GUIDELINES FOR EFFECTIVE STUDENT ACCOMPANIMENT DURING COMMUNITY HEALTH NURSING SCIENCE CLINICAL PRACTICE

by

LYDIA MAMODITSANA MOTLHALE

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SUPERVISOR : DR E J GROSS

MAY 1999
This study is dedicated to my mother,
Abea Motlhale
and
in loving memory of my father,
Moses Motlhale
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(ii)
SUMMARY

Innovative and revolutionary changes in Nursing Education in South Africa have resulted in significant changes in student accompaniment. To give effect to these changes, two important aspects emerged. Firstly a facilitative process in the form of accompaniment of students and secondly the presence of a significant person to aid development of the student.

THE AIM OF STUDY

The overall aim of the study was to describe guidelines for effective student accompaniment during Community Health Nursing Science Clinical Practice.

OBJECTIVES:

- to explore and describe students' needs for accompaniment during Community Health Nursing Science Clinical Practice
- to explore and describe the Community Health Nurses' perceived role in the accompaniment of students during Community Health Nursing Science Clinical Practice
- to describe guidelines for effective student accompaniment during Community Health Nursing Science Clinical Practice

The study was explorative, descriptive and contextual and it used qualitative methods.
The study was conducted in two phases. During phase 1 students’ accompaniment needs were identified through written narrative sketches by forty second year students. Data analysis was done according to the protocol by Tesch. An interview schedule was developed from the results of phase 1 and used to guide the focus-group interview in phase 2.

In phase 2, a focus-group interview was conducted with twelve Community Health Nurses to identify their perceived role in student accompaniment. In the first part of the interview an open question was asked, followed by questions based on the interview schedule. Data analysis in phase 2 was done according to the protocol by Tesch.

Guidelines for effective student accompaniment during Community Health Nursing Science Clinical Practice were described based on the results of phase 1 and phase 2 namely identified students needs for accompaniment and perceived accompaniment roles by the Community Health Nurses.

Trustworthiness was ensured throughout the study by adhering to Lincoln and Guba’s model of trustworthiness.
Innoverende en revolusionêre veranderinge in Verpleging in Suid-Afrika het gelei tot beduidende veranderinge in studentebegeleiding. Om hierdie veranderinge mee te bring, het twee belangrike aspekte na vore getree. Ten eerste 'n fasiliterende proses in die vorm van begeleiding van studente en tweedens die teenwoordigheid van 'n begeleier wat bydra tot die ontwikkeling van die student.

DOEL VAN DIE STUDIE

Die oorkoepelende doel van die studie was om riglyne vir effektiewe studentbegeleiding tydens Gemeenskapsverpleegkundepraktika te beskryf.

DOELWITTE:

- om studente se begeleidingsbehoeftes tydens Gemeenskapsverpleegkundepraktika te verken en te beskryf

- om Gemeenskapsverpleegkundiges se persepsies van hul begeleidingsrol tydens Gemeenskapsverpleegkundepraktika te verken en te beskryf

- om riglyne vir effektiewe studentebegeleiding tydens Gemeenskapsverpleegkundepraktika te beskryf.

Die studie was verkennend, beskrywend en kontekstueel van aard met toepassing van kwalitatiewe navorsingsmetodes.
Navorsing is in twee fases onderneem. Gedurende fase 1 is studente se begeleidingsbehoeftes geidentifiseer deurmiddel van geskrewe naïwe sketse deur veertig studente. Data-analise is gedoen aan die hand van die riglyne van Tesch. ’n Onderhoudskedule vir gebruik in fase 2 is ontwikkel na aanleiding van die resultate van fase 1.

In fase 2 is ’n fokusgroeponderhoud met twaalf Gemeenskapsverpleegkundiges gevoer om vas te stel wat die gemeenskapsverpleegkundiges se persepsies was rondom hulle begeleidingsrol tydens gemeenskapsverpleegkundepraktika. Die fokusgroeponderhoud het bestaan uit ’n enkele oop vraag, opgevolg deur oop vrae na aanleiding van die onderhoudskedule ontwikkel uit resultate van fase 1. Data is weer aan die hand van Tesch se riglyne ontleed.

Riglyne, vir effektiewe studentebegeleiding gedurende Gemeenskapsverpleegkundepraktika is beskryf.

Vertrouenswaardigheid gebaseer op die model van Lincoln en Guba is deurgaans verseker.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACKNOWLEDGEMENTS</td>
<td>(ii)</td>
</tr>
<tr>
<td>SUMMARY</td>
<td>(iii)</td>
</tr>
<tr>
<td>OPSOMMING</td>
<td>(v)</td>
</tr>
<tr>
<td><strong>CHAPTER 1</strong> : <strong>OVERVIEW OF THE STUDY</strong></td>
<td></td>
</tr>
<tr>
<td>1.1 <strong>RATIONALE AND BACKGROUND OF THE STUDY</strong></td>
<td>1</td>
</tr>
<tr>
<td>1.1.1 Historical Background</td>
<td>1</td>
</tr>
<tr>
<td>1.1.2 Accompaniment</td>
<td>5</td>
</tr>
<tr>
<td>1.1.3 Clinical Environment</td>
<td>6</td>
</tr>
<tr>
<td>1.2 <strong>PROBLEM STATEMENT</strong></td>
<td>7</td>
</tr>
<tr>
<td>1.3 <strong>AIM OF STUDY</strong></td>
<td>8</td>
</tr>
<tr>
<td>1.3.1 Objectives of Study</td>
<td>8</td>
</tr>
<tr>
<td>1.3.2 Central Statement</td>
<td>9</td>
</tr>
<tr>
<td>1.4 <strong>PARADIGMATIC PERSPECTIVE</strong></td>
<td>9</td>
</tr>
<tr>
<td>1.4.1 The Person (Accompanist and the Student Nurse)</td>
<td>10</td>
</tr>
<tr>
<td>1.5 <strong>DEFINITIONS</strong></td>
<td>10</td>
</tr>
<tr>
<td>1.5.1 The Learning Environment (Community Health Nursing Science Clinical Practice)</td>
<td>10</td>
</tr>
<tr>
<td>1.5.2 Accompaniment</td>
<td>11</td>
</tr>
<tr>
<td>1.6 <strong>METHODOLOGICAL ASSUMPTIONS</strong></td>
<td>11</td>
</tr>
<tr>
<td>1.7 <strong>RESEARCH METHODOLOGY</strong></td>
<td>12</td>
</tr>
<tr>
<td>1.8 <strong>RESEARCH DESIGN</strong></td>
<td>12</td>
</tr>
</tbody>
</table>

(vii)
CHAPTER 2 : RESEARCH DESIGN AND METHOD

2.1 INTRODUCTION 18
2.2 RESEARCH DESIGN 18
2.3 AIM OF STUDY 18
  2.3.1 Aim 18
  2.3.2 Objectives 19
2.4 ETHICAL CONSIDERATIONS 19
  2.4.1 The Right to Confidentiality and Anonymity 19
  2.4.2 Informed Consent 20
  2.4.3 The Right to Privacy and Termination 20
2.5 TRUSTWORTHINESS OF THE STUDY  

2.5.1 Credibility  
2.5.1.1 Prolonged Engagement  
2.5.1.2 Persistent Observation  
2.5.1.3 Triangulation  

2.5.2 Transferability  

2.5.3 Dependability  

2.5.4 Confirmability  

2.6 RESEARCH METHOD  

2.6.1 Phase I  

2.6.2 Population and Sampling  
2.6.2.1 Population  
2.6.2.2 Sampling  

2.6.3 Data Gathering  

2.6.4 The Role of the Researcher  

2.6.5 Data Analysis  

2.6.6 Phase 2  

2.6.7 Population and Sampling  
2.6.7.1 Population  
2.6.7.2 Sampling  

2.6.8 Data Gathering  

2.6.9 The Role of the Interviewer  

2.6.10 Data Analysis  

2.6.11 Pilot Interview  

2.7 LITERATURE CONTROL  

2.8 DESCRIPTION OF GUIDELINES  

2.9 SUMMARY  

CHAPTER 3 : FINDINGS  

3.1 PRESENTATION AND INTERPRETATION OF FINDINGS  

3.2 INTRODUCTION
3.3 FINDINGS OF PHASE 1

3.3.1 Introduction 35
3.3.2 Identified Students' Accompaniment Needs 35
3.3.3 Summary 43

3.4 FINDINGS OF PHASE 2 48

3.4.1 Introduction 48
3.4.2 Identified Community Health Nurses' Perceived Role in Student Accompaniment During Community Health Nursing Science Practice 49
3.4.2.1 Accompaniment Needs 49
3.4.2.2 Involvement of Community Health Nurses in Students' Curriculum Planning 50
3.4.2.3 Learning Environment 52
3.4.2.4 Supervision of Students 53
3.4.2.5 Evaluation of Students 54
3.4.2.6 Stumbling Blocks Preventing Effective Accompaniment 55

3.4.3 Summary 55

3.5 SUMMARY 57

3.6 CONCLUSION 58

CHAPTER 4: LITERATURE CONTROL

4.1 INTRODUCTION 59

4.2 Accompaniment Needs 62
4.2.1 Uniqueness 62
4.2.1.1 Uniqueness 62
4.2.1.2 Attitude 64
4.2.1.3 Knowledgeable Mentors 66
4.2.2 Involvement of Community Health Nurses in Students' Curriculum Planning 70
4.2.1 Curriculum Planning
4.2.2 Objectives of Practica
4.2.3 A Holistic Approach
4.2.4 Theory Practice Correlation
4.2.5 Standardisation
4.2.6 Understanding
4.2.7 Communication

4.2.3 Learning Environment
4.2.3.1 Orientation
4.2.3.2 Conducive Learning Environment

4.2.4 Supervision of Students
4.2.4.1 Motivation
4.2.4.2 Role Model
4.2.4.3 Supervision
4.2.4.4 Professional Independence

4.2.5 Evaluation

4.2.6 Student Accompaniment Affected by Stumbling Blocks

4.3 SUMMARY

CHAPTER 5: CONCLUSIONS, GUIDELINES, LIMITATIONS AND RECOMMENDATIONS

5.1 INTRODUCTION
5.2 CONCLUSIONS
5.3 GUIDELINES FOR EFFECTIVE STUDENT ACCOMPANIMENT DURING COMMUNITY HEALTH NURSING SCIENCE CLINICAL PRACTICA
5.4 LIMITATIONS
5.5 RECOMMENDATIONS 106
5.5.1 Nursing Research 106
5.5.2 Nursing Education 107
5.5.3 Nursing Practice 107
5.6 SUMMARY 108
5.7 CONCLUSION 108

BIBLIOGRAPHY 109

LIST OF TABLES
TABLE 3.1 44
TABLE 3.2 55
TABLE 4.1 60
TABLE 5.1 99

LIST OF FIGURES – Figure 4.1 76

ANNEXURES
Annexure I : Request for permission to conduct research.
Annexure II : Permission to conduct a research (narrative sketches).
Annexure III : Request for consent from participants (narrative sketches).
Annexure IV : Permission to conduct research (focus group interview).
Annexure V : Request for consent from participants (focus group interview).
Annexure VI : Interview schedule for (focus group interview).
Annexure VIII : Content Analysis Narrative Sketches.
Annexure IX : Content Analysis of a Focus-Group Interview.
CHAPTER 1: OVERVIEW OF THE STUDY

The goal of this chapter is to give an overview of the study by discussing the rationale for the study and defining the problem, goal and objectives. The assumptions, as well as research methodology will be discussed.

1.1 RATIONALE AND BACKGROUND OF THE STUDY

1.1.1 Historical Background

For far too long Nursing Education has been saddled with the reputation of being out of touch with the daily experiences of clinical practitioners. Already in 1983 it was found that accompaniment of students was an issue that had to be discussed by the nurse educators and professional nurses in the clinical situation rendering Primary Health Care (Alexander, 1983:4). Nursing practice has been described as ritualistic, routinised and mechanistic. Clinical nurses in the past have not been encouraged to think about and develop their practice. This task has been left to the managers and scholarly nurses who teach. This situation led to the problem of lack of effective accompaniment of students during clinical practice (Haddock, 1997: 381).

The direction of the health care delivery system is changing. The early 1980's will be noted in the history of Nursing Education in South Africa as revolutionary as a result of the introduction of comprehensive training courses. Significant changes in the development of students resulted in a move towards a more holistic approach towards the client as recipient of nursing care. In addition, two important aspects emerged namely a need for a facilitative process in the form of accompaniment of students
and the presence of a significant person to aid development of students effectively. Schools of nursing developed innovative ways of teaching students to deliver care in a comprehensive holistic way (Yoder, Cohen & Gorenberg, 1998: 121).

Community Health Nurses were challenged with accompaniment of students while they had little knowledge and experience in matters and skills pertaining to accompaniment of students. The other significant category of professionals like medical doctors have not played a significant role in the accompaniment of students because they were not involved in student training (Ingle, 1995: 71).

The introduction of an integrated course has stemmed from the recognition that a wider knowledge base approach to nursing practice is needed and the intellectual growth that leads to nursing knowledge is a basis on which clinical judgement is made. Due to changes in the instruction, education, and psychomotor skills training, there was a lack of integration of theory and practice. Students therefore found themselves confused and rather preferred to be passive in the clinical situation and observe what the Community Health Nurse implement (White & Ewan, 1991: 2).

There are many ways of expressing what clinical teaching is, definitions usually contain some reference to the translation of basic theoretical knowledge into the learning of a variety of intellectual and psychomotor skills needed to provide patient centred quality nursing care. For students, there is a need for accompaniment so that they can be prepared to integrate previously acquired basic science knowledge with performance orientated skills and competencies associated with diagnosis, treatment and care of patients (White & Ewan, 1991: 2).
In some instances, theoretical content is introduced at college after the students are allocated for Community Nursing Clinical Practice. White and Ewan (1991 : 42) suggest that some briefing must be done before students go to the practical situation. According to the authors, the situation becomes very confusing for the student when there is no theoretical knowledge to relate the practical situation to. The student tends to be passive rather than being active during the learning process. The situation produces a dichotomy between theory and practice which needs to be breached.

In order to address the identified divide that was seen to be developing between theory and practice of nursing, there was introduction of an accompanist, however the reality proved to be somewhat different as the majority of the nurse tutors focussing on clinical practice were not involved in classroom teaching. They therefore could not make the specific or subtle links with the content of what the student nurse had been taught within the formal setting (Fawcett & McQueen, 1994 : 265).

The Minister of Education, Professor Bengu, in the White Paper on Education and Training in South Africa (1995 : 5) said: “It is essential for us to build a system of education and training with which all our people can identify because it serves their needs and interests. Such a system must be founded on equity and non-discrimination, it must respect diversity, it must honour learning and strive for excellence.” He added that: “Our watchword should be: Let us put the student first. If we do, I have no doubt that the students of this country will respond magnificently.”

The South African Nursing Council and the Democratic Nursing Organisation of South Africa are both in line with the above discussion as they emphasize that the learning needs of the students, and not the
service needs, are of paramount importance in the planning of teaching/learning strategies in the Clinical Practice. Already in 1983 the National Health Policy Council accepted this viewpoint (Searle, 1983:6). Learning to nurse involves activities in the three domains of behaviour as it has already been described by Harker and Kehoe (1979 : 25), namely the cognitive, affective and psychomotor domains. The cognitive level of thinking is concerned with gaining of knowledge and the development of intellectual skills and abilities. The affective domain is concerned with the development of attitudes, values and the abilities to adjust adequately in order to cope with different situations. Lastly the psychomotor domain is concerned with the development of skilled and dextrous manual techniques (Kehoe & Harker, 1979 : 25). Historically, the major problem in nursing worldwide is the provision of nursing services in the quantity demanded and the quality needed. Quality nursing practice depends heavily upon quality nursing education.

Student accompaniment poses a problem because in the present four-year comprehensive course, students are trained according to the new health regulations, while the Community Health Nurses who trained for Community Health Nursing Science as a post basic qualification, were trained according to previous regulations. This implies that the two groups were trained with different curricula. Room should be left for conservative tendencies and ingrained notions to soften general resistance to change from experienced professionals. It then becomes clear that dramatic change is needed in nursing education in general and in the behaviour of the professional nurse as a clinical learning accompanist in particular, if nursing students are to develop and apply critical analytical thinking towards deep holistic lifelong learning (Klopper, 1994 ; Monograph 2 : 39).
1.1.2 Accompaniment

Accompaniment of the students means to escort, attend, guide and to co-exist. It is a deliberate movement towards a goal. Accompaniment has an instrumental and expressive connotation. It is an instrument towards self-reliance for students. Eventually they will be able to work independently. The current changes in nurse education and the stresses which tutors, clinical accompanists and students record, are worth considering. There is a need for support of students during accompaniment (Wilson, 1996: 270).

Accompaniment implies supportive guidance through the whole spectrum of clinical teaching and depends on the support that the Community Health Nurse gives to the students. It involves role modelling, and the application of the principles of Andragogy by the Community Health Nurse. There is a problem in the clinical accompaniment of students. The accompanist and the accompanied have a tendency to overlook the identified accompaniment needs (Wilson, 1996: 271).

The role of the tutor during the accompaniment process is to act as a resource person and to accompany the students in the clinical practice and to ensure acceptance by the Community Health Nurses. She has to work jointly with other team members to ensure that the students learn actively from the Community Health Nursing Science Clinical Practice. Students must have active dealings with the contents of clinical practice in such a way that comprehension is reached (Klopper, 1994; Monograph 2: 21).
The South African Nursing Council emphasises that the education and training of the nurse should be directed specifically to the development of the student nurse on a personal and professional level (Searle, 1983: 6 - 7). The principles of learning should be observed, insofar as the accompaniment should lead to behaviour changes in the cognitive, affective and psychomotor levels through active involvement of the students. Sometimes student nurses are not trained or accompanied to enter the clinical reality of a patient with all their senses, they can only guess in a detached, scholastic way at the nature of patients' problems. This results in wasted opportunities and resources (Ingle, 1995: 72).

1.1.3 Clinical Environment

During community nursing science clinical practice the patient remains in his/her own locality. The care is specific and continuous, hence a need exists for an accompanist to help the student to learn effectively. There is therefore a need for a supportive and a challenging environment for students to learn effectively in the clinical practice. Already in 1983 Alexander suggested that the accompanist needs to invite the student in a deliberate and constant manner to enable the student to be active and to learn clinical skills during clinical practice (Alexander, 1983: 5).

The community nursing science clinical practice should, apart from providing a conducive environment for learning, create opportunities to elicit student trust and demonstrate personal interest in each student. During the exposure to clinical experience the accompanist ensures that there is a conducive morale by involving all the role players, such as the nurse educator, peer group and other members of the multi-disciplinary team, namely doctors, radiographers and social workers. This ensures a more holistic experience by the student. The conducive climate for caring and accompaniment should be characterised by interaction of all
the relevant people significant to the students' learning. There is a need for trust, mutual concern and a high degree of interactional reciprocity (Hughes, 1993: 8).

In contrast with the controlled environment of the lecture hall, the clinical learning environment should be stimulating, students should be encouraged to use 'cues' and to ask questions. This therefore implies two-way support and a helping process by both the student and the educator. Students also complain about a lack of supervision and support in the clinical practice. Trained staff in the clinical field have a responsibility to teach, but few had formal preparation. It is indicated that permanent clinical staff are in the best position to encourage learning, to contribute to the students' educational experience and thus ensuring provision of quality nursing care in a variety of settings. It is in the community based practice arena where students are in a position to gain the independent thinking, flexibility, interpersonal and administrative skills they will need to keep up with future changes that will occur as we move into the 21st century (Yoder et al., 1998: 121).

1.2 PROBLEM STATEMENT

Despite all the revolutionary changes in nursing education as discussed in the above rationale, accompaniment of students has been discussed as a problem. During discussion of the rationale it has been discovered that there was a problem in theory practice correlation, lack of student involvement during clinical practice, lack of a conducive learning environment, supervision and evaluation of students during clinical practice. Nursing education has to strive for excellence through effective student accompaniment during clinical practice.
From the above mentioned problem statement for the study the question arises:

**What guidelines can be described for effective student accompaniment during Community Health Nursing Science Clinical Practice?**

Further questions are:

1. What are the student needs for accompaniment during Community Health Nursing Science Clinical Practice?
2. What is the role of the Community Health Nurse during accompaniment of students in the Community Health Nursing Science Clinical Practice?

### 1.3 AIM OF STUDY

The overall aim of this study is to describe guidelines for effective student accompaniment during Community Health Nursing Science Clinical Practice.

#### 1.3.1 Objectives of Study

1. To explore and describe the students' needs for accompaniment during Community Health Nursing Science Clinical Practice.
2. To explore and describe the Community Health Nurses' perceived role in the accompaniment of students during Community Health Nursing Science Clinical Practice.
3. To describe guidelines for effective student accompaniment during Community Health Nursing Science Clinical Practice.

1.3.2 Central Statement

The student nurses' identified needs for accompaniment during Community Health Nursing Science Clinical Practice, and the Community Health Nurses' perceived role in the accompaniment of students during Community Health Nursing Science Clinical Practice will provide the basis for the description of guidelines for Community Health Nurses as accompanist to meet the accompaniment needs of students in the Community Health Nursing Science Clinical Practice.

1.4 PARADIGMATIC PERSPECTIVE

This study is conducted within Nursing for the Whole Person Theory. (RAU, 1992 : 5-7) and is consistent with the philosophy of the South African Nursing Council.

It reflects the focus on the whole person, from internal environment, namely body, mind and spirit, as well as the parameters of nursing services and beliefs about man, health, illness and nursing. It also stresses the external environment, namely the physical, social and spiritual aspects. Patterns of interaction between the internal and the external environment, and their effects on the person's health status, are therefore seen as important in nursing education and research. (RAU, 1992 : 5-7).
1.4.1 The Person (Accompanist and the Student Nurse)

The researcher believes that the person (accompanist) incorporates the concepts of body, mind and spirit in his/her interaction with the student to create the context conducive to clinical accompaniment and learning.

The student nurse refers to the whole person (body, mind and spirit) who utilises the resource (clinical learning accompanist) and the external environment (learning environment) to develop skills. (RAU, 1992: 5 – 7).

1.5 DEFINITIONS

1.5.1 The Learning Environment (Community Health Nursing Science Clinical Practice)

The learning environment in nursing education is created in the classroom, in practice and simulation situations. It complies with didactic principles. The clinical learning environment ensures the organisation of activities which facilitate clinical learning, like the physical, geographic and social setting. (White & Ewan, 1991: 142).

In this study, the learning environment refers to the nursing education and the clinical practice in the Local Authority Clinics. Through the application of nursing education principles, the accompanist will be able to direct and guide the student in Community Health Nursing Science Clinical Practice.
1.5.2 Accompaniment

Accompaniment is derived from the French word “accompagner” (company). It has an instrumental and expressive connotation. It means to go with, escort, attend and co-exist with. It is directional, and it implies a movement towards a goal, self-reliance and independence through mentoring (Klopper, 1994; Monograph 2 : 13).

1.6 METHODOLOGICAL ASSUMPTIONS

Botes’ (1995 : 13) functional approach will be followed in this study since it implies the application of research knowledge to improve practice. The model describes three orders, the first order being nursing practice, the second order being research and theory, and the third order being a paradigmatic perspective. The second order (research and theory) does not function in isolation, but in relationship with nursing practice (first order) and the philosophy of Nursing Science, which is the third order. Problems identified in the nursing practice can be solved through research. Theories can also be tested within the nursing practice.

Guidelines will be developed to be used by Community Health Nurses as accompanists within the clinical learning unit to meet the educational needs of student nurses.

The application of the model to this study will be as follows:

First order (nursing practice)

Student accompaniment takes place as an educational nursing activity within the practical situation (first order). For effective student accompaniment to take place or to be improved, research is necessary
so that guidelines can be set to direct the student accompaniment process.

Second order (nursing theory)

Regarding the second order, theory of nursing and accompaniment are studied and applied within the nursing practice. In this study there will be exploration and description of the student accompaniment needs in theory. There will be a focus on the student as a whole person, body, mind and spirit, in the external environment, as well as the accompaniment role of Community Health Nurses during clinical practice.

Third order (paradigmatic perspective)

The third order influences the practice and theory, as the student is regarded as a whole person and the clinical learning setting is studied holistically. (Botes, 1995: 13).

1.7 RESEARCH METHODOLOGY

Uys and Basson (1991: 37) interpret the research methodology as the total strategy for the study, from identification of the problem to the final plans for data gathering and analysis.

1.8 RESEARCH DESIGN

An explorative, descriptive and contextual study will be conducted using qualitative methods. This study will be exploring and describing the students' needs for accompaniment in a specific context, namely during Community Health Nursing Science Clinical Practice. There will also be exploration and description of the Community Health Nurses' perception
of their role in the accompaniment of students during Community Health Nursing Science Clinical Practice, and description of guidelines for effective student accompaniment during Community Health Nursing Science Clinical Practice.

1.9 RESEARCH METHOD

Qualitative research methods will be used, which includes narrative sketch writing and focus-group interviewing. The study will be conducted in two phases. In phase 1 students will write narrative sketches to identify their accompaniment needs. An interview schedule based on results of phase 1 will be used as a guide during the focus-group interview with Community Health Nurses in phase 2 where their perceived role in student accompaniment will be explored. Guidelines based on the results of phase 1 and 2 will be developed.

1.9.1 Phase 1

The objective of phase 1 is to explore and describe students’ needs for accompaniment during Community Health Nursing Science Clinical Practice.

1.9.1.1 Population and Sampling

Population

The target population will be second year student nurses who are doing a comprehensive four-year course. Students will be released from College block for practical exposure during the month of May 1996 for a three week period.
Sampling

The study will focus on second year students exposed to Clinical Practice for the first time. The population and method of sampling will be discussed in depth in chapter 2.

1.9.1.2 Data Gathering

The data gathering method to be used is qualitative in nature, using narrative sketches. This method requires that the researcher allows, without bias, the experience to unfold as it exists for the respondents. Helpful clarification by the researcher is discouraged so that the resulting description will be truly as the respondents experienced it. Narrative sketches reflect human feelings and lived experience (Denzin & Lincoln, 1994: 358).

1.9.1.3 Data Analysis

Data analysis will be done according to Tesch's eight steps of data analysis (in Creswell, 1994: 155). It will be a descriptive analysis; data will be described in words, primarily the participants' words. Volumes of information will be reduced into patterns and themes and grouped into categories. An independent coder will analyse data independently. The results of phase 1 will be verified with students and will be used to draw up an interview schedule to be used in phase 2.

Pilot Study

No pilot study will be done, as the questions will be set and verified with a consultant/person knowledgeable in nursing education, and the questions will result directly from the problem.
1.9.2 Phase 2

The objective of phase 2 is to explore and describe the Community Health Nurses' perceived role in the accompaniment of students during Community Health Nursing Science Clinical Practice.

1.9.2.1 Population and Sampling

Population

The population will include all Local Authority Community Health Nurses rendering Primary Health Care Services at four clinics on the East Rand in Gauteng Province. Criteria for inclusion are set out in Chapter 2, paragraph 2.6.7.2.

Sampling

The Community Health Nurses will be selected from four clinics through a random sampling method.

1.9.2.2 Data Gathering

Krueger (1994: 6) defines a focus-group discussion as a carefully planned discussion designed to obtain perceptions on a defined area of interest in a permissive, non-threatening environment.

A focus-group interview will be conducted with the selected Community Health Nurses. The question will be related to their perceived role in the accompaniment of students during Community Health Nursing Science Clinical Practice. From the results of phase 1 an interview schedule will
be formulated and used during a focus-group interview, to ensure that adequate information on the identified student needs is obtained.

1.9.2.3 Data Analysis

The focus-group interview will be audiotaped and transcribed verbatim. An experienced independent coder will analyse data independently according to the method of Tesch (in Creswell, 1994: 155). Data will be reduced and interpreted into patterns and themes and grouped into categories. The results of the focus-group interview will be verified with the Community Health Nurses after data analysis.

Pilot Interview

A pilot interview will also be conducted as a means to identifying problems which might arise during the focus-group interview.

1.10 LITERATURE CONTROL

Previous studies and literature will be investigated to establish commonalities and to compare findings with those of this study.

1.11 ETHICAL CONSIDERATIONS

To uphold the ethical considerations/standards in this research the following aspects will be noted, namely the right to confidentiality and anonymity, informed consent, the right to privacy and termination. These will be fully discussed in Chapter 2.
1.12 TRUSTWORTHINESS OF THE STUDY

Trustworthiness of the study will be ensured throughout the study as developed by Lincoln and Guba's model of trustworthiness. This will be fully discussed in Chapter 2.

1.13 CONCLUSIONS, GUIDELINES, LIMITATIONS AND RECOMMENDATIONS

Conclusions will be drawn, guidelines described, limitations of the study discussed and recommendations for nursing research, education and practice will be made.

1.14 DIVISION OF CHAPTERS

Chapter 1 : Overview of the Research Study.
Chapter 2 : Research design and methodology.
Chapter 3 : Results and discussion of data.
Chapter 4 : Literature Control.
Chapter 5 : Conclusions, guidelines, limitations and recommendations.

1.15 SUMMARY

In Chapter 1, an overview of the research study was given, which comprises a rationale for the study, the problem statement, aim and objectives, the paradigmatic perspective, methodological assumptions, the research design and research method, ethical considerations, as well as the division of chapters.

In Chapter 2, special attention will be given to the research design and method of phase 1 and phase 2.
CHAPTER 2 : RESEARCH DESIGN AND METHOD

The goal of chapter 2 is to give a description of the research design and method used in this study.

2.1 INTRODUCTION

This study was conducted at four Local Authority Clinics on the East Rand in Gauteng, exploring and describing the phenomena of student accompaniment in order to set guidelines for effective student accompaniment in a practical Community Nursing Science setting.

2.2 RESEARCH DESIGN

The research design is the structural framework within which the study is to be implemented (Uys & Basson, 1991 : 38). An explorative, descriptive and contextual study was conducted. The study included qualitative methods like narrative sketch writing and focus-group interviewing.

2.3 AIM OF STUDY

2.3.1 Aim

The overall aim of the study was to describe guidelines for effective student accompaniment during Community Health Nursing Science Clinical Practice.
2.3.2 Objectives

From the above aim, the following objectives were set:

- to explore and describe the students' needs for accompaniment during Community Health Nursing Science Clinical Practice

- to explore and describe the Community Health Nurses' perceived role in the accompaniment of students during Community Health Nursing Science Clinical Practice

- to describe guidelines for effective student accompaniment during Community Health Nursing Science Clinical Practice.

2.4 ETHICAL CONSIDERATIONS

Ethical standards related to the study were upheld and they included the right to confidentiality and anonymity. The respondents had the right to informed consent, privacy and termination.

2.4.1 The Right to Confidentiality and Anonymity

The information that the respondents divulged was not made public or available without the respondents' permission. Students were instructed not to write their names or registration numbers on the narrative sketches. The names of their clinics or college did not appear on the narrative sketches either. Community Health Nurses were instructed not to identify themselves during the focus-group interview to ensure that they remained anonymous (Denosa, 1996: 74).
2.4.2 **Informed Consent**

Respondents participated out of free will without pressure or intimidation of any kind. The students and the Community Health Nurses were given the objectives of the research, procedures to be followed, the duration of the interview and the type of participation expected (see Annexures III and V).

The respondents were informed about the identity and the qualification of the researcher, independent coder, supervisors and authorities concerned. Written permission to participate was obtained from the Head of the Training College and from the Local Authority, providing the clinical experience (Denosa, 1996: 74).

2.4.3 **The Right to Privacy and Termination**

Privacy and freedom from harm was ensured to allow the participants to behave and think without interference or the possibility of private behaviour or thoughts, being used to embarrass or demean the respondents at a later stage. The respondents had a right to terminate participation if they were not comfortable with the process of the study. This ensured the trustworthiness of the study (Denosa, 1996: 74).

2.5 **TRUSTWORTHINESS OF THE STUDY**

The "truth value" of the study has been ensured through implementation of the naturalistic progress by ensuring credibility, confirmability, transferability and dependability (Lincoln & Guba, 1985: 300).
2.5.1 Credibility

Lincoln and Guba (1985: 301) define credibility as the truth value obtained from the discovery of human experience as it is lived and perceived by informants. It describes the activities which increase the probability of credible findings. These activities are as follows:

2.5.1.1 Prolonged Engagement

This explains that the researcher knows the field of study through years of experience. In phase 1 during writing of narrative sketches there has been sufficient time allocated to involve the respondents during data collection. The researcher ensured that there was no time limit during the writing of narrative sketches. Trust was built between the students and the researcher because the researcher demonstrated to the students that their confidences would not be used against them. The researcher demonstrated to the respondents that whatever they write will be respected and honoured. There will be no humiliation and that anonymity will be honoured. Prolonged engagement is a must for adequate trust and rapport to be established (Lincoln & Guba, 1985: 301).

In phase 2 the researcher ensured that the facilitator had sufficient time during the conducting of the focus-group interview. The facilitator maintained trust with the Community Health Nurses by explaining to them that their confidences would not be used against them, that whatever they say will be honoured and respected. They will not be humiliated and anonymity will be honoured. To ensure trust and support, the facilitator remained with the respondents throughout the interview process. Through a prolonged engagement with the respondents, the
facilitator could easily identify multiple influences and contextual factors that could affect the credibility of the study. The facilitator ensured that pledges of confidentiality were honoured because respondents were not requested to identify themselves during the focus-group interview (Lincoln & Guba, 1985: 301).

2.5.1.2 Persistent Observation

Lincoln and Guba (1985: 304) maintain that persistent observation provides depth to an inquiry. In this study the researcher was constantly engaged in tentative labelling of what were considered to be salient factors and crucial atypical events, and then explored them in detail as the facilitator directed the focus-group interview. Rephrasing of questions, repetition of questions, or expansion of questions on different occasions increased the credibility of the data collected.

2.5.1.3 Triangulation

Triangulation is a strategy used to increase the credibility of the research measurement by measuring the same phenomenon with multiple techniques thus ensuring accurate representation of reality. To increase the “truth value” of the results and the study, two techniques for data collection and analysis were used. The results of the narrative sketches were sent back to the respondents to be verified by them.

To ensure trustworthiness of data an external coder was used to analyse data independently. After coding, the results of the focus-group interview were also verified by Community Health Nurses (Lincoln & Guba, 1985: 305 - 314).
2.5.2 Transferability

This criteria demonstrates the possible applicability of findings of the study to another similar context.

Application to this study was as follows: that the study was contextual, meaning that the study was conducted in the same health service where the research problem was identified. Similar studies can be conducted at other health services to allow others to assess how transferable the findings are (Lincoln & Guba, 1985: 316).

2.5.3 Dependability

As indicated above, triangulation was used to establish dependability (Lincoln & Guba, 1985: 316). It is argued that there cannot be credibility without dependability. There was auditing of the study from the beginning to the end. This was done by the supervisor of the study as well as the external coder, who was familiar with analysing qualitative data. Use was made of an expert interviewer knowledgeable on the subject and experienced in focus group interviewing (Lincoln & Guba, 1985: 317).

2.5.4 Confirmability

In order to establish that the findings would be confirmed, verification of results was done where results of phase 1 were sent back to the respondents to be confirmed by them.

In this study, conformability has been demonstrated by ensuring that the results of the focus-group interview were also verified with the
Community Health Nurses. To ensure trustworthiness of data an external coder was used to analyse data independently (Lincoln & Guba, 1985: 305 – 314).

2.6 RESEARCH METHOD

2.6.1 Phase 1

The objective of phase 1 was to explore and describe the students' needs for accompaniment during Community Health Nursing Science Clinical Practice in order to contribute to the description of guidelines for effective student accompaniment.

2.6.2 Population and Sampling

2.6.2.1 Population

The target population was all second year student nurses who were doing a comprehensive four-year course at the time. Students were released from College block for practical exposure during the month of May 1996, for a three-week period.

2.6.2.2 Sampling

A purposive non-selective sample was chosen from the student nurses. The study focussed on second year student nurses because they were exposed to the Community Health Nursing Science Clinical Practice for the first time. Students were based at a specific College for their studies, but they were from two Hospitals in Gauteng and one in Northern Province. Only students from one hospital in Gauteng were selected because they were familiar with the community and were allocated for
practica in the area where the study was done. The sample number was 40. All the students were asked to write narrative sketches.

2.6.3 Data Gathering

Data gathering involved setting of boundaries for the study. A data gathering method using narrative sketches was used. A central question was asked (Denzin & Lincoln, 1994:358):

“What are your accompaniment needs during Community Health Nursing Science Clinical Practice?”

No time limit was prescribed. Students wrote narrative sketches in the same venue at the same time. Confidentiality and anonymity was ensured (see paragraph 2.4.1).

2.6.4 The Role of the Researcher

- Being engaged with the respondents the Researcher ensured trustworthiness during writing of narrative sketches (see paragraph 2.5).

- A quiet room was selected for writing of narrative sketches. Pens and paper were also provided.

- The Researcher stayed in the same room as the students and allowed the students to write the narrative sketches.

- The Researcher did not give helpful clues so that the resulting description was the reflection of the needs of the student nurses.
2.6.5 Data Analysis

Trustworthiness was ensured during data analysis (see paragraph 2.5). Data analysis was done according to Tesch, (in Cresswell, 1994: 155), namely eight steps of data analysis were used. Descriptive analysis was done, describing data in words which were primarily that of the participants. In this way, volumes of information were reduced into specific patterns, categories or themes and then interpreted using specific schemes. This process is called “decontextualization” and “re-contextualization”. After the coding procedure, information gathered was presented into themes, then categories. The same protocol was used by the independent coder (see Annexure VII).

The following steps were followed during data analysis:

Step 1

The researcher got a sense of the whole by reading through all the narrative sketches carefully and jotting down some ideas.

Step 2

The researcher picked up one narrative sketch from one respondent to grasp the overall meaning through considering a few questions. The researcher made notes in the margin of the document.

Step 3

A list of topics was made after reading several narrative sketches. Similar topics were clustered together. Topics were then entered into
columns that were arranged according to major topics, unique topics and additional topics.

**Step 4**

The researcher took the list according to the columns and went back to the data, re-abbreviated the topics and codes next to their appropriate segment of text. During this process the researcher observed whether any new categories and codes emerged.

**Step 5**

The researcher identified the most descriptive words for the topics and then categorised them accordingly. The total list was reduced through grouping of topics that related to each other or the drawing of lines to show the relationship between topics.

**Step 6**

The researcher made a formal decision on the abbreviation for each category and then arranged the words alphabetically.

**Step 7**

Data material belonging to each category was assembled and a preliminary analysis was performed.

**Step 8**

The researcher recoded the existing data and validated it with the respondents.
The external coder who is skilled in qualitative research methods, did an independent analysis whereafter, together with the researcher, they reached consensus. Results were also sent to the students to ensure the trustworthiness thereof.

Results from phase 1, namely the students identified needs for clinical accompaniment, were used to develop an interview schedule which was used during the focus-group interview, with the central question, thus ensuring that the theme for the focus-group interview was the students' identified needs for accompaniment (see Annexure VI).

2.6.6 Phase 2

The objective of phase 2 was to explore and describe the Community Health Nurses' perceived role in the accompaniment of students during Community Health Nursing Science Clinical Practice in order to contribute to the description of guidelines for effective student accompaniment.

2.6.7 Population and Sampling

2.6.7.1 Population

The population included all Local Authority Community Health Nurses rendering Primary Health Care Services at four clinics, on the East Rand in Gauteng Province, the population was found to be forty (N = 40).
2.6.7.2 Sampling

The number of nurses identified to be participants of the focus group interview sample was 12.

Criteria for inclusion in the sample:

- the Community Health Nurses had to be employed by the Local Authority at four clinics on permanent basis
- they had to have Community Health Nursing Science as and additional qualification
- they were expected to be rendering Primary Health Care at their specific clinics
- they must have accompanied students over a period of two years
- they must have been orientated on the Curriculum objectives of Community Health Nursing Science as a component of the comprehensive course during their in-service training programme which was conducted on a continuous basis and, where the attendance register was kept.

2.6.8 Data Gathering

Data was gathered through a focus-group interview. The first part of the interview was unstructured and the second part was structured according to the interview schedule based on the results of phase 1.

The focus-group interview was initiated by asking the following open-ended question:

"What do you perceive your role to be in the accompaniment of students during Community Health Nursing Science Clinical Practice?"
The second part of data collection was through a structured interview schedule (see Annexure VI).

2.6.9 The Role of the Interviewer

- An experienced interviewer who is skilled in qualitative research methods was used.

- The interviewer ensured that the respondents' answers were accurately representative of the respondent's experience.

- The interviewer refrained from imposing her own opinions on the interviews but created natural involvement through informal discussions, pointed in the direction of the topic. The interviewer tried to understand cultural influences, relevant to the respondents.

- The nervousness of interviewees was settled by the interviewer reassuring them so that they should know that they are competent, and that the interviewer was interested in what they had to say.

- The interviewer showed understanding throughout the interview by encouraging the participants to be frank and open and to provide answers in depth (Denzin & Lincoln, 1994: 365).

- She acted naturally while participating to ensure a positive interview relationship. She guided the conversation not only in terms of questions asked and the flow of the topic, but also in terms of emotional tone and the intensity of the interaction.

- The interviewer acted as a facilitator, to guide the conversation of others thus moving the focus away from an over talkative person to the others.
A tape recorder was used to ensure that all the detail was captured. The interviewer ensured that the equipment was functional, i.e. extra batteries were available and more than one tape recorder was used in case one was faulty and failed to record.

The interviewer kept field notes in case she had to reconstruct the interview if the tape failed, or to know where she ended in case of interruptions, to enable her to make correct interpretations.

To get the detailed facts and basic descriptions, by asking questions which identified students' needs for accompaniment, the interviewer used an interview schedule (see Annexure VI).

The interviewer indicated to the interviewee when the interview was being concluded (Denzin & Lincoln, 1994: 366).

Trustworthiness was ensured, as discussed in paragraph 2.5.

2.6.10 Data Analysis

Data analysis was done according to Tesch (in Creswell, 1994: 155) namely eight steps of data analysis were followed as described in paragraph 2.6.5. Data was reduced and interpreted. After transcription, the data was reduced into patterns, categories and themes. Information was bracketed in order to get rid of sedimented views, and to facilitate "seeing" all facts of the phenomenon studied. The same protocol was used by the external coder who is an experienced qualified researcher (see Annexure VII).

The following steps were followed:
the entire interview transcript was read to get a sense of the whole

the interview transcript was re-read several times, more slowly, more in depth, identifying themes or constituents that make up the whole experience as described by the respondents

redundant information was eliminated, leaving the relevant remaining themes, which are related to the research question

themes were classified into major categories, firstly in the concrete language of the respondents, and later themes were clustered into sub categories with their concrete meaning being transformed into the language or concept of science

categories and sub-categories from the interview were integrated into a total description of the experience and then counted. Results were then qualified and stated in order of priority based on how many respondents had similar experiences. Refer in this regard to Tesch, 1990, as tabulated (in Creswell, 1994: 154 – 155).

2.6.11 Pilot Interview

A focus-group interview was conducted to test the feasibility of the research question, and also to identify any problems that might arise during interviewing.

Polit and Hungler (1991: 62), recommends a pilot study as a means of assessing the feasibility of the study. It is also a means of perfecting or refining either the technique of interviewing or even the central question. The pilot interview was carried out on participants chosen from the same population as subjects of the major study. Six respondents were
involved in a pilot focus-group interview. If the question asked regarding the Community Health Nurses' perceived role in the accompaniment of students during Community Health Nursing Science Clinical Practice is found to clarify and determine what the researcher wants to find out, the interview would be included in the main study. The pilot interview indicated that the question was clear, but the tape recording was not always clear, therefore a facilitator was used to conduct the focus-group interview and was not able to transcribe all the words.

2.7 LITERATURE CONTROL

Previous studies and literature were explored to establish commonalities and to compare the findings with those of this study.

2.8 DESCRIPTION OF GUIDELINES

Guidelines for effective student accompaniment during Community Health Nursing Science Clinical Practice, based on the results of phase 1 and phase 2 were described.

2.9 SUMMARY

This chapter sums up the research design. Strategies, methods and techniques of data collection and analysis of both phase 1 and phase 2 were discussed. In the following chapter the research findings of phase 1 and phase 2 are discussed in depth. These findings will contribute towards the description of guidelines for effective student accompaniment.
CHAPTER 3: FINDINGS

The goal of Chapter 3 is to discuss the findings of phase 1 and phase 2 as discussed in Chapter 2, namely:

- the findings of students' identified accompaniment needs during Community Health Nursing Science Clinical Practice, and
- the findings of Community Health Nurses' perceived role in the accompaniment of students during Community Health Nursing Science Clinical Practice.

3.1 PRESENTATION AND INTERPRETATION OF FINDINGS

For the purpose of representation only more indicative responses are tabulated. In phase 1 the number of respondents are indicated. In phase 2 the responses or themes are those which have been set by one or more respondents. The letter "N" will be used to denote the number of respondents who experienced the same theme. Extracts from the narrative/interview are quoted. Themes will then be discussed under a broad category thus grouping experiences or themes that more or less expressed the same experience.

3.2 INTRODUCTION

Based on the aims of the study, the findings are discussed as follows: findings of phase 1 (narrative sketches which were written by the students) will be discussed. There is a summary of responses in a table form, on which the interview schedule for phase 2 was based. Findings of phase 2 (focus-group interview which was conducted with the
Community Health Nurses) are also discussed, tabled and summarised in the same way as the findings of narrative sketches.

3.3 FINDINGS OF PHASE 1

3.3.1 Introduction

In phase 1, students' needs for accompaniment were explored and described. A data gathering method using narrative sketches was used. A central question was asked, namely:

"What are your accompaniment needs during Community Health Nursing Science Clinical Practice?"

Narrative sketches were written by a group of 40 students. An independent coder who is a qualified research consultant analysed the narrative sketches. Consensus was reached between the researcher and the independent coder about the results. The findings are being discussed according to the main themes resulting from the analysis. They are not organised in a particular order of importance.

3.3.2 Identified Student Accompaniment Needs

- Learning Needs

Twenty-nine students identified that they have learning needs during Community Health Nursing Science Practica. Students need to be perceived as learners when they enter the practical situation. One student said, "I need to be considered as someone new in the field, someone needing knowledge about what is happening in the Community Clinic". Students said they need to be perceived as students and not as
an extra working force. One student said, at the clinic students are viewed as working tools.

- **Objectives of the Practica**

Four students indicated the need to be accompanied during their practical procedures. They need the Community Health Nurses to know their objectives for practica so that they can expose them to the relevant procedures. One student said: "*I feel very lost during practical exposure because the objectives in the workbook differ from those identified by the Community Health Nurses*". Two students indicated that they need the tutor to accompany them and to communicate the learning objective to the clinic sisters during their first day of orientation.

- **Scope of Service**

Fifteen students indicated that they have a need to be accompanied during exposure to all aspects of Community Health Nursing Science Practica like home visits and school health services. There is a need to be accompanied during exposure to all the relevant modules. One student said, "*We need to do home visits with sisters, to learn various aspects of home visits*". It appears that students need to be accompanied to learn procedures, which are within their scope of practice.

- **Knowledgeable Mentors**

Sixteen students indicated that the Community Health Nurses should be knowledgeable mentors. One student said, "*Students need to be accompanied to be encouraged to ask questions.*" "*There is a need to be*"
viewed as learners". One student said: "I need to be encouraged, to be stimulated by sisters, questions and assignments".

- **Appropriate Teaching**

Thirty-two students indicated a need to be accompanied to learn appropriate material. There is a need for uniformity. Students indicated a need to be taught the same principles by all Community Health Nurses. One student said, "There is no uniformity at the four clinics". One student said, when they had apparent discussions with their colleagues after work, they identified that they all experienced problems regarding the fact that even the Community Health Nurses tend to differ in the same procedures. Students identified a need to be taught stage appropriate skills based on theory learned during college blocks.

- **Understanding**

Twenty-four students stated that they need to be accompanied in order to comprehend principles of Community Health Nursing Science. There consequently appears to be a need for accompaniment. One student said, "I don't want to be taken for granted that I know because as students we learn and understand differently".

- **Inquiring**

Twenty-two students indicated that they need to be seen as inquirers during accompaniment. They need to be seen as people who can ask questions. One student said, "When asking a question in the clinical situation, I don't need to be referred to the textbook or the tutor". There appears to be a need for the accompanist, namely the Community Health Nurses, to promote the increase of higher order cognitive skills.
• **Clarity**

Four students stated that they need to understand the procedures and conditions after they have been exposed to the practical situation. There is a need to be able to reason. One student said, "I need to be accompanied to learn from the known to the unknown".

• **Mastery**

Twenty students said that they need to master the principles and procedures during Community Health Nursing Science Clinical practica. There appears therefore to be a need for students to be accompanied because accompaniment reassures students and ensures their protection until fear of stimuli recedes. One student said, "I am a sister of tomorrow, I want to be competent to render quality care". Students indicated that they need to be accompanied to master the procedures before they can be allocated to carry out procedures with patients.

• **Retention**

Two students indicated that they need assistance in developing their retention skills so that they don't forget. There appears therefore to be a need for more exposure, and enough practical opportunity to ensure retention of knowledge and skills.

• **Acceptance**

Twenty-three students identified the need for acceptance during the accompaniment process. There appears therefore to be a need for warm reception by the Community Health Nurses during practical
session. Students indicated that if their presence is felt they will be able to ask questions and to respond to questions from Community Health Nurses during their practical exposure. Students indicated that Community Health Nurses sometimes use techniques, which denotes that they don’t accept them. One student said, “You will find that there is a facial frown and the sister goes to the extent of making remarks like I am too busy, I am not a tutor”. Students said that they need to be accepted as students and should not to be ignored but viewed as future professionals.

- **Positive Attitude**

Fifteen students indicated that the Community Health Nurses should have a positive attitude towards their learning needs. Students indicated that they want to be seen as student nurses and not as an additional work force to address shortage of personnel. They indicated that the Community Health Nurses should have a positive attitude. One student said, “I don’t want to be shouted at in front of the patients, I am a learner and we learn by mistakes”.

- **Uniqueness**

Six students identified a need to be perceived as unique individuals during accompaniment. Three students said, “We have one objective to learn Community Health Nursing Science Clinical Practica, but we have different learning abilities, some are slow learners, some are fast learners”. Students said they need Community Health Nurses to accompany them and to accept them as individuals. One student said, “There should be equal treatment of all slow learners and fast learners”. 
• **Protection**

Nineteen students stated that they want to be protected during their practica. They said they need Community Health Nurses to protect them from potential medico-legal hazards. They indicated a need for a comfortable and relaxed atmosphere during their accompaniment. They said they need a warm, friendly atmosphere that improves security. They said they need a relaxed supportive environment. There consequently appears to be a need for bonding, parenting and rapport to ensure good morale.

• **Professional Independence**

Seven students identified a need for accompaniment towards professional independence. They said they need the Community Health Nurses to be their role models during clinical practice. They indicated a need to be accompanied to develop nursing competence, independence and maturity. Students indicated a need to be accompanied to become change agents towards professional maturity.

• **Theory Practice Correlation**

Twenty-eight students indicated that the theory learned at college should be correlated to the practical situation. The scope of practice might be increased to include services like home visits, and school health services. Students said they need to apply theory learned to develop their skills. One student said, “I want to feel as if I am relating back to class and practice”. It appears therefore that students need to be accompanied towards a perfect grasp of relevant concepts and skills.
One student commented that some Community Health Nurses are not familiar with new developments and innovations. They tend to stick to old principles of Community Health Nursing Science.

- **Opportunity to Practice**

Twenty-eight students indicated the need for more opportunities to practice their skills. One student said, "You are just expected to observe but not given an opportunity to practice by doing the procedure". Students indicated that they want to actively participate by performing and discussing different procedures during clinical practice. There appears to be a need to promote experiential learning.

- **Orientation**

Eleven students stated that they want to be orientated and introduced to other staff members and to the environment. They indicated that they need the objectives of the Local Authority to be discussed so that they are in a position to follow what the Community Health Nurses teach them. In turn there appears to be a need for the Community Health Nurses to be orientated to the students course content in order for effective accompaniment to take place. One student said: "You experience a problem during an emergency you don't know where to get equipment and whom to ask."

- **Time**

Twenty-one students indicated that the time allocated for Community Health Nursing Science Practica is inadequate. There appears to be a need for more time for exposure so that the students can master the
actual practical skills needed. One student said, “Time is needed for adequate exposure, to learn the skills so that we can be well equipped”.

• **Good Facility**

Eleven students said that they need to be exposed to a stimulating learning environment. They indicated that the environment should have teaching aids especially for health education sessions. There appears to be needs for equipment such as stethoscopes and haemogluco-tests to be made available so that the students can, through accompaniment, learn how to use them. There consequently appears to be a need for a stimulating learning environment.

• **Supervision**

Thirty students indicated the need to be supervised during accompaniment. Students said they don't want to be left alone to perform skills that are strange to them or where they have not mastered the procedure.

Students feel they need the accompanist to direct, support and assess their activities. One student said, “I require guidance and Community Health Nurses are always too busy”. Students indicated a need to be supervised to prevent incorrect actions and to improve their skills and self-confidence.

• **Feedback**

Four students said that they want continuous feedback regarding their performance. They said they need to be given feedback in order to correct themselves or to improve their performance. Feedback could
merely be re-assurance. One student said, “I need to be given feedback and reassured until I can perform solid and productive work”. There appears to be a need for constant feedback. One student said, “You are only reprimanded when you do something wrong, but when you excel in performing a procedure, you are never praised”.

- **Functionalise**

Fifteen students indicated a need to develop through accompaniment to the extent that they can utilise the knowledge and skills during professional development. Students said that they need to be able to implement what they have learned when they are qualified as professionals. One student said, “I need to be so good that I can go out into the field and be a good Community Health Nurse”.

- **Evaluation**

Fifteen students said that they want to be evaluated during accompaniment. They said they want continuous evaluation on a daily basis and at the end of the practical exposure so that they can be able to know their progress. One student said, “I need to know how I perform, I don’t want to know the correct thing on my last day of practica during evaluation”.

3.3.3 **Summary**

The following table (3.1) gives a summary of the findings of phase 1.
# TABLE 3.1

**SUMMARY OF STUDENT ACCOMPANIMENT NEEDS DURING COMMUNITY HEALTH NURSING SCIENCE CLINICAL PRACTICE**

<table>
<thead>
<tr>
<th>BROAD CATEGORY</th>
<th>N = 40</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Learning Needs</td>
<td>29</td>
</tr>
<tr>
<td>Perception that students have to be viewed in need for knowledge, people who come to the practical situation to learn Community Health Nursing Science.</td>
<td></td>
</tr>
<tr>
<td>b. Objectives of the Practica</td>
<td>4</td>
</tr>
<tr>
<td>Objective of the course to be communicated to the Community Health Nurse at clinical practice so that both Community Health Nurse and students should identify them accurately during accompaniment process.</td>
<td></td>
</tr>
<tr>
<td>c. Scope of Service</td>
<td>15</td>
</tr>
<tr>
<td>Both parties to be well vested with scope of service so that the student needs should be met. The practica to include exposure to home visits and school health services, in essence exposure to the whole spectrum.</td>
<td></td>
</tr>
<tr>
<td>d. Knowledgeable Mentors</td>
<td>16</td>
</tr>
<tr>
<td>Need for knowledgeable mentors to act as resource person during accompaniment. To answer all the questions that the student asks.</td>
<td></td>
</tr>
<tr>
<td>e. Appropriate Teaching</td>
<td>32</td>
</tr>
<tr>
<td>Need for accompanied to learn the relevant material according to the stated objectives. Need for uniformity at the practical situation.</td>
<td></td>
</tr>
<tr>
<td>f. Understanding</td>
<td>24</td>
</tr>
<tr>
<td>Need to comprehend the procedures in a logical manner. To be accompanied at all times during practica.</td>
<td></td>
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<tr>
<td></td>
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<td>---</td>
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<tr>
<td><strong>g. Inquiring</strong></td>
<td>22</td>
</tr>
<tr>
<td>Need to be seen as inquirers, people who can ask questions. Need for accompanist to promote increasing higher order cognitive skills.</td>
<td></td>
</tr>
<tr>
<td><strong>h. Clarity</strong></td>
<td>4</td>
</tr>
<tr>
<td>Need to be able to learn or reason from the known to the unknown.</td>
<td></td>
</tr>
<tr>
<td><strong>i. Mastery</strong></td>
<td>20</td>
</tr>
<tr>
<td>To be accompanied to master the principles and procedures of Community Health Nursing Science Practice. To be reassured and protected.</td>
<td></td>
</tr>
<tr>
<td><strong>j. Retention</strong></td>
<td>2</td>
</tr>
<tr>
<td>Need to be accompanied to learn to retain, opportunity to practice so that they don’t forget. More exposure and practice will ensure retention of knowledge and skills.</td>
<td></td>
</tr>
<tr>
<td><strong>k. Acceptance</strong></td>
<td>23</td>
</tr>
<tr>
<td>A need to be warmly welcomed and expected at the practical situation. Community Health Nurses to show sensitivity to learning needs. Mutual attention to learning needs through accompaniment.</td>
<td></td>
</tr>
<tr>
<td><strong>l. Positive Attitude</strong></td>
<td>15</td>
</tr>
<tr>
<td>Need to be valued as students in the Community Health Nursing Science Clinical Practice. Need to be reprimanded in privacy. Need to be respected as students.</td>
<td></td>
</tr>
<tr>
<td><strong>m. Uniqueness</strong></td>
<td>6</td>
</tr>
<tr>
<td>To be perceived as a unique student with common accompaniment needs but different personalities and learning abilities. Some are slow learners and some are fast learners.</td>
<td></td>
</tr>
<tr>
<td><strong>n. Protection</strong></td>
<td>19</td>
</tr>
<tr>
<td>Need for comfortable, relaxed environment. To be protected during exposure to practica. Protection against medico legal hazards. There is a need for helpful supportive role to establish rapport and morale in the practical situation.</td>
<td></td>
</tr>
</tbody>
</table>
o. **Professional Independence**

To be helped towards maturity namely professional independence. Need for role models, to guide students to develop to be competent independent professionals with ability.

<table>
<thead>
<tr>
<th>p. <strong>Theory Practice Correlation</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Opportunity to correlate theory learned at college into practical situation. Accompaniment process needs to draw attention to the principles underlying solutions to practical problems.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>q. <strong>Opportunity to Practice</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanist to allow the student permission to practice not to observe on an indefinite basis.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>r. <strong>Orientation</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Students to be accompanied, orientated and introduced to the staff members and also to be orientated about the objectives of the local Authority Clinics as well as the layout of the clinic and whereabouts of equipment.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>s. <strong>Time</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Need for extended period of practica. Allocated Community Health Nursing Science Clinical Practica hours not adequate to teach Community Health Nursing Science Practice.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>t. <strong>Good Facility</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Need for environment that is conducive to learning. There should be equipment to work with and teaching aids to be available.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>u. <strong>Supervision</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>There is a need for supervision during accompaniment; to be controlled and supported, not to be left alone.</td>
</tr>
</tbody>
</table>
v. Feedback

Students need to be given feedback during accompaniment, to be told about their progress. Errors to be pointed out immediately before they become established. Students to be praised for good performance.

w. Functionalise

Students need to be accompanied to the extent that the practical skills learned are being functionalised during professional development.

x. Evaluation

Students need to be evaluated during accompaniment. Evaluation to be on a continuous basis and at the end of the students practical exposure.

The students' identified needs for accompaniment were grouped together into five main themes:

A need to be treated as unique with a positive attitude by accompanists, as well as the need to be accompanied by a knowledgeable mentor, were categorised under the theme *accompaniment needs*.

Secondly, the students indicated a need for the curriculum to be drawn by the college tutor and the Community Health Nurses. They indicated a need for the objectives of the practica to be known by the college tutor and the clinical staff. They indicated a need to be accompanied holistically, a need to correlate theory into practice, a need to be taught stage appropriate modules and a need to understand the procedures. In addition, a need for effective communication was indicated. These categories were then grouped under the theme, a need to involve Community Health Nurses during students curriculum planning.
The students' identified needs for orientation and good facility, were categorised under the theme, *Learning Environment*.

The students identified needs for motivation, role models and a need to be accompanied, to develop towards professional independence. These needs were categorised under the theme *supervision*.

Finally, a need for *evaluation* during, and at the end, of clinical practice, was identified by the students.

**INTERVIEW SCHEDULE**

An interview schedule was developed from the above five main themes and used during focus-group interview in phase 2 as part of an open unstructured question (see Annexure VI).

3.4 **FINDINGS OF PHASE 2**

3.4.1 **Introduction**

The objective of phase 2 was to explore and describe the Community Health Nurses' perceived role in the accompaniment of students during Community Health Nursing Science Clinical Practice.

Data was gathered through a focus-group interview with 12 Community Health Nurses. The first part of the interview was unstructured and the second part was structured, that is an interview schedule was developed focussing on the five main themes (see Annexure VI).
Question:

"How do you perceive your role in the accompaniment of students during Community Health Nursing Science Clinical Practice?"

Interview

An independent coder who is a qualified researcher transcribed the taped interview results. An interview schedule (see Annexure VI) was used to include all the identified students needs for accompaniment. Consensus was reached between the researcher and the independent coder about the results. The findings are being discussed according to the main themes found during data analysis as well as according to the interview schedule.

3.4.2 Identified Community Health Nurses’ Perceived Role in Student Accompaniment During Community Health Nursing Science Practice

3.4.2.1 Accompaniment Needs

- Uniqueness

All Community Health Nurses included in the study stressed that every student should be viewed as a unique individual with a different learning ability during accompaniment. They said, "Students are unique: we have a role to treat them according to their learning abilities".
• **Attitude**

There was a feeling by the Community Health Nurses who were included in the study that a positive attitude towards students will ensure that there is openness and a high morale during the accompaniment process.

• **Knowledgeable mentors**

All Community Health Nurses included in the study identified their own need for on-going in-service training to keep themselves knowledgeable and abreast of developments for effective implementation during their accompaniment role. One respondent said, "I have problems in answering some of the questions from the students because I am outdated, then I tend to be aggressive and unapproachable".

3.4.2.2 **Involvement of Community Health Nurses in Students’ Curriculum Planning**

• **Curriculum Planning**

All Community Health Nurses included in the study felt they have a role to play during curriculum planning for the students, on Community Health Nursing Science Clinical Practice. The views of six of the nurses are reflected in the following statement: "We need to be involved because in Community Health Nursing Science Clinical Practice there are continuous changes that are being made, and the colleges are not aware of these changes." Some of the respondents emphasised the same view in their own statements.
• **Objectives of Practica**

All of the Community Health Nurses included in the study felt that there is a need to come together with the college tutors when formulating the students' learning objectives.

• **Holistic Approach**

All of the Community Health Nurses included in the study appear to have the perception that the students should be accompanied holistically, developing their physical, mental and social skills. One said, "Find out what the students have learned from college and teach them holistically".

• **Theory Practice Correlation**

All Community Health Nurses included in the study agreed that students should be guided to correlate theory learned at College into practice. They said this objective could be obtained by giving the student an opportunity to practice the procedure under supervision during the accompaniment process. One said, "They know the theory learned at college. I have to accompany him/her to follow the policy and procedure manuals for him/her to develop the skills".

• **Standardisation**

All Community Health Nurses included in the study said that it was very important to standardise the procedure manuals so that there could be uniform accompaniment of students. They emphasised that lack of standardisation causes confusion amongst the students. One
respondent said, "We have to be uniform because we work from the same curriculum, policy and procedure manuals".

* Understanding

There was a feeling by all respondents that, for students to understand the various skills there should be implementation of the nursing process. They said that the scientific process will ensure that the students are helped to understand the procedures step by step, namely, assessment, planning, implementation, evaluation and recording. One respondent said, "We have to use the problem orientated approach method as a cornerstone of Clinical teaching."

* Communication

All the Community Health Nurses included in the study emphasised that there should be continuous communication between the college tutors and the professionals at practical practice.

3.4.2.3 Learning Environment

* Learning Environment

All Community Health Nurses included in the study agreed that they have a role to play in the creation of an environment conducive to learning, which is stimulating for the students. There was agreement that a two way communication process should be allowed. They said that this can be enhanced by motivating students during accompaniment. One respondent said, "The environment should ensure privacy and confidentiality, there should be one student to an accompanist".
• **Orientation**

All the Community Health Nurses included in the study agreed that they have a role to play in the orientation of the students on the first day of their Clinical Exposure. There was a consensus that students allocated to clinical practice should be handed over to the clinical staff by the college tutor on their first day of orientation. Two Community Health Nurses said, "If you orientate the students on the first day, you will create a good working relationship with them."

3.4.2.4 **Supervision of Students**

• **Motivation**

All Community Health Nurses included in the study indicated that they have a role to motivate the students. One said, "We have to praise the students for procedures well demonstrated during clinical practice".

• **Role Model**

All Community Health Nurses included in the study emphasised the importance of their own examples and the consequent influence thereof on students towards professional adulthood. They emphasised that they have to be exemplary in their appearance, dress code, work and be up to date with current nursing standards and procedures. One respondent said, "We have to act as role models to encourage interest of student nurses in the Clinical Practice". One said, "We have to practice what we preach because students imitate what is being done in the practical situation".
• Supervision

All of the Community Health Nurses included in the study appear to have the perception that they have a role to play in student supervision during accompaniment. Supervision of students emerged as an important aspect in the accompaniment role of Community Health Nurses. One respondent said, "Students need continuous supervision. We have to guide them and give them an opportunity to practice under our supervision."

• Professional Independence

All the Community Health Nurses included in the study felt they had a role to accompany the students to develop to be professional adults. Students are to be accompanied to learn the ethical code of conduct of the profession. One respondent said, "Accompany student to be self-disciplined, to be aware that they are responsible and accountable in all that they do in the Clinical Practice according to their level of training."

3.4.2.5 Evaluation of Students

All the Community Health Nurses included in the study felt that they have a role to play in student evaluation. They appear to have a strong feeling that the students should be evaluated on a continuous basis and at the end of their practical exposure. One respondent said, "To be sure about the students' progress, evaluate on a continuous basis so that at the end of practica if the student fails because she panics, you are sure that she has learned throughout the practical sessions."
3.4.2.6 **Stumbling Blocks Preventing Effective Accompaniment**

All the Community Health Nurses acknowledged their accompaniment role and identified some stumbling blocks to effective student accompaniment. The following stumbling blocks were identified, namely workload in the clinical practice, unapproachable mentors, outdated accompanists who lacked confidence and the high ratio of student nurses per Community Health Nurse.

3.4.3 **Summary**

Table 3.2 gives a summary of the findings of phase 2.

TABLE 3.2

**SUMMARY OF COMMUNITY HEALTH NURSES’ PERCEIVED ROLE IN THE ACCOMPANIMENT OF STUDENTS DURING COMMUNITY HEALTH NURSING SCIENCE CLINICAL PRACTICA**

<table>
<thead>
<tr>
<th>BROAD CATEGORIES AND SUB-CATEGORIES</th>
<th>ACCOMPANIMENT NEEDS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACCOMPANIMENT NEEDS</strong></td>
<td></td>
</tr>
<tr>
<td>a. <strong>Uniqueness</strong></td>
<td>Each and every student to be viewed as unique, with different learning ability.</td>
</tr>
<tr>
<td>b. <strong>Attitude</strong></td>
<td>Students should be received with a positive attitude during accompaniment.</td>
</tr>
<tr>
<td>c. <strong>Knowledgeable Mentors</strong></td>
<td>The Community Health Nurses as accompanists need to be kept abreast of developments for them to accompany students effectively.</td>
</tr>
</tbody>
</table>
INVOLVEMENT OF COMMUNITY HEALTH NURSES IN STUDENT CURRICULUM PLANNING

d. Curriculum Planning

Community Health Nurses have a role to play during Curriculum Planning on Community Health Nursing Science Clinical Practice.

e. Objectives of Practica

Community Health Nurses need to come together with the college tutors when formulating the clinical learning objectives for the students.

f. Holistic Approach

The Community Health Nurses have a role to play to view each and every student holistically from physical, mental and social points of view.

g. Theory Practice Correlation

The Community Health Nurses have a responsibility to accompany students to correlate theory learned at college into practice.

h. Standardisation

The accommodist should teach the student according to the procedure manuals, to ensure uniformity of procedures.

i. Understanding

Students should be accompanied to understand the procedure, not to memorise the procedures.

j. Communication

There should be communication between the tutors and the professionals at clinical practice during the accompaniment process.

LEARNING ENVIRONMENT

k. Learning Environment

There was a perceived role in the creation of a conducive stimulating learning environment in order for the students to learn effectively.

l. Orientation

Students need to be orientated by the Community Health Nurses on the clinic objectives and the physical layout after being handed over to the clinical staff by the tutor.
SUPERVISION OF STUDENTS

m. Motivation

Students should be motivated to learn during the accompaniment process. There is a need for performance appraisal.

n. Role Model

The Community Health Nurses have an important function to act as role models, thus creating a professional image and influencing the students towards professional adulthood.

o. Supervision

Students need to be supervised on a continuous basis during accompaniment.

p. Professional Independence

Students should be accompanied in order for the students to achieve professional independence.

q. Evaluation

Students should be evaluated on a continuous basis, as well as at the end of their practical exposure.

3.5 SUMMARY

As indicated in chapter 1, paragraph 1.3.1, page 8, the objectives of the study are to explore and describe students' needs for accompaniment during Community Health Nursing Science Clinical Practice, and to explore and describe the Community Health Nurses' perceived role in the accompaniment of students during clinical practice, in order to contribute to the description of guidelines for effective student accompaniment.

During phase 1 of the study, the students' identified needs were summarised into the five main categories, namely accompaniment needs, involvement of the Community Health Nurses in students' curriculum planning, needs for a learning environment, supervision, and evaluation by the Community Health Nurses. An interview schedule
was developed from the five main categories and used during the phase 2 focus group interview. The results were tabulated (see table 3.1).

In phase 2 the Community Health Nurses' perceived role in the accompaniment of students were identified and categorised, under the five main categories (see table 3.2).

It became significantly clear during discussion of the results that the Community Health Nurses perceived their role in the accompaniment of students in a positive manner, although they identified some stumbling blocks to effective student accompaniment. The following stumbling blocks were identified: workload in the clinical practice, unapproachable mentors, outdated accompanists who lacked confidence, and a high ratio of student nurses per Community Health Nurse.

3.6 CONCLUSION

It is apparent, according to the findings of this study that the students and the Community Health Nurses are positive in their views, that there is a need for accompaniment during clinical practice. Both students and Community Health Nurses expressed specific needs and perceptions of the role of the Community Health Nurse in accompaniment of students during clinical practice. Results were consequently interpreted. This interpretation led to the description of guidelines for effective student accompaniment during Community Health Nursing Science Clinical Practice. In the following chapter the results will be compared with similar studies and other existing literature, in order to find scientific grounding for the findings.
CHAPTER 4 - LITERATURE CONTROL

The goal of chapter four is to discuss the literature control which was conducted in terms of the results of phase 1 and 2.

4.1 INTRODUCTION

In order to verify the results of this study, literature control was done according to the results of phase 1 and phase 2. Literature control was done according to the five main categories and sub-categories which were identified in the discussion of the results in chapter three. The following five main categories were identified: accompaniment needs, involvement of the Community Health Nurses in students' curriculum planning, needs for a learning environment, supervision and evaluation by the Community Health Nurses.

A combined summary of the results of phase 1 and phase 2 (table 4.1) forms the basis for the literature control.
# TABLE 4.1

## COMMON CHARACTERISTICS OF PHASE 1 AND PHASE 2

<table>
<thead>
<tr>
<th>CATEGORIES AND SUB-CATEGORIES EXPERIENCED</th>
<th>PHASE 1: STUDENT ACCOMPANIMENT NEED: (ACCOMPANIED)</th>
<th>PHASE 2 COMMUNITY HEALTH NURSE ROLE PERCEPTION DURING ACCOMPANIMENT (ACCOMPANIST)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACCOMPANIMENT NEEDS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UNIQUENESS</strong></td>
<td>To be treated as a unique individual during accompaniment.</td>
<td>Role to handle each and every student as unique with different learning needs and abilities.</td>
</tr>
<tr>
<td><strong>ATTITUDE</strong></td>
<td>Need for acceptance, trust, open milieu and friendliness, willing to help atmosphere.</td>
<td>Role to show positive attitude to be supportive during accompaniment.</td>
</tr>
<tr>
<td><strong>KNOWLEDGEABLE MENTORS</strong></td>
<td>Need for knowledgeable accompanist to refer to for difficult procedures and for more information.</td>
<td>Role to be resourceful to the students need and for in-service training to keep abreast of new developments.</td>
</tr>
<tr>
<td><strong>INVOLVEMENT OF COMMUNITY HEALTH NURSES IN STUDENTS’ CURRICULUM PLANNING</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CURRICULUM PLANNING</strong></td>
<td>Need for involvement of Community Health Nurse during curriculum planning.</td>
<td>Need to be involved during curriculum planning by the College Tutors.</td>
</tr>
<tr>
<td><strong>OBJECTIVES OF THE PRACTICA</strong></td>
<td>Need to be accompanied to be told about the objectives of practice.</td>
<td>Role to identify and discuss the objectives with the student.</td>
</tr>
<tr>
<td><strong>HOLISTIC APPROACH</strong></td>
<td>Need to be treated holistically during accompaniment process.</td>
<td>Role to treat students according to relevant physical, mental and social aspects during accompaniment.</td>
</tr>
<tr>
<td><strong>THEORY PRACTICE CORRELATION</strong></td>
<td>Students need to be accompanied, to correlate theory learned at college into practice.</td>
<td>Role to ensure correlation of learned theory into practice. Teach the student to learn from the known to the unknown.</td>
</tr>
<tr>
<td>STANDARISATION</td>
<td>Need for procedure to be standardised at all four Clinics.</td>
<td>Role to teach the student according to the procedure manuals.</td>
</tr>
<tr>
<td>----------------</td>
<td>-----------------------------------------------------------</td>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>UNDERSTANDING</td>
<td>Need to be accompanied to learn and understand the procedures.</td>
<td>Role to accompany students to implement the scientific nursing process during the demonstration of the procedures.</td>
</tr>
<tr>
<td>COMMUNICATION</td>
<td>Need for two-way communication during learning process.</td>
<td>Role to prevent authoritative protective shield and allow bottom-up communication.</td>
</tr>
<tr>
<td>LEARNING ENVIRONMENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ORIENTATION</td>
<td>Need to be orientated to gradual familiarity with Community Health Nursing Science Clinical Practice atmosphere.</td>
<td>Role to orientate the students.</td>
</tr>
<tr>
<td>CONDUCTIVE LEARNING ENVIRONMENT</td>
<td>Need for a conductive learning environment with high morale, and teaching aids.</td>
<td>Role to create an environment conducive to learning in a stimulating environment.</td>
</tr>
<tr>
<td>SUPERVISION OF STUDENTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MOTIVATION</td>
<td>Need to be motivated, to be appraised for work well done and to be corrected for errors done during practice.</td>
<td>Role to motivate the student to learn through accompaniment and re-assurance.</td>
</tr>
<tr>
<td>ROLE MODEL</td>
<td>Need to view their accompanists as role models.</td>
<td>Role to portray as real role models by practising what they preach, to be exemplary.</td>
</tr>
<tr>
<td>SUPERVISION</td>
<td>Need to be supervised to be guided, corrected and to be appraised.</td>
<td>Role to supervise students during accompaniment process.</td>
</tr>
<tr>
<td>PROFESSIONAL INDEPENDENCE</td>
<td>Need to develop to be matured professional nurses.</td>
<td>Role to develop the student to be matured professional nurses.</td>
</tr>
<tr>
<td>EVALUATION OF STUDENTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EVALUATION</td>
<td>Need to be evaluated throughout the accompaniment process.</td>
<td>Role to evaluate on continuous basis in order to get the real picture of the students' learning progress.</td>
</tr>
</tbody>
</table>
4.2.1 Accompaniment Needs

4.2.1.1 Uniqueness

Students bring their own personalities, dispositions and past experiences to the interaction and they should be encouraged to draw on those individual differences in interpreting and responding to the situations they face in the clinical situation (White & Ewan, 1991: 190).

Accompaniment in the clinical setting requires a supportive learning environment. The role of nursing students has always been challenging and sometimes frustrating. The pressures on students today are even greater as more and more students assume additional responsibilities outside of school, involving work and family. Students are unique individuals and within every individual there is much untapped potential. Given the right inspiration and support, students can perform in extraordinary ways and achieve remarkable results (Bezuidenhout & Jooste, 1994: 37).

Mental responses vary from individual to individual. Learning is influenced by individual differences such as education, background, frame of reference and religious beliefs. As a result of the pre-existing influences, students learn at various speeds. Learning experiences should therefore be designed so that each student will have an opportunity to reach the specified level of mastery or acceptance level (Reilly & Oermann, 1992: 149).

Students bring with them to the learning scene their differing abilities, perceptions and expectations. It is important that the accompanist recognise and work with such individual differences.
The single most important factor influencing learning is what the student already knows. Ascertain this and teach him accordingly. Students need to be encouraged, to be trusted and respected. Looking at trust as a quality of effective accompaniment it will promote risk taking behaviour in the clinical setting and respect which is accepting students as they are. The entire learning environment at the clinical situation is where the student and the mentor should feel free to take a risk. Every student should be given an opportunity to practice difficult tasks and jobs; these should not be assigned to the best students only (Bezuidenhout & Jooste, 1994: 38).

The truth of what we are learning in humanistic psychology is the extent of individual differences within the species. The implication of nursing education lay in the acceptance of all the individual differences among students, and the vital importance of helping each student to gain knowledge and experience at the pace at which the student can learn. Give the students clear direction, avoid clouding the issues during accompaniment (Reilly & Oermann 1992, : 147).

According to student development, it is evident that a student strives towards self-direction and relative independence, and a desire to make the most use of his/her capabilities and potential and to fulfil his/her responsibilities, and the accompanist has the responsibility to guide and support the student towards his/her professional growth (White & Ewan, 1991 : 190).

The “one to one” situation in which the clinical accompanist works should enable her to thoroughly get to know the students, and to help them with their individual problems. Sometimes these problems might not be directly related to their work.
Self awareness and self acceptance are essential to the student's sense of integrity and self-worth and finally, what ever the student does the accompanist should be supportive. Keep interaction between students alive, active and stimulating. There should be a climate of openness that allows the student to say what they believe or know without fear of censure or ridicule (White & Ewan, 1991: 25).

When the student stands before the Community Health Nurses to be accompanied, he/she is related to two realities. Firstly she is a unique individual with specific physical and physiological developments. Secondly, she is the person who is a member of a group with specific responsibilities. Students in many ways see things differently to what their mentors do. Student nurses need to be treated as unique individuals with different potentials for grasping different skills. The information collected from the Community Health Nurses indicate that they agree that students should be treated as unique individuals in order to ensure effective accompaniment of slow learners and fast learners. If the Community Health Nurse can put herself in the position of the students and see things from their point of view, she will be "taking the role of the other" in psychological terms. (Harker & Kehoe, 1979: 66).

The students need the accompanist to be available for them for various reasons. They might want to share their fears, questions, frustrations and anxieties and to discuss them individually and confidentially with the Community Health Nurse as their accompanist (Harker & Kehoe, 1979:67).

4.2.1.2 Attitude

A positive attitude from both the student and the accompanist will create a non-threatening atmosphere conducive to learning. A positive attitude
is a kind of internal motivation. The student and the Community Health Nurse with a positive attitude is optimistic. They say to themselves no matter how difficult the process of accompaniment is, we can do it. A positive attitude leads to positive actions, which in turn leads to success (Tlakula & Uys, 1993: 29).

Socialisation during the first clinical experience has been historically associated with fear and anxiety. Situations like procedures, nursing care plans, patient conditions and interpersonal relationships with professional nurses and physicians, aggravated students' fear and anxiety. Anxiety was increased in the clinical setting by the students' perceptions of non-supportive professional nurses. Traditionally learning was often a hit or miss affair or very much by trial and error. The Community Health Nurses have often denied their teaching role. This caused them to become unfamiliar with new teaching skills and their poor motivation to teach could be related to the fact that they themselves had a heavy workload (Aviram, Ophir, Raviv & Shiloah, 1998: 228).

Qualified professionals teach what they have grown comfortable with from the traditional period. "I have been taught like this" hence the teaching function has become a "daily-ness" of survival and the best way to combat "daily-ness" during accompaniment is to have sound vision. A mission is essential as is a vision in teaching clinical skills. There is a need for creation and provision of a supportive attitude, with mutual trust and respect between the students and the Community Health Nurses, for accompaniment to be seen as a process leading to growth and to be valued by students (Reilly & Oerman, 1992: 297).

Students' learning needs require that the Community Health Nurses should not just impart information but be facilitators during the accompaniment process. An overly directive teacher can restrict the
students' freedom to reason. Students who express their opinions openly, often in disagreement with the teacher, should not be regarded as disrespectful and rebellious. (White & Ewan, 1991: 25).

Students need to be welcomed and to be perceived as important, especially when they enter into the clinical situation for the first time. For actual learning to take place, there must be a relationship established in which the student feels secure. There should be emotional support, respect and a sense of humour. A warm smile can mean everything to a student during her practical exposure (Tlakula & Uys, 1993: 29).

Still describing the role of the clinical accompanist Roderick (Klopper, 1994, Monograph 2 : 7) maintains that characteristics of a good learning accompanist who is involved in adult teaching, refer to a good sense of humour, tactfulness, fairness, adaptability, recognition of the uniqueness of each student, maintaining good human relations and not looking down on students with limited abilities.

4.2.1.3 Knowledgeable Mentors

More and more educators of nurses, as well as their employers, are instilling in nurses the need to be life-long learners in this information age. Nurses who work in rapidly changing highly technical environments, need to keep themselves abreast of developments through in-service training or continuing education. There is also a critical need for additional theoretical content and the development of new skills among the Community Health Nurses, as health care reforms shift the focus from acute care to health promotion/preventative and primary care (Penny, Gibbons & Bushy, 1996: 27).
Continuing education programs and the expertise and knowledge gained by the nurse in the course of her work, are indispensable during student accompaniment. Hence there is a need for in-service training by the Community Health Nurses. In-service training education includes all the activities that are planned by the organisation in the education of nursing personnel with the objective of improving patient care (Mellish & Brink, 1993: 241).

Professional development is the key to improving standards of care. It will also determine whether the practical training of students is effective or not. Clinical teaching is in no way easier or less important than classroom teaching hence the people involved in it, namely the Community Health Nurses as accompanists, should be as well prepared as those doing classroom teaching (Tlakula & Uys, 1993: 29).

The Community Health Nurses need in-service training to keep them up to date and to enable them to accompany students objectively and effectively. It is evident that the aim of in-service training is to assist nurses to practice nursing safely and competently. It will help them to keep abreast of changes that have implications for practice. They will develop their own potential and acquire a wider selection of learning opportunities based on the student’s needs. If effectively implemented it will enhance effective student accompaniment in the clinical situation. Community Health Nurses act as supervisors, assessors and mentors during clinical accompaniment. The nurse educator has the responsibility to prepare, support and guide these mentors to ensure positive outcomes, namely correlation of theory into practice (Fawcett & McQueen, 1994: 267).

The Community Health Nurses identified that for them to accompany students effectively, the above mentioned aspects should be attended to.
They need training skills to be functionally effective and efficient. As individuals, they are aware of the inability to perform all the role expectations associated with their profession. If their need for in-service training is met, it will address the tension that is evident from information defects. In-service training will determine the quality of training given to students. The more up to date and knowledgeable the Community Health Nurses are, the more the success of the accompaniment process will be ensured. Clinical accompaniment imposes a twofold responsibility on the Community Health Nurse as an accompanist, namely competency in the discipline of teaching and in the clinical discipline taught (Mellish & Brink, 1993: 244).

During accompaniment the students regard the accompanist as knowledgeable and competent and believe that she is capable of giving all the help the students may need. The Community Health Nurse as an accompanist has a role to play by being supportive and to act as a resource consultant, resource mobiliser, advocate and enabler (Muller, 1995: 20).

The Community Health Nurses have to keep themselves abreast of developments by, attending conferences, workshops, seminars and symposiums and by taking part in participative research in the clinical setting. To maintain vitality in their accompaniment, and to extend their usefulness beyond clinical teaching, the Community Health Nurses need to complement their teaching. This should include activities that are broadening, insight-producing and capable of contributing, directly or indirectly to the improvement of their teaching and of nursing practice in general. Such activities included further study, purposeful clinical practice of nursing, nursing research and the writing of relevant articles for publication (Klopper, 1994, Monograph 1: 10).
As indicated in Klopper (1994 Monograph 2 : 9), the learning accompanist must have the knowledge and skill to select the most suitable strategies, methods and techniques in order to facilitate effective accompaniment.

Preparation of preceptorship to teach is a serious undertaking which requires careful attention. Most Community Health Nurses have no formal teaching experience, knowledge and skill required to undertake an accompanist role, as these have not been an integral part of traditional nursing courses (Cerinus, 1994 : 34).

The Community Health Nurse needs to cultivate an appropriate image of self as an accompanist, and she should indulge in periodic self-reflection. As indicated in Chapter 3, paragraph 3.4.2.1, page 48-49, it is evident that the Community Health Nurses feel that they are not updated and their clinical competence is not being maintained and thus their views on nursing and the accompaniment process is incongruent with student perspectives and needs.

With in-service training the Community Health Nurses as accompanists will feel updated and develop confidence to the extent that during accompaniment they will review and revise their teaching strategies, types of assignments that they allocate to students and their communication skills. They will be able to reshape their teaching perspectives to better blend with those perspectives held by the clinical students. They will be enthusiastic about their daily tasks as well as the subject contents (Klopper, 1994 Monograph 2 : 41).

Changes in nursing education have made the Community Health Nurses' task to become more complex. Knowledge changes and expands to the extent that the Community Health Nurse as an accompanist is no longer
able to rely on her own initial training to see herself through. She must use teaching aids to extend herself and have access to many other sources of information and ideas. Her job is changing and expanding. She is a source of knowledge and a demonstrator of skills but she is also a model of attitudes, a motivator and stimulator, a communicator, a counsellor and a host of other things. The competent accompanist is the one who is aware of the needs of her students and of the resources available to meet these needs. She can bring the two together and facilitate and evaluate the development of the student. Perhaps her role during accompaniment has more similarities to the nurses relationship with the patient than is generally realised (Klopper, 1994, Monograph 2: 40).

4.2.2 Involvement of Community Health Nurses in Students’ Curriculum Planning

4.2.2.1 Curriculum Planning

Transforming the nursing curriculum to incorporate practice in community based sites is no longer a choice. The move from acute care facilities towards primary health care mandates that nursing education keep up with this change in focus. This shift requires providing students with the sophisticated range of knowledge and skills needed to function independently and competently in this new arena.

It came out clear that both the Community Health Nurses and the college tutors should discuss the curriculum at all levels to update and acclimatise the Community Health Nurses in respect of issues in the curriculum. The function of the curriculum is to set forth the order and scope of what has to be taught so that learning may be enhanced (Yoder, Cohen & Gorenberg, 1998: 118).
The curriculum is "a kind of technology", a pattern or design that comprises clearly specified tasks for the teachers and students. It is a pattern of learning activities. This body or corpus of knowledge has to be organised, communicated, acted upon and in some sense reproduced by students. It is all the educational opportunities encountered by students as a direct result of their involvement with an educational institution (Quinn, 1995: 268).

The nursing curriculum taken as a whole is expected to contribute to critical thinking abilities by the students. Critical thinking is a composite of knowledge, attitudes and skills. This composite is necessary to define problems, select pertinent information for solutions, recognise assumptions, formulate relevant hypotheses, draw conclusions and judge the validity of inferences (Pepa, Brown & Alverson, 1997: 46).

The Community Health Nurses and the students should view the curriculum as a process of mapping, the means whereby students and teachers jointly structure and restructure selected aspects of the culture of Community Health Nursing Science Practice. The college tutors together with the Community Health Nurses in practice, should communicate on a continuous basis because if the college is in harmony with what goes on in the practical situation, there will be effective implementation of the curriculum objectives. In cases of changes in the practical situation, there will be continuous modification of the curriculum. The input from students, administrators and Clinical staff will ensure effective implementation of the curriculum, achievement of objectives and provision of formative and summative evaluation to ascertain the effectiveness of the curriculum (Reilly & Oermann, 1992: 343).

In the early 1980's, the implementation of a four year comprehensive programme without consultation or discussion with those at Community
Health Centres, namely those who were responsible for implementation of the Council Policies, led to resistance because professional nurses in the clinical situation felt they were not prepared on the implementation of the curriculum (Gwele, 1996: 608).

Community Health Nurses feel that they should be involved in curriculum planning. This will contribute towards the effective diagnosis of students needs, the formulation of objectives, selection and organization of learning experiences. Community Health Nurses want to be involved therefore in the evaluation regarding the effectiveness and relevance of the curriculum.

The role of significant others like the doctors, social workers, relatives and family members of patients should be encouraged during accompaniment. The students should be present during the clinical rounds or discussions with social workers and sessions with family, because they need sound explanations to enable them to grasp fundamental knowledge concepts and principles, and to be encouraged to be active and self-directed in their learning (Pendleton & Myles, 1991: 21–22).

The prevention of intellectual disability is of prime importance in any system of learning and training. It is wasteful to allow any excess stress, anxiety and depression to go unrecognised. During an accompaniment relationship there is a need for an accompanist to be responsible by ensuring that success is achieved, that the exposure to clinical accompaniment is not harmful and that damage or failure to the maturing personality is avoided by ensuring that during accompaniment there is demonstration of practical skills and plenty of supervised practice to master nursing skills (Pendleton & Myles, 1991: 21–22).
The holistic approach of teaching might improve correlation of theory into practice. Failure to achieve the curriculum objectives often brings more blame on the system of training than it does on the individual student. Thus any system of training should care for its recruits, nurture its neophytes, and guide them as new entrants through the perils to which the immature and inexperienced are exposed. The closest of personal tutorial supervision is demanded and an almost intimate relationship of understanding between the student and the supervisor is required for success, for only this brings guidance and support. This holistic approach to students' accompaniment needs ensures early recognition of any disability emerging in either attitude, pleasure of purpose, involvement with nursing as a career or interpersonal relationship. Opportunities for counselling regarding personal problems and family relationships are as important as academic supervision and could be regularly initiated and maintained. One potential pitfall to avoid is the tendency to concentrate on the technical "training" of students and to miss the opportunity to foster students' personal growth, self-conception and psychosocial resources (White & Ewan, 1991: 195).

4.2.2.2 Objectives of the Practica

A learning objective has to do with bringing about change in student behaviour through learning. Objectives should be stated in such a way that they specify what the student should be able to do after having completed a particular aspect of the curriculum. Naturally, cognitive as well as psychomotor skills are included (Mellish & Brink, 1993: 236).

There is a need for the College Tutors and the professionals at clinical practice to focus on the objectives to be reached by the student and to select learning experiences, which are appropriate towards achieving these objectives.
The clinical accompanist should formulate and outline objectives to be achieved by the end of practical session. The objectives must be definite and not implied and should indicate what the student will be able to do at the end of their learning experience (Mellish & Brink, 1993: 236). The objectives of the practica should be clearly defined in the curriculum and be understood by the Community Health Nurse as an accompanist, as well as by the students. Instructional objectives that are clearly stated can change the role of the Community Health Nurse as an accompanist. The objectives should not only describe the accompanist's performance, but should focus on the student's performance. Objectives that are student focussed helps the student perceive what it is that is expected of him or her (Mellish & Brink, 1993: 236).

For effective accompaniment to take place, the objectives should be stated to facilitate selection of more appropriate learning activities, to identify more appropriate evaluation procedures and to improve and strengthen the overall quality of educational goals. The college tutors together with the Clinical staff should ensure that the content of what is taught and the method by which it is taught are seen as a means to the behavioural and measurable objectives (Pendleton & Myles, 1991: 12.)

4.2.2.3 A Holistic Approach

The Community Health Nurses feels that for effective accompaniment there should be a holistic approach to student accompaniment. If nurses are being treated in a holistic way, it would develop additional qualities and personal resources needed by the nurse to cope amongst others, especially with stress. To treat a student holistically, means to approach the student from a physical, mental and social aspect. From the educational perspective the cognitive, affective and psychomotor skills
should be looked at for the student to acquire the kinds of professional and personal skills, attitudes and behaviours thought to be essential for entering the health care system and embarking on continuing education (White & Ewan, 1991: 2).

The students' intellectual skills such as knowledge and recall is looked at, the affective domain includes those skills which emphasize feeling and emotion, for instance the ability to function successfully in group interaction and psychomotor domain involves skills such as moving patients, handling equipment e.g. physical dexterity. These can be demonstrated during administration of an immunisation vaccine to a child as illustrated in figure 4.1, page 75.

At cognitive level the student acquires knowledge at the college, or during briefing sessions by the accompanist on the immunisation program and the client's condition, and relates it to the procedure to be adopted. At affective level the student's feelings, attitudes and values are displayed during the procedure, there is interaction between the student and the client and there is demonstration of sincerity, compassion and respect (Quinn, 1995: 276 – 278).

At psychomotor level the student executes an overt action by carrying out the procedure namely administration of the immunisation. The figure 4.1 indicates that during the demonstration of the procedure there is continuous interaction between the assessor, namely the accompanist, and the learner, namely the accompanied (Quinn, 1995: 279 – 285).

Quinn's idea of skill domain classification correlates with a model that was developed years ago. Figure 4.1, page 75 reflects Harker and Kehoe's model (Harker & Kehoe, 1979: 57).
4.2.2.4 Theory Practice Correlation

Theory is the subject matter of nursing as it is taught in the classroom or college of nursing. It is the material of format or overt curriculum. Practice is what is done when the nurse is engaged in giving nursing care in the practical situation. It embodies what is presently termed “hidden curriculum”. There can be no absolute dividing line between theory and practice in nursing. Teaching skills involve the ability to diagnose learning needs, plan instruction in terms of student characteristics and goals to be achieved, supervise students and to evaluate the learning process (Reilly & Oermann, 1992: 142).
In clinical teaching, accompaniment will ensure that students observe procedures performed by the Community Health Nurses. The performance modelled will give students an example to copy directly, to modify, or from which to generate innovative methods. Observation of the outcomes of the modelled behaviour leads to vicarious learning (Aviram, et al, 1998: 229).

Human beings have a natural potential for learning and should be allowed to become self-initiating. Most significant learning is acquired through doing. Students need the opportunity to practice and accept a commitment to learning as an ongoing, unfolding activity, in fact a lifelong process. It is evident that students learn to do by having been given the opportunity to do. Hence students demonstrate what they have learned. If the accompanist makes all decisions for students, both moral and educational, the practice will end up with dependent and unsure individuals who are unable to make confident decisions for themselves (Aviram, et al, 1998: 229).

Students need to associate new knowledge with what they know so that they can integrate it into their conceptual framework. The anticipated gain is that they will be able to apply the new learning both mentally and actively during new encounters in practice (Alexander, 1983: 103).

Competency in practice develops over a period of time as a result of planned sequential experiences in the clinical setting. In the practice professions, experiential learning in elected clinical settings is essential if the requisite skills are to be achieved by the students. There can be no learning without action, and no action without learning (Reilly & Oermann, 1992: 341).

The widening gap between theory and practice, namely the ideal and the reality of nursing, can be closed through intersectoral collaboration.
between the college tutors and the clinical practice Community Health Nurses. Priorities and values held by those in education and in practice should be common, because with the identified need of students for accompaniment, the students value both theory and practice to be significant to their existence. In the clinical environment the emphasis should not be on accompanying students to show them how to care, but there should be accompaniment to learn how to apply knowledge to care for clients. Caring is not synonymous with learning (White & Ewan, 1991: 7).

The Community Health Nurses as accompanists have a role to develop a plan for learning in the clinical practice by selecting teaching methods and learning activities to promote attainment of the clinical objectives and meet individual student needs. Planning for practice experience occurs concurrently with the classroom experience since theory and practice components of the clinical course are viewed as a whole (Reilly & Oermann, 1992: 356).

Accompaniment will guide the student to develop practical and intellectual skills and shape their attitudes to learning. Talking about how to do things, watching others do them, or listening to others talking about how to do them, is not sufficient. Moreover, the maxim:

"What I hear, I forget
What I see, I remember
What I do, I know"

implies not automatic response based on practice and drill, but on "knowing in action" (White & Ewan, 1991: 47).

Apart from the knowledge of the biological and social sciences and practical skills necessary for caring for the sick, student nurses need to demonstrate problem solving skills and research orientation in their approach to their professional duties (White & Ewan, 1991: 190).
4.2.2.5 Standardisation

To ensure standardisation it is very important for the Community Health Nurses at the clinical practice to set nursing care standards to meet and provide efficient patient care. There should be clear guidelines, protocols and procedure manuals to ensure standardisation of patient care. The students need standardisation of procedures at all the clinics. It is evident that while the danger of a lack of standardisation between clinics is recognised, the Community Health Nurse will be held responsible and accountable for poor patient care. Hence she has an obligation to implement the scientific approach as a key to clinical care (Mellish & Brink, 1993: 180 –184).

4.2.2.6 Understanding

With the scientific nursing process namely assessment, planning, implementation, evaluation and recording, the procedure will be understood in a logical manner by the students. There will be effective accompaniment, and prevention of procedures which are demonstrated differently by the Community Health Nurses who are trained at different hospitals. There is a need to teach the student from the known to the unknown to enhance understanding. The Community Health Nurse as accompanist should remember that the student who passes through practical exposure at the clinic today, could be her junior practitioner tomorrow (Mellish & Brink, 1993: 180 –184).

4.2.2.7 Communication

For effective accompaniment of students an environment of open communication and mutual respect between the accompanied and the accompanist should be created.
Communication has been perceived by participants as a vehicle towards effective accompaniment in the practical situation. Gillies (1994: 183) states that a communication climate may either facilitate or inhibit communication. The ability to communicate meaningfully within the realities of a particular clinical practice, however, adds a practical dimension to the students' learning of the art. Consequently, in planning a student's experience, the accompanist may want to give thought to situations that will afford the student the opportunity to develop his/her ability to communicate meaningfully, not only with the patient but with other individuals as well. Muller (1995: 16, 20) and Cerinus (1994: 36) express the same view.

Student accompaniment requires the Community Health Nurse to have personal, caring and meaningful contact with each student. The Community Health Nurse must remove the traditional protective shield of an authority figure and become more open in communication with students. The road to learning is often a rocky one, therefore the Community Health Nurses should encourage students to be open and to communicate, thus ventilating their feelings. Being listened to and being understood can be truly an energizing and empowering experience for the students during accompaniment (Wilson, 1996: 272).

Education of students is a legitimate concern of all nurses because it affects the future of the entire profession. Dialogue between nursing educators and nursing service personnel should be fostered as it enhances student accompaniment towards professional maturity. Students need to be free to ask questions to satisfactorily complete nursing course requirements. They need to vent their feelings or resolve their personal problems (Hughes, 1993: 80).
4.2.3 Learning Environment

4.2.3.1 Orientation

Gillies (1994: 30) states that the purpose of orientation is to facilitate the student’s assimilation into the work force and acceptance of job responsibility. Orientation of students during their practical exposure is very important. In the first place the student should be orientated to enable him/her to function effectively in the clinical situation and to feel as a member of the team.

This includes exposing the student to the clinical situation as well as the physical layout of the clinic. Opportunities should be created to practise various procedures that often need to be carried out. The student should have an opportunity to try out or manipulate special equipment while the accompanist is there to assist at all times. Student orientation will provide the opportunity for students to consolidate knowledge, to be socialised into professional roles and to acquire professional values (Tlakula & Uys, 1993: 29).

A written orientation programme is necessary in clinical practice. This will highlight all crucial areas that have to be known by the student, namely aspects relating to clients, common conditions, medico legal hazards, records comprehensiveness, legality and effectiveness. This discussion is supported by Gillies (1994: 249) when she indicates that “New employees should be readied for work through a planned orientation programme”.

There should be commitment towards effective clinical orientation. There should be a close positive link between the clinical practice and the training school. The tutors should meet community clinical staff at regular
intervals to review the policy, share plans and seek advice when appropriate. A dichotomy between nursing education and nursing service should be prevented at all costs. Effective orientation will ensure effective accompaniment. Nursing students spend 60% of their education and learning in the clinical practice and as such orientation on their first day at the clinical environment will enhance learning (Tlakula & Uys, 1993: 28).

### 4.2.3.2 Conducive Learning Environment

The clinical learning situation is described as the heart of professional education as it provides a safe, caring and positive learning experience. The clinical situation is not only crucial for the development of the student but also for the survival of the profession (Tlakula & Uys, 1993: 29).

The Community Health Nurses have an obligation to create a climate which is conducive to learning. The Community Health clinical situation is a ready-made learning resource centre with facilities and staff to promote the development of students through accompaniment during learning of skills. The Community Health Nurse as an accompanist is in a position to provide a safe environment which promotes confidence and trust to the students, to enable them the expression of and working through of their anxiety (Haddock, 1997: 383).

There is a need for a climate which is conducive to learning. This implies a situation where the student can take risks in the sense of trying out new behaviours, admit to difficulties and problems, give and receive feedback and cope with stress. Students should be socialised to be flexible and responsive to the immediate needs of their environment. It is the role of the Community Health Nurse to ensure that the environment will encourage the type of professional development that the philosophies of nursing espouse (White & Ewan, 1991: 193).
A climate that is conducive to learning is defined by Reilly and Oermann (1992: 7) as the medium through which the accompanist uses a particular constellation of abilities, based on selected theories of action to meet the health needs of clients. It is dynamic, comprising cognitive, psychomotor and affective behaviour, and such a climate will without any doubt enhance accompaniment and student learning. Training schools' approval of clinical learning environment depends on whether or not the consultation rooms and departments chosen for training offer a good climate for learning. The psychomotor and interpersonal skills can be taught away from the patient to a certain extent, but the "art" of nursing and the application of theory in situations of high stress can be done only in clinical situations (Tlakula & Uys, 1993: 29).

A safe environment is created to help the student to self-awareness. To help the student to know how they work and learn best.

Orientation is very significant during the accompaniment process. A tour through the clinical practice situation where the student will be allocated for practica may enable the student to enter her experience with a degree of confidence that comes from familiarity with one's surroundings. This confidence will be further enhanced if she meets members of the nursing staff and the significant others like doctors.

There should be no doubt in any nurse accompanist's mind that the skills of nursing can only be learned by students in the reality of real nursing contexts and exposure to real client situations. The client and his environment with its resources make up the true learning place for students but the accompanist is of great significance because for good or bad her influence has a considerable and major lasting effect on the development of students. The accompanist should create the environment to be as physically and emotionally comfortable as possible.
She should provide teaching aids and programmes and procedure manuals should be made available to the students during accompaniment (White & Ewan, 1991: 91).

Students need the Community Health Nursing Science clinical situation to have teaching aids, to enrich learning, add dynamic interest and to increase understanding of concepts. This includes the allocation of sessions for discussion, the encouragement of voluntary reading, allowing students to share common experiences, fostering desirable attitudes and changing behaviour, and expanding the social and physical environment of the student (White & Ewan, 1991: 91).

To support the need for a conducive learning climate, White & Ewan (1991: 25) advocates experiential learning when they state that it can be said to be operative when participants are fully involved, when the learning experience is clearly relevant to the participants, when individuals develop a sense of responsibility for their own learning, and when the learning environment is flexible and responsive to the immediate needs of the participants. Students have to change from being passive recipients of information to being active controllers of their learning. According to these authors, the aim of experiential learning is the integrated self.

### 4.2.4. Supervision of Students

#### 4.2.4.1 Motivation

Motivation is defined as a process through which people are inspired, impelled, encouraged and stimulated to take required action. During accompaniment the Community Health Nurse has to ensure that the students' interest and attention is captured. She can ask questions to
arouse the students' curiosity. There should be relevance; is the student perceiving the instruction to satisfy personal needs or helping to achieve personal goals? The accompanist has a role to ensure that the student's expectations and satisfactions are achieved because of intrinsic motivations as well as reactions to extrinsic rewards (White & Ewan, 1991: 78). The accompanist can motivate the student to learn by reinforcing a task performed well, for example giving feedback to affirm accuracy of specific actions, remarking on the appropriateness of a specific initiative or praising a demonstration of exceptional caring. The student's experience of success in practice is reinforced (White & Ewan, 1991: 125). The accompanist should allow the student to perform a task in small steps and give feedback as to her success at each stage.

The achievement of being educated involves mastery of some skills, as well as knowledge and understanding of principles. For such an ideal to be realised, extrinsic forms of motivation usually have to supplement the intrinsic motivation provided by the desire to achieve or get something right. A problem solving method, learning by discovery, have merits because the student becomes motivated by his/her improvement, and in most cases there is better retention of learned skills. There should be a supportive climate, using of positive feedback rather than criticism, to ensure effective motivation of students (Aviram et al., 1998: 229).

4.2.4.2 Role Model

"Role" as in "Role Modelling", refers to a set of expectations. A role in this context may also be described as a set of behaviours performed among a social group, which is learned. The role model is an individual who possesses certain skills and displays techniques that the individual can learn. The Community Health Nurse in the clinical practice is a major influence in the socialisation of students. By identifying with the
role model, the student will learn how to handle patients and personnel. All people learn through modelling behaviours or contacts within the role. Klopper (1994, Monograph 2 : 40) indicates that nursing personnel in the clinical situation can play a vital role in student learning experience because they are the primary role models whose attitudes, whether positive or negative, and techniques are quickly observed and sometimes imitated by students. The accompanist has to be an example in appearance, in oral presentation, in writing and in scientific techniques (Klopper, 1994 Monograph 2 : 40).

The Community Health Nurse in the clinical situation acts as a role model. Her example should stand out very clearly for all the students to follow. The instruction that takes place is related to how the instructor has internalised professional values and developed an image of herself as an accompanist and role model. The accompanist is the pivotal person for developing positive or negative self-concept in students. The students are the centre of the learning accompanist’s attention (Klopper 1994, Monograph 2 : 41).

During accompaniment, the Community Health Nurse should view herself as a role model, a coach, a mentor, valuator of learning and a builder of student confidence. This is supported by Beck (Campbell, 1994 : 1125) by further maintaining that an effective clinical accompanist demonstrates caring behaviour by smiling and listening to what the student is saying. Nelms, Jones and Gray (1993 : 19) define role modelling as a traditionally accepted method of teaching professional attitude and behaviour. These attitudes and values are achieved through a process of identification that results in a behavioural change that is usually permanent.
A learning accompanist has to possess a body of scientific knowledge and skill. In support of this statement, Knowles and Gravett (Klopper, 1994, Monograph 2 : 8 and 9) regard the following, amongst others, as important attributes, namely to actively involve the students in planning and implementing their learning experience, to teach and demonstrate clinical skills and sound judgement.

Teaching by example can be one of the best ways of passing on skills provided of course, that the example is good. Students are observing all the time the nursing care given by the Community Health Nurses, hence the Community Health Nurses are in an ideal position to demonstrate good care, namely the practical skills, organisation, communication and also attitude towards patients. Overall, the caring faculty members make students feel they are important individuals. It is important that clinical learning fits well into social learning theory, which describes how people learn to fit into norms of society by role modelling. In social learning new behaviour is learnt, undesirable behaviour is modified or changed through the process of imitation or role taking (Tlakula & Uys, 1993 : 28).

Learners such as nursing students have models from which to learn desirable nursing behaviour (Tlakula & Uys, 1993 : 28).

Students must be active in experiencing, discussing and evaluating professional behaviour in order to extract personal meaning which can be incorporated into their self-image. Observing a good role model may help students to understand what is expected of them (White & Ewan, 1991 : 194).

The accompanist needs to cultivate an appropriate image of herself as a mentor. She should indulge in periodic self-reflection.
The Community Health Nurse can demonstrate the powerful learning influence that can be developed through the efforts of "role modelling" by close contact with the students. The Community Health Nurse as accompanist with a high level of skills should have a genuine desire to influence the students by planned guidance, careful supervision and appropriate teaching. In such a context the students responds positively. The learning climate is effective for students and effective learning occurs when the students can identify, select and use equipment in nursing interventions. Teaching by example can be one of the best ways of passing on skills. Observation is one of the most important skills during the practical exposure. The Community Health Nurse as an accompanist is the most responsible person for initiating the novice to his or her profession and should ensure that she does not miss the most potent opportunities available for shaping the future practice of nursing (White & Ewan, 1991: 189).

4.2.4.3 Supervision

Supervision is the process through which an expert practitioner guides and directs the work of someone who is less expert. The aim of supervision or guidance, is to help the student to master the performance and obtain work satisfaction so that the ultimate purpose of professional growth and quality service is reached. It also involves leading and coordinating the work of others to accomplish designated objectives (Bezuidenhout & Jooste, 1994: 36 – 37).

With reference to supervision during accompaniment of students by professional nurses, Mellish and Wannenburg (1993: 204) maintain that "The clinic sister will be required to watch with authority, to guide, to direct and to control". Nursing students must be supervised in order to ensure safe, compassionate, efficient patient care. It will include
ascertaining the abilities of those allocated to the clinical practice, their strengths and weaknesses. It will need evaluation of students, assessment of their learning needs and ensuring that these are met. These will empower student nurses through recognition, appreciation of their acts and abilities and deficits (Bezuidenhout & Jooste, 1994: 37).

The Community Health Nurse should be available as a role model, as a resource, a critic, a demonstrator of skills and a counsellor. Students need to be supervised because through supervision it makes them to be aware of themselves and of the patients. It is through supervision that the students will be able to learn more and to have reasons for doing things. The Community Health Nurse is responsible for enabling the student to experience and cope with situations that are conducive to her growth and development. Students should be supervised to be competent, namely to have knowledge and interpersonal skills that are necessary for competent practice (Jinks & Morrison, 1997: 408).

It is very comforting for the student to be able to go to someone to guide them through their professional activities. The students should view their accompanists as people who guide and support, who are resourceful and ready to offer assistance.

The Community Health Nursing Science clinical practice is an environment where the accompanist should ensure that she provides a setting to encourage students to learn from, through experience. Through supervision the accompanist has the potential to facilitate reflective practice by enabling experiences to be shared and learning to occur from each other, while acting as a supportive structure (Haddock, 1997: 381).
4.2.4.4 Professional Independence

The Community Health Nurse as an accompanist should prepare students to become autonomous in their learning. Autonomy as explained by Muller (1995: 16) is the state of being independent of having responsibility and the right to make decisions. Students need to be empowered by equipping them with nursing knowledge and skills during accompaniment. This will ensure that they gain knowledge and abilities to meet their own needs, solve their problems and mobilise the necessary resources in order to control their own lives.

Students grow cognitively to realise that all learning behaviour, physical, mental, emotional and social are to help change one's self into a more fulfilling, functioning, joyous human being. The students are in need of professional development and it is through accompaniment that they could be helped to develop confidence, responsibility and individuality. There should be fostering of responsibility and thoroughness, gradually increasing of complexity of assignments, fostering a mature behaviour and accompanying students to deal with stress (Klopper, 1994, Monograph 3: 24 – 25).

What the student gains during clinical accompaniment must be seen in terms of their professional and personal growth, not merely in terms of the acquisition of skills required for the setting. The concern of the profession is to create an intelligent and reflective practitioner who is able to employ a therapeutic use of self rather than being seen as a practitioner who is just competent in a set of skills, however broad-ranging and challenging (Fawcett & McQueen, 1994: 269).
4.2.5 Evaluation

Evaluation is a process of judging whether or not the objectives stated are being attained by individuals, organisations or the school system. Evaluation achievements would be lost if students did not share in the process of evaluation. Fair evaluation has to be the right of the student. The Community Health Nurses have an ethical responsibility to evaluate the quality of nursing care rendered by student nurses. Students should be encouraged to evaluate themselves continually to feel free to seek help and accept guidance accordingly.

Students can evaluate their learning progress effectively if given the opportunity to use evaluation tools to evaluate their learning during clinical practice (Cruickshank, 1996: 128).

Members of the college responsible for teaching the course should also contribute to the evaluation process (Jinks & Morrison, 1997: 410).

Evaluation of students during accompaniment can be very effective, if the accompanist follow the evaluation process, namely product and process orientated evaluation. Product evaluation focuses on the end objective to be obtained, while process orientated evaluation focuses on the sequence of actions or occurrences, that lead to the selected outcome. There is a need for the accompanist to implement formative and summative evaluation. Formative evaluation during accompaniment should include prescription for filling gaps in knowledge and skill, it aims at improving the standards of nursing competence, eventually bringing the student to the goal of her nursing education. Summative evaluation will include reporting scores or other indicators of performance, it measures the student's ability to practice nursing at a safe level at the end of her course (Mellish & Brink, 1993: 288 - 289).
During accompaniment the Community Health Nurse uses formative evaluation as a diagnostic tool to inform the student on the amount of learning they still have to meet towards achieving educational objectives. Summative evaluation is effective at the end of a unit of instruction. Both the Community Health Nurse and the student should see evaluation as an indispensable tool during the accompaniment process. Evaluation fulfils essential functions, namely to measure the progress of the student, to diagnose problems, to monitor the relevance of the curriculum, to motivate students and to maintain high standards (Harker & Kehoe, 1979: 15).

An important part of clinical accompaniment is to correct errors and to give information, so that performance can be improved. Students should be made aware that real growth in learning is impossible without the right to fail. Evaluation of the students in the clinical setting is a source of real anxiety for the teacher and the student, and it must, therefore, always be considered as influencing the learning climate. A supportive climate of mutual trust and respect between the teacher and student is essential for evaluation to be viewed as a means for growth and to be valued by the student. Evaluation should be discussed with individual students to serve as a guideline for directing subsequent activities. Periodically scheduled formal evaluation conferences with students may serve the purpose for which they are designed (Mellish & Brink, 1993 : 291).

4.2.6 Student Accompaniment Affected by Stumbling Blocks

Community Health Nurses identified various stumbling blocks to effective student accompaniment (see Chapter 3, paragraph 3.4.3.6, page 54). According to Alexander (1983:14), nursing education as a system will not reach the objective of student development if the mentors from whom the students are to receive the bulk of instruction cannot teach the student.
Stumbling blocks like workload, unapproachable mentors, outdated accompanists, the large number of students per clinic cannot be ignored (Alexander, 1983: 14).

The above statement is referring to the Community Health Nurses who are so busy that their inexperienced students receive a “short shift”. The Community Health Nurse has several stumbling blocks which prevents effective accompaniment of students. It has been noted that they have misgivings and these are expressed in a variety of ways.

Another stumbling block to accompaniment of students was identified as allocation of students to the clinical practice in large numbers. A prime consideration is whether or not the clinical practice can accommodate the influx of a large group, both in terms of physical space and actual experience and opportunities for learning. Students in the clinical practice are affected by this lack of personal space and their presence contributes further to the existing problem of lack of effective accompaniment which has a negative effect on learning.

The Community Health Nurse has to approach teaching in a reflective and self-assessing way. She should be a unit manager and a teacher. An absolutely inseparable part of her teaching role must be assessment of the students’ progress. There should be an attitude that demonstrates humility and the ability to accept change and modify behaviour (Klopper, 1994, Monograph 2: 29).

4.3 SUMMARY

In this chapter literature in comparison with the results of phase 1 and phase 2, was discussed. From the literature discussion the identified categories for student accompaniment were confirmed. As regarding the
need for accompaniment, the literature study confirmed that the student should be viewed as a unique person, and there should be a positive attitude towards the student for effective accompaniment to take place. "A positive attitude leads to positive actions, which in turn leads to success" (Tlakula & Uys, 1993: 29).

For effective accompaniment to take place, the literature study confirmed that the accompanist should be knowledgeable as a mentor and he/she should be involved during curriculum planning.

It was confirmed that the creation of a conducive learning environment will facilitate effective accompaniment. A discussion on student orientation as being very significant was included. Gillies (1994: 249) indicates that “new employees should be readied for work through a planned orientation programme”.

Student needs for supervision and evaluation during accompaniment were discussed and confirmed by the literature study. For effective supervision to take place during accompaniment the Community Health Nurses have a role to motivate the students and to act as role models to lead the students towards professional independence. Klopper (1994, Monograph 3: 24-25) indicates that “there should be fostering of responsibility and thoroughness, gradually increasing of complexity of assignments, fostering a mature behaviour and accompanying students to deal with stress”.

The literature study confirmed that student evaluation during accompaniment will indicate student progress, identify learning problems and evaluate the effectiveness of the curriculum (Harker & Kehoe, 1979: 15).
With reference to the stumbling blocks to effective student accompaniment, Klopper (1994, Monograph 2: 29) indicates that "the Community Health Nurses have to approach teaching in a reflective and self-assessing way. There should be an attitude that demonstrates humility and the ability to accept and modify behaviour."

In chapter five there will be a discussion of conclusions and a description of guidelines, limitations and recommendations. Guidelines will be described under the following main categories: accompaniment needs, involvement of the Community Health Nurses in students' curriculum planning, learning environment, supervision and evaluation of students.
CHAPTER 5 : CONCLUSIONS, GUIDELINES, LIMITATIONS AND RECOMMENDATIONS

The goal of this chapter is to draw conclusions based on the findings of the study, describe guidelines for effective student accompaniment during Community Health Nursing Science Clinical Practice, identify limitations, and suggest recommendations relevant to the study.

5.1 INTRODUCTION

As seen in chapter three, in phase 1, there is a need by the students for accompaniment during Community Health Nursing Science clinical practice. The Community Health Nurses' perception of their role in the accompaniment of students in phase 2 responded positively towards their perceived role in student accompaniment, although not implemented because of some stumbling blocks to effective student accompaniment. Viewed in a positive light these stumbling blocks could be taken into consideration during development of guidelines to improve student accompaniment.

Guidelines will be described according to the five main categories identified through this research, namely; accompaniment needs, involvement of the Community Health Nurses during students' curriculum planning, learning environment, supervision and evaluation of students.

5.2 CONCLUSIONS

Conclusions are based on the objectives of the study namely to explore and describe students' needs for accompaniment, to explore and
describe the Community Health Nurses perceived role in the accompaniment of students and to describe guidelines for effective student accompaniment during Community Health Nursing Science Clinical Practice.

Results indicate that the students' accompaniment needs in the clinical practice area are for Community Health Nurses to be involved during students' curriculum planning, the availability of a conducive learning environment, and effective supervision and evaluation.

Community Health Nurses identified some stumbling blocks to effective student accompaniment. Some of the stumbling blocks noted were workloads, large numbers of students allocated for community practica, outdated accompanist and unapproachable mentors. Viewed in a positive light these stumbling blocks could be addressed during description of guidelines to ensure effective student accompaniment during Community Health Nursing Science clinical practice.

The results indicated that the Community Health Nurses' perception of their role as students accompanists are to orientate students, to identify the students' objectives, to be involved during curriculum planning, to accompany students holistically, to have positive attitudes, treat each and every student as an unique individual and to help students correlate learned theory into practice. They emphasized that they have a role to play in creating a conducive learning environment in order for the students to learn effectively. They acknowledge their role to keep themselves up to date, to act as role models, to supervise students and to evaluate students during clinical practice. The results of phase 2 were grouped and discussed under the following categories, need for accompaniment, involvement of the Community Health Nurses during
students’ curriculum planning, need for a learning environment, supervision and evaluation.

Results of phase 1 and phase 2 were discussed in comparison with other studies and literature (Table 4.1).

The overall students’ needs for accompaniment during Community Health Nursing Science clinical practice leads to the conclusion that the practical exposure of the student has adversely been affected by a lack of accompaniment by the Community Health Nurses in the Community Health Nursing Science clinical practice. It can thus be concluded that students need accompaniment for them to learn the skills effectively and to develop into capable, professional adults.

Guidelines for effective student accompaniment will address the identified accompaniment needs, and clarify roles and stumbling blocks.

5.3 GUIDELINES FOR EFFECTIVE STUDENT ACCOMPANIMENT DURING COMMUNITY HEALTH NURSING SCIENCE CLINICAL PRACTICA

The guidelines for effective student accompaniment are tabulated in table 5.1. These guidelines are described from the results of phase 1, phase 2 and the literature study. The guidelines are described under the following main categories, namely, accompaniment needs, involvement of Community Health Nurses during students’ curriculum planning, conducive learning environment, supervision and evaluation. There is also description of guidelines based on the sub-categories of students’ identified accompaniment needs and Community Health Nurses’ perceived role in the accompaniment of students during Community Health Nursing Science clinical practice.
### TABLE 5.1

GUIDELINES FOR EFFECTIVE STUDENT ACCOMPANIMENT DURING COMMUNITY HEALTH NURSING SCIENCE CLINICAL PRACTICE

<table>
<thead>
<tr>
<th>GUIDELINE</th>
<th>RATIONALE</th>
<th>ACTION</th>
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<tbody>
<tr>
<td>1. The accompanist should perceive each and every student as a unique individual.</td>
<td>Students identified the need to be recognised as unique individuals.</td>
<td>- Have the skills to actively involve students in planning and in implementing their learning experience (Klopper, 1994, Monograph 2: 8-9).&lt;br&gt;- Consider different learning abilities of students by treating each student as an adult capable of expressing appropriate opinions, and take them into consideration when planning clinical assignments for different students (Reilly &amp; Oermann, 1992: 149).&lt;br&gt;- Make students feel as important individuals.&lt;br&gt;- Demonstrate caring behaviour towards the student, such as a good sense of humour, be a good listener, have patience and ensure good human relations, share experiences in a non-threatening environment and have a non-judgemental attitude (Campbell, 1994: 1125).</td>
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<thead>
<tr>
<th>GUIDELINE</th>
<th>RATIONALE</th>
<th>ACTION</th>
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<tr>
<td>2. Ensure a positive attitude from students and the Community Health Nurses during the accompaniment Process.</td>
<td>Students need to be viewed as students with a positive attitude to learning.</td>
<td>- The accompanist should ensure two way communication by ensuring effective listening, responding, respect and concreteness, thus ensuring a unique and open relationship of trust between the Community Health Nurses and the students (Reilly &amp; Oermann, 1992: 297).&lt;br&gt;- Establish a relationship in which the student feels secure. A warm smile can mean everything to the student during her practical exposure (Tlakula &amp; Uys, 1993: 29).</td>
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</table>
**GUIDELINE**

3. Provide in-service training programme and continuing education.

**RATIONALE**

Students need their mentors to be knowledgeable for effective accompaniment.

The clinical accompanist must be seen as a reflective practitioner who uses reflective teaching strategies (Klopper, 1994, Monograph 2: 25). It therefore becomes an important requirement for the clinical learning accompanist to be a reflective practitioner to enable students to think critically.

Community Health Nurses should be kept abreast as accompanists, as teaching role has not been an integral part of the traditional courses (Cerinus, 1994: 34).

**ACTION**

- Encourage attendance of conferences, workshops, seminars and symposia.
- Design in-service training programme on weekly basis to update the Community Health Nurses.
- Update the Community Health Nurses on the developments in nursing education.
- Promote continuing education at post-basic level.
- Encourage research on student training needs (Klopper, 1994, Monograph 1: 10).

Ensure that the Community Health Nurses are competent because “the teacher’s competence does seem to contribute to pupil competence” (Mellish & Brink, 1993: 244).

**INVOlVEMENT OF COMMUNITY HEALTH NURSES IN STUDENT CURRICULUM PLANNING**

**GUIDELINE**

4. Community Health Nurses and the students should be involved during curriculum planning.

**RATIONALE**

Students identified a need for the Community Health Nurses to be involved during curriculum planning.

**ACTION**

- Structural analysis to be done to ensure that the practical needs in the clinical situation are addressed by the curriculum contents (Reilly & Oermann, 1992: 343).
- The Community Health Nurses should be involved during curriculum planning by indicating the Community Health Nurses objectives at clinical level. Policies and procedure manuals of the Local Authority to be integrated with the curriculum to ensure effective correlation and accompaniment (Yoder, Cohen & Gorenberg, 1998: 118).
- Ensure continuous discussion and evaluation of the curriculum with the clinical personnel to enhance effective implementation (Gwele, 1996: 608).
**GUIDELINE**

5. Formulate objectives that are definite and not implied.

**RATIONALE**

Students identified a need for the Community Health Nurses to identify and discuss their clinical Practice objectives with them and the college tutors (Mellish & Brink, 1993: 236).

**ACTION**

- Formulate objectives that are student focussed because they will help the student perceive what it is that is expected of him or her (Mellish & Brink, 1993: 236).
- The college tutor together with the Community Health Nurses in the clinical situation should identify objectives to be achieved at the end of practice e.g. student to be able to implement the Immunisation programme from birth to eighteen months (Mellish & Brink, 1983: 236).
- These objectives should be made available to the accompanist and to the students, to be identified and to be understood by both parties.
- Objectives of the practica should be written clearly so that both parties can understand and achieve them.
- The accompanist should ensure that the objectives are centred on the skills to be learned and to be based on the knowledge learned at college.
- The Community Health Nurses should be conversant with the learning needs of students in the clinical practice (Cerinus, 1994: 35).

**GUIDELINE**

6. The accompanists should approach each student holistically from the physical, mental and social aspect.

**RATIONALE**

The Community Health Nurses identified a role to teach the student holistically.

**ACTION**

- The student learning of psychomotor skills should be based on the learned theory that is cognitive knowledge and the feelings and emotions namely effective domain (White & Ewan, 1991: 2).
- Plan briefing and debriefing sessions during practica to teach students through deductive and inductive reasoning (White & Ewan, 1991: 87).
- There should be a comprehensive approach during student accompaniment (Harker & Kehoe, 1979: 24).

**GUIDELINE**

7. The accompanist has a role to ensure application of learned theory into the practical situation.

**RATIONALE**

The students need the opportunity to correlate theory learned at college into practical situation.
ACTION

- Teach the student from the known to the unknown.
- Base learning on selected theories of action comprising cognitive, psychomotor and affective behaviour.
- Accompany and guide the student to implement the cognitive knowledge into psychomotor skills (White & Ewan, 1991: 7).
- Use the nursing process as a methodology of practice in teaching, as it is problem orientated, involves decision making and calls for the best fit between scientifically determined data and intervention strategies reflecting the appropriate theories of action (Mellish & Brink, 1993: 180 – 184).
- Demonstrate the skills to the students while they observe.
- Supervise and allow the student to perform the procedures and see things from the student's point of view from time to time, offer alternative ways of doing things and explain why. Rigidity only allows dependency and thus inhibits learning (Campbell, 1994: 1127).
- Give feedback on the process.
- Motivate the student to attempt the skills.
- Students should be given an opportunity to do tasks themselves and to observe thus promoting experiential learning.
- The Community Health Nurse should accompany students to the extent that the student should feel as if they are relating back to class and the practical situation.

GUIDELINE

8. Ensure standardisation of procedures.

RATIONALE

The Community Health Nurses identified that they had a role to ensure standardisation of the Procedures in the clinical situation.

ACTION

- Have uniform policies and procedure manuals at the clinical practice.
- Have uniform standards, that is the desired and achievable level of performance in the clinical practice.
- Provide clear work programs, written guidelines and protocols to be used during practica.
- Ensure that the students implement the nursing process, i.e. assessment, planning, implementation and evaluation during demonstration of procedures (Mellish & Brink, 1993: 180 – 184).

GUIDELINE

9. Ensure two way communication between the accompanied and the accompanist during the Accompaniment process.
<table>
<thead>
<tr>
<th>RATIONALE</th>
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<tr>
<td>The Community Health Nurses identified that for effective accompaniment there should be communication with the college tutors and the students.</td>
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</table>
- Ensure collaboration, working together facilitates problem solving and promotes accountability.  
- Promote active collaboration between the Community Health Nurses and students (Muller 1995: 21).  
- There should be personal caring and meaningful contact with the student.  
- Autocratic protective shield of an authority figure to be avoided.  
- Ensure freedom for top-up communication by effective listening to students' ideas, encouraging dialogue, discourse and negotiation rather than primary subject knowledge (Klopper, 1994, Monograph 2: 8).  
- Ensure continuous dialogue between the Educators and Nursing Service Personnel to ensure student accompaniment towards professional maturity (Hughes, 1993: 80). |

<table>
<thead>
<tr>
<th>LEARNING ENVIRONMENT</th>
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<tr>
<td>10. Create a safe conducive clinical learning environment.</td>
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<tr>
<th>RATIONALE</th>
<th>ACTION</th>
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<tbody>
<tr>
<td>The Community Health Nurses identified that they have a role to create a conducive learning Environment (Klopper, 1994 Monograph 1 : 10).</td>
<td></td>
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</tbody>
</table>
- Create an environment that is physically and emotionally comfortable (White & Ewan, 1991 : 91).  
- Ensure that there is a spirit of high morale.  
- Show the surroundings during orientation, provide office space for tutorials in the clinical learning unit. Familiarise the student with the clinical practice. Introduce the student to the multidisciplinary team members.  
- Update policies, manuals, regulations and protocols to prevent policy practice gap.  
- Use posters and teaching aids in the environment to enrich learning, add interest and increase understanding of concepts.  
- Create an environment where there is interaction through case discussion; encourage voluntary reading, sharing of experiences and ideas to expand social and physical environment of the student. |

<table>
<thead>
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<th>GUIDELINE</th>
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<tr>
<td>11. Students should be orientated to the Community Health Nursing Science clinical situation.</td>
</tr>
</tbody>
</table>
**RATIONALE**

The students identified a need for orientation during clinical practice.

**ACTION**

- Provide orientation programmes to facilitate student assimilation into the clinical practice and acceptance of caring responsibility (Gilles, 1994: 30).
- The tutor should accompany students to the clinical situation on the first day of clinical practice.
- All members of the multi-disciplinary team should be orientated on the course content of the student who is to be accompanied to enable them to take part in student socialisation (Tlakula & Uys, 1993: 29).
- Students should be orientated to the community services and policies, by the Community Health Nurses in charge of the service.
- There should be orientation of the students to the environment, to ensure gradual familiarity of the actual layout.

**GUIDELINE**

12. Implement a performance appraisal policy and tool.

**RATIONALE**

The Community Health Nurses indicated that the student should be motivated to learn during accompaniment.

**ACTION**

- Approve the performance of students. Reinforce the tasks well performed. Poorly carried out tasks, allow the student to repeat or perform in small steps and give feedback as to her success at each stage (White & Ewan, 1991: 125).
- Ensure relevance, achievement and interest to motivate the student.

**GUIDELINE**

13. The accompanist to cultivate the image of herself as a mentor.

**RATIONALE**

The Community Health Nurses identified the importance of role modelling during the accompaniment process.
ACTION

The Community Health Nurse as an accompanist must display enthusiasm (Klopper, 1994 Monograph 2:24).

- The accompanist should practice what is being preached.
- The accompanist should maintain consistency in displaying techniques.
- The accompanist should be exemplary in his/her acts.
- He/she should interact with the students and function as an expert, be knowledgeable and skillful, be a good reference and should be resourceful.
- A good accompanist depends on his/her past experience, culture, values, attitudes and beliefs that he/she holds.
- Planned guidance, careful supervision and appropriate teaching ensure positive response from the student (Klopper, 1994, Monograph 2:8-9).

GUIDELINE

14. Provide continuous supervision. Guide and direct the student in all the nursing activities during accompaniment.

RATIONALE

The students identified a need to be supervised and not to be left alone during clinical practice.

ACTION

The Community Health Nurse has a role to:

demonstrate the skills and allow the student to practice while she is acting as a resource person, a critic, supporter and a demonstrator to ensure that the student understands the procedure.

GUIDELINE

15. Develop a formative and summative evaluation process and tool.

RATIONALE

Students identified a need to be evaluated throughout clinical practice.

ACTION

The Community Health Nurse has a role to:

- ensure that evaluation is congruent with the accompanist’s view on learning and should awaken a deep holistic approach to learning (Klopper, 1994 Monograph 2:20).
- always refer to the objective when evaluating, and encourage self-evaluation by the student.
- provide a supportive climate with mutual trust and respect between the clinical accompanist and the student for evaluation to be seen as a means for growth and to be valued by the students (Reilly & Oermann, 1992:297).
- discuss the progress with the students on a continuous basis.
- give feedback on gaps in knowledge and skills that need to be filled namely formative evaluation.
- use summative evaluation at the end of a unit of instruction.
- use evaluation process to measure students progress.
- schedule formal evaluation conferences with students to identify their strengths and weaknesses and also to provide an opportunity for joint formulation of goals for subsequent experiences.
5.4 LIMITATIONS

Limitations to the study are that it was conducted at one specific municipal district in the East Rand in Gauteng Province and at a specific training school, although student accompaniment also takes place at other municipal districts. Therefore the results can still be used, refined and extended to other areas or might even stimulate more research within this speciality.

5.5 RECOMMENDATIONS

Recommendations will be based on the findings of the study and its applicability to Nursing Research, Nursing Education and Nursing Practice.

5.5.1 Nursing Research

The Community Health Nurses as accompanists and the students should be engaged in practice related research and to ensure collaboration with other health care providers thus generating new knowledge or to improve the existing traditional nursing practice. To ensure a meaningful learning experience for students during practice placement, it is imperative that research in both nursing and higher education be considered (Cerinus, 1994: 35).

- Further research could be conducted to determine collaboration and co-ordination amongst the various institutions involved in student accompaniment during practical exposure.
- It is recommended that the guidelines described in this study should be operationalised and tested in the practical situation.
5.5.2 Nursing Education

The results of this study may serve as a framework when developing the student's curriculum, as well as the in-service continuing education programmes for the Community Health Nurses, the nurse educator (tutor) and the nursing administrators (matron). The results can also be operationalised and be included in the development of the quality of nursing education, thus focussing it to be learner orientated in addition to being subject orientated.

A profession is characterised by possession of a scientific body of knowledge and it is therefore recommended that teaching clinical nursing knowledge and skills be based on theories in action and research, to avoid the transmission of the traditional nursing knowledge from one generation to the next. Community Health Nurses as accompanists must be prepared in this regard.

5.5.3 Nursing Practice

The Community Health Nurses in practice could use the guidelines for effective student accompaniment. The results and subsequent recommendations of the study can improve the quality of patient care not only in the Community Health Nursing Science clinical care, but also with regard to other basic and post-basic courses.
5.6 SUMMARY

It became clear as a result of this study, that for effective accompaniment during Community Health Nursing Science Clinical Practice, there should be orientation of the students, the objectives of the practica should be identified and discussed by the students and the Community Health Nurses, there should be involvement of the Community Health Nurses during curriculum planning and students must be accompanied holistically, and be treated as unique. There should be a positive attitude with acceptance and trust. The student should be accompanied to correlate theory learned at college into practice. The clinical learning climate should be conducive to learning. The student should be motivated to learn. The Community Health Nurses should be knowledgeable, act as role models, supervise the students, ensure two-way communication, and the student evaluation process must be continuous, and must also be done at the end of the practica experience.

5.7 CONCLUSION

In conclusion, the overall objectives of the study have been achieved. The students' needs for accompaniment during Community Health Nursing Science clinical practice, has been explored and described.

There has been exploration and description of the Community Health Nurses perceived role in the accompaniment of students during Community Health Nursing Science clinical practice and guidelines for effective student accompaniment during Community Health Nursing Science clinical practice, have been described.


YODER, M K; COHEN, J & GORENBERG, B 1998: Transforming the curriculum while serving the community : strategies for developing community based sites. *Journal of Nursing Education* Vol 37 (3), pp. 118 – 121.
DEPARTMENT OF NURSING SCIENCE
Telephone : (011) 489-2655
Fax : (011) 489-2257

The Head of Health Department
Kemptonpark
P.O. Box 1
KEMPTONPARK
1500

Dear Sir/Madam

APPLICATION TO CONDUCT A RESEARCH STUDY

I am hereby request permission to conduct a research study at Tembisa Local Authority Clinics.

I am employed by Tembisa/Kemptonpark MMS based at Tembisa Clinic as an Acting Chief Community Health Nurse. I am studying with Rand Afrikaans University busy with M. Cur. in Nursing Education. The title of study is: "Guidelines for clinical accompaniment in the Community Nursing Science clinical area".

Students will be involved through narrative sketches by describing their needs for clinical accompaniment. No on duty time will be used.

A copy of the results will be made available to you.

Hope for your positive response.

Ms. L. MOTLHALE
M. CUR. STUDENT

DR. H.C. KLOPPER
STUDY LEADER:
DEPT. OF NURSING SCIENCE
The Registrar
RAU University
Johannesburg
2001

Dear Sir / Madam

PERMISSION TO DO RESEARCH AT TEMBISA HOSPITAL ON
LEBONE COLLEGE STUDENTS.

Permission is hereby granted for Miss Lydia Motihale to do a study on
student accompaniment using the above student nurses as her respondents.

Yours faithfully

M. T. GANA
Principal
Dear Participant

REQUEST FOR CONSENT FROM PARTICIPANTS

I intend conducting a research project entitled "Guidelines for effective Student Accompaniment during Community Health Nursing Science Clinical Practice", as part of the requirement for acquisition of an M Cur degree in Nursing Education. The study will be done under the supervision and guidance of Dr E Gross, from Department of Nursing Science, Rand Afrikaans University.

The goal of this research project is to develop guidelines for Community Health Nurses during the accompaniment process to meet educational needs of basic student nurses in the Community Health Nursing Science Clinical Practice.

With your permission, you will write descriptive narrative sketches whereby you will describe your learning needs in the Community Health Nursing Science Clinical Practice and how these needs could be obtained through accompaniment by the Community Health Nurses.

Results of the narrative sketches will be sent to participants to ascertain if the results obtained are indeed what the students have described in their learning needs. The folio papers will be destroyed after completion of the research project. To protect your identity, participants will not indicate their names or the name of the hospital on the folio paper.

If you agree, you will give your informed consent for this research project by attaching your signature and date on the consent form provided.

You have the right to withdraw your consent at any stage during the phases of the research procedure. It is clearly understood that you are under no obligation to participate in this research project.
About forty student nurses will be needed for the research project during the month of May. Arrangements will be made with you once permission has been granted by you as to the venue where narrative sketches will be written within a private and comfortable area, free from disturbances at your college.

Research results will be made available to you and your college on request.

Should you have any questions with regard to this project, feel free to contact me.

Thank you.

Yours faithfully

LYDIA MOTLHALE (MISS)
R.N.B. CUR HONS
M. CUR (NURSING EDUCATION) STUDENT
8 May 1996

Department of Nursing Science
Rand Afrikaans University
P O Box 524
Auckland Park
Johannesburg
2006

Dear Sir or Madam:

RE: PERMISSION TO CONDUCT A RESEARCH STUDY AT TEMBISA CLINICS ON STUDENTS ACCOMPANIMENT DURING COMMUNITY HEALTH NURSING SCIENCE PRACTICA

Permission is hereby granted for Ms Lydia Motlhale who is a student at your institution for M Cur Degree in Nursing Education to do focus group interview with the Community Health Nurses as a requirement for her study.

Thank you.

Yours faithfully,

MS N R NDHLOVU
MANAGER CLINIC SERVICES (NORTHERN REGION)
Dear Participant

REQUEST FOR CONSENT FROM PARTICIPANTS

I intend conducting a research project entitled "Guidelines for effective Student Accompaniment during Community Health Nursing Science Clinical Practice", as part of the requirement for acquisition of an M Cur degree in Nusing Education. The study will be done under the supervision and guidance of Dr E Gross, from Department of Nursing Science, Rand Afrikaans University.

The goal of this research project is to develop guidelines for Community Health Nurses during the accompaniment process to meet educational needs of basic student nurses in the Community Health Nursing Science Clinical Practice.

With your permission, a focus group interview will be conducted, for one to three hours with a break in between, whereby you will describe your perceived role in the accompaniment of students in the Community Health Nursing Science Clinical Practice. A tape recorder will be used with your permission to verify and evaluate the interview content, and the tape will be played back to you. The tapes will be destroyed after completion of the research project. Snacks will be served.

To protect your identity you will not indicate your names or Local Authority Clinics names, before commencement of the interview. If you agree, you will give your informed consent for this research project by attaching your signature and date on the consent form provided. You have the right to withdraw your consent at any stage during the phases of the research procedure. It is clearly understood that you are under no obligation to participate in this research project.
About twelve Community Health Nurses will be needed for the research project during the month of May. Arrangements will be made with you once permission has been granted by you as to the venue where the interview will be conducted within a private and comfortable area, free from disturbances at your clinic.

Research results will be made available to you and your Clinic on request.

Should you have any questions with regard to this project, feel free to contact me.

Thank you.

Yours faithfully

LYDIA MOTLHALE (MISS)
R.N.B. CUR HONS
M. CUR (NURSING EDUCATION) STUDENT
INTERVIEW SCHEDULE

COMMUNITY HEALTH NURSES' PERCEPTION OF THEIR ROLE
IN THE ACCOMPANIMENT OF STUDENTS DURING
COMMUNITY HEALTH NURSING SCIENCE CLINICAL PRACTICE

1. QUESTION TO THE FOCUS GROUP

1.1 How do you perceive your role in the accompaniment of students during Community Health Nursing Science Clinical Practice?

2. ACCOMPANIMENT NEEDS

- How would you treat the student as a unique individual during accompaniment?
- How would you ensure an atmosphere of positive attitude during accompaniment?
- Students need knowledgeable mentors as resource persons during clinical practice. What is your comment?

3. INVOLVEMENT OF THE COMMUNITY HEALTH NURSE'S IN STUDENT CURRICULUM PLANNING

- Students feel the Community Health Nurses are not informed about their curriculum. What is your comment?
- To what extent are you orientated about the students' learning objectives during Community Health Nursing Science Clinical Practice?
- How would you teach the student holistically?
- How would you accompany students to correlate theory into practice?
- Why is standardisation of procedures important in the Clinical Practice?
- How would you teach the students to understand the procedures during accompaniment?
- Why is communication important during accompaniment of students?

4. **LEARNING ENVIRONMENT**

- To what extent is orientation of students significant during accompaniment?
- How would you create an environment which is conducive to learning?

5. **SUPERVISION OF STUDENTS**

- How would you motivate the students to learn?
- Students expect their supervisors to be their role models. What is your comment?
- Why is supervision important during student accompaniment?
- How would you accompany students towards professional independence?

6. **EVALUATION OF STUDENTS**

- What are your responsibilities with regard to student evaluation during Community Health Nursing Science Clinical Practice?
Dear Colleague,

PROTOCOL: CONTENT ANALYSIS OF DATA OBTAINED IN PHASE 1 AND PHASE 2 OF THE RESEARCH PROJECT

Please follow the steps below to analyse the data from narrative sketches/focus group interview as applicable. The steps are written with reference to narrative sketches. These steps apply to data obtained from focus group interview.

1. Get a sense of whole by reading through all the narrative sketches carefully. In the case of focus group interview listen to all the tapes, transcribe and read through all transcriptions and jot down some ideas as they come to mind.

2. Pick one narrative sketch, the most interesting and shortest, and go through it, asking yourself what it is about, thinking of the underlying meaning. Write thoughts in the margin.

3. When you have completed this task with several narrative sketches, make a list of all topics. Cluster together similar topics. Form these topics into columns that might be arranged as major topics, unique topics and leftovers.

4. Now take the list and go back to your data. Abbreviate the topics as codes and write the codes next to the appropriate segment of the text.
Try out this preliminary organising scheme to see whether new categories and codes emerge.

5. Find the most descriptive wording for your topics and turn them into categories. Look for reducing your total list of categories by grouping topics that relate to each other. Perhaps draw lines between your categories to show inter-relationship.

6. Make a final decision on the abbreviation for each category and arrange these codes in alphabetical order.

7. Assemble the data belonging to each category in one place and perform a preliminary analysis.

8. If necessary, recode your existing data.

I will notify you about the date and time for a consensus meeting to discuss and relate categories and sub-categories, after which we shall arrange them in column form.

Thank you,

L M MOTHLALE
M. CUR (NURSING EDUCATION) STUDENT
CONTENT ANALYSIS OF A NARRATIVE SKETCH

What are your accompaniment needs during Community Health Nursing Science Clinical Practice?

- When a student nurse comes to a new environment, he/she needs to be considered as someone new in the field, someone needing knowledge about what is happening in the community clinic.
- He/she needs to be orientated, starting from the policies and regulations of that institution, up to the management of that institution.
- He/she should be familiar with that environment and know all the scope of services rendered so that she can be able to manage whatever condition comes before him/her.
- I think we should first of all be wholeheartedly welcomed to an environment which is stimulating and attractive with teaching aids.
- We should be able to ask questions. I expect the sisters to be able to give me the correct answer, not to be referred to the book.
- I think sisters or the matron-in-charge should have a positive attitude towards us. You will find that its for the first that you place your foot in the clinical area but the sisters are just as negative towards you, not actually knowing you, and your background. I need to be free to communicate with my supervisors at all times.
- Time is needed for us to be taught necessary skills and information so that we can utilise it in future and pass it to the coming generation.
- We should not spend most of the time dealing with theory. We should be given 80% of time to do practica because we should be familiar with it and a procedure you have done practically you will never forget it.
- We should also be given mentors as our supervisors to actually evaluate us until we are perfect and then gradually be allowed to be independent. That mentor should not be our tutor but someone who is practising in the clinical field.
Sometimes you will find that you are given a procedure to do and you have never been exposed to it. The sister doesn't even want your suggestions, she wants the procedure to be perfectly done. There is no appropriate teaching according to the procedure manuals.

At the end of the day you find yourself not protected.

Firstly, not doing the work correctly, and secondly you find yourself exposed to hazards where ultimately you develop negative attitude towards the procedure.

Sister should actually know that we are students coming to learn and need to be taught stage appropriate skills.

I also think that we should be taught the right things by the sisters as our role models so that we can actually change the existing image of nursing, so that we can be perfect professional nurses.

I need to be told about the objectives of the clinic and my practica. Same with the Community Health Nurses they must know my clinical objectives in the workbook.

The college tutor together with the clinic sisters should be well informed about our curriculum so that we can be taught stage appropriate procedures.

I should be treated as a unique person not to be compared with other students. We learn at different paces; some of us are slow learners.

I need to be given an opportunity to practice, not to observe continuously. If given a chance to practice I will learn to do the procedure and to understand the various steps.

We should be taught the same procedures at all the four clinics. There is a need for procedures to be standardised.

I need to be praised when I have done the procedure well, and not to be reprimanded in front of the patient when I have made a mistake.
CONTENT ANALYSIS OF FOCUS-GROUP INTERVIEW

I : INTERVIEWER; RES : RESPONDENT

I: How do you perceive your role in the accompaniment of students during Community Health Nursing Science Clinical Practice?

Res: In the first place I am very significant because I am there to meet their needs. Their mental, psychological, developmental and even their spiritual needs.

I: O.K. So how will you meet this need as part of accompaniment?

Res: If I go out and accompany students, I have to know that I am getting students who are coming to the Community clinical practice for the first time. I have to be positive and warmly welcome the students to this new environment. In fact I have to be very supportive to them, looking at their needs so as to alleviate their anxiety.

Res: Just to add on that, it is very true that they are coming to a very new environment. At the same time their approach to clients at the hospital is different. They have to treat the clients holistically. Clinical guidance during accompaniment is very important. We have to know students' modules. Are they going to achieve their objectives that they are supposed to achieve, according to their curriculum?

I: O.K., so you want to know their curriculum?

Res: Yes, but we've got to know their objectives. The clinical sister together with the tutorial sister have got to come together when formulating the objectives. So that they can both know the students' needs. How the clinical sisters have to know the students' learning is by regular in-service training of the clinic sisters. There should be good
communication between the two parties to ensure good curriculum planning, implementation and evaluation of the curriculum.

I: So if you are the clinical person, you also need in-service? Is that how they do it?

O.K., and you want to be part of the curriculum and the objectives of the students?

Res: Yes.

I would say, I perceive my role as a student mentor. One of the students might have been disturbed by something on his/her way to work hence I have to support him/her psychologically. I must not see this as a burden or some extra work. I should not have a negative attitude because I’m not quite well prepared, they are here, they are anxious, they want to know, they have even updated themselves or even read widely on the subject. If I find myself in a difficult situation I don’t have to be unapproachable, trying maybe to limit the students’ questions, because I myself, I’m not sure of what I’m doing. It is my responsibility to be well-informed of developments in the Community Health Nursing Science Practice.

I: So does that mean that what you’re saying that all clinical guidance people should be updated?

Res: Yes, that is what we are actually doing, because every now and again we’ve got to standardise our procedures. As you asked earlier on, we receive students from one college. They are all under one college but are distributed to different clinics. So when a student comes to one clinic, when she goes to the other clinics, she must find exactly that what is being done, is practiced at other clinics. So we’ve got to standardise our procedures. So the clinical sister must also be
updated with the new procedures, so that she can be able to accompany the student effectively.

Res: I would like to add to what the sister there was saying, students can be seen as retarding, our way of functioning speed, because now you’ve got to teach them almost everything. We are given a lot of material to keep ourselves up-to-date with the modern trends but because of the workload in the clinical setting we don’t have time to go back to the books or whatever information or material that has been issued. You can’t even take them home, because you have to work at home. So to a certain extent you are not quite confident to accompany the student. On the other hand, it is quite a challenge, because now you’ve got to guide this person. She must get clinical experience, in order to correlate theory with practice. It is a journey that a clinical sister and a student have to travel together for the student to gain the experience that is necessary.

I: I have touched on the following – you have to help the student to correlate theory and practice – to marry the two. How do you go about this in the clinical area? To obtain that goal, I would like to hear from you.

Res: Before they come to the clinic, they were given theory at the nursing college. When they come, we are told at what stage they are and then I usually ask them what do they know. Say for instance if it is Family Planning, just to tell us about the types of method. Then I have an idea of how far does she know the theory, from there we implement the learned theory into the clinical practice.

Res: Yes. If I may come back to that, because it is really a crucial area. Because now we are sort of attached to the College. Where they are saying they are giving the students theory. So when the students come to the clinical/practical area to do their practica, they must just get into the practica straight away. Then normally we say no, it doesn’t work
that way. We have to have a **briefing** session with the students before they do the procedures. We have to **orientate** students on the internal policies. Though the **external policies** are the same, the **internal policies** are different as far as the procedures are concerned. We give them the procedure manuals and tell them how we do things here and so forth. Then we expose them to the **clinical situation**. There should be a **student to every sister** but they have to start off with sort of an **orientation**. Though the college does not want us to expose them to **briefing sessions**, it doesn't work that way.

**Res:** My role is, **student accompaniment**, whether I want to admit it or not. Students need **guidance**, they need to be **corrected** and they need to be **taught**. It is not as we put it to be a **burden** — it is one of our **functions** — you have to **accompany students**, because they have to **learn from us**. We have to be their **role models**. What we do; one sister is allocated to a student or two in a consultation room. Firstly you **demonstrate the procedure** while the students are **observing**. Then you give her the chance to **do the procedure** under your **guidance** and **supervision** and you **evaluate** to see the **progress**, so it means, if there is progress in between, the student can be left alone, not necessarily alone but to **work efficiently** under your **supervision**.

**I:** That is a very good remark.

I would like to come back to what you have said – the one is that you said that **firstly you are showing** the student and then you are **letting her free** to do it. Then you also said you are **evaluating**. Is that right? So for how long should you show a student before she is allowed to do a procedure.

**Res:** Students do not **catch up at the same rate**, so you have to consider it. Some students are **slow** and others are very fast. So even the **quick one**, you have to watch, because she may be quick but not doing the **procedure properly**. She may be **very slow**, but doing the **procedure**
correctly. So you have to adjust to the level of the student and to his/her pace.

I: So accompaniment must also be individualised?

Res: Yes.

I: So tell me about evaluation. At what stages do you evaluate? Is it only this once after you've shown her? Are there any other times that you would evaluate?

Res: You evaluate throughout. There are times when you evaluate, the authority may require a formal evaluation. We usually use formative and summative evaluation. So you evaluate right through and at the end of practica. If you wait for the last day, where by now the student must be watched doing a procedure, she may start to panic and do very wrong things, while she was a very good student. So you have to evaluate right through.

I: Thank you.

Res: I think you've got to be very patient with the student when she comes to the practical area, because it is quite true that they are not well vested with what we are doing. Even if you are in a hurry, you make a point that at least you must be very patient.

I: So you are caring for her?

Res: Students should be encouraged to ask questions during the accompaniment process. It is very important to stimulate them by asking them the questions as they proceed with the procedures. As an accompanist you should act as an advisor to the students. You can advise them and you have to motivate the students. Sometimes the students are down. They might feel threatened by the procedure. She
may also think that she is not performing up to the standard that is expected from her. You must motivate her. You should ensure that you appraise the students while at the same time you should correct their mistakes during clinical practice.

As I have said, you've got to be a counsellor, some of the conditions are threatening or it can bring somebody down. So as somebody who is matured, you should accompany the students and reassure them.

I: How else do you perceive your role in the clinical accompaniment of students?

Res: If you are not sure about yourself, you won't be able to accompany a student. You should know your work. If you don't know, you should admit it. If the student asks something and you are not sure, you can consult or even say you don't know. You will investigate and get the right answer for the student. It is better than giving the wrong answer. Otherwise the student might think that you don't know your subject or whatever you are teaching. Whatever you do, you must do it properly. You are teaching somebody a new thing, if she takes a wrong thing, she is lost.

I: One of your colleagues said that if you don't know your work, you also feel very threatened when the student asks you something, so it helps you if you are up to date to handle the student.

I: Thank you.

Res: Another thing is creating a learning environment. I remember one time when I was working, we didn't have enough room. So two sisters were consulting in a room and we've got to have students, so meaning – four people in a consultation room. When we are stressing confidentiality and privacy, so I was really sort of unpopular with my seniors because they didn't really understand but I felt, I am not going to accept
students, because the learning environment is not conducive to learning. So I think we've got to create an environment that is really conducive to learning, considering all of the aspects like privacy, confidentiality – not just giving out information for the sake of or practical for the sake of, then it is not complete. We are not implementing what the books preach. The learning experience must be really what should be happening in reality, not improvising.

I: So how will we create an environment that is conducive to learning?

Res: We should have an environment that promotes student learning, that is stimulating while at the same time considering ethical issues that we have to respect, namely the rights of patients.

Res: The problem that she is putting is right. Number one, we don't have manpower and number two, there isn't enough space. So really our communities are very big. The nursing college admitting should be told not to admit too many students at a time. I would like to give them education but it is very difficult.

Res: I would like to say that a big intake might not be a problem as such, but allocation of sessions for practica, maybe if they could look into that. So that they don't send big numbers to the clinics for practica, maybe spacing allocation, dividing the students into small groups at a time, because with the intake – there is nothing you can do about that.

I: How else can you create an environment conducive to learning?

Res: You have to be friendly. Where you are going to teach your students, ensure privacy. The environment should be stimulating with teaching aids like notice boards. There should be no noise, so that you can hear what each other says. Be friendly, supportive and open at all times.
Res: Your **attitude** is important. Maybe the room can be small but if you are friendly, **approachable**, then your **attitude** is **positive** and **conducive** to learning.

I: How else do you see your responsibility with regard to student evaluation?

Res: I would like to add on to the evaluation. Most of the time we would like them to evaluate the **very service**, let alone the staff — the entire service. How do they **perceive** the entire service, so that we can replan or **correct** what we think was not conducive to their learning.

I: How else do you ensure theory practice correlation/ correlation?

Res: We normally make an example like administration of injection like immunisation. So what theory is related to immunisation? You've got to know the theory — microbiology comes into that. **Anatomy comes into that** — you have to know all the sites and the immune system/defence mechanism of the body. They have to know that before a demonstration. Not just injecting, that is not enough. So whatever theory they've got, they've got to be able to put it into practice with supervision from the Community Health Nurse as an accompanist.

I: Thank you.

Now we have covered everything. Any other response? Is there anything that you would like to add? We have a wealth of knowledge here and I would like to thank you for your participation.