**TRANSCRIPT 8**

**P8**: Participant 8

**R**: Researcher

R: Good morning, ma’am.

P8: Morning, ma’am, how are you?

R: I’m good and you?

P8: I’m good.

R: Thank you for honoring the appointment to come and be interviewed. My name is Isabel Shilenge. I’m a Master’s student from the University of Pretoria. Our study title is ‘An exploration of support needed by nursing students to develop their professional dignity’. Before we start ma’am, I would like to just summarize the…the information leaflet as we have went through it, just a summary to remind you of the content, the nature and purpose of the study. The aim is to explore and describe the support that the nursing students need from their lecturers and the professional nurses who supervise them during WIL to develop their professional dignity. By doing this study I wish to learn more about the support that is needed by the nursing student to develop their professional dignity.

P8: Ok.

R: Uh it will take about 30 to 60 minutes depending on how we transact, we go along,

P8: Ok ma’am.

R: There are no risks involved but however please take note that some of the questions might uh make you relook and reflect back on the incidences that might have happened maybe at the college or in clinical facilities that caused you distress. If you feel that you are feeling distressed, the questions are giving you…stressful, please let me know, we can stop, and I will also refer you to the department of counselling free of charge.

P8: Ok ma’am.

R: Uh there are no possible benefits directly to you now however it will direct other students. Thank you for your support on that one. There is no money that we are going to pay you and you are not going to pay us anything to partake in the study. It is a voluntary participation, at any time during the interview you can just stop and say…and withdraw. There will be no consequences. The ethical approval was granted by the Research Ethics Committee from the University of Pretoria, Department of Health as well as Gauteng College of Nursing to collect data. Like I’ve said uh my contact details and my supervisor’s details are on the leaflet uh should you wish to know more… and your name or any of your details that might identify who you are won’t be appearing on the dissertation. It is going to remain confidential. The only people who have access to the…to your identification it will be me and my supervisor.

P8: Ok ma’am.

R: Yes ma’am, do you still agree to continue?

P8: Yes, let’s continue.

R: Okay ma’am, um do you understand the term ‘professional dignity’?

P8: I think I do.

R: Okay, I can just remind you to say ‘it is the manner in which a professional person views him or herself integrated with a manner in which other people view him or her as a professional person. One has a professional dignity when one views oneself as a professional person of value integrated with others view of a person as a valuable professional person’. Is it clear ma’am?

P8: Yes, it is.

R: Okay ma’am. So, our main question today is ‘What support do you need from others to feel dignified as a nursing student?’

P8: Um…ok, so uh…ok, with regard to or just start by the college itself…I think I become like professionally uh…I become professionally dignified if I’m equipped as a nurse…

R: Yes, ma’am

P8: …if I know what I’m doing and if I’m confident in what I’m doing. Then I…people respect me, not only just my colleagues but the patients as well. Uh with regards to the college, we are given enough materials to practice. I’m talking about workbooks but then I think the only challenge that we experiencing, that is not making us more competent than we can be professionally dignified is the fact that the practical uh practices…the way this course is situated it’s…the duration is just so little because you are only given week to practice a lot of uh procedures in your workbooks. In that case you not really confident especially when you go out to your clinical practices because now you just not necessarily crammed but you just think you know something. I think if time could be increased so that we can be equipped with skills like if they can increase the time that we are given to practice the skills, then we will be professionally dignified because now we more like… what’s the word…not necessarily shy but we are afraid because now you…you’re not really sure if you are competent enough to do it because you…you were just given maybe one chance to do something now and remember now you only were practicing on dolls or yes…and then the in the clinical settings is real life people, so that’s why you not really confident in doing and people cannot really respect you if you don’t know what you’re doing…

R: mm

P8: Yes.

R: Okay, so in terms of you saying you don’t feel confident because you’re not having enough time to practice and you’re practicing with dolls here and you have to go to clinical to practice with the real-life person, what support would you require from your lectures to assist you in developing your professional dignity?

P8: Ok, as I have mentioned more time to practice from here and again I would…if the lecturers would come more to the clinical facilities because now the challenge that we have is that the uh lecturers equip us with knowledge then we go, and after we went to the clinicals the problem now is that the nurses there…it’s quite busy at the clinical facilities so they don’t really have time to take your hand and teach you things step by step so maybe if our lecturers would be…would come there to the clinical facilities to sort of like hold our hands to guide us through because the nurses really do not really have time because they treating patients and u…a lot is being demanded on them and then you cannot necessarily be their burden…like you cannot add to the burden of them taking care of us as students whilst we have lecturers, ok.

R: mm…I hear you ma’am. Um from the clinical side what support would you like the professional nurses to assist with the professional nurs…dignity?

P8: They can take us serious for starters.

R: Can you elaborate on that one…

P8: They don’t respect us…uh I…I don’t know if I’m allowed to mention hospitals, hospitals are different. So, the hospital that I’m currently doing my practical’s at is not as the one that I was at. So, the initial one we had preceptors wherein they would come, they would ask us about our procedures, then they would instill more knowledge like they would add on the knowledge that we have from the campus, then we will be more confident…but then the current hospital that I’m working at now, things are a bit different. They just value us as workforce…and then the professional nurses do not necessarily view us as final year students. They make us do your vitals…like your basic nursing thing, which is really not a problem, but then it would be nice if you were given an opportunity to do your IV’s, like your more skills that are at your level. So, hence I’m saying I don’t think they respect us or trust us enough. Yah.

R: So, when you say um more skills at your level you mean ba…according to your learning ob… objectives?

P8: Ye…according to our scope of practice as well because remember now in first year you only limited to your bed bath, your vital signs and then your second year it will be medication, your IV’s but then now the hospital that I’m currently at because I’m a third year student I expected to be carrying out those second year duties the…your IV’s but it’s not the case. We demoted to our first year uh yes first year procedures.

R: Okay, and how do you cope during that period when you’re being demoted, how do you cope? What are your managing strategies?

P8: Whew…to be honest I just tell myself that it’s only a week, I’m gonna be done then I’m gonna go back then I’m gonna finish with the course…that’s the only thing that keep me going because you don’t really know how to complain…when you complain to the lecturers understandably so they say they only can do so much to us, and remember when the lecturers come they come to assess us. So, you only given like 5 days period to go and practice whatever that you need to practice. So, we…we literally going back to work and school time to practice the skills that the going to be assessing us on. So, really hence I’m saying the only way I’m coping with me saying ‘it’s just a week, I’ll be done, and I’ll be gone.’

R: mm…I hear you ma’am. So, what other support do you need from others to help you develop your professional dignity...when I talk about others I talk about the doctors, the physiotherapists, as well as your peers…the multidisciplinary team per se…

P8: I understand what you saying but my thing now is I don’t think the other multidisciplinary team members will view us as professional equals if you’re not respected or rather if you not viewed as professional equals from our nurse initially, like we should get the necessary respect and view be viewed as professional from our nurses before the other multidisciplinary team members can respect us. I remember there was an just incident whew ok we were in the ward and then there…there was a neuro-physician who came to the ward…so when she came in she wanted us to…it was a pae… a paediatric ward so the child had an epi…epileptic episode so she wanted to locate the region in which the epileptic yah episodes were originating from…so she came into the ward, she greeted…I was working in the cubicle so I greeted back and she said ‘ok, I need assistance in you helping me uh sort of tie the child because I need the child to be still’…so the professional nurse entered the cubicle and said ‘no, this one is still a student, it’s ok, I will help you’…so hence I’m saying if they not treating us as professionals there’s no way we gonna get respect or they would view us as competent people the…the other multidisciplinary team members. It stems from the nurses themselves not respecting the other nurses that everybody else just views us as ‘eh ok, they’re students…ok they are learning’…

R: mm

P8: …and if you uttering such words in…in front of everybody the patients in the cubicle, you can remember…you can now imagine how the patients also feel like ‘mm I don’t want to be treated by this one because they still learning, they still a student’…

R: mm

P8: …hence I’m saying I think it just stems from the nurses themself…themselves respecting us and viewing us as professionals and trying to equip us…

R: mm

P8: Yes…then the others can also respect us.

R: What respect would you require from others?

P8: Allow me to make mistakes, not necessarily like big mistakes killing people, but trust me enough and if you feel like ok you want me to do this but you feel like not competent, take me through the skill…if you inserting a drip, take me through the skill so that I know what you doing then I can do it to the next person…but then if you are not giving me an opportunity to learn then I will never learn…

R: mm

P8: I’ll never be competent because if you are saying ‘this is how we do it’, then I will never learn…and if I’m saying ‘I can but I’m not sure, can you please observe me’ and you saying ‘uh-uh you wasting my time’, then there’s no way I’ll learn.

R: mm

P8: So, what I’m saying is can…can…wuu what’s the word…English, you running away from me (laughing)…

R: (laughing)…take you time

P8: …wuu, no (laughing) I need a word…

R: (laughing)

P8: …like they should be patient with us and understand that we are students, we are learning, we didn’t wake up nurses…and in as much as they are professional nurses, they’ve been students before. So, take us through everything that they did to help you…

R: mm

P8: …because now if you are not willing to take me through things, then I will fumble…

R: mm…I hear you ma’am…um how do you think the support from others will assist you if they have given you support, how do you think is going to assist you in developing your professional dignity?

P8: Confidence…

R: mm…

P8: …if I have confidence in what I’m doing, I would want to go to work because I know now I’m confident and I know what I’m doing…and yah I’ll be confident and I will feel respected you know when you feel respected and you feel trusted you do the right things because it’s a safe space

R: mm

P8: It’s a safe space to make mistakes, it’s a safe space to grow, it’s a safe space to develop yourself as an individual. So, if I’m getting the necessary respect from people or sorry…if I’m getting the necessary what’s the word…ma’am you said it…what’s the word…if I’m getting the necessary…

R: support…

P8: support, so people…turn out…I’m reiterating the same statement…I’ll be very confident, I will love my job, I would want to go to work because um I’m supported, yes…

R: So, which means that when you feel supported, you feel confident, then you feel that your professional dignity is now enhanced, developing…

P8: Yes, ma’am, because if I’m confident, I’m doing the right things and if I’m doing the right thing the patients will respect you, the nurses will respect you and the other member of the multidisciplinary team will also fell like ok we can work with you, you’re confident, you know what you’re doing. So, if I’m being supported and confidence is…is instilled in me, I think yes…

R: Oh, I hear you ma’am. Where do you think the support should start? We…here in the college or the clinical facilities, where do you think the support should start?

P8: The college…though I think we getting enough support from the college I don’t want to lie. The only challenge which is beyond our lecturers is that the…the schedule that they are being given is limited in a sense that we only get to see them once in a week…so they do support you but the time is just limited and is just according to I don’t know the policy or the procedure that they given themselves, but then the support should start here which we are getting…and then the going to the clinical facilities I think nurses or rather the permanent staff need to be educated. I understand that they are frustrated but then they should be made aware that we are not a workforce and we are students we there to learn and they should be patient with us in as much as they were students before and people were patient with them…and again I think hospitals should have more preceptors…preceptors in a sense that they are people…they are nurses appointed to educate students, more like we getting education from our lecturers, they should be preceptors in the hospital as well and not just appointed preceptors, but preceptors who are actually doing their job, who are actually taking us through everything that they think we lacking then because I think that will lessen the burden from the…the nurses as well because in as much as we feel they are not giving us support, they are there to nurse patients…so, if there are enough preceptors who are actually lecturing or rather teaching us the practical work, then I think we would…yes we will feel like we are being professionally developed and equipped.

R: Okay ma’am, you said that uh the lecturers are giving you enough support…

P8: Yes ma’am

R: Can you explain a little f…further on that one?

P8: Ok, so enough support in the sense that the study material that we’ve been given, the workbook that we’ve been given are detailed to the T…

R: mm

P8: So you literally know what’s expected from you and how to do it…and not just the workbook as a just the workbook, they actually take you through the procedure that ‘ok this…we’ve written that you should do this…this is how you do it’, then after taking you through the procedure, they allow you to come back and practice the very same procedure so that they feel that ‘ok, you know the workbook, we’ve taught you how to do it, now we can see that you can do it’…then it doesn’t end there. They also come to the clinical facility they like ‘ok, we’ve taught you to insert the nasogastric tube, so we are here, we want to see you do it or did you do it’. They also give us their workbooks in order for us to practice they like ‘ok, you must have this amount of attempts’…so, I think that’s just enough support in a sense that they give you a practical workbook to practice, they teach you how to do it, they let you practice so that they can see you can do it at the college, and they allow to go to the facility and practice it as well not just once…you can even be given 3 attempts to try and practice over and over again. So that’s why I’m saying I think the support that we are getting from the lecturers is enough.

R: mm

P8: Yes ma’am

R: Do you believe that the support you are getting now is enough from the clinical side, you have just mentioned about the lecturers I would to know about the professional nurses. Do you think it’s enough? If it’s not enough um…, how do you cope?

P8: I don’t think is enough…

R: mm

P8: …so what we do is in our spare time or rather lunch time we try to go through the workbook ourselves as peers like amongst ourselves, and then at times you get a professional nurse who’s willing to take you through it but depending on the busyness of the ward or depending on the type of ward that you working in. Sometimes you would…like I wouldn’t want to say the professional nurses don’t want to help us, I think it depends on the ward as well…for example if you’re working in the medical ward is just busy as it is and the ward is full like full capacity…now there are pa…you are doing admissions like there’s a whole lot that you’re doing and you cannot really expect somebody to drop patients and come and take you through your workbook.

R: mm

P8: Yes, so how I cope is it…it depends on the ward and then if the ward allows us there are sisters who are kind enough to take us through the procedures and then there are patients who are also kind enough to allow us to reiterate or practice on them…it depends on the ward but generally yes, hence I’m saying I think it depends on the ward…but then what we do is if it’s not allowing us to practice like the environment is not conducive for us to practice, what we do is we just practice amongst ourselves as peers and just try to meet out the workbook so that we don’t forget the procedures…but then really it’s not as effective as it would have been if you practicing like for real for real on the real patient.

R: You mentioned that uh you believe that all hospitals should have preceptors…

P8: Yes ma’am.

R: Would you care to elaborate further on their functions to assist you in developing your professional dignity…

P8: Ok, I will give an example of a… the 2 hospitals that I’ve been exposed to. So, the initial hospital what would happen is on Monday when we go in and we tell them that we from this campus and then these are our procedures, what…what they would do is they would ask us ‘ok, so you’re at neuro’…so they’ll refer you to a neuro uh preceptor, what she’ll do she will go through your workbook, then she will select the procedures that she can be able to take you through…remember we even had…she’s even a lecturer now she’s a…she was our preceptor by the previous hospital…she would…she even went to…she even took us to another university to get an ileosto…ileostomy specialist…

R: mm

P8: because she was teaching us about colostomy care…like preceptors will go an extra mile, preceptors who are aware of your procedures and work towards helping you achieve the...the goals or rather helping you make sure they know, they confident that you are under their care and you at least know 4 or procedures from them. So, another…where I am currently the ov…the functions of the preceptors where I am, and it’s an academic hospital…

R: mm

P8: they just place you through the ward and that’s about that.

R: mm

P8: They just…’ok, you’re third year students ok you’re going to the medical ward’…then it’s fine, then you’ll never hear from them. The first hospital I was very familiar with the preceptors, we used to know them. They would come to our wards, they would come to take us they will even come to tell the matron ‘12’o clock, I need my students we going…where we are going to teach them this’…then it…it would be interesting to go to the hospital because you know there’s somebody who cares…

R: mm

P8: I remember we even went to theater, the preceptor that we had in theater she would be there very early in the morning before we can even scrub and she would rotate us to different theater rooms and then after that maybe after one procedure we will come back and sit in the lunch hall and she would ask us what procedure did you observe, like she was that involved in everything that we do…but he…the…I think ai I don’t know, hospitals are different but then the preceptors should do their job.

R: mm

P8: Yes

R: I hear you ma’am. Ok, um any other information that you would like to share that will assist you in developing your professional dignity…

P8: (silent)…Phew eish ok as I was saying the…ok from my point of view…

R: mm

P8: right…when I came here I was not even interested in nursing, right…so when I was doing my first year the lecturers were nice, they would come and the preceptors were nice as well then I was learning and learning and learning…but then this year I don’t feel confident in anything that I’m doing, not entirely but it’s not as before…so hence I’m saying uh the attitude from nurses in the hospitals towards students demoralizes you as a student and you just feel like you not competent, you don’t feel confident and you don’t even feel professionally valued because they just view you as a student. I know I’m a student, but can they value us more…

R: mm

P8: Yes. Can they acknowledge that we there to learn, can they acknowledge that we there to…we have procedures in our workbook that we need to fulfil, so…ai…the attitude from nurses is what’s throwing us or rather me back…yeah. The rather disrespect from nurses, yah it’s just something else.

R: Do you have a go between when you are at the clinical facilities or even at the college, that when you are experiencing a problem or a challenge you are able to go and just ask for their assistance, to assist you with the situation?

P8: Not really. Normally uh when we experiencing a challenge, I’ll give an example of what we were going through currently…so we…we doing management so the ward that we were in they were not allowing us to fulfil our management duties because they felt like the ward was busy and then we needed to work…cos we were there to serve patients before we can manage, which is understandable but the problem was that now we did not get an opportunity to fulfil our management uh duties rather. So, we spoke to the operational manager in the unit and then she was like ‘no, in as much as I would want to advocate for you, remember now these are the people you working with, you must work with them’…and then when we complained to our lecturers, the lecturers said that we should rather write a formal letter stating our grievances then they will take it to the CETU, to the preceptors…so we just reluctant because now what we complaining about it was on a Wednesday and then we were going to be done with the ward on Friday, so we just stomached everything in then we soldiered on then we were done…because we thought now we going to complain and by the time we done with the letter and the grievances it will be a Friday and we will be done with the ward. So, uh at often times I just soldier on, I don’t wanna lie, I just soldier on

R: mm…I hear you…and how do you feel?

P8: It’s not nice. It’s not a nice feeling because uh the clinical space is where I should enjoy way more because at the end of the day, I’m working towards working there…and if I’m not motivated to go there then you can imagine how I feel as a student and I’m not looking forward to being a nurse, and I’m studying towards becoming a nurse…it’s just…

R: mm

P8: …yah it’s a conflict.

R: Okay ma’am. No, I hear you. Anything else that you will like to add?

R: No, I think I’m fine.

R: You’re fine…

P8: Yes.

R: Okay, thank you ma’am. Um thank you for honoring…I think we have come to the end of our interview. I would like to really thank you and also mention that after the dissertation is published, you are allowed to come to the campus to just uh read through and see how the study went, and remember your participation also benefits other students in terms that it will be from what you have said there will be recommendations that we can get to assist.

P8: Ok ma’am.

R: Thank you very much.

P8: Can you send us…can you send us the…the study after publishing?

R: Um you can contact me, and then we’ll see what we can do from there.

P8: Ok…in case I’m not around.

R: Yes ma’am, no problem.

P8: Ok. Thank you very much ma’am.

R: Thank you.

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