

DEDICATION

This dissertation is dedicated to my late father, Daniel Mandlenkosi Zulu, and my mother, Patricia Zulu, who always had confidence in me and offered me encouragement and support in all my endeavours.

A special gratitude goes to my loving, caring, understanding and supportive husband, Mandla Mthandazo Sithole. Thank you for being a pillar of my strength - I would not have done it without your support and encouragement. A special thanks goes to my beloved children, Portia, Hlanjwa and Nomkelwa – for being understanding and supportive. I love you dearly.



ACKNOWLEDGEMENTS

To God all is possible. I would like to thank God Almighty for granting me strength, wisdom, courage and perseverance to carry out this study.

My deepest, sincere gratitude goes to the following people who contributed to the success of this study:

- Professor Mary Mahlatse Chabeli, for her dedication and commitment to my work, her expert guidance, her patience, her passion in facilitating self-determination in me, her firmness in receiving only quality work, her support and encouragement throughout the duration of the study.

- Professor Marie Poggenpoel, for her invaluable expert guidance and encouragement. Your “*smiling faces*” - inserts kept me going when I felt discouraged and not sure if I was on the right track.
- Professor AC Botes posthumously, for preparing and shaping me academically by insisting on the best and nothing less.
- Vasti Odendaal, who was an independent external coder, and Mrs. A Buys, for the typing and locating Professor Chabeli for me when I needed her guidance.
- Kgaakge and Linda Yanta and Mahlodi and Solly Mokgetle, for being available when I got stressed out and needing time-out.
- My boss, Leroy Berndt, for his support and giving me all the time I needed to pursue this study. Kgomotso Makhupola, Louise Kelly, Joy Muhle and Amanda Rogers, for their invaluable support behind the scenes.
- My sisters, Priscilla and Thenjiwe, for their words of encouragement.
- Karien Brink, for expert and efficient graphic work done.
- Dr Nelia van der Linde for expert language editing.
- Elizabeth, for the translation done in the text.
- The fourth year student nurses and clinical facilitators who participated in the study. The psychiatric hospital management, staff and the Research and Education Committee that granted me the opportunity and permission to conduct my study.
- Finally, my husband, for bringing humour during difficult times and his inspiring words when things really got tough.

SUMMARY

The purpose of this research study was to describe guidelines to facilitate a “reflective learning environment” for student nurses in a psychiatric clinical setting.

In view of existing problems, such as inadequate preparation of professional nurses for the role of a psychiatric clinical facilitator, inability of student nurses to reflect on their learning and integrating theory into practice, nursing education is faced with a greater need to change from traditional teaching-learning approaches to current student-centred approaches that advocate self-directed learning in student nurses. To achieve this goal in a psychiatric clinical setting, it is necessary to shift the emphasis from instructional

teaching to facilitation of reflective learning that results in autonomy and self-reliance in student nurses. Klopper (1994, Monograph 2:24) indicates that the clinical facilitator's guidance to deep holistic learning is not sufficient on its own. The clinical facilitator should be a reflective practitioner and intentionally facilitate a reflective learning environment for student nurses in a psychiatric clinical setting.

The research questions that emerged were:

- What is a "reflective learning environment" in a psychiatric clinical setting?
- How can a "reflective learning environment" be facilitated for student nurses in a psychiatric clinical setting?

To realise the purpose of this research, the following objectives were formulated:

- to clarify the concept "reflective learning environment" in a psychiatric clinical setting;
- to explore and describe the perceptions of student nurses and clinical facilitators with regard to how a "reflective learning environment" could be facilitated for student nurses in a psychiatric clinical setting; and
- to describe guidelines to facilitate a "reflective learning environment" for student nurses in a psychiatric clinical setting.

(i)

The paradigmatic perspective for this research is adopted from the Theory for Health Promotion in Nursing (RAU 2002:4). The functional approach of Botes (1995:13) was used in this study, since it implies application of knowledge.

The research design and method used were qualitative, exploratory, descriptive and contextual in nature. The design was divided into two phases. Phase One involved two steps. Step One included the concept analysis of a reflective learning environment through a literature search of all relevant international and national literature on a reflective learning environment. The method of data collection involved a library search – CD-Rom, the Internet, journal articles, books and subject dictionaries - that were used

to arrive at attributes that clarified the concept “reflective learning environment” in a psychiatric clinical setting. Concept analysis was done according to the steps described by Wilson (in Walker & Avant, 1983:39). Content analysis of literature was done using deductive, inductive reasoning strategies, synthesis, and inference as described by Chinn & Kramer (1995:63-67), Mouton (1996: 71, 80, 168) and Walker and Avant, (1983:58-62). Theoretical validity was ensured (Mouton, 1996:117).

Step Two included the exploration and description of perceptions using agenda focus group interviews held with student nurses and clinical facilitators. The student nurses and clinical facilitators were selected from a psychiatric clinical setting. Both samples were purposively selected. The results of concept clarification conducted gave direction to the agenda focus group interviews that were held with the student nurses and clinical facilitators during the perception survey. The question for the agenda focus group interview with the student nurses was as follows: What are your perceptions with regard to how a reflective learning environment can be facilitated for student nurses in a psychiatric clinical setting? The question for the clinical facilitators was as follows: What are your perceptions with regard to how you can facilitate a reflective learning environment for student nurses in a psychiatric clinical setting?

An audiotape was used to record the interviews for later verbatim transcription. Communication techniques, observation and field notes were used during the data collection.

(ii)

Data from both the student nurses and clinical facilitators were analysed according to the qualitative content analysis, as described by Miles and Huberman (1994:241-243). An independent coder, who was purposively selected, was used independently from the researcher in the categorisation of attributes of a “reflective learning environment” that emerged. To ensure trustworthiness in this qualitative research, Lincoln and Guba’s model (1985:290-314) was used throughout the study to ensure the rigor of the study. Ethical considerations were maintained throughout the research study (Denosa, 1998: 1-6; Burns & Grove, 1993:98-104; De Vos, 1998:27-28).

Phase Two consisted of conceptualisation of findings from Phase One. Guidelines were formulated based on concluding statements from conceptualisation of the findings.

An evaluation of the study was made. Recommendations related to nursing education, nursing practice and nursing research were indicated accordingly. The study was conducted contextually and no generalisations should necessarily be made.



(iii)

OPSOMMING

Die doel van hierdie navorsingstudie was om riglyne vir 'n "reflektiewe leeromgewing" vir verpleegkundige studente in 'n psigiatriese kliniese opset te fasiliteer.

Verpleegkundige onderwys is tans belas met probleme soos onvoldoende voorbereiding van professionele verpleegkundiges vir die rol van psigiatriese kliniese fasiliteerder, die onvermoë van studente om te reflekteer oor dit wat geleer is en om die teorie met die praktyk te integreer. Daar bestaan dus 'n ernstige behoefte om van die tradisionele onderwys-leerbenadering weg te kom en oor te skakel na die huidige

leerdergesentreerde benadering wat selfregulerende leer vir verpleegkundige studente voorskryf. Om hierdie doel in 'n psigiatriese kliniese omgewing te verwesenlik, is dit nodig dit om die klem van voorskrywende onderwys na die fasilitering van reflektiewe leer te verskuif wat tot onafhanklikheid en selfstandigheid in verpleegkundige studente lei. Klopper (1994, Monograph 2:24) dui aan dat die fasiliteerder se leiding tot diep holistiese leer opsigselfstaande nie voldoende is nie. Die kliniese fasiliteerder moet 'n selfreflektiewe praktisyn wees en doelbewus 'n reflektiewe leeromgewing vir verpleegkundige studente in 'n psigiatriese kliniese omgewing fasiliteer.

Die navorsingsvrae wat ontstaan het was die volgende:

- Wat is 'n "reflektiewe leeromgewing" in 'n psigiatriese kliniese opset?
- Hoe kan 'n "reflektiewe leeromgewing" vir verpleegkundige studente in 'n psigiatriese kliniese omgewing bevorder word?

Om die doel van hierdie navorsing te verwesenlik, is die volgende doelwitte geformuleer:

- om die konsep "reflektiewe leeromgewing" in 'n psigiatriese kliniese opset uiteen te sit;
 - om die persepsies van verpleegkundige studente, sowel as kliniese fasiliteerders, te ondersoek en te beskryf, sodat 'n "reflektiewe leeromgewing" vir die verpleegkundige studente in 'n psigiatriese kliniese opset gefasiliteer kan word; en
- (iv)
- om riglyne te beskryf om 'n "reflektiewe leeromgewing" vir die verpleegkundige studente in 'n psigiatriese kliniese opset te fasiliteer.

Die paradigmatische perspektiewe vir hierdie navorsing is uit die Teorie van Gesondheidsbevordering in Verpleegkunde verkry (RAU, 2002:4) Die funksionele benadering van Botes (1995:13) is in hierdie studie gebruik, aangesien dit die toepassing van kennis behels.

Die navorsingsontwerp en -metode wat gebruik is, is kwalitatief, verkennend, beskrywend en kontekstueel van aard. Die ontwerp is in twee fases verdeel. Fase Een bestaan uit twee stappe. Stap Een sluit die konsepontleding van 'n reflektiewe leeromgewing in deur 'n literatuurstudie van alle betrokke internasionale en nasionale literatuur oor 'n reflektiewe leeromgewing. Die metode van data-insameling behels 'n biblioteeksoektog – CD-Rom, die Internet, tydskrifartikels, boeke en vakwoordeboeke wat gebruik is, om die eienskappe van die konsep “reflektiewe leeromgewing” in 'n psigiatriese kliniese opset te bepaal. 'n Konsepontleding is gedoen volgens die stappe wat deur Wilson (in Walker & Avant, 1983:39) beskryf is. 'n Inhoudsontleding van die literatuur het plaasgevind deur middel van deduktiewe en induktiewe, beredeneringstrategieë, sintese en deduksie soos beskryf deur Chinn en Kramer (1995:63 - 67), Mouton (1996:71, 80, 168), en Walker en Avant (1983:58 - 62). Teoretiese geldigheid is verseker (Mouton, 1996:117).

Stap Twee behels 'n beskrywing en ondersoek van 'n meningsopname deur middel van agendafokusgroeponderhoude met verpleegkundige studente en kliniese fasiliteerders. Die verpleegkundige studente en kliniese fasiliteerders is uit 'n psigiatriese kliniese omgewing in Gauteng gekies. Beide groepe is doelbewus geselekteer. Die resultate van die konsepanalise het rigting aan die agendafokusgroeponderhoude gegee wat met die verpleegkundige studente en kliniese fasiliteerders gevoer is.

Die vraag vir die agendafokusgroeponderhoud met die verpleegkundige studente was soos volg: Wat is u mening met betrekking tot die wyse waarop 'n “reflektiewe

(v)

leeromgewing” vir die verpleegkundige studente in 'n psigiatriese kliniese opset gefasiliteer kan word? Die vraag vir die kliniese fasiliteerdes was soos volg: Wat is u mening met betrekking tot die wyse waarop u 'n “reflektiewe leeromgewing” vir die verpleegkundige studente in 'n psigiatriese kliniese opset kan fasiliteer?

'n Bandopname is van die onderhoude gemaak, sodat dit later verbatim oorgeskryf kon word. Kommunikasietegnieke, waarneming en veldnotas is met die insameling van data gebruik. Data van beide die verpleegkundige studente en kliniese fasiliteerders is

ontleed volgens die kwalitatiewe inhoudsanalise soos beskryf deur Miles en Huberman (1994:241-243).

'n Onafhanklike kodeerder, doelbewus gekies, onafhanklik van die navorser, is gebruik om die kenmerke van die reflektiewe leeromgewing wat na vore getree het, te klassifiseer. Om betroubaarheid in hierdie kwalitatiewe navorsing te verseker, is Lincoln en Guba se model (1985:290-314) in die navorsingstudie gebruik om die akkuraatheid van die studie te verseker. Etiese oorwegings is deurgaans in die navorsing gehandhaaf (Denosa, 1998:1-6; Burns & Grove, 1993:98-104; De Vos, 1998:27-28).

Fase Twee het die konseptualisering van die bevindinge in Fase Een behels. Riglyne is geformuleer wat op die gevolgtrekkings van die bevindinge van die konseptualisering gebaseer is.

Die studie was geëvalueer. Aanbevelings met betrekking tot die verpleegkundige onderwys, praktyk en navorsing is ook gemaak. Die studie is kontekstueel van aard en geen veralgemenings behoort noodwendig gemaak te word nie.



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