

Nursing students' experience of clinical facilitation with regards to their resilience

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ABSTRACT

Resilience is an attribute that is of great importance when it comes to retain nurses in the profession and to ensure quality patient care. An individual's resilience in the workplace promotes their job satisfaction, good support systems and communication within the working environment, while it also acts as a barometer for the individual's psychological wellbeing in the workplace. Clinical facilitators can play a major role in supporting nursing students and fostering their resilience. As nursing is a hands-on profession, clinical facilitation with thorough skills development is needed to help nursing students and to show the way forward, especially in the clinical environment. Based on these findings, the researcher identified the need to explore and describe nursing students' experience of clinical facilitation in relation to their resilience. This information is important for formulating recommendations to guide the development of nursing students' resilience through clinical facilitation.

The study followed a qualitative, interpretive, phenomenological design to explore and describe nursing students' experience of clinical facilitation, specifically as it relates with regards to resilience. Purposive sampling was utilized within the set criteria, while the sample size was determined by data saturation, which was reached before the lapse of an eight-week data collection period. A total of 197 journals were collected from participants over an eight week period and three reflective focus group interviews were conducted. Data analysis was conducted according to Tesch's method while making use of the ATLAS.ti program. Analysis of collected data was accomplished with the assistance of a co-coder.

The findings revealed themes such as personal and career vision and themes relating to participants' experiences of clinical facilitation as it relates to specific elements of resilience, namely determination, interaction, relationships, problem solving, organization and self-confidence. The findings of this study indicate that nursing students do have some characteristics of resilience, such as having a personal and career vision. The development of resilience through clinical facilitation can be further enhanced by the presence of role models, well-developed relationships between clinical facilitators and nursing students, which then provide the needed support, motivation and encouragement. Furthermore, interaction skills development and the enhancement of nursing students' self-confidence during clinical facilitation may lead to resilience development.

Conclusions could be drawn related to nursing students' experiences of clinical facilitation with regard to the specific elements of resilience. The overall conclusion is that nursing students from either a nursing college or university placed in a clinical setting acknowledged the important role the clinical facilitator plays and appreciated the presence and input of the clinical

facilitator, but they were able to overcome adversity in the clinical setting in cases where the clinical facilitator was less available by being self-reliant, passionate, goal-orientated and determined. Therefore, it seems that resilience can be strengthened even further by clinical facilitators by maintaining a balance between providing support and motivation and facilitating self-reliance and independent learning.

Based on the findings, literature integration and conclusions drawn from the research, the study offers recommendations for nursing education, nursing research and nursing practice, to guide the development of nursing students' resilience through clinical facilitation.

Key words:

Clinical facilitation; clinical experiences; nursing student; resilience; strengthening of resilience.

OPSOMMING

Lewensveerkragtigheid is van groot belang wanneer dit kom by die behoud van verpleegkundiges en by die versekering van kwaliteit pasiëntsorg. Individue met veerkragtigheid in die werksplek ervaar verhoogde werksbevrediging, het beter ondersteuningstelsels en beter kommunikasie binne die werksomgewing, en terselfdertyd ook dien as 'n barometer van die individu se psigologiese welstand in die werkplek. Kliniese fasiliteerders speel 'n groot rol in die ondersteuning van verpleegstudente en in die bevordering van hulle veerkragtigheid. Aangesien verpleging 'n praktiese beroep is, is kliniese fasilitering met deeglike vaardigheidsontwikkeling nodig om verpleegstudente die weg vorentoe te wys, veral in die kliniese omgewing. Na aanleiding van hierdie bevindinge het die navorser die noodigheid gesien om verpleegstudente se ervaring van kliniese fasilitering ten opsigte van spesifiek veerkragtigheid te ondersoek en te beskryf. Die inligting is belangrik vir die formulering van aanbevelings om die ontwikkeling van verpleegstudente se veerkragtigheid deur kliniese fasilitering aan te help.

Die studie het 'n kwalitatiewe, interpretatiewe, fenomenologiese ontwerp gevolg om verpleegstudente se ervaring van kliniese fasilitering spesifiek met betrekking tot veerkragtigheid te ondersoek en te beskryf. 'n Doelgerigte steekproef met vooropgestelde kriteria is gebruik. Die steekproefgrootte is bepaal deur dataversadiging, wat bereik is voor 'n data-insamelingssiklus van agt weke voltooi is. 'n Totaal van 197 dagboek inskrywings is van deelnemers af ingesamel oor die agt weke periode, en drie reflektiewe fokusgroeponderhoude is gedoen. Data-analise is gedoen aan die hand van Tesch se metode met die gebruik van die ATLAS.ti rekenaarprogram. Die analise van die ingesamelde data is gedoen met behulp van 'n mede-kodeerder.

Die bevindinge het temas soos persoonlike en loopbaanvisie ingesluit, asook temas wat verband hou met die deelnemers se ervaring van kliniese fasilitering spesifiek met betrekking tot elemente van veerkragtigheid soos deursettingsvermoë, interaksie, verhoudinge, probleemoplossing, organisasie en selfvertroue. Die bevindinge dui aan dat verpleegstudente wel oor sekere eienskappe van veerkragtigheid beskik, soos om 'n persoonlike en loopbaanvisie te hê, terwyl die ontwikkeling van veerkragtigheid deur kliniese fasilitering aangehelp kan word deur die teenwoordigheid van rolmodelle en goed ontwikkelde verhoudinge tussen kliniese fasiliteerders en verpleegstudente. Hierdie elemente gee die nodige ondersteuning, motivering en aanmoediging. Verder kan veerkragtigheid versterk word deur die ontwikkeling van interaksievaardighede en die selfvertroue van verpleegstudente gedurende kliniese fasilitering.

Afleidings kan gemaak word rakende verpleegstudente se ervaring van kliniese fasilitering met betrekking tot spesifieke elemente van veerkragtigheid. Die oorkoepelende gevolgtrekking is dat verpleegstudente van hetsy 'n verpleegkollege of 'n universiteit wat binne 'n kliniese situasie geplaas word die belangrikheid van die kliniese fasiliteerder erken en hulle teenwoordigheid en insette waardeer. Hulle is egter by magte om struikelblokke in die kliniese situasie te oorkom in gevalle waar die kliniese fasiliteerder nie beskikbaar is nie deur selfstandig, passievol, doelwitgeoriënteerd en vasberade te wees. Dit blyk dus dat veerkragtigheid selfs nog meer versterk kan word deur kliniese fasiliteerders as hulle 'n balans behou tussen ondersteuning en motivering en selfstandigheid en onafhanklike leer.

Na aanleiding van die bevindinge, literatuurintegrasie en die gevolgtrekkings uit die navorsing word aanbevelings gemaak vir verpleegopleiding, verpleegnavorsing en die verpleegpraktyk om die ontwikkeling van verpleegstudente se veerkragtigheid te lei deur kliniese fasilitering.

Sleutelwoorde:

Kliniese fasilitering, kliniese ervaring, verpleegstudent, veerkragtigheid, versterking van veerkragtigheid.

ABBREVIATIONS

C	Nursing College Participant
CTOP	Clinic for Termination of Pregnancies
DALRO	Dramatic, Artistic and Literary Rights Organisation
ECG	Electrocardiogram
ENT	Eye, Nose and Throat
F/B	Female/Black
F/W	Female/White
FGI	Focus Group Interview
FN	Field notes
HREC	Health Research Ethics Committee
ICU	Intensive Care Unit
IPA	Interpretive Phenomenological Analysis
J	Journal
M/B	Male/Black
MIMS	Monthly Index Medical Specialities
NWU	North-West University
RISE	Strengthening the resilience of health caregivers and risk group
SANC	South African Nursing Council
U	University Participant

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CHAPTER 1: OVERVIEW OF THE STUDY

1.1 INTRODUCTION

Resilience is of great importance to retain nurses in the profession and to ensure quality patient care. Individuals with resilience in the workplace experience better job satisfaction, good support systems and communication within the working environment. Resilience is also a barometer of psychological wellbeing of the individual and the workforce (Jackson *et al.*, 2007:1). One of the obstacles in the development of resilience is the theory-practice gap (Allan, 2011:521). As a result a high percentage of professionals leave the profession early in their career, a fact that is associated with job dissatisfaction in the nursing profession (Manzano García & Carlos, 2012:101). With regard to the theory-practice gap in particular, research has shown that the existence of a theory-practice gap, where students experience theory and practice as two different realities, causes high levels of stress for nursing students (Hatlevik, 2012:868).

Clinical facilitators can play a major role in supporting nursing students and fostering their resilience (Hatlevik, 2012:868;876). As nursing is a hands-on profession, clinical facilitation with thorough skills development is needed to help nursing students and show the way forward, especially in the clinical environment (Allan, 2011:521). During clinical facilitation attention is given to the nursing students' practical and thinking skills, as well as their personal and professional orientation, to form and develop well-balanced and professional nurses (Hatlevik, 2012:868). It is during nursing students' study years that the opportunity exists to develop their resilience (Taylor & Reyes, 2012:1).

Resilience is described as a dynamic process where characteristics and the ability to access resources to cope with and recover from adversity can be taught (Grafton *et al.*, 2010:700-701). A resilient nursing student will demonstrate five essential elements, namely a purpose in life; perseverance; positivism or equanimity; self-reliance and lastly the ability of self-acceptance or existential aloneness. These characteristics as discussed by Wagnild (2010) are the centre of each resilient individual, and development thereof is within range for every person. Strengthening resilience is possible with the necessary facilitation and support at home and within the working environment. In order to strengthen and develop resilience, nursing students have to be informed on what resilience is and on ways to strengthen the specific characteristics and attributes, and then they have to be guided during their study years with the necessary support in order to develop and or strengthen resilience (Howe *et al.*, 2012:352-353; Cook, 2014). According to Mowbray (2011), the strengthening of

resilience is an approach that includes vision, determination, interaction, relationships, problem solving, organization and self-confidence as these personal attributes and characteristics involve personal awareness of one's abilities, shortcomings and the ability to adapt to new and challenging circumstances and self-acceptance.

Multiple research studies have been done on resilience and resilience development (Wagnild, 2010; Chen, 2011; Mowbray, 2011) in nursing and the limitations of skills development in nursing, short-falls in clinical learning, the theory-practice gap and limited development of the nurse as a professional (Hatler & Sturgeon, 2013:32-39). From these studies it is evident that the theory-practice gap in nursing is a phenomenon well studied as it is one of the major international concerns for the nursing profession (Cameron *et al.*, 2011:1372). Locally the attrition of nursing students during the 4-year Comprehensive Program is a concern, as only two thirds of nursing students that register complete their study in South Africa (SANC, 2014b). A School of Nursing Science confirmed this phenomenon informally by mentioning an attrition of 41% over the past three years among students who registered for the 4-year Comprehensive Program. This picture correlates with national statistics on the percentage of students completing the 4-year Comprehensive Program (see Table 1-1).

Research has also been done on the experience of nursing students during clinical facilitation (Edgecombe & Bowden, 2009:95-98; Courtney-Pratt *et al.*, 2012:1386-1387; De Swardt *et al.*, 2012:4-8). This research shows that factors such as thinking skills, learning approaches, support systems and relations with peers and colleagues not only influence the theory-practice gap, but also play a significant role in resilience within the working and learning environment (De Swardt *et al.*, 2012:1). Research related to the topic of clinical facilitation concentrated on the extrinsic and intrinsic aspects that contribute to a theory-practice gap (Van der Heever, 2003:193; Sharif & Masoumi, 2005:6). Du Plessis (2015:49;105) has found some positive outcomes underlined the experiences of nursing students who had been mentored by different role-players. The study of Du Plessis (Du Plessis, 1996:49;105)1996(a):49 & 105) so described their locus of control and the intrinsic and extrinsic aspects that contribute to the nursing student experience. Positive experiences such as goal orientation, determination, and forming good relationships indicated that there was a level of resilience within each student that can be explored and developed (Du Plessis, 1996(a):46 & 105; (McAllister & McKinnon, 2009:371-377). The inherent perceptions and the life orientation of facilitators and students played a distinctive and contributing part in the outcome of education and students' resilience (Edgecombe & Bowden, 2009:95-100).

Table 1-1: South African 4-year Comprehensive Program

Year Intake	No. of students	Year Completion	No. of students	% Completed
2008	4342	2011	2966	68.30%
2009	4299	2012	2966	68.99%
2010	6425	2013	3261	50.75%

(Abstract from SANC, Statistics: Age Analysis of Students. 2008-2013)

The prevalence of resilience in nurses has also been researched. Findings from such research show that even in the presence of work overload, resilient professional nurses remained in the profession and flourished (Koen *et al.*, 2011:1). Furthermore, enhancing resilience in the workplace can be accomplished through teaching and learning (Hatler & Sturgeon, 2013:32). Teaching and learning and therefore clinical facilitation can be described as a two-way experience to which the teacher, ward staff, peer group, professional nurses, clinical supervisor and the student all contributed (Chen, 2011:232-233). Attributes display by facilitators/nurse leaders include: equanimity, optimism and perseverance (Stagman-Tyrer, 2014:46-50). These facilitators/nurse leaders are all role players in the nursing student's learning environment and play an important role in the forming and development of resilient professional nurses.

It thus seems that some students have a positive experience of clinical facilitation and therefore of nursing and succeed to complete their course, indicating the presence of resilience within these students. Researchers agree on the nursing students attributes and characteristics with regard to resilience (Gillespie *et al.*, 2009:969-970; Grafton *et al.*, 2010:699) while Howe *et al.* (Howe *et al.*, 2012:349) says that "Resilience is a dynamic capability which can allow people to thrive on challenges given appropriate social and personal contexts". These different characteristics can be described as: coping or social support; self-efficacy; optimism; faith or spiritual support; tolerance; hardiness; patience; self-esteem or psychological support; humour and adaptability (Koen *et al.*, 2011:1-11). These characteristics are confirmed and further narrowed down to mental health; sense of coherence; optimism; general health; hope and coping self-efficacy (Howe *et al.*, 2012:349-

356), while Wagnild (2010) has described the essential characteristics of resilience as: purpose; perseverance; self-reliance; equanimity and existential aloneness.

Research confirms that resilience can be taught in health professionals by means of providing protective factors; critical and constructive thinking and providing opportunities to take responsibility in the educational environment of the nursing student (Chen, 2011:230-233; Sergeant & Laws-Chapman, 2012:14-19; Taylor & Reyes, 2012:1-9; Foureur *et al.*, 2013:114-123). The presence of clinical facilitators in the development and strengthening of resilience in nursing students' practice is therefore crucial. Opportunities can be created to develop resilience in formal class settings and in the informal or practical settings (Foureur *et al.*, 2013:119).

The above mentioned discussion highlights the need to explore and describe the experience of nursing students of clinical facilitation with regard to resilience. Development of resilience in the nursing students through clinical guidance have a direct influence on the success rate or outcome of their studies (McAllister & McKinnon, 2009:375). In a similar study, three factors came to the fore: the need for sufficient role models to guide students; high expectations and support by facilitators to improve nursing students' self-esteem, and self-efficacy; while autonomy and active participation by students improve resilience (Chen, 2011:232).

1.2 PROBLEM STATEMENT

The patient-nurse ratio in the North West province of South Africa is currently 418:1 (SANC, 2014b). This places immense pressure on those that remain in the profession. With the development and improvement of resilience in the nursing profession, job satisfaction and job retention can be improved, and this in turn results in better patient care (Jackson *et al.*, 2007:1). There seems to be a need to conduct research related to the resilience of the nursing student to ensure a well-balanced, skilful and resilient professional nurse practitioner who provides good patient care and who remains in the profession.

It is furthermore important to note that the comparison between the number of student nurses that registers for the 4-year Comprehensive Programme and the number of students that finally completes this course showed a rapid decline according to statistics provided by SANC (2014b). Student retention in nursing programmes and the relevance to clinical practice have been researched. These studies concluded that support and commitment in clinical practice are essential to retain students in the nursing programme (Edgecombe & Bowden, 2009:91; Cameron *et al.*, 2011:1372; Koen *et al.*, 2011:1; McDonald *et al.*, 2012:378-384). In addition, the stress levels of students; the fear to fail; the lack of social,

mental and spiritual support systems with inadequate facilitation all inhibit personal growth and therefore the development of resilience (Li *et al.*, 2011:203-210).

It is therefore important to know how nursing students experience clinical facilitation with regard to their resilience. As far as the researcher is aware, no research has been conducted on this topic, especially within the context of the hospitals where the nursing students are working. These nursing students receive clinical facilitation, but it is not known how they experiences clinical facilitation in relation to their resilience.

This research forms part of a bigger research project, RISE, a study that focuses on “Strengthening resilience of health caregivers and risk groups” (Koen & Du Plessis, 2011). This research focused particularly on health caregivers in development, namely nursing students.

1.3 RESEARCH QUESTION

In the view of the discussed background to the study, the research question that comes to mind and that meets the required criteria as outlined by Bak (2011:21), Brink *et al.* (2010:52) and Botma *et al.* (2010:97-101), is:

How do nursing students experience clinical facilitation with regard to their resilience?

1.4 RESEARCH PURPOSE

According to Bak (2011:21) and Grove *et al.* (2013:139), the research question indicates the purpose and/or aim of the research study. Therefore, in view of the above-mentioned research question, the purpose of this research study is:

To explore and describe nursing students’ experience of clinical facilitation with regard to resilience.

1.5 PARADIGMATIC PERSPECTIVE

The paradigmatic perspective of this research comprises of meta-theoretical; theoretical and methodological assumptions that guide the research.

1.5.1 Meta-theoretical assumptions

The researcher’s meta-theoretical assumption is based on own view of man and the world. The researcher’s philosophy and how to deal with the nature of reality may influence the exploration and description of the nursing students experiences due to the social construct of

her own world view and subjective observation of her own internal reality. In this study the researcher's philosophical views are explicitly described, and they are as follows:

Person:

A person is a holistic human being with different dimensions, namely: body (physically visible), soul (intellect, emotions and will) and spirit (beliefs and norms). In this research *person* refers to the nursing student with the potential to bounce back (have resilience) during adverse events, such as being placed in speciality clinical facilities like psychiatric facilities, ENT, orthopaedic units, casualty, neurosurgery, the burns unit, oncology, gynaecology unit, intensive care units, urology, maternity, surgical units and the community health environment.

It is furthermore the researcher's assumption and interpretation of the world that the nursing student is a unique human individual, with own characteristics and beliefs in a specific social setting namely the nursing environment, with development as professional and patient care as their aim (Cohen D, 2006; Weaver & Olson, 2006:461)

Environment:

The environment is the geographic and social surroundings in which a person functions. In this research study it refers to the clinical placement within a health setting where the nursing student has the opportunity to acquire knowledge and skills during clinical facilitation. This environment forms a context that influences and is influenced by the nursing student.

Health:

Health is the physical, mental and emotional wellbeing of a person, free from illness and/or injury. In this research study, health refers to the nursing students' health (physical, mental and emotional wellbeing), the nursing students' resilience, as well as the nursing students' implementation of procedures, actions, treatment, and support to improve illness, emotional distress and the social wellbeing of in-patients in hospital wards to ensure optimal wellbeing.

Nursing:

Nursing implies assisting a person in a clinical environment, which could be in a hospital, clinic or at home in sickness and health to ensure optimal health. In this research study nursing refers to the ability of nursing students to take care of a person to promote health and prevent sickness within the clinical environment, namely a hospital or clinical facilities if placed there. Furthermore, nursing entails clinical facilitation provided by lecturers,

preceptors, and ward staff such as professional nurses, enrolled nurses and auxiliary nurses, doctors and other members of the multi-professional team.

1.5.2 Theoretical assumptions

The theoretical assumptions are described below and include a central theoretical statement and conceptual definitions.

1.5.2.1 Central theoretical statement

The exploration and description of nursing students' experience of clinical facilitation with regard to their resilience can contribute to the formulation of recommendations to guide the development of nursing students' resilience through clinical facilitation. These recommendations are formulated based on the results of the research through a process of inductive reasoning to aid in the development of resilience of nursing students during clinical facilitation. The recommendations can be used to guide nursing students, clinical facilitators and ward staff during the clinical placement of nursing students.

1.5.2.2 Conceptual definitions

Nursing student

“A person undergoing education or training in nursing must apply to the Council to be registered as a learner nurse” (Nursing act 33 of 2005) For the purpose of this research, nursing student refers to a student enrolled or registered at a nursing educational institution, namely at a nursing college or university, and who is registered as required by the SANC for the 4-year Comprehensive Programme.

Resilience

Resilience refers to a set of attributes that enable a person to demonstrate flexibility, ability to succeed and to live in a positive manner, despite the stress and adversity of life (Howe *et al.*, 2012:350). In this research study resilience refers to the nursing students' ability to bounce back during or after an adverse event within the clinical setting.

Clinical facilitator

Any person (ward staff; peers; supervisors; clinical accompaniment or any person appointed by the educational institution) who interacts with and facilitates nursing students in learning; or a team consisting of a combination of facilitators, mentors, preceptors, supervisors and role models (Lekhuleni *et al.*, 2004:17-18; Courtney-Pratt *et al.*, 2012:1382). In this research,

clinical facilitator refers to clinical facilitators and preceptors appointed by nursing educational institutions and ward staff including members of the multi-professional team

Clinical facilitation:

According to Mijares *et al.* (2013:61) clinical facilitation includes the sharing of knowledge and experience, providing emotional support, acting as role model and guiding the nursing student. In this research study it involves support in a learning environment, the enabling of nursing students' individual learning processes, the development of attributes, the identification and enhancing attainment of the nursing students' nursing competence.

Experience:

Experience can be a direct observation of or participation in events as a basis of knowledge. It can also be the fact or state of having been affected by or gaining knowledge through direct observation or participation (Merriam-Webster's medical dictionary, 2007). In this research the focus is on nursing students' lived experience of clinical facilitation with regard to their resilience.

1.5.3 Methodological assumptions

The methodological assumptions of this research study are based on interpretive phenomenological analysis (IPA). This phenomenological approach attempts to explore the meaning of lived experiences and attempts to analyze and understand the life world of participants, in this case nursing students.

Therefore, the researcher believes that "good" research is characterized by inductive reasoning processes that follow each other in a logical order to arrive at a conclusion. The researcher furthermore concurs with Botma *et al.* (2010:38-39) who states that "... qualitative research is an iterative process" to come to what is believed as being the truth about experience.

The researcher agrees with the logical order of the research process as described by Botma *et al.* (2010:38-39), involving four basic phases. These phases begin with a conceptual phase which refers to the formulation of a research problem, research question and definition of relevant terms. This is followed by selecting a research design appropriate for the problem to be researched, identification of the target population, sampling methods and methods for data collection. The third phase consists of data analysis and interpretation of data, while the fourth phase consists of report writing and dissemination of results or findings. The researcher also agrees with and applied the hermeneutic research approach described by Van Manen (1990:30-31) which is characterized by six research activities,

namely selecting a phenomenon of interest; researching lived experience rather than conceptualizing it; reflection on essential themes characteristic to the phenomenon; description of the phenomenon through writing and rewriting; maintaining a strong-relation to the phenomenon; and lastly considering the parts and the whole of the research to balance the context. Therefore, within the qualitative research approach and the research approach based on IPA, the researcher attempted to explore, describe and interpret the nursing students' experience of clinical facilitation with regard to their resilience. The research approach followed in this study, was guided by various research authors such as Botma *et al.* (2010:50), Creswell (2009:173-201), Flood (2010:10-13), Groenewald (2004:1), Van Manen (1990:30-31) and Weaver and Olson (2006:461). The four research phases were followed as described by Botma *et al.*, all the while incorporating the six principals for interpretive research writing as described by Van Manen (Van Manen, 1990). The process occurred within an ethical framework as described in section 2.7 to ensure qualitative reliability and validity and trustworthiness throughout the research process.

1.6 RESEARCH METHOD AND DESIGN

1.6.1 Research design

This study is an interpretive phenomenological analytical (IPA) study, which explores and describes the lived experiences of nursing students of clinical facilitation with regard to resilience (Van Manen 1990:30-31). This research approach is appropriate for this study as it guides and assists the researcher to explore, describe and interpret the nursing students' experiences of clinical facilitation with regard to resilience. This research design is well described by Creswell (2009:13), Botma *et al.* (2010:50-51:108-111), and Grove *et al.* (2013:27), and is described in more detail in Chapter 2.

1.6.2 Research method

A brief description of the method follows with special attention to sampling, data collection and method of data collection. A more detailed description of the research method follows in Chapter 2.

1.6.3 Sampling

The following aspects were considered during sampling:

Population

The target population consisted of nursing students, registered or enrolled at a university and/or a nursing college, for the 4-year Comprehensive Programme in nursing.

Sampling method

Purposive sampling in this research was used to ensure consistency and unbiased representation (Botma, 2010:124-127). The selected method was utilized to ensure that only nursing students who complied with selection criteria participated (see section 2.3.1.1) after voluntary signing consent (Grove *et al.*, 2013:352-353).

Sample size

The sample size was determined by data saturation, which means that a point in the data analysis was reached where further sampling of data will not contribute more to the related research question (Botma, 2010:129-131; Grove *et al.*, 2013:371-373). Data saturation was reached before the end of eight weeks cycle of journal data collection and after three focus group interviews had been conducted.

1.6.4 Data collection

1.6.4.1 Role of researcher

The researcher obtained ethical clearance within the umbrella project, RISE, reference number NWU-00036-11-A1 (M.P. Koen & E. du Plessis)(see Appendix A), from the Health Research Ethics Committee of the North-West University, Potchefstroom Campus, as a sub-study of the RISE project (Ref no NWU-00036-11-A1; 13/05/2011–12/05/2016) with added amendments (see Appendix B). The researcher furthermore obtained permission to conduct the research from the North West Health Department Research Committee (see Appendix C), the director of a nursing department at a university (see Appendix D), the principle of a nursing college (see Appendix E), the Chief Executive Officer of a provincial hospital complex (see Appendix F), the hospital manager of a private hospital (see Appendix G), the Chief Executive Officer of psychiatric hospital (see Appendix H), and lastly from the nursing students who voluntary participated in the study (see Appendix I). The purpose and importance of the research was explained to all relevant stakeholders in order to obtain written consent. As part of the process of informing potential participants in the research and introducing the concept of resilience to participants, the researcher convened an informative workshop on building resilience with a guest speaker who is a specialist in the field of resilience (see Appendix J). The researcher identified mediators to assist the researcher with

the assistance of the educational institutions. These persons provided mediation between students and the researcher.

The mediators' roles were to recruit nursing students to attend the information workshop, where the nursing students received the necessary information with regard to the research purpose, method of data collection and analysis. This information was necessary so that these attending nursing students could make an informed decision on whether to take part in the research study or not. The mediators' presence minimised coercion by the researcher and the nursing students had a 48-hour time period after attending the informative workshop (see Appendix J) to contemplate their participation. The mediators then obtained signed consent from the prospective participants, whose written consent, names and contact numbers were then provided to the researcher. The researcher then made appointments with the participants for the purpose of data collection.

The researcher observed all ethical considerations throughout the research study as described in 2.7

1.6.4.2 Physical environment

Meetings were held with participants in the clinical environment where they were allocated for practical experience. They completed their journals in the privacy and comfort of their homes or student accommodation. The focus group interviews were conducted in a private, safe, secure and comfortable place to ensure confidentiality and during times set as convenient for both the researcher and participants.

1.6.4.3 Data collection method

Participating nursing students kept journals of their experiences on clinical facilitation with regard to resilience. These journals were kept by using their own words to describe their experiences on clinical facilitation with regard to resilience. This was done in the privacy of their homes, and these journals were collected on a weekly basis. Focus group interviews (FGI) were conducted to reflect further on the nursing students' lived experiences in clinical facilitation. Communication skills as described by Rossouw (2003:143-148) and Okun and Kantrowitz (2008:51-81:87-115) were utilized during the interview. The focus group interviews were done in English, as it was a language that all stakeholders understood. The interviews were conducted with a leading phrase "What were your experiences on clinical placement and facilitation with regard to your resilience? The interviews were audio-recorded and transcribed verbatim.

Field notes were written by the researcher during weekly visits when the journals on their experiences with regard to clinical facilitation were collected, and during the conducting of focus group interviews. Field notes were structured according to methodological notes that reflected on strategies and methods used, while theoretical notes reflected on the researchers thought on how and what made sense. Lastly, personal notes reflected on researchers' perceptions and feelings and the influence of these perceptions on the research (Creswell, 2009:183-190; Botma, 2010:221-230). See Appendix N as an example of field notes on journal collection, while Appendix O is an example of field notes of a focus group interview.

1.7 DATA ANALYSIS PLAN

The collected data included journals kept by nursing students (see Appendix L for an example of a journal), focus group interviews (see Appendix M as an example of a focus group interview), and field notes (see Appendix N and O), kept for the duration of the research study. Data were analysed and coded to ensure rich and accurate data. The journals and transcribed focus group interviews were analysed through coding of themes and sub-themes, while the field notes were reviewed after data analysis to verify and confirm the themes and sub-themes (Creswell, 2009:183-190; Botma, 2010:221-230).

The researcher made use of the ATLAS.ti computer program to structure the data from the journals and the transcribed focus group interviews. Tesch's method as described by Creswell (2009:183-190) was used to analyse the data. The journals and focus group interviews combined provided trustworthiness through triangulation of data sources and increased trustworthiness of the study when integrated (Creswell, 2009:235), while the field notes confirmed the themes and sub-themes as identified in the journal and FGI analysis. With the assistance of a fellow-coder, attention was given to the subjectivity of the analytical process to ensure inter-analyst reliability. The significance of statements, the generation of meaning, description development of the phenomena and interpretation of data were of essence (Botma *et al.*, 2010:221-230).

1.8 DISSERTATION OUTLINE

The dissertation outline is as follows:

Chapter 1: Overview of the study

Chapter 2: Research design and method

Chapter 3: Research findings and literature integration

Chapter 4: Conclusion, limitations and recommendations.

1.9 SUMMARY

Chapter 1 provided an overview of the research. A more detailed discussion of the research design and method and a discussion of trustworthiness and ethical considerations follows in Chapter 2.

CHAPTER 2: RESEARCH DESIGN AND METHOD

2.1 INTRODUCTION

The previous chapter comprised an overview of the research, namely the introduction, background, problem statement, research question, aims and objectives, paradigmatic perspective and lastly a brief description of the research design and method.

This chapter comprises a detailed description of the research method and design followed in this research study.

2.2 RESEARCH DESIGN

An interpretive phenomenological research design was followed, as described by Flood (2010:7-13), Botma *et al.* (2010:190); Creswell (2009:184); Grove *et al.* (2013:60-62) and Brink *et al.* (2010:113-114) within a specific context namely clinical practice with the purpose of exploring and describing the experience of nursing students of clinical facilitation with regard to their resilience.

Interpretive phenomenology was used in this research as a design to explore and describe the essence of human experience about a specific phenomenon (Botma, 2010:190), in this case nursing students' experience of clinical facilitation with regard to their resilience.

This design enabled the researcher to explore and describe the experiences of participants, such as beliefs, feelings, decisions, judgments, memories or things that relate to "bodily action". The researcher set aside her own experiences in order to understand the experiences of participants in the research (Botma, 2010:110-112:194). During such phenomenological research data sources may include conversations, interviews, diaries and journals. In this study the data sources consisted of journals and focus group interviews.

Furthermore, this design allowed the researcher to understand the phenomenon within the real lived context (Grove *et al.*, 2013:66-68), namely the clinical practice where nursing students were placed to gain clinical experience. The researcher clearly describes this real world context (see following paragraph) and the data collection plan to provide insight into the context of this research. The detailed plan for data collection is given under the heading "Data collection method" (2.4.2.).

For the purpose of this research study, the context was clinical facilities where students were allocated to develop their skills and clinical expertise. These facilities were deemed fit for this purpose by the university or nursing college where these students are enrolled. The

students' placements were made in specialty clinical facilities namely psychiatric facilities, ear nose & throat unit (ENT), orthopaedic units, casualty, neurosurgery, the burns unit, oncology, gynaecology unit, intensive care units (ICU), urology, surgical units, maternity and the community nursing college. University students received clinical facilitation each Thursday as allocated per unit. The outcomes for their placement included specialty procedures such as tracheostomy care; assessment of patients in casualty, using the Triage assessment tool; doing an Electrocardiograph (ECG) and collecting blood for blood gas as well as interpretation thereof; administration of oral and intravenous medication according to prescription; assessment of patients in specialty units and formulating appropriate nursing care plans by applying nursing skills to prevent illness, promote health, cure and rehabilitate individuals and families affected by conditions per specialty within the legal ethical framework and within the multi-disciplinary team. These students' practical outcomes in community health nursing included home visits and health education. Students from the nursing college were allocated at psychiatric units at the time of the study. These students received clinical facilitation 2-3 times per week or more frequently as the need arose. The outcomes for placement were: to be able to assess patients with mental illness, to formulate appropriate nursing care plans by applying psychiatric nursing skills to prevent mental illness, to promote mental health, cure and rehabilitate individuals, families, groups and communities, within the legal ethical framework and within the multi-disciplinary team.

2.3 POPULATION

The target population consisted of nursing students, registered or enrolled at a university or a nursing college for the 4-year Comprehensive Programme in nursing and placed in a clinical facility.

2.3.1 Sampling method

Purposive sampling was applied in this research because of economic and demographic considerations and also to ensure consistency and unbiased representation (Botma, 2010:124-127). The selected method was utilized in order to ensure that nursing students complied with the selection criteria (see section 2.3.1.1) and only participated after voluntarily signing consent (Grove *et al.*, 2013:352-353). Recruitment, sampling criteria and sample size are discussed below.

2.3.1.1 Recruitment and sampling criteria

The recruitment of participants was mediated by mediators, identified and appointed by the programme managers of the educational institutions. The mediation occurred during a

session that consisted of an informative workshop on building resilience. These appointed mediators are lecturers at the university and the nursing college. A total of 56 students from a university and 97 students from a nursing college attended the two respective workshop sessions. They were informed on the research objectives, the purpose of the informative workshop and recruitment of participants. The informative workshop was presented by a specialist on resilience and was attended by the researcher, the mediators and prospective nursing student participants. The workshop was presented at one of the hospital facilities to the college students, and in a lecture room to the university students, as these venues were centrally located and convenient for all stakeholders and therefore also accessible for the mediators from the educational institutions. The informative workshop gave prospective participating nursing students the necessary information on resilience and on the purpose of the research; the aim thereof and the methods to collect data for the research study. The nursing students were granted a 48- hour period to re-think and to ask questions concerning the research before they were asked to commit themselves by giving written consent.

Inclusion criteria of participants consisted of the following:

- Participants had to be proficient in English to take part in the research study. This was necessary to ensure the truth value, consistency, neutrality and authenticity of data collected during attendance of the workshop; keeping of journals; follow-up debriefing visits to participants and during focus group interviews.
- Second-, third- and fourth-year student nurses enrolled for the 4-year Comprehensive Programme from two educational institutions and who have experienced clinical facilitation for more than one year were included to ensure that information-rich participants were included.
- Students enrolled for the first time for the 4-year Comprehensive Programme without any previous nursing-related courses or exposure, to ensure that a descriptive novice experience was explored and described, as was intended in this research.
- Participants who were prepared to give written consent for participation in the study were included.
- Participants who were prepared and able to keep a journal on their lived experiences of clinical facilitation with regard to their resilience for a three-month period were included.
- Participants who were available to attend a focus group interview of 60 minutes at the end of the three-month period were included.

Exclusion criteria consisted of:

- Student nurses in their first year of study, enrolled in the 4-year Comprehensive Programme, due to their limited experience of clinical facilitation.
- Student nurses with previous nursing-related experiences.

2.3.1.2 Sample size

The sample size was determined by sample selection until data saturation was reached from data collection. The sample was from two educational institutions, and data was collected by means of journal keeping, focus group interviewing, as well as keeping field notes. Data saturation was reached when rich, in-depth and redundant data were evident (Botma, 2010:129-131; Grove *et al.*, 2013:371-373). Data saturation was reached before the lapse of eight weeks of journal keeping by participants and a total of 197 journals were collected, and after three focus group interviews which included 19 participants, accompanied by rich field notes written by the researcher.

2.4 DATA COLLECTION

Data collection is discussed under the following headings, namely the role of the researcher and data collection method, with reference to journals, focus group interviews and field notes.

2.4.1 Role of researcher

The researcher obtained the necessary permission from all relevant stakeholders as well as written consent from participants as described in 2.3.1.1. The researcher observed all ethical considerations throughout the research study as described in 2.7.

The researcher used the assistance of mediators who were identified and appointed by the program managers at the university and nursing college to facilitate mediation between the educational institutions, participating students and the researcher. These mediators facilitated the researcher with the recruitment process, to provide clear and correct detailed information on the research purpose, the role of the participating nursing students and data collection methods. Information on data analysis and was presented to all relevant stakeholders. Clear and well-detailed information was necessary so that the mediators could obtain written consent from participating nursing students, after which they provided the researcher with the names and contact numbers of these participants. The researcher could

make appointments and arrange the onset of the research as agreed by all participating nursing students (Botma *et al.*, 2010:203-204).

2.4.2 Data collection method

Cresswell (2009:178-183) recommended data collection methods for phenomenological studies were used during the research study. The researcher made use of documentation, namely journals; focus group interviews that were audio-recorded and written documentation of field notes during the journal collections and focus group interviews.

Prior to the onset of data collection the researcher, under the supervision of the research supervisor, evaluated her own skills in data collection through a role play with non-participants on journal collection and a focus group interview, as to ensure that the researcher was fully equipped and skilful to collect data.

2.4.2.1 Journals

Each participant was asked to keep a journal (see Appendix L as an example) on their lived experiences of clinical facilitation with regard to their resilience, and these were collected on a weekly basis. Participants were provided a clean journal in which they could write and share their experience of clinical facilitation with regard to their resilience. These journals were structured according to the elements of resilience (Mowbray, 2011) to assist participants in guiding their thoughts and to ensure rich and in-depth descriptions by participants of their experience of clinical facilitation with regard to their resilience.

The completed weekly journals added up to eight journals per participant over a three-month period. The first collection of journals (week 1) was used as a trial run to identify any misconceptions and misunderstandings and to correct any shortfalls in the process of data collection. During the journal collection period the participating nursing students were visited weekly by the researcher at their respective clinical allocated wards/units. The purpose of these weekly visits was to contribute to continuous participation, and to ensure good communication, the availability of researcher for one-on-one sessions, if and when any questions arose concerning the research and for the collection of weekly compiled journals. The researcher referred participants to the relevant resources when and where the need arose, but did not intervene or attempt to solve problems for the participating nursing students. The researcher was also available for telephonic contact sessions when the need arose. These follow-up visits formed part of data collection, and field notes were taken during these weekly visits by the researcher.

The advantages of using journals in this study was that it was written evidence, data that represent thoughtful and attentive detail in participants' own words and in English, as English was a pre-request to participate. It gave in-depth detail on participants' experiences and could be accessed at any time convenient for the researcher (Holloway & Wheeler, 2002:105-107; Creswell, 2009:180).

2.4.2.2 Focus group interviews

The second method used during the research study included focus group interviews. The focus group interviews were done with three different groups of which the focus groups participants' were 11; five and three members, three of the assigned six participants in this FGI withdrew consent (see Table 3-2). Although three members in a FGI is not seen as significant, the researcher valued the remaining participants input and continued the FGI. These interviews were conducted in 59 minute; 30 minute and 32 minute sessions (see Appendix M). These focus group interviews were held at the university, a psychiatric hospital and the participants' residence, and focused on the participant nursing students' reflection on their experiences of clinical facilitation with regard to their resilience. Therefore the interviews were conducted with the leading phrase "What were your experiences of clinical facilitation with regard to your resilience?" A short debriefing was done at the onset of the interview in that preliminary results of journals were shared with the participants and the purpose of the focus group interview was shared with them. Ground rules were set which included that any person can withdraw at any given moment without any penalties; the participation of all present is required; and that each person's opinion is valid and valued.

These focus group interviews were audio-recorded and transcribed (see Appendix L). The focus group interviews added additional data to the data collected through journal keeping. The focus group interviews ensured rich and comprehensive data collection with data saturation.

The advantages of focus group interviews were that participating students provided rich information in their own words and in English, a language understood by all stakeholders. Focus group interviews also allowed the researcher to control the line of questioning and discussion concerning the study (Holloway & Wheeler, 2002:110-119; Creswell, 2009:179). Compiling field notes forms part of the focus group interview, which the researcher added to the collected data for a more comprehensive, rich and descriptive data base.

Advance verbal response skills were used during the focus group interviews as described by Okun and Kantrowitz (2008:75-81). These skills included:

- Minimum verbal responses are verbal cues such as for example “yes”, or “mmm”. This indicates to the participant that the researcher is listening.
- Paraphrasing is the restatement of a participants phrase, but in other words as those used by the participant, but equal in meaning.
- Reflecting implies the mirroring of a statement by the participant, a feeling of or observation by the researcher on the participant.
- Making use of questions during the focus group interview the researcher was able to direct the discussion with open-ended questions. For example, “What was your experience on challenges in the ward setting?” or “How did that make you feel?”
- Clarifying information or statements included a question, “Do I understand correctly?” or making a statement, “In other words you mean”, to form an accurate understanding of what was said or meant.
- Interpreting responses from participants during the focus group interview can add to what was said or can try to create an understanding of what was said or feelings experienced.
- Confronting involves honest feedback on what was said or not said, from the interviewer, in this study, the researcher. For example, “You say this, but your reactions show that you feel quite the opposite”.
- Informing occurs when the researcher shares factual information or objectives with the participant/s to ensure that information is factual and that you are not advising the participant.
- Summarizing during the focus group interview was to highlight the major points that were raised. For example, “To conclude on what was discussed, ... “
- Silence. Although not a verbal response, it is a very effective skill. For example, instead of making a sound or using words, the interviewer uses a nod of the head or changing of body position. The silent moment gives the opportunity to re-think and/or encourage continuing.

2.4.2.3 Field notes

Field notes were collected by the researcher during weekly visits when journals on nursing students’ experiences were collected, as well as during the focus group interviews (see Appendix M as an example). These field notes were structured according to a classification

of notes as either methodological notes that reflected on strategies and methods used, theoretical notes that reflected the researchers' thoughts on how and what made sense and lastly, or personal notes that reflected the researchers' perceptions and feelings and the influence of these perceptions on the research (Creswell, 2009:183-190; Botma, 2010:221-230)

2.5 DATA ANALYSIS

The hermeneutic phenomenological approach as described by Van Manen (1990:30-31), was used to analyse the collected data. This phenomenological approach is an extension of Husserl and later Heidegger's phenomenological approaches as described by Goble and Yin (2014) and differences highlighted by Reiners (2012:1-3). Collected data includes journals kept by participants, focus group interviews conducted and field notes kept by the researcher for the duration of the research study. The journals were analysed through coding to reveal themes and sub-themes, while the transcribed focus group interviews were reviewed in a meticulous manner to ensure accurate data. All data collected were analysed and structured according to the method of Polit and Beck (2008:515) as cited by Botma *et al.* (2010:221) as well as Tesch method described by Creswell (2009:185-190), although a generic method, the most suitable method to apply the six steps as described by Van Manen (1990:30-31), in order to identify themes and sub-themes with the assistance of a fellow-coder while making use of the computer program ATLAS.ti.

The analysis of the above-mentioned data sets was done by applying the steps as described by Creswell (2009:183-190), namely:

- Reading through all journals kept by participants, as well as listening and reading through all transcriptions of focus group interviews to gain insight into the participants' experience.
- Development of a general sense of the data by repeatedly reading through the data sets.
- Organization and preparation of data by grouping data-sets and removing identifying information. The researcher made use of the ATLAS.ti computer program to structure the data from the journals and transcribed focus group interviews, and to analyse this data.
- Coding of all data collected, through identifying words and phrases that resemble the focus of this research, namely the experience of nursing students of clinical facilitation with regard to their resilience.

- Grouping similar codes into themes and sub-themes, resembling the experience of nursing students of clinical facilitation with regard to resilience.
- Describing of identified themes and sub-themes (see Chapter 3).
- Triangulation of collected data according to identified themes and sub-themes by comparing the themes and sub-themes with field notes taken by the researcher.
- Interpreting the data by reading the themes and sub-themes in conjunction with descriptions of the context of the research, namely the field notes and demographic data (see Chapter 3), as well as with relevant literature by means of literature control (see Chapter 3). This interpretation of data contributed to the finalization of the results as described in Chapter 3, and to the formulation of a conclusion (see Chapter 4).
- Representing the findings (see Chapter 3)

With the assistance and involvement of a fellow-coder, attention was given to the subjectivity of the analytical process to ensure inter-analyst reliability. During this process important statements that generate meaning, descriptions of the phenomena and interpretation of data were significant. This was possible by following the above mentioned steps independently (Botma, 2010:221-230). A consensus meeting between the researcher and fellow-coder to compare themes and sub-themes were planned.

2.6 TRUSTWORTHINESS

Trustworthiness was ensured by means of the following methods:

2.6.1 Truth value

Truth value as described by Botma *et al.* (2010:233) “determines whether the researcher has established confidence in the truth of the findings with the participants and the context in which the research was undertaken.” The truth value of a study can be enhanced by means of various methods, such as prolonged engagement; peer debriefing; presenting all information results; triangulation of collected data and the use of rich, comprehensive and descriptive data (Botma *et al.*, 2010:233-235; 292). The truth value of this research study was established through prolonged engagement with participants over a period three months, which added credibility to the study. This engagement started when participants attended an informative workshop on resilience and the development thereof; continued with weekly follow-up sessions over a period of three months between the participants and researcher while students keep journals on their experience during clinical facilitation with

regard to their resilience. The accurate, rich, self-recording journals kept by participants added to the truth value. Engagement with participants continued during the focus group interviews, which concluded the data collection. During the focus group interviews students reflected on their experiences during clinical facilitation. These interviews were voice recorded and transcribed to add further truth value to the study.

Furthermore, the reflection of the participants on their experiences of clinical facilitation with regard to resilience during the focus group interviews, provided rich data and ensured data saturation. Documentation of field notes on the weekly visits with the nursing students when collecting the journals and field notes compiled during the focus group interviews added to the truth value. Triangulation of data collection methods, namely journals, field notes and focus group interviews, increased the credibility and truth value of the study. The inclusion of all data collected during the data analysis also added to the truth value of this study. The clarity on possible bias that the researcher brought to the study by declaring her own perceptions, views and believes, also added to the truth value (Creswell, 2009:190-193).

2.6.2 Applicability

“Applicability refers to the degree to which the findings can be applied to different contexts and groups” (Klopper, 2008:69; Botma *et al.*, 2010:233). This research was contextual and the intention was not to generalize the findings, but because of an audit trail made available by a thorough description of this research, it can be applied in other groups and contexts. Therefore, within nursing, this research might be applied to other contexts if the need arises (Cameron *et al.*, 2011:1372).

2.6.3 Consistency

Consistency is considered when the replication of the study gave consistent results when applied with the same participants in a different context. Strategies of dependability in this research include the following:

- Provision of a dependable audit trail, namely a detailed description of how and what kind data were collected;
- A thick and dense description of the methodology used in the study;
- Prolonged engagement during the study;
- The use of a co-coder in the analysis of data; and
- Triangulation of methods and data collected (Klopper, 2008:69; Botma *et al.*, 2010:233).

2.6.4 Neutrality

Strategies of confirmability were applied to ensure neutrality. These strategies included triangulation of data collection methods, which included journals, focus group interviews and field notes as well as weekly follow-up visits with participating nursing students. To minimize bias, the researcher maintained a researcher role and referred participants to the resource persons when necessary. On collecting data a researcher-participant relationship formed, but no formal supportive interviews or consultations were conducted with the participants. Focus group interviews reflected on the participants' experiences of clinical facilitation with regard to resilience. Data collected during these interviews ensured rich descriptive and saturated data, while a confirmability audit by means of this report on the research (dissertation) further ensures neutrality.

2.7 ETHICAL CONSIDERATIONS

Guided by the Helsinki Ethical Principles (DNO SA, 1998), ethical clearance was obtained within the umbrella project, RISE, reference number NWU-00036-11-A1 (M.P. Koen & E. du Plessis) (see Appendix A). Ethical clearance was obtained from the Health Research Ethics Committee of the North-West University, Potchefstroom Campus, as a sub-study of the RISE project (Ref no NWU-00036-11-A1; 13/05/2011–12/05/2016) with added amendments (see Appendix B). These amendments followed due to a request from the nursing college to include the fourth-year students as part of this research as fourth-year students were initially excluded due to their limited time resulting from their academic responsibilities. In addition, permission was also obtained from the North-West Health Department Research Committee (see Appendix C), including both the director of the nursing department at a university (see Appendix D) and the principle of a nursing college (see Appendix E) from which participants were recruited. Furthermore, consent was obtained from the hospitals and health facilities where clinical facilitation took place (see Appendix F, G and H). As a professional nurse I also abided by the ethical code set for the nursing profession, namely (social) justice, non-maleficence, beneficence, veracity, fidelity, altruism, autonomy and caring (SANC, 2014a:4-5).

The researcher adhered to ethical codes of research within the study framework to adhere to the protection of human rights. These rights include the fundamental principles of “the right to self-determination, to privacy, to anonymity and confidentiality, to fair treatment and to being protected from discomfort and harm” as described by Brink *et al.* (2010:31-41). The implementation and adherence to these principles during the study period, in the form of fundamental ethical principles, procedures to protect human rights and scientific honesty and

responsibility is described (Brink *et al.*, 2010:31-43; Grove *et al.*, 2013:159-190; SANC, 2014a).

Participant students were seen as a potentially vulnerable group as they were in a subservient position to the researcher, who is a professional nurse, and therefore the anonymity, dignity and their human rights were protected and respected. Permission was obtained from the learning institutions and mediators were involved to protect the participants. Their rights to self-determination; privacy; confidentiality; right to fair treatment and selection; right to no-coercion; right to withdraw without discrimination; right to beneficence and the right to protection from harm and discomfort on mental and physical level were protected within the ethical frame of study.

These fundamental ethical principles were upheld in the following manner:

2.7.1 Probable experience of the participants

Participating nursing students were expected to keep journals on their experiences in clinical facilitation with regard to resilience. These journals were collected for a period of three months. The journals were collected on a weekly basis to ensure a continuation of the journals. The participant nursing students' anonymity was ensured through number identification of all documents/journals. Although total anonymity was not possible during the focus group interviews because participants were in a group setting where they saw each other, reference to participants in the transcripts were done in the same manner as in the journal documentation to ensure anonymity. Ground rules were negotiated during the focus group interviews to ensure confidentiality within the group. These rules included: 1) that every ones' opinion or input is of great value, 2) that there is no right or wrong answers, 3) that what is said stays in the room and is not discussed outside, and therefore the number reference to each participant, and 4) lastly, that the focus group interviews were audio-taped and transcribed.

2.7.2 Choice of method/procedures

The method of choice was journal keeping as this reflected the participants' true experience in clinical facilitation with regard to resilience in their own words and in English as the language chosen as part of the of inclusion criteria. The participants received a participation number that they entered on their journals, which were used in processing the data to ensure anonymity. The initial name list with number allocation is kept under lock and key and will be destroyed seven years after completion of the research study. This procedure protects the participants from any form of discrimination against them at any given time.

The focus group interviews further reflected on the participants' experiences to enrich data collected through journals. Therefore the method of choice ensured trustworthiness through true value, applicability, consistency and neutrality. The right to confidentiality was respected in that the information obtained during the research period was only available to the research team and will be destroyed seven years thereafter. With regard to compilation of recommendations, participants' confidentiality were respected and protected by not entering any name or reference to any person.

2.7.3 Danger/risk and precautions

No inflicted danger was foreseen as no interventions or procedures were administered. A possible emotional risk/danger could result from revealing their true experience, which could be stressful. None of the participants experienced any emotional distress that required referral to specialized professionals for support or counselling.

2.7.4 Expertise, skills and legal competencies

The required expertise and skills were found in:

- The researchers' qualifications, including nursing administration and management (helpful in the administration of the research project), as well as a nursing education qualification with clinical experience in the clinical environment of nursing students' placement. This is additional to her basic 4-year Comprehensive Programme qualification. The researcher furthermore also practiced her skills in data collection prior to the data collection phase through role play on journal collection and conducting focus group interviews.
- The expertise and skills of the supervisors who supervised and guided the research includes a Master's Degree in Psychiatric Nursing and PhD in Nursing with resilience as a research focus.

2.7.5 Facilities

The first phase of this research took place within the clinical health environment of the participants' setting, namely in hospitals as health care facilities. Therefore data collection took place within the participants' safe and secure working environment where no outside events could influence their experiences and perceptions.

The second phase of the research project, namely the focus group interviews were conducted in comfortable, safe settings to ensure confidentiality, to minimize coercion, and to ensure the minimum interruptions and disruptions due to external noise.

2.7.6 Participant information and voluntary participation (recruitment, consent)

As the participating group was seen as a vulnerable group, they could easily be exploited or coerced. They are students and the researcher is of higher rank in the same profession. Since this could be intimidating, consent from relevant authorities was obtained. Furthermore, any relationship between participants, researcher and study leader was declared.

Clear and comprehensive information was provided to participating students with regard to the purpose and objectives of the research study. Further information with regard to the study included what was expected from them; what time period they would be involved; what their involvement would entail; and how their involvement would affect them. The participants received the above-mentioned information in English, as this was a language understood by all participants. Additional interventions ensured that the information was clearly understood by asking and answering relevant questions related to the study information.

The participating nursing students had the right to fair selection and treatment. This was accomplished through a purposive selection of students who complied with the inclusion criteria. All participating nursing students were treated fairly with respect to agreements made at the beginning of the study. In this study the only incentive for participants was the knowledge they acquired during the informative workshop session, which was used to inform and recruit nursing students to participate in the research project.

To protect participants' human rights, they had the right of choice. Therefore, participants participated at own free will, free from coercion. The students had the right to withdraw at any given time without being penalized or discriminated against. Informed consent was also a choice.

In conclusion, the participating student nurses were seen as autonomous; they had the right to self-determination and protection, and were therefore asked to give informed consent. Their right to self-determination was respected in that they had the right to form part of the study; the right to ask questions and know the purpose of the study; to withdraw at any given time without any discrimination or penalty; as well as the right to withhold information.

2.7.7 Benefits for participants

The only benefits that participating nursing students received were snacks during the workshop presentation and the information they received during the information workshop on resilience and strengthening of resilience, which they could apply in their daily lives. An indirect benefit is that they contributed to this research, based on which recommendations will be formulated for nursing research, nursing education and nursing practice as described in Chapter 4.

2.7.8 Announcement of results to participants

To adhere to the ethical code, results were available to all participating partners during the research study such as student nurses, facilitators, data co-coder, language editor, person assisting with technical maintenance, transcribers, mediators and the educational institution and hospital employee's assistance.

Preliminary results were shared with the participants during the focus group interviews. Furthermore, the research results are presented in Chapter 3 as gathered without fabrication, falsification, forging, manipulation, withholding and/or manipulation of data, plagiarism or any irresponsible collaboration during the research. It is available to any participating nursing student and all relevant authorities, participants and the institutions involved in the research. These results will be available in CD format on request, or in a book form at the NWU Potchefstroom Campus library. The publication of this research in the form of a scientific journal article is planned.

The data will be archived for a period of seven years (might there be any enquiries).

2.7.9 Confidentiality

The right to confidentiality was respected in that the participating nursing students' names were never mentioned, that the information obtained during the research period was available only to the research team, that the data will be kept in a safe place under lock and key and that the data will be destroyed after seven years. With regard to compilation of guideline publications, participants' confidentiality were respected and protected by not entering any name or reference to person.

2.7.10 Storage and archiving of data

The collection of data was done by the researcher herself to ensure the confidentiality of participants at all times. These data is kept safe under lock and key, and is only accessed by members of the research team. All original data obtained during the research project

(journals and audio records) will be destroyed after seven years following the completion of the research.

2.7.11 Scientific honesty and responsibility

All participating partners during the research were acknowledged, including student nurses, facilitators, data analysis, language editor, technical maintenance, transcribe, mediators and educational institution and hospital employee's. The acknowledgement was done in four different ways, namely in person, with financial remuneration for services rendered, in writing to each participating person and by naming them in the Acknowledgement section in the dissertation.

The research results were presented as gathered without fabrication, falsification, forging, manipulation, withheld and/or manipulation of data; plagiarism or any irresponsible collaboration during the research. The "Turn-it-in" online programme was used to detect duplication as a further confirmation that plagiarism was avoided in this dissertation (see Appendix P for the Turn-it-in report)

Scientific consistency and trustworthiness were maintained throughout the study by declaring the researcher's meta-theoretical assumptions and by precise description of data collection, analysis of data collected as well as interpreting, presenting and communicating the findings.

2.8 SUMMARY

A detailed description of the research design, method, trustworthiness and ethical considerations relevant to this study was given in this chapter. The next chapter discusses the findings and literature integration related to the participants' experience of clinical facilitation with regard to their resilience.

CHAPTER 3: RESEARCH FINDINGS AND LITERATURE INTEGRATION

3.1 INTRODUCTION

The previous chapter comprised a comprehensive description of the research design, method, trustworthiness and ethical considerations related to this study. This chapter presents discussions of the demographic profile of participants, the realization of data collection and analysis and a description of the findings and literature integration on the participants' experience of clinical facilitation with regard to their resilience.

3.2 DEMOGRAPHIC PROFILE

The paragraph below describes the demographic profile of the participants. 197 Journals were collected from participants in their third and fourth year of study from two different educational institutions in the North West Province. These participants have worked in different clinical facilities such as hospitals, public health clinics and public schools during school health projects. In addition to these facilities, third-year participants were also allocated to different specialty ward settings, namely medical units, surgical units, neurological unit, burns unit, ICU, ENT, casualty, oncology, urology, gynaecology, orthopaedic units, antenatal- and postnatal wards, as well as antenatal clinics, while fourth-year participants were allocated to psychiatric facilities, such as different intellectual disorder wards, acute psychiatric wards and to public health clinics, as well as to public schools for health education.

A total of 33 participants started with the journal keeping, although only 22 participants completed the eight weeks of journals keeping, while 19 out of the remaining 22 participants took part in the focus group interviews. Three focus group interviews were done, of which the first focus group interview consisted of 11 participants; the second focus group interview consisted of three participants, three participants of this FGI withdrew consent, while the third focus group interview consisted of five participants (see Table 3-2).

The demographics of the participants included average age; gender (male (M) and female (F)); race (black (B) and white (W)); year matriculated; 1st year entry to study course; current year of study; educational institution (nursing college (C) or university (U)); and who participated in which focus group. The demographic profile of the participants is illustrated in Tables 3-1, 3-2, and 3-3 below.

Table 3-1: Demographic profile of participants for journals completed

Educational institution	Number of participants	Gender & race	Average Age
Nursing College (C)	11	F/B = 6 M/B = 5	27½yrs
University (U)	11	F/B = 2 F/W = 8 M/B = 1	22½yrs
Total	22	F/B = 10 F/W = 8 M/B = 7	25yrs

Table 3-2: Demographic profile of participants in focus group interviews

Focus group interview	Number of participants	Gender & race	Age (participants)
Interview 1	11 from university	F/B = 2 F/W = 8 M/B = 1	22½yrs
Interview 2	3 from college	F/B = 3	28yrs
Interview 3	5 from college	F/B = 2 M/B = 3	27yrs

Table 3-3: Demographic profile of all participants

Age	Gender & race	Year matriculated	1st year entry	Educational institution
26	M/B	2007	07/2011	College
27	F/B	2004	07/2011	College
23	F/B	2009	07/2015	College
39	F/B	2000	07/2011	College
29	M/B	2005	07/2011	College
25	F/B	2008	07/2011	College
30	F/B	2003	07/2011	College
25	M/B	2007	07/2015	College
26	M/B	2009	07/2011	College
48	F/B	1993	07/2011	College
26	M/B	2003	07/2011	College
21	F/W	2012	01/2013	University
21	F/W	2012	01/2013	University
21	F/W	2012	01/2013	University
22	F/W	2010	01/2013	University
20	F/W	2012	01/2013	University
21	F/B	2012	01/2012	University

22	F/W	2011	01/2013	University
20	M/B	2012	01/2012	University
38	F/W	1994	01/2013	University
21	F/W	2012	01/2013	University
21	F/B	2012	01/2013	University

3.3 REALIZATION OF DATA COLLECTION AND ANALYSIS

As discussed in the previous two chapters, journals (see Appendix L) were kept by participants during the first phase of data collection, while focus group interviews (see Appendix M) were conducted thereafter with consenting participants to reflect on their experiences of clinical facilitation with regard to their resilience. Field notes were kept by the researcher on journal collection (see Appendix N) and on focus group interviews (see Appendix O).

Data saturation was reached after five weeks of journal collections, but data were collected for a total of eight weeks to ensure that rich and saturated data were generated. Journals were analysed according to Polit and Beck's (2008:515) method as cited by Botma *et al.* (2010:221), as well as Tesch method described by Creswell (2009:185-190) with the assistance of a co-coder while making use of ATLAS.ti computer program.

Phase two of the data collection consisted of three focus group interviews that followed the journal collection, where participants reflected on their experiences of clinical facilitation with regard to their resilience. These focus group interviews were audio-recorded, transcribed verbatim and analysed thematically with the assistance of a co-coder while making use of ATLAS. ti computer program. The focus group interview data were analysed according to Polit and Beck's (2008:515) method as cited by Botma *et al.* (2010:221), as well as Tesch method described by Creswell (2009:185-190)

On completion of the data analysis of the journals and focus group interviews, an overall idea could be formed of themes and subthemes. Triangulation of journals, FGI and field notes confirmed these themes and sub-themes. In addition, independent data analysis was done by the researcher and a co-coder. Several meetings were scheduled where consensus was reached on the themes and sub-themes that emerged from the data from the journals, the focus group interviews, as well as correlating field notes. These themes and sub-themes are described in detail with a literature control in section 3.4.

3.4 THEMES AND SUB-THEMES: EXPERIENCES OF PARTICIPANTS OF CLINICAL FACILITATION WITH REGARD TO THEIR RESILIENCE

Themes and sub-themes could be structured according to the concepts relevant to resilience (Mowbray, 2011) as outlined in the journals, and emerged from participants' reports in the journals and the focus group interviews on their experiences of clinical facilitation with regard to their resilience. Seven themes that relate to resilience and participants experience of clinical facilitation emerged with sub-themes (see Table 3.4). The themes are:

- Participants personal and career visions;
- Participants experiences of clinical facilitation with regard to determination;
- Participants experiences of clinical facilitation with regard to interaction ;
- Participants experiences of clinical facilitation with regard to relationships;
- Participants experiences of clinical facilitation with regard to problem solving;
- Participants experiences of clinical facilitation with regard to organization; and
- Participants experiences of clinical facilitation with regard to self-confidence.

Table 3-4: Participants' experience of clinical facilitation with regard to resilience

Participants personal and career visions	Participants' experiences of clinical facilitation with regard to determination	Participants' experiences of clinical facilitation with regard to interaction	Participants' experiences of clinical facilitation with regard to relationships	Participants' experiences of clinical facilitation with regard to problem solving	Participants' experiences of clinical facilitation with regard to organization	Participants' experiences of clinical facilitation with regard to self-confidence
Participants are passionate about their future and have long- and short-term goals	Self-belief and perseverance formed part of participants' determination	Participants described specific elements for effective interaction	Participants' experiences of effective working relationships in clinical facilitation	Participants' experience problems of general and unique nature	Participants organizational experiences in clinical facilitation	Participants described what boosted their confidence in clinical facilitation
Participants visualized their educational goals	Participants were determined because they are passionate about their goals	Limitations in clinical facilitation caused by ineffective interaction and relationships	Supportive networks developed in clinical facilitation	Participants identified and used different problem solving techniques	Participants planning techniques delivered results	Participants' experienced an ability to overcome adversity
Participants indicated their need for skills development to evolve as professional nurses	The support received in clinical facilitation contributed to the participants determination			Participants' experienced some limitations to their problem solving abilities	Participants' experienced own and work-related shortfalls in organization	Participants' experienced insecurity related to their own ability
Participants were passionate about their profession and hope to bring about change						
Faith forms part of some participants' vision						

These themes and sub-themes are subsequently described together with quotes from the journals and focus group interviews, as well as a literature control. The quotes from the journals and focus group interviews are provided verbatim without any changes to language or grammar to strengthen the authenticity of the results. Afrikaans quotes are provided verbatim, followed by a translation into English.

3.4.1 THEME 1: Participants personal and career visions

With regard to their personal and career visions, participants did not specifically report on their experience of clinical facilitation, but simply shared their visions in the journals and, to a lesser extent, in the focus group interviews. In addition to their vision, they referred to long- and short-term goals as nursing students. Participants shared vision referred to what they want, expect and aim for in their future. During the analysis of the journal data collected, five sub-themes emerged from the data relating to vision as shown in Table 3-4. In the following discussion the sub-themes are described with quotes to underline and highlight experiences. A literature control follows after the description of the sub-themes.

3.4.1.1 Participants were passionate about their future and had long- and short-term career goals

The participants were passionate about their career goals, and had different views on their future. They all indicated their vision in general, as well as long- and short-term career goals.

The long-term visions for their career varied from career aspirations to future study. Participants shared more specific visions such as specializing in paediatric nursing, theatre nursing, specializing in ICU, nursing the intellectual disabled patient and one even indicated studying medicine as an end goal. All the participants expressed a vision or dream of what they aimed for in their career. An interesting finding was with the exception of one 22-year-old participant, the older participants (27 years and older) worded their visions more specifically by indicating that they have long-term visions such as being a specialized professional nurse in paediatrics and intensive care, or with a PhD, even a specialized theatre nurse. The following quotes give an indication of the participants' visions:

"I want to see myself being a specialised professional nurse in time especially in Paediatrics and Intensive Care Unit specialities." (Journal(J)1/C6)

"I want to see myself one day acquiring my PHD. In 20 years' time to see myself doing only research." (J1/C17)

"Being a competent nurse is what I see myself in 10 or 20 years and specialized in theatre because that is where my passion is." (J4/U6)

Some participants expressed their visions on how they would address their career and nursing in general, namely:

“My long term vision is to become a sister and be good at what I do. The day in practice was but a small stepping stone in working to achieve.” (J3/U5)

“I want to see myself helping the needy in life, those who are disturbed and I will achieve that goal if I write everything down.” (J3/C17)

In addition, participants visualized short-term goals such as being a competent and dynamic professional nurse with the ability to diagnose and treat patients independently and appropriately. In the journals analyzed more immediate expectations on how they want to present themselves in their career as future professional nurses were eminent. These immediate expectations included being competent, dynamic, enthusiastic, passionate and professional in their career as qualified professional nurses.

“To be a dynamic, enthusiastic professional nurse. Passionate about his work and willing to learn.” (J3/C13)

“To be competent in nursing the intellectual disabled patient, to know how to take and give report on shift changing in this ward.” (J6/C14)

“... to be able to treat a patient on my own, to give treatment and nursing, diagnose based on the symptoms that the patient present with then.” (J1/U6)

“...to being able to assist my clients to the fullest of my ability.” (J7/U4)

The nursing students’ passion is evident from the data analysed from the journals and the focus group interviews. The most passionate quotation expressed the perception that all nurses seek quality patient care:

“....made me realise that indeed most of the nurses are after one thing which is the care of the patient.” (J7/U6)”

“Eh with the good eh, eh things that I have observed is the encouragement from the sisters and the motivation from the sisters of the eh the eh good task that was well done especially when they give us and especially when they have giving me the task to complete then I will complete it successfully and then they will just eh encourage me to do even more. And that lesson will also build my confidence and also build my character.” (FGI/3)

“.. you’re always available to a patient they always ask you things and I, I also, I’m giving my patient health education like when I give them medication..” (FGI/1)

Participants also worded other dreams such as, to be able to achieve, give back in return, and equal treatment of all patients. They dreamed big and demanded respect and recognition for all nurses.

“Time is the gain of my life, the only gain I have I need to achieve what I came here for that is giving back to the community and being a nurse with good qualities.” (J3/C6)

3.4.1.2 Participants visualized their education goals

The participants also focused on their own educational goals in pursuit of their future as professional nurses. These participants experienced the balancing of theory and practice as an art that has to be mastered. The participants differentiated between long-term goals with regard to education, which is to complete their current educational qualification and short-term goals like preparation for exams or clinical evaluations. They also indicated their immediate educational goals and objectives, which is to improve their knowledge as professional nurses.

A very prominent finding on long-term educational goals was that all the participants expressed their vision to educate themselves to at least the minimum level of a professional nurse. In addition, the participants all stressed the importance of implementing theory in practice. Different long-term goals were identified, namely education to different levels, which ranged from being able to complete their basic nursing qualification to being a professor, for example.

“My long term vision is to become a sister and be good at what I do. The day in practice was but a small stepping stone in working to achieve” (J3/U5)

“My goal is to learn as much as I can at clinical and do well during evaluation give care to patient with love and care. Asking questions where I don't have the experience and try to correlate my theory with practice, upgrade my qualification” (J1/C1)

“My goal is to be more educated, I want to see myself being a professor.” (J6/C17)

” I'm studying hard to achieve my goals” (J5/C17)

Seeing that some of these participants were a mere few months away from completing their qualification, their short-term goals were more focused on the scope of practice, preparation for practical evaluations and learning more about psychiatric nursing. Words that came up forth to describe their visions were: independent, passionate, and enthusiastic, studying hard and preparedness for evaluation and tests and upcoming exams.

“My vision is to complete my diploma and be independent, dynamic professional nurse that is enthusiastic and passionate about my work” (J1/C13)

“My short term goal is to get my diploma and after that to study further, to study hard. I believe in education and I can achieve anything I want” (J1/C17)

“To be evaluated on Psyche in order to be ready for exams/practical exams” (J1/C14)

The focus and dedication with which these participants address their education came to the fore, in how they visualize their effort to fulfil their goals. Furthermore, these participants indicate specific ways of how they plan to go about to reach their educational goals. These plans include studying every day, asking as many questions as needed and completing tasks thoroughly, well and on time.

“My goal is to get my diploma and study further. I want to be a professor. The thing I'm doing now is that I make sure I study everyday” (J1/C13)

“To practice on counselling of clients on contraceptives and to be prepared for evaluation on the above mentioned subject” (J3/C14)

“I keep my focus intact because I know that tomorrow is very bright” (J3/C2)

While one student's focus was to use her nursing education as a stepping stone to better her changes to study medicine.

“My goal is to study medicine and am very positive that I will. In 10 years to come I will be qualified Dr. currently busy doing D4 after comserve I will register in one of the universities to further my goal.” (J1/C19)

3.4.1.3 Participants indicated their need for skills development to evolve as professional nurses

The participants indicated that their immediate needs were to better their skills and to develop as nurses. Participants saw the main aim and purpose of their allocation to hospital and health clinics as being to fulfil this need and to prepare them to become professional nurses with well-developed skills and good patient relations. Participants envisaged this skills development through the mastery of clinical procedures and administrative tasks to fulfil their duties during ward routine. These procedures form part of their vision to become the best professional nurses possible.

‘Pt study; ECG; Blood gasses; hourly observations; nursing care plans; LP procedure; CVP procedure; trachea suction; emergency trolley; report taking’ (J1/U4)

" My goal is to pass my evaluations this week so I can have better marks for practical exams. I need to practice and prepare on time" (J5/C21)

"Tans om nuwe prosedures aan t leer en in te oefen." (Currently to learn and practice new procedures) (J1/U9)

"My doel vir die laaste dag in ICU was om my tracheostomie versorgings prosedures af te teken en lekker te werk." (My goal for the last day in ICU was to sign of my tracheostomy procedure and to enjoy the work) (J6/U2)

During a focus group interview, the nursing college participants specifically mentioned a strong need for clinical facilitation for the purpose of skills development. Participants went as far as expressing jealousy towards university students, who receives facilitation almost every day in practice. Participants saw this as an inequality between college and university nursing students. On the other hand, another participant described her lecturer as an inspiration and role model.

"I don't know if it's the clinical tutors or the tutors, immediately when they come they would come to check all in the ward and everything so I think maybe that is their advantage to say they will be there and then telling the sister so these students are here only to do this." (FGI/3)

"Ek wens ek het een dag d kennis n passie vi my spesialiteit soos d dosent het vi hare. Ek wil ook he studente s monde moet oophang as ek begin praat oor my passie vi verplk" (I wish to have, the knowledge and passion for my specialty as my lecturer. I would love to have the same jaw dropping effect on them when I start talking about my passion for nursing) (J2/U7)

"If I walk into a ward right now and the patient is having an anaphylactic shock I don't know what to do, I don't know what to do. I know you have to give Solu-Cortef but I don't know and give oxygen.." (FGI/1)

3.4.1.4 Participants were passionate about their profession and hope to bring about change

A positive and encouraging finding in the analysis of the journals was that some of the participants indicated that their visions are more than just an objective or measurable outcome. These dreams were not self-centred idealistic dreams, but a dream to "reach for the stars". The participants visualized what they hope to achieve, their ultimate purpose in life, namely to uplift themselves, their patients, and health services in general and to empower others.

“To be the best spiritually uplifted individual I can be and to be genuinely happy with the self.” (J4/U11)

“To bring about change to the changing society to promote health and curb discourse” (J3/C13)

“I seek to co-create a better world for all people by empowering our clients and myself to live and relate in more conscious and intentional ways that in know empower others.” (J3/C1)

3.4.1.5 Faith forms part of some participants vision

A unique finding was that only two participants indicated that their faith plays a role in their vision or goals for their life. Both these participants indicated throughout the journal data collection period their dependence and guidance from God, who directs their daily lives and how they address and treat their patients.

“My overall vision I life is to walk in the path which my God has chosen for me (destiny plan to be fulfilled). In nursing my vision is to be good in what I do and to really learn things every day.” (J1/U7)

“Goals based on Romans12: do what is good for the patient no matter what others think.” (J5/U5)

Literature integration

Vision is seen as essential to resilience and goes hand-in-hand with optimism. Vision is the hope to plan and reach goals despite obstacles (Koen *et al.*, 2011:3). Having a vision in life gives us a purpose to live and determines the effort or driving force that propels us and with which we pursue these goals associated with our vision (Wagnild, 2010:2; Harrington, 2012). Mowbray (2011:11) has stated that our expectation of what may happen next and how we will be able to react to this, and future events that may follow or influence our future. Glass (2009) has considered hope and optimism to be main components of resilience, as hope, optimism and resilience could result in healing of self, with the understanding that one's hope and optimistic thoughts in the workplace is realistic. According to Stagman-Tyrer (2014), nurse leaders, and therefore all nurses, should be able to face adversity with a sense of calmness that requires positivity and optimism. This literature confirms that having a vision, such as expressed by the participants and are closely related to resilience.

3.4.2 THEME 2: Participants' experiences of clinical facilitation with regard to determination

This theme relates to how the participants' experienced clinical facilitation with regard to resilience, and more specific to their determination, in other words what motivates them and

makes them persevere to reach their goals. During the analysis of the journal data and the focus group interview transcripts, three sub-themes emerged from the data with regard to determination as shown in Table 3.4. The sub-themes are described with quotes to underline and highlight experiences. A literature control follows after the description of the sub-themes.

3.4.2.1 Self-belief and perseverance formed part of participants determination

The participants shared in their journals that self-belief helped them to persevere. These intrinsic characteristics of independence and responsibility encouraged them and helped them to stay determined. Furthermore, the participants showed determination and perseverance through self-motivation and the ability to overcome unfavourable circumstances. Fellow workers, peers and colleagues influence determination and perseverance. Participants revealed that they encouraged their fellow workers, which in turn contributed to their own determination, strengthened self-belief, motivation and encouragement. Determination was also drawn from positive and negative experiences, such as the encouragement and gratitude received from patients, the interest shown by clinical facilitators, and even the unprofessional conduct observed by the participants that motivated them to better themselves and the health services.

“Positive self-talk as well as constructive planning ahead” (J4/C13)

“... providing encouragement to fellow workers” (J3/C22)

“Hard work, encouragement and recommendations from peers and colleagues. Positive self-talk and positive self-image and not looking myself down due to unfavourable circumstances” (J3/C13)

“Encouraged by the fact that I feel confident that I can increase the level of my competence.” (J7/U8)

“I hate the fact that patients are been beaten, we all know that these people are not intellectually developed but yet people here believe in corporal punishment which is wrong. ...Now I am more determined to make sure that as long as I am here no patient is going to be ill-treated.” (FGI/2)

In addition to their self-belief, participants kept themselves positive, focussed and committed, even if they needed to reward themselves. Being productive and hard working was also part and parcel of the participants’ motivation and encouragement. The trust placed in them by professional nurses and doctors, as well as patients, motivated them even further to work hard. Furthermore, participants acknowledge determination as a force that pushes one forward and gives energy to achieve and fulfil dreams.

“Yes I can see myself coz I'm very productive and I need to go study further My beliefs and valued and personal influences is the result of my goals.” (J2/C6)

“Now I motivated myself with the car which I love” (J1/C21)

“Determination pushes onward and gives us the energy. Helps us to make our dreams into realities and to live by our values.” (J6/C1)

“Die vertrou wat die Sr's en Dr's in die saal in my gehad het om sekere take te verrig was so motiverend. Ek moes myself ook motiveer.” (The trust placed in me by PN's and Dr's in the ward to perform certain tasks motivated me. I also had to motivate myself) (J4/U1)

“I am encouraged by pts try to work harder in myself and in a way I do my part as a nurse within health” (J1/U8)

Participants persevere as they refuse to give up as a result of shortcomings or mistakes made. They refuse to give way to blame and self-pity and draw energy from the negative to empower themselves for the future.

“Very firm character and I go for what I believe in and refuse to give away what I worked so hard for.” (J4/C6)

“Determination pushes onward and gives us the energy. Helps us to make our dreams into realities and to live by our values.” (J6/C1)

“I am we are, we have to work together as a team. Also to reduce the blame game.” (J1/C12)

“People need to forgive themselves for having some shortcomings. There is no need to beat yourself up or be needlessly embarrassed over failure” (J4/C1)

Participants were also committed and disciplined and used these attributes as necessary tools to continue the quest to achievement. Acknowledgement of their own strengths and weaknesses helped them, and making most of a challenging environment also contributed to their perseverance. These attributes are clearly highlighted in the following quotes:

“As I pursue my goal I must dedicate myself be commitment, discipline, desire, and expectations. There will be many challenges that lie ahead of me as I steadily make my journey to achieving my goal.” (J2/C1)

“If only you have determination and you stick to your goals” (J5/C21)

“...they're speaking Afrikaans and I'm not that well went in Afrikaans. So it becomes a problem sometimes when I have to communicate with the patient but with my colleagues they do help me then and there, they're translating ...” (CFG1/2)

“Working in a challenging environment can bring the best out of one as I can be able to determine my strength and weakness as both are essential” (J5/C12)

Self-reward also formed part of the participants' perseverance and motivation. These rewards took on different forms, from going on holiday, being with family and to buying a car.

"Now I motivated myself with the car which I love ... every tym I c dat car it encoutage me to study or do my best at what I do." (J7/U6)

"My aanmoediging was dat ek vandag net 7-4 werk n dat ek d naweek huis toe gaan." (My encouragement today came from working a 7-4 and that I can go home this weekend) (J2/U2)

"My aanmoediging was dat as ek besig bly d dag vinniger verby sou gaan n dat d naweek v 2x 7/19 skofte agter d rug sou wees." (My motivation was to keep busy, because then time fly and the weekends 2x7/19 shifts will be over) (J1/U2)

"Short goal is to get my degree I am planning to achieve this by studying hard every day even if it means to sleep late every day that is what I am prepared to do." (J5/U6)

"I only survived the psychiatric wards, because I knew it is a temporarily thing, so I just had to see the time out." (FGI/3)

Lastly, a unique and interesting finding was the need to accept own failure to continue in the quest of life and to pray and hold on to God to persevere as hope is "all we have" (FN).

"To achieve my goals I pray, keep on trying even if it seems hopeless, hold on tight to God because without Him (however distant at that moment) there is nothing and hope!" (J1/U5)

3.4.2.2 Participants were determined because they are passionate about their goals

In the description of the participants' experience of clinical facilitation with regard to their determination, specific references were made to the goals that keep them motivated. These goals included career and educational goals, such as becoming a competent nurse, being able to implement theory in practice, doing their part as nurse to prevent ill treatment of patients. Participants were also passionate, enthusiastic and determined to reach their goals as they shared what motivates them and how they intend to reach their goals. Participants' determination is highlighted in the following quotes:

"I want to be that sister that, that knows what she's doing, that she has the academic side but she knows what to do because academic side doesn't always go to the uhm practical side, the skills side. There's so many things that differ sometimes and you don't know actually how to implement it always."! (FGI1)

“Seeing the multidisciplinary team working together and doing their respective duties as expected. The nurses, social workers, psychologist, dietetics, physicians, etc.” (J2/C12)

“My encouragement is working with harmonious friendly multi-professional team for the optimum care of the pts, ...” (J1/C13)

“Desire is the key to motivation, but is determination & commitment to an unrelenting pursuit of my goals” (J6/C6)

These participants are not just motivated by the goals they set out to reach, but also by the determined and focused manner in which they plan on reaching their goals. The following quotes highlight their experiences, passion and enthusiasm:

“Is pursuing a goal with energy and focus it keep me firmly centred on a chosen purpose. It is the tool we use to defeat from becoming permanent” (J2/C1)

“Being born from a rural area, and being able to help the community it encourages one, and knowing I can make a difference. This instils the idea that I have a purpose in life.” (J8/C12)

“To do everything in my power to reach my goal despite challenges” (J1/C5)

“..... keeping to myself seems to keep my head rooted to what my goals are and what I need to do to attain them” (J4/U11)

“Ek weet wat my hoof doel is en my fokus en kleinighede tussen in gaan my nie laat afwyk nie.” (I know what my main goal and focus is, and no small things will derail me) (J4/U9)

Participants showed determination and passion for their education goals. The educational goals varied, as some described their hunger for knowledge, while others mentioned their determination to do well in upcoming exams. Some participants aired their dreams to continue their educational training, to qualify in some specialties, acquire a doctoral degree and even being a professor or called a doctor, while others just wanted to be able to answer the questions asked. The following quotes underline the participants’ hunger and determination for knowledge and for bettering their educational levels with the assistance and encouragement of clinical facilitators:

“...the sister asked me about other parts of the body and I failed to answer.” (J3/U6)

“I am encouraged by the constant need of knowing more and to be able to solve problems which are more complex.” (J3/U8)

“I was so excited to do my procedure and actually implement what I have learned” (J8/U7)

“I believe in education and I spend most of my time studying, so I know I'm going to achieve a lot.” (J7/C17)

3.4.2.3 The support received in clinical facilitation contributed to the participants determination

The third sub-theme is the participants' support system that help them to stay focused on their end goals. This support in clinical facilitation came from clinical facilitators and fellow students, colleagues and professional nurses, doctors and preceptors and lecturers. Participants mentioned that the encouragement came in different forms, such as clinical facilitators being role models, trust placed in you to perform certain tasks, encouragement from professional nurses and the multidisciplinary team members. This support system kept them focused and motivated to continue on their quest. First and fore-most, colleagues, professional nurses and members of the multidisciplinary team render support to motivate the participants.

"There is a PN in my ward that really encourage me to take every little opportunity ... she is so bubbly but really allows one to blossom and become independent in practice" (J2/U11)
"To be given opportunity to perform tasks outstandingly alone and after completing it, getting the recommendations from the sisters, in that for long it boost my confidence to actualise have more enthusiasm to outstanding perform given task in the manageable time." (J2/C13)
"I'm so encouraged by my fellow colleagues who are done with evaluations because they motivate me." (J3/C19)
"I am encourage by people who have studies in nursing, people who did PhD, I keep going with my studies in order to achieve as well" (J3/C10)
"Seeing the multidisciplinary team working together, and doing their respective duties as expected." (J2/C12)

In addition to the above, participants further indicated that fellow and senior students and preceptors played a part in their support system to keep them determined:

"I've met very amazing mentors." (J1/U11)
"The preceptors encouraging us fellow students:- positive attitude all around" (J4/U5)
"Een van ons praktiese preceptors en ook 'n dosent is 'n baie harde mens ... Sy is seker die beste dosent in haar spesialiteits n maak haar vak so maklik n interessant ... ek het iets by haar geleer wat ek vi altyd sal onthou n hopenlik eendag 'n jong verpleegster ook beïnvloed."
(One of our clinical preceptors and lecturers is very hard person ... she is possible the best lecturer in her specialty and make her subject easy and interesting ... I've learned something from her that I will never forget and hopefully will influence young nurses one day) (J2/U1)
"My mede studente wat saam my werk. Hulle help my en moedig my aan." (My fellow students who work with me help and encourage me) (J4/U3)

“... ons dosent help ook dat mens harder werk, want dis 'n passie vir haar so wil haar nie teleurstel nie” (our lecturer helps us a great deal because it is her passion and we don't want to disappoint her) (J8/U1)

Patients' appreciation and satisfaction and encouragement from community members also contributed to the participants' determination within in the clinical setting.

“The one most single motivation which I had during the weeks' practical work was gratitude from a patient who has injured ...” (J1/U7)

“Seeing such young students being eager to learn gave me courage to give/provide exactly what they needed to hear. To empower them with knowledge” (J3/C21)

Lastly, participants referred to family and friends as part of the support system. These family members and friends were described as back-up that kept them motivated, a place where they can go for support and refuge.

“... going back to family members for support is my refuge.” (J4/U11)

“My twin sister is the one that I interact with and she is being very supportive at the moment ...” (J8/U6)

“My mother encourage me and my husband and my nephews, cause I always have been dreaming of it.” (J1/C6)

“My friend motivated me so much in such a way that I have faith and believe” (J5/C21)

Unique to this study, faith as support system was referred to only once, as the participant referred to praying and holding on to God as her soul refuge.

“To achieve my goals I pray, keep on trying even if it seems hopeless, hold on tight to God because without Him (however distant at that moment) there is nothing and hope!” (J1/U5)

Literature integration

Literature confirms these findings. According to Harrington (2012), persons with high levels of determination are strong self-believers, as this gives them the belief that they will be able to tackle most things, which gives them positive feelings. Wagnild (2010:2) has stressed determination by quoting Lance Armstrong who said: “... give up, or fight like hell” and Winston Churchill who said: “Never give in, never give in...never, never, never, never give in...” as this is what keeps us going. In addition, interaction of nursing students with nurse leaders, clinical facilitators, preceptors and lecturers influences the determination of all

participants in the interaction (Stagman-Tyrer, 2014). Determination helps participants to face adversities (Garcia-Dia *et al.*, 2013). Literature also confirms that determination is a direct result of positive responses and reinforcements that are received through interaction, while self-affirmation (self-talk, a method applied by participants) is a method that helps motivation and behaviour in the absence of positive responses (Mowbray, 2011:13).

3.4.3 THEME 3: Participants experiences of clinical facilitation with regard to interaction

It was evident that the third theme, namely participants' experience of clinical facilitation with regard to interaction, formed an integral part of the participants' relationship building, as well as their ability to solve problems, their organizational skills and self-confidence as they communicated their ideas and dreams. However, interaction was also described distinctly by participants as an activity that requires specific elements to be effective. In addition to these elements, participants indicated that interaction must also be meaningful and purposeful to improve communication. Participants described their interaction and communication with clinical facilitators such as ward staff, colleagues, fellow students, doctors and preceptors mostly as supportive and with adequate relationships, while the absence of effective interaction influenced participants' working functionality negatively as it had a direct negative influence on relationship building.

3.4.3.1 Participants described specific elements for effective interaction

The participants were convinced that interaction is a must for any human being, "... as individuals we don't live in isolation we interact" (FN) and "... without communication then there will be no goals attained" (FN). One of the participants wondered if interaction brings growth for an individual. Important elements in interaction with clinical facilitators were mentioned, such as the ability to listen to each other, providing the opportunity to exchange ideas, encourage mutual understanding and respect, as well as the importance of congruent body language and the absence of language barriers. Participants felt that in clinical facilitation these interacting elements instil confidence, encouraged, built trust and mutual respect. In addition to the above, they also mentioned that being quiet sometimes is also necessary to stay in equilibrium. Quotes underlining these experiences within clinical facilitation follow:

"Communication between the learners and their teachers is good according to my experience doing school project, they were able to listen to their teachers when he/she talks to them." (J6/C4)

"In an exchange of ideas where both participants interact by conversation which can be verbal and non-verbal peers" (J4/C1)

"Soereel interaction, willingness to learn for better personal development" (J3/C13)

"Verbal or nonverbal once you communicate with people look for their behaviour and facial expression." (J6/C1)

"... interaction ... is good and everyone respects each other's ideas and duties."(J6/C8)

"I found myself being very quit this week, lol maybe it was because I was so drained by the workload at school." (J2/U11)

"I always make sure that I communicate to my patients in a respectful way so that they also do the same." (J1/C21)

3.4.3.2 Limitations in clinical facilitation caused by ineffective interaction and relationships

Journal and focus group interview analysis made it clear that participants also experienced ineffective interaction and negative relationship building, which resulted in misunderstandings, missed information, confusion in the work place, and adding stress to their experiences in the work environment. These negative experiences resulted in disrespect, negative attitudes and absence of trust and teamwork.

Ineffective interaction between the nursing students and clinical facilitators resulted in inappropriate relationships, which added stress in the clinical environment. . This negative interaction limited learning opportunities, influenced team work negatively, and hampered the forming of good relationships with clinical facilitators. The following quotes emphasize their experiences:

"The patients are calm and welcoming and I find it easy to talk to them as for the staff, the first day is full of tension and the welcome is cold." (J1/C19)

"Very disappointed, really tried our best but the Sr was really upset today all the time and just spoke Setswana." (J3/U4)

"communication still a problem amongst students" (J5/C4)

"Communication between my colleagues and I was not good. Everyone was on their own mission and no one really communicated to say which procedures we need." (J3/U7)

"Sr just stay in the office doing administration whilst only 2 assistant nurses are expected to bath, feed and monitor 32 patients alone." (J6/C14)

Participants were furthermore concerned that ineffective interaction has a negative effect on patient care and learning opportunities, as maintaining good interaction is necessary to build

and maintain working relationships to optimize nursing care and to integrate theory and practice. Participants experienced that without supportive clear interaction, information goes to waste, as they do not receive information on learning activities such as ward orientation or evaluation arrangements.

“I don't enjoy being in acute psych, as we sit the whole day not doing anything, my expectations was that we are going to be orientated about the functioning of the ward and important things that are happening in the ward, the experience in this ward is not good and we are not reaching our objectives.” (J2/C11)

“Our lecturers did not communicate that they are coming for evaluations, while I think it's not good.” (J6/C19)

Literature integration

Literature confirms these findings. Mowbray (2011:14) defines interaction as: “a process of assessing the situation, assessing the expectation of the other person in the situation, providing to the other person the ‘things’ you judge the other person needs and wants to satisfy their self-interests in the situation, on the basis that they will reciprocate by providing you with the ‘things’ you need to satisfy your self-interests.” Interaction is of importance in all relationship building and therefore an essential element in clinical facilitation of nursing students. Cook (2014:28) has described nursing students’ experience with interaction or listening and the influence that had on their resilience strengthening. This experience provided her the opportunity to not only observe health and social care, but also share this experience with her students as she is a clinical facilitator. She has furthermore stressed important characteristics for a clinical facilitator and student companion, such as, compassion, dignity, respect and being non-judgemental (Cook, 2014:28). Stephens (2013:131) has also described how faculty, preceptors, mentors and counsellors can assist students through effective interaction, namely guiding them in: how to cope with adversity, either physically or psychologically and with the ability to interpret adversity; to instil attributes, which includes characteristics such as positive emotions, self-efficacy, flexibility, optimism, faith, connectedness and perseverance: and lastly to be able to integrate physical and/or psychological context with psychological adjustment to improve personal growth.

3.4.4 THEME 4: Participants experience of clinical facilitation with regard to relationships

This theme included two sub-themes, namely participants' experience of effective working relationships in clinical facilitation, and the fact that supportive networks developed in clinical facilitation.

3.4.4.1 Participants experience of effective working relationships in clinical facilitation

Participants describe the building of relationships as an important part of interacting with others, and stated for example that "...If you don't engage in relationships you will become socially isolated and lonely which is bad cause a person wasn't made to be alone/lonely and isolated" (J2/N5). The participants identified different types of relationships, such as professional working relationships with professional nurses and doctors, educational relationships with preceptors and lecturers, and team relationships with colleagues and fellow students in the clinical setting, as well as relationships with patients. One participant described the perception of relationships as follows: "Relationships are better to make you grow in life" (J1/E17). Participants shared that the ability to build relationships requires certain elements or characteristics, such as the ability to communicate, share ideas and opinions and being able to accept others' ideas and opinions, as it is described by the participants. They shared that the absence of interaction within relationships can place a strain on clinical facilitation as it has negative influences on relationships.

In addition, participants were passionate about their experiences of clinical facilitation as their working relationships contributed a great deal to their resilience. Working relationships were formed with all nursing staff, professional nurses, doctors, patients, fellow students and lecturers and preceptors, and it contributed to their resilience. They described their experiences of working relationships in different ways, such as lecturers, preceptors and professional nurses who gave guidance and taught new experiences, colleagues supporting them by working hand-in-hand in good team relations while patients show appreciation. In addition, clear and understandable explanations were given of procedures, while they were treated as a team member in the execution of certain procedures. Participants mentioned that they were motivated and encouraged by professional nurses, while doctors explained patient diagnosis and treatment. Thus, participants experienced clinical facilitation in terms of working relationships mainly as cooperative, team-orientated, supportive, and trusted, loyal, warm and understanding.

“We were assessed by our preceptor on blood gas. ... and when we did not understand why something was the way it is , she explained to us in detail what we wanted to know. Giving advice I will not forget quickly. It was quite quiet in the ward allowing us to also study for the test” (J6/U5)

“my experience on the clinical facility was I met so many characters ne of staff members and all of them up to there so far they took me, they give me a warm welcome ne and I also work with them, they guide me, they taught me other experience that I, I didn't know before. And they also make me to feel good of been working with them” (FGI3)

“Working hand in hand with a doctor” (J7/U6)

“you're working with the sisters helping you, the patients saying thank you so much you do or so how or you're so kind uhm that bring that did built my resilience a lot.” (FGI1)

“... encouragement from the sisters and the motivation from the sisters of the eh the eh good task that was well done especially when they give us and especially when they have giving me the task to complete then I will complete it successfully and then they will just eh encourage me to do even more.” (FGI3)

“... goeie werksomstandighede. Seniors om t weet dat hul met vrymoedigheid take aan jou kan oorlaat om uit t voer.” (... good work environment. Seniors to know that they can freely delegate tasks for you to complete)

“I've met very amazing mentors” (J1/U9)

“I have a very good and professional relationship with my colleagues and my patients as to create a nurse patient relationship too.” (J2/C6)

3.4.4.2 Supportive networks developed in clinical facilitation

Participants enthusiastically described their experiences related to interaction and how communication formed part of building relationships and building a clinical support network. They shared that clinical support networks provided them with opportunities to improve their interaction ability, to share ideas, listen and be listened to, minimizing misunderstandings through effective and clear communication and improving the ability to build appropriate relationships within the clinical facilities. They experienced clinical support through effective communication and interaction, which instilled appreciation of each member of the multi-professional team and improved relationships. Participants described their support network within clinical facilitation as clinical facilitators, peers, colleagues, fellow students, professional nurses, doctors, preceptors and lecturers. The ability to work as a team with the lecturer, the team spirit during projects and the support received from senior students in new working environments were described by participants as encouraging and giving them a feeling that they belong.

“We were working together as the team all students together with the lecturers.” (J7/U6)
“Mrs...came to help us with how to write in into a patient study. she is really good. I see everything a little different now,” (J8/U5)
“Yes I have my colleagues who can actually support me.” (J2/C6)
“I was glad when we could work as a group together and give suggestions on how we are going to teach vital signs to the health care workers” (J7/U7)
“Seniors last week was good for me bcoz I managed to go to my lecturers to ask more about work and amazingly they did help out set down with me and explain every work in details” (J8/U6)

Furthermore, participants strongly experienced their relationships with team members as supportive, leading to proper functioning. This professional network improved their ability and resilience to interact. This was clear from the participants’ journals as they described the positive effect of this network on communication and interaction:

“The society I live within, the people I live with and the environment. All this influence my communication/interaction” (J8/C12)
“As long as we work together we can achieve more. To know united we stand and divided we fall” (J1/C12)
“Rate of staff co-operation plays a big role in my ability to interact with them. It was almost very difficult to have same questions answered when interaction was already so low.” (J1/C2)
“Interaction with the pts and the professional nurses, doctors and other multi professional team is harmonious. I was given the opportunity to be in a chamber of discussions about progress of pt in ward ... (psychiatric ward) at Witrand.” (J3/C13)
“This week made me realised how important it is working as a unit, this does not only benefits the patient but also us as colleagues or multidisciplinary team.” (J2/C12)

Literature integration

The importance of building relationships in clinical facilitation is confirmed in literature, Harrington (2012) has said that, "Being part of a unit that is safe, supportive, loving and provides all the resources needed for all members to live in a healthy and secure environment" and "Developing and maintaining trusted, valued relationships and friendships that are personally fulfilling and foster good communication including a comfortable exchange of ideas, views and experiences". Mowbray (2011:9) has argued that relationships are our understanding of who is important to us, and how strong these relationships are formed. Mowbray continues his argument by stating that a person has the ability to generate

commitment and trust within relationships, by using different strategies and adaptive techniques.

Cameron (2011:1375-1377) has stressed the importance of clinical facilitators' support, namely to provide academic support by being available to assist and explain procedures and implement theory and to provide emotional support. These supportive relationships with nursing students increased their resilience and commitment. Furthermore, Pitt *et al.* (2014) study has provided evidence of the importance of the involvement of clinical facilitators in resilience building in the nursing profession. McGee (2006:54-57) has also indicated the benefits of guidance and support from colleagues (clinical facilitators, preceptors and lecturers) by saying that it serves as encouragement, emotional support, respect and understanding.

3.4.5 THEME 5: Participants' experience of clinical facilitation with regard to problem solving

Participants' experience of clinical facilitation with regard to problem solving involved the experience of different problems that varied in severity. Some problems identified were of a more general nature, such as lack of back-up theory, to a more unique and severe nature, such as the student strike at the college. In addition to these problems participants mentioned the inequality between university and college students as far as the availability of clinical preceptors. Participants contributed by suggesting possible solutions to problems, and they even solved problems themselves. Participants' insight and eagerness to solve problems were obvious as they described themselves as follows:

"My problem solving skills are still looking up. I am like a hunter when I'm at work, looking for the next best way to catch fish." (J/U11)

3.4.5.1 Participants' experience problems of general and unique nature

Participants' experienced different problems relating to their clinical facilitation, which ranged from problems of a more general nature to a unique nature. Problems of a more general nature included lack of theoretical background, such as names and indications of medication, procedure techniques, patient studies, and knowledge on psychiatric patient treatment. Following the identification of problem areas, participants were able to seek resolutions to the identified problems. These resolutions included asking the help of professional nurses, doctors, preceptors, colleagues and making use of prescribed books to look for answers themselves.

“Indien die Sr my nie kon antwoord nie het ons die MIMS gebruik of die Dr/ander Sr gevra tot ek my antwoord kry.” (When the PN could help us we used the MIMS or asked the Dr/ other PN till we found an answer) (J6/U1)

“I could think about I was afraid of what will the CHW say or ask me during presentation.” (J7/U6)

“A problem is that giving medication to patients you don't know their names” (J3/C21)

“... my other challenge about my practical arrangement has been taken to a private hospital, the level of practical opportunity here is so limited we are somehow feeling like we haven't gained enough practical experiences so far, this is a problem” (J6/U11)

In addition to the problems of more general nature, the participants also experienced unique problems, namely student strikes at the college, evaluation schedules falling behind due to strikes, public schools not accommodating the nursing students who had to do school health projects, witnessing an abortion at the clinic for termination of pregnancies (CTOP), as well as professional nurses who demonstrated unprofessional conduct. Participants did not experience much help in resolving these matters as they had to accommodate these problems to the best of their ability. Participants had to cope with these matters and showed their resilience.

Problems encountered this week is being behind with lecturers evaluations and sisters assessments at work, I feel like there was too much pile of work to do and cover, however I managed through using tea and lunch time hours. (J4/C13)

“The sister refused to help people from Jouberton and they were on the line for a long time and wanted to return them and I told her its wrong and she helped them.” (J7/C19)

“... there was burning of tyres. Police were called to monitor the situation” (J5/C4)

“The topic and the school we choose did not accommodate us well as the school wanted us to go there after hours to teach of which at that time the learners would be tired. We ended up changing schools” (J6/C4)

“I was very out of my comfort zone when asked to witness an abortion at the CTOP. I just couldn't get over the fact that something so out of the ordinary can be destroyed in 2 minutes” (J3/U4)

“I did not fully comprehend the magnitude of how resilience can impact one's life, but this week it the only thing really gnawing at my mind. ... I keep asking myself, how do I move from this point and gain the fulfilment of being the best Nurse and human being I can be.” (J3/U11)

In the focus group interviews participants described the theory-practice gap as an increasing problem. According to participants these experiences resulted from infrequent and short periods of allocation to speciality wards. Furthermore, it is also due to duty allocation over weekends, when the execution of the more specialized procedures is not required. Participants suggested a block allocation over an extended period of time. They would then be able to become familiar with ward settings and be able to practice specialty specific procedures. Frequent presence of preceptors and tutors is also argued as possible solutions to narrow the theory-practice gap and building confidence. More accurate and theory-based guidance will encourage and promote learning opportunities.

“...in labour ...sisters in kraam ne me and the sistershe will take care of us ne.” (FGI3)
“...when they’re (university students) in the wards you would see that you are there I don’t know if it’s the clinical tutors or the tutors, immediately when they come they would come to check all in the ward and everything so I think maybe that is their advantage to say they will be there and then telling the sister so these students are here only to do this.” (FGI3)

3.4.5.2 Participants identified and used different problem solving techniques

Participants identified different problem-solving techniques such as calmness, good communication skills, critical thinking on problems, and to value others ideas, feelings and opinions. Participants reached successful outcomes by applying these techniques:

“The best way to solving the problem is to listen to other people opinions or views to identify the problem and come with a solution or better solution”.(J3/C8)
“When comes to problem solving I think critically but at work especially” (J7/C17)
“When solving a problem you need to identify the problem and what might have caused it and remembering that different people might have different views, about it so when solving it you need to consider other people views/feelings” (J3/C1)
“... giving medication ...don’t know their names or have pictures in the medication trolley so I have to ask the permanent staff for the names of patients and its not allowed by protocol, so I had to advised them to put pictures on” (J3/C21)

3.4.5.3 Participants’ experienced some limitations to their problem-solving abilities

The data analysed from the journals, focus group interviews, and field notes revealed that participants identified only a few things on problem solving in clinical facilitation namely that they experience limitations to solve problems effectively and timeously, for example inability to comply with expectation due to limited time in the facility, difficulty in implementing procedures in the absence of clinical facilitators, and the inequality where it comes to nursing

student facilitation. While other participants identified problems in clinical facilitation of a more personal nature, such as fear to fail an evaluation, or the fear to be labelled, for example after failing an evaluation or during the student strike at the college. Participants experienced their inability to overcome these problems as limitations. Participants called for clinical facilitators to address these problem areas.

“It would be wonderful to have the ability to solve all problems efficiently and in a timely fashion with difficulty so we need ability to problem solving” (J6/C1)

“On Thursday the transport was there but nobody climb it because of fear of being labelled anti-strike or right wing” (J4/C14)

“The only thing that I fear at the moment is failing nursing more especially that pharmacology and psychiatric is becoming a bit of a problem” (J4/U6)

Literature integration

Literature confirms that experiences of clinical facilitation with regard to problem solving may have a positive outcome, especially if there is prior experience of successful problem solving as this provides confidence and can assist in the development of a positive attitude (Harrington, 2012). Mowbray (2011:8-15) has also agreed that problem solving is intertwined with our interaction, relationship building, self-confidence and organizational skills. Clinical facilitators can instil equanimity in nursing students as it is essential in problem solving. They should also instil calmness and self-control, leading to stability, composure and a sense of poise when it comes to problem solving (Stagman-Tyrer, 2014).

3.4.6 THEME 6: Participants’ experiences of clinical facilitation with regard to organization

Participants’ experiences of clinical facilitation with regard to organization were reflected in their journals and during the focus group interviews. Most of the participants indicated that they are organized and plan in advance, but some don’t, with consequences such as not being prepared for procedural evaluations or being late for work. As one participant described so well “I’ve realized that the earlier I plan the more I get to enjoy life. If I fail to prepare then I definitely have to repair” (J3/E2). They also shared their experiences of clinical facilitation with regard to organization.

3.4.6.1 Participants organizational experiences in clinical facilitation

Participants’ described clinical facilitation in an organized working environment as advantageous. They felt that learning opportunities were created through good leadership and open-minded communication where nursing students were orientated, duties and

expectations clearly communicated. They experienced that organized work routine does not only give clarity on duties and expectations, but also creates learning opportunities and improved teamwork and better team relations by minimizing any misconceptions.

“They do know they are duties and ward routine and they run it well” (J4/C8)

“Plan of the day in that the clinic is good because every staff member knows his/her duties and tasks” (J5/C8)

“the ward is well organised treatment and file setting is organised” (J3/C8)

Participants made suggestions for change and improvement as their experience on clinical facilitation identified some shortcomings (also referred to under 3.4.5.1 as problems identified), such as short and frequent changes of allocation in the clinical settings, which resulted in all outcomes not being reached and limitations in ward orientation and building relations. Furthermore, inadequate attention to managerial skills by clinical facilitators, limiting participants’ ability to master ward management and organizational skills within the ward setting.

“I think it will be advantageous for learners to work according to their objectives and to work in the department for at least a week to gain proper experience” (J4/C4)

“Om deurentyd te sorg dat alles gereed is en genoeg voorraad is by die dialise en deurentyd te sorg dat alle "drips" geruil word.” (To be able to provide continuous supply for dialysis and also to ensure timeous change of IV fluids) (J5/U9)

“... daar nie genoeg stock in die saal was nie. ons het die probleem opgelos deur stock in ander sale te gaan haal.” (... there was not enough stock in the ward, so we solved the problem by collecting stock from other wards) (J2/U2)

3.4.6.2 Participants planning techniques delivered results

Participants agreed that planning has positive results for one-self and others. By being organized and planning ahead more can be accomplished and one can accommodate the unforeseen. Participants set timetables, plan and allocate duties within the clinical facilitation and work according to a specific routine to optimize functionality and patient care.

“My way of being more organised has influenced other especially because of my manner of doing things and my recognised manner of knowledge about planning benefits.” (J1/C2)

“I'm organised and try to do things on time or be two steps ahead on most of things but there are emergency and unexpected or unforeseen event which can change your plans” (J1/C1)

“I'm much organized like for instance when I work in the immunisation. I made sure I pack my cooler box and grade the scale” (J6/C17)

“Keeping ahead with staff prepares individual arriving early at work and acclimatizes to the morning early breeze of the work environment gives oomph and encouragement to deliver and be organised at all times” (J6/C13)

“My organisation was pulled to shreds when my colleague left but I re-planned and could implement all that was expected from me but just in a short time frame.” (J2/U7)

3.4.6.3 Participants' experienced own and work-related shortfalls in organization

Participants admitted to own shortcomings when it comes to planning and organizing. Short falls such as planning well but not sticking to plans and being easily distracted, resulted in unfinished work, unpreparedness for evaluations or tests, and being late for work.

“In terms of organizing I do plan ahead but it comes very difficult for me to stick to that plan because most of the time something always comes up and ruin my plan” (J1/U6)

“I'm never on time, every morning the taxi have to wait for me because am slow when it comes to preparing” (J2/C21)

“I'm aware that I'm left with my last examination and practical's but here I am forgetting to take my time table seriously” (J6/C2)

Shortfalls in clinical facilitation described by participants include ill planned practical projects such as: arriving at schools to present health education, only to find that the college did not make prior arrangements with the schools. Participants suggested that prior arrangements should be made with schools to accommodate more nursing students and learners at these schools as to maximize the efficacy of health education at the schools. Unorganized wards were another organizational shortfall, where duty allocations were only done by two o'clock with half a day wasted. Sometimes students were not properly orientated and therefore did not know what was expected from them.

“I feel our college have to make proper arrangements, especially regarding the school mental health project. The facility complained that we came with our topics which mostly were not within their teaching curriculum, of which when we get there we use their periods and they cannot recall the periods we used to teach all the content. They had to teach. We then have to change our topics to cover most or at least of their topics which are in curriculum. The college also needs to inform the facilities in time about our visitation. I have realised that these would help many students as then maybe arrangements can be made and a large number of students can take part in the project, unlike having to present to two

or one class of learners, Whereas others are also eager to have the same knowledge, information and to participate” (J1/C15)

“But, the sister in this ward is very "verstrooid", very unorganised running around in the ward like a crazy person yet seems to be achieving nothing. The allocation for one, aren't written till late afternoon e.g. 2o'clock only. Although there is a ward routine no one really knows what to do once the vitals are done and bed baths completed.” (J4/U5)

Literature integration

Literature confirms that organization refers to personal organization, being able to self-organize, draw own timetable, prioritize activities and the sequence thereof, and the emotional control that directs oneself (Harrington, 2012). Organization is seen as necessary in nursing students’ clinical experience to gain emotional self-control. In addition, systems organization refers to organizations’ organizational capacities (Donovan, 2013:37). Organizations, wards and hospitals should reflect on changing needs within the setting and adapt according to needs to serve nursing students optimally (Kelly & Ahern, 2009:917; Donovan, 2013:39). Organizational self-reflection is required as human failure can occur in the best organizations, which leads to poor outcomes, and therefore the need to accommodate nursing students (Donovan, 2013:39).

3.4.7 THEME 7: Participants’ experience of clinical facilitation with regard to self-confidence

Participants all agreed that their confidence levels are at a high within their comfort zone, but all experienced discomfort to some extent outside their comfort zone. They described their comfort zone as being at home with family and friends and the clinical setting among colleagues with procedures they are familiar with and with the guidance of clinical facilitators.

3.4.7.1 Participants described what boosted their confidence in clinical facilitation

Knowledge, previous successes and encouragement from clinical facilitators boosted participants’ confidence. Furthermore, participants acknowledged confidence gained through mastering and performing new procedures. In addition to the above-mentioned, participants also described organized ward routine; patients’ appreciation and working within a multi-professional team as contributing factors in confidence-building. They described the working environment within a multi-professional team as warm, welcoming and appreciative for nursing contributions, while patients’ gratitude and appreciation towards services rendered also contributed to building their confidence.

"I really learnt so much today," (J8/U11)

"The ward I worked at builds my confidence and it make me to feel good that I make different in the society and trying to improve patient's ability to do things for themselves" (J5/C8)

"Confidence is slowly build as I'm getting to understand what is acute psych by going through the patients files and that I attended a multi professional team as the psych specialist was invited to see certain patients." (J1/C19)

"The more I achieve the more confident I become." (J6/C2)

"During my evaluation I must say that their cooperation made it easier for me to give them life lesson" (J5/C11)

"I was very proud of the results on the performance of learners who was taught by myself especially." (J2/C14)

"After my evaluation or after my clinical I feel mentally relax, happy, warm and laugh and smile. My previous successes were passing my practical exams since 2011" (J1/C1)

3.4.7.2 Participants' experienced an ability to overcome adversity

Participants saw adversity as an obstacle that had to be overcome. They had to find a way around it so that it would not become an obstacle. This was possible for participants as a result of confidence gained within clinical facilitation. Participants were able to turn bad experiences into positive life-changing experiences because of their self-belief, good communication skills and well-developed relationships within the clinical facilitation.

"I always deal away with negative criticism that has negative influence on my confidence" (J4/C13)

"... one has to adjust to the environment and the people that you have to work with. One's confidence is not impaired; most instances one's confidence develops even better as you face different situations and you can't adjust yourself to one climate"

"...making a difference in one's life serves one with positive outlook on life and interaction in general" (J5/C5)

"No one wants to step outside their comfort zone but sometimes you need to believe in change and accept you need to step outside your comfort zone to grow and act" (J5/C1)

"Accepting the failure after all attempts I re-organise and continue, that's what build my confidence." (J7/C13)

"...a journey. I was embarking on one which would teach me how to adapt or die." (J7/U11)

"Acute psychiatric ward is a new situation to me and new experience, and adaptation is the one way to deal with everything/situation" (J8/C1)

3.4.7.3 Participants' experienced insecurity related to their own ability

Some participants described their lack of confidence as a result of their insecurity, which stems from fear of failure and disappointment to self and preceptor, fear of what others might think when they make a mistake, and fear resulting from a lack of knowledge such as in the case of psychiatric patient treatment. Participants mentioned that the absence of their tutors contributed to their lack of confidence (also mentioned under 3.4.5.1).

“Ek is eerlik ek is altyd bang om nuwe prosedure aan t pak, want ek is bang ek doen dit verkeerd.” (Honestly I'm always scared to do new procedures; I'm scared I might do it wrong) (J1/U7)

“I really don't know what to expect. Many thoughts are going through my mind at this moment, doubt seems to really grow at me as I question if I'll be able to deliver on the preceptors expectations.” (J8/U11)

“... if I'm not sure that the Sr/preceptor or whoever is there to help me if I make a mistake. Not very comfortable, especially if it is something new.” (J1/U5)

“it is not easy dealing with patients of such need, individually I am a confident person, but been with male patients and scared that they may hurt me as a result of relapsing, it is not a comfortable place to be at” (J4/U15)

“... the clinical tutors or the tutors, immediately when they come they would come to check all in the ward and everything so I think maybe that is their advantage to say they will be there and then telling the sister so these students are here only to do this.” (FGI3)

Literature integration

Literature confirms that clinical facilitators who provide nursing students with adequate support in clinical facilitation can develop crucial resilience traits such as self-esteem, self-efficacy and autonomy (Chen, 2011:232). On the other hand, self-acceptance is not only based on performance or result, it is about acknowledging failures and recognizing the effort required towards improvement (Harrington, 2012), as was evident from the results. Self-efficacy is the belief in one's capability to organize and perform tasks successfully as this increases motivation and commitment (Cameron *et al.*, 2011:1377-1378; Koen *et al.*, 2011:2-3), as was also described by the participants.

3.5 CLOSING REMARKS

In this chapter the findings of this study on nursing students' experience on clinical facilitation with regard to their resilience, data analysis and literature integration were discussed. Direct quotations from journals and transcribes enriched these findings. The next

chapter discusses the study conclusions, limitations and recommendations to this study with reference to nursing education, research and nursing practice.

CHAPTER 4 CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

4.1 INTRODUCTION

The previous chapter presented of a comprehensive description of the demographic composition of participants, the realization of data collection and analysis, and a description of the participants' experiences with supportive quotations from the journals and transcripts. Literature integration followed to verify the findings of the study against existing literature and to highlight the unique findings from the study.

This chapter presents the conclusions and limitations of the research. In addition, recommendations to develop the resilience of nursing students during clinical facilitation are described. These recommendations were formulated based on the results of the research through a process of inductive reasoning, and can be used to guide nursing students, clinical facilitators and ward staff during the clinical placement of nursing students to develop the resilience of nursing students through clinical facilitation.

4.2 CONCLUSIONS

The conclusions of this study are drawn from the participants' experiences and relevant literature. The data collected from journals, three different focus group interviews, literature confirmation and field notes were analyzed and seven major themes emerged. These emerging themes from the data analyzed are discussed in Chapter 3. The conclusions on these themes follow, which provide a better understanding on the nursing students' experience of clinical facilitation with regard to their resilience. These conclusions provide an answer to the research problem as highlighted in the problem statement of this study and the research questions, "What is nursing students' experience of clinical facilitation with regard to their resilience?"

4.2.1 Conclusions regarding the nursing students personal and career visions

Although participants did not describe their experiences of clinical facilitation related to their vision, they did all indicate their long- and short-term goals. These goals included skills development, short- and long-term goals with career in mind and future educational plans, and some participants even indicated that they have optimistic and hopeful goals. Every participant had a vision of having their diploma or degree, while a few participants stretched their goals further to that of specialty nursing and even being a professor, doing research or being a medical doctor. In all this, hope for their future was apparent. Vision is an essential

attribute of resilience and also an indication of hope and optimism. These attributes are essential to resilient persons who need to face adversity in the workplace. It was clear that participants were passionate about their vision and was energized by their hope and optimism.

4.2.2 Conclusion related to nursing students' experience of clinical facilitation with regard to determination

Nursing students were determined to persevere, which is an indication of their self-reliance. Their determination to reach their goals and to achieve educational expectations was possible with the support of clinical facilitators acting as role models, as determination can be a direct result of positive responses and reinforcements. Participants experienced that the trust placed in them by colleagues and patients, and encouragement of fellow workers contributed to their determination. In the absence of these supportive responses from clinical facilitators, participants made use of self-affirmation to keep them motivated. It can be concluded that nursing students' perseverance can be fostered through the encouragement of clinical facilitators, and through conquering adversity.

The participants also indicated that not just the beautiful and positive contribute to their determination, but also the negative experiences, such as the insane and inhumane suffering of patients resulting from bad treatment and unprofessional conduct in the nursing profession. The positive as well as negative experiences in the clinical facilities increased their determination to succeed and to be better professional nurses who will make a difference in the patients' lives. Clinical facilitators can therefore play a role in the motivation and resilience-building of nursing students and should be aware of the role they play as role models, facilitators and educators to encourage the development of independent and self-reliant professional nurses.

4.2.3 Conclusion regarding nursing students experience of clinical facilitation with regard to interaction

Participants experienced that interaction and communication skills are paramount to their clinical facilitation, as "you don't live in isolation". Through communication and interaction theory was applied to practice and goals and objectives were attained. Clear and precise communication improved their ability to build effective and sufficient relationships that optimize team work and learning opportunities, while minimizing miscommunication, misperceptions and stress and the fear factors participants experienced within the clinical facilities. In addition, participants concluded that communication skills add to the ability to build effective relationships, which in turn helps with problem solving.

Participants agreed that successful interaction between nursing students, clinical facilitators and educators, the multi-professional team members, patients and the community is the only way in which health issues can be addressed. In conclusion, participants agreed that well-developed communication skills contributed to effective relationship-building and therefore improved open communication in the clinical environment. Thus, through effective communication, nursing students interpret and cope with adversities and instill attributes that improve personal growth. These essential requirements are paramount to improving learning opportunities, building adequate relations and nursing care within the working environment.

4.2.4 Conclusion regarding nursing students experience of clinical facilitation with regard to relationship

Relationships indicate who we are and who is important to us, as one generates commitment and trust within a relationship by using different strategies. Relationship-building in clinical facilitations is a direct result of the interacting ability with clinical facilitators, multi-professional team and patients. Relationships built by participants in clinical facilitation varied among clinical facilitators from professional and supportive relationships to educational informative relations.

Supportive relationship experiences by participants in clinical facilitation included open communication, mutual respect and trust, commitment team-work as this provided guidance. These experiences had positive and supportive influence on their relationship-building and personal growth. In addition, cooperative- and team relationships with equal responsibilities encouraged participants to perform better and excel in what was expected of them.

Furthermore, participants described elements that negatively influenced their relationship-building and which had a negative impact on their learning opportunities in clinical facilitation. These negative elements included ineffective communication, disrespect, negative attitudes and absence of trust and commitment. Participants experienced these relationships as stressful and unpleasant as it limited their personal and educational growth. Clinical facilitators have to provide theoretical and emotional support in clinical facilitation by building relationships that guide, assist and support nursing students, to improve their resilience and commitment, as effective relationships instill team spirit and a feeling of belonging.

4.2.5 Conclusion regarding nursing students experience of clinical facilitation with regard to problem solving

Participants experienced a variety of problems in clinical facilitation that varied in nature and severity. Problems of more general nature included the theory-practice gap, an inability to solve problems, difficulty with implementing procedures in practice resulting from allocation to clinical facilities on weekends, and limited availability of clinical facilitators that limited learning opportunities. Problems of a more unique nature experienced by participants were the college students' strike, inadequate arrangements made by the nursing college for nursing students' public schools projects, and unprofessional conduct demonstrated by professional nurses.

Some participants showed resilience in their ability to solve problems and to accept and adapt to the best of their ability in circumstances where they cannot change anything. Although participants were able to take initiative in solving some problems and showing insight into the problems and were therefore able to make suggestions for possible solutions, it was not always the case. As problem solving is intertwined with effective communication and good relationships, clinical facilitators can assist and guide nursing students in the skill of equanimity, as calmness and self-control instil stability, composure and a sense of poise when dealing with problems.

4.2.6 Conclusion regarding nursing students experience of clinical facilitation with regard to organization

Organization within clinical facilitation as referred to by participants include personal organization and organizational organization. Personal organization included participants' ability to self-organize, prioritizing objectives and drawing up own time tables. The experiences in clinical facilitation are needed to gain emotional self-control that directed them. Organizational organization were experienced in well-organized clinical facilities were participants experienced the advantages of a well-organized clinical setting. The well-organized clinical facilities as described by participants contributed to creating learning opportunities, open communication, staff orientation, duties and expectations clearly spelled out, improvement of team relations and multi-disciplinary team work, as well as the minimizing of misunderstanding and misconceptions.

In conclusion, well-planned and organized clinical facilitations provided learning opportunities to all staff and nursing students. Well-communicated expectations and responsibilities accompanied by well-planned and organized ward routine that minimizes misunderstanding and optimizes learning opportunities, also contributed to learning.

Therefore, organizational self-reflection is required as human failure can occur and this creates the need to accommodate nursing students to minimize poor outcomes.

4.2.7 Conclusion regarding nursing students experience of clinical facilitation with regard to self-confidence

Participants' self-confidence and their ability to perform specific procedures were boosted during clinical facilitation, resulting from previous successes, mastery of new procedures, encouragement from clinical facilitators, multi-professional team members and patients showing appreciation and gratitude. Through frequent interaction with clinical facilitators and tutors, relationships developed within the clinical facilitation environment, which created opportunities to work with confidence within a multi-professional team. The encouragement received within the multi-professional working environment not only increased confidence, but also the ability to overcome adversity, which promotes individual development of self-esteem, self-efficacy and self-confidence, which are essential elements of an autonomous nurse.

Insecurity due to lack of self-confidence were identified as fear of failure, fear of disappointing preceptors or lecturers and fear of what others may think. This was described by participants as the result of infrequent facilitation and sometimes absence of clinical facilitators and preceptors. Therefore, clinical facilitators have to guide nursing students to self-acceptance, which is based on acknowledgement of failure and the required efforts towards improvement.

4.3 GENERAL CONCLUSION

Participants described an overall positive experience of clinical facilitation through which their resilience was developed, for example through support and positive feedback from the clinical facilitators, role modelling by the clinical facilitators, effective communication, interaction, relationships and clinical facilitators who created learning opportunities that strengthened participants' self-confidence. Participants also experienced less positive aspects related to clinical facilitation, such as limited communication skills, the need for clinical guidance and problem solving skills and limited organization by clinical facilitators. It was clear that nursing students' self-confidence can be further enhanced by means of increased interaction with and guidance from clinical facilitators. Through motivation and clinical support from clinical facilitators, nursing students may experience enhanced independent learning and self-growth.

A unique finding related to the unique context of nursing students from either a nursing college or university placed in a clinical setting, was that it seemed that although these participants acknowledged the important role the clinical facilitator played and appreciated the presence and input of the clinical facilitator, they were able to overcome adversity in the clinical setting in cases where the clinical facilitator was less available by being self-reliant, passionate, goal-orientated and determined. Therefore, it seems that resilience can be strengthened even further by clinical facilitators by keeping a balance between providing support and motivation and facilitation of self-reliance and independent learning.

4.4 LIMITATIONS AND CHALLENGES

The limitations of this study are discussed below.

- A relatively small sample of participants contributed to this study. The participating nursing students are likely to be the more resilient students (display confidence to participate in the research), while those nursing students who did not participate might have had a different experience. In order to overcome this limitation, a thick and rich description of the research method and findings were given. A repeat of the study will therefore be possible, while the meticulous description of the results gives a true reflection of the nursing students' experiences. Due to reasons mentioned in 2.3.1.1, not all year levels of nursing students were included. The researcher overcame these limitations by the use of triangulation of data collection methods and prolonged engagement, namely journals over a period of eight weeks, complemented by follow-up focus group interviews, ensuring rich, in-depth data. The participants were allocated to a wide variety of clinical disciplines, which further assured rich data, and saturation of data.

In addition to the limitations of this study, some challenges were also experienced, namely:

- One of the educational institutions requested inclusion of fourth-year nursing students although it was an initial exclusion of this study. Amendments to this study were therefore necessary.
- The allocation of the participating nursing students to a variety of clinical facilities and wards presented another challenge, namely enough time to visit each participant and time for traveling between different clinical facilities. During the research data collection period, participants were allocated to four different hospitals, four different public health clinics, and different schools for the school projects.

- The vast amount of data collected over the eight-week time frame required thorough analysis and re-analysis of all data, which resulted in several and frequent consultations sessions with a co-coder for meticulous analysis of all the data collected.
- The biggest challenge during this study was the time it consumed, as the researcher was a full-time employee at a public hospital. The balancing of work, study and being a mother and wife tested her own resilience and that of her family.

4.5 RECOMMENDATIONS

Recommendations follow based on the findings, literature control and conclusions of the study as discussed above. These recommendations are aimed at nursing education, nursing research and nursing practice. They were formulated in line with the IPA as discussed in the paradigmatic perspective of the research (see 1.5.3). This entails that the unique context of the participants as evident from the results and conclusions of the research influences and is influenced by the nursing student and was therefore taken into consideration in the formulation of the recommendations.

4.5.1 Recommendations for nursing education

In the findings of this research study on nursing students' experience of clinical facilitation with regard to their resilience, participants distinguished between lecturers and clinical facilitators or preceptors. From the participants' descriptions, lecturers provide theoretical information while clinical facilitators or preceptors provide the clinical guidance for procedures and skills development within the clinical environment. The following recommendations for nursing education apply to both the theoretical and clinical components in an integrated manner.

- Nursing education should aim to develop more competent and well-skilled professional nurses, as the theory-practice gap is still present as described by the participants of this study. Therefore, meticulous planning is needed to combine theory and practice in the skills laboratories and during allocation to clinical settings to provide optimal insight and understanding of theoretical concepts. This is possible when theory and practice follow each other in quick succession. This requires practical and creative planning to accommodate educational institutions and practice.
- Nursing education should aim to increase nursing students' insight in theory in such a way that they understand the complimenting clinical procedures that have to be implemented in the clinical context. Lecturers should reinforce theory on a regular basis

by facilitating nursing students while in the clinical settings so that the nursing students can develop a better understanding of theory and practice.

- Including elements of resilience-building in the 4-year Comprehensive Programmes' curriculum should be considered. This should include communication skills development, relationship-building techniques and ways to improve self-talk and self-acceptance. These resilience-building elements can be reinforced through role play in the classroom setting at the educational institution.

The findings of this study can add important information to the existing curriculum for the 4-year Comprehensive Program with the aim to retain more resilient professionals. This dissertation will be available in e-book form from the library of the North-West University, Potchefstroom Campus, for prospective research students doing research on nursing students' resilience.

4.5.2 Recommendations for nursing research

It is clear that further research is needed on the resilience of nursing students. Further research could focus on all enrolled nursing students irrespective the programmes enrolled in. Further research is recommended in the following areas:

- Research on all nursing students' resilience at entry levels and how this correlates with their retention or attrition during their enrolled programme.
- Research on the impact of increased presence of clinical facilitators on nursing students' resilience development.
- Research on the impact and effectiveness of the implementation of resilience-building elements in the nursing students' curriculum
- Research on the impact of increased presence of clinical facilitators in minimizing the theory-practice gap.
- Research on the retention of resilient nursing students after qualifying as nurse professionals.

4.5.3 Recommendations for nursing practice

Nursing practice in this section refers to clinical facilitation in the practical setting such as the wards, clinics, or other health facilities where students are allocated for skill development. Furthermore, these recommendations relates to the central theoretical argument (see

1.5.2.1). These recommendations can be used to guide nursing students, clinical facilitators and ward staff during the clinical placement of nursing students.

4.5.3.1 Recommendations with regard to nursing students personal and career visions

- Clinical facilitators and preceptors can strengthen nursing students' resilience by knowing the nursing students personal vision and goals within nursing, as they can use this vision as a motivating factor.
- Expose nursing students to as many nursing career practices as possible to widen their vision and thereby increase their motivation.
- Clinical facilitators can utilize nursing students' optimism and hope by encouraging them to think critically about how they want to change nursing and health.

4.5.3.2 Recommendations with regard to nursing students determination

- Nursing students' determination and motivation to attain their goals can be enhanced by clinical facilitators who are aware of their influence as role models.
- Clinical facilitators can heighten nursing students' determination by facilitating skills such as positive self-talk and self-reflection. Through role play and encouragement of self-reflection, nursing students can develop intrinsic determination/motivation.
- Clinical facilitators should teach nursing students to be self-reliant by encouraging nursing students to take responsibility in their clinical environment, widening their own knowledge of aspects for which they take responsibility, setting realistic and manageable goals and making responsible decisions.
- Clinical facilitators should provide the necessary support and encouragement to nursing students to accept responsibility for their decisions even and when the outcome of their decisions may be negative.

4.5.3.3 Recommendations with regard to nursing students interaction skills, relationship building and problem solving

- Clinical facilitators can strengthen communication/interaction skills by ensuring open communication where nursing students are encouraged to air their views, opinions and concerns without judgement. They should have regular debriefing sessions with nursing students' where they can voice concerns, fears and opinions.

- In the presence of open communication, clinical facilitators can communicate expectations and duties in ward routine, as well as any other delegated responsibilities, which will foster and reinforce communication canals and relationship building.
- Clinical facilitators and the multi-professional team members should be aware of their role and responsibility in enhancing relationship-building with nursing students. This is possible in the presence of open communication where mutual respect is evident, and responsibility is delegated with trust to nursing students. In the presence of well-developed communication avenues and relevant relationships built within the clinical environment, team work will be more evident as the fear factor will be less.
- Problem solving skills can be fostered by clinical facilitators by explaining the process of problem solving and by acting as role models. Clinical facilitators should show equanimity in adverse events. Calmness and self-control will be instilled in the nursing students when dealing with adverse events as the nursing student can then evaluate, address and solve problems in a calm and collected manner.
- As one learns not only from successes but also failure, nursing students can be guided in problem solving through open communication, mutual respect, trust and added responsibility. Nursing students will then feel free to communicate problems and challenges experienced in the clinical environment.
- Clinical facilitators have to be involved and engaged with nursing students in a balanced way to encourage problem solving in an independent manner. They should also assist in providing a conducive work and learning environment with emotional support through reflection. This is possible in the absence of judgement and where critical thinking is promoted.
- Clinical facilitators can minimize potential problems through well-planned and organised working programmes, and clearly communicated expectations between nursing students, clinical facilitators and allocated clinical areas.
- Clinical facilitators should help nursing students with the organization of ward activities and personal life, as planning is essential for personal organization and a pro-active way to deal with potential problems. Explain the advantages of planning and the drawing up of time tables to ensure quality and effective time management.

4.5.3.4 Recommendations with regard to nursing students self-confidence

- Clinical facilitators can play a role in boosting nursing students' self-confidence by showing personal interest in their progress and through encouragement. This might be in the form of increased responsibility, respect and belief in their clinical abilities by raising expected outcomes for each nursing students individually.
- Clinical facilitators and preceptors appointed by educational institutions should increase their presence in clinical facilities to optimize learning opportunities for nursing students, as nursing students will receive feedback on their progress with quick succession, and therefore self-confidence will increase.
- Clinical facilitators should initiate and maintain reflection with the educators, clinical organization/s and nursing students to optimize the learning experiences for nursing students. The interest shown in the nursing students' education and training will contribute to their self-confidence, as they are involved in potential improvements and changes.

4.6 CLOSING REMARKS

The purpose of this research study was to explore and describe the nursing students experience of clinical facilitation with regard to their resilience in a district in the North-West Province, and it resulted in insight into the matter.

From the findings of this research, it is evident that elements of resilience are present. Elements such as personal and nursing vision, intrinsic and extrinsic determination, ability to interact, form relationships, solve problems, organizational abilities, and self-confidence, are present in most of the participating nursing students. This might be due to the seniority of the participants, who have already developed levels of resiliency. On the other hand, some elements required to build resilience in nursing students are absent. Problematic elements are the theory-practice gap, infrequent and sometimes absent clinical facilitation, lack of communication skills and therefore difficulty in effective relationship-building and problem solving. In addition, limitations in self-organization and organizational organization impacted negatively on participants' self-confidence and therefore resilience development.

Recommendations were made for nursing education, nursing research and nursing practice. These recommendations have the potential to adequately equip both nursing students and clinical facilitators by improving resilience-building skills such as determination,

communication, building work relationships and problem solving and organizational skills. These skills will add to self-confidence and ultimately resilient nursing professionals.

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APPENDIX A: ETHICAL CLEARANCE TO DO RESEARCH AS SUB-STUDY OF RISE



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Ethics Committee
Tel +27 18 299 4849
Email Ethics@nwu.ac.za

ETHICS APPROVAL OF PROJECT

The North-West University Research Ethics Regulatory Committee (NWU-RERC) hereby approves your project as indicated below. This implies that the NWU-RERC 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: Strengthening the resilience of health caregivers and risk groups.																													
Project Leader: Prof MP Koen & Prof E du Plessis																													
Ethics number:	<table border="1"><tr><td>N</td><td>W</td><td>U</td><td>-</td><td>0</td><td>0</td><td>3</td><td>6</td><td>-</td><td>1</td><td>1</td><td>-</td><td>A</td><td>1</td></tr><tr><td colspan="3">Institution</td><td colspan="5">Project Number</td><td colspan="2">Year</td><td colspan="4">Status</td></tr></table> <small>Status: S = Submission; R = Re-Submission; P = Provisional Authorisation; A = Authorisation</small>	N	W	U	-	0	0	3	6	-	1	1	-	A	1	Institution			Project Number					Year		Status			
N	W	U	-	0	0	3	6	-	1	1	-	A	1																
Institution			Project Number					Year		Status																			
Approval date: 2011-05-13	Expiry date: 2016-05-12																												

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-RERC:
 - 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-RERC. Would there be deviations 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-RERC and new approval received before or on the expiry date.
- In the interest of ethical responsibility the NWU-RERC 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-RERC 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

Linda du Plessis

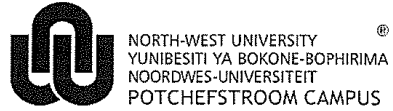
Digitally signed by Linda du Plessis
DN: cn=Linda du Plessis, o=North-West University, ou=Vice-Rector,
YTC,
email=Linda.duPlessis@nwu.ac.za,
c=ZA
Date: 2015.06.21 19:50:40 +02'00'

Prof Linda du Plessis

Chair NWU Research Ethics Regulatory Committee (RERC)

APPENDIX B: ETHICAL APPROVAL AND AMENDMENT

ETHICS APPROVAL



Private Bag X6001, Potchefstroom
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Dr E du Plessis
Nursing

Faculty of Health Sciences
Tel: 018-299 2092
Fax: 018-299 2088
Email: Minrie.Greeff@nwu.ac.za

21 August 2014

Dear Dr Du Plessis

Ethics Application: NWU-00036-11-A1

"Strengthening the resilience of health caregivers and risk groups"

Your application to include the sub-study, entitled "Nursing students' experience of clinical facilitation with regards to their resilience" under the above mentioned umbrella project has been approved and ethical clearance is granted until 30 June 2015.

Yours sincerely

Prof Minrie Greeff
Health Research Ethics Committee Chairperson

Original details: Prof Minrie Greeff(10187308) C:\Users\13210572\Documents\ETIEK\2011 ETHICS\NWU-00036-11-A1 (E du Plessis-JC Cloete) - Approval letter.docm
21 August 2014

File reference: NWU-00036-11-A1 (E du Plessis-JC Cloete)



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Prof E du Plessis
Nursing

Dear Prof Du Plessis

**AMENDMENT REQUEST: ETHICS APPLICATION: NWU-00036-11-A1
(E DU PLESSIS-JC CLOETE) "STRENGTHENING THE RESILIENCE
OF HEALTH CAREGIVERS AND RISK GROUPS"**

Thank you for amending the written informed consent form of the sub-study, entitled "Nursing students' experience of clinical facilitation with regards to their resilience". All ethical concerns have been addressed and ethical approval for the use of the informed consent form is granted until the expiry date of the sub-study.

Yours sincerely
Minrie Greeff HREC Chairperson

Original details: (10187308) C:\Users\13210572\DOCUME~1\HREC\HREC-A-4\HREC-A-2\NW2C1B~1\NW6F7B~1\NWU-00036-11-A1 (E du Plessis-JC Cloete) - Amendment request letter.docm 23 April 2015
File reference: 9.1.5.3

APPENDIX C: PERMISSION FROM NORTH-WEST PROVINCIAL DEPARTMENT OF HEALTH TO CONDUCT RESEARCH



NORTH-WEST UNIVERSITY
YUNIBESITI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT
POTCHEFSTROOM CAMPUS

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School of Nursing Science

Tel: 2991876
Fax: 2991827
Email: emmerentia.duplessis@nwu.ac.za

Mr K Motlhabane
Acting Head of Department
Directorate: Policy Planning Research Monitoring and Evaluation
New Health Office Park
Cnr 1st Street & Sekame Road
Tel: +27 (0) 18 391 4000/1/2
Mafikeng, 2745

Dear Mr Motlhabane,

REQUEST FOR PERMISSION TO CONDUCT RESEARCH

I am currently registered for the Masters' degree in Nursing Science Education, at the North-West University, Potchefstroom campus.

I hereby request permission to conduct the research: **Nursing students' experience of clinical facilitation with regards to their resilience**, in the [REDACTED] District.

The purpose and objectives of the research are:

- To explore and describe nursing students' experience in clinical facilitation with regards to resilience.

The exploration and description of nursing students' experience of clinical facilitation with regards to resilience will contribute to the formulation of recommendations to guide the development of nursing students' resilience in clinical facilitation. These recommendations will be formulated based on the result of the research through a process of inductive reasoning. The recommendations might contribute to the development of resilience of nursing students during clinical facilitation, as it can be used to guide nursing students, clinical facilitators as well as ward staff during the clinical placement of nursing students.

The research will be conducted under the supervision of experts from the School of Nursing Science, North-West University, Potchefstroom Campus. The period which I plan to do data collection is from 1 January 2015 to 31 May 2015.

Attached please find the research proposal as approved by the research committee of the School of Nursing Science, North-West University, (as well as the Health Research Ethics Committee of the Faculty of Health Sciences, North-West University under the umbrella research project: Strengthening the resilience of health caregivers and risk groups (Reference number NWU-00036-11-s1, M.P. Koen & E. du Plessis) with accompanying documents as required by the Research Policy NWHoD/PPRM&E/13P02:

- A supporting letter from the supervisor to indicate the approval of the research proposal , and
- An Ethical clearance certificate by the Health Research Ethics Committee Your of the Faculty of Health Sciences, North-West University, (Potchefstroom Campus).

According to the above mentioned policy, I would opt for the opportunity to present the research proposal in person to the Department Research Committee.

My contact details are as follow:

Cellphone number:

Work telephone number: will be provided

Work address: will be provided

Yours sincerely,
Mrs JC Cloete
M.Cur Student

Dr E du Plessis
Supervisor

REC Human, Faculty of Health Sciences, North-West University
Tel: 018 299 2094



health

Department of
Health
North West Province
REPUBLIC OF SOUTH AFRICA

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www.nwhealth.gov.za



POLICY, PLANNING, RESEARCH, MONITORING AND EVALUATION

To : J.C Cloete
From : Policy, Planning, Research, Monitoring & Evaluation
Subject : Research Approval Letter- Nursing students' experience of clinical facilitation with regards to their resilience, in Dr Kenneth Kaunda District.

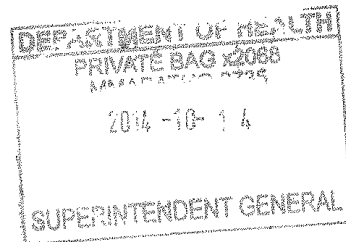
To inform the researcher that permission to undertake the above mentioned study has been granted by the North West Department of Health. The researcher is expected to arrange in advance with the chosen districts or facilities, and issue this letter as prove that permission has been granted by the provincial office.

Upon completion, the department expects to receive a final research report from the researcher.

Kindest regards


Acting Director: PPRM&E
Mr. B Reddinghys

14/4/14
Date



Healthy Living for All

APPENDIX D: PERMISSION TO CONDUCT RESEARCH AT THE UNIVERSITY



NORTH-WEST UNIVERSITY®
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School of Nursing Science

Tel: 018 299 1876
Fax: 018 299 1827
Email: emmerentia.duplessis@nwu.ac.za

To the Director
Nursing Department
University
(Details withheld for confidentiality
and privacy)

Dear Prof V [REDACTED]

PERMISSION TO CONDUCT RESEARCH

I am currently registered for the Masters' degree in Nursing Science Education, at the North-West University, Potchefstroom campus.

I hereby request permission to conduct the research: **Nursing students' experience of clinical facilitation with regards to their resilience**, in the [REDACTED]

[REDACTED] Hospital Complex, in which I would like to, invites nursing students from the School of Nursing Science to participate.

The purpose and objectives of the research are:

- To explore and describe nursing students' experience in clinical facilitation with regards to resilience.

The exploration and description of nursing students' experience of clinical facilitation with regards to resilience will contribute to the formulation of recommendations to guide the development of nursing students' resilience in clinical facilitation. These recommendations will be formulated based on the result of the research through a process of inductive reasoning. The recommendations might contribute to the development of resilience of nursing students during clinical facilitation, as it can be used to guide nursing students, clinical facilitators as well as ward staff during the clinical placement of nursing students.

The research will be conducted under the supervision of experts from the School of Nursing Science, North-West University, Potchefstroom Campus. The period which I plan to do data collection is from 1 January 2015 to 31 May 2015.

Attached please find the research proposal as approved by the research committee of the School of Nursing Science, North-West University, (as well as the Health Research Ethics Committee of the Faculty of Health Sciences, North-West University under the umbrella research project: Strengthening the resilience of health caregivers and risk groups (Reference number NWU-00036-11-s1, M.P. Koen & E. du Plessis) with accompanying documents:

ATTACHED PLEASE FIND:

- The research proposal as approved by the research committee of the School of Nursing Science, North-West University. This proposal provides an outline of what the research entails.
- An Ethical clearance certificate by the Research Ethics Committee (Human) of the Faculty of Health Sciences, North-West University (Potchefstroom Campus) (Contact telephone number 018 299 2094). The research has ethical clearance under the umbrella research project: Strengthening the resilience of health caregivers and risk groups Reference number NWU-00036-11-s1 (M.P. Koen & E. du Plessis).
- Permission letter from the Directorate: Policy Planning Research Monitoring and Evaluation, North West Province.

Your favorable consideration on the matter and a response at your convenience will be dearly appreciated.

Yours sincerely,
Mrs JC Cloete
M.Cur Student

Dr Emmerentia du Plessis
Co-supervisor

[REDACTED] - Re: [SPF:fail] permission to conduct research

From: [REDACTED]
To: [REDACTED]
Date: 2014/11/10 10:23 AM
Subject: Re: [SPF:fail] permission to conduct research

Dear mrs Cloete, thank you for the application.

I have perused through the documents and find the attached application congruent with the rules of research in the School.

I hereby grant permission that you can proceed with the research as requested.
All the best, regards

--
This message has been scanned for viruses and dangerous content by SYNAQ Securemail, and is believed to be clean.

[REDACTED]

[REDACTED]

[REDACTED]

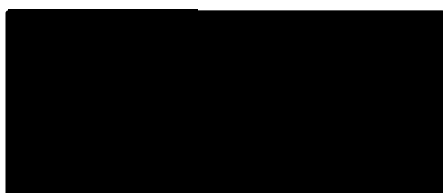
APPENDIX E: PERMISSION TO CONDUCT RESEARCH WITHIN THE COLLEGE OF NURSING



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Web: <http://www.nwu.ac.za>

School of Nursing Science
Tel: 018 299 1876
Fax: 018 299 1827
Email: emmerentia.duplessis@nwu.ac.za



Dear Mrs [REDACTED]

PERMISSION TO CONDUCT RESEARCH

I am currently registered for the Masters' degree in Nursing Science Education, at the North-West University, Potchefstroom campus.

I hereby request permission to conduct the research: **Nursing students' experience of clinical facilitation with regards to their resilience**, in the [REDACTED] in which I would like to invite nursing students from [REDACTED] Nursing College to participate.

The purpose and objectives of the research are:

- To explore and describe nursing students' experience in clinical facilitation with regards to resilience

The exploration and description of nursing students' experience of clinical facilitation with regards to resilience will contribute to the formulation of recommendations to guide the development of nursing students' resilience in clinical facilitation. These recommendations will be formulated based on the result of the research through a process of inductive reasoning. The recommendations might contribute to the development of resilience of nursing students during clinical facilitation, as it can be used to guide nursing students, clinical facilitators as well as ward staff during the clinical placement of nursing students.

The research will be conducted under the supervision of experts from the School of Nursing Science, North-West University, Potchefstroom Campus. The period which I plan to do data collection is from 1 January 2015 to 31 May 2015.

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Committee of the Faculty of Health Sciences, North-West University under the umbrella research project: Strengthening the resilience of health caregivers and risk groups (Reference number NWU-00036-11-s1, M.P. Koen & E. du Plessis) with accompanying documents:

ATTACHED PLEASE FIND:

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- An Ethical clearance certificate by the Research Ethics Committee (Human) of the Faculty of Health Sciences, North-West University (Potchefstroom Campus) (Contact telephone number 018 299 2094). The research has ethical clearance under the umbrella research project: Strengthening the resilience of health caregivers and risk groups Reference number NWU-00036-11-s1 (M.P. Koen & E. du Plessis).
- Permission letter from the Directorate: Policy Planning Research Monitoring and Evaluation, North West Province.

Your favorable consideration on the matter and a response at your convenience will be dearly appreciated.

Yours sincerely,
Mrs JC Cloete
M.Cur Student

Dr Emmerentia du Plessis
Co-supervisor



health
Department of
Health
North West Province
REPUBLIC OF SOUTH AFRICA



VISION To facilitate physical, psychological, social and spiritual wholeness for all people of the North West Province
Through the provision of innovative nursing education and training.
MISSION The college will strive towards preparing a nursing student through innovative dynamic nursing education and
training in order to become a reflective, critical analytical thinker and a professional leader in striving towards wholeness.

To: Mrs JC Cloete
Researcher

From:

Date: 3 February 2015

Subject: Research project

You are hereby informed that [redacted] the lecturer of the July 2011 4th year students, has been allocated to be the coordinator between the students and you as the researcher. She is currently accompanying and assessing the students at [redacted] and will be present during the workshop on resilience building. The workshop will be facilitated by Prof. E Du Plessis of the North West University Potchefstroom campus on 4 February 2015, 09:00-11:00. The venue for the workshop is the kitchen hall at [redacted]. After the workshop you can do the sampling for your data collection from the students as they will be the population.
The students will be in the clinical practice from 1/3/2015 -16/5/2015 at [redacted] and in the community doing community psychiatry practicals. [redacted] will be in the position to give you more information on where the students will be working and you will have enough time to conduct data collection as required in your research proposal. The college wishes you success with your research project and our only request is that you provide us with a report on the results and recommendations on completion of your studies.

Compiled by:
M

[redacted]

[redacted]

[redacted]


Healthy Living for All₁

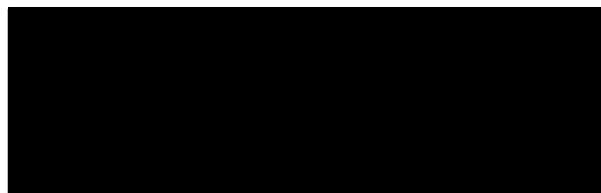
APPENDIX F: PERMISSION TO CONDUCT RESEARCH WITHIN A PUBLIC HOSPITAL



Private Bag X6001, Potchefstroom
South Africa 2520

Tel: 018 299-1111/2222
Web: <http://www.nwu.ac.za>

School of Nursing Science
Tel: 018 299 1876
Fax: 018 299 1827
Email: emmerentia.duplessis@nwu.ac.za



Dear Mr [REDACTED]

PERMISSION TO CONDUCT RESEARCH

I am currently registered for the Masters' degree in Nursing Science Education, at the North-West University, Potchefstroom campus.

I hereby request permission to conduct the research: **Nursing students' experience of clinical facilitation with regards to their resilience**, in the [REDACTED] Hospital Complex.

The purpose and objectives of the research are:

- To explore and describe nursing students' experience in clinical facilitation with regards to resilience

The exploration and description of nursing students' experience of clinical facilitation with regards to resilience will contribute to the formulation of recommendations to guide the development of nursing students' resilience in clinical facilitation. These recommendations will be formulated based on the result of the research through a process of inductive reasoning. The recommendations might contribute to the development of resilience of nursing students during clinical facilitation, as it can be used to guide nursing students, clinical facilitators as well as ward staff during the clinical placement of nursing students.

The research will be conducted under the supervision of experts from the School of Nursing Science, North-West University, Potchefstroom Campus. The period which I plan to do data collection is from 1 January 2015 to 31 May 2015.

Attached please find the research proposal as approved by the research committee of the School of Nursing Science, North-West University, (as well as the Health Research Ethics Committee of the Faculty of Health Sciences, North-West University under the umbrella research project: Strengthening the resilience of health caregivers and risk groups (Reference number NWU-00036-11-s1, M.P. Koen & E. du Plessis) with accompanying documents:

ATTACHED PLEASE FIND:

- The research proposal as approved by the research committee of the School of Nursing Science, North-West University. This proposal provides an outline of what the research entails.
- An Ethical clearance certificate by the Research Ethics Committee (Human) of the Faculty of Health Sciences, North-West University (Potchefstroom Campus) (Contact telephone number 018 299 2094). The research has ethical clearance under the umbrella research project: Strengthening the resilience of health caregivers and risk groups Reference number NWU-00036-11-s1 (M.P. Koen & E. du Plessis).
- Permission letter from the Directorate: Policy Planning Research Monitoring and Evaluation, North West Province.

Your favorable consideration on the matter and a response at your convenience will be dearly appreciated.

Yours sincerely,
Mrs JC Cloete
M.Cur Student

Dr Emmerentia du Plessis
Co-supervisor



health

Department of
Health
North West Province
REPUBLIC OF SOUTH AFRICA



CLINICAL MANAGER'S OFFICE

Re :. Nursing students experience of clinical facilitation with regards to their resilience, in [redacted] district

We are glad to provide tentative approval for the following study:

- **Title:** Nursing students experience of clinical facilitation with regards to their resilience, in Kenneth Kaunda district
- **Investigator:** J.C.Cloete
- **Supervisor:** Prof. D.Koen.
- **Ethics approval no:** NWU-00036-11-A1

You may start study and full Provincial approval will follow.

Please provide results of study to the hospital, PSG and Provine on completion

Thanks



Date: 14/11/2014



Healthy Living for All

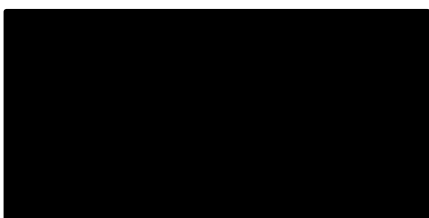
APPENDIX G: PERMISSION TO CONDUCT RESEARCH WITHIN A PRIVATE HOSPITAL



Private Bag X6001, Potchefstroom
South Africa 2520

Tel: 018 299-1111/2222
Web: <http://www.nwu.ac.za>

School of Nursing Science
Tel: 018 299 1876
Fax: 018 299 1827
Email: emmerentia.duplessis@nwu.ac.za



Dear Mr [REDACTED]

PERMISSION TO CONDUCT RESEARCH

I am currently registered for the Masters' degree in Nursing Science Education, at the North-West University, Potchefstroom campus.

I hereby request permission to conduct the research: **Nursing students' experience of clinical facilitation with regards to their resilience**, in the [REDACTED] Private Hospital.

The purpose and objectives of the research are:

- To explore and describe nursing students' experience in clinical facilitation with regards to resilience

The exploration and description of nursing students' experience of clinical facilitation with regards to resilience will contribute to the formulation of recommendations to guide the development of nursing students' resilience in clinical facilitation. These recommendations will be formulated based on the result of the research through a process of inductive reasoning. The recommendations might contribute to the development of resilience of nursing students during clinical facilitation, as it can be used to guide nursing students, clinical facilitators as well as ward staff during the clinical placement of nursing students.

The research will be conducted under the supervision of experts from the School of Nursing Science, North-West University, Potchefstroom Campus. The period which I plan to do data collection is from 1 January 2015 to 31 May 2015.

Attached please find the research proposal as approved by the research committee of the School of Nursing Science, North-West University, (as well as the Health Research Ethics Committee of the Faculty of Health Sciences, North-West University under the umbrella

research project: Strengthening the resilience of health caregivers and risk groups (Reference number NWU-00036-11-s1, M.P. Koen & E. du Plessis) with accompanying documents:

ATTACHED PLEASE FIND:

- The research proposal as approved by the research committee of the School of Nursing Science, North-West University. This proposal provides an outline of what the research entails.
- An Ethical clearance certificate by the Research Ethics Committee (Human) of the Faculty of Health Sciences, North-West University (Potchefstroom Campus) (Contact telephone number 018 299 2094). The research has ethical clearance under the umbrella research project: Strengthening the resilience of health caregivers and risk groups Reference number NWU-00036-11-s1 (M.P. Koen & E. du Plessis).
- Permission letter from the Directorate: Policy Planning Research Monitoring and Evaluation, North West Province.

Your favorable consideration on the matter and a response at your convenience will be dearly appreciated.

Yours sincerely,
Mrs JC Cloete
M.Cur Student

Dr Emmerentia du Plessis
Co-supervisor



20 October 2014

Dear Me JC Cloete

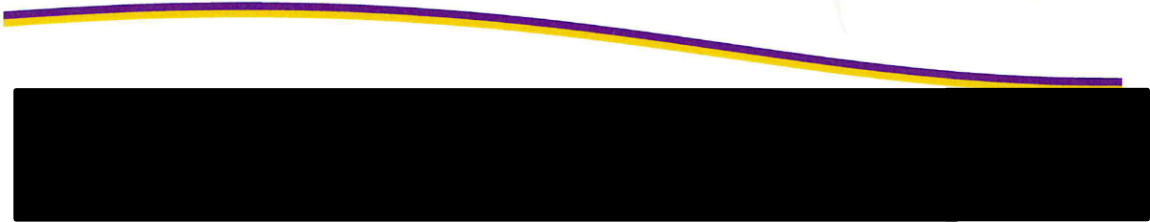
RE: PERMISSION TO CONDUCT RESEARCH

Hereby we grant permission to conduct your research involving your "Nursing students' experience of clinical facilitation with regards to their resilience" at [REDACTED]

It is very important that the name of the Hospital or any of its wards as well as personal information regarding patients, doctors and staff are not to be divulged at any time. A confidential agreement to this effect must be signed.

We wish you all the best with your research.

Kind regards



APPENDIX H: PERMISSION TO CONDUCT RESEARCH WITHIN A PSYCHIATRIC HOSPITAL



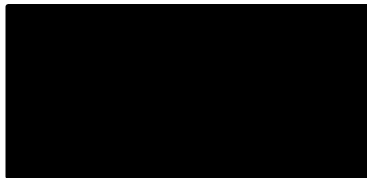
NORTH-WEST UNIVERSITY
YUNIBESITI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT
POTCHEFSTROOM CAMPUS

Private Bag X6001, Potchefstroom
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Tel: 018 299-1111/2222
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School of Nursing Science

Tel: 018 299 1876
Fax: 018 299 1827
Email: emmerentia.duplessis@nwu.ac.za



Dear Ms [REDACTED]

PERMISSION TO CONDUCT RESEARCH

I am currently registered for the Masters' degree in Nursing Science Education, at the North-West University, Potchefstroom campus.

I hereby request permission to conduct the research: **Nursing students' experience of clinical facilitation with regards to their resilience**, in the [REDACTED] Hospital Complex within the [REDACTED] District.

The purpose and objectives of the research are:

- To explore and describe nursing students' experience in clinical facilitation with regards to resilience
- To formulate recommendations for nursing students to enhance resilience through clinical facilitation

The research will be conducted under the supervision of experts from the School of Nursing Science, North-West University, Potchefstroom campus. The period which I plan to do data collection is from 1 February 2015 to 31 May 2015.

Attached please find:

- The research proposal as approved by the research committee of the School of Nursing Science, North-West University. This proposal provides an outline of what the research entails.
- An Ethical clearance certificate by the Research Ethics Committee (Human) of the Faculty of Health Sciences, North-West University (Potchefstroom Campus). The

research has ethical clearance under the umbrella research project: Strengthening the resilience of health caregivers and risk groups Reference number NWU-00036-11-s1 (M.P. Koen & E. du Plessis).

- Permission letter from the Directorate: Policy Planning Research Monitoring and Evaluation, North West Province

Your favourable consideration on the matter and a response at your convenience will be dearly appreciated.

Yours sincerely
Mrs JC Cloete
M.Cur Student

Prof Emmerentia du Plessis
Co-supervisor



[REDACTED] HOSPITAL: Office of the Chief Executive Officer

17/03/2015

[REDACTED]

Dear Colleague

PERMISSION TO CONDUCT RESEARCH: NURSING STUDENT EXPERIENCE OF CLINICAL FACILITATION WITH REGARDS TO THEIR RESILIENCE

1. Your request dated 18/02/2015 and research protocol and approval by the NWDoH refers as well as your presentation at our local Research and Ethics meeting dated 13/03/2015
2. I inform you thus that your request is finally approved after noting your presentation and request that make you contact with Mrs A de Bruin, Nurse Manager regarding the logistics at tel: 018 - 2949100

Kind Regards

[REDACTED]

APPENDIX I: INFORMATION AND CONSENT FORM FOR PARTICIPANTS



Private Bag X6001, Potchefstroom
South Africa 2520

Tel: 018 299-1111/2222
Web: <http://www.nwu.ac.za>

School of Nursing Science
Tel: 018 299 1876
Fax: 018 2991827
Email: emmerentia.duplessis@nwu.ac.za

Dear Student

Nursing students' experience of clinical facilitation with regards to their resilience

CONSENT TO BE A RESEARCH PARTICIPANT

My name is Johanna C (Hantie) Cloete, M.Cur (Nursing Science Education) student (student number 10317481) at the North-West University exploring the experiences of nursing students of clinical facilitation with regards to their resilience.

I would like to invite you to give consent and participate in this study. This research has been approved by the Research Ethics Committee (Human) of the Faculty of Health Sciences, North-West University (Potchefstroom Campus), as part of the RISE project (Ref no. NWU-00036-11-S1, M.P. Koen & E. du Plessis), as well as by relevant authorities (Department of Health, North-West Province, [REDACTED])

Participation is voluntary and during the study you may withdraw at any time. You are being asked to participate in this study because you are a second, third and fourth year nursing student and your personal experience and input are very valuable. The following is information about the study so that you can make an informed decision whether you would like to participate.

1. PURPOSE OF THE STUDY

The purpose of this study is to explore and describe the experience of second, third and fourth year nursing students in the 4 year comprehensive programme of clinical facilitation with regards to resilience. This information will be used to formulate recommendations to enhance the resilience of nursing students through clinical facilitation.

2. PROCEDURE

If you agree to be in this study you will expected to do the following:

- Before commencement of data collection, participants will be invited to attend a workshop where they will be introduced to the term resilience as well as elements conducive to building resiliency.

- Data will be collected in two phases:
- During the first phase of data collection participants will be asked to keep journals of their personal experiences during clinical facilitation with regards to resilience, while during the second phase of data collection participants will be invited to participate in a focus group interview to reflect on their experience of clinical facilitation with regards to their resilience.
- The first phase of data collection that consists of journal keeping will take place over a period of three months. Journals will be collected on a weekly basis during the three month research period. The researcher will also be available to answer any questions relating to the completion of the journals or any questions related to the research study.
- On completion of the first phase of data collection and analysis thereof, focus group interviews will be held with participants. Feedback on the results of the journals will be shared, and participants will be asked to reflect on their experiences of clinical facilitation with regards to resilience. The duration of the focus group interview will not exceed one and a half an hour. The focus group interview will be conducted in a safe, comfortable, and non-disruptive location, convenient for researcher as well as participating nursing students. A maximum of 12 participants per focus group will be included in the focus group interview, on which date and time will be determine to best suit all participants.
- The focus group interviews will be audio recorded and transcribed to capture the information that participants share about their experience of clinical facilitation with regards to resilience.

3. RISKS/DISCOMFORTS

- Privacy and will be ensured through a process where participants' names will be identified only by numbers. A list with correlating names and numbers will be kept under lock and key by the researcher, and will be destroyed as soon as the research is completed.
- Some of your privacy and anonymity might be lost during this study due to sharing your experience with the researcher and in the focus group interview, but participants' names will never be made known in any reports on the research and your data will be handled as confidential as possible. The researcher will respect participants' inputs in the journals, and group rules will be set in the focus group interview to ensure everyone is treated with dignity. No individual's identifiers will be used in any publications resulting from this study and only the team of researchers will work with the information that you shared. All information will be protected by locking it up and storing it on a password protected computer for a period of 7 years.
- Sharing experiences might be emotionally upsetting. In the event that a participant experience emotional discomfort that relate to the study, he/she will be referred to specialized professionals for emotional support.

4. BENEFITS

- Light refreshments will be served during the initial informative workshop on resilience.
- Participants will benefit from the information shared during the informative workshop on resilience before commencement of the study. Participation in this study might also lead to personal growth.

- Future nursing students will benefit from the data gathered during this study, as this information will be used to formulate recommendations to strengthen the resilience of nursing students through clinical facilitation.

5. EXPENSES

There will be no expenses to you as a result of your participation in this study. Participants might be required to spend time after hours to participate.

6. PAYMENT

Participants will receive no payment for participation. Light refreshments will be served during the initial workshop and during the focus group interview.

7. QUESTIONS

You are welcome to ask any questions to a member of the research team before you decide to give consent. You are also welcome to contact me if you have any further questions concerning your consent at 083 557 5883. My research supervisor is also available to answer questions about the research. She is Dr. Emmerentia du Plessis, and she is available at 018 299 1876. You are also welcome to contact the Research Ethics Committee (Human) of the Faculty of Health Sciences of the North-West University (Potchefstroom Campus) clarify questions about the research, if needed. The contact person is Ms. Maggie Parkin, at 018 299 2640.

8. FEEDBACK OF FINDINGS

The initial findings of the research will be shared with participants during the focus group interview, and the final findings will be shared with participants in a short report after the research has been completed.

If you are willing to participate in the study, please complete the attached informed consent forms.

Yours sincerely

Mrs JC Cloete
M.Cur Student

Dr Emmerentia du Plessis
Co-supervisor

INFORMED CONSENT

RESEACH PARTICIPATION ON KEEPING JOURNALS

PARTICIPATION IN THIS RESEARCH IS VOLUNTARY.

You are free to decline to be in this study, or to withdraw at any point even after you have signed the form to give consent, without any consequences. Should you be willing to participate you are requested to sign below:

I _____ hereby voluntarily consent to participate in the data collection process, whereby I am required to keep a journal on my experiences on clinical facilitation with regards to resilience. I am not coerced in any way to participate and I understand that I can withdraw at any time should I feel uncomfortable during the study. I also understand that my name will not be disclosed to anybody who is not part of the study and that the information will be kept confidential and not linked to my name at any stage. I also understand what I might benefit from participation as well as what might be the possible risks and should I need further discussions someone will be available.

Date

Signature of the participant

Date

Signature of the person obtaining consent

CONSENT FORM FOCUS GROUP INTERVIEW

PARTICIPATION IN THIS RESEARCH IS VOLUNTARY.

You are free to decline to be in this study, or to withdraw at any point even after you have signed the form to give consent, without any consequences. Should you be willing to participate you are requested to sign below:

I _____ hereby voluntarily consent to participate in the focus group interview in the above mentioned study. I also consent to an audio-recording of the focus group interview. I am not coerced in any way to participate and I understand that I can withdraw at any time should I feel uncomfortable during the study. I also understand that my name will not be disclosed to anybody who is not part of the study and that the information will be kept confidential and not linked to my name at any stage. I also understand what I might benefit from participation as well as what might be the possible risks and should I need further discussions someone will be available.

Date

Signature of the participant

Date

Signature of the person obtaining consent

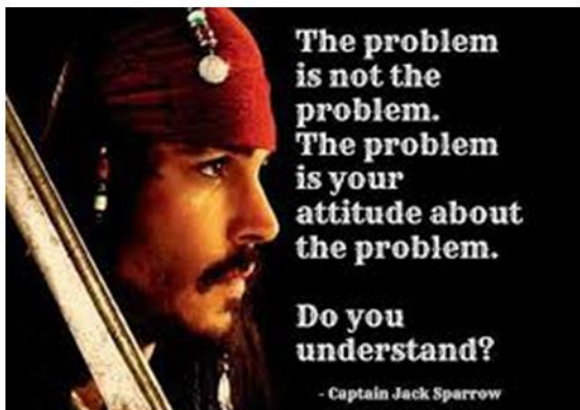
APPENDIX J: INFORMATION WORKSHOP ON RESILIENCE BUILDING

(Du Plessis, 2015)



Elements of resilience

- Hope
- Optimism
- Coping self-efficacy
- Sense of coherence
- Mental health and well-being.



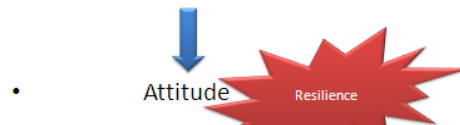
Personal attributes of a resilient person:

- | | |
|--------------|----------------------------|
| Loyal | Reliable |
| Committed | Sense of humour |
| Honest | Present self positively |
| Enthusiastic | Able to deal with pressure |
| Adaptable | Motivated |



When do we need resilience?

- Event (different, new, challenging)
- Who am I?
- What does this event mean?
- What will be the outcome?



Strengthening resilience ...

- "Strengthening resilience is a process of moderating out attitudes towards an event" (Derek Mowbray)
- To better **bounce back** we need to have a **balanced view** on **who we are**, what an event **means**, and what the **outcome** will be

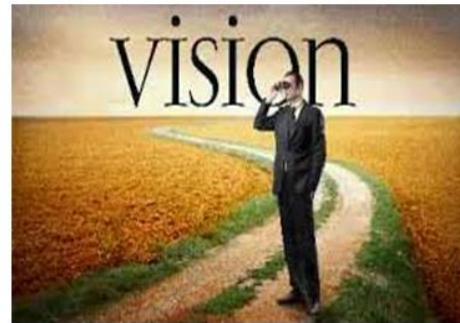
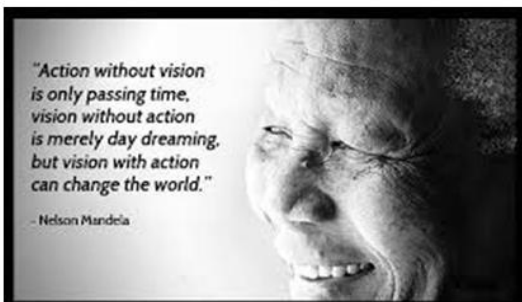


3. This situation is definitely bad.

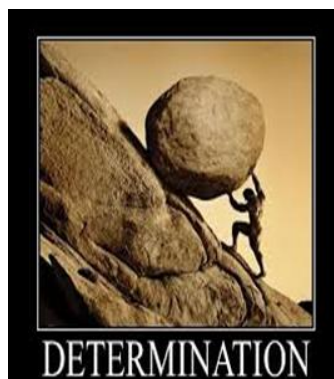
"There is nothing either good or bad, but thinking makes it so." Truth be told, the way we perceive a situation has tremendous power to either help us or harm us. In the long run, it usually isn't what you have or where you are or what you've been through that makes or breaks you; it's how you think about it all and what you do next.



Vision



Determination

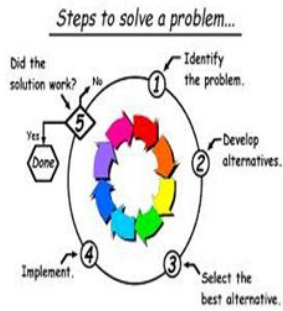




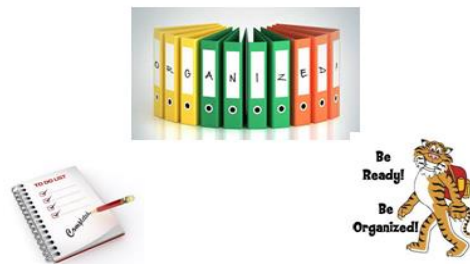
Interaction and relationships



Problem solving



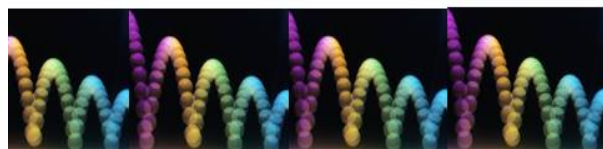
Organisation



Ideas on strengthening our resilience

- Writing
- Imagination
- Positive reinforcement / self talk
- Purposeful acts
- Practicing new ways of doing

Self-confidence



Thank you!

Koen, M.P. & Du Plessis, E. 2011. Strengthening the resilience of health caregivers and risk groups. Research proposal, NWU (Unpublished).

Mowbray, D. 2011. Resilience and strengthening resilience in individuals. Management Advisory Service. Available at http://www.mas.org.uk/uploads/articles/Resilience_and_strengthening_resilience_in_individuals.pdf



APPENDIX K: REQUEST TO ASSIST AS CO-CODER



NORTH-WEST UNIVERSITY®
YUNIBESITI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT
POTCHEFSTROOM CAMPUS

Private Bag X6001, Potchefstroom
South Africa 2520

Tel: 018 299-1111/2222
Web: <http://www.nwu.ac.za>

School of Nursing Science
Tel: 2991876
Fax: 2991827
Email: emmerentia.duplessis@nwu.ac.za

Mr [REDACTED]

I am currently studying for my MCur (Nursing Science Education) degree at the North-West University, Potchefstroom Campus. I am working on a research project for completion of my studies.

The title of the research is: Nursing students' experience of clinical facilitation with regards to their resilience. The research has been approved by the School of Nursing Science, **Health Research Ethics Committee**, North-West Provincial Department of Health, the College of Nursing as well as three hospitals in which participants will be allocated during the period of data collection.

The purpose of the research is:

To explore and describe nursing students' experience in clinical facilitation with regards to resilience as well as to make recommendations for Nursing Education, Nursing Research and Nursing Practice, to ensure retention of nurse professionals in the profession who develop resilience to cope the adversities in the profession. Thus to ensure well develop, well equip, as well as mentally and physically healthy nurse professionals.

In order to achieve the above purpose, I hereby request your assistance as co-coder. Journals will be kept by participants over the data collection period as well as three unstructured focus group interviews with participants will be conducted. The leading question to the focus group interviews will be: "What were your experiences on clinical placement and facilitation with regards to your resilience?"

Please find attached the research proposal that has been approved by all above mentioned institutions. The proposal gives an outline of what the planned research entails.

Your favourable consideration to assist as co-coder and response as soon as possible to your convenience will be appreciated.

Yours faithfully

MCur-student: Mrs JC Cloete

Supervisor: Dr E du Plessis

APPENDIX L: EXAMPLE OF A COMPLETED JOURNAL (WEEK 2)

EXPERIENCES of CLINICAL FACILITATION with REGARDS to RESILIENCE

Code Name: U11

Week: 2

Date: 26 February – 4 March 2015

Please share your experience of clinical facilitation this past week with regards to resilience, namely:

Vision: Your goals and expectation

The goal for this week was to master taking and interpreting the ECG. One learns so much in one day it just widens your horizon daily. The vision and goal was met and still rise....

Determination: Encouragement

There is a PN in my ward that really encourage me to take every little opportunity I could get hold of in practice Sr...., she is so bubbly but really allows one to blossom and become independent in practice. She is truly a phenomenal mentor.

Interaction: Communication

I found myself being very quit this week, lol maybe it was because I was so drained by the workload at school. I could only think of my Pharmacology test the following day. So generally I was really just keeping to myself the whole day, doing my work that was it.

Relationships: Peers, colleagues, seniors.

None

Problem solving:

My problem solving skills are still looking up. I am like a hunter when I'm at work, looking for the next best way to catch fish.

Organisation: Planning and sticking to it?

None

Self-confidence: Confidence outside your comfort zone

Preparing for the procedure was not difficult; it was just the nerves that are always a problem for me when it comes to procedures. It all went well though I think I did quite well. God is always at the forefront of all things we do.

Comments:

None

APPENDIX M: TRANSCRIPTION OF A FOCUS GROUP INTERVIEW

I: Interviewer

R: Respondent

I: Okay then my, my question that I want to start our discussion with is what were your experience on clinical placement and the facilitation you received in the facilities with regards to resilience or in other words what was, what was the positive and negative experiences you had in the facilitations that had an influence on your resilience? Can I start with you?

R: Okay in my experience on the clinical facility was I met so many characters ne of staff members and all of them up to there so far they took me, they give me a warm welcome ne and I also work with them, they guide me, they taught me other experience that I, I didn't know before. And they also make me to feel good of been working with them

I: That's wonderful

R: Okay eh my, my experience so far in the clinical facilities that I was placed on eh the there are good people that are always kind to you and there are bad people that sometimes when they come to work and ask yourselves sometimes and these people motivated or are they leaving the problems to such an extend and they take all their problems on to you. Eh with the good eh, eh things that I have observed is the encouragement from the sisters and the motivation from the sisters of the eh the eh good task that was well done especially when they give us and especially when they have giving me the task to complete then I will complete it successfully and then they will just eh encourage me to do even more. And that lesson will also build my confidence and also build my character. So with regard to the bad attitude of the, of the, of the sisters that we met there usually sometimes when you was a student you are not perfect you have to ask, so when you ask the sisters sometimes they don't become friendly, they will tell you no it is your duty why can't you just do this because we have been taught at school. Or sometimes they just say no I don't have time to can just teach you you see. So you'll find yourself in a situation you say I cannot do this task because I'm not yet confident on it, and yet I have to do this task on the supervision. So if then they don't give you that love and guidance then you ask yourself to say why are they doing this as if they have never been the student in their life, that's how I experience that, but anyway, so far I can say I have gained a lot

I: That's wonderful

R: Okay uhm now my experience is that I am still trying to recall what happened in the clinical facilities. Okay it's just like you're saying the clinical facilities I was placed especially in the Witrand Acute with the substance. Uhm I can say that those patients that I was dealing with then they're giving me the motivation because they are, they, they were substance abuse so they even motivate like there is life after them they things that you have, have done. That is the positive thing. The negative one I can say I haven't though collect any negative thing to say

I: That's wonderful

R: Now I talk about my stay in Witrand. When I got there in Witrand for the second time I realised for I don't like psych, I don't even like mental disability because I turn to feel sorry for those patients the way that we treated in everything that this the negative part that I've especially in paed's department ne. And then when those staff when they see us it's like they see us as relievers and I hate it because we weren't there to relief them, we are there to learn and they even show it to our, they can some even gossip about us that we're just sitting on a stand. And then yes we refused to do some things because we felt it was their duties, not our duties. And then the positive thing that I have noticed it was when I was placed in acute I could make me realise for you can be born normal or you can die as not normal because of the life experiences. Because those ladies, those ladies to who are there, they are been stressed especially by their husbands but that's when they turn out to be depressed and end up leading admission, it was just, it was just heart breaking for me for it's just too much some ladies go through a lot in life, that's why we cannot do get mad, but it takes me because some of them when they go out the yield and they want to even come back to the place, they want to go there again. So that one also motivated me personally because yeah we can do it after the setback, we can still go back and live the normal life again

R: Let me say the negative parts first. Uhm I don't, I don't, I don't enjoy psych as well and then even the treatment is not so good. To an extend to that actually eh auxiliary nurses they are the ones that work and then they are under pressure you know. And you get that they are few, you have sisters who just sit around don't doing anything and they're not even willing to help those eh, eh, eh those nurses that work. So it's not nice and the treatment that, that those people get it's not nice. And eh people from occupational therapy they are not nice and they I, I felt that they are racists. There was the one who, I, when you ask when you want something they won't give you and they

won't even give you a chance to interact with patients. When they are there they want to get to know their patients alone and then they don't want to mix with us you know. So I felt that these people they are racist. I'm not sure is it because that place Witrand, as it is but nah I won't work in Witrand, I'll never go there because that place is feeling having racist so you can just say those people they cluster themselves and then they don't interact with others and then they just do it because they have, they are hired to do their job they will had to do that job but they interact well with whites, but with blacks they don't, so I really don't enjoy that place and I'll never go there but otherwise in the ward we, the communication was good and then in Acute there was this sister who did psych so she'll always you know told us the experiences why does she like psych, so at least that thing gave the little bit of motivation because at least this person is motivated I can have a little something of psych but I don't like that, it's my thing

I: Okay so to recap what you all said now, it seems like you all had good experiences, but unfortunately was also bad experiences. Now the good experiences seems like there was good communication and interaction but then also as no 5 mentioned there was unfortunate incidents where was not that good interaction and communication where she even felt that much that it was racist which is sad. Uhm I would like to know how did you go about this situation then because I really think this was part of your objectives to interact with these patients on a therapeutically level. So how did you manage to get that part if the occupational therapy people didn't want to allow you in the group?

R: Can I add on that?

I: Yes

R: She was working in G, I was working in E. We told our lecturer because she wanted to control the patient. She didn't want to give us like for example when we were doing evaluating she's willing to take all the patients out and then here our lecturer is there. Then we told her this lady at G, she, she doesn't want, she said it's private, then we told her our objective, because that, that private part we are talking about is part of our objective, we should experience that, we should be in that rooms. But at ours, ours she was at intern, so this one's it was good I don't know MO of the ward, she was older than the one that we had. So the one that we had she only did once then our lecturer intervene and tell us to tell her that do you think alone you can heal this patient alone and this pertaining psych to send alone, we are here to share, these people they need all of us, hence we have the team, multi-professional team. So alone you don't make the multi-

professional team, we all make it, that, that's basically that I told so I don't know at G what they told her and what did she do.

R: No we left the, no, no communication or nothing because we ended up reporting to the sisters and then even there was quarrel between that lady and us so nothing went good, so we left it the way it was, so nothing really happened, so she didn't even change

I: Hearing this experience how does that make you feel, what do you think how will it be possible to solve the issue like this in future to, to from a resilience point of view we had a success story with a problem and then we had this failure in negotiation. How do we think will, will it be possible to go about and try to resolve this as a problem

R: Eh you see this problem it does not only lies at the bottom. So the boat that governs the nurses should also be eh, eh, eh be developmental, in other words if then this boat is ill and think that the nurses are still weak and then the doctors are superior because now I don't understand because the way we as the student nurses has seen throughout at the wards, at the Hospital and at Witrand, is that the nurses will be the last people that should be respected. You'll find the doctors giving orders I mean I sometimes ask myself as a nurse we have the, the grounds that you work on, as a doctor you have the grounds that you work on, and also other multi-professional team because like she said you can't work alone. If then you say this is the patient then I come with my intervention. So without my intervention your medication will never work and then without your medication my intervention will never work. So these things they co-ordinate, so we need to work together so I think it starts there to say the Nursing Councils should develop to certain measures to say no now the nurses would develop them to a better level you see to know if this nurse, because I know the nurses can also eh, eh prescribe up until to schedule 4, but you'll find yourself in a situation where a paramedic who did a 2 year diploma can prescribe to schedule 7. So these things they bring about any qualities you ask yourself how, I mean those things they should just look around those as a whole to, to equalise everything so that we can work harmonious yeah

I: Okay so it's, it's from what I understand now and I must also say I've heard, I've read this in the journals that it was mentioned before of this in equal situations of paramedics and nurses and professional nurses in primary health and doctors which the training levels and the educational levels are not equal but some lessor levels of education are treated on a higher priority level than others. So how did that make you feel, do you think in future that you might be able to seek a resolution for this as future professional nurses

having this experience? Do you think when you're in the position that you might be able to change it and how would you like to go about in changing that?

R: No I'm not aware maybe the CEO of something see or something or something the head of something in nursing. Now I would actually call everybody to say we are here, we are here, we are here for this and this and this, but at the end of the day it's about the patient. So yes it is there that people some people feel superior than the others, you know you would feel like but doing nursing is just nothing because you was just giving orders you are just been shouted and the doctor said what, I've said what, but nobody consider at the end of the day see that at the end of the day you are taking care of this very same patient. So no if it was I am going na I will now would you tell everybody to say you know you're here, we came here for, for one reason to cure the patient or care for the patient. So if somebody feels superior than the others you simply says no I would never work with such people, even in the ward. If, if a doctor would come and then have an attitude I would not work with that person because that person make, you know they, they just giving orders, orders but at the end of the day we are just there to say you do what you do you cannot even think to say but I can do this to the patient because now everything no, doctor, doctor, doctor. So at the end of the day we are useless because we are just waiting there to say the doctor if he comes one do one two three four, what you do then you, then you will work to say I'll do that because of doctors' orders, so it's not working

R: Now my problem is ne if only this would be our own decision, if only they can understand they are doing their policies, they've rephrased nicely policies ne and they do things they tell us how things should be done, but people who are front learners are the nurses in the ward. Because they only deal with white paper and then they bring that particular to the front, to the nurses. If only they can understand they are not nurses, us we are doing the actual job with our hands, with our emotions, with, with our everything maybe, just maybe we'll be respected but by then I doubt. Hence we will just kept fingers cross every day resigning before we tries to people are resigning because they are tired

I: Do you have any comments on this?

R: Yeah my comment can be if ever those who call them superior to you to the nurses ne, if they can just try to take their pride out of the work that we do, that's their only problem, that's the only solution that we have, to have co-operation, whatever they'll have, if we ever can take our raid and put aside and walk with the patient ne and take care of the patient with respect to one another respect when it's there when the, the job would be done.

I: So it seems like relationship forming is very important

R: Uhm

I: Because in life there will always be different ranks, that's part of life I mean you're a baby, you're at the bottom. You get a toddler a bit bigger than the baby and as you grow up. But I also hear from you that irrespective of rank there can still be respect

R: Yes

I: And with respect for each other team work and proper relations and proper interaction is the end result

R: Uhm, yes. You see what I do now you see is if we can deal away with in qualities because now you can see it at the top. And also we amongst the learners especially the student nurses, is that take for instance take a learner from Excelsius you put that learner in the same ward with the same learner on the same level with a learner from eh Potchefstroom Campus. That learner, if say for instance is there for a certain objective, that learner would also refuse to do anything or to interact or take you to say I'm here. Say for instance that learner is here to take blood, that learner will tell you I'm here to take the blood. But you find yourself in a situation where you as the student from Excelsius, you'll be giving a certain task to complete you see. So now you ask yourself if these learners doing the same eh, eh, eh nursing only to finally they are doing the degree you are doing the diploma, but they, the align themselves as been the better ones unlike us because everything will be giving to us, every task will be giving to us as if we, we don't have the objective because once we go to the wards, we also have the objective, so we need to clear the in qualities so that we can work together.

I: Okay hearing this I want to put another question to you in, in the manner, do you think the fact that the, the varsity students are more focussed on their objectives that it's something that communicate beforehand with the ward sisters, the in-charge maybe from your side you did not or do you think it's just an attitude difference?

R: I can say they are focussed on their objectives definitely because immediately when they get into the ward they show the sisters there, their objectives, they tell the sisters and will show the sister their objectives, us when we get in the ward we don't tell the sister our objective and I can say with all the sisters they did it at Excelsius Nursing College so they know how Excelsius Nursing College works. So they don't know how the Potch students work so maybe that's the problem

R: But now would say it's not as if we, we do not tell the sisters our objectives, yes we tell them but like in, in Pukke they, they see themselves better yes and they have that attitude to say we are at the University you are not doing the same things as they do. And then another thing maybe is that most of the time when they're in the wards you would see that you are there I don't know if it's the clinical tutors or the tutors, immediately when they come they would come to check all in the ward and everything so I think maybe that is their advantage to say they will be there and then telling the sister so these students are here only to do this. So they end, they end up doing whatever they want to do whenever. So we are not having that privilege

R: But nah the experience that I have with these students ne yes they think of the superior but other ones my experience in labour Klerksdorp our very own sisters in kraam ne me and the sister from Excelsius college she will take care of us ne. The white one from Free State or from Pukke should take care of these students. Even the language that they will use in the ward, they will use their language and they will not even come to us, I'm telling you because I've, they will never work with us unlike me and me I wanted to do with her. I know when she comes in as my, as my assistant and, and they stays there. But if they are in the ward they don't they think they are the sister. Even their very own lecturer when she comes in the ward she'll get pass our sister and then go straight to the one that speaks Afrikaans. So another thought, even me I was tell her as one of the students I was saying core whena, me and you our difference it's only 6 months, so don't come here and tell me what to do because the way, the way she was talking to me, she was talking to me, she was under mining we don't know what, don't, then I ask the other one this lady, what, what's she's doing till the course is January and I am July. I told her we make a team here and there's no difference, the only difference is only 6 months understand. So those are the problem that I have with these people, the language and their sister

R: Uhm

R: You see

R: I, I think again what actually brings them to this superior kind of attitude is when they are doing their, their degree they have certain major subjects they had to do. Say for instance maybe that person would be major in research. That will bring at least light as to say what to do. But now my, my concern is now we should question their confidence and ability to perform certain tasks because I can do all the tasks independently, the sister can have the confidence in me. But them there are certain tasks that they don't do well.

So it's like I don't understand why should they just align themselves to say they are better and then they are the ones to be given the, the lot of work and stuff. So the solution is to say even if when they come to the ward they must not be given certain sisters. Every sister should have them as much as we been help by every sister so that we can have the, the same atmosphere because now imagine yourself in labour, you are doing these and they are doing that, I mean, again we cannot go to a patient alone in labour I mean say for instance maybe you have, there are 5 students from Pukke they go there straight being 5 on the same patient. They also are invading the privacy of the patient. You see now they want to observe one thing being nearly on one patient. So now that also eh, eh, eh invade the privacy of the patient, we should work together to say okay now because I'm from that patient to observe you are going to go to the next patient with the sister that will be working not to say then that sister, I know that particular sister, when that sister go to the, to the patient we are all going to observe. You know that also doesn't come right us

I: So again it comes down to relationship and communication and respect

R: Uhm

I: But in all, your experience to summarise?

R: Okay let me summarised you my experience. You see from what I have experienced that's why many people just go out of nursing, it's because in nursing people feel that they are being treated as if they are not people. Inequality in nursing that, that is the main reason that brings people to say nah I don't enjoy nursing. There are other people that can clearly say I'm here in nursing because in nursing, nursing is a profession, when I'm there I'm just going to work, I'm not going to love nursing I work just to know at the end of the month I'm getting a salary. In other words they are not doing their job out in their love, they are doing it because now they want to benefit. Why, because of the inequalities that are there in the nursing at large. But if that could change then we could just be happy because now I don't understand though if then the doctor did that and then the sister did that and then at the end you'll come up with the ranks. As a sister you should, you should be the role models to those people that always have the misconception of the nurses because the misconception of the, of the attitude of the nurses starts from the community. Don't tell the nurses don't do that, the nurses don't do that, the nurses don't do that. But what surprises me is the nurses also spent a lot of time with the, with the patients and the nurses have got a unit in which they work. So if then that nurse has exhausted all the measures and the doctor is not there, who's going to, to be responsible for that. You as

the nurse you should, you should answer to say why the doctor is not there. And that doctor when that doctor comes there by you that he or she will never say I'm sorry for 1, 2, 3. You as a nurse you have taking that guilty of that doctor unto you so it does not go right really

I: Anyone else to comment? So if we can summarise this again good things that came from your experience? Number 1 mentioned that he had good relationships with most of his seniors and that they build these confidences. Uhm number 2 also mentioned that he had most of the time good relations, building his confidence encouraging doing better. But unfortunately he also had bad experiences of eh professional nurses, seniors, who are not willing to guide and help. Then number 3 he also had good experiences especially in psych acute. Uhm number 4 didn't had that good experience on paed, not liking psych. Now of the 5 also don't like psych, had very bad experiences with occupation therapy. But in the end it boiled down to communication, relationship forming and respect and if we can manage to respect each other and communicate our different feelings.

R: Yeah. I guess

APPENDIX N: FIELD NOTES OF JOURNAL COLLECTION

Field notes Journals Collection Week 1 (University Students Trail Run)

Demographic notes

Journals were collected in three hospitals where students were allocated in different ward settings during the week of 26 February 2015. Data was collected from students in their allocated wards or per arrangement at a place convenient for the participating students. At the private hospital the researcher met the student in the hospital foyer waiting area, while at the first public hospital the student met the researcher at a patient rest area outside the medical wards. The last group of participating student was met at a patient waiting area outside the wards near the dining hall, as these students were on their tea break.

Descriptive notes

At a private hospital two participants age between 20-22 years, were met outside the ward setting during their tea break as this was convenient for the students at the time. The one participant felt quite frustrated as staff allocation to the ward included six professional nurses plus other nursing staff, which leave the students with almost no opportunity to learn anything new. The other participant was more comfortable with her working situation as she was allocated to one professional nurse to orientate and guide her in the ward setting.

At the first provincial hospital four participating students age between 20-22 years were allocated. On collection one student was absent from work, three students attend the arranged meeting for data collection although only one handed in her journal. The other students made an arrangement as they forgot their journals at home. The students asked a lot of questions with regards to the completion of the journals, as they were unsure whether they did it correct or not. One student was very friendly and outspoken on ward setting and her experiences in the ward. Another student explained her submissive approach towards the staff in the ward as it is still a new environment to her, while the third student verbalize her unhappiness for being in this unit as she prefer blood and action.

At the third hospital also a public hospital, five participating students were allocated of which one student age was 35 years while the other four students age were between 20-22 years. Two participants did not attend the data collection meeting and made arrangements to hand in their journals at a later stage. Three students attend the data collection meeting but only two did hand in their journals. The third student arranged to hand in her journal as arranged. One student verbalize that he is still very uncertain of what he wants to do with his life as he is very easily influenced by people and their comments, while the next two were sure what they want from future and they already forming relationships in the wards with staff and patients to better equip themselves.

The students appear more relaxed at the end of each meeting, and even express their eagerness to continue with the research journals, as this made them to re-think their actions, behavior and approach to situations.

Retrospective notes

Meeting the participating students in a place which was convenient for them minimize the stress and fear factor they indicated that might affect them. Most of the students seem to be uncertain of what to expect on the first data collection. Although they were all friendly only a few were willing to share the experiences and challenges on the completion of the journals. The journals were sufficiently completed and the minimal changes were needed.

Participating students used the guide for completion as questions to answer and not as a guise on which to elaborate. Only one participant did not use the provided journal format but wrote her experiences on folio paper. The implication of not using the provided journal format was minimal as the participating student wrote an extensively on her experiences. Two of the participating students who did not attend the data collection meetings called in advance to make an arrangement while the others who did not attend either send a message with colleagues, or only present an excuse when she was called by the researcher, which could be due to uncertainty or lack of confidence to approach the researcher. Although a few of the participating students did not hand in their journals the researcher came to the conclusion that they mostly well organized.

APPENDIX O: FIELD NOTES OF A FOCUS GROUP INTERVIEW

Field notes: Focus Group Interview Group 3

Demographic Notes

The focus group interview was conducted with five fourth year students (see table 3.1.2) in the conference room of a nurse's home on the 11th May 2015 between 15h00 and 15h35. The interview lasted 33 minutes. All participating nursing students had gone of duty at 13h00, and were all resident at this nurse's home. It was a sunny and well ventilated room where participants were seated around a table in such a way that everybody had full view of one another. The audio recorder was fully charged and fully functional. Except for a dove that flew in through the window no further interruptions were present. Therefore, the demographic conditions were conducive for the focus group interview.

Descriptive notes

The researcher introduced self and welcomed all participants. An explanation of expectations was given, confidentiality discussed as voluntary participation ensured, while rules were set in collaboration with participant. All participating nursing students gave written consent for the focus group interview. These fourth year nursing student were finalizing their practical, as they were scheduled for their final examination on the 31st May 2015. The average age of participants was 27 years of which three were males and two were females, all enrolled at a nursing college. Although participants initially appeared stressed, they became more relaxed as the first participant shared and reflected on his clinical experience.

Reflective notes

Participants seemed stressed and unsure on how to reflect on their experiences. As the first participant shared his experiences, the rest of the group relaxed and shared their experiences without any reservation. The first and third participant shared only positive experiences, while the second started off with positive followed by negative experiences, while the two female participants shared their negative experiences first, becoming pretty upset and even verbally aggressive in their expression of their experiences. Although all participants related to these negative experiences, one participant acknowledged the fact that they as nursing student from a nursing college, don't take enough responsibility for the lack of guidance and outcomes reached. Towards the end of the interview three of the students were quite upset, as they experienced the inequality between university nursing students and self as bad attitude from the university nursing students' side. As the researcher summarized the nursing students' experiences shared, they became again more relaxed and even smiled at the end.

APPENDIX P: TURN-IT-IN REPORT

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