personnel.

4.4.3.1 Equipment

‘Equipment’ refers to the item needed for a particular purpose (Compact Oxford English Dictionary 2013: 336). Participants expressed the availability of equipment as a contributory factor in their achievement of clinical learning objectives.

... availability of resources, different resources like machines they use play a certain role towards learning. [fourth year level student, participant 7]

Availability of adequate clinical learning resources in the clinical skills laboratory and other areas of learning in the University enhanced my learning in the clinical area. [third year level student, participant 19]

4.4.3.2 Personnel

Availability of personnel that are skilled, knowledgeable and experienced to teach, mentor, guide, supervise and evaluate students in order for them to achieve their clinical learning objectives was one of the responses by the participants. Participants appreciated the visibility of clinical instructors in the clinical area to accompany students. Student participants were asked what positive new changes they would like to see introduced in the clinical facilities and in the UoT to enhance learning in the clinical environment. Some of their answers are reflected below.

It would be good for every clinical facility to allocate at least two clinical instructors so to guide students where necessary in addition to the clinical instructors from our university. [third year level student, participant 19]

... increase the number of clinical facilitators to accommodate the large number of students. [fourth year level student, participant 22]

... increase the number of clinical staff teaching the students. [UoT lecturer, participant 10]

Bowen *et al.* (2019: 9), agrees with having more staff in the clinical facilities so that plenty of time is spent on teaching the students in the clinical environment.

4.5 CONCLUSION

In this chapter, the researcher was able to analyse data derived from the interviews with the participants. Common themes were identified according to the AI phases. Tables 4.2 and 4.3 provide a summary of themes and subthemes. The main themes that emerged in the discovery phase were: teaching role of a mentor, desirable and undesirable attitude of mentor, strategies of bridging the gap between theory and practice and support. In the dream and design phases the main themes were: capacity building of staff, learning drives and learning resources. The next chapter will discuss these findings in the context of supporting literature.

CHAPTER 5: DISCUSSION OF RESULTS, LIMITATIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

In the previous chapter, the research results were presented and this chapter focuses on the discussion of the results. The discussion of the results is guided by the study objectives and phases of AI.

5.2 OVERVIEW OF RESEARCH DISCUSSION

The analysis was conducted to satisfy the objectives of this study as laid out in Chapter 1. The objectives of the study were structured according to the phases of AI.

5.2.1 Discovery phase

- To explore and describe perceptions of lecturers and clinical facilitators on students' achievements of midwifery clinical learning objectives.
- To describe the positive and past experiences of students in achieving their midwifery clinical learning objectives.

5.2.2 Dream and design phase

- To explore changes that lecturers, clinical facilitators and students would like to see to achieve midwifery clinical learning objectives.

The study aimed to describe the strategies used by the lecturer, midwifery clinical facilitators in the UoT, hospital clinical facilitators and students to achieve their midwifery learning objectives in the clinical environment.

A descriptive qualitative design using an appreciative inquiry approach was used for all the participants. Findings led to four themes and seven subthemes.

5.3 DISCOVERY PHASE

- Theme 1: Teaching role of a mentor
- Theme 2: Desirable and undesirable attitudes of mentors
- Theme 3: Strategies of bridging the gap between theory and practice
- Theme 4: Support

These themes and subthemes are discussed below and validated using literature and clinical education models to support interpretation of the findings.

5.3.1 Theme 1: Teaching role of a mentor

Teaching of students is one of the duties of professional nurses working with students in the wards. The findings of this study revealed that the role played by the clinical instructors and lecturers of teaching the students in the clinical area is one of the strategies used to assist the students to achieve their clinical learning objectives. One of the principles of the clinical education model states that clinical preceptors are responsible for teaching (Cunze 2016: 18). The clinical education model further indicates that a system of clinical preceptors should be implemented to ensure minimum levels of clinical teaching and support for students during their clinical practice for role taking. For example, the Nursing Board of Ireland (2015: 8), lists teaching as one of the preceptors' roles in the clinical environment.

Participants in this study stated that teaching of students was easier if there were clear objectives set for them to achieve and communicated to students during orientation at the commencement of each semester and on the first day of clinical placement. Students were able to prepare themselves for clinical placement by reading the theory content before going to placement. These findings are in agreement with the study conducted by Allari and Farag (2017: 65), where it was found that effective clinical training depended on clear objectives set for students and proper guidance in the clinical environment resulting in students' acquiring new skills and knowledge.

In this study students reported that during orientation, which is one of the responsibilities of the clinical facilitators in the clinical facilities, they needed to ask questions if they were not clear about objectives to achieve. They further stated that a proper, well organised orientation assisted them to achieve their clinical learning objectives. In the clinical facilities students were orientated to the ward layout, policies, protocols, standards of operations and procedure guidelines. Sweet (2019: S23) states that orientation assists in creation of a constructive and supportive environment. Furthermore, orientation affords the clinical facilitators a chance of getting to know the individual students.

'Willingness' means a person's desire or intention in a particular situation (Compact Oxford English Dictionary 2013: 1189). Readiness and willingness to learn contributed a lot in teaching and learning of the students in the clinical placement.

Each individual student learns in a different way, therefore it is imperative that the clinical instructors get to know each and every student's capability. In this study students reported that they appreciated clinical instructors who treated them as individuals as they were not all the same. There were those that grasped information faster or slower than others. Brunstad *et al.* (2016: 138) reported that knowing the individual student was another factor that contributed to participants learning in the clinical area. Needham *et al.* (2016: 135), also reported that for effective facilitation preceptors needed to question each student individually in order to plan suitable teaching strategies to meet each student's learning needs. Students wished to be treated as individuals as this made them feel welcomed as members of the health care team (Kamphinda and Chilemba 2019: 14). According to Phuma-Ngaiyaye *et al.* (2017: 167), identification of students' individual needs not only enhanced learning in the clinical area but strengthened the students' professionalism in nursing.

Students were taught by means of different methods in the clinical area, one of them being demonstrations of the procedures in order to explain and show how a certain skill is performed. In their study, Allari and Farag (2017: 66) reported that the presence of the clinical instructor next to the student assisted in guiding the student's practice as supervision and step-by-step teaching took place through procedure

demonstration. Furthermore, the presence of the clinical instructor also serves as an evaluation opportunity of regarding the students' performance in the clinical area. Tenza (2015: 41) posits that there are two perspectives on how to plan clinical teaching of the procedure: demonstration of the whole skill without any interruptions, followed by discussions; or splitting the clinical skill into minor manageable parts.

Participants reported supervision as one of the roles that assisted the students to achieve their clinical learning objectives. Students felt confident when working under the supervision of the professional nurses. They appreciated the clinical instructors' guidance. Supervision goes hand in hand with evaluation to see if they understood what was taught. Cunze (2016: 18) stated that the unit manager is responsible for affirmative results in the unit through effective staff supervision which includes student supervision and accompaniment. Identification of students' level of competencies, teaching, supervision, giving of support and motivation were recognised as the role the clinical instructor plays in order to assist students to achieve the intended outcomes of their training (Allari and Farag 2017: 66).

5.3.2 Theme 2: Desirable and desirable attitudes of mentors

In this study students reported that they looked up to the professional nurses they were paired with as their role models during placement. Some of the characteristics students looked up to were those of being approachable, and having the necessary skills and knowledge to teach students in order to achieve the learning objectives. Emvula (2016: 49) describes a role model as being someone that student nurses look up to as a good example. According to Allari and Farag (2017: 66), participants reported that clinical instructors who were competent and displayed a professional character assisted in improving students' clinical training skills. Jasemi *et al.* (2018: 22) concurs with this finding, with these authors arguing that competence of the clinical instructor is one of the contributory factors in assisting students to achieve their learning objectives.

Clinical instructors felt that they needed to be good role models for students to be socialised into the culture of nursing, which is in line with the findings of Ahanonu and

Waggie (2015: 1) who reported that professional nurses were required to be role models of professionalism as role modelling allows students to gain new behaviours through emulating expert behaviour so as to achieve their clinical learning objectives. Jasemi *et al.* (2018: 24) state that for clinical instructors to be role models they need to display aptitude and knowledge to intensify students' interest in the nursing profession and escalate their enthusiasm. According to the study by Kerthu and Nuuyoma (2019: 27) the participants put an emphasis on the need of having knowledgeable clinical supervisors who can be visible the entire day when students are on clinical placement

Doyle *et al.* (2017: 30) assessed students' views of the learning environment during clinical placement and found that nursing units or wards where students felt that staff modelled an affirmative and constructive behaviour resulted in high student fulfilment rates. Khoza (2015: 106) shared similar findings where students' clinical learning was heightened when the supervisors were welcoming and sympathetic.

Favouritism motivated students to achieve their learning objectives and inspired them to work harder. Students from the clinical facilities were given first preference but when the students from the UoT under study were given a chance they pressed on and worked hard to gain the necessary knowledge and skills to become competent. Manamela (2019: 49) and Motsilanyane (2015: 84) found that there was a preference for college students compared to university students which resulted in destruction of nursing students' personal self-worth. Jamshidi *et al.* (2016: 3) also found in their study conducted in Iran that ill-treatment of and discrimination against student participants led to reports of ill-treatment and discrimination, leading to feelings of stress and inferiority complexes amongst nursing students.

There are certain instances whereby respondents reported being compared unfavourably with students from other nursing education institutions resulting in students from the UoT under study being motivated to work even harder to achieve their learning objectives. Kerthu and Nuuyoma (2019: 26) reported that there was favouritism amongst clinical staff towards nursing students from health centres training for diploma and certificates. Furthermore, the clinical staff preferred teaching students

from training centres and considered them cleverer than university nursing students. Comparison between nursing students and medical students violates nursing students' personal image and results in low self-esteem (Jamshidi *et al.* 2016:5).

5.3.3 Theme 3: Strategies of bridging the gap between theory and practice

The theory-practice gap remains a challenge in nursing education. Participants in this study reported a collegial relationship between the lecturers, the clinical instructors in the UoT under study and the clinical instructors in the clinical facilities. One of the strategies that the students used to bridge the gap between theory and practice was to link the content taught in the classroom and apply it to the practical area. Participants further stated that there has been a huge improvement in collaboration between the UoT staff and the clinical facilities staff and this assisted them with bridging the gap between theory and practice. According to Emvula (2016: 69), collaboration refers to professional nurses and academic staff from different nursing schools working collegially to facilitate clinical education of nursing students. Allari and Farag (2017: 65) found that the majority of student participants thought that clinical training afforded them a chance to apply what they learnt in class in practice in a real life situation in order to bridge the gap between theory and practice. Furthermore, competent and professional clinical instructors are of great assistance in clinical training leading to an increase in student's self-confidence hence decrease in theory-practice gap. According to Shoghi *et al.* (2019: 3), developing and intensifying content-based curriculum was identified as the most imperative tactic for bridging the theory-practice gap. These authors further stated that holding discussion sessions and joint workshops for nurses, clinical nursing directors and university professors as a form of intense collaboration will assist in bridging the theory-practice gap. They also stressed the necessity of discussing aspects of practical experience in class during theoretical sessions so as to bridge this gap.

In this UoT, the lecturer who teaches midwifery and the clinical instructors collaborate during theory and clinical sessions so that students are able to link these. The midwifery lecturer and the midwifery clinical instructors working in the UoT work hand-in-hand during teaching sessions of both theory and practical. Shoghi *et al.* (2019: 3)

state that experts in nursing education and clinical directors should work together to design and implement clinical guidelines, in order for the procedures to be specified so that the educators and the clinical staff share similar expectations to the students resulting in students' empowerment in the clinical environment. Maya and James (2018: 560) concur with this statement and further argue that in order to enhance the supervisory role of the clinical instructors there should be a partnership with the nursing education authorities.

In this study students reported that they felt empowered and encouraged when they were accompanied in the clinical facilities and this is one of the factors that assisted them to achieve their clinical learning objectives. According to SANC (2013: Regulation R173; section 1), clinical accompaniment refers to the structured process by a nursing education institution to facilitate assistance and support for students by the nurse educator and the clinical staff at the clinical facility to ensure achievement of the programme outcomes. According to Khoza (2015: 106), one of the strategies to bridge the gap between theory and practice is having kind and good supervisors who will give daily lessons to students in the clinical area. Kerthu and Nuuyoma (2019: 27) found that participants reported that clinical supervisors should be knowledgeable and visible in the clinical area for the entire day.

5.3.4 Theme 4: Support

Students in this study reported that they achieved their learning objectives better if they were working in a clinical environment that supported them. Working in a team where students were paired with senior nurses who possessed knowledge and skills enhanced their learning. This assisted them to share ideas with the members of the team and they were guided by the senior nurses they worked with. In a study conducted in Zimbabwe by Kaseke and Mutsambi (2014: 50) participants reported that support they receive in the clinical area assisted them to discuss their challenges freely with the supervisors and this ensured adherence to good standards of practice. Collaboration between the nurse educator, clinical facilitators and students with the clinical institution staff provided students with quality structured clinical experience and this enhanced the students' learning. Similarly, the principles of the clinical education

model by Cunze (2016: 18), when students worked with the patients to gain skills and knowledge, also formed part of the clinical service team. According to Donough and van der Heever (2018: 4), participants reported that the presence of their clinical supervisors assisted them by easing the feelings of fear and they felt supported by this. Participants stated that they do not get the necessary support with regards to teaching of students in the clinical placement (Emvula 2016: 67). Support in this manner means technical assistance required by professional nurse to implement clinical teaching while the approach used by stakeholders in the clinical education of working together to make clinical education of nursing students a success is called co-operation (Emvula 2016: 68).

Students in this study further reported that they appreciated mentors who pushed them forward to learn and the clinical instructors appreciated students who were willing to be mentored. A significant characteristic of a preceptor, as recognised by the participants, was spending time with students in the clinical area and building a relationship of trust. Muthathi *et al.* (2017: 6) found that support and supervision by nurse educators in the clinical environment was identified as a need for all nursing students irrespective of the level of training as this ensured guidance and mentoring to increase students' self-confidence. These findings concur with those of Papastavrou *et al.* (2016: 10) who found that the presence and support of the nurse educator in a well-organised nursing care environment resulted in a positive learning experience.

5.4 THE DREAM AND DESIGN PHASE

- Theme1: Capacity building of staff
- Theme 2: Learning drives
- Theme 3: Learning resources

5.4.1 Theme 1: Capacity building

Staff development is the responsibility of the individual employee as well as the organisation. Participants reported that they were afforded opportunities to grow in their careers through workshops, seminars and other educational activities, as support

was provided by the management. This assisted them in teaching students relevant and updated knowledge and skills in order for them to be competent. De Swardt *et al.* (2017: 4) reported that one of the guidelines for professional nurses as exemplary role models in the clinical environment is for them to be afforded opportunities for continuous professional development to enhance their teaching knowledge in clinical education. Bvumbwe and Mtshali (2018: 7), agrees that there should be consideration of continuous professional development for nurse educators as a form of capacity building to improve quality of nursing education in Malawi.

In-service education and drills are conducted in the wards by staff and students as part of teaching and staff development. Students are given topics to present to the whole team of staff working in the ward. This has assisted students to gain necessary knowledge and skills, as teaching another person that knowledge builds your own knowledge and is never forgotten. Maya and James (2018: 558) reported the need for regular in-service education and workshops to enhance the role of the clinical midwives in clinical teaching of students. Attendance of educational programmes by preceptors to assist in development of their teaching skills contributes to successful preceptorship (Loughran and Koharchik 2019: 64). According to Emvula (2016: 64), lack of in-service trainings on how clinical teaching is conducted for professional nurses' results in students being taught outdated knowledge.

5.4.2 Theme 2: Learning drives

The learning environment plays an important role in assisting students to achieve their clinical learning outcomes. In this study, students reported that they learnt better in an environment that was welcoming and friendly. They further stated that they felt comfortable when given support and afforded opportunities where they could learn new things. Doyle *et al.* (2017: 30) found that a unit or ward that was welcoming and encouraging for students was likely to bring about an affirming work culture resulting in students feeling part of the nursing team. The Nursing and Midwifery Board of Ireland (2015: 6) concurs with the previous study stating that a positive ward climate is a facilitating factor of learning in the clinical environment. Furthermore, this environment produces a trusting relationship whereby students are partaking in and

are recognised as members of the team. Allari and Farag (2017: 65) state that the environment should not only be positive but there is a need also for a safe and inspiring atmosphere which can help students to adapt to the new experience.

Duration of placement was reported as a contributory factor in students achieving their learning objectives. Some students went the extra mile and arranged to work on weekends in order for to achieve the set objectives as there is competition for learning opportunities amongst students from other colleges during the weekdays. The Government Gazette R425 (1985) stipulates that midwifery nursing students must spend 1000 clinical hours spread across the following units: antenatal, labour, neonatal, postnatal and admission. Kerthu and Nuuyoma (2019: 26) reported that students were obliged to work on weekends or during school holidays to finish their practical workbooks due to limited time on clinical placement. Jasemi *et al.* (2018: 23) found that for students to acquaint themselves with diversity of procedures and proficiency to carry them, they should be placed for longer blocks in clinical facilities. Similarly, Tenza (2015: 45) also found that that students appreciated being placed for longer (more than 6 weeks) in the clinical facilities as a best practice in clinical teaching. In contrast, Gilmour *et al.* (2013: 21) reported that length of placement had no contribution to the quality of students' learning – what was more important was effective facilitation by the preceptor who the student was paired with.

5.4.3 Theme 3: Learning resources

The results of this study indicated that teaching and learning of students was better conducted when the teaching and learning resources were available including equipment and personnel. This ensures quality nursing care because there is no need for improvisation.

Students in this study reported that they felt comfortable when using familiar equipment that was used for teaching in the university and then found the same equipment in the clinical facilities. Availability entails having sufficient stock for teaching students as well as up to date equipment that is in good working order. Allari and Farag (2017: 66) and Emvula (2016: 62) reported that students emphasized the

significance of availability of resources, equipment and supplies in the clinical environment as this resulted in students practising in a uniform and proper manner. Furthermore, Monette *et al.* (2017: 85) agree that unavailability of resources in hospitals impinge on students' opportunity to perform the skill in a proper manner as taught in the skills laboratory resulting in improvisation and compromises in patient care. Insufficiency of resources in the clinical facilities result in students carrying out the skills differently from the way they are taught in the skills laboratory resulting in confusion and uncertainty as to what is the proper method of performing the procedure. Kerthu and Nuuyoma (2019: 26) found that lack of resources had an adverse effect on nursing education and this generated a theory-practice gap.

Personnel should be available to teach, mentor, guide, supervise and evaluate students in order for them to achieve the clinical learning objectives. Students reported intense visibility of their clinical instructors in the clinical area to accompany them. According to Tenza (2015: 47), clinical instructors from the nursing education institutions should be visible and accessible at all times in the clinical placement area. Furthermore, they appreciated a supervisor who pay attention to whether students are performing the procedure correctly to and assist them in implementing theory to practice during the visits in the practical area. Tenza (2015: 51) further reported that participants believed that effective learning was ensured if there was someone available as a resource for learning and supervision. Furthermore, significant supervision was when students were paired with a professional nurse who had an interest in teaching students in the clinical area.

5.5 CONCLUSION

The findings of this study revealed that clinical facilitators are responsible for a variety of roles such as teaching, being good role models, offering support, providing sufficient teaching and learning resources. It assisted students' learning when there was collaboration between academic staff, management and nursing authorities to ensure effective clinical education for nursing students. What would have been seen as challenges such as favouritism and being compared with other students motivated the nursing students from the UoT to work harder in order for them to achieve the

midwifery clinical learning objectives. Professional nurses had a positive attitude towards teaching of student in the clinical area despite being faced with challenges like having a large number of students allocated in one ward or unit.

5.6 LIMITATIONS OF THE STUDY

The study was conducted in one UoT therefore findings cannot be generalized to other universities. The researcher struggled to find participants in the clinical facilities where students were placed due to the unpredictable routine of the maternity wards. Those who availed themselves and were willing to participate had limited time for the interview because of shortage of staff in the wards. Second year students were excluded because they only commence the midwifery module in the second semester. If they were included, the study might have yielded different results. The use of other methodologies such as a mixed methods might produced a broader range of findings.

5.7 RECOMMENDATIONS

5.7.1 Nursing education

Based on the discussion in Chapter 1, the National Department of Health made a call for reduction of maternal and child mortality rate by producing skilled and knowledgeable midwives (Saving Mothers Report 2013: vii). To successful achieve this there is a need to strengthen the nursing education.

The findings of this study revealed that students were able to achieve their learning outcomes when being taught in the clinical area. This requires a buy-in by the students as clinical instructors appreciates students who are willing and shows readiness to learn, and the professional nurses in the facilities should be role models to students. It is recommended that re-enforcement is done on collaboration between nursing education staff and professional nurses in the clinical facilities so as to identify students' learning needs and ensure full support in the clinical area as a team.

Students appreciated frequent visits by the UoT clinical instructors as revealed by the findings of this study. It is recommended that supervisory visits of students in the

clinical area by the UoT clinical instructors at least three times a week. It is also recommended that the UoT increases the number of the clinical instructors so as to accommodate the large number of students and balance the ratio of clinical instructors per number of students.

5.7.2 Measures to enhance learning in the clinical environment

Students need to be treated as such, not to be used as a workforce or extra pair of hands in clinical practice areas so that they are given time to learn procedures and not be hurried to finish before they are sure of what they are doing. Reduce the number of students per intake per year or split the intake into two equal groups to further divide each group into smaller manageable groups resulting in undivided attention given to each and every student. Students to be given access to the clinical skills laboratory after hours and during weekends to give them enough time to practice the skills taught during the week as there will not be competition amongst the students for use of those facilities at those times. The managers of the nursing department should bring back after-hours practice with remuneration to staff to ensure continuity in teaching as the skill that was demonstrated during the clinical session can be practiced the same day while the knowledge is fresh in the students' minds. Strengthening of in-service and drills in the clinical areas and continued staff development by sending staff for training, seminars and workshops so that clinical instructors in the clinical facilities teach relevant and up-to-date knowledge. The UoT should employ preceptors or mentors allocated in the clinical facilities to look into the interest of the students for clinical accompaniment and to attend to students daily learning needs and challenges. Nursing management in hospitals approved for training of students should commit themselves to support nursing students as well as professional nurses who supervise students by employing enough staff and ensuring adequate supply of resources so as to create a sense of team-work, not see them merely as a workforce, and should be a role model for the students in the clinical area.

5.8 FURTHER RESEARCH

The researcher recommends that research be conducted on the experiences of academic staff working in the UoT under the study when accompanying students in the clinical facilities.

REFERENCES

Ahanonu, E. L. and F. Waggie. 2015. Expectations of youth victims of violence regarding health care professionals leading them to wellness in South Africa. *Curationis*, 38(2): 1-10. Available: <http://dx.doi.org/10.4102/curationis.v38i2.1547>

Ahn, Y. and Choi, J. 2019. Incivility experiences in clinical practicum education among nursing students. *Nurse Education Today*, 73: 48-53

Allari, R. A. and Farag, M. K. 2017. Nursing students' expectations regarding clinical training: a qualitative study. *International Journal of Nursing Science*, 7(3): 63-70. Available: doi:10.5923/j.nursing.20170703.02

Anarado, A. N., Agu, G. U. and Nwonu, E. I. 2016. Factors hindering clinical training of students in selected nursing educational institutions in South-Eastern Nigeria. *Nurse Education Today*, 40: 140-145. Available: doi:10.1016/j.nedt.2016.02.022

Arkan, B., Ordin, Y. and Yilmaz, D. 2018. Undergraduate nursing students' experience related to their clinical learning environment and factors affecting to their clinical learning process. *Nurse Education in Practice*, 29: 127-132. <https://doi.org/10.1016/j.nepr.2017.12.005>

Blackwell's Nursing Dictionary. 2012. 2nd ed. Cape Town: Juta.

Bowen, L., Kable, A. and Keatinge, D. 2019. Registered nurses' experience of mentoring undergraduate nursing students in a rural context: A qualitative study. *Contemporary Nurse*, 1(55): 1-14. <https://doi.org/10.1080/10376178.2018.1513808>

Brink, H., van Der Walt, C. and van Rensburg, G. 2012. *Fundamentals of research methodology of health care professionals*. 2nd ed. Cape town. Juta.

Brunstad, A., Giske, T. and Hjalmlhult, E. 2016. How midwifery students experience learning conditions in labor wards. *Journal of Nursing Education and Practice*, 6(4): 136-144. Available: <https://doi.org/10.5430/jnep.v6n4p136>

Burns, N., Gray, J. R. and Grove, S. K. 2013. *The practice of nursing research: appraisal, synthesis and generation of evidence*. 7th ed. St Louis, MO: Saunders Elsevier.

Bvumbwe, T. M. and Mtshali, N. G. 2018. A middle-range model for improving quality of nursing education in Malawi. *Curationis*, 41(1): 1-11. Available: doi.org/10.4102/curationis.v4i1.1766

Carrigan, C. 2012. Training our future nurses. *Australian Nursing Journal*, 2(20): 22-25.

Compact Oxford English Dictionary. 2013. 3rd ed. New York: Oxford University Press.

Cooperrider, D.L., Whitney, D. and Stavros, J.M. 2008. *Appreciative Inquiry Handbook for Leaders of Change*. 2nd edition. Crown Custom Publishing and Berrett-Koehler Publishers. San Francisco.

Council on Higher Education. 2011. *Work integrated learning: good practice guide*. Pretoria: Council on Higher Education.

Creswell, J. W. 2014. *Research design qualitative, quantitative and mixed methods approaches*. 4th ed. London: Sage.

Cunze, M. 2016. Review of the clinical component of nursing programmes. Durban, 1-72. (Accessed: 20 May 2016).

Cunze, M. and van Rensburg, G. H. 2016. The professional nurse as a role model in the clinical learning environment. Available: <https://stti.confex.com/stti/congrs16/webprogram/Paper79504.html>. (Accessed: 2 June 2016).

Dale, B., Leland, A. and Dale J. G. 2013. What factors facilitate good learning experiences in clinical studies in nursing: Bachelor students' perceptions. *Research Article*. Available: <http://doi.org/10.1155/2013/6286779>

De Swardt, H. C, Van Rensburg, G. H and Oosthuizen, M. J. 2017. Supporting students in professional socialisation: guidelines for professional nurses and educators. *International Journal of Africa Nursing Science*, 6: 1-7. <https://doi.org/10.1016/j.ijans.2016.11.002>

Dewar, B., Stulz, V., Buliak, A., Connoly, L., McLaughlin, K., Newport, K., Rebolledo, S., Stephenson, L., MacBride, T., Lennon, K. and Drayton, N. 2020. Exploring and developing student midwives' experience (ESME)- An appreciative inquiry study. *Midwifery*, 91: 1-11. <https://doi.org/10.1016/j.midw2020.102844>

Donough, G. and van der Heever, M. 2018. Undergraduate nursing students' experience of clinical supervision. *Curationis*, 41(1): 1-8. Available: 1833<https://doi.org/10.4102/curationis.v41i1.1833>

Doyle, K., Sainsbury, K., Cleary, S., Parkinson, L., Vindigni, D., McGrath, I. and Cruickshank, M. 2017. Happy to help/happy to be here: identifying components of successful clinical placements for undergraduate nursing students. *Nurse Education Today*, 49: 27-32. doi:10.1016/j.nedt.2016.11.001

Emvula, O. 2016. Perceptions of registered nurses regarding their role of clinical teaching of student nurses at state training hospital in Windhoek, Namibia. M. Science in Nursing, University of Namibia.

Esmaeilli, M., Cheraghi, M.A., Salsali, M. and Ghiyasvandian, S. 2014. Nursing students' expectation regarding effective clinical education: a qualitative study. *International Journal of Nursing Practice*, 20: 460-467. <https://doi.org/10.1111/ijn.12159>

Factor, E. M. R., Matienzo, E. T. and de Guzman. A. B. 2017. A square peg in a round hole: theory-practice gap from the lens of Filipino student nurses. *Nurse Education Today*, 57: 82-87. DOI: 10.1016/j.nedt.2017.07.004

Fokuo, J.K., Goldrick, V., Rossetti, J., Wahlstrom, C., Kocurek, C. and Larson, J. 2017. 'Decreasing the stigma of mental illness through a student-nurse mentoring program: A qualitative study'. *Community Mental Health Journal* 53(3), 257-265. <https://doi.org/10.1007/s10597-016-0016-4>

Gilbert, J. and Brown, L. 2013. The clinical environment – do student nurses belong? A review of Australian literature. *Australian Journal of Advanced Nursing*, 1(33): 22-28.

Gilmour, C., McIntyre, M., McLelland, G., Hall, H. and Miles, M. 2013. Exploring the impact of clinical placement models on undergraduate midwifery students. *Women and Birth*, 26(1): e21-e25. DOI: 10.1016/j.wombi.2012.06.004

Hammond, S. 1998. *The thin book of appreciative inquiry*. Plano, TX: Thin Book Publishing.

Hanifi, N., Parvizy, S. and Joolaei, S. 2013. Motivational journey of Iranian Bachelor of Nursing students during clinical education: a grounded theory study. *Nursing and Health Sciences*, 15: 340-345. DOI: 10.1111/nhs.12041

Heydari, A., Yaghoubina, F. and Roudsari, R. L. 2013. Supportive relationship: experience of Iranian students and teacher concerning student-teacher relationship in clinical nursing education. *Iranian Journal of Nursing and Midwifery Research*, 6(18): 467-474.

Hemberg, J. and Sjoblom, M. 2018. Invitation as a Cornerstone for Supervision in Nursing Clinical Placement. *International Journal of Caring Sciences*, 2(11): 687-696.

Houghton, C. E., Casey, D., Shaw, D. and Murphy, K. 2012. Students' experiences of implementing clinical skills in the real world of practice. *Journal of Clinical Nursing*, 22: 1961-1969. DOI: 10.1111/jocn.12014

International Confederation of Midwives (ICM). 2017. International code of ethics for midwives(online).Available:http://www.who.int/workforcealliance/members_partners/member_list/icm/en/

Jamshidi, N., Molazem, Z., Sharif, F., Torabizadeh, C. and Kaylani, M. N. 2016. The challenges of nursing students in the clinical learning environment: a qualitative study. *The Scientific World Journal*, 1-6. <https://doi.org/10.1155/2016/1846178>

Jasemi, M., Whitehead, B., Habibzadeh, H., Zabihi, R. E. and Rezaie, S. A. 2018. Challenges in the clinical education of the nursing profession in Iran: a qualitative study. *Nursing Education Today*, 67(2018): 21-26. DOI: 10.1016/j.nedt.2018.04.010

Kamphinda, S. and Chilemba, E. B. 2019. Clinical supervision and support: Perspectives of undergraduate nursing students on their clinical learning environment in Malawi. *Curationis*, 42(1): 1-17. DOI: 10.4102/curationis.v42i1.1812

Kaseke, F. and Mutsambi, M. 2014. Experiences of health science students during clinical placements at the University of Zimbabwe. *Central African Journal of Medicine*, 60(5/8): 45-52.

Kerthu, H. S. and Nuuyoma, V. 2019. Theory-practice gap: challenges experienced by nursing students at the satellite campus of a higher education institution in Namibia. *International Journal of Higher Education*, 8(5): 21-28.

Khoza, L. B. 2015. Nursing students' perceptions of clinical learning experiences. *Journal of Human Ecology*, 51(1,2): 103-110. <https://doi.org/10.1080/09709274.2015.11906900>

Lawal, J., Weaver, S., Bryan, V. and Lindo, J. L. M. 2016. Factors that influence the clinical learning experience of nursing students at a Caribbean school of nursing. *Journal of Nursing Education and Practice*, 4(6): 32-39.

Letswalo, L. O. and Peu, M. D. 2015. Perceptions of student nurses regarding accompaniment in the clinical environment in Gauteng Province, South Africa. *Journal for Physical Health Education Recreation and Dance*, 1(2): 351-368.

Levett-Jones, T., Victoria, P., Courtney-Pratt, H., Harbrow, H. and Rossiter, R. 2015. What are the primary concerns of nursing students as they prepare for and contemplate their first clinical placement experience? *Nurse Education in Practice*, 15(4): 304-309. doi: 10.1016/j.nepr.2015.03.012

Licquirish, S., Seibold, C. and McInerney, F. 2013. Midwifery students' experiences of achieving competency for beginning practice. *British Journal of Midwifery*, 12(21): 874-885. <https://doi.org/10.12968/bjom.2013.21.12.874>

Loughran, M. C. and Koharchik, L. 2019. Ensuring a successful preceptorship: tips for nursing preceptors. *Teaching for Practice*, 119(5): 61-65.

Lyn, E., Olivia, T. and Donovan, J. 2016. Learning to be a midwife in the clinical environment, tasks, clinical practicum hours or midwifery relationships. *Nurse Education in Practice*, 16(1): 294-297. doi: 10.1016/j.nepr.2015.08.003

Manamela, L. E. 2019. Challenges during clinical accompaniment: reflections of the undergraduate nursing students. D. Magister Curationis. University of Pretoria.

Maxwell, E., Black, S. and Baillie, L. 2015. The role of the practice educator in supporting nursing and midwifery students' clinical practice learning: an appreciative

inquiry. *Journal of Nursing Education and Practice*, 5(1): 35-45.
<https://doi.org/10.5430/jnep.v5n1p35>

Maya, S. and James, S. 2018. Clinical supervision of midwifery students: voices of clinical midwives in the Eastern Cape Province of South Africa. *Africa Journal for Physical Activity and Health Sciences*, 24(4): 549-563.

Mbakaya, B.C., Kalembo, F.W., Zgambo, M., Konyani, A., Lungu, F., Tveit, B., Kaasen, A., Simango, M. and Bvumbwe, T. 2020. Nursing and midwifery students' experiences and perception of their clinical learning environment in Malawi: A mixed method study. *BMC Nursing*, 19(87):1-14. <https://doi.org/10.1186/s12912-020-00480-4>

McKune, D. 2011. Midwifery education in South Africa. Dorothy McKune's midwifery blog. Available: <http://capetownmidwife.blogspot.co.za/2011/05>. (Accessed: 10 October 2016).

Moonaghi, H. R., Mirhaghi, A., Oladi, S. and Zeydi, A. E. 2015. A journey across an unwelcoming field: a qualitative study exploring the factors influencing nursing students' clinical education. *Health Science Journal*, 9(4): 1-7.

Morell, N. and Ridgway, V. 2014. Are we preparing student nurses for final practice placement? *British Journal of Nursing*, 10(23): 518-523.

Moore, L.K., Holley, A.B. and Collen, J.F. 2018. 'Working with a mentor: Effective strategies during fellowship and early career. *Chest* 153(4), 799-804. <https://doi.org/10.1016/j.chest.2018.02.016>

Motsilanyane, P.T. 2015. Exploring the clinical accompaniment challenges second year students experience at a nursing education institution in North West.

Moule, P., Aveyard, H. and Goodman, M. 2017. *Nursing research: an introduction*. 3rd edition. London: Sage..

Muthathi, I. S., Thurling, C. H. and Armstrong, S.J. 2017. Through the eyes of the student: Best practice in clinical facilitation. *Curationis*, 40(1): 1-8. doi: 10.4102/curationis.v40i1.1787

Needham, J., McMurray, A. and Shaban, R. Z. 2016. Best practice in clinical facilitation of undergraduate nursing students. *Nurse Education in Practice*, 20: 131-138. doi: 10.1016/j.nepr.2016.08.003

Nieuwenhuijze, M.J., Thompson, S.M., Gudmundsdottir, E.Y. and Gottfreodottir, H. 2019. Midwifery students' perspective on how role models contribute to becoming a midwife: A qualitative study. *Women and Birth*, 33: 433-439

Nursing and Midwifery Board of Ireland. 2015. Quality clinical learning environment: professional guidance. Available: <https://www.nmbi.ie/Standards-Guidance/More-Standards-Guidance/Quality-Clinical-Learning-Environment> (Accessed 1 March 2020).

Nyqvist, J., Brolin, K., Nilsson, T. and Lindstrom, V. 2020. The learning environment and supportive supervision promote learning and are based on the relationship between students and supervisors: A qualitative study. *Nurse Education in Practice*, 42: 1-6. <https://doi.org/10.1016/j.nepr.2019.102692>

Papastavrou, E., Dimitriadou, M., Tsangari, H. and Andreou, C. 2016. Nursing students' satisfaction of the clinical learning environment: a research study. *Nurse Education in Practice*, 15(44): 1-10. doi: 10.1016/j.nepr.2016.08.003.

Phuma-Ngaiyaye, E., Bvumbwe, T. and Chipeta, M. C. 2017. Using preceptors to improve nursing students' clinical learning outcomes: a Malawian students' perspective. *International Journal of Nursing Science*, 4: 164-168. <https://doi.org/10.1016/j.ijnss.2017.03.001>

Polit, D. F. and Beck, C. T. 2017. *Nursing research: generating and assessing evidence for nursing practice*. 10th edition. London: Wolters Kluwer.

Rahimi, M., Haghani, F., Kohan, S. and Shirani, M. 2019. The clinical learning environment of a maternity ward: A qualitative study. *Women and Birth*, 32: e523-529. <https://doi.org/10.1016/j.wombi.2019.01.002>

Reed, J. 2007. *Appreciative inquiry: research for change*. London: Sage.

Republic of South Africa. 2010. Nursing Act 33 of 2005. Pretoria: Government Printer.

Republic of South Africa. Department of Health. 2011 – 2013. Sixth report on the confidential enquiries into maternal deaths in South Africa. Pretoria. Government Printer.

Setati, C.M. and Nkosi, Z.Z. 2017. The perceptions of professional nurses on student mentorship in clinical areas: A study in Polokwane municipality hospitals, Limpopo province. *Health SA Gesondheid* 22: 130-137. <http://dx.doi.org/10.1016/j.hsag.2017.01.008>

Shayan, A., Bibalan, F.G., Shafaei, M., Rahnavardi, M. and Masoumi, S.Z. 2019. Challenges of clinical education in midwifery and strategies to improve it; A qualitative study. *Research article*, 8(1): 1-7. Doi:10.5812/erms.88228

South Africa.1990. *Regulations relating to the conditions under which registered midwives and enrolled midwives may carry on their profession*. (Notice R 2488 of 1990). 26 October 1990.

South Africa. 2013. *Regulation relating to the accreditation of institutions as nursing education institutions* (Notice R173 of 2013). 8 March 2013. South Africa. 1985.. *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. (Notice No. R 425 of 1985 as amended by R 753 of 22 April 1988).

South Africa, Department of Health. 2015. *Guidelines for Maternity Care in South Africa: A Manual for Clinics, Community Health Centres and District Hospitals*. Pretoria. Government Printer.

Ritchie, J., Lewis, J., McNaughton-Nicholls, C. and Ormston, R. 2014. *Qualitative research practice: a guide for social science students and researchers*. 2nd edition. London: Sage.

Sercekus, P. and Baskale, H. 2016. Nursing students' perceptions about clinical learning environment in Turkey. *Nurse Education in Practice*, 17: 134-138. DOI: 10.1016/j.nepr.2015.12.008

Shoghi, M., Sajadi, M., Oskuie, F., Dehnad, A. and Borimnejad, L. 2019. Strategies for bridging the theory-practice gap from the perspectives of nursing experts. *Heliyon*, 5(9). <https://doi.org/10.1016/j.heliyon.2019.e02503>

Sissel, T., Ragnhild, S. and Tveit, J. 2015. Midwifery students first encounter with the maternity ward. *Nurse Education in Practice*, 15(3): 243-248. <https://doi.org/10.1016/j.nepr.2015.01.012>

Sweet, L. 2019. The purpose of orientation and role modelling in the clinical practice environment. *Ultrasound in Medicine & Biology*, 45: S23-S-24. <https://doi.org/10.1016/j.ultrasmedbio.2019.07.489>

Tenza, I. S. 2015. Clinical facilitation: undergraduate nurses' perceptions of best practice in an academic hospital in Johannesburg. M. Science in Nursing. University of Witwatersrand.

Thunes, S., Johanne, R. and Sekse, T. 2015. Midwifery students first encounter with the maternity ward. *Nurse Education in Practice*, 15: 243-248. DOI: 10.1016/j.nepr.2015.01.012

United Nations (UN). 2015. *Sustainable Development Goals*. Available: <https://sustainabledevelopment.un.org/?menu=1300> (Accessed 16 February 2016).

Vizcaya-Moreno, M. F., Perez-Canaveras, R. M., Jimenez-Ruiz, I. and de Juan, J. 2018. Student nurse perceptions of supervision and clinical learning environment: A phenomenological research study. *Enfermeria Global*, 51: 319-331. <http://dx.doi.org/10.6018/eglobal.17.3.276101>

Williamson, G.R., Kane, A., Plowright, H., Bunce, J., Clarke, D. and Jamison, C. 2020. 'Thinking like a nurse'. Changing the culture of nursing students' clinical learning: Implementing collaborative learning in practice. *Nurse Education in Practice*, 43: 2-6. [https://doi.org/10.1016/j/nepr.2020.102742](https://doi.org/10.1016/j.nepr.2020.102742).

Yang, J. 2013. Korean nursing students' experience of their first clinical practice. *Journal of Nursing Education and Practice*, 13(3): 128-138.

APPENDICES

Appendix 1: Letter of information (Clinical Facilitators and Lecturers)



Dear Participant

Thank you for agreeing to participate in this study.

Title of the Research study: Achievement of clinical learning objectives by midwifery nursing students: An Appreciative inquiry.

Principal investigator/ researcher: Ms NP Ngcobo (B Cur)

Co-investigators/ supervisors: Dr DG Sokhela, (D Tech: Nursing), Mrs. BTE Kumalo, (M Tech: Nursing).

Brief Introduction and Purpose of the Study: Midwifery is the course that specialises in educating students about women's sexual and reproductive health, prenatal, childbirth and postnatal period. Midwifery is a module that is part of the four-year training for the students doing Bachelor of Health Sciences degree in Nursing. Its aim is to prepare the nursing students in theory and practice to become competent practitioners who will be able to prevent woman and child morbidity and mortality. The purpose of the study is to determine strategies used by the clinical facilitators to assist the midwifery students to achieve the clinical learning objectives.

Outline of the Procedure: There will be four groups of participants: the lecturers, clinical facilitators working at DUT, midwifery nursing students and hospital clinical

facilitators. The researcher will use interview guides for all the participants. The interview sessions will take at least 30-45 minutes per each participant. The participant's identity will be kept confidential. If you have any questions or need clarification during interviews, please feel free to ask. I kindly request permission from you to use the audio-tape to collect the data.

Risk or Discomfort to the Participants: There will be no risk or discomfort that will happen when you take part in the study.

Benefits: You will benefit since the study is focusing on your perceptions regarding clinical education. At the end of the study I am hoping to find solutions with your help.

Reasons why the Participant May Be Withdrawn from the Study: Your participation is voluntary; you are under no obligation to participate. You may withdraw from the study at any time without penalty or prejudice.

Remuneration: There will be no money paid to you for being part of the study.

Cost of the Study: You will not be expected to pay money to be involved in the study.

Confidentiality: There will be no mention of your name on the interview guide that will be used for the study. The consent form with your name will be kept separately from the interview guide by the researcher.

Research related injury: The nature of the study does not have the risk of you being injured.

Persons to Contact in the Event of Any problems or Queries:

Please contact the researcher: - Ms NP Ngcobo on 033 845 9025, Email: NtombifuthiN@dut.ac.za, or my supervisor: Dr DG Sokhela on 031 373 2039 Email: dudus@dut.ac.za.

Institutional Research Ethics Administrator - 031 373 2900.

Complaints can be reported to the Director: Research and Postgraduate Support, Prof C. Napier on 031 373 2326 or Napier@dut.ac.za



CONSENT

Statement of Agreement to Participate in the Research Study

- I hereby confirm that I have been informed by the researcher, Ntombifuthi Pearl Ngcobo, about the nature, conduct, benefits and risks of this study – Research Ethics Clearance Number: 144/17
- I have also received, read and understood the above written information (Participant Letter of Information) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerised system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

| | | | |
|--------------------------|-------|-------|----------------------------|
| _____ | _____ | _____ | _____ |
| Full Name of Participant | Date | Time | Signature/Right thumbprint |

I, _____ (name of researcher) hereby confirm that the above participant has been fully informed about the nature, conduct and the risks of the above study.

| | | |
|-------------------------|-------|-----------|
| _____ | _____ | _____ |
| Full Name of Researcher | Date | Signature |

| | | |
|--------------------------------------|-------|-----------|
| _____ | _____ | _____ |
| Full Name of Witness (if applicable) | Date | Signature |

| | | |
|---|-------|-----------|
| _____ | _____ | _____ |
| Full Name of Legal Guardian (if applicable) | Date | Signature |

Appendix 2: Data collection tool

Section A: Demographic data

| | |
|--------|--|
| Gender | |
|--------|--|

| | |
|-----|--|
| Age | |
|-----|--|

| | |
|--|--|
| Years of experience in clinical facilitation | |
|--|--|

| | |
|--------------------------|--|
| Highest Qualification | |
|--------------------------|--|

Section B: Appreciative interview guide (Clinical facilitators and Lecturers)

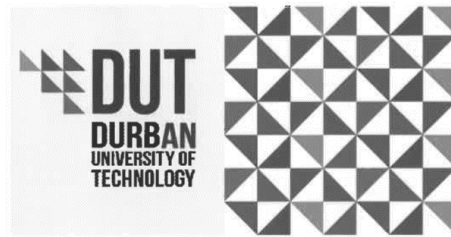
Phase 1: Discovery phase

1. What is your role in assisting students to achieve their clinical learning objectives?
2. What is your perception on student's achievement of midwifery clinical learning objectives?
3. What are your past experiences in clinical facilitation of students?
4. What support do you get from management?

Phase 2: Dream and design phase

1. As a nursing educator/ clinical facilitator how do you think the University can produce skilled, safe and competent midwives?
2. What recommendations can you make regarding the strategies and methods that can be used to enhance clinical education?

Appendix 3: IREC Approval



Institutional Research Ethics Committee
Research and Postgraduate Support Directorate
2nd Floor, Berwyn Court
Gate 1, Steve Biko Campus
Durban University of Technology

P O Box 1334, Durban, South Africa, 4001

Tel: 031 373 2375
Email: lavishad@dut.ac.za
http://www.dut.ac.za/research/institutional_research_ethics

www.dut.ac.za

15 May 2019

Ms N P Ngcobo
5 Peckham Road
Fairmeade
Pietermaritzburg
3201

Dear Ms Ngcobo

Achievement of clinical learning objectives by midwifery nursing students: An appreciative inquiry.

The Institutional Research Ethics Committee acknowledges receipt of your notification regarding the piloting of your data collection tool.

Kindly ensure that participants used for the pilot study are not part of the main study.


In addition, the IREC acknowledges receipt of your gatekeeper permission letter.

Please note that FULL APPROVAL is granted to your research proposal. You may proceed with data collection.

Any adverse events [serious or minor] which occur in connection with this study and/or which may alter its ethical consideration must be reported to the IREC according to the IREC SOP's.

Please note that any deviations from the approved proposal require the approval of the IREC as outlined in the IREC SOP's.

Yours Sincerely,



Professor J K Adam
Chairperson: IREC



Appendix 4: Permission to conduct research at the DUT



*Directorate for Research and Postgraduate Support
Durban University of Technology
Tromso Annex, Steve Biko Campus
P.O. Box 1334, Durban 4000
Tel.: 031-3732576/7
Fax: 031-3732946*

20th September 2018

Ms Ntombifuthi Pearl Ngcobo
c/o Nursing
Faculty of Management Sciences
Durban University of Technology

Dear Ms Ngcobo

PERMISSION TO CONDUCT RESEARCH AT THE DUT

Your email correspondence in respect of the above refers. I am pleased to inform you that the Institutional Research and Innovation Committee (IRIC) has granted full permission for you to conduct your research "Achievement of clinical learning objectives by midwifery nursing students: An appreciative inquiry" at the Durban University of Technology.

The DUT may impose any other condition it deems appropriate in the circumstances having regard to nature and extent of access to and use of information requested.

We would be grateful if a summary of your key research findings can be submitted to the IRIC on completion of your studies.

Kindest regards.
Yours sincerely

PROF CARIN NAPIER
DIRECTOR (ACTING): RESEARCH AND POSTGRADUATE SUPPORT DIRECORATE

Appendix 5: Permission to conduct research at Indumiso campus

PG 2a

Letter of Permission (Research director)

House No 5 Peckham Road
Fairmeade
3201
15 May 2019

The Research Director
Durban University of Technology
P O Box 1334
Durban
4000

Dear Madam

RE: REQUEST TO CONDUCT THE STUDY AND USE OF CLINICAL FACILITATORS AND NURSING STUDENTS AT INDUMISO CAMPUS AS PARTICIPANTS IN MY RESEARCH.

I am presently studying for a Master's degree at the Durban University of Technology in the Department of Nursing. I am employed at Indumiso campus in Pietermaritzburg as the clinical facilitator. The proposed title of my study is: '*Achievement of the clinical learning objectives by midwifery nursing students: An Appreciative Inquiry*'. The aim of the study is to conduct an appreciative inquiry into the achievement of the midwifery clinical learning objectives and to determine strategies used by the clinical facilitators and the students to achieve them.

I am requesting to recruit clinical facilitators, 3rd and 4th year nursing students as participants for this study. The students will be approached in the afternoon during their study periods and the clinical facilitators during their lunch hour. The purpose of the study will explained and the interview guide will be handed by the researcher to selected participants using purposive sampling.

I have attached my research proposal for you to look at. Your approval will be highly appreciated.

Ms NP Ngcobo (Master's student)

Signature.....

Dr DG Sokhela (Supervisor)

Signature.....

Mrs BTE Kumalo (Co-supervisor)

Signature.....

Appendix 6: Letter to request permission Head of Programme

Appendix 1(b): Letter of Permission (Head of Programme)

House No 5 Peckham Road
Fairmeade
3201

The Head of Programme
Durban University of Technology
15 F J Sithole Road
Imbali
3201

05 June 2019

Dear Madam

RE: REQUEST TO CONDUCT THE STUDY AND USE OF CLINICAL FACILITATORS, LECTURERS AND NURSING STUDENTS AT INDUMISO CAMPUS AS PARTICIPANTS IN MY RESEARCH.

I am presently studying for a Master's degree at the Durban University of Technology in the Department of Nursing. I am employed at Indumiso campus in Pietermaritzburg as the clinical facilitator. The proposed title of my study is: **'Achievement of the clinical learning objectives by midwifery nursing students: An Appreciative Inquiry'**. The aim of the study is to conduct an appreciative inquiry into the achievement of the midwifery clinical learning objectives and to determine strategies used by the clinical facilitators, lecturers and the students to achieve them. Structured interviews will be conducted to collect data from all participants.

I am requesting to recruit participants from the Nursing Department which will be clinical facilitators, lecturer, 3rd and 4th year students as well as to utilize the Department to conduct the study. The students will be approached in the afternoon during their study periods, lecturer and the clinical facilitators during their lunch hour. The purpose of the study will be explained and the interview guide will be handed to the participants using purposive sampling. Confidentiality and anonymity will be ensured as no names of participants will be used.

I have attached my research proposal for you to look at. Your approval will be highly appreciated.

Yours sincerely

Ma NP Ngcobo (Master's student)

Signature.....

Dr DG Sokhela (Supervisor)

Signature.....

Mrs BTE Kumalo (Co-supervisor)

Signature.....

Appendix 7: Letter of permission Head of Programme



| | | | |
|---------|--|-------------------|----------------|
| Faculty | Health Science | Department | Nursing |
| Campus | Indumiso | Date | 10 June 2019 |
| Subject | Permission to conduct research – Nursing (Indumiso Campus) | Head of Programme | Mrs N. P. Xaba |

Dear Ms NP Ngcobo

I have read your research proposal with the title: *'Achievement of the clinical learning objectives by midwifery nursing students: An appreciative Inquiry'* and it is interesting for the department. It is with great pleasure to inform you that you are granted permission to conduct your research at Indumiso Campus in the Nursing Department.

As a department, we request the following:

1. During data collection, teaching and learning is not compromised
2. On completion/ qualification, share your findings and recommendations from your study with the department, with the hope that this study will assist the Undergraduate Nursing department especially Midwifery in improving teaching and learning.
3. Your final dissertation be available at the DUT library.

For any assistance, queries and additional information kindly contact me on 033 845 9055/ 076 813 0923. Wishing you all the best of luck during your research.

Yours sincerely

Mrs N. P. Xaba

Head of Programme (Undergraduate Nursing)
033 845 9024

Appendix 8: Letter of request for permission Estcourt Hospital

Appendix 1(d): Letter of Permission (Estcourt Hospital)

House No 5 Peckham Road
Fairmeade
3201
24 August 2018

The Chief Executive Officer
Estcourt Hospital
Private Bag X 7058
Estcourt
3310

Dear Madam

**RE: REQUEST TO CONDUCT THE STUDY AND USE OF CLINICAL FACILITATORS/REGISTERED NURSES
IN YOUR FACILITIES.**

I am presently studying for a Master's degree at the Durban University of Technology in the Department of Nursing. I am employed at Indumiso campus in Pietermaritzburg as the clinical facilitator. The proposed title of my study is: '**Achievement of the clinical learning objectives by midwifery nursing students: An Appreciative Inquiry**'. The aim of the study is to conduct an appreciative inquiry into the achievement of the midwifery clinical learning objectives and to determine strategies used by the facility midwifery clinical instructors/registered nurses to assist students to achieve them. Structured interviews will be conducted to collect data from the clinical facilitators / registered nurses.

I am requesting to recruit participants from Estcourt Hospital which will be clinical instructors / registered nurses. They will be approached during their lunch hour so as not to disturb the service. The purpose of the study will be explained and the interview guide will be handed to the participants using purposive sampling. Confidentiality and anonymity will be ensured as no names of participants will be used.

I have attached my research proposal for you to look at. Your approval will be highly appreciated.

Yours sincerely

Ms NR Ngcobo (Master's student)

Signature

Dr DG Sokhela (Supervisor)

Signature

Mrs B T E Kumalo (Co – supervisor)

Signature

Appendix 9: Letter of permission Estcourt Hospital



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

SECTION

Physical Address: No.1 Old Main Road, Estcourt, 3310
Postal Address: Private Bag X7050, Estcourt, 3310
Tel: 036 342 7042 Fax: 036 342 7110 Email: yvette.nunes@kznhealth.gov.za
www.kznhealth.gov.za

CEO'S OFFICE

Enquiries: Mrs. Y. Nunes
Ext: 036 342 7121/7042
09 November 2018

Ms N.P. Ngcobo
House No 5 Pockham Road
Fairmeade
3201

Dear Ms Ngcobo

**RE: REQUEST TO CONDUCT THE STUDY AND USE OF CLINICAL
FACILITATORS/REGISTERED NURSES IN YOUR FACILITIES.**

This letter serves to confirm that you have been granted the permission to come and conduct the study: **'Achievement of the Clinical learning objectives by midwifery nursing students: An Appreciative inquiry'** and recruit the use of clinical facilitators/registered nurses in Estcourt Hospital.

Thank you

Mrs. Y. Nunes
Estcourt Hospital - CEO

Appendix 10: Letter of request for permission Greytown Hospital

Appendix 1(c): Letter of Permission (Greytown Hospital)

House No 5 Peckham Road
Fairmeade
3201
24 August 2018

The Chief Executive Officer
Greytown Hospital
Private Bag X5562
Greytown
3250

Dear Madam

**RE: REQUEST TO CONDUCT THE STUDY AND USE OF CLINICAL FACILITATORS/REGISTERED NURSES
IN YOUR FACILITIES.**

I am presently studying for a Master's degree at the Durban University of Technology in the Department of Nursing. I am employed at Indumiso campus in Pietermaritzburg as the clinical facilitator. The proposed title of my study is: '**Achievement of the clinical learning objectives by midwifery nursing students: An Appreciative Inquiry**'. The aim of the study is to conduct an appreciative inquiry into the achievement of the midwifery clinical learning objectives and to determine strategies used by the facility midwifery clinical instructors/registered nurses to assist students to achieve them. Structured interviews will be conducted to collect data from the clinical facilitators / registered nurses.

I am requesting to recruit participants from Greytown which will be clinical instructors / registered nurses. They will be approached during their lunch hour so as not to disturb the service. The purpose of the study will be explained and the interview guide will be handed to the participants using purposive sampling. Confidentiality and anonymity will be ensured as no names of participants will be used.

I have attached my research proposal for you to look at. Your approval will be highly appreciated.

~~Yours sincerely~~

Ms NP Ngobobo (Master's student)

Signature

Dr DG Sokhela (Supervisor)

Signature.....

Mrs B T E Kumalo (Co – supervisor)

Signature

Appendix 11: Letter of permission from Greytown Hospital



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

OFFICE OF THE MEDICAL MANAGER
GREYTOWN PROVINCIAL HOSPITAL

Private Bag X 5562, Greytown, 3250
Bell street, Greytown, 3250
Tel.: 033 413 9400 Fax: 033 413 2809
Email: Morgan.Govender3@kznhealth.gov.za
www.kznhealth.gov.za

16 November ,2018

Enquiries: DR M A Govender

To:
The Principal/Protocol Investigators,
Ms NP Ngcobo

Re Acievements of the clinical learning objectives by midwifery Nursing students at Greytown Hospital:an appreciative enquiry

I have pleasure in informing you that permission has been granted to you for conducting research as stipulated above.

Please note the following:

1. Please ensure that you adhere to all the policies, procedures, protocols and guidelines of the Department of Health with regards to this research.
2. This research will only commence once this office has received approval of your study from the Provincial Health Research and Ethics Committee (PHREC) in the KZN Department of Health..
3. Please ensure this office is informed before you commence your research.
4. Greytown Provincial Hospital will not provide any resources for this research.
5. You will be expected to provide feedback on your findings to this office

Thanking You,

Yours sincerely,

DR Morgan Govender
MEDICAL MANAGER

Signature

.....

uMnyango Wezempilo . Departement van Gesondheid

Fighting Disease, Fighting Poverty, Giving Hope

Appendix 12: Letter of request for permission Northdale Hospital

Appendix 1(e): Letter of Permission (Northdale Hospital)

House No 5 Peckham Road
Fairmeade
3201
24 August 2018

The Chief Executive Officer
Northdale Hospital
1 389 Dr Chota Motala Road
Pietermaritzburg
3201

Dear Madam

**RE: REQUEST TO CONDUCT THE STUDY AND USE OF CLINICAL FACILITATORS/REGISTERED NURSES
IN YOUR FACILITIES.**

I am presently studying for a Master's degree at the Durban University of Technology in the Department of Nursing. I am employed at Indumiso campus in Pietermaritzburg as the clinical facilitator. The proposed title of my study is: **'Achievement of the clinical learning objectives by midwifery nursing students: An Appreciative Inquiry'**. The aim of the study is to conduct an appreciative inquiry into the achievement of the midwifery clinical learning objectives and to determine strategies used by the facility midwifery clinical instructors/registered nurses to assist students to achieve them. Structured interviews will be conducted to collect data from the clinical facilitators / registered nurses.

I am requesting to recruit participants from Northdale Hospital which will be clinical instructors / registered nurses. They will be approached during their lunch hour so as not to disturb the service. The purpose of the study will be explained and the interview guide will be handed to the participants using purposive sampling. Confidentiality and anonymity will be ensured as no names of participants will be used.

I have attached my research proposal for you to look at. Your approval will be highly appreciated.

Yours sincerely

Ms NP Ngcobo (Master's student)

Signature

Dr DG Sokhela (Supervisor)

Signature.....

Mrs B T E Kumalo (Co – supervisor)

Signature

Appendix 13: Letter of permission from Northdale Hospital



DIRECTORATE: OFFICE OF THE CEO

P/Bag X9006, Pietermaritzburg 3200
Tel: (033) 387 9007 Fax: (033) 397 9768 Email: buhle.maphanga@kznhealth.gov.za
www.kznhealth.gov.za

NORTHDALE HOSPITAL

| | |
|------|--|
| DATE | 05 February 2019 |
| TO | MS NP Ngcobo |
| FROM | Mrs BC Maphanga : CEO Northdale Hospital |
| RE: | Approval Letter to Conduct Research : Achievement Of The Clinical Learning Objectives By Midwifery Nursing Students: An Appreciative Inquiry |

Dear Ms Ngcobo

I have pleasure in informing you that permission has been granted to you by Northdale Hospital to conduct a study on **Achievement Of The Clinical Learning Objectives By Midwifery Nursing Students: An Appreciative Inquiry**

Please note the following:

1. Please ensure that you adhere to all the policies, procedures, protocols and guidelines of the Department of Health with regards to this research.
2. This research will only commence once this office has received approval of your study from the Provincial Health Research and Ethics Committee (PHREC) in the KZN Department of Health.
3. Please ensure this office is informed before you commence your research.
4. The District Office/Facility will not provide any resources for this research.
5. You will be expected to provide feedback on your findings to the District Office/Facility.
6. You are required to contact this office regarding dates for providing feedback when the research has been completed.

Thank you

Fighting Disease, Fighting Poverty, Giving Hope

Appendix 14: Letter of permission to use the interview guide

PG 2a

Appendix 4: Permission to use the interview guide

Ntombifuthi Pearl Ngcobo

From: David Cooperrider <dco@case.edu>
Sent: 07 June 2017 04:33 PM
To: Ntombifuthi Pearl Ngcobo
Cc: david.cooperrider@case.edu; FBarrett@nps.edu
Subject: Re: re-permission to use the Appreciative Interview Protocol

Yes, and hope your work goes well.
David

Sent from my iPhone
440-364-5077
David.cooperrider@case.edu

On Jun 7, 2017, at 10:12 AM, Ntombifuthi Pearl Ngcobo <NtombifuthiN@du.ac.za> wrote:

Dear Prof

I trust you are well.
I am Ntombifuthi Ngcobo currently studying towards my Master's degree through Durban University of Technology in Durban (South Africa). May I kindly request your permission to use your Appreciative Interview Protocol as a guide for my study from your article with the following title: *Appreciative Inquiry: The Power of the Unconditional Positive Question*. I hope my request will reach your favourable consideration.

Warm regards,
<image003.png>

*This e-mail is subject to our Disclaimer, to view click <http://www.dut.ac.za/Disclaimer>

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation to the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and automatically archived by Mimecast SA (Pty) Ltd, an innovator in Software as a Service (SaaS) for business. Mimecast Unified Email Management™ (UEM) offers email continuity, security, archiving and compliance with all current legislation. To find out more, contact [mimecast](http://mimecast.com).

1

Appendix 15: Editing certificate

DR RICHARD STEELE

BA, HDE, MTech(Hom)

HOMEOPATH

Registration No. A07309 HM

Practice No. 0807524

Freelance academic editor

Associate member: Professional Editors'

Guild, South Africa

110 Cato Road
Bulwer (Glenwood), Durban 4001

031-201-6508/082-928-6208

Email: rsteele@vodamail.co.za

EDITING CERTIFICATE

Re: Ntombifuthi Pearl Ngcobo

**Master's dissertation: ACHIEVEMENT OF CLINICAL LEARNING
OBJECTIVES BY MIDWIFERY STUDENTS: AN APPRECIATIVE
INQUIRY**

I confirm that I have edited this dissertation and the references for clarity, language and layout. I returned the document to the author with track changes so correct implementation of the changes and clarifications requested in the text and references is the responsibility of the author. I am a freelance editor specialising in proofreading and editing academic documents. My original tertiary degree which I obtained at the University of Cape Town was a B.A. with English as a major and I went on to complete an H.D.E. (P.G.) Sec. with English as my teaching subject. I obtained a distinction for my M.Tech. dissertation in the Department of Homeopathy at Technikon Natal in 1999 (now the Durban University of Technology). I was a part-time lecturer in the Department of Homoeopathy at the Durban University of Technology for 13 years.

Dr Richard Steele

06 May 2020

per email