

**Title: The South African Military Nursing College
Pupil Enrolled Nurses' experiences of the clinical
learning environment**

By

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DECLARATION

I declare that **The South African Military Nursing College Pupil Enrolled Nurses' experiences of the clinical learning environment** is my own work and that all sources quoted have been acknowledged as such by means of complete references and that this study has not been submitted before for any degree at any institution.

Signature: _____

Date: _____

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SUMMARY

Earlier studies depicted the experiences of students in certain clinical learning areas, and particularly highlighted their experiences with regard to the factors that facilitated and obstructed their learning (Lofmark 2001: 43; Papp, Markanen and von Bondorff 2003: 263). However, less is known about these experiences in the military health fraternity. The study aimed at exploring and describing the military health nursing students' clinical learning experiences within both the military health and the public health setting. The South African Nursing Council,(R2175), stipulates the required time that students should complete in the clinical area to promote a learning climate that will avail opportunities and foster support to build confident and competent professionals on completion of training.

An explorative, descriptive, contextual design, which is qualitative in nature, was employed to conduct the study. Focus groups were used as a measure of data collection. An experienced moderator facilitated the interviews in order to yield rich data with regard to these experiences. Four themes and twelve sub-themes emerged as both contributing positively and negatively to the learning experiences of students in the clinical area. The researcher engaged an independent co-coder in the analysis of data. After reaching consensus, data was analysed using Henning's method of analysis, thus bringing greater clarity to the study.

Conclusions drawn from this study by the researcher were that students needed an environment that will yield positive experiences with regard to their learning. More opportunities should be created for them to develop their expertise and competence in the profession, and, above that, a feeling of acceptance and belonging from the staff members should be cultivated.

Structure of Dissertation

This dissertation on pupil enrolled nurses' experiences of the clinical learning environment at the South African Military Nursing College is divided into three parts.

Part 1

Grounding of the Research

This section discusses the following: the background of the research, the problem statement, research question, and the purpose of the research, followed by the research method and design.

Part 2

Article: The South African Military Nursing College pupil enrolled nurses' learning experiences of the clinical learning environment

This section discusses the research and its findings.

Part 3

Conclusion, limitations and recommendations for the practice of nursing, research and education in nursing were outlined: to promote a learning environment that will provide opportunities and foster support to build confident and competent professionals upon completion of their training.

Conclusions are drawn from the study in this section, recommendations are made and limitations are outlined.

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PART 1

GROUNDING OF THE RESEARCH

1. INTRODUCTION

This study focused on the experiences of Military Pupil/student Enrolled Nurses (PENs/students) and specifically the clinical learning environment within the military health service and public health institution. As an introduction to this study the clinical learning environment, the purpose for allocating the students to this environment as well as the experiences of students in different settings, as found in the literature, were discussed. A limited number of studies have been conducted about the experiences of nursing training within the South African military health service.

2. BACKGROUND AND RATIONALE

Clinical learning environment (CLE) has been defined as “*an interactive network of forces influencing student-learning outcomes in the clinical setting*” (Dunn & Hansford 1997: 1299). This environment, according to Carlson (2003: 32), gives the students an opportunity to perform skills that are relevant to the needs of their patients. The CLE assists students to be competent in rendering quality nursing care after completion of their training (Dickson 2006: 416; Henderson, Forrester & Heel 2006: 275).

The rationale for providing the students with clinical education, which is acquired in the learning area, is to promote the merging of theory and practice (Chan 2002: 517; Chesser-Smyth 2005: 320; Burns and Paterson 2005: 3). The CLE as a source of exposure to the real world of nursing further develops the students’ problem solving skills, psychomotor skills and cognitive skills (Midley 2006: 338). The CLE can take the form of a hospital ward, clinic, hospice or nursing home for the elderly, where students may be allocated to practice their skills and widen their horizons (Clarke 2003: 105). The allocation of students to different CLEs should be done through placement by

the training institution in corporation with the regulations of the South African Nursing Council (SANC) and taking into consideration the type of training and the courses followed by the nurses (SANC Regulation 2175, 1993, Par 5).

The aim of this placement of students in the CLE is to afford them the opportunity to practice patient care under the supervision of a qualified clinical nurse in preparation of being able to provide competent care to the patients upon completion of their training (Elliot 2002: 69). Many studies have been conducted about the experiences of nurses in the CLE, both positive and negative. Morrison, Boohan, Jenkins and Moutray (2003: 94) conducted a study on the placement of students in the clinical learning area and the study yielded , positive learning outcomes. Students were encouraged to be part of the team and their learning was supported by the members of the CLE. They were afforded opportunities for learning with a view to developing their competence and expertise. In a study done by Newton, Billet and Ockerby (2009), the challenge faced by students in the CLE was the lack of support they received from both the CLE staff and their facilitators, which led to missed opportunities in terms of teachable moments.

Two main CLEs are utilised by PENs: the military health service and the public health services. In the military health service, only members of the military (various ranks) and their family members may be admitted as patients, whereas the public health sector accommodates patients from all the different spheres of South African society. The CLEs within the military health service are comprised of only the following units: paediatrics, medical ward, theatre, out-patients, casualty and surgical, with very few patients and with clearly limited areas of specialisation. According to Purdie (2008: 315) the students need diversity during clinical placement, ascertaining their exposure to a variety of health care experiences and equipping them to nurse holistically. In order to attain this goal in the military health service, students are therefore allocated to public hospitals where there is a variety of learning areas.

Lee (2002: 119) explains clinical exposure as the placement of students in quality and enriching CLEs, where students will advance on their performance. Edwards, Smith, Courtney, Finlayson and Chapman (2004: 248) further explain that the quality of clinical placement not only enhances the competency of students in the performance of skills, but also develops the confidence of the students during the execution of nursing tasks. Hall (2006: 627) further reiterates that for a placement to have quality, it needs to be adequate. However, the large number of student nurses enrolling and the shorter length of stay of patients in the hospitals exacerbate the inadequacy of the placement. In a study by Papp, Markanen and von Bonsdorff (2003: 262), the students pointed out that they learned in the CLE by being hands-on and the more diverse the placements, the more opportunities they had to excel and be competent. Furthermore, these students highlighted that it is only during placement that they saw patient care being holistic, and this gave them a sense of responsibility. Maginnis and Croxon (2007: 218) are of the opinion that clinical placements of students need to be adequate to prepare them to practice in a challenging and ever-changing clinical environment.

Kimberly (2007: 369) adds that the inadequacy of clinical experience may lead to students not properly integrating in the workplace after completion of their course. This is further supported by Khoza and Ehlers (2000: 50), who state that the purpose of exposing the students to a CLE is for them to acquire skills that will lead them to competency in patient care management.

In the process of improving the quality of student learning, the quality of placements should also be considered to improve exposure and enhance quality learning. Clarke (2003: 105) recommended other alternatives to enhance the diversity of student placements, by allocating them to General Practitioners' surgeries, prisons and social services (e.g. hospices). These services could broaden their horizons and present them with a challenge. Contrary to what is expected to be done to enhance clinical exposure, the military nursing college does not place the students at such institutions as they do not have agreements in place with these institutions.

Brown, Nolan, Davies and Keady (2008: 1214) view a learning climate that is supportive, safe and professionally stimulating, as being qualitative. Being well prepared and having a positive, quality placement experience can affirm a student's feeling of self worth and give them a sense of belonging.

The experiences of students within CLEs have been documented in other settings, particularly with regard to acceptance and being valued by the clinical staff (Hosoda 2006: 481; Papp et al. 2003: 263). In other studies conducted by Percy and Draper (2008: 595), students felt that the wards were more to do with documentation and not necessarily caring. They felt the lack of interpersonal relationships between themselves, the staff members and the patients.

For effective learning to take place, students should feel a sense of belonging. A warm and caring atmosphere must prevail in the CLE.

Students should be welcomed to the group and be part of the team. Levett-Jones and Lathlean (2008: 103) define a sense of belonging as *“a deeply personal and contextually mediated experience that evolves in response to the degree to which an individual feels secure, accepted, included, valued and respected by a defined group”*.

According to Levett-Jones, Lathlean, Maguire and McMillan (2007: 210), Nash, Lemcke and Sacre (2009: 48), as well as Hartigan-Rogers, Cobbett, Amirault and Muissee-Davis (2007: 1), students need to fit in and be accepted as part of the group during clinical placements, as a workplace environment which is welcoming to students is a source of active participation and provides learning opportunities. Students may present with a low self-esteem and unhappiness, resulting in a diminished learning process upon realising that they are not part of the collective (Baumeister, Twinge & Nuss 2002: 817). There are reports that attest to negative experiences of students in the CLE, indicating the lacking sense of belonging and a feeling of not being welcome (Goh 2003: 14; (Newton, Billet & Ockerby 2009).

Mackintosh (2006: 953) conducted a study on the socialisation of pre-registration student nurses, and was under the impression that professional socialisation should have a positive impact on the students by developing their personality into that of the profession and fostering the caring role of nursing as a profession. However, the findings were contradictory, as students in the CLE were socialised into caring less for the patients in order to cope better with their work situation. According to Cheraghi, Salasi and Ahmadi (2008: 14), the purpose of planned clinical experiences is to enable the students to develop interpersonal skills in addition to other skills, and to become accustomed in the norms of the nursing profession.

Nursing in the military health service socialises the students into the norms of the nursing profession together with the norms of the military ranking system through military training. These students face greater challenges as they have to deal with two demanding professions which are entirely different and have different scopes of practice to master.

Carley and Mackaway-Jones (2005: 126) describe nursing as a very hierarchical profession with its roots in the military and religious spheres. The rigid hierarchy of nursing has its power in the hands of its managers leading to frustration amongst those who occupy the lower ranks in the profession as their contribution to the profession is constantly belittled (Begley and Meirs 2004: 501). According to Levett-Jones and Leathlean (2008: 342), nurses were socialised into being obedient to authority and not to question any situation, but rather to take orders and acknowledge them as such. They were expected to conform and to comply. This kind of experience amongst the junior members is described by Curtis, Bowen and Reid (2007: 156) as horizontal violence in the clinical setting where students are emotionally harassed including denial of access to learning opportunities, neglect of clinical practice and intimidation, leading to poor self esteem and retarded development. In a study performed by Longo (2007: 177), student nurses reported having being verbally and emotionally abused, being put down by higher ranking staff members, humiliated and talked about behind their backs.

This trend is very comprehensible as students are the lowest ranking members in the military health service with a status of Military Skills Development (MSD) and Privates, which is a rank in the military given to new members entering the defence force and who face even more challenges within the hierarchy. Therefore, the uniqueness of the military setting as a CLE for these PENs, prompted the researcher to investigate the experiences of these students since very little is known about them.

3. PROBLEM STATEMENT

The CLE constitutes a clinical setting which offers the students an opportunity to practice the skills necessary to render patient care (Cheraghi et al. 2008: 26). This environment serves multiple purposes such as developing competencies amongst students and merging theory and practice (Dickson 2006: 416; Midley 2006: 338). The experiences of students within a CLE have been documented (Pearcy and Draper 2008: 595). The uniqueness of the military health service CLE means that the experiences of the PENs are different. First, their workplace learning takes place in a military milieu where a hierarchy is at play and where they may have to treat high ranking personnel as their patients. Secondly, due to the limited number of clinical areas, students are allocated to public hospitals where they attend to patients in their military uniform and are exposed to critique by the public. This leads to them feeling like they do not belong. Baumeister, et al. (2002: 817) emphasise that unhappiness can lead to a diminished learning process and low self-esteem amongst students. If the learning process is diminished the researcher has reason to believe that the quality of learning is questionable and the expected delivery of care can be compromised. The researcher's 5 years of personal experience as an educator in the military health service, and in the light of the reality of the military health service as observed, have placed the researcher in a position to believe that investigation into the experiences of PENs is needed. This has not been previously done and it is not known how these PENs would describe their experiences. Prompted by this problem statement the following research question to PENs arose:

How did you experience the clinical learning environment?

4. PURPOSE OF THE STUDY

To answer the research question, the aim of this study was to explore and describe the learning experiences of Pupil Enrolled Nurses (PENs) in the military health clinical learning environment.

5. RESEARCHER'S ASSUMPTIONS

According to Burns and Grove (2005: 39), assumptions are statements that are considered to be true even though they have not been verified in any way. Assumptions are often embedded in behaviour and thoughts. Theories and instruments are developments based on assumptions and might or might not even be recognised by the researcher. These assumptions influence the development and implementation of the research process.

The researcher explicitly formulated the meta-theoretical and theoretical assumptions of this specific research to facilitate a clear and easy-to-understand process for future readers and researchers.

The researcher assumes that the limited clinical exposure, the feeling of belonging and the ranking system in the military health service may hamper the PENs' quality of learning, leading to incompetence and inefficiency. Meta-theoretical assumptions were made about the following: Man, Health, Environment and Nursing.

5.1 Meta-theoretical assumptions

The researcher made assumptions on the following aspects: Man, Health, the Clinical Learning Environment (CLE) and Nursing.

5.1.1 Man

Man is an intellectual being on a quest to perfect himself through knowledge seeking. To bring sense to this study, man will imply the Pupil Enrolled Nurse

(PEN) who has both emotional and social needs as a person. Through his/her knowledge-seeking journey, he/she needs to be mentored, recognised and accepted in his/her new world of nursing in order to make a difference. The PEN needs to be guided and supported in the CLE to nurse patients comprehensively and holistically so that they can be brought to a state of complete health. In this research, the PEN/Man is a student allocated to the CLE to acquire the knowledge and skills necessary to render quality care to patients. He/she needs to be socialised in the nursing profession and to be guided towards accomplishing his/her goals.

The researcher views this person as a social being in the world of nursing who needs to be encompassed in the community of nursing to gain more knowledge and expertise until he/she is capable of independence.

5.1.2 Health

Health is a state of total well-being encompassing the physical, social, mental and spiritual aspect of an individual. These aspects capacitate the person to function independently as a person and interactively as a member of the community. This state should be attained for diseased persons under the care and competency of a PEN in the CLE, to facilitate productive and creative life for the individual. The responsibility of the PEN is to nurse the diseased person holistically to achieve his/her fullest potential and to reach total control of his/her life.

5.1.3 Environment

Environment in this study refers to the CLE which is a field of opportunities and knowledge sources where the PEN will realise his/her goals and potentials. This field comprises the hospital wards, nursing homes and clinics. In this study the CLE will be the Military Hospital and the Public Hospitals. In the military, PENs are taught how to care for the soldiers that are sick and injured so that they are able to face the enemies on the battlefield in pursuit of stabilising the country. In public hospitals knowledge will be acquired to nurse comprehensively within the community. PENs utilise the knowledge and skills

gained from the sciences by assisting war casualties and ordinary patients in the caring world of nursing.

5.1.4 Nursing

The researcher views the world of nursing as that of continuous development and knowledge seeking through the use of scientific methods. The students are placed in the CLE to acquire knowledge that will bring competency in their skill of offering quality nursing care. The world of nursing evolves around searching for new meaning and understanding in the application of nursing methods. The domain of nursing includes the promotion, maintenance and restoration of health, as well as care of the sick and dying.

5.2 Theoretical assumptions

Theories are a systematic way of looking at the world and of describing the events explored in this study. Theoretical assumptions are inclusive of models and theories as a frame of departure, as well as definitions of concepts.

5.2.1 Systems theory

Systems theory was used as a frame of departure for addressing the learning experiences of students in the CLE. The theory was applied to their learning and development within their profession and took a particular look at the interrelatedness of the students with their learning environment.

Systems theory finds references from Anema and McCoy (2009: 196) who perceive the health system as interconnected and comprising of health, the environment, the client and nursing. The elements comprising this study are the students, the CLE and learning. These elements cannot be independent of each other as the learning environment is a source of knowledge and skills acquisition for the students. The relevancy of the interrelation is based on the fact that students have to utilise this environment to gain expertise which will be ploughed back into the learning area. In this regard, these three elements function as a system.

It is further elaborated that systems theory is interdisciplinary, meaning that the student will form part of the multidisciplinary team in making decisions for the patient. A further suggestion is made that the behaviour of the components in the system will be altered by change, either positively or negatively. The positivity of the CLE, measured through its conduciveness, will yield positive learning outcomes for the students as the environment will motivate them to learn. On the other hand, negative behaviour in the learning environment that may be caused by factors such as lacking supervision or a deficient sense of belonging might impede the learning.

Fitch (2004: 498) observes the systems theory as being concerned with the problems of relationships and interdependence in the organisation. It is clarified that the behaviour of each individual varies with different situations. The researcher's analysis implies that the support and supervision from clinical staff will yield effective and efficient nurses, whereas, hostility in the learning area will obstruct learning. For the system to function effectively there has to be mutual benefits for all the elements concerned, explained as the student gaining knowledge and skills and the environment receiving an expert practitioner.

6. CONCEPTS

6.1 *Clinical Learning Environment (CLE)*

Dunn and Hansford (1997: 1299) describe the CLE as *“an interactive network of forces that aims at influencing the learners' ability to reach their goals in the clinical setting”*. The CLE assists the students with the opportunity to acquire the skills and knowledge needed to implement quality-nursing care.

The CLE is a recognised learning setting in the form of a hospital or clinic where the students acquire knowledge and skills to manage patients upon completion of their training. It is a setting where they are capacitated to merge theory and practice. There are two formal settings which make use of student nurses: the military health and public health setting.

The military health setting is a formal setting for the development of the skills needed in times of war and defense for the country. PENs are trained in how to care for their patients, i.e. the soldiers who are sick or injured in the line of battle.

The public health setting is a setting that mobilises local, state, national and international resources to ensure optimal conditions for people's health. It comprises of preventive, curative and rehabilitative services (Basu, Jina & Naidoo 2008: 7).

6.2 Pupil Enrolled Nurses (PENs)

The term Pupil Enrolled Nurse (PEN) refers to a person undergoing a two year programme at an approved nursing school, who has complied with the prescribed conditions and has furnished the prescribed particulars (Nursing Act 50 of 1978).

6.3 Experience

Experience refers to knowledge or a deep understanding of a situation that has been lived through by a person. A PEN possesses a rich and deep understanding of the CLE that could be clearly related and explained.

7. RESEARCH DESIGN AND METHOD

This section is focused on describing the research design and method. Research methods included Sampling, Data collection and Analysis. Polit and Beck (2004: 731) define research method as a technique that is used to organise and structure a study in a systematic manner from start to finish, i.e. from data collection to data analysis.

7.1 Research Design

An explorative-descriptive contextual qualitative design was used to explore the experiences of PENs in the military health CLE. The purpose of using an exploratory method was to investigate unknown phenomena and to understand and answer the unanswered questions (Brink & Wood 1998: 283).

Much has been reported about the experiences of nurses in the CLE (Cheraghi 2008: 26). However, little is known about these experiences within a military health service. The researcher made use of the exploratory design to gain new knowledge into the experiences of PENs in the CLE, to discover new ideas about the phenomenon being studied and to generate information that would facilitate the understanding of these experiences within the military health service (Kotler et al. 2006: 26).

According to Burns and Grove (2005: 44), the purpose of descriptive research is to describe phenomena in real-life situations and to generate knowledge about topics that are unknown.

The descriptive component of the study offered an understanding of the clinical learning experiences of PENs in the military health CLE. Cozby (2004: 111) describes contextual study as the validity of findings within a specified time, area and circumstances where the study is conducted. The findings were valid as the data collected from the participants through focus group interviews depicted the real-life experiences of PENs in the CLE, within their time of allocation to the military and public health settings. The study is contextual because of the uniqueness of the military health setting, which poses completely different challenges to those of public health settings.

7.2 Setting

The setting, according to Burns and Grove (2005: 306), is the location where research is conducted. These might be natural locations that are highly or partially controlled by the researcher. The setting chosen for this study was the military hospital as well as the public health hospital as these are areas which act as CLEs for the PENs. Students spend most of their clinical training period in these clinical settings.

8. RESEARCH METHOD

8.1 Population and sampling

In this study the population was made up of the Pupil Enrolled Nurses (PENs) allocated to the South African Military Nursing College. The second-years have been in training for over a year and have had greater exposure to the various clinical learning situations, including placements in public hospitals. A population of 30 PENs in their second year of study could be included in the study and did so voluntarily.

Sampling was not used as normative in population studies, seeing as the entire population in this study was the target of the study. The participants largely possessed the characteristics befitting the study. PENs in their second year of study were earmarked for the study as the study involved their experiences of their learning environment. All these PENs were included in the study except for the first-year PENs (Burns & Grove 2005: 342).

8.2 Data Collection

Data was collected by means of focus groups interviews. An expert in the facilitation of focus groups was approached to act as a facilitator or moderator for the sessions. The moderator was a specialist psychiatric nurse skilled and experienced in focus group management. She is also an expert in qualitative research. The researcher made arrangements for the venue, assisted in writing field notes and operated the tape recorder.

Three focus group interviews were conducted. A total of 19 PENs participated in the study voluntarily. These were divided into groups of 6 or 7, making the group size more manageable. A central question was asked, namely 'How did you experience the clinical learning environment? Discussions arose from this question which brought certain insights to the fore and led to a deeper understanding of the subject which would not have been reached through merely a questionnaire (Kreuger & Casey 2000: 28). A tape recorder was used to record the data collected. Data was captured verbatim and field notes were also written and used to assist with data collection. The data collected

will be stored for a period of five years in a safe cupboard which can be locked.

8.3 Data analysis

The researcher, assisted by a qualified analyst, analysed the data. Henning's (2004: 126) four steps were utilised. Tape-recorded interviews were listened to as soon as the interviews had been completed, and these were then transcribed. The tapes were listened to, to ensure that all valuable data had been collected.

The researcher recorded and organised the data on note cards, and audiotapes were labeled to ease data retrieval. Cross-checking of data with each note card was performed to keep track of each piece of data collected. Units were then organised into a system derived from the data, implying that the data is inductive. After data was organised it was ready to be categorised into themes and sub-themes. A search for similarities, differences, categories and themes was performed. An analysis commenced with reading all the data and dividing the data into smaller meaningful units. The co-coder, who is an expert in qualitative data analysis, analysed the data independently and, together with the researcher, a discussion was entered into for purpose of reaching consensus on the dependability of the results.

9. RIGOUR IN RESEARCH

9.1 Strategies with which to establish trustworthiness

The principles for trustworthiness were applied, as described by Lincoln and Guba (1985).

Strategy	Criteria	Application
Credibility	<p>Prolonged engagement</p> <p>Reflexivity</p> <p>Persistent observation</p>	<ul style="list-style-type: none"> ▪ The researcher, also being the lecturer, spent as much time with the students as possible to build trust and rapport. ▪ The researcher reflected on her role as a researcher in order to avoid possible biases, and made sure that her own behaviour and preconceptions did not influence the findings of the research in any way. ▪ The characteristics and elements in the situation that were most relevant to the problem, for example, sense of belonging and factors hampering students' learning, were identified by the researcher.
Transferability	Dense description:	<ul style="list-style-type: none"> ▪ A thorough description of the research methodology was given, as well as that of the background of the participants and the research context. This was done to enable interested researchers to make a transfer to other suitable studies.
Dependability	Dense description:	<ul style="list-style-type: none"> ▪ This was reached through clearly describing the exact methods of data collection, analyses and interpretation, e.g. the taking of field notes and direct observation

Strategy	Criteria	Application
	<p>Stepwise replication</p>	<p>of participants. All interview material, transcriptions and documents were kept for the purpose of conducting an audit trail.</p> <ul style="list-style-type: none"> ▪ An independent co-coder and researcher compared the data results for analysis and reached consensus on the common themes that emerged throughout the discussion.
<p>Confirmability</p>	<p>Audit trail</p> <p>Reflexivity</p>	<ul style="list-style-type: none"> ▪ The results and findings of the research process, including raw data, field notes, data reduction and analysis products and theoretical notes relating to trustworthiness were kept to show what transpired during the research process. ▪ The systematic collection and documentation of data assisted the researcher to draw conclusions about the data, its truth-value and applicability.

10. ETHICAL ISSUES

The researcher is a lecturer at the Military Health Nursing College and thus presents lectures to the participants. However, the research did not form part of the students' work and the students were not disadvantaged in any way for not participating in the research. This was clarified to them before signing consent for the research and during data collection. A well-skilled moderator

conducted the interviews, whilst the researcher assisted in writing field notes and changing the tapes. All information given by the students was kept confidential. No names were mentioned during the discussions. Numbers were assigned to each student and were stated as such during reporting. The information contributed by the participants during the discussions will not be divulged without prior consent of the participants. The students were not exposed to any harmful situation during the course of the study.

10.1 Permission to conduct the study

Data was collected after the following departments had approved the study: the Military Ethics Committee (Appendix E); ethics committee of the North-West University (Potchefstroom Campus (Appendix F); the Commanding Officer of the Military Hospital (Appendix C); Approval for Moderator; (Appendix D).

Informed consent was obtained from the participants after thorough clarification of the study to be conducted (Appendix B).

10.2 Informed consent

Informed consent was obtained from the students who wished to participate in the study. A written letter of request was given to the students and a thorough verbal explanation was given with regards to the study.

Students had the right to refuse entry to the study should they choose to do so and still had the right to withdraw if they did not feel comfortable with continuing at any stage. During the research, various principles were employed in order to secure the rights of the participants, particularly in a restrictive environment such as the military. The students were selected fairly and without discrimination.

- **The right to self-determination**

This right is based on the principle that the participants are supposed to be respected at all costs whilst conducting the study. This principle validates that the participants should be informed of their right to participate in the study and the right to withdraw at any time of the study should they not feel comfortable with continuing. Human beings are autonomous and should control their own lives as they please (Burns & Grove 2005: 181). The objectives of the study were fully explained to the participants and their rights to take part or not were also highlighted. Before data collection, participants were reminded again that they were free to withdraw should they so wish.

- **The right to privacy**

The participants have the right to give consent on when, how and under which circumstances the information could be divulged. They have the right to access the information they contributed at any time of the study (Burns & Grove 2005: 186). The researcher protected the privacy of the participants with regard to the information they contributed.

- **The right to anonymity**

Complete anonymity takes place where even the researcher will find it difficult to link the information with the participant (Burns & Grove 2005: 188). The focus group method makes it more difficult to obtain anonymity, hence the researcher allocated numbers to participants to make it impossible to link the information to a particular person. Data is to be kept safe for a period of 5 years.

- **The right to fair treatment**

The right to fair treatment is based on the principle of justice. This principle says that individuals should not be submitted to bias at any stage during the course of the study (Burns & Grove 2005: 189). The participants selected for

the study were not selected on the basis of race, social class or cultural differences. Participants were selected as they suited the characteristics of the study.

The study will be published and the results given to the military nursing college, the military hospital, the public hospital to implement the findings in order to bring change and improvements.

11. CONCLUSION

The study dealt with the experiences of PENs in the military health clinical learning environment. The purpose of the research, the design, methodology and ethical considerations were outlined.

Part 2 consists of the discussion of the article and the findings of the research.

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PART 2 ARTICLE

HEALTH SA GESONDHEID AUTHOR GUIDELINES

Part 2 will be submitted to Health SA Gesondheid for publication. Part 2 is already outlined in publication format. Health SA Gesondheid Author Guidelines are included to explain the format.

- Body text paragraph should be in double spacing, not indented, left aligned (not justified and an open paragraph after each text paragraph).
- Body text font type and size should be Arial size 10
- Article must be submitted in MS word format or recent compatible software format
- Abstract in English and Afrikaans of no more than 200 words must be included in the article. The abstract must accurately reflect the content of the article.
- Five key words describing the contents of the article should be submitted.
- The article itself may not comprise more than 20 pages and authors must supply a word count. In exceptional cases longer articles may be accepted
- The journal has a policy of anonymous peer review. Authors; names are withheld from the referees, but it is the author's responsibility to ensure that any identifying material is removed for the article.
- The article must be ready for the press, in other words, it must have revised for grammar and style. The author must provide a letter from the language editor confirming this.
- The article must be written in clear English (South African/UK style) or in Afrikaans.
- All abbreviations should be written out when first used in the text and thereafter used consistently.
- All references to source books must be acknowledged according to the revised Harvard method (see examples at the end of the author guidelines).
- It is the author's responsibility to verify references from the original sources.
- All illustrations, figures and tables must be numbered and provided with titles. Each illustration, figure and table must, in addition appear on a separate page and must be graphically prepared (be press ready). Illustrations, figures and tables must be black and white- NOT in colour. The author is responsible for obtaining written permission from the author(s) and publisher for the use of any material (tables, figures, forms or photographs) previously published or printed elsewhere. Original letters granting this permission must be forwarded with the final article.
- Headings are not numbered. Their order of importance is indicated as follows: Main headings in CAPITALS and bold print; sub-headings in UPPER and lower case and bold letters; sub-sub headings in upper and lower case, bold and italic letters (see examples at the end of the author guidelines).
- Refer to articles in recent issue on the presentation of headings and sub-headings
- Requirements for publication:

- Articles should preferably be submitted via email to lviljoen@uj.ac.za
- If the article is not submitted electronically, one printout of the article must be submitted. In addition to the abovementioned printout, a data disc containing the full article must also be submitted. The latter disc must clearly be marked with the name of each author and co-author and the name of the file. A further copy of the article should be retained by the corresponding author.
- The article must be accompanied by a cover letter.
- The title page must be submitted on a separate page and must give the following particulars:
 - The title of the article.
 - The surname, first name and if any, the other initials of the author (s) and co-author(s).
 - The academic and professional qualifications of the author(s) and co-author(s).
 - The capacity in which the author(s) and co-author(s) is acting and the name of the organization/institution they are attached to.
 - The postal address and email addresses of ALL the authors. Please indicate who the corresponding author is.
- The Editor must be notified immediately of any change of address.

ABSTRACT

Clinical learning is a vital component of nursing education as it assists students with acquiring competencies such as problem solving, cognitive and psychomotor skills (Hosoda 2006: 480). Students learn how to merge theory and practice and apply theories in the practical sense. The study focused on the clinical learning experiences of Pupil Enrolled Nurses (PENs) within the military health service.

The purpose of the research was to explore and describe the learning experiences of PENs within the Military health clinical learning environment.

An explorative, descriptive, contextual design which is qualitative in nature was used to guide the study. All second-year students formed part of the population as the study concerned their experiences in the learning area. Data was collected through the focus group method, which was conducted by an experienced moderator. Three focus groups sessions were conducted and the experiences of the students, as narrated by themselves, yielded valuable insights. The researcher wrote field notes and assisted with the management of the audio tapes for easy retrieval of information. Data was then analysed by the researcher, independent of the co-coder. Common responses were clustered together to form themes that were subsequently broken down into sub-themes. A meeting was then scheduled between the researcher and the co-coder, and consensus was reached with regard to the study's findings. Four themes relating to the PENs' learning experiences emerged from the data analysed:

- Facilitators of clinical learning
- Barriers to clinical learning
- Identified needs for change
- Correlation of theory and practice

The findings obtained depicted certain factors as facilitating and obstructing student learning. These findings made it possible for the researcher to make recommendations concerning positive interventions which can be taken to enhance learning.

Key concepts: Clinical learning environment; clinical teaching; sense of belonging; military ranking system

OPSOMMING

Kliniese leer is 'n essensiële komponent van verpleegonderrig aangesien dit studente help om bevoegdhede soos probleemoplossing, asook kognitiewe en psigomotoriese vaardighede, te verwerf (Hosoda 2006: 480). Studente word geleer hoe om die teorie en praktyk te verenig, asook om teorieë in die praktyk toe te pas.

Hierdie studie fokus dus op die kliniese leerervaring van ingeskrewe leerlingverpleegkundiges in die militêre gesondheidsdiens. Die doel van die navorsing is om die kliniese leerervarings van ingeskrewe leerlingverpleegkundiges binne die militêre gesondheidsomgewing te verken en te beskryf.

'n Verkennende, beskrywende, kontekstuele ontwerp, kwalitatief van aard, is gebruik om die studie te rig. Alle tweedejaarstudente het deel van die populasie gevorm aangesien die studie op hulle ervarings in die leeromgewing gefokus is. Data is met behulp van fokusgroepe, onder leiding van 'n ervare moderator, ingesamel. Drie fokusgroepe sessies is gehou en die ervarings van die studente, soos deur hulleself vertel, het waardevolle insigte gelewer. Die navorser het veldnotas gemaak en was behulpsaam met die gebruik van bandopnames om die herroeping van inligting te vergemaklik. Die navorser het, onafhanklik van die medekodeerder, die data geanaliseer. Die studente se algemene response is saam gegroep om temas te vorm, wat weer in subtemas verdeel is. 'n Vergadering is daarna tussen die navorser en die medekodeerder geskeduleer en konsensus is bereik oor die bevindinge van die studie. Vier temas met betrekking tot die leerervarings van ingeskrewe leerlingverpleegkundiges het na afloop van die data-analise aan die lig gekom:

- Fasiliterende faktore van kliniese leer
- Struikelblokke tot kliniese leer
- Geïdentifiseerde behoeftes vir verandering
- Korrelasie tussen teorie en praktyk

Die bevindinge van die navorsing dui op verskeie faktore wat die studente se leerervaring fasiliteer, asook struikelblokke tot leerervaring. Na aanleiding van hierdie bevindinge kon die navorser aanbevelings maak aangaande positiewe intervensies ter bevordering van die leerervaring.

Sleutelbegrippe: Kliniese leeromgewing; kliniese onderrig; gevoel van affiliasie; militêre rangstelsel.

INTRODUCTION AND PROBLEM STATEMENT

Clinical learning forms the core of nursing education as it enhances cognitive skills, problem solving skills, interpersonal skills, and leads to the merging of theory and practice. This integration of theory and clinical learning rests on the placement of students in diverse, adequate and supportive clinical learning environments (CLEs; SANC Circ 2/2001).

According to Elliot (2002: 69), the other aim of this placement of students in the CLE is to allow them to practice patient care under the supervision of a qualified clinical nurse and to prepare them for being able to provide competent care to patients upon completion of their training.

Pupil enrolled nurses (PENs) in the military nursing college use the military hospital as their CLE. These students embark on a two year programme leading to enrolment as a nurse. Their training as is common in all nursing programmes requires that they be exposed to both theory (in the classroom) and practical skills (in the CLE) to equip them with those competencies needed to care for the patients (SANC, Regulation, R254, R2176 and R2175).

However, the nursing college observed that the military hospital as a learning environment does not possess the necessary capabilities for bringing about competence and expertise in the students after completion of their training. The following was observed as deficient: The lacking diversity of clinical placements. An ideal situation would be where students have multiple placements during their practical exposure, to gain greater competence in rendering quality nursing care. Maginnis and Croxon (2007: 218) are of the opinion that the clinical placement of students needs to adequately prepare them to practice in a challenging and ever-changing clinical environment. However, due to the limited number of wards in the military hospital, this is contrary to the norm. The military hospital in Bloemfontein was previously used only as a sickbay, where patients could visit the doctor on an outpatient basis. It was later utilised as a hospital hence the fewer facilities. The structure led to a situation where fewer patients were admitted to the hospital, with common diagnoses leading to students not acquiring much expertise in their profession.

With the researcher's experience of five years as a lecturer, it was immediately clear that most of the clinical outcomes had evidently not been met. The majority of clinical assignments were not accomplished as the appropriate cases were not available. It was, however, not ascertained how this situation impacted on the training of the students in its entirety.

A dialogue was henceforth entered into between the military college and the military hospital about maximising the placement of students. After careful consideration, a recommendation was made to place them in public hospitals given the diversity of clinical areas in these institutions. However, this was not effortless, as new challenges emerged from the placement of students in public hospitals. The public hospital environment was unusual for the military health students, as the work ethics and the uniform worn on duty were different from what they were accustomed to. They wore the military camouflage uniform on duty whereas the rest of the students wore a navy blue and white uniform. This made them feel separate from the rest of the students.

Nursing in the military health setting takes on a different form. Apart from the students being nurses, they also undergo military training with the expectation of a dual role: they are nurses and soldiers at the same time, and are expected to master both these professions. As soldiers they are prepared for war and crises situations where they will be expected to manage health calamity during military deployment. This is unlike the situation of students in public hospitals where the expectation is only that of being a nurse.

As nurses they are allocated to the CLE to be acculturated in the norms of the profession with a view of enhancing leadership and competency in their nursing profession through clinical placement.

The CLE should foster learning and develop cognitive, affective and psychomotor skills in the students. Students should be developed into competent and independent practitioners who have the capability to make proper decisions on behalf of their patients. Studies have shown that the CLE can be a source of anxiety and stress for students due to high expectations from staff members and lacking support (Levett-Jones, Lathlean, Maguire & McMillan 2007: 211; Papastavrou, Lambrinou, Tsangari & Saarikoski 2009: 2). This frustrates the students and leads to where students are not properly integrated into the learning area. In a study on the journey of students through clinical placements (Newton, Billet & Ockerby 2009), it was discovered that students in the CLE lack support from both the CLE staff and the facilitators, and that the environment poses little challenge for their development. The same applies in this study. The military health service seems not to provide an environment that capacitates students into being competent and confident in their area of expertise. They seem not to be accepted and valued as members of the team. In view of the above-mentioned problems, the researcher was compelled to explore and describe the clinical learning experiences of these students to elicit a clearer understanding of their learning experiences.

RESEARCH DESIGN AND METHOD

A qualitative research approach, which is contextual, was used in this study to explore and describe the learning experiences of the PENs in the military health CLE and within public health settings.

POPULATION AND SAMPLING

A total of 30 learners constituted the population of this study, which included all PENs enrolled in their second year of training at the military nursing college (Polit & Beck 2004: 50). No sampling was used as the study resembled a population study (Burns & Grove 2005: 342). The second-years have been in training for over a year and are more exposed to the various clinical learning situations, including placements in public hospitals.

SAMPLING CRITERIA

The eligibility criteria for this study were that participants:

- should be registered as Pupil Enrolled Nurses (PENs) in the Military Nursing College;
- must be in their second year of study; and
- should have been allocated to the military health CLE and the public hospitals.

DATA COLLECTION

Data was collected by means of the focus group method. Three focus group sessions were conducted, with two groups consisting of 6 members and a third group consisting of 7 members. An experienced moderator was appointed to facilitate the interviews. The researcher clarified the process of focus group interviews to the participants, as well as the expectations of the moderator during the interviews and how the interviews would be conducted.

The following central question was asked for the purpose of data collection in focus group interviews. How did you experience the clinical learning environment? The interviews emanated from this central question and this allowed for flexibility in the responses.

Data was recorded, using a tape recorder, and field notes were handwritten. Participants' reactions and attitudes were also observed and noted throughout the interviews.

VENUE

The researcher ensured that the room was free from distractions and that the temperature was conducive to successful interviewing. Noise was controlled and participants were requested to switch off their cellular phones. The air conditioner was on as it was very hot, thus controlling the temperature of the room. Chairs were arranged in a circular shape, so as to allow the group to have complete focus on the researcher and the moderator. This assisted the participants to have complete eye contact with the moderator, thereby encouraging them to open up during the interviews. Participants were reminded that participation is voluntary and that they are free to withdraw if they so wish.

DATA ANALYSIS

Data analysis involves reading through the data repeatedly and engaging in activities of breaking the data down and building it up again in novel ways (Terre Blanche, Durrhem & Painter 2007: 322). The researcher commenced with data analysis independent of the co-coder. Audiotapes were labeled before the commencement of the interviews, for accurate retrieval of information. After each interview session, tapes were listened to by the researcher to ensure familiarity with their content. All changes in voice tone and pauses were captured. The emotions of the participants were carefully observed during the interviews. Notes were also handwritten during the course of the interviews. Subsequent to the interviews the data from the tapes and from the notes were transcribed. The researcher underlined words and phrases representative of participants' learning experiences of the CLE. The interviews were then typed and read again to check for key words that occurred frequently. Key words were then grouped into categories and were coded to form themes. Data was then further reduced into sub-themes to construct deeper levels of meaning. These themes and sub-themes were then accurately reported (Henning 2004: 127).

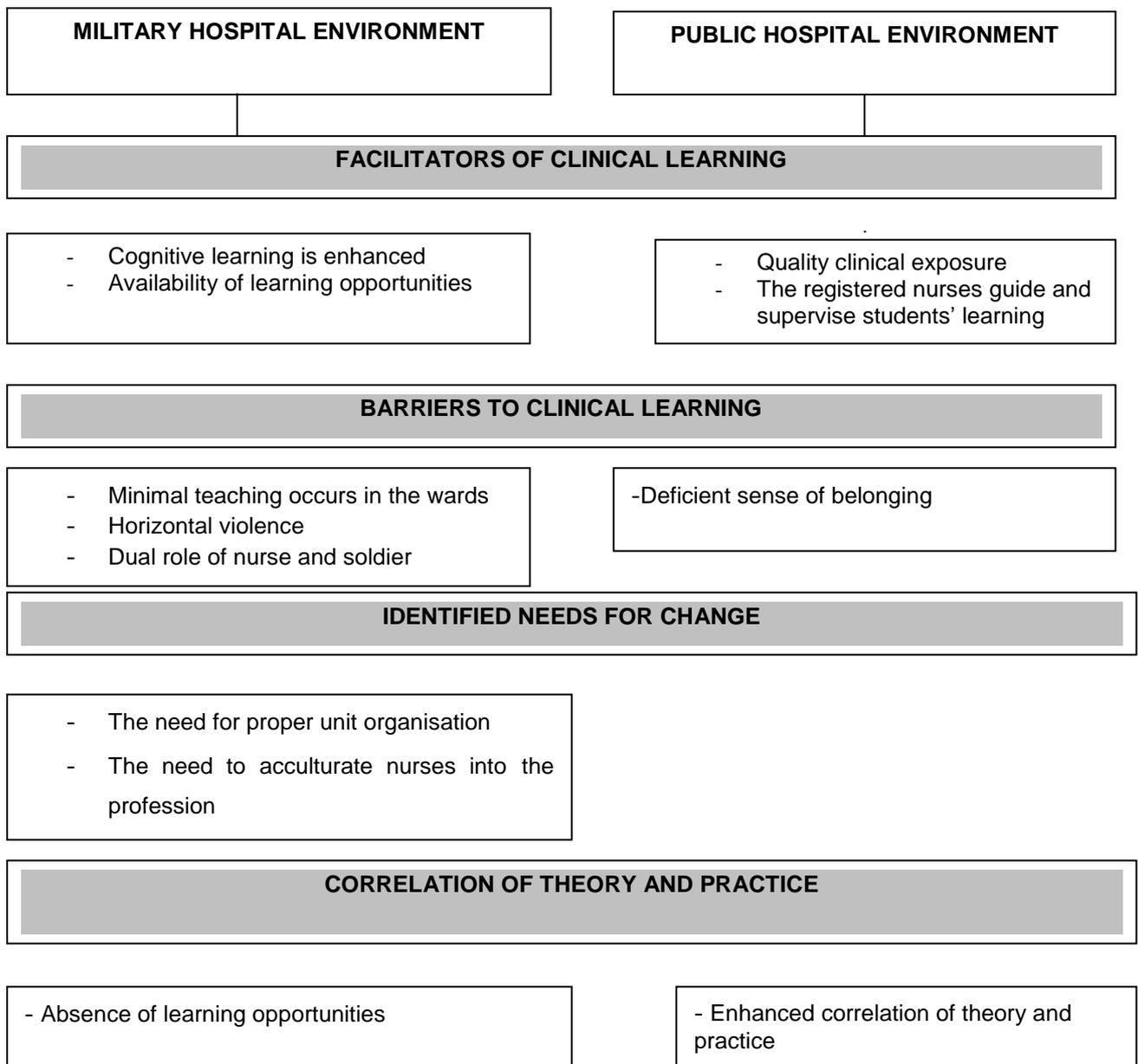
Four main themes and 12 sub-themes were identified as either contributing negatively or positively to the CLE:

- **Facilitators of clinical learning**
- **Barriers to clinical learning**
- **Identified needs for change**
- **Correlation of theory and practice**

The researcher engaged an independent co-coder to analyse the data. The co-coder was given unmarked copies of transcribed focus group interviews for her analysis. On conclusion thereof, a telephonic conference was held to discuss the findings and to reach consensus on the analysed transcriptions and field notes. The researcher and the co-coder agreed on the

themes and sub-themes. These are found in Table 1 and are supported by the literature and participants' quotations.

TABLE 1: THEMES AND SUB-THEMES IDENTIFIED FROM THE DATA ANALYSIS



FACILITATORS OF CLINICAL LEARNING ENVIRONMENT - MILITARY HOSPITAL ENVIRONMENT

The clinical environment as a learning environment consists of complex and multiple issues that can facilitate or impede student learning. Two sub-themes emerged from the data in this study relating to learning in the military health CLE. These are:

- Cognitive learning is enhanced
- Availability of learning opportunities

Cognitive learning is enhanced

Cognitive learning entails problems solving and taking good decisions on behalf of the patient (Kuiper & Pesut 2003: 383). The students were afforded the opportunity to participate in decision making concerning the patients' treatment.

The participants had this to say:

"They give us the opportunity to find solutions for patients' problems on our own, and to make good judgments"

Availability of learning opportunities

The participants admitted to enjoying the learning opportunities provided by the military health setting. The learning opportunity was also enhanced by the resources available to them as well as the in-service training offered. Firstly they cited the benefits of learning at their own pace, as the military health service is a small environment. They were thus afforded ample time to practice procedures and to be in control of their learning. Their opinion was that:

"I think in my opinion being a military nurse works as an advantage cause we are only serving military members and their family neh, so we don't have too much pressure on us, we learn at our own pace and given time to learn all of those staff , whereas outside today you are with a patient with a new diagnosis tomorrow is another one, and tomorrow you have to know all of those staff,

According to Gopee (2008: 57) the student should be given exclusive control over the pace of instruction depending on comprehension.

In addition to learning at own pace, students also explained how privileged they were to train in a well-resourced institution, with enough equipment and supplies. This provided them with learning opportunities to practice procedures competently. According to Booyens (2006: 266), equipment and supplies are fundamental to enhancing learning for students. They related their situation as follows:

"In the military health, there are enough supplies for maintaining sterility, unlike in the provincial hospital; here we use sterile gloves and towels for doing a dressing. The provincial hospitals do not have enough supplies for us to do the procedures correctly".

A study conducted by Lita, Alberts, Van Dyk and Small (2002: 33) revealed that equipment shortages limit the opportunities for proper teaching and guiding students in the CLE. This is further substantiated by Mongwe (2001: 108) who found that equipment shortages in the CLE could have detrimental effects on the learning experiences of the students as these diminish the sense of a learning climate.

In further availing a learning opportunity was the in-service training offered in the clinical leaning environment of the military health setting. In this study students were confident in knowing the ward, the routine and the expectations from the ward itself with regard to different disciplines after the attendance of the in-service training.

“Here at the military we get in-service training ... we are given topics to prepare and present, in that way we get to know what is happening in the ward”.

According to Li-yu, Yin, and Li (2005: 148), in-service training assists in establishing a supportive atmosphere for staff and creates better interpersonal relationships and work satisfaction. It seems that even though in-service training was provided, this was not necessarily the case in some wards of the military health setting according to the students.

FACILITATORS OF CLINICAL LEARNING - PUBLIC HOSPITAL ENVIRONMENT

Students related different factors as facilitating learning in the CLE in the public hospital environment. Two sub-themes, namely:

- quality clinical exposure as well as
- supervision of students by registered nurses were mentioned.

Quality clinical exposure

The public health CLE was deemed beneficial for the students as it afforded them quality exposure in the form of diverse wards and multiple placements. They related it as such:

“In the provincial hospitals I would say that we are more exposed to what the school is teaching us. They teach us more about what is in the curriculum of the college, for instance they teach us about colostomies.”

According to Lee (2002: 119) as well as Levett-Jones et al. (2007: 210), clinical exposure means the assignment of students to quality and enriching CLEs, where there is variety of and sufficient CLEs for the students. This affords the students the opportunity to develop their performance and attain skills.

Participants in this study expressed their experiences in the following manner:

“We would like to be placed in the public hospitals more often, because we only go there for a short period and we do not get to learn as much as we would like to.”

Maginnis and Croxon (2007: 218) as well as Gabb and Keating (2005: 2) are of the opinion that clinical placements for students need to be adequate and challenging to prepare them for

the vast world of nursing. This could be achieved by diversifying the placements to adequately expose students to different settings, consequently maximising the opportunities for learning.

The registered nurses guide and supervise students' learning

In addition to being afforded diverse clinical placement, students expressed that they received good guidance and supervision from registered nurses in the wards of the public hospitals leading to their enjoyment in executing procedures.

This created confidence and competency in implementing nursing procedures, as the supervisor was always around. The above statement was supported as follows:

“When we were working at National at Onco clinic we the students were the ones going in with the patient, the student, the patient and the doctor and the doctor will explain everything about the patient, everything, we will do everything under supervision of the doctor.

Clinical supervision is a formal process where the clinical staff accompanies and mentor students in achieving competency (Carver, Ashmore & Clibbens 2006: 768). This process seeks to create an environment where students can develop clinical expertise (White & Roche 2006: 209).

The experiences of the student nurses are on par with the findings of Newton et al. (2009) where students expressed the gratitude of being supervised and being given the opportunity to practice their skills independently.

However, this is contrary to a study done by Clarke (2003: 105) on the evaluation of an innovative role to support pre-registration nursing placements, where students observed the pressure they were putting on the staff in the CLE with regard to the volume of students against the availability of personnel. Students stated that they were always outnumbering the staff and in that way could not be supervised properly. Consequently their learning needs were not accomplished. This scenario seemed prevalent in the military CLE.

BARRIERS TO CLINICAL LEARNING – MILITARY HEALTH ENVIRONMENT

Barriers are obstacles or impediments to the learning process in the clinical situation. The following barriers were identified

- **Minimal teaching and lack of supervision occurs in the wards**
- **Horizontal violence**

- **Dual role**

Minimal teaching and lack of supervision occurs in the wards

Students seem to not have benefited much from the CLE due to minimal opportunities presented to them in the military health setting with regard to teaching. The following abstracts demonstrated their frustrations:

“They are not willing to teach us, they want us to do things on our own and when we do them incorrectly it’s also wrong”.

Burns, Beauchesne, Ryan-Krause,P and Sawin (2006: 172) as well as Croxon and Maginnis (2009: 237) assert that clinical education forms a bridge between classroom teaching and practice-based teaching. It provides students with the opportunity to experience the real world of nursing through knowledge acquisition, problem solving and acculturation in the nursing profession.

Apart from the lack of teaching, and in contrast to what was happening in the public sector, supervision of students in the military health service came under scrutiny. Students stated that they were left unattended to execute procedures on their own, but were blamed for crises that occurred in the wards.

The following was highlighted with regard to supervision in the wards:

“Even if the ward is busy the registered nurses will only sit in the duty room and students should work together with the staff nurses, there is no proper supervision over the students”.

Cummins (2009: 218) is of the opinion that clinical supervision develops competent and confident practitioners who are capable of ensuring safe practice. It was evident in this study that students in the military health CLE are left to attend to patients on their own which leaves the safety of patient care questionable.

Billings and Halstead (2005: 54) perceive clinical supervision as that which affords the students a knowledge base, clinical expertise and self-esteem. The military health CLE was obviously viewed as not capacitating the students with expertise and confidence as they were not afforded proper supervision and guidance.

Horizontal violence

Carley and Mackaway-Jones (2005: 126) posit that nursing is a very hierarchical profession, with its roots in the military. It is through this hierarchy that the student nurses experience what is termed as horizontal violence by Curtis, Bowen and Reid (2007: 156). This is where junior members in the profession are bullied, ignored and disrespected.

The dilemma of horizontal violence towards students was also identified by Longo (2007: 177) to include verbal and/or emotional abuse. In most cases students will not report the violence to instructors but rather to their peers. One of the students in this study was physically assaulted by a high ranking member whilst carrying out his nursing duties:

“A rank is misused in the military; I was physically assaulted by a high ranking member whilst carrying out my nursing duties”.

It also occurred that patients were the ones who were giving orders with regard to the care they should receive, particularly to the low ranking members and students. They get to choose who performs procedures on them and who does not. Students are said to have been deprived of interesting cases where these were related to high ranking members, as information was concealed from them:

“Sometimes it is more about rank in the military than caring for the patient. You are actually caring for the rank of the person and not the person themselves. You carry out your duties under high scrutiny. You are afraid of making mistakes”.

It has been a tradition of nursing to socialise their members into the culture of submission, respect for authority and loyalty to the profession. Nurses become accustomed to doing and saying as they are told, without questioning (Levett-Jones & Lathlean 2008).

This culture proved to be still at large in the military health setting. Supporting this issue, the participants had the following to say:

“The patient will tell you that I am a Colonel, they give you orders and you have to act on them”.

“There is misuse of military rank ... we can be used like porters and we have to obey”.

“The patients use their military ranks to treat us badly ... even the wives of the Colonels are doing the same”.

Dual role of nurse and soldier

Apart from their profession as nurses, students also undergo military training. The dualism in their role causes a lot of confusion. They narrated this as follows:

“We are trained as soldiers for war situation and then again as nurses, sometimes we become confused”

“Studying in the military is hard ... we work as students outside whereas here we are both students and soldiers”.

Students can feel confused where they are expected to undertake dual roles, especially the conflicting ones found in this study. This phenomenon was found elsewhere even though the roles were not of a conflicting nature. For example, in a study conducted by McKenna, Hasson, Keeney and Sinclair (2006: 5) on the perceptions of student nurses and perceptions of the role of the health care assistant, students felt the pressure of acquiring dual roles that were incompatible as they were educated to be nurses yet had to undertake the duties associated with being a health care assistant. The dichotomy between the two roles they played led to ambiguity and confusion. The same applies to the participants of this study as they became confused most of the time between the two contrasting professions and not knowing which one they belonged to.

DEFICIENT SENSE OF BELONGING; A BARRIER TO CLINICAL LEARNING IN THE PUBLIC HOSPITAL ENVIRONMENT

The following barrier was identified with regard to the learning of students in the clinical area:

Deficient sense of belonging

In contrast to the multiple barriers found in the military health setting, participants mentioned only one barrier in the public hospital setting, i.e. being made to feel that they did not belong to the profession. Students in this study explained how they were marginalised and were referred to as soldiers and not nurses, causing them a lot of embarrassment. The wearing of a military uniform made it easier for them to be blamed for all the wrongs done. Their views were stated as follows:

“Sometimes in public hospitals we feel bad because they will call us soldiers, and sometimes securities, maybe we are walking around, and the ward is not busy or we are waiting to be given some work, they are sometimes not nice, maybe something was not done, they will say it’s the soldiers, so it’s not nice”.

For students to socialise into the world of nursing they need to feel accepted and approved of by the staff members. The clinical environment can be a very hostile environment where clinical staff strongly judge and criticise the students (Levett-Jones & Lathlean 2008: 104). In studies conducted by Harthon, Matchmes, and Tillman (2009: 227) as well as Rush, MacCracken and Talley (2009: 315), with regard to student nurses’ perceptions of the CLE, the experiences of students were very traumatic as they were exposed to harsh remarks and made to feel like outsiders. This was also the case with the students in this study.

“When something is not done is this thing of soldiers, soldiers, it is always a pain for us, they call us soldiers and not nurses. We don’t feel like we are part of them”.

According to Croxon and Maginnis (2009: 236), staff members need to be approachable, available, friendly and willing to teach in order to construct a climate which is conducive to learning. Evidence from empirical data shows that the morale of students can be boosted such that they can be eager to learn if they are welcomed, respected and valued (Chesser-Smyth 2005: 320).

This was unfortunately not the case with the participants in this study. They felt left out and were furthermore made to feel like strangers.

IDENTIFIED NEEDS FOR CHANGE

Change can either be satisfying or threatening, as it always brings uncertainties. The nursing profession is a dynamic profession, requiring change to bring new innovations. The need for change was raised for the improvement of learning in the clinical area. Two sub-themes were identified to enhance change, namely the need for proper unit organisation and the need to acculturate nurses into the profession.

The need for proper unit organisation

Organisation refers to the way work is arranged to accomplish the goals of the institution. In this case it involves the delegation of duties, ward routines and procedures (Booyens 2006: 228). The delegation of duties, however, ran contrary to the expectations of the students due to guidelines that were not properly aligned to their levels of education. Allocation was done randomly, not taking into account their levels of expertise. Their needs were stated as follows:

“We need to know what is expected of us in the wards”

“We should know which procedures are for which group, we know from the portfolios that we get from the college, but it is like the wards are not aware”.

Burns et al. (2006: 173) states that there should be provision of specific information with regard to learning objectives for both the student and the institution prior to placement in the CLE. This will clarify the roles of the students and what the clinical placement area expects from the student.

The other factor that showed disorganisation in the unit was the lack of proper procedural guidelines and standing orders in the wards. Unlike the public institutions, students struggled to obtain information with regard to the execution of procedures in the wards.

Their explanation was that:

“When we were allocated in the public hospitals the procedures were written on the board, even though you don’t know the thing, you can just go and read on the board, unlike here, the doctor will just come, eh... POP (Plaster of Paris), you don’t even know what is that”.

“At the provincial hospital procedures and standing orders are hanged on the wall to guide nurses” ... here we have to ask around”.

Donahue, Plescia, and Stafford (2010:226) explain standing orders as guidelines or rules that allow for a free flow of treatment in the health system, in the absence of the medical doctor. They explain in detail how to implement therapy for the patient .The Mosby Dictionary (2002: 1625) augments this by citing standing orders as documents containing rules and regulations guiding patient care in various situations. These were evidently non-existent in the military health service, leading to poor integration of the students in the clinical area.

The need to acculturate nurses into the profession

As was the case at the public institutions, students still felt alienated and marginalised in the military health CLE. They were not acculturated in the norms and traditions of the profession. They were denied participation in the social activities of the wards and expressed their feelings as such:

“Here in the military, we are only part of them when we have to work. Sometimes they go for team buildings and we are not allowed to join them because we are students”.

Staff-student relationships exercise an important influence on students’ sense of belonging in the CLE, and staff that are supportive, accommodating and accepting can enhance the feeling of belonging for students (Levett-Jones et al. 2007: 210,162; Levett-Jones & Lathlean 2009: 2920; Levett-Jones, Lathlean, Higgins and McMillan 2009: 316).

CORRELATION OF THEORY AND PRACTICE – MILITARY HOSPITAL ENVIRONMENT

The period of engaging in clinical practice allows the students to merge theory that has been learned in the classroom and the application thereof in the practical setting. This could be a very stressful period with much anxiety due to expectations of staff members on the students (Chan 2002: 518). Absence of learning opportunities emerged as a sub-theme impeding the correlation of theory and practice in the CLE.

Absence of learning opportunities

Learning opportunities are those possibilities created by the registered nurses and the midwife in the clinical setting (Mellish & Brink 1990: 118 in Lita, Alberts, van Dyk and Small

2002: 27). The limited number of wards due to a small military health CLE emerged as a limit on learning opportunities, and also led to difficulties in the application of theory to practice. The students had this view about the military health service:

“The military is a small community, even if we do see those cases, they are very limited. We cannot see the examples of what we have learnt. We need to see these cases on a continuous basis. The wards are very few and we work in one place over and over again”.

A suggestion came to the fore that provincial placements should be increased to enhance the learning opportunities. The explanation of the students was stated as such:

“I think we will be better off working more outside than our hospital. The placement period on the outside will benefit us if it is increased. We should not only go for one month, but frequently”.

“If we work more in the military we will not have confidence to function outside, we will be afraid of challenges, whereas if we work more on the outside we will learn more and be confident”.

Clinical placement provides the students with optimal opportunities to practice procedures and to reflect on what has been seen and sensed in the clinical area (Chan 2002: 517). This public hospital placement created better learning opportunities for the students in this study as it afforded them a diversity of placement areas where theory could be properly integrated into practice.

CORRELATION OF THEORY AND PRACTICE – PUBLIC HOSPITAL ENVIRONMENT

Enhanced correlation of theory and practice

The participants expressed gratitude for and satisfaction with the public hospital environment, where they were able to see different diagnoses and put what they had learned into practice. This setting revealed an atmosphere where the true nature of nursing was unveiled. What was taught in the classroom came into being. Students corroborated their stories as follows:

“At the military we never get to see the real conditions on patients, we only practice on dolls ... whereas we get to see those conditions on real patients in provincial hospitals”.

Evans (2009: 21) asserts that quality clinical training can only be achieved through the integration of supervision, practice and teaching. Naude, Meyer and van Niekerk (2001: 99) suggest that clinical staff should be able to facilitate students' learning in the clinical setting in such a way that theory and patient care form a whole.

It was evident in this study that the students' learning experience with regard to integration of theory and practice was gratifying. The CLE capacitated them with the necessary opportunities to merge theory and practice.

CONCLUSIONS

The findings of this study depict a clearer understanding of the real-life experiences of the student nurses in the military health and public health settings of South Africa. Contrasting experiences between both CLEs were evident. The students had both facilitating and impeding factors in both the CLEs. Their experiences with regard to clinical learning in the military health service was deemed unsatisfactory, particularly their experiences in relation to horizontal violence, supervision of their learning, learning opportunities and deficient sense of belonging. The public health setting was viewed in a positive light. The participants underwent enriching experiences in the clinical setting which contributed positively to their learning. However, there was one negative experience encountered in the public hospital setting, namely a feeling of alienation and non-acceptance from the team members and patients. This experience caused the students frustration.

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PART 3

**DISCUSSION OF FINDINGS, LIMITATIONS,
CONCLUSIONS AND RECOMMENDATIONS FOR THE
PRACTICE OF NURSING, RESEARCH AND
EDUCATION IN THE MILITARY HEALTH CLE**

3. INTRODUCTION

The research findings were discussed in the article. These entailed the learning experiences of Pupil Enrolled Nurses (PENs) within the military health and public health clinical learning environments (CLEs). Relevant literature supported the findings, and the participants' narratives augmented the study.

These experiences made it possible for the researcher to make recommendations on the creation of a learning climate that will yield positive learning experiences for the students.

3.1 Findings with regard to facilitators of learning – Military Health Environment

According to Perli and Brugnolli (2009: 811), certain factors are perceived as facilitators of clinical learning. These include a variety of clinical opportunities and coherence between selected opportunities and objectives. The following sub-themes emerged as being facilitative of learning in the military health CLE: Cognitive learning and availability of learning opportunities

3.1.1 Cognitive learning is enhanced

It became evident in the study that students were provided with the opportunity to develop cognitive skills as they were granted the opportunity to apply what they learned from the theory, into practice. Their comprehension of the theories and application thereof in a practical setting were enhanced.

3.1.2 Availability of learning opportunities

From the results of the study it was deduced that the availability of supplies plays a major role in granting the students the much needed opportunity to enhance their learning. Contrary to the public health environment, the military health service played an imperative role in providing well-functioning and sufficient supplies for the students to facilitate their learning. The other factor

worth mentioning is that the students had ample time to work at their own pace due to the small number of patients admitted to the military health hospital.

Although the public hospital could offer the students diversity in placements, time for revision was limited. The military health CLE was the best practice setting for allowing students to practice procedures that were learnt during the course of their training. The in-service training initiatives emerged as a capacitating influence for the students in that they were imparted with knowledge of the various medical conditions in the clinical setting. Knowing what is expected from them with regard to the nursing care of different conditions, allayed their anxieties and boosted their self confidence.

3.2 Findings with regard to facilitators of clinical learning environment – Public Hospital Environment

Two sub-themes emerged as facilitators of learning in the public hospital environment, namely quality clinical exposure and the guidance and supervision of registered nurses.

3.2.1 *Quality clinical exposure*

The interviews revealed that students preferred the challenges that were presented to them at the external public institutions. It was also revealed that there are limited learning opportunities in the military health service compared to the public institutions. Students discovered the vast opportunities in the public health setting where they were able to see the real world of nursing. The exposure to different types of patients with different illnesses bolstered their competency and expertise. According to Purdie (2008: 315), students need diverse placements to ensure exposure to a variety of health care experiences, thus equipping them to nurse holistically.

3.2.2 *Guidance and supervision of students' learning by registered nurses*

There is a marked amount of supervision going on in the public hospital environment. The registered nurses are mostly present with the students to show them how procedures are executed. Students do not function independently but are guided through their nursing duties.

3.3 Findings with regard to barriers to clinical learning environment – Military Health Environment

Students also experienced factors impeding the learning in the CLE. These factors were outlined as follows: minimal teaching occurs in the wards; horizontal violence; and dual role of nurse and soldier.

3.3.1 *Minimal teaching and lack of supervision occurs in the wards*

The findings of the study point out that minimal teaching takes place in the military health service, compared to the public health setting. Students were expected to come from the nursing college with sufficient information to allow them to practice nursing care without any teaching from the clinical side. This meant that students who were fast learners got the opportunity to demonstrate the procedures, leaving the slow learners behind. Students viewed opportunities as being biased and only favoring and enhancing the learning of a few. They carried their duties unaided most of the time and without any supervision from the professional nurses.

3.3.2 *Horizontal violence*

From the data collected it was unmistakable that horizontal violence was still at large in the military health service. Students gave testimonies of the experiences of different forms of violence, including being shouted at in front of the patients to being physically harassed. This is also reiterated by Levett-Jones (2008: 3), who stated that students reported having to conform even to unethical practices in order to be viewed as part of the group and to avoid harassment.

Students seemed vulnerable in the CLE, mostly due to the lower rank they held. They were badly treated and threatened with being charged. One of them was even physically assaulted by a patient. They were denied opportunities to practice their skills on high ranking patients.

3.3.3 Dual role of nurse and soldier

On the basis of students commencing their training with their basic military training, they are soldiers first and then nurses. This caused role confusion in terms of whether they are to be seen as soldiers or nurses, particularly because the scope of these roles is so vastly different. Students do not have the autonomy of practicing their nursing duties independently of the military roles. The researcher observed that students faced the dilemma of fulfilling these two roles simultaneously.

3.4 A deprived feeling of belonging: A barrier to clinical learning – Public Hospital Environment

3.4.1 Deficient sense of belonging

According to Levett-Jones and Lathlean (2008: 104), one of the prerequisites for active student participation and motivation is that the students must feel accepted by the staff and patients and must feel that they fit into the social environment of the CLE. Although military students train as nurses, the public sector is not always aware of the military health service. Patients were not informed of soldiers being nurses and having to carry out nursing procedures. They viewed them as only having to provide them with security. This made them feel alienated in the public sector. Their nursing colleagues also referred to them as security guards and not nurses, although they were aware of their nursing status. Naturally this made them feel unwanted.

3.5 Identified needs for change

Certain needs were identified as factors which could bring about change in the military health CLE, namely organisation of the unit and the need to acculturate nurses into the profession.

3.5.1 Need for proper unit organisation

The military health CLE was viewed as lacking proper unit management. Firstly, students were randomly allocated, with no consideration of their academic levels. At second-year level, they were still allocated to first-year procedures. As this did not present them with a sufficient challenge, they became demotivated. Secondly, there are no proper guidelines with which to guide the students to execute procedures properly, unlike in the public hospitals where protocols to guide procedures are well tabulated and published on the notice board. The PENs run around every time an order has to be carried out and are not sure which equipment to use.

3.5.2 Nurses need to be acculturated into the profession

Students expect to be treated like junior colleagues in the military health CLE, but felt sidelined. They were not allowed to take part in the unit functions because of their student status and were merely expected to fulfill their nursing duties.

3.6 Correlation of theory and practice – Military Hospital Environment

3.6.1 Absence of learning opportunities

The absence of learning opportunities was cited as limiting the learning experiences of students with regard to the merging of theory and practice.

The military health service is a small environment, comprising only of members of the military force and their family members. This challenge made it difficult for students to see conditions that had been learned about in the theoretical setting and to implement the applicable nursing care.

For students to see different patients with differing diagnoses, they had to be allocated to the public sector. This enhanced the correlation of theory and practice.

3.7 Correlation of theory and practice – Public Hospital Environment

3.7.1 Enhanced correlation of theory and practice

The public hospital was hailed as promoting the correlation of theory and practice. Students were exposed to a variety of wards, with a vast majority of disciplines, e.g. oncology, orthopaedics etc. This diversity of experiences made it possible for the students to apply the acquired nursing measures to different diagnoses.

3.8 Limitations of the study

Although the study provided rich discussions on the experiences of PENs in the CLE, there are some limitations that need mentioning. First, the study only focused on the PENs from one of the three military nursing colleges. The findings of the study could not be generalised to all the military nursing colleges as these were their unique experiences based on their unique clinical learning experiences. Second, only the experiences of students in their second year of study were explored, and not all the students in the military nursing college.

3.9 Recommendations

In this section, recommendations for nursing education, nursing practice and nursing research will be discussed.

3.9.1 Nursing education

The findings of this study revealed that for students to learn, they need to be accepted and valued when allocated to the clinical setting. Therefore, the clinical staff should endeavour to create a positive and supportive climate that will enhance learning. According to Nash et al. (2009: 49), a supportive CLE provides vital learning opportunities for students in terms of skills, knowledge and practice.

The college should provide the CLE and should clearly outline students' objectives and goals to be met in the 1st and 2nd year of study within the different wards prior to allocation. This will allow proper alignment with ward allocation, thereby boosting the morale of the students.

A variety of placements could be beneficial to students as this will expose them to different diagnoses and will put them in a position to bring together the world of theory and practice. This is supported by Henderson et al. (2006: 564) who stated that diverse clinical placements provide the students with the opportunity to view nursing in the real world.

However, students need a relatively long time to learn and to become part of the unit. This will improve stability and promote acceptance from unit members, thus allowing learning to take place. Rush et al. (2009: 315) are of the opinion that students need time in the unit to be accepted as part of the group. Unnecessary frequent movements between wards should be avoided.

Registered nurses should view the teaching of students as one of their integral functions. This will boost the morale of the students. It will also assist students in the successful merging of theory and practice.

Registered nurses should be encouraged to guide and support students during their placements as this will enhance team work and motivation levels.

Students should be continuously mentored and supervised in order to gain expertise and confidence in the learning area.

Personnel from both clinical areas, college personnel and the students should undergo regular in-service training and workshops so as to raise the standards of the institutions relating to new methods and procedures; and create a supportive environment that will benefit the students. This is further reiterated by Li-yu, Yin and Li (2005: 148), in stating that in-service training assists in establishing a supportive atmosphere for staff and creates better interpersonal relationships and work satisfaction.

A well functioning clinical department which could act as a liaison between the college and the hospital could be a strong recommendation, as the clinical department will also assist with the mentoring of students during clinical placement.

In the planning of clinical placements for the students, the college should involve clinical personnel in the planning of clinical curricula as this will shed light on which procedures are more common in the wards and which ones the students will need to see at the public institutions. Students should be in a position to assimilate the world of theory with that of practice.

Meetings between the college, the students and the clinical area could yield rich discussions with regard to the progress of students and the challenges impeding their learning, such as the depletion of opportunities. This could be highlighted and attended to as it might be a source of demotivation for the students.

Learner forums could serve as a platform where the students' learning challenges could be voiced and attended to by the relevant committees.

3.9.2 Nursing practice

Clinical placements should be maximised by considering increased allocation of students to external institutions, seeing that the military hospital lacks diversity and opportunities with regard to the challenge inherent to the number of patients admitted. This will better the chances of students in gaining more knowledge and expertise.

Student participation in clinical care should be recognised and respected by the members of the military health service. It must be recognised that students are in a learning process and need a conducive atmosphere to practice skills and to develop professionally.

Inter-military departmental meetings should be held where student programmes within the military health service are outlined and explained to different heads of department. The military step-out uniform (brown skirt/trousers with a white coat depicting the student distinguishing devices), which is also used in other military training institutions, could be worn when students are allocated to the public hospitals, so as to enhance their feeling of belonging. Levett-Jones et al. (2007: 211) cite sense of belonging as a feeling of being accepted and valued, which the students need in the clinical area.

A form of identification through the use of distinguishing devices for different levels of students could be of great assistance as the wards will be able to identify the students, thereby meeting their differing objectives through appropriate ward allocation.

3.9.3 Nursing research

Further studies on the clinical learning experiences of students within the military health service are vital. This study only focused on the PENs in one military health service. Other studies could focus on the other two training campuses in the military health service.

A further study could focus on sense of belonging from a military perspective. This study could focus only on the feeling of belonging for military health students who are allocated to public hospitals.

Studies in the military health service which focus on the diversity of placements for enhancing a smooth transition from PEN to staff nurse might be required to explore whether adequate and diverse placements better equip students to face the challenge of competent nursing care upon completion of their training.

A comparative study on the clinical learning experiences between the military health students and the public health students might perhaps yield a different picture revealing different experiences.

3.10 Conclusions

The study dealt with the experiences of Pupil Enrolled Nurses within the military health clinical learning environment. This study has assisted the researcher to explore and describe the lived experiences of PENs in the CLE and to make recommendations that will assist in the creation of a learning climate that will yield positive experiences for the students.

Both the public health and the military health settings to which students were allocated were explored with regard to student experiences. Focus group interviews yielded rich descriptions of the students' experiences.

The findings were outlined in such a way that they depicted a clearer picture of what the students experienced in the clinical setting. They also suggested that clinical education is an integral part of nursing practice and nursing education, therefore registered nurses in the CLE should endeavour to make the practice setting conducive to learning. The core objective of placing students in a practice setting, as outlined, is to afford them the experience and expertise needed to care for their patients on completion of their training. It is therefore imperative that, for learning to take place, students need to be accepted, guided and mentored as these enhance positive experiences and increase motivation to learn. A multitude of opportunities for learning should be created and a feeling of belonging should be cultivated.

RESEARCHERS' REFLECTION

Conducting research on the experiences of Pupil Enrolled Nurses within the military health service was an eye-opener to the researcher in terms of how the military world operates. As someone who is trained in the public health setting where student nurses have the single role of being a nurse, it was difficult to comprehend and accept the reports of the students during their placement in the CLE, both in the military and in the public health settings. The researcher came to realise the importance of conducting this research in order to suggest and make recommendations on the creation of a learning environment that yields positive learning experiences for the students.

The researcher expected to find some literature on the experiences of students in the military health CLE, to support the study. However, there was none available. The researcher was advised to consult literature on the experiences of students in CLEs in general, this having revealed valuable insights.

The development of a proposal was a hurdle and the researcher was hesitant about whether the proposal would be approved by the military ethics committee.

Trying to weave the “golden thread” of argumentation throughout the dissertation almost caused the researcher to lose hope, due to a lack of understanding. However, the comprehension came a bit later, after several attempts had been made.

A major challenge was finding a precise and specific theoretical framework on which to base the study. Several frameworks were attempted to no avail, and this still posed a challenge after having found the correct one to apply to the study.

The research design and method were clear from the beginning, although sampling was a bit tricky as this resembled a population study. This was not clearly understood until the researcher was advised to consult the literature.

Arranging for data collection was not a problem although the researcher was not sure how the study would unravel. Data was collected by an experienced moderator using focus group interviews. This was well managed.

Further challenges were experienced during data analysis where the researcher and the co-coder had differing opinions on the method of analysis. The researcher used Henning's method whereas the co-coder made use of the method of Tesch. After deliberation, consensus was reached and Henning's method was used to analyse the data.

The most challenging of all was the writing of an article, particularly having to comply with the journal's guidelines. The merging of the sub-themes was very difficult.

The researcher was not sure whether certain of the recommendations were going to be acceptable to the military health service.

My supervisor was very supportive throughout the whole process and her mentoring is much appreciated. There were times that were difficult and depressing, with steep slopes, but she encouraged me and brought out the best in me. She always saw the potential in me even during the darkest moments.

In conclusion, the whole process was a challenge, but exciting.

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APPENDIX A

Topic: The South African military nursing college pupil enrolled nurse's learning experiences of the clinical learning environment

Research Question: What are your clinical learning experiences as pupil enrolled nurses in the military health?

RESPONSES FROM FOCUS GROUP 1

Student no 4: *"In the outside setting I would say that we are more exposed to what the school is teaching us, I would say ...) the college will teach us certain procedures that are in the curriculum that is the practical part they teach us more about what is in the curriculum of the college, for instance they teach us about colostomies, in the military setting we are not morally exposed to those things, we only see them sometimes once after a while, which also mean that if you do see things on a regular basis you tend to forget*

Student no 6: *"The military is a small community compared to the outside, even if we do see those cases, they are very limited." We cannot see the examples of what we have learnt*

Student no 3: *"Provincial hospitals they do have a specific ward where you can go and see and you can learn more about such things" e.g 3rd degree burns in the military."*

Student no 6: *"The thing that I have experienced is that Military is more like private hospital and then most of the things and not like a government one, More learning opportunities outside."*

Student no 5: *"Outside is more opportunistic than inside. It is like we have more chances to learn than inside."*

Student no 5: *“I think provincial hospital you get a lot of experience because they admit everybody. There is trauma centre, unlike here in the military is a private hospital in a way, and then you get to see maybe once in a while someone who had an mva or something. There was a patient who was involved in an mva (motor vehicle accident) and that you get to see those things once in a while.”*

Student no 3: *“The military only caters for the military community only, whereas in National hospital they admit patients even from outside ,For instance in the military we had a patient from Lesotho, but then it was a long procedure, but out there in Universitas Hospital I had maybe like 5 patients who were originally from Lesotho.”*

Student no 2: *“The other thing is that here in the hospital they like to ask you , have you done that, and sometimes I have only heard about I haven’t done it practically, I am not even perfect, but as long as you are a student you have to do.*

Sometimes in the ward you find that there is only the Sister and five students, how will you manage the situation, and that time they call you, bring this thing you don’t even know or haven’t even seen that thing, that time the patient is dying, but they call you bring this bring that, and then they will become angry, students are just causing the traffic..... how could I learn something if they are not teaching us.”

Student no 1: *“It is like they rely mostly on us, but then they are not willing to help us to learn the things that we have to learn, and most of the time if they are allocated to do like maybe the wound, and she has been in the hospital for much longer than you, when you follow them, its like you are in their way, even if you just want to watch. They are not willing to help us, they want us to do things on our own and when we do them incorrectly it’s also wrong.”*

Student no 5: *“like when you fetch the patient from theatre and then the patient complicates,” **students it’s your fault”, what did you do to the patient”,** that time you didn’t do anything, they were supposed to be there to control the situation but they are not there, they are in the tea room, such things.”*

Student no 1: *“Yesterday we were working in ward 2, one of the old nurses forgot to take out the temperature, I mean, the thermometer, then when we were supposed to change the patient, eh, to give the patient a bed pan that thermometer fell and it broke, the glass was all over the bed. They blamed the students, even though we came after 3, they blame the students. If anything goes wrong they blame the students.”*

Student no 4: *“There is also one tendency of prioritizing, we are students we are there to learn all of us, because student no 3 is more clever than student no 7 what they do is they tend to neglect that student, whenever there a rep that is coming to present wound care or anything, instead of the other one coming to student no7, they say no, because you know the sterility you know specialize in them , if people came they gave compliments because you know what is correct, you we see you know the story what about the other one? We are the same, we are from the same college and we were taught by the same tutors. Maybe the other is slow I am fast.*

They only use students that are fast learners.

There is evaluation time, there is handover time, there’s other things, you only find out that students are 5, but we are responsible from 7o’clock till 1o’clock, we go there with three staff nurses, the sisters will sit in the duty room is what they do, what they specialize in. They never sit around patients and see what the complications are when its handover, it’s only students that are going over and give handover because why, they never there, we know the patients more than them, and the patients know us more that them. In the provincial hospital there are procedure like gastric lavage, the sister calls you and teach you the

procedure, unlike in the military where they will expect you to know the procedure, such things.”

Student no 7: “At the end of the day they expect the students to handover and during the day, they are the once that took out the medication and they didn’t check the patients. You find that sometimes there are side effects to the medication, and students don’t know the side effects they don’t come to check the patients after certain medications and sometimes teach us what so that we know the side effects for certain medication.”

Student no 5: “Sometimes is more about rank in the military. They will send you to the pharmacy, go to the HR and fill this forms for me and you ask yourself what is so special aboutplease run to the HR I need this serial number, then you ask yourself what am I learning there is only a serial number, the changing such things, and then they will say I’ll charge you.”

Student no 6: “They use rank to settle their personal scores with you someone will send you to pharmacy, if it happens that you are preoccupied or you happen according to human nature you forget them...(inaudible) you having an attitude or just don’t get a warning they spread the rumours around the hospital that you have an attitude.”

Student no 4: “Also you develop an attitude, you see the Sister sitting in the duty room, also that makes a negative impact on the student side.

The other thing is about rank, maybe you are a Colonel or whatever, they will tell you don’t come with an attitude like that I am a Colonel, they will give you orders I am a Colonel or I am a wife of a Colonel you must attend me, take me to the doctor I want to see the doctor right now, I can’t wait, you see now I am nursing the rank not the patient.”

Student no 5: “Confusion between military etiquette and nursing etiquette.”

Student no 4: *“One other thing also is the doctor’s rounds, if there big round they are calling all we are also invited to come and learn something about the conditions of the patients , going there they will start nicely, and then for us those who do not know Afrikaans, we don’t know what they are saying but they must understand we are also students we need to know what are types of procedures, what are the complications , how did the patient present with such ...so that we can know the indications and how do we nurse a patient if and we are afraid to say anything”. So I would say the difference between military and civilian is that, civilian they get exposed, the doctors, they say “**Students**”, and we all go there, doctors’ rounds, and you get to ask the questions, doctor what is this what is that, we learn more things, we learn about the fractures, such things”.*

Student no 1: *“When we working at National at Onco clinic we the students were the ones going in with the patient, the student, the patient and the doctor and the doctor will explain everything about the patient, everything, so here is not like that.”*

Student no 2: *“But I think this thing of the military is that I am a soldier, so they still have that that of soldiering and forget that even if you are a soldier you are in a certain career, we are nurses , so we can’t be like the ones who are running with guns, they must just understand that their career is not like that.”*

Student no 4: *“If you go to National hospital or any other hospital are you going to tell them you are a soldier, as soon as you set your foot in ward or casualties you are a patient, you are a patient, an incident happened last week when I ask initials he brought his sons I just wanted to confirm which one must I see firstly, before sending to the doctor, you assess the patient before and then you send the patient to the doctor, as the surnames were not the same and one surname was not the same as his. And then it was a question of who you are asking me, he started swearing at me, verbally abusing me. I said Staff Sergeant I am a nurse, I then called the police. Just when I asked the question then he snapped (sound of finger snapping). I opened a case of assault.”*

Student no 4: *“The students need to be exposed to such things, in case of an emergency who is gonna help, Its me it’s the student, it’s the staff nurse We are having 5 patients we need to draw blood, let the students know and be exposed to such things .”*

Student no 2: *“When we were allocated in National and Universitas hospitals the procedures are written on the board, even though you don’t know the thing, you can just go and read on the board, unlike here, the doctor will just come, eh.. POP , you don’t even know what is that, then you look around what is POP, and then now how must I prepare, so then you must walk around the ward, sister **“I am busy”** go to so and so they will help you, then you ask staff I just know I must look for cotton wool there, you just for a cotton wool when the doctor comes, what the hell is going on I said you must prepare me a POP.”*

Student no 1: *“When we allocated in National Hospital, everyday in the morning there will be a Sister who will call all the medical students, today we talk about this, tomorrow we talk about that, and we were just involved at National and I wish even here at 3 Mil there was something like that, we will be treated as students.”*

Student no 7: *“In some of the wards here it is like that, not all but some.”*

Student no 4: *“I just want to say something , my question is how many people who would love to be nurses in the military, how many people who are just there to become nurses because there is nothing for them to do?”*

Student no 7: *“On that issue the point is it is not always when you join the military that you want to be nurse. They place you wherever they want after the interview, you don’s get to choose where you want to go. Your symbols and subjects determine for you. Is not always that you choose.”*

Student no 4: *“For me the only thing is the exposure, the college is feeding us with every information that we need, everything.”*

Student no 4: *“If the ward is not busy what they do they call the students. They do not call the staff nurses, why are you not showing this people how we do this thing. They call us, but when they call the college, stating how bad we are, but when those staff nurse are not there, behind the staff nurses’ back, they tell us we work more than them. They talk about us to the staff nurses, when those staff nurse are not there they talk about them. They end up saying we want to chase the staff nurses out because we the people who are working.”*

Student no 1: *“I think they concentrate more on the things maybe in a ward we are having 8 patients, and maybe then there are 6 admissions, and then you do all those admissions, the Sister when the admission arrives “students”(calling out) and when you say I am still busy with this one I come and ... don’t say no to me.*

The only we will hear from hear from them, is that how lazy we are, they will not compliment us and say ,how hard working you were yesterday, keep up the good work guys, they won’t do that.”

Student no 3: *“Like yesterday we were about 10 minutes late after lunch, and we had like 6 admission neh, we did everything like everything, she did not compliment us for the work that we did for 2 hours but only complained about the 10 minutes that we were late.”*

Student no 6: *“We develop attitude because of overwork and lack of support from the staff in the military. We become stubborn; we change and develop an attitude. I have developed an attitude that you can shout at me but you will not touch me.”*

Student no 5: *“Other Sisters are willing to teach but the students will say no that is not in my scope, I will learn that when its my time. Sisters might be willing to teach when students are eager to learn.”*

Student no 4: *“The other issue with the military is the rank. Outside you get to nurse the patients but in the military you nurse the status. The Sister will come to you and say this patient, the son is a doctor, the daughter is a nurse and the brother is what what, in front of the patient. Whereas outside no one will tell you that, everybody is treated like a patient. If you feel like you want to give orders, and then continue with your patient why did you bring your patient to us?*

That is why you see students always running away, what is the cause of that, what’s the cause, misusing of ranks inside the hospital, shouting at us, never complimenting the good work that we do.”

FOCUS GROUP 2

Student no 9: *“Outside there is no sterility. Inside we do sterile procedures in a sterile way. Inside is different from outside. Outside we just use gloves, I asked for green towels to do the procedure and they said I should just use gloves, I was surprised, here in the military we scrub and we put on sterile gloves.”*

Student no 10: *“Inside they do not trust us because of the rank, they know that we are privates, whereas outside they do not know the rank, and that is limiting our progress inside, there is not enough chance to put theory into practice.”*

Student no 12: *“When, you are studying in the military, you were uniform you must be a nurse neh and again you must be a soldier at the same time, but when you are outside you are just a nurse.”*

Moderator: *How does that influence you that you have to be a soldier and a nurse?*

Student no 9: *“In the military the scope of the nurses and what the nurses do, clashes with what the soldiers do.”*

Student no 11: *“The other thing there, they treat us as students, we are still learning but here they expect us, I don’t know as if we are already qualified and if something goes wrong we get blamed, unlike outside. Like this thing of conducting the rounds in Afrikaans and we do not hear anything that they say, especially the orthopaedic rounds, the other day the doctors wrote a prescription in Afrikaans and because we are the working force, we could not understand the order and as a result the patient was not given proper attention, they called us names, I don’t know they said something like we are baboons.”*

Moderator: *“But you could not understand exactly what they said?”*

Student no 11: *“No, but it was something bad they said about us.”*

Moderator: *“So what happens to students outside of the military?”*

Student no 11: *“Outside they know we are students they treat us in a proper way, instead of embarrassing us in front of the patients.”*

Student no 10: *“The thing is it’s different because you are in the military, we went to basic training and when you get to the hospital out there, it’s different, they are actually training us for war situations so when you get outside the learners they are too relaxed, they are not under pressure, their pressure is that of having to do their procedures, is only that pressure, but with us is too many things in the military, but outside that is why we are relaxed. When we in the military, sometimes you forget to salute the member who is having a higher rank, you see, and that becomes a problem, they always see that as a sign of respect so when you don’t do that ...”*

Student no 12: *“Here inside, its like we are naughty, we don’s know anything, we don’t want to work we are lazy,…”*

Student no 8: *“Here they will just shout you in front of the patients, and sometimes other patients will ask you like what’s wrong. The patients will not trust you again, whereas outside we are taken as students.”*

Student no 13: *“Sometimes the shouting comes when the work has to be done, outside they give you your allocation and you are expected to your allocation only, but here at the end of the day they expect you to do your allocation and also help with the other things, that is why you will find that they rely on the students at the end of the day when you have to give over the report, they will ask you, can you give over to me and I will carry over to the other people who will be coming at night.*

Outside you are like students for that specific time, but sometimes you find that in the military you are too relaxed compared to the outside, cause all the patients that are coming for appointments everything is arranged, if they have to go outside the transport is waiting for you, everything is being done for the patient, unlike outside they are not prepared for you, maybe they will say you must come earlier, sometimes you must come at 2 o’clock for admission and you find that the beds are fully booked, in the military situation they will make some arrangement if you have be admitted in another hospital.”

Moderator: *“So you say it’s more lenient here?”*

Student no 13: *“It is more lenient than outside because there in the outside they work according to what they have unlike in the military the military provides for you.”*

Student no 8: *“I just want to add on that issue of the shouting, the shouting is not because you are a student, wherever you go as long as you are new in the department they will shout at you, it’s just like where I am working right*

now, it's not because I am a student, every where they expect because you are junior you must make sure that everything is done and I think in my opinion being a military nurse works as an advantage cause we are only serving military members and their family neh, so we don't have too much pressure on us, we learn at our own pace and given time to learn all of those staff , whereas outside today you are with a patient with a new diagnosis tomorrow is another one, and tomorrow you have to know all of those staff, so here we are given time and space to learn at our own pace, and the fact that they give you food, a place to stay and you don't time to worry about where am I going to get money, so have time to concentrate on your study."

Student no 11: "I just want to comment on what student no 8 said, she said inside we learn at our own pace, she like outside tomorrow it's a new diagnosis, but then for me that is an advantage, in the military we don't have many patients so if we don't go outside how are we expected to learn more, so for me outside is better than inside."

Student no 10: "I think studying in the military sometimes is hard sometimes..... we work as students outside whereas in the military we work as students and soldiers."

Student no 14: "Also, what is happening is that, we have good teaching at the college with best facilitators, but when you get to the clinical situation is difficult to put what we learn in the college into practice, because the facilities are not that much, they must increase the facilities."

Student no 8: "The thing is the procedures that they teach us at the college we don't get to see them in the inside because there are few patients."

Moderator:" What about on the outside?"

Student no 8: "Ya on the outside is much better."

Student no 9: *“Here also in military sometimes they give us in-service training, you get a topic, get some information for yourself and come and do the presentation.”*

Moderator: *“It seems there is a lot of a positive thing on the outside and there are a lot of benefits here also and that you said there is training and that you receive some demonstrations in the wards, some in-service trainings, but you also said exposure is not much here.”*

Student no 10: *“The other thing is that when we were working outside they will give us wound that are big and scary just because we are soldiers we are trained to be brave, we are supposed to dress massive wounds, we are termed brave.”*

Moderator: *“So you get too much to do is that it?”*

Student no 11: *“Ya, we get a lot when it’s like that.”*

Student no 10: *“Sometimes outside we feel bad because they will call us soldiers, and sometimes securities, maybe we are walking around the ward is not busy or we are waiting to be given some work, they are sometimes not nice, maybe something was not done, they will say it’s the soldiers, so it’s not nice.”*

Student no 11: *“When something is not done is this thing of soldiers, soldiers, it is always a pain for us, they call us soldiers and not nurses.”*

Student no 8: *“Outside the only thing is that we become students; here we are only part of them when we have to work. Sometimes they go for team buildings and we are not allowed to join them because we are students.”*

Student no 14: *“The other thing is that here in the military the nurse are limited so sometimes they ask for help from the civilian sisters or nurses, where I am working the in-charge is a civilian, so I think it is difficult for us, whereas the*

other civilian nurses they get all the privileges they get the day offs, here in the military they will still expect you as a student to know everything and you have to guide the civilian members, so I think outside they are having a problem with us being soldiers, they think maybe we're too, we are geniuses or we can carry everything on our shoulders, so they give us all the work, they expect us to do, so it's like they are having a problem with us when we are working outside and when they are working here."

Moderator: *"So who is giving you these orders when you are working here?"*

Student no 14: *"The civilian sisters like (akere) is in it they are military sisters and there are civilian sisters , the civilian sisters when they come in here they treat us like ... you know that, and even when you go out they treat us like we must work, we must do everything."*

Moderator: *"Eah"*

Student no 14: *"Yah"*

Moderator: *"So also things that's not nursing..?"*

Student no 14: *"Yo if they can do better they don't give us a chance to do it or they give us something bigger than us. "*

Student no 12: *"I agree with what student no 9 said, I think students from outside should be brought to come and work in the military, so that they can see what we are doing, that there is no difference between them and us, we are all nurses."*

Student no 13: *"On the point of team buildings, it was said at the college that because students are rotating every month the team buildings are there for staff that are permanent that are working at that specific ward so the students cannot go since they should be covering the ward which is wrong, the permanent members they just socialize, they don't talk about work, they just*

want to know each other on a personal level, so the students we are taken as we are there to learn, we only socialize well to work that we have to do.”

Student no 8: “We are all working I don’t understand what’s the point, besides they know each other.”

Student no 12: “The other thing that affects the students is the issue of procedures. When we get to the ward things are not done the same way as we were taught, and then if you ask, are we not suppose to do that, they will say we are not at the college.”

Moderator: “So you never get to practice what you have learnt?”

Student no 14: “I think that is the other point that our facilitators always stressed on, **integrity**, if you become a nurse after you have a student you decide to break that was taught by your tutor, it’s within yourself if you follow that one or you do right thing.”

Student no 12: “But for the test what will we do during test then you do not wait for those minutes whatsoever they’ll think oh, now that Capt is not there I must supposed to do it fast I must be fast and not do the right thing”(not very clear).”

Student no 14: “Ee it depends on (**wena**) you what you think of yourself and how do you hold yourself up, I know what she is talking about, I know, but it depends on yourself.”

Student no 9: “I think its really difficult to retain the integrity that you are talking about, it’s very difficult while somebody is on your back saying , “**there’s no time** “you must work and finish, you are taking a long time, so you must do it and finish.”

Student no 14: *“But (nna) ‘me’ I still maintain (gore) ‘that’, I have worked in ward 6 where there are wounds, there can be time where there is a wound in every cubicle, you can take your time, you can even skip your tea time and talk to the captain, in my opinion I have never experienced that.”*

Student no 13: *“I think sometimes there are those Sisters that favour the students, and they get more privileges, just because I am friend with the Sister I get away with the favours.*

You just chit-chat with the Sisters, when the other people are working they get favours to the office they discuss about the students at the end of the month, the evaluation, these ones that have been their friends, they gonna earn good marks, whereas the other one will be all the time, but its because sometimes you did not give the other the chance, because they just see you and then they like you.”

Moderator: *“Do you not get the chances to do the procedures?”*

Student no 13: *“You can get the chance to do the work, but then at times the people that are getting more chances are the ones that you know you socialize more in a personal level that in a working level, so you become closer to them.”*

Student no 12: *“When you are working in other wards, the Sisters they don’t even want to write the assessment they will be sitting down, and then they will expect us to fetch the patients, after that to write , and hand over, but the end of the day they will call a meeting and say the students did not do this and this, and when it’s time for the evaluation I will just write zero- zero, they are not doing anything , so that also affects the students.”*

Student no 11: *“I think sometimes is part of soldiering, sometimes; the students are always running and hiding when they feel the pressure. I think it’s how we were taught as soldiers that you have to run and find a spot to hide when the enemy comes, and it’s bad now because we are working with*

patients, we must always be there for the patients, but as students in the military pressure is getting to do that.'

Moderator: *"Are you saying that the students hide, they are hiding when the pressure becomes too much?"*

Student no 11: *"Ya we run when we feel the pressure only on us."*

Student no 14: *"I don't think it's only here in the military, students are students everywhere, even at school we know that you jump the fence, when you want to go home, it is in our nature as students, it's not only the military students, all the students, everywhere."*

Moderator: *"I am trying to get around the point that you do that when the pressure is too much or when you don't have somebody to help you."*

Student no 8: *"You see outside students I think take their training more seriously because they have pay. We are more lax in the military."*

Student no 11: *"Sometimes we do that because there is no appreciation from the Sisters, they will send you around and then she was laughing at me when she did that and it was almost 3 o'clock."R/Ns outside they work, but not in the military, because of rank, we are commanded and charged if we do not obey a command."*

Student no 14: *"Nna, me too when I got here, it got to a point whereby even the assessment when I came here I crammed the assessment that I saw, temperature normal, whatever –whatever, so, it came to a point where it got the better of the patient, the patient was having BP and the patient fainted, cause you ask the patient mos, how are you feeling, when you only the file you sommer go and write an essay, proper essay, now you don't know what to ask, now it's dangerous to the patient."*

Student no 11: *"I think it's just the thing of the military, the Sisters outside they work, they really work. They come and help you when you work, they come, they change the patients with you, but here I think it's because we are in the military, because there's a lower rank they command'. They know they can do anything because they are having a higher rank."*

Student no 8: *"Eish it's difficult, they shout at you and then you must be happy when they are happy, you are supposed to check their moods. Like the other day the Sister came she was angry, angry."*

Moderator: *"So you don't know always where you stand?"*

Student no 8: *"When they are sad you must be sad too. Students are treated unfairly."*

Student no 12: *"The other thing I don't know whether it's the military or what, they will always change the story."*

Moderator: *"Can you be more specific?"*

Student no 12: *"Like when we as students are reported at the college, maybe it's just a small thing that we did, but when it get to the college it's a big thing, and it is not like it was in the ward, it has changed completely."*

Student no 14: *"I don't know whether this happens everywhere, but like if I do something wrong, when they report it to the matron or to the college, it's the students. It's like" injure one, injure all", because if I am wrong why should she get punished."*

Student no 11: *"It's like what we do in basic military training, they will always say you must be a group, and then if anyone makes a mistake all will be punished. The military rules are applied in nursing and it is very destructive, when one student makes a mistake, everybody is punished, but if can be specific and reprimand that person, that person will know I made a mistake."*

Student no 14: *"I think it comes down to the fact that being a student in the military is very difficult, because you have to learn both the nursing staff and the military stuff. We are expected to be 2in 1. We are supposed to be soldiers and nurses at the same time."*

FOCUS GROUP 3

Moderator: *"I would like to ask the question in front of you, how do you experience the clinical learning in the military environment?"*

Student no 17: *"Ok, eh the fact that we don't see many patient, we are not exposed too much because I was working in 1 Mil which is bigger than this one it is different, the resources much more advanced than here, the resources are very limited here. We have limited amount of patients we have limited amount of wards, for instance here we have e male medical, we have eh, female medical, and then we have a general ward, and then we have orthopaedic and surgery, so , we don't get many cases, that's what I am saying For instance in a working area you have orthopaedic and surgical we are exposed to the same thing you still your arthroscopies and all that stuff and then there's more fractures it's all these, you don't get much cases."*

Moderator: *"You said that the resources are enough here?"*

Student no 17: *"No the resources here in 3 Military are very limited."*

Student no 18: *"Like the cancer patients we never see them in the military hospital, they are very rare, most of the cases we only see them once, and they are gone."*

Student no 17: *"For instance when we work in the orthopaedic and surgical wards, we never get to see the orthopaedic procedures because they are done somewhere else and then the students are not allowed to go out of the hospital, so we only see the minor procedures and we work with patients with minor procedures, as we also not have the idea, so we can't also exactly be*

comfortable going outside that you can perform at your best, say now you going to work in high care, you see.”

Student no 19: “On that note, when we in theatre we don’t really see a lot of cases cause , they take patients to outside places so as students we are not allowed to go there. So we don’t get to see a lot of operations.”

Moderator: “You only do minor operations?”

Student no 17: “Yes, if you are lucky you might see a major operation only because maybe that patient complicated. We never see patients that are critically ill.”

Student no 18: “The other thing is that thy don’t treat you the same, as students, in the other wards they will treat you like students, even the E/Ns if you are first year student they will say vital signs are for first years, but in other wards they will show other things.”

Student no 19: “When we are outside we are treated as students but here in the military we are no treated as students, we are working force, we are there to work even if, there is some cases where we need to go there and then, they will tell you to cover someone else’s work, when we are in the outside hospitals and there procedures that they want us to learn more bout, they will call us and watch.”

Student no 18: “And also the patients here is difficult to work with them if you don’t have a rank they will tell you a private cannot come and work with me because you are the lowest rank.”

Moderator: “So the rank is.”

Student no 16: “Even if you want to do something on a patient the patient will say huh-huh, I’ll rather wait for the Sister.”

Moderator: *“So there is like there is experience outside than in the inside...”*

Student no 18: *“Outside we are treated as students; we are given the opportunities to learn.*

It was nice outside and those people are working.

When I was working in the outside I saw that here in 3 Military that we have limited wards, sometimes we don't even have patients, when we are outside we saw that, there are too many cases, we have to against, like we had to nurse hydrocephalus , we get the chance to learn too many procedures, but here in the hospital, we don't get the chance, so I think we will be better off working in the outside that working in our hospital so that when we finish with our course we will know more, and then we will like to go outside and work with other people, but if we only work here we will be afraid of working in the outside. When we go on the outside you see that there are more challenges.’

Moderator: *“I see.”*

Student no 17 : *“You only become more confident when you practice not just by doing the theory, but the more you practice something the more you become comfortable and it all shows on your face and the patients will trust you. They can see it in your face that you confident and you can be able to do that certain procedure.”*

Student no 18: *“We never get to deal with real patients, we practice the procedures on the doll and we never get to see them on real patients.”*

Moderator: *“Some of them you them you only see them on the doll?”*

Student no 18: *“Only on the doll, I worked in casualties only for one month during the training.”*

Student no 17: *"I think there should be some form of insignia that will show that this is a first year student, this is a second year student, because some of the patients will really say I cannot trust you to perform such a procedure , especially when it comes to the health service, if you are a private it means that you have less than 2 years experience. So if there will be some sort of identification that will show, I am a second year student I can do this procedure, and then you become more aware that maybe they are ok in performing such a procedure."*

Moderator: *"So there is no differentiation between 1st years and 2nd years?"*

Student no 17: *"Not at all"*

Student no 15: *"From other colleges and universities, you can see like the ones from UFS the 1st year will be having one star and so on."*

Student no 17: *"In Pretoria the people that are training, are wearing white jackets and the put one stripe to show they are 1st years and so on."*

Moderator: *"What about the teaching in the military?"*

Student no 19: *"Sometimes they do teach us like during doctors rounds, the doctor sometimes will teach the students, we will ask him if we don't know something, not always."*

Student no 20: *"The only problem is that when male students are allocated in female wards, they do not allow you to do procedures on them, you end up leaving the ward without learning anything."*

Student no 15: *"The other thing is that we go to the college only twice in each year, and only one month, so we tend to forget when we get to the college and then you only get a chance to study in only that one month, if we could be given the tests or something so see that we can still remember. Even myself I*

don't study that much I only study when I am at the college, serious. If maybe things can change a little bit."

Moderator: *"Are you not given the work when you are at the hospital?"*

Student no 15: *"It is like we do not what is expected of us, when we in the wards. With our facilitators we know well what we should we do, but in the wards it is different."*

Moderator: *"You mean you don't know what is expected of you in clinical setting?"*

Student no 18: *"I think what he means is that we know what is expected of us, we had been taught at the college what is expected of us, but if we could have the layout that the 1st year students, this is what you are supposed to do in the ward, this is our rules, the 1st years you are expected to perform these procedures, 2nd year you are to perform this procedures, and then we know what is expected of us."*

Student no 15: *"The solution on that one maybe if one day we may get together and maybe do something that we have seen in the ward, and get to understand it more wa bona "you see", in that way we will learn more. Like where I am working now, every morning if we admit a certain diagnosis, the following day we get around, the Sisters explain to us more about the diagnosis. I think we can sit around as students and also do that."*

APPENDIX B

CONSENT FORM

Study Title: The South African Military Nursing College Pupil Enrolled Nurse's learning experiences of the Clinical Learning Environment

Researcher: Mrs. E.M. Caka

Contact Numbers: 051- 4021850

You are invited to take part in a research study to explore and describe the experiences of Pupil Enrolled Nurses in the Clinical Learning Environment.

Second year learners will be chosen and divided into groups of 6, where a moderator will be facilitating the discussions with regard to the topic of the study. Since you are already in the second year of study, you have been selected as a possible candidate.

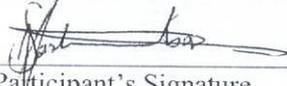
The Military Ethics Committee, 3 Military Hospital and the Potchefstroom University Ethics Committee have approved the study. Your participation in this study is completely voluntary and you are in no way obliged to participate. You have the right to withdraw at any time during the study should you feel uncomfortable to continue. No monetary compensation is available for this study.

This study has no physical risks associated with it and no injuries can be incurred as a result of this study.

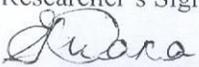
The study data will be coded; as a result you will not be linked to any responses given during the collection of data, however complete anonymity cannot be maintained, as focus groups will be used to collect data. An experienced moderator will facilitate the discussion and the researcher will be available to take field notes. The information gathered will not be shared without your consent. Your identity will not be revealed during the publishing of the study.

A copy of the consent form will be given to you. Should you have any questions that you need answered with regard to the study, you can contact the researcher at the above-mentioned numbers.

I have read and understood the contents of this consent form and voluntarily participate in this study.


Participant's Signature

28-10-2009
Date

Researcher's Signature


APPENDIX C

CONFIDENTIAL

3MH/C/84003086MC

Telephone: 4021850
Enquiries: Capt E. M. Caka

SAMHS Nursing College
Satellite Campus Bloemfontein
Private Bag X 40003
Brandhof
9324

29 August 2008

The Officer Commanding
3 Military Hospital
Private Bag X 40003
Brandhof
9324

**RE- APPLICATION FOR CONDUCTING RESEARCH STUDY IN THE
MILITARY HEALTH: 84003086MC CAPT E.M. CAKA**

1. I would like to request permission to conduct a research study in the Military Health setting, 3 Military Hospital.
2. I am currently employed by the Military as a facilitator in the SAMHS Nursing College and studying with Potchefstroom University.
3. Thank you for your attention.

(E.M. CAKA) *E. Caka (capt)*
FACILITATOR SAMHS NURSING COLLEGE SATELLITE CAMPUS
BLOEMFONTEIN: CAPT

Remarks:

The study is recommended seeing that it is in line with the Nursing Education; and specifically the clinical requirement of the course.

[Signature]
(P.M. MOTSEKI)

OIC SAMHS NURSING COLLEGE SATELLITE CAMPUS BLOEMFONTEIN :
LT COL

CONFIDENTIAL

CONFIDENTIAL

Remarks:

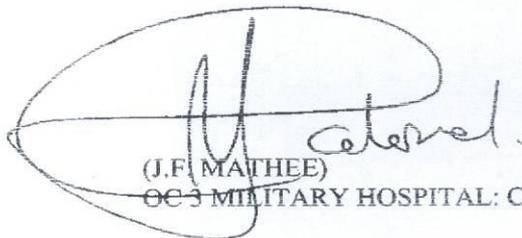
Approved



(J.F.M. MABONA)
GOC SAMHS NURSING COLLEGE MAIN CAMPUS: COL

Remarks:

Must submit a study protocol
to the SAMHS Ethical Committee



(J.F. MATHEE)
OC 3 MILITARY HOSPITAL: COL

CONFIDENTIAL

APPENDIX D

CONFIDENTIAL

3MH/C/84003086MC

Telephone: 4021850
Enquiries: Capt E. M. Caka

SAMHS Nursing College
Satellite Campus Bloemfontein
Private Bag X 40003
Brandhof
9324
08 May 2009

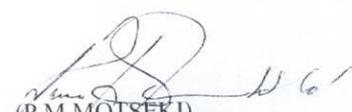
The Officer Commanding
3 Military Hospital
Private Bag X 40003
Brandhof
9324

**RE- APPLICATION FOR CONDUCTING RESEARCH STUDY IN THE
MILITARY HEALTH: 84003086MC CAPT E.M. CAKA**

1. I hereby wish to make a request for the second person to assist me with data collection for my study. I will be assisted by Dr Lily van Rhyne from the faculty of Health Sciences in the Free State University. She is a senior lecturer with a speciality in Child Psychiatric Nursing. Her contact details: 051-4012966.
2. Permission has already been granted by the military ethics committee to conduct the study.
3. Hoping that my request will receive your favorable consideration.

(E.M. CAKA)
FACILITATOR SAMHS NURSING COLLEGE SATELLITE CAMPUS
BLOEMFONTEIN: CAPT

Remarks: *Recommended*


(P.M. MOTSEKI)
OIC SAMHS NURSING COLLEGE SATELLITE CAMPUS BLOEMFONTEIN :
LT COL

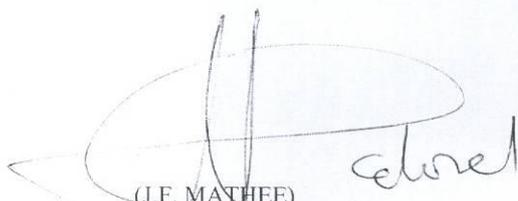
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Remarks:

(J.F.M MABONA)
OC SAMHS NURSING COLLEGE
COL

Remarks: *recommanded,*


(J.F. MATHEE)
OC 3 MILITARY HOSPITAL
COL

CONFIDENTIAL

APPENDIX E

77

DEPARTMENT OF DEFENCE
CMI SATELLITE CENTRE
SERVAMUS COMPLEX
4/7 69
BBI SATELLIET SENTRUM
SERVAMUS KOMPLEKS
Telephone: (012) 367 9151
DEPARTMENT VAN VERBODING
Facsimile: (012) 367 9174

RESTRICTED



CMIS RSC, Gauteng
264/23
2008-11-12
REGISTRY

SG/D NURS/C/84003086MC

Department of Defence
SAMHS Office
Private Bag X102
Centurion
0046
07 November 2008

RE- APPLICATION FOR CONDUCTING RESEARCH STUDY IN THE MILITARY HEALTH: 84003086MC CAPT E.M. CAKA

1. The study is permitted on the topic "Experiences of pupil enrolled nurses within the clinical learning environment in the military health".
2. The military nursing directorate will like to get a copy of your completed study to assist in improving military nursing.

Woo *BJ* *ee*

**(N.C. MADLALA-MSIMANGO)
DIRECTOR NURSING: BRIG GEN**

NCM/ncm

DISTR

For Action

➔ GOC Area Military Health Formation (Attention SSO Nursing)

World-class Clinical Service
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APPENDIX F

Appendix F



NORTH-WEST UNIVERSITY
YUNIBESITHI YA BOKONE BOPHIRIMA
NOORDWES-UNIVERSITEIT

Private Bag X6001, Potchefstroom
South Africa 2520

Tel: (018) 299-4900
Faks: (018) 299-4910
Web: <http://www.nwu.ac.za>

Prof S Lekalakala-Mokgele

Ethics Committee

Tel +27 18 299 4850
Fax +27 18 293 5329
Email Ethics@nwu.ac.za

2009-10-31

ETHICS APPROVAL OF PROJECT

The North-West University Ethics Committee (NWU-EC) hereby approves your project as indicated below. This implies that the NWU-EC grants its permission that, provided the special conditions specified below are met and pending any other authorisation that may be necessary, the project may be initiated, using the ethics number below.

Project title : Pupil Enrolled Nurse's learning experiences of the clinical learning environment in a South African Military Nursing College	
Student: Caka	
Ethics number:	N W U - 0 0 0 5 2 - 0 9 - A 1
Approval date: 30 October 2009	Expiry date: 29 October 2014

Special conditions of the approval (if any): None

General conditions:

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following:

- The project leader (principle investigator) must report in the prescribed format to the NWU-EC:
 - annually (or as otherwise requested) on the progress of the project,
 - without any delay in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the project.
- The approval applies strictly to the protocol as stipulated in the application form. Would any changes to the protocol be deemed necessary during the course of the project, the project leader must apply for approval of these changes at the NWU-EC. Would there be deviated from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.
- The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date, a new application must be made to the NWU-EC and new approval received before or on the expiry date.
- In the interest of ethical responsibility the NWU-EC retains the right to:
 - request access to any information or data at any time during the course or after completion of the project,
 - withdraw or postpone approval if:
 - any unethical principles or practices of the project are revealed or suspected,
 - it becomes apparent that any relevant information was withheld from the NWU-EC or that information has been false or misrepresented,
 - the required annual report and reporting of adverse events was not done timely and accurately,
 - new institutional rules, national legislation or international conventions deem it necessary.

The Ethics Committee would like to remain at your service as scientist and researcher, and wishes you well with your project. Please do not hesitate to contact the Ethics Committee for any further enquiries or requests for assistance.

Yours sincerely

Prof MMJ Lowes
(chair NWU Ethics Committee)

Prof HH Vorster
(Chairman: NWU Ethics Committee: Author)

RR