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It was however the responsibility of preceptors to ensure that students were occupied with tasks and skills according to the curriculum. It seemed that the participant was bored to be in the mental health surroundings and that more stimulation in learning and teaching opportunities should have been addressed by preceptors. Botma, Jeggels and Uys (2012:1) discovered that students did complaining of limited support and teaching while they were in clinical settings with preceptors. Furthermore these authors contended that preceptors should be well trained to facilitate learning in a complex and dynamic clinical environment. Preceptors should be interested in knowing from the student, the best way for the student to learn in the clinical environment (Martin, Brewer & Barr, 2011:5).

### **3.6 Theme 3: A comprehensive learning environment is needed for student training**

The clinical learning environment is important not just for clinical skill development, but for students to also learn about the ‘norms’ of practice that is, processes in care delivery (Henderson, Cooke, Creedy & Walker, 2012:300). Participants experienced that the preceptors made the environment very conducive to learning and to perform their expected activities. Undergraduate student nurses need to learn many skills and activities during their placement with preceptors at a psychiatric hospital.

### 3.6.1 Category: *Guiding students through a journey in practice*

Guiding is a part of the didactic and pedagogic discipline of caring science and, as a guide; one is a carrier of a personalized paradigm of caring science (Aasen & Naden, 2008:7). Preceptors should assist the students in achieving their specific learning outcomes whether these apply to knowledge generation, the development of psychomotor skills or integration of theory and practice (Omansky, 2010:698). Participants defined preceptors as coaches and instructors, as from the beginning of the first day of clinical placement. The following participant articulated:

*“Like I said, I think it is a good thing to help students, to remind students, to guide them”.* (P2)

Participants further extolled the comprehensive orientation that was given to them by preceptors at the psychiatric hospital, to guide them:

*“Actually we, we had a kind of introduction about psych, psychiatry, regarding all the aspects that were, where we have to be placed in, such as long term, short term, and intellectual disabled, things like that in hospitals, clinic services, so ja we were actually introduced to the things that we will face”.* (P3)

*“They do, they support us, they do, they support us like my first day when we came here, although we work at other hospitals, they were from the beginning they were like this and this is how we do it here, and you have to do it like this, and I like it because the orientation they gave us, so the next day, the first day was kind of like, but the second day it was much better”.* (P6)

One of the participants valued the kind of reassurance and support they received from preceptors:

*“They also give us the – not the power but also that, that also that because I am afraid of next year. I think everyone is afraid of next year because we don’t know, it is like all the students, everyone will come ask us questions and whatever so I am kind of and they kind of just boost that because we are in control”.* (P6)

It could be interpreted that the students’ self-esteem was boosted and more confidence was instilled. Literature assert that a good self-esteem is needed by all persons. People with high self-esteem are capable of finding solutions to the problems at hand, thereby resulting in having a sense of accomplishment and contentment (Cha & Sok, 2013:114). The support provided by preceptors enabled students to correct their mistakes, be prepared not only as a student, but as well as for the following year when they would become community service professional nurses.

The findings in this study revealed that many students were afraid of community service year, however, after being in a relationship with a preceptor felt much better due to the kind of learning and support they received from the preceptors. These findings coincide with that of Kim *et al.* (2014:204), where it was discovered that students became competent at the end of a preceptorship relationship.

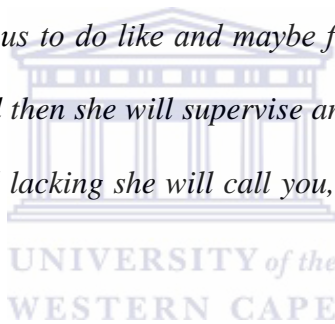
A participant stated that she was allowed to practice tasks and the preceptor was always available to supervise and gave direction in cases of mistakes. Another participant stated that she was allowed to practice tasks and the preceptor was always available to guide in cases of mistakes. Preceptors furthermore comprehensively exposed students in different ways of handling psychiatric patients:

*“Yes, yes she will allocate us to do like and maybe for example in the morning she will allocate us to do things and then she will supervise and then if she can see that ok maybe here and there you are still lacking she will call you, and then you have to do that thing with her”.* (P9)

Preceptorship is particularly beneficial to students in correcting mistakes that could help to build their confidence and self-esteem as a professional (Wieland, Altmiller, Dorr & Wolf, 2007:320).

Preceptors furthermore comprehensively supported students in handling different scenarios with psychiatric patients:

*“Yes, yes she will allocate us to do like and maybe for example in the morning she will allocate us to do things and then she will supervise and then if she can see that ok maybe here and there you are still lacking she will call you, and then you have to do that thing with her”.* (P9)



*“Ok some patients are difficult in psychiatry for example, oh you said I mustn’t call out names, there was a patient who was very difficult and then she will give us support as how to deal with the patient like eeh physical and emotional because sometimes you feel like ha a you can’t do this anymore, and she will tell you how to deal with the patient”.* (P9)

Students were shown different ways of managing psychiatric patients. A study by Kim *et al.* (2014:198) also discovered that the students were more confident in managing patients after being involved in a preceptorship relationship.

One of the participants had an outstanding experience with a preceptor. She pointed out that since her first year as a student, she never had an opportunity to be taught, advised and shown direction, in the way it was done by a preceptor at the psychiatric hospital:

*“Mmm I have never like had somebody guide me in that way, mmm before in other ward not only in psychiatry but medical, but I think it’s because medical wards sometimes it’s too busy”.* (P10)

*“Because of that..., but I just feel sometimes the environment of psychiatric hospital specifically this ward, you should have that opportunity for somebody to teach you in that way”.* (P10)

Higgins and McCarthy (2005) state that preceptorship are models of support that can be used to enable students to gain maximum benefits from practice placements. In another study done by Zilembo and Monterosso (2008:92) it stated that, when a preceptee is matched with a nurse preceptor who is willing and able to demonstrate leadership behaviours, the student directly benefits in terms of being exposed to learning opportunities, socialisation and orientation to the culture of nursing and guidance from an experienced nurse.

### **3.6.2 Category: Conducting ward rounds as a positive learning opportunity**

Participants appreciated the learning opportunity of doing and being included in the multidisciplinary team ward rounds. This appeared to have led to growth in professionalism within the students. This interpretation is seconded by Flynn and Stack (2006), who discovered

that students felt a sense of inclusion in the unit and became more actively involved in communicating with other members of the health care team. One participant said:

*“We are supposed to do transfers; we supposed to do the application. (Laughing) more like mhm, he knows that we are supposed to, to go to ward round. And then is always there telling us you guys must attend ward rounds so that you can get your book signed”.*  
(P2)

In addition, another participant indicated that they were not only observing in the units, but were also tasked to present some patients at the multidisciplinary ward rounds. This was a huge learning opportunity for them because it required them to go and dig more and more information to prepare their case. He further applauded that such opportunities gave them the real practical exposure that enabled them to integrate theory and practice:

*“So like I said, he was taken there, we were given the folders to present the patient, feedback about this patient. Now there they discuss everything, they discuss all of these things so I believe that it helped me to under..., to grasp the concept in terms of what is the difference between an adolescent and an adult in terms of these various psychological disorders. So I think it contributed to my clinical experience greatly. It contributed greatly to my clinical experience and then also in terms of my, my mhm mental assessment, there is various ways in terms of how do you get asked questions, specific questions that actually goes and looks at specific things. So “I think I was given, I was exposed to the more detail, you know version of where to go dig for what, what to ask where, unlike this the whole, you know GAPTOMJIV unlike the whole thing. I was given you know exposure of, ja, ja in terms of admissions they allowed me to admit the patient also, you go and do the first, you go and do the first part in admitting the patient. Now sit*

*down with the patient, talk with the patient. I was given that opportunity, so, but before I was given that opportunity I was exposed to certain things before I was, I was, I was equipped not only with, with, with the realistic clinical skills, because what you do in theory and what happens here its different things, so I think ja, they – that also contributed so they also have the ability to or they also, they are there as clinical supervisors”. (P5)*

Another participant indicated that preceptors allowed them to practice as per their scope of practice:

*“According to our scope of practice”. (P8)*

It seemed that the preceptorship relationship had a good impact on learning. The preceptor has to create an environment conducive to learning by introducing the student to the clinical working environment, and supporting them to make optimum use of this environment for their own learning (Botma *et al.*, 2012:1).

### **3.6.3 Category: Viewing psychiatry through new lenses**

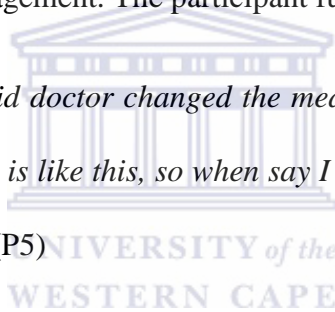
Participants had positive experiences with preceptors working in a psychiatric hospital. It is clear that many students had a negative assumption of a psychiatric unit prior to their clinical placement at a psychiatric hospital. This correspond to the findings of Charleston and Happell (2005:307) that revealed, that the more positive clinical placements influenced by preceptorship, the more likely student nurses will develop more positive attitudes towards people, experiencing a mental illness.

The following participant described how he learned about a mental health care user before he had a therapeutic group session:

*“Let me, let me for instance say now, let me make an example, make a realistic example. There was this one patient, I, when I came here or when I, when I was here the patient came here and the patient, I didn’t know what is wrong with this patient, because he was, you know there was something, there is nothing wrong with this patient he should go home, you know but then I went to this group and I saw a different person”.* (P5)

During clinical placement, the participant had an opportunity to be exposed to different psychiatric illnesses and their management. The participant further said:

*“Then I asked why, why did doctor changed the medication and she explained and so I understood why this person is like this, so when say I was exposed to different things that is the one great example”.* (P5)



Participants were also taught psychotropic medications and their indications. The following participant added that she enjoyed being placed at this psychiatric particular unit because the preceptor made the place warm and conducive for learning purposes:

*I enjoyed psychiatry so...; I enjoy working in this ward because it is different from where I was placed at Stikland, because I used to work at Stikland”.* (P6)

Another participant said:

*“It was a very good experience”.* (P10)

Participants from this study reflected positive experiences with preceptors at a psychiatric hospital. It was thus evident from the findings of this study that preceptors were compassionate

to student nurses. This view is supported by Hilli, Melender, Salmu and Jonsen (2014:1420) that affirmed that, to be effective, a caring relationship is essential for the basis of student learning.

A participant added that being placed at a psychiatric hospital was very good for learning purposes. Moreover, she admired the availability of time for learning opportunities that was made available by the preceptors to them as students. The participant said:

*“We have been so; I find general hospital to be very busy right! There is not a lot of time to be taught the admin so here we have been given a lot of time, so I have been, here I learned how to do hand overs, in terms of writing day and night report, how to mhm... consult with doctors...by the example from the sister or the professional nurse that I have observed, mhm... getting more involved with ordering of medication and collecting medications”.* (P11)

The study results revealed that student nurses had more time to grasp skills and knowledge as compared to their previous clinical experiences at general hospitals. This is similar to the findings by Charleston and Happell (2005) which affirm that both preceptors and student nurses experienced differences between general and mental health settings, which impacted on the attitudes of students and their ability to gain knowledge and clinical confidence.

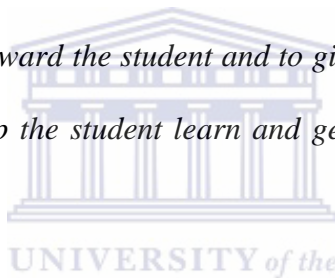
#### **3.6.4 Category: Reflecting on good memories**

Gibbs (1988) model of reflection argues that reflection help in making sense of the experiences.

The following participant voiced her feelings of being asked to reflect on her experiences. It was argued that it pushed the students to talk about their feelings and contributed towards a good relationship between the students and preceptors:

*“Mhm actually I do really appreciate that you ask us about the experience because when you get to talk about your feelings, your views to someone then this makes you really feel more comfortable and confident and feel – it also helps you actually to see what you like, what you need more”.* (P3)

*“If you find out that some student or senior students they will through this kind of projects, they have like a reflection about us and it also like kind of pushing the staff also to try hard to be friendly toward the student and to give them, the student what they need from them, which is to help the student learn and get what they need to have as future professionals”.* (P3)



There was a reflection of positive improvements in patients’ illnesses in the units where there were preceptors allocated to students:

*“So for instance working here at, what I can see working in this ward especially it’s nice to see that patients, is getting better. So at the other placement I was still asking myself, are these patients getting better, but in this ward I can see there is some patients really gets better and that’s for me, it is nice, it is a good because our help here, I am also myself part of staff although I am student”.* (P6)

Students valued and learned from each and every experience, positive or negative, as these experiences assisted them to accept nursing as their career (Buthelezi, 2014).

### 3.6.5 Category: *Enthusiasm in linking theory with the real world of practice*

Many participants maintained that being placed at a psychiatric unit helped them to integrate theory in practice. This was also discovered in Raines (2012) who maintained that the nurse preceptors can be used as a bridge between theoretical education and actual experiences for student nurses who are preparing to enter the clinical (practice) environment. A participant said:

*“Ja, it is just that now that we are here we physically see and really interesting and amazing to actually interact with the patients themselves. You see, work we are taught in class, about usually psychiatric disorders then we get to see the real patient who got those disorders and then we interact with them, so actually we, we actually, it actually helps to really understand what you studied theoretically and then you put it in practicals and then you can actually get the inside. Ja, it is where you can actually interview a patient and then you look at the patient you observe what the patient is doing then you reason with the patient, is talking to you and then you interlink with the disorders that you know psychiatry and psychiatric then you can actually, ja it helps. Of psychiatry because firstly I was placed in intellectual disabled great difference between intellectual disabled people this psychiatric patients, because these are the real psychiatry, psychiatric conditions that you meet in real then you have to manage them you see. Ja, so it has helped me to grow mentally and ja, and the experience as well”.* (P3)

It could be interpreted that the nurse preceptors had played an immense role in helping the students in linking theory to practice. This corresponds to the findings of Mabuda, Potgieter and Alberts (2008:19) who reported that preceptors are able to ease the correlation of theory and practice.

Another participant unveiled her gratefulness of being given a chance to do things and this enabled her to be confident in practice to practice many skills:

*“To be interested in learning new things or like they give you an opportunity to maybe to try something or to manage something, so it makes you confident in what you are learning”.* (P4)

After being exposed and given many opportunities to practice skills, students were more confident at a psychiatric setting:

*“If there was eeh medication to be handed out, we needed to deal with it, so there were more, they were, they were more in-depth in terms of providing us with the opportunity of actually, not only achieving our objectives but learning what psychiatry is all about. So I think in that sense, I would say it was, it was, it was not only rewarding to me, but also it was, it was – I found it very, very useful also. So it actually mhm enabled me to become more confident in psychiatry”.* (P5)

It appeared that student nurses had suitable experiences during their placement at a psychiatric hospital. This is confirmed by Oywer (2011:99), stating that student nurses experiences at mental health settings were constructive.

Furthermore, the participant pointed out that he could see that there was “something extra” about the preceptor:

*“So for me it was in terms of gaining, gaining, gaining quality, mhm mhm... good quality mhm experience of psychiatry and, it was provided because I can insist, she is a preceptor. Yes at Stikland they also give us guidance in terms of patients will present with this, this is this is that but like I said, we were never given proper opportunity to go and*

*actually achieve our objectives like in here, we standing there in front of the, on your own delivering this child so it was all on you, so I think what, what they did is what they were able to explain, there was exactly this is what this, how you do this, and this is the proper way to do it, now do it". (P5)*

Based on the findings of this study it was evident that the preceptor offered students more thoroughly orientated education; moreover, the preceptors were always available at all times for students concerns and guidance as compared to other professional nurses that did not attend preceptorship training. During the preceptorship, experienced nurses develop working relationships with students and facilitated their orientation and integration into their new roles and responsibilities in the professional practice environments (Swihart, 2007).

The arrangement was made by preceptors in advanced for some skills that were not available within the units to be practice at other units by preceptors:

*"They help them so we gave our books to the sisters and the sisters like says whatever like for instance we need to admissions and in this particular ward there is no, there is not a lot of admissions so when there will be admissions they will, they won't help us, but they will like, here is an admission, they will like before in advance they will tell us, okay that day and that day are, you working that day, because there is admission coming and you need admission so we are just telling you now that there is admission coming so be ready for that. There is a discharge because that is the type of thing that we need to do. We don't get in this ward there is nothing, not nothing, but it is very minimal so they are like, so I think they are doing like their part towards us, it is like, it is just us that have to*

*do the work, because they already tell us, that time and that, this and this will happen so". (P6)*

*"Mhm I have experienced a lot in the ward because mhm they, they, they, they give us a chance to practice". (P8)*

Participants were informed and prepared for doing certain tasks prior to doing the actual task. They were given enough time to be ready and to ask questions before time. Moreover, they were exposed to several learning opportunities such as admissions and discharges of mental health care users. Furthermore, preceptors instilled self-independency to students to practice skills and activities on their own.

The research results of the study further uncovered that nurse preceptors were able to observe and to attend to nursing student's uncertainties:

*"And when you do prac... like, for, sometimes when, you know sometimes you never did before, it's, you find it difficult to do it, it's like you might think know but you don't know, but throughout practical's, she was able to, like recognise when we are unable to do things". (P9)*

A participant applauded the preceptor for leading by example. The following participant aired her experience with a preceptor as follows:

*"So things that need to be done, the TB sister was contacted, the TB and HIV sister was contacted, she came it eeh you guys have a box with mask and staff, more masks was ordered, a lady also came in to show us on how to properly fit the masks. Mmm she showed us exactly how to do it also like how to take care of anything that comes to contact with the patient". (P10)*

This understanding is shared by Kim *et al.* (2014:187) who asserted that preceptors serving as role models to students must facilitate their teaching learning process and socialisation. This study further found that a positive professional relationship enabled the students to better socialize and learn clinical skills.

Student nurses were additionally exposed by nurse preceptors to mental health care users' management strategies:

*“Being more involved in the patients treatments, and understanding their treatment and how to then explain this to the doctor like the things that we observed, how to like, ... how can I say like transfer the information to the doctor so that”.* (P11)

*“Yes with like with the patient that has been recently ill, the sister allowed me the opportunity to, oh the was just one patient he was ill one needing like fast observations, she allowed me to be the one doing the vital signs every thirty minutes recording everything every thirty, to transfer the patient to the clinic, to hand over to the sister, oh there was just one patient where I also had to hospital there like all the patients are that ill, sister has time to like you know teach you how to do chart”.* (P11)

It appeared that the preceptor allowed the student nurses to act as sister in charge and be responsible for transferring very sick patients to the general hospital. Preceptorship has shown to help the student build the confidence and ease their transition from being a student to a nurse (Kim *et al.*, 2014:189).

### 3.6.6 Category: Objectives were SMART

Objectives clearly detail exactly what is required of the students from both the university and the clinical supervisor sides (Smith & Armstrong, 2001:549). During the preceptorship relationship it was noted that the student's objectives were met. A participant indicated that the preceptor ensured that the student's objectives were met within the unit, and that the preceptor explained and ensured that everything was understood by students (realistic), before he would sign off on students' practical books:

*"We do actually because all this that are done here is work we need to achieve our objectives especially him things to get signed in our books and they are there to assist us, they explain us and they, they ensure that they sign for us something that they know that we know". (P3)*

It was evident that the preceptors were able to link the student objectives to actual practice. In addition to the above, the findings indicated that at some units the nursing staff would not allow students to achieve their objectives or were not willing to help them; however, preceptors enabled them to be exposed to learning opportunities that were in line with their required objectives (could be achieved). A participant said:

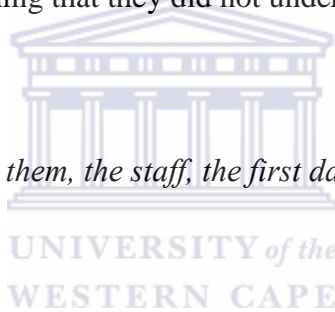
*"I enjoyed my experience here because everybody is, actually has been very helpful in like completing our objectives and a lot of times like some staff they want, they don't really show interest in what you supposed to be doing, but here they gave us an opportunity to ask questions and do MSE's and also to, like because we are fourth year students so we also have that responsibility to be in charge of certain things so they gave us that". (P4)*

Furthermore, a participant indicated that the preceptor did not only focus on their required objectives in the practical book, but created many more specific learning opportunities within the psychiatric unit:

*“So I don’t know it is, compared to Stikland they also wanted to know what, what our objectives but then here they actually created an opportunity for us to achieve these objectives, so for example when we, there would be a ward around, at least one of us would go to be there”.* (P5)

Student nurses were invited by the preceptor to come with their learning objectives and were encouraged to seek clarity on anything that they did not understand. One participant indicated the time frame that was adequate:

*“What I like about it, about them, the staff, the first day we came here, they know we have objectives”.* (P6)



Others stated:

*“And they were, if there is anything we can do to help you with your objectives, you must just come to us and so we told them, what were our objectives. So they, they, I won’t say they guide us, but they help us. For instance, the other hospitals, some sisters, some nurses won’t do that because that, that is already like an open policy, it is like I can, whatever question I have, whatever something that I need to, that I don’t understand, I can go to the sister freely and the sister will explain to me this is how it is done, okay come let’s make a plan, that time and that time, then we can do that and then we can do that. So I really did from the first year from like the beginning of the year, I was psych... I can see how I am growing, and it is thanks to the sisters”.* (P6)

Objectives set were measurable:

*“Yes she, she at the beginning she asked us in our books are there any objectives that we still haven’t met, that still maybe need to do, that she can help us with mmm for example the medication how many times do we still have to, how many signatures do we still owe. She will give you an opportunity to stand with her to do medication a lot of times. So she was very open to that she asked us, she was able to like help us. We had also to a group one day and she told us where maybe it would be the best to do it, station in the ward to do it. She guided us in that way as well”.* (P10)

Student nurses unique learning opportunities and their objectives appeared to have been met by preceptors. Establishing individual learning needs is the responsibility of the preceptor and has to be established in consultation with the student (Siganga, 2013:71). Another participant said they were closely guided that measured their progress:

*“Well what I can I say is that, actually we, we are enjoying it, we are enjoying it, we are working with staff and we are, because they really hold our hand and show us what we can do they read us, they do supervise us, we ask questions, they answer us, answer about what we need, ja”.* (P3)

It could be interpreted that student nurses were assured to consult with preceptors should they come across with any difficulties. Preceptorship entails clinicians to create a supportive learning and working climate where students or newcomers are given opportunities to develop professional competence (Bengtsson & Carlson, 2015:1)

### 3.6.7 Category: Learning through a variety of possibilities

Furthermore, participants also appreciated the opportunity of learning and being able to follow the ward programme through the presence and help of the preceptors. Orientating the student to the daily routine of the unit reduces anxiety and students are better able to learn (Botma *et al.*, 2012:3).

*“Well like I mentioned what they did that I done here, those medications and in the morning actually we, we, we, wake the patients up and they can go shower, help them, give them the towels, those that don’t have towels, soaps, we give them body lotions mhm, mhm. Toothpaste to brush mhm clothes. So mhm... the ward programme is actually you know mhm I’m, I’m actually learning”.* (P1)

*“I just want to comment (laughs) I just want to say that you guys are doing the good thing teaching these preceptors”.* (P2)

*“To help us with the work, I think it is going to help a lot of students”.* (P2)

*“It’s a good thing”.* (P2)

*“Of course there is a difference because now before I came here I didn’t know what is going in this particular ward, but now I know what is going on, so it is kind of, it is like I have got insight actually”.* (P3)

The study results indicated that undergraduate student nurses were honored to have been working with preceptors. This category relates to the findings of Shepard (2014:83), who studied the student perceptions of preceptorship learning outcomes in undergraduate nursing

programmes in the United States of America. This study correspondingly indicated that student nurses perceived the preceptorship to be an invaluable learning.

One participant pointed out that he was taught how to conduct climate meetings and ward rounds:

*“I remember when I had to do my mhm order... for me, for me, for me working with adolescents it’s new it’s a new thing and I didn’t know young children are doing drugs or also could be, or could end up being psychotic suffer with all of these mental, so for me to grasp the concept was difficult, was difficult because I only thought this thing was in adults and you see that this thing can be so easily happen to young ones also, so in terms of that they actually explained to us, we were sat down, we were explained this happens, this is the difference between the adolescents and the adults and I learn that was being part of the, the, the climate meeting, the climate meeting, the multidisciplinary team meeting”.* (P5)

A participant mentioned that they were taught how to handle emergency situations as sisters in charge and would be able to write daily reports for the wards. This prepared them for the following year when they would become community service nurses:

*“They showed me like report I would need to fill in mmm if something happened eeh like protocols that, like let’s say patient get sick what do I need to do, eeh an emergency situation”.* (P10)

*“To have to be able to do it next year as a sister”.* (P10)

*“So the staff is very good, it’s very positive experience, I really enjoyed it”.* (P10)

It seemed that students had a good relationship with preceptors who offered many learning opportunities within the wards which resulted in competency in skills. This is in line with Shepard (2014:83) who discovered that students perceive preceptorship experience to be beneficial for enhancing clinical competence.

### **3.6.8 Category: Discharging patients as part of the learning experience**

It seemed that preceptors were able to demonstrate to student nurses how to discharge patients. According to Botma *et al.* (2012:4), a demonstration occurs when the preceptor demonstrates clinical competencies while the students observe the application. The following participant indicated that they were taught many procedures within the unit by preceptors:

*“And discharging mhm patients to home now... so they actually show you how to do all of those procedures, so they are actually very much helpful”.* (P1)

In addition, a participant described how she was taught many procedures as follows:

*“I did work in the intellectual disability ward so this was my first time to work in pre-discharge ward so new procedures that you need to do here, which is different from the ward I used to intellectual disability so they really are so kind and so helpful, they do show us how to admit the patients with criteria for admissions, they show us the procedures to be followed to discharge the patients to give them the leave of absence, things like that and this whole process of following other patients course of medications like we had to draw blood every week”.* (P3)

From this study finding, it could be interpreted that preceptors were trained to be competent in many clinical e.g. discharging skills. This confirms findings from two other studies that a one-to-one relationship in the preceptorship experience fostered a rich and successful learning environment, and has implications for nursing education, practice and research (Luhanga, Billay, Grundy, Myrick & Yonge, 2010); and that an one-to-one preceptorship relationship increases a positive preceptorship experience (Willemsen-McBride, 2010).

### **3.6.9 Category: Learning how to give medication as part of learning opportunity**

The majority of the participants overwhelmingly highlighted that preceptors went into detail in explaining to them about psychotropic medication and its indications. Preceptors and students should assess the student's progress based on meeting objectives set for each week of the programme planning for opportunities to meet these objectives, carrying out the objectives, and evaluating the effectiveness in meeting the objectives (Kim *et al.*, 2014:187). The medication procedure being part of the students' objectives, was thoroughly covered in this regard. The participants had the following to say:

*“What you must do in terms of... things like giving the medications...ordering medication for, for, for patients that are actually you know, they due for weekend leave or discharge they show you how to mhm take the – sort of admitting the patient or transfers maybe from other wards”. (P1)*

*“We, we, we go for, like I just mentioned for now that we – they actually help us to, they show us how to administer medications to the patients. I mean all of that stuff that actually done in the unit”. (P1)*

*“Tuesday to check up how the medications is mhm kind of medication and process of the patient bodies, these are things that I didn’t know where I used to work before, so you are they teach us that, they explain us what is done and why it is done and the way it has to be done so actually they increase, they make us grow with the knowledge ja, which is very grateful”. (P3)*

*“So when, in terms of psychotropic medication it is also an objective for us. Yes you can stand with the prescription chart there and I would stand the medication tell you this and this and this much of this. I would put it in but I don’t think that is, I am actually gaining skill because I am not practicing independently”. (P5)*

Handling medication, as one of the students’ objectives, was comprehensively covered by preceptors during the placement of students. Preceptors were doing on the spot teaching and the students were included in all medication tasks. The results indicated that the clinical preceptorship programme increased the overall perceived competency skills of senior student nurses (Kim *et al.*, 2014:203). It was stated:

*“I will be confident in future, I will not hesitate whenever I am with a prescription, is this this medication, am I doing this so what I was able to do here for the preceptors, from their side, I was, we were supervised, yes we were supervised but we did it hands on. We were doing it; we were taking the prescriptions down after being – he explained specifically how the prescription charts works”. (P5)*

Preceptors delegated tasks to student nurses so that if the students were allocated to do medication they would know it and would prepare the morning, day and afternoon medication.

This is corroborated by Biagioli and Chappelle (2010:21), who argued that expanding students' responsibilities can make them more valuable to the practice and enrich their learning experience. Participants said:

*“So what I like about this is that they delegate and we do it. It is not like they always, so I like it because I know I have to do it, like for instance medication. If in the morning I must give medication I will come to medication, we as students we will come to medication because that is how they learned us”.* (P6)

*“I will come to medication afterwards if everything is it is correct, then I would start administrating the medication to the patients. Then I know, okay twelve o'clock I must give it again, so they don't need to tell me, twelve o'clock, okay twelve o'clock we mustn't give medication, I know I mustn't give medication that is why I have the key”.* (P6)

*“Now I can order medication, last time I did not know how to order medication, but they teach you how to do it”.* (P8)

The preceptor played a crucial role in teaching students medication productively. Furthermore, the preceptor was the supervisor to students when giving medication she would stand alongside to double check with students. This resulted in a smooth relationship between a preceptor and a student nurse, which is likely to add in patients care improvement. Zilembo and Monterosso (2008:90) similarly observed that when a preceptor was willing and able to demonstrate leadership behaviours, it in turn led to positive outcomes for patients and the organisation or system.

The following participant mentioned being taught some medication management skills by a preceptor:

*“Mmm oh yes that is was the medication I think the one that got, that was the auditing, ordering day”*. (P10)

*“Ja, eeeh she showed me how that, she just have a constructive way”*. (P10)

*“Yes mhm as in medication I must do it alone the chart in front of me, I have to read the chart, but she, but the person would like stand behind me whether as ...just to say look or look here yes double check”*. (P10)

The study results further revealed that students were accommodated to do leadership activities and to practice skills. Furthermore, students were equipped to handle very sick mental health care users and shown how to follow the correct protocols:

*“Ok opportunities that we had in the ward mhm..., we have never been told like there is no time do things, so we have been able to have opportunity to do medication every day, like the day and night report every day, mhm... the... the handling of two patients that were transferred from the ward to general, clinic were very ill”*. (P11)

It could be interpreted that the preceptors had played the vital role by allowing student nurses to practice many leading related learning opportunities. A study done by Brathwaite and Lemonde (2011) correspondingly discovered that the preceptor provided a supportive learning environment for students that encouraged leadership.

### **3.6.10 Category: Acknowledging the special characteristics of the preceptor**

Participants reportedly learned many skills while being placed with preceptors in a psychiatric hospital. Shepard (2014:83) indicated that student nurses perceived the preceptorship to be an invaluable learning experience that enhanced their competence in the clinical setting. A participant shared:

*“Mhm... as a student I don't, I don't, I don't have anything that I would like to add, I don't think they, they show off any... mhm thing, however, maybe like eeh... let's say mhm there is one angle maybe they, they still need to push”.*

*“To get us forward on, on, on, on, on – educating us and all of that, I think they are actually meeting each and every mhm angle that we actually need as students for me so far actually. I don't, I don't have any issues”.*

*“I can just say, with, with more practice just because you know, ja, we do feel great that, that you actually had an opportunity to achieve, just even if it's what – a few times oportuni..., opportunity that you actually do something but you know we feel quite you know that at least you are doing something, so it's a great feeling”.*

*“I would just say the preceptors are very nice to us, I would like to just mhm, I would like them to continue with their, with the way that they are even to other students maybe the students that are actually coming over the next coming years, so ja they, they are very helpful”. (P1)*

Participants described the nurse preceptors as individuals with approachable personality. This view is backed by Zilembo and Monterosso (2008) who suggested that effective preceptors are those who exhibit characteristics that include being approachable with strong personality.

The participant further recommended that they should continue with their approach and method of teaching students to future students as well. It was evident in the findings of this study that student nurses were impressed by the teaching style of a preceptor and saw role modeling.

The findings indicated that preceptors covered many learning aspects and knew their objectives as fourth year students, serving as a role model. Furthermore, preceptors consulted student nurses on how to meet their needs showing a transparent environment. Martin *et al.* (2011:5) correspondingly established that preceptors were interested in knowing from the student, the best way for the student to learn in the clinical environment. They further indicated that preceptors recognised certain aspects of their role, and reflected, by wanting to know how best to meet the learning needs of the student under their tutelage:

*“It is very nice working with him. He teaches us a lot”*. (P2)

*“On the first day we didn’t have..., we didn’t have to ask eeh, to ask him to help us when we came”*. (P2)

*“Well what I can I say is that, actually we, we are enjoying it, we are enjoying it, we are working with staff and we are, because they really hold our hand and show us what we can do they read us they do supervise us we ask questions they answer us answer about what we need, ja”*. (P3)

Students captured the intellectual benefits being placed in the ward that was occupied by a nurse preceptor:

*“I think it really contributes significant, significantly mhm to us, what we, we actually mhm, they are really contributing because when we are here, we don’t exactly know*

*everything that is going on in the ward, because for example, I did work in the intellectual disability ward so this was my first time to work in pre-discharge ward so new procedures that you need to do here, which is different from the ward I used to intellectual disability so they really are so kind and so helpful, they do show us how to admit the patients with criteria for admissions, they show us the procedures to be followed to discharge the patients to give them the leave of absence, things like that and this whole process of following other patients course of medications like we had to draw blood every Tuesday to check up how the medications is mhm kind of medication and process of the patient bodies, these are things that I didn't know where I used to work before, so you are – they teach us that, they explain us what is done and why it is done and the way it has to be done so actually they increase, they make us grow with the knowledge, ja, which is very grateful”. (P3)*

It appears that preceptors contributed significantly towards the uniqueness of the learning of the undergraduate student nurses. This view is backed by Brathwaite and Lemonde (2011:2) whom in their study correspondingly discovered that preceptors provided a compassionate learning environment for students.

The following participant appeared to be comparing the level of help she received from both preceptors, working opposite shifts:

*“The other one Mr... we didn't have like one-on-one session or when I am working with him like..., and then the other one he knows a lot of things and he teaches me a lot of things the things I didn't know”. (P7)*

*“They didn’t contribute like I can’t say that they did a lot like in my clinical placement here but what I can say is I learned a lot about how to treat the patients but other than that, in terms of what I have to say like what I had to know nothing”. (P7)*

The following participant had a growing relationship with a preceptor and other nurses. She stated that such a relationship made her to feel competent:

*“I gained knowledge, lot of knowledge there... mhm”. (P8)*

*“Mhm ok I would say that a relationship between me and the operational manager, and me and two sisters at work mhm, made me to be like act as sister myself in the ward, because they show us how to do things”. (P8)*

The participant was equipped with a useful knowledge at a psychiatric hospital. Shepard (2014:83) affirmed that students believed their experience had a positive impact on their professional growth in the area of general professionalism, communication skills, and performance of clinical nursing skills.

One participant stated that the preceptor corrected students’ mistakes on a continuous basis that enhanced professionalism. After doing an activity or task the preceptor would give a comprehensive feedback to student nurses on performances that made students sensitive to the things they learned:

*“Ok, for example, there was a patient in my ward eeh I think she, she had a, he had mhm schizophrenia, then we did MSE with him”. (P9)*

*“Ja, the sister after the patient was gone, and then she told us more, like we did MSE then she taught us how to do the MSE”. (P9)*

*“Yes but she teach us, she teaches us many things like many different kinds of things...”*

(P9)

The participants of this study experienced that they were exposed to different types of opportunities during their placement with preceptors at a psychiatric hospital. This is agreed by Shepard (2014:73) who affirmed that preceptorship enhance the use of blended learning with student nurses.

### **3.7 Conclusion**

The research findings of this study were discussed in this chapter. The study results overwhelming indicated that undergraduate student nurses had positive learning experiences with preceptors. The research findings of the study were explored under three themes and nineteenth categories as outlined in Table 3.2. The following chapter will discuss the research study's conclusions, limitations and recommendations.

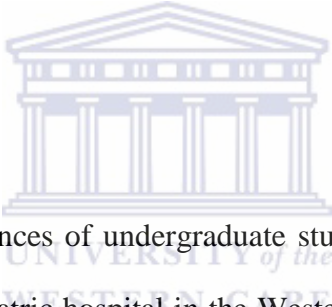
## CHAPTER 4

### CONCLUSION, LIMITATIONS AND RECOMMENDATIONS

#### 4.1 Introduction

The research findings were discussed in the previous chapter. In the discussion of the findings, verbatim quotations from the unstructured interviews were used as evidence to support the results findings and literature was used to confirm the findings of the study. This chapter will focuses on the conclusion, limitations and recommendations which are guided by the research study findings.

#### 4.2 Conclusion



This research explored the experiences of undergraduate student nurses with preceptors during their clinical placement at a psychiatric hospital in the Western Cape. In the data analysis, three themes with nineteen categories emerged. The research results of the study indicated that undergraduate student nurses had positive experiences with preceptors during their placement at a psychiatric hospital. Participants described their experience with preceptors as beneficial as it played an enormous role in their learning. The results further indicated that preceptors treated student nurses in a professional manner and it was easier to work with professional nurses who did a preceptorship course. This is similar to a study that was conducted at the University of Zululand by Cele, Gumede and Kubheka (2002:50). Their study uncovered that clinical instruction was mostly done by nurse preceptors rather than other professional nurses. Furthermore, it was also revealed that nurse preceptors are playing the most essential role in student accompaniment as compared to other nurses who did not attend preceptorship course. In

addition, the results indicated that many student nurses did not encounter any problems while working with preceptors. They were properly orientated to the units and mostly their objectives were met in relation to the nursing undergraduate curriculum. This is backed by Turner (2007:93) who affirmed that the preceptor is able to settle students quickly into their new working environment.

Moreover, they felt that the environment was a learning environment to learn different skills. The results also indicated that some student nurses had negative preconceived ideas prior to being placed in a psychiatric hospital. Participants indicated that they were afraid of psychiatric patients. However, the presence of a preceptor in the units made the environment friendlier. The results of this study furthermore uncovered that the nurse preceptors played an enormous role in minimising the negative experiences usually experienced by student nurses at psychiatric hospitals. Being placed at a male psychiatric unit as a female was also a challenge.

The study results indicated that many preceptors were committed on their roles as preceptors. They revealed that preceptors did not only prepare student nurses for the specific activities, but also prepared them for their community service year.

The research findings of the study addressed the research study objective and delivered answers to the research question. The recommendations in this study are grounded on the three emerged themes of the study and the use of the literature is use to validate the findings of the study.

### **4.3 Recommendations**

The following recommendations were formulated by the researcher based on the research findings of the study.

#### **4.3.1 *The role of the preceptors***

Results found that students find it easier to work with sisters that were trained in preceptorship. This view is supported by Hilli, Salmu and Jonse (2014), who discovered that preceptors are caregiving, creating an atmosphere that breathes the idea of possibilities and engagement, a place where the students can flourish. The hospital management should send as many professional nurses to attend preceptorship training to minimise negative experiences of student nurses at psychiatric hospitals. There are still a few preceptors at psychiatric hospitals and many students are placed in the units where there are no preceptors and are not assigned to preceptors at all.

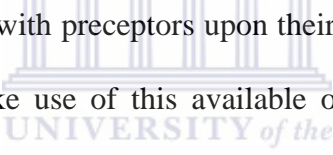
In literature review, many studies have revealed that student nurses tend to hold negative experiences of psychiatric placement. The school of nursing in the Western Cape, offering the preceptor training course, should continue with this positive initiative. This will result in an increase in the number of preceptors. This is supported by Burns *et al.* (2006:182), who contend that preceptors are urgently needed to prepare the next generation of clinicians. These authors further validate that the preceptor needs to be familiar with the university curriculum, the university goals and objectives for a specific clinical experience.

### **4.3.2 Challenges to be addressed**

Nurse preceptors should properly introduce students to psychiatry and render support at all times.

Female student nurses should be supported when working with male ward units.

Croxon and Maginnis (2009:236) proposed that the available placement time should focus on the students' needs rather than service needs and that there must be adequate opportunities for students to develop confidence and competence in their clinical skills with a focus on student learning needs. Preceptors should continuously exercise their roles of being preceptors and be supported by nurse managers in keeping these roles going continuously.



Student nurses should be assigned with preceptors upon their placement and be informed of this happening and encouraged to make use of this available opportunity. It was discovered that students were not aware that the professional nurses they worked with had done preceptorship. The study findings also revealed that students were not aware of the preceptorship or availability of preceptors despite being placed in wards where there was a preceptor. For this reason, it is recommended that student nurse should be all informed of the availability of preceptors. This relates to a qualitative study done by Abubu (2010:70) on experiences of first-year University of the Western Cape student nurses during their first clinical placement in a hospital. She recommended that student nurses must be informed about the availability of these support systems and be encouraged to use them effectively.

There should be a preceptors' hospital forum that will at least meet quarterly within psychiatric hospitals for continually ongoing debate of preceptors to sustain preceptorship and refreshing the preceptor roles. Such a forum will enable preceptors to keep and exercise their roles at all times.

Higher education institutions should also advise and inform student nurses prior to placement that there are preceptors within the hospitals that would cater for their problems or needs at a psychiatric hospital. This opinion is supported by Sedgwick and Harris (2012:6) who argued that student preparation for the preceptorship experience is essential in optimising their learning. In this research, it was evident that student nurses, despite having positive experience with preceptors, were not informed of this opportunity specially designed to cater for their needs. HEIs need to liaise with hospital management on how to assign student nurses with preceptors.



#### **4.3.3 *Creating a learning environment***

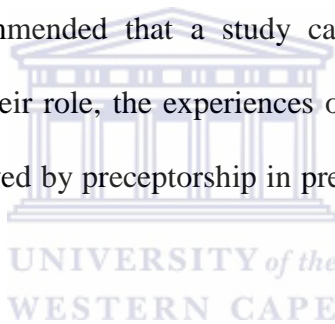
Thorough orientation must be continuously practiced by preceptors to expose students to many learning opportunities. This study revealed that undergraduate student nurses were exposed to different learning skills by preceptors. This study concurs to Hilli *et al.* (2014:572), who observed that a learning environment where the students are cared for is characterised by openness, permissiveness and flexibility. The students should feel safe and secure, ask questions and reflect upon different matters. Preceptors on the other hand also need a supportive environment from their managers to facilitate learning to students. A study done in Ireland by McCarthy and Murphy (2010:234) highlighted that the majority of preceptors described the role as stressful and burdensome, and did not feel adequately supported by their clinical managers. Preceptors need to be acknowledged of their roles by management. This view is supported by

Boyar (2012) in her study on when nurses precept students. This will result in an effective learning environment as preceptors will always exercise their roles.

HEIs should constantly update the hospital nursing management and preceptors of any latest development in student's objectives or curriculum to enable preceptors to be informed and prepared of the current student objectives.

#### **4.3.4 Further research**

It is recommended that a quantitative study needs to be carried out on students experiences of preceptorship. It is further recommended that a study can be done on factors influencing preceptors to keep and exercise their role, the experiences of student nurses with preceptors at other institutions, and the role played by preceptorship in preparing final year student nurses for their community service year.



#### **4.4 Limitations of the study**

A limitation of the study was the small study sample that partook in the study and was placed at one hospital and registered at one higher education institution. The findings were rich however does not allow for the generalisation of the research study findings to other settings. However, qualitative research focuses on the specific context of each unique individual.

#### **4.5 Conclusion**

In this chapter, the research findings of the study were presented and the three themes discussed in Chapter 3 were used to discuss the recommendations. The study results showed the positive

experiences of undergraduate student nurses with preceptors. Recommendations were also discussed and proposals for a further research on the topic were also presented.



## LIST OF SOURCES

- Aasen, K.H. & Naden, D. (2008). The Tune of Confirmation in Guiding Nurse Students. *International Journal of Human Caring*, 12(4):7-14.
- Abubu, J. (2010). Experiences of the first-year University of the Western Cape student nurses during first clinical placement in hospital. South Africa. Masters dissertation. University of the Western Cape, Bellville.
- Altmann, T. K. (2006). Preceptor Selection, Orientation and Evaluation in Baccalaureate *Nursing Education. International Journal of Nursing Education Scholarship*. 3 (1): 1-16.
- Bengtsson, M. & Carlson, E. (2015). Knowledge and skills needed to improve as preceptor: development of a continuous professional development course-a qualitative study part 1. *BMC Nursing*, 14 (51): 1-7
- Billay, D. & Myrick, F. (2008). Preceptorship: An integrative review of the literature. *Nurse Education in Practice*, 8(4): 258–266.
- Biagiolo, F.E. & Chappelle, K. (2010). How to be an efficient and effective preceptor. *Family Practice Management*, 17(3):18-21.
- Botma, Y., Jeggels, J. & Uys, L. (2012). Preparation of clinical preceptors. *Trends in Nursing*. 1(1):1-12. Pretoria: Fundisa.
- Bowen, G.A. (2008). Naturalistic inquiry and saturation concept: A research note. *Qualitative Research*, 8(1): 137-152.
- Brathwaite, A.C. & Lamonde, M. (2011). Team Preceptorship Model: A Solution for Students' Clinical Experience. *ISRN Nursing*. 530357. Available at [www.ncbi.nlm.nih.gov/pmc/articles/PMC3169842/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3169842/), accessed 10 June 2016.

Brink, H. (2006). *Fundamentals of Research Methodology for Health Care Professionals*. 2<sup>nd</sup> ed. Cape Town: Juta.

Brink, H., Van Der Walt, C. & Van Rensburg, G. (2012). *Fundamentals of research methodology for health professionals*. 3<sup>rd</sup> ed. Cape Town: Juta.

Burns, N., Gray, J. & Grove, S.K. (2013). *The practice of nursing research: Appraisal, synthesis, and generation of evidence*. 7<sup>th</sup> ed. Missouri: Elsevier Saunders.

Burns, N. & Grove, S.K. (2005). *The practice of nursing research: Conduct, critique and utilization*. 5<sup>th</sup> ed. Missouri: Elsevier Saunders.

Burns, N. & Grove, S. K. (2007). *The Practice of Nursing Research: Appraisal, Synthesis and Generations of Evidence*. 6<sup>th</sup> ed. Missouri: Elsevier Saunders.

Burns, N., and Grove, S.K. (2009). *The practice of nursing research*. Philadelphia: W.A. Saunders Company

Burns, N. & Grove S. K. (2011). *Understanding Nursing Research Building an Evidence-Based Practice*. 5<sup>th</sup> ed. Philadelphia: Elsevier Saunders.

Burns, C., Beauchesne, M., Ryan- Krause, P. & Sawin, K. (2006). Mastering preceptor role: challenges of clinical teaching. *Journal of Paediatric Health Care*, 20 (3):172-183.

Buthelezi, S. (2014). Clinical learning experiences of University male students nurses during their placement in a clinical setting. Masters dissertation. Bellville: University of the Western Cape.

Cele, S.C., Gumede, H. A. & Kubheka, B.A. (2002). An investigation of the roles and functions of the nurse preceptors in clinical areas. *Curationis*, 25 (1):41-51.

Cha, N.H. & Sok, S.R. (2014). Depression, self-esteem and anger expression patterns of Korean student nurses. *International Nursing Review*, 61(1):109-115.

- Charleston, R. & Happell, B. (2005). Coping with uncertainty within the preceptorship experience: the perceptions of student nurses. *Journal of Psychiatric and Mental Health Nursing*, 12 (3): 303–309.
- Charleston, R. & Happell, B. (2006). Recognising and reconciling differences: mental health nurses and student nurses' perceptions of the preceptorship relationship. *Australian Journal of Advanced Nursing*, 24 (2): 38-43.
- Cloete, I.S. & Jeggels, J. (2014). Exploring nurse preceptors' perceptions of benefits and support of and commitment to preceptor role in the Western Cape Province. *Curationis*, 37(1):7.
- Connelly, L.M. (2010). *What is phenomenology?* MEDSURG-Nursing, 19(2):127-129.
- Conway, J. & McMillan, M. (2006). "Connecting clinical and theoretical knowledge for practice," in *Contexts of Nursing*. 2<sup>nd</sup> ed. Sydney: Elsevier.
- Croxon, L. & Maginnis, C. (2009). Evaluation of clinical teaching models for nursing practice. *Nursing Education in Practice*, 9 (4): 236-243.
- De Vos, A.S., Strydom, C.B., Fouche, C.B. & Delpont, C.S.L. (2011). *Research at grassroots: for the social sciences and human service professions*. 3<sup>rd</sup> ed. Pretoria: Van Schaik Publishers.
- Doodhnath, M. (2013). Experiences of advanced psychiatric nurses on their practice in an Occupational Specific Dispensation hospital setting. Masters dissertation. Cape Town: University of the Western Cape.
- Flynn, J. & Stack, M. (2006). *The role of the preceptor: A guide for nurse educators, clinicians and managers*. 2<sup>nd</sup> ed. New York: Springer Publishing.

Foley, V. C., Myrick, F. & Yonge, O. (2012). A phenomenological perspective on Preceptorship in the intergenerational context. *International Journal of Nursing Education Scholarship*, 9(1):1-23.

Gibbs, G. (1988). *Learning by doing: a guide to teaching and learning methods*. Further educational unit, Oxford Polytechnic: Oxford.

Haitana, J. & Bland, M. (2011). Building relationships: The key to preceptoring nursing students. *Nursing Practice in New Zealand*, 27(1): 4-12.

Halter, M.J. (2008). Perceived characteristics of psychiatric nurses: stigma by association. *Archives of Psychiatric Nursing*, 22 (1):20-26.

Happell, B. (2008). Clinical experience in mental health nursing: Determining satisfaction and the influential factors. *Nurse Education Today*. 28 (109): 849-855.

Happell, B. (2009). A model of preceptorship in nursing: Reflecting the complex functions of the role. *Nursing Education Perspectives*, 30(6): 372–376.

Henderson, A., Cooke, M., Creedy, D. K. & Walker, R. (2012). Student nurses' perceptions of learning in practice environments: A review. *Nurse Education Today*, 32 (3): 299–302.

Higgins, A. & McCarthy, M. (2005). Psychiatric student nurses' experiences of having a mentor during their first practice placement: an Irish perspective. *Nurse Education in Practice*, 5(4): 218–224.

Hilli, Y., Melender, HL., Salmu, M. & Jonsen, E. (2014). Being a preceptor: A Nordic qualitative study. *Nurse Educator Today*, 34(2): 1420-1424.

Houghton, C. E. (2014). New comer adaptation: A lens through which to understand how student nurses fit in with the real world of practice. *Journal of Clinical Nursing*, 15(16): 2367-2375.

Jeggels, J.D., Traut, A. & Africa, A. S. (2013). A report on the development and implementation of a preceptorship training programme for registered nurses. *Curationis*, 36(1):1- 6.

Jooste, K. (2010). *The principles and practice of nursing and health care: Ethos and professional practice, Management, Staff Development, and Research*. 1<sup>st</sup> ed. Pretoria: Van Schaik Publishers.

Kim, K. H., Lee, A. Y., Eudey, L. & Dea, M. W. (2014). Improving Clinical Competence and Confidence of Senior Student nurses through Clinical Preceptorship. *International Journal of Nursing*, 1(2):183-209.

Krefting, L. (1991). Rigor in qualitative research: The assessment of trustworthiness. *American Journal of Occupational Therapy*, 45(3):214-222.

Loghmani, L., Borhani, F. & Abbaszadeh, A. (2014). Factors Affecting the Nurse-Patients' Family Communication in Intensive Care Unit of Kerman: a Qualitative Study. *Journal of Caring Science*, 3(1): 67-82.

Longman Dictionary of Contemporary English. (2001). 3<sup>rd</sup> ed. England. Pearson Education Limited.

Luhanga, F., Billay, D., Grundy, Q., Myrick, F. & Yong, O. (2010). The one-to-one relationship: Is it really key to an effective preceptorship experience? *International Journal of Nursing Education Scholarship*, 7(1): 21.

Mabuda. B.T., Potgieter, E. & Alberts, U. (2008). Student nurses' experience during clinical placement during clinical practice in Limpopo Province. *Curationis*. 31(1): 19-27.

Mahamba, D. (2009). Factors influencing relapse of schizophrenic outpatients in the rural communities of the Eastern Cape. *Journal of Nursing Scholarship*, 38 (1): 42-49.

Martin, D., Brewer., M. & Barr, N. (2011). Gradually guiding student nurses through their capstone course: Registered nurse preceptors share their experiences. *Nursing research and practice*. Hindawi Publishing Cooperation.

Martin, P. D. (2013). The development of a model of emotional support for undergraduate student nurses working in mental health care settings. Doctoral thesis. Belville: University of the Western Cape.

Matua, G. A., Seshan, V., Savithri, R. & Froda, D. C. (2014). Challenges and Strategies for Building Maintaining Effective Preceptor-Preceptee Relationships among Nurses. *Sultan Qaboos Univ Medical Journal*, 14(4):530-6.

McCarthy, B. & Murphy, S. (2010). Preceptors' experiences of clinical educating and assessing undergraduate student nurses: an Irish context. *Journal of management*, 18(2):234-244.

Monareng, L.V., Jooste, K. & Dube, A. (2009). Preceptors' and preceptees' views on student nurses' clinical accompaniment in Botswana. *Africa Journal of Nursing and Midwifery*, 11(2): 115–129.

Omansky, G. L. (2010). Staff nurses' experiences as preceptors and mentors: an integrative review. *Journal of Nursing Management*, 18(6):697-703.

Oxford Dictionary & Thesaurus. (2009). Paperback. 3<sup>rd</sup>. London: Oxford University Publishers.

Oywer, E. (2011). *Career in mental health nursing: the Kenyan experience*: unpublished.

Plano-Clark, V. L & Creswell, J.W. (2010). *Understanding research, a consumer's guide*. 2<sup>nd</sup> ed. New Jersey: Merrill.

Polit, D.F. & Beck, C.T. (2008). *Nursing research: generating and assessing evidence for nursing practice*. 8<sup>th</sup> ed. Philadelphia: Lippincott.

Polit, D. F. & Beck C. T. (2010). *Essentials of Nursing Research: Appraising Evidence for Nursing Practice*. 7<sup>th</sup> ed. Lippincott Williams & Wilkins: Philadelphia.

Polit, D.F. & Beck, C.T. (2012). *Resource Manual for Nursing Research: generating and assessing evidence for nursing practice*. 9th ed. Philadelphia: Lippincott.

Raines, D. (2012). Nurse preceptors' views of precepting undergraduate student nurses. *Nursing Education Perspectives*, 33(2): 76-79.

Robinson-Smith, G., Bradley, P., & Meakim, C. (2009). Evaluating the use of standardized patients in undergraduate psychiatric nursing experiences. *Clinical Simulation in Nursing*, 5(6):203-211.

Sedgwick, M. & Harris, S. (2012). A critique of the Undergraduate Nursing Preceptorship Model. *Nursing Research and Practice*, 1-6.

Shepard, H.L. (2014). Student perceptions of preceptorship learning outcomes in BSN programs. *Journal of Nursing Education and Practice*, 4 (5):73-84.

Siganga, S. (2013). The experiences of trained nurse preceptors regarding their clinical teaching practice in the Western Cape. Masters dissertation. Bellville: University of the Western Cape.

Smith. S.S. & Armstrong, M. (2001). Students supervision strategies. *British Journal of Occupational Therapy*, 64(11): 449-551.

South African Nursing Council. Regulation R425, R.425 of 22 February 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.

[www.sanc.co.za/regulat/index.html](http://www.sanc.co.za/regulat/index.html). Retrieved on the 16/09/14 at 10:06.

South Africa. (2002). *Mental Health Care Act no. 17 of 2002*. Pretoria. Government Printer.

South Africa. (2005). *Nursing Act no. 33 Of 2005*. Pretoria. Government Printer.

Streubert-Speziale, H. J. & Carpenter, D. R. (2007). *Qualitative Research in Nursing: Advancing the Humanistic Imperative*. 4<sup>th</sup> ed. Philadelphia: Lippincott Williams & Wilkins.

Streubert Speziale, H.J. & Carpenter, D.R. (2011). *Qualitative research in Nursing: Advancing the Humanistic Imperative*. 3<sup>rd</sup> ed. Philadelphia: Lippincott Williams and Wilkins.

Swihart, D. (2007). *Nurse Preceptor Program Builder: Tools for a Successful Preceptor Program*. 2<sup>nd</sup> ed. Marblehead: MA-Hcpro.

Turner, R.S. (2007). Preceptorship in nursing: Preceptors' and preceptees' experiences of working in partnership. Masters dissertation: Victoria University of Wellington.

Wang, H., Li, X., Hu, X., Chen, H., Gao, Y., & Huang, L. (2010). Perceptions of nursing profession and learning experiences of male students in baccalaureate nursing program in Changsha, China. *Nurse Education Today*, 31(1):36-42.

Wieland, D., Altmiller, G., Dorr, M. & Wolf, Z. (2007). Clinical transition baccalaureate student nurses during preceptorship, pre-graduation practicum. *Nursing Education Perspective*, 28(6):315-321.

Willemsen-McBride, T. (2010). Preceptorship planning is essential to perioperative nursing retention: Matching teaching and learning styles. *Canadian Operating Room Nursing Journal*, 8(1): 8-21.

Worrall, K. (2007) .Orientation to student placement: needs and benefits. *Paediatric Nursing*, 19(1): 31-33.

Younge, O., Myrick, F. & Haase, M. (2002). Student nurses stress in the preceptorship experience. *Nurse Education*, 27(2): 84-88.

Zilembo, M. & Monterosso, L. (2008). Towards a conceptual framework for preceptorship in the clinical education of undergraduate student nurses. *A Journal for the Australian Nursing Profession*, 30(1): 89-94.



## Appendix A: Information sheet



**UNIVERSITY OF THE WESTERN CAPE**

Private Bag X 17, Bellville 7535, South Africa

*Tel: +27 21-9592241, Fax: 27 21-9592755*

**E-mail:** kjooste@uwc.ac.za

### **INFORMATION SHEET**

**Project Title: Undergraduates student nurses' experiences with preceptors during their clinical placement at a psychiatric hospital in the Western Cape.**

#### **What is this study about?**

This is a research project conducted by Bhekithemba Vellem, a master's student at the University of the Western Cape. I am inviting you to participate in this research because you will be given the opportunity to describe your experiences with preceptors during their clinical placement at psychiatric. The purpose of this study is to explore and describe undergraduates student nurses experience with preceptors during their clinical placement at a psychiatric hospital in the Western Cape. You will be asked to complete a consent form to participate in the project.

#### **What will I be asked to do if I agree to participate?**

The researcher will schedule an interview with you in a private and quiet room at the service unit. One on one interview will be conducted with you by the researcher and it will take not more than an hour. The interviews will be audio-taped with a digital recording device and field notes will also be taken so that the researcher can go back and verify what you will share. You will be

asked open-ended questions regarding your experiences with preceptor as an undergraduate student nurse. This will be followed by further questions depending on the answers that you give. There will be no right or wrong answer. The interview transcription and field notes will be stored electronically on multiple hard drives, only the supervisor, an independent coder and the researcher will have access to these recordings. The researcher will take written field notes during the interviews. However, the participants' names will not be recorded in these notes.

**Would my participation in this study be kept confidential?**

We will keep your personal information confidential. To help your confidentiality, personal data will be locked in a cabinet for the duration of five years after the date of publication of the results. The computer that will be utilised for storing information is password protected. The researcher will use codes instead of names. Codes will be placed on collected data. By using an identification key, the researcher will be able to link the collected data to your identity.

**What are the risks of this research?**

There are always minimal risks associated with participating in any research project involving interaction with other human beings and talking about experiences. The risk may be that of psychological or emotional discomfort. However, if any psychological or emotional distress during the course of the interview is experienced, we will stop the interview, you will be referred to appropriate counselling services.

**What are the benefits of this research?**

This research is not designed to help you personally, but the results may help the researcher to learn more about your experiences with preceptor at a psychiatric hospital. Results and recommendations of this study may provide heads of nursing schools, nursing educators, hospital

managers with useful and in-depth information which may influence the decisions and policies relating to clinical placement of undergraduate student nurses.

**Am I obliged to take part in this research project and can I stop participating at any time?**

Your participation in this research project is completely free and voluntary. You may choose not to take part at all. If you decide to participate in this research, you may withdraw at any time during the study. If you decide to withdraw from the study, you will not be penalised in any way, neither will you forfeit any benefits to which you otherwise qualify.

**How do I get my questions answered?**

This research is being conducted by Bhekithemba Vellem from the University of the Western Cape. If you have any question about the research study, please contact him at 0732493453 or e-mail: [bhekithemba.v@gmail.com](mailto:bhekithemba.v@gmail.com). Should you have any questions about this study and your rights as a research participant or if you wish to report any problems you will be experiencing in relation to the study, please contact:

Bhekithemba Vellem

21 408 Reggie September street

Makhaya

Khayelitsha

7784

Cell Phone: 0732493453

Email: [bhekithemba.v@gmail.com](mailto:bhekithemba.v@gmail.com)

**Should you have any questions with regard to this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:**

**Head of Department/ School**

Prof. Karien Jooste

University of the Western Cape

Private bag X17

Bellville, 7535

021 959 2241



Email: [kjooste@uwc.ac.za](mailto:kjooste@uwc.ac.za)

**Dean of the Faculty of Community and Health Sciences:**

Prof. Josè Frantz

University of the Western Cape

Private bag X17

Bellville, 7535

021 959 2631

Email: [jfrantz@uwc.ac.za](mailto:jfrantz@uwc.ac.za)

## **Supervisor**

Prof Karien Jooste

University of the Western Cape

Private bag X17

Bellville, 7535

021 959 2241

Email: [kjooste@uwc.ac.za](mailto:kjooste@uwc.ac.za)

This research has been approved by the Senate Research Committee and Ethics Committee of the University of the Western Cape.



## Appendix B: Written Informed Consent



**UNIVERSITY OF THE WESTERN CAPE**

**Private Bag X 17, Bellville 7535, South Africa**

**Tel: +27 21-9592241, Fax: 27 21-959 2755**

**E-mail: kjooste@uwc.ac.za**

**Project Title: Experiences of undergraduates student nurses with preceptors during their clinical placement at a psychiatric hospital in the Western Cape.**

The study has been described to me in a language that I understand and I freely and voluntarily agree to participate. My questions about the study have been answered. I understand that my identity will not be disclosed and that I may withdraw from the study without giving a reason at any time and this will not negatively affect me in any way.

- Participant's name: .....
- Participant's signature: .....
- Date: .....

Should you have any questions regarding this study or wish to report any problems you have experienced related to the study, please contact the researcher:

Study coordinator: Prof K. Jooste

University of the Western Cape

Private Bag X17, Bellville 7535

Telephone: (021) 959- 2741

Cell:

Fax: (021) 959- 22755

Email: [kjooste@uwc.ac.za](mailto:kjooste@uwc.ac.za)



**Appendix C: Letter of request to participating Hospital Research Ethics Committee to conduct the research**

21 408 Reggie September street

Makhaya

Khayelitsha

7784

16 March 2015

The Research Ethics Committee

Highland's Drive

Lentegeur

Mitchell's plain

7785



Dear Doctor Smith

**Re: Request for permission to a conduct a research project:**

Herewith, I wish to request your permission to undertake a research project at this institution as a requirement for the completion of the Masters in Advanced Psychiatric Nursing course at the University of the Western Cape that I am currently undertaking. The title of my study is

“Undergraduates student nurse’s experiences with preceptors during their clinical placement at a psychiatric hospital in the Western Cape”.

The undergraduates student nurses placed at the hospital will be eligible key informants. Please be assured that anonymity and confidentiality will be safeguarded at all times. The study is expected to provide valuable information on experiences of undergraduates student nurses with preceptors during clinical placement.

Individual interviews will be conducted with fourth year undergraduate student nurses at conference rooms and arrangement will be prepared prior to the units. Purposive sampling will be employed to select participants and informed consent will be obtained from them prior participation in the interviews. The results will be made available to participants and your institution and thereafter published in an accredited journal or a peer review journal.

Enclosed please find a copy of the written consent form, information sheet, proposal, and ethical clearance letter for your scrutiny.

Yours faithfully

.....

Bhekithemba Vellem (Professional Nurse Ward 1)

Contact Details: Cell: 0732493453

Email: [bhekithemba.v@gmail.com](mailto:bhekithemba.v@gmail.com).

**Appendix D: Letter of approval from the selected psychiatric hospital research ethics  
Committee**



**DIRECTORATE:** General Specialist and Emergency Services

**FACILITY:** Lentegeur Hospital

**REFERENCE:** Research Committee

**ENQUIRIES:** Dr P. Smith

15 May 2015

**Lentegeur Hospital Research Ethics Committee**

Lentegeur Hospital  
Highlands Drive  
Mitchells Plain  
7785

To whom it may concern

Re: Research Project – Undergraduate nursing student’s experiences with preceptors during their clinical placement at a psychiatric hospital in the Western Cape.

**Principal Investigators –** Bhekithemba Vellem

This serves to confirm that the above research project has been granted ethical approval by the hospital Research Ethics Committee 15/05/2015. You remain accountable to receive approval from the Provincial Research Committee prior to commencing any research at our Facility.

You would be required to submit progress and the final report to the hospital for our records of research conducted at the facility.

Yours Faithfully

A handwritten signature in black ink, appearing to be 'P. Smith', written over a horizontal line.

Dr P. Smith  
Chair – Research Ethics Committee  
Lentegeur Hospital

Physical Address: Highlands Drive, Mitchells Plain, 7785

Tel: +27 21 370 1111

Postal Address: Private Bag X4, Mitchells Plain, 7785

Fax: +27 21 371 7359

## Appendix E: Letter of approval from Western Cape Provincial Department of Health



### STRATEGY & HEALTH SUPPORT

Health.Research@westerncape.gov.za  
tel: +27 21 483 6857; fax: +27 21 483 9895  
5<sup>th</sup> Floor, Norton Rose House., 8 Riebeeck Street, Cape Town, 8001  
[www.capegateway.gov.za](http://www.capegateway.gov.za)

REFERENCE: **WC\_2015RP44\_840**  
ENQUIRIES: Ms Charlene Roderick

**Robert Sobukwe Rd**  
**Bellville**  
**7535**  
**Cape Town**

For attention: **Bhekithemba Vellem**

**Re: UNDERGRADUATES NURSING STUDENTS'S EXPERIENCES WITH PRECEPTORS DURING THEIR CLINICAL PLACEMENT AT A PSYCHIATRIC HOSPITAL IN THE WESTERN CAPE.**

Thank you for submitting your proposal to undertake the above-mentioned study. We are pleased to inform you that the department has granted you approval for your research.

Please contact the following people to assist you with any further enquiries in accessing the following sites:

**Lentegeur Hospital**

**N Jacobs**

**Contact No: 021 370 1111**

Kindly ensure that the following are adhered to:

1. Arrangements can be made with managers, providing that normal activities at requested facilities are not interrupted.
2. Researchers, in accessing provincial health facilities, are expressing consent to provide the department with an electronic copy of the final feedback (annexure 9) within six months of completion of research. This can be submitted to the provincial Research Co-ordinator ([Health.Research@westerncape.gov.za](mailto:Health.Research@westerncape.gov.za)).
3. The reference number above should be quoted in all future correspondence.

Yours sincerely

**DR A HAWKRIDGE**  
**DIRECTOR: HEALTH IMPACT ASSESSMENT**

**DATE:** 1/07/2015  
**CC**

## Appendix F: University of the Western Cape Research Ethics Committee approval



UNIVERSITY of the  
WESTERN CAPE

### OFFICE OF THE DEAN DEPARTMENT OF RESEARCH DEVELOPMENT

09 March 2015

#### To Whom It May Concern

I hereby certify that the Senate Research Committee of the University of the Western Cape approved the methodology and ethics of the following research project by:  
Mr B Vellem (School of Nursing)

Research Project: Undergraduate nursing students' experiences with preceptors during their placement at psychiatric hospitals in the Western Cape.

Registration no: 14/9/36

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

The Committee must be informed of any serious adverse event and/or termination of the study.

*Ms Patricia Josias  
Research Ethics Committee Officer  
University of the Western Cape*

Private Bag X17, Bellville 7535, South Africa  
T: +27 21 959 2988/2948 . F: +27 21 959 3170  
E: pjosias@uwc.ac.za  
www.uwc.ac.za

A place of quality,  
a place to grow, from hope  
to action through knowledge

## **Appendix G: Interview guide (unstructured)**

How was it for you to work with a preceptor at a psychiatric hospital?

or

How did you experience working with a preceptor at a psychiatric hospital?

Followed by probing.

