

that support the objectives. These objectives must be communicated clearly to the students (Jeffries *et al.* 2009:615). In this study, it emerged that participants from all of the focus groups experienced a lack of clear communication and expectations. They were unsure about their learning needs, particularly in the clinical setting.

A participant (FG-A) shared with her group that she was unaware that during her clinical placement the trained nurses in that ward could evaluate her skills performance and assess her competency level, *“I didn’t know they can... I must call her and she will come and watch me and then she will sign, but I didn’t know that, it was my last day of clinical placement that I found out!”* Another participant (FG-F) shared her view that the clinical facilitator was responsible for clearly communicating the learning objectives in the clinical placement setting, *“But then, it is our mentor’s responsibility. They know they are responsible for us. It is their choice to help us”*. Orientating learners and preparing them for the clinical setting can assist to ease the transition from the classroom to the clinical setting, and to ensure that partnerships with mentors and allocations are included as part of the preparations (Wood, Harben-Obasuyi, & Richardson 2011:527). In this study, most of the participants agreed that they were uncertain about their learning goals and objectives, as well as available guidance, particularly when they were at the clinical facilities.

Category: Lack of uniformity

In the discussion of a study by Wellard and Heggen (2009:42) it is noted that teaching in the simulation laboratories in both Australia and Norway is based mainly on tradition and the experiences of the clinical facilitators, or what might be called a ‘personal curriculum’. The authors continue to highlight a certain amount of naivety about the way in which the clinical nurse facilitators’ ‘personal curriculum’ relates to the official curriculum of their undergraduate nursing programme. In this study, it emerged that there was a lack of uniformity in the simulation class, simulation laboratory, and in the clinical areas.

A participant (FG-A) stated that some clinical facilitators would read from the board and that communication was one-sided which she found boring and tiresome, *“...but the other lecturers they just reading from the board and just read and they talk and it was boring especially for me, having a two hour class”*. Learners find it appealing to be active participants in simulation (Broussard *et al.* 2009:8).

Another participant (FG-A), highlighted that there were inconsistencies when doing the full wash in the clinical area. She had practical experience and knew what needed to be done, however, there were other student learners who did not know how to perform the procedure correctly, “...*There was one of the fresh matriculants with me and she was... it was so confusing the time when we wash the patient. I knew what to do, but so, said to her, you can do the first part. By the time we finished the top part of the patient and both of us... we were nervous by the time... she went straight to the back, but you not supposed to go straight to the back, you must first...*” Morgan’s (2006:15a) study informs us that nurse educators must spend time in practice placement to ensure that clinical skills are carried out correctly, and this would enhance the quality of teaching in practice and the quality of placement for the learner. One of the senior participants (FG-E) suggested that it may be useful if the method of teaching during their foundation year could be carried through to the subsequent levels of their course, “*If they stuck to the process of the first year, have a discussion and give you a fair idea what you going to do; maybe have an audio-visual presentation and then do the demonstration*”. Uniformity among clinical facilitators in teaching practical skills may reduce confusion among the learners. As Lana in a study by Limoges (2010:62) indicates, the simulation laboratory is a place where we can level the learning experience to give all students an opportunity to observe nursing practice informed by nursing theory. Limoges continues to state that the simulation laboratory has the potential to provide a space where nursing-specific knowledge can be taught and practised.

A participant (FG-E) raised the point that there were differences observed in the method of teaching among their clinical facilitators, “*The mentors, they didn’t do the same way when they do the procedure...*” Ramani *et al.* (2008:357) inform us that failure to engage with the learner is more likely to result from poorly constructed teaching sessions, rather than learner motivation. A participant (FG-H) reflected on his clinical teaching in the simulation laboratory that was different from his placement in a clinical placement setting due to presence of a different clinical facilitator, “*Now, you get three different hospitals, and then the clinical facilitator in this hospital and the clinical educator you were with at the sim lab, now that one says one thing, this one says another thing...*” Standardised teaching, that is all teachers agree to teach in the same way by using the same resources and feedback policies that are part of the teaching strategy (Stark *et al.* 2003:301).

In this study, the learners found the non-uniformity in teaching rather challenging and many of them agreed that uniformity in teaching among clinical facilitators in the simulation class,

simulation laboratory, and clinical areas would enhance the learning process for them. Ramani *et al.* (2008:357) continues to state that the learner should be an active participant in the teaching session. Merely imparting the teacher's view to the learners about a situation or expecting them to observe the expert in action does not lead to deep learning.

3.5.3.4 Sub-theme: Attitudes of permanent staff members at hospitals

Creating a good atmosphere and relationships in clinical settings are regarded as essential, therefore, qualified nurses should be required to strive towards making students feel a part of the team and should provide support to students during the learning process (Hosoda 2008:2). In this study, it emerged that the attitudes of permanent nursing staff members at hospitals were at times a barrier to effective learning in the clinical placement setting. The following categories emerged under the theme related to:

- lack of support in clinical setting.
- lack of time to teach and demonstrate.
- taking 'short cuts'.
- unrealistic expectations.
- rigid expectations \ language issues (speaking Afrikaans)
- ridiculing students.
- 'getting upset' with students.
- 'tension with other categories of staff members'.

Category: Lack of support in clinical setting

Gerrish in Morgan (2006:160) argues that the role of ward managers is a multifunctional one that includes maintenance of the quality of nursing care delivered to patients, oversight of the daily functioning of the clinical learning environment, and the responsibility for the education of practitioners and learners.

Many agreed (FG-A) with what was said about novice nursing students who were denied the opportunity to practice the nursing skills in the clinical placement area as taught in the simulation laboratory, *"Yes, we know our work. They don't give us a chance. They always say we taking too long and they would say, 'You are not at school now, we want to finish'"*. Morgan's (2006:159) study informs us that it is mandatory for learners to have their clinical

facilitator in the clinical area to limit the exposure of novice learners to shortcuts and incorrect clinical skills practices.

This participant (FG-E) shared her view with the group and stated that the clinical staff were not willing to share their experience with them, *“And the services are there for us to learn from their experience, but they do not see it like that”*. Savage in Baillie *et al.* (2009:304) notes that clinical staff members are unwilling to teach learners in the clinical placement setting.

Another participant (FG-F) expressed dissatisfaction with the situation at the time where they were good enough to do basic nursing procedures, however, learning more complex nursing skills were not encouraged, *“So, we are there to do the observations, but we are there for the hands-on experience; We don’t do it... and we are not satisfied with this”*. In Haigh’s study (2007:101), learners request more simulation teaching of a relatively simple form of basic midwifery skills. In this study, the learners explained that they were utilised to do ward routine activities only, and those specific midwifery learning opportunities that they needed to be exposed to, were denied due to staff members who were too busy or unwilling to assist and guide the learners.

However, another participant (FG-F) shared her experience about a ward where a particular professional nurse was keen to assist and guide the students, thus most of the students would seek her guidance. When she was not around, there was no other professional nurse who was willing to assist them, *“They totally have an attitude and if you... uhm... there is this sister, one who is nice; all the students they will go to her... if that sister is not there... there is no one to go to...”* Several members of the group agreed with what she had said. In this study, some participants found that there was insufficient learner support in the clinical area by the qualified nursing staff members. Strand *et al.* (2009:21) emphasise that learners express the importance of feeling secure while training and developing nursing skills.

Added to their distress, another participant (FG-F) said that when their clinical facilitator was on site and called them to attend a learning and teaching opportunity, they had been denied the opportunity to attend, since the participants could not be released from the ward duties. The participant felt that the clinical facilitator needed to intervene on their behalf, *“and then sometimes the mentors, they will call us... then you tell them, the sister-in-charge... don’t want me to come. She will say, ‘it is fine...’ Why is she saying it is fine, but other students are there*

to learn, but what about me?". Lambert and Glacken (2005:665) state that there is an identifiable gap that exists about whose prime responsibility is clinical teaching. In this study, there seemed to be a few professional nursing staff members in the clinical facilities that were willing to guide and assist the student learners in achieving their learning goals and objectives of their current level of training. Further research may assist with identifying the underlying reasons for the current situation.

Category: Lack of time to teach and demonstrate

Quinn in Lambert *et al.* (2005:665) refers to experiential learning throughout the literature that learning through placement experience is often considered more meaningful than classroom learning. Lambert states that teaching, learning, and assessing are crucial aspects in the clinical placement area, since it generates the evolution of knowledge and skills by ensuring the development of competent practitioners. In this study, the views held by many of the participants emphasised insufficient permanent nursing personnel in the clinical areas that led to insufficient time to teach and demonstrate the required nursing skills that the learners require. A participant (FG-C) shared her experience that she was unable to perform the nursing skills as taught in the simulation laboratory after placement in a particular clinical area, *"I am learning to do the vital signs the manual way, but they don't give you the opportunity"*. Hosoda (2008:2) states that learners should perform their duties in an authentic domain, since it is considered to be a useful experience for the professional socialisation of the learner.

Another participant (FG-A) expressed her view of staff shortages in the clinical area that were impacting the experiential learning opportunities, *"It depends on the permanent staff, if there is a shortage of permanent staff then we have to rush to help them get their work finish."* Landers in Morgan (2006:159) states that often for qualified nurses the familiarity of carrying out clinical skills and low staffing levels are reasons why clinical skills are not carried out in accordance with prior learning.

Several (FG-F) participants experienced difficulties in the clinical placement area to access support from the nursing staff in that clinical, *"The staff at the hospital... they always busy... they always have their own things to do. You ask, and they say yes, I will, but give me time; by the end of the week when you finished there, that time never comes..."* Another participant (FG-F) said that there was no guidance in relation to a post-natal ward and she felt unsure and

uneasy about applying skills in this busy ward, *“In post-natal, there is no one telling you if you are right or wrong... if she is not doing anything, she will help, but if she is busy she will tell you it is busy...”* Another participant (FG-F) voiced her concern about her time in a labour ward where she observed the professional nurses’ reluctance to demonstrate any of the relevant nursing skills for that clinical placement area, *“The labour ward is nice, there are professional nurses... but when it comes to demonstrating, then like everybody said, there is no time... They can’t help you or they can’t show you this.... They would ask, ‘Did your mentor show you this?’”*. Savage in Baillie *et al.* (2008:303) establishes that students report nursing staff that are unwilling to teach them, while they are needing to focus on patient care within an unpredictable changing environment. Wood *et al.* (2011:527) state that learners welcome the support and presence of a qualified nurse who is available and approachable, and who is willing to help them achieve their competencies and training needs. In summary, the staff in the clinical placement areas experienced challenges with staff members who were too busy and clinical areas that were short-staffed. As a result, there was not enough time to teach and guide student learners; however, some of the clinical staff displayed a reluctance to share their nursing expertise with student nurses.

Category: Taking ‘short cuts’

Student nurses must become competent and efficient whilst carrying out clinical skills. However, this may be threatened when learners observe several different practices of qualified nurse practitioners (Morgan 2006:159). In this study, participants from all focus groups articulated that it was difficult for them to perform nursing procedures as required due to being rushed in the clinical areas and they observed the permanent staff doing these nursing procedures differently.

A participant (FG-A) indicated that taking a patient’s temperature with a manual thermometer that took two minutes to measure was considered time consuming, therefore, the ward staff wanted the student learners to use digital thermometers, *“...time-wise, you can’t just go and use the manual one because everything in hospital is a rush. So, there is no time for the manual thermometer, waiting for two minutes for the reading!”* During the discussion, another participant clarified by adding, *“I think I understand what she is trying to say because when they are not there, and then they rush you to get done with the patient because the other patients are waiting, so then you just have to rush”*. This feeling of being rushed in the clinical placement area to perform basic nursing skills was reaffirmed by another (FG-A)

participant who felt lonely and excluded from the nursing team, *“Yes, I feel that they don’t want me to do things there because when I come with my things, they say, No, Mum... this is wasting time and then they do everything. I just feel lonely”*. Yet, another (FG-A) participant expressed her dismay at the clinical site’s atmosphere of rushing to execute nursing procedures by taking shortcuts, thus leaving little opportunity for them to perform their nursing skills as taught in the simulation laboratory, *“I can’t practise with the staff at the hospital, they do the assessments, but they don’t do it the way we were taught to do it. The shortcuts... so...”* Maginnis *et al.* (2010:5) inform us that the skills learned in the simulation laboratory setting are further developed during clinical practice. Hughes in Morgan (2006:159) concurs that to enable students to link theory and practice, qualified practitioners must be supported with their continued professional development to enable them to guide and support student learners. In summary, it seemed that due to staff shortages, the staff members had to hurry through the work routine in the clinical facilities, therefore, student learners were unable to practise basic nursing skills as it had been taught in the simulation laboratory.

Category: Unrealistic expectations

Moyne in Moule (2006:23) believes that the quality of mentorship on learners’ ability to link theory and practice is exacerbated by the increasing number of nursing learners that is making it more difficult to guarantee learners exposure to relevant learning opportunities and mentor support. In this study, it emerged that the permanent nursing personnel had unrealistic expectations from the learner students who found these expectations unsettling. A participant (FG-E) claimed that the previous graduates at a College of Nursing in the Western Cape, who were practising professional nurses in the clinical areas would reflect on their training programme and expect the current learners to be exposed to the same theoretical and practical learning and teaching opportunities as they would have during their training, *“Some of the trained staff who trained at our college, think that the programme is as it was when they were students”*. Another participant (FG-D) said that the permanent trained nursing personnel in the clinical areas were uncertain about their learning needs, *“There is actually a lack of knowing things that have to be done in hospital”*. The sentiment was affirmed by another participant (FG-E) when she claimed that the ward staff expected them to know what the expectations in that ward were on their first day of their clinical placement, *“The ward staff expect us to know when we get there the first day”*. However, there was agreement with a statement by other group members who said that there was more pressure on students at a College of Nursing in the Western Cape to perform nursing tasks when compared with

learners from other nursing schools, *“Like the other colleges, they won’t put so much pressure on you... it is an old story... they expect you must know... Give me a break it is only my second week!”* In summary, there seemed to be undue pressure placed on student learners in the clinical areas, since many of the permanent nursing personnel were graduates of a College of Nursing in the Western Cape. Limited clinical learning opportunities and inadequate clinical skills development support in the service settings might be challenges that would lead to the college having to customise their clinical skills training programmes to suit their specific contextual situations (Jeggels *et al.* 2010:57).

Category: Rigid expectations

It is argued that, while the past few decades have borne witness to various clinical support roles to facilitate the fusion of theory and practice, an identifiable uncertainty exists about who has the principle responsibility for clinical teaching (Lambert *et al.* 2005:665). Another category that emerged in this sub-theme was the rigid expectations of permanent staff at practice facilities / hospitals. A participant (FG-D) claimed that it was their first semester of the second year of study; on arrival in the clinical area, the permanent nursing staff had difficulty understanding that the learner was new to 2nd year nursing procedures and competencies, *“The hospital staff expect a lot from us on a shift and we must know procedures that we have not done in sim lab as yet, it is the beginning of our 2nd year!”* A study conducted in Norway and Australia reports that timetabling and limited synchronicity with academic classes are concerning to them (Wellard *et al.* 2007:6).

The permanent trained nursing personnel seemed unappreciative of the keenness of learners who wanted to participate in new nursing activities, however, it seemed that the lecture theatres, simulation laboratories, and clinical practice areas were viewed as separate entities. A participant (FG-F) shared her experience, *“ ‘Why do you come to the services but you can’t do the things?’ So, I was telling her, in class we do the theory, and in the sim lab we don’t do cold testing. We were told we will learn that in the services”*. In summary, the participants expressed their dismay at the permanent staff in the clinical facility for not being aware of their scope of practice and their learning needs and objectives for that particular practical placement period. Wellard and Heggen (2009:43) agree that the value of staged laboratory learning must be linked to learning participation in the actual patient area in the presence of other nursing personnel. The authors continue to state that *“The fellowship of nurses is vastly*

different from a fellowship of students, where the expertise and culture influences the ways that nurses practice”.

Category: Language issues (speaking Afrikaans)

Language in a social context, provide an important foundation for thinking and awareness (Strand *et al.* 2009:20). The use of Afrikaans in the clinical facilities emerged as another category in this sub-theme. Some of the participants experienced that the use of a language different to their mother tongue or the language of instruction (English) stifled their learning and teaching process. One participant (FG-B) voiced her experience in the clinical placement setting where the language of instruction was foreign to her, “*They [permanent hospital staff members] write in Afrikaans... you get lost, when they do that... all the wards use Afrikaans... They told us, this hospital is for Afrikaans, not for English*”. This participant’s mother tongue was isiXhosa, and she was literate and conversant in English as a second language. Therefore, the use of Afrikaans was a challenge that created a barrier for learning in the clinical facilities. Strand *et al.* (2009:20) note in their study that the learners learn that there is an interaction between feelings, the body, and language. The learner who scores well on social learning benefits by comparing, listening, networking, and interacting with other people (Fountain *et al.* 2009:98). In summary, several participants experienced difficulty with integrating theory and practice due to the clinical facility staff members who were using a language that the learner students did not understand.

Category: Ridiculing students

The interpersonal aspects associated with educating learners cannot be ignored, therefore, qualified nurses must create an atmosphere and relationships that are conducive to teaching and learning for student learners in the clinical placement area (Hosoda 2006:20). In this study, it emerged that nursing personnel at the clinical facilities ridiculed several of the participants.

A participant (FG-F) explained that the enrolled nursing assistants in the clinical placement setting expected them to know the nursing skills for that area and would pass derogatory comments about them, “*And the way the nurses treated it as the... most of the ENAs [enrolled nursing assistant], they treat us like you have to know it. Some of them, they told us, you are stupid, ‘julle is onnosel’... Some of them*”. Another participant (FG-F) concurred by adding that the permanent staff ridiculed their inability to perform the required nursing skills in an

ante-natal ward, “*You know the way, sometimes laughing at us. ‘You don’t know how to count the contractions?’ They will talk about this in the tea room and you there! Or some of your friends are there!*” Lambert *et al.* (2005:665) inform us that the clinical learning placement area is not without its problems. It can be erratic and energetic with unforeseeable changes, lacking reliability, and matching experiences.

Another participant (FG-F) shared her experience of being ridiculed and saw some learner students crying because of inadequate clinical support in the ward, “*They [clinical staff] laugh, they didn’t even show us what to do. Others [learners], they even cried in the hospital because the sisters [professional nurses] they just... no, we busy, we don’t have time, just go and do the urine... There is a cold test... I didn’t even know what is a cold test!*” Penman and Oliver in Maginnis *et al.* (2010:5) refer to the need for tertiary institutions and service areas to collaborate to increase the learning opportunities for students and to create a feeling of security to create an environment that is conducive to learning and teaching. Benner in Maginnis *et al.* (2010:5) asserts that novices have no experience with scenarios that they encounter in the clinical setting and, therefore, they lack an understanding of the application of theory in real situations. In summary, the participants in this study experienced being ridiculed in the clinical placement area and that was due to several factors that need further research to establish the underlying causes and to find ways of mitigating the interaction with learner students.

Category: ‘Getting upset’ with students

It is argued that while the past few decades borne witness to various clinical support roles to facilitate the fusion of theory and practice, an identifiable uncertainty exists about who has prime responsibility for clinical teaching (Lambert *et al.* 2005:665). In this study, one of the participants (FG-G) identified that the clinical environment was challenging, since it was not always learner-friendly and several other participants in the focus groups raised the same concern, “*Yes, we are in hospital to learn, but it is not always learner-friendly.*” Morgan (2006:159) states that managers and educators must support practitioners to enrol for preceptorship courses that will enable them to fulfil their role as preceptors, therefore, helping students to meet their agreed learning outcomes, have the ability to link theory to practice, and provide high standards of patient care. In summary, it was unclear how qualified professional nurses in the clinical facilities viewed their role and their obligation to learner nurse students and further research is needed.

Category: ‘Tension with other categories of staff’

Dean and Kenworthy in Lambert *et al.* (2005:665) acknowledge that clinical learning is chiefly spontaneous and unforeseen. It demands planning to enable the maximising of learning opportunities and minimising the risk of haphazard information and education. In this study, it emerged that there was tension between participants and the other categories of nursing staff members in the clinical facilities. The enrolled nursing assistants and enrolled staff nurses were reluctant to share their knowledge and expertise with the learners. In a few years’ time, the learners would qualify as professional nurses; it implied that the learners might be in a higher category of nursing. One of the participants (FG-B) said that they were readily summoned to attend to the basic nursing needs of new patients after their arrival in the ward. Several participants agreed with her, however, when complex nurse-learning opportunities arose, often they would be disregarded or given incorrect information, *“When the patient arrives in the ward, the first thing they will do is call the student, but when we have to learn, they do not help us to learn. They will not give us the right information”*. Another (FG-B) participant shared her experience and said that she was denied the opportunity to perform a bed bath procedure as taught in the simulation laboratory, since the staff hurried her along, *“When you want to wash the patient as we were taught in sim lab, they don’t give you the option to do so... Four minutes is enough to wash a patient. In four minutes! Is it really enough?”* Maginnis *et al.* (2010:5) affirm that there are discrepancies between what is taught and what is practised. Their study identifies that the students are insightful in noticing the gaps between clinical laboratory simulation skills and what occurs in the reality of the clinical setting.

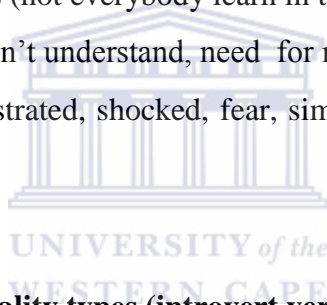
Another participant (FG-F) said that there was conflict and tension with other sub-categories of nursing personnel in the wards due to their learner student status, *“They think because we studying, then they teaching us, then in a few years to come, you are a sister [professional nurse], you higher than them... They don’t like it and sometimes we tell them we appreciate what you teaching us... The ENAs [enrolled nursing assistant] and staff nurses... there is a problem... because they just close the doors [sic] for you and they will say: ‘Why can’t you understand but you will be a sister [professional nurse]?’ ”* Lambert *et al.* (2005:666) note in their study that if learners are to acquire knowledge and skills in clinical practice, there must be a designated person available to demonstrate how theoretical knowledge can be integrated with practice; otherwise the significance of opportune experiential learning experience may be lost or diminished. In summary, participants in this study expressed the tensions that existed

in the clinical facilities among them and other categories of nursing personnel and that created a barrier to learning and teaching in the clinical facilities.

3.5.3.5 Sub-theme: Student related matters

One's job as an educator is not only to impart new ideas but also to dispose of or modify old ones. In many cases, resistance to new ideas originates from the conflict with old beliefs that are different. If the education process begins by exposing the learner's beliefs and theories, examining and testing them, and then integrating the new, more refined ideas into the person's belief system, the learning process will be facilitated (Kolb 1984:28). In this study, several student related matters emerged:

- Differences in personality types (introvert vs. extrovert) asking for assistance.
- Language difficulties, English as a second language.
- Individual learning styles (not everybody learn in the same way or at the same pace).
- Cognitive dissonance: don't understand, need for reinforcement.
- Emotive dissonance: frustrated, shocked, fear, simulation lab is exhausting, 'feeling down'.



Category: Differences in personality types (introvert versus extrovert) – asking for assistance

Students represent a wide variety of ages, life stages, talents and experiences (Rothgeb 2008:483). Spouse in Strand *et al.* (2009:20) states that socio-cultural theories are helpful in understanding the complex interactions associated with supervising and learning professional craft knowledge. In this study, several of the participants spoke of their particular way of learning and how they differed in dealing with their challenges in the simulation laboratory. These challenges depended on whether they viewed themselves as introverts or extroverts.

Several of the participants explained that they had dissimilar personalities and that needed to be accommodated during the teaching and learning processes in the simulation laboratory. A participant (FG-A) said, *“Some of the students aren't open... there are lots of people and maybe they are shy”*. The needs and learning styles of different generations of learners should be considered when implementing any instructional strategy within the curriculum (Howard *et al.* 2011:9).

The same participant (FG-A) said that she coped with learning in the simulation laboratory by doing the procedures and when she was unsure of herself, she would not hesitate to ask the clinical facilitator for assistance, *“I learn hands on and if I don’t understand it, I am gonna [sic] say I don’t understand”*. Learners felt comfortable with making mistakes and having the ability to rectify those mistakes with guidance and they found it created a safe learning space for them (Baillie *et al.* 2008:301).

Yet another participant (FG-A) who voiced her discomfort with learning in a group, while several other participants were nodding in agreement, originated from fear that her peers might laugh at them or be judgemental about their incorrect answers to questions, *“You not sure of the answer and then the problem starts because you gonna [sic] think what if I am wrong, are they gonna [sic] laugh at you or they gonna [sic] judge me or something like that”*. Teaching sessions with similar psychomotor skills and complexity levels should be sufficient for engaging learners, without overwhelming them (Garrett *et al.* 2010:311). Students learn not only with and from one another, but also by teaching one another (Daley in Strand *et al.* 2009:21).

A participant spoke on behalf of the group (FG-H) and raised her concerns about the change in processes that occurred during their four year period of study, *“And we as students, we are not the same. Others they are shy, they don’t want to say something wrong in front of other students like in others years, we used to phone them [clinical facilitators] and make an appointment so that I can get a practice alone, but now it is not like that”*. Nehring *et al.* (2004:248) find in their study that learners experience anxiety when demonstrating skills in front of their peers, however, they embrace this form of interactive learning.

To set the stage for effective teaching and learning, the teacher has to create an atmosphere that is conducive for stimulating the learner to learn and feel comfortable when they are identifying and addressing their challenges without fear of ridicule (Ramani *et al.* 2008:349). In summary, participants appreciated that they had different personalities and that it would play a role in their way of learning in the simulation laboratory, however, the atmosphere in the simulation laboratory was not always conducive to learning.

Category: Language difficulties, English as a second language

Students reported that there was a need for more simulated practice to increase their understanding, particularly of the anatomy and physiological concepts (Haig 2007:101 &

Nehring *et al.* 2004:245). Another category that emerged in this sub-theme was language difficulties that participants experienced in the simulation laboratory. Clinical facilitators needed to be mindful to the fact that the language of instruction at the College of Nursing in the Western Cape is English. However, English is a second or third language for a majority of the student learners, and they would appreciate the use of nursing terminology as taught in the lecture theatres, to be used in the simulation laboratory as well. This would be very useful to them, since it would assist with the pronunciation and usage of new terminology. A participant (FG-A) shared her concerns about mastering new terminology and concepts that were used in nursing theoretical classes, *“I prefer sim lab to the lecture theatre, because BNS [biological nursing science] I sometimes get bored because of the words in the textbook... they not so easy to pronounce...”* Strand *et al.* (2009:19) report similar findings, where the learners experience that team work gives them a good basis not only in executing practical skills but also in becoming aware of important terms and concepts. This sentiment was also voiced by another participant (FG-B) who informed the researcher that being taught in a second language added to their learning challenges, *“We have two subjects; it is BNS and sim lab. In sim lab we don’t have a problem, it is fine, but the other one... I am just comparing, because I prefer sim lab lecturing... You can use your own English, not a problem... unlike the other one. The other one you have to choose the language...”* Morgan (2006:156) states that it is important that clinical educators reiterate the theoretical component of the programme whilst teaching practical procedures in simulation laboratories.

Another (FG-B) participant reaffirmed the need to hear the theoretical terminology used in the simulation laboratory to assist with knowing how to pronounce these words, *“But the terms, the words we need to hear often, especially for the pronunciation, otherwise we are lost”*. To enhance learning and understanding of concepts, the student has the opportunity to apply abstract concepts learned in the classroom during simulation laboratory classes (Howard *et al.* 2011:e2)

A participant (FG-A) explained to the focus group that they were from a multi-lingual society and that needed be taken into consideration with teaching and learning in the simulation laboratory, *“Especially in our class, nobody in our class, has English as a first language. All of us are either Xhosa, Zulu, Sotho, Tswana or Afrikaans. Nobody’s first language is English. So, that makes it even more difficult”*. It is essential that educators reiterate the theoretical component of programmes while teaching practical procedures in a simulation laboratory, since it enhances the integration of theory and practice (Maginnis *et al.* 2010:3). In summary,

it was evident that the use of nursing terminology needed to be used not only in the lecture theatres, but also in the simulation laboratory and clinical placement setting to assist student learners with grasping the concepts and integrating them with their nursing practice.

Category: Individual learning styles (not all learn in the same way or at the same pace)

Ramani *et al.* (2008:362) state that it is evident that different individuals have different approaches to learning. There is a variety of attempts to describe these different approaches or learning styles. Some classifications focus on the cognitive aspects of learning, some focus on the modalities of learning preferred by the learners, a third group focuses on the outcomes of the learning. In this sub-theme, another category emerged when several participants identified their individual learning styles and also that everyone learned at a different pace. One of the (FG-D) participants explained that the amount of information in some of the simulation laboratory sessions was too much for her to cope with, “...*but for me, it was just too much because it is so easy to forget something*”. It is a good idea to revisit concepts learnt at an earlier stage of the programme, where learning is reinforced and extended through repetition (Haigh 2006:101).

Another participant (FG-D) identified her need to be comfortable with a group for learning to be effective, “...*people that you not familiar with... Make it more difficult because the thing...*” and suggested, “*We! Just do our own grouping! Because that makes it easier in terms of learning.*” Kilmon *et al.* (2010:316) state that planning flexibility and accommodating small groups of learners could be rewarding to both the learner and the clinical educator.

However, this particular participant (FG-C) communicated that he managed the teaching pace well, but was empathetic towards slow learners, “*Just to give those students that are slow learners, just to get them in and boost them before joining a bigger group...*” In larger groups, it is easier for weaker students to step back and take a less active role than their peers (Childs *et al.* 2006:157). This participant (FG-C) suggested that those who learn at a slower pace could have the first exposure to the practical teaching in a smaller group, “...*for or maybe, they can get the first exposure to the procedure*”. Learners need sufficient time to observe and practice nursing skills (Garrett *et al.* 2010:311).

A participant (FG-F) held the opinion that due to the differences in learning styles of students learners, the college could accommodate those learners who needed additional simulation

classes as soon as the lecture had been completed to demonstrate the application of theory in practice, *“We learn in different ways; what I was wishing for the college to do, after every lecture, those that do not understand the theory, can go to the sim lab and a demonstration of that, particular skill is done! ... if you do not understand, they can show you on the doll”*. In the discussion of Haigh’s study (2007:101), midwifery learners identify the need for more simulated practice sessions where they could work with peers to increase their understanding particularly of the anatomy and physiology underpinning midwifery practice.

This particular participant (FG-A) identified her success with learning in the simulation laboratory as having previous experience in basic nursing procedures as a care giver, *“I found sim lab very interesting because in the past three years I worked as a carer [care assistant], the work was familiar and interesting”*. Kolb’s approaches learning as a continuous process in which knowledge is created by transforming experience into existing cognitive frameworks, thus changing the way a person thinks and behaves (Lisko *et al.* 2010:108).

Lastly, a (FG-A) participant explained her negative feelings about some of the teaching in the simulation laboratory, since she had left the formal schooling system a while ago, and she shared the following with her group, *“...To do the practical and also the lab classes because sometimes really... you get bored in the classroom because, you left the school long time ago...”* Interactive, focused, energetic laboratory teaching proved to be valuable experiences for learning psychomotor skills and developing critical thinking (Childs *et al.* 2006:157). In summary, many participants found that different teaching strategies could be useful for learning in the simulation laboratory and that would enhance the understanding of nursing theory.

Category: Cognitive dissonance: Don’t understand, need for reinforcement

According to Maginnis *et al.* (2010:2), cognitive dissonance describes the concept of the academic ideal of nursing taught in the tertiary sector that clashes with the reality of clinical practice. Some of the participants from all of the focus groups in this study shared the experience that they did not always understand what was being taught in the simulation laboratory, and expressed the need for reinforcement of the skills, since that would enable them to grasp the concepts that were being taught.

This participant (FG-B) stated that for her to grasp how to develop a nursing care plan, the clinical facilitators could utilise visual aids and a more interactive method of teaching this

particular skill, *“They explain to us how to do care plans in the sim lab. So, now when the patient comes in; you have to like ask the patient... Can he eat by himself? Is he physically impaired? You have to work out a care plan for that specific patient. So, they don’t show us like in sim lab... How to communicate with patients... but I think it will be better in the sim lab if we got like a scenario and this was role played... I would like to work with scenarios, they are very important”*. Lisko *et al.* (2010:108) conclude in their study that learners identify scenario-based teaching to be the integrator of learning that unite the classroom, laboratory, and clinical experiences with the purpose of facilitating critical thinking. The sentiment was affirmed by a participant (FG-B) who described the ability to communicate correctly with patients when shown on a video may be advantageous in learning the art of effective communication in nursing, *“I feel that if they can show us videos on ‘how a nurse speaks to the patient?’ So that we can also know how to address patients in hospital to find out more information from them. Then we also know how to speak to them and how to draw up care plans”*. A recent study pointed out that the focus of laboratory learning could be procedural and could lack communication skills during offering of teaching (Wellard *et al.* 2009:42).

Another participant (FG-B) shared her view with the group, *“When you first see on a video then it would be easier to understand what they teaching in the class”*. Engaging learners in satisfactory learning activities while supporting their learning style can be enhanced by technology (Kilmon *et al.* 2010:316). The group discussion continued with another participant (FG-B) who said, *“We are suggesting that if you can do it in the role play to get a better understanding of the care plan”*. Confucius in Childs *et al.* (2008:155) says *“I hear and I forget, I see and I remember, I do and I understand”*. Another participant (FG-B) shared her view with the group and there were a few participants that nodded in agreement, *“...because they only watching and they went to the hospital, they actually forgot, because they don’t physically do it on the dolls. So, it is better to physically do it, then you remember when you with the patient”*.

One of the participants (FG- A) said that she had seen student nurses from another School of Nursing having their clinical facilitators guide them with basic nursing procedures in the clinical facility, *“What I am trying to raise is... in hospital I saw the students from the other university, they were with their facilitator, and that facilitator teach them how to do the full wash on the real human. That is nice, they did the full wash on a doll and then in the hospital, this gives them confidence, yes... before they doing the test [competency]”*. Kolb and Fry in

Hosoda (2006:3) state that the experiential learning model emphasises that the learning process is occurring as a result of concrete emotional experiences that accompany cognitive processes.

Suggestions to accommodate learners and their different learning styles came from a participant (FG-E) who said, *“Decrease the time and separate the groups, two hours. I think if they can decrease the information, you can go slowly, you understand and then... when you go out you going to lose some of the information... but not all”*. The simultaneous use of cognitive, psychomotor, and psychosocial skills sets can be particularly challenging for novice learners (Kardong-Edgren *et al.* 2008:2).

Another participant (FG-F) added that the visit from the lecturers as experienced during her previous year was appreciated since the lecturer highlighted the application of theory to practical nursing, *“I would love to sometimes see our lecturers in the services... I know they don't have time, they have to mark... but if they visit us in the services, what they teaching us and what they will point out to us at the patient's bedside will help with understanding the theory to practice”*. Wellard *et al.* (2007:8) suggest that academics who are engaged in teaching undergraduate students should examine their practices to ensure a theoretical basis is present when teaching in laboratory, clinical, and classroom settings. In summary, participants would appreciate the teaching to be reinforced by both clinical facilitators and lecturing staff members in the clinical facilities in order to facilitate the connection between nursing theory and clinical nursing practice.

Category: Emotive dissonance - frustrated, shocked, fear, simulation laboratory is exhausting, ‘feeling down’

The simulation laboratory is a place where learning clinical judgement takes place and where the novice nurse is moved to the advance beginner stage of nursing practice (Rhodes & Curran in Limoges 2010:60). However, Freeth *et al.* (2005:278) conclude in their study that senior students are less positive about teaching and learning in the simulation laboratory. In this study, emotive dissonance emerged as one of the categories. A participant (FG-A) said that sitting and listening to the clinical facilitator talking for most of the period made it difficult to remain interested in what was being taught. Therefore, she preferred interactive teaching sessions, *“Okay, the classes we get, we enjoyed the videos, but sometimes the classes can be so boring because of it is just talk and talk and talk and you sit there and you listen.*

There is little action. So, I think there should be more interaction with the students...” Teacher talk is more dominant than the hands-on practise of skills by students (Wellard *et al.* 2007:8).

A (FG-E) participant expressed her dismay about the fact that they only had a two week period of theory and simulation laboratory teaching before clinical practice placement, *“The same thing happened this year. We had two weeks of class and then we had to go and then I was shocked!”* However, Strand *et al.* (2009:18) note in their study that learners express anxiety and worry about their perceived lack of preparation for practice.

One of participants (FG-F) said that after watching a thirty five minute video, she felt exhausted and fearful of the simulation practice session, *“We watch a video of a woman in labour, maybe 35 minutes, you are exhausted, there is no practice after the video... or if there is a practice you are tired and you are fearful of what to do next...”* Alinier in Wellard *et al.* (2007:3) notes that confidence and level of performance do not correlate with simulation laboratory learning. Another participant of that focus group suggested that for learning to be effective, the simulation classes should be prior to and not after their lunch break, *“It is better to have sim lab before lunch time and your lectures after lunch time, then we are fresh...”* The sentiment of morning sim laboratory sessions was echoed by another participant (FG-H), *“You are already tired and it is hard to attend sim lab after lunch time... concentration is not good.”* Rothgeb (2008:493) finds in her study that learners often experience high anxiety levels related to their performance in the presence of their peers and clinical facilitators.

A participant (FG-H) reflected on his experience of simulation laboratory teaching and learning over the past few years and suggested that more visual aids to demonstrate the practical procedures plus doing the procedures more than once would be useful, *“We need more visual aids, when you take the injection for instance, it was the first time! ...I felt scared and all alone... if they can show us in preparing us a bit more for stuff like that, then it will be easier, or you would have been more comfortable giving the injection... They just show you once off... they show you all the pieces and stuff and that’s it”*. Strand *et al.* (2009:18) state that learners acquire unique learning experiences with adequate equipment to get hands-on and visual pre-clinical experiences.

Kaakinen *et al.* (2009:12) find in their systematic review of nursing simulation literature that a majority of simulation studies do not consider student learning as cognitive and social

processes that occur on the basis of a planned experience. In summary, several participants vented their anxieties, fears, and insecurities about the teaching and learning processes in the simulation laboratory.

3.5.3.6 Sub-theme: Simulation laboratory facility

Simulation laboratory facilities currently simply reproduce the hospital ward as the site of clinical practice (Wellard & Woolf 2007:8). In this study, the simulation laboratory at a College of Nursing in the Western Cape replicates a hospital ward with the equipment and supplies as found in the acute hospital placement setting. In this sub-theme the following categories emerged:

- Lack of resources and space.
- Lack of time and opportunity to practise.
- Availability of mentors and educators.
- Difficulty in organising additional access.

Category: Lack of resources and space

Clinical simulation laboratories are usually perceived as a space that is containing resources for teaching practical clinical skills (Stark *et al.* 2003:299). In this study, it emerged that most of the participants identified the lack of resources and physical space in the simulation laboratory. One of the participants (FG-B) said that due to insufficient equipment and large student numbers, two learners per group would have the opportunity to practice a skill and the other eight would only observe the procedure. That she found to be unsatisfactory and said, *“We would like... I would say the government can give us more tools, like dolls because there are few dolls. We don’t have time to practise all of us at the same time. Now you have to do groups, maybe ten in a group and then only two will wash the doll... then the time is over, you see, if we can get more equipment”*. Wellard *et al.* (2007:7) report in their study that there is an insufficient amount of equipment in their simulation laboratories to support student learning, and many indicate having out-dated equipment as well. Some participants agreed that there was a shortage of basic equipment; participant (FG-B) reinforced this point of view, *“yes we need more dolls, more equipment overall, because there is few scales, there is few baths, there is few of everything...”*

Another participant (FG-A) suggested that if there were an extra smaller replica of the simulation laboratory, then those learners who needed additional practice sessions could use such a facility on their own or in a smaller group, *“If there was a smaller sim lab then as friends we could go and practice on our own, the big lab is always occupied... maybe like a back-up lab”*. Limoges (2010:62) finds in her study that learners identify a key benefit of simulation laboratory as the ability to compare their skills to other learners. There is an increasing interest in peer learning in higher education (Havnes in Strand 2009:21). Another participant (FG-F) said that the shortage of laboratory equipment was due to lost or theft *“There is always a shortage of equipment when we go to sim lab because things get lost or stolen. Security needs to be tightened...”* The shortage was confirmed by another participant (FG-F) who said that two of them might have the opportunity to practice, *“Yes we do practice, maybe two at a time”*. This participant suggested that more equipment was needed in order to allow each learner the opportunity to practice the skill in the simulation laboratory, *“I wish they can, get more dolls and divide us into groups of five, so that everyone can get a chance”*. She expressed her feelings and suggested possible ways of improving the teaching and learning in the simulation laboratory, *“It is boring and it is old, I am sorry to say that, but the resources need to be updated and audio-visuals should be more colourful with PowerPoint presentations...”* Many learners are accustomed to rapid sensory stimulation as a result of digital technology. As a result, they expect to be given hands-on, rapidly paced challenges and modern tools to facilitate their learning (Rothgeb 2008:493).

Many of the (FG-F) participants agreed with their peers that there was a need for more clinical facilitators both in the simulation laboratory and in the clinical facilities, *“We need more mentors... in the sim lab and in the clinical area...”* Childs and Sepples in Ballie *et al.* (2008:303) note that adequate supervision during simulation requires small groups with appropriate staff allocation.

Participants (FG-G) reflected on the lack of physical space to accommodate the number of learners in the simulation laboratory lecture room, *“We are a big group, we need more space, but there are times when we have to sit on the floor for forty minutes... sit upright and concentrate... this is not easy”*. This point of view was corroborated by a peer member who said that the group size was large and they were unable to fit comfortably into the simulation laboratory, therefore, viewing the demonstrations was not always easy, *“The group is large, the space is small and we cannot see what is being demonstrated”*. Childs *et al.* (2006:157) explain that weaker learners in a large group could become less interactive in group

participation. Strand *et al.* (2009:19) conclude that learners emphasise the fact that a well-equipped and tidy simulation laboratory has a positive influence on their learning. The authors continue to state that lack of time and crowded skills laboratories are the only factors that learners criticise. Reese *et al.* (2010:34) state that the degree of fidelity and complexity of the simulation must also be thoughtfully developed, based on available equipment and learner factors. In summary, participants in this study found that the resources in the simulation laboratory was insufficient and the physical space did not accommodate the learner student groups comfortably; that had a negative impact on teaching and learning for them.

Category: Lack of time and opportunity to practise

Competition to place student nurses at clinical placement sites increases. With mergers of health care institutions the competition can lead to limited availability of sites for students. Therefore, creative educational strategies, such as clinical simulations, are necessary to prepare students to maximise their learning in the clinical sites, as well as to function as safely as possible while providing nursing care to their assigned clients (Jeffries *et al.* 2009:614). In this study, it emerged that insufficient time and opportunity to practice newly acquired skills were problematic. A participant (FG-D) affirmed this observation, *“The time is always an issue. We are constantly in class for the whole day so there is actually no free time. They tell us we must come on a Thursday at one o’clock, which we cannot do as we are in class”*. Kardong-Edgren *et al.* (2008:11) report that repetition allows learners to practice and retain foundational skills while building more advanced skills, such as problem solving and ethics. Finding opportunities to practice newly acquired skills in the services seemed to be challenging for this particular participant (FG-H), therefore, he requested to have more time in the simulation laboratory, *“Sometimes, you don’t have the time to practise in the services, therefore, we need more time in sim lab”*. Morgan (2006:159) states that allowing learners sufficient time to practice nursing skills in the simulation laboratory will assist learners in their preparation for clinical practice placement.

Participants also felt inadequately prepared for clinical placement due to insufficient timetabled sessions in the simulation laboratory. A participant (FG-F) could understand that there were not enough clinical facilitators, however, she said that more simulation laboratory time should be included in the timetable for each semester, *“Okay, if there are no extra mentors. Then we need to have more sim lab sessions, the previous block we had two sim lab visits and for this block, there are no sim lab sessions”*.

Learners share the point of view that more time should be dedicated to simulated practice, and simulated practice needs to increase learners' understanding of anatomy and physiology that apply to midwifery (Haigh 2007:99 - 101).

A participant (FG-D) concurred that the clinical facilitator was unaware of the students' timetabled activities, therefore, the facilitator was uncertain about the nursing skills that the learners had been exposed to already, "*My mentor asked me, why I do not do the medication now, why are you not... and I was like... do you know I only had two weeks of class!*" Spending one day practising one particular skill should be considered only as a starting point for developing adequate competence (Strand *et al.* 2009:21). In summary, participants expressed their need for more planned supervised teaching and learning time in the simulation laboratory to master the clinical nursing skills. The articulation about the use of simulation laboratories and their effectiveness should lead to improved learning experiences, both in the simulation laboratory and the clinical placement area (Maginnis *et al.* 2010:5).

Category: Availability of mentors and educators

As defined by Morgan (2006:156), those nurse educators who teach theory in the classroom provide nurse learners with the required knowledge base, however, skills training in a simulation laboratory can either be provided by nurse educators to integrate theory and practice, or it could be provided by qualified nurse practitioners. Lambert *et al.* (2005:665) in their study inform that, apart from anecdotal evidence, an extensive review of the literature produces very little empirical evidence in relation to the role of the clinical facilitator. The authors continue to state that the diverse range of roles with synonymous titles adopted in nursing education creates misunderstanding of the nature or differences of these roles. In this study, the educators were the qualified nurse educators who deliver theory in the lecture theatres while the clinical facilitator was a qualified nurse practitioner with or without nurse education qualification who taught practical skills in the simulation laboratory and facilitated the learner at clinical placement sites.

In this category, it emerged that the availability of clinical facilitators and / or lecturers for student nurses was problematic. The lack of availability of clinical mentors impeded the learning and teaching processes of the student nurses. A participant (FG-E) said that the teaching in simulation laboratory was insufficient and they were told by their clinical facilitators that there would be more training of those procedures at the clinical placement

site, however, that did not happen, *“Then they leave it until you go to the services and you go and practice there... But then they are not there to show you the right procedure”*. Schussler and Imsen in Strand *et al.* (2009:20) maintain that a lack of feedback is one of the reasons that lead to frustration among learners.

Another participant (FG-D) said that in their second year of training they would see the clinical facilitator for assessments only, *“ In second year, the clinical facilitators come when they must do an assessment and not all of them have time... they only come out when it is an important procedure”*. The learning process in clinical settings is important for facilitating learners’ achievement of the level of nursing practice competence that is required for rapidly changing health care environment (Hosoda 2006:2).

A participant (FG-B) said that the clinical facilitator was not always available in the mornings, *“The mentor is not always there in the morning...”* Another participant (FG-A) shared the opinion that the clinical facilitator visited them once per month in the clinical area, and suggested that more frequent visits from the clinical facilitator would be appreciated to assist them with achieving clinical procedure competency, *“...in hospital you maybe, see the clinical mentors once a month, so I would like for them to come two to three times a week... there is no one to check if you are competent... practical books are still empty...”* This sentiment was affirmed by another participant of that group, *“...We are alone in the hospitals, they must come, they must stay here at least two or three days per week”*. Strand *et al.* (2009:20) report that learners want more time for guidance, because the acquisition of practical skills calls for a solid integration of theory and practice.

A few participants agreed with the suggestion that the clinical facilitators should accompany them in the clinical areas when they were doing the practical procedures on patients; a participant (FG-A) said, *“I would like to suggest that out in the services our mentors should be with us to practice the procedures on patients”*. Morgan (2006:159) states that it is important that learners are taught the correct procedures during practice placement to ensure that learning occurs and learning outcomes are met.

A participant (FG-F) suggested that there was a need for more clinical facilitators, *“But I mean... there should be more mentors...”* Wellard *et al.* (2010:43) conclude in their study that it remains unclear whether laboratory learning experiences assist learners in the translation of theoretical knowledge into practice. Another participant (FG-F) confirmed that in her four

weeks at a midwifery unit, there was no visits from a clinical facilitator and the unit staff neglected their learning needs, , *“In the four weeks we were at the MOU [midwifery and obstetrical units], we never even saw a single mentor, and the clinical staff just neglected us”*. Haigh (2007:98) reports in her study that not enough time is spent on clinical skills and relating these to theory especially to labour ward skills. In that group, another participant expressed her acceptance of the fact that there were too few clinical facilitators, however, she said it would be helpful if the clinical facilitators were willing during their few visits to demonstrate the skills that were needed in that clinical area, *“But if our mentor... I know she cannot always be there because she must go to other places, but maybe once or twice, to be there to show us”*. A fellow participant (FG-F) expressed her dismay at being on site with no visits of the clinical facilitator, *“I was looking forward to see my clinical educator, whoever she might have been, but I sure get that negative feeling about the clinical facilitators, I didn’t see her and I was there for a month. Where is the support? That support... really do change the whole picture of doing things”*. While reflecting on previous years of study, the sentiment was affirmed by another participant (FG-H) that there was no particular person on site to guide them with performing nursing procedures correctly, *“There is nobody really to guide us... to do it properly”*. Another participant (FG-F) viewed the shortage of clinical mentors to be one of the challenges they faced and added that there were a few clinical facilitators who were very supportive of the teaching and learning needs of the students, *“All mentors are not bad, because some mentors they offer their time, they help us a lot”*. A number of challenges that clinical education facilitators faced in carrying out their functions effectively, is profuse role perceptions, excess workload, and concerns about clinical visibility (Lambert *et al.* 2005:670). In summary, the participants of this study would like to have the clinical facilitation that would enhance the process of achieving their competency in those clinical areas of placement. Several of the novice students would like the repetition of basic nursing skills demonstrations at the patient’s bedside. In the midwifery clinical areas, the learners would appreciate clinical facilitation of the midwifery nursing skills. The participants were mindful of the limited number of clinical facilitators available to them. The student to clinical facilitator ratio needs to be research further.

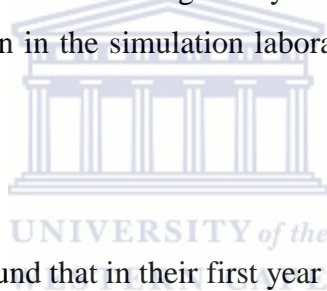
Category: Difficulty in organising additional access

The decreased availability of experience in clinical settings leads to a growing interest in skills laboratories as part of student’s practical preparation (Wellard *et al.* 2009:39). Participants in several focus groups voiced their frustrations about organising additional

access to simulation laboratory teaching and learning opportunities. A participant (FG-C) stated that access to the simulation laboratory was limited, since all the learners at college needed to use the same facility, *“It is not easy because we are not the only group that are using the sim lab because the whole college is using the sim lab and everyone has their time when they can and when they are not supposed to use it”*. The School of Nursing was compelled to review and reorganise clinical teaching and learning due to the large student numbers and shrinking access to clinical learning in the service setting (Jeggels *et al.* 2010:52).

Another participant (FG-F) said that if they needed extra facilitation in the clinical area, they would have to contact their clinical facilitator while she had no access to a phone number for her clinical facilitator, *“I don’t think they support us during the clinical placement, they [clinical facilitators] make us practise... and it is your responsibility to phone them to come and do this with you. Some of us don’t know their phone numbers”*. A fellow participant (FG-F) voiced her concern that she saw her clinical facilitator on the last day of clinical placement and that was her assessment date as well. She felt ill prepared for the procedure and requested more practice time but was informed that it was not possible, *“I did not see my mentor until the last day that I was working... she could only do one assessment with me... I didn’t practice it. So, I asked her if I cannot go back, to like now, can I go and make an appointment. She told me, no, they are busy. So, I will just practice on my own”*. Lambert *et al.* (2005:669) find in their study that the clinical facilitators’ activities centre around orchestrating factors in the clinical environment in order to facilitate its functioning as an effective learning environment for the learners. A (FG-G) participant reflected on the previous year of study, and added that he had little time due to lectures and clinical placement to attend the simulation lab for additional sessions, since access times clashed with other learner activities, *“In third year, you don’t really have the time because you have class from the morning till the afternoon. It is too late to go to sim lab.”* Another participant (FG-H) voiced her experience about organising additional simulation laboratory teaching and learning access by saying that the clinical facilitators were gone by 12 midday, *“And sometimes sim lab staff are gone by twelve o’clock”*. Her response was followed by one of her group members’ sharing of the challenge about accessing time in the simulation laboratory, since she could not get to the simulation laboratory in the morning before lectures started, to book an appointment, *“Don’t have time in the morning to make an appointment for extra practice sessions with sim lab.”* On concluding the discussion about organising additional teaching

and learning time in the simulation laboratory, this participant (FG-G), voiced the suggestion that a designated clinical facilitator should be available to deal with the additional learning needs of students and this person should not be tied up with classes, *“It would be good if at all times there is a designated clinical facilitator at sim lab that we can go to with our queries. The person should not be busy with class; it should be somebody that is available for us... especially at exam time.”* Jeggels *et al.* (2010:58) report in their study that a perception exists that learners do not manage their time effectively between the various academic activities and that close to clinical assessments they tend to spend more time in the skills laboratory. In an Irish study, Lambert *et al.* (2005:666) clarify that joint appointments (appointments between higher education and health care institutions) are viewed as effective link roles, with the remit of building bridges between service providers and education authorities. The authors continue by stating that there are difficulties with these functions due to the multifaceted nature and having two managers with different expectations. In summary, the participants of this study voiced the challenges they had encountered while endeavouring to find suitable clinical facilitation in the simulation laboratory and at the clinical placement areas.



3.6 CONCLUSION

The student nurse of this study found that in their first year of the R425 programme leading to registration for the Diploma of General Nursing, Midwifery, Psychiatry, and Community Health Sciences; the simulation laboratory learning and teaching to be effective. However, with the growing number of learners, there was an insufficient supply of equipment and disposable supplies.

From the second year to their final year of study, most of the learner students requested more realistic simulation laboratory teaching with the focus on integrating nursing theory and nursing practice, particularly in the midwifery module of their programme.

The use of scenarios was requested by all of the study participants with the aim of enabling them to see how nurses ought to communicate effectively with patients and how to perform nursing skills in the clinical setting.

There was also a request for the clinical facilitators to reinforce the concepts and terminology of the subjects; such as anatomy, physiology, and pathophysiology as used in the lecture

theatres to enhance the understanding and usage of these terms and concepts, since many of the student learners were communicating in the English as a second or third language.

There was also an appeal for more modern and relevant audio-visual teaching aids, as well as digital and automated equipment commensurate to the ones used at the clinical sites to be introduced to the student learner in the simulation laboratory prior to clinical placement.



CHAPTER FOUR: GUIDELINES, RECOMMENDATIONS, AND LIMITATIONS OF THE STUDY

4.1 INTRODUCTION

The findings of this study and the literature review are presented in the previous chapters.

The objective of this study was to explore and describe the viewpoints of student nurses about learning and teaching in the simulation laboratory at a School of Nursing in the Western Cape.

This chapter focuses on describing guidelines that clinical facilitators could use for supporting student nurses with learning and teaching in the simulation laboratory at a School of Nursing in the Western Cape.

Guidelines are developed to guide clinical practice even when available evidence is either limited or of unremarkable quality (Polit & Beck 2012:31). Guidelines are developed based on a solid understanding of the problem, careful data collection and analysis, and the support of appropriate literature (Streubert & Carpenter 2011:315).

It was evident that many actions were lacking that need to be implemented in order to fulfil these guidelines and to address the teaching and learning needs of student nurses in the simulation laboratory.

4.2 GUIDELINES

Based on the views of student nurses' learning and teaching in the simulation laboratory of the R425 programme for a Diploma in General, Midwifery, Psychiatry, and Community Nursing Sciences; guidelines that clinical facilitators could implement to support student nurses in the simulation laboratory at a College of Nursing in the Western Cape were described.

4.2.1 The aim of the guidelines for clinical facilitators

Written guidelines for clinical facilitators are needed to support the learning and teaching of student nurses in the simulation laboratory and in the clinical facilities in order to

accommodate the student nurses' different learning needs and learning styles and for clinical facilitators to use different teaching styles and different teaching aids.

4.2.2 Guideline One: Change the pace of self-directed learning of student nurses

Rationale

The rationale of this guideline is to assist clinical supervisors in developing an effective simulated learning and teaching environment for effective cognitive, psychomotor, and affective skills preparation of student nurses prior to clinical placement. A simulated environment provides the space, time, and learning opportunities in a non-pressured learning setting (Haigh 2007:101). Simulation is a teaching strategy that is used to facilitate the establishment of connections among concepts that engage student nurses in the learning process by assisting the student nurses to become an effective member of the nursing team in the clinical setting (Jeffries in Kaakinen *et al.* 2009:1)

Student nurses should be taught effective simulated nursing skills in the simulation laboratory that are linked to nursing theory by ensuring integration of theory and practice; this needs to occur prior to clinical placement with the aim of preparing the student nurses for the clinical placement setting.

The South African Nursing Council (SANC), Act of 2005, Government Notice R425, 3(a), stipulates that the curriculum shall consist of certain subjects and the approach shall be the integration of the various fields of study, particularly in their clinical application.

According to Baillie *et al.* (2009:303), learners who are exposed to simulation teaching at a pace to meet their learning needs, prior to clinical placement are appreciative of knowing the expectations in relation to current clinical placement.

Actions that could assist with preparing the student nurses prior to clinical placement are described below.

The clinical facilitators should change his / her pace of teaching to meet the pace of self-directed learning of student nurses by the following actions:

- It should increase the pace of self-directed learning incrementally in the second year of their course, teaching nursing skills that they would require with their first clinical

placement of that semester in order to allow the student nurses to adjust to the change in pace.

- By working with the second year student nurses, there should be an organised plan of scheduled nursing skills and activities for these student nurses that start from a base of what they know and by working towards expanding their knowledge base and this could increase in pace as the semester progresses and ought to be addressed concurrently with the theoretical knowledge as taught in the lecture theatres.
- Additional support should be provided by the clinical facilitators for student nurses to adjust to the change in pace of self-directed learning.
- Self-directed learning should be made explicit to the student nurses by the academic college staff member and the clinical facilitator. The potential exists to develop current clinical skills sessions to include group deliberative reflection on the decision making process. This would involve clarification and expression of tacit understandings from clinical experience that are leading to expansive learning of the comprehensive learning set (Haigh 2006:101).
- They should plan the simulated classes in collaboration with the lecturing staff members and the clinical facilities, in order to synchronise the teaching programme of student nurses in accordance with the curriculum as stipulated in the South African Nursing Council (SANC) Act 50 of 2005.
- Ensure that the student nurses have access to the required textbooks and notes at the beginning of each semester to enable them to do pre-reading of scheduled simulation classes.
- Student nurses need to be adequately prepared with the required nursing skills for their level of training prior to clinical placement. At the first clinical placement of the semester, student nurses would like to be familiar with the nursing skills that they are due to utilise in the wards. The clinical facilitators' role is developed to succour, guide, and teach student nurses in the clinical areas (Lambert *et al.* 2005:667).
- Participate in the provision of repetition during simulated classes. This should be scheduled routinely to accommodate student nurses that may require additional classes.
- Create a learning environment that is conducive to learning and teaching, as well as encourage constructive criticism and critical thinking of all role players. Ways must be found to promote the development of trust, respect, and caring among group

members, and sufficient class time needs to be allocated for activities that build supportive relationships (Boud *et al.* 1988:131).

- Inform clinical facilities personnel of the nursing skills capabilities of student nurses at various phases of their training by using the necessary policies of the nursing college and the South African Nursing Council.

4.2.3 Guideline Two: Minimise the potential challenges for student nurses

Rationale

The aim of this guideline is to create the opportunity for clinical facilitators to diminish learning challenges that student nurses are experiencing in teaching and learning in the simulation laboratory. The rationale of this guideline is to assist the clinical facilitators with developing a learning and teaching environment in the simulation laboratory that minimises challenges for the student nurse. The facilitator seeks to model respect, caring, self-disclosure, and openness to feedback in his or her own interactions with learners (Boud *et al.* 1988:131).

Student nurses in the R425 Programme, leading to registration with a Diploma in General, Midwifery, Psychiatry, and Community Nursing Sciences, must undergo skills training in a simulation laboratory to integrate nursing theory and nursing practical skills that are required for preparing the student nurses for clinical placement and ultimately preparing them for post-graduation to function as a competent professional nurse. For this reason, guidelines that are based on the findings of this research study need to be described for possible implementation. Clinical simulation laboratory nursing personnel should customise clinical skills training programmes to meet the contextual demands that the student nurses encounter in the clinical setting (Jeggels *et al.* 2010:58).

The South African Nursing Council (SANC), Act 50 of 2005, Chapter 1.3 (d) states that the objectives of the council are to establish, improve, and control conditions, standards, and quality of nursing education and training in the ambit of this Act and any other applicable laws.

Actions could assist with minimising challenges that student nurses may encounter in learning and teaching in the simulation laboratory at the nursing college.

Clinical facilitators should pay attention to teaching and learning opportunities by:

- encouraging student nurses to assume responsibility for their learning activities and to use their prescribed textbooks and notes to prepare themselves for simulation classes. Reading or viewing assignments to be done in preparation for the simulation are also communicated to the student (Jeffries et al 2009:615);
- guiding student nurses to utilise available library and internet resources to check relevant nursing information, both on campus and when available at clinical facilities;
- minimising anxiety and tensions in the confines of the simulation laboratory, to enhance both the learning and teaching processes for all concerned;
- limiting the nursing student group number to 10 (ten) per teaching group to one clinical facilitator, to achieve skill competencies of all student nurses; and
- ensuring that each student nurse is afforded the opportunity to practice the skill during each learning and teaching session. Childs *et al.* (2006:157-158) find in their study that several valuable lessons are learnt during the planning of simulation laboratory teaching and to keep group sizes small, in future planning more groups need to be added in preference to increasing group size. In larger groups, weaker students are able to step back and take a less active role than their peers.

Clinical facilitators should pay attention to the following in the clinical practice setting by:

- demonstrating to student nurses how to apply nursing theory to clinical nursing practice in the simulation laboratory and in the clinical placement setting;
- utilising clinical placement time optimally by encouraging the student nurse to apply the learning and teaching from the lecture theatres and simulation laboratory during the delivery of nursing care to the patients; and
- encouraging student nurses to be a part of the health professional team by actively participating in the holistic care of the patients.

Clinical facilitators should pay attention to communication aspects by:

- encouraging student nurses to utilise the interpersonal skills taught during their first year of study to negotiate a better relationship with clinical facilitators and clinical facilities personnel;
- using discussions and modern audio-visual aids prior to demonstrating a particular skill, as well as having clearly stated objectives for all teaching activities in the simulation laboratory;
- being open to student nurses who are questioning the nursing skills that are taught and how these skills are applied in nursing practice;
- assisting student nurses and personnel to question, to think critically, to reflect upon and to learn from experiences, and to keep abreast of changes and advancements in a rapidly progressive health care profession (Lambert *et al.* 2005:671);
- introducing effective communication skills to all skills base procedures to; and
- enhancing the transfer of nursing skills to the clinical facilities and ultimately in the provision of quality patient care.

4.2.4 Guideline Three: Student nurses should have a good grasp of the practice demands

Rationale

Clinical facilitators should assist the student nurses to understand the expectations of the learning and teaching programme at the different phases of the R425 programme by giving the student nurses the opportunity to prepare for expanding their scope of practice. The rationale of this guideline expects from the student nurses to identify the goals and objectives of the different phases of their learning and teaching programme while they are progressing during their 4 years of study.

Actions that could assist the clinical facilitators, the clinical facilities and nursing college with dealing more efficiently with practice demands as viewed by the nursing students.

A. Study material

- The clinical facilitators should have a hard copy of the planned schedule of skills training for each level of training in the R425 programme, which is synchronised

with the theory being taught, and this plan should be made available to the student nurses at the beginning of each semester.

- The clinical facilitator should explain to the student nurses the content of the scheduled skills training programme at the beginning of each semester.
- The clinical facilitator should ensure that the student nurses have a copy of their current teaching programme with their identified learning objectives and goals at the beginning of each semester.
- The clinical facilitators, in collaboration with the lecturing staff members at the college, need to inform the student nurses at the beginning of each semester about the learning and teaching programme that will take place both in the lecture theatres and simulation laboratory.

B. Orientation

- Prior to clinical placement, the clinical facilitator should inform the student nurses of the objectives and goals of that clinical placement and how best they can meet these learning objectives.
- The clinical facilitator should be explicit about the expanding scope of practice that the student nurses are to encounter at various phases of their training at the clinical facilities.
- The clinical facilitators need to inform the student nurses about the expansion of their scope of practice during their progress in R425 programme.
- The nursing college and the clinical facilitators need to communicate the learning objectives and goals of each phase of the R425 programme to the clinical facilities with the view of enabling them to point out learning opportunities for the student nurses.

C. Collaboration

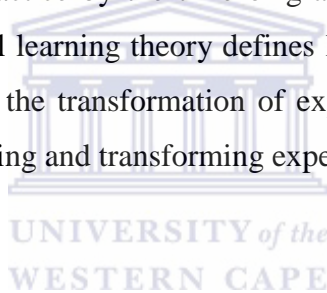
- The clinical facilitators should work in collaboration with the lecturing personnel and clinical facilities to plan the simulation laboratory learning and teaching programme to integrate nursing theory and nursing practice, as well as maintaining nursing skill standards.
- The nursing college should furnish the simulation laboratory with automated and digital equipment, since it is used in the clinical facilities and such automated

equipment must be utilised in the learning and teaching of nursing clinical skills by the clinical facilitators in the simulation laboratory. Patient safety and the reduction of errors are a primary focus in health care and nursing practice. Simulation laboratories provide a safe place for student nurses to demonstrate and practise these skills (Rothgeb 2008:494).

- The nursing college and clinical facilitators must provide simulation of clinical situations that may be of low-frequency, high impact events that student nurses may not readily experience at the clinical facilities. However, the student nurses must be exposed to such events, for example cardiopulmonary resuscitation (CPR), where the simulation laboratory provides a safe environment for the student nurses to be exposed to the event without any harm to a patient. The low-frequency, high impact events must be repeated yearly and incrementally by introducing the complexities, such as adult and neonatal CPR, with the view of preparing the student nurses to be ready for the clinical practice by the time of graduation. According to Kolb *et al.* (2000:2), the experiential learning theory defines learning as the process of creating knowledge by means of the transformation of experience. Knowledge results from the combination of grasping and transforming experience.

D. Teaching

- Consistency of teaching specific skills by all clinical facilitators should adhere to the needs of student nurses.
- The clinical facilitators must introduce more interactive teaching methods; such as realistic scenarios, and role play with the accompanying nursing skills during the teaching process. This would be invaluable to the student nurses. Having the opportunity to integrate didactic learning and clinical experience assists the faculty of emphasising foundational skills; such as hand-washing, and communication with the patient and family (Kardong-Edgren *et al.* 2008:11).
- The nursing college and the clinical facilitators need to communicate changes that may occur over time in each phase of the R425 programme to the clinical facilities to ensure that the clinical facilities are able to assist and guide student nurses according to their scope of practice. Morgan (2006:159) states that it is essential that students are adequately prepared at the required level of their training programme with the



purpose of enabling them to link theory and practice during clinical placements to ensure quality patient care.

- The clinical facilitators should design the teaching of nursing skills in various formats, such as role play, and the more complex skills should be set in realistic scenarios. When students are part of a realistic scenario while acting out roles rather than simply rehearsing skills, the students are afforded the opportunity to think aloud. This allows the decision making process to be clarified and challenged. It also engages the student nurses and makes learning fun while mistakes can be rectified by making it part of the learning experience (Haigh 2006:100; Nehring *et al.* 2004:245).

4.2.5 Guideline Four: The personal attitudes of clinical facilitators

Rationale

This guideline enables clinical facilitators to be appreciative of their positive personal attitudes that would contribute to enhancing learning and teaching in the simulation laboratory and at clinical facilities. The rationale of this guideline is to inform clinical facilitators that their attitudes do contribute to the outcomes of learning and teaching of the student nurses. The starting point for any good teacher must be enthusiasm for the subject that is taught. This is complemented by and eagerness to transmit the enthusiasm to other people, which may result in a positive attitude of learners (Ramani *et al.* 2008:362).

Clinical facilitators could adapt their actions to improve interaction with the learning and teaching of student nurses in the simulation laboratory and at the clinical facilities.

A. Staff development

- The clinical facilitators should encourage student nurses to be punctual for simulation classes and actively include them in the teaching and learning process.
- The nursing college needs to provide continuing workshops for clinical facilitators to enhance their teaching abilities and to increase their knowledge in the use of digital and computer technology that is in keeping with current advances of the 21st century.
- The nursing college should provide suitable forums to encourage clinical facilitators to share their teaching knowledge and skills with one another with the view of creating a positive climate for learning. The emphasis on class participation, on

richness of learning from group activities, and due to the stresses that frequently arise when learners first experience a learner-centred approach; climate setting is a crucial activity. Ways must be found to promote the development of trust, respect, and caring among group members and sufficient class time should be allocated for activities that build supportive relationships (Boud *et al.* 1988:131).

- The nursing college should ensure that all clinical facilitators are able to teach simulated classes in a similar manner to ensure consistency and to maintain standardisation of teaching nursing skills. Maintain and improve professional knowledge and competence that are expected in professional practice and ensure that practice is based on current best practice guidelines (SANC R2598 revision of scope of practice for nurses).
- The nursing college must provide forums for the lecturing staff complement and the clinical facilitators to synchronise the timetables of the theory and simulation laboratory classes in order to enhance the integration of the two classes. This may assist the student nurses with understanding the theory in relation to nursing practice in the simulation laboratory and ultimately at the clinical facilities.

B. Learning environment

- The clinical facilitators should inform student nurses about the importance of reading through the theory that is applicable to the simulation practice session with the view of encouraging interactive learning and teaching in the simulation classes.
- The clinical facilitator should understand the need to be approachable and enthusiastic to teach in the simulation laboratory.
- The clinical facilitator should understand the different learning styles of student nurses.
- The clinical facilitator should create a pleasant teaching environment that is conducive to learning. Student nurses learn through perceptual senses; such as touch, smell, and emotion that are non-verbal. However, they are embedded in student nurses' memories because of the practical training (Strand *et al.* 2009:21).
- The clinical facilitator should utilise entertaining teaching activities, since it promotes learning.
- The clinical facilitator should encourage student nurses to question what is being taught. Reflection and open and honest dialogue enhance learning.

- The clinical facilitator should be willing to repeat simulated teaching and may review teaching methods to ensure that the student nurses grasp what is being taught.
- The clinical facilitator needs to be cognisant of the different ages, stages, and phases that the current student nurses are from, and should accommodate these differences.
- The clinical facilitator should enthusiastically meet his / her teaching and clinical facilitation obligations to the student nurses both in the simulation laboratory and at the clinical facilities.
- The nursing college, clinical facilitators, and clinical facilities need to work collaboratively on the nursing skills taught to the student nurses to ensure that they are relevant to the current health needs of patients and congruent to SANC requirements. These three separate, but inter-related teaching environments need to be viewed holistically and the transfer of knowledge among these three areas needs more research in terms of the development of pedagogical strategies (Wellard & Heggen 2009:43).
- The nursing college and clinical facilitators need to ensure that student nurses have their textbooks and lecture notes at the beginning of each semester.
- The nursing college needs to ensure that the lecturing personnel have access to the same edition of the textbooks that are available to the student nurses.

4.2.6 Guideline Five: A conducive learning and teaching atmosphere

Rationale

Clinical facilitators should communicate with the practice facilities staff complement that positive attitudes in the clinical area may well enhance student nurses' ability to learn how to integrate nursing theory and nursing practice in a clinical environment that is learner-friendly. This guideline aims at ensuring the delivery of safe patient care from nursing students while they are being guided by professional nurses in the clinical facilities. In the revision document of the code of practice of the nurse and midwife, SANC, R2598, 3.14, it is stated that the professional nurse and midwife should assist colleagues in their own sphere of responsibility to develop their professional competence and to contribute safely according to their own roles.

There are certain actions that clinical facilitators, the nursing college lecturing staff complement, and the professional nurses at clinical facilities can take to improve the learning and teaching that occur in the clinical facilities.

A. Relationships

- The clinical facilitators need to be present and participate in the orientation programme of the student nurses at the clinical facilities.
- The nursing college needs to take the leading role in enhancing relationships between clinical facilities, clinical facilitators, and the student nurses to ensure that the learning and teaching of student nurses are effective and proficient in an environment that is non-threatening and learner-friendly. Ultimately, student nurses need to gain competencies in quality nursing care skills. The quality of the clinical learning environment is an essential factor in determining the quality of the nursing students' clinical experience (Hosoda 2006:1).
- The nursing college needs to ensure that clinical facilitators are able to be present in the clinical facilities to guide and supervise student nurses in the application of theory to practice in the real situation. Clinical accompaniment refers to a structured process when a nursing education institution facilitates assistance and support to the learners by the nurse educators at the clinical facility to ensure the achievement of the programme outcomes (SANC Act No. 33, of 2005).
- The clinical facilitators must be enthusiastic and eager to teach and guide student nurses. They are also the nurse professional role models for student nurses at the patients' bedside or at the community health care facility.
- The clinical facilitators and the professional clinical facility nurses must encourage other nursing personnel at the clinical facilities to embrace the student nurses as significant members of the health care team and encourage the student nurses to participate in appropriate learning opportunities in a caring learner-friendly environment. Clinical learning opportunities refer to the range of learning experiences that is available in a health care setting or other experiential sites for learners to gain the required clinical skills (SANC Act No. 33 of 2005).

B. Code of conduct

- The clinical facilitators should set the example and ensure that student nurses are dressed in the prescribed nurses' uniform as stipulated in the college year book. Childs *et al.* (2006:157) observe that the students who are in uniform appear more professional in their approach to learning.
- The clinical facilitators should motivate the student nurses to report punctually for their shifts as scheduled.
- By role modelling, the clinical facilitator should enhance student nurses' behaviour to be respectful to all staff members at the clinical facilities. They should behave in a dignified manner at all times in the clinical facilities toward staff members, patients, and the community.
- The clinical facilitators should guide the student nurses who experience any untoward behaviour at the clinical facilities, to follow the prescribed route of lodging their concern with the ward / unit manager. This would, in turn, be reported to the clinical facilitator.
- The clinical facilitators should explain to the student nurses to understand the reason for informing the ward / unit manager when they are absent at the start of that shift.

C. Obtaining learning outcomes

- The clinical facilitators should emphasise to student nurses their learning goals and objectives for each area of their clinical placement as set out in their practical books. The opportunities to develop practical skills are achieved by learning according to a set of agreed outcomes (Morgan 2006:157).
- The clinical facilitators should be very visible in the clinical facilities to guide and assist both student nurses and permanent staff members with understanding the learning objectives and goals as set out in the student nurses' practical books. Clinical supervision refers to the assistance and support that are extended to the learner by the professional nurse and staff nurse at a clinical facility with the aim of developing a competent, independent practitioner (SANC Act No. 33 of 2005).
- The clinical facilitators in collaboration with the professional nurses at the clinical facilities must strive towards ensuring that the student nurses attain levels of proficiency in their nursing skills for each of their clinical placements as stipulated in their practical student books.

- The clinical facilitators in collaboration with professional nurses at the clinical facilities should monitor that the student nurses are not utilised to fulfil the shortfall in staffing needs of the ward / unit.
- The clinical facilitators and the clinical professional nurses should ensure that the student nurses are familiar with the clinical facilities and able to be functional with the required nursing skills in the clinical area at their level of training.
- The clinical facilitators and the professional nurses of the clinical facilities must encourage good interaction among all nursing and ward personnel, as well as other health care professionals in that ward / unit to embody growth of the student nurses into their professional role. Creating a good atmosphere and relationships in the clinical settings is regarded as essential, therefore, qualified nurses should be required to strive to making students feel a part of the team and should provide support to students during the learning process (Hosoda 2006:2).

4.2.7 Guideline Six: The language difficulties that student nurses experience

Rationale

The goal of this guideline is to improve student nurses' usage of English during the academic block period and at the clinical facilities. The medium of instruction and teaching at a College of Nursing in the Western Cape is English. The rationale for this goal is to assist student nurses who require additional assistance with the English language by hearing the spoken word from clinical facilitators and lecturers. The use of terminology and concepts as taught in the lecture theatres should be repeated in the simulation laboratory as often as possible to enable the student nurses to improve their usage of the language of instruction.

Actions need to be instituted by clinical facilitators to improve the usage of English terminology and concepts as taught in the lecture theatres and simulation laboratory in order for student nurses to become familiar with the pronunciation and usage of the terminology and concepts in clinical practice.

The clinical facilitators need to:

- identify the student nurses who need additional tuition in the English language and refer them for English language classes;
- know about English tuition classes offered at the nursing college;

- encourage student nurses who need additional English tuition to attend scheduled classes with the English language instructors at the college;
- encourage student nurses to use the library facilities where they may have access to suitable literature to read with the purpose of enhancing their use of the English language;
- encourage student nurses to use the internet access on campus or off campus, for online self-study English language courses;
- ensure that the terminology and concepts as used in anatomy, physiology, pathophysiology, and pharmacology in the classroom are also used in the simulation laboratory when nursing skills are taught. This would enhance the pronunciation and understanding of the words and concepts. In the simulation laboratory, learning can be reinforced and extended by repetition, revisiting, and linking learnt concepts to new nursing skills and in particular using the anatomy, physiology, pathophysiology, and pharmacology when teaching the skills (Haigh 2006:101; Nehring *et al.* 2004:245; Strand 2009:19; Rice *et al.* 2009:301; Alinier 2006:359);
- monitor that the clinical facilities staff complement adheres to using the prescribed official working language, namely English that is understood by all health care professionals and student nurses in the clinical setting. Language, in a social context, provides an important foundation for thinking and awareness (Strand 2009:20); and
- encourage clinical facilities nurse managers to motivate all nursing personnel in the clinical area to attend cultural diversity workshops. This may improve interpersonal relationships among student nurses.

4.3 RECOMMENDATIONS FOR NURSING PRACTICE, NURSING EDUCATION, AND NURSING RESEARCH

Recommendations could be very detailed and practical to achieve optimal learning motivation (Bess *et al.* 2009:168).

4.3.1 Recommendations for the nursing education

- The nursing college must ensure that each student nurse have a copy of their scheduled lectures and the scheduled simulation sessions at beginning of each semester.
- The nursing college must ensure that there is discussion with the student nurses about their schedule lectures and simulation programme, as well as how it applies to expanding their scope of practice as they progress during the four years of study.
- The nursing college must include the professional nurses that are at the point of delivering nursing care to understand what the student nurses are being taught and what there scope of practice would be with the aim of minimising tensions when the student nurses are at the clinical facilities.
- The nursing college must ensure that student nurses have access to the list and copies of the prescribed textbooks at the beginning of each semester.
- The nursing college must create a learning and teaching climate that is conducive to interactive learning and teaching among all student nurses, lecturing personnel, and clinical facilitators.
- The nursing college must ensure that lecturing personnel and clinical facilitators are able to attend workshops, conferences, and interactive groups that deal with learning and teaching in the current technological environment.
- The nursing college should ensure that all lecturing personnel and clinical facilitators are provided with a forum to discuss current learning and teaching problems and ways of working positively through this process to improve the role of individuals who are involved in teaching the student nurses.
- At the end of each semester, the nursing college should have an evaluation process that includes the student nurses, clinical facilitator, and lecturing personnel. This would assist with quality assurance of the learning and teaching processes.
- The nursing college must ensure that student counselling is available for those student nurses who may require this service after hours (19:00) and over weekends. The service should be available particularly for the student nurses who encounter death and dying and other traumatic events for the first time at the clinical facilities.
- The nursing college should schedule regular frequent visits of all lecturing personnel to the clinical facilities to enhance relationships between the college staff

complement and clinical facilities personnel, and to ultimately diminish tensions between the student nurses and clinical facilities personnel.

- The nursing college should have good communication processes in place to enable the clinical facilities to keep the respective college staff members informed about their concerns related to the student nurses.

4.3.2 Recommendations for nursing practice

- The clinical facilities staff complements must have a copy of the learning objectives and goals of all student nurses who are placed at the clinical facility.
- The clinical facilities professional nurses must ensure that they understand the learning objectives and goals of the student nurses.
- The clinical facilities professional nurses must have access to communicating with the nursing college and clinical facilitators that are responsible for the student nurses placed at the clinical facility.
- The clinical facilities personnel must work towards creating an environment of learning and teaching of the student nurses so that the student meets their learning objectives plus participate in the delivery of quality nursing care of the patients.
- The clinical facilities manager must ensure that all staff working at that facility understands that the student nurses are there to experience the art and science of nursing.
- The clinical facilities professional nurses should assist with the professional role-modelling of the nurses in the health care team and in the public domain.

4.3.3 Recommendations for research

We cannot predict the future, but we can speculate about it, since the future never represents a clean break with the past. Indeed, many moments overlap. It is up to the reader to choose among the voices in the contest of moments and to choose the future (Denzin & Lincoln 2000:1057). It is recommended that a qualitative study is conducted about the experiences of clinical facilitators in relation to teaching in the simulation laboratory.

4.4 LIMITATIONS OF THE RESEARCH STUDY

Due to the qualitative, descriptive, and completely contextual nature of this research, it was limited in respect of some factors. Many of the first year and a few of the second, third, and

fourth year participant were satisfied with the learning and teaching in the simulation laboratory. However, there were a few first year and many second, third and, fourth year participants who voiced their need for more time and opportunities to practice nursing skills, scenarios and role play in the simulation laboratory and in the clinical placement areas. The results do not represent the views of all student nurses at that nursing college, since the participants were chosen by means of a purposive sampling, therefore, the results cannot be generalised. However, the results of this research study are important for future research studies.

So, we are now the ultimate bricoleurs, trying to cobble together a story that we are beginning to suspect will never enjoy the unity, the smoothness, the wholeness that the old story had. While we are assembling different pieces of the story, our bricolage begins to take not one, but many shapes (Denzin & Lincoln 2000:1060).

4.5 CONCLUSION

The intentions of this study was to describe the student nurses' views of learning and teaching in the simulation laboratory and suggestions for clinical facilitators about actions they could take to improve learning and teaching for the student nurses at a particular nursing college in the Western Cape. Data were collected by using focus group interviews, field notes, and audio-recorded data were obtained from several focus groups of student nurses from the foundational to the final year of study in the R425 programme that were leading to the Diploma in General, Midwifery, Psychiatry, and Community Nursing Health Science. Data analysis was conducted and the results were compiled. Guidelines for clinical facilitators and recommendations for student nurses, the nursing college, and clinical facilities were described for possible implementation. However, during the literature review it was noted that there was a growing need to embrace simulation laboratory training that paves the way for enhancing the learning and teaching of nursing skills due to diminishing clinical placement opportunities and increasing student nurse numbers.

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3.1 ANNEXURE A : INFORMATION SHEET



UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-9592274, Fax: 27 21-9592271

E-mail: desabrah@yahoo.com

INFORMATION SHEET

Project Title: Guidelines for clinical facilitators to support student nurses in a simulation laboratory at a College of Nursing in the Western Cape

What is this study about?

I am Desiree J. Abrahams-Marra, registered for a Master's Degree in Nursing at the University of the Western Cape with Prof K. Jooste as my supervisor. I am inviting you to participate in this research project because you are a student nurse at the College of Nursing in the R425 programme. The purpose of this research project is to obtain information about your view of learning and teaching in the simulation laboratory in order to assist with developing guidelines for use by clinical facilitators.

You will be asked to complete a consent form before participating in the project.

What will I be asked to do when I agree to participate?

Focus group interviews will be conducted at a College of Nursing in the Western Cape, in a suitable room that ensures privacy and comfort for participants. Each focus group will consist of 10 (ten) participants who will be student nurses in the same year of study.

The focus group interviews will each last around 60 minutes.

The questions that would be asked are “How do you as a student nurse view learning and teaching in the simulation laboratory?” and “What actions do student nurses suggest to clinical facilitators in order to support students in the simulation laboratory?”

Written consent for the interviews to be voice recorded will also be needed. Voice recordings of the interviews will be stored under lock and key for five years after the results of the project have been published before it will be destroyed. 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?

The research team will do everything in their power to keep your personal information confidential. Participants in the focus group interviews will be encouraged to keep shared information confidential. To help protect your confidentiality, pseudonyms (fictitious names) will be used in field notes instead of your real name. It would prevent any other person from associating specific data with you. You should undertake to keep all discussions in the group confidential and not to divulge the content of the focus group interview to anyone outside of this group.

The publication of the results of the project will not mention any names of participants.

What are the risks of this research?

There are no known risks associated with participating in this research project.

What are the benefits of this research?

The results may assist the researcher to learn more about the viewpoints of student nurses about learning in the simulation laboratory. Suggestions will be made for clinical facilitators to support student nurses in the simulation laboratory at a College of Nursing in the Western Cape.

Information acquired during this research project will be shared with all participants prior to public dissemination. Results of the study will be published in an accredited journal and a peer review journal.

Other people might benefit from this study by obtaining an informed understanding of learning and teaching in a simulation laboratory at nursing colleges for student nurses and the clinical facilitators. This study could be repeated in a different, however similar contextual setting.

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 Desiree J. Abrahams-Marra, registered at the College of Nursing, at the University of the Western Cape. If you have any questions about the research study, please contact:

Desiree J. Abrahams-Marra

13 Loumar Court

Ford Street

Bellville

7530

Cell Phone: 083 373 3769

Email: desabrah@yahoo.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 experience related to the study, please contact:

Head of Department: Prof Yinka Adejumo 021 9593024

Email : oadejumo@uwc.ac.za

Prof Hester Klopper

Dean of the Faculty of Community and Health Sciences

University of the Western Cape

Private Bag X17

Bellville 7535

Head of Department

Dean of the Faculty of Community and Health Sciences

University of the Western Cape

Private Bag X17

Bellville

7535

Tel No: 021 9592631

Email: hklopper@uwc.ac.za



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

3.3 ANNEXURE B: WCCN ETHICS APPROVAL



DIRECTORATE: WESTERN CAPE COLLEGE OF NURSING

Terebock@pgwc.gov.za

Enquiries: Ms. T M Bock

Date: 2012/05/10

Mrs. Abrahams-Marra
13 Loumar Court
Ford Street
Bellville
7530

Dear Mrs Abrahams-Marra

RE: Request to conduct a research investigation at WCCN

The research ethics committee have perused your research proposal and have granted you the necessary permission to conduct the research here at the WCCN under the following conditions:

- 1) The focus group interviews are to be conducted when the students are off duty, as to not interfere with the academic programme of the students.
- 2) Ensuring anonymity of the students must be further explored as the researcher intends using fictitious names, the researcher must ensure that there are no students at WCCN with the fictitious name as there is only one College of Nursing in the Western Cape which will make identification of students very easy, thus breaching a guarantee of anonymity.

The research ethics committee of WCCN wishes you success in your study, and requests feedback with regards to the findings of this intended study.

Ms. TM Bock

Head of Campus Metro East Campus: Western Cape College of Nursing

Acting Chair WCCN: Research Ethics committee

Pone: 021 648 1202: 021 638 6899 (fax)

Klipfontein Road, Surwell, Athlone 7764



3.4 ANNEXURE C: WRITTEN INFORMED CONSENT



UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-9592274, Fax: 27 21-9592271

E-mail: desabrah@yahoo.com

WRITTEN INFORMED CONSENT

Letter of request to participate in the study

Title of Research Project: Guidelines for clinical facilitators to support student nurses in a simulation laboratory at a College of Nursing in the Western Cape.

The study has been described to me in language that I understand and I freely and voluntarily agree to participate. My questions about the study are 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. **I undertake to keep all discussions during the focus group interview confidential and will not divulge the content of the focus group interview to anyone outside of this group.**

Participant's name _____

Participant's signature _____

I further agree that the interview be voice recorded.

Participant's signature _____

I further agree that the researcher takes field notes.

Participant's signature _____

Witness _____

Date _____

Should you have any questions in connection with this study or wish to report any problems you have experienced related to the study, please contact the study coordinator:

Study Coordinator's Name: Prof Karien Jooste

University of the Western Cape

Private Bag X17, Bellville 7535

Telephone: (021)959-2274

Cell: 0828972228

Fax: (021)959-2271

Email: kjooste@uwc.ac.za



**ANNEXURE D: LETTER OF REQUEST FROM EDUCATIONAL INSTITUTION
TO CONDUCT THE RESEARCH**



UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-9592274, Fax: 27 21-9592679

E-mail: kjooste@uwc.ac.za

January 2012

College Director

Mr D. I. Govan

Western Cape College of Nursing

Private Bag

Surwell

Athlone

7762

Dear Mr Govan

Consent to Conduct Research Investigation

I am a post-graduate student at the University of the Western Cape, and am studying to fulfil the requirements for a Master's Degree in Nursing. My research topic is: Guidelines for clinical facilitators to support student nurses in a simulation laboratory at a College of Nursing in the Western Cape.

I am a clinical nurse facilitator at the Psychiatric Nursing Science (R425) Programme, and I am interested in the views of nursing students about teaching and learning in the simulation laboratory. The results of the study may well assist with enhancing the teaching policies and processes.

In order to conduct this study, with your permission, small groups of students would be selected by means of purposive sampling and informed consent obtained from them to participate during focus group interviews. Groups of students would be selected from the Extended Curriculum Programme, 1st, 2nd, 3rd, and 4th year and the focus group interviews will be conducted for around 60 minutes. Having access to the college student enrolment numbers would be of great importance to completing the study.

I hereby request your permission to conduct my research investigation at the Western Cape College of Nursing in the Western Cape. Attached is a copy of the student consent form. Students will participate voluntarily and may withdraw, without fear or favour, from the study at any time. All information will be handled confidentially and will be transcribed personally. The students will remain anonymous and pseudonyms will be used to protect participants' identities and the name of the institution. Participants will be requested to keep all discussions in the focus group confidential and not to divulge the content of the focus group interview to anyone outside of that group.

Information acquired during this research project will be shared with all participants prior to public dissemination. Results of the study will be published in an accredited journal and a peer review journal.

Yours sincerely

Desiree J. Abrahams–Marra

Student No: 3105155

Prof Karien Jooste

Supervisor