**TRANSCRIPT 9**

**P9**: Participant 9

**R**: Researcher

R: Good day, ma’am.

P9: Good day

R: Um my name is Isabel Shilenge. I’m a Master’s student from the University of Pretoria. I would like to thank you for honoring the appointment to come and be a participant today. How are you today ma’am?

P9: I’m ok. I’m a bit stressed from schoolwork but otherwise I’m ok.

R: Ok, I hope your stress is not affecting your studies but however you know we have a counselling department that you can go and have some guidance there.

P9: Yes.

R: Um as we have already discussed the leaflet information uh describing the nature and purpose of the study and also the benefits that you will no be the direct beneficiary of this uh study however the groups that will be coming after you will be the ones who will be uh…

P9: benefiting…

R: benefiting an also that you will not be paid to participate in the study…also that you can withdraw at any time without any effect on you. The ethical approval has been granted by the Research Ethics Committee from the University of Pretoria, the Gauteng Department of Health and GCON for data collection. Do you still agree to participate ma’am?

P9: Yes.

R: Please take note that all the conversations that we’ll be taking your name will not be appearing anywhere on the study, and also take note that it is recorded. Do you agree that we record it?

P9: I agree.

R: Ok ma’am. The title of my study is ‘An exploration of support needed by nursing students to develop their professional dignity’. As a reminder of what we mean by professional dignity ‘it is a manner in which 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’. Do you understand ma’am?

P9: I understand.

R: Thank you. Now the question is ‘What support do you need from others to feel dignified as a nursing student?

P9: Ok, so from the understanding of uh professional dignity, I understand that it is how I view myself as a professional nurse like moving forward as a professional person in the nursing field like so the support I feel like as nursing students we need um is more how do I…do I have to speak English?

R: You can speak any other language, will interpret.

P9: So, the first thing that we need neh, from everyone that we interact with within the nursing process uh the learning process to become nursing students would be patience. Some of us come from a very different background and nursing was not even like not everyone came here with the passionate drive with the nursing career being their first option neh…so uh when introducing or teaching the whole nursing process, it would be nice to have uh I don’t know how to put it like a slower guidance into the field…don’t just ‘ok yah we doing this and then this is what is it’…no…have a more bit of patience, especially when it comes to understanding and also uh I know in my first year…oh currently I’m third year student…so in my first year the first week of practical’s was scary because now you moving from doing stuff in theory and the understanding the theory part and practicing in the lab, on a doll and then you go to the clinic and it is a totally different experience because it is a human, where the reactions that you pictured or thought you would have are not that…

R: mm

P9: So, in the first level, patience is definitely required as well as better explanations of different scenarios like I’m saying gore (that) uh when working with humans, nothing like yes there are predicted responses neh…but then we dealing with different people, they not all gonna respond the same way…and so a little more patience and better explanation of what to do in certain situations or how to understand people better like yah you can’t know a person fully but try to give different responses from different people instead of just sticking to the procedure as it is and then not equipping us as students on how to react or respond when things don’t go as expected or planned.

R: Ok.

P9: Yes…and then uh throughout the 3 years of study so far um I feel that all professional nurses were once student nurses there’s no way someone woke up and say I’m a professional nurse, but I don’t understand how they grow inpatient with the student or have certain expectations and then now you are tasked like yah they task you with something outside your… well a lack of a better word…outside your scope of practice…

R: mm

P9: …so um maybe workshop to already professional nurse in facilities on um first year’s objectives, second year objectives…I don’t know how that works, now in third year we did management where you had to put yourself in the shoes of a unit manager and then plan for when the students come to the facility and all that…but I did not see evidence of um uni…members within the unit attending something to equip them for preparation for the students coming in…

R: mm

P9: So, that will be something to help with the adjusting and actual performance of the objectives…and then also the expected objectives, I feel like they should be aligned with what is happening in the health facility. First year, second year, it was more like more or less…if we doing uh like EPI in class…

R: mm

P9: You do it in theory, you practice it in real uh simulation, then you go to the clinic you do perform uh EPI…but then with our curriculum, is it…is this for like all…or for 171?

R: Yes…is for all…your…your…the support that you require…

P9: ok but then I’m gonna…specific for our curriculum R.171 because that’s the one I know…I feel like there should be an improvement in the curriculum, so that…such that they prepare us for the skills…like they prepare us for the application in the field…like in first year you do EPI, you practice EPI in the simulation…you go there equipped, you go with the confidence of ok I know that I have to support uh before injecting, so it’s relevant…you…you…you did it in theory then you practice that in the lab…but then you go to the clinic you still do it…and then in third year it’s more or less a different story. So, hey…yah can…can the curriculum be in line with what we do at the facilities, the…that will be supportive. We feel more confident when you do something theory, practice it in the simulation and then actually apply it.

R: mm

P9: I don’t know the process, but then yah…the tea…the learning or something then the applying gives you the confidence and the yah you also feel like ok I know what I’m doing, I’m a professional person and then that’s that…and then what else yah so far yah (giggles)

R: Ok, um when you say in third year it’s something different, can you elaborate further on that.

P9: Ok, specifically with our curriculum it’s…be…for first semester we did management, right.

R: mm

P9: …uh I did not see the necessity for us to be doing management in the like the theory of management whereas is not something I can apply when I go to the facility. There’s 1 unit manager, if the unit manager is not there, there’s a sister in charge, there’s a hierarchy for um leaving a person in charge…and then no one in their right mind would leave a student in charge of a whole ward...so why are we doing management whereas chances of applying those learned skills are very slim, for instance uh bas…like my experience where we were place ko (at) Kalafong neh…

R: Yes

P9: One of the issues we had to deal with was problem solving and conflict management within the nursing unit, right…we got there, yes the unit had a…a conflict like the…the unit manager had to come up with a plan for the conflict management, but because we are new and we were placed there for a week, they were not comfortable with us attending the conflict management uh meeting because now we gonna know in the like what they said was how is it that we expect to attend a meeting and get their business and then move on to somewhere else they are not so sure whether or not we gonna be able to keep it to ourselves or the next thing the whole hospital knows that ward has problems or what’s happening…so it was a skill we learned and we had to implement but there were no opportunities to implement it, hence I…I…uh my suggestion still uh when sending third year students to a facility but you are not sending workers to a…a workshop or something to equip them to say ok there’s gonna be third year students who have to implement problem solving or conflict management, and then you don’t tell them but you expect the students to be allowed to implement it, it kinda contradictory to what we doing and then now I’m starting to lose my confidence in my professionalism or my growth in the profession because first is it because I’m a student they don’t trust me or is because I’m placed there for 1 week…

R: mm

P9: So, yah that’s what I meant.

R: So, for clarity sake you are saying that the professional nurses should also be educated on the objectives

P9: …of students

R: and expectations of why students are there…

P9: Yes

R: Ok

P9: like a…a more applicable situation will be currently we doing research…

R: mm

P9: we doing diploma…like a difference…that it was a diploma, but we doing research as one of the modules we are doing…and then uh…not that I’m undermining people but based on people that I’ve seen and worked with previously, going to the facilities now to present skills on research to the current professional nurses might be tricky because you get there and you gat a…a nurse that did an old curriculum a long time ago and then they did not reach their research level, so when I say to the sister I can’t perform certain tasks within the unit because I’m focusing on conducting research, then it’s something else, they gonna be like ‘no these students don’t wanna work or’…you see now is not in line, but if 1 or 2… akere (isn’t) the principles that were taught, one of the principles we were taught is that when…a student…when a staff member attends something a course or whatever, they have to come back and give feedback to the others…so if 2 professional nurses or even 1 attends a full day for…with an explanation of what first year students from SG are doing, what second year students from SG are doing and what third year students are doing, they come and give feedback to the whole staff. When students arrive and they say we are third years, we conducting research, if we perform unit tasks up to 11 and then take time to do our research, the sisters will be aware and will allow us and maybe even participate in the research. So, if that’s not there, then it makes me feel like am I growing as a professional person, am I being taken serious by the people who are there, or they just see me as a student, and I’m just there to perform what they want me to do besides like not pushing my objectives…

R: Ok, so what support do you need from professional nurses during WIL in order for you to develop your professional dignity?

P9: Mm ok, supervision…uh everything we do from the school says everything we do is under uh supervision by the RN neh, but when you get to the facility, you say I’m a third-year student ‘hai wena o sister (you are a sister) do this’…they don’t actually supervise. I understand there are different I don’t know what they call it…but different teaching…the person can coach you, could give instructions and then check on you later or do it with you neh…we….at third level when they encourage independent…independent working I understand that, but then at second level when they say ‘oh you’ve covered oral medication, do it’ …no…cos we still unsure of ourselves, like first year we don’t do medication, second year you doing medication you still learning hundreds and thousands of medications that’s there. The sister has been doing it for years, they even know gore (that) ‘oh, no that one is not that one, take this one is better’, wa bona (you see)…so actual supervision instead of just saying ‘ah no you doing oral medication, give it’…but uh not really like uh I’m behind you all the way but if you get…based on the hospital setting akere (isn’t)…you get to the cubicles, it has 8 beds or 6 beds and then you are at the entrance of it, if the sister is with you and then you check every patient’s file one by one gore (that) ‘oh this is digoxin, this is what what’ and they guide you gore (that) ‘no digoxin…digoxin is in the green package or this is in the purple package’, that would be better and efficient for the ward because uh in my second year we would be delegated oral medication neh and then they give you the trolley and then you spent 30 minutes looking for a pill kante (only to find that) no, it’s written in a different name but it’s the same thing. So, actual supervision not I’m behind you with everything but maybe guidance to how to approach this…mm that would be very help…helpful.

P9: Ok so you require guidance from the professional nurses.

P9: mm

R: What support do you need from the lecturers?

P9: uh ok this…this…so far with WIL neh, the…I would say the…the…ok, ka (with) third year sorry, with third year is mostly independent…

R: mm

P9: but then yah so with your first and second year we would have uh days when the lecturer comes, not to assess us, but to tell us how to approach a skill…

R: mm

P9: like sorry for instance um when was it…ok we had to…to know therapeutic environment, we have a procedure manual but then with the guidance of our lecturer…it was in first year…with the guidance of our lecturer she made like…yes, we have a procedure manual but you don’t have to be rigid and follow it as it is. She made it easier for us she’d be like ‘you are at the door, start with what you see at the door, as long as you cover everything mentioned in the procedure manual’…so having more um more of those kind of lessons where the lecturer comes to the facility and actively does the skill with you instead of…ok one thing I’ve noticed is that’s different with uh as we progress neh through the years, they will say ‘let’s meet at the CETU section’…

R: mm

P9: …and then you bring your manual…but then that is not as effective because we going through it like we did in class or like we did it in…in simulation, but now we at a facility, I feel like it should be different, if they say um ‘we coming to see if like you can perform a skill’ let it be in the ward, let us go to the ward

R: mm

P9: lets us take medication trolley and have me look at the prescription, take out the medication…like practically do the skill instead of sitting at CETU and then doing it gore (so that) ‘oh did you do at the ward? Did the uh…’ that’s the admin part of it but not actually ensuring that I know how to do the skill. So, yah um kudos to our uh first year lecturer for doing it practically with us, but I wish it had progressed like we had progressed to the other years like the way you do the skill in the ward.

R: Ok ma’am. So, what support do you require from other members of the multidisciplinary team to develop your professional dignity?

P9: Um ok, the…with the multidisciplinary team, it is actually tricky for the students to integrate themselves with um those who have already qualified. I find it easier as students to integrate ourselves with fellow students like um ko (at) Kalafong as nursing students uh we would do doctors rounds but then the student doctors are also doing the doctors rounds, so it’s easier…it’s sort of like we have uh more or less the same level situation where we can ask questions, it’s easier for us to ask questions versus when its just doctors and you are the student nurse, so doctors could be more supportive by providing a platform for us to ask questions even if their student doctors are not there

R: mm

P9: …and then uh collaboration with the physio (giggles)…the physio people especially for second year, third year not so much…for second year that’s when you do your muscular skeletal system, you do yo…so I realize they tend to isolate it’s as if yes, they are part of the team but then they do their own thing.

R: mm

P9: So, mo…integration with…yes like the nurse is there for most of the day, so maybe having the physio people ask the students gore (that) ‘who…like how’s this patient been doing, um what have you noticed about this patient or uh the plan for today for the patient is to do this and this’ looking for the student more than just isolate gore (that) ‘ai bath oba physio ba tlile bamo tsere (people from physio arrived and took him/her)’ or ‘batho ba physio (people from physio)…o busy le batho ba ko physio (he/she’s busy with the people from physio)’…not really engaging with the student.

R: mm

P9: Yah, that’s how…and then my experience so far with social workers and uh psychologists has been great, they do like involve us in the process um I’ve had the privilege to work with the social worker as she was doing her rounds and I got to experience gore (that) oh this is what they actually try to address…

R: mm

P9: versus what we be doing, so yah…

R: Ok ma’am. So, when you say that you feel isolated, they isolate you…

P9: mm

R: …so when you feel isolated how does that make you feel?

P9: It kinda…it kinda makes me doubt gore (that) oh will I only be taken serious if I have a maroon epaulettes or are they just like that or like it rai…it raises a lot of questions, but at the same time it’s like it’s one of those, it’s there and as a student nurse you don’t really know how to approach it.

R: mm

P9: Some like some are talkative they can go and approach the people on the…themselves but then nna (I) personally its been a bit difficult because sometimes you get there and the doctor hai continues as if you’re not there or the physio person continues as if you’re not there, and then yah for my growth it will be like ah I guess maybe they will take me serious as a professional or maybe I’m bothering them or something like that.

P9: So, how do you cope in that instance?

P9: How I cope…(laughs)

R: Ok ma’am

P9: (laughs and gesture with hands ‘I don’t know’)

R: um how do you think if you are given that support, how do you think that support will assist you in developing your professional dignity?

P9: I believe one will be more confident in everything that they do for like if you get a chance to ask questions for things you are unsure of, or you get to observe how things are done…

R: mm

P9: …and then if things are d…like um…one thing I’ve noticed we struggle with neh, was uh IV insertion…

R: mm

P9: …like uh it’s either like you fear uh hurting the patient or you…the vein punctures when you’ve got it, so observing actively observing when people do it or having a doctor or in first year I got a chance where a doctor was like ‘ok since you’re not busy let me…let’s have a discussion on IV insertion’, so that was nice because from the sister had her own tricks, the doctor had his own tricks, so you get to see…you get to see more options, you get to become more confident and then if there’s a friendly environment where you can talk and discuss, it’s easier for you to even volunteer for such skills where it’s part of your objectives but then somebody else is about to do it and you volunteer to do it, so it improves your skills as well. So, yah.

R: Ok ma’am. Where do you feel that the support should start?

P9: From theory (laughing)

R: Ok

P9: From theory…from curriculum design…

R: meaning from the lecturers’ side?

P9: That’s the thi…I feel like it should start way…way back, before the lecturers, from the curriculum design…

R: Ok ma’am.

P9: if a nursing programme is approved, it should be conducive for all different learners like some of us learn…like I’m an audio learner, someone else is better with taking notes, someone else is better with images and none notes whatever, so it should incorporate and include everyone…

R: mm

P9: …and also yes as a student there will always be pressure, but it shouldn’t be this excessive…like our…our programme is so I’m not even sure if certain skills I know how to do (giggles)…

R: mm

P9: because of it was done, it was done is done and then there was no ‘do you understand, do you need further elaboration uh can we get further exposure to this skill’…no…but because of curriculum says it’s done by this point wa bona (you see) …and also its from that curriculum design akere (isn’t)…

R: mm

P9: then to the lecturers…uh I feel like the lecturers could provide support by adequately teaching it and ensuring understanding such that when I go outside I…I know gore (that) this one I know it…

R: mm

P9: but then if the…the teaching is not balancing and then I have to now assume certain things from the teaching, how do I go outside confident that I can do this…

R: mm

P9: and also with the sisters, if I’m doing something wrong, don’t overly criticize because that will discourage me from trying and then I’ll just be eventually just not learn the skill…

R: mm…so when you say support should start from the curriculum design, can you elaborate further on that…

P9: Ok so I’m currently doing R.171…

R: mm

P9: and then I started in 2021 in June neh…it was supposed to be a full 3 years, I’m supposed to finish school next year June…but there’s been so many changes within…like in terms of timeframe…

R: mm

P9: within the learning period that at this point I’m just doing it to pass it. I’m not doing it with understanding, but I said initially, some of us didn’t have nursing in mind until like when I applied…I was like I’m taking my chance, I will learn to love it, neh…but then you get here there’s too many changes…you love it, you hate it yoh…so the desi…the curriculum design should be supportive to all students. The one that came with a passion, and the one that told themselves that they will learn to love it…at uh the way uh lecturers would explain their experiences you can tell gore (that) they love what they did…but then personally if I had to tell my academic story I know you would be meaning gore (that) uh now you would start to question if I love what I’m doing and if I’m confident with what I’ll be doing…

R: mm

P9: mm that’s how I feel.

R: So, what is it that you’ll like…

P9: mm

R: to be done in that curriculum design, to show support for students to develop their professional dignity?

P9: I feel like prop…like the proper timing…

R: mm

P9: if…if a plan is 3 years, let it be 3 years…and then with the…the I’m not sure if that’s the curriculum design or way but remember the time allocation, different aspect will require different time allocation. You can’t just allocate uh 1 hour for the specific module that requires that…that will be covering 2…2 topics then and then allocate the same hour for a different module that needs to cover 6 topics…

R: mm

P9: That’s not practical. That’s not helping with the understanding. So, uh yes there should be a structure, I understand that, but then analyse li…every detail and make plans for…like make provisions for the differences like if a module requires to cover 2 topics uh on a specific day and another requires to cover 6 topics, you can’t allocate the same time. So, make provisions for different needs based on the modules…and also teach relevant um topic and skills, like I said EPI you learn it in theory, you practice it in the lab, you practice it in the clinic, you confident with it but things like management, you do it in theory, rush…rush…you are confused…you get to real oh ok yes better claritynyana (small clarity) and you get to the facility you can’t implement what you learned. So, now you start to question ‘am I learning it because I need it as a professional nurse or am I just learning it’, wa bona (you see) …yah.

R: Ok ma’am, um do you believe that as a nursing student you are getting that support from the professional nurses during WIL and also from the lecturers?

P9: Oh, I’m neutral on that one…(giggles)…there could be more…

R: Elaborate ma’am

P9: There could be more like I said uh with the lecturers applying the skill in the facility…

R: mm

P9: like appl…practicing it in the simulation lab, yes, but then when doing SCG, let’s apply it then in the facility now like um different facilities have different methods. It could be different from what you taught in class. So, let’s apply it in the facility to make me more confident after you leave that ok I could do it on my own…and then the professional nurses, better supervision. Yes, I understand the different guiding methods, but you can’t just place me just because I said…just because the cur…the objective I’m here to learn is giving oral medication and we covered it in class, doesn’t mean that I master…I have mastered the skill. I’m there to practice it after all, like I’m not part of the permanent staff that I’m here, I’ve been certified that I know it. I’m there to practice it so better supervision uh in supporting the students not step by step you are there, you can encourage independence but also check to see if I’m still ok…don’t delegate oral medication for the whole day and then be surprised if it’s not done or it’s not done on the timeframe you gave.

R: mm…what else…what other information do you need to add if you have ma’am?

P9: Rest…(giggles)…ok I understand gore (that) going to school prepares you for the real world, but then after going to facilities we realise gore (that) mh-mh…the school is just putting too much pressure on things that are not there…

R: mm

P9: in the facilities. Yes, ko (at) the facilities it’s a 12-hour shifts and all of that. So, they prepare us for working for long periods of time, right…but the with the school there’s long periods of time with too much pressure to understand what I’m doing as well as knowing how to par…like how to perform the skill…

R: mm

P9: so…rest, can we just get rest…(giggles)…yah.

R: Ok ma’am.

P9: Yah and it’s like it goes back to the timing, if everything is allocated adequate time then things will work up. After writing exams, why am I going to work…why can’t I rest…Yes, I understand like getting your full hours and everything but also there’s the flexibility of shifts, neh…

R: mm

P9: I understand that as a school you have to regulate uh when students go to that cos you have to organize and everything, but then at the facilities people work 3 days in then they rest…thina (we) have to go to work 5 days…if you miss your maybe 3 hours because doctor’s appointment, you have to come back on the sixth day to recover the hours. So, it is not…can we have flexibilitynyana (small flexibility) …something.

R: Ok I hear you ma’am

P9: (giggles)

R: So, you mean rest in terms of recess, a break in-between…

P9: and also, flexibility of shifts.

R: Ok ma’am.

P9: Um if we…if the objective is…cos ok for example when getting the WIL procedures and all that, we are told we expected to cover 144 hours for this semester, neh…and then I’m allocated to uh WIL placement for 3 weeks…

R: mm

P9: right…can I work the shifts based on um the ward and then I will make sure…as long as I make sure that I cover the hours that are required at the end of the semester instead of pushing for the 5 days and everything because at the end of the day we’re exhausted…we exhausted from the theory we go straight into the WIL, from the WIL you have to return to the theory, and then in-between there’s assignments and also we adult learners, life happens

R: mm

P9: SO, you don’t have time to recover or anything like that, so at the end of the semester you don’t even remember what you learned because you were pushing the semester, so…

R: Ok ma’am. Anything else?

P9: No (giggles)

R: Ok, thank you very much. We’ve come to the end of the interview…

P9: Ok.

R: Thank you for taking time to participate.

P9: You’re welcome.

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