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REASONS FOR NURSING STUDENTS NON-ATTENDANCE OF CLINICAL PRACTICE

AIM OF THE PROJECT: The aim of the study was to understand the reasons for the nursing student non-attendance of clinical practice as required by the South African Nursing Council (SANC). The project focused on exploring the reasons for non-attendance based on the experiences of the clinical staff and students in monitoring students' attendance of clinical practice.

BACKGROUND: Clinical learning is an important aspect of nursing education, yet clinical education has been problematic within our institution. The education and training of the nursing students include both theoretical and practical learning experiences to be registered by the (SANC) as a professional nurse. The SANC is the controlling body for education and training of the nursing students, which prescribes the requirements to be met by the students on completion of training. The students are expected to complete four thousands (4000 Hours) clinical hours as part of their clinical learning experiences. The nursing students are placed at different clinical learning facilities from first to fourth year with the aim of supporting their learning to be nurses. During these periods, the nursing students observe and learn knowledge, skills values and attitudes inherent in the nursing profession.

In order to integrate theory to practice, the nursing students are placed in clinical practice with the aim of teaching and learning to become a nurse. Surprisingly, the nursing students do not adhere to the clinical allocation as evidenced by high rate of non-clinical attendance, failure to complete SANC clinical hours within four years as prescribed, lack of commitment and not taking clinical practice serious.

According to Parvin, Aliakbari, Vardanjani, Dadkhah and Jouybari (2015:20) constant interaction of the nursing students with nurses, developing a supportive clinical environment is crucial to promote a sense of belonging in these students. The authors further indicated that a supportive, interpersonal relationship between nursing students and nurses in clinical practice is essential in fostering a beneficial learning

environment for nursing students. Practice placement experiences are essential part of learning to become a nurse. They provide opportunities for the student to refine and further develop the skills, knowledge, values and attitudes learned in simulation laboratory and the classroom by working in real life professional facilities.

Heidari and Norouzadeh (2015:40) identified the clinical education challenges from the student's perception, such as lack of cooperation of the staff in clinical education, lack of clinical education tasks, lack of procedures to be practiced by students and lack of appropriate opportunities for learning. The quality of clinical staff's behaviour plays a critical role in the learning process of the nursing students (Ismail, Aboushady, & Eswi, 2015:96).

CONCEPTUAL FRAMEWORK: Conceptual framework for this project is based on Shulman signature pedagogy (2005). Shulman (2005:52) defines signature pedagogies as the type of teaching that organize the fundamental ways in which the future practioners are educated for their new profession. The framework has three dimensions, namely surface structure, deep structure and implicit structure. The surface structure deals with concrete, operational act of teaching and learning, deep structure focus on sets of assumptions about how best to disseminate a certain body of knowledge and know how, whilst the implicit structure includes moral dimension that comprises of a set of beliefs about the professional attitudes, values and disposition (Shulman, 2005:54-55).

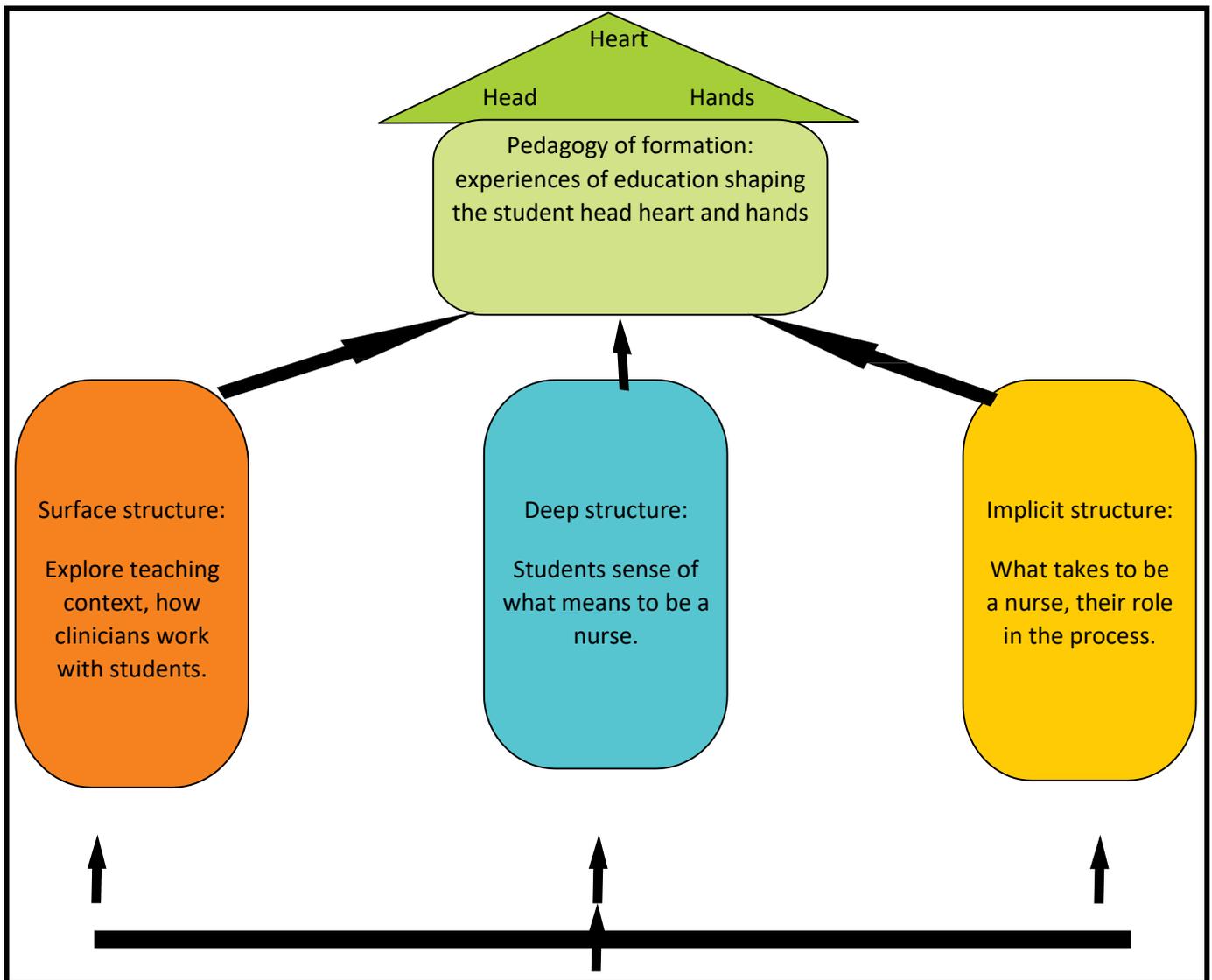


Figure 1.1: Signature Pedagogy (Shulman, 2005) adopted for nursing students

Process and methods:

Descriptive naïve sketches were used as a method of data collection (Giorgi in Omery, 1983:52) from the nursing students. Descriptive naïve sketches is the process whereby the question is written on the paper and allow the participants to answer one open question. The following open-ended question was written on the piece of paper and provided to each nursing student, namely: “What are your reasons for not attending clinical practice?” The fourth year nursing students as they have gone through the programme and have acquired some various clinical experiences were requested to complete the paper. The data was analysed through descriptive method of analyses by Tesch (Creswell, 1994:155).

Outcomes: From the naïve sketches, four themes emerged from the data namely attitudes of professional nurses, non-supervision by qualified nurses, social reasons and no apparent reason to attend. These themes are presented in detail and supported by direct quotations from the participants.

Theme: 1 Attitude of professional nurses: Attitudes of the professional nurses was cited as one of the reason for the student nurses not to attend clinical practice as required. They indicated that the professional nurses are unapproachable and not treating them well in clinical practice, 80% of participants. This was evidenced by:

The professional nurses in the clinical practice are unapproachable, rude towards us, belittling us in front of the patients and their families. They call us with names such as hey small nurse came here, university students you know nothing, where are your lecturers they must come and teach you. They are hired to teach, so they must come with you, we are overworked, so we cannot teach. They don't want to teach us, but they just send us to do activities that do not contribute to our learning. You will be send to do errands in the corridor the whole day, when are we going to learn the nursing activities.

Theme: 2 Non-supervision by qualified nurses: 60% of the participants indicated that they we not supervised by the qualified nurses in the clinical practice, they expected them to function as professionals. T

When we are in practice, the qualified nurses expect us to function at the same level with them, there is no supervision and guidance. They forget that we are not yet competent, we are not sure about certain procedures, and we feel not competent and need guidance. This lack of supervision and guidance makes us not to attend clinical practice as we are afraid to make mistakes. Sometimes they allocate us to do complicated procedures, and we will not know what to do, then they will shout at you.

It is therefore recommended to create a positive clinical learning climate whereby the students are protected from harm, ridicule and negative feelings and to develop a policy with guidelines for attendance of nursing students in clinical practice.

Theme: 3 Social reasons: The participants indicated that they are human beings with social responsibilities that needs to be attend to. Social reasons included family responsibilities, death in the family, illness of member of the family, individual illness

The days that I did not attend clinical practice is when I was ill or my child was ill, death in the family or any family responsibilities such as cultural or religious events. Because I am staying very far, I cannot go for the weekend and come back, especially if it a cultural event, I need some days to be at home in order to comply with the traditional events.

Theme: 4 No apparent reason to attend: The participants indicated that sometimes there are no valued reasons not to adhere to attendance in clinical practice. 40% of participants clearly indicated that sometimes they do not have a specific reason for not attending clinical practice as shown by this quotation.

Sometimes you don't feel like going to the clinical practice especially during cooled and rainy days, sometimes is due to oversleeping or when you are tired from social gathering prior clinical placement. You don't feel like going, thinking that you will cover along the way which is so difficult.

The themes concurs with the theoretical framework in the sense that the teaching ways of the future practioners should be well organized to prepare students for their new profession. The three dimensions of the framework fit well with clinical teaching of the nursing students to be ready for their practice.

Conclusion and recommendation

Shulman pedagogy, form habits of the mind, habits of the heart, and habits of the hands. It prefigures the culture of professional work and provides early socialisation into the practice and values of nursing. The project recommend a creation of a positive clinical learning climate whereby the students are protected from harm, ridicule and negative feelings and development of a policy with guidelines for attendance of nursing students in clinical practice.

6. References

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