

**EXPLORING THE SUPERNUMERARY STATUS OF STUDENT NURSES IN
THE CLINICAL LEARNING ENVIRONMENT AT TWO SELECTED PRIVATE
NURSING COLLEGES IN DURBAN, KWA-ZULU NATAL**

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Sciences in Nursing in the Faculty of Health Sciences at the Durban University of
Technology

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Date : April 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is entirely my own and not of any other person, unless explicitly acknowledged (including citation of published and unpublished sources).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 previously been submitted in any form to the Durban University of Technology or to any other institution for assessment or for any other purpose.

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Abstract

Background

Nursing is a practice whereby learning in the clinical environment is just as important as the theoretical component. While specialised training and an abundance of knowledge and skill is required to synchronise patient care with the increased burden of disease globally, a report by the International Council of Nurses, has found that major changes in any healthcare system necessitates the need for nurses to upskill and acquire knowledge for the transition from a novice nurse to an expert. This has made clinical supervision necessary for the experiential foundation for nursing knowledge, skills, and values, allowing it to be to be integrated and applied in the clinical environment.

Purpose of the study

The purpose of the study was to describe the current role of student nurses registered in the Diploma in General Nursing programme and to explore the perceptions of student nurses of their supernumerary role in the clinical learning environment.

Methodology

A qualitative, exploratory, descriptive design, was adopted, to explore the supernumerary status of student nurses in the clinical learning environment at two selected private nursing colleges in Durban, a city in the province of KwaZulu-Natal, South Africa. Data was collected from in-depth, one-on-one interviews with twenty student nurses and the findings were analysed using Creswell's step-by-step approach to data analysis.

Findings

Four major themes that emerged from the data analysis were a) Integration of theory and practice; b) Influences relating to the teaching and learning area; c) Supervision of nursing students; d) Communication.

Conclusion

Nursing care is a core element in the clinical environment as knowledge and skills are an integral part of clinical practice in a healthcare facility. Patient care has been given top priority in South Africa by SANC, Department of Health (DoH) the Council on Higher Education (CHE), legislation, guidelines, procedures and programmes, hence there was a need to change the nursing curriculum in 2020. The findings of this study hopefully, will generate awareness for the need to support and guide student nurses in achieving the specific learning outcomes as stipulated in the SANC curriculum, by allowing clinical practice opportunities. Therefore, an understanding of the evolving changes in the SANC curriculum regarding student nurses functioning under a supernumerary status in the clinical learning environment, will significantly contribute to the accomplishment of competent graduate nurses rendering holistic patient care.

Key words: Clinical learning environment; Student nurse; Supernumerary

Dedication

This study is dedicated to my dearest husband Lenny, for your patience, love, and ever willingness to assist. To darling children who I hold dear to my heart Luven, Keane and Reon for their unending support and encouragement.

To my late parents, Neela Moodley and Siva Pillay who instilled in me the value that knowledge is power. My parents endless support, encouragement and motivation to work hard.

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GLOSSARY OF TERMS

Supernumerary

The Nursing and Midwifery Council (2019:1) define supernumerary status as a 'student will not, as part of their programme of preparation, be contracted by any person or body to provide nursing care'.

Student nurse

A student nurse according to Kotze' (2013:187) is an individual who has completed grade 12 of schooling and has successfully met the entrance requirements of an approved nursing institute.

According to SANC the term learner (student) is defined as "a person registered with the Council as a learner or a learner midwife", (South Africa Nursing Act of 2005: s32(1)). In the context of this study the term student nurse will be used to refer to a person studying at a private nursing college that is accredited with SANC for a formal nursing programme.

Clinical learning environment

The clinical learning environment is used as a platform for student nurses to integrate theory and practice to promote health and provide care (Nursing Act, 2005 (Act No. 33 of 2005:1)). The clinical learning environment according to SANC is as follows:

In this study, the clinical learning environment refers to wards/units at two accredited private hospitals for decentralised nursing education in Durban, KwaZulu-Natal, where student nurses are placed to complete clinical requirements.

Acronyms

Acronym	Full word/sentence
CHE	Council on Higher Education
DoH	Department of Health
ETQA	Education, Training and Quality Assurance
ICN	International Council for Nurses Code of Ethics
KZN	KwaZulu-Natal
SANC	South African Nursing Council
SAQA	South African Qualifications Authority
WHO	World Health Organisation

CHAPTER 1: INTRODUCTION

1.1 INTRODUCTION

Throughout the world, nursing is a profession that focuses on individuals, families and communities. The World Health Organisation (WHO 2016: 2), has noted that nurses are the largest healthcare group to bridge the gap between communities and the healthcare sector. The WHO (2016: 2) has also emphasised the need for continuous training and development, to aid the global health economy. While specialised training and an abundance of knowledge and skill is required to synchronise patient care with the increased burden of disease globally, a report by the International Council of Nurses has found that major changes in any healthcare system necessitated the need for nurses to upskill and acquire knowledge, for the transition from novice to expert, thereby allowing them to adopt the roles and responsibilities as competent professionals (The International Council for Nurses Code of Ethics (ICN) 2017: 6). According to Jonsen, Mellender and Hilli (2013: 297), nursing is a practice whereby learning in the clinical environment is just as important as an element of theory. The same author has reported that the aim of the theory and practice correlation is to maintain the health of individuals to ensure optimal recovery and preservation of life.

According to Arrowsmith *et al.* (2016: 1735), the transition from being a student nurse to a professional practicing nurse is a complex progression repeatedly described as a challenge in the development of a new professional. Moleki and Mogotlane (2011: 83) stated that clinical supervision by either the nurse educator or the clinical facilitator is an essential component in theory and the clinical education of student nurses. Clinical supervision necessitates the experiential foundation for nursing knowledge, skills, and values to be integrated and applied in the clinical environment. The current trend in South Africa is that the nursing education sector has aligned itself to global trends in nursing, which prepares student nurses for transition into their professional nurse's role and assume the required role functions and accountability (Blaauw, Ditlopo and Rispel 2014: 1). Helminen *et al.* (2016: 308) agree that, in order to determine a student nurses' capabilities for practice, they have to undergo clinical competency assessments, which assists in measuring their abilities

with performance of relevant skills, integrating knowledge, attitudes and critical thinking capabilities.

In South Africa (S.A.), nursing education follows scientific principles as requisite knowledge is derived from the biological, theoretical and clinical environment as stipulated in the curriculum by the South African Nursing Council (SANC) (2013c). Nursing focuses on the holistic care of individuals, families, and communities (Ashley, Halcomb and Brown 2016: 8). The quality of nursing education is dependent entirely on the clinical experience that student nurses have attained in their clinical area (Aghamohammadi-Kalkhoran, Karimollahi and Abdi 2010: 77). Ralph, Walker and Wimmer (2009: 434) agree that the effective monitoring of student nurses and beneficial feedback from clinical facilitators and unit managers enhances positive learning. Beepat (2015: 18) adds that the lack of support and guidance from clinical facilitators, nurse educators (NE), unit managers and clinical staff, creates a challenging learning environment for student nurses consequential to negative experiences.

The Nursing and Midwifery Council (2019: 1) of the United Kingdom stipulates that nursing programme providers should ensure that student nurses are supernumerary during all practice learning. The term “supernumerary” means that students will not, as part of their programme preparation, be contracted by any person or body to provide nursing care (Nursing and Midwifery Council 2019: 1). Therefore, student nurses placed at clinical training facilities should adopt the supernumerary status during their clinical learning that will allow them to develop nursing skills under direct supervision. It also means that the healthcare services will continue without student nurses being part of the working team (Maritz 2017: 19).

The ongoing aspect of education has originated on the learning-by-doing approach to achieve competence and continuous professional development (Mothobi 2017: 1). Thus, the primary goal for nurse educators, clinical facilitators and unit managers, is to facilitate

the student nurses' correlation of theory and skills from the classroom and simulated learning environments to the clinical learning environment (Emory 2014: 124).

Ndaba (2013: 25) noted that the majority of newly qualified nurses were registered with the SANC but were not competent for independent practice in the clinical environment. The same study revealed that there was a shortage of practice opportunities in the clinical nursing environment to acquire leadership and management skills. Performing tasks as part of the workforce exempts students from viewing special cases and attending to emergency situations in the hospital, therefore, limiting the time spent by the student nurse to integrate the theoretical teaching and develop critical thinking skills (Maritz 2017: 19).

Student nurses entering the clinical learning environment have to follow the scientific principles of knowledge gained from the biological, theoretical and clinical environment that the student will integrate into practice. According to Benner (1984: 20), a novice nurse is one who has no prior work experience in the clinical area, and therefore will encounter many challenges. This is also the reason why Earle-Foley *et al.* (2012: 27) reported that novice nurses entering the clinical learning environment have limited knowledge and skill. According to the National Patient's Rights Charter of the Health Professionals Council of South Africa (2019), patients have the right to a harmless and healthy environment ensuring that safe medical, psychological and holistic care is rendered. Having novice nurses care for patients with complex medical conditions in the clinical area, places patients at risk, thus breaching the ethical responsibility by both the assessor and the institutional education provider (WHO 2013: 15). In the last decade, changes in the nursing practice and nursing education curricula has defined the clinical competencies of the student nurse. These changes have precipitated ongoing debates by educational and professional bodies regarding the role and function of the various categories of nurses (South African Nursing Council Nursing Act 33, 2005). This study is therefore timeous in exploring the supernumerary status of the student nurse in view of the current changing landscape of nursing in South Africa.

1.2 BACKGROUND

The SANC has been delegated by the South African Government through the Nursing Act No. 50 of 1978 as amended Act 33 of 2005, to promote and maintain the standards of nursing education and training and is the professional body in South Africa. The SANC acts as an Education, Training and Quality Assurance (ETQA) authority, tasked with the responsibility of monitoring the progression of nursing education standards, so that the knowledge and skills of its members are relevant to global health and the overburden of diseases in a changing environment. The nursing curriculum is accredited by the SANC and nursing programmes are offered at accredited nursing colleges ensuring that the knowledge and clinical skills together with experience, effectively achieve the expected outcomes. According to the Nursing Education and Training Standards, Nursing Act (No. 33 of 2005), states that in order for student nurses to narrow the theory practice gap, there must be more learning opportunities for the student nurses so that they meet the demands of the healthcare system (Van Graan and Williams 2017: 276).

Currently, in South Africa, the two nursing programmes held at government and private nursing institutes, focus on student nurses graduating as registered nurses. The training of the four-year diploma and four-year degree programmes leads to a qualification in General, Psychiatric and Community Health Nursing and Midwifery in accordance with SANC and Regulation No. R425 of 22 February 1985 as amended. The two-year diploma in general nursing, denoted as the Diploma in General Nurse, leads to registration as a general or psychiatric nurse in accordance with the SANC Regulation No. R683 of April 14, 1989 as amended. The two-year trained enrolled nurse can further their education by entering the Diploma in General Nursing R683 nursing programme. The enrolled nurses have to successfully, complete a two-year programme, working under the direct or indirect supervision of the regulation R683 SANC curriculum. The curriculum entails integrated general nursing science, applied social sciences, nursing dynamics, ethos and professional practice and ward management (SANC R683, 1989, Paragraph 7 (1) (i and j)).

Quality theoretical and clinical education is essential in producing excellent nurse graduates to maintain the high standard of skilled competent staff required in both private and public healthcare sectors (Singh and Mathuray 2018: 124). Singh and Mathuray further alluded to the fact that nurses need to receive comprehensive clinical learning opportunities for them to practice independently. Student nurses' perceptions of their clinical learning environment vary significantly each year and requires evaluation at regular intervals to optimise clinical learning opportunities, guide and support as well as improve and enhance the theory practice correlation (Kalyani et al. 2019: 1). The clinical learning experiences of student nurses comprise of both positive and negative experiences which include transition shock and theory-practice gaps; clinical supervision and clinical learning opportunities (de Swardt, Van Rensburg and Oosthuizen 2016: 1).

The term supernumerary is not specifically, used within the SANC context but as guidance in clinical placement areas. According to the scope of practice regulation, persons who are registered or enrolled under the Nursing Act 1978, Regulation R2598, Section 2, the registered nurse is expected to provide education applicable to health care practices. The scope does not specifically refer to the teaching or educating of nursing students, even though in the clinical environment, the registered nurse is responsible for providing safe patient care that points to supervision and teaching of students placed in the unit for the purpose, of learning. According to Sundler *et al.* (2014: 661), professional nurses are involved with student nurses as they are responsible for their professional development.

1.2.1 ROLE AND FUNCTION OF THE SOUTH AFRICAN STUDENT NURSE

The newly recruited students sign a contract at the nursing colleges on the commencement of their programme. One of the terms stipulated is that student nurses have to practice under direct or indirect supervision of a registered nurse when placed in the clinical setting (South African Nursing Council, Regulation 41 (1985)). Nursing students, who do not function under the supervision of registered nurses, impede the student contract resulting in unhealthy practices and thus, placing the patient's health at risk. According to Gardiner and Sheen (2016: 8), the transition into the new role is stressful and fraught with challenges.

The problem may lie with student nurses not functioning in a supernumerary role or inadequate supervision. The roles and functioning of the student nurse in the clinical learning environment includes a huge portion of their practical experiences in the various disciplines in the clinical environment. The responsibility of nurses is aligned to: promoting health, preventing illness and alleviating pain and suffering, when rendering patient care. In view of the SANC (2013: 3 section 58(1) [g]), student nurses should actively participate in the learning experience and demonstrate self-direction. The SANC further supports professional development and the code of conduct to reflect on their responsibilities and learning needs. Maritz (2017: 14) states that student nurses have the responsibility and accountability of being aware of their surroundings, the practice areas of healthcare and workers providing inappropriate nursing care. The scope of practice of the registered nurse (SANC regulation, acts and omissions section 4, Chapter 4) states that action shall be taken against a registered nurse in the case of deliberate or neglectful oversight to maintain the health status of a patient under their care. The International Council for Nurses Code of Ethics (ICN, 2010), note that the components of nursing are made up of nurses and practice, nurses and people, nurses and co-workers and nurses and the relevant profession. The ICN document provides a standardised framework of conduct for a student nurse in the working environment.

Clinical accompaniment is a criterion for all student nurses during their training in South Africa as per SANC requirement and to offer support and guidance to ensure professional development. However, regardless of the recommendation by SANC clinical accompaniment of student nurses is not effectively understood (Letswalo and Peu 2015: 351). In order for student nurses to develop professionally in the clinical environment, they should look for learning opportunities in the clinical area. It is the responsibility and accountability of the student to notify their nurse educators/lecturers if learning objectives are not being achieved in the clinical learning environment. The student nurses have a responsibility to provide nursing care to allocated patients, without any form of discrimination and treat each patient with courtesy, respect and dignity. Student nurses have to maintain confidentiality, professionalism and be accountable when performing patient care.

Professional development, critical reflective thinking and continuous enthusiasm must be maintained during clinical practice. The student nurse should always practice within their scope of practice and work under direct supervision of a registered nurse (SANC R2598 chapter 5).

1.2.2 CLINICAL OUTCOMES AND THE STUDENT NURSE

Student nurses are placed in different disciplines in facilities accredited by the SANC for training purposes to ensure that the learning outcomes are achieved from commencement of the training programme until completion (SANC 2013, Regulation 171 and Regulation 425).

Clinical teaching equips student nurses to apply theory to the clinical area so that they can integrate theoretical knowledge and practical skills holistically in the clinical environment. Clinical learning is a requirement for all student nurses as per SANC Regulation 683, so that student nurses meet their specific learning outcomes in specific units. According to the SANC, Regulation 42 (1985) (SANC Regulations; Education and Training of a Nurse Midwife, 1985), accompaniment involves mindful and resolute guidance and support of the student nurse and their learning. According to the Nursing Act, 33 (2005), educators or the clinical facilitators are required to accompany student nurses in the clinical learning environment to give guidance and support and to correlate theory into practice.

According to Letswalo and Peu (2015: 352), student nurses place patients with life-threatening medical problems at a high risk due to their lack of knowledge to assimilate theory into practice. Nurses working in the healthcare facility, either as a student nurse or as a qualified staff member have found nursing challenging, due to staff shortages (Haddad, Annamraju and Toney-Butler 2020: 1). Therefore, student nurses entering the clinical environment should function as supernumerary in the clinical area transforming themselves from novice to expert, to cope with the healthcare demands (Azimian, Negarandeh and Fakhr- Movahedi 2014: 88). In order for the student nurse to function as supernumerary, maximum use of the clinical learning environment should be allowed so that student nurses

can correlate theory into practice, apply psychosocial skills and render patient care holistically and not compromise patient care (Shepherd and Uren 2014: 20). Therefore, according to the Nursing Act 2005 (Act No. 33 of 2005) (Republic of South Africa 2005) a student nurse should be, given adequate guidance and support by professional nurses and midwives throughout their training in the clinical learning environment. According to Tsotetsi (2012: 51), the aim of guidance and support is to develop student nurses into competent, independent nurse practitioners. The same study concluded that, newly qualified nurses had difficulty in adjusting to the clinical environment to perform their responsibilities and procedures with self-confidence due to the lack of guidance and support, role conflict and unanticipated workloads. Alfaro-LeFevre (2012: 7) stated that clinical experience in the clinical learning environment is a fundamental part of 'doing' and 'knowing' as it stimulates critical thinking in problem-solving.

1.2.3 STUDENT NURSE PREPAREDNESS FOR TRANSITION TO PROFESSIONAL NURSE

According to Jonsen, Mellender and Hilli (2013: 297), nursing is a practice-based profession that is an essential part of nursing education and clinical learning. Therefore, opportunities are created for clinical placement of student nurses to experience realistic practices and make decisions. The student nurse takes responsibility and is accountable for his/her own actions. Nurse educators, clinical facilitators and unit managers who are skilled and knowledgeable have guided and supported the novice student nurse in the clinical learning environment thus reinforcing the supernumerary role of student nurses. Interaction between the clinical experts and the student nurse makes the clinical learning environment stress free and students are confident to function independently with competence, under the supernumerary role thus enhancing the quality of patient care (Muthathi, Thurling and Armstrong 2017: 2).

Student nurses functioning as supernumerary will be a significant strategy to support and guide nurses in the clinical learning environment. Guidance and support to supernumerary student nurses can be traced back to Florence Nightingale, who had guided and supported

novice nurses (Sibiya, Ngxongo, Beepat 2018: 130). The supernumerary role of student nurses can be an effortless transition from theoretical training to the clinical learning environment or from novice to expert. During training, student nurses enter the clinical learning environment as a novice and gradually become an expert towards the final stages of their professional education. Thus, the student nurse will become more confident and less dependent on the multidisciplinary team in the clinical learning environment. On completion of the training programme, the student nurses will be able to function independently as an expert in order to overcome the current burden of diseases (Muthathi, Thurling and Armstrong 2017: 2). Agyare et al. (2018: 144) stated that in order for student nurses to render safe nursing care, they have to be afforded the opportunity to develop critical thinking skills and be able to identify and solve problems in the clinical learning environment. Therefore, student nurses functioning under the supernumerary role through guidance and support become experts in their field of training after graduating.

1.3 PROBLEM STATEMENT

There is a concern that student nurses are not adequately skilled in the clinical learning area after completion of their studies. The setback in practicing of procedures and achievement of learning outcomes is time consuming for both the student nurse and the nursing unit. Duties delegated to student nurses in the wards may not necessarily be the duties according to their learning needs but duties according to the needs of the nursing unit (Masango and Chiliza 2015: 7). Ndaba (2013: 46) agrees that student nurses who are left alone in the units to function with limited guidance due to the shortage of professional nurses in the healthcare facility, raises questions regarding the experiences of newly qualified nurses being deemed competent and knowledgeable enough to nurse and manage a patient effectively. The researcher who is a nurse educator in a private nursing college has observed that the transitioning of a student nurse to that of a newly qualified registered nurse is challenging considering the changing landscape of the health care system. A literature search has further revealed minimal research on the supernumerary role of the nursing student in SA. Therefore, this study aims to explore the perceptions of student nurses in the clinical

learning environment, whilst describing their experiences of functioning in a supernumerary capacity as a student nurse.

1.4 PURPOSE OF THE STUDY

The purpose of the study is to describe the current role of student nurses registered in the Diploma in General Nursing programme and to explore the perceptions of student nurses of their supernumerary status in the clinical learning environment.

1.5 THE OBJECTIVES OF THE STUDY

- Describe the current role of student nurses in the clinical learning environment.
- Explore the perceptions of student nurses of their supernumerary role in the clinical learning environment.

1.6 RESEARCH QUESTIONS

- What is the current role of student nurses?
- What are the perceptions of student nurses regarding their supernumerary status in the clinical learning environment?

1.7 SIGNIFICANCE OF THE STUDY

Nursing care is a core element in the clinical environment as knowledge and skills are an integral part of clinical practice in a healthcare facility. Patient care has been given top priority in South Africa by SANC, Department of Health (DoH), the Council on Higher Education (CHE), legislation, guidelines, procedures and programmes resulting in a need to change the nursing curriculum in 2020. The challenges identified in health service delivery have necessitated the current changes in the SA nursing curricula. Nursing literature has identified factors such as a lack of theory practice integration as the main driver to student nurses being unable to nurse patients using critical reasoning abilities (Letswalo and Peu 2015: 352). Therefore, this study intends to gain insight into the role of the student nurse in his/her supernumerary capacity in the clinical learning environment.

This study is directed at exploring experiences of student nurses who functioned under the supernumerary role in the clinical environment and how it has influenced their learning outcomes. The findings will generate awareness for the need to support and guide student nurses in achieving the specific learning outcomes as stipulated in the SANC curriculum by allowing clinical practice opportunities. Therefore, an understanding of the evolving changes in the SANC curriculum regarding student nurses functioning under a supernumerary status in the clinical learning environment, will significantly contribute to the accomplishment of competent graduate nurses rendering holistic patient care.

1.8 OUTLINE OF THE THESIS

Table 1.1 below provides the outline of the thesis

Table 1.1: Outline of the thesis

CHAPTER	TITLE	OUTLINE
1	Overview of the study.	This chapter introduces and provides an overview of the study by identifying the topic of enquiry, research questions, and study aims. Background information related to the supernumerary status of student nurses in the clinical environment is provided in order to highlight the importance of the topic and justify this study.
2	Literature review	This chapter presents a review of relevant literature relating to local, national and international studies on student nurses' supernumerary status in the clinical learning environment. Analysis of existing knowledge and evidence serves to inform the study's focus and design. Literature reviewed highlights aspects such as the current status of the nursing education system and proposed changes to the curriculum by the SANC, challenges in the clinical environment, integration of theory practice, competency of post graduate nurses including relevant support structures.
3	Theoretical framework	This chapter presents the theoretical framework that underpins this study.

4	Research methodology.	This chapter provides a detailed description of the research methodology and the rationale for the study. The study population, sample, data collection, and data analysis methods are described in this chapter
5	Presentation of findings.	This chapter presents the results of thematic analysis of qualitative data. Findings include themes and sub-themes pertaining to the supernumerary status of student nurses in the clinical environment
6	Discussion, recommendations and conclusion	This chapter discusses the findings of the study in relation to student nurses' perceptions of their supernumerary status and their change in role from novice to professional nurse. Conclusions are drawn from the discussions and the limitations are presented. Recommendations are made in relation to the key findings of the study.

1.9 CONCLUSION

This chapter provided an overview of the study on student nurses' clinical learning environment. The study objectives and research questions were outlined in this chapter together with the problem statement and significance of the study. The next chapter will review, outline and discuss the relevant literature relating to the supernumerary status of student nurses in the clinical learning environment and their clinical experiences both nationally and internationally.

CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION

This chapter presents a review of significant literature related to nursing students in the clinical learning environment with specific emphasis on their supernumerary status. The literature review of scholarly work relates to the topic of inquiry namely the complexity of the nursing students functioning as supernumerary in the clinical learning environment. The literature reviewed supplemented the researcher's knowledge base regarding the practices of student nurse's training from a global, national and local perspective. The electronic databases that were used by the researcher included Medline (PubMed), Google Scholar and CINNAHL, OVID online and Proquest. The searched terms included key words such as supernumerary, student nurse, clinical placement, clinical facilitators, unit managers and clinical learning environment.

2.2 NURSING SCOPE OF PRACTICE

Nursing is a healthcare discipline concerned with assessment, nursing diagnosis, planning, implementation, decision making and evaluation preventing disorders affecting the patient's general health (Muller and Bester 2016: 121). The scope of practice (Act No. 33 of 2005) as amended May 2020, places emphasis on rendering comprehensive nursing care by nurses and integrated nursing interventions that apply scientific processes holistically to promote and maintain the health status of patients. It further includes competent nurses and those in a designated role demonstrating the effective correlation of knowledge and skills that concur with ethical practices. The Nursing Act (Act no 33 of 2005: 5) as well as the regulations, rules and codes provide the legal and ethical framework for the practice of nursing to take place.

2.3 A SYNOPSIS OF NURSING PHILOSOPHY

Historically, the supernumerary role development process exemplifies a shift in nursing education. The roles and responsibilities of nursing students have changed over time to improve education. In light of this, the history of the supernumerary role interpretation forms part of the of the nursing student's roles and responsibilities. An experimental

nursing study program in 1956 in Scotland placed nursing students in units as additional to nursing staff Maritz (2017: 20). In 1860, the Nightingale system of training was adapted for nursing education and training. A study by Haddad *et al.* (2020) noted weaknesses in clinical education with too much focus on working in the clinical environment. A study done by Letswalo and Peu (2015: 352) argued that the practice of students used as workforce still exists, affecting the nursing students' ability to integrate theory with practice. Therefore, nursing education transformation was required and recommendations made by the Council on Higher Education and the SANC that registered nursing students follow a revised curriculum as of 2020, thus allotting students a supernumerary status (under the provisions of the nursing act, 2005: 5).

2.4 NURSING EDUCATION AND TRAINING

Nursing education is a comprehensive term that refers to educational programmes that combine the clinical environment with classroom learning thus allowing correlation of theoretical learning and practical clinical experience (Kalyani *et al.* 2019: 1). These clinical experiences will essentially form the building blocks of a nursing students' clinical experiences combined with achieving clinical outcomes and their professional future. The correlation of the clinical learning environment and theory creates opportunities that will be beneficial to nursing students and educational facilities (Tharani, Husain and Warwick 2017: 82). As the global burden of diseases increases and the deterioration in patient care is on the rise, nurses are failing to identify or respond timeously to patients' medical care maximising the risk of adverse events occurring (Massey, Chaboyer and Anderson 2016: 7). Currently the world is experiencing a pandemic and the question we should be asking is whether our nurses are professionally developed to manage the situations they face?

Globally, a common view is shared by nursing students that the experience gained in the clinical environment is invaluable. Transitioning from a novice to a competent, confident professional, the nursing student requires adequate training and support during the course of their clinical placement to keep up with the changing times (Delaney 2003: 437). Positive experiences of students in the clinical learning environment can be achieved when the nursing students are active participants in the clinical setting. Nursing education is an imperative driving force that aims to develop nursing students into professional competent practitioners (Healy and Reed 2015: 11). The development of nursing students involves

the creation of systematic critical thinkers capable of solving problems and most importantly, acquiring the ability to interpret scientific data to perform nursing actions independently (van Graan and Williams 2015: 34). According to Nardi and Gyurko (2013: 317), the 21st century has many challenges that will stress nurses due to patients' vulnerability. Therefore, the approach in nursing must relate to the challenges of patients' vulnerability. A study by Wilson *et al.* (2016: 1529) found that the policy makers, researchers, clinical facilitators and nurse educators who support and guide the nursing profession, agree that the use of a framework will provide healthier and improved care. According to Parcels and Baernholth (2014: 692) the nursing profession is changing and has moved through numerous amendments during the last decades, therefore healthcare providers must understand and uphold the values, and adhere to nursing policies and nursing education.

2.5 THE SOUTH AFRICAN NURSING COUNCIL

The South African government has delegated the South African Nursing Council the task to promote and maintain the standards in nursing education according to the Nursing Act No. 50 of 1978 as amended Act 33 of 2005. The private and public nursing institutes have to transition to higher education as per the National Qualifications Framework Act (Act No.67 of 2008). The primary objective of nursing education and training is to provide adequately competent and skilled nurses to meet the demands and health needs of the country. The nursing institutes must follow legislative framework namely, the Constitution of the Republic of South Africa Act (No. 108 of 1996), the Higher Education Act (No.101 of 1997), the Higher Education Amendment Act (No. 39 of 2008), the National Qualifications Act (No.67 of 2008), the Nursing Act (No. 33 of 2005), the Health Act (No. 63 of 2003) and regulations set by SANC, to guide the teaching and learning process.

The South Africa Nursing Council noticed that there is a need for change, development and expectations in the nursing education and training as well as healthcare practices across the country (SANC 2015). In this regard, qualified nurses who acquire knowledge and skills must meet the standards to address the present and future challenges, improve health and wellbeing of patients and render quality care under the guidance of the educator and facilitator. According to SANC's Nursing Education and Training Standards, the practical environment should be composed of eight weeks of uninterrupted practice and at

end of the programme, allow for transition into the clinical working environment (Nursing Act No. 33 of 2005: 5).

The main objective of nursing education and training is to provide a sufficient number of competent nurses to render holistic patient care. According to the South African Nursing Council Nursing Act (Act 33 of 2005), the practice standards and ethical values are supported by structured professional regulations. In 2004, the SANC published the Charter of Nursing Practice Draft 1 (chapter 4) on Standards for Nursing Practice that discussed commitment of the profession of nursing. The South African Nursing Council 2013 charter further provided nurses with a code of ethics to render professionalism. This code of ethics is a reminder to all practising nurses to protect, promote and restore the health of patients, to prevent illness, preserve life and alleviate pain and suffering. Therefore, the primary focus is to meet the health needs of the country by producing a mass of a competent nursing workforce. According to Blaauw, Ditlopo and Rispel (2014: 1), reforming of the workforce performance foregrounds the transformation of the nursing education system that is a significant strategy for improving the healthcare system. The Department of Health (DoH) aims to harmonise nursing education and training needs so as ensure that the qualifications obtained will be in accordance with the scope of practice. So, the aim of nursing education and training institutions should be to produce adequate numbers of competent, independent and career focussed nurses to meet the health needs of the country (Roets, Botma and Grobler 2015: 423).

2.6 SANC CURRICULUM CHANGES

The Council on Higher Education (CHE) has developed a new NQF level for nursing qualifications. As a result, new nursing qualifications with the revised curriculum for 2020, has accommodated the students by allowing only 40% theory and 60% clinical learning of which 30% is in the clinical learning environment and 30% in the simulation laboratory (SANC Circular No. 8/2013). Therefore, it is important for nursing students to maintain an organised and controlled clinical learning environment during their training, with support and supervision, as it will develop them into their professional roles and identities (Victor, Ishtiaq and Iqbal, 2016: 33). The South African Nursing Council accredits clinical learning healthcare facilities for the duration of the students training period. The Health Act (No 61 of 2003) section 52 entitles organisations to establish education institutions to educate and

train health care personnel such as nurses. In terms of the Higher Education Act, 1997(Act 101 of 1997), these education institutions and their education programmes have to be accredited by the South African Qualifications Authority (SAQA) (Blaauw, Ditlopo and Rispel 2014: 1).

2.7 THE CLINICAL LEARNING ENVIRONMENT

Clinical facilitators and unit managers have created a co-operative learning environment that is acceptable to nursing students achieving positive clinical learning outcomes (Papastavrou *et al.* 2016: 3). A study conducted by Poon (2016: 26) was undertaken to establish whether participating supernumerary nursing students were able to collaborate and accomplish much more with guidance and support from clinical facilitators. This study revealed that nursing students functioning as supernumerary benefited from each other's strengths and weaknesses, while supporting and encouraging each other. What also emerged from the study was that students who adopted a facilitator approach to guide and support each other in the clinical learning area increased their understanding and decreased stress and anxiety levels in relevant learning experiences (Poon: 2016: 27). Additionally, qualified, licenced registered nurses that have specialised training are able to deliver competent care holistically and with confidence in the clinical environment. According to the SANC (2013: 5), guidelines related to the course leading to registration as a general nurse, stipulates effective learning can only take place if a variety of learning opportunities are provided to students on the commencement of the programme. The reason for this is that patients are admitted to the hospitals on a daily basis with unpredictable medical conditions, even life threatening situations. They require attentive, alert qualified staff to handle any situation that may arise. For this reason, during clinical placement. student nurses should be actively involved in patient care and not be passive observers (Gumede, Green and Dlamini 2015: 103).

A study by Yousefy, Yazdannik and Mohammadi (2015: 1295) revealed that clinical education by clinical facilitators and educators form more than half of the nursing curriculum. During the clinical learning period, a positive learning environment should be created by the clinical facilitator and nurse educator to support and guide students It was also found that face-to-face interaction with students ensures long-term effective clinical learning experiences (Sercekus and Baskale 2016: 135).

According to O'Mara *et al.* (2014: 208), communication, clinical guidance, support and interaction amongst clinical facilitators, nurse educators and nursing students creates a positive environment. Nursing students who spend long periods of time in the clinical environment, increase the quality of nursing care rendered to patients and they get professional gratification (Victor *et al.* 2016: 33). Sercekus and Baskale (2016: 135) offered that support and guidance together with effective communication in the clinical learning environment has a positive effect on nursing students. Therefore, clinical education in the clinical environment is an essential and fundamental part of the nursing program.

2.8 TRANSITION OF A NURSING STUDENT

The transition from a nursing student to a qualified nurse has been documented over decades stating that nursing students suffer from high degrees of stress and anxiety as they are not adequately prepared for duties they perform after qualifying (Zenani 2016: 34). The challenges encountered by nursing students in the integration of theory and practice are the inconsistencies found between what the nursing student learns in the classroom and their experiences in the clinical environment (Bennett, *et al.* 2017: 96). A study done by Zenani (2016: 33) stated that the values of the health professionals were patient-centred but when nursing students enter the clinical environment they adapt to the ways of the staff members ward practices. According to Chan (2013: 1382) nursing students experience helplessness and become isolated leaving them feeling vulnerable and anxious leading to challenges in integrated the theory and practice.

The clinical environment provides a vast amount of learning opportunities for nursing students to practice and experiment with while integrating theoretical knowledge and holistic patient care (Oermann and Gaberson 2014: 119). However, the researcher noted that the when students enter the clinical environment, their behaviour and routine performances change. The changes experienced by nursing students in the clinical learning environment affected them negatively which created a gap in the integration of theory and practice. Joolae *et al.* (2015: 10) stated that the problems and challenges identified in the clinical learning environment by clinical facilitators, nurse educators and unit managers can equip them in solving other problems which will contribute to them becoming skilled competent professionals. Failure to identify the challenges encountered by nursing students prevented growth and skills development. According to Leong and

Crossman (2015: 1098), a novice nurse strives for professional identity in the clinical environment while facing new challenges every day.

Dale, Leland and Dale (2013: 1) state that the correct theory and practice correlation would not be successful without proper nursing education and training. Therefore, it is imperative that nursing students function as supernumerary in the clinical learning environment and not form part of the work force. Clinical facilitators and unit managers significantly influence competences of supernumerary nursing students in the clinical environment by guiding, supporting and creating learning opportunities (Poon 2015: 27). Mafumo, Netshandama and Netshikweta (2017: 1) stated that the advantages of nursing students functioning under guidance and supervision in the clinical learning environment reduces anxiety, encourages professionalism, improves self-confidence and enhance personal growth. Continuous professional development and learning opportunities by facilitators supplement the integration of theory and practice which is significant in the rendering quality nursing care to patients in the clinical environment (Davhana-Maselesele 2000: 89).

2.9 GATEKEEPERS IN THE CLINICAL NURSING ENVIRONMENT

Clinical facilitators are regarded as gatekeepers to the nursing profession and help to protect the public (International Council for Nurses 2016). It is important to have effective facilitators to provide students with information and skills to manage patient care Zeydan *et al.* 2017: 127). Personal qualities of individual facilitators and unit managers are frequently mentioned as approachable, confident, supportive, professional and well organized (Roziers, Kyriacos and Ramugondo 2014: 93).

The clinical facilitators and unit managers are passionate about their job, their students and imparting immense knowledge. They identify gaps in the clinical area by giving feedback either positive or negative to their students, with excellent teaching skills and ensuring development of competent professionals on completion of the training programme (Meyer 2014: 82). The nursing students are committed to their clinical facilitators or unit manager as they walk tall with their heads held high, confident and competent (Bimray and Jooste 2014: 197). Another significant characteristic of a good clinical facilitator is their ability to guide and support nursing students on how to correlate theory and practice (Ndlela 2017: 31). Clinical facilitators and unit managers together with

nurse educators promote professional socialisation and enhance self-esteem of student nurses. Continuous support and guidance in the clinical area motivates and promotes nursing students' supernumerary role and thereby improve their application of knowledge, critical thinking, communication and leadership skills through combined learning processes (Lovecchio, Dimattio and Hudacek 2015: 252).

A study by Sercekus and Baskale (2016: 134) found that the clinical learning environment is a positive learning area where nursing student are supported. Face to face communication is beneficial to gain clinical learning experience with instant feedback. Therefore, nursing students are successful in rendering patient care holistically and achieving the desired outcome thus progressing from novice to expert (Masters 2015: 63).

Nursing students clinical learning experiences are shaped by the relationship that they have with their clinical facilitators, nurse educators and unit managers and their interpersonal skills (Kelly and McAllister 2013: 170). The relationship between a student nurse and a clinical facilitators and unit managers includes mutual respect, friendliness, compassion, acceptance, nurturing and support that builds a sound foundation for the development of the nursing student (Ndlela 2017: 30). The clinical facilitator, unit managers and the nursing students need to accept responsibility for creating and maintaining a good working relationship (Mafumo *et.al.* 2017: 2). Nursing students, clinical facilitators and unit managers, must come together in the clinical learning environment to practice the necessary skills in establishing and maintaining a good relationship that enhances patient care (Lewallen and DeBrew 2012: 389).

The clinical learning environment can be a stressful area and the nursing students' ability to manage will depend on the relationship that they have with their clinical facilitators and unit managers (O'Mara 2014: 208). Student nurses functioning as supernumerary must develop 'survival' skills such as confidence, self-care, conflict resolution and emotional flexibility. O'Mara (2014: 208) further concurred that clinical facilitators and unit managers can support students to develop these skills. Mafumo *et al.* (2017: 2) agree that clinical facilitators and unit managers may argue that the realities of nursing needs to be acknowledged by students and they need to be strong mentally and physically to adapt to the continuous changes in the healthcare system. It is clear that effective clinical facilitation

could enhance the nursing students' experience in the clinical learning environment and their relationship could immensely benefit the students.

2.10 SUPERNUMERARY STATUS OF NURSING STUDENTS

The Nursing and Midwifery Council (2010: 65) defines supernumerary status as 'the student's will not, as part of their programme of preparation, provide nursing care.' The supernumerary status of nursing students during clinical learning encompasses the acquisition of skills, attributes and knowledge. A study by Harrison-White and Owen (2018: 3) explained that nursing students are scheduled as students on clinical placement and have to actively participate in unit activities for them to become familiar with patient care.

Nursing students become critical thinkers and self-directed learners in the clinical environment (Harrison-White and Owen 2018: 2). According to Maritz (2017: 19), the aim of the supernumerary status is for nursing students to become increasingly self-directed as the nursing curriculum progresses. The nursing student discovers areas of skill and knowledge independently and become critical thinkers and self-directed independent students. Maritz (2017: 19) further agrees that in order for nursing student's supernumerary status to be maintained, the nursing colleges must ensure that nursing students function solely as supernumerary during all clinical learning practices. The experience the nursing students gain, determines their learning needs, making it essentially important that nursing students are supernumerary for the duration of their training programme. In order for students to advance in the profession and obtain the necessary skills, students need to participate in diverse clinical activities under direct or indirect supervision as stipulated in the scope of practice (SANC R2598). Poon (2015: 29) reported that implementation of the supernumerary role for the nursing student, lacked guiding principles and structure. The implementation of the supernumerary status in the clinical learning environment has for more than two decades been continuously criticised by nursing staff, nursing students and nurse educators for not being active participants in the clinical environment since the student is not part of the workforce (Poon 2015: 29). This makes integration of theory and practice learning difficult to achieve during clinical placement. Allan, Smith and Driscoll (2011: 848) reported that nursing students were like visitors or observers in the clinical units, not receiving sufficient clinical experience. The students were more focused on academics. According to a study by Gardiner and Sheen (2016: 8), it was noted that

nursing students would have a “reality shock” on completion of the programme when they enter the clinical environment. The transition period is very stressful. Gardiner and Sheen (2016: 8) further stated that the flaws were found to be a lack of supervision and guidance and negative experiences, owing to staff bitterness and hostility toward nursing students. This perception is shared by Kalyani (2019: 1) that clinical staff were unprepared for the role they were going to assume on completion of the training programme.

The clinical environment is where the process of integrating theory and practice commences during the training of nursing students. The learning process according to Sand et al. (2014: 2) takes place through constructs, clarification, blended knowledge and skills from practices and direct experiences. Carelsen and Dykes (2013: 2) further states that skills, knowledge and theory learnt in the classroom and simulation laboratory by nursing students are interlinked in the clinical environment. Kaphagawani and Useh (2013: 184), in their study, identified gaps for student nurses in the integration of theory and practice from the classroom to the clinical environment. Teaching, learning and practice go hand in hand in nursing education. Nursing students entering the clinical learning environment relate their experiences as being challenging. According to Delaram, Raeesi and Alidousti (2013: 333), the challenges nursing students encounter is mainly with integrating theory and practice because the application process learnt in the classroom to the cases they encounter differ in the clinical learning environment. Learning opportunity for a nursing student allows for a range of planned and unplanned events and activities that occur within the clinical environment making students aware of how to manage patients and to use critical thinking skills (Khoza 2015: 103).

2.10.1 THE CLINICAL LEARNING ENVIRONMENT FOR STUDENT NURSE

The clinical learning environment depends on the effective placement of nursing students and the support and guidance by clinical facilitators for providing endless learning opportunities (D’Souza, Karkada and Parahoo 2015: 833). Nursing students functioning in a supernumerary role are productive, polite and eager to learn, have good relationships with other team members and at the same time render excellent patient care. The clinical learning environment plays an essential role in spiralling nursing students into competent professionals and preparing them to render holistic patient care (Tuckett 2015: 260).

Nursing students sense of acceptance in the clinical learning environment is an important aspect in clinical placement as it gives them a sense of belonging hence they are motivated to learn. Clinical facilitators and unit manager's place supernumerary nursing students in the clinical area ensuring entrance to wards, learning is not limited; transfer of knowledge and the use of teachable moments make all learning opportunities available. If students feel they are not part of the unit they limit themselves to learning. They experience decreased professional socialisation and distress that has a major impact on learning outcomes (Joolaei *et al.* 2015: 13).

For effective clinical facilitation to take place, it is essential for the facilitator to create a conducive learning environment, taking into consideration supernumerary nursing student needs and requirements (Tharani *et al.* 2017: 83). According to Lawal *et al.* (2015: 33), an effective teaching and learning environment will involve the multi-disciplinary team to deliver education, guidance and support according to the teaching process by dedicated and committed nursing staff. This will enable other members in the nursing team to learn through a variety of methods and to accept their roles as educators and facilitators. A conducive learning environment is required, although it is hardly possible to achieve this in a fast-paced technological clinical environment (Carroll *et al.* 2017: 1). The clinical facilitator also has a delegated workload that needs completing at the end of the shift, hence making it difficult to facilitate nursing students effectively. Recent economic developments, cost-cutting and cost effectiveness measures create a threat to rendering quality training of student nurses. These problems further causes a threat as the number of nursing staff in the clinical environment impacts on the dynamics of the learning environment (Meyer 2014: 63).

2.10.2 CHALLENGES IN THE CLINICAL LEARNING ENVIRONMENT

Nursing students have mixed emotions when entering the clinical learning environment as they are equally excited and anxious during placement in the wards. Their sense of belonging and being part of the nursing team are their main concerns (Agyare *et al.* 2018: 145). During their study, nursing students express the challenges they encounter while integrating theory and practice that students learn in the classroom with real life situations. One of the gaps identified is the staff from the facility using different methods when rendering patient care as opposed to what is learnt in the classroom and simulation rooms

(Chan 2013: 1382). Additional challenges experienced by nursing students are attitudes of nursing staff and inadequate clinical supervision (Roziars *et al.* 2014: 95). Nursing students mentioned that they are confused during their practice and encounter problems in decision- making (Zenani 2016: 34).

Nursing students' support, guidance, exposure and preparation to enter the clinical environment according to the Joolae et al. (2015: 13) is one of the significant factors affecting the quality of clinical education. According to Heafner and Plaisance (2016: 3), the professional growth of students' theory and practical knowledge comes from clinical practices and strategies that promote and enhance professional development.

2.10.3 CONFLICTS AMONGST CLINICAL FACILITATOR AND UNIT MANAGER

Clinical facilitation in the clinical area is a very important role for both clinical facilitators and unit managers, even though facilitation could create tension and conflict within the clinical environment. Nursing students may have passed and yet are not clinically competent. According Jokelainen et al (2011: 54), clinical facilitators in the clinical area are guilty of 'failing to fail' nursing students that are not performing. The motives for not failing nursing students are due to practical reasons such as patient assessment and documentation. Therefore, student nurses in their supernumerary capacity could be taught, assessed and guided until they are competent. Jokelainen *et al.* (2011: 61), states that insufficient time for clinical facilitators and unit managers to teach and assess students creates tension during the delivery of patient care and results in unskilled students.

2.11. CHALLENGES IN THE CLINICAL FACILITATION OF STUDENT NURSES

There are numerous challenges experienced with clinical facilitation such as:

- Vagueness and conflict
- Lack of support and guidance
- Lack of self-confidence in the clinical facilitators ability to guide and support student nurses during the teaching process
- Ensuring a conducive learning environment

2.11.1 ROLE CONFLICT FOR STUDENT NURSES

The roles and responsibilities of the nursing student in the clinical learning environment incorporates a large component of clinical experience in a wide variety of disciplines. Rikhotso, Williams and De Wet (2014: 1) indicated in his study, the lack of a unified definition regarding the clinical facilitator's role, lack of understanding of the specific objectives and clinical learning outcomes chosen for nursing students pose a challenge for effective facilitation. According to Sibiya and Sibiya (2014: 1943), clinical facilitators are challenged with their primary responsibilities of their own clinical workload, hence a lack of time available to facilitate nursing students. Nursing students placed in the clinical units are allocated duties with a high workload which poses a barrier to learning and insufficient contact time with their clinical facilitators.

2.11.2 LACK OF SUPPORT AND LEARNING OPPORTUNITIES FOR NURSING STUDENTS

A study conducted by Msiska, Smith and Fawcett (2014: 39) found that clinical facilitators articulate insufficient support for their role from education institutions and the clinical environment units. Mathebula (2016: 22) further noted that nursing students lack satisfaction in clinical facilitation, shortage of learning opportunities and are not ready to practice independently after completing the programme. In order to bridge the gap between theory practice integration, it is important to select an appropriate teaching style for the nursing students. The clinical facilitator and the supernumerary nursing student should equally identify a learning style or approach that would best facilitate learning and gradual independence into nursing practices. According to Letswalo and Peu (2015: 352), the approach can be educational, with a facilitator focus or where the nursing student and facilitator treat each other as equals with the nurse being accountable for their own learning. Clinical facilitators and nurse educators need to be knowledgeable about the different learning styles and strategic learning to assist in students' learning needs.

Wilson (2016: 304) concurs that many nursing students still describe their clinical learning environment as a negative experience. The negative experiences can have a damaging effect on nursing students learning ability to develop competency. The study by Mathebula (2016: 22) anticipated that the clinical education challenges experienced by nursing student are the unavailability of qualified clinical facilitators, lack of adequate resources

and lack of collaboration of nursing staff or peer monitoring in the clinical environment. Nursing students also identified insufficient procedures to practice and the incompatibility between objectives and the curriculum content or the lack of clinical learning opportunities (Delaram et al. 2013: 3).

2.12 BENEFITS OF CLINICAL FACILITATION

Clinical facilitation in the clinical learning environment is a process that provides support and guidance to students which influences their professional development and competency (Dadgaran et al. 2013: 2). Clinical facilitation according to Needham, McMurray and Shaban (2016: 138) is where education is like a vehicle driven to achieve skills development, understanding the abilities to reflect and explore the clinical experiences. Clinical facilitation helps nursing students to attain important skills and qualities that will assist nurses when they graduate. A support system could assist nursing students to deal with challenges that may arise in the clinical learning environment. The support received could boost their self-confidence in overwhelming situations. Clinical facilitation is the best method of training for nursing students as it includes exposure to gain learning experiences. The Strategic Plan for Nurse Education, Training and Practice 2012/13 – 2016/17 supports nurse educators and clinical facilitators to educate, assess, support and guide the nursing student's learning outcomes. The theoretical knowledge the students gained during lectures allows the students to integrate theory and practice and bridge any identified gaps (Ó Lúanaigh 2015: 451).

The International Nursing Association of Clinical Simulation and Learning (INACSL 2016) states that the best practices are the key foundation to provide students with decisions making skills, shared values, guidelines, beliefs and principles. The INACSL (2016) standards for simulation are to achieve student outcomes and the parameters to meet the guidelines ensure integration of standards to enhance learning outcomes and competences. Simulation guidance further ensures facilitation is provided to nursing students, clinical staff and most importantly patient care is rendered holistically and not compromised. The significance of clinical facilitation is to assist nursing students to acquire knowledge and skills to ensure competency. Therefore, nursing students functioning under the supernumerary role are supported and guided throughout their learning period (Nursing and Midwifery Council 2010). According to Dimitradou et al. (2015: 238), clinical

facilitation assists nursing students to practice the correct procedures hence this helps to maintain and improve patient care. Professionalism, self-confidence and self-motivation are increased when clinical facilitation guides and supports student nurses hence healthy student behaviour could promote good working conditions and skilled nursing care (Sundler *et al.* 2014: 661).

2.13 SUPERNUMERARY NURSING STUDENTS LEARNING EXPERIENCES IN THE CLINICAL ENVIRONMENT

Nursing students' experience as supernumerary in the clinical learning environment can be professed as facilitative or obstructive, meaning that the quality of clinical training can enhance or delay learning (Shepherd and Uren, 2014: 18). However, clinical leaning experiences usually heighten both positive and negative aspects. The clinical environment has a network of clinical areas that stimulate supernumerary nursing students to achieve the learning outcomes through guidance and support (Poon 2016: 13). Nursing students who contribute to their own learning are able to recognise and identify their own learning needs and are able to apply new knowledge in different ways to gain personal understanding. The identified learning needs help students to correlate theory and practice in the clinical environment (Cunze 2016: 47).

2.13.1 POSITIVE LEARNING ENVIRONMENT

The guidance and support relationship formed in a clinical learning environment is a positive characteristic in clinical education (Tharani et al. 2017: 83). This includes the bond formed between the nursing student and the clinical facilitator who assist in the growth and development of the student professionally. The relationship that nursing students form in the clinical environment with patients helps to develop professional qualities practically and non-practically and the bond between colleagues create a sense of companionship in the clinical learning environment (Woodley 2013: 141). According to Dimitriadou *et al.* (2015: 236), nursing students value the learning opportunities of knowledgeable, experienced, competent professional nurses when placed in the clinical environment. Nursing students must know how to balance and manage academic, clinical and personal pressures in the clinical learning environment. When learning to deal with the several demands in the clinical area, they tend to function at their best. When learning takes place in a non-threatening environment, nursing students are confident and able to build on their skills

(De Swardt, Van Rensburg and Oosthuizen 2016: 1). The support and guidance received in the clinical learning environment assists the supernumerary nursing student to be confident, develop professionally, be skilled, knowledgeable and well-prepared for the clinical practice environment (Chuan and Barnett 2012: 192). According to Franklin (2013: 34) positive learning experiences develop the nursing student's professional identity, time management, high work ethics and a sense of belonging.

2.13.2 NEGATIVE LEARNING ENVIRONMENT

Nursing students encounter many challenges in the clinical learning environment during the clinical placement. A variety of studies have reported the consequences of poor professional morals and values in nurses (Ahmad *et al.* 2015: 46; Atakro *et al.* 2016: 1; Abdellah and Salama 2017: 1). Clinical facilitators and unit managers undervalue their influence and involvement towards creating a positive learning environment. If peer monitoring by professional nurses' attitude is negative towards teaching and learning, it will influence and have an impact on students (Cunze 2016: 84). Cunze (2016: 85) further states that nursing students will have to continuously strive and struggle in achieving their learning outcomes resulting in minimal professional development occurring during clinical placement. Students, on the other hand, functioning under the supernumerary role in the clinical learning environment can be unproductive, having limited ward exposure, decrease in nurse-patient relationship and little or no teamwork participation amongst students and staff members (Shepherd and Uren 2014: 18).

According to Magnani (2014: 59), it is important to have a positive culture within the unit as it creates a productive clinical experience, learning and favourable attitudes amongst nursing students and staff. In an environment where nursing students functioning as supernumerary, experience a negative atmosphere, professional skills, socialisation and quality teaching will not allow them to develop professionally and their overall perception of the clinical environment will be negative. Learning will not take place and quality holistic nursing care will not be rendered resulting in unskilled nurses (Hezaveh *et al.* 2014: 201). Therefore, according to Magnani (2014: 56), it is significantly important to have a positive learning environment amongst staff and nursing students that is honest, mutually fair and transparent. It is also important for staff to identify nursing students as students and not part of the working environment (Shepherd and Uren 2014: 18). Nursing staff and unit

managers must allow students to function as supernumerary allowing them time to use teachable moments, use learning opportunities and achieve their learning outcomes. It has been stated by Magnani (2014: 56) that training in the clinical learning environment is of little significance. Teaching, learning, support and guidance will not take place resulting in an unfavourable clinical area for students.

2.14 CONCLUSION

This chapter presented the thoughts, views and studies conducted by different authors and researchers on the clinical experiences of supernumerary nursing students in the clinical learning environment. Scholarly articles and SANC policies were cited and discussed to inform the study's focus and design. The next chapter will present the theoretical framework that guided the study.

CHAPTER 3: THEORETICAL FRAMEWORK

3.1 INTRODUCTION

The theoretical framework that underpinned this study was Benner's Novice to Expert model that represents the building blocks that allow the nurse to progressively develop skills and understand patient care over time, through the guidance and support of a diverse assortment of educational experiences and background (Benner 1984: 4). Nurses in the clinical practice require ongoing professional development as there is a need to understand the difference between an experienced and a novice nurse. The theoretical framework starting point is Benner's five-stage model of skills development that takes place in structured stages. Benner's model offers a useful tool to understand the learning needs that outline the nursing student's advancement from novice to expert at different stages of skills development. Benner's model is valuable in nursing education as it recognises the link between knowing, doing and skills development. The order of the stages in the model represents advanced levels of knowledge, skills and competencies as professional development takes place in both accumulative skills and knowledge. With regard to professional development, the main constituent of the theoretical framework, nursing students are required to be involved physically in the activities needed for effective professional development. To ensure that nursing students achieve the programme outcomes, teamwork and support among all clinical staff and the nurse educators is imperative. To gain a deeper understanding of the topic, the researcher has chosen Benner's Novice to Expert model to highlight the experiences of the nursing student in the clinical learning environment (Masters 2015: 63).

3.2 THEORETICAL FRAMEWORK

The Benner Novice to Expert model describes five stages that the nursing student progresses through, from the time he/she enters the nursing profession as supernumerary or novice nurse until she/he reaches full potential or expert status. These stages include novice, advanced beginner, competent, proficient and expert stage. The theoretical framework was based on the concept of nursing student's novice to expert experience during their clinical accompaniment in the clinical learning environment. Further to Benner's model (1984: 22), is the nursing students' transition

from dependent to independent in an educational environment involving long-term professional development during their clinical placement.

The SANC Nursing Education and Training Standards (Nursing Act No. 33 of 2005), proposed that the new nursing curriculum entails 30% clinical and 70% theoretical outcomes. The 70% theoretical outcome is further divided into 30% theory and 40% simulation in the clinical laboratory (SANC 2013). Therefore, applying Benner's Novice to Expert model to the study illustrates that novice nurses need every available clinical opportunity to become skilled and competent. The SANC further requires a minimum of eight weeks of uninterrupted clinical exposure in the clinical environment at end of the course to allow for student nurses to transition into the working environment.

3.3 BENNER'S NOVICE TO EXPERT MODEL

The novice to expert model (Figure 3.1), describes how a student nurse advances from one level of skill to the next level through a gradual combination of principles and experiences in the clinical learning environment (Arrowsmith *et al.* 2016: 1735). During the transition from novice to expert, the nursing student works consistently under direct supervision of the clinical facilitator, unit manager and nurse educator as he/she gains control, works effectively and correlates theory and practice (Kaphagawani and Useh 2013: 181). The model encompasses activities that nursing students initiate and perform in the clinical learning environment and gradually begin to function independently in preserving the patient's life, health and well-being. Figure 3.1 is an example of Benner's Novice to Expert model.

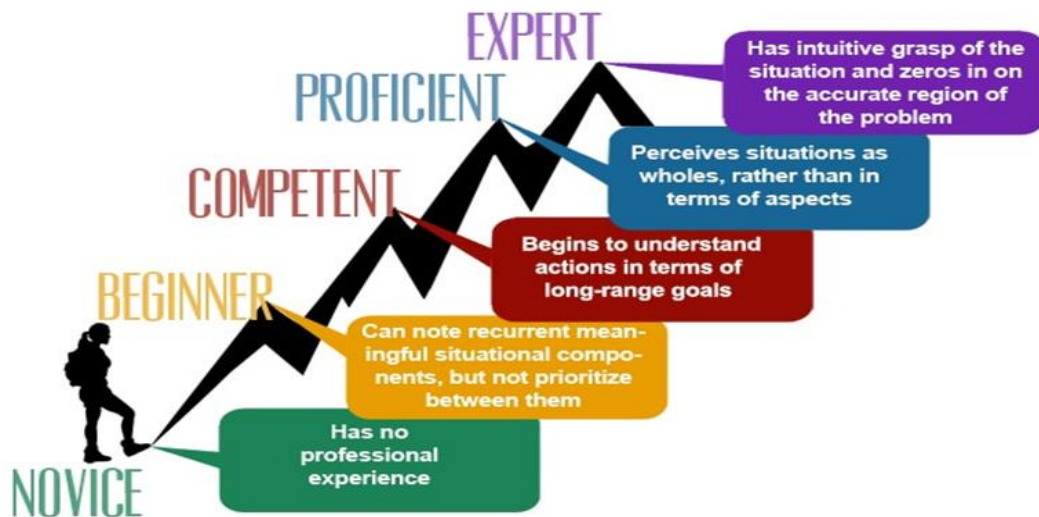


Figure 3.1 Benner's Novice to Expert model (*Adapted from Benner, 1984*)

The theoretical framework, maps out the researcher's method of getting a student nurse from point A to B, which is from a novice to an expert. Benner (1984 as cited in Dorsey 2014: 48) asserts that the purpose of the model is to correlate the theory practical integration. According to Shay's (2013: 563) statement "on the job", the worker's experience determines their performance and their knowing the difference of how to do something, which is the theoretical knowledge and being able to integrate the practical knowledge to perform the task. Shay (2013: 563) strongly suggested that there cannot be a theory content and a detached application of context in the practice. Therefore, simply, knowing and doing can both take place in an educational as well as a work environment. Similarly, as nursing students move through the developmental stages, they undergo changes that affect the clinical practice environment. The nursing students learn from their experiences and critically analyse and reflect on the knowledge and theory integration successfully (Masters 2015: 63).

According to Poliah (2017: 1), support structures such as the clinical facilitator, unit manager and the nurse educator, provide guidance, support and supervision to the students with clear guided theoretical concepts. The three characteristics that advance the student nurse to critically think and integrate theory and practice in the clinical learning environment are:

- The first phase for the novice nurse who has no experience in the situation is characterised as an observer. In order for the student to complete the allocated tasks, they need to be observant and use experimental knowledge and workbook concepts on commencement of the programme (Hughes and Quinn, 2013: 394). Gradually they combine the theoretical knowledge with the experiences encountered in the clinical learning environment.
- The second phase is when the nursing student's perception of the situation is to integrate theory and the practical and complete identified problems and tasks (Benner 1984: 13).
- The third phase is the detachment process from observer to being involved as a performer (Benner 1984: 13).

Nursing students, new to the profession and exposed to situations with no experience in the field of study, are unable to draw on past experience or to critically analyse situations and make informed decisions. The initial stage of study for nursing students would primarily be as an observer correlating the theoretical knowledge while at the same time, focusing on the clinical areas and meeting the clinical objectives (Hughes and Quinn 2013: 394). The students can adapt and integrate theory and practice through clinical practices in well-planned procedures and simulations by educators, clinical facilitators and unit managers. Hence, nursing students will need to go through the five stages to achieve skills, advancing from the characteristics of a novice to a more instinctive, less insecure state of an expert (Masters 2015: 63).

In order for a nurse to be an expert on completion of the training programme, the novice nurse has to travel through the path of participation and experiences in the clinical learning environment. The nursing student observes and reflects on their experiences during clinical placement, gradually learning concepts and applying these concepts as they progress through their training, identifying disease conditions and patient management under guidance and support. During facilitation in the clinical learning environment, nursing students must be willing to be involved and participate, experience, be observant and more importantly, be critical thinkers (Benner 1984: 20). Students become involved in decision-making and problem solving, integrating theory

and practice in real-life situations. The nursing profession requires students to engage in continuous skills development as a lifetime progression. Benner's model encourages, supports and guides students during skills development, acquisition of competencies and proficiency during the early stages of training, gradually meeting their target for clinical assessment of being competent capable practitioners. (Benner 1984: 25).

3.4 THE FIVE STAGES OF BENNER'S MODEL

- Novice
- Advanced beginner
- Competent
- Proficient
- Expert

3.4.1 Stage 1: Novice or Beginner

The novice initially has no experience in the clinical area that they are expected to practice in. The novice nurse has limited self-confidence to display safe competent practices, requiring continuous education, support and guidance. According to Benner (1984: 20), performance and productivity is hindered and the student nurse lacks autonomy due to their inability to use their discretion. On commencement of the training programme, the supernumerary nursing student is seen as the novice who has limited or no experience in this scientifically and technologically advanced clinical learning environment. The novice lacks self-confidence in demonstrating safe, competent and holistic patient care. The supernumerary nursing student in the early stages of their training, requires continuous guidance and support to implement a standard level of care in the clinical learning environment. The nursing student in this novice stage lacks independence and productivity resulting in decreased job satisfaction and challenges in the clinical environment. It is imperative that learning take place in a non-threatening environment and in a relaxed open-minded manner (Arkan, Ordin and Yilmaz 2018 : 127). Masters (2015: 63) stated that the novice nurse learns through instruction of

procedures for drawing conclusions or determining actions based on situations without the benefit of experience in the skills domain.

3.4.2 Stage 2: Advanced beginner

During this stage, the advanced beginner displays adequate performance, because the student now has prior experience in real-life situations. According to Benner (1982: 404), the nursing student is self-sufficient and skilful in a portion of their scope of practice, requiring sporadic support and guidance. There is evidence of knowledge development. At this stage, the supernumerary nursing student is expected to display a confident attitude towards the teaching process. The relationship between the clinical facilitator and the supernumerary nursing student is effective, as learning is supposed to take place with intermittent support and guidance to develop knowledge and attain progress within set guidelines (Benner 1982: 404). At this stage, the nursing student demonstrates an acceptable level of performance after being exposed to real-life situations in the clinical area and thereby gaining experience (Masters 2015: 64).

3.4.3 Stage 3: Competent

Benner (1984: 25) states that competence is evident from a nurse who has been in the job profile or similar situations for about 2-3 years. The nurse demonstrates competence, showing self-confidence in their activities and being accountable and responsible (Benner 1984: 26). Patient care is rendered holistically and competently but lacks speed and flexibility as compared to a nurse in the proficient stage (Benner 1982: 404). The nursing student is in the process of becoming fully competent and able to cope but requiring guidance on patient care. During this stage, the clinical learning environment is no longer a threat to the student because the student has the theoretical knowledge and self-confidence to practice which decreases anxiety and stressful situations, making the student a critical thinker, mindful and cautious when planning patient care (Thomas and Kellgren 2017: 230). Nursing students would require reduced guidance and support from the clinical facilitator, unit managers and nurse educators, as they are now aware of their sense of responsibility and accountability for choosing an action or performance and recognising their shortcomings (Thomas and Kellgren 2017: 230; Masters 2015: 64).

3.4.4 Stage 4: Proficient

The skilful nursing student looks at situations holistically and not as individual parts. The supernumerary nursing student has learnt from experienced situations in the clinical environment and knows how to react in situations. The student nurse identifies unforeseen situations and can make decisions by integrating theory with practice (Dorsey 2014: 47). The student nurse can now function independently with dependent and interdependent skills working within the scope of practice (Benner: 1984: 28). The guidance and support from clinical facilitators and unit managers mentoring the nursing students is minimised because the students have advanced to the stage where they no longer require extensive supervision. During this stage, the student nurse begins to exhibit independent qualities (Benner 1984: 28).

3.4.5 Stage 5: Expert

The nursing student, now having attained expert status, is able to function in any situation, without delay and offer effective, dynamic solutions and alternate diagnoses (Beepat 2015: 27). Benner (1984: 32), states that an expert functions with in-depth understanding and is able manage situations responsibly and is accountable for their actions. In this last stage, the supernumerary nursing student practices within their scope of practice and correlates theory and practice. They are now competent, proficient and functions independently as responsible healthcare professionals. When the novice functions under the supernumerary role, they have the best opportunity to progress through these stages as depicted in Figure 2.1. It is essential that clinical facilitation by clinical facilitators, unit managers and nurse educators is significantly important in the beginning and decreases as the novice advances through the various stages until the supernumerary nursing student becomes an expert, requiring very little or no guidance at all (Masters 2015: 64).

3.5 APPLICATION OF BENNER'S NOVICE TO EXPERT MODEL TO THE CURRENT STUDY

In the previous section, Benner (1984) describes in her model the different stages that a nursing student goes through in order to reach their full potential in the clinical learning environment. Likewise, the supernumerary nursing student entering the clinical learning

environment goes through the same steps in order for her/him to reach their full potential and function independently in the nursing profession. The supernumerary student nurse enters the clinical learning environment as a novice and exits as an expert, having gained skills and knowledge to cope with the changes of diseased profiles. According to Dorsey (2014: 47) Benner's philosophy supports lifelong learning for nurses. Dorsey (2014: 47) explains that the application of the theoretical framework guides education by referring to Benner's theory to enhance nursing programs. Through clinical facilitation from the clinical facilitator, unit manager and nurse educators, the supernumerary student nurse will be guided and supported through the various stages of the novice to expert model. This changeover requires comprehensive guidance in the beginning and thereafter the guidance gradually diminishes and the student nurse begins to function independently in the clinical environment as the supernumerary nursing student gains more experience (Masters 2015: 63).

3.6. CONCLUSION

Chapter three provided an explanation on how the nursing student incorporates all five stages in the novice to expert model. The model was adopted to illustrate how students are guided and supported during the training period, gaining skills and knowledge in the clinical environment in Kwa-Zulu Natal. Benner's Novice to Expert model embraces the nursing student's journey by describing and demonstrating the domains according to the different stages. In order for nursing students to progress through the stages and advance, the skills required gradually become more difficult. Therefore, clinical guidance and support given to nursing students by clinical facilitators, clinical educators and unit managers using Benner's Novice to Expert model demonstrates how the student advances through all stages and elucidates the challenges experienced by the student nurse whilst rendering patient care holistically.

CHAPTER 4: RESEARCH METHODOLOGY

4.1 INTRODUCTION

The research methodology section includes the study design, the setting, population, sampling approach and technique, sample size, data collection method, processing and analysis. The researcher used a step-by-step systematic process to answer the research questions. This research methodology and design were chosen as it suited the topic of enquiry, which discussed the nursing students function in their supernumerary role in the clinical learning environment.

4.2 RESEARCH DESIGN

According to Polit and Beck (2018: 416), the research design is a detailed plan used to conduct the research. This study utilised an exploratory and descriptive design to explore the supernumerary status of nursing students' experiences in the clinical learning environment. Qualitative research explores issues of paradigm that describe a philosophical approach that guides action (Creswell and Creswell, 2018: 5). The research study further necessitated a paradigm dialogue of an assumptive foundation to produce knowledge (Creswell and Creswell, 2018: 8). Epistemology as a worldview of constructivists, views information of that reality and explains how things should be viewed so as to come to an understanding (Creswell and Creswell, 2018: 8). In a qualitative design, the emphasis is more on exploring and understanding the relationship between the researcher and the phenomenon being studied (Brink et al. 2016: 24). The researcher and the participants engage in an epistemological dialogue, which allows for both parties to be actively linked, so that the findings are part of the research process (Creswell and Creswell, 2018: 11).

A qualitative design leads the researcher into understanding how experiences and involvements are interpreted, how the participants adapt to the environment and what they attribute as their experiences (Creswell and Creswell, 2018: 180). The purpose of

qualitative research is to allow the understanding of collective groups by exploring subject matter such as participant perceptions, opinions and experiences (Polit and Beck 2018: 271).

4.2.1 Qualitative Approach

Polit and Beck (2018: 9) state that research conducted in a real world setting where the participants are in their naturalistic environment and narrate their experiences. Likewise, this study was undertaken to generate information on nursing students' functioning as supernumerary in the clinical learning environment during their clinical placement at the hospitals. The researcher selected an exploratory design to ascertain whether the student would have achieved the stipulated outcomes prescribed by the relevant course, deeming them competent after registration with South African Nursing Council (Polit and Beck 2018: 403). By using this approach, the researcher found that it was potentially promising to gain an insight into the knowledge and understanding of the participants' experiences.

4.2.2 Exploratory Research

According to Polit and Beck (2018: 12), exploratory-descriptive research is an excellent way to address a topic or a problem that necessitates a solution or understanding. This approach allowed the researcher to observe and acquire knowledge and understanding about the participants' experiences in the clinical learning environment and the effectiveness of guidance and support by the clinical facilitators. Exploratory studies as stated by Polit and Beck (2018: 216) are not intended for generalisation to large numbers of people. In this regard, in this study, the exploratory design was used to better understand the experiences only of nursing students in the clinical learning environment of two private nursing colleges.

4.2.3 Descriptive Research

The purpose of descriptive studies according to Polit and Beck (2018: 147) is to observe, describe and document phases of circumstances as it naturally occurs and sometimes to serve as a starting point for hypothesis. The researcher collected

relevant information about the participants' experiences in the clinical learning environment and the clinical supervision and facilitation received by the nursing students. The information collected aided the researcher to gain a deeper insight and better understanding of the problem so as to formulate recommendations for the clinical facilitators to better guide and support nursing students while in clinical learning environment.

4.3 STUDY SETTING

The research study was conducted at two private nursing colleges in the Ethekezi Municipality in the province of KwaZulu-Natal (KZN). These nursing colleges offer the Diploma in General Nursing training programme leading to registration as a General Nurse (SANC 1989: Regulation R.683). The nursing colleges are located in an urban area and are away from the hospital setting. One college is situated in the central business district and the other college in a suburb, Umbilo. It is estimated that the private nursing colleges have about 100 nursing students and 10 staff members. These colleges have been in operation for about 18 years. Both these nursing colleges offer nursing programmes that are regulated and governed by the SANC.

4.4 STUDY POPULATION

Polit and Beck (2018: 51) refer to population of all elements such as individuals and objects from which data can possibly be collected. The study population consisted of 170 students enrolled for the Diploma in General Nursing (R683) programme at the two selected colleges in the KwaZulu-Natal area and they are registered with SANC.

The nursing students are placed in general, surgical, orthopaedic, paediatric and operating theatre units for clinical exposure, working under the R2598 SANC scope of practice for registered nurses. These participants will complete a two-year comprehensive nursing diploma programme. On completion of the programme, they are then registered with the South African Nursing Council in accordance with Regulation R683.

The students selected into the Diploma in General Nursing programme (R683), are either sponsored by the hospital or self-funded. The total cost of the tuition fee is paid solely by the student if they are self-funded. A hospital-sponsored student is a registered employee functioning in the capacity of an enrolled nurse. The selected students were sponsored by their employer (hospital) for improving her qualification. These students have to complete exactly the same clinical competencies, clinical learning outcomes and the number of stipulated clinical training hours in the various nursing disciplines according to SANC (Regulation R683, 1989, Paragraph 6) in order for the students to successfully complete their training programme.

4.5 SAMPLING TECHNIQUE AND SAMPLE SIZE

A purposive sampling technique was used to select the sample for the study (Polit and Beck 2018: 164). The participating nursing colleges had a total of one hundred and seventy (170) eligible participants. Therefore, the researcher proposed a maximum sample size of 10 nursing students per institution. The total sample size for this study was 20 participants.

4.6 RECRUITMENT OF RESEARCH SAMPLE

Participants were approached to participate in the interviews during normal working hours with the permission of the direct line manager at the hospital. The participants were provided with a letter of information that explained the purpose, the objectives and the importance of the study (Appendix A). All participants were reassured of the ethical components of anonymity and confidentiality prior to informed consent being obtained. (Appendix B). Once informed consent was obtained, interviews were scheduled at a time that was convenient for the participants at the nursing college. The following inclusion and exclusion criteria were used to determine the choice of sample.

4.6.1 Inclusion Criteria

Participants eligible for this study were nurses who are currently enrolled for the Diploma in General Nursing programme (SANC Regulation 683 of 1989) who are in their second year of the training programme. Only participants who had read, understood and signed the informed consent document (Appendix 1), were allowed to participate in the study.

4.6.2 Exclusion Criteria

- All other categories of nursing students employed at the private hospitals.
- All students enrolled into the Diploma in General Nursing (R683) programme with less than six months work experience.

4.7 DATA COLLECTION

The interviews were held in a private room at the private nursing colleges, after permission was granted by the person in charge. The researcher ensured that the venue was quiet, relaxed and a comfortable environment that encouraged researcher/participant interaction with no interruptions was created. This allowed participants to speak freely and express their opinions without any interruptions. Data was collected by means of face-to-face in-depth semi-structured individual interviews with the participants. Participation was voluntary and participants had an option to withdraw at any time. Interviews were scheduled at a time convenient to all participants. The researcher conducted interviews using an English interview guide inclusive of central questions to motivate the discussion. The central questions were:

- Is student nurses' current role regarded as supernumerary?
- What are your perceptions of nursing students regarding their supernumerary status in the clinical learning environment.

Probing questions (Appendix 3: Interview guide) prompted more information from the participants that provided broad and comprehensive information about the phenomenon being studied (Polit and Beck 2018: 298). All interviews were scheduled for approximately 10-15 minutes duration and were audiotaped to provide precise feedback of all the participants' comments. The participants were informed when the recording commenced, to allay any fears. The informed consent included the interview materials such as confidentiality concerns and anonymity processes for all participants.

4.8 DATA ANALYSIS

The researcher read and understood the collected data in order to sort and organise the data according to Creswell's qualitative data analysis technique (Creswell 2014: 185). There are six phases in thematic analysis that the researcher followed when analysing the data. The six phases are described below:

Phase 1: Organising and preparing data

The researcher listened to audiotaped interviews, arranged and sorted out the material then transcribed them verbatim (Annexure L).

Phase 2: Read through all the data

The researcher read and reread all the transcripts to gain a general sense of the information and reflected on their meaning.

Phase 3: Detailed analysis with a coding process

Coding according to Creswell (2014: 197) is the process that entails organising the material into sections of text before bringing meaning to the collected data. So, the transcripts were carefully read by the researcher that included text data gathered during data collection. The data was then sectioned into categories, and the categories were labelled with a term related to clinical learning experiences or supernumerary status. The researcher chose one interesting interview, went through this the information, asking herself, "What was it about?" The researcher thought about the

primary meaning and wrote notes in the margin of all transcripts. Once this task was completed for several participants, the researcher made a list of all topics, grouped similar topics together, took the list back to the data, abbreviated the topics as codes and the codes were written next to the appropriate sections in the text.

Phase 4: Description of the themes generated for analysis.

Description involves detailed information about participants in a setting. Four themes were generated for this research study. A theme is an abstract entity that brings meaning and identity to a current experience and perceptions (Polit and Beck 2018: 392). The themes generated are the major findings in this study, and were used to create headings in the findings, supported by quotations.

Phase 5: Interpretation of the data.

The interpreted data as stated by Creswell (2014: 250) could be the researcher's personal interpretation, characteristic to the understanding that the researcher brings to the study from her own experience. It could be derived from a comparison between the findings and the information collected from the literature to confirm information. In this research study, the interpretation of data emerged from the researcher's personal experience as she herself had trained under the R683 nursing programme. The core of each theme was identified from the data and conveyed the narrative findings. The use of figures and tables aided in a detailed discussion.

4.9 TRUSTWORTHINESS

Trustworthiness according to Polit and Beck (2018: 421) is motivation for good qualitative research that is attained thorough quality scientific accuracy of the data warranting the validity and reliability of the data. Trustworthiness was established since the nature of research study was qualitative. The four principle strategies of Lincoln and Guba's framework of trustworthiness (Polit and Beck 2018: 69) credibility, transferability, dependability and confirmability was used as a guide to establish trustworthiness.

4.9.1 Credibility

Credibility refers to confidence in the truth of the data (Polit and Beck 2018: 69). The goal of credibility is to ensure that the participants are accurately identified. To ensure credibility of this study, the same interview guide was used at both the nursing colleges throughout the study. Enough time was allocated to collect the data to ensure that the credibility of the study was maintained. During the study, the researcher built a trust relationship with the participants. Credibility was ensured through triangulation during the participants' interviews ensuring privacy and comfort.

To further ensure credibility, notes were written during the interview. Thereafter, a summary was made immediately after each interview to clarify the obtained data. Audio-recordings were also used to assist the researcher clarify certain issues when reviewing data. To ensure the actual worth of the study, the researcher defined the involvement of the nursing student as they were perceived and this reflected the credibility of the findings.

4.9.2 Dependability

Dependability refers to the evidence that if ever the study were to be repeated with the same or similar participants in the same or similar context, according to Brink, van der Walt and van Rensburg (2016: 173), the findings would be similar. An audit trail was maintained throughout the study for safekeeping of raw data of each participant's interview for future reference. Original written and summarised interview correspondence pertaining to the study was kept under lock and key. This was done so that they could be produced, when and if required for audit purposes.

4.9.3 Transferability

Transferability according to Polit and Beck (2018: 296) refers to the application of the findings of the study in other settings or to other participants. The researcher ensured that the context of the study together with the participants were described in detail so that the findings could be applied in settings similar to the one researched. The study will also assist in encouraging further study in this area. A comprehensive research

report was provided so that other researchers could evaluate the data in other research contexts.

4.9.4 Confirmability

According to Polit and Beck (2018: 296), confirmability in a qualitative study corresponds to objectivity in a quantitative study, thus ensuring the data's accuracy, relevance or meaning. Confirmability is the point at which the findings are the views of the participants and not the preconceptions of the researcher. The findings, conclusions and recommendations warrant that the use of confirmability by supporting the data obtained from the participants. Evaluation and assessment between the researcher, supervisor and co-supervisor ensured agreement concerning the interpretation of data and findings. The audio-recorded semi-structured interviews was, transcribed verbatim. All the recordings are available for audit. All the findings related to the literature that was consulted for this study.

4.10 ETHICAL CONSIDERATIONS

The study commenced after ethical clearance (IREC 065/19) was granted by the Institutional Research Ethics Committee (IREC) of the university (Appendix 1). Informed consent (Appendix 2) was obtained from the participants. The researcher contacted the senior nursing manager of the selected private colleges where data was collected. Permission was obtained from the executive management to conduct the research. The identity of the participants was protected by using a coding system. No financial compensation was received by the researcher for conducting the study.

Ethical principles were maintained to ensure that the rights of participants was protected. Four principles were identified namely, beneficence, respect for human dignity, informed consent and confidentiality that are crucial to researchers and that force them to adhere to the professional, legal and social obligations towards participants of a study (Polit and Beck 2018: 402).

4.10.1 Beneficence

Beneficence an important ethical principle in research as it outlines the researcher's responsibility to minimise harm or stress and increases the participant's benefits (Brink, van der Walt and van Rensburg 2012: 35). The participants have the right to be protected from any type of harm such as physical, psychological, emotional, social or legal. The participants in this study showed no signs of distress during data collection. If there was any indication of any stress or distress, the researcher would have debriefed the participants or offered counselling services. The researcher ensured no harm came to the participants during the data collection process and provided comprehensive explanations before obtaining consent.

4.10.2 Respect for human dignity

The principle of human dignity according to Polit and Beck (2018: 80) encompasses the right to autonomy and the right to full disclosure by the researcher. The principle of respect for human dignity addressed anonymity, confidentiality and self-determination. Participants may have chosen to participate or withdraw from the study, it was voluntary. They had the right to speak freely without any duress from the researcher. They could refuse to give information and withdraw from the study at any time. Participants in the study were not asked or required to perform any acts or make any statements that could cause discomfort or decrease their self-esteem or cause embarrassment. There were also no financial implications or social standing during data collection. Participants confidentiality was ensured throughout the study process. The data they provided will be kept in the strictest confidence. Neither the names of the hospitals nor the participants were disclosed. The interview data will be kept for five years and thereafter destroyed.

4.10.3 Informed consent

Participants were given adequate information regarding the study that was undertaken. The researcher ensured that the information given to the participants was clearly understood and it was stressed that participation was voluntary. Polit and Beck (2018:

83) further states that participants should be given a written consent form that includes the purpose of the study, participant's expectations, duration and any costs or benefits. The informed consent was included and participants agreed to participate in the study. Voluntary consent was obtained from each participant with the option to withdraw from the study at any time.

4.10.4 Confidentiality

Extra precautions were taken to ensure the privacy of the participant's information (Polit and Beck 2018: 140). All data relating to nursing students associated with the college was protected to ensure confidentiality. The participants had the right to choose who he or she prefers to share personal information with. To ensure confidentiality of the participant's information, the following measures have been taken. The researcher used a coding system instead of using participant's names ensuring that the identity of the participants were kept confidential. The participants' names were known only to the researcher and codes were used to identify them. The list of participants and their codes were under lock and key. Records of the recoded interviews were kept in a computer locked with a password only known to the researcher. No healthcare worker or any parties had access to the raw data to prevent breach of confidentiality. The information will be safeguarded there for a period of five years following which the documents will be shredded by the researcher.

4.11 CONCLUSION

In this chapter, the researcher discussed the research design and the methodology that was used in this study. The data collection method and data analysis was explained in detail. In this chapter, the researcher provided an opportunity for nursing students to narrate their perceptions of functioning as supernumerary in the clinical learning environment. Trustworthiness of the study was guaranteed. The method used, allowed participants in their naturalist state to discuss sensitive issues related to the topic and the impact it had on their personal and professional lives as nursing students. Ethical considerations and the rights of participants were highlighted. In the

next chapter, the results of the thematic analysis of the qualitative data will be outlined. Themes and sub-themes were categorised to further analyse the data.

CHAPTER 5: PRESENTATION OF FINDINGS

5.1 INTRODUCTION

The results of the study will be presented in this chapter. In keeping with the study's objectives, the researcher explored the current role of nursing students and their perceptions of their supernumerary role in the clinical learning environment. Data was collected from student nurses enrolled at two private nursing colleges in the KZN region. Data was analysed after in-depth interviews with the nursing students and both the subjective and objective responses from the participants who provided their personal thoughts and perceptions on their supernumerary role in the clinical learning environment. Using a thematic analysis, findings were thereafter categorised as they emerged and consolidated into themes and sub-themes. The researcher abided by all predetermined expectations as per the principles of qualitative research and allowed the participants to express their views and perceptions without being biased or influencing the interview discussion.

5.2 DEMOGRAPHIC DATA OF THE PARTICIPANTS

The researcher purposefully sampled twenty students who were enrolled for the Diploma in General Nursing Programme (R683) and registered with the SANC. Interviews were held at two private nursing colleges. The demographic profiles comprised of age, gender, marital status, race and level of training. The participants' racial classification was as follows: eight Indian females, eleven black females, one white female and three black males. and their age ranged from 22 to 42 years old. The demographic variables of level of training, race, gender, marital status and age are illustrated in table 5.1

5.2.1 Gender

The gender distribution from a sample of twenty bridging course nursing students (R683) showed that 15% of the participants were males while 85% were females.

5.2.2 Age group

The age of the participants ranged between 20 - 42 years, with 45% in the 20-29 year age group, 40% in the 30-39 year age group and 15 % in the 40-49-year age category.

5.2.3 Marital status

The marital status of the participants indicated that 70% were single, 5% engaged, 15% married and 10% divorced.

5.2.4 Level of education

Off the twenty participants, 40% were in their first year of training and 60% in their second year. The demographic data is presented in Table 5.1

Table 5.1: Demographic data

Bridging course category (R683)	1 st year	8	40%
	2nd year	12	60%
Race group	Black	11	55%
	Indian	8	40%
	White	1	5%
Gender	Male	3	15%
	Female	17	85%
Marital Status	Engaged	1	5%
	Single	14	70%
	Married	3	15%

	Divorced	2	10%
Age	20-29	9	45%
	30-39	8	40%
	40-49	3	15%

5.3 Findings

On completion of the data analysis, three comprehensive themes were identified relating to student nurses' current role and their perceptions of their supernumerary role in the clinical learning environment. Participants reported spending most of their time performing bedside nursing care, followed by patient admissions and completing documentation. Students found they had insufficient time to integrate theory and practice. A summary of the themes along with their sub-themes allied to the participants clinical learning experiences are outlined in Table 5.2. The themes and sub-themes have been deliberated in detail with direct quotes provided from the transcripts to corroborate the results.

Table 5.2: Themes and sub-themes

Themes		Sub-themes	
1.	Integration between theory and practice	1.1	Inability to reach objectives
		1.2	Clinical preparedness
		1.3	Limited practice opportunities
		1.4.	Students' role as supernumerary
		1.5	Clinical accompaniment

2.	Influences relating to teaching and learning	2.1	Learning environment
		2.2	Limited medical equipment
3.	Supervision of nursing students	3.1	Lack of support and guidance
		3.2	Shortage of mentors for supervision
		3.3	Heavy workload
4.	Communication	4.1	Acknowledge student status
		4.2	Attitude of staff and support

5.4 Theme 1: Integration between theory and practice

The theoretical content which is the cognitive skills of the participants are obtained at nursing colleges and the clinical practice. The psychomotor skills are demonstrated in the clinical environment. The integration of theory and practice gap has been identified as the common denominator in nursing education among all participants. The incongruity between theory and practice integration in the clinical learning environment left the participants feeling anxious and stressed, owing to their realisation that the knowledge and skill imparted in the classroom was not parallel to the real life clinical environment experiences. The five categories raised in the theme theory-practice gap were: inability to reach objectives, clinical preparedness and limited practice opportunities in the clinical learning environment, student's role as supernumerary and clinical accompaniment.

5.4.1. Sub-theme 1: Inability to reach objectives

The inconsistency in the application of theory and practice in the clinical learning environment led the participants to think that they are disorganised, inexperienced, and

confused owing to the realisation that what was taught in the classroom by nurse educators and what was implemented in the clinical environment did not relate to their objectives or scheme of work. A fundamental element of nursing education is for the participant to correlate the knowledge and skills acquired in the classroom and apply it in rendering holistic care for patients in a clinical environment. The clinical environment has a major impact on the learning development and socialisation which are critical elements for the participants to achieve their learning objectives. Participants' responses are depicted in the following statements interspersed with discussion from the researcher:

Sometimes, yes we don't meet our clinical objectives there are things you not even allowed to come close to even though it's in your objectives. (Participant # 4).

What we learning in class and during our simulation practices is not the same feeling when you nursing a patient. I feel very anxious, cos what if I do the wrong thing, then the patients look at us like we don't known what we are doing. (Participant # 18).

So I would say it err..., it's not fair for, for, me and the rest of my colleagues as students because in a clinical setting if ever you are student you need to learn and so that you can be competent and skilled enough to actually to err..., do the job or the required work for err..., for the company and the patient. So if err..., now we forced actually, to work as a workforce, so there is no learning that's take place. The only thing that happens is that you continue doing the same thing that you were doing before as a student thinking that's its right because now you correlating to theory and the practice so, ya. (Participant # 20).

One of the common negative consequences related by the participants was the conflict between staff and students where the student nurses were expected to function as staff in the hospital ward. The consequence is that the participants are unable to adjust to their clinical environment and acquire the requisite skills as stipulated in their learning outcomes. These are some of the responses of the participants.

Unfortunately, in a private institute don't have that luxury, you used as workforce err... so as a student you have to try and make time to get learning opportunities. During quiet times you try and find nurses who are willing to teach. (Participant # 10).

Not really, not really because you like err..., you are made to actually part of the shift, so if you have you own patients even if you have two patients, but at the end of the day you are accountable for the whole unit. If you've got like err..., errr..., let's say, like you've got a eight bedded ward and then you are nursing your own two patients at the same time you looking after the rest of the six patients that are in the unit plus the nurses in the unit its quiet difficult to meet your outcomes and your objectives because you are more concerned about the patients and the others. So it's quiet difficult. (Participant # 20).

The participants' expectation was that professional nurses would assist them in achieving their learning outcomes as stipulated in their workbooks.

Not all of it, not all of it, I'm not going to lie to you, clinically, the theory that err we get in the college, some of it we cannot practice it some of it err there is a case where we end up doing ENA's work err okay a caregivers work whereas I am a bridging student and I am supposed to be teamed up with err sister or someone close to that capacity to teach me, we end up that doesn't happen that ends up not happening. And then you end up just floating and doing the work and being under worked by the time it's you 4 o' clock you can't even give the unit manager your hours to sign cos you are so tired they already gone so it's it's just too much. (Participant # 4).

The hospital staff don't have time to help us to achieve our learning outcomes because they are very busy and the units are always not enough staff. (Participant # 15).

The unit manager must just make sure that they make time for us students, cos at the end of the day even though we going home, we go home to prepare for the following day, so that whatever questions that arise the unit managers are there to answer us. Currently the clinical facilitators, the only thing they dealing with us is

doing the assessments only. Being a clinical facilitator I think they have to be more also in making sure they have our teachers, our educators to meet whatever we studied in school and our practical together so that we can be an efficient nurse. The only thing they focusing in is only the assessments. (Participant # 19).

Senior professional nurses do not like it when student nurses ask questions. The impression of the students is that they are rude and unprofessional and want to test them to see if they are knowledgeable while the newly qualified nurses are more helpful and knowledgeable.

Older staff don't teach only the younger staff teaches. Older staff will say they only got two year left, I'll go retire now, I don't have time for that. (Participant # 12).

Becomes a challenge has we, they don't take us seriously as students. It's so difficult to communicate with them. Sometimes, maybe you have a problem and you want to report a problem, "sister I am having such and such problem", just because they are unwelcoming it is so much harder just to go to them and say I have a problem, 1,2 and 3 can you help me out. Like maybe we having problem with our studies, "sister you going the very same way that I am going now, can you please assist me in this topic maybe. She says "I don't have time for this", I was a student 10 years ago, so I cannot help you now. I don't have time now; I need to do this now." This is the attitude we are getting now. In other departments not all of them. (Participant # 12).

The older staff members feel we have an attitude. When we approach them to ask a question or to help us, they say we are very busy, didn't they teach you in your college, you should know these answers before you come to units. Go ask the other sister there, she just qualified. (Participant # 14).

If we refuse to administer medication without supervision, the staff say that the students have an attitude, voicing her opinion. They not listening and undermining me. (Participant # 17).

Uniquely, a positive outcome of the participants was to adapt and be resourceful allowing them to become critical thinkers and problem solvers, finding solutions as they encounter them and manage hurdles in the clinical environment. The participants used diverse approaches to bridge these difficulties by assuming self-directed learning, where the participants took ownership of their educational pathway by using their prescribed textbooks to get answers to their questions, using technology to search for articles for new information and videos for evidence-based practices, thereby helping them to find solutions and apply critical thinking skills to solve problems and avoid making hasty decisions. Hence, the participants learnt safe nursing practices.

The nurse educator, clinical facilitator and the unit managers facilitated self-directed learning in the clinical environment. Even though the responsibility of the participant is to reflect and be able to identify their objectives, the most important factor is their performance and what they should do better or how to avoid mistakes.

Yes, you are allowed to complete your objectives but it's up to you, if you are willing to do, because they won't come back to you and say, what do you want to achieve today? You are the one who has to prepare at home, come to the hospital in the morning before allocation is done. You show the unit manager or team leader what is your off objectives for day on that day so that when the need arises for that type of objective they can call you and do it with you. That is how you can make sure your objectives are meet. (Participant # 19).

The participants in the study indicated that they were unable to achieve their learning objectives during their clinical placement due to difficulties encountered. The participants expressed their feelings and experiences concerning their relationship with hospital staff that was not conducive to learning and occasionally complained about the improper behaviour of professional nurses towards the students. Participants stated that the clinical objectives are aimed at decreasing a person's stress and improving the ability to adapt in the clinical environment. Student nurses often looked for support and guidance

to aid them in achieving their clinical outcomes but this was not forthcoming. The lack of knowledge and skills related to nursing care and having diminutive knowledge on how to manage and achieve clinical outcomes increased the participants' frustration. The participants in this study revealed the following:

We don't get to complete our objectives set out for us and then the college has this set as an expectation. It is unfair because we don't get to complete our objectives set out for us and then the colleges expect us to complete before we do our assessment so clinical objectives needs to be done at a certain time, and how can it be done if we not given the opportunity because we treated like staff, you know, we supposed to do theatre cases, admissions, when we make it know that something we want to learn , something we want to do, it's overlooked, because they the departments needs to be handled. (Participant # 1).

Sometimes, yes we don't meet our clinical objectives there are things you not even allowed to come close to even though it's in your objectives, you supposed to learn about this, even supposed to observe this but you are just told go cover the work if you don't, if you are here now whose giving medication there, whose doing this, you not allowed to observe somethings in some units. (Participant # 4).

Not really, there is no time, and err... there's no time err... everybody is busy so there is nobody to actually come and accompany you, to err...err... met your tasks. (Participant # 7).

5.4.2 Sub-theme 2: Clinical preparedness

Participants expressed that they were not adequately prepared for practice in the clinical environment. Some participants experienced difficulties and struggled to perform basic nursing skills, such as obtaining vital information when doing history taking or identifying abnormalities when assessing surgical sites. This increased their nervousness and anxiety owing to the lack of learning opportunities in gaining an understanding and

mastering the skill. However, participants' impression was that the professional nurses are not familiar with the learning outcomes in the specific units and are unable to assist with their clinic supervision. The participants in this study revealed their concerns regarding limited preparedness, feelings of inadequacy and incompetency in a clinical environment.

More learning opportunities should be set out. There's always an opportunity to learn no matter what ward the student to learn, it's just about, whether the staff in the ward are willing to go the extra mile and help out. (Participant # 1).

I won't say, No, because I don't think so, I am not confident going in as a sister , you know, I don't know a lot of things and I feel as if they put us in the working environment every month it's the same thing we basically doing the job of an ENA or of a Staff nurse and I don't even know what sister is supposed to do at this point I'm already second year I don't think they give us the opportunity to learn or buddy me with a sister rather just do their work and get over and done with. (Participant # 2).

No, honestly no, I don't think so, theoretically I will be, practically no. (Participant # 3).

Err... I think I will be competent if I am functioning in this supernumerary role because I will be having all the guidance I require and I will be shown the right way so that will build my confidence knowing that I am going the right direction. (Participant # 7).

Cos you anxious, you don't know whether you know or not, you know that you know theory, theory ones, you know everything, practical wise, no. (Participant # 9).

There should be a transition period, so that I can be prepared for the role, now I feel I am not adequately prepared. (Participant #18).

I will not feel competent. Most students feel the same way. (Participant # 18).

5.4.3 Sub-theme 3: Limited practice opportunities

The findings of this study showed limited exposure to skills required for participants to be competent in the clinical environment. The lack of exposure had a negative impact on participants while practicing in the clinical environment. The participants were unable to complete the clinical skills outlined in their workbook due to the lack of learning opportunities making them feel incapable for the hours spent in the clinical environment and a sense of worthlessness. This is supported by the participant's statements which follow:

To the fact that they expect too much of us as students. I do feel that our main aim is to go there and learn but they are throwing so much of work at us how are we supposed to learn, ok that basic point. (Participant # 2).

In hospital, no. (Participant # 3).

Now we not getting enough of that in a normal day and normal clinical hours, you get the hours done but you don't get the proper experience. (Participant # 4).

Err... At times as I said it depends on the staffing of the unit, err... in certain wards we are allowed to, I mean we do, err..., met our outcomes because the unit manager is very forceful and err..., she in she allows us to complete the outcomes in our clinical workbook, whereas in the other units where we are used as work force obviously we are not err..., this thing, err..., we are not supervised, we are just left to our own devices and left to figure it out ourselves. (Participant # 8).

I have to take it upon myself to achieve my outcomes, limited learning opportunities. (Participant # 17).

5.4.4 Sub-theme 4: Student role as supernumerary

Participants remarked that professional nurses view them as part of the workforce and not as student nurses in their supernumerary role. This could possibly be because professional nurses do not view education and training of students as an essential part of their professional development. Participants stated the need for professional nurses to guide and support student nurses during clinical exposure so that they can develop critical thinking skills and solve problem. Due to the shortage of nursing staff in the hospitals, the demand for nurses is greater, resulting in participants forming part of the team and not being additional to the unit. Participants were used as part of the workforce which contributes to them not achieving the clinical outcomes and a decrease in learning opportunities. This exacerbates the problem of participants achieving their learning outcomes. It has been noted by participants that professional nurses disregard their feelings, creating little effort to hide their irritation, impatience and frustration. Participants also perceived that professional nurses found the responsibility of supporting and guiding students in the clinical environment, difficult and strenuous. The participants' request professional nurses not to discourage, demean, discriminate and be hypercritical towards them. The participants stated:

Okay, honestly, err... unfortunately in this day and time it is hard to be supernumerary but thought my err... is thought is err... being a student we are not supernumerary as I explained, I have been there, there is shortness, I mean shortness of staff and high work demand, like I put it in words, okay, I am not supernumerary in my role because I find that as previously also asked I am expected to work under supervision, but in most times I'm working without, I'm working independently and I get told that maybe if there is anything I'm not clear about or not sure of I must ask. (Participant # 5).

You actually just used as work force on most times, and that's due to, due to the wards being short staffed. My opinion and thought on that is most times we are not supernumerary, well it's very little that you become supernumerary, hmm as at student because you actually just used as work force on most times, and that's due to , due to the wards being short staffed, or the units being short staffed and also fort the fact that some

staff will know that there is students and they check your capabilities and how much you know, then they will take time off or be given leave or be off sick, and then now because they can rely on that student and not forgetting that the student is not functioning as an RN or an independent staff nurse and they have to be supervised and they have goals and err... objectives to achieve, so it's quiet hard, at the end of the day you end up achieving your goal but it's hard, you know, sometimes you have to do it in your own time, you've got to request time, but there is no time allocated for students, like, maybe on the quieter day, okay we give the students, because in the wards there are some days that it is quiet, like from the weekends to Monday, most Mondays are quiet, then you get the admissions and whatever, give those days on see what the students can do and how much they function because sometimes our books are just signed, they don't even know if we can do it or not, because there is no time, we just working. Participant # 6).

At the moment no, because of shortage of staff and err... err...so they use students as a number, so you unable to fulfil, unable to complete your task as a student your accompaniments, so you have to work as a number in the department. Participant # 7).

Unfortunately, in a private institute don't have that luxury, you used as workforce err... so as a student you have to try and make time to get learning opportunities. During quiet times you try and find nurses who are willing to teach. (Participant # 10).

As a student doing the Diploma in General nurse course, expect not to be countered as part of the workforce, we should be supernumerary and that our clinical facilitators and err... unit managers have err... more time to be on the floor showing us, demonstrating, supervising us and err... correcting us we go along, giving us practical and teachable moments. (Participant # 11).

Due to staff shortage the students are used to cover the unit. Allocated duties are as per the permanent staff, we are treated as part of the workforce. (Participant # 16).

5.4.5 Sub-theme 5: Student clinical accompaniment

Participants reported that they were dissatisfied with the clinical accompaniment at the clinical environment, where professional nurses identified them as part of the workforce. Occasionally they were not accompanied by hospital permanent staff. Participants' were defenseless and expressed helplessness with a feeling of neglect in the clinical environment owing to the staff shortage. Participants felt that to improve their theoretical and clinical results, they should be given an opportunity for learning so that they could improve their skills and render quality nursing patient care. Participants also indicated that they were unhappy during their clinical exposure as their motivation to learn was hindered. Participants stated that quality nursing care was not rendered as intended, because they were hastily performing allocated tasks in order to finish.

Because if I am only allocated to do observations for the whole month, so I am not learning how to give medication and all that. (Participant # 3).

We don't have a sense of belonging in other departments. Because they will leave us in the morning when they go for briefing, they will say "okay students, go do baths", they stay in the briefing, they brief themselves, we don't know what was happening. We don't know what they were talking about, we busy doing baths, changing the patients and doing. They will just come to carry the procedures, like giving medication giving IV's, doing other procedures with the doctor and leave us out. (Participant # 12).

Facilitator to come twice a week to the clinical learning environment. Facilitator don't come to the wards to teach, but are on the premises, so if we need to know anything, we can go to her. We have no teachable moments. No teaching or workshops to attend. Would like it if the facilitator is at the hospital to assist us. No use changing the course if there is not facilitator to help, it will be very disappointing. (Participant # 18).

The unit manager must just make sure that they make time for us students, cos at the end of the day even though we going home, we go home to prepare for the following day, so that whatever questions that arises the unit managers are there to answer us. Currently the clinical facilitators, the only thing they dealing with us is doing the assessments only. Being a clinical facilitator I think they have to be more also in making sure they have our teachers, our educators to meet whatever we studied in school and our practical together so that we can be an efficient nurse. They only thing they focusing in is only the assessments. (Participant # 19).

Participants indicated that clinical accompaniment in the ward was not done because there was no time as the work had to be completed. Guidance and support was not received from staff in the units. According to participants, even though clinical accompaniment hours are scheduled, if there is a shortage of staff in the unit, there is no time allocated for clinical accompaniment.

Okay, the unit managers I expect them to be updated on each scope of practice of each level and be able to know, because practices are similarly like to the nurse educator, because the clinical facilitator is not always there in the unit but the unit manager is there most of the time, so sometimes they can, you know, they can be more on the floor and have time for you and not have to sign a book not only at the beginning or end of your course. (Participant # 5).

Okay, err..., as I said before in the units it's if they are short staffed we have to work as their workforce, we have to take on responsibilities that we not supposed to have and we are not able to meet the requirements that we need to meet, we not even taught, we not even supervised err..., we basically just there to perform their duties that asked of us. (Participant # 8).

Not allowed to leave the wards to view other procedures. Not enough teaching from staff because they are too busy. Educators and CTS only come a few days in a month but I feel staff should give guidance. (Participant # 14).

Participants communicated that knowledge-sharing relates to people who share knowledge openly and are willing to educate and mentor others. The exchange of ideas can be freely challenged while at the same time obtaining knowledge from other sources. Participants indicated that the nursing programme was challenging as they were gaining knowledge and skill and were in the process of gradual development. The participants in this study revealed the following:

As a student in the clinical environment they over work us, we err, do everything, I do ENA's work, caregivers work and sometimes err sisters work. They don't allocate us err according to our scope of practice as I am a bridging student 2nd year bridging student I am supposed to work hand in hand with RN doing management and receiving drugs from pharmacy and all those things so err...they allocate us for observations and sometimes theatre, if you near the medication trolley err... you not supposed to do medication because you not permanent staff. Find it difficult to err...learn. (Participant # 3).

Like I said, just allocate time, for our books and for being supervised, have a mentor, cos most times there's no mentors, and most times you must request for a mentor to help you and if there is like a CTS or mentor she's like one person or two people divided amongst the different categories of staff that that are training at the time and then she got to make, got to make time for you. So just allocate time, just allocate, it does not have to be the whole week, it just does not mean you have to function as supernumerary, yes the ward will need you, at times, but just make times for us to meet our objectives, to so see that we are being mentored, to that, I can't, don't have to come, I've done that, I've given an injection, please sign for me. Show that you saw, not only when there is an assessment time, you know, that I've given me, I'm able to give an injection or whatever. You also find, it also shows where you have grown, were you need more help and where you struggling, you know that you got help, you know, you don't have to always follow for help. So, it will help to become supernumerary but we also work as workforce, cos you gain the experience from the ward and you will be able to meet your, your objectives, so it's the nice way, it's good

to be supernumerary but when the ward needs you, put you into the wards, I mean to work as workforce, you know, not I'm here only for my hours and whatever and to do a dressing, it's not about that, you got to learn the different things that go on in the ward to be able to function as a fully fledged RN. (Participant # 6)

5.5 Theme 2: Influences relating to teaching and learning

Student nurse's clinical experience exposes them to the realities of nursing in the clinical environment. The clinical exposure can sometimes be positive or negative which are effectively shown to provide learning opportunities for nurses to perceive how they exhibit compassion and empathy when providing nursing care. Professional development and self-confidence is enhanced by the learning opportunities and experiences gained during the clinical exposure which further enhances the students own clinical development practices and competency.

5.5.1 Sub-theme 1: Learning environment

Participants stated in the clinical environment, teaching and learning is not just about rendering nursing care or performance of tasks but to develop professionally. Participants perceive that in order to develop professionally, they must acquire nursing skills to warrant competence, professional socialisation and critical nursing skills. The participants in this study revealed the following:

I would personally from my what I see, the ones that are willing to help are the ones newly qualified, the one exposed to what we have been and wouldn't put it on another, but the one's inconvenience the students or put on all the responsibility on them are the ones you know...you know they probably they have this mentality err... don't want to just come to work they have that err..., (Participant # 1).

We have to do as much and even for them to sign for us when we did this or if you ask someone to come and err.... If you like err... doing a medication and you ask the sister okay come sister I want to do this procedure, and observe if I'm doing it correctly, she will tell you NO, I am busy and I can't, and she will keep postponing,

postponing and then you end up, just give her the document just for a signature, just to sign. (Participant # 3).

I think we err when it is not practiced especially and my experience as student I do not function as student cannot get to the clinical environment just sort form part of the team, you have to do the work sometimes I end up not getting enough err experience you end up not being able to ask enough questions on a certain thing you end up seeing in the ward like a teachable moment hardly get such moments. There are those wards that um will give you a teachable moment and teach you and everything but then and in most cases and hardly ever happens; you end up catching up at home alone. Yeah. (Participant # 4).

Mmm, it's just that when students should be given time to learn in the clinical area, yes, theory wise we can learn everything but in nursing we need practical more than theory. Err..., I am expecting that my unit manager and like the staff, better is working in the unit were I'm allocated, I am excepting them to take me as a student if there is an opportunity to teach me something that is there, its cause like it's continuity of learning every time when you are in the unit, to teach me. (Participant # 9).

They must know I am a student. Need to be taught everything. Give me time and guide me in everything I do and not take it as I can do this and that. I need guidance and to be show me every mistake I made. Be there for me every time I need them and to support me. (Participant # 19).

5.5.2 Sub-theme 2: Limited medical equipment

This sub-theme refers to medical equipment and medical supplies in the clinical learning environment required by the nursing student on a daily basis to perform his/her duties and render holistic nursing care to ensure a speedy recovery of the patient. The participants in this study revealed the following:

No, they don't have, we find out they only have one BP machine for twenty-five or thirty bedded ward, so I am doing obs for about one hour and thirty minutes. (Participant # 3).

No, no adequate resources. We improvise and we need to correlate your theory eg. Ring cushion, theatre patient done a hemorrhoidectomy, you need to put a pillow at least, use a pillow just to prevent the pressure, lack of resources, there should have been a ring cushion. When it bleeding it will be on the pillow, and when you removing the dressing, it will start bleeding again. So lack of resources is a challenge. Participant # 12).

5.6 Theme 3: Supervision of nursing students

Some of the participants explained that supervision is monitoring and improving their clinical performances, but they were concerned about the clinical guidance and support during their clinical placement at the hospitals. Participants stated that during their clinical placement, they were not adequately guided and supported let alone supervised by unit managers or professional staff that hindered their professional development. The professional nurses and mentors that you were buddied with had very little or no time to guide and support the participants as they had their own delegated tasks to carry out. Peer mentors were reluctant to supervise the participants. The clinical facilitator visited the clinical placement areas once a week or sometimes even once a month.

5.6.1 Sub-theme 1: Lack of Support and guidance

Some of the participants expressed concern that the clinical learning environment is a very stressful place and has the potential of placing patients at risk. Participants also asserted that they require supervision from clinical facilitators, nurse educators and unit managers in all the disciplines. Participants further stated the need for their guidance and support in the clinical environment was to develop professionally, be a competent nurse and achieve their clinical outcomes and learning opportunities made accessible to them. The participants in this study revealed the following:

As nurses, we people that can push ourselves, even though you know I'm under pressure but I'll have to push myself. (Participant # 4).

I am expected to work under supervision, but in most times I'm working without. (Participant # 5).

The must know I am a student. Need to be taught everything. Give me time and guide me in everything I do and not take it as I can do this and that. I need guidance and to be show me every mistake I made. Be there for me every time I need them and to support me. (Participant # 16).

We are allocated as part of the workforce. No supervision or we are not buddied with a sister. The sister will say you 1st year student, you know how to do the work. (Participant # 17).

Practice is only done when one has time. We have to force the RN to help us, and when they do, you have to grasp it that one time that the procedure is done/shown. Most of the time the learning outcomes are not met. When I qualify, I will not be competent. (Participant #18).

5.6.2 Sub-theme 2: Shortage of mentors for supervision

Some participants complained that the shortage of nursing staff in the hospitals placed an unnecessary burden on them as they are expected to work as part of the skilled staff without direct or indirect supervision. The participants in this study echoed the following:

Clinical facilitator is not always there in the unit. (Participant # 5).

Err... my current role, it depends on the unit actually, if we are working in err..., okay at times when there is a shortage of staff, we actually do take up err., a role were we have to take on more responsibility so it's not a student role were we are overseen by the senior staff, we actually do the work. (Participant # 8).

5.6.3 Sub-theme 3: Heavy workload

Participants stated that the workload they have to endure is very stressful during their clinical placement and they encounter many challenges namely, being placed in the clinical area to correlate theory and practice only to be allocated as workforce and function as skilled staff, incomplete clinical workbooks due to limited time or no learning opportunities, little or no guidance and support from professional nurses or unit managers. The majority of the participants stated they worked independently in the wards because the mentors, unit managers and professional nurses have their own workload. The participants in this study revealed the following:

To the fact that they expect too much of us as students. I do feel that our main aim is to go there and learn but they are throwing so much of work at us how are we supposed to learn. (Participant # 2).

Err... for what I know the students are used as part of the workforce only, they are not given time to do their theory, especially in the workplace because of the workload in the hospitals. (Participant # 19).

Err..., it took time, actually there no time because you have to juggle between work, college and being sort of a shift leader which is tiring has well mentally and physically draining. By the time you reach home, you just tired, you just want to rest, thinking about what really happened at work, did I make any mistake, you know, because you always think about that and at the same time you've got your books, so sometimes it a bit difficult. (Participant # 20).

5.7 Theme 4: Communication

Participants see communication as an essential component of nursing practice. Participants felt a sense of belonging and respect when they were included in discussions and decision-making in the clinical environment.

5.7.1 Sub-theme 1: Attitude of staff and support

Participants stated that positive role models in the clinical environment should display friendliness, create a warm environment and be willing to listen, learn and participate and create a positive atmosphere. Unfortunately, this is not what they experienced in the clinical environment and the staff attitude towards them was unpleasant. The participants revealed the following:

Very poor, very poor, like you not, I think it's like even if you are a confident person, you want to voice your thoughts, then they see you as a threat or somebody that know it all so you become a target if you do decide to verbalize, let's say you do something wrong and are the sister I'm junior to you, so I do stand up for myself I do feel like the whole month you have already created an enemy, so I rather keep quiet. (Participant # 2

Well, personally I do feel that err, it's very unfair, its overwhelming, there are incidents myself where I was absent from work and the next day when I came back, I phoned, followed the correct protocol reported and stuff, so the next day when I went back into the working environment, the unit manager she really let me have it, she was like absolutely disrespectful and she continued to insulting me throughout the day , because she said to me, you know, you were allocated as staff and but in fact I was a student and I felt really offended by that, so, I do think it is unfair and it's a bit overwhelming for us as students. (Participant # 2).

Smm, they are not nice. (Participant # 4).

Becomes a challenge has we, they don't take us seriously as students. It's so difficult to communicate with them. Sometimes, maybe you have a problem and you want to report a problem, "sister I am having such and such problem", just because they are unwelcoming it is so much harder just to go to them and say I have a problem, 1,2 and 3 can you help me out. Like maybe we having problem with our studies, "sister you going the very same way that I am going now, can you please assist me in this topic maybe. She says "I don't have time for this", I was a student 10 years ago, so I

cannot help you now. I don't have time now; I need to do this now." This is the attitude we are getting now. In other departments, not all of them. (Participant #12).

What do I do, or say, staff are very rude? (Participant # 15).

5.7.2 Sub-theme 2: Acknowledge Student status

Some participants stated that in the clinical environment, their role as students is not properly understood. The main aim of adopting the supernumerary status of the participants is to become self-directed learners who explore and participate, gradually becoming competent, skilled and knowledgeable nurses. The roles and responsibility of the participants is to correlate theoretical knowledge to clinical practice. Participants in this study echoed the following:

Hmmm, what could I say, unfortunately it is, it's not getting better because err...it's the supernumerary role is the right way, a student is supposed to be working under supervision, being assisted with, but at the same time companies are not err... playing their part, by making an example, if you get a high turnover of maybe four nurses left the unit, they only hire two nurses, so that unit will be short staffed, so that staff nurse or as a staff nurse won't be able to give that amount of help as I would before. Participant # 5).

I do feel that there need to be an allocation in the budget to allow for that, because that would give you that one on one where you have the opportunity to float and learn. Err... I might be looking after a patient that is stable and an unstable patient might come in and I don't get to observe the nursing care that is going on there because I am already allocated to someone. So by being supernumerary I have that opportunity to float and see all these things and learn from it. (Participant # 10).

Yes, I think they know, but because of the workforce they cannot help it, the shortage of staff in the hospital. Especially in government hospital. That's how they forced to use the students. (Participant #13).

At times, but not all the time, it also depends on the ward. Staff don't know the meaning of supernumerary, if they did they would know we should be additional to the unit, but we are allocated as part of the unit. When the unit is busy you work as part of the workforce. (Participant #15).

5.8 CONCLUSION

In chapter five, the results were presented of the thematic analysis of qualitative data. Creswell's method was used to analyse the in-depth information obtained from the interviews. Themes and sub-themes were identified after analysing transcripts of participants' interviews and other field notes. The findings of this qualitative study in relation to nursing student functioning as supernumerary in the clinical learning environment will be discussed in chapter six. Chapter six will also focus on interpreting the findings in relation to the theoretical framework that guided the study and end with a conclusion and recommendations.

CHAPTER 6: DISCUSSION OF FINDINGS

6.1 INTRODUCTION

The previous chapter presented the findings of the study. Whilst rendering holistic care to patients in the clinical environment, nursing students' personal experience dictates their competency on completion of the programme. The Benner's Novice to Expert model encompassed the different stages namely, novice, advanced beginner, competent, proficient and expert and the application thereof in trying to understand the nursing students' competencies, their effects on the clinical environment and achieving student objectives. Chapter six focuses on the discussion of the results. The discussion of the results is guided by the research question and the conceptual framework inclusive of the themes and sub-themes that emerged from the data analysis of the interviews. The purpose of the study was to explore the perceptions of student nurses' supernumerary role in the clinical learning environment at two private nursing colleges in the Durban, KwaZulu-Natal. The objectives of the study were to describe the current role of nursing students as supernumerary in the clinical learning environment and to explore the perceptions of student nurses of their supernumerary role in the clinical learning environment.

The identified themes of the study were:

1. Integration between theory and practice
2. Influences relating to teaching and learning area
3. Supervision of student nurses
4. Communication

6.2 Discussion of themes

A fundamental element of nursing education is for nursing students to correlate knowledge and skill and understand how to render holistic care for patients in a clinical environment. The clinical environment has a major impact on their learning developments and socialisation that are critical elements for student nurse's achievement. These elements according to Grobecker (2015: 180), afford students

opportunities to practice nursing skills that mimic a professional nurse. In this way, learning objectives can benefit student nurses to make sense of what they have learnt and gained during their placement in the clinical learning environment. The findings of this study are discussed, based on the participants' current role and perceptions regarding their supernumerary role in the clinical environment. The findings are applied to Benner's Novice to Expert model to provide possible explanations for such observations. Dale *et al.* (2013: 2) stated that throughout the nursing students' clinical placement, students advance from a novice gaining confidence and competency and an array of skills.

In order to decide how effective, it is, in preparing student nurses for the clinical learning environment, it is imperative to obtain student nurses' perception of their clinical learning environment. Participants in the study were asked a main question together with probing questions, to explore the supernumerary role of student nurses in the clinical learning environment regarding the integration of theory and practice. The participants' responses highlighted issues that are described in the background of clinical learning experiences in the clinical environment.

6.2.1 Integration between theory and practice

In this study, it was evident that the participants experienced an increased volume of work allocated to them and this impacted on their ability to integrate theory and practice during their clinical placement. During clinical placement in the clinical learning environment, one of the main objectives for student nurses was to generate opportunities to integrate theory and practice so that they can be competent and clinically skilled. According to Hughes and Quinn (2013: 394), theory practice integration is an important aspect of the training programme for nursing colleges to have well trained and skilled nurses. Participants revealed their frustration and dilemma when integrating theory and practice. They identified gaps placing them in a vulnerable situation and these were: inability to achieve their learning objectives, clinical preparedness, limited learning opportunities, student role as supernumerary

and clinical accompaniment. Similar findings were also supported by Banneheke, Narajah and Ramamurthy (2017: 1). The expectation of the participants was that the simulation laboratories should be like the clinical environment, only to note that nursing practice facilities differ at various institutions. Participants highlighted the lack of resources and equipment needed to provide quality and efficient nursing care. Therefore, having adequate resources in the clinical learning environment will ensure that participants are successful in their clinical practices and experiences, safeguarding and providing optimal patient care. This is supported by Tharani et al. (2017: 82). The challenges faced by participants regarding staff shortage and being overworked impacted on their clinical learning environment. The participants' expectation was to receive guidance and support from staff, and to get learning opportunities to identify their gaps, but the nursing staff did not have the time to guide and support them. Coleman (2016: 1) assert that the lack of guidance and support by clinical facilitators, unit managers, nursing staff and nurse educators leads to the participants' inability to integrate theory and practice. The illustration (Figure 3.1) of the student nurses' transition from being a novice to becoming a competent nurse is in keeping with the stages of Benner's Model describing the student nurse's development from Novice to Expert (Hughes and Quinn, 2013: 395). During the different stages, the student nurses are guided and supported by rules which they prioritise and obey instructions without questioning. As the student progresses from novice to the beginner, they gain experience and their self-confidence increases until they grasp the situations and set their priorities. Gradually, the novice can organise their work and have a plan of action, function independently as they identify problems and prepare for the next phase (Hughes and Quinn, 2013: 394).

Participants were displeased when they were unable to achieve their clinical objectives because they were sought out and used as part of the workforce due to staff shortages in institutions that provided facilities for clinical placement. Aiken *et al.* (2014: 1824) supports this statement in their study when they found that student nurses filled the gap for staff shortages. According to the Nursing Act (33 of 2005: 4), nursing students

are to be guided and supported so that the clinical objectives can be achieved, making them competent to provide holistic patient care.

The Nursing Act (33 of 2005: 8) stipulates that students should acquire learning outcomes in the various identified disciplines on completion of their training to become competent and skilled to practice as a general nurse. The best way to achieve competence is by using the building blocks according to the Benner's Model by teaching and learning through integration of skills and knowledge, taking the participants from having no experience, to having a support structure to improve learning and demonstrate acceptable skill performance to stages of understanding and achieving long-term goals (Benner 1984: 13). The participants in the current study had already been in the programme for at least six months and integrated their experiences regarding their practice in the clinical environment. This integration was achieved through the influence of staff, clinical facilitators and unit managers based on their clinical outcomes and their perceptions regarding the correlation of theory and practice in the unit. Masango and Chiliza (2014: 75) concurs with these findings by stating that guidance to participants was recognised as being the best way to create a supportive learning environment into the nursing profession. Bosch (2017: 22) asserts that clinical facilitators and nurse educators should guide and support student nurses as this will enhance their development and progress in their competence. Zagabe (2013: 19) agreed with the idea that support and guidance was beneficial when a long-term relationship was established between a participant and clinical facilitator who is knowledgeable and supports the development of the novice.

The participant's preparedness for the general nurse's role on completion of the training programme showed that less than 40% were well prepared and 60% of the participants were minimally prepared. According to the application of the theoretical framework, namely Benner's model, direct relationships have to be formed between different stages of the building blocks to achieve the outcomes. Creating a positive learning environment experience for the participants by clinical facilitators and nurse

educators is to maintain a safe learning environment. However, based on the findings for best practices, it is recommended that the nursing college introduce virtual technology and simulation to set clinical diagnostics similar to real life situations to assist participants to think critically and manage situations thereby taking participants from meaning making to prioritising (Muthathi 2017: 4). The theoretical model is applied to examine the experiences and their perception of the clinical environment, how they make sense of their situation and how they can develop and manage the clinical environment that is evident in the third stage.

The participants also verbalised that they had to take the initiative to find learning opportunities to complete the discipline objectives and identified their own theory and practice gaps. Some participants felt that they were not sufficiently prepared for the general nurse's role evident in Benner's second stage. The participants eventually adapted to their current role and adjusted accordingly. Benner's third stage of competency states that the participants can benefit at this stage from the clinical environment activities that centre on skills development and critical thinking whilst managing theory practice integration with guidance and support. Solwandle (2017: 2) supports this finding by stating that newly qualified nurses are vulnerable in experiencing self-doubts once they begin practicing in their new role and their performance in the clinical environment reflects this lack of confidence. This is understandably the case with newly qualified nurses who are anxious and will attribute this to having minimal or insufficient knowledge to practice competently and manage a nursing unit. Benner's fourth stage of the model refers to the participant's self-confidence and gradual independence during clinical practice. Kermansaravi et al. (2015: 351) agreed with these finding that participants' independent functioning grows in the clinical area. The student nurses supported and guided by the novice to expert model will be competent in the daily performance of unit tasks, such as planning, decision-making and maintaining professionalism (Kelly 2016: 319). Participants who were given guidance and support indicated that they were self-confident and had decision-making skills, function independently and had the ability to prioritise,

indicating that they have reached the competency level which is evident in terms of planning and achieving goals. The participants reported that working in certain units with professional nurses enhanced their clinical skill and they felt confident and clinically competent (Mafumo et al. 2017: 2).

Participants in this study were not given their supernumerary status but were used as work force and formed part of the nursing team resulting in a decrease in learning opportunities. The findings concur with James and Miza's study (2015: 1128) where the student nurses reported that they did not receive clinical supervision and were not being buddied with nursing staff to support them because they were too busy with patients. The participants felt that experienced nurses in the units were accustomed to their own practices and did not want to be corrected, echoing that they are long in the practice with ample experience. Therefore, the difficulties of supervision without dedicated support was challenging for the participants in the clinical learning environment. The consequence of this is that it creates an uncondusive learning experience for participants in the clinical environment. Student nurses should feel free to learn and explore, think critically and develop within the nursing profession (Mayumi 2017: 8).

The daily work allocation in the wards and increased workload leads to insufficient time for clinical learning practice and the completion of clinical learning objectives. The problem of workload amongst the participants and being part of the workforce interfered with their achievement of learning outcomes. Xaba (2015: 13) concurs that clinical placement fosters in students, the application of knowledge, skills and attitudes to clinical situations. Hence, it is vital that valuable clinical time should be utilised effectively and productively.

Several participants' perceptions were that they were merely regarded as part of the workforce due to the lack of coordination and planning between the nursing college and clinical environment with unclear communication which impacts on their ability to

learn and achieve the expected outcomes. Mayumi (2017: 100) agreed that the lack of guidance and support in the clinical learning environment and the shortage of nursing staff left the participants feeling neglected and unsupervised as far as clinical accompaniment was concerned with conflicting expectations as evident in stage five of Benner's model, stating that the expert functions with in-depth understanding is only possible when participants are able manage situations responsibly.

According to Regulation R.683 (SANC 1989: Regulation R.683, Section 7), clinical accompaniment refers to a structured implemented process by nursing education colleges to assist and support student nurses with the guidance of nurse educators and clinical facilitators including nursing staff at the clinical environment to ensure that the programme outcomes are achieved. The participants reiterated that there was no time for clinical accompaniment because they formed part of the workforce. According to Mothobi (2017: 2) clinical accompaniment of student nurses exposes them to clinical learning opportunities thereby affording them an opportunity to achieve the aims of skills development and competency.

6.2.2 Influences relating to teaching and learning environment

Participants in this study identified guidance, support and supervision as important concepts in the mentoring of nursing students. The participants mentioned that working with experienced registered nurses with a positive attitude spontaneously allowed them to develop the same approach that enhanced teamwork, team spirit and created a sense of belonging whilst having good humanitarian essence in the clinical environment.

According to Chiliza (2014: 75), guidance and support are the best approach to create a supportive clinical learning environment, allowing the student to socialise into the nursing profession. Clinical facilitators should guide and support nursing students which will improve their skills and competence, allowing them to progress from a novice to an expert. Zagabe (2013: 19) reiterated that support and guidance to nursing

students was beneficial in the long-term as it formed a relationship between student nurses and the clinical facilitator who supported the novice student, to be competent and knowledgeable. Zagabe (2013: 19) stated that professional development was the responsibility of the student nurse including the stages of advancement from novice to expert to enable them to provide competent and skilled nursing care to patients and their families.

According to Solwandle (2017: 59), the clinical learning environment is where the student nurses are guided and supported in the achievement of their learning outcomes. Unit managers in the clinical environment are responsible for creating an environment where student nurses feel a sense of belonging and the nursing staff mentor and support students in achieving their learning outcomes. Dubi, Becker and Tekian's (2015: 534) study found that nursing students were displeased with assessment methods and the lack of feedback after written or clinical assessment. According to the opinion of the nursing staff, they did not consider feedback as part of the learning process (Dubi *et al.* 2015: 534).

Ong (2013: 12) states that guidance and support from mentors and unit managers during student accompaniment will prepare them with the necessary knowledge, skills and confidence for independent practice as nurses. Cunze (2016: 101) states that the need for mentorship, teamwork, clinical guidance and support enhances a student nurse professionally.

In this study, resources have a serious impact on the hospitals' healthcare system and further jeopardises the integrity of the nursing profession. This further creates a serious impact on the quality of nursing care rendered and the experiences that participants have in their learning environment. The clinical learning environment encompasses several factors that influence student nurses namely; patients, the physical environment, clinical equipment, clinical facilitators, unit managers and nursing staff (Zenani 2016: 77, Mathebula 2016: 33). The findings in the current study showed that

nursing students' clinical placement in various disciplines plays a key role in learning and correlating theory and practice. The components in the clinical learning environment are professional socialisation and interaction; teaching and learning. Participants mentioned that the equipment was out of order but still remained in the clinical environment and this impacted on patient care. Participants had sought equipment that was actually in working order which was time-consuming and challenging especially when other nursing students and nursing staff needed to use the same equipment. Thus, this problem created a back-log that could increase time taken to assess patient's vital signs resulting in unrecorded information in the patients file before the doctor's consultation. Participants stated that non-functional clinical equipment was used on patients that raises the question about the quality of nursing care and the effectiveness of services rendered at the clinical environment. It was reported by participants that maintenance of clinic equipment in the allocated hospitals was not done on a regular basis. However, not all participants shared the same sentiments.

6.2.3 Supervision of nursing students

The participants in this study experienced increased fear and anxiety due to the limited support and guidance in the clinical environment. Cunze (2016: 88) supports these findings by stating that the clinical experience gave meaning to an array of professional, personal and institutional facility. The number of professional nursing staff in the clinical environment was seen as critical for participants. Clinical guidance and supervision is the fundamental aspect of professional development (Corrin 2016: 118). Participants in this study reported that the professional nursing staff was unavailable to guide and supervise, the reasons given were issues such as busy with activities in the unit, attitude of staff, and poor communication skills. During the novice stage, student nurses are inexperienced and practice according to what they were taught in the theory lessons and in the simulation laboratory thereby having limited or no contextual basis to think or make informed decisions (Poliah 2017: 12). Participants may be experienced in certain aspects but are new to a particular specialty area, which

was evident with some participants in this study. During the novice stage, there is a variance in knowledge gained in the classroom and attained through placement in the learning environment with real patients (Benner 1984: 21). As student nurses are exposed to and manage a variety of situations in the clinical learning environment, they gain experience and progress through the beginner, competent and advanced to proficiency level (Thomas and Kellgren 2017: 230). Guidance and support are key figures to facilitating supernumerary nursing student into the practice role so they can function successfully with confidence and professionalism (Poon 2015: 13). Unit managers, nursing staff, clinical facilitators also agonise over daily demands which they encounter in their own day to day workload and their commitment as mentors to student nurses (Bennett and McGowan 2014: 4540).

According to Smith (2018: 31), teaching and learning is an important function of registered nurses and facilitation of student nurses is significantly important in the clinical learning environment. Smith (2018: 31) stated that decreased guidance and support from unit managers, nursing staff and clinical facilitators' impacts negatively on nursing students and their ability to integrate theory and practice. This study highlighted that the participants had decreased supervision time, and this has led to increased anxiety levels. The theory component together with the clinical practices proved to be an overwhelming experience for the participants who had deficient skills as this was challenging and not practical in the clinical environment. In the novice stage, student nurses are inexperienced and practice only according to rules as they have limited background to think or to make judgements. Some of the participants may have gained experience from other units but are new to certain clinical units (Mafumo *et al.* 2017: 2). Supervision by mentors is key to facilitating the student nurses into the clinical environment so they can function effectively and with self-confidence. Mentors also experience daily demands of their own workload, and their commitment to supervise and mentor students (Beepat 2015: 55). In the current study, it was found that even if the workload of mentors is adjusted to accommodate student mentoring, which does not necessarily occur, mentors still do not have time to supervise.

It was evident in the study that the unit managers, nurse educators and clinical facilitators experience a high volume of workload that impacted on their availability to guide and support the participants. The participants' time management included nursing patients in allocated units, completing their objectives and finding learning opportunities. During the teaching session in the clinical area, there is insufficient time for teaching, guiding and supporting student nurses because of allocated unit commitments and increased workload (Rikhotso 2014: 1).

6.2.4 Communication

In any discipline or profession, communication plays a major role. A lack of good communication among student nurses and the clinical environment will obstruct student learning and integration of theory and practice. Supernumerary status is an unclear perception in nursing. Poon (2015: 237) argued that the supernumerary status takes the status of being full-time students in the clinical environment. Participants perceived that they were withdrawn from the social structure of the clinical environment, and there was limited interaction between novice nurses and experienced nursing staff. Poon (2015: 238) and Van (2012: 30) further stated that student nurses should not be placed into the work environment as they are not part of the workforce; resulting in the development of their professional identity being inhibited. Some participants felt that despite the negative views of practicing under the supernumerary status, it still has value in the clinical learning environment. The nurse educators and clinical facilitators need to inform all nursing staff they come into contact with, of the supernumerary status of the student nurses. Thereby relieving the stress because the student nurses find that they are not supposed to be part of the workforce, but emphasise the importance and the value of the student's participation in the clinical environment. Accordingly, participants' functioning under supernumerary status, might ease the transition period to become a professional nurse upon graduation (du Toit 2016: 133).

The findings relating to the attitude of staff and their support revealed that participants were not satisfied about the lack of communication between students and clinical nursing staff. The nursing staff sometimes frustrated the participants by allocating them as part of the unit team and then failing to communicate with them during the shift. There was minimal communication between the students and staff making it difficult to complete clinical outcomes. The breakdown in communication resulted in participants being left without supervision and feeling neglected. Participants stated that the clinical facilitator only came to the clinical environment for clinical accompaniment one day per week and thereafter the students were left in their clinical area to continue under the supervision of nursing staff. In order for effective communication to take place, a conducive learning environment has to be created to enhance productive learning, where participants have a sense of belonging, nursing staff and students are satisfied and happy and the student nurse will get improved learning and achieve clinical outcomes (Agyare 2018: 146).

6.3 Relevance of the theoretical framework to the study

The theoretical model applied within the context of this study, explored the supernumerary status of student nurses in the clinical learning environment and how they climb the building blocks from novice, beginner, competent, proficient to expert, integrating situations and how they think critically when correlating patient care and managing hurdles as they arise. To gain a deeper understanding of the hurdles student nurses experience, the researcher adopted Benner's Novice to Expert model (Figure 3.1). According to Benner's model, student nurse's anxiety and nervousness takes place from commencement of the process which comprises of a set of interrelated building blocks, including the clinical learning environment, resources to render quality nursing care, support, guidance and clinical supervision.

According to Robar (2015: 3), the theoretical knowledge informs the practice by providing quality nursing care that involves both the nurse and patient stating that a skilled nurse requires a well-planned educational program that is basic to a sound

educational foundation. The application of the theoretical knowledge to clinical practice enhances the experiences of student nurses in the integration and development of practical skills and guides them through the five different levels of competency. As time progresses, the student nurse acquires a new skill or a new task where they learn facts and determine the action.

Participants who are exposed to the clinical environment for a longer period of time develop, as they begin to see their actions in response to achieving the clinical outcomes and individual goals. During the clinical placement, student nurses encounter more complex situations; they rely on past experiences to decide which important facts to focus on using the different stages of Benner's model such as the competency stage, to solve the problem. Even though participants have not reached the stage of proficiency, some participants felt they were competent and others felt they needed six more months to achieve this competency level.

The competent nursing student may move to the proficient stage where the student will start to draw from experiences of success and failures. In this study, the participants' had negative experiences in the clinical environment due to their lack of preparedness, and limited opportunities for clinical experiences and how to manage them.

Student nurses at the proficient stage have limited clinical experience to know what needs to be done. During the proficient stage the student continues to rely on rules of the decision-making process under the guidance of Benner's model, but the clinical experience which student nurses have is limited which plays an increasingly important role when making decisions. The perception of student nurses regarding decision-making is that the focus is not on important issues and this increases their anxiety. The participants do not display an understanding of certain clinical situations. Using the model, student nurses at the proficient stage, learn best through clinical learning experiences.

At the final stage of expertise, student nurses rely on guidelines to correlate theory and practice to better understand the clinical environment. The expert stage relies on past experiences and clinical involvement to grasp the clinical situation and solve problems without wasting time and having possible solutions. Hence, the new knowledge gained needs to be implemented immediately to ensure that the theory practice integration take place, making students clinically prepared.

6.4 CONCLUSION

The participants in this study faced being anxious in the clinical environment during their training. The participants were aware of their novice status and encountered hurdles such as lack of support from nursing staff and clinical facilitators, poor mentoring, negative attitudes from nursing staff, limited learning opportunities and the inability to achieve clinical outcomes. Some of the hurdles experienced by participants that were viewed as opportunities to learn, encourages student nurses to become self-motivated and determined to overcome challenges. Despite these limitations, many of the participants verbalised their personal and professional growth and development during the time spent in the clinical environment. A structured, mentorship experience could have a positive impact on student nurses and can provide building blocks to professional development and growth according to Benner's model and this will benefit the healthcare sector. The most important finding was that the participants were not functioning as supernumerary, were not being supervised and experienced little clinical support from the nursing staff during their clinical placement. The participants needed clinical guidance and support and suitable feedback to relieve them of anxiety and concerns in the clinical environment.

CHAPTER 7: CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

7.1 INTRODUCTION

The previous chapter discussed the findings of the study in relation to the theoretical framework. The aim of study was to explore the supernumerary role of nursing students in the clinical learning environment at two selected private nursing colleges. In order to do this, the experiences of students registered for the Diploma in General Nurse clinical learning environment were investigated. The final chapter will present the conclusions, limitations and recommendations of the study.

7.2 CONCLUSION IN RELATION TO THEMES

Four themes emerged in the study. These themes were:

- Integration between theory and practice
- Influences relating to teaching and learning area
- Supervision of nursing students and communication in the learning environment

These themes further expanded to the sub-themes of the inability to reach objectives, clinical preparedness, limited practice opportunities, student role as supernumerary and student clinical accompaniment. All through the data analysis, a variety of explanations for limited clinical learning exposure to skills were revealed by the participants. These ranged from the skill itself, the clinical learning environment and the willingness of nursing staff to allow students to actively participate in the skills, patient care and to achieve clinical objectives. Participants repeatedly indicated that the clinical learning environment were often “too busy” or “did not possess adequate equipment which then led to not rendering holistic nursing care to patients and therefore being unable to gain clinical skills and achievement of clinical outcomes.

Participants also indicated other difficulties, such as not being able to clinically practice and perform nursing skills due to shortage of nursing staff at the clinical environment. Although some staff were unwilling to guide and support nursing students towards performing skills, the nursing students assumed the role of observer instead of being an active participant. Thus nursing students were left feeling inadequately prepared for the transition from a nursing student to a practicing nurse. This lack of self-confidence was attributed to limited learning opportunities and correlation of theory and practice in clinical environment.

Communication between nursing staff and students was frequently emphasized as a challenge by participants. The participants further indicated that feedback from nursing staff was lacking with answers to questions posed often being very vague or with arrogance. Nursing students also have verbalised, that a more professional and harmonious relationship should be built with the clinical environment and the unit managers including nursing staff in the units.

The findings of this study indicated that even though the clinical learning environment was regarded as a fundamental tool in obtaining clinical skills education and integrating theory practice of nursing students, there were areas that required improvement, implementation guidance and guidelines for clinical facilitators and unit managers including the various unit's nursing staff to guide and support to attain competent and skilled nurses to render quality patient care.

7.3 LIMITATIONS

The study was conducted in two private nursing colleges in KwaZulu-Natal, therefore, the results might not be generalizable to nursing students in other provinces and those that trained at other nursing education institutions. The perceptions of the nursing students may not provide a representative account of nursing students elsewhere in the country. Since the research study commenced, the Diploma in General Nurse programme (R683) was phased out in December 2019 (SANC Circular: 1/2018).

7.4 RECOMMENDATIONS

The following recommendations are proposed, to overcome challenges experienced by the participants and improve the clinical learning environment to better prepare student nurses to transition from student to a general nurse.

7.4.1 Integration between theory practice

- To ensure theory practice integration and to support and guide teaching or a demonstrated skill, the student nurse should be promptly placed in a clinical learning environment and not in an environment where simulation takes place.
- Placement in the clinical environment allows for more learning opportunities giving sufficient time for student nurses to understand theory and integrate the practice further gaining more knowledge around the subject content as it is frequently done with various patients with different medical diagnoses.
- The knowledge gained during theory practice integration empowers and motivates nursing students to increase their skill and knowledge in managing future learning situations. This recommendation aligns with the different stages of learning set by Benner's Novice to Expert model (1984) that recommends that assessing student nurses' requirements at different stages of professional growth acquires understanding skills by delivering a comprehensive learning process, changing strategies by shifting a student nurse from being programme orientated to being evaluated and performance orientated.
- Facilitation of student nurses in the clinical environment is an essential concept during clinical learning. The essence of guidance and support will include current topics in the theory on nursing education that is taught in the classroom to correlate with clinical training on a regular basis.

- The nursing staff and the unit managers should be familiar with theory in order to guide and support the development of competent nurse practitioners. This can be achieved by arranging formal meetings between unit managers, nurse educators and clinical facilitators on a regular basis, to note the achievement of student outcomes in the wards/units.
- Arrange learning and practice opportunities and assist students in completing their learning outcomes. A micro-curriculum can be given to the unit managers for reference purposes and to assist and guide students.
- Nursing staff, unit managers, clinical facilitators together with the student nurses should be committed to the responsibility in the clinical learning environment in order to achieve learning outcomes and produce self-directed, independent nurse practitioners.
- Ensure that nursing staff act as mentors and role models for student nurses. Nursing staff and student nurses should work as a team, so that students have a sense of belonging.
- Work allocation and task delegation should be done fairly to ensure active participation of student nurses, taking into account their level of training and their specific learning outcomes for the unit.

7.4.2 Influences relating to teaching and learning area

Learning opportunities and exposure to skills acquisition is one which is dependent on the number of patients who pass through the doors of the hospital in the clinical learning environment and should be as follows:

- Mentors to be allocated to mentor to guide and support students on commencement of the programme until the required theory and clinical hours are completed, to qualify for registration. The allocated mentor would be exclusively dedicated to working with the student nurses in the clinical environment with all available resources.
- By working together on a daily basis, the clinical learning environment would improve the probabilities of student nurses being exposed to a variety of critically ill and injured patients, thereby giving the student nurse practice to gradually advance in competency and skills as is required to transition from one level to the next.
- Clinical involvement of students in ward rounds will prepare them to participate actively in activities and not to be observers only so that they can reflect on their learning and gain experiences. Unit managers should ensure that equipment is available and in working condition to facilitate learning in the clinical environment.
- Nursing staff and unit managers should be encouraged to attend in-service training, workshops and conferences, in order to have sufficient knowledge to facilitate integration of theory and practice in the clinical environment.

7.4.3 Supervision of nursing students and communication in the learning environment

- Clinical facilitators and mentors should be briefed on the clinical learning objectives of students for each allocated unit so as to support and guide them in the clinical environment.

- Mentors should be selected, based upon criteria of leadership and good communication skills, willingness to impart knowledge, patience and competence in the specific field of medical care.
- The unit manager should ensure adequate nursing staff in the unit, which reduces the workload on nursing staff and nursing students. The clinical facilitator and nurse educators should meet on a monthly basis to assess the competency and correct any shortcomings of student nurses in the clinical environment during their placements.

7.5 Further research

The researcher recommended that further research on this topic on a larger scale. A qualitative study involving nursing students, educators, clinical facilitators and nursing staff from the different bases be interviewed. By conducting a study such as this, further perceptions could be gained on the supernumerary role as well as potential improvement of clinical learning for future nursing students.

7.6 CONCLUSION

Nurse educators and clinical facilitators are challenged to find ways to rapidly integrate nursing students into their new role of being a registered nurse, while ensuring that they are adequately supported and guided during the transition period from student to registered nurse. The results of the study have provided additional knowledge about the experiences of nursing students and the challenges they face in their clinical learning environment with regard to their supernumerary role in the nursing unit.

In this study, the participants mainly indicated a negative and limited positive clinical learning experience. Most of the participants felt they were prepared to some degree for their role as registered nurses after they graduate. The results of this study support the need for changes in the clinical learning environment and enhance the need for students to function as supernumerary. This will provide nursing students with opportunities to

develop critical thinking, be clinically competent and ensure a smooth transition into becoming a competent nurse practitioner.

References

- Abdellah, R. F. and Salama, K. M. 2017. Prevalence and risk factors of workplace violence against health care workers in emergency department in Ismailia, Egypt. *Pan African Medical Journal*, 26, 1-8.
- Aghamohammadi, M., Karimollahi, M. and Abdi, R. 2010. Iranian staff nurses' attitudes toward nursing students. *Nurse Education Today*, 31, 477-481.
- Agyare, D. F. *et al.* 2018. Coping Mechanisms of Nursing Students in Clinical Placement. *International Journal of Nursing Studies*, 7.
- Ahmed, M. *et al.* 2015. Workplace violence by patients and their families against nurses: Literature review. *International Journal of Nursing and Health Science*, 2, 46-55.
- Aiken, L. H. *et al.* 2014. Nurse staffing and education and hospital mortality in nine European countries: A retrospective observational study. *Lancet*, 383, 1824-1830.
- Alfaro-Lefevre, R. 2012. *Critical Thinking, Clinical Reasoning, and Clinical Judgment. A Practical Approach 5th edition*, USA, Saunders.
- Allan, H. T., Smith, P. and O'Driscoll, M. 2011. Experiences of supernumerary status and the hidden curriculum in nursing: A new twist in the theory-practice gap? *Journal of Clinical Nursing*, 20, 847-855.
- Arkin, 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 Practice*, 29, 127-132.
- Arrowsmith, V., Lau-Walker, M., Norman, I. and Maben, J. 2016. Nurses' perceptions and experiences of work role transitions: a mixed methods systematic review of the literature. *Journal of Advanced Nursing*, 72, 1735-1750.
- Ashley, C., Halcomb, E. and Brown, A. 2016. Transitioning from acute to primary health care nursing: an integrative review of the literature. *Journal of Clinical Nursing*, 25.
- Atakro, C. A. 2016. Qualitative enquiry into challenges experienced by Registered General Nurses in the Emergency Department: A study of selected hospitals in the Volta Region of Ghana. *Emergency Medicine International*, 1-7.
- Azimian, J., Negarandeh, R. and Fakhr- Movahedi, A. 2014. Factors Affecting Nurses' Coping with Transition: An Exploratory Qualitative Study. *Global Journal of Health Sciences*, 6, 88-95.
- Banneke, H., Nadarajah, V. D. and Ramamurthy, S. 2017. Student preparedness characteristics important for clinical learning: Perspectives of supervisors from medicine, pharmacy and nursing. *BMC Medical Education*, 17.

- Beepat, Y. S. 2015. *The influence of peer mentoring on critical care nursing*. Master of Technology in Nursing: Durban University of Technology.
- Benner, P. 1984. *From novice to expert, excellence and power in clinical nursing practice*. Menlo Park, CA: Addison-Wesley Publishing Company.
- Bennett, L. L., Grimsley, A. and Grimsley, L. 2017. "Theory Becoming Alive": The Learning Transition Process of Newly Graduated Nurses in Canada. *ABNF Journal*, 28, 96-102.
- Bennett, L. L. and McGowan, B. 2014. Assessment matters—mentors need support in their role. *British Journal of Nursing*, 23, 454-458.
- Bimray, P. B. and Jooste, K. 2014. A conceptual framework of the resemblance in self-leadership and professional core values of nurses in the South African context. *African Journal for Physical Health Education, Recreation and Dance*. (AJPHERD), 20, 197-216.
- Blaauw, D., Ditlopo, P. and Rispel, L. C. 2014. Nursing education reform in South Africa – lessons from a policy analysis study. *Global Health Action*, 7.
- Bosch, D. H. 2017. *Facilitation of the Student Nurse by a Clinical Nurse: The Learner Experience*. MA: Nursing Sciences, Unpublished master's thesis: UNISA.
- Brink, H., van Der Walt, C. and van Rensburg, G. H. 2012. *Fundamentals of research methodology for healthcare professionals*. Cape Town: South Africa: Juta.
- Carelse, S. and Dykes, G. 2013. Integration of theory and practice in Social Work: challenges and triumphs. *Research Articles (Scholarship of Teaching and Learning) UWC*.
- Carroll, N. *et al.* 2017. Bridging healthcare education and technology solution development through experiential innovation. *Health and Technology*, 8.
- Chan, Z. C. Y. 2013. A systematic review of creative thinking/creativity in nursing education. *Nurse Education Today*, 33, 1382-1387.
- Chiliza, M. T. 2014. The experiences neophyte professional nurses allocated in critical care unit in their first year post graduation in KwaZulu-Natal. M.Cur., University of South Africa.
- Chuan, O. L. and Barnett, T. 2012. Student, tutor and staff nurse perceptions of the clinical learning environment. *Nurse Education Practice*, 12, 192-197.

- Coleman, M. 2016. *The Transition-to-Practice Gap and Graduate Nurse Proficiency*. Doctor of Education, Unpublished doctoral thesis: Walden University.
- Corrin, A. 2016. *Surviving and thriving in practice placements: A qualitative exploration of student nurses' practice placement learning experiences*. Doctorate in Health Care Education, Unpublished doctoral thesis: University of Essex.
- Creswell, J. W. 2014. *Research Design: Qualitative, Quantitative and Mixed Methods Approaches*, Thousand Oaks: CA, Sage.
- Creswell, J. W. and Creswell, J. D. 2018. *Research design: qualitative, quantitative, and mixed methods approaches*, Los Angeles: USA, Sage.
- Cunze, M. J. 2016. *Student Nurses' Perceptions of Professional Nurses as Role Models in the Clinical Learning Environment*. MA: Health Sciences, Unpublished master's thesis: UNISA.
- Dadgaran, I., Parvizy, S. and Peyrovi, H. 2013. Nursing students' views of sociocultural factors in clinical learning: a qualitative content analysis. *Journal of Nursing Science*, 10, 1-9.
- Dale, B., Leland, A. and Dale, J. G. 2013. Studies in Nursing: Bachelor Students' Perceptions. *International Scholarly Research Notices*, 2013, 7.
- Davhana-Maselesele, M. 2000. *Problems in Integrating Theory with Practice in selected Clinical Nursing Situations*. Master of Arts in Nursing Science, Unpublished master's thesis: UNISA.
- De Swart, R., Van Rensburg, G. H. and Oosthuizen, M. J. 2016. Supporting students in professional socialisation: Guidelines for professional nurses and educators. *International Journal of Africa Nursing Sciences* 6, 1-7.
- Delaney, C. 2003. Walking a fine line: graduate nurses' transition experiences during orientation. *Journal of Nursing Education*, 42, 437-443.
- Delaram, M., Raeesi, Z. and Alidousti, M. 2013. Strengths and weaknesses of clinical education from the perspectives of nursing and mid-wifery students of Shahrekord University of Medical Sciences. *Qom University of Medical Sciences Journal*, 6, 1-6.
- Dimitriadou, M. et al. 2015. Baccalaureate nursing students' perceptions of learning and supervision in the clinical environment. *Nursing Health Science*, 17, 236-242.
- Dorsey, L. 2014. Health care educator training in simulation. *Clinical Simulation in Nursing*, 10, 47-42.

- D'souza, M. S., Karkada, S. N. and Parahoo, K. 2015. Perception of and satisfaction with the clinical learning environment among nursing students. *Nurse Education Today*, 35, 833-840.
- Du Toit, A. 2016. *Transition support needs of new-qualified professional nurses who upgraded from enrolled nurses*. M Curr, Unpublished master's thesis: University of Pretoria.
- Dubi, A. Y., Becker, D. and Tekian, A. 2015. A workshop in feedback improves learning and changes the teaching culture. *Medical Education*, 49, 534-535.
- Earle-Foley, V., Myrick, F., Luhunga, F. and Yongo, O. 2012. Preceptorship: using an ethical lens to reflect on the unsafe student. *Journal of Professional Nursing*, 28, 27-33.
- Emory, J. 2014. Understanding backward design to strengthen curricular models. *Nurse Education* 39, 122-125.
- Franklin, N. 2013. Clinical supervision in undergraduate nursing students: a review of literature. *E-JBest*, 7.
- Gardiner, I. and Sheen, J. 2016. Graduate nurse experiences of support: A review. *Nurse Education Today*, 40, 7-12.
- Grobecker, P. A. 2015. A sense of belonging and perceived stress among baccalaureate nursing students in clinical placements. *Nurse Education Today*, 36, 178-183.
- Gumede, P., Green, P. and Dlamini, B. 2015. Evaluation of healthcare services: cross-sectional case in KwaZulu-Natal, South Africa. *Journal of Human Ecology*, 52, 32-38.
- Haddard, L. M., Annamaraju, P. and Toney-Butler, T. J. Updated 2020 Dec 14 2020. Nursing Shortage. *StatPearls [Internet]*. [Online]. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK493175/>.
- Harrison-White, K. and Owens, J. 2018. Nurse link lecturers' perceptions of the challenges facing student nurses in clinical learning environments: A qualitative study. *Nurse Education Practice*, 32, 78-83.
- Heafner, T. and Plaisance, M. 2016. Rethinking clinical experiences for social studies teacher education. *Contemporary Issues in Technology & Teacher Education*, 16.
- Health Professions Council of South Africa. 2019. National Patients' Rights Charter, *Department of Health and Welfare*, Pretoria: Government Printer

- Healy, M. and Reed, C. 2015. Report on the transition to practice needs of newly graduated enrolled nurses and postgraduate (entry to practice) midwives. Australia: Australian Health Services Research Institute.
- Helminen, K., Coco, K., Johnson, M., Turunen, H. and Tossavainen, K. 2016. Summative assessment of clinical practice of student nurses: A review of the literature. *International Journal of Nursing Studies*, 53, 308-319.
- Hezaveh, M.S., Rafii, F. & Seyedfatemi, N. 2014. Novice Nurses' Experiences of Unpreparedness at the Beginning of the Work. Global Journal of Health Science, 6(1):201-222.
- Hughes, S. J. and Quinn, F. M. 2013. *Principles and Practices of Nurse Education*, Andover: Hampshire, Cengage Learning.
- International Council of Nurses (ICN). 2017. Code of Ethics for Nurses. Geneva: Switzerland.
- International Nursing Association for Clinical Simulation and Learning (INACSL). 2016. INACSL Standards of Best Practice: Simulation. *Clinical Simulation in Nursing*, 12, S39-S47.
- James, S. & M., M. T. 2012. Perceptions of professional nurses regarding introduction of the Batho Pele principles in State hospitals. *Curationis*, 38, 1128.
- Jokelainen, M. *et al* 2011. A systematic review of mentoring nursing students in clinical placements. *Journal of Clinical Nursing*, 20, 2854-2867.
- Jonsen, E., Melender, H. and Hilli, Y. 2013. Finnish and Swedish nursing students' experiences of their first clinical practice placement--a qualitative study. *Nursing Education Today*, 33, 297-302.
- Joolaee, S. *et al*. 2015. Iranian nursing students' preparedness for clinical training: A qualitative study. *Nurse Education Today*, 35, 13-17.
- Kalyani, M. N., Jamshidi, N., Molazem, Z., C., T. and Sharif, F. 2019. How do nursing students experience the clinical learning environment and respond to their experiences? A qualitative study. *BMJ Open*, 9.
- Kaphagwani, N. C. and Useh, U. 2017. Analysis of Nursing Students Learning Experiences in Clinical Practice: Literature Review. *Studies on Ethno-Medicine*, 7, 181-185.

- Kelly, J. and McAllister, M. 2013. Lessons students and new graduates could teach: a phenomenological study that reveals insights on the essence of building a supportive learning culture through preceptorship. *Contemporary Nurse*, 44, 170-177.
- Kermansaravi, F., Navidian, A. and Yaghoubinia, F. 2015. Nursing Students' Views of Nursing Education Quality: A Qualitative Study. *Global Journal of Health Sciences*, 7, 351-359.
- Khoza, L. B. 2017. Nursing Students' Perception of Clinical Learning Experiences. *Journal of Human Ecology*, 51, 103-110.
- Lawal, J. *et al.* 2016. Factors that influence the clinical learning experience of nursing students at a Caribbean school of nursing. *Journal of Nursing Education and Practice*, 6, 32-38.
- Leong, J. and Crossman, J. 2015. New nurse transition: success through aligning multiple identities. *Journal of Health Organisation and Management*, 29, 1098-1114.
- Letswalo, L. O. and Peu, M. D. 2015. Perceptions of student nurses regarding accompaniment in the clinical environment in Gauteng Province, South Africa. . *African Journal for Physical Health Education, Recreation and Dance. (AJPHERD)* 1, 351-368.
- Lewallen, L. P. and DeBrew, J. K. 2012. Successful and unsuccessful clinical nursing students. *Journal of Nursing Education*, 51, 389-395.
- Lovecchio, P., Dimattio, M. J. K. and Hudacek, S. 2015. Predictors of Undergraduate Nursing Student Satisfaction with Clinical Learning Environment: A Secondary Analysis. *Nurse Education Perspectives*, 36, 252-254.
- Mafumo, J. L., Netshandama, V. O. and Netshikweta, L. 2017. Clinical Supervision as an Integral Part in Training for Bridging Course Learners at Selected Hospitals of Vhembe District, Limpopo Province, South Africa. *Journal of Nursing & Care*, 6.
- Mangnani, D. *et al.* 2014. The undergraduate nursing student evaluation of clinical learning environment: an Italian survey. *Professioni Infermieristiche*, 67, 55-61.
- Maritz. 2017. *Exploring students' perceptions regarding their roles and responsibilities in the clinical setting at a selected Nursing Education Institute (NEI) in KwaZulu-Natal*. M Curr, Unpublished master's thesis: University of KwaZulu-Natal.
- Masango, T. E. and Chiliza, T. C. 2015. Experiences of Newly Qualified Nurses Allocated to Critical Care Units in Their First Year Post Graduation. *African Journal for Physical Activity and Health Sciences*, 21, 124-133.

- Massey, D., Chaboyer, W. and Anderson, V. 2016. What factors influence ward nurses' recognition of and response to patient deterioration? An integrative review of the literature. *Nurse Open*, 4, 6-23.
- Masters, K. 2015. *Nursing theories: a framework for professional practice*, Burlington: Massachusetts, Jones & Bartlett Learning.
- Mathebula, T. C. 2016. *Challenges Facing Student Nurses In The Clinical Learning Environment In Limpopo Province*. MA: Nursing Science, Unpublished master's thesis: UNISA.
- Mayumi, N. 2017. Creating an Optimal Clinical Learning Environment for Undergraduate Nursing Students: Preceptors' Views, *Scholars Archive*, 3910.
- Meyer, S.M., Naude, M., Shangase, N.C., and Van Niekerk, S.E. 2014. The nursing unit manager: A comprehensive guide.
- Moleki, M. M. and Mogotlane, S. M. 2011. Critical care student nurses' experiences of clinical accompaniment in open distance learning: A phenomenological approach. *Africa Journal of Nursing and Midwifery*, 13, 81-92.
- Mothobi, N. N. 2017. *Experiences of student nurses in the Northern Cape regarding their clinical accompaniment*. M Curr, Unpublished master's thesis: University of Free State.
- Msiska, G., Smith, P. and Fawcett, T. 2014. The "life world" of Malawian undergraduate student nurses: The challenges of learning in resource poor clinical settings. *International Journal of Africa Nursing Science*, 1, 35-42.
- Muller, M. and Bester, P. 2016. *Nurse Dynamics, 5th edition*, South Africa, Pearson.
- Muthathi, I. S., Thurling, C. H. and Armstrong, S. J. 2017. Through the eyes of the student: Best practices in clinical facilitation. *Curationis*, 40, 1-8.
- Nardi, D. A. and Gyurko, C. C. 2013. The Global Nursing Faculty Shortage: Status and Solutions for Change. *Journal of Nursing Scholarship*, 45, 317-326.
- Ndaba, B. J. 2013. *Lived Experiences Of Newly Qualified Professional Nurses Doing Community Service In Midwifery Section In One Gauteng Hospital*. Master of Arts, Unpublished master's thesis: UNISA.
- Ndlela, N. N. T. 2017. *Students' perceptions of student support services at a selected nursing campus in the EThekweni District*. MCurr, Unpublished master's thesis: UKZN.

- 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.
- Nursing and Midwifery Council. 2019. Standards framework for nursing and midwifery education. *Realising professionalism: Standards for education and training*. United Kingdom: Nursing and Midwifery Council (NMC).
- Ó Lúanaigh, P. 2015. Becoming a professional: What is the influence of registered nurses on nursing students' learning in the clinical environment? *Nurse Education Practice*, 15, 450-456.
- Oermann, M. H. and Gaberson, K. B. 2014. *Evaluation and Testing in Nursing Education*. New York: Springer Publishing Company.
- O'mara, L., McDonald, J., Gillespie, M., Brown, H. and Miles, L. 2014. Challenging clinical learning environments: experiences of undergraduate nursing students. *Nurse Education Practice*, 14, 208-213.
- Ong, G. L. 2013. Using final placement to prepare student nurses. Nursing Times. Nursing Times, 109, 12-14.
- Papastavrou, E., Dimitriadou, M., Tsangari, H. and Andreou, C. 2016. Nursing students' satisfaction of the clinical learning environment: A research study. *BMC Nursing*, 15, 1-10.
- Parcells, C. and Baernholdt, M. 2014. Developing a global curriculum in a school of nursing. *Journal of Nursing Education*, 53, 692-695.
- Poliah, N. 2017. *Teaching And Learning Through Simulation: Student Nurses' Experiences*. MA: Health Sciences, Unpublished master's thesis: UNISA.
- Polit, D. F. and Beck, C. T. 2014. *Essentials of nursing research: Appraising evidence for nursing practice*, Philadelphia: USA, Kluwer Health.
- Poon, W. S. 2016. *Staged participation: student nurses' and clinical facilitators' perceptions of the clinical learning environment in Macau*, Unpublished PhD thesis: University of Edinburgh.
- Ralph, E., Walker, K. and Wimmer, R. 2009. Practicum and clinical experiences: post-practicum students' views. *Journal of Nursing Education*, 48, 434-440.
- Republic of South Africa 2013. Strategic Plan for Nurse Education, Training and Practice 2012/13 – 2016/17, *Department of Health and Welfare*: Pretoria: Government Printer.

- Rikhotso, S. R., Williams, M. J. S. and De Wet, G. 2014. Student nurses' perceptions of guidance and support in rural hospitals. *Curationis*, 37, 1-6.
- Robar, J. 2015. *Novice Nurses in the Emergency Department: The Lived Experience*. Master of Nursing, unpublished master's thesis: Memorial University of Newfoundland.
- Roets, L., Botma, Y. and Grobler, C. 2016. Scholarship in nursing: Degree-prepared nurses versus diploma-prepared nurses. *Health SA*, 21.
- Roziers, R., Kyriacos, U. and Ramugondo, E. 2014. Newly Qualified South African Nurses' Lived Experience of the Transition From Student to Community Service Nurse: A Phenomenological Study. *Journal of Continuing Education in Nursing*, 45, 1-10.
- Sand, J. E. A. 2014. Experiential Learning and Clinical Education. *Academic Quarterly Exchange*, 18, 1-7.
- Sercekus, P. and Baskale, H. 2016. Nursing students' perceptions about clinical learning environment in Turkey, *Nursing Education Practice*, 17, 134-138.
- Shay, S. 2013. Conceptualizing curriculum differentiation in higher education: A sociology of knowledge point of view. *British Journal of Sociology of Education*, 34, 563-582.
- Shepherd, P. and Uren, C. 2014. Protecting students' supernumerary status. *Nursing Times*, 110, 18-20.
- Sibiya, M. N., Ngxongo, T. S. P. and Beepath, Y. S. 2018. The influence of peer mentoring on critical care nursing students' learning outcomes. *International Journal of Workplace Health Management*, 11, 130-142.
- Sibiya, N. E. and Sibiya, M. N. 2014. Work integrated learning experiences of primary health care post-basic nursing students in clinical settings: A university of technology context. *South African Journal of Higher Education*, 28, 1943-1958.
- Singh, A. and Mathuray, M. 2018. The nursing profession in South Africa - Are nurses adequately informed about the law and their legal responsibilities when administering health care? *Jure*, 122-139.
- Smith, M. 2018. *Experiential learning experiences of emergency medical care students at a selected University in KwaZulu-Natal*. M Curr, Unpublished master's thesis: Durban University of Technology.

- Solwandle, N. C. 2018. *Leadership competences of professional nurses in the eThekweni health district during the first year of registration with the South African Nursing Council*. M Curr, Unpublished master's thesis: Durban University of Technology.
- South African Government. (n.d.) Council on Higher Education, Pretoria: Government Printer
- South African Government. 1997. The Nursing Act 33 of 2005. *Department of Health and Welfare*, Pretoria: Government Printer.
- South African Government. National Qualifications Framework Act 67 of 2008. Pretoria: Government Printer.
- South African Nursing Council. 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. *Department of Health and Welfare*, Pretoria: Government Printer
- South African Nursing Council. 1989. Regulations Relating to the Minimum Requirements for a Bridging Course for Enrolled Nurses Leading to Registration as a General Nurse or a Psychiatric Nurse. *Department of Health and Welfare*, Pretoria: Government Printer.
- South African Nursing Council. 2008. SANC standpoint on Public Nursing Colleges transition into Higher Education. *Department of Health and Welfare*, Pretoria: Government Printer.
- South African Nursing Council. 2013c. Regulations Relating to the accreditation of institutions as nursing education institutions. Regulation R.173, in terms of section 58 (1) (g) of Nursing Act, 33 of 2005 (as amended). Pretoria: Government Printer
- Sundler, A. J., Bjork, M., Bishold, B., Ohlsson, U., Engstrom, A. K. and Gustafsson, M. 2014. Student nurses' experiences of the clinical learning environment in relation to the organization of supervision: a questionnaire survey. *Nurse Education Today*, 34, 661-666.
- Tharani, A., Husain, Y. and Warwick, I. 2017. Learning environment and emotional well-being: A qualitative study of undergraduate nursing students. *Nurse Education Today*, 59, 82-87.
- Thomas, C. M. and Kellgren, M. 2017. Benner's Novice to Expert Model: An Application for Simulation Facilitators. *Nursing Science Quarterly*, 30, 227-237.

- Tsotetsi, A. D. 2012. *Experiences and support of the newly-qualified four-year trained professional nurses placed for remunerated community service in Gauteng province*. M Curr, Unpublished master's thesis: University of Pretoria.
- Tuckett, A. 2015. Speaking with one voice: A study of the values of new nursing graduates and the implications for educators. *Nurse Education Practice*, 15, 258-264
- van Graan, A. C. and Williams, M. J. S. 2017. A conceptual framework to facilitate clinical judgement in nursing: A methodological perspective. *Health SA*, 22, 275-290.
- Van, I. K. 2012. Thoughts on the development of Macau Nursing Education. *Journal of Nursing*, 11, 30-33.
- Victor, G., Ishtiaq, M. and Iqbal, N. 2016. Perception of clinical environment among students of a private college of nursing in Pakistan. *Journal of Pakistan Medical Association*, 70.
- Wilson, L. E. A. 2016. 'Global health' and 'global nursing': proposed definitions from The Global Advisory Panel on the Future of Nursing *Journal of Advanced Nursing*, 72, 1529-1540.
- World Health Organisation (WHO). 2016. The World Health Report 2006: Working together for health. Geneva.
- Woodley, L. K. 2013. *Teaching in Nursing and Role of the Educator: The complete guide to best practice in teaching, evaluation and curriculum development*, New York, Springer Publishing Company.
- Xaba, N. P. 2015. *The assessment of the facilitation of the clinical training component of an undergraduate nursing programme at a University of Technology*. M Curr, Unpublished master's thesis: Durban University of Technology.
- Yousefy, A., Yazdannik, A. Z. and Mohammadi, S. 2015. Exploring the environment of clinical baccalaureate nursing students' education in Iran; A qualitative descriptive study. *Nurse Education Today*, 35, 1295-1300.
- Zagabe, C. B. 2013. *Transition of experienced professional nurses into critical care*. MSc, Unpublished master's thesis: D'Youville College, Buffalo, NY.
- Zenani, N. E. 2016. *Challenges experienced by second and third-year nursing students when integrating theory into practice in a selected clinical setting in the Western Cape Province*. M Curr, Unpublished master's thesis: University of Western Cape.

Zeydan, B. *et al.* 2017. Identification of 3 Novel Patients with CLCN2-Related Leukoencephalopathy due to CLCN2 Mutations. *European Neurology*, 78, 125-127.

APPENDICES

Appendix 1: DUT Ethics clearance certificate



Institutional Research Ethics Committee
 Research and Postgraduate Support Directorate
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 Gate 1, Steve Biko Campus
 Durban University of Technology
 P O Box 1334, Durban, South Africa, 4001
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31 July 2019

Mrs R Naidoo
 3 Tollbury Place
 Eastbury
 Phoenix
 4068

Dear Mrs Naidoo

Exploring the supernumerary status of the student nurse in the clinical learning environment
Ethical Clearance number: IREC 065/19

The Institutional Research Ethics Committee acknowledges receipt of your gatekeeper permission letters.

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 Standard Operating Procedures (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 2: Letter of information for participants



Thank you for agreeing to participate in this study.

Title of the Research Study: Exploring the supernumerary status of student nurses in the clinical learning environment at two selected private nursing colleges in Durban, Kwa-Zulu Natal.

Principal Investigator/s/researcher: Mrs Roshni Naidoo

Supervisor/co-supervisor: Dr Ayisha Razak: PhD (Honorary Research Fellow) (Supervisor);
Dr V Naidoo, D Nursing (Co-supervisor),

Brief Introduction and Purpose of the Study: The proposed study is to explore and describe the supernumerary role of student nurses in the clinical learning environment in selected private hospitals in Durban, Kwa-Zulu Natal.

There is concern that student nurses are not adequately skilled in the clinical learning area after completion of their studies. The clinical accompaniment documents reflect students are guided and supported in achieving the learning outcomes. The setback of correct practicing of procedures is time consuming causing delays during routines in the unit. Duties delegated to students in the wards are not the duties according to their learning needs but to ensure unit coverage. Students are left alone in the units to function with limited guidance due to the shortage of professional nurses in the healthcare facility. These issues breach the student contract which is signed at the nursing colleges on commencement of the nursing programme, which stipulates that student nurses should at all-times practice under direct or indirect supervision of a registered nurse. This further raises the question of whether the newly qualified nurse has acquired the necessary experience and is deemed competent and knowledgeable enough to nurse and manage a patient effectively. The purpose of the study is to explore and describe the current role of student nurses in the Diploma in General Nursing programme and to explore the perceptions of student nurses of their supernumerary role in the clinical learning environment.

Outline of the Procedures: You are kindly requested to participate in an interview. The interview questions focus on your experiences as a supernumerary nursing student in the clinical learning

environment during clinical placement. The interview will be conducted by the researcher in English. The interviews would be under taken at the private nursing college in a room to ensure privacy and comfort. The interview session will take between 20 minutes to 30 minutes. Permission is sought to record the interview for record purposes.

Risks or Discomforts to the Participant: The study does not involve any physical risk or cause physical discomfort to participants.

Benefits: This study intends clarifying the supernumerary role of student nurse in the clinical learning environment. It explores the perceptions of student nurses functioning under the supernumerary role in the clinical environment and its impact on patients. The findings will generate awareness for the need to support and guide the supernumerary nursing student in achieving the specific learning outcomes as stipulated in the SANC curriculum.

Reason/s why the Participant May Be Withdrawn from the Study: Contribution will be voluntary and as a participant you can withdraw at any given time without any opposing consequences and will be not required to give a reason.

Remuneration: There is no remuneration for participating in the study.

Costs of the Study: There are no costs involved by participating in this study.

Confidentiality: The information provided will be kept strictly confidential and will remain anonymous. The interview does not comprise names and any personal identification details; instead codes will be used.

Research-related Injury: There are no identified or foreseen risks and discomforts related to you in this study, nevertheless, if so, no compensation will be presented.

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

Please contact the researcher Roshini Naidoo on 0724 032 589, my supervisor, Dr A. Razak on 0837867282 and my Co-Supervisor, Dr V. Naidoo on 031-373 2606 or the Institutional Research Ethics Administrator on 031 373 2375. Complaints can be reported to the Director: Research and Postgraduate Support, Prof C. Napier on 031 373 2577 or carinn@dut.ac.za

Appendix 3: Consent



Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher, Mrs R. Naidoo about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number: _____,
- 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 Thumbprint	Date	Time	Signature / Right

I, Roshini Naidoo herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

Roshini Naidoo	_____	_____
Full Name of Researcher	Date	Signature

_____	_____	_____
Full Name of Witness (If applicable)	Date	Signature

_____	_____
Full Name of Legal Guardian (If applicable)	Date

	Signature

Appendix 4: Interview guide

Participant Code:

Date of interview:

SECTION A: DEMOGRAPHIC DATA

1. Age:
2. Gender.....
3. Marital Status:
4. Level of education:
5. Occupation

SECTION B: INTERVIEW QUESTIONS

Grand tour questions

- Are student nurses' current role regarded as supernumerary?
- What are your perceptions of student nurses enrolled for the Diploma in General Nursing regarding their supernumerary roles in the clinical learning environment?

Probing questions

Probing question:

- What do understand by the term supernumerary role?
- Do you perceive yourself as a supernumerary nurse? Why?
- What are your perceptions of student nurses enrolled for the Diploma in General Nursing regarding supernumerary role?
- What are the expectations of the student nurse enrolled for Diploma in General Nursing towards achieving clinical outcomes in the in the clinical learning environment?

- What are the expectations of the students enrolled for Diploma in General, from their unit managers and clinical facilitators?
- What are the challenges faced by the student nurse in the clinical learning area?
- Describe the attitudes of the staff member in the clinical learning environment regarding the supernumerary role of student nurses?

**Appendix 5a: Application Letter for Permission to carry out the research in
Chatsmed Candlelight Nursing School**

3 Tollbury Place

Phoenix
Durban
4068

The Principal
82 Khuzimpi Shezi Rd
Dalbridge
Durban
4001

Re: REQUEST FOR PERMISSION TO CONDUCT STUDY

I am presently registered as a Masters Student with the Durban University of Technology in the Department of Health Sciences, Nursing program. The proposed title of my research study is Exploring the supernumerary status of student nurses in the clinical learning environment at two selected private nursing colleges in Durban, Kwa-Zulu Natal.

The purpose of the study is to explore and describe the role of the student nurses in the clinical learning environment. The study will be to describe the current role of student nurses in the clinical learning environment and to explore the perceptions of student nurses functioning as supernumerary in the clinical learning environment during clinical placement.

Furthermore, this study hopes to provide valuable insight into the process of capacity building through the transfer of expertise and methodologies from one nursing educational context into another. The data for this study will be collected by means of face-to-face in-depth semi-structured interviews with student nurses who are presently in training to be professional nurses, third and fourth year Bridging Course for Enrolled Nurses leading the registration as a general nurse R683. The researcher therefore seeks to provide a rich description of participants' perspective regarding the concept of supernumerary role in the clinical practices.

I hereby request your permission to conduct a study at your institution. Your support and permission to conduct the study at your institution will be appreciated. The supervisor of this project is Dr A. Razak, razaka@dut.ac.za (0837867282) and Co-Supervisor Dr V. Naidoo vasanthrien@dut.ac.za, 031-3732606.

Yours Sincerely
Mrs R. Naidoo
Email: Roshini.Naidoo@lifehealthcare.co.za
Tel: +27 724 032589 Tel: +27 31 270 2221

Appendix 5b: Letter of Permission from Chatsmed Candlelight Nursing School to carry out the Research



Chatsmed Candlelight Nursing School

DURBAN MAIN CAMPUS
REGISTRATION NUMBER : 97/16446/07

PO Box 18399
Dalbridge 4014

82-88 Khuzimpi Shezi Road, Umbilo
Dalbridge
4014

Tel / Fax: 031 307 4859 Fax: 031 301 0010 Cell: 082 2836 320

Email: info@candlelightnursingschool.co.za Website: www.candlelightnursingschool.co.za

Date: 8th July 2019

ATTENTION: Roshini Naidoo

SUBJECT: APPLICATION TO CONDUCT RESEARCH

Title: Exploring the supernumerary status of student nurses in the clinical learning environment.

This letter serves as authorization from Chatsmed Candlelight Nursing School Research Committee to conduct your research within the company facilities.

The approval is conditional to your agreement on the following provisions:

1. Presentation of this letter to the Hospital or Nursing Manager when seeking permission at the specific facility you will be using during your research.
2. No direct reference is made to Chatsmed Candlelight Nursing School or its various facilities in your research report or any publications thereafter.
3. The company and its facilities are not in any way identifiable in the study.
4. The research is conducted within one year of permission being given by the company.

We wish you all the best in your studies.

Yours sincerely,

Ms Nombuso E Mqadi (Academic Head)

**CHATSMED CANDLELIGHT NURSING
SCHOOL**
DURBAN MAIN CAMPUS
R/N: 16446/07
82-88 KHUZIMPI SHEZI STREET
UMBILO, DURBAN, 4000
TELEFAX: 031 307 4859 / 031 301 0010

Directors/ Direkteure: 1. L.C.B.N. Lioma (CEO/Financial Director) B.Cur, Dip Admin(UNISA), Cert Bus. Mt (Unischool), Cert. H.R.M, (Damelin), Masters Degree (MANCOSA)
2. N.E. Mqadi (Principal/ Academic Head) B.Cur, Dip Admin, Hon Comm. health (UNISA), Masters Degree (MANCOSA)

Appendix 6a: Application Letter for Permission to carry out the research in Joint Medical Holdings Limited

83 Lorne Street
Durban
4001

The Principle
Mrs P. Somoloo
Joint Medical Holdings Limited

Dear Mrs Somoloo

Re: REQUEST FOR PERMISSION TO CONDUCT STUDY

I am presently registered as a Masters Student in the Department of Nursing, Faculty of Health Sciences at the Durban University of Technology. The proposed title of my research study is: **Exploring the supernumerary status of student nurses in the clinical learning environment at two selected private nursing colleges in Durban Kwa-Zulu Natal.**

The purpose of the study is to explore and describe the role of the student nurses in the clinical learning environment. The objectives of the study will be to describe the current role of student nurses as supernumerary in the clinical learning environment and to explore the perceptions of student nurses of their supernumerary role in the clinical learning environment.

This study hopes to provide valuable insight into the process of capacity building through the transfer of expertise and methodologies from one nursing educational context into another. The data for this study will be collected by means of face-to-face in-depth semi-structured interviews with student nurses who are presently in training to be professional nurses, third and fourth year Bridging Course for Enrolled Nurses leading the registration as a general nurse R683.

I hereby request your permission to conduct this study at your institution. Your support and permission to conduct the study at your institution will be appreciated. The supervisor of this project is Dr A. Razak, razaka@dut.ac.za (0837867282) and Co-Supervisor Dr V. Naidoo vasanthrien@dut.ac.za, 031-3732606.

Yours Sincerely

Mrs R. Naidoo

Email: Roshini.Naidoo@lifehealthcare.co.za

Tel: +27 724 032589 Tel: +27 31 270 2221

Appendix 6b: Letter of Permission from Joint Medical Holdings Limited to carry out the Research



JOINT MEDICAL HOLDINGS LIMITED

Registration No. 97/10001/06

83 Lorne Street

Subsidiaries:

Durban, 4001 City Hospital

(031) 3143000

P O Box 48143

Durdoc Hospital (031) 3275100

Qualbert, 4078

Isipingo Hospital (031) 9137000

Fax : (031) 309 1401 (Management)

Maxwell Clinic (031) 3143000

Tel : (031) 374 8075 (Management)

Ascot Park Hospital (031) 3748000

Gandhi Mandela Nursing. Academy

(031) 3093094

Citi-Med Ambulance

(031) 3091178

Toll Free

0800 333 911

29 July 2019

To: Mrs R. Naidoo

Email: Roshini.Naidoo@lifehealthcare.co.za

Tel: +27 724 032589 Tel: +27 31 270 2221

Student No: 21853106

Durban University of Technology

Title: Exploring the supernumerary status of student nurses in the clinical learning environment at two selected private nursing colleges in Durban, Kwa-Zulu Natal: A explorative descriptive study approach of student nurse's perspectives and practices.

Re: Joint Medical Holdings: Ethics Committee approval (IRB)

Dear Mrs Naidoo

The JMH Ethics Committee acknowledges receipt of your request for permission to undertake the above study at JMH Hospitals as part of your Masters Study.

Approval is hereby granted for the above study to take place with feedback to the committee on completion of your study. We further acknowledge receipt of the following documents:

1. Your proposal as laid out to undertake the study
2. Interview guide
3. Information letter
4. Consent form
5. Provisional IREC Approval

Kindly submit a copy of the Final IREC approval before commencement of your studies.

We trust that this is in order

Thanking you

Yours faithfully

Prof.Miriam Adhikari

Chairman JMH Ethics Committee

Appendix 7a: Noting of Research Proposal Title Change by the Higher Degrees Committee

The researcher was advised to include the PG2b received from the Health Science Facility Research Committee to support the change of title.

PG 2b

DUT DURBAN
UNIVERSITY OF
TECHNOLOGY

1

Noting of Research Proposal Title Change by the Higher Degrees Committee

Faculty	Health Science		
Department	Nursing		
Qualification for which registered	Masters in Health Science Nursing		
Offering type	Full time registration	Part time registration	
Prior qualification	Bachelor of Arts in Nursing Science		
Student Surname	Naidoo	Student No.	21853106
First Names	Roshini	Title (Mr, Ms)	Mrs
Postal Address	Tollbury Place, Eastbury, Phoenix, 4056		
Tel (W)	Tel (H)	Cell	Fax
031-2702205	N/A	0724032589	031-2702207
e-Mail		Roshini.naidoo@lifehealthcare.co.za	
Current Title of Dissertation/Thesis	Exploring the supernumerary status of the student nurses in the clinical learning environment	Full	Partial
Proposed Change of Title of Dissertation/ Thesis	Exploring the supernumerary status of student nurses in the clinical learning environment at two selected private nursing colleges in Durban Kwa-Zulu Natal		
Motivation for Change of Title	To include the location of the study		
Supervisor	Dr Ayisha Razak	Signed	Date 28-08-2020
Co-Supervisor	Dr Vasanthi Naidoo	Signed	30.8.2020
Date research proposal title change approved by DRC			
Signature of Chairperson DRC			
Date research proposal title change approved by FRC			
Signature of Chairperson FRC			
Date research proposal title change noted by HDC			
Signature of Chairperson HDC			
Routing	Student	Supervisor	FRC
			HDC

Form PG 2b - 2020

1

Updated 27/11/2017

Appendix 7b: Copy of email Response from Post Graduate Nursing Department Research coordinator

From: Dudu Gloria Sokhela <dudus@dut.ac.za>

Sent: 10 Nov 2020 11:28 AM

To: Vasanthrie Naidoo <VasanthrieN@dut.ac.za>; Naidoo,Roshini
<Roshini.Naidoo@lifehealthcare.co.za>

Subject: PG2b

Good day,

PG2b was approved by the FRC.

Regards,

DS.

Disclaimer: “The content of this email is confidential. If you have received it in error kindly inform the sender by return email and then delete the message. If you are not the intended recipient, it is forbidden to disclose, copy, distribute or take any action in regard to the contents herein. This email is further subject to DUT’s email Policies and Conditions which can be accessed at <https://www.dut.ac.za/Email-Policy-and-Conditions.pdf> ”

Appendix 8: Sample of a transcript

Date 19 August 2019

Participant no: 01

SECTION A: DEMOGRAPHIC DATA

Age: 25

Gender: Female

Marital status: single

Level of education: Certificate in Enrolled Nurse

Occupation: Student unemployed

Interviewer: Good day, how are you?

Participant: I'm good, thanks and how are you?

Interviewer: Well thank you. My name is Roshini Naidoo, I am doing research today on the Supernumerary status of nursing students, so what do you think of students functioning as supernumerary?

SECTION B: GRAND TOUR QUESTION

Interviewer:

- Are student nurses' current role regarded as supernumerary?
- What are your perceptions of student nurses enrolled for the Diploma in General Nursing regarding their supernumerary roles in the clinical learning environment?

What do you understand by the word supernumerary?

Interviewer: Good day, how are you.

Participant: I am good thank and how are you

Interviewer: Well thank you. ok, err...my name is Roshini Naidoo, am I doing research today on the supernumerary status of student nurses. So what do you think about student nurses functioning as supernumerary

Participant : it is unfair because we don't get to complete our objectives set out for us and then this college has this they set an expectation for us before we do our practical in the form of it's so needs to be done at a certain time, and how can it be done if we not given the opportunity because we treated like staff, you know, we supposed to, theatre cases we do the theatre cases ,admissions, do the admissions when we make it know that something we want to learn , something we want to do, it's overlooked, because they the departments needs to be handled

Interviewer: so how do you manage to do ... err...let's say for example you go your procedures, so how are you making sure your procedures are done accordingly and not compromising the patient or putting the patient at risk, are you able to

Participant : with some I would say it depends on the procedures allocated to me if I have the knowledge how to do it and which comes first and which comes first which comes next, for example there was an incident where I was allocated to work in a ward the sister in that ward was err....didn't like err...take on the overlooking position, I don't know what duty she was allocated to the whole day, and I allocated to 15 patient's on my side of the ward and when I came down to writing I was sent out of the department to work elsewhere because they need help, and when I came back I was reprimanded for the fact I didn't do the admissions first, I didn't prioritize, you know, so like, it depend ,

say, in that situation I was, so little I can do at the time either I am keeping up with my files making sure everything is In order, doctors' orders carried out , medication carried out or am I doing admission its its difficult to say. Some staff are helpful, a handful are actually willing to teach and then a handful that just wants the work done

Interviewer: So, why do you think just a handful that wants to help you, what's the difference between them

Participant: I would personally from my what I see, the ones that are willing to help are the ones newly qualified, the one exposed to what we have been and wouldn't put it on another, but the one's inconvenience the students or put on all the responsibility on them are the ones you know...you know they probably they have this mentality err... don't want to just come to work they have that err...

Interviewer: So, are you managing to achieve your leaning outcomes

Participant: No, I haven't. only received our objectives this month and we have to carry on with nine months in the ward, our day shift hours, so hopefully this year could be a little different from last year we can only hope to do so

Interviewer: ok. And err.... With regards to knowledge, are you able to integrate your theory into your

Participant: No we not able to live up to the things are expected our objectives, it is very difficult to live up to our theory into wards has well. especially like in situations when they use us as staff

Interviewer: ward staff

Participant: Yeah

Interviewer: So, would you think if student function as supernumerary, do you think it will benefit, be a positive or a negative

Participant: It would be a positive because whatever we supposed to learn we are learning and when we do qualify we have the knowledge to pass down, you making better

nurses in that way instead of having people, you know, instead of having new qualified people don't know nothing

Interviewer: Okay, so what do you think about as a postgraduate, if given the opportunity of going through a one year transitioning period, do you think it is a good idea or do you think you should be qualified and take on the role.

Participant : ideally , you should be qualified, because it should be taught that is taught while we doing our bridging, considering its our last year bridging but if I had to look at it as an overall perspective how is it going to benefit me in the long run, then the rest of my life, then it will be beneficial, like cos I know this, for the rest of my life , cos I 'll know it, remember it you know if is something for example if it is going to keep me unemployed for the next year , it will be very difficult to agree with it because we need a job, we have responsibility and so forth so it will be beneficial as far as you as individual grow thing because you learning something that will carry you fort eh rest of your career, but also at the same time it depends on the timing, you know, like will you get paid, is it part-time or full time you know

Interviewer: so you as a student, what are your expectations as a student of the clinical environment

Participant: To learn, I want to learn whatever is necessary during this course of the bridging, okay first year is done but second year need when I do qualify I have some knowledge of it.

Interviewer: and that will be only if you not part of the work force

Participant: Yeah, I get that there are days when they need us to step up and you know we are not first year ENA students were are 2nd year bridging students but there should be a balance where there are days were we are set to learn and days were can use the knowledge we already have.

Interviewer: So how do you think we can combat this problem how would you create the balance, because obviously being a student you have be part of the workforce in order to

get practical experience. So how will you be supernumerary and be part of the work force and create the balance.

Participant: I think it depends on the day you decide to set out, because obviously not every day you are going to have the opportunity to learn, or to work like as permanent staff, so I would say err... I saying you as unit manager you known how your ward is running, you know, I am not saying there are cases when it doesn't happen when you do get unexpectedly busy at times, but there are days you can take a student aside they are there to learn and okay you going be a 2nd year RN student this is what you need to learn, maybe you didn't learn this yesterday but today you need to learn this, it needs to be set out. The registered nurse in the ward and the staff in the ward needs to know there is a student coming to them or multiple students coming to them. They there to learn, there are days were we can help them and there are days were we need to learn, so days needs to be set out, just like how if you are permanent in the ward you have in service to educate your staff, likewise, you know, you need to ensure, you know, that the students are coming to your ward needs to be taught has well.

Interviewer: So there should be more learning opportunities

Participant: More learning opportunities should be set out. There's always an opportunity to learn no matter what ward the student to learn, it's just about, whether the staff in the ward are will to go the extra mile and help out.

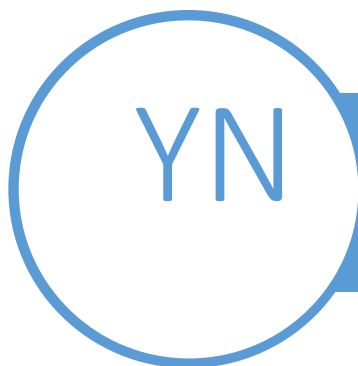
Interviewer: so do you think the staff are knowledgeable to help you.

Participant: I do, some staff are having been in this hospital before for years and years and I see the work they do and knows that the knowledge they have is not only based on what they leant in college but based on the experience they have working, so if they are capable they are, you know, it's possible for them to teach those coming into the ward

Interviewer: because the wards are too busy they don't have the time

Participant: that's the problem.

Appendix 9: Certificate of a proof reading from a professional editor



EDITING CERTIFICATE

Contact

Dr Anita Hiralaal

BA, HDE, B ED HONS, B COMM HONS, M ED, PH D

17 Fairfield Avenue

Scottsville

Pietermaritzburg

Email: anitah@dut.ac.za

Telephone: 0333864913

0825352777

Recipient Name

5 MARCH 2021

Master's Thesis

**EXPLORING THE SUPERNUMERARY STATUS
OF STUDENT NURSES IN THE CLINICAL
LEARNING ENVIRONMENT AT TWO
SELECTED PRIVATE NURSING COLLEGES IN
DURBAN, KWA-ZULU NATAL**

been edited to ensure technically accurate and
contextually appropriate use of language, grammar,
logical coherency, presentation and referencing style

Dr Anita Hiralaal

Appendix 10a: Turnitin Digital Receipt



Digital Receipt

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The first page of your submissions is displayed below.

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Assignment title: Research Proposals Article Papers ...
Submission title: EXPLORING THE SUPERNUMERA...
File name: Roshini_Naidoo.docx
File size: 2.73M
Page count: 152
Word count: 36,854
Character count: 204,920
Submission date: 10-Mar-2021 11:32AM (UTC+0200)
Submission ID: 1529191352

EXPLORING THE SUPERNUMERARY STATUS OF
STUDENT NURSES IN THE CLINICAL LEARNING
ENVIRONMENT AT TWO SELECTED PRIVATE NURSING
COLLEGES IN DURBAN KWA-ZULU NATAL

Roshini Naidoo (21853106)

Dissertation submitted in fulfillment of the requirements for the Master of Health
Sciences in Nursing in the Faculty of Health Sciences at the Durban University of
Technology

Supervisor : Dr A. Razak
Co-supervisor : Dr V. Naidoo
Date : November 2020

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EXPLORING THE SUPERNUMERARY STATUS OF STUDENT NURSES IN THE CLINICAL LEARNING ENVIRONMENT AT TWO SELECTED PRIVATE NURSI...

-- /100 < > ?

ENVIRONMENT AT TWO SELECTED PRIVATE NURSING COLLEGES IN DURBAN KWA-ZULU NATAL

Roshini Naidoo (21853106)

Dissertation submitted in fulfilment of the requirements for the Master of Health Sciences in Nursing in the Faculty of Health Sciences at the Durban University of Technology

Supervisor : Dr A. Razak

Co-supervisor : Dr V. Naidoo

Match Overview

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