**INTERVIEW TRANSCRIPT**

**R**: Researcher

**P**: Participant (plus number assigned in numerical value)

**R:** Okay, so good day. Uhm I’m your researcher today. My name is Ms. Shilenge. I’m a student at UP and I’m uh doing a Masters with my supervisor Prof NC Van Wyk. She will be supervising me. So, the title of my study is ‘Exploration of the support needed by nursing students to develop their professional dignity’. How are you today mam?

**P:** I’m well and yourself, thank you (smiling)

**R:** I’m good, thank you. Um before we start, I’m going to thank you for taking this time availing yourself to be the participant, and then as such uh I have given you my interview guide so that you can see the questions that will be asked. The main question is ‘What support do you need from others to feel dignified as a nursing student?’ That will be our main question.

And as a reminder to you what we mean by professional dignity is ‘it is the manner in which a professional person views his himself or herself integrated with the 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 the person as a valuable professional person’. Do you understand uh what we want you to relate in terms of professional dignity?

**P:** Yes mam, I do.

**R:** You do. You don’t need any further explanation?

**P:** No

**R:** Ok um thank you for filling in the consent form. We’ll go over the consent form, as the consent form states.., you have already read the consent form, understood the nature of the study that is to explore and describe the support that you need as a student from your lecturers and the professional nurses during WIL, and also there will be no risks involved but some of the questions might raise up some um situations where you were involved in that might not have been nice ones, that might lead to psychological uh distress, but rest assured, if you feel that you feeling that uh distress we can also.. I will refer you to the student development and counselling for further investigations.

And then the interview will take about 45 to 60 minutes however, if you feel that you are done before that time, it is also ok, don’t feel pressure to do so... and then the benefits for the study, although you might not be the direct person to benefit but the students that are coming after you will be able to benefit from the study, hence we are conducting the study so that there can be improvements from the clinical facilities as well as the nursing institutions.

You will not be paid to take part in the study and then uh as we have said it is a voluntary participation, you are not coerced into doing this um research. If you feel like at any time you need to withdraw, you are allowed to withdraw without any questions being asked or anything being of effect in your studies. So, feel free. Say whatever you feel you want to say that have encountered that is going to assist you in answering, and then please take note that before we conduct the study, we I have received ethical approval from the Research Ethics Committee, Faculty of Sciences at the University of Pretoria, and then also from the National Health Research department. I’ve also received the approval I’ve also received approval from SG Lourens um the Gauteng College of Nursing SG Lourens campus, to conduct and collect data. For any other information as I’ve related, my professor is Professor NC Van Wyk, her contact details are... do you need anything that uh should be explained to you further?

P: No mam.

R: Further along please take note that this is confidential research so your name will not appear in any of the documents. You will be coded as a... I will give you... I will assign you code that will be the one that I use to reference you, but your name and initials won’t be appearing anywhere in the research paper, and at the end of the study when I have published, you are allowed to come and view the research study. It will be available for you, alright, so... mam…

P: Yes mam

R: We starting with the main interview

P: Mm

R: Ok... what do you thi...uh the main question ‘what support do you think you need from others to feel dignified as a nursing student?

P: Ok so with us being nursing students, there’s uh when you on campus

R: Mmm

P: when you doing theory as a student and you are viewed as a um student, a child so to say, who is being guided isn’t it, and when you go to the enviro... the professional environment, as someone that has worked before, I expect that I interact with my colleague as a colleague on that level and not as a child right?.. um.. even though I am learning and I am under their wing

R: Mm

P: so the support that we need from the lecturers obviously you need to be able to understand the theory, be able to apply it, be able to integrate it in the practical world isn’t it?.. so that when you have questions you liase with them, so obviously its theory but you you don’t have it tangibly on your hands because nursing is in the hands right? ... so, when you go to the facility from amongst the nursing team, what I feel I’ve been needing, the sort of support that I need, is support that will allow me to build confidence

R: mm

P: in what I’m learning

R: mm

P: and what I’m doing right?.. the kind that still respects me as a colleague

R:mm

P: whose professional right?.. not as ... because most of the time we get treated as though um our opinions don’t matter, so you get told, you get spoken onto, its not on equal basis so to say

R: mm

P: So, when you get there, yes I am learning under you as my shift leader as my operations manager, as my you know colleague but in some cases we need for our dignity as professionals to be maintained and to be respected

R: mm

P: So, for instance if I’m here learning as a students but I have objectives uh to meet and I am professionally letting you know that this are the objectives that I’m here for, I’m not saying I don’t want to be working doing the routine that we are doing in the ward

R:mm

P: what I’m saying is I will work yes, but please be mindful that I should be delegated such that I still meet my objectives

R:mm

P; ‘cos at the end of the day, this is what will give me exam entry, and this is what will help me become a professional nurse. So when you bring up .. when you bring up something like that um our colleagues at times its taken well, uh and when you try to substantiate it or rationalize it to say ‘no I understand what you mean’, they don’t put themselves in your shoes, you get spoken down onto to say uh um ‘this is what is happening, this is the what, this is how its run, this is what you should do, this is what we expect of you .. (inhaling deep) so its always expectations placed on us but most often than not they don’t then say ‘ok let.. let us help you um so that you.. you meet your objectives. I mean it was only in second year, eh, that we felt like yes, we get um we get delegated such that we still meet our objectives. In first year, it’s the normal nursing routine obviously you still learning, you are excited, you willing to learn and everything is new to you and so when you get directed and everything, its not much of a problem. So when you get to second year, your eyes are opened and you like ‘ok, so this is what I need to be doing’, I’ll still do everything else because I’m a nurse and uh at the end of the day what I do gives me a sense of purpose, it makes me happy that I was able to you know help a person or a few, you.. you get that sense of contentment, yes. So, then um by the time you get to third year, you are not as naïve as when you in first year.

R: mm

P: So, now you’ve been around, you understand how things work,

R: mm

P: So, by then you expecting that ‘look, I’m a colleague’, um, not everything has to be then said um ‘do as I tell you or take the highroad’...

R: mm

P: so to say, but other than that, not to dwell on the negatives, um, the sort of support that we need is support that gives us independence, the kind that, um, you should be respected as a fellow professional

R: mm

P: ... whose an equal in the professional sphere especially at the facilities... the sort that um respects you as, uh... so obviously we come from different backgrounds…

R: mm

P: ..isn’t it?

R: mm

P: ...uh, at times and maybe because I’m the person that I am and uh there’s a need for acknowledgement as fellow human beings in South Africa to say ‘we accept you as a Muslim, we accept you as a Hindu...

R: mm

P: ... we accep... so now what I’m saying is as an African practitioner in spiritual matters, I’d love for my dignity to also be acknowledged and it to be respected, and not be seen as an impediment because then you um will be told that ‘you can’t wear beads, you can’t wear um a doekie, uh, because in nursing we don’t dress like that’ and then um it becomes a thing of you must now get permissions. I’ve been kicked out of wards in the past because I was wearing a doekie. I’ve been kicked out of a ward because I was wearing beads. Yes, they will tell you about infection control. I’m aware of infection control. We wear gloves and during COVID we were able to wear those uh PPE, the gown that wrap around...

R: mm

P: ...its allowed...

R: mh

P: um, so when you have such conversation be it at the clinic or at the hospital um what you will get is that ‘there’s no precedent for it and therefore it is not done’... and its ... it’s not something that can be debated right there and then. You either uh take all those things off or you not allowed sort of thing... uh... but also this is... I’m not here to... you know.. because I have an axe to grind or anything like that, its just something that I feel it needs to be brought up to the fore um... so that as much as we respect the Muslims with their Hijab, the Hindus with their Kalawas..

R: mm

P... we, as African students... students that are practitioners in African spirituality...

R: mm

P: we also need to be treated with the... with similar dignity...

R: mm

P: ...and not be questioned and always have to feel like you must be defending who you are or what you are about. Yah.

R: Ok, I hear you... uh you are welcome to voice what you have been through. Remember this is the experiences...

P: Mhh

R: ...you are going through there and then... this is a way to ... that you need awareness to develop, so I hear... I heard you say that uh at times you are being spoken down upon.. so, how does that make you feel?

P: Ok. So, its like my opinion doesn’t matter, its like what I’ve come here to do doesn’t matter and at the end of the day I’m only here as a labourer to get work done, to push a work and lessen the load uh... for the people that I’m finding working there at the ward... so, then um... there isn’t respect for the fact that I ‘m learning that I’m here to learn so they will say ‘yes, you are learning... you must know how to do what we telling you to do... as we’ve delegated you to do’ but the crux of what I have come for... for that particular time, is not met per se... uh... so obviously then you either then say ‘ok, its fine’ let us... let me just cover my hours as required and just um forget about everything else and I will just go around begging for signatures, because obviously I didn’t get to do what I was here to do... and at the end of the day, the signatures are the ones that are going to then say um ‘you’ve conducted this and therefore you get exam entry’ so to say. So, it becomes an impediment in that way.

R: Mhh

P: laughs

R: Ok, so...

P: ..I don’t know if that was satisfactory..

R: You are doing so well

P: Thank you...

R...and thank you for that... um... the other question that I would like…remember this question...

P: mm...

R: ...interview guide is just a guide

P: Yes

R: ...so we might not follow...

P: follow

R: ...the sequence of questions, ok?

P: Mh

R: So, I heard you say that what you do or say doesn’t matter. How would you like what you do or what you say to matter?

P: Ok... so, I think it starts with the culture at the nursing college...

R: mm

P... because as I make the distinguishment, when we are at the college, we are students, and we are learning uh its like you are apprenticing...

R: mm

P...and so what your... what your superior says goes... so in this instance that will be our lecturers...

R:mm

P: ...uh.. but the interaction is such that obviously there isn’t the ‘do this, do that’.. we are learning... so, they’ve come to teach you this so if you have questions you are able to ask... so its an open and free environment... but what then lacks is we need a bridge to then say ‘as much as you are a student then and ..and you are apprenticing under me or learning under me, when you get to the professional environment maybe I must advocate for you and say “ here are my students coming to work at your facility, assist them in this and that way.. these are the objectives they’ve come to meet.. um... as much as they will be doing the ward routine and all the other things that they are expected to do, be mindful that at the end of the day or at the end of the duration they are here... they must have umm... at least have had one or two attempts of such and such procedure” ... So, we need advocacy from our lecturers. We need um transparency also such that when we get there... maybe an in-service training with the staff to alert everyone that when students come, ‘they’re not extra hands to assist us um lessen the workload... they have come to learn and as much as learning means being hands on and working with the patients, let us be mindful that we assist them such that what they here to do, they actually get to do’..

R: mmh

P: So advocacy... um... obviously we do get supervision so we um... I’d say we do get enough supervision because our lecturers or mentors, they come. They show us how to do the procedures and then afterwards we also get to do those procedures. So, after you shown me and... and obviously we have been to the simulation, then now let’s say urinalysis... then now I’ll do urinalysis then afterwards you let me know that ‘ok, this is what you need to improve on’... So, maybe I’ve been lucky because the mentors that I’ve worked with, the po... the feedback that we get was positive and even the criticism was such that it was building you to improve on what was lacking. So, by the time you doing the exam, you confident with what you doing. So, yes... um... also opportunity. So we need to be given opportunity as I said to do the procedures that we there for...

R: mm

P: ...and obviously, at times you need supervision for that…not at times... but at the same time its professionals that have been around... so, they know the shortcuts the... they don’t do things according to the books, how we do things…

R:mm

P: ..so, we need to.. we need to be allowed an opportunity to do things by the book and after we... we confident in doing things by the book, then can we then not to say the... you know... cut corners..(giggles)..but obviously if its not bringing harm to anybody and at the end of the day its somewhat in line with the policies and procedures..

R: mmh

P... you know... you... yah... then I guess you know then we can work as they work because then they will be a thing of ‘no, that way you doing, it takes time’...

R:mm

P: ...’you can ..uh.. actually do it faster in this way’ so that at the end of the day you’ve covered everyone... you’ve covered everything for the morning maybe before breakfast, before they eat or maybe before you go to your tea time or lunch time, so to say…so that you working within that permitted amount of time because obviously when you, learning you slower... so, we need advocacy, we need.. um.. opportunity to do things the way we’ve been taught... um... we need... um... an environment that is welcoming and open to our learning. So, it should be…as we are taught... when... when you offering nursing, it should be a therapeutic environment...

R: mm

P: ...allowing a person to heal mos neh..

R: mm...

P: ...so it should be an environment such that it allows for me to grow and learn, and to build confidence in the skill because when you writing things theoretically, its not the same as when you doing things. Some of us we are hands-shy... uh... we not so confident when we do things... it takes time. We need to build it bit by bit, and so when you allowing me the opportunity to do what I’ve come to do, then obviously at the end of the day I’ll be able to even do it without guidance or without um being told specifically ‘this is how you get things done’... um... so yah... not to be long in answering questions... sorry (giggles)

R: No... no, you are not too long, you are actually doing very well. You are actually bringing out uh... your experiences. So, you have touched on the lecturers support…

P: Mhh

R: ... you have also touched on the uh... professional nurses support

P: Mhh

R: What I would also like to find out from you is, the support that you require from other members of the

P: multidisciplinary team

R: Yes

P: Ok. So, I don’t know but it’s the culture that’s already there (gesturing with hands) ... uh... that ... that you then assume when you get to the facility, but obviously it depends on the professional nurses that you working with, so... in my experience the... we do interact with other multi... I mean members of the multidisciplinary team, but the interaction will be when they needing something from us, right?

R: mm

P: So let’s say a physiotherapist comes and they need to walk a patient or something, the... um... you make sure that the patient... you know... is nice and tidy, the nappy has been changed and everything... um... they wearing... you know... they clean and everything... um... when the doctor then comes, they come with the intern... so... or maybe... it depends on the facility because...

R: mm

P: ...the facility where I work at, some of the procedures that we supposed to do, we not allowed to do...

R: mm

P: ... it’s reserved for the doctors and the interns. So, then it will be the only time that we interacting with the doctors, it’s when they needing something... to go fetch something for them...

R:mm

P: ...so its errands basically. So, they will say ... maybe they need a specific blood tube... um... then you must go fetch it... maybe they need a bandage or a scissor... that’s when you bring it... um... the rest of the time though we are encouraged to participate and interact... um... I find that with the nursing routine, it doesn’t always allow us to then venture into speaking or interacting with the other professionals... such that maybe there is information dispersal.

R: mm

P: Let’s say I’ve been assigned to a cubicle and the doctor comes for... you know... the individual patients, I don’t get to speak to them on those cases. I’m doing my routine. If I’m doing vitals, I’m doing vitals... if I’m feeding someone, I’m feeding someone because already the nurses are short-staffed so... uh... I’ve been delegated my own patients working with a fellow nurse and then maybe the nurse or the sister has said ‘ok, this is what you are doing... this is what I’ll be doing... or this are the patients you will be working with... this are the ones I will be working with’.. and then you going to meet each other halfway. So that doesn’t allow um... opportunity to interact much with other professionals aside from when they are needing something from us. That’s in my experience. So, the sort of support that I would need from them I imagine its... I don’t wanna say acknowledgement... English (giggles)

R: giggles... take your time

P1: Um... (drinks water) ... so I know we all are obviously... primarily... we there for the patient...

R:mm

P: ... but our scopes are not the same. Another person scope is specific to this, the other ones’ maybe broader, the other one is maybe narrower sort of thing... but obviously they overlap isn’t it

R: mm

P: ... so when we work and I... I suspect its also the culture of the... um... the professions or the institutions as well... because if you studying medicine and I’m doing nursing, you are interacting with the professional... professionals of... of... of... um... in the same crowd so to say...

R: mm

P: ... people from your own team and I’m interacting more with people from my own team, and where we mingle it will be when then... um... there is a need for that. So, lets say we at theatre maybe when I bring the ..um.. theatre equipment or tools that’s when we interacting... there’s no time... they speaking amongst themselves, we speak amongst ourselves...

R: mm

P: um... maybe also maybe... an RPL will be better at answering this one but because I’m new in the medical world and new at nursing and everything... is still even... though I’m third year... everything it’s still uh... somewhat new... and from the interactions that I’ve had from my experience, I wouldn’t know what support I need from them because yah... they just mingle amongst themselves and we mingle amongst ourselves.. and when there is um... communication, it’s through our superiors... uh... lets say with the shift leader who will be working... working with them... with them directly and say ‘this is how far as the patient is at... this is the plan with this patient’ sort of thing... and then we will understand from there that ‘ok this is the plan’ ... well... my scope.. then I draw out the needs and I try help the patient meet the needs for the day. So the sort of support um... what support would I say I need (inhaling aloud) ...I guess for a lack of better word neh..

R: mm

P: ... it’s still that acknowledgement to then say as much as we are here um... to work with the patient, yes, I will assist you to some extent but don’t expect me to then be cleaning after you like leaving things lying around (giggles)...

R:mm

P: … you know... um... uh... expecting me to be the errands person who runs and fetches things... you know...

R:mm

P: ..um.. so maybe there should be an integrated approach such that um... I don’t want to say we get looked down upon at times but it’s somewhat there... but I imagine its inherent with the culture...

R: mm

P: ... uh... that’s always been there in the you know... the medical institution where they learn their medicine, their physio, their this... their that...

R:mm

P: ...and maybe where we come from as nurses, but obviously that attitude is being um... on our side... we are taught to then say ‘you know we working together collaborating’ so that you not so much the doormat or the yah... the menial guy that runs around...

R:mm

P: … for other people you know... but the sort of support I’d say its definitely acknowledgement that I’m a fellow professional...

R:mm

P: ... with my own um... scope of work that I’ve come for and its just as important as yours and um... so when you doing your work, be able to uh... interact and speak maybe even... I don’t want to say... maybe even invite us... but when we come closer, don’t act like we are um... now invading that circle of the... you know... medical doctor with the interns or with the student, because sometimes when you try go there and you are done with the routine and everything, its like you get side eyes that uh.. say ‘you don’t belong’ but I imagine it also has to do with the institution where you working at... um... the... the school that they come from, how they view nurses as nursing students and other professions or professionals in the whole scheme of things.

R: mh

P: Not to be negative.

R: No, you are not being negative at all, you are just expressing the support that

P: Mh

R: you would require, what you are going through... so, you keep referring to the culture that has... is already been there, How would you like to see this culture now coming to assist you to work in your favour to develop your uh... professional dignity, both cultures combining... how would you like it to work in your favour?

P: So I believe like at our institution the ground has been laid already because we are mostly taught to work together, to collaborate, teamwork... so we always engaging each other and you are taught that when you have questions or when you needing help um... its... its... its... it’s nothing bad, its... its good, you not in anyway saying ‘I’m stupid, you smarter help me’ no... nursing is a collaborative effort

R: mm

P: Its team based. So, I don’t know if in other courses there you know... there where they studying, if they taught to be individualist instead of working. Uh... as much as we able to work independently as nurses and they also are able to work independently in their line of work um... you know be a social worker or a... you know uh... regardless of a profession right because the multidisciplinary team is diverse um... they should also have a groundwork laid to say... to then say ‘in the medical fraternity we all working as a team for the betterment uh... you know of a patient...

R: mm

P: ... of our client you know... so um... the attitude obviously has to be changed by then saying ‘ you know… by then teaching them to be open to interacting and working together with others instead of cocooning themselves up..

R: mm

P: ... to then say ‘you know I’m here for this, this is what we do and um... we don’t need you now until we need for you to go fetch something or to bring something to us’ so to say. So, I’d say the institutions of learning...

R: mhm

P: ... should be responsible for the... how we perceive each other...

R: mmm

P: ... how we in.. should... we are to interact with other in... you know... professionally so that everyone’s’ professional dignity is maintained. So yes um... we will refer to each other professionally ‘Sister… Doctor’.. um... and that’s ok but at the same time when we working be able to then say ‘oh... um... this patient, what have you noticed with them’ because I imagine as much as you reading notes as much as you observing your patient it will help if you then find out it... how the patient has spent the day... uh... has there been any complaints, ‘what’.. you know... ‘did you notice today’ sort of thing... so that closes the gap. It bridges to then say ‘I also matter as a nursing student or as a professional nurse. My impact matters. I’m not only amongst my team only but across board... um... because lets say here’s an injured patient, they’ve had an open wound that… you know... has been closed up nicely and they healing, and the physio comes in and now you know... it’s been presc... prescribed that the you know... the patient can walk a little bit you know... they can be taken for an exercise... (inhaling sound audible) ... obviously when you coming in as the physio and you see that ok this is what has been uh.. prescribed for the patient, yes you going to try and do those exercises. It helps if you can then say to me ‘ok wh... um... how is the patient? Were they swollen? Are they ok? Have they been complaining of any pain? Or whatever (inhaling sound audible) ... and if maybe there’s a bandate um... when you then ask me you know... ‘when you’ um... ‘last clean the wound or when you last checked it how did it look’ you know… It goes a long way in fostering that relationship and building that bond that ties us to the patient because obviously we here for the client and it’s not about umm... go qoma (Sotho phrase) ...how do I say that in English... umm... you know… um... my job is more important than yours or uh... you know uh... you don’t matter until I need something out of you or...

R: mm

P: ... from you, so to say... but maybe I’m also biased. Maybe it has to do with my personality, I don’t know. I mean uh... we all in the journey of self-correction and as soon as you know... you in a situation, its good to do an introspection but as we’ve been interacting amongst other students, and you like but you know... you notice that I ca... you know... I’m finding this to be problematic and another person is finding this to be problematic, then I... It’s not me that has a problem. This situation um... has to be changed somehow, but obviously as newcomers finding a culture that’s already there, it’s hard to then change the perceptions and attitude of others. So that... that culture changes into something that brings coercion, that brings um... acceptable interaction amongst everyone...

R: Mm... I like the fact that you say you are doing self-introspection...

P: Mh

R: ... which makes it uh... a way for you that you are in corr... right path, in a right way of... you, like now accepting and then developing as a professional

P: Mh

R: ... and also developing your dignity as a professional... uh... now I would like to ask that there are instances that you mentioned that you were looked down upon and some doctors would get you to do some errands for them, like you have mentioned, in those instances um... how do you cope? When you feel like now you... you mentioned that you feel like you are there to do errands?

P: Uh...

R: So those feelings I get that you feel like you are not being given that dignity, so how do you cope when the situation is like that?

P: Historically, I just run along get you know... do the errands that I’ve been sent to do (giggles)

R: (giggles)... ok I get what you saying...

P: umm... because then also remember it will be in the presence of the patients, isn’t it?

R: mm

P: In the presence, let’s say other st... you know... students um... from another institution um... and maybe pro... a... a possibly, not possibly and obviously they doing a different course from yours

R: mm

P: … you know... uh... or it doesn’t matter. There’s other professionals and there’s patients... so in that instant obviously when you feel like um... my dignity was has not been respected as much or maybe you know... yah... well I’ve been turned into a person who’s running errands then you ... you just ignore that because you can’t really address it right there and then um... because if you try to address it right there and then, and then you don’t know how that interaction or the exchanges is going to look like

R:mm

P: ...so and remember you there to learn so you go do you know... fetch whatever it is that you’ve been asked to fetch and when you come back you expecting that whatever procedure they doing, you’ll be able to see and... and you know... see the technique and how its done so that you can practice it yourself.. let’s say drawing of blood, that’s also been in our objectives but at the particular institutions that I work at, you not allowed to draw blood. It’s the hospital. We normally do draw bloods at the clinics...

R: mm

P: ... that’s where we get to practice and do that. So obviously when you there then you are like ‘ok, let me see how this one does it. Maybe they have a better way of doing it, Maybe I can learn something’... so you go fetch whatever it is that you fetching meanwhile when you come back you find that maybe they’ve already done this and that, and you just you know... you missed it or you get you know... called for something else. You get sent for another thing..

R:mm

P: ... and then meanwhile it gets done um... sort of thing. So, obviously from based on that initial interaction and the ones that come afterwards, obviously you will steer clear of them because you kno... I will not be taken seriously as a fellow professional, you know... uh... it’s not like uh... they will have the affinity of saying ‘oh yah by the way um... this is how we do things’, that’s what is reserved for their own um interns, their own uh students and not you. So, I’d rather go do something else and be out of the room meanwhile when they busy, because I... I don’t stand to gain anything in...

R: mm

P: … in any case right there and then. So, for example, these days when I see the cohort approaching, I know to just move out quietly because I don’t want my time to be wasted you know running around doing things. Let them do the run around themselves. Obviously they prepared for you to bring it… it is time there something other than what is there that they need, then they must come and get the key and fetch it themselves so to say... Um but I’m open to doing it for them but it shouldn’t be such that um that the only interaction do we get to have, and then as it pertains to the learning, we don’t get to learn.. as it pertains to the actual management of the patients, we don’t get to then um exchange ideas or you know get to have that conversation you know. We don’t get those, we don’t get to have those conversations. The doctor or whoever just comes and does whatever with the patients and they gone, when you you know you not allowed to even come ask questions. I don’t know uh at other hospitals how they work because maybe because I only worked at one hospital... I only worked at two hospitals and multiple other clinics

R: mm

P: ... but primarily the one that I’m mostly based at, that’s the culture that I’ve experienced

R: mm

P: I don’t know at other places how it is

R: Hm... I hear the culture ..

P: .... giggles

R: ... keeps on popping up. Um anything else that you would like to add in terms of the support that you require for you to… to feel like a professional that is dignified for you to develop your professional dignity?

P: Um so when we get to you know we work, so when you get to a facility we go there as a group mos neh...

R: mm

P: ... so it helps when you go there and there’s a fellow student or someone that’s a year ahead or something, because then you are able to teach each other and give each other feedback so that sort of cements your professional dignity. That’s a form of support we get from each other so to say. Uh so if um the fellow student has found an opportunity or they’ve seen something interesting then they able to alert you on it and you also get to experience it and learn and follow up on it and you know try to you know make it make sense for yourself. So, the support obviously its um would be mm I think I’ve mentioned but uh in addition to what I’ve said...

R: mm

P: ... so um the support obviously would be an environment that facilitates learning

R: mm

P: ...from everyone around uh an environment that is accepting of different views and of your opinion so when you are speaking you should feel like you get listened to

R: Mh

P: ... and um you shouldn’t feel like you know its better to just keep quiet and put your head in the sand so that you don’t get in trouble so to say. So it will be such that as we working and as, because at times we get paired so it ... you will be a student and maybe an enrolled nurse or professional nurse, so we get to learn from them because how they do things and how you do things from school that then matches and cements you know the theory and the practical because you interacting and they correcting you as you going along, is not like you blind working with another blind person, and not being able you know see where you um making mistakes. So, when you making mistakes they able to then say ‘ok, you can do this better in this way’ sort of thing. So, ok interaction with professionals um amongst ourselves as nurses um others from the other multidisciplinary team because if here’s a physiotherapist and they saying ‘ok, this is how I would like the patient to get out of bed so that there’s less strenuous’, you able to then understand and know when they telling you the why’s of it, and you able to then impart it to the next person so to say. So, if here a patient then they swollen and then you… you… you know… in the notes they’ll say elevate but what does elevate mean? It doesn’t only mean you must put a pillow and the extremity is elevated. At times it’s you must support it with um what’s it called a sling sort of thing, so then it brings the practical side of things, this is how a sling is made, this is how you place the arm or extremity on the sling. So, the how’s and the tangible part you get to learn that from working with the next person and that obviously will help. There will be muscle memory. You will be able to remember and build on that confidence unlike when you can only parrot what you’ve learnt theoretically. Um in addition, so its… it’s also the support that we need yah.

R: Hm

P: laughs

P: I’m trying to think (silence)… the support that builds confidence um and then as much as we collaborating, it should also build, you know, help you have that independence of thought and you know, the independence of thought is accepted, um and um... (silence)… it, and there isn’t any punitive sort of consequences because we always mindful that we need signatures when we go to the facilities, so you don’t want to offend anyone by maybe overstepping or saying anything that, you know, might offend them..

R: mm

P: ... because at the end of the day you need signatures…

R: mm

P: laughs

R: Mh ok mam, I think you have exhausted uh the support in terms of the lecturers, the nurses as well as the other members of the multidisciplinary team. I would like to thank you for taking the time and coming at and partaking. Your involvement, your participation, will open up ways so that we can also see where we can improve. So, I would like to thank you very much and I hope you have a nice day ahead.

P: Thank you

R: Thank you

P: (whispering) ... I have a question.

R: Yes, you can ask a question

P: So, after this research, if I go home and I think about it and I want to come share some more, is it permissible or is this it?

R: No, you are allowed if you want to come again. You are allowed to come, and you want to add something...

P: Mh

R: ... and is also permissible

P: Ok

R: Yes

P: Thank you

R: Thank you very much, and we’ve come to the end of our um session, um I hope you have a great day further mam

P: Thank you. Same to you (giggles)

R: Thank you very much.