FOCUS GROUP NO.4

RESEARCHER: MUGWARI JULIA

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PARTICIPANTS: 12

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Researcher…What is work-integrated learning? How can you define WIL in your own words?

G4P4…This is the aspect for nursing education to incorporate the part of practice to theoretical learning. So it is the implementation of the theoretical aspects.

G4P9…I think work-integrated learning is when the learners who are undergoing the studies in the particular profession, learn about the profession through going to work and practicing the particular tasks that they will be doing once they are completed with their studies. So with regard to nursing, the students who are learning to become professional nurses, they practice as students but doing the tasks that they will be doing once they have completed their studies.

G4P2…Uhmm, In addition to what they have said, I would say this work-integrated learning also includes the qualified professionals guiding the students or supervising these students in order to practice what they have learned in theory.

G4P10…For me, work-integrated learning is like when the PN’s get to guide you in order to learn how to do the specific procedure and kind of doing the right things instead of doing the wrong things.

G4P3…Uhmm, I would say it's like integrating the theory with the practical like what you have learned in theory you put it in practice.

Researcher…Are we all into an agreement?

All the participants…Yes.

Researcher…What is clinical supervision?

G4P1…I think clinical supervision is when me as a student uhm I am working under the proper guidance of a qualified professional or any other nurse that is like professional, where I am guided in each and every skill that I am doing, and where I am corrected when I'm doing the wrong things. And yeah, I think it is basically that.

G4P8…Adding on that, as a student in a clinical facility, you just get there without any experience, but because of supervision of the professional nurse you end up being professional in whatever you are doing and by focusing, listening and asking questions.

G4P6…Uhm adding on what they have already mentioned with regard to the clinical supervision, also includes the facilitators or lecturers that have initially taught or shown certain skills are done. Now in the case of going to the clinical facility, they will now show you how to do that in a clinical environment in real life situations. So that they will guide you on how to do certain skills and how to deal with the challenges experienced in clinical areas.

G4P5…Is when the student is guided by the lecturer when they are doing practical and getting more exposure or experiments.

G4P11…I think clinical supervision is when as a student you are placed in a clinical facility whereby you are given an opportunity to do a task or a skill individually, but under the supervision of the professionals.

G4P4…In addition to what has already been said, it also includes a registered healthcare practitioner in a clinical institution either a nurse education institution or the clinical facilities that practice or render healthcare services, mentoring the mentee. This could be the student or maybe a newly qualified practitioner, so to coach them with regard to the implementation and the way of conducting themselves in the facilities as well. Thank you.

Researcher…What are the main purposes of clinical supervision? Why is it important to supervise the students during work integrated learning?

G4P7…As students, we still don't have the experience on the particular skill that we will be doing. So it is important that you have guidance in order for the professional nurse to make sure that you are still within the scope of the skill that you are doing and also to avoid injuries or doing something that is not within the scope.

G4P3…I think the purpose of clinical supervision is for you to be corrected, so that you don't continue doing the wrong things. Because if you are not supervised as someone who does not have an experience, you will do wrong things and grow with wrong things in the career.

G4P6…Also is to enhance the confidence of the students in the particular skill that they have been taught, so that they will be able to do it on their own.

G4P1…Well in addition to what has been said, I think the purpose of clinical supervision is actually to grow the student nurses to become proper professional nurses in the future, and to prevent any medico legal hazard that may occurs during the practice and any litigation that they may face if they continue doing the incorrect things since well they don't have the experience.

G4P8…As student nurses, it's important to be supervised because we become exposed to working with real human beings. So it is more important to have the experience and guidance to prevent litigation. Thank you.

G4P5…I think is to make sure that the learners must get more exposure and confidence and knowledge in practical.

G4P11…I think also clinical supervision is important to monitor the progress of students in terms of how they perform their required skills. So a more experienced person supervising a student will give the supervisor a field of where the student is, in terms of understanding and executing their skills.

G4P2…I would say the purpose is to enhance more competency in the students for them to be able to be competent in the skills and to be able to do the skills independently.

G4P9…I think clinical supervision is important for the students to stay within the boundaries of their curriculum. So students need to be supervised to ensure that they are prepared for the assessments that they are going to have on their level.

G4P4…I would say on the side of the institution is to ensure compliance that those who are not yet qualified should be supervised by those who have been already registered.

G4P3…Uhm, okay ma'am, so when we are in the clinical, clinical supervision sometimes helps us to perform things in an updated way as opposed to what we have learned in our college. So when we get there, they teach us how to do things in new and different ways. For example, here we have been taught the manual BP, but when we get there, we are being taught how to do the electronic one.

Researcher…So but were you able to integrate these two machines?

G4P3…Yes ma’am.

Researcher…One thing that you should not hesitate to do, is learning how to use a manual Bp machine. Yes, it is time consuming compared to the electronic one. However, you can practice the manual BP machine on your colleagues during your spare time to get used to it. We are in the fourth Industrial Revolution, however, our country is facing a load shedding challenge, where most of the clinical facilities at the remote areas are lacking the generator machine when electricity is gone. So, if you have a very ill patient, are you going to stop treating that patient because now the electronic machines are not functional due to load shedding? The answer will be no. So if you don't know how to operate the manual Bp machine, it means you are going to forge the vital signs of a very ill patient which will lead to the mismanagement of that particular patient. Then it is important to know how to operate the manual and the electronic one.

Researcher…I would like you now to discuss and explore the good aspects of clinical supervision. the ones that you have observed from the supervision since you have done your first level up until now.

G4P6…From the clinical experiences, I have observed that some registered professionals are so eager to pass their knowledge, skills and should I say tricks on how to enhance yourselves in the facilities and how to go about a certain skill and how to deal with certain different patients.

G4P4…I would say particularly at the side of the nursing and education institutions, the students accompaniment, I think it plays a major role particularly accompanying the first levels as it is an entry level that needs to speak to adaptability and adjustability of the learner being exposed to the clinical facilities for the first time.

G4P8…In the clinical facility the professional nurses give themselves a chance to teach us how we can do the procedures, so that they equip us with knowledge and experience.

G4P9…With regard to the clinical supervision, fine, and the supervision by the lecturers becomes a safe place of protection because you will find that we have clinical supervisors as if we are their children. So the clinical supervisors are able to protect us from anything that might happen in the clinical facilities. Uhm, we are able to voice out any victimization that might happen from any staff members or any forms of oppression and bullying and we are able to have someone to speak to, when we are being given tasks that are not part of our curriculum or if we are given a cluster of work. So we are able to report that to our clinical supervisors. So the clinical supervisors are protecting us and guiding us through the course. I think with regard to our clinical supervisors at the college across all levels, I think they must have a standard way of teaching the procedure. Because in most instances you will find that each and every clinical supervisor as an individual has learned to do a procedure in a certain way. And when coming to teach that to the students, each one teaches it in his or her own way. And I feel like that would be better if they have a standard method to give to all the students. Because we are taught by supervisor A how to, for example, do wound dressing, and then you are taught by supervisor B. And when you are being assessed, the clash becomes a fact that you were taught the method differently by different supervisors.

Researcher….ok you need a standard way of doing the procedures?

G4P9…Yes ma’am.

Researcher…How do you think we can standardize this issue?

G4P9…I think ma’am that, if there are a team of Four (4) clinical lecturers for a group of 100 students, they should sit and look at what the college is providing. So if the college has provided procedure manuals, they can discuss amongst themselves which method is best in each and every procedure. Then they agree amongst themselves before they go and present the skill to the students. So if they are divided according to the institutions and the number of the students, maybe the other one is at Bara, the other one is at Leratong and the other one is at Dadoo, they must give the students an equal chance to succeed in the skill.

G4P4…I just want to add on what has been mentioned, particularly with the standardization. Yes, if they can have the workshops maybe once in a while, say all lecturers or facilitators for a particular module, let's have a workshop, then you are going to standardize the way of implementing the content. However it comes back to the individual person, so to say this an adult learning. We need to be given direct procedures of implementation of the documents. But as an addition to the improvement that can be done, I think particularly on the side of the nursing education institutions, if ever they can supplement the number of available facilitators during the time of clinical implementation, so that the ratio is 1:10. Then for clinical skills week, then we will know that implementation is 1 facilitator and 10 students.

G4P10…I would like to add on what they have said. Uhm, in terms of protection. I remember in a certain ward, there was this OM and who ensures that we are given different tasks according to our levels. We were not given tasks that are not within our level. So if you are level two, we were given level two tasks. If you are level three, they were given level three tasks, so and so. It was great that the OM was able to ensure that we are given the tasks according to our level two objectives.

G4P2…Ok, another good aspect is getting clinical supervisors that are patient enough with us to like to guide us and make sure that we practice procedures until we get them right. I feel like the college should give us more time in work-integrated learning, like more weeks so that we can be able to get more experience. Because I feel like now if you were placed in a certain ward for 7 days, then during those seven days there are SCG’s. There are certain things that we really don't know that we will never be able to know until we get in the profession.

G4P6…Adding on what G4P2 has said, with the registered professionals, they were eager to answer any question we had and ensure that they are not feeling disturbed or overwhelmed by the questions and making us feel like we are irritating them or like we are very incompetent in some ways. We also need more realistic scenarios like the idealistic ones. You find in the ward or wherever clinical areas you have been placed at, they have taught you in a certain manner and the scenarios we get during simulation should be more realistic and be equipped on how to do or perform the skill properly in the ward.

G4P1…Since in our theory we have been taught the different institutions like the public and the private sector specifically. And then we are mostly placed in the public sector where most of the PN’s there, they get to educate us more about the functioning of the public sector where some of the policies we have never been taught in the class. For example, the different hospital policies and the functioning of the hospitals and so forth. Yeah, I think that also assists us to know what to do as students and what not to do as students. Since well in theory we have been taught legal and ethical framework, but not specific to most of the institutions.

Researcher…That is true. Remember when you are in the class, some of the aspects will be the foundation of the knowledge on what you are expected to know at the clinical facilities. So the legal and ethical frameworks, yes I do understand, they form as the basic foundation of what is supposed to be done and what not to prevent the litigations. You are not going to find the legal and ethical frameworks as a module for the whole semester where you will be taught all the policies pertaining to different units at the hospitals and PHC’s facilities. That is why it is important to go to the clinical facilities to integrate most of the things that you have been taught in theory and what is being practiced and what you are going to experience at the clinical facilities. Information that you receive in theory is not limiting a student to new different aspects during the clinical training. It just adds a building block to an existing knowledge.

G4P11…I think a good aspect about clinical supervision is that during theory you learn how to do certain skills in an ideal world and during clinical you are taught how to perform clinical procedures using limited resources which actually assist us in preparation for the future.

Researcher…Can you give me an example of how utilizing limited resources assisted you?

G4P11…I will give you an example ma’am, of wound dressing. You will find that we have got a lot of patients who require wound dressing, and now the gauzes that you are being provided with are limited in such a way that they cannot cover all the patients. So, I have learned that you can cut a single small gauze into a half, so that we can accommodate all the patients without compromising their wounds and still applying the aseptic technique. That's why I'm saying we are being taught to utilize the limited resources, but assisting the patients holistically.

G4P4…Yes, I would say the ability of the clinical supervisors to allow a learner to take the knowledge and implement it under supervision and being coached and to be hands-on, so that they give the opportunity to the learners to actually put into practice what was demonstrated and what was learned.

G4P6…This is another good experience that I have experienced. I attended an SOP meeting where they were discussing and formulating the policy that they can follow, especially when coming to the students on how they can assist in ensuring that students meet their objectives, and how they can go about doing those things without disturbing the daily routine and stuff like that. Because in some instances you will find that they delegate us to a certain nurse, but that nurse has to do her own tasks. So they wanted to come up with the solution. The policy will stipulate that the delegated nurse of the particular day will be in charge who will make sure that, for example, second year students how to properly give oral medication, or wound dressing and so forth.

Researcher…I am really glad that at least one of our clinical institutions is going to implement something that will eradicate and solve the challenge that the students are having of not meeting their objectives or being delegated without considering their level of study and the objectives. It was also good that you were exposed to such a meeting prior to entering third year.

G4P3…I think with the healthcare facilities, the lecturers should go there and brief the staff on what is expected for us by explaining the procedures in the manual. Because sometimes they get even confused and they don't even know what is expected of us in those procedures. So it is best for the lecturers to go and brief the staff on what needs to be done, so that they can be able to supervise us. Because even when they are willing to supervise us, they don't even know what is expected.

G4P6…And also with the certain updated skills in the clinical facilities. It is good they equip themselves on how the clinical procedures are done in hospitals and how they can integrate with the content that they already have. For instance during the BP procedure during the clinical simulation, they teach you how to do it but at the clinical facilities it is electronically. So they must integrate the updated procedures in the facility.

G4P1…I also think with regard to the exposure of the students when coming to the expected outcomes there should be someone delegated for specific students. For example, if you are level 1, I remember when we went for our first clinical sessions at Dadoo, we never had a nurse that was actually delegated for us to guide us on how and what to do. We have to find our feet by ourselves. So, I think if they could be someone delegated. For level one students, their outcomes are usually done by enrolled nurses. Maybe an enrolled nurse assistant can be delegated to supervise them. They highly get supervision from those nurses. Because we also have this mentality as students that we are supposed to be supervised by professional nurses, whereas if you are level two the enrolled nurses could assist you in oral medication as they are more skilled and doing that procedure on your daily basis. So I think if there is a nurse that has been delegated on a daily basis when there are students for a specific level and specific outcomes.

G4P8…Adding on that, if you are not supervised according to your outcomes, at the end of the day you will miss actually what your objectives are. Like, they will delegate you the task for student nurse level one, while you are in second year. So, you will miss your objectives.

G4P11…I think also from the college site they can improve on how they allocate students in hospitals. For example, you will find that there is a student who is rotating medical wards and has less exposure to surgical wards. Yes you are rotating wards but it is medical wards. So I think they should also have a look at that in terms of exposing students to different departments.

Researcher…Regarding this aspect as the college we are no longer having the power or mandate to allocate the students. It has gone as the responsibility of the clinical and education training unit (CETU) to allocate. At some point we try to communicate with them so that they consider the previous allocations, but still when we receive the new allocation for the new block, it will still be the same. For instance, if during the previous block you were at ward one which is a medical ward, this new block you will be placed at ward four, which is still a medical ward. So this issue of allocation is still a challenge even to us as lecturers.

G4P10…Adding on that there was a situation last week where the second year students were placed at ward 5 which is a gynae ward and our objectives are in ward 15 a surgical ward, where they have placed level three students. So we had to get out from the Gynae ward to the surgical ward so that we could fulfill our learning objectives.

G4P1…With regard to the student placement for all levels, I think there should be proper consideration on the number of students that are placed on a particular ward and also there should be communication with other colleges. For example with Bara, we have students who are coming to Leratong hospital and Dr Yusuf Dadoo. You will find that there are seven students from Bara and five students from Bonalesedi in the ward. And we all want to meet the same objectives. And I remember this other time, it was last week if not mistaken, during administration of medication. All of us wanted to be there because it was basically what we were assessed on. And the nurse who was administering the medication was also frustrated, because she couldn't answer all the questions we were asking at the same time. And then each one of us was holding a file. Can you see the medico legal hazard by not identifying the patients because we just wanted to get an exposure of an administration of the medication. So maybe I think communication between the institutions that are sharing the same facilities would be beneficial to all of the students.

Researcher…This is again taking us back to the CETU department. Bara College doesn't allocate, if they are taking their students to Leratong hospital. They send the names of their students to the CETU department at Leratong hospital. CETU will allocate Bara students and send back the feedback to Bara College. That is why I'm saying this is a challenge to us clinical lectures, because the people who are placing the students are CETU personnel.

G4P9…I think also the communication between the hospitals and the college. Because what I have seen is that hospitals have a number of wards, but every single time when we are placed, we are being placed back to the same wards. For example, at Dr Yusuf almost five or six wards are being utilized by the students, instead of using the other wards. They just switch us between two units. And when they bring in third level and first level students, they bring them to the same wards. So it causes an influx of the students in the ward. And I feel like its steps from looking at the wards that are having shortage, and they want to place the students. And it is always the medical ward, instead of creating the division of the students amongst the wards. Then it would be much better. They are placing the first year students in a pediatric surgical unit. I think it is not good when they are placing the students in the ward where there is only one registered nurse because that also creates an influx.

G4P5…I think there must be good communication between the hospital and the college and the wards when they place the students. And the reason why? When the students want to go and attend the SCG, sisters don't believe that students are going to attend the SCG. They end up reporting the students to the matron that students have disappeared. And at the end of the day, they refuse to sign the students' trackers. So it means the college must send the dates of the SCG, so that it can be easier for us.

Researcher…The SCG and accompaniment program is being sent to the facilities and to the different units. Unfortunately, at the hospitals, they are utilizing different schedules of duties. If I am sending the program and find Sister A and Sister B today, tomorrow they can be off duty and Sister C and Sister D come back to work. So this means if they do not have a place where they can file the communication regarding the students’ program, it would be difficult for the new shift or for Sister C and D to know the students whereabouts, if they have poor communication with regard to that in the unit itself.

G4P4…Ma'am, particularly on the education institution site, maybe they can improve in demonstrating the procedures rather than presenting. Say for instance, a procedure of suturing. It needs to be demonstrated and the students being given the opportunity to practice during the skills week rather than presented through lecturers’ slides. And that can be achieved by making the availability of resources.

Researcher…I would like each one of you to explore and describe the good experience that you have had since you were allocated from first year until now in second year. What good things have you experienced with regard to clinical supervision during work-integrated learning?

G4P1…Okay, with my first year experience obviously I was shaking. I didn't know anything about nursing like I knew nothing about a patient per se. But during my allocation as a first year student, I got to work with professionals who were patient with me during the first year. It was the TB ward. So we were panicking obviously because It is TB, and it is contagious and so forth. But those professional nurses, in fact the staff in that unit, were so patient and so kind in a manner that we got to be comfortable in their unit. We got to learn things that we were not able to do. For example, with the TPR, we had no knowledge on how to use the BP machine. But that lady was so patient with us. She moved with us, and it was like we were five. Then she moved from one patient to another assisting us and telling us that this number is for what and this number is for what. And from that day onwards, we were able to do the TPR and the BP on our own. Now in my second year, I feel like I'm a professional. I was allocated to the Rietvallei clinic at the acute section. So that Sister gave me an opportunity to work independently even though she was supervising me. But I got an opportunity to assess a patient on my own unlike when I am in class listening on how you do the assessment. I had to do it on my own and she therefore corrected me where I went wrong. So from that day onwards I knew how to do physical assessment on the patient rather than sitting there and writing that the respiration is 19 without even checking that it is 19.

G4P3…I remember in first year ma’am, when we were doing our first formative assessment which is a conducive environment. The sisters in the ward were so helpful to get to a point of assisting me in doing bed making, ensuring that the environment is conducive. So for me, I even passed and got to 100%. So now because of the shortage of staff, since I was placed at ward 23. The operational manager there, will make sure that she takes 1 or 2 assistant nurses and pairs them with the staff nurse. And 1 or 2 staff nurses and pairs them to assist professional nurses so that we stick to our objectives with the available staff nurse.

Researcher…We congratulate you for getting total during formative assessment.

G4P1…To add on what I have said, I remember when I was doing my first level. I had never seen a dead person before. So during my first experience and exposure to a dead person, I was also shaking because I had no idea on what to do. Because that patient just demised, and his eyes were opened. So, like I wanted to run but then that nurse continues to hold me. She was like, I need to calm down and we had a small talk, you know. And after that we went to do the last offices. It was scary, but then it was a nice experience. I don't wanna lie. Because after that day, I was able to do the last office, because I know a dead body is just a dead body. It does mean that it might wake up, even though that dead body was so scary. I know it cannot wake up when it is dead, like yeah.

Researcher…Last offices will always be a traumatic experience during first exposure.

G4P6…First semester in my second level when our objectives at that point was CPR. And the sisters were aware about it, that we were supposed to do the resuscitation. So inconveniently, there were two CPR’s needed in the ward, in the real world. And there was a shortage of staff members. So they just pulled and threw us there. And I was one of the people who was pressing the real patient. The patient was vomiting so much blood and at that moment I felt like I was in the movie. I started crying with the family. But at the end of the day, the Sister debriefed me, and I got a day off ‘’nyana’’. They said, okay we understand what you are going through. And they put themselves in my shoes. Since it was my first time actually doing it practically not on a doll ‘’ebele’’, on a real human being.

G4P8…I was allocated at casualty Bara, and it was so full, so that we even inserted the IV lines. And I even got a chance to teach my colleagues how to insert the IV line.

Researcher…So at Chris Hani Bara, do they allow the students to insert the IV lines?

G4P8…Yes, they do.

Researcher…What I know is that, in most of the tertiary and the academic facilities, the professional nurses refuse to insert the line, they say, it is the responsibility of an intern doctor. So at least you were given a chance and able to insert the IV line.

G4P8…During an emergency they insert the IV lines.

G4P11…So during my first semester now in second year, I was allocated to casualty here at Leratong hospital. There were a lot of accidents. This doctor also called the student nurses that we must help her suture the patients, because she is having backache. That is what I have experienced.

Researcher…So did you end up suturing?

G4P11…Yes, I did.

G4P10…So the best experience of my experience throughout my life was in all levels, one and here now in level two. I was placed in ward 4 and Sisters there, yooo, the OM actually. She was so nice. She was very much patient with us, teaching us everything. She was like, you can ask me anything and she answered all our questions. And we were able to do all these tasks completely and competently. She also showed us how to write a delegation even though it was not part of our learning objectives. Because this was for third year. It was a very nice experience.

Researcher…When you reach level three, you will be teaching your colleagues how to write a delegation.

G4P7…I had a lot of good experiences, but the one that was best for me was just last week. So in the ward we are running short of the staff. So like there was this PN came to me and asked me, do you know how to draw the blood? I said yes. But deep down I knew that I have never drawn blood using a syringe and needle. She just gave me the syringe, the needle and those bottles for the specimen. I was like Sister, I don't know how to draw blood using a syringe. She was like, no, you can do it. Let's go to the patient, I will show you. And then she was there. She didn't even show me, but I told myself that, you know what, I'm going to do this by myself. Then I managed. I did it perfectly, like a person who was not doing it for the first time. I also pad myself. I was so excited the whole day.

G4P2…It is also an experience from ward 4 and the unit manager. The ward 4 unit manager is very much protective. And she teaches the students. So actually this week, we started working in ward 4 last week, and she only noticed this week that we are level 2. And we have been working with her in her office together and with the staff nurses assisting her wherever she was delegating us. So during the Monday morning she asked us why others are not having the epaulets. And then we explained the reason why. That's where she noticed that the ones who were having the epaulets were second year, and the first year were not having them. So she said from now on you know your scope. You must be with the staff nurses. They will show you the work. She even refuses the assistant nurses, when they come to us seeking assistance. She would say no, these ones are not available.

G4P4…For me I think ma'am throughout the past year coming to this year, it has been my expectation for such a best experience. What really stood out for me, was coming across the patients who were just discharged, and they recalled and called out my name. So for me, it actually defines me and shows the good care that I rendered to them.

Researcher…From the past good experience that you had, what did you find working better for you when you are allocated at the clinical facilities?

G4P6…I know there should be facilitated or supervised skills. But for me, like you teach me something once. So I feel very uncomfortable and prone to a lot of mistakes constantly by pressing on my neck. I will end up not knowing how to do that skill perfectly and by looking at me. I get very nervous. So I feel like, if you teach me once, leave me alone. I will do it properly and independently.

G4P2…I feel like I am in the same spot as her. I don't like, okay, working in a group sometimes it works. At a certain time, I just prefer being by myself and working at my own pace.

G4P3…I think what works best for me ma’am is rotating the departments, especially clinics. And also working with different registered nurses, so that I learn different things from different people.

Researcher…You prefer acquiring different knowledge and knowing different characters, because as soon as you are working with different people that is where you are going to see the different characters.

G4P3…Yes, ma’am.

G4P6…Also the manner in which you are being taught as a human being really matters to me. No, you are a student. Starting to use the undermining tone, like you are very dumb. Like I just don't know how to do certain skills. They will be using some belittling words and belittling tone, so that you will feel like you are incompetent. Like talk to me properly. Like one, two, three is done like this, let me show you how you will do. Also don't shout out at me. I don't like it. I'm just a crying baby, I can cry.

G4P10…I feel like what works better for me is working with the staff that is very patient and is willing to guide me step by step. Not making shortcuts. And just be patient with me, guiding me step by step. It's like step by step, really works better for me, and constructive criticism. Not making me feel like I am belittled. I will end up feeling dumb. So constructive criticism and step by step guidance work best for me.

G4P8…What works best for me is, allow me to work independently and where I don't understand, I will come back to you and ask.

Researcher…You don't need a person who keeps pressing on your neck?

G4P8…No, ma’am, it gives me pressure and I lose concentration.

G4P9…I prefer working in one department for as long as possible. So if I'm in the clinic and there are a lot of us, and they want us to rotate in the cubicles. I don't like that. I like working in the particular cubicle or particular ward until I am fully competent and completely understand what happens in that department.

Researcher…So how are you going to be exposed to the other departments?

G4P9…I feel like even if it is one day, let it be one full day. Then maybe we will exchange the following day. If I'm in the clinic, I don't want to work here for 2 hours, the next hour I'm taken out. So that I can be exposed to everything in that particular department and I know what happens in that department.

G4P7…Uhm, what works for me is that, I believe that if we were to start a week in a certain ward, I should be oriented fully about the routine of the ward per day. And like what are the norms and how they work, because I feel like certain professional nurses when we get there, they treat you like you already know everything pertaining to your academic level. Yeah, so please just explain things thoroughly, and whenever I don't understand, I will come to you and ask. That works for me.

Researcher…Orientation of the students or new staff members in the unit, is compulsory and is very crucial. They know it very well at the clinical facilities, because whenever you have oriented a person, you will save time for this person not to malinger in the ward whenever she is looking for something. And knowing how the ward runs each and every day, prevents a person from asking even simple things that will again irritate them.

G4P1…I think I work best when I'm working alongside someone who gives me the same attitude that I give back. So going back to the statement that has been said, that nurses will belittle you. And for me if you are a professional nurse, and you come at the profession not as a person, I work best with you. Because I am able to learn from you as a professional not as a person. if you don't come with your personal values and wanting to inflict them on me, like, let's say you are older than me and obviously they are older, and you don't come with that mentality that you are older than me, and you want to boss me as a mother, like I can't function when you are like that. Because I'm not learning anything, instead I become afraid even asking a question, because like now I see this bossy mother who is controlling, instead of coaching or guiding me. So I normally function well if you come as a nurse not as a parent. Yes, you can be a parent maybe during tea time, but then during work time be a professional. Then, I will function well.

G4P11…I also feel like I work best if I am orientated in your ward at the clinical facility’s routine. Because I don't want to be told every time and follow me around. Like, tell me in the morning and do proper delegation, I will work according to the delegation, so that I will know what I should do.

G4P2…One thing that I don't like in the wards, are those meetings that are being held from 7 to 10:00. Because they will start giving a report, and after the report, they will discuss maybe a meeting and whatever feedback. So, from the feedback, we do in-service training, after in-service training it will be just something that also takes time. And we start the routine very late. I don't like that. I work on time. So let's just work on time.

Researcher…How are you going to work better, if you didn’t receive feedback regarding the patients’ complications, the incident that happened maybe during the night or in your absence? How are you going to improve if such meetings, particularly the feedback are not being held?

G4P2…Yes I do understand the feedback and the report ma'am, regarding maybe the patients’ conditions and any feedback where we need to improve. But there is like an argument in between their own meetings that takes so much time.

Researcher… Do you wait for them to finish their meetings, so that you can start with the routine together?

G4P2… No. Whenever I see that, this does not really concern me as a student, like the other day they were arguing about the working hours. The unit manager was explaining that she was from the management meeting, and they have decided that each and every employee will be working at least 168 hours per month. Now there was a professional nurse who was arguing that she is working thirteen months and she doesn't get paid for the thirteen months. So the operational manager was just trying to explain what is happening now. And this Professional nurse doesn't want to hear, she was emphasizing that she's working thirteen months and she is not getting a bonus for that. So, I ended up leaving. And the operational manager emphasizes that the Matron says she should switch off the off duties, even that one she started complaining about it.

G4P6…So I work best in an environment where professional nurses do not expect me to include myself in their personal problems amongst themselves. I was in ward 13 where one of the staff members was with the OM. Then she spent more time with her. Now I am involved as I am not right, whereas, I do not know where it has started. So, now the nurses are treating me differently.

Researcher…I think these two professional nurses are lacking problem-solving skills. Because you were not there, whenever they started fighting. Now you are being involved in their fight. Apparently now they are mistreating you. So unfortunately if you can report it to the operational manager, the situation is going to worsen. However, you need to make the operational manager aware of the situation and that you are no longer comfortable due to the way they are treating you right now after their arguments. If really the situation worsen that when all you need to involve your clinical lecture, so that you can be moved out from that ward to another ward.

G4P3…Uhm, ‘’nna’’ ma’am, I work best with those strict nurses. Because with us students, we take advantage and relax. I am one of them. When I'm paired with very strict people, I know I'm gonna work because they will force me to do things in the correct way. I won't even relax, because I know they will be on me. The soft, soft ones, no. I relax and end up not knowing the job.

G4P4…I think for me independence works best. Like, if there is no independence, there is going to be no productivity. For me there should also be communication. Effective communication that is successful, to say now the sender must become the receiver for this information to be successful. So there has to be a response from whoever I am communicating with. And there has to be collaboration. We need to collaborate and work as a team. These work best for me. You do this, you do that, do that first. By 10:00 we will be done and then we go. So teamwork, collaboration, communication and independence are best for me.

Researcher…Focusing on the current nursing practice, there are strengths and successes that have been lost, therefore, need to be rediscovered in this current nursing practice. What are those strengths and successes?

G4P6…I think it is the collaboration between nurses and doctors. Doctors have these things that nurses should feel that, it's okay, they are their maids not the core workers. Now the doctors are not doing what they are supposed to do because now I will delegate a sister to do it. But it is your scope of practice, you need to do that. And we as nurses, we are not your maids, we are not beneath you and you are not above me. We are at the same level even though financially we are different. Collaboration between nurses and the doctors needs to be rediscovered and strengthened, so that everyone knows his or her position.

Researcher…This aspect needs nurses to be united, stand their grounds and collaborate. Because now it has been a trend that the doctors see and value the nurses as their maids. The problem also starts where only one person needs to correct this norm instead of all nurses. If a doctor incorrectly disposes of the gloves in the black plastic, it is still a nurses’ responsibility to say, sorry doctor, may you please remove your gloves from the black plastic to the red one. Because even if you didn't say it, and then now comes the infection control inspection, as a ward you are going to fail because you are not following the correct proper ways of waste segregation. So if one person tries to correct that, and the other people sit at their corner gossiping about the one who did the right thing, it will be difficult to win this battle of working as a doctors' maids.

G4P9…I think nursing has been a Godsend profession where nurses used to care for the patients and one another holistically. Then, now people are transferring it to hustle. People are coming to nursing because they are getting a salary. They have no desire for people, where they are supposed to have a desire to give and care for the patients’ needs. So, that is why nursing has gone down because people who are in the nursing department have chosen an inappropriate career. Because they do not want to do their job. They are doing their job with a negative attitude as if they are being forced to do it. They don’t have any mercy on the patients. They are careless. They are selfish in that, they will put themselves first and their needs first. Whether it be the needy to take days off to do whatever, at the expenses of the patients. Because they are not in the profession that they like, but they are getting money for that. So these have caused a decline in the current practice of the profession. If we can restore caring and people who are selfless, the reputation of the nursing profession could change.

Researcher…Definitely, if we can change the way we are doing things and restore care of one another and the patients, all these issues of being selfish, having a negative attitude and not having mercy towards the patients, could fade away. Because nursing is a caring profession.

G4P4…Going back to the extent to which students are exposed. The time frame of exposure to clinical facilities. I think with this current program, it's diverted the focus. Now the focus is particularly oriented to the theoretical aspect of it, to produce nurses who are capable of theoretical research to combat the epidemiological challenges. But then the cadre of nurses lack the clinical aspect of implementation due to the limited time for exposure at the facilities.

Researcher…If I may ask, is the problem here lies within the program R.171 or does it lie within how Gauteng College of nursing conducts or implements its processes?

G4P4…As far as I am concerned from my own observation, it is the program R171. Because nursing has been shifted from the National Department of Health to the Department of Higher Education and the training, so according to the legislation and policies of implementation for higher education and the frameworks say, for an academic year, you must have these number of weeks. And within these weeks, you must accumulate this number of hours per week. So then it tends to limit the number of weeks one can be exposed to, in the clinical aspects. If you can compare with the previous regulation R425, there would be an extensive exposure, to say that what has been learned during theory, can be integrated practically and competently.

Researcher…Going back to the three years program of becoming generalist nurse R171, I think it was proposed a long time ago. I still remember during the strategic planning 2015/2016 under the leadership of former minister Dr Aron Motsoaledi, it was clearly stated under the nursing education and training that the R425 program is producing incompetent nurses because they are doing a lot of specialties at once. Now focusing on the issue that is happening now at GCON, your examination has been postponed due to certain issues. You are having a lot of extended LRT weeks. I would like to know here regarding the issue of shifting the master plans, which also affects writing of the examination and getting extended weeks of working after summative assessment. Who is responsible for those extended hours for LRT? Is the Council for higher education or the department of health involved here?

G4P4… I think now it is the college process. And they have just to maintain the stipulated minimum required weeks as per the policy stipulates and emanating from the Department of Higher Education and training. And yes, the concern with regard to the cadre of nurses produced by the regulation R425, it says because nursing is a dynamic process which is evolving research based on the diseases that are so evolving. Yes the R425 was competent clinically but not so competent theoretically to actually conduct the research, which is going to come back and say for us to be able to combat the particular disease, this is how we need to go about. But R171, we are producing that cadre of nurses that is going to be able to compete particularly in the research field in the theoretical part of it. We know nursing is a skill, you know. We will have to go back and seek to find a point of equilibrium to balance. Maybe we can come back with another program that will see to actually groom both types of nursing.

Research…It is not the Gauteng College of nursing, it is not the Department of higher education or the Department of Health who stipulates the required hours for a particular program. It is the South African Nursing Council who stipulates the required hours for certain programs. The nursing education institutions are responsible to design the curriculum and stipulate how they are going to balance clinical and theory. So that is why I am asking, is the problem lying within the program R171 or it is within how Gauteng College of nursing implements its process to the program?

G4P3…I think ma’am, the problem lies within the processes of Gauteng College of nursing. Because this R171 is also done at the universities. And they allocated their students at the facilities. Because when we were at Bara, we were having the students who were doing R171 from Wits University. And they were there, I think for three weeks. And we were only there for a week. So the problem is how things are done at GCON.

G4P4…I would to conquer with latter speaker, to can say it goes back to the college processes particularly you spoke about the curriculum matrix and the developmental stages of master plan. Because then as much as the department of higher education would say this is the framework that governs implementation. It is the best line of implementation. It does not seek to limit or restrict time of implementation in that regard. For instance, a semester is made up of 15 weeks. 15 weeks it's about 4 months. And you have 12 months in a year, so you can have a semester that is made in a space of eight months in a year. But now you look at what challenges we have and what shortages we have, particularly now since we established that we require a lot of time in clinical space, so that we can look at it and see that we can start the academic year in January. And it means you might have just ample time to implement and ample time to rest. Because we do not want to have an institution that actually produces suicidal people. It will be feasible if the institution itself can go back to the drawing board and seek the SOP for hours on how we can then implement it to the best interest of the students. Yes, it is still early, and the institution is still very young. There is a boundary, but we need to be listened to. And I appreciate the session because it seeks to listen to the people at the grassroots level who are implementing and that is where we get the best session emanating now. Communicating with the SOP for the better implementation just to seek to address the best interest of the student.

G4P2…I feel like the regulations must be emphasized in the healthcare professionals, in the healthcare units and in the healthcare department. For instance, if I can go to the ward and ask maybe one healthcare professional, maybe about a certain ethical and legal framework, that person will not be able to really answer you, unless it is the operational manager or the matron or a professional nurse maybe, I don't know. Like it's really rare. Maybe nursing regulations have to be emphasized and have to be taught.

Researcher…Nursing regulations, the ethics and the legal framework, indeed they are supposed to be taught and strengthened. All categories of nursing professionals need to know about their regulations and their scope of practice. The Ethical legal framework and regulations are applicable to everyone, regardless of the different units because they are the same. Unlike the policy whereby now it means certain applicable policy will be only known by certain people in a specific unit. But the regulations and the scope of practice must be strengthened and taught in the units so that people get used to them. Because all these legal frameworks are the ones which assist us on how we behave in the workplace and in terms of taking care of the patient, what is it that we must not do to the patients and what is expected for me when I am rendering the healthcare service. If you can go to the enrolled nurse and ask about her scope of practice, to be honest you will find it very difficult for her to answer you, hence they keep on saying I am working according to my scope of practice. What does it say? She doesn't even know.

G4P6…There should be an emphasis, I am thinking or I believe, on the stay of students in the wards or clinics. They are not there for the staff that is missing. Because most of the time you will find that the students are placed in certain wards where there is shortage of staff and they end up doing the duties they are not supposed to do and not in their objectives. And when it comes to the time where the nurses need to sign the students’ trackers or the workbooks, they will be like no, we didn't see you do that. That is not found here in the ward. Whereas you slaved away during the day doing things that are not in your objectives. So to have knowledge the staff member should know how to help when students are there.

G4P3…Ma’am, I think they need to return to community service, because previously nurses were trained because there was a shortage. Now it is like they just train you to stay at home. Because now nursing is about evidence-based practice. So they must bring back community service.

Researcher…Yeah, it will remain a gap because now the colleges are producing more nurses than what universities do, to cover the shortage which is massive in our country. So if after completion of the training, they are saying there are no jobs, you must be on your own. Where is the need to train and produce such a huge number of nurses who are ending up being jobless? Because the department is having a huge shortage that needs to be covered.

G4P9…I think they also need to bring back the care of the students. Like we only got hepatitis B once, when we were in first year. Because we are also dealing with bloods and the other human body fluids, and there is not really the same amount of care they have for the students as they do have for the entire health care force. Because we are exposed to the same amount of infectious diseases such as TB, HIV and Covid. As the student nurse, if I can get sick I will not be rendering the service and opening a gap. And I will be admitted to the very same medical ward where I got sick. So we are still urging them to include the students within the workforce to make sure that students are also getting the right vaccine against all these infections and diseases. Because just because we are the students, it doesn't mean that we are not part of the workforce. We are part of the workforce. We do contribute to the care of the patients and we also need to be taken care of and being protected.

G4P6…Adding on the care of the students also the PPE. You will find that you are getting to the ward where there is TB, or it does have any other communicable diseases. We will find that the unit manager or the staff members tell us that they do not have masks or aprons for students. They, themselves wearing masks, are wearing all the protective gear to protect themselves from any diseases. But they will tell the students that they do not have it.

Researcher…How did you go about this issue? Did you report to the clinical education and training unit manager?

G4P6…We did report it to the unity manager and facility lecturer. We have to struggle and some of us go to other wards to ask for masks or aprons.

Researcher…It must be reported to the unit manager for clinical education and training departments because she is the one who is responsible for the allocation of the students. There is no way that you can work without having protective gear meanwhile they are expecting you to work with them. You are exposed to the same amount of infection with them. How can you work in the TB ward where we all know that those patients are TB active and others have defaulted the treatments and where other patients have developed multi-drug resistance?

G4P10…Professionalism is lost. So if nurses could try by all means to take it back because the way nurses conduct themselves at the workplace, it is unacceptable and unprofessional. The way they talk to one another, it is disrespectful. I think they could restore professionalism.

G4P1…In addition to what has been mentioned now, also with nurses that we have nowadays, I'm not sure about the past because I was not there. But nurses literally do not care about what they say to the patients. They say whatever and however most of the time. Not all of them do, but most of them. So I think if we could go back and take those nurses, I don't know, for training or whatever maybe, where they can learn how to actually have good interpersonal relationships with their colleagues and that trained on how to speak with the patients at the end of the day because. I have never heard any complaints from people who are like my uncles and the older people saying they were insulted by a nurse back then. But now it is very simple to be insulted by a nurse. And on top of that we nurses should try to refrain from using social media platforms to actually vent about the negative things that the patients have done. We should use the proper communication lines to actually do that.

Researcher…Yeah I think the proper way of using social media could be advisable because everything that will be found on the social media pertaining to the nurses is always about the negative behavior. Like nurses are the heartless, people who don't care. But then how can you refrain from using social media because you are the generation that is using the very same platforms? How can you educate someone to use social media in a proper positive way?

G4P1…If we find a proper way of using it, because I think we can use it in a much more productive way instead of using it in a negative manner, where now I am showing off patients in a negative manner. I don't know how to explain it, but use it in a way that is going to assist the public. For example, most of the people know nothing about the Batho pele principles. Maybe you can use it for educational purposes, so that people know more. Most of the people don't even know how the triage works at the casualty, hence, they will feel that the nurses are just passing without assisting them. Maybe if we can utilize social media for such things, we go there and educate nurses on what we know better.

Researcher…From the past experience you had, what could be your wishes and dreams for ideal clinical supervision? What do you want the ideal clinical supervision to look like?

G4P9…I think for me, it's like standardization. Like anything should be standard and clear because that way will prevent a sort of friction and rebellion. For example, if things are standard from both the management side and the student side per a certain standard, there would be no friction. For example, if things are communicated clearly in writing and it's kept like that. For example, things like dress code. If there is a standard that is being implemented for the students and there are no exceptions and everything is written down, there is no way that there would be friction. Because now whenever I say I'm going to GCON, I will be a student there and I am expected to dress like this and that and the lecturers understand, they will not use their own shortcomings to chop out some of the standards. For example, you are the facilitator, we have to meet at 8:00 and you have your shortcomings, then you say the meeting is going to be at 10:00. But you chose to send the message on WhatsApp at 8:00 in the morning. And our students who came at 8:00 and found no one, they left. And they get a message that they were supposed to see you at 10;00 but the written thing was supposed to be 8:00. So now they got punished because they left. And those who got the message, they met and were rewarded with whatever gift. This is the challenge that needs to be fixed. Standardization, policy and continuously updated and written communication, so that everyone follows. So there is not going to be like, you are being rebellious, you are ridiculous. You are not keeping it. You are stupid. There won’t be any conflict of friction.

G4P4…My ideal clinical supervision would be that the students are placed at the nearby clinical facilities. Because this will also communicate with the facilitators as well to accompany such students to the nearby facilities. Then it will address the issue of orientation and induction as well. And also within the CHC's, particularly the facilitators, the ideal situation is that they want to see one student being in a consulting room at a time. This also empowers the students to be able to learn and engage with the supervisors rather than being in a crowd. Two is more and three is even a crowd. Then this can make it.

G4P3…So, my ideal clinical supervision would be when students are placed in the clinical facilities, they are not there to solve the problem of shortage of staff. Things should continue as they were before. Students are there to learn and achieve their objectives. So, allow the students a platform to do what they are supposed to do, not to cover up for the shortage of staff, so that at the end of the day they achieve their objectives. Because ma'am, in other wards, you will find that you are working with the staff members who do not care and are not even willing to teach the students. So they will be just sending us to do this, do that. Something which will be out of the level two scope and objectives. We will just be doing the routine of level one. But whenever we ask them to show us what we are expected to do, they tell us that they do not have time because there are many patients, and a lot of stories. So I think that if we work according to our objectives, yes, we can assist them when there is a need, as long as we achieve what we are there for. Not to cover up where there is a gap with regard to the shortage of staff.

G4P6…I think the issue of students not doing delegation in clinical placement, orientation and induction. I would say like one professional nurse and one student. For example, in the clinic. It will be coming from the adequate planning from the facility and the clinical supervisors. And by avoiding the temptation to make decisions, like so hastily. For example, if a plan is done for the class of 2024, it can be adequately planned. For example, using facilities for another institution. Like how Annlatsky is utilizing our clinical facilities. It is because of poor planning by the college. We have seen where we were supposed to go to the schools, but it ended up not happening. Because there was very poor planning. And one of the problems is that it puts clinical supervisors under pressure due to the decisions which are being made abruptly. Because the plan is not followed. So making a plan is very much easy, but taking the step and having the discipline to follow the plan needs to be followed. To submit things to the clinical facilities on time, so that the students have space, and they are able to be nearer the college. Placing the students accordingly, so that there are not too many students in the facility or in the ward. Because, if there are seven students, two will be doing oral medication, two will be doing insulin, two or three may be doing vital signs. Not all of them are looking at one nurse doing oral medication. So all of these things can be avoided through proper planning on the aspects of the clinical areas, looking at what is expected, what are the outcomes, where can they be placed and when can we place them, and sticking to plan and time. And avoiding the temptation by making abrupt decisions. Because it is a chaos and it causes everyone time and their professional competency. Because it looks as now either the students are being rebellious or the clinical facilitators are being incompetent and that creates a friction that is promoting an unhealthy learning environment in our facility. So the proper planning and orientation of the students with regard to the clinical placements will be my ideal clinical supervision because we would not want to see the future students experiencing the very same problem that we are experiencing right now. If the college could plan properly and submit their documents for situational analysis properly and in time, it could evade this problem.

G4P11…I dream of clinical supervision where students should be allocated more time at clinical facilities. Also communication about where you will be allocated, should be communicated earlier if possible when receiving the master educational plan. They should also include which clinical facilities you are allocated to, so that we can plan in advance. I'm speaking for my side. If you are going to send me an allocation on Friday saying that on Monday I should go to the Simunye clinic, financially I am not prepared. So if you tell me when the year starts, that on this day, at this time, you will go to this facility, therefore, I can prepare myself properly.

Researcher…One other thing that you should know is that, the lecturers are not even involved during the development of a master educational plan. That is why even now they have changed it again, we are still waiting for them to communicate and send us the recent one. So the continuous changing of the master educational plan not only affects students, but also lecturers. The minute it changes it affects the lecturers’ vacation leaves and study leaves. Because now they said, we don't have to compromise the teaching and learning, hence again on your side it affects you financially. Because if you know that the first and second week of a particular month you will be writing a summative assessment, and now they have postponed it. Meaning that you must continue with going to the clinical facilities instead of being here at the college. This will indeed affect you financially and the way you were supposed to be allocated, especially when coming to the clinics where you are spending a lot of money for transport. We don't receive the master educational plan prior to the starting of a new academic year whereby we can have a proper planning as to who is going to which clinic at what time. It will be challenging.

G4P9…Another thing that is ideal is the preparation and the treatment of the clinical students as human beings. When you push them, they will go. Not considering the fact that clinical students are fathers, they are mothers, they are daughters and they have other responsibilities out of learning. So, if you are like placing and making decisions without considering the overall holistic being, you are now creating another situation. I don't know how my child will be, because I thought that I would be out at 16:00 and in at 7:30. That will also allow mothers to go and fetch their children from the crèches. Now you say I must go to Bekkersdaal clinic, it means I have to tell the creach lady to say no, I will come and pick my child at 7:00 p.m. And I am supposed to pay extra cash. So when you plan, you just check that, no you guys are going to write tomorrow, you guys will be doing this today and not considering me as a human being. You are considering me as a student with numbers. And I therefore have to obey every single command and jump high every single time.

G4P3…Ma’am, the ideal clinical supervision of my dream, it would be where I enforce advocacy for the students. Like advocating for the students to have, for example, more exposure to practice. Because you can't expect a student to be competent in insertion of IV lines today and next week, they get to be assessed. So advocacy should be there, so that when we are to be assessed, we are competent enough to practice skill.

G4P2…I feel like when it comes to the clinical placement, I am dreaming of maybe let's say, this is a group that is supposed to go to Leratong on Monday. And we are delegated to go to the different wards. I feel like there should be a certain person that we should all go to. And that person must have a proper expertise in teaching the students. And that person must have the objectives of the students according to the level of study. That person whom you are taking us to, would then be able to take all our papers to the wards and explain to everyone in the wards that, this is level two students, these are the objectives. And this is what needs to be done. So, if you can have a person that is delegated for the students, who will be responsible to take us through the wards and explain everything, I think it would be much easier for the students to function.

G4P9…I am also dreaming ma’am about the ideal clinical supervision where there is enough staff. Because, I think our clinical supervisors are under a huge amount of pressure, because during the previous groups, they were having half the number. Now from the year 2022 up until 2024, they have doubled the number, but with the very same number of the clinical supervisors. And now there is an expectation that there needs to be 150. And I suspect that we will still have the same number of clinical supervisors. So there is a shortage of staff, and the same clinical lecturers are expected to go to the clinical facilities to accompany the students, do the allocation, teach the procedures, mark the scripts and assignments and they also have to make sure that they know who is where. So it will be more ideal, if they will have an expected ratio of at least 1:10.

Researcher…Dual model is the one which is killing the lecturers. Because to be honest for the lecturers there is no time to rest in between. From the class, we are expected to be at the different clinical facilities for accompaniment and SCG’s, and marking of the theory formative assessments. From the clinical facilities we are coming back to the class. So if they can really rescue us by employing more lecturers, the workload could be shared and stick to one thing rather than a dual model.

G4P8…I am dreaming of the ideal clinical supervision where in the unit, the staff members are motivated and working in a conducive environment, whereby the unit manager prevents absenteeism by motivating and giving reward and overtime. Therefore, the students will get proper supervision that will aid in achieving their objectives. You know ma’am, I think if the manager can have a sort of an award for the people who didn't absent themselves for the period of 3 months consecutively. You know, people could thrive to come to work and not absent themselves unnecessarily. It means the person whenever she is absent, she will be having a serious issue that needs attention, unlike taking unnecessary fake sick leave, because she wants to attend the funeral or a wedding.

G4P6…I am anticipating an ideal clinical supervision where nurses respect one another, respect the students together with the patients. Because, ideally the behavior towards the students, treating the students as they are insane. I mean, treating them like they are not human beings according to how you actually talked to them. For instance, you will find that a PN is addressing the students ‘’ka bo hae wena, he wena nana’’. When you are asking the patient particularly when facilitating the procedure or something and maybe a student is asking you a question about something you just mentioned. You will hear ‘’hai bo, tjoo”. And there is no necessity of doing all those actions. Literally, you just have to treat the patients well, as you also want to be treated as a human being. Because you will find that I am older than you. And you just find that I got the worst news of my life. And when I burst into tears, you call me that, I am dramatic because you don't actually treat me as a human being. Because they just think that you are the students, you don't have life besides being a student.

Researcher…That is why we are saying, the current practice of nursing has declined. It is because most nurses are no longer respecting one another. The way I would want people to respect me, is the same way I should respect them back. If you have a question regarding a certain step of a procedure that was recently done or presented, it doesn't mean that a person is not wise enough. And the person who is responding with a negative attitude, she was once a student and not knowing, until she was taught by someone else who was patient with her, so that she can be competent. So if we can treat one another with respect, the working environment could be the best place for us to be.

G4P12…I am dreaming of the clinical supervision which is having flexible duty scheduling that allows the nurses to work without getting too tired. Because ma’am, to be honest, working at the hospital and busy clinics is so tiring. You will find a ward full of patients, almost 60 patients. And there is a shortage of staff, other nurses absent themselves because they are tired and overwhelmed. They feel that they can no longer function well. This again put the staff at work under pressure. But if we can have flexible duty scheduling, where we can work at least two or three days, then getting one or two days rest in between could be better, than having extended long shifts where we end up being unproductive. As this will hinder the rendering of the quality care to the patients and burnout.

G4P1…I am dreaming of the ideal clinical supervision where the staff members are dedicated and willing to teach the students, so that we also gain knowledge and competency. If the staff members could give themselves time to teach the students, therefore, they will prevent the malpractice and risks associated with the patients.

Researcher…What actions should be taken to achieve all your dreams and wishes of an ideal clinical supervision?

G4P6…I think we should gather all these professional nurses and educate them that at this point this is how they must behave and show them. Imagine, you would find that the very same people who are calling patients with their diagnostic and unacceptable descriptions, once they find out that their own family member is in the hospital, they will be there and want their relatives to be nursed well. Because they are very much aware that how they treat other patients is not good. So the same applies with the very same people who just sit and write reports from 10:00 to 18:00 without doing any task and get away with it. So they do not want those particular people close to their relatives. So, they need to be gathered and actually take them back to ground zero and be educated and informed that this is how they are supposed to behave. So that they can tighten their belts. They must be informed that if you are not doing this, there will be disciplinary measures implemented. And actually not because I am friends with particular so and so, I can be lenient towards this person. I cannot give this person verbal warning and the required disciplinary measures. If we stop thinking that our colleagues are besties, and if I did certain things with somebody, they may not want to be my friend. Yes, we can have a harmonious relationship between us. But let's not forget that we are only there because of our job and taking care of the patients. Not that we create besties in the ward.

Researcher…You need to take this issue of besties very seriously. Because the same manager who is protecting you while you are not behaving in accordance with the ethical and legal framework, scope of practice and code of conduct, will not be there the time you will be facing the charges. Yes, she might be protecting you now regarding the circumstances that could end in her office without reprimanding you. But one of the good days, you will face a progressive disciplinary measures, when you have done wrong to the patient. You will face the court and South African Nursing Council alone. So do not feel relaxed if you are in favor of the manager and treating you as bestie meanwhile you are behaving inappropriately in the workplace. In nursing, we are dealing with the lives of human beings. The manager is dealing with the paperwork and indirectly involved with the patients.

G2P12…I think the government should create and advertise the posts for lectures and nurses. Because the shortage at the clinical facilities is scary. So they must create posts to fill up the gap and to motivate the funds for those posts. We have got a lot of people who are qualified nurses, but they are sitting at home. Others are on the streets selling fruits for them to survive. So if they could be a creation of the posts so that we feel the gap.

G4P4…Advocacy ma’am. If we can strengthen our advocacy for the nursing fraternity, advocacy to the ruling party, the government of this country, to make an availability for the resources. Mostly we are going to address this matter. So the allocation of the resources funds. Just not long ago, the minister of finance Mr Godongwana spoke about finance. For the nursing fraternity if we can advocate in that regard to have funds allocated to address matters of human resource and equipment resources. Because these are going to cover the matter such as shortage and contemporary issues of nursing. So, then with the implementation to say can they add and look at the voluntary services to multi-disciplinary teams such as warbot, who are going to be assistive in collaboration with the final year students in the community developments and community participation. So in that essence, we nursing fraternity will not only be looking at developing nurses for fraternity, but also for the community with which they reside.

G4P3…Ma’am,I think we can create an emotional obligation whereby we reward good performance and discipline an unwanted behavior without considering our besties.

G4P9…Adding to the ma’am, I feel like having a reward system is good because, for example, like students who do their work competently in the ward, maybe we can have that. The OM could say, we have a particular student who is doing well in the ward, we can acknowledge people who dress professionally and respect the uniforms. I think the last time that I was acknowledged was in the first year. Ma’am, just say, this student is very nice, let's clap our hands for her. So there is no push towards good behavior, because there is no reward for that type of behavior. I think that is why the nursing profession is falling apart. There are those who are really doing well and working. Instead of getting them the rewards, you will hear people at the corner saying ‘’o eketsa ore o tsiba thata. O eketsa better’’ You can have the students in clinical facilities being rewarded, and they will take it to where they are going. Because society looks at what is being done, and what is being seen as good. So, now the nursing profession is falling apart because of who should do it? You find the person writing a report from 10:00 to 18:00, and then just get away with it. But if there are students who are doing well, the reward system will push them to the good side.

G4P5…I think what should be done in the design phase is the proper situational analysis for the clinical facilities that Bonalesedi campus should allocate its students. This will prevent the issue of being placed to the far clinics. I think uhm previously my colleague has mentioned that he is dreaming of a placement where students have been allocated to the near facilities. However, to prevent this issue, a proper situational analysis should be done to the near clinical facilities also to prevent the financial implications to the students.

G4P11…Ma'am since we have less time for clinical exposure. I think uhm the college should revise the curriculum and to plan it properly to balance the theory and the WIL, so that we have more time of exposure and gain competency.

G4P7…Another thing that could be put into action is to have two independent groups of lecturers. Lecturers who are basically for WIL and lecturers who are only doing theory, so that they will clear most of the confusion that the students experience, particularly when we are being assessed. So if we can have certain individuals for a particular module doing WIL only. It can clear a lot of confusion.

G4P9…I think with the allocation of funds and discipline of certain behaviors, we need to design a system that allows reporting of certain individuals without endangering people who are going to report such behavior. For example, we can have the evaluation forms anonymously. Even though there was a part where we figured out who said what by handwriting. Though, we did see the change in that behavior of certain lecturers. Because they were called to account because there was an anonymous evaluation and students were able to voice out and write down how they feel about certain facilitators. There was even a shifting of that facilitator to another department. So that it can benefit the people. So we should have that. I feel like for the clinical we don't get enough evaluation. And I feel like even when students are placed at clinical facilities, when students attempt to report the sister to the facilitator, and that facilitator is also a sister, they tend to ignore. So we don't want to see the issue of “ ke student. Ke ngwana, re ka se mo nke serious’’. We cannot take her seriously. There should be that thing that maybe the student does not report directly to the facilitator. There should be a system designed to allow for that anonymous report. Actually there was this particular situation where the staff was not taking the orders, and they were not learning to do the right things. When they are reported, it should not result in exposing the person who reported the matter. Even when coming to the funds. Something is not done because the funds just disappeared. Some people know where the funds have gone. They are unable to say clearly that so and so misuse the funds. So they must report those people without endangering the reporters.

G4P8…I think by creating team building and teamwork, having interpersonal relationships and working harmoniously, the working relationship in the unit will be improved and nurses will protect and respect one another.

G4P4…And if we can have webinars and seminars particularly for the workforce and continuous professional development to be implemented in these clinical facilities which will address the backlog of nurses in the facilities or the profession who are already there seeking to develop themselves. Because that is where frustrations come from. That is where it emanates. They have been there in that particular rank, they are struggling to improve, progress and develop themselves but the opportunities are scarce. We need to advocate for them. Seminars and the webinar will act as structures for revising what has been learned previously and that has embedded. It will revive the ways in which policies speak to implement. These webinars and workshops are going to communicate to the behavior of nurses how they must treat the patients, how they can collaborate with the stakeholders and the visitors who are coming to see the patients. And not only to consider their health services when it is about 13:50 o’clock when the visitors are coming. So having such strategy events will raise nursing once again.

Researcher…Are you not going to do the same and attend to the needs of the patients when only a few minutes are left for the visitors to come into the units? Because this is what most nurses do. Attending the patients’ needs when they know that the relatives are coming, and when they know that the relatives of particular patients are troublesome, that is where they will go and attend to the patients, so that everything will be cleared to make sure that they are rendering the quality service care. Are you not going to do the very same thing?

G4P4…No, ma’am. We are the generation that is going to make changes. Even when certain things will be difficult to change, however, the little possible things will ensure change.

G4P1…I think with the leadership style that is being utilized in our facilities and the college. I think it would be good that our leaders or managers try to prevent the autocratic leadership style because with them being autocratic they are just grooming bitter nurses. Because each and every decision that is being taken on our behalf, like most of the time, is not the decision that we like or prefer. Even though it will be beneficial in the end, almost every time we end up facing negative consequences. And that builds a lot of anger within us as students. It will later on, make us bitter nurses at the end of the day. Because at the end of the day some of us are going to be the unit managers. We are going to be using this autocratic leadership style to a point where we even mistreat our staff members and will also mistreat the patients. Because we never get the opportunity to be in an environment where we are able to allow other people to express their views and actually get to hear their point of view.

G4P6…Also with GCON or SANC evaluation, there should be more frequent visits than they are recently or currently. Because I have noticed that, when we are in the hospitals, when they know that GCON or SANC is coming to evaluate, they start miracles out of nowhere. They will do the right things, or the ones that know themselves for not doing the right things, they start being absent from the work. No, I don't want to come. Because they know very well that they do not do the right things. Because now when we are at the hospital this week, The Sisters were being taught how to do report writing properly. Why? Because some will go through the file. But you know what is supposed to be done. Evaluate properly every time you interact with the patient. They know that they must assess everything on the patients. They just write patient ate and leave it like that. So, even if we can have surprise visits, the culprits who are doing the wrong things will be called out. You fed the patient without the patient eating.

Researcher…Yeah, the surprise visits could work. because when they are given the dates that SANC is coming for them, that is where they start with the preparation and do things properly. But if these visits could be more often and sometimes unannounced, therefore, all the wrong things that they are doing will be noticed and people who are doing wrong things must account for their actions. The visits are for the institutions and the clinical facilities to improve where they are lacking and align themselves with the requirements. Because they are just preparing for the fact that SANC is coming, after being evaluated and given a report, they are going to go back to what they used to do wrongfully.

G4P6…Ma’am, I was asked by SANC why the objectives are not here at the notice board? Ma’am I am just a student in the ward. How will I know because I don't even know where they are supposed to be? They should have asked the staff members. I was so frustrated.

How are all these actions and strategies of achieving our dream ideal clinical supervision should be implemented?

G4P12…The colleges and the clinical facilities must hire more lecturers and professional nurses to cover the gap of shortage and to reduce the workload in the clinical facilities and at the college.

G4P1…With the issue of re-education ideally. It can be implemented in the form of workshops and in-service training. And we can also use our social media platforms, where now we can get information on the updated developments that are happening in the profession.

G4P4…I think once again we need to speak to the issue of community service as a prerequisite of every healthcare practitioner who is to be registered by the South African Nursing Council. For you to be placed in a ward you must have done at least one year of community service. What it will do, it will bring forth the availability of nurses who are still coming for training. It can also enhance the supervision to student nurses, in a sense that, rather than creating posts for professional nurses which might have financial implications that might draw a lot from financial allocation for the nursing fraternity. Let's have this one as an entry level earning little less than the entry level of a professional nurse. But we will still be performing the same functions in the ward. Then we will be addressing the issue of supervision, the issue of shortage of clinical supervisors with the suggestion of a ratio of one supervisor per ten students. That will bring about that exposure. So that now we can go back to the nursing education institutions to say fine, this is where the implementation needs to start from. To say let us have the clinical facilities and our simulation laboratories at the optimum conditions, such that they emulate what the student nurses are going to be exposed to. When they reach the real life situation in the ward and at CHC facilities, so now let's make those resources available. So that for instance, if you are to conduct a skill such as wound dressing, you should not utilize the things that have been already used by someone else. Because that is not what you will be doing in the practical sense. So let's have that been done. So that we speak to the demonstration of skills at the nursing education institutions, to say fine, rather than them being presented, because of the shortage of the resources, let them try by all means for them to demonstrate. In that regard, it will speak to the competency that will be there, the ability of the students to be able to perform and have the competency in skills.

G4P1…With regard to, I think in the dream phase, we also stated the issue of proper planning of the placement of the students. I'm not sure if this is possible, but then it will be better if colleges utilize facilities that are near to the college, instead of facilities that are far just because they are in the West Rand. For example, with the issue that we are facing, having AnnLatsky taking our facilities that are near Bonalesedi College, instead of them utilizing the clinics that are around their college. So it will be best if they will try to use a policy that will allow them to utilize the ones that they were using.

G4P6…We spoke about the planning accordingly. Instead of planning according to the semesters, we can do according to courses. The 2021 class has arrived because before the classes start, the College or whoever is in charge, already knows the number of students that are possible coming in. So all those students, all the facilities and all the colleges must come down to sit together. These are the certain facilities that we have. You guys are closer to these ones, we are closer to these ones. We then go to the relevant people. I will make an example with our colleagues, the third year level. The third year level knew what the requirements were. That school health, environmental health or so on and so on. Instead of having to plan them according to semesters. We need to plan them on the first like on the first time we start. For even for semester two for the second semester, for instance the school health. They should have spoken with the school health people on the first day of starting when they know their objectives for school health. So that they know what it is about, what they are going to do in that semester instead of students going around. So the school health people will have the whole program integrating it with theirs. These days we have these objectives we need to achieve, so which means these are the days we will bring our students. Like that.

G4P9…I think it does not make sense to have facilities that are licensed to treat people but they are somehow not licensed to educate students. Those institutions which are not licensed to educate students, after I have graduated, I will have to go and look for a job from those institutions. But I was somehow not allowed to go there when I was a student. So I feel like this standard that they are using to accredit an institution, they are not taking into consideration the number of institutions that are around, right. So there are a number of institutions around Tshepisong, institutions like Maki Legwete. A lot of institutions have lost their accreditation. Even institutions like hospitals. There is Jabulani hospital and other hospitals in between that are not accredited to facilitate learning to the students. Because maybe they don't have the valid documents. Then accreditation should take into consideration the facilities near the nursing education institution. There is Bonalesedi, and there is Bara. Because when Bonalesedi was still a branch of Bara, things were easier. But when Bonalesedi became an independent campus, it was no longer given the facilities nearby and no longer considered the quality of education. Even the accreditation itself, they said they are taking a certain number of students, whereas when you look at the intake, is a bit more than it should. They should look at that, because yes the facilities might have no valid documents, they might not have met the standards. But if you look at the very same institutions, the staff is doing the tasks that we are doing from level one to level three.

G4P3…Ma’am, I think they should allow the students to have grief. I think they must allow us to express how we feel. Sometimes we experience difficult life situations at home whereby we even fail to attend the classes and our work-integrated learning. Once the college identified that I was absent, they don't want to hear the problem you are experiencing as a student. They only want to see you make the hours. How you will make it up, they don't care. So, if they can implement having a few days of absence in case of death or sickness to show that we are human beings besides the title student nurse.

G4P9…I think ma’am with regard to the recently stated point, yes, we know the college curriculum is not the same as the University. But sometimes you can lose a person very close to you, like here, you are not given a chance to grief as a human being. You will be expected to be there at the college or at the hospital. And if I can get in a car accident now where I will have a prolonged stay in the hospital, it means it is done with me regarding the course. Because there's no empathy, there is no policy in place that can be utilized to allow a student days of absence. Or any actions that could be put in place to consider a stable hospitalized student to write exams in the hospitals. So a policy regarding grieving of students in case of death or sickness should be put in place.

G4P1…With regard to the time that we spend in the clinical facilities I think it will be best if the college courses are placed in a much better way. Since the college knows that there should be certain hours for theory and certain hours for clinical. Maybe for the first three months for example, there will be certain hours for theory and certain hours for WIL. Maybe in a semester, the first three months will be theory and the last 3 months will be for the clinical, so that we get enough exposure to the clinical facilities. Instead of having to go for a block and after a block, you go for 2 weeks for clinical. We become confused at some point, because when we come back we have to write the tests. So if they can implement such an idea maybe things can be better.

G4P9…I think the implementation should be more on the college side. For example, the College knows that the students are coming next year 2025. Then implementation now would be to say, what are the modules, what are the requirements and the hours. And they have to start a year prior the group enters. For example, how the Department of Education prepares for matric.

G4P4…I think ma’am, we need to implement the change of leadership. If we can advocate for younger people, younger blood to occupy the highest leadership position. Because since we have mentioned that nursing is a dynamic process, it involves people who are in leadership positions evolving time in implementation. Let's implement with time where we will shine away with leadership and stone age away with implementation. So if we are going to have that, we will stand a better chance of implementing better things in nursing education institutions. Because we can look at things like the ability to utilize online learning. E-learning will address the issue of having better periods particularly at the clinical because now there will be less contact required for the theoretical part, because we will work remotely. Practically we will have ample time for us to be exposed. So those are some of the other aspects that we can look at. Because if we have leadership of young blood, we will return back to the community that made them who they are. If we can implement the principle of inclusion and principle of involving people at the grassroots level. Because they are the ones who will come with the challenges and come up with the solutions on how to mitigate these challenges.

Researcher…How do you think change of leadership could be implemented?

G4P9…I think, I was looking at the advertised posts. They say they want lecturers with 5 years’ experience in nursing. And they need HOD who has 10 years’ experience, right. So I was looking at the requirements. I thought of all the lecturers that I have met, and I think that their requirements should be different. There are lecturers who are lecturing and there are lecturers that I have never seen lecturing, but they are accumulating years of experience. And that person will become an HOD, just because she has 10 years of experience. But then in those 10 years, what were they doing? So I think the requirements should be more on the lecturer’s report. For example, the lecturer got 80% of distinctions in her subject, like NCD, right. The requirements should be based on the tracking record of the lecture. Because when you look at entry level at university, we look at the marks, we don't look at how many years you have been at high school. When you are looking at any other position like getting into nursing, we look at the marks. But when it comes to positions of power, we want to say just because I have been alive longer than everyone else that means I know how to deal with situations. There are nurses who have been in the hospital for years, but it does not mean that they were doing the right things. So the requirements with regard to leadership positions such as HOD, Principal and all of that, should look at your tracking record. If you taught HAP and be able to get people to pass that subject. You are an OM in this ward, what were your achievements? That should be the requirements. That is how we are going to be getting and giving the right people in the position.

G4P4…To add on what the previous speaker has said. She has nailed it. I could have said it better actually. So the requirements should be because of merit not the experience. And that is where we are going now to see competent people occupying such positions of power. And then even at clinical facilities, if the very same policy is implemented to say, just because I have been in the facility for more than seven years, I can only then become an operational manager. It shouldn't be that one. It should be because of competency. Because I am able to solve the problems that are emanating in the ward, because I am able to deal with one, two, three, four and five, then I am now considered to become a leader of that particular institution. Thank you.

G4P6…Ok, also having to integrate the Department of Health with the Department of Education. A lot of things that we have underway could have been prevented by the adapted policies and programs that are in place with the department of education especially for higher learning and universities and so forth. For example, uhm not having enough space or not putting into consideration the students who undergo certain things like loss of loved ones, accidents and students being ill. We are putting it in as the department of health, forget that we are also a higher learning institution. For instance, you will find from the Department of Health, Education and higher learning, when you have a loss of a loved one, you don't just write a deferred exam or test. There is a special test which has been made for you. For instance, what if you don't meet the requirements of pass rate? You also need to be given a chance to supplement and so forth. And with also the conditions of learning, the conditions of learning are not all met. Come students who, for example, can't write properly and are very slow. In higher learning there are special tests for those learners, and there is a doctor's letter that is to be submitted for you to get your own special tests. So there are no policies or programs that meet the needs for such learners. Instead you will find them repeating or struggling without an understanding on how to go about such learners.

Researcher…By the way we should have the programs to support students with such needs?

G4P6…Yes ma’am.

G4P2…I feel like they should also consider students' mental health. In a way that they advocate for that in a more trustworthy way. Considering the congestion of the master plan and also having other responsibilities outside of school. Then they do not really provide enough mental health support in the institution.

Researcher…You are really right. The same applies to us lecturers. We all don't have the mental health program or support. Remember the way the master plan is congested, it affects you and the lecturers who are facilitating and accompanying you at the very same time. That's why I said, we do not have enough time to rest in between because of this dual model. But to the part of the students, you will only be referred to student counseling just because you have failed the tests. That's when they will want to engage with students to find out the problem or the cause of failure. They turn to forget the mental health of the students together with that of the lectures. Unless otherwise you feel like you are no longer coping and refer yourself to the psychologist. We really need mental health support as an institution.

G4P12…Peer relations in the institution itself can take us through destiny. Like us as peers, we need to find a way to accommodate each other, and be there for each other and advocate for our own mental health support.

G4P5…Adding on that. Uhm GCON or the college itself needs to recognize that as much as we need to be academically good achievers, socially as well. Our social life, for instance, sports events. Those help in mental health. Having events that are within the college, so the college currently keeps on taking that away. There is no budget for that. There is no time for that and there is no committee for that. Forgetting that as human beings you need a balance of everything. Your social life, academic life and all these holistic things that they need to be in balance. There is no sport for that. If there is a spot team that will be implemented within the college. The college will try by its own best to pull it down. They say, we don't have time for this, we cannot give you this and that demotivates students from participating in such activities which could help in peer relations and mental health.

G4P2…And their attitude towards this program is rude. They will say it is in your own hands. Whenever such things are implemented for the students, you have to sign a form to say if ever you get injured, it’s up to you. They are not involved.

G4P8…With regard to the grievances, I think it should be acknowledged especially by a quality assurance officer whereby they must come and give feedback, and also state the action plans and when we can expect the change or the progress.

G4P6…There should also be an evaluation of validation if I am making sense. If you have evaluated the clinical facilities or clinical facilitators. There should be an evaluation after that to evaluate all the things that we have mentioned, how are they coming, and how are they being implemented. Are they correct to our satisfaction or are we being ignored?

G4P4…I think ma'am before the second evaluation, there has to be feedback that is given to the first evaluation to say how we are going to recourse the situation. Because if you evaluate something, you bring forth the recommendations to say this is what we have noted, this is what we are recommending. And we expected feedback in that regard to say this is how we are going to address all the concerns.

G4P1…Adding on the grievance part. I think that our grievances should be taken very seriously. Like we should also be given a platform where we will be able to state any concerns that are related to the leaders we are having. For example, maybe being mistreated by someone who is in a higher position by the college facility. We should have such a platform without having any fear. Because at this point many students have more problems to state but they are unable to do so. And then for them being unable to state that instead whatever problems they are having it will just stay and grow there. Just because the person is in a higher position at the moment and you can't state whatever problem you are having. So those platforms should be protective in a way. There should be a policy protecting you in everything.

G4P1…With leadership, I mentioned before that we have leaders who are autocratic right. Most of the time when I observe, these leaders are being autocratic just because they are old. We know that in South Africa demoting people or removing them from higher positions might take forever. It's a process that could take ages and ages actually to implement. So what can actually happen for the time being, is for all people who are our leaders to actually go for training and education with regard to the new updates, and the new technologies that we are using. And they should also like getting education on how to actually run the facility. Because in our facility for example, we never get any information. You will just get a paper to sign. No one will explain what you are signing, but you are just signing. And tomorrow they will tell you that your contract stipulated 1 2 3. So if they get proper education on actually how to do those processes and how to give information to students, so that students don't have to go to other platforms to obtain that information. That will work best for the nursing students. Because‘’nje’’ we are also surprised that we are going to have the SANC people. Like we have requested the SANC people since 2023. And for all we know that we are just passing them on the corridors, because no one has ever taken accountability or the responsibility to say, as a leader I'm going to bring someone from SANC, and they will explain what SANC is and how it works. So I think if they could go for proper training on how to run the college, they will know what to do.

Researcher…I think this one also affects both the staff and the students. Because lectures are also experiencing the very same challenge that you are experiencing of not being given the feedback and information. I also knew this morning that the nursing directorate is visiting the Campus today prior SANC visits on Monday. I was also surprised. I also asked them that why are they failing to at least send us an email? Just to notify us of such a visit, so that we don't pass them unknowingly. Training is really needed for these leaders on how they must run the organization or the institution. And the importance of giving feedback or disseminating the information to the beneficiary of the institution. They really need to change their strategy of managing people and the institution.

G4P3…I think the implementation should start by involving or promoting participation by the people who are affected. So that when the actions are being implemented, they are not surprised. Because the most affected people could contribute successfully to the implementation.

G4P6…Ma'am, they could also especially like on the colleges, they could do this meet your leaders session. Maybe they can say, come to the hall all the first years or all the students come and meet your leaders. Everyone and SANC representatives must come. They must tell us that these are the people you should speak to in case of challenges. These are your lecturers, these are your managers and these are your SRC members. Then come meet your leaders not only for the SRC people. Because the only meeting your leaders we know, is the SRC. The management, you will only know the management people when you are in trouble. The only time you find that somebody is your leader, is when they actually need something from you. Lecturers, you need to find this because SANC is coming. That is the only time that will meet your leaders.

G4P4…I think we need to advocate for the exposure of the nursing education institutions through the career expos. So there should be career expos particularly that are going to be open for the TVET, to say now great time should come and be exposed to the nursing fraternity, before they can even choose to go to whichever College. So that they know which experiences they are bound to, and what is life of being a student nurse. Then it should be seen happening. I witnessed it there, when it was still a college. So since the amalgamation and becoming one College which is called GCON, I have never seen such chaos. So we need the career expo to come back. That is where now the integration of the department of higher education must come in. Because every faculty is required to do an expo to explain what students will be getting out of these certain things, what are the risks, the importance and the benefits.

Researchers…Career expo is very much important because now you will be choosing the career based on the information that you got. Adding on the career expo is the job shadowing. Job shadowing is very crucial, because you will choose nursing career because have the passion to care not based on admiring the white uniform that nurses wear. You will choose a medicine career not because you admire the stethoscope hanging around the neck and white coat. But because you have been exposed to the situation and duties of a medical doctor before, and still have passion to care for the ill patients. The potential student nurses and student doctors need to be exposed to a dead body, so that you will go for these careers knowingly. I heard most of the student doctors, I think during their third or fourth year, are exposed to a postmortem whereby they need to witness this dead body and present it. So they were complaining of having sleepless nights, because it was such a traumatic situation for them. And they haven't seen this coming. So career expo and job shadowing could assist in knowing your expectations and your duties as a student and when you are qualified professionals.