**FOCUS GROUP NO. 3 TRANSCRIPT**

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**PARTICIPANTS: 09**

**03 Participants didn’t avail themselves**

The researcher…How can you define the word clinical supervision?

G3P5…Hmmm, I would define it as being guided on how to do something that I have already been shown. Obviously we will be coming from our simulation labs during skills week, so when I am being supervised I would assume that it is me being guided on how to properly reinforce what I have learned in the sim labs. And I would also assume that whoever is guiding me, I would assume that they know because they first had an introduction during skills week. And it means we are not starting from the bottom but we are just refining the details of the procedure.

G3P7…Clinical supervision for me is being observed while you are demonstrating the skills that you have been taught in the simulation lab and doing it by getting that demonstration in the clinical facilities.

G3P2…I agree with G3P5 and G3P7, I agree with both of them hmm however, I still feel like although we were taught here in the simulation lab, it's still a chance for us to make mistakes. And still proceeded given a chance that like, a chance for us to get better from our mistakes.

G3P8…I would like to say yes I do agree with all the previous participants. Furthermore I could say clinical supervision is to go to the clinical facilities and to be exposed to the clinical procedures that you have been taught in theory at the College and now demonstrating them in their real life situation.

G3P1…Addition to what all the previous participants have said, It gives us the chance to be able to manage when things do not go the way you have been taught. Like when things do not go according to the procedure manual that you have been taught at the college, you get to understand that not all the scenarios will get out as you have been taught.

G3P6…I think clinical supervision for me, is to be given a chance, also to evaluate yourself in skills abilities. Because sometimes it is easy to master a skill in the simulation lab, and when you get into the ward, those obstacles come about and that is where you develop critical thinking to understand how to go about with the clinical obstacles that come about in real life.

The researcher…What is work-integrated learning? How can you define the work-integrated learning in your own words?

G3P8…I would define work-integrated learning as the integration of two parts. The theory and the clinical practical, then they come together and become one, so that at the end we know what is expected of us from what has been taught in theory.

G3P3…According to my understanding, work-integrated learning is when you integrate your theoretical knowledge and clinical skills. Not forgetting that in skills, we also include physiotherapists, dietitians and other stakeholders in terms of nursing the patient in totality or holistically.

G3P5…I think in addition to what other previous participants have said, If I was to simplify it to the other person, I would say learning while you are working. Because in as much as what we have been taught In the theoretical part does not necessarily mean that we have understood and clarified what you have learned.

G3P2…Ma'am, when we talk about work-integrated learning. Here is an example that has come to me. In clinical facilities when we do objective assessment, right, because when you have been taught like the normal ranges of the vital signs in your physical assessment you will then apply the normal range that you have been taught to the real situation. Then it's like you get the proper clear picture of what you are doing.

G3P4…Okay for me work integrated learning basically means taking the skills that you have been taught in the simulation labs and bringing them to the workplace. And be able to see the skill that you have been taught and the actual skill in the practice at the clinical facility.

The researcher…What are the main purposes of clinical supervision during work-integrated learning? Why is it important for the students to be supervised during work-integrated learning ?

G3P9…I think is very much important for the students to be supervised during work-integrated learning because first of all, in the clinical space there are a lot of things that the students have not not been exposed to. Because we are dealing with the human being of which if they don't know anything, they could be in a space where they can impose risks to the patients that they are dealing with. And also a situation where certain things that students need to ask and get clarity. You want to ask while you are at the practice. So it is where you still have a chance to go back and ask, if I am doing this correctly so that you can further gain more knowledge in the skill that you are doing.

G3P3…Yes I am in support of G3P9, I agree with her because students must understand that in terms of being supervised, they are being supervised under direct and indirect supervision. So the importance is that students do not have, I would say enough experience. So that is why then the professional nurses will be supervising in terms of clinical skills or demonstrations.

G3P6…I think it is important for students to be supervised during clinical placement because sometimes, like if supervision is being done only by our clinical lecturers, they are able to guide us where I am still lacking as a student. And you also find that sometimes when you get into the ward or clinics, the Sisters don't necessarily have time to supervise you everyday. So it helps if my own lecturer is there to do the skill step by step. Because sometimes you don't get that step by step. In the ward, it is just like shortcuts because obviously It's a quick thing. They are rushing for time.

G3P7… Another purpose of clinical supervision, ma'am, is that it enables the students to become competent and to achieve their learning objectives on what they are doing in the clinical facilities. Clinical supervision also helps to prevent the incidence that the students might do when they are not supervised.

G3P5…I think to add on what other participants have said, clinical supervision also gives confidence. Because as much as we learn in the simulation labs, some are playing with their phones and some are being occupied with their own things. And you come out of it not knowing the general staff. But once you are supervised in the clinical areas, you gain a bit of more confidence, perhaps it rushes certain skills that you may not have mastered probably in the simulation lab. So it just boosts you the confidence of attempting on a live human being in the clinical areas.

G3P8…I agree that clinical supervision helps to build and boosts our confidence so that if we get out there as professionals done with the R171 course, we will be able to work being competent in our work.

G3P4…Uhm, she did mentioned competency, which G3P8 mentioned part of it, which I agree with, because the importance of clinical supervision is to ensure that an individual actually has competency. Some people can simply say they know, however without supervision, yes, actually you cannot say you know the skill and you cannot become qualified because you will be lacking competence.

G3P8… Clinical supervision also helps us in exposing to work the environment, so that we will be knowing all the dynamics of the institution. And then after completion something like the long scheduling off duty, what are the expectations when we get there and we do it.

The researcher…What are the main good aspects of clinical supervision that you appreciate that we can explore and discuss about?

G3P3…For me ma'am, I appreciate the aspects where the operational manager and the staff in general are always there to give us support and to guide us through the procedures. Where we don't know the medication or other instruments they go and show us,so that even tomorrow when they send us, we will go and pick up that instrument or medication. And by doing that, we master it. So when the OM encourages and supports us, I really appreciate that.

G3P8…Ma'am I support G3P3. We need support and guidance from the staff and the operational managers. When they are supporting and guiding us through, to be honest we get to know a lot of things because they are there for us.

The researcher…What kind of support actually do you need from the staff?

G3P8…Ma'am, when the staff always call us next to them, whenever they are doing any task so that we can be exposed. And taking us through our procedures step by step,this is how we need them to support us so that we get out from the clinical being competent and knowing the work.

G3P3…When they are close to us and becoming friendly, so that if we have any question regarding any procedure, they should be there to clarify and help us. Also when they involve us, whenever they are handling out any duty so that they can be able to teach us in the unit. We need that kind of support. So that even when we are having any problem they could help and be able to take us through.

G3P6…Another thing that we can talk about that I appreciate ma’am, is the OM’s and staff in most of the units at Bara hospital. They teach the students and are willing to do the procedures with them step by step. Most of the wards that I was allocated at previously and currently, they are willing to teach us. So I would like to appreciate that and to be continuing forever.

G3P9…I think personally from my exposure and my experience, I would like to continue to show our appreciation to the nurses who always give their time. First of all ask about our workbooks, uhm teach the objectives and facilitate them to make sure that we perfect them. When they are not available, they delegate E/N and E/N/A And to say take care of these students.She has this and this objectivesAnd this is what she has to achieve. And the operational manager who always supports us. I remember hey there was this matron in the ward, 38 and 35. She would also let us go and prepare a lesson for the enrolled nurses. So in this ward there was a time where you would give a lesson even though it is a simple procedure like a TPR. You will sometimes be the one who is responsible. You will be the one standing there and explaining the whole procedure. So I would like to appreciate that matron who gave us the opportunity so that we can actually shine out there to actually allow us to make mistakes and learn from the exposure. And to those sisters when we panic and go through emotional states, they were being patient with us, you know. That is one thing that I would like to appreciate and see it going forward.

G3P5..I would like to appreciate the operational managers who are hands-on in whatever activity when there is a need. I remember the last block, I got a chance to be placed at ward 23 here at Leratong hospital. The operational manager and the professional nurses give the students an opportunity to practice skill while they are watching on. Immediately when you are done with the procedure, they will give us positive constructive feedback. They don’t humiliate us. This is one of the wards at Leratong that I would like to appreciate.

The researcher…At Least they are patient enough with the students. One thing that makes the nurses fail to teach the students, is because they lack an attribute of being patient. If you are patient enough, you will be able to teach.

G3P9…Ma’am, again, I would like to appreciate the wards where staff members are continuing with the professional development. Because they are able to supervise well, and even the way they treat the students, is being modified unlike when the staff is stuck in one place, bringing hatred towards the students.

The researcher…Can you please elaborate further on how they are doing this continuous professional development?

G3P9…Okay, ma'am, they are able to continue with the professional development because their managers are not selfish. Uhm, they motivate them to go and study further. And also to grant them the study leaves. So in that way that's why I am saying I really appreciate such units whereby the managers are responsible, not holding their staff from not studying. I also heard three staff members in one of the wards who said they have registered for short courses. So I think, yeah, as long as the managers are paving their way by granting them study leave and motivating them to study further.

The researcher…The professional development is very important because it enables the staff members to grow personally and professionally. So as a nurse, if you hold better qualifications, you will be able to meet certain requirements when better positions are being advertised. This enhances more opportunities to upgrade yourselves.

G3P4…I appreciate the operational managers and the professional nurses who take rounds with the students every morning before they start with their routine. So I was really motivated by this action because as a student, I ended up knowing that even if you are doing cubicle nursing, you should at least have a bit of knowledge of what is happening with other patients. Ma’am, uhm I was once allocated in the male ward at Sebokeng hospital. So the manager and the professional nurses there, every morning they take students for ward rounds. So for me, it was helpful. Because I relate to one of the incidents whereby a relative came during the visiting time to check on their patient who was in critical condition. The condition changed during the night and then apparently the patient was taken out from the ward to be nursed in a high care unit. So that relative came to the nurses station because she couldn't find her patient. There was a staff nurse with me there. Then the relative asked about where her patient was. That staff nurse just showed her the ward. By that time she didn’t even know what was happening to the patient. The relative didn't even take a few minutes without getting back to the nurses station. The nurse who was working was out for lunch. That staff nurse couldn't explain what was happening to the patient. Yoo, ma’am, it was really embarrassing So taking round with students is helpful and I really appreciate that. And it serves as a learning curve to me.

G3P8…I would like to add to what G3P4 has said and talk about something. I appreciate a unit where there is teamwork and team spirits. Yes ma'am, cubicle nursing works, sometimes it doesn't work. It only works where nurses are responsible and accountable. Like for instance, the incident that G3P4 has explained, It shows that a staff nurse who was at nurses bay, was not responsible. If the unit was having teamwork and team spirit, that staff nurse would be knowing what was happening in the unit and to that patient. Because having cubicle nursing doesn't prevent us from knowing the situation in the unit. It also helps when my subordinates are in need of assistance. Another thing that I would like to appreciate is the younger nurses who did R425. They are hands on and guide us through step by step procedure. They are supportive and you could see their patience in teaching.

The researcher…Indeed, taking a full report during a handover in the morning or during the night, taking rounds, teamwork and team spirit help a lot and show accountability and responsibility. Because whoever comes in the ward to inquire about the patient, at least by having a bit of knowledge and idea of what is happening in the unit, you could assist.

G3P3…Due to the hospital experience that I got, I would like the clinical facilities to improve, actually on the aspect of orientation of the students in the ward. They need to do a proper orientation to the students in the ward. In the ward, they will send you to go and look for dextrose that you don't know. Not even having the idea of what it could be like. I think we need to have a proper orientation in the ward unlike the orientation around the hospital. I know it's also important to orientate you like the infrastructure of the hospital but the most important part is the orientation in the ward because it is where you are going to spend most of your hours when you are working there.

The researcher...I think the staff members are just turning a blind eye. Because whenever you arrive in the ward as a new person, they need to orientate you according to your level of study. If now you are doing the giving of oral medication procedure, it means you need to be paired with an enrolled nurse who will be showing you the medication that they normally use. In most of the unit, you will get this orientation and in other units you won’t get it depending on the attitude of the staff in that particular unit. However, rightfully when you arrive in the ward as a new person, they need to give you a full orientation on how they conduct their things in their unit and where to get the equipment.

G3P2…I would like to appreciate the staff members and the operational managers who give themselves time whenever they see the students for the first time, ask about their learning objectives and have time to go through the students’ workbooks. I really appreciate such people because they show an interest in our learning.

G3P1…I would like to appreciate the staff, particularly ML Pessen clinic. Because they give themselves time to teach and give each other reports about the student’ performance, so that they could identify where I am lacking as an individual and intervene. I would like to appreciate those people.

G3P2…One thing that I would like the clinical facilities to improve on, is complementing the students when they are doing the right thing and learning from us while learning from them. I am not happy about the hospital environment. And I feel like for me it is a major problem, simply because when we are here at the college, we are being taught excellence and to be competent. Then when you get to the hospital, um I feel like the sisters there are against that to a certain extent. They would ask, why are you doing this? Why are you doing it that way? And you just try to follow the procedure manual or how to make it better. They are totally against that. And like that is something that I am not happy about. And I feel like, maybe going forward with these workshops, I feel like from time to time, see how we were taught at the simulation labs. Maybe the nurses need to be taught from time to time that this is how you do this, and this is how you do that. So when we get to the hospital we are not surprised at how we are doing things. I feel like that will help us. There is a danger for our profession because if we are then taught excellence and when we get to the hospital, what are we going to teach the other generation? Because now it's us, the young ones. Then it is going to continue and continue. Then what will happen?

The researcher…That will be a disaster, because most of them are against what you have been taught, do they show you how you must do it?

G3P2…No ma’am, they are just rushing to finish up the procedure.

G3P8…I am someone who has been working at the hospital before I came to college. I recommend working at the clinics compared to the hospital. The clinics are best. And since I finished my studies, I have been working at the hospital. I would like again to appreciate the good work that PDD is doing at Leratong hospital. In the hospital there are courses and training on a weekly basis. Every ward nominates people to go to the Personnel Development Department (PDD. We assemble and remind ourselves about the skills. When we go there, we are being reminded about the different skills. It is not like it's not done. We are being reminded of the patient’s assessment, patient’s admission after a long stay at Casuality department or out patient department. We are being reminded of the six key priorities on how we must apply and practice, not to just see and read about them when they are pasted on the wall. This is something that we must appreciate and strengthen at the hospitals. However, in the ward if you are doing something which is different from what they are doing, you will hear them saying, and then? You think you are better. It is like you must do wrong things like them. I think the best thing to achieve the good is by doing benchmarking. If the hospital managers can go to the clinic and do benchmarking, they could see how things are being done differently. They will see that there is a different attitude, how to care for the patients. Even if you are having your lunch. You know in the clinic, the nurses only take 30 minutes or 15 minutes for lunch and then they come back. But in the hospital, you go and leave a person there in the tea room. You come back, the person is still sitting there. And there is nothing you can do. So it is all upon us. And like new nurses I like it because you are vibrant. Let's go there and make the change that we want to be. Let's not go there, like I have just told you, they don't like me because they know that I tell them the way it is. They gossip about me and I don’t care. I just tell them to be careful of what they say and with who. Because the very same people will come and tell me. So let us be the change that we want to be.

The researcher…Let us go there and make change. It is us who can make change if we want it. No one could come from somewhere else or far away to change us, if we don't want to change ourselves, our behavior and attitude together with the way we do things,not aligning ourselves with the current practice.

The researcher…Since you have started with the R.171 course, you have been exposed to different natures of the clinical supervision. I would like each one of you to share and discuss the good experiences that you were previously exposed to.

G3P9…I think I will speak to both the nurses at the clinical facilities and the lecturers. People who are accompanying us the clinical facilitators, I think I appreciate the fact that they always make it a point that they avail themselves and are always on time. Then I will come to the nurses in the clinical areas. Some are very quiet and great. Because I remember I had an experience with this other nurse at the clinic that I was once allocated at. She was challenging me even in things that I haven't done. Like yeah you are getting there you can do more. If the patient comes in, she will give me the papers and say here is the paperwork, start it from scratch. Do your entire CPCSA. I think that some are very very nice and willing to actually give their time, you know, to teach. I just wish that they can try to understand that they have reached their goal and that people who are coming after them at some point will add to their career. So some people also need to take over. That's all I want to say.

The researcher…We really need more nurses in the practice who are like these nurses. Because the students who are hopeless in terms of performing a procedure, they could motivate and instill hope again and confidence.

G3P5…I think I would like to talk about the young nurses at the clinical facilities, because they are the ones who are willing to teach us more. They don't have a competitive spirit. They are more willing to share information and are also understanding the fact that we don't know certain things. They give you a chance, even if you are being slow. They are not quick to anger and say you are slow as compared to older nurses. And not to dwell much on this one. But there was a time when we were at the expanded program on immunization (EPI) at the clinic. And even though it was not within our scope that time. We were chased out because we were told that we are being slow. And for me that didn't help because how am I going to learn if you are chasing me away while I am learning. But yeah I would say the younger nurses are very helpful. Yeah they just have a good spirit about them. I would also say specifically about the clinic that I was at, they were very welcoming of the students, perhaps there was this one nurse who was having her problems with us. But all the staff members were very welcoming of the students. They were also very curious about our course because all of them have done the old curriculum. So they asked questions and we were able to answer them. They ask us what we are learning in this program? They would again tell us the experience they had about the old course. And you'll get to learn what it is that you have and that they don't have. And for me I found it very motivative because it makes me get to a point where I ask them the information about their skills compared with our skills they know and don't know. And I experienced more good than bad in my clinical areas.

The researcher…So what do you think should be done to instill the good spirits in these old nurses who are having a negative attitude?

G3P5…Ma'am I think one thing about them, obviously they may feel the inequality. Uhm maybe the opportunities that they do have, are also what we have. And that is unfortunately something that we can't cater for and we can't solve it. They also feel a certain way about our course compared with their course. And I think more than anything else it's a personal thing that each and every individual should address. Are you welcoming? if I'm not. How can I change it? If you have a bit of jealousy, you have to go back and look at yourself. To come to a solution perhaps it is also important that our facilitators or the college themselves also need to go to the facilities and maybe address them. And at least if they can get a workshop and get oriented, that on a daily basis they must know that they will be sharing the very same space with the students. And they must be equipped on how they can better help the students.

G3P6…With regard to clinical supervision I will say within the facilitators in the college, most of them do get away to make sure that we are competent in our skills that we are doing. And at the same time, I feel like when we are in the practical area, let it be practical. Let us not be doing theory during the practical time of practical. For instance, if you are coming to observe me doing a certain skill, do it in the ward rather than doing it in the classroom. Let us do it practically like to ensure if I can do it in real life. And when coming to the institution, yes, I agree with the previous participants. I don't know why, maybe if they can improve for future nurses who are dealing with the students. Why can't they be like having the workshop? People may be given the expected outcomes. What they are expected to do when there are students. And also at the end of our accompaniment why we do not like to evaluate the ward, so that they can improve as well? I think there is also a miscommunication, like if I am a student, what is it that I am expected to do? Because you will find that yes, I am a student, I am there to learn, but sometimes I am not treated as a student. You will find that I am treated as an employee. And you will find that now it is difficult for me to meet my outcomes.

The researcher…So what good things have you experienced?

G3P6…For me, it is about the older nurses. They really do get out of their way to teach you things. When we were in level 1, there were those who would call you aside and show you the medication. This is for this and for that, okay. You are not doing the medication now, but obviously from the coming academic year, you will be doing it. Yeah I found out that there are those who are really willing to show you. They even motivate you and show you that not everyone is the same. You need to keep your head up, you need not be demotivated. You know why you are here. They are those nurses and also comforted me.

G3P1…The older nurse or the younger ones who know the information will tell you what to do, and they are very nice. And there was this time I entered the clinic and greet this old sister. And she is like how are you talking with me like that? Why are you talking to me walking away? And I think there is a cultural clash. Because they expect us to behave like previously. When you see a sister in charge, you must stand up until she says sit down. And we are no longer there. To them it is like we are disrespecting them. And for me that time it came to my mind that okay, I understand where they are coming from. Is not like she was attacking me. And then I say sorry ma’am, I am sorry. For doing that, the following day when she comes, I stand up. Now we are so close to one another, because I didn't take it to heart. Because I like to say I know where you are coming from. You want us to respect you, and to stand up when you come in . So those kinds of things make us clash with them. Because they do ask why are you acting like that? There is a sister in charge. I said okay, sister in charge. Even when they are correcting us, when we look straight into their eyes they say, why are you having this long face while I'm correcting you? Is that the thing you do to that kid of yours that way? And for us it's nothing, and for them it means a lot. That is why we are clashing and having this dynamic.

The researcher…At least you have learned something which has been lost in nursing. This is called etiquette. And it is so good.

G3P3…The experience that I got from the clinical facilities, the staff or the nurses When the students come to the facilities They think or they have that thing that now we are going to have extra manpower, forgetting that we have our own objectives that we came with from the college. So the positive one that I experienced when I was Allocated at ML Pessen clinic. The operational manager of the clinic always asks what are your objectives? And she will say go to the place where you are going to meet your objectives. Unlike Dr Yusuf Dadoo. The manager does not even know your objectives. She doesn't even know how many students are in the ward? Even supervision, it's not at a standard whereby as a student you are expecting. For example, They will say Philemon and ‘’mang mang’’, can you do the vital signs. And I'm coming from home. I don't even know how to do vital signs and how to go about with a dynamap. And sometimes yes, you will find that I have been taught in the simulation lab, but when you get into the ward, you find that the equipment is not the same. Like what we are using in the hospital, especially in the human being.

The researcher…I would like to appreciate the operational manager of the ML Pessen clinic. I am hearing this for the third time, and this is the third group. I think almost every student who is allocated there, becomes satisfied. The way she is so willing and dedicated towards the students, it is awesome. When she sees the students, she asks about the objectives and then allocates them accordingly where they can meet their objectives. I hope that in future we can have the majority of the generation like her in managerial level. Let's give her a round of applause.

G3P9…I think from what G3P3 and G3P6 have stated. For me, I just want to talk about the improvement of the stipulated problems they had. In certain hospitals, I think The managers could train the person who is responsible for delegation to be in a space whereby when they delegate us, they also include our workbooks. To say these are the objectives, why not place them in a space where they can learn and meet their objectives. I think for me it's a suggestion as a way of improvement. Because in hospitals they will just throw you where they feel like this is too much for us. Here they will lower our workload and patch us here and there. Yes we are pitching but they tend to forget that we are there to meet our objectives. Next thing when you are about to leave you go to them and request the signature, they said, no you didn't work. And we will say like, but we were here since in the morning and you have delegated us to do this and that. So in terms of delegation there should be a space where they don't have to treat us like the staff. They must make sure that they treat us like the students. And they must know that yes, we must respect them. And whenever we are there, they must know that we are there for them to supervise and monitor us. And when they delegate us they mustn't delegate us alone, there must be a person. There was a time whereby I was told to remove the catheter. And I have not even done that at all. I was in first year, it was not even within the scope of a first level student. When I told her that I don't know how to remove it, she screamed and said, no you must just take a syringe and remove it. So as I'm saying that, I feel like when it's time for delegation, they should understand that there are duties we are supposed to do which are in our workbooks. And should teach us. I was exposed to a space where a patient fell and started to have seizures. I was doing my level one not knowing anything, and then I was so frustrated not knowing where to touch him and how to assist. I went to a sister to report the patient. The patient was on hypertension medication. But now he is having seizures and unconscious. And Sister came and said to me, did you do vital signs? I said no, I didn't. I am in shock. I was exposed to this situation for the first time. She says to me, before you come to me as a registered nurse, make sure that you do all your vital signs. So I did the vital signs. When I went to her to report and show her the results, they were all normal. She said to me, did you do the HGT? I said no, I didn't because this person is not a diabetic patient. She says, no even though the patient is not diabetic, we must do all the vital signs to check where the problem is. Maybe it could be the first episode of the patient, we don't know. When I did the HGT, it was 0.5 mmo/l. And then she was like, go and take dextrose 50%. At the time I didn't even know what 50% of the dextrose was. Like she saw that I was emotional. And then we manage the patient successfully. After that I went to the toilet and shared my tears alone. She then noticed it and came to me and said no, don't be emotional. I know it was a hectic exposure for you because you are exposed to that thing for the first time, and you are the first level who does not know anything. When I sent you to take this and that, you became so emotional and frustrated because you didn't know. But this is another way of how you will be exposed to things and you will learn sometimes in a hard way. I was too emotional. She says don't cry, just be calm. It was really amazing. And she was patient enough with me even though I was emotional. So actually this is what happened again with the same sister. We had a CPCA that was coming fourth. She looked at the objectives and checked them. And she said ohh you are supposed to do CPCA. And then she gave me a patient. She said take this patient and gather information. You are not working today. I want you to assess this patient and do this CPCA. After lunch you are coming to me to present what you got and saw from this patient. So there are sisters who actually dedicate themselves so much towards the students.

The researcher…In nursing, sometimes you will learn in a very hard and emotional way. Imagine, you have never been exposed to such things of seeing a patient having seizures and then you felt helpless because it was your first exposure to such a situation. Yes indeed, it was such an emotional state, but at least you have learned something and how to do a comprehensive patient care assessment(CPCA) in a real life situation. At least you were strong enough though you were emotional. Some other students could have collapsed, others because of a traumatic situation, they could have quit the course immediately. I still remember one of my colleagues while we were doing third year and were exposed to midwifery for the first time. The Sister called us to witness the delivery of a baby. When we saw the vagina crowning with the portion of the head, to be honest that situation was too intense and my colleague collapsed. I was also dizzy. At least, she comforted and counseled us because it was our first exposure.

G3P2…I will talk from both the hospital right, and in the clinic. I feel like I have had the most good times right. Uhm firstly, let me say if you are there for a week or something. The first thing that they would ask is, what do you guys need to do? What are your objectives? Do you guys have any assignments? And what do you guys need from us? They would always ask what you need from them, you know. They always make sure and then the other thing is that they are always patient and interested.They are always willing to help us learn. And the third thing would be when you are doing something right, they will always compliment and show gratitude that we are doing something right.

G3P5…Um I think the previous participant has just spoken about something very important. I think there are standards which are not the same in the different areas of practice. I would assume that every team on campus should be taught the same standard. So it should be the same when you go to hospitals and different clinics. You would think that this is what is supposed to happen, but it's clearly not the same. Because I listened to some of the participants and I wish I had someone like that. I wish they complimented us when you get to your clinical area. But most of the nurses there are miserable. Some of them don't even want to greet you in the morning, you know. Some of them are not willing to teach you as other nurses in the other spaces. And I just think that there is just the lack of implementation of specific things. And you know that has to be general across and to say this is what we teach students, this is how we expect them to perform these things for these tasks in the clinical areas. Therefore yes because you do things the way that you do, don't try to change or unlearn what I have been taught. Because at the end of the day it confuses me. When I got to an assessment, I forgot what I was taught. I remember only what I did at the ward and it becomes a haphazard process to re-learn the right things to do. We've been speaking about workshops, the staff has to come to the college that is attached to whatever hospital or clinic. They need to come to where those students are being taught, to learn how those students are being taught and the standard. So that again they are not surprised when we get to those places and we do things the certain way. They should not say come home dry, but that is exactly what I have been taught. Why am I being taught now to shortcut things? Do things quickly. Don’t count the respiration. Write 18. But at the end of the day, if something has happened to that patient, in as much as maybe I may not be found guilty, at that point I still have to go home and think about the fact that I wrote 18 for respiration. Just because someone has been hovering over you, and they think you are taking too long. we don't count respiration, we don't write saturation in this unit.

The researcher…Indeed, if the training and education institutions together with the training facilities could agree to sit down and formulate standardized documents. In addition to that, I think if they could formulate procedures aligning with what is being done at the facilities in the current practice, it could minimize certain challenges.

G3P3..Another thing that I have experienced even though I had the chance to speak for the first time. I am also from Sterkfontein Psychiatric Hospital. I also had a chance to work in the private sector. I remember one day or first week for me to work in a government sector because I was from the private sector. And the way they used to do things, I was doing them differently, which was a good way because I was working at the private hospital. So all the time when something has to be done, they will call and say, no don't worry, private “o teng, o tla e etsa”. Do you understand? That is what I have experienced when I started working in the public sector. Because the standard was not the same as that I brought into the public sector. So they will call me, private will do it. which was not a good thing. And in addition, I think maybe what G3P8 was saying, I think she was referring to the inservice training. Like regular inservice training and staff attitude. And staff attitude is the most key in terms of caring for the patients. Remember, if your attitude is not good, even though you can be competent or you can have all the experience. However, if your attitude is not good, obviously, you are not going to do the right thing. Yeah the staff attitude needs to be improved because it's a holding key to quality patient care.

The researcher…I appreciate the fact that you continued doing good things, regardless of the unrealistic name they have given to you, ‘’private o teng”. It really shows that they have seen and identified something good in you, even though they resist changing from their way of doing things while you are showing them the correct way of doing things. That is why they keep on saying, don't worry, private will do it. So another issue is the staff attitude. This is really a key factor to a successful, conducive working environment, the quality patient care and the prevention of the risks. If we can improve our attitude, we can really be out of social media, television and radio stations headlines for good. Because people have lost trust in us.

G3P6…um I'd like to appreciate um something you have said about attitude, as I have experienced working in a ward whereby the nurses have a negative attitude. But then the matron comes in with a positive attitude towards the students. So then, you end up seeing the change and the staff so changed towards you. Like, I worked in ward 18 at Bara hospital. The matron would come there in the morning, and ask for our workbooks and outcomes. For instance, if it is a hand washing skill, she would come in the morning and ensure that all the students wash their hands. If it is a nasogastric feeding skill, she will make sure that we feed the patients who are having the feeding tube. After that, she will make sure that she signs our workbooks. I think those are the kind of people that we appreciate. Not just because she is a matron, she just does not walk on the other side without caring about the students. She still understands that students will someday be where she is. So they need to be natured for.

The researcher…From the past positive experience you had, what did you find working better for you as students?

G3P7…I think what works better is the SCG’s. When the facilitators are being with us in the clinical facilities or in the ward. We do whatever the objectives of the day in the ward with them, not that we have to come here to college. I think every time during SCG the facilitators must be in the clinical facilities. I think that can help us in a way and also show the feasibility of the procedures we are doing.

G3P2…I am in support of G3P7. Simply because I feel like If we do our SCG’s in the ward, our mind will be critical thinking with the real situations. so I think that's really really going to help going forward.

G3P1…I agree with the previous participants. It also helps us to do the procedure perfectly. For instance, when you are in the clinic, they keep on saying, take the blood from this patient. First time, you will be shaking and the second time you get to do it better. And you now know that I can do it. Even if this person helping you is not your facilitator, it is any sister, at least we get time to perfect and brush off our skills. And yes, we understand that we are too many and the facilitators cannot be with us every hour. At least by being there maybe half of a day working with us so that they can make sure that really we are getting there, is really helping and working better for us.

G3P9…I would like to agree and disagree with G3P8. I think what she stated in terms of I think we've also probably also stated it to say that during SCG’s nee, the facilitators probably not, you know, grouping us and being next to the patient. I feel like for me it's a campus issue, not necessarily in terms of our college, not the GCON issue. Because students from other campuses like Bara students. There was a time where we were doing wound dressing. And they were told to go and find the patient to do wound dressing on. The lecturer was able to come to the ward. In fact most of the time, their SCG’s were done with them in the ward. Most of the time they were never going to the simulation lab. Their lecturers would always come to the ward, and do whatever they are doing in terms of the procedures because they were working with the students from other campuses. For me it is not necessarily a regulation issue of saying R171, this is how they do things. This is a campus issue. So with our campus, I think for me, there must be an improvement, to say take from other institutions like G3P5. The standard should be the same. If I am in GCON, the standards should be the same. It shouldn’t be an issue that I'm coming from a certain campus, I am gonna do SCG in a different space. When the students from the same College but from different campuses are able to get that much exposure to be near the patient and do all the procedures. So for me This is an improvement that we would like to see. But with all the campuses, let the standard be the same. We would also like to get the same exposure.

The researcher…I think in terms of your concern, yes the structural clinical guidance should be done next to the patient. As far as it has been simulated in the simulation laboratory first, if the procedure is feasible enough that it can be done straight to the patient, it must be done in the ward. We cannot simulate, for instance, CPCA in the simulation laboratory and simulated again during SCG in the classrooms. We need to go to the patient where you can see oedema and how it can be categorized in terms of severity. You need to see an anemic patient and how do you notice it maybe from the palm of the hands, the sclera of the eyes and the tongue in general. Unlike the procedures which are theory-based, you do not need to be next to the patient because they are not practical. In such cases, we rather give the students a task to do, to check their understanding.

G3P7..Another good thing that they can continue with in the ward is, yes, we have seen students how they have been oriented in terms of the ward and the working environment, so that the students as much as they are there to learn and do their objectives. But they must also acclamatize themselves with the working environment within the ward. Yeah I think not much is being done which I believe that is something if they can do it more, it can help students in the challenges that they face with the nurses that are with them, because now they understand that we are learning.

The researcher…Another thing that you need to know if you have been well orientated within the new environment, is that it alley the frustration and anxiety, and also saves you time. For instance, if you have been sent to the medication storeroom to take an intravenous line. By the time you don't even know what it is and you don't even know where the store room is. So by having fear to ask, you are going to roam around the whole unit wasting time, while the person who has sent you, waits for you surprisingly. Orientation is the best tool to familiarize yourselves with the environment.

G3P8…For me, what works better is when the operational manager and the staff are supportive and guiding us through the procedures. I think yeah, it works because they are always there for us and showing us the direction. When we have the questions they respond positively without belittling us. Yeah that works better for me.

G3P3…I would like to agree and disagree with some of the previous participants in terms of the SCG and how the facilitators help us. It is not easy sometimes to be grouped into eight or nine students next to the patient. Because sometimes lecturers take patient privacy into consideration. Because we have once asked that. But the reason that we got from our facilitators, mentioned that in terms of the patient's privacy It is not going to be easy to take all the students to a certain patient, screening, exposing the patient and do the wound dressing, for an example. They say they respect the patient's right to privacy in whatever the condition that the patient might be having. And I did understand that as a facilitator you do want your students to be competent and learn whatever that they are going to practice for the rest of their career.

G3P1…On this point of privacy I would like to disagree, unless the privacy issue applies only to nurses. If you can check the doctors when they are showing each other the patients’ condition, they would be about five or six Doctors talking, opening the wound and they will be discussing showing each other. And there would be many of them at that time, even the intern doctors would come and see the patients’ conditions that they want to discuss about. Unless it applies only to nurses, if they are the only ones who are supposed to care about the patients’ privacy. Because I think with communication, asking the patient like you are having this disease, and we would like to show the students. So can you please allow us. There will be five or six of them. So the patient would not have any problem with whatever you will be doing to him or her. Because it is not something that happens everyday.

The researcher…The issue of taking into consideration the patients’ right and privacy goes hand in hand with the communication prior taking the students to the patient like she has said. If the clinical lecture has identified the patient with the condition that is suitable for learning and meeting the students’ objectives. Firstly, she is supposed to go to the patient and communicate with him or her that she is having so many students. I would like them to see so that they will know what it is all about and how to assess and manage it.If the patient gives consent, there's no problem either students are five, six or seven. A facilitator could also divide the students maybe in four four to reduce congestion next to the patient. Because in certain diseases you would feel embarrassed if you are being surrounded by many people without prior communication. And remember other people are so sensitive to certain situations. I can give an example by myself during the time that we were doing midwifery in third year. We went to the maternity ward with our clinical lecture. And we were left at the nurses station. Our lecturer went to the patient and communicated with her. After she gave her consent, she called us. We were about ten students by the time. She taught us how to do a vaginal examination. That is a very sensitive procedure that you can allow almost each and everyone to enter fingers inside your vagina. However, we did the procedure because the patient agreed. Students who wanted to feel the cervix did that. So, it is all about how you have communicated with the patient.

G3P9…I would like to disagree with G3P3. Before I continue I would like to go back to the definition of clinical supervision and I would like also to link it with accompaniment. Because I remember I once asked one of the lecturers what is the purpose of clinical accompaniment? And I was told that accompaniment basically, they should be a lecturer coming to the ward and observing students doing certain skills. So it does not necessarily mean she will call all of us, but whatever she found us doing in the ward. If there is a certain thing that you want to ask, you can always ask that lecture. That is accompaniment according to how I was told. And a lecturer would come forth and you present a skill or whatever you were doing.Then you get corrected on the spot. So for me it is not probably grouping us to be a lot,

G3P5…Firstly, in the hospital you will see doctors being 10 of them surrounding the patient, discussing one patient. As much as 10 will not be appropriate, probably three would make it with the agreement of the patient. Because they are those patients who are willing to be participants. You will see especially during CPCA, where a patient would say, you forgot to say and that. So there are those who are willing to be participants. I don't think it will be such a problem if you can have three students here presenting this and that in one patient. And secondly there are those certain skills that you can't master on a doll as compared to a living human being. And again in connection with what I was saying, if the patient is willing to be surrounded by three or four people, that is the best type of person whom you can take chances. If she says yes, I want to be an experiment. Why don’t we use them? Because for me I don't know how a doll is going to have the same expiration as a human being.There are just certain things that require a human being. And those people who are there volunteering in the facilities, why can't we use them? Let us not think for them, rather let it be a challenge of saying there are no patients at all. So going back to what G3P9 has said about the campuses within the GCON doing SCG’s in the ward. I have seen that many times and for me I feel like we are probably the only campus that does not do SCG in the ward. I mean we are reiterating what we did in the simulation lab in the skills lab. Let us do it in the ward and be corrected properly, so that I can use the equipment in the ward. Because there is certain equipment that I don't know how to use. Can I always keep on saying, what is that thing? But if it was there in the simulation lab, things would look different. It would help me to use that because when I go back to the clinical facility I'll be able to say ohh yes, this is that machine. And we also learn properly in that place. Because what if I end up working in that unit? It will still take another long time for people to teach me in the ward. You will hear them saying but you were here, we have experienced you 2 years ago but you still don't know anything. You know yeah .

G3P9…Just a simple sentence that I would like to say. If you consider the patience rights and talk about patient privacy, just like G3P5 said. There is also informed consent for patient’s privacy. So we can also utilize that regulation to say, ask the patient if he or she is comfortable with us, you know, doing the skill in front of them or using them. you know, then you can continue with it.

G3P6…I find that it works better for us as students when there's cooperation from let's say the nurses and as well as the om. It becomes easier for us to meet our learning outcomes. For instance, if let's say I've already communicated with the om to say, these are my outcomes that I need to meet. And then she would ask a person who is delegating that I must be placed in a specific place where the outcomes would be met. It is also easier for me to decline if maybe let's say another nurse, maybe an auxiliary nurse comes and gives me other duties on top of the ones that I already have. Unlike when you would be in the ward, and no one is cooperating, nobody is interested in your outcomes. You will just be doing everything the whole day. You would not do your skills. Ohh, I want to comment on the thing about SCG’s. I think for me when it comes to SCG time, I've noticed that in other campuses you might find that, okay, you are in the hospital for almost a week. You will only see the student from other campuses in the ward maybe twice in that week. The rest of the other days they are perfecting their skills with their lecturers. So it also becomes a question of why are we the same institution and it's been done differently. Why can other students, maybe their lecturer, call them and they are gone the whole day. They will tell you that no, today we were doing wound dressing, tomorrow we are doing nasogastric feeding. The whole day, they are gone. When you are in the ward, it becomes like you are not sure exactly why things are being done differently but we are in the same institution.

The researcher…This one will go back to the issue of standardization. Honestly speaking, as GCON campuses, we do not have a standardized way of doing things. From the documents themselves and many other things. If you can check level two, every module has its own document. As long as a lecturer has a record for a particular duty she has done. You go to the Bara campus, you will find them having their own. Even the lecturers on our side complained about this issue of not having the standardized documents as GCON campuses. And the feedback was that we have a newly appointed WIL coordinator from GCON level. So let's hope things will get better as time goes by. Bit by bit we will get there.

G3P5…Yes ma'am, so the lack of the same standard is the one which is dropping the GCON standard.

G3P9…Ma'am from the good experience that I had, what really works better for me, you know, the operational managers, professional nurses, enrolled nurses assistance and enrolled nurses who are always there to support and help us. The staff members who are willing to teach and alway being patient with us. I remember, you know in all these general wards we do laying of the corpse, you know. And that procedure when you are experiencing it for the first time it is so emotional. So I remember this enrolled nurse who took me to the site and explained to me that this is how we do this procedure. You know, she was so patient with me and after the procedure, she saw that I was so scared. She comforted and counseled me. yeah I think people like this who dedicate their time to students, we would like them to continue carrying on like that.

G3P1…First of all ma'am I would like to appreciate the staff of ML Pessen clinic. They have got this method that they are using. The first time when they are allocating us, they will allocate us in a chronic ward or kit. This is the day they will teach and teach you. The following day when the sister sees that you didn't gain much knowledge, you will be working with another sister based on the allocation. They will inform other sisters ‘’kuti’’ I was working with this student, she is good in one and two. She still needs assistance with one, two and three.They give each other feedback about students when they are working with them. Even if you were not there, they will tell each other that this one, she is a dodgiest, ‘’U zo ku shiya’’ she will leave you there. They report and they pass feedback so that when you leave there, you will know everything. Even the sister in charge of the clinic, she would say, you can leave that one to be in charge of blood, he knows everything. I am sure and I am aware of him. They know and they keep the records about us. And it makes us even when we are there that you will come out knowing your story. When you are at ML Pessen, if you don't know it is because you didn't know your story. when the staff is always there to teach us and make sure that we know the work is good for me.

The researcher…I think if we can have clinical facilities of this kind, students would come out knowing almost everything according to their objectives, provided if they are not dodging. Those who are willing to learn in a situation like this one, they could learn even the things for the upcoming levels.

G3P2…I would like to appreciate the staff from Simunye clinic simply because they trust us, like when we get there we are not treated like students, they trust our capabilities. And they trust that we are capable of performing whatever skills that we are learning. So I would like to see that continuing simply because it motivates us and encourages us to learn further.

G3P5…As G3P9 has said, some OM’s allow you to create lessons to teach other nurses like auxiliary nurses and other categories. Cause I have experienced that at ward 14, Leratong hospital within the first week of clinicals, and it was the first first days of clinicals. They took us and said okay, students prepare the lessons like doing the TPR, Hgt and all of that. And we did that. And all of the nurses including the professional nurses were saying like ooh yes, this is brushing our skills. I remember it 10 years ago. In as much as they do practically but the theory behind has faded. Like ooh, I remember, ooh yes, that was supposed to be like this. And I think if more OM’s encourage students to prepare more lessons it is beneficial for both students and staff. Cause for the students you reiterate What you have learned, and for staff you are reminding them what they have forgotten. They can implement it in the everyday’s work. And I think it is really nice to see that encouragement.You know you did a good job. Your presentation really took us back. Yes I think it is a practice that should be implemented genuinely across all clinical facilities, whether is a clinic or the hospital.

The researcher…When the operational managers always give the students an opportunity to prepare and present their lessons to the staff, it boosts self confidence and presentation skill.

G3P7…For me, what works better is when the students get to the clinics or the hospitals and are asked what their learning objectives are. And mostly students will be asked which level they are doing so that they delegate accordingly. But I think from other clinics and hospitals they have been asking the students their objectives. So I think that should also be across all the clinics facilities and the hospitals. If the students must have to do their objectives, those facilities must be aware of the objectives of the students every time they are there.

The researcher…Do the facilities not have the students' learning objectives? Because as far as I know, we deliver the objectives to each and every ward according to the academic level of the students. Like, now I am facilitating level three students, and all the wards at Leratong hospital and at Dr Yusuf Dadoo hospitals, are having the objectives. In other units you will find them pasted on the notice board and also filing them in their files. And rightfully the objectives should be pasted on the notice board then yes it's still okay to have the copies in the students file in the unit.

The researcher…Focusing on the current nursing practice right now, comparing it with the past, what are the strengths and successes that you think need to be rediscovered in this current nursing practice? What are the things that have been lost in the current practice due to our attitude and behaviour, which we need to rediscover?

G3P6…Uhhm, I think the first thing is respect in our profession. Respect has gone and it involves a lot of eminence. For example, your attitude towards the profession and only you see it even in simple things like uniform. Uhm nurses they come to work wearing all these different colors. I remember in the ward when nurses were wearing sandals. And I asked myself, like open plastic sandals. And now it is just, I was asking myself about hazards and all these things that we were taught. Some of them uhm are wearing pink, green, like you wouldn't understand. Then I'm not sure if I'm going to compare with the hazard thing of the past. Because I don't know, I think another challenge that is hindering the success of nursing uhmm what I have seen when we were working at Bara. There is a level of unfairness when it comes to the students. They prioritize their students and they get the most exposure. You'll find that you are supposed to maybe go to the OPD or Paeds. They will just get placed at the medical ward. Their students go to OPD, they go to Paeds, they go to Trauma all these places. And you never get exposed to those places. When you verbalize uhm to the ladies that we were supposed to go to this place we didn't go, they will be like, no we don't know anything about that. So it becomes a challenge as to how we are now going to fight for ourselves so that we are also getting to be treated fairly and also get the same exposure as their students.

The researcher…Did you report this unfairness to your clinical lectures?

G3P6…Yes ma’am, we did. The problem is that they say, they are no longer allowed to place the students by themselves. The allocation must be done by the CETU people.

G3P2…I think one thing that is lacking now, I think in this generation of nurses is honesty. Like they feel okay with lying, they just lie. And it's okay with them. And again I feel like what makes it worse is like, there is no accountability. They don't hold each other accountable. Nobody is going to hold them accountable. Therefore that behavior continues.

The researcher..To be honest nurses are full of dishonesty. That is why we are able to sign in the patient’s file that we gave the prescribed medication whereas we didn't. And this is promoted by the aspect that says, whatever is not done, but signed for, is done. And whatever done and forget to sign for, therefore, it is not done. So I think, if we can refrain from such behavior, our patients would be safe and get everything that is due to them in time without lying on the documents.

G3P9..I think for me is willingness to learn. And I'm talking about this because I have been in a situation where in a ward ‘’nee’’. It was about reporting. How to write reports. Uhmm in as much as we may understand that the enrolled nurses may not probably be at the same level of the professional nurses, but I think no matter the fact that you are an enrolled nurse, you must have a sense of willingness to learn. And have the sense of as much as these things might not be in my scope. May I have an idea of how these things work? I'm saying this because I had an experience of what I was doing in reporting. The OM that day, she just decided out of nowhere. I want to check how you guys are doing reporting. And my reporting was totally different from the reporting of other enrolled nurses. Now it was a situation of, like they are doing the reporting of shortcuts. Like this patient and this patient like they all woke up the same, as to whether you know, figure it out like you know, what did the problems the patient was facing that day. You need to state and report them, you know. And uhmm on that day, on the weekend I was not working. I spoke out on Monday that the patient has been vomiting. Yaa no no no, was not Vomiting ‘’u’baba’’ was having diarrhea from Friday, and it was not stated the whole weekend on the progress report. So I don't know whether the unit manager was annoyed or she just wanted to make an example, and put us all in the position. And it was me and all the enrolled nurses. And then she was like, teach them what could happen if a patient could have diarrhea with no help. Inform them about the importance of electrolyte in the body. Do this, do this, do this, okay. I did all of that. But to them instead of taking it and learning it positively. There was a situation whereby okay, the OM says today I want to task you guys. Each and every person in this ward, she counted all of us and counted the number of the patients. You all would have eight patients in the ward. You will be heavy uhm eight patients that you will deal with in terms of vital signs, in terms of monitoring input and outputs and in terms of your patient problem. Like you know, I was placed at Bara. There is a new wing where the patients’ are able to walk and do all their things. They are sick, yes, but at least they are mobile. But they were placed in what we call it ‘’kanti’’? It is the new wing in the male ward where the patients are critically ill. That day, if I can tell you what happened, I was tasked, you know, to cater for eight patients. But I ended up catering for the entire ward. Mainly because the dynamaps are not a lot. So if it would be eight patients for each of us, probably the dynamaps in the ward are like three. So they ran to do their task and left me. There was no EN in the entire ward. I have to deal with the entire male ward. I think I had tea time that day at around 12:00, because remember, for me I am still learning. The speed is not going to be there. They are eating, after eating you have to do intake and output. I only get out at 12:00, just to grab something to eat. I didn't have tea. So for me, willingness to learn is very important. We may not have the exposure of the practical, but what comes from theory in class, I can always teach back to someone. As much as when I get there, they are able to say I have practical exposure, this is how you do things. And I will always be there in a space where I will learn from them. And remember, I am a student nurse who is supposed to have someone to supervise me, because it is a high care ward. So for me, it is that.

The researcher…Yeah it was really hectic, but I wish the issue of willingness to learn should be enhanced. Because you were teaching the people who were supposed to teach you, however, they know nothing because they are not dedicated and unwilling to continuously develop themselves. They are running away from their responsibility to take care of their patients. This means that the patients could die, because these people are not accountable. The issue that we talked about earlier on, that accountability needs also to be rediscovered. It was a good experience, however, in an unconducive environment. It was such a learning opportunity.

G3P3…In terms of the previous experience and the current experience, I think uhm because previously in our country, we were having a smaller population than currently. And then nurses currently, they feel overwhelmed in terms of patient ratio. Remember, previously the patient ratio was not equal with the same patient ratio currently. So in addition to that, you might find that uhm the patients need a certain treatment from a certain professional. Because in our profession, we are working according to the scope of practice and categories. They would be preferred to be nursed by a professional nurse even if the enrolled nurse can do the very same thing that the professional nurse is doing. But because of the rankings and the distinguishing devices. Because previously during Florence Nightingale, they were uniform and all white. But they were treating patients. Currently we have enrolled nurses, professional nurses. Uhm if you are an auxiliary nurse, and the patient wants help from you, they will say “lo akana mabars, a ngeke a ni size’’. Do you understand? Even a mere simple thing to say, can you give me water. I think maybe the standard needs to be changed or improved according to the ratios. Because now most of the nurses change in attitude because they feel like they are overwhelmed. The reason why you have to cater most of the patients currently, is because people are migrating from other countries. And they also need help from us. And they have the same equal rights as us people in this country. So we have to cater to all of them. But we don't have enough main power to those people who are coming from neighboring countries. So that is why you find that the previous nursing practice, the recent nursing practice and the incidence that are occurring currently, are trending. They are more than the previous ones. Reason why? Is because nurses have to cater a lot of patients in a smaller ratio, like one is as much as you were 1:8. So I think maybe we would need the government or the Department of Health to check the staff ratio. I think it will deliver quality and proper nursing care.

G3P1…Adding to what my colleagues have said. Another thing that needs to be done as much as we want to have these nice things to take from the hospital, is change. Even us who come with this anxiety that we won’t do great, as long as there's not much that is being put into improving our hospitals and our clinics. As much as the ratio is still high and there are no linens, there are no clothes for patients. I want to take care of you, but I can't. Because imagine nursing a patient who came on Monday bleeding, still wearing that thing because there is nothing to change him with. It demotivates to do great things. Because every time, today I saw you with these dirty clothes, and I have to treat you. I want to give you food. If you are smelling blood, I can't change you, because there is nothing to change you with. The linens are dirty. So I think even other senior nurses, maybe they come and look at you, maybe they may be that enthusiastic. You will end up saying, I don't care. Even the government doesn't care. I don't care because the linens are not there, the clothes are not there and the medication is not there. Then if you want to provide privacy to the patient, the curtains are not there, everything is not there.

The researcher…So then what is it that needs to be rediscovered in this current practice to strengthen and improve this situation in our country ?

G3P1…I think the government needs to put more into the health system, because they are neglecting health. And health is very much important. And this thing of waiting for the NHI is not going to work because we can't manage the hospitals. Because if you go, I've been into private hospitals not as a nurse but as a patient. It's like you are in another country. And when you are coming to work at Leratong is like different countries. Because there, when you just spoil a drop of blood on the linen, they will change everything. When you are sleeping there, it is like you are home. The environment makes you feel home and like you get well faster. But to come to Leratong, the blankets are dirty, how are you going to feel special because the patient is feeling cold. You go and look for something like a blanket and they told you that for two weeks, we don't have the blankets. One day they said I must take the curtains, but it is no longer in use. I took that curtain and gave it to the patient, and I'm like yoo. And you can tell that no no.

G3P8…Okay on the issue of uniform guys it starts with us. You cannot come and complain about nurses from the hospital not wearing the uniform. Even here at the college we are taught to wear all white. Are we wearing all white? So it starts with us. It starts with where we are. If you cannot do the right thing on training, what do we expect when we get there? So it starts with us. If they are teaching us to do things the right way, let us do the right thing. ‘’E thoma ka rona nee’’. The other issue is the responsibility. We are being taught in EPP, responsibility and accountability. We know the college starts at 7:30, but we come late to the college. We know at 6:45 we must be there at the hospitals taking a report. But what time do we arrive there? We arrived late. We don't take reports. We don't know how you are going to manage the patients. Because somebody was there, you know. While I was still there, I used to tell my shift leader that, you come late, ‘’nna’’ I don't come late. Since I have started with my training to become a nurse. I was taught that you must come early, you must take a report. Ever since, I have never been late to work, either during night shift or day shift. If you come late to work while you are still training, will there be any change? There won’t be any change. Coming to the issue of linen. It is us when we knock off, we take the very same linen saver uhhm. I always ask them about the value for money. I think these things, we are just singing them but not practicing them. The value for money, we are taking the linen savers and pouring a lot of D-germ to wipe our shoes when we knock off. And we are still going to walk in the very same hospital. We say we are disinfecting our shoes. Even the paper towels we put on the table when we are eating. We make them our saviet. We are wasting. And now we want to blame the government, it is not the government, it's us. Remember, we are the government. It is us. The President allocates the budget there. So the management and everybody who must manage and work within that budget. We are the ones wasting the money. And then the other thing taken, we don't want to be taken as the workforce when we get there. We are not the workforce we are there to learn. We want to be given an opportunity to learn, finish the course and then go back there. And even also in this course we know ‘’ore” there is no longer community service. We need young nurses to be comm-servous. Go there to learn, because now we are in a rush. But when we comm-serve, that is where we begin to have an opportunity to learn how to do the nursing things. And then we need more exposure to the clinical areas while here in the college. Because we will just go for two weeks in the hospitals, then you come back and they give us the workbooks. We are expected to fill it to the half. So the cheating starts there. We are just running. As long as you can tell them, sign, sign, sign here. So how can we be expected to be better nurses when we start cheating here at the college? Thank you

The researcher…The question to you G3P8, having the opportunity to comm-serve, how could that strengthen the current practice?

G3P8…that will strengthen the practice now. I think as a nursing student, I will include myself because I'm also a student. We are already being discouraged because I know that after 3 years after completing there will be no jobs for me. So why still bother? I will just cram and pass the test, and just write the exam, and tomorrow I will not be knowing or recalling what BP is. I don't know why they are talking about when they say blood pressure is. But if the Department of Health can bring back the comm-serving things, I think that will bring more motivation to say yes, I am ready. Like in the D4, I came knowing that in D4 there is comm-serve. Yes, I left as an enrolled nurse. It gave me ‘’gore’’ study, study, study you have already employed. You have your persal. So I knew ‘’gore’’ I am employed.

G3P9…I think to answer this one Ma'am or to add on rather. G3P8 says something about how our clinicals are very maneuvered. We are expected in a week of the clinicals facilities having 10 probable objectives that we need to finish in that week. And they have to be done three times. I feel like comm-serving is going to allow us to be in a space where that maneuvered time that we got for clinicals. We are now able to be in a space where there is not much pressure of writing exams and tests. Getting full exposure, being a full student. Remember, you are comm-serving as much as we can have those epaulets. We are still in a learning phase. it will allow us to be in a space where whatever I couldn’t catch up on while I was studying. Because everything was rushing, the course was rushing. So there are a lot of things at some point because if we are really really honest, roughly 90% of us, whatever that we have signed for in the workbooks that we are competent in, is not competent at all. So I think comm-serving is going to allow us to be in the platform whereby we have more exposure. Because being competent as, we are saying we don't have comm-serve and now we have to apply for a job. Isn't that exposing us to the risks in the facilities?

The researcher…Definitely, if the community service program can be rediscovered,this could minimize potential risks that could endanger the patients’ lives due to experience and knowledge. And it could ensure the safety of a healthcare worker at the same time.

G3P7…Yes I want to comment with this regard to our program R171. Because we are yet to see the results in terms of clinical competence. So I'm not sure yet if they are those who finished, maybe in other provinces, and those who are already working in the clinical facilities. I think we can make a judgment on whether this program is working or we need a comm-serve. I say so that we can see if it is applicable to us. Because I think with the other program, it was a different program for us. They had comm-serve after they were done with those years. And as we did not, I think we still have to prove maybe from those who are working that, how are these ones that have been trained in R171? How are they in terms of the competency In the clinical facilities?

The researcher…I think Gauteng College of nursing is the first one that had a group of graduates in 2023. Most of these colleges in different provinces have started with the R171 program in 2021. Meaning they're going to have their graduations now in 2024. So ,since they have written their SANC licensure examinations recently, they are hunting for jobs at this stage.

G3P5…I think professionalism together with nursing ethics should be really rediscovered and strengthened. Because as much as nurses are disrespecting and exploiting one another. Nurses need to be reminded of professionalism in our profession. Like the previous participant has mentioned the issue of respect. But to be honest nurses devalue one another. Another thing is that how can we have maybe the policy makers at the highest authority being in charge of our health department, meanwhile those people are not nurses or doctors. So, I think, if people who are there are experienced in terms of patient care so that the nursing ethics are strengthened. Doing justice to the patients. Not including or involving the political positions because they are really killing us.

G3P3…I think in this matter of doctors and nurses working together maybe protecting one another. Nurses are not protecting themselves. When they see doctors, they think they are seeing these kinds of people. Let me say this profession was designed in a way which is going to cause a conflict amongst us. Reason why I'm saying this, I will neglect a certain duty as an assistant nurse, knowing that it was supposed to be done or performed by a registered nurse or certain category. Knowing very well that I am not responsible for that. So when the incident comes, you are on the other side and the person who says, she is in charge of professional nurses, she is the one who is going to be responsible for the particular incident. So doctors will protect themselves knowingly very well that they are under the same umbrella. If they are working with kids, they know they will be having a pediatrician. But us nurses, our profession is designed in a way that is like in isiZulu ‘’Indoda yaz’ phandela’’. So if it was designed in a way whereby we are going to work together as a team, and then do everything in the same manner. I know the categories need to be in the professions, but our profession is designed in a point whereby you will be yourself at the nursing council, if I have done something wrong and my certificate is going to be taken. Now it is like ‘’kgomo ya mosate, wa e kgata oa lefa, wa e tlogela oa lefa’’. But professional nurses in this field are the ones who are more exposed to higher responsibilities. And then for me, if we want to reduce incidents and everything, we just need to change our attitudes and we must understand our profession and professionalize our profession, not professionalizing ourselves. Like this nurse who may be specialized in psychiatric nursing. He or she does not recognize the person who is down assisting him or her. Like doing nursing holistically. It is even the same as the money issue. You will find a person saying, I' am not going to do this thing because “a ni e kgoleli ley into”. Do you see the attitude? So it is still going to be hard to standardized nursing and to reduce the incidents. Here as some of the speakers say we cannot put someone who knows nothing about nursing, and come to lead you and do policies. Then it goes to the operational manager who is deployed by ANC, comes to Leratong and becomes a CEO in Leratong. She or he doesn't know anything about nursing. So I think maybe our government needs to change how they do things in terms of the hierarchy. And then I don't know how we are going to face this thing because we distinguish ourselves when we are in the working environment. When you give the patient a certain something, the patient will say ‘’loy aka yaz ley into, a kanazo e zinto za la”.There was a patient one day he asked me that why’’ wena u ngan lezi zinto”

The researcher…Changing of nurses attitude and behaviour towards one another, multidisciplinary team and the patients could help in strengthening our profession again.

G3P7…Myself I want to agree with the statement that you have said, the reputation and the integrity of the profession is very much important, more than the personal reputation. For example, if a nurse at Bara, maybe has been found to be negligent. It will not be said, a nurse but it will appear in the media that at Bara this is what has happened. And in that way, it makes a recipient of the services to lose faith in the profession. So I think we need to uphold the integrity of the profession, in such that we are able to apply those measures to protect one another in a professional way, and also we enforce disciplinary measures so that people do not find it easy to cause and give the profession a bad name.

The researcher…Another one with a different opinion. What is it that needs to be discovered to strengthen our current practice?

G3P6…I think another thing is the adequate rotation of staff and making sure that the staff has the necessary skills to thrive in the workplace. Because if I can compare R171 with the D4, I think they were more prepared. Because they did midwifery, they did primary healthcare, they did psych. So it also gives them more opportunities. So now it goes back to this program. When we are training people in R171, what are our objectives? What are the shortages in healthcare with regard to midwifery? Why are we not allowed to do midwifery in R171, because it is a minimum requirement for people who want to specialize. So now it becomes another barrier to the staff and demotivation. Because now you are qualified, you are working, you think all I need is to take another study leave again, to go and do another year of study. So it's another barrier again when you are at the workplace, because you have to apply for study leave and you have to wait for the people who qualified before you.

The researcher…Rotation of the staff is crucial. Because the nurses were exposed to a variety of skills in different ward situations, and how patients are being treated in different conditions, except the people who have specialties in their field of work, like maternity or trauma and emergencies.

G3P9…I think I would like to just refer back to what G3P6 has said. I remember, there was this Sister at the clinic trying to figure out how our program is, also explaining to me the importance of midwifery. And for me it was a situation like, if this course trains me to be in a space where I cannot work both in the clinic and the hospital. And the patient who is pregnant comes fourth or even if the patient is not pregnant, I didn't do that midwifery course, how am I going to be able to manage this patients holistically because they are certain things or aspects that I might need when this patient is talking, in terms of psychological problems that are there, that I could not tell because I didn't learn that as a generalist. Patient who is pregnant, there are certain medications that she should not take, then if I don't have midwifery, I will not know anything about that patient who is pregnant, probably have complications and I am there as a professional nurse. Probably on that day, there is no I'm just making an example, there is no professional nurse who probably has no idea of a midwife. Isn't this regulation posing risk as much as we are saying it is there as a preventative course, to say we want you guys to work at the lower level to try to prevent probable illnesses and stuff like that. But what then if I'm going to get that community and people who have certain needs that I cannot provide as a generalist, I do not have. For me it is that.

G3P7…I think the strength and successes again on the education and training level especially, I think we have mentioned this point before, especially with the training institutions to show that they have the right tools, so that the training and education become at the standard that is high or a standard that is competence to enable the students to be competent also.

G3P8…As G3P3 has mentioned about the nurse-patient ratio, is the problem. But now there is nothing that can be done due to influx and organization. The foreigners are coming in, and that is the problem that is killing us. We are nursing more than expected. And another thing is politics detaching itself from the health system, that will assist us. I'm scared now of these NHI. It's already been implemented. You know what the previous minister of health did during covid, stealing money. R171 I believe it was not properly planned, they are just doing it. We are being called the guinea pigs. Like now we are waiting for the epaulets, they know next week we're going to the clinicals, we have not received our epaulets yet. It means even here at college I want to believe that the people who are leading us are ‘’deurmekaar’’. I'm sorry ma’am. Because we must plan, we need people who know what planning is. We don't want to be led by people who do not know what they are doing. And the other things we always talk about going back to the basics when going to the hospitals. But how can we go back to the basics to how nursing was before. I think it starts with us while we are still in training because when we are already there they are just going to make you believe that whatever you were taught there at the college is wrong. But it's up to us going back to the basics.

The researcher…We are coming to the dream phase. Focusing on your past experience, I would like you to describe his or her dreams ideal clinical supervion to envisage the future posibilities. How do you wish an ideal clinical supervision to look like?

G3P9…I am dreaming of an ideal clinical supervision where specifically, I would like to suggest an improvement specifically on our campus than other campuses. I will suggest that they come to the wards. Because I feel like it is the main challenge. There is this situation whereby we are from a simulation lab, and we are dealing with a doll. When they come for facilitation,you are still not doing facilitation next to the patient. So in a situation like this, I don't feel like it makes me feel more exposed. I want to be in a space where if I make mistakes on a procedure, let them be there and let me utilize what is being used in the ward. Expose me to those things because I feel like with the facilitators that you are familiar with from campus you are able and become more vulnerable and exposed. And they will know that this is my weakness and this is my strength. Then I will see how I can come about it. Yes it's great that they come, it's great that they avail themselves, even though they don't always go to the ward. It is also great that they give themselves time to be with us. So for me I feel like the improvement should be there for them to come to the ward with us and do the procedure next with the patient. If we have certain equipment in the ward let me use that, so that they can monitor me handling that to our patient. I think it should also come to a space where facilitators at least if the college hires more clinical facilitators. So that they should be specific lecturers for theory and for clinical. Because the more they are, it will be possible for them to monitor us. Remember, we are 100. and imagine if we are 100 and there are only probably eight lecturers who should separate themselves in all these clinical facilities. It will obviously be difficult for them to give us one-on-one attention. Yes, I understand that we will have the time for SCG, but also for accompaniment time by a lecturer where she comes in the ward and finds me doing whatever I'm doing and must be there to monitor me. How to do what I was doing, making mistakes while observing and correcting me at the same time.

G3P8…I think this course R171, If it can be done like how D4 was done. Because yes

in D4, the clinical facilitators were coming to the hospitals and then we will be called from different wards. They will do the skills with us in front of the patient. They would repeat the skill continuously, until we master it. Because when we are doing the oral medication we would take the medicine trolley and go to the patient with the file. The facilitators would take out the correct prescribed medication and give it to the patient. And they will ensure that the patient has swallowed the tablets. We were able to observe how the facilitators were ensuring that the patient did swallow the tablets, so that we can be perfect and know if the condition of the patient is deteriorating because maybe when given the tablets, she doesn’t swallow instead she spits out.

G3P5…I'm dreaming of an ideal clinical supervision that is having separate roles of lecturers who are lecturing theory components should remain as that, and have lectures who will be clinical facilitators. That would help to have more time with this student so they are not rushed in between different facilities. I need to run to ML Pessen, I need to run to Fanyana Nhlapo clinic. It doesn't help the students at the end of the day. So money should be just put aside for the clinical facilitators to occupy those positions, so that they spend more time with the students. And so that they are not rushed and there is no shortage of resources with people who have the necessary skills. And we actually need to take from them.

G3P2…I agree with G3P5. I think they should be only lecturers for the clinical component, simply because I feel like lecturers come in a week for one day, for 30 minutes. They can't really monitor your progress. They don't know if you are improving or not. So at least if they can come every Monday to Thursday for like four to five hours to monitor our progress.

G3P4…I think it could be best if let's say the clinical supervisors actually had a plan in mind, to say when the students are going to do the entire week, they should have already spoken to the sisters to ensure that their plan is actually setting a vision. When they get there on Monday, this skill will be implemented and they should demonstrate a skill other than just going there and expecting us to somehow demonstrate. We should be given an opportunity so that we can do the skill.

G3P8…My wish is that our facilitators who facilitate the skills in the college skills laboratory, can be the ones who do assessments like CPCA at the hospitals. Because during our assessment, there are different facilitators. Maybe you will find that, that one is from third year. And the minute you start doing the procedure, you will hear saying stop, stop. So you end up being confused. You become anxious. You don't know whether you are doing the right thing. Or if our facilitators could tell them that, this is how I taught them. Let them do what they know. Because last year we had a problem. This is my wish. They must not interrupt us.

The researcher…This is what happens during clinical summative assessments. For example, I'm from third level and maybe I am in the program to assist with the first year's summatives. On the day of the summative assessment, we gather in one place, and the clinical lecture of that module will open the tools in front of us. We then go through the tool from point one until to the last. If there are some mistakes, she or he corrects them. After that, where she finds responses which are not aligning with the questions, she would tell the team of assessors to say if the student verbalized this and that, please credit her or him. This is how I taught them.for them. Unfortunately maybe you came across a difficult assessor during your assessment.

G3P5…I think, ma’am, I am dreaming of moving to an advanced technology kind of learning. Why are they not taking the provided videos on the slides? Here ma’am is Poppy act, eng eng. If it was implemented, okay. If there is a camera in that facility, we take a video, it does not even have to show the face of the facilitator so that we are able to go back to those videos. Sometimes you can't even remember whatever you did three weeks ago. Now you are being assessed. You have to remember something. For me I feel like we are not moving in the direction where the rest of the world is moving. There are ways in which we can still have your privacy, and still enable students to the best learning opportunity. All the professors who used to shoot all these videos have a platform where either, if it is a problem of money then say, okay, you can purchase this video for five rands so that I can still enter those platforms. And note that there are extra resources like when you are supposed to go to the YouTubes, someone from America is doing these skills, they do it differently. I ended up not knowing what my institution is expecting of me regardless of what was done in the sim labs or what the procedure manual says, because sometimes the procedure manuals and what is being done in the sim labs are already different. One person will decide to change the sequence of things and prefer their sequence. And now you are stuck in between. Do I remember what ma’am has said or do I remember what is needed according to this. It will be great if we have some sort of videos, yeah, something that will be able to reference back to.

The researcher…As long as we have started with the google workspace, even on clinical skills, we will get there surely but slowly.

G3P1…I think another thing GCON must try to save on, is the dolls that are in the simulation laboratory. Because last time when I was looking at them showing us the injection part, I don't know if they are expensive, the ones that are being used at universities. Because they can operate like real human beings. They have the veins. Like when you are putting a needle in the wrong place. There will be a sound that the doll makes to show that you are in the wrong place. I think, if they can buy those dolls for R171. We need them, because working on a sponge, in real life there's no sponge. So it is a problem. It's like we are playing.

G3P5…I think we can have workshops not only for the college staff, but also for the hospital staff. So that they know what is expected of us. They must know how to teach us according to the learning institution’s standards, so that we all are on one page even when we are being facilitated by them, not just our clinical facilitators here at school.

G3P3…I think according to me as a student, because I know students like to run away from their responsibilities in terms of learning outcomes. I think maybe the hospital facilities, I know because I have worked there in the hospital. We normally work with routines. I think it has to be standardized. For example if there is a bedpan parade, all students should be in there. The reason why I'm saying this, is because it is going to give them all the opportunities on how to give and also how to discard the bedpan after the patient has relieved herself. Even if like in terms of routine for a medication, because in the hospitals, they do work with routine. When it is time to commence oral treatment or IV, students should be there. Because other students are just there to get signatures to their workbooks and submit at the college. Only just to find out that they didn't learn even one skill. So I think maybe for me, it can be like a principle whereby there is a routine or students should be in the cubicle or in the ward so that we can have more experience. And to see there also to try it practically by yourself as a student and under the direct supervision of the professional nurse or enrolled nurse will be there when she or he is giving medication.

The researcher…We are on design phase. Which strategies and actions should be taken to achieve the wishes and dreams of your ideal clinical supervision?

G3P7…I think if we can have a review of the policies especially that are related to our program and review them and change those things, which we mentioned that are not achievable in this current program. We need policy review and amendment.

G3P5…It is important that the institution also takes students’ concerns because the education that they are providing is not conducive for us. We are probably the best people to give suggestions. But how can they improve and what could they do to help us understand whatever skill is being taught. I think there needs to be more communication between institutions and the students. And not at the end of the semester. It does not help when you are asking for me to review how a lecturer taught the entire semester, when it could have been dealt with before that. I probably may not have had certain concerns if it was dealt with beforehand. Uhm, I think institutions mostly impose their beliefs on us. And when things don't work out, they are quick to change not considering how it has affected us. They just look if they have achieved what they want to achieve. And they change things quickly again, if they don't. So I think it's just a waste of time. And it will stop this guinea pig thing, where one group is taken to do this, it doesn't work, they take another group. They have different things done with them. So I think there just has to be a lot of collaboration between students and institutions. Uhm and it should be done early before problems become more as a preventative measure.

G3P2…I think one thing that we have covered here, it just needs proper planning from the top to the bottom. That's one thing that can help, proper planning and proper project management. Because I feel like with the issue of leadership, of course it is because of money. There's no way that there is no money for the resources. I mean the budget is always there. So I feel like it's just a matter of mismanagement of funds and mismanagement of human resources. And I feel like going back to planning, I feel like the portfolio of jobs is not there to compete with what people must actually do. It's just a random thing, you see. I feel like yeah.

G3P1…Another thing ma'am is to advertise the posts. You will find that we lose 10 nurses and they are being replaced by 2 nurses. If they can try to hire, like we have got so many nurses that are not working. And at the hospitals we have this shortage. If they can try to close the gaps and try to hire as many nurses as possible, so that they can see if there are enough nurses in the hospital, is there anything that could change or the problem remains the same. And I think the company that they are using for the medication, because last year we faced the problem of the clinics not having the important treatment. Medication at the clinics was zero, when a patient comes for Enalapril. And the ‘’magogos’’ were asking that you are hired to give us this medication now you are telling us that this medication is not going to be available for 3 weeks. I think all these things, they must make sure that the companies that they are using for medication, because I don't even know what happened, what was the story of medication, because last year December we ran out of medication. So I think all those things they must make sure when they are planning. Because they said they are stuck in Durban. So transporting of those stuff, because we can not run out of the medication.

G3P3…I think more funds should be channeled to the institutions so that we can have more resources. And then moving to like advanced ways of doing things so we need more funds to be channeled in our institutions or learning facilities.

G3P8…I think by making sure that the seminars are being held where we would be having commissioners where they will look at the problems that we are having. I think by doing that, that's where they will know what is really bothering us.

G3P2…I think one thing that is lacking right, I feel like it's our council, the South African nursing Council because I feel like our lecturers from how they speak about the program, they have realized the problems and the loophole. And I feel like SANC is not even listening to them. I feel like it depicts the whole purpose of being there. So why are they not listening to our concerns?

G3P7…I want to elaborate on G3P2 and G3P8. Maybe we can bring the people from SANC, bring them closer so that there is a closed relationship between the nursing students. And also for nursing students who have a bit of say about the decision that has been made by them. Maybe we can create that channel of communication so that they become aware of our grievances and the things that are not in favor to the students and to the nursing profession as a whole.

G3P6…I think it also goes back to the standardization we spoke about, so that all students get equal amounts of attention as well as time to practice their skills. So that it doesn't feel that there is this one campus that has more advantages compared to another basically.

The researcher…During the the previous phase of an ideal clinical supervision,you have described the actions and strategies that should be taken to achieve your dreams. How should these actions and strategies of an ideal clinical supervision be implemented to reach our delivery/destiny phase?

G3P1…I think SANC must be on board. Where is SANC? Pretoria? SANC people must come down to the clinics that they have accredited for us to be placed and the colleges. And they must check what the college has submitted to them that they are capable of doing this and this, all the stories. Are we as students there experiencing what they said they are giving us? Even the lecturing I'm not sure if it must come and witness when you are lecturing. But I think this one must have been happening, because we cannot be complaining of same people and it looks as if we are unrealistic. Because many times, we complain that we can't hear you ma’am when you are teaching, and it can be a dialogue issue. Or those SANC people must come and check, if people are doing good and justice. As much as I know them, when you see them it means some punishment is coming, and yet you are paying someone who does not care for you. I don't even know why SANC is operating? So if they can come to our College.

The researcher…Don't the Hod’s go to the class to sit in during facilitation, so that maybe they can pick up this problem?

G3P7…I think the Hod is visible. Maybe not as much as we want, but we do see her. Not having a sit in class, so she can observe the lecture while facilitating.

G3P3…I think the last time that we saw our Hod, it was during orientation and handing over, and during the time that we were having a problem. But we have never seen Hod willingly coming to the class to have the sit in. She only came to the class because there was a problem. That is why I say I want to disagree with you a little bit, but I know where you are referring to. But it was on the current incidents.

G3P1…Ma’am, again our hospitals and the nursing education institution must hire more lecturers and nurses, so that we curb the shortage. That is where we can see if things are resolving or not. Because most of the problems are being seen because we have a shortage of staff. We are unable to reach certain stipulated objectives and certain required quality care to our patients. So if we can have more nurses to take care of the patients, and more lecturers to take care of the students, that would be the best implementation.

G3P3…I think ma'am all the implementation should be done from the GCON or Department of Health. There must be an evaluation, if there are additional policies that need to be added. I think, yeah, the evaluation on the implementation of the policies needs to be done.

G3P7…I want to first comment on the initiative of having quality assurance from compass level. But what I think, we know that we address some of the challenges that we have, there needs to be a time frame, so that we know that the issue that has been raised as a challenge, what and what must happen, has it been accelerated? But are we able to achieve it or to resolve the matter within a time frame? And what was the reason and the solution? And also, we must have a review of everything that is being implemented to see if these strategies that we used and want are working.

G3P5…I think there needs to be a SANC representative in each and every clinical facility. Or at the very least, by liaising between SANC and the clinical facilities in that way, they would know the real time. Where are they supposed to place the students? What are the concerns? What are the grievances? What do people want to see more of or what is being done well in that way? There must be real time communication. Because I feel like this thing of waiting for the conference at the end of the year in all these five million contents that have been given at the end of the day, when SANC has received 5 million contents only one or two things will be focused on, and other things they would say ‘’re tla di bona next year tseo’’. There needs to be real time communication where there is at least one or two representatives from SANC, where they are placed permanently at these institutions. Uhm, I don't think it has to be all the way from Pretoria, meanwhile we have so many other clinical facilities around the country. At the end of the day, what are they achieving when they just stay in one place? All this nice and beautiful but places that we work in, don't even reach the half of that standard. So I think they need to get out of their offices and come to the clinical facilities, and be placed there, so that they can smell what we smell in the wards. So that they can feel the patient, so that they can see the dirty beds and lack of linen in these clinical facilities.

G3P8… I think also in addition the health ombudsman must come and make time, and visit all the colleges and our hospitals, where we are doing our training. So that they can see what is going on. I think the only time that we have an Ombudsman on TV, was when the community has complaints, and when they say they want the hospital to, uhm, to pay. So they must come and see like what we are seeing, the environment that we are working in is not conducive. The public hospitals are not conducive. I will make an example, I was the OHS representative here at Leratong. I was told that ward 15, there was this room, four, five, and six. It was an isolation room. The ceiling was falling apart, and it was in the isolation room. And we were expecting the room to be clean when that patient was isolated. When he was out of his room, the room was cleaned. They must come and see them, not only to come and listen to the family when they are complaining about those videos. So the health Ombudsmanon must come to the clinics and come and see the education that we are being offered.

G3P1…I think another implementation that they can do, for instance, they must try to motivate the staff, because already they have done away with the pmds. I think if they can have the awards, I don't know, but it must also appear on the television so that they know whenever we talk about nursing. Because in the media, we know there would be something bad that happened. If we can have like the awards whereby these nine provinces are competing. There will be best nurses in the ward, so that even the media can be used in something positive about nurses. Because it starts with the community. Community has lost hope’’ nje ku inurse’’. We are like these monsters, even the way that Dr Motsoaledi called us, that we are devils in white. So if we can start with the community mindset and say nurses can do great. Good stories about nurses must be televised so that they will realize that nursing is something nice, because we are traumatizing people.

G3P8…I think that's what we have in the Denosa. Every year in Denosa, they have a nomination whether you are a Denosa member or not, the people that you are working with, can nominate you. Even the patients or family members maybe while you are in hospital or at the clinic they can nominate you. The problem is not done in the media but Denosa has to come, like when there is an event, so that they may be able to advocate for it to be presented in the media.

G3P3…Another implementation that could be done ma'am, I think the mental health of the staff should be taken care of urgently. Most nurses are bitter, maybe due to some many problems in the clinicals.

The researcher…Can you please elaborate further, on how the mental health of the nurses should be taken care of ?

G3P3…If nurses could have the debriefing session so that at least they're being released and carry on doing the duties as normal in a positive way. And also by receiving regular training more often, on how they can take care of themselves regardless of the situations they are coming across and the personal problems. I think that could help so that even if there are students there, they don't treat them unfairly.

G3P8… ma'am, I think again the institution must go and benchmark. So that we have a better implementation. They need to go to other provinces and benchmark the challenges that they are having, and how they overcame them. So that when they come back to our facilities they implement the better things.

G3P5… I think ma’am, another implementation is that, the internal people from the facilities should be motivated by the managers so that they can go and upgrade themselves to the colleges. Because now, when you go to the ward, you find them now having anger issues, seeing that children are having opportunities that they do not have. But I think if the operational managers could motivate the internals to go and study to better their skills. Yeah, I think, that could help.

G3P2…The nursing education institutions if they can start having a partnership with the World Health Organization and the South African Nursing Council, so that they offer quality education. Because the department of health and the World Health Organization have been having a lot of statistics regarding how things are being done in the clinical areas for the past years. Even in the current, South African Nursing Council is the one that regulates and the one that comes up with the decisions. So I think if we can have this partnership, the quality nursing education could be enhanced.

G3P9…Ma'am as far as responsibility and accountability is concerned from the nursing education institutions together with the clinical facilities that are offering the learning and education to the students, they need to be provided with the workshop to be reminded about their responsibilities and their accountabilities. Because the people at the top or the people who are leading, they are having a lot of responsibilities. If they are failing to lead correctly, in a good way, even the people who are following them, they are going to be misled and continue doing the wrong things. Because they have not even been reprimanded for their negative behavior. So if they could have the workshops for the clinical facilities to be accountable for the students, for the nurses to teach and impart knowledge to these students without being judgmental. In that way, we can win this war.

G3P6…To add on the issue of workshops ma’am, I talked about it recently that the staff members need to be trained for the necessary skills pertaining to their field of work. If I am in the surgical ward, I need to be trained on the necessary skills regarding the surgical conditions and then dynamics of the unit for that particular time, because if they can train me on the medical issues whereas I am not at the medical unit, I am not going to utilize the skills correctly. Because it will take me time, and it will be rare for me to see those medical situations. So necessary skills should be offered to the staff, so that they keep on developing themselves and keeping themselves with recent information.

G3P4…Since we have the congested time that is being shared amongst different modules over the period of 3 weeks, I think the Gauteng College of Nursing as a nursing education institution, should at least revise the program and allocate more time of exposure so that we are competent in the skills. And we don't learn to forget. I think more time should be allocated, and it must be implemented with immediate effect, because this one now it is a crucial aspect whereby now we just go to the clinical facilities and come back not knowing and not given an opportunity to can practice what we have learned.