**DATA COLLECTION TRANSCRIPT**

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**FOCUS GROUP NO.2**

**LEVEL OF STUDY: 3**

**PARTICIPANTS: 12**

The researcher…What is work-integrated learning or WIL according to your understanding.

G1P4…Ma’am I think is putting what you have learnt at school into work-integrated learning.

G1P12…I think this is where you take whatever that you have learnt in theory and put it into practice.

G1P6...Work-integrated learning is where by now you are integrating whatsoever you learn in theory and put it into practice.

G1P2…I think work-integrated learning is working in the working environment while learning and putting the procedures you have learnt at college or simulation and integrating them into practical.

G1P10…I think work-integrated learning is working under the supervision of the senior staff members while integrating what has been taught in theory or simulated and put it into the practice.

Researcher…Who is supporting the above statements?

G1P8, P9, P3, P1…We are in support of the previous participants.

The researcher…What is clinical supervision?

G1P6…Clinical supervision, I will say, is someone who is allocated to supervise you while doing what you have simulated during our learning practices.

G1P11…Clinical supervision is when a student is in the ward, like for instance someone who is above you can assist with the procedure that you are doing.

G1P3…I agree with her when she said clinical supervision is when a student placed in the ward is supposed to be supervised and not allowed to do practical work without being supervised. So for example someone who is above us like a professional nurse needs to be there to supervise the work and the procedures in clinical settings.

The Researcher…So in clinical supervision, is it the only professional nurses who supervise you or do you have the preceptors at your allocated institutions?

The group… No we don't. It is only the professional nurses and the operational managers who supervise us.

G1P12…Clinical supervision is monitoring and supervision of the students either by clinical lecturers of facilitators or the professional nurses during clinical allocation when putting the procedures into practice.

G1P11…Ma'am I think clinical supervision is when a student is being monitored and supervised by maybe a senior staff member during the procedure to ensure that she or he is doing it accordingly.

The researcher…According to your understanding what the main purposes of clinical supervision are during work-integrated learning?

G1P7…The reason why students need to be supervised is to monitor our progress in terms of learning and also to avoid making mistakes that could affect patient life.

G1P1…The reason why we need to be supervised is to be guided in whatever we have learnt and the simulated procedures that we can be guided through. Procedures facilitated need to be done in real life. Because in simulation we simulate using the dolls. Clinical supervision helps us to practice what we have learnt in real life patients.

G1P6...Ma’am I am supporting the statement of G1P7. Moreover, another purpose of clinical supervision is to reduce the risks associated with medicine or medicinal errors. Like when I am being delegated to give intravenous medication, and by the time I am not yet competent. I need to be supervised, maybe to know and master the different routes of medicine. For instance, the medicine that has been prescribed with the route of subcutaneously, and then I take that medicine and give it intravenously, meaning now I am going to kill innocent patients. Because I am not being supervised and using my own understanding without consulting the professional nurses.

G1P11…Another reason for clinical supervision I think ma'am it assists us with achieving our learning objectives through supervision. Because I would be delegated tasks according to my given objectives. If I am doing the delegated tasks more often with the guidance and supervision of professional nurses or clinical lectures, I would be mastering the procedure and achieving my learning objectives at the same time. Therefore supervision will prompt the clinical lecturers or the professional nurses to identify if I could be left independently or if I still need support somewhere somehow.

G1P5…I think another reason is we can be able to get feedback and to know where we are lacking so that we can do better.

G1P4…To add also we are not yet professionals and not yet qualified, so we need someone above us to give support.

Researcher…If I may ask what kind of support are you referring to?

G1P4…Support like sometimes you are not sure of what to do. So when you ask someone who is above you, you will be able to know what to do.

G1P1…So in terms of support it ensures confidence and makes you know that whatever you have learnt you can put it into practice.

G1P9…I agree with G1P1 that by being supported we gain confidence.

G1P8…I think another reason or purpose for clinical supervision is to build a trusting relationship between the students and the staff supervising us. Because if I'm being supervised by the person whom I am having a good relationship with, alleviate anxiety and frustrations. I will be able to do the tasks without any fear, and then I will be free to ask whatever I don't understand due to the trusting relationship that has been built between us.

The researcher…What are the main aspects of clinical supervision that would like us to explore and discuss? The things that you have learnt that really motivates you.

G1P2…Ma’am I think let's talk about peer support. So when we are being allocated into two or three students. Like how you used to allocate us students, we are able to help and assist one another. And when one makes an alerting mistake we are able to comfort one another at our private corner, and this all our anxiety's being alone we become frustrated.

The researcher…So after you have made an alerting mistake, doesn't staff help and offer support to you?

G1P2…Those who have the motherly hearts do offer support and protection, some even sit down with us and comfort us. Others even tell us that it is possible that we must make mistakes, and it is a learning curve. Then after that they offer warm hearts and hugs.

The researcher…That really sounds so good. It means as lecturers we should make sure that students are not supposed to be allocated alone but at least being two or three in the unit is to alleviate anxiety. Thank you for that good thing.

G1P4…Another thing ma'am that I would like us to discuss more about is professional development of nurses in the units. What I've experienced is the staff who are having higher qualifications motivating us at Chris Hani Baragwanath Hospital.

The researcher…How does professional development motivate you and in general?

G1P4… Professional development helps in acquiring the leadership skill and motivated me to pursue my study after obtaining this R171 diploma. To be honest ma’am this R171 Diploma has drained and demotivates me. So since I was placed in that unit with those learned professional nurses, they built me to become a stronger person who can stand any challenges at the workplace.

G1P7…Mm professional development also helps in changing a person's perspective. For example, the way you used to see negative things, professional development channels the way of thinking and viewing things in a positive way.

G1P5…Ma’am…Also I feel like it helps in developing a person's communication skill and behavior. In Leratong ward 14, I experienced a professional nurse who specializes in trauma and emergency. She has a Master's degree. She is a submissive and very much respectful person. If you make a mistake as a student, she will calmly call you aside, correct you and tell you how you were supposed to do it, in a positive manner without judging you and not comparing you with someone. Really professional development is something that motivates students.

The researcher… Like what you have said, the more you are educated and learned, the more you acquire several skills like conflict management, problem-solving and communication skills as you have said. And how you treat the patients is different because you have a deeper knowledge and understanding of the patients holistically. You are able to stand any challenges and treat them with dignity and respect irrespective of their diseases.

G1P12…Another thing that we can focus on is the leadership style of our managers or operational managers. Hmm ma’am, in Leratong hospital since last year, I have experienced operational managers who are democratic leaders. It is something that we need to appreciate because sometimes the staff members follow or behave according to the person who is leading or above them. I was allocated to three different units last year. The staff members at those units were able to treat the students with respect. They were able to sit with us down and enquire from us our expectations together with the learning objectives. The staff members also appreciate that their managers are able to sit with them and hear their concerns and find the way to solve the problems or the challenges in the unit. I wish we can have operational managers and staff members who are like that in our clinical facilities.

G1P10…To add on that ma’am, we have an example of our clinical lecturers in level 3 who portray democratic traits. We are able to confront and tell them our challenges because when you are a democratic leader you become confrontational. They also help us in identifying the gaps that we are having in theory and clinical. It is one of the aspects that we should consider.

G1P3…Another aspect that we can explore is the managers who are hands-on in any situation. Like an operational manager of ward 18 Leratong hospital. She is too dedicated and hands-on. Regarding the challenges that nurses are experiencing of shortage of resources, she will be there for the staff and assisting them. She is also able to motivate and strengthen her subordinates that even though they are experiencing shortage of resources, they need to render the quality care with what they are having in their capacity. Moreover, to me I feel like these types of people are needed as our country is facing a massive challenge of shortage of staff in the public health facilities. Unlike other operational managers, who sit in their offices not caring about the burden that the staff is carrying, and not voicing out words to motivate them so that they can sustain better in the midst of the challenges.

G1P1…In addition to what G1P3 has said, the operational manager of ward 14 is one of those people. She will take the rounds in the morning with the students and check every file of the patient. She will tell you the conditions of the patients from ward 1 to ward 7 and the patients’ orders. It really shows that we are still having the nurses who are caring about the patients. And it taught me that every day when I arrive in the ward I must take a handover report and go to the patients’ files so that I can know the patients of that particular day. It also gives us courage to strengthen our profession. Even the professional nurses of ward 14 follow her steps. In her absence you could not notice that she is not around because her staff behaves the same way like her.

G1P9…Yooo ma'am last year during our first semester, I was allocated to ward 6 medical ward at Carletonville hospital. The patient just changed the condition and became unconscious. The professional nurse who was on duty called for help and the operational manager responded. She was there and called the doctor, she resuscitated the patient until the doctor arrived. Remember, at the time I didn't know the equipment in the emergency trolley. However, she was hands-on and told me which equipment to take in a calm way. It is something that we need to appreciate. That challenged me and I learnt a lot of things from her that day.

The researcher…Remember when you are a good leader, your followers become good followers. However if you are an arrogant, autocratic leader, the very same thing will apply to your followers. So it's really breaking the chain of the operational managers’ attitude that they stay in their offices not taking part in leading, coaching and motivating their staff. I hope that was a great exposure and a learning curve at the same time.

G1P3..Another thing that we can talk about ma’am is the professional nurses who give us more chances to practice so that we become competent. I still remember when I was allocated to the pediatric ward. There was a sister who was supervising me. She will take me to experience the taking of blood from the vein. Initially I was afraid but she couldn't let me go until I tried, and then as days went by I enjoyed it because she was calling me more often to come and take the blood. She was patient enough to teach me until I became competent. So it is something that we as students would like to see it happening in every ward.

G1P6…Another thing ma’am is that now in level 3 the clinical lecturers who do simulation are the ones who come to the clinical facilities for clinical structural guidance(SCG). So this allayed the confusion that we were having during first year and second year. Because during the first year and second year, people who did simulation will be different from the people who came for structural guidance. This created a confusion because you will do a skill according to how this one has taught you, and then the person who's assessing you is a different person and will be correcting you that you are not supposed to do it like this, this is how you were supposed to do it. So at least now we appreciate our clinical lecturers in the final year because in all the modules the clinical lecturers who taught us are the ones who assess us.

G1P11…Ma’am I would like to talk about the young professional nurses who did the D4 program course. Those professional nurses are really willing to teach the students and guide them. However, this another age group of the older professional nurses are bitter, arrogant, have a negative attitude and mistreat the students. So from all wards that I have been exposed to, the young professional nurses were the only ones who were willing to help and the few of the older professional nurses. Yeah that's it.

G1P7…I would like to concur with participant G1P11, I also got the very same experience from the different wards. Maybe it's because they were in the very same situation as us. That's why they are willing to assist the students. The very same applies to the lecturers who are teaching us, those who have been in the profession for so long they don't treat us like the ones who are newly in the profession. I still remember one of the lecturers offered herself during December holidays to assist us with consultation for the theory assignment together with the clinical staff development. We really admire and appreciate it.

The researcher…I think what is contributing to the differences between the generations. Remember the nursing profession is dynamic. So the younger generation of nurses and lecturers are able to diverge from older ways of doing things to new development. Moreover we are at the fourth industrial revolution, so most of the time people who have been in the profession for quite long have got so-called reluctance to change issues. The younger generation adapts quickly to any changes.

The Researcher…You were exposed to different clinical supervision during work integrated learning at different clinical facilities, May you please share with us the positive clinical supervision or experience that you were exposed to.

G1P8…The experience that I was exposed to during my second year is an advocacy role. I still remember when a nurse mistreated the patient, I confronted her and said but that was not how you were supposed to do it. Now I'm able to stand and advocate for the patients, not only for myself.

G1P5…My experience is that when you are a student you always need to ask questions. So on my first day I remember at Leratong hospital, the doctor sent me to get the IV line, I didn't know what it was. So I went there and came back and told him that I don't know what it is. He asked me, "Are you a student”? I said yes. And he said if you are a student you need to ask all the time. So since I started doing my first year I realized that always asking if I am not sure of something is making me a better person. So my experience is slightly better from first year second year to now the third year. Yes some sisters are not nice whenever you are asking them, they feel greatly annoyed, but some sisters they actually like that. When you ask they are actually even keener to help with the procedure that you are doing because it really shows that you genuinely want to know.

The researcher…That is professional development. If now you act like you know everything that is where you are going to make a lot of mistakes. When you keep on asking them, they will give you more clarity than what you know.

G1P2…Ma'am coming here to nursing school naturally I am a shy person who likes her own space. So it actually pushed me out of my comfort zone and I learnt how to communicate with people, how to communicate with patients and the nurses in the ward. Yeah I feel like from the first year compared to now I have changed a lot. My communication skills have improved.

G1P11…Ma'am like I have said, the willingness of the young professional nurses to teach and guide students is one of the good experiences that I got from previous years. It exposed me to different patients’ conditions and how they should be treated and managed.

G1P9…To me I developed critical decision making and was able to effectively solve real life patients’ problems. And this has developed in an unconducive environment whereby we were resuscitating the patient who has just changed the condition. The manager who was hands-on and helpful to the sister who was on duty made it possible for me to be exposed to good clinical supervision even though it was painful. As a student I acquired such skill because I have learnt that when a patient’s condition has changed, we need to do all vital signs to check what went wrong so that we manage the patient effectively. So that was the good experience that I was exposed to.

The researcher…You have really gained a very crucial skill because that is the basis of critical decision-making on how to treat and manage the patient. Taking of vital signs together with urinalysis and HGT will give you the direction on what to do before you report the patient to the professional nurse or the doctor.

G1P12…In addition to that ma’am, being exposed to the units where the operational managers are hands-on and supportive to the staff and the students was one of the good experiences that I experienced. This is to attest what participant G1P3 has said previously.

G1P8…Ma'am I am in support of G1P12 and G1P3 that the managers who are hands-on are really helpful to students. In addition, I experienced teamwork at Dr Yusuf Dadoo hospital ward one. The staff really work as a team, and they understand the students. Maybe it is because their manager is a person who is willing to teach and to know the objectives of the students. For example, the manager knows that we are at the ward for managerial procedures. She sat down with the staff and explained to them that these are the final year students, they are here to do the management duties. So do not bother them or threaten them, however, they will assist whenever I'm done with them. So this really shows that we are still having the managers who are still making it possible for the students to learn and reach their objectives.

The researcher…That operational manager is the only one that I know of at Dr Yusuf Dadoo who tells that the students from other wards should come to ward one so that she can teach them all the procedures according to their objectives. She really has the passion to support and guide the students.

The researcher…From the past good clinical experience of clinical supervision you were exposed to, which aspects did you find working better for you as students?

G1P11…I think the best way to learn is asking. You will never be stupid. Because yes you might have experienced something good but when you go back to the clinical setting you seem to forget, then keeping on asking is a good way that works better and you will never go wrong and never forget something that you keep on asking on how to do it.

G1P7…I agree with G1P11 when she says ask when you don't know because asking prevents a person from making mistakes. Because we are dealing with patients’ lives. So if you think you know it all without asking questions, it becomes a problem because actually you are the hazard and you can endanger patients’ lives.

G1P3…Another thing that works better for me is, doing something over and over makes me become perfect. But now because we only have a day or two to grab the skill, we then go back to the theory, when we come back to the clinical setting we forgot. So practicing more often makes perfect.

G1P10…Is very nice when you work being supervised by professional nurses. Working hand in hand with the sisters, they show you around the procedures rather than being delegated and they go and sit down in the duty room or do certain stuff. So it's very nice to be supervised.

G1P9…Yes ma'am it's nice to work with professional nurses being supervised, however even us as colleagues helping each other. Like working with someone who doesn't run away from work, you can literally ask that person if he or she doesn't know that's when you can go and ask from professional nurses.

The researcher…That is peer support that we talked about earlier on, however it needs someone who is responsible, dedicated and eager to learn. That is very helpful and important.

G1P8…Ma’am for me like I have said, the environment where there is a trusting relationship between the students and the professional nurses or supervisors in general works better. Because this also contributes to safe working space where the students get full necessary support. Trusting relationships reduces the level of anxiety and the stress that we could be having regarding certain procedures and scary patients’ conditions that maybe we were not exposed to before.

G1P1…Also ma'am I think it's nice to work with nurses who did D4. The D4 young nurses will guide you and I think it is because they came straight from universities and colleges. They understand what we are going through, the pressure, stress and the procedures that we want to do. So those ones help and supervise us correctly. They help us to do the procedure well even if there is a lack of material. They help us get through the stuff. So young nurses give us more information.

The researcher…What about the older nurses?

The whole group…yooo ma’am, they feel like they are intimidated by being asked the questions.

G1P6…I agree with G1P1 that young nurses are very supportive even if we don't have enough resources in the unit. They allow us to do the skill the way we are supposed to do it. They also try by all means for us not to make mistakes. They will always advise us that even if there is a shortage of resources, do the right thing. Because normally what I have experienced in the ward, when we put IV lines with premedication we normally labeled it. But when working with those older nurses they will say we are running late, you are wasting the time. They really don't care. The younger nurses will say do the right thing, we have time, and we are not rushing anywhere. Because when anything happens is going to be our fault. Another thing they always advise us is that, if you see the patient's condition being stable, the condition might change at any time. So we must not judge the patient because maybe he is stable and you do the shortcuts. So they will say treat each and every patient like very ill. So it is much easier to work with younger nurses because they are supportive and understanding.

G1P12…Another thing is working with a professional nurse who encourages you when you have made a mistake, not the one who will despair or make you feel like stupid. I like someone who will encourage and say it is ok to make mistakes, next time do this and do that. Unlike someone who will shout at you and discourage you. Because it creates an environment whereby you are afraid to attempt. Even if it is a waste of medication. Actually they don't have to shout. Why can't they say discard that medication and start over? Because when you bring students into the institution, you expect them to make mistakes because it is part of learning. You cannot expect me to be perfect in everything.

G1P4…I agree with G1P12 when talking about nurses who support students. I still remember when I was doing my second year working night shift with this professional nurse, and I said to her may you please teach me how to insert a drip. She said to me don't worry, we will look for the patient that you can try on. Then there was this patient who was probably getting out of high care. So we put on the drip on this patient so when putting that drip she allows me to do the procedure. And then we were done and I was so proud of myself. Yooh, my whole day was so cheerful. And then when I came back from tea she called me on the side and told me that you know what, when we did that procedure we forgot to pull out the needle from the patient’s vein. The patient was crying the whole time and we were so amazed. That patient couldn't talk because he was still in high care. But he can greet you and see the environment but he can't talk. What was wrong because he was crying? And then they found out that we didn't take out the needle. And you know I was so sad because the patient was in the side room so I went there to check on him, I started crying and she said to me no don't feel bad you did good. You forgot only that needle. It means next time you will be knowing. So she encourages me and says don't be sad because you started doing this procedure now. By the look you did well, it is just that one mistake. I have learnt from that experience that if you get someone who is encouraging you not making you feel bad. You are more likely to do that procedure well.

The researcher…That was a very good experience. We always learn from our mistakes. The more we make mistakes the more we master the skill and become perfect.

G1P11…Even the clinical facility placement is very important. In the first year I was allocated at Chris Hani Baragwanath hospital. It was really helpful because a lot of specialists are there. People from Bara are helpful even the doctors are helpful. You will find a professor and asking him something that you feel like is stupid, he will tell you exactly what it is. So certain clinical placement facilities are very much important.

The researcher…Remember Chris Hani Baragwanath hospital is an academic institution whereby all conditions and all types of specialists are found there. So the clinical learning exposure when allocated at an academic hospital becomes different compared to level 1 district hospitals and tertiary hospitals. So there is a huge gap in knowledge between a student who was exposed to an academic hospital and the district hospital.

G1P5…Initially I told myself that as soon as I qualified I was no longer going to do feeding, I was no longer going to do nappy changing. However the operational manager in ward 10 changed my thinking abilities. She is so humble. When she is free and seeing the ward shortage of staff, she will feed the patients, do nappy changing and other stuff. This taught me that regardless of where you are, the patients always come first regardless of your position. So teamwork and humility work better for me regardless of the position. So this has changed my mind set.

G1P6…I would like to agree with the participant G1P5. When you are in the unit where the operational manager is friendly, does work and does not focus only on administrative duties, it really pleases us students. This somehow portrays a positive attitude compared to when you are in the unit whereby the operational manager does not care. She is always in her office. Because the staff there shows the very same attitude. They don't care whether we are there or not. However when the operational manager is hands-on the staff also becomes hands-on and understands that the students are not there to balance the staff. Even if we ended up doing that but mostly when I am placed in the unit where the operational manager is supportive to the staff we also get support as students.

The researcher…Exactly this takes us back to the statement that says if you are a good leader and lead by an example even your followers will follow your footsteps and show the very same attributes that you are portraying as a leader.

G1P2…I support the statement of G1P5 and G1P6. When the operational manager is humble enough to assist in the ward, it is really helpful. I remember when I was placed at the labour ward, we were not doing midwifery. The operational manager welcomed us with open warm hands. She didn't make us feel bad that you guys are not doing midwifery, what are you doing here? Like other professional nurses would say that you are not doing midwifery, you don't have psychiatry and you are not exposed to this and that. But we got an exposure and they welcomed us. Yooh it was so nice, she really encouraged us and taught us a lot. Now I want to do midwifery because of her.

The researcher…At least we have got one future midwife who is interested. Remember many people have lost a lot of focus and interest in midwifery because of litigations and the cases which are trending in social media. I really appreciate this operational manager who instilled hope.

G1P7…In addition to G1P2, if an operational manager is a very positive person as well as welcoming to the students, it is easier for us to get support. For example, I am currently placed in a unit whereby the operational manager is a very nice person, she understands that we are there to achieve our objectives. So the staff as well is very welcoming, positive and hands-on. For an example I think it was last week where we had a shortage of staff. There were only two professional nurses and two enrolled nurses. So we came to an agreement that we delegate ourselves and set tasks. The enrolled nurses became enrolled nursing assistants, the professional nurses became enrolled nursing and I was the professional nurse. And they gave me a sense of independence and I was very grateful for that experience.

The researcher…This adds on professional development.

The researcher… Nursing profession has lost its dignity and it is no longer being practiced the way it was before. Looking at the current nursing practice right now, what are the strengths and the successes which need to be rediscovered?

G1P8…Ma’am I think the advocacy role needs to be rediscovered. To be honest most of the nurses no longer advocate for the patients and they no longer care. They only advocate for instance if they do have a family member who is admitted in the very same unit. That's where now a nurse will be advocating for better service for her relative. Yes, some nurses are still advocating for the patients but that role has been lost so it needs to be rediscovered.

G1P1…Another thing that needs to be rediscovered ma'am is caring. When we started doing this nursing from the first level in Ethos of professional practice, they taught us that nursing is a caring profession. So that caring has been lost. Nurses no longer care for one another and no longer care for the patient that they are nursing. They only look upon themselves and this also contributes to a lot of errors because we no longer care for each other and our patients. If we can really rediscover that caring as it was before, how we have been hearing about nursing in the past, I think it could be a very better place to be. Second thing ma’am is the values and the attitude. We lost our value as a profession. There is no longer improvement in quality nursing care because we no longer value nursing as a profession. We are just coming to nursing for the sake of getting a salary. Even the attitude that we portray is negative. I don't know if it is because nurses are demotivated and bitter. If you go to social media platforms, it is all bad about the nurses.

The researcher…Indeed if we can take back our values and value our profession, the nursing standard could improve. We need to be proud of our profession and treat the patients with kindness as well as treating one another with fairness and caring. If you can look nowadays we feel so belittled and shy when we're using public transport wearing uniform because we know that the topic will be all about the negative behavior of nurses and maltreatment of patients.

G1P12…If in nursing we can bring back respect. Respect forms a basis of the nursing profession and it again portrays how you treat one another and how you interact with the patients, the community and the staff in general. So respect is very much crucial because if I respect you, you will respect me back. If you respect me I respect you back. The same will apply to our patients. If we respect the patients and treat them equally without discrimination, they will respect us back. The students must respect the staff irrespective of the category level and the staff must respect the students.

G1P2…We need to re-discover honesty ma'am. Honesty has been lost in the current nursing practice. Nurses and the students are no longer honest with themselves. How can I talk about quality improvement if we are not honest with ourselves? You will find that a patient has been ordered certain medication, and that medication is not in ward stock. It needs to be followed at the pharmacy. Because most nurses are too lazy to go to the pharmacy and to do the right things, in the bed letter of the patient they will be just writing their initials to indicate that the patient is receiving the dose, whereas the medication is not in stock and the patient is not receiving anything? We are forging the documents, we are forging the vital signs and yet we are expecting the patients to recover very quickly. How could they recover quickly if we are not giving them the medications due to them and forging that we are doing this whereas we are not doing it. This forgery also predisposes nurses to litigation. If I arrived very late in the ward and the manager didn’t realize that, you will find that I wrote 7 o'clock in the time register while I arrived at 8 o'clock. So we need to bring back honesty. We need to be honest with ourselves so that we can be honest with the patients whom we are rendering service to.

The researcher…I think another thing which is failing us and contributes a lot to this dishonesty and forgery is the issue that, in nursing what is written down and not done, it is done. What is done and not written down, it is not done. So this issue really predisposes nurses to dishonesty and fraud hence we are facing a lot of litigation. However, we are just turning blind eye to our behavior.

G1P4…Another thing ma’am is empathy and sympathy. These two values go hand in hand with caring and respect. I cannot feel and fit in others’ problems and take them as mine. I cannot feel one person's condition if I don't respect other people and patients. So if I am failing to show the care that I'm taking towards other people, how can I sympathize with their situations? So we need to restore empathy and sympathy.

G1P6…Integrity is one of the strengths that has been lost in this current nursing practice. People no longer want to be accountable for their actions and behavior. Nurses are no longer having the team spirit. Is like everybody is supposed to be on his or her own. Yes in other units you can admire and really appreciate working in such a unit, whereby teamwork and team spirit is there. But in most cases nurses expose one another to the people of different professions like doctors or dieticians. They exploit one another, they don't want to be held accountable. Just like to remind one another if you find that this person is failing to be accountable to her actions. Our patients could receive a high maximum level of quality care. If nurses are having integrity and accountability could reduce a lot of errors and harm. If we treat one another with respect and have an open communication whereby we report all important communication we address one another so that we don't get or fall into the trap of litigation, nursing standard and profession could be recognized. Integrity is one of the cornerstone of successes that needs to be re-discovered.

G1P9…I think another issue that we need to re-discover so that we strengthen our current nursing practice is professionalism. In this current practice to be honest professionalism has lost. The way people talk with one another in the workplace is unacceptable. That thing that we have heard about and being taught about etiquette is lost in nursing practice. People do as they wish. The way they put on their uniform is somehow annoying. Old people just wear the mini-skirts, they are wearing transparent trousers and see-through which the male people and patients could not tolerate. I think we need to restore professionalism. People need to be taken for professionalism workshops and what does it mean. So that we maintain that nursing standard, we communicate effectively to our subordinates and other multidisciplinary teams but because now we have lost it, we will no longer respect one another. If one person is not getting along with her or his colleague, you will just hear them shouting in front of the patient and along the corridors. Like people they want to fight physically in the workplace. It's really unacceptable.

The researcher…During your first year of study you have been taught professionalism. How you should behave as a nurse in the workplace. However, the very same people who are seeing that professionalism is lost, will be the same people who are going to do the same. Remember you cannot maintain professionalism when you are working as a professional nurse or professional somebody if you were not instilled and practiced it during your days of being a student. As long as you failed to practice it during the days of being a student, you will never resemble professionalism when you are working. That one is totally no. Yes we know that people are different and unique with different values and characters, but when coming to the workplace we need to be professionals. Whenever you will be working, you are going to put on those weaves with pink and green colors, which is really unacceptable. So if we can be reminded of professionalism, what is it and then we are being reminded of our scope of practice and accountability, then at least certain things will not be done in the workplace as people will remain cautious, rather do them off the workplace.

G1P3…To add on G1P9 nurses need to be taken for at least a workshop regarding the code of conduct on how they should behave in the workplace, what are the rules and the principles and the values that the employer is expecting from them. So that maybe if they are being reminded of their purpose in the department, they can change their behavior. If the labor personnel in the institution or labor department with the assistance of the institution management could organize a training or a workshop on the code of conduct, I think most of the arrogant behavior amongst the nursing profession can be modified. Maybe other health professionals could stop disrespecting nurses. How can they respect us if we are failing to respect ourselves and conducting ourselves negatively?

G1P7…Ma'am another thing that we can rediscover is passion. Yes we can tell that maybe nurses are no longer caring and having that passion to care for the patients. I remember when I was allocated at Carletonville hospital working the night shift. I was doing second level and the patient was crying of pain and screaming shouting nurse, nurse sister. You know the people that I was working with, just stayed at the nursing station sleeping. No one went there to attend to him until I went to the patient and asked him how I could help him. He showed me his swollen hand at the venipuncture site. The hand was severely swollen and red. I then went back to the nurses’ station and notified one of the sisters that the patient's hand is really swollen because of the IV line and then she said to me go and remove it. I went there and removed it just because at least I knew how to remove the IV line. He ended up sleeping better. Most nurses no longer have passion and care, particularly when they are working night shifts, it is like they become monsters. No one could tell anything, no patient could shout for help and receive it. It is difficult because sometimes they find people being demised and being stiff in the morning to show that it has been a long time that this person has demised. They don't even take rounds during the night. When they are done with the routine, they go and sleep. If we can have the generation of the nurses who are passionate about the nursing profession, not the people who are just coming to the nursing profession and departments because it is the profession whereby to find a job it is so easier. I wish if it was possible or I was having authority I would only need people who are passionate, who will really take care of the patient and other people. We need people who will be passionate to teach the students. We need to go back and have our passion that is being lost.

G1P1…I support G1P7. And in addition to that, I think another thing that people need to rediscover is the ethical principles. We are obliged not to do harm to the patient at all times, and to do well to them. Nurses need to care for the patients with justice, fairness and respect. So people have forgotten that. They no longer engage with the patients in their treatment and in decision-making. When a patient is refusing to receive certain treatment or to undergo a certain procedure maybe because of misunderstanding, nurses push the patient to sign the refusal of hospital treatment and get out of the institution. I think we need to re-discover the ethical principles, the autonomy principle should take part before we force the patient to sign the RHT. Better is to give the patient a clear explanation on what the condition is, what the procedure is all about, what are the benefits of that procedure and the complications if the procedure is not conducted. Nurses really lost the principles that we are not supposed to do harm and we need to let them decide not to push them away so that they get discharged with refusal of hospital treatment.

G1P8…Another thing ma’am to be rediscovered is trust amongst the nurses. Nurses no longer trust one another, and it is like they set one another a trap if they are not getting along, so that other people could be dismissed from the work. There is a recent case that we came across during the first semester when we were doing nursing management. We were allocated at the maternity postnatal ward. So we had this woman deliver her baby normally. I am not sure if she was experiencing difficulties in giving birth. Because she was having an IV line of Ringer’s Lactate 1000 ml. The midwife at postnatal suspected that the midwife at labor ward had pre-medicated drip with the medication called oxytocin. And then after delivery I don't know if maybe the drip was supposed to be taken out. Because she was handed over to the postnatal ward delivered with the drip running. Then we were so shocked because this patient was really crying aloud and expelling a lot of blood with clots and verbalizing that her womb is very tight like a person who wants to deliver. The sister quickly removed the vacolitre of Ringer's Lactate and put in a new one. She said she is not sure if this vacolitre was having medication inside. After 5 to 10 minutes the patient was calmed down and resting. She said that if there were no nurses around the patient, she could have died due to the rupture of the womb. So trust needs to be strengthened to prevent litigation due to ignorance and unaccountability.

The researcher…Now focusing on your past experiences, I would like you to describe the ideal clinical supervision of your dream to imagine future possibilities. What do you wish an ideal clinical supervision to be like?

G1P7…My dream ideal clinical supervision will be like our facilitators to have proper communication with the operational managers with regard to our objectives. Because we get into the ward and they act like they don't know our objectives. So it becomes a problem. The operational manager should advocate for us students. But most of the time our facilitators do advocate for us. And as well we should be given enough time to complete our objectives. Yaa that's it.

The researcher…Referring back to your statement of being given enough time to complete the objectives. If you can put it in period, for a period of how long you wish the time should be allocated for you to meet the objectives?

G1P7…At Least if we are given a period of three weeks or a month. I think as well proper research should be done in terms of ward allocation. Sometimes other wards are not accommodative to us, so there should be more research done. Because when I am placed in a ward where I cannot reach my objectives, it is a disadvantage during summative assessments compared to a student who was allocated in a ward where the objectives were able to be met.

The researcher…By your perspective what makes the difference between the ward that you are able to meet your learning objectives and the ward where students are unable to meet the objectives?

G1P7…The leadership style ma’am is the contributory factor of students not reaching their learning objectives. For instance when you are allocated in a ward where the operational manager is an autocratic leader, obviously she will be unable to teach you and then not meet the objectives. So at least if we can have a clinical supervision where the operational managers portrays at least a democratic leadership style than this autocratic and bureaucratic ones therefore, it will be easier for us to meet our objectives.

G1P9…Ma’am to add on G1P7. The operational manager who advocates for us is very much important and supervision becomes better. I remember when I was doing my second year at Chris Hani Baragwanath Hospital, the operational manager told the staff that these are second year students. They are here to do this and that. The enrolled nurses were told that they are not allowed to tell the second year what to do. She said they are under the supervision of the professional nurses. So sometimes the Enrolled nursing assistance will get mad that we were not there for nappy changing. The operational manager will be like did you give intravenous and oral medication? We then said yes. Then she asked the auxiliary nurses what is your problem if they did everything that was allocated for them? So I dream of clinical supervision where the operational managers who advocate for the students what they are supposed to do

G1P1…Yes ma'am I support the G1P7 statement when saying our college needs to research clinical placement. Because sometimes it's futile to send students to very far clinics. Because you will find that those clinics were accredited for teaching and learning but only to find that professional nurses there do not teach the students. So it puts the students at a disadvantage. Moreover, my ideal clinical supervision would be having a clinical facilitator who will dedicate maybe a day to one or two procedures for the whole group of the students. For an example let's say we are group B at Leratong hospital and then we are the number of twenty (20) students. She will take five students and do the procedure with them thoroughly. She takes another group of five students and does the very same procedure. At the end of the day we are exposed to one procedure in the very same way. After demonstrating she again gives each group a time to practice the procedure until we master it. When group two comes, she expects them to do better than the first group. And the same way she will give the feedback. So that day will be solely based on clinical supervision and work-integrated learning. That would be my wish of an ideal clinical supervision.

G1P12… My ideal clinical supervision would be like having a facilitator who will constantly explain every step by step when doing a procedure. For example if you are giving medication or antibiotics, accommodate the students and explain that this should be given maybe because of the condition. They must not just do the procedure quietly because we would like to learn more. And I think it also saves them time for the students not to keep on asking because now they would have explained the reason why this should be given and then the complication maybe thereafter.

G1P1…Also my ideal clinical supervision will be like having the clinical facilitators or lecturers who will make sure that our workbooks are completed. Like going through our workbooks and working hand in hand with the professional nurses in the unit to ensure that our objectives are really met. Our clinical lectures should take part in making sure that we get through our objectives.

The researcher…In which way do you think the clinical lectures should take part in ensuring that?

G1P1…Seeing that it is going to be impossible for them to spend a whole day with us in the clinical facility. So I am not sure how that will be possible but I think it might need to find ways of having a clinical preceptor. I think it is also important if they can be there with us and see what we experience for 2 or 4 hours. Going through the routine, seeing how we interact with the professional nurses. Because we might say maybe the problem is the professional nurses, what if the problem is us the students? So my ideal clinical supervision is that If clinical lectures are present they can identify gaps.

G1P11…I think the most ideal clinical supervision would be the one that has a positive staff attitude. Because everything begins with attitude. If you see me as a young person and then you start saying I will treat her like this because she is where my kids are not. Jealousy strikes in. The staff needs to be taught a good attitude towards the students and improvement might be there regarding learning. We are not learning more because they are holding back in teaching us.

G1P6…My ideal clinical supervision will be like having procedures which are feasible and practical to do in the clinical facilities. Because you might find that some of our procedures in the workbook are not practical but are theory-based, which is difficult for us to practice in real life situations. The staff should be trained on how to conduct clinical supervision to the students so that it can be easier for them to know what actually is expected from them. Because I feel like other professional nurses don't know what to do when students are there.

G1P8…I don't know if this is possible but this is my dream. First of all with our program, generally the R171, I just wish for a program like this one next time if considered must be properly planned to ensure that it works successfully. My other dream is for remote learning as our participant G1P6 mentioned that certain procedures are not necessary. I mean I could be in my room right now and my facilitator or lecturer facilitating online. However I have to wake up every day and go to a place where I do something that is not going to benefit me, just drain myself and drain my energy. Programs like this one in future should be structured properly for remote learning.

The researcher…Remote learning is actually good and beneficial for theory-based courses. However, in a course like nursing, in terms of practicability, the students need to be in the facilities to observe and witness the real life situations. And also remote learning is beneficial to the students who are average and above average than the below average students who require strictly physical support and to identify the knowledge gap.

G1P2…My ideal clinical supervision will be that of having enough resources and equipment in both the clinical facilities and learning institutions so that we will be able to give proper quality patient care and receive quality education.

G1P3…To support the statement of G1P2 when coming to resources, I wish or dream of an ideal clinical supervision where we have enough professional nurses so that we can receive adequate supervision from them.

The researcher…In certain facilities or units they do have the enough professional nurses, but they are not doing the actual clinical supervision. They are neglecting the students. So if I may ask, how are you going to ensure that the students receive adequate clinical supervision if you were to be given enough professional nurses in your unit?

G1P3…I think on a daily basis as an operational manager I would delegate one professional nurse per day who will be responsible for the clinical supervision of the students. So they will rotate on a daily basis so that all of them are well equipped in clinical supervision of the students. And that will also help in reducing the workload on professional nurses and the high rate of absenteeism due to overworking.

G1P8…May I also trim and wish the college standards to be of the same as the university standard especially if you were studying on the very same program. Because we are always in the clinical facility but we have never seen the university students in the clinical facility. Maybe in other facilities, yes, but every time I get there I haven't seen the university students. I don't know what they are doing I don't know but in whatever they're doing I just hope it also works for us.

The researcher…I believe they are also studying nursing, however you might find that the schedule is different. The time you are at the clinical facility you could find that is the time that they are at the campus for theory block. And remember the university also has its own clinical facilities attached for the training and education of its students. So you might find that the institution you are training at right now is not attached to one of the universities.

G1P4… Since this is a dream I think of in the near future if we can have one nurse educator in each and every ward who will be knowing that now the students are coming. They are level one, two or three, so that person will be responsible to teach students who are allocated in that particular ward.

The researcher…The nurse educator you are dreaming of will be similar to the nurse whom we call the clinical preceptor, who is allocated in the facility or different ward to be responsible to teach the students. She will be knowing the objectives of the students according to the academic level and teach them the procedures in the workbooks and procedure manuals accordingly. So because of the shortage of human resources, we are failing to employ them but if you can go to the private sector you will find them there.

G1P1…In my dream ma’am and also because of watching a lot of movies, like the student doctors when they are undergoing practical, each and every day and every morning they will do what rounds. Even now they do that with the actual doctor or professor on the procedures to be simulated. I also dream of an ideal clinical supervision where student nurses with the clinical facilitators would actually do the upcoming procedures in real patient life.

G1P11…I am dreaming of an ideal clinical supervision with fair and equal treatment to both students from college and University. I still remember when I was working at Bara we were allocated with students from Wits University, you know the treatment was too different. It was like they were mini doctors. Their workbooks were on the tablet, we were having this workbook on paper. And they were like why are you having too much papers? So I hope if maybe in the future the treatment could be similar with college students together with the university. That could help.

The researcher…I think this one goes hand in hand with the attitude and training of the clinical supervisors on how to treat the students. Because if I really portray a positive attitude, I will treat each and every student the same way and according to their academic level with regard to dependency and independency.

G1P6…I wish we can have enough time allocated for level one and level two clinical practical. Because that is where we have learnt a lot of the conditions and it was feasible practically enough. However, when coming to third level, more of the procedures are not even practical but theory-based. So I feel like maybe during the third year there is no need for us to go and be allocated to the clinical facilities. Rather than give enough time during the first year and second year at clinical facilities.

The researcher…So if that's the case how are you going to meet the learning objectives of health nursing management as now it is your core module in level 3?

G1P6… I think it needs us now to go for remote learning where a computer laboratory should be provided with enough resources and advanced software which are helpful. We can utilize our computer lab and do this managerial task using all the software that is necessary. This will again assist us in acquiring more skills in remote learning and by enrolling us in short courses whereby we can have more time to practice using the provided login details.

G1P8…Another dream I just wish for in the near future, our facilitators I wish they get equipped with technology. I think if there can be an agreement between the facilitator and the students, e-learning cannot be a problem depending on the arrangement. However it is not possible with our facilitators because they refuse to be well equipped when coming to technology. It will be much easier because we are also equipping ourselves in technology. This would also assist in the near future when we are professional nurses who decided to become lecturers. We can do better for future students by not always sticking on black and white paper. For example, we are submitting an assignment in hard-copy, honestly in these days of time is not really working out.

The researcher…We are at the fourth Industrial revolution where we talk about technology. We are getting there though we are left behind as government colleges. However, you know very well that in level three we are using the Google classroom. We send the students PowerPoint presentations, tasks and information via the Google classroom and you receive the feedback. So even the level 1 and 2 lectures are getting there surely but slowly. I think what is left for us is the platform for the assignment submission. Previously in our communication we talked about the old people who have been in the profession for quite long, resist change. So the young people in the profession adapt very much quickly and easily to any change. So that is the case.

G1P7…I am also in support of G1P8, definitely we should adopt technology. It is very much possible because the university's students are doing it. I think if we can adopt what universities are doing it is more essential with regard to how the universities are facilitating.

G1P11…Another dream I wish is that in the future we can have the younger professional nurses who are operational managers. Because there's a lot of older people who are sitting in the positions and their treatment is extremely weird. There are no longer equipping and educating themselves in terms of the standards of the current trends. They are still holding back to the old way of practicing the nursing profession. Things are changing and if we can have these young professional nurses, things could be much better in terms of clinical supervision and ways of operation.

The researcher…Definitely young people should occupy the positions. For example in Limpopo province the MEC of health Dr Phophi Ramathuba no longer wants those older people to occupy the managerial positions. Like I've got a colleague of mine that we did the R425 together in the very same class. He was the nursing service manager now he got the CEO position at Nkhensani Hospital. So even at the clinics she has started doing this implementation. She said she no longer wants to see even the older people of 50 years old and above going to school to specialize utilizing government funds because they are no longer effective to render the service in the department. However we are getting there slowly because all these older people are getting out of the position due to retirement.

The researcher…Now coming to the destiny phase, you were describing your wishes and dreams for an ideal clinical supervision of your choice. So now I would like us to discuss what is it that needs to be done, what should be done to achieve those wishes and dreams of your choice?

G1P7…I think the first thing that needs to be done or that should be done at our college, is proper research on other institutions on how they are doing things such as the E-Learning issue. Secondly, training of facilitators on E-Learning is very important on how to equip themselves in terms of the latest technology so that they can facilitate the E-Learning thing. Thirdly, they should be a proper communication channel with the operational managers and the training institutions. It is very important. Proper communication will facilitate learning. Time is also important, allocating more time for students when going to training and stuff like that needs to be done so that we get more time to practice and become competent. Proper planning as well is important. There should be proper facility planning when allocating the students if it is conducive for learning. This could assist to mitigate any complaints that could arise from the students regarding learning and meeting the objectives. Yaa I think that's it.

G1P5…I think G1P8 mentioned that our lecturers need to be equipped in terms of technology. I think in terms of our college and the lecturers that could be done. However, it is not necessary to train because there is internet access everywhere, there is a Zoom, Teams and YouTube platforms that can direct you on how to operate a computer and how to conduct online classes or E-learning. I think lecturers should have an interest in technology and do their own research. Then should they fail, they can now go for training.

G1P1…I also think ma’am that if the college could listen to us, lend us an ear. Like transparency, if there are things which are possible to be done, but due unforeseen circumstances they could not be done. I think the college must tell us what is happening, maybe we can understand better or can try to come up with an alternative way of solving it. And also with the clinical placement, can the college also do proper research on if the accredited teaching clinics are willing to teach and are the data captures at the clinics helpful to teach the students. Maybe our research assignment can go smoothly.

The researcher…I think according to how you were explaining it before, the clinics’ system with regard to data capturing, they might be having an existing feeder program regarding data capturing and patients’ statistics. So unfortunately in your case you are doing the health information and research which it looks like is totally different from what you have studied and taught. Even a spreadsheet like Excel is something that she/he knows exactly where to go because it is the program that they are using on a daily basis. If you get there and ask him something like, how do we do the nominal scales? Honestly speaking, this is a research term and language of which on his side he will be lost. That is why you may find them not being helpful. You are studying research and they are the data capturers.

G1P8…Going back to what G1P1 has said regarding the allocation of more time at work. I personally don't agree with that. I totally refuse with my body, my mind and everything. Because you can be placed for 5 weeks to get clinical exposure, but In that 5 weeks is either I am there for a good cause or leave being burnout and exhausted. I can be placed for only one day and make use of that one day. So I think it's similar to studying smart, not studying hard. Because you also need to consider your body, mind and your spirit. Because your body is very much important in order to render the quality care, health services and nursing care.

The researcher…Yes I do understand your opinion, however, putting aside the issue of being exhausted and burnout, you need to have enough time to practice the skills so that you become a qualified, competent generalist nurse as alluded to in the vision of Gauteng College of nursing regarding R171 program. I believe that you cannot be a competent generalist nurse without having enough time to practice. Nevertheless, according to how you have dreamt about an ideal clinical supervision, what do you think should be done to achieve one of the dreams that you have mentioned before?

G1P8…I support G1P1 that the college must provide the training of the facilitators when it comes to e-learning. And I think in our college we have experienced that they have been trained before. But this is that generation which is stubborn because from what I have heard is that they got trained and were well equipped with Google Workspace. However to be honest I don't see it working. Yes, with some facilitators it is working, not all of them. I think I support G1P11 when she said this generation needs to move aside and the younger generation take over. I think that could work.

The researcher…Yes, the facilitators across all the levels, have been trained in Google Workspace. I've said this before that at least in level 3 the lecturers are really utilizing the Google Workspace. However, let's hope that surely the level one and two facilitators will get there slowly. And that issue is again coming over and over in between that, the older generation, most of them are having resistance to change compared to the younger generation.

G1P2…Are men for the resources part. I feel like government Institutions are wasting a lot when it comes to those kinds of equipment. Because when you look at Private institutions, If they can use only one(1) alcohol swab when doing a procedure, In government you will take like four(4) alcohol swabs. I feel like the government institutions personnel should get proper training about proper management of resources. I think something like a petition or proposal could be sent maybe to the higher authority of the Department of Health. Because as we are a recognized nursing education and training institution, I think if a budget could be allocated and enough resources provided, I think we can be fine.

G1P6…Going back to G1P7 while talking about proper planning and proper research, I think now the college because they are having us currently doing this program, I think the the curriculum developers of this program if they can sit down with the previous group of the graduates and ask how was their experiences regarding this program and what needs to be changed or improved. They must listen and not conduct their research for the sake of doing, at the end of the day they must implement the changes. And by doing that proper research, it could also again assist them in future planning and reviewing of the program itself.

G1P3…Ma’am I also seconded G1P6 when she said the curriculum developer for this program should work together with the students. And not surprising the students in the middle of the course by taking the decision about students and lecturers without consulting them. It is a holding back to us really. So if they can have common ideas with the lecturers and students and formulate the decisions together, I think by doing that could really help in future.

G1P5…I think another thing that could be done is a trial run in everything that is about to be implemented. For example with just recent summative assessment we had. If we are expected to do a procedure in 10 minutes, I think the facilitators need to go to the ward and see how it has been done. From there they can just try by themselves in that 10 minutes and see if it is doable. If they find it working, then now can expect us to do it in 10 minutes.

The researcher…With clinical summative assessments what happens is, from the whole procedure that you are having in your workbook. Certain portions or steps from the procedure are going to come out and then they cut off other parts. It is unfortunate that as students you will not be told that this is what will be in summative tools. You are just expected to do the procedure from 1st Step to the last step in that 10-15 minutes of which is not feasible. Most of the time, you run out of time before you reach the end of the procedure and loose marks. But actually what's happening is that from the whole procedure, when you are doing it sequentially, it means now you are going to get the procedure right even though they have set some part of it and other part being cut off.

G1P1…Something like mock assessment before we go to the clinical summative assessments that could really help us achieve certain dreams. Especially on HIR summative, as third level students we really need it. And looking at how the resources are right now I'm supporting the statement of G1P3, we all know that we only have three computers that are working. If our computer lab it's well furnished with working computers, I think this makes future students’ lives easier. So we will not like to be surprised on the day of assessment and be told that this will be done. So at least if they can tell us prior.

G1P8…Follow up question I don't know if you will be able to answer it, about what G1P1 has said. When we were in first and second years, we did go through the mock assessment. So I don't know what has happened. If you really know what happened ma’am you can clarify us. Because that was the expectation like we get a trial run before we go to the clinical summative assessments.

The researcher…Like if now you can observe how first year and second year is being conducted is really totally different from how level 3 is being conducted. Even the feasibility of the skills that you are being assessed on, are a bit different because they don't need to be next to the patient. Most of the procedures are theory-based of which you are just applying the knowledge. Moreover, because now you are at the maturity level and final year, they need you to exercise independence, decision making and problem-solving processes. That's why you are being left alone. However, because you have voiced out with this regard, we are going to improve and implement this aspect with immediate effect.

G1P12…The compliance issue to ensure that the professional nurses are complying in teaching and supervising the students. I think they should be the tool to review the supervisor after that exposure. They need to give feedback on how the students were handled and the behavior. If it could be incorporated in the performance management development system (PMDS). It could also stimulate the interest of professional nurses in supervising and teaching the students.

The researcher…Rightfully the evaluation form should be made available and provided to the clinical facilities to evaluate the students after their exposure. Unfortunately since I came to Gauteng College of nursing, I have not seen that evaluation form or heard someone talking about it. However it must be in the institutions provided by the college, so that they can receive the feedback about the students. It also helps in identifying the gaps and finding the ways of improvement.

Who is in support of the G1P12 statement?

The group…All of us from participant 1 to 12.

G1P3…And the way I see it, change needs to be done and the documents need to be reviewed. Most of the nurses might change because they will be thinking of having least incentives for the PMDS. And I think we've been here for almost 3 years but I have not seen changes. If really the tool could be implemented, the professional nurses and other categories of nurses could be motivated and then get away with the negative attitudes when seeing the students. And this could also add on professional growth of the nurses.

G1P4…Another thing ma’am that could be done. I think the college campus head together with the CEO’s of the clinical facilities should write a motivation letter to the health department for lecturers and professional posts to be funded. Second thing, the college should benchmark from other provinces on how they are conducting this R171 program effectively and maybe the challenges they encountered during implementation could help.

The researcher…We have discussed all the dreams and the wishes of an ideal clinical supervision. We also came up with the strategies that should be utilized and be done to achieve those dreams. Now how are all these strategies or actions for an ideal clinical supervision that we were discussing, should be implemented to reach our destiny or delivery phase?

G1P3…I think it should be started from the highest authority, not from Bonalesedi as an individual campus. It must start from the management of Higher Education to come up with the policies which stipulate what should be done and how it must be done. For example E-Learning, the Gauteng department of health should allocate a budget and resources to implement the effective utilization of e-learning and the funds to be provided for training of all facilitators across all the government nursing colleges. It means all the GCON campuses must do the common thing, not Bonalesedi campus does its own thing, Bara does its own thing and SG Lourens does its own thing.

G1P7…I agree with G1P3 that unity or uniformity is very important. We need to do the same thing throughout. If the decisions are to be made, they should be made at the top management and executed by all campuses of GCON, not only by one college.

G1P8…Meme I agree I also don't agree with the statement G1 P3 made the reason I don't agree is because Gauteng College of nursing consists of four campuses. And already unity is something that should be happening across but it is not happening. And in some instances, a lot of time is being wasted because if something urgently needs to be implemented at Bonalesedi sometimes it cannot be implemented immediately. Because the other three campuses need to be consulted, and remember that wastes more time. Chances of being successful are very rare if I can put it that way. To be honest I agree but I don't agree with this other statement. Everything she says is right but with what we are currently experiencing in reality, we are wasting a lot of time and not achieving important things. So if it was possible for me or if maybe I was part of management or one of the big bosses, I will make all these four campuses a standalone campuses or maybe put Bara, SG and Ann Latsky together and Bonalesedi a standalone.

G1P1…In support of G1 p8 Statement to say When we want to achieve uniformity it Somehow a waste of time Because if I can base it on recent Actions that has been taken by The other colleges so When wanting to implement it with three other colleges I don't know if it is because of the leadership Of the three other colleges The students there are Very fearful They feel like they don't want to take part in their learning Everything that has been decided by the management to be done even though they say that it is unfair. They don't verbalize because of, they scared that the course might be terminated. So it becomes a waste of time sometimes to try to gather uniformity. And I want to talk about the resources again. By making sure that we have enough resources, I think in this instance budget comes into place. Maybe if our budget is being utilized correctly for what it meant to be. Then we can have the resources that are due to us as students. And also ma'am we talked about the research that has to be done to check if the institutions are teachable institutions and if everything we have been doing is working. So in terms of the research ma’am, I think the college needs to also use the external moderators because I think they are there to oversees on all the four campuses. So they have got better experience and exposure. So if they can tell us or conduct the research by themselves and present it to us ma’am. And then coming back on how things for both in other colleges and the practical ma’am, I think to reach our destiny we need to incorporate what G1P12 has said. That was a very good situation ma’am. It can work and open doors for the students as well as for the professional nurses. Maybe working there, they can become keen to teach.

The researcher…I want to respond to the aspects stated above. Number one is the issue of uniformity by the students, not by the college. I think in these four campuses you have the president who is not the president of one college but the president of all campuses and then you have the members of SRC. I think that is where you need to sit down amongst yourself regarding the decisions or the actions that need to be taken for the students. If ever there are certain aspects that you are against or the decisions taken by the management that as students, you are against. The SRC members across all four campuses need to sit down with the opinions and views of other students so that you have one voice. Maybe that could help to maintain uniformity when it comes to issues regarding the students. The president of SRC and the members agreed to work for the students and represent them. Number two is the issue of an external moderator. The external moderator’s duties are not to do research at the education and training institutions or clinical facilities. However, one of their duties is to moderate a specific module that they are expert on. They need to check the quality of the module in terms of setting up the questions for the assessments. Because now you are doing the final year, each and every module summative assessments that you are going to do in theory together with the clinical will be moderated. This means that all formation of clinical summative tools go via an external moderator and amendments are done where necessary before finalization of the tools. Because now due to a shortage of moderators, we have only one moderator in a module. You will find that during clinical summative assessment, she goes to one campus and moderate at least five students. After that she goes to another campus and moderates five students until she finishes all campuses pertaining assessed skill for a day. By doing that, she is also checking the consistency because now as GCON, we said we are doing uniformity in terms of teaching and learning. That is why one PowerPoint is being shared and facilitated across GCON campuses. After moderation during examination review she gives feedback in the examination review according to how the students have performed and if consistency was applicable. Solve for an external moderator to conduct a mini research regarding the clinical placements it is not within her duties.

G1P6…I want to talk based on what G1P3 has said, when she says the people at the higher authority can plan and implement. For me, I feel like if implementation of decisions is done for the four campuses. It is going to be better because one campus cannot represent many voices. So if every campus is supposed to move from traditional teaching to e-learning, then it will be better for everyone. But if this is faced only by Bonalesedi as a single campus, and let's say Bara is doing its own things, this will always create division. And it will not be easy, it will take time but if this was implemented from GCON straight and says this is what we want, I don't think there can be any other campus which can hold back and says we do not want this e-learning. I think the people from higher authority are the ones who should implement this based on the research which they could have conducted, not based on what Bonalesedi has conducted. I think that will work.

The researcher…To respond on the issue of this uniformity regarding implementation of the E-Learning. The E-learning issue is not based on a single campus. This is an issue from GCON. GCON last year paid a training company to provide the training to all these four campuses. There was a man called Themba Skhosana who has equipped all the lecturers across these four campuses in different days focusing on Google workspace and its modules like google docs, google slides and google classroom. The issue here I think is the resistance and the holding back by the people to diverge from traditional ways of teaching to technology. However it is not a Bonalesedi based issue, but GCONi based. And according to the feedback that we got from the management is that Bonalesedi campus has a negative response compared with these other campuses in terms of using Google workspace. Maybe what we can say is outstanding, is that the GCON higher authority to enforce the use of Google workspace so that we all maintain uniformity.

G1P11…I think when coming to the issue of implementation they should review whatever implemented before. And the review must not be based on one individual person. Like, I am the boss. My words are final. The boss must listen to the people who are at the grass-root level as well as the students.

G1P7…I don't know if this one will be possible to be implemented but we are hoping in near future it will. When coming to the issue of monitoring of the students using the monitoring tracker document. I am referring to the issue of holding the tracker each and every day when going to work, where the professional nurses or the operational manager will sign that I was on duty. I think GCON should implement a technological way of monitoring students whereby this record will be permanently saved. Because now if I lost that tracker document it would be like I was absent from work. I need to go back to the person who has signed for me. And most of them refuse to sign even though we show them the time register together with the delegation as evidence that I was on duty. Sometimes we fail to find the person who has signed because of off-duties or taking off the leaves. It means that I'll be taken as a person who was not reporting on duty .So I don't know how the universities are doing it, because the students that we were working with at Bara were using tablet phones. That's where we have seen their procedures from the tablet not papers.

G1P9…I also think ma'am when coming to the clinical facilities and the learning institutions, they should hire professional nurses and lecturers who are willing to learn further. People who are studying something. Because I feel like some people are really not ready to learn, they are just there and it becomes difficult when coming to us, asking them a question. They feel like we are interrogating them. At least if professional nurses and lecturers are willing to develop themselves. They should at least move away from hiring people because of experience. Just because someone has a lot of experience does not mean that they are doing the right thing. Because I think like we are fresh blood. We are willing to do things in the correct way. We always like wanting to know the proper way of doing things.

The researcher…. Definitely continuous professional development is more important and assists in personal and professional growth together with better understanding and professional job opportunities.

G1P11…I think when it comes to certain positions, just as it is being done with the presidency. The president stays for a certain time. Even managers should not be stuck in one position for many years. If you manage for 5 years at least you should get out and leave the position to other people.

G1P1…I also think that the staff needs to know the scope of practice of a student nurse. Basically there has been a circular of scope of practice. I think it was December last year or early this year. It had the scope of practice of a professional nurse and added that of a student nurse. So that one also helps in the procedures that are expected from us. So I think if they can incorporate the procedures and the scope of practice of a student nurse in our work integrated learning workbooks and procedure manuals, these two things will make sure that other procedures that they see are unnecessary could be removed. I think it can also work well.

The researcher…The professional nurses know the scope of practice of a student nurse. That is why they know very well that as a student nurse, you must be working under the supervision of a senior staff member. They are expected to teach the students because it is within the roles of a professional nurse. And according to your level of study as well as the objectives provided to them by the clinical lecturers. This could be an issue of making the students work like a workforce and forget the part that students are there to learn so that they become competent and achieve the objectives.

G1P4…I would like to talk about the implementation of the budget. Using the budget in a correct way. So maybe now going back to the dream of the government hiring many younger professional nurses. Maybe then nurses will not be more tired and overwhelmed. They could also be motivated and willing, you know, to teach us and prevent overwhelming. I think if the government could start implementing this, but you know our South Africa and the budget issue shoo.

G1P1…We talked about SCG ma’am. I think our SCG’s need to be as much more practical as they can be. Because our simulated clinical guidance is less practical. I think we will be learning a lot and incorporating what we have learnt in theory to practical.

The researcher…Another thing that contributes to the SCG’s being less practical, is the type of the procedures you are having in the work-integrated learning work books. Because if you can check the procedures of Professional Development in Nursing (PDN) module, all of them are not practical–based but theory-based.

G1P5…I think G1P1 spoke about having and hiring more young nurses. I think what could also be done is that the unit operational managers need to balance the ratio of young nurses and the older nurses. So not to have young nurses in one ward and older nurses in one ward. Because honestly we still have a lot of things to learn from them and they also need to learn something from us.

The researcher…Maybe the dilution of younger and older nurses could reduce the negative attitude and hatred of the students by older nurses.

G1P2…I am supporting the balancing of younger and older nurses. I think if they could start implementing this, the students will get better opportunities to learn because most of the younger professional nurses are willing to offer teaching and learning time. So if the dilution of this age occurs, maybe the older nurses could refrain from abusing the students and not teaching them.

G1P8…I think we as young nurses should get an experience and go abroad, I think this could solve many problems because our country is not even getting better.

The researcher…Going abroad is not the solution but rather we are worsening the situation on top of the existing burden of the shortage of staff.

G1P10…I think another thing is, if the management of the hospitals and the operational managers of the clinics together with the management of the education and training institutions could provide the training to the professional nurses and the lecturers on how to support the students during their time of work integrated learning, this could help and the clinical facilities could be a best place to be, and to learn variety of skills. This could assist us to reach our destiny.

The researcher…How do you want the staff at the clinical facilities together with the clinical facilitators as well as lecturers to offer support to students? It is seen as a crucial aspect to promote learning. What kind of support do you require from these stakeholders?

G1P3…If only those professional nurses in the ward could be patient enough with us and understand that we are student nurses. We are not perfect. We came to the ward to learn. At the side, they must reflect back because they were once students. Yaa ma’am if they can instill the spirit of patience within themselves, clinical supervision implementation would be very much easier.

G1P1…I'm going back to that second year lecturer with 20 students. I was student number 20. Before clinical placement was issued right. She would draw herself a whole program of that allocation time, to say to these 20 students, this day I am going to do this for so many students. Tomorrow I'm going to do that with so many students. So in that 20 of us, we were different with different abilities and different weaknesses. So she will treat us differently according to our abilities and strengths and weaknesses. So it was her way of supporting us. The weak students whom she has identified would give them more attention and more often. So after 3 weeks of the placement, we will come back to the college for a summative assessment. Amongst those 100 students, you would easily identify that these were her students. Because of the ability and the performance of the procedures during the assessment. Those who are strong, she would give maybe one chance to try the procedure. Those who are weaker will be given maybe two or three chances to try the procedure or until they master the procedure. And somewhere somehow, she would easily identify that this student is just talkative and outspoken. However, when it comes to the skill or the procedure, she is lacking somewhere somehow. She could even identify that and accommodate us being like that as well as giving us the necessary support. And by doing that she fosters confidence within us. And this is the kind of support that we are referring to ma’am. And even when coming to the clinical facilities she engages with the professional nurses. And when she is not there, the professional nurses know what is expected of us to be done. That is kind of support.

G1P8…The support that we want as students is that maybe we have enough facilitators who can separate themselves like in second year. For example in second year, there were facilitators for clinical and for theory. Unlike in first year and third year where facilitators do both theory and practical which I think it contributes to the whole mess in fact. So if we have that, I think the facilitators coming to the ward and working together with the professional nurses and the students would be possible. And I think it could make everything better. Because when you see someone that you know, you know that you have the comfort, and you become eager to learn because you are associated or surrounded with people that you know. Unlike when you are in a new environment where you know nobody, there is no support that you are getting, either from your lecturer. You become fearful to approach that particular person in terms of assistance when you are failing or lacking somewhere in the procedure. So having facilitators in the facilities from the college that we know, I think this could work with us in terms of support. Everything will be nice.

The researcher…We also wish to have more lectures so that we have got the lecturers who are focusing only on clinical and another team of lecturers focusing only on theory like what Bara campus is doing. It will also ease the workload that we are having. Because we don't have time in between to plan our schedule and clinical program well. Now you are at the clinical facilities, we are expected to mark your tests and assignments. We are also expected to do clinical accompaniment as well as also coming for structural clinical guidance. So doing both clinical and theory at the same time is making our life too difficult. If they can hire more lecturers, most of the challenges that the students are experiencing could be relieved .But hopefully next year will be having more lecturers. The issue of the government budget is still a challenge.

G1P4…I'm going to reflect on the support when we are talking of the operational managers who are hands on. Some of the managers you would swear, it is like they have meetings every day. But they don't engage with us or ask us where we are struggling. What are the challenges and whatsoever? We need support from them. And it also encourages the staff to help us. If she is also there with us, you know. We had one instance in ward 19 where the manager was working with us. The staff was also supportive of us because they saw how the manager was treating us. This is the kind of support that we are really looking at.

G1P2…I am in support of G1P4, If the operational manager supports her staff, It prevents rushing of the procedures. I mean when they come to us they will be ready to teach us.

G1P8…Ma’am I also think in order to get to our destiny, I think we need to get people who do random inspections in our units. Maybe our facilitators just to see everything that is being conducted in the facilities. I'm saying randomly, because maybe for example if an operational manager knows that there is going to be an inspection, a day before they will try and make sure that everything is in order just to hide things that are not in order. So I think a random and regular inspection from the higher authority should be conducted because eehh yaa it is just a lot. Because when the boss is not there to monitor, like students get really treated unfairly. It's really not nice but when big bosses are there, everything becomes in order.

G1P4…To support what G1P8 has said. They do this in the clinics but I have not seen them doing this in the hospitals. But it should be random like she said. Because in the clinics there will be knowing that they are coming, they will fix things and make it seems like they are doing the right thing. So there should be a random inspection.

The researcher…The inspection that you are talking about is a program that is called an ideal clinic. That is where now the people from the district and the provincial health offices set a day for inspection to the health facilities. They have a standardized tool that they utilize in each and every facility to check equipment and their functionality, the facility in general to check if we are still working within the requirements of the Department of Health. So unfortunately as you have said the date of the inspection is known by the facility that, on this day they will be coming to a particular facility. That is why they do thorough preparations before the day of visit which is not a true reflection.

G1P1…Maám I have a question. What happens to us as students if I want to go to WIL right, and I am struggling academically like in theory? What happens to certain students? Akere we are talking about support? If I am struggling in theory, wilI I be able to put that into practice? Am I going to make it during clinical summative?

The researcher…This issue is two ways round. There are students who are weak in theory and become strong in clinical, and those who are weaker in clinical and strong in theory. So what happens is, during the structured clinical guidance and formative assessments of either clinical or theory, that is where we identify such weak students. Upon identification of such students, as a lecturer you must start with the engagement immediately with the students. In case of formative theory assessment, you will find a message written inside that says “may you please come and see me’’. If it is in the form of clinical formative assessment, a feedback is going to be given immediately and then the remedial session provided as a support system because a gap has been identified. If we have identified that you have social and psychological stressors that are affecting you academically, we refer you to the students’ counseling department and we offer you support more often so that you will stay within the line.

G1P12…Another thing ma’am that could help us reach our destiny is when the professional nurses make a good relationship with the students so that they don't scare us, they treat us well. I think this action could help to reduce most of the challenges that the students can raise or come across that hinder them from learning. Because as students we would like to have a good relationship with them, but the way and the negative attitude that most of them are having towards us, really make us to be far away from them and to shiver when they come near us. If we can have a good relationship implemented immediately could help.

The researcher…So as students, how do you want them to form a better relationship with you so that you are able to learn without any boundaries?

G1P8…I think ma'am this is also a difficult issue because we are coming from different backgrounds and we have different personalities. However I wish when we come to the same environment for a safe space, we must work together and put aside our differences. For example if I am a third year student, I am expected to do the delegation. The enrolled nurses and enrolled nursing assistant get upset. They forget that I should be able to delegate someone who is below the scope of practice that I am practicing, and I'm doing what I am studying to become. I think the staff should understand that I am supposed to do this to avoid getting ourselves into troubles in future and litigation in case of complications. Another thing is the issue of age. I think age differences should not be considered in a working space. We just need to find a way to manage the multi generation in the unit. Because as G1P5 has said, there has to be a ratio and a balance between the old generation and the young generation. Because we all have something to learn from one another. So I think let's not take the personal issues to the working environment, and understand what we are here for and do what we are supposed to do. I think life will be much easier not only for ourselves, but also for our patients as well. That is the type of the relationship that we want should it happen.

G1P6…I also feel like sometimes it depends on an individual's attitude. Because sometimes you go to different clinical facilities or units you get different treatment. I think the relationship between the clinical supervisors or professional nurses and the students depends also on the individual’s attitude. And sometimes with the attitude of the students. Because sometimes you find that the staff at some point is giving us back the negative attitude that we gave them as students. It is not always the professional nurses or the staff who will misbehave, sometimes as students we have a negative behavior. So that is why other professional nurses want not to work with the students or sign for us. Yeah I think the relationship will depend on an individual and on how you are portraying the attitude towards someone else. Because now if you are a mature human being and then maybe a professional nurse didn't respond well to you as a student, I think you can call that person aside and explain that you didn't like the way she or he has treated or responded to you. So from there going forward, that particular person would know your boundaries and then life goes on smoothly. And it also shows how you are able to interact with other people and when another person has done you wrong.

G1P1…Mostly the auxiliary nurses towards the students are the ones with negative attitudes. G1P8 has said we are people from different backgrounds. We have different values towards one another and we see things differently. But then with auxiliary nurses right, I think most of them belong to the older generation. And age issues play a part and they turn it and use it in wrong situations. When you try to address something like work-based, they sometimes look at you as 2000, and you are not allowed to tell them anything. And they forget that this is work, we are here to work and this is how it's supposed to be done. So cultures, values and morals also say a lot about a person's attitude and how to build a relationship with others. The professional nurses, I think because of the level of hierarchy and our relationship, It makes it easy for us to respect and it makes it easy for us to disrespect them. So the level of hierarchy plays a crucial role in how to build the relationship. So with enrolled nurses, truly speaking they are neutral. From the first year to third year, we have learnt a lot from enrolled nurses. Enrolled nurses are the ones who actually teach us. They should have been allowed to sign our workbooks because they teach us almost everything in third level. When we were doing management and because of their experience and when professional nurses didn't want to do paperwork, the enrolled nurses were teaching us because they were always there doing that paperwork. So the enrolled nurses are willing to teach. So maybe if in our destiny we can say staff nurses should be allowed to sign our workbooks. Our relationship with them becomes easier and better. It is easy to disrespect an auxiliary nurse and it is easy to disrespect a professional nurse.

The researcher…I think on our first structured clinical guidance during the first semester, I guided you regarding the relationship that you need to have with the staff members. I remember I have said to you, do not disrespect a person because of being in the lower category. You can learn a lot of things from auxiliary nurses and enrolled nurses. Do not always cling to the professional nurses because the people that you can learn a lot of things from, are these people from the lower categories. Their attitude is however minimal compared with the attitude that most of the professional nurses could portray. However as you have said that negative attitude goes in two ways. It could be the student nurses who are disrespecting the staff then the staff gives them back what they were given, or it could be the staff having negative attitudes towards the students. Moreover, you need to know your position and develop the problem-solving skill in case one of the staff members has done you wrong. Always fight to find a way to address the issues than to talk on top of your voices.

The researcher…Another one with a different opinion or idea?

G1P4…When it comes to relationships, especially in the clinical setting, I think if the staff is having teamwork and team spirit, we can reach our destination very easily and the working environment will be so conducive and optimal to students' learning. I also think that they should be in service training about teamwork. Because that thing that the staff run away when the students are there, it is not nice. We understand the challenge that they are having due to the shortage of staff. But when we are there at least we could work together to achieve high quality patients’ care instead of them running away. Because yes we also want to achieve our objectives and learn more, but there are also patients there who need our help. If we can work together things will be good.

The researcher…Yes indeed teamwork and team spirit are the ones which make a working environment conducive to both the learners and the staff. Because without teamwork and team spirit, that is where we are predisposed to a lot of challenges and litigation. if I don't get along with you as my subordinate, and the doctor comes into the unit to review one of the patients whom I was not taking care of. And you have left the unit out without giving the report, I must remain accountable irrespective of whether I know the patient or not. In case where the patient complicates, there is nothing that I'm going to say in front of the Nursing Council. And I cannot tell the doctor that I am not the one who was responsible for taking care of that patient. Because now the patient has complicated in my presence. We will all go to the court. So if we can really build a teamwork and team spirit, the working environment could be of optimum place and quality could be enhanced.

G1P2…Yes ma’am to add on that, yes the first thing to be implemented is the allocation of enough funds right. Apart from allocation of enough funds and budget for resources and hiring of the younger generation of nurses as what the previous participants have alluded to. Really training of the nurses regarding the strengths and the successes that we have rediscovered before, it could be the most important things to be done to reach the desired destiny. If the implementation of training and induction of nurses could be done, the nursing practice could change from worse to better state. Nurses need to be reminded really of their professionalism, in terms of the ethical principles, code of conduct, professionalism, attitude and values. Yeah, I think that could be a better beginning. And most of the challenges we might not see. The students can get better learning opportunities, the staff morale could be boosted than what it is right now and then the nurses could feel motivated to deliver the knowledge to the students and other people who are newly qualified in the units. And so not too undermine one another, but take care of one another and the patients.

The researcher…Yaa, I think you have said a mouthful. You have explained very well the things that need to be implemented first before we can go to the bedside nursing. These are the core basics or foundation of a nurse and nursing practice. They are the most crucial aspects which need not to be overlooked at.

Another opinion on how we should implement our destiny?

G1P1…Eehh ma’am, we have exhausted all points.

The researcher… What others are saying?

The group…We think we have said the mouthful ma’am.

The researcher…Thank you very much for honoring this session and actively participating. It was really an informative session, information giving and an eye opening. I am promising that as lectures at our level, we are going to improve on aspects that we were overlooking. Everything that needs us as lecturers within our capacity and capability, we will make sure that we really upsize the standard because you have voiced out. As long as it does not involve the managerial part at the management level. I really appreciate your participation.