

**STRATEGIES TO ENHANCE THE ADAPTATION OF LEARNER NURSES
REGARDING MIDWIFERY EXPERIENTIAL LEARNING IN CLINICAL SETTINGS OF
LIMPOPO PROVINCE**

by

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DECLARATION

I **Seshwatlha Salome Maaka** declare that the dissertation “**Strategies to enhance the adaptation of learner nurses regarding midwifery experiential learning in clinical settings of Limpopo Province**” hereby submitted to the University of Limpopo, for the degree of Master of Nursing has not previously been submitted by me for a degree at this or any other university; that it is my work in design and in execution, and that all material contained herein has been duly acknowledged.

Maaka, S.S (Miss)

Date

DEDICATION

This dissertation is dedicated to my mother, Dorothy Maaka, my siblings Caroline and Peter for their motivation, constant prayers, love and support. This dissertation is also dedicated to all learner nurses in Limpopo Province.

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ABSTRACT

BACKGROUND

Midwifery learning encompasses both theory and experiential components. Experiential learning plays an important role in midwifery training. Conducting the first normal vaginal delivery seemed traumatic for the learner nurses when they witness the bulging of the perineum when the head of the fetus is crowning. The trauma and stress of learner nurses resulted in negative reactions such as fainting, vomiting, and failing midwifery experiential assessments. The aim of the study was to design the strategies to enhance the adaptation of learner nurses regarding midwifery experiential learning in the clinical settings of Limpopo Province.

RESEARCH METHOD

A quantitative descriptive cross-sectional research method was used to collect numeric data with regard to the factors that hinder the adaptation of learner nurses regarding midwifery experiential learning in the clinical settings of Limpopo province. Data was collected using a self-administered questionnaire and analysed using the Statistical Package for Social Sciences (SPSS) version 23 with the assistance of the statistician.

RESULTS

The study revealed that the factors that hinder the adaptation of learner nurses regarding midwifery experiential learning are lack of accompaniment of learner nurses to the maternity units, the anxiety experienced by learner nurses when they witnessed the first delivery, learner nurses not being included in decision making processes in the maternity units and the hostile attitudes of registered midwives towards the learner nurses in the maternity units. Strategies were developed to enhance the adaptation of learner nurses regarding midwifery experiential learning in the clinical settings of Limpopo province.

CONCLUSION

The study concluded that learner nurses faced challenges that hinder their adaptation to midwifery experiential learning in the clinical settings of Limpopo Province.

Keywords: Adaptation, Experiential learning, Midwifery, Learner nurses

DEFINITION OF CONCEPTS

Adaptation

Adaptation is the process of changing something, to suit a new situation (Turnbull, Lea, Parkinson, Phillips, Francis, Webb, Bull & Ashby, 2010). For the purpose of this study adaptation refers to how learner nurses are able to change and adjust to midwifery experiential learning in the clinical settings of Limpopo province.

Experiential learning

Experiential learning is a process through which learners develop knowledge and skills and values from direct experiences outside a traditional academic setting (Experiential Learning Center, 2016). In this study experiential learning refers to a process through which learner nurses acquire practical experience in midwifery clinical settings.

Midwifery

The International Confederation of Midwives (2005) describes midwifery as “a practice that includes the autonomous care of the girl-child, the adolescent and the adult woman prior to, during and following pregnancy”. For the purpose of this study Midwifery refers to the study of the care of pregnant women from pregnancy, labour and puerperium.

Learner Nurse

According to South African Nursing Council (2005), “learner nurse” means a person registered as such in terms of section 32; and section 32(2) states that, “The Council must register as a learner nurse or a learner midwife any person who has complied with the prescribed conditions and has furnished the prescribed particulars for a training programme at a nursing institution. In this study learner nurses refer to persons enrolled in the 4-year B.Nurs degree and the 4-year Diploma in nursing who are in their third and fourth levels of study.

LIST OF ABBREVIATIONS

B.Nurs	Bachelor of Nursing Science
DoH	Department of Health
RSA	Republic of South Africa
SANC	South African Nursing Council
SPSS	Statistical Package for Social Sciences
TREC	Turfloop Research Ethics Committee
UK	United Kingdom
USA	United States of America
WHO	World Health Organisation

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CHAPTER 1

OVERVIEW OF THE STUDY

1.1 Introduction and background

Midwifery learning encompasses both theory and experiential components. Midwifery training serves to develop learner nurses by equipping them with the necessary skills, knowledge and attitude to perform their learning activities efficiently. To reach this goal, experiential learning plays an important role in midwifery training. Experiential learning prepares the learner nurses for their professional role and provides them with the opportunities to apply their knowledge and skills they have learned in the classroom (Esmaeili, Cheraghi, Salsali & Ghiyasvandian, 2014).

Historically midwifery training was more practical than theory and it was conducted in the hospitals where the learner nurses were supervised by qualified midwives. In the 1900s the first supervisors were registered midwives in the United Kingdom (UK), but later the medical supervisors were employed to supervise midwives. In 1978 courses for supervisors of midwives were introduced and in 1994 the midwives code of practice was revised (Ayo, 2006).

In the United States of America (USA) newly qualified nurses experienced stress when they were expected to function independently. The stress was linked to lack of clinical experience and skills. In the late 1960s and early 1970s preceptors were made available to guide newly qualified nurse midwives. The curriculum was made standard and it was reviewed routinely and so were the learner nurses' learning needs, their limitations and strengths (Ayo, 2006). The situation in USA is that midwifery facilitators are health professionals that are skilled, that have clinical experience and nursing training qualification. These professionals are able to render theory education to learner nurses and as well as provide the learners with guidance in the experiential learning environment (WHO, 2006).

Midwifery training in Tanzania was reviewed as the training is similar to midwifery training in the Republic of South Africa (RSA). It is a four years full time contact program. The midwifery course starts from the third year of study as it is the case in the RSA practice. The curriculum states that midwifery tutors should ensure that learner nurses acquire and demonstrate the required competencies of the skills (Ayo, 2006).

The training of midwives in the RSA is integrated in the four year undergraduate nursing training programme formulated according to the South African Nursing Council (SANC) regulation Number R.425 of 1985. Learners enrolled in the four year undergraduate programme undertake midwifery training during their third and fourth year of study. Only persons registered with the SANC as learner nurses in the programme leading to registration as a nurse (general, psychiatric, community) and midwife according to the SANC regulation No. R.425 of 1985 may practice midwifery in South Africa. Persons who have met the requirements under which registered and enrolled midwives may carry out their profession, according to SANC regulation No. R.2488 of 1990 may also practice midwifery in the RSA. The midwives' independent functions are controlled by the Nursing Act (Act 33 of 2005) and also by the South African Nursing Council regulations (R.2488 of 1990). The South African Nursing Council is a legal body that controls nursing practice in South Africa (Act 33 of 2005). All nursing educational institutions and training programmes need to be accredited by SANC.

In Limpopo Province, the Universities and the College of Nursing offer midwifery as integrated in the four-year undergraduate and diploma nursing training program. University of Limpopo offers a 4-year Bachelor of Nursing Science Degree (B.Nurs) under the Department of nursing Science which is in the school of Health Care Sciences. Limpopo College of Nursing offers a 4-year Diploma in Nursing. In the third level of study the learner nurses are offered midwifery as a theory and experiential learning modules. At the University of Limpopo, the last two weeks of each month the learner nurses are allocated for experiential learning in the hospitals. These learner nurses are also exposed to the clinical area during winter recess and summer recess.

At the college, theory and experiential learning are alternated on monthly basis, for example in February the students attend classes on campus and in March they are allocated to different clinical settings for experiential learning.

As part of the training the learner nurses are expected to witness five delivery cases before they can assist the women in deliveries. The cases are recorded in a maternity case record that the learner nurses are expected to have as a requirement of their training. At the end of their fourth level of study, the learner nurses are expected to have conducted 25 deliveries under direct supervision of a registered midwife. The maternity case record also has a portion for care of the women and neonates in puerperium. The learner nurses are expected to record ten cases of normal puerperium and five cases of women who delivered by caesarean section (SANC, 1975).

Setumo (2013) stated that anxiety can affect the students' clinical performance and their experiences which can affect the adaptation of the students in midwifery experiential learning. Factors that contribute to feelings of anxiety and uncertainty are unavailability and inaccessibility of staff; shortage or absence of equipment to carry out nursing duties and meet the needs of the patients; conflict between the expectations of their lecturers and teachers and clinical personnel in the clinical units as well as lack of awareness among senior professionals of the needs and problems of learner nurses in the clinical health care environment (Carlson, Kotze & van Rooyen, 2003).

A study conducted by Makhate (2010) revealed that factors such as the attitude of registered midwives towards the learner nurses have an impact on the adaptation of the learner nurses in the maternity units. The learners revealed that they have a fear of being bullied by the qualified staff and this affects their confidence and competence in performing midwifery clinical skills. The results of a study conducted by Setumo (2013) showed that the clinical staff did not support the learner nurses in achieving their learner outcomes and this is supported by a study conducted by Mabuda (2006) which revealed poor interpersonal relationships between the learner nurses and ward staff.

1.2 Research problem

During the researcher's midwifery practice, most learner nurses seemed to have poor adaptation to midwifery clinical skills as required by the South African Nursing Council. According to SANC regulation R.254 (1975 as amended) learner nurses shall witness under instruction five (5) deliveries before they are allowed to do deliveries and the learner nurses shall then perform fifteen (15) deliveries personally. The regulation also states that learner nurses shall perform fifteen internal examinations and perform episiotomies, suturing of first and second degree tears of the perineum and of episiotomies and administration of Lignocaine 1% as a local anaesthesia. Up to a maximum of 20mls of Lignocaine 1% solution can be infiltrated into the perineum prior to cutting of an episiotomy (De Kock & Van der Walt, 2004). Conducting the first normal vaginal delivery seemed traumatic for the learner nurses when they witness the bulging of the perineum and when the head of the fetus is crowning (Nolte, 2011).

Seeing a woman in labour was stressful for learner nurses as these women are in pain, crying and screaming. Cutting of an episiotomy for the first time is also stressful for learner nurses more especially when it is done without infiltration of the local anaesthesia on the perineum. The trauma and stress of learner nurses resulted in negative reactions such as fainting, vomiting, and failing midwifery experiential assessments. This poor adaptation of learner nurses to midwifery clinical skills motivated the researcher to conduct the study.

1.3 Theoretical framework

1.3.1 Overview of the theoretical framework

Theoretical framework is described as an "an explanation which is based on formulated prepositions resulting from an existing theory which seeks to Create a specific way at looking at a particular phenomenon". Nursing's philosophical position influences its knowledge (Burns & Grove, 2009). Perceptions are first influenced by philosophy then by knowledge. How nurses use science and theories to explain the empirical world depends on their philosophy (Burns & Grove, 2009). Roy's adaptation theory will be used to guide the study.

The theory consists of input, control processes, effectors and output as shown in figure 1. Roy's adaptation theory is a conceptual model focused on the adaptation of human beings in the environment and the factors that influence the adaptation of human beings. The derivation of the theory included citation from Harry Helson's work in psychophysics that extended to social and behavioural sciences (Alligood, 2014).

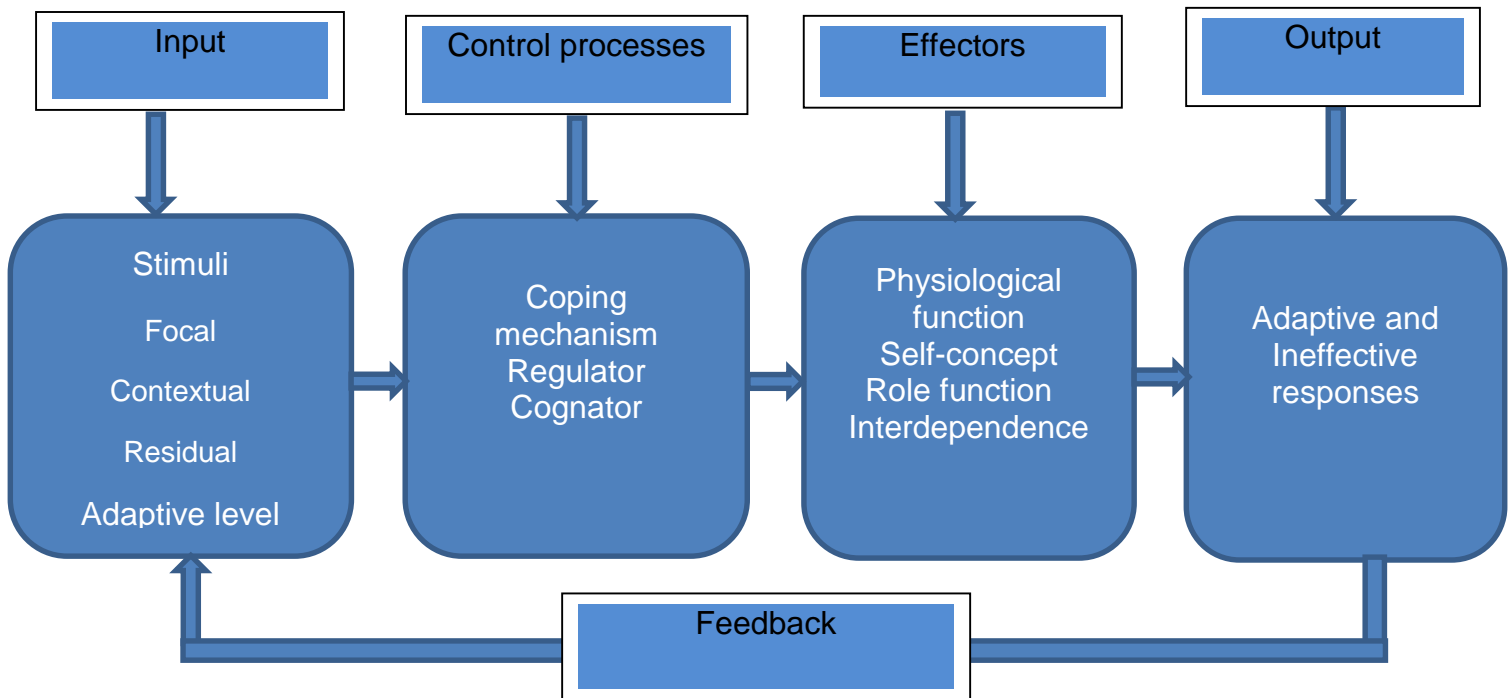


Figure 1.1: Roy's adaptation theory (Adopted from Alligood, 2014)

1.3.2 The concepts of Roy's adaptation theory

Input

According to Alligood (2014) the person, as an open living system receives input in the form of stimuli from the self and the environment. The adaptation level of the person is determined by the combined effect of the focal, contextual and residual stimuli. A focal stimulus is the internal or external stimulus that is immediately affecting the human system. In relation to this study the focal stimuli are the attitude of registered midwives towards the learner nurses.

Contextual stimuli are all the environmental factors that present to the person from inside or outside but they are not the center of the person's attention (Alligood, 2014; Kaur, 2013). In relation to this study the contextual stimuli are the lack of accompaniment of learner nurses to the maternity units by a clinical preceptor. Residual stimuli are environmental factors that are within or without the human system with effects to the current situation that are unclear. The environment is the input into the learner nurses as adaptive systems and has internal and external factors. The changing environment stimulates the adaptation of learner nurses. According to Roy's adaptation theory, the environment is all the conditions, circumstances and influences surrounding and affecting the development and behaviour of a person or a group" (Alligood, 2014).

Control processes

Control processes are "innate or acquired ways of interacting with the changing environment" (Alligood, 2014). Control processes are the primary, functional subsystems in the Roy's adaptation model. There are two types of coping mechanisms; innate coping mechanisms which are genetically determined and are automatic processes and acquired coping mechanisms which are developed through strategies such as learning.

The primary subsystem also consists of the regulator and cognator, which are methods of coping. The regulator coping subsystem enables the learner nurses to respond automatically to stimuli through neural, chemical and endocrine coping processes by means of physiological adaptive modes (Alligood, 2014; Kaur, 2013). The cognator coping subsystem enables the learner nurses to respond through four cognitive-emotive channels which are perceptual information processing, learning, judgement and emotions. The interpretation of stimuli is perception and it links the regulator and cognator. Input into the regulator is translated into perception which is the process of the cognator (Alligood, 2014; Kaur, 2013).

Effectors

The effectors are adaptive modes which provide manifestations of the regulator and cognator. Responses to stimuli are carried out through four adaptive modes namely:

- The physiological adaptive mode is concerned with how the learner nurses interact with the environment through physiological processes in order to meet basic needs such as nutrition, oxygen, elimination, activity and rest, and protection (Alligood, 2014). The regulator coping mechanism is primarily responsible for attaining this integrity (Kaur, 2013).
- The self-concept adaptive mode is the beliefs or ideas that learner nurses hold about themselves during their midwifery experiential learning. The self-concept of a person comprises of the physical self which is the body sensation and body image; and the personal self which is the moral, ethical and spiritual self (Alligood, 2014).
- The role function adaptive mode is concerned with the primary, secondary and tertiary expectations of how the learner nurses should behave towards other learners and the staff members in the maternity units (Alligood, 2014). The role function mode is for social integrity (Kaur, 2013).
- The interdependence mode focuses on the close relationships of the learner nurses and their significant others such as the spouse, child, friend or God (Alligood, 2014). The interdependence mode is a social adaptive mode, needs affection adequacy or the feeling of security in nurturing relationships (Kaur, 2013).

Output

The output is the response of the learner nurses to stimuli. The response can either be adaptive or ineffective responses. Adaptive responses promote the integrity of the learner nurses. Adaptive responses enable the learner nurses to reach their goals and objectives regarding midwifery experiential learning (Alligood, 2014; Kaur, 2013).

The ineffective responses do not contribute to the integrity of learner nurses and leads to the disruption in the integrity of the learner nurses (Alligood, 2014; Kaur, 2013).

1.4 Aim of the study

The aim of the study was to design the strategies to enhance the adaptation of learner nurses regarding midwifery experiential learning in the clinical settings of Limpopo Province.

1.5 Research questions

The research questions that guided the study were as follows:

- What are the factors that hinder the adaptation of learner nurses regarding midwifery experiential learning in the clinical settings of Limpopo Province?
- What are the relationships among the factors that hinder the adaptation of learner nurses regarding midwifery experiential learning in the clinical settings of Limpopo Province?
- What are the strategies that can enhance the adaptation of learner nurses regarding midwifery experiential learning in the clinical settings of Limpopo Province?

1.6 Objectives of the study

The objectives of the study were to:

- Identify the factors that hinder the adaptation of learner nurses regarding midwifery experiential learning in the clinical settings of Limpopo Province.
- Describe the relationships amongst the factors that hinder the adaptation of learner nurses regarding midwifery experiential learning in the clinical settings of Limpopo Province.
- To develop strategies that can enhance adaptation of learner nurses in regarding midwifery experiential learning in the clinical settings of Limpopo Province.

1.7 Overview of the research methodology

A quantitative descriptive and cross-sectional research design was used to collect numeric data to identify the factors that hinder the adaptation of learner nurses regarding midwifery experiential learning in the clinical settings of Limpopo Province. A descriptive design was used to identify and describe the factors that hinder adaptation of learner nurses regarding midwifery experiential learning and to establish relationships between these factors. The cross-sectional design was used to identify the factors that hinder adaptation of third and fourth year learner nurses regarding midwifery experiential learning at one point in time.

The population of this study was all five hundred and thirty seven (537) third and fourth year learner nurses from the University of Limpopo and Limpopo College of Nursing in Limpopo Province, that are registered during the year 2016, in terms of the SANC regulation No. R.425 of 22 February 1985 as amended. The sample was 214 learner nurses selected through the systematic random sampling technique.

Data were collected using a self-developed questionnaire. Data were analysed using the Statistical Package for Social Sciences (SPSS) version 23 with the assistance of the statistician. Details of the research methodology will be discussed in chapter 3.

1.8 Significance of the study

The study will enhance the adaptations of learner nurses regarding midwifery experiential learning in the clinical settings of Limpopo Province. The researcher hopes that the strategies may be used by policy makers in implementing changes in the clinical settings. This will facilitate the training of competent, confident learner nurses who will provide quality maternity care provincially and nationally. The study may also enable nurse educators to improve or develop their experiential teaching and learning strategies for learner nurses.

Nurse educators can also enforce the clinical accompaniment of learner nurses to the clinical area. Learner nurses may also be encouraged by the findings to show initiative and interest in rendering nursing care under direct supervision or indirect supervision and strive for competence in their midwifery skills during their learning in order to render quality services when they qualify.

1.9 Conclusion

Chapter 1 discussed the overview of the study which includes introduction and background, problem statement, theoretical framework, aim of the study, research questions, objectives of the study, overview of the research methodology and significance of the study. Chapter 2 will discuss the literature reviewed in this study.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

This chapter discusses the literature reviewed in this study. The purpose of this literature review is to assist the researcher to find more information based on other researchers' review. Literature was obtained through articles on the internet and books from the library in the University of Limpopo.

2.2 Rationale for literature review

The purpose of a literature review is “to determine the extent to which the topic under study is covered in the existing body of knowledge” (Babbie & Mouton, 2014). Fox and Bayat (2007) state that the purpose of conducting a literature review is to determine the status of the existing body of knowledge relating to the research topic as well as whether or not there are gaps in the knowledge base. According to Polit and Hungler (2004), the purpose of a literature review is to familiarise oneself with the existing knowledge base in order to orientate oneself with what is known or not known about an area of inquiry. In this way gaps or inconsistencies can be determined, suitable designs and data collection methods can be identified, the need to replicate a prior study can be detected, research problems can be identified and research question refined.

Literature review was conducted to establish whether any previous studies have been conducted on strategies to enhance the adaptation of learner nurses regarding midwifery experiential learning in the clinical settings of Limpopo Province, to identify any shortfalls, if any and to make recommendations on how these can be overcome (Mkhwanazi, 2007).

From the literature search, no research on the strategies to enhance the adaptation of learner nurses regarding midwifery experiential learning in the clinical settings of Limpopo Province could be retrieved.

However, a number of studies focusing on learner nurses (four year diploma/degree programme) support, accompaniment and the experiences of the learner nurses in the experiential learning environment were used as literature. The literature reviewed in this study included the purpose of midwifery training, orientation and welcome to maternity units, the role of maternity units' staff in the learner nurses' experiential learning and teaching and learning strategies.

2.3 The meaning of midwifery

In order to define midwifery, the researcher focused on midwifery as a science and an art (Ayo, 2006).

2.3.1 Midwifery as a science

Midwifery is regarded as a science because it requires the systematic application of scientific knowledge. Fraser, Cooper and Nolte (2006) defined midwifery as an extent to which care is based on evidence that is effective and achieves the desirable effect. Burns and Grove (2009) emphasise that the ultimate goal of science is to explain the real and practical world. To accomplish this goal, scientists must discover new knowledge, expand on existing knowledge and reaffirm previously held knowledge in a particular field. Midwifery is regarded as a science because the underlying principles of midwifery care depend on the knowledge of biological science such as anatomy, physiology, microbiology and chemistry (Fraser et al., 2006).

2.3.2 Midwifery as an art

According to Merriam-Webster's Learner's Dictionary (2016) an art is a "skill acquired by experience, study or observation". Bennett and Brown (2001) refer to midwifery as an art because it "requires the midwife to be able to understand the needs and promote the confidence of the women in her care". In midwifery practice, in addition to providing midwifery care, midwives need to care for women's social and psychological needs before, during or after birth. In order to deal with these needs, midwives decide on and apply their skills learnt from the discipline of midwifery. The application of skills is what qualifies midwifery to be classified as an art (Fraser et al., 2006).

2.4 The purpose of midwifery training

The purpose of midwifery training is to prepare midwives who are competent in providing quality mother and child health care services. The clinical setting for midwifery experiential learning is an important environment for students to integrate theory and experiential learning for the learner nurses (SANC, 2005). This is supported by Muller (2009) who states that the clinical nursing unit is the laboratory for translating theory into practice. According to Meyer and van Niekerk (2013), clinical learning takes place in the clinical setting in which learners are in contact with patients and other healthcare workers. Shaban, Khater and Akha-Zateya (2012), states that clinical practice is an essential part of nursing training as it provides learner nurses the opportunity to apply knowledge as well as developing their psychomotor skills.

Midwives take responsibility for the health of women and newborns, communicate and work with women, are women's professional friends and are at the heart of the families. According to Yeboah-Asuama (2015), Midwifery is a professional healthcare discipline that is a combination of art and science. It has existed throughout ancient history in many cultures and has developed alongside developments in healthcare. Since ancient times, a woman who had given birth before has helped the woman about to give birth. This help is not only offered during birth but also during the period of recovery after birth.

2.5 The role of midwifery lecturers in the experiential learning of learner nurses.

The midwifery lecturers and nurse educators' role is to ensure various practice opportunities for learner nurses by putting emphasis on the thinking skill and ability to apply this skill to adversely course-related issues and problems (Meyer & van Niekerk, 2008). The teaching and demonstration of midwifery procedures is done also, in a structured manner by the lecturers and nurse educators and entails ongoing assessment and feedback until the learner nurse is deemed ready to be evaluated. Clinical evaluation is a process by which the evaluator judges learner nurses' competencies in practice (Oermann & Gaberson 2009).

2.6 Orientation and welcome to maternity units

The initial experience with midwifery clinical settings may be stressful and traumatic to learners, especially labour ward. Sheu, Lin and Hwang (2002) stated that, how the learners handle the stress of initial clinical experience will influence the quality of basic nursing training. Therefore, early identification of events which are stressful to students, assessment of the effects of stress on their physio-psycho-social status, and understanding the effectiveness of coping behaviours may help nursing educators reduce the negative effects of stress and help students handle stress more effectively.

Learner nurses need to be welcomed and orientated to the maternity wards on their first day so as to allay any anxiety and stress the learners may have and also to familiarize the learners with the environment and also the procedures that take place in the clinical setting. The Nursing and Midwifery Council (2014) identifies one of the crucial determinants of a positive and beneficial learning experience to be a welcoming climate. Key aspects of orientation in midwifery should be included in the orientation programmes in the maternity units. These include the protocols used in the wards and the procedures that the learners should expect to perform (Makhate, 2010). Learner nurses should be given information and demonstrations on the use of equipment and other available learning resources (Setumo, 2013).

2.7 The role and attitudes of maternity units' staff in the learner nurses' experiential learning

Learner nurses may find it difficult to adapt to the midwifery clinical settings due to the attitude of the midwives towards them when they conduct deliveries. A study conducted by Makhate (2010) found that learner nurses experience hostile attitudes from qualified staff in the clinical setting. Makhate (2010) further revealed that learner nurses were being verbally abused and bullied while they were performing procedures for the first time. The learner nurses stated that the qualified staff is impatient towards them, they expect the learners to be perfect in procedures that they have never done before and which were not demonstrated to them first.

Impatience and impoliteness have a negative effect on the adaptation of the learners to their training. This has a negative impact on the adaptation of these learners. This is supported by Begley (2002) who state that the hostility of qualified staff towards learners influences the ward culture and learning.

The clinical staff regards the learners as part of the workforce and the learners are expected to perform menial tasks in the ward and their learning objectives are not followed. A study conducted by Phiri (2011) indicated that learner nurses perceive the guidance they receive from the ward staff as less positive. Makhate (2010), states that learner nurses need support from both their lectures and competent midwives throughout their training. Andrews and Roberts (2003), state that supporting students in the clinical settings is an important role of the clinical preceptor and the lecturer from the learning institution. Unit staff attitude is also an important part of a therapeutic environment that facilitates learning (Uys & Middleton, 2004).

A conducive learning atmosphere which is free from prejudice and threats can be achieved by maintaining a non-threatening learning atmosphere in the unit by promoting a questioning attitude on the part of the learners. When learner nurses ask questions midwives should display a positive and professional attitude and not humiliate the learner nurses. A positive team spirit in the unit and the quality of work life should be established (Muller, 2009). Dale, Leland and Dale (2013) revealed that a decisive aspect of for having positive learning experiences is described to be the relationship between the learner nurses and the nurse supervisors, which in the context of this study will be the midwives. The midwives should represent a positive role figure for learner nurses in experiential learning.

2.8 Teaching and learning strategies

Experiential teaching involves the careful design of an environment in which students have the opportunities to promote mutual respect and support for each other while they are achieving identified learning outcomes (Billings and Halstead, 2012).

The aims of clinical teaching are based on the minimum requirements and guidelines relating to experiential learning of SANC (SANC, 1992). These state that the overall objective of experiential is to provide learner nurses with meaningful learning opportunities in every area of placement according to the level of training so as to ensure that upon completion of the programme the learner nurses are able to nurse efficiently.

Experiential learning is the acquisition of knowledge, skills and values in the clinical practice setting or environments that stimulate clinical practice. An integral part of experiential learning is the demonstration of clinical competence (Bruce, Klopper & Mellish, 2011). Although the clinical environment is filled with many learning opportunities, learner nurses may experience feelings of uncertainty and anxiety (Meyer, Naude, Shangase & van Niekerk, 2009). In order to enhance the adaptations of nursing students regarding midwifery experiential learning in the clinical settings strategies are to be developed and implemented. During literature review the following strategies were found to be of importance in the study, clinical accompaniment, mentorship, preceptorship, clinical supervision and simulation.

2.8.1 Clinical accompaniment

According to Lekhuleni, van der Wal and Ehlers (2004), SANC (1992) defines “accompaniment” as the directed assistance and support given to students by a registered nurse or a registered midwife with the aim of developing a competent, independent practitioner. Accompaniment of the learners requires the midwifery lecturer to be physically present in the clinical settings with the students (Bruce, Klopper & Mellish, 2011).

During clinical placement of learner nurses in maternity units, it is important that midwifery tutors visit the learners and physically facilitate learning in the clinical area (Setumo, 2013). This can strengthen the adaptation of the learner nurses to experiential learning and also strengthen the ability of the learners to integrate theory and experiential learning as the lecturer will provide the learners with guidelines.

Lekhuleni et al. (2004) indicated in their study conducted in the Limpopo Province, that both learner nurses and professional nurses in the wards expect the tutors to accompany students in the clinical setting.

2.8.2 Mentorship

According to Phiri (2011) mentoring is an activity undertaken by a more experienced person on behalf of someone the mentor believes has the ability and potential to succeed. Mentors are role models. A mentor builds close personal relationships with the learners. Mentors serve as friends, advisors, professional role models, resource persons, good listeners and provide feedback to learner nurses. According to Meyer (2012) the role of a mentor is to identify learners' needs, advise learners on the type of support available, provide guidance on facilities and learning resources, carry out assessment of learning and complete the practice of assessment recording on completion of clinical placement.

2.8.3 Preceptorship

Preceptors are experienced practitioners who teach, instruct, supervise and serve as role models for learners for a certain period in a formalized educational programme (Ayo, 2006). According to Lekhuleni et al. (2004), preceptorship is a one to one clinical experience in which the learner is taught directly by a professional nurse. The clinical preceptor's duties include provision of clinical teaching to the learners, orientation of the learners to the different areas in the wards, supporting and guiding the learners and conductive assessments of these learners to test their competency in the skills (Phiri, 2011).

2.8.4 Clinical supervision

According to Meyer (2012), Clinical supervision is "a formal process between a skilled supervisor and supervisee which enables the professional to reflect on and accept responsibility for their practice, develop skills, knowledge and understanding of their practice whilst feeling supported". Quinn and Hughes (2007), state that the purpose of clinical supervision is to offer professional support and learning while promoting the development of knowledge and competence.

Clinical supervisors provide support and self-direction to learner nurses in order to facilitate their clinical learning. The supervisor is to promote the personal and professional development of the learner during midwifery clinical training (Meyer, 2012). An important part of clinical supervision is that it allows learner nurses to develop their knowledge and skills and it helps them to improve patient care.

2.8.5 Simulation

Simulation is the imitation of a real-life situation in a simplified form. Simulation prepares the students for the experiential learning and provides the students with the opportunity to develop their skills in an environment that is risk free. Simulation learning takes place in a clinical laboratory that is a classroom designed to resemble a hospital setting with bed, or a procedure or operating room and is situated in a hospital or on the premises of the nursing education institution (Finkelman & Kenner, 2010).

The clinical laboratory is supposed to be kitted with equipment and healthcare supplies used for practice in the actual healthcare settings. Simulation provides the students with the opportunity to gain the confidence that they can function in the clinical settings (Meyer & van Niekerk, 2013). It also plays an important role in the development of competencies since working directly with patients bears a risk (Finkelman & Kenner, 2010).

2.8.6 Reflection

Stalmeijer, Dolmans, Wolfhagen and Scherpbier (2009) define reflection as ways of stimulating the learner nurses to deliberately consider their strengths and weaknesses. Reflection enhances learning from experience, it helps learner nurses expand and develop their experiential knowledge and improves their judgement in complex situation (Tanner, 2006).

2.8.7 Demonstration

Demonstration is one of the teaching strategies commonly used in the experiential learning environment. It is an attempt to enhance experiential learning and reduce learner nurses' anxiety. It is also essential for skill teaching whereby the clinical preceptor will be demonstrating skills to learner nurses in the units (Motsilanyane, 2015). For learner nurses to acquire knowledge and skills in the experiential learning environment, someone has to be there to demonstrate how theoretical knowledge can be integrated into practice (Lofmark, Thorkildsen, Raholm and Natvig, 2012).

2.9 Conclusion

Chapter 2 discussed literature review which involves the introduction, the rationale for literature review, the meaning of midwifery, the role of midwifery lecturers in the experiential learning environment, orientation and welcome of learner nurses to maternity units, the role of maternity units' staff in learner nurses' experiential learning and teaching and learning strategies. Chapter 3 will discuss the research methodology, validity and reliability ethical considerations and bias.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Introduction

This chapter discusses the research methodology, validity and reliability, ethical considerations and bias. The research methodology includes the study site, research design, population and sampling, data collection, pilot study, data analysis and data management. Research methodology refers to the entire strategy of the study, from identification of the problem to the final defined structures for data collection. Research methodology is all about the scientific method which includes steps, procedures and strategies for obtaining and analysing data (Burns & Grove, 2009).

3.2 Research method

A quantitative research method was used to collect numeric data with regard to the factors that hinder the adaptation of learner nurses regarding midwifery experiential learning in the clinical settings of Limpopo province. According to Burns and Grove (2005), quantitative research design is a formal, systematic process of collecting numeric data and analysis using statistical procedures.

3.3 Study site

The study was conducted at the University of Limpopo and the Limpopo College of Nursing campuses. Limpopo Province is one of the nine provinces of the Republic of South Africa (RSA). Limpopo is the RSA's northernmost province and it is the fifth largest of the RSA's nine provinces (SouthAfrica.info, 2015).

Limpopo borders onto Botswana, Zimbabwe to the north of Mozambique to the east and it also borders the Mpumalanga, Gauteng and North West Provinces. It is named after the Limpopo River that flows along its northern border (Limpopo. www.localgovernment.co.za/provinces/view/5/limpopo).

Limpopo province has a population of 5 404 868 people, as the large majority of the population is black, native African languages are predominately spoken at home. The province is predominantly rural. It is a region of contrasts, from the bushvelds, majestic mountains, indigenous forests and farmlands. The capital city of the province is Polokwane City, located in the middle of the province (SouthAfrica.info, 2015).

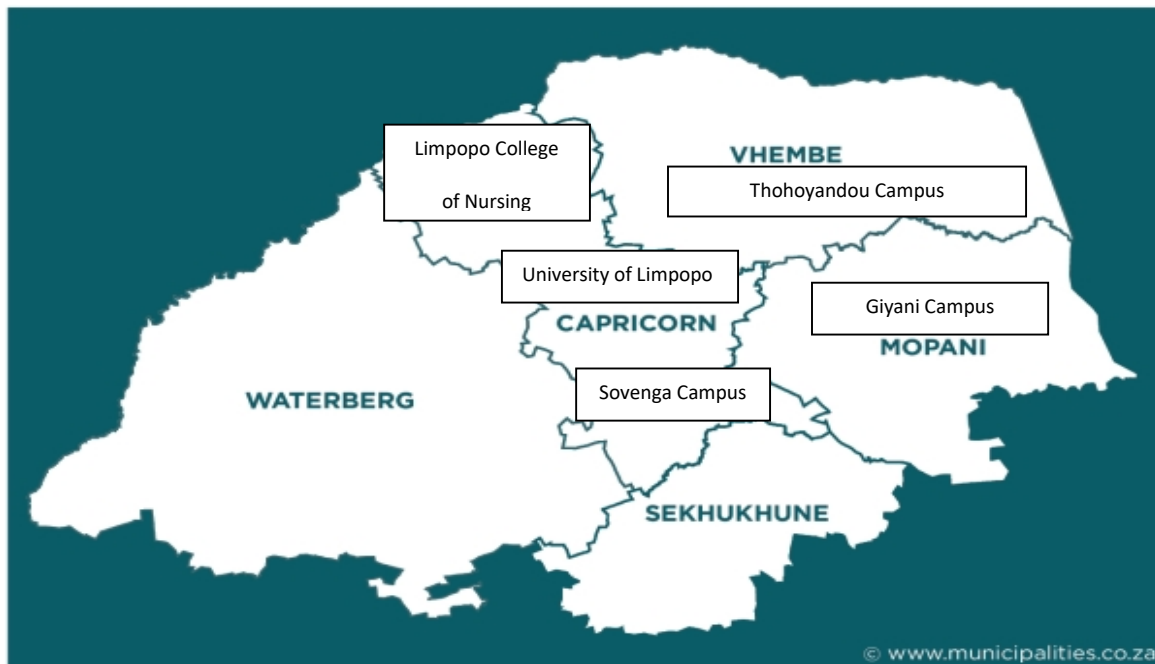


Figure 3.1: Map of Limpopo Province Districts (Adopted from: Limpopo. www.localgovernment.co.za/provinces/view/5/limpopo)

Limpopo Province is divided into five districts; Capricorn District, Waterberg District, Vhembe District, Mopani District. The University of Limpopo, Sovenga campus and the Limpopo College of Nursing are located in the Capricorn district. Thohoyandou campus is located in the Vhembe district. The Giyani campus is located in Mopani district. These three campuses were included in the study because they train third and fourth year learner nurses. The Waterberg district and Sekhukhune district campuses were excluded from the study as the campuses do not train third and fourth year learner nurses.

3.4 Research design

A quantitative research design was used to collect numeric data with regard to the factors that hinder the adaptation of learner nurses regarding midwifery experiential learning in the clinical settings of Limpopo Province. A descriptive, cross-sectional research design was used as follows:

3.4.1 Descriptive design

The descriptive design was used to help the researcher give an accurate portrayal of the characteristics of target groups (Polit & Beck, 2012). According to Wood and Haber (2010), descriptive design collects detailed descriptions of the existing variables and use the data to justify and assess the current condition and practices to make plans for improving health care practices. Descriptive design was used to identify and describe the factors that hinder adaptation of learner nurses regarding midwifery experiential learning and to establish relationships between these factors.

3.4.2 Cross-sectional design

A cross-sectional design was used to collect data at one point in time (Polit & Beck, 2012). The cross-sectional design was used to identify the factors that hinder adaptation of third and fourth year learner nurses regarding midwifery experiential learning at one point in time. The cross-sectional design helped the researcher to describe the factors that hinder the adaptation of learner nurses regarding midwifery experiential learning in the clinical settings of Limpopo Province and to describe the relationships among the factors that hinder the adaptation of learner nurses regarding midwifery experiential learning in the clinical settings of Limpopo Province at a fixed point in time (Rafael & Russel, 2014).

3.5 Population and sampling

3.5.1 Population

The population is a group of people or objects that have some common characteristics that the researcher is interested in (Brink, van der Walt & van Rensburg, 2013).

The population relevant to this study was 537 third and fourth year learner nurses from the University of Limpopo and Limpopo College of Nursing in Limpopo Province, that were registered during the year 2016, in terms of the SANC regulation No. R.425 of 22 February 1985 as amended.

3.5.2 Sampling

Sampling refers to the process in which the researcher selects a portion of people from a population to obtain information regarding a phenomenon in a way that represents the whole population (Brink et al., 2013). A sampling frame was drawn from the lists of the University of Limpopo and Limpopo College of Nursing of all learner nurses in the third and fourth levels of study. The Krejcie and Morgan's table and formulae (1970) was used to determine the sample size.

$$S = \frac{X^2 NP(1-P)}{d^2(N-1)+X^2 P(1-P)}$$

According to the formulae S = the required sample size, X^2 = the table value of chi-square for 1 degree of freedom at the desired confidence level, N = the population size, P = the population proportion and d = the degree of accuracy expressed as a proportion. The values of the variables are as follows: $X^2= 3.841$, $N = 537$, $P = 0.50$ and $d = 0.05$. The sample size was calculated using the formulae and substituting the values in order to get the required sample size. The calculations were as follows:

$$S = \frac{X^2 NP(1-P)}{d^2(N-1)+X^2 P(1-P)}$$

$$S = \frac{(3.841)(537)(0.50)(1-0.50)}{[(0.05)^2(537-1)]+[(3.841)(0.50)(1-0.50)]}$$

$$S = \frac{515,65425}{[(0.0025)(536)+[(1.9205)(0.50)]}$$

$$S = \frac{515,65425}{1.34+0.96025}$$

$$S = \frac{515,65425}{2.30025}$$

$$S = 224$$

According to the Krejcie and Morgan's formulae (1970), the required sample size in this study was calculated to be 224. The ten (10) learner nurses that participated in the pilot study were subtracted from the calculated sample size and the sample size required was then 214 learner nurses. A systematic random sampling technique was used where every 2nd learner on the list was selected to obtain 214 respondents (Brink et al., 2013).

- Inclusion criteria

All the third and fourth levels learner nurses registered in the year 2016 at the University of Limpopo and Limpopo College of Nursing were included in the study because the learner nurses were allocated for midwifery experiential learning in the maternity wards in the clinical settings of Limpopo province, therefore the learner nurses were relevant to this study.

- Exclusion criteria

The first and second level learner nurses registered under the SANC regulation No. R.425 of 22 February 1985 at University of Limpopo and Limpopo College were excluded from the study because the learner nurses were not allocated for midwifery experiential learning as it was not in their curriculum. Therefore those learner nurses were not relevant to this study

3.6 Pre-test

A pre-test is a small trial run that is conducted to prepare for a major research study (Polit & Beck, 2012). A pre-test was conducted using 10 learner nurses from the University of Limpopo to test the validity and reliability of the questionnaire. The learner nurses who participated in the pre-test were not included in the main study. The aim of the pre-test was to identify consistencies and lack of clarity in the questions and to indicate the adequacy of the questionnaire. Typing errors and misphrasing of some questions were identified. Based on the results of the pre-test the questionnaire was refined and typing errors were corrected.

3.7 Data collection

3.7.1 Data collection instrument

Data was collected using a self-designed questionnaire with the purpose of collecting data regarding the factors that hinder the adaptation of learner nurses in clinical settings of Limpopo Province. The questionnaire was developed after an in-depth literature review. The final questionnaire was discussed with the supervisor and statistician and it was accepted in terms of face and content validity. According to Polit and Hungler (2004) a questionnaire is a method of gathering self-report information from respondents about attitude, knowledge, beliefs and feelings.

3.7.2 Format of the questionnaire

The questionnaire consisted of 44 questions arranged into 5 sections as follows:

- Section A consists of 6 questions on demographic data.
- Section B has 7 questions on orientation of learner nurses to the maternity units.
- Section C consist of 8 questions on the reaction of learner nurses when witnessing the first delivery and assisting a woman to deliver.
- Section D consists of 13 questions on the role of registered midwives towards learner nurses in the clinical setting.
- Section E consists of 10 questions on experiential teaching and learning.

3.7.3 Administration of the questionnaire

The questionnaires were self-administered and they were distributed by the researcher to the learner nurses in the three campuses of Limpopo College of Nursing and learner nurses from the University of Limpopo. The researcher made appointments with the vice-principals of the three campuses of Limpopo College of Nursing and the Head of the Department of Nursing Science at the University of Limpopo to collect data.

Third level learner nurses from Sovenga campus were given the questionnaire on campus. The researcher made arrangements with the vice-principal and waited until the end of last class for learner nurses and administered the questionnaires.

Fourth level learner nurses from Sovenga campus were given the questionnaires on campus when they returned from the clinical areas they were allocated. Arrangements were made with the midwifery tutor of fourth years to ask the learner nurses to assemble at the college hall after their experiential learning. Thirty (30) minutes was allocated to each learner nurse to complete the questionnaire and the researcher collected the questionnaires when the learner nurses had completed them.

The researcher handed out the questionnaires to third level learner nurses at the Giyani campus early in the morning before their first class as arranged by the researcher with the vice-principal of the college. Fourth level learner nurses from Giyani campus were handed out the questionnaires in the clinical settings where they were allocated for experiential learning. Arrangements were made with the vice-principal of the campus, tutors and nursing service managers of Evuxakeni and Nkhensani hospitals in Giyani to hand out the questionnaires to the learner nurses at lunch time in an empty cubicle to avoid any disruption of ward routine. Thirty (30) minutes was allocated to each learner nurse to complete the questionnaire and the researcher collected the questionnaires when the learner nurses had completed them.

The researcher handed out the questionnaires to third level learner nurses from the Thohoyandou campus after their last class of the day. Arrangements were made with the vice-principal and tutor to request the learner nurses to remain in the class room after their last class. The researcher waited outside the classroom until the end of the class. Fourth level learner nurses were handed out the questionnaires in the clinical settings where they were allocated for experiential learning. The researcher made arrangements with the vice-principal of the campus, class tutors and nursing service managers of Hayani and Siloam hospitals in Vhembe district to hand out the questionnaires to the learner nurses at lunch time in an empty cubicle to avoid any disruption of ward routine. Thirty (30) minutes was allocated to each learner nurse to complete the questionnaire and the researcher collected the questionnaires when the learner nurses had completed them.

Third level learner nurses from the University of Limpopo were handed out the questionnaires at Mankweng hospital where they were allocated for midwifery experiential learning. The questionnaires were handed out at lunch time in an empty cubicle to avoid any disruption of ward routine. Fourth level learner nurses from the University of Limpopo were handed out the questionnaires at the residential area for learner nurses at the University of Limpopo. Thirty (30) minutes was allocated to each learner nurse to complete the questionnaire and the researcher collected the questionnaires when the learner nurses had completed them.

3.8 Data analysis

Data analysis is the systematic organization and synthesis of research data (Polit & Beck, 2008). Data were analysed using the Statistical Package for Social Sciences (SPSS) version 23 with the assistance of the statistician. According to Burns and Grove (2009), data analysis reduces, organizes and gives meaning to the data and involves the use of descriptive and exploratory procedures to describe the study variables. The Chi-Square test was used to test the statistical significance of the results and the Pearson correlation coefficient was used to calculate the relationships between the variables such as age and fear of first delivery.

3.9 Data management

All the completed questionnaires were kept under lock and key in a safe. Only the researcher has access to the data collected. All the respondents were assured that the questionnaires will not be accessed by anyone other than the researcher and the supervisor.

3.10 Validity and reliability

3.10.1 Validity

According to Brink et al. (2013), validity of the data collection instrument “seeks to ascertain whether an instrument accurately measures what it is supposed to measure, given in the context in which it is applied”.

Validity requires that the instrument is reliable. Validity refers to the truthfulness, accuracy and authenticity of the instrument in measuring the variable it is supposed to measure (De Vos, Strydom, Fouche` & Delpport, 2011). Three types of validity were insured in this study; content validity, face validity and criterion validity.

- *Content validity*

Content validity is the assessment of how adequately the research instrument represents all the components of the variable to be measured. Content validity was ensured by using literature review findings in the development of the questionnaire. Literature review helped to determine the aspects of the variable that must be included in the content of the questionnaire (Brink et al., 2013).

- *Face validity*

Face validity is a subjective assessment based on the intuitive judgment made by experts in the field on whether the content of the instrument is clear and relevant. A pre-test was conducted on ten learner nurses to test the validity of the questionnaire and it was finalized before the actual data collection takes place. The ten learner nurses that participated in the pre-test were not included in the main study (Brink et al., 2013).

- *Criterion validity*

Criterion validity is the degree to which a measure relates with some external criterion (Babbie & Mouton, 2014). Criterion validity was established through the inclusion of both learner nurses from the Limpopo Colleges of Nursing and University of Limpopo in order to ensure concurrent validity which is the ability of a test to predict an event in the present form (Bolarinwa, 2015).

3.10.2 Reliability

Reliability is the degree to which an instrument can be depended on to produce consistent results if it is used repeatedly over time on the same respondents, or if used by two researchers (Brink et al., 2013).

Polit and Beck (2004) view reliability as the accuracy and consistency of information obtained in a study. Reliability of the questionnaire was ensured by conducting a pre-test prior to the main study.

3.11 Ethical considerations

3.11.1 Ethical clearance and permission

The ethical clearance certificate was obtained from the Turfloop Research Ethics Committee (TREC). Permission to conduct the study was obtained from the Director: School of Health Care Sciences, the Head of Department of Nursing Science, and the Limpopo Province Department of Health since the Limpopo College of Nursing is under the Limpopo Province Department of Health. The Limpopo College of Nursing, Sovenga campus also provided written permission to conduct the study. Thohoyandou and Giyani campuses did not provide written permission to conduct the study as the vice-principals indicated that they consider the permission given by the Limpopo Province Department of Health. Permission was also obtained from the learner nurses.

3.11.2 Informed consent

A written informed consent form was provided to each and every learner nurse that participated in the study. The researcher explained to the learner nurses that participation to the study is voluntary. The respondents were also told that they are allowed to withdraw from the study if they feel uncomfortable (Babbie & Mouton, 2014). The researcher explained the purpose of the study then requested the respondents to sign the form (Brink et al., 2013).

3.11.3 Anonymity and confidentiality

Anonymity and confidentiality of the respondents were assured to the respondents and it was ensured by informing the learner nurses that their names and student numbers will not be included in the analysis of study results as a way of ensuring their privacy. The participants were told that they should not write their names, student numbers and the name of their institution on the questionnaire (Brink et al., 2013).

3.11.4 Justice

Justice refers to the respondents' right to fair selection and treatment. All the respondents were treated fairly and they were given information regarding the study prior to participation in the study (Brink et al., 2013). The respondents were also told that they are allowed to withdraw from the study if they feel uncomfortable.

3.11.5 Harm

Harm refers to any physical, psychological, social, or emotional discomfort of the research respondents inflicted by the researcher during the research process. This study had minimal risks of harm to the respondents. The researcher ensured that respondents were not harmed in any way through obtaining informed consent from the respondents, ensuring and protecting anonymity and confidentiality of the respondents and providing the participants with the right to withdraw from the research at any time (Polit & Beck, 2008).

3.12 Bias

Bias refers to that quality of a data collection instrument, that may result in the misinterpretation of what is being measured (Babbie & Mouton, 2014). According to Brink et al. (2013), bias can occur at any stage of the research process and includes research subjectivity, sampling bias and respondent bias.

3.12.1 Researcher subjectivity

According to Brink et al. (2013), the researchers' experiences and expectations may cause distortion of the information in a specific direction. The researcher avoided this by not communicating the researchers' expectations to the respondents.

3.12.2 Sampling bias

Sampling bias is the distortions that arise when a sample is not a representative of the population which it was selected from (Brink et al., 2013).

To ensure there is no sampling bias, the researcher adhered to the rules of systematic random sampling to select the sample and avoided using the researchers' own preferences in the selection of the sample.

3.12.3 Respondents' bias

To avoid respondents' bias, prior to the study the respondents were provided with comprehensive and clear information with regard to their participation in the study.

The questionnaire was written in English as a medium of instruction for the respondents in order to avoid misunderstandings that may lead to bias. An atmosphere that encouraged the learner nurses to feel free and select the correct and truthful answers was provided. Anonymity and confidentiality were emphasised so that respondents can select answers freely without fear (Brink et al., 2013).

3.13 Conclusion

Chapter 3 discussed the research methodology which includes the study site, research design, population and sampling, data collection, data analysis, data management, validity and reliability, ethical considerations and bias. The results and adaptation strategies will be presented and discussed in Chapter 4.

CHAPTER 4

DISCUSSION OF RESULTS AND THE ADAPTATION STRATEGIES

4.1 Introduction

This chapter discusses the results of the study and the adaptation strategies that were designed. The results of the study are presented and discussed according to the sections of the questionnaire. The adaptation strategies are presented schematically and discussed thereafter.

4.2 Presentation of results

The results of the study are presented in frequencies, percentages, graphs and tables. The graphs and tables present the total number of learner nurses that responded to the item as (n) rather than all the respondents.

4.2.1 Section A: Demographic data

The demographic data included gender, age, marital status, number of children, programme registered for and level of learning.

Gender of learner nurses

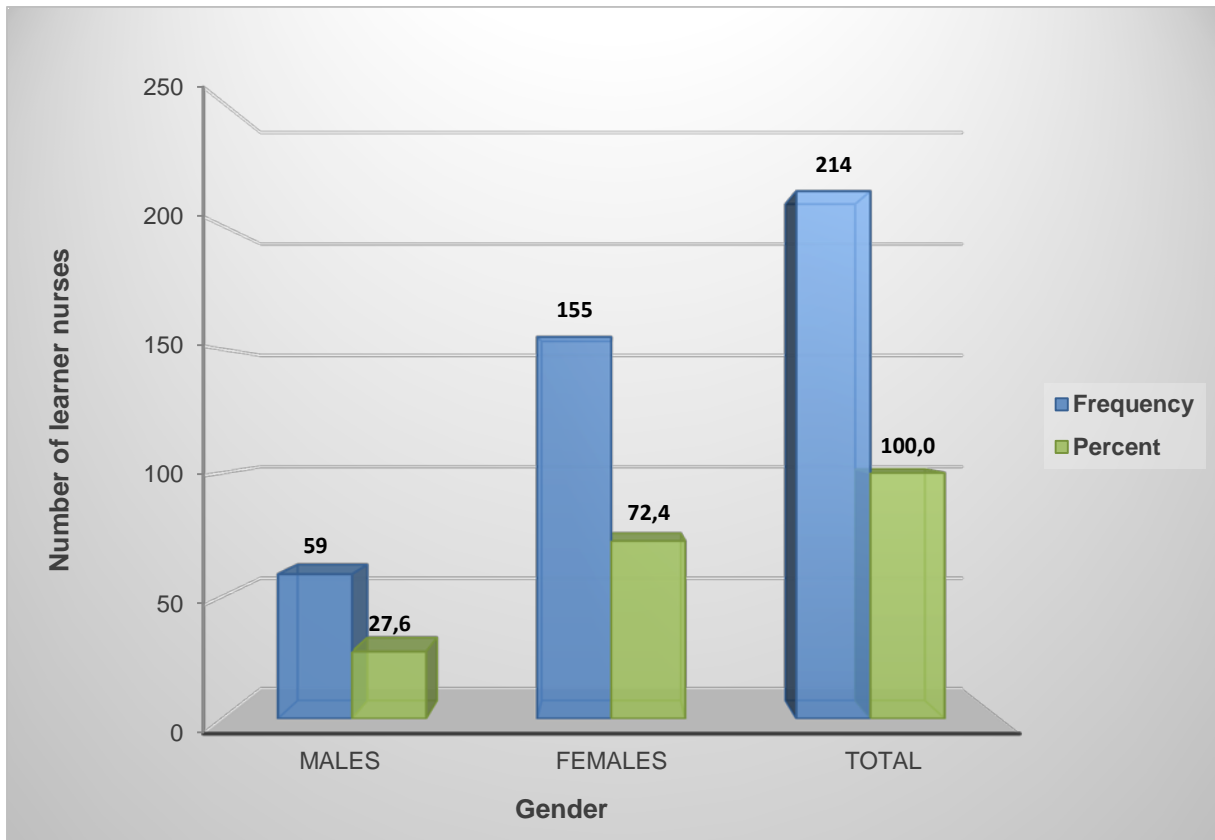


Figure 4.1: Gender of learner nurses (n= 214)

The findings on figure 4.1 indicate that 27, 6% (n=59) of the learner nurses were males and 72.4% (n=155) were females. The majority of learner nurses were females.

According to a study conducted by Lehasa (2008) this gender distribution confirmed the general profile as more females than males enter the nursing profession. Ngidi (2007) also emphasizes that nursing is a female-dominated profession. Tzeng, Chen, Tu and Tsai (2009), stated that the nursing and midwifery professions are predominantly women's practice and male nurses remain a minority in these professions. Male nurses are present in various units in hospitals and primary health-care settings, however, few registered male nurses are found in nursing education institutions. Since nursing was first registered as a profession, women have dominated in this field (American Nurses Association, 2010).

In South Africa, male nurses were allowed to participate in midwifery training for the first time in 1977 (Evans, 2004). Despite the decades that have passed, nursing and midwifery practice remains a highly female-dominated profession. According to Kantrowitz-Gordon, Ellis and McFarlane (2014), male midwives are required to recognise themselves as a minority because of their being few in midwifery practice that is a female-dominated profession. The gender of the learner nurses, in relation to Roy's adaptation theory, is the focal stimulus as it immediately affects the learner nurses' experiential learning. The gender of learner nurses affects their interdependence and role function mode (Alligood, 2014; Kaur, 2013). A study conducted by Meyer (2012) on the experiences of male nurse in midwifery clinical training at a regional hospital in the Eastern Cape, male learner nurses found midwifery experiential learning to be anxiety provoking, daunting and confidence shattering.

Age of learner nurses in years

Table 4.1 shows that the respondents' ages ranged from 20 years old to 33 years old. According to Armstrong (2008) this is the age between late adolescence and early adulthood. Adolescents are at a critical age that can have an impact on learning. Adolescents are faced with adjustment challenges and as a result they need continuous support from both the teaching and clinical staff (Lehasa, 2008).

Learner nurses may find it challenging to adapt to both the experiential and theory learning environments. Mkhwanazi (2007), states that depression and emotional instability are the most common emotional experiences of adolescents. This may be because many things happen to a person simultaneously during this stage of development. A positive and non-judgmental approach by an educator can be of help to the adolescent. Adolescents are always faced with adjustment problems and therefore significant support and guidance is needed in order to overcome these problems (Mkhwanazi, 2007).

Table 4.1: Age of learner nurses (n=210)

Age in years	Frequency (f)	Percentage (%)
20	10	4.8%
21	40	19%
22	69	32.9%
23	43	20.5%
24	16	7.6%
25	14	6.7%
26	7	3.3%
27	3	1.4%
28	4	1.9%
29	1	0.5%
30	1	0.5%
31	1	0.5%
33	1	0.5%
TOTAL	210	100%

The mean age of the learner nurses was 22 years of age which indicates that most of the learner nurses were mature enough in terms of age. A study conducted by Nxumalo (2011) showed that the mean age of learner nurses who commenced their training in 2009 was 26 years, with a minimum age of 17 years and a maximum of 55 years. Ali (2008) found that single young females following the general nursing diploma were between 15 and 25 years old. Salamonson and Andrews (2006) are of the opinion that age is a predictor of academic achievement. In relation to Roy's adaptation theory age is the focal stimulus as it immediately affects the adaptation of older learning of learner nurses positively and affects the adaption of the younger learner nurses negatively (Alligood, 2014; Kaur, 2013).

Marital status of learner nurses

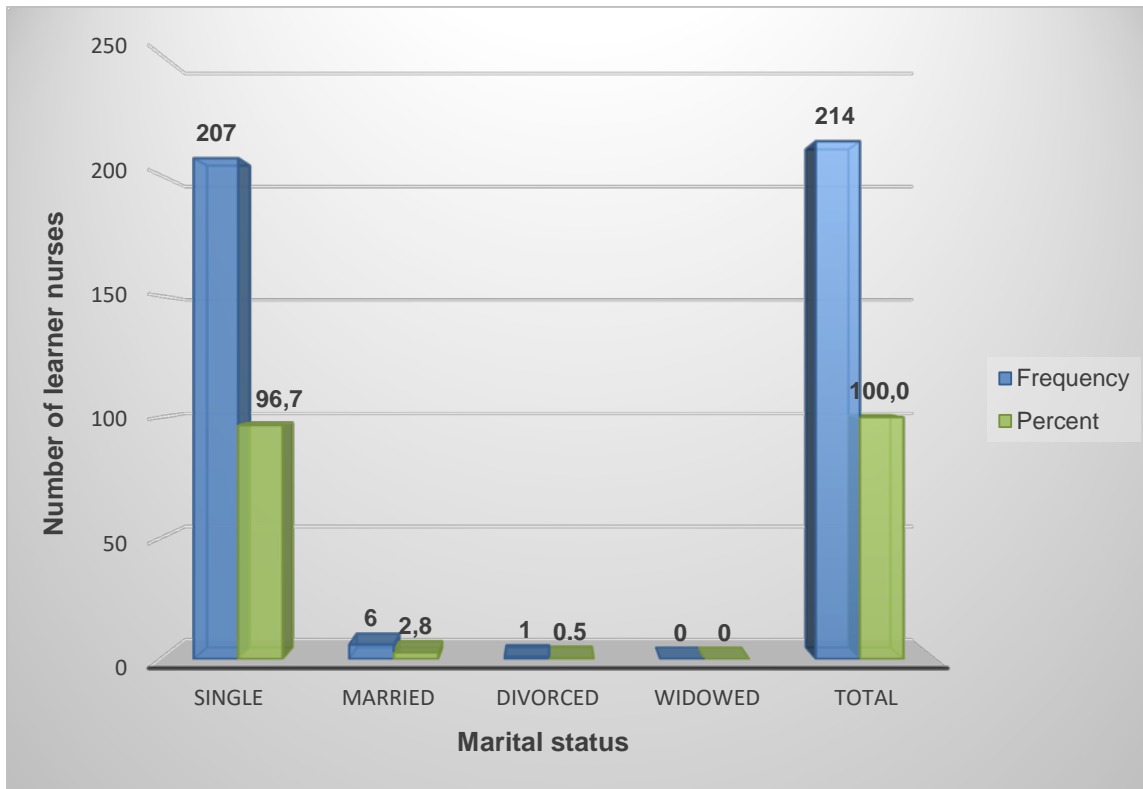


Figure 4.2: Marital status of learner nurses (n=214)

The results in Figure 4.2 show that 96.7% (n=207) of the respondents were single, 2.8% (n=6) of the respondents were married, 0.5% (n=1) of the respondents were divorced and none of the respondents were widowed. The majority of the learner nurses were single.

Ali (2008) found that unmarried young females following the general nursing diploma were between 15 and 25 years old. In relation to Roy's adaptation theory, the marital status of the learner nurses is the residual stimuli that affect the role function adaptive mode of learner nurses and the interdependence mode. The married learner nurses adapt positively and the learner nurses that are not married adapt negatively to midwifery experiential learning in the clinical settings of Limpopo Province (Allgood, 2014; Kaur, 2013).

Number of children

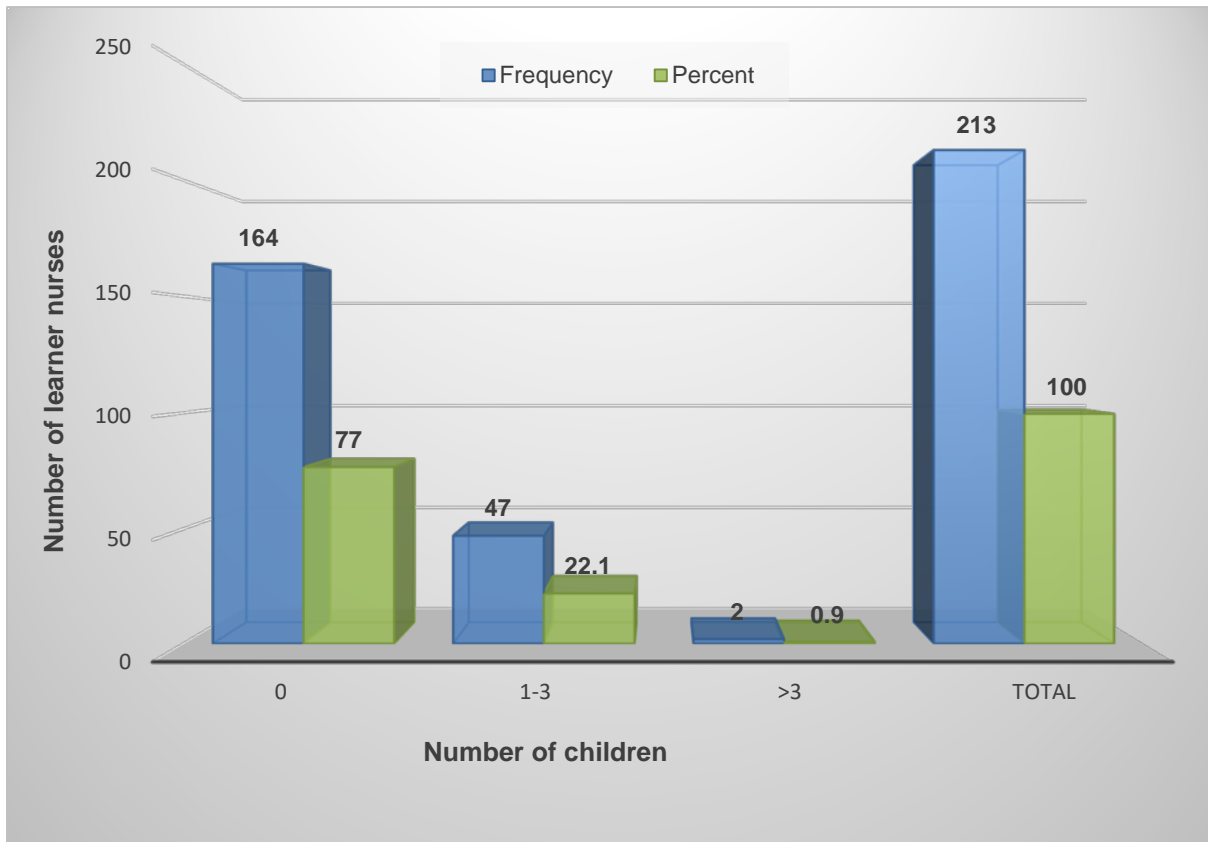


Figure 4.3: Respondents' number of children (n=213)

Figure 4.3 show that of the 214 respondents, 77% (n=164) had no children, 22.1% (n=47) had between 1 to 3 children and 0.9% (n=2) had more than 3 children.

The majority of learner nurses had no children and this is supported by a study conducted by Pilane (2000) when exploring various clinical settings for the educational preparation of learner nurses 76.6% of the respondents had 0-2 children. The number of children the learner nurses have is the focal stimuli that affect the self-concept adaptive mode of the learner nurses. This leads to maladaptation of those learner nurses that do not have children and positive adaptive responses of the learner nurses that have 1 or more children (Alligood, 2014; Kaur, 2013).

Programme registered for

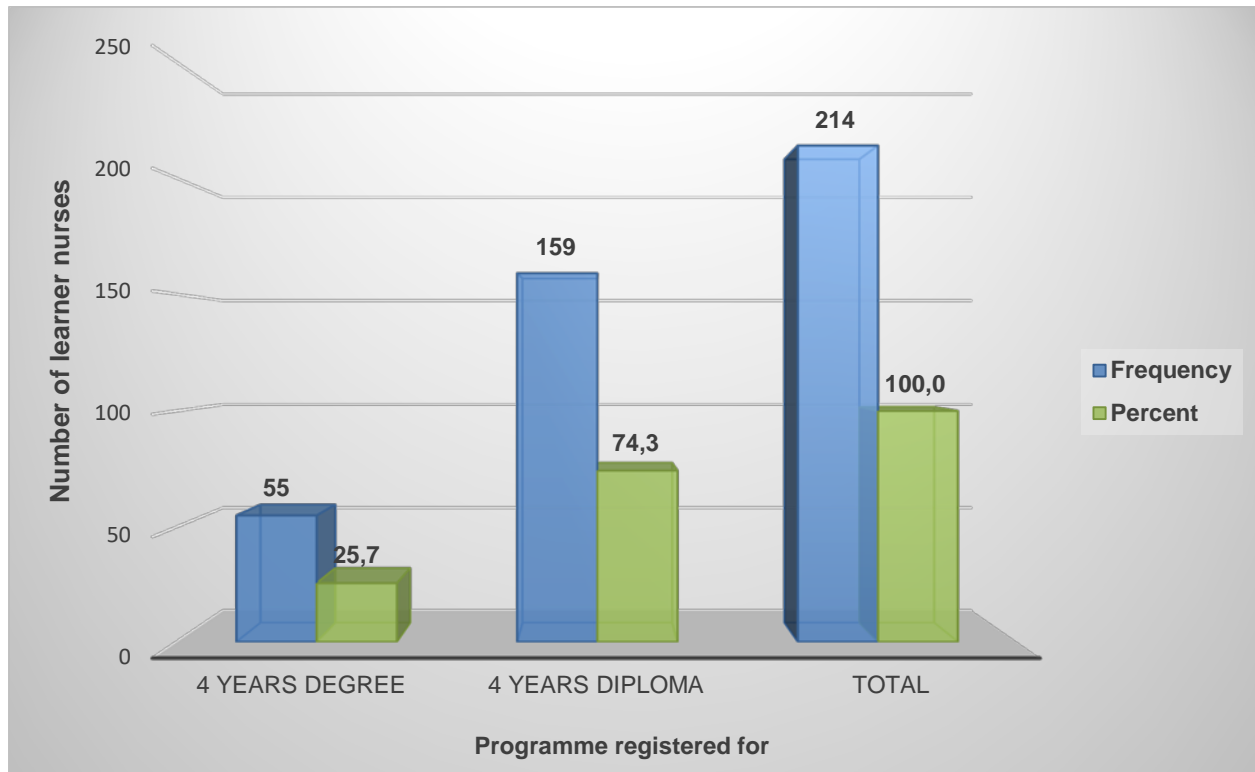


Figure 4.4: Programme respondents are registered for (n=214)

Figure 4.4 shows that 25.7% (n=55) of the respondents were registered for a 4 years Bachelor's Degree in nursing at the University of Limpopo and 74.3% (n=159) of the respondents were registered for a 4-year Diploma in nursing at the Limpopo College of Nursing. The majority of respondents were registered for the 4-year Diploma in nursing as Limpopo province has three campuses of Limpopo College of Nursing which has a total of 420 learner nurses who are in their third and fourth level of learning.

According to Vuk'uzenzele (2011), an advantage of learners enrolling in the Colleges of Nursing is that learner nurses receive a stipend while they are studying and all their fees are covered by the Department of Health. The University of Limpopo has a total of 117 learner nurses who are in their third and fourth level of learning. The programme that the learner nurses are registered for is the contextual stimuli that affect the adaptation of learner nurses negatively.

The adaptation of learner nurses from the Limpopo College of nursing are affected more by the stimuli because the lack of clinical accompaniment is more than at the University of Limpopo (Alligood, 2014; Kaur, 2013)

Level of learning

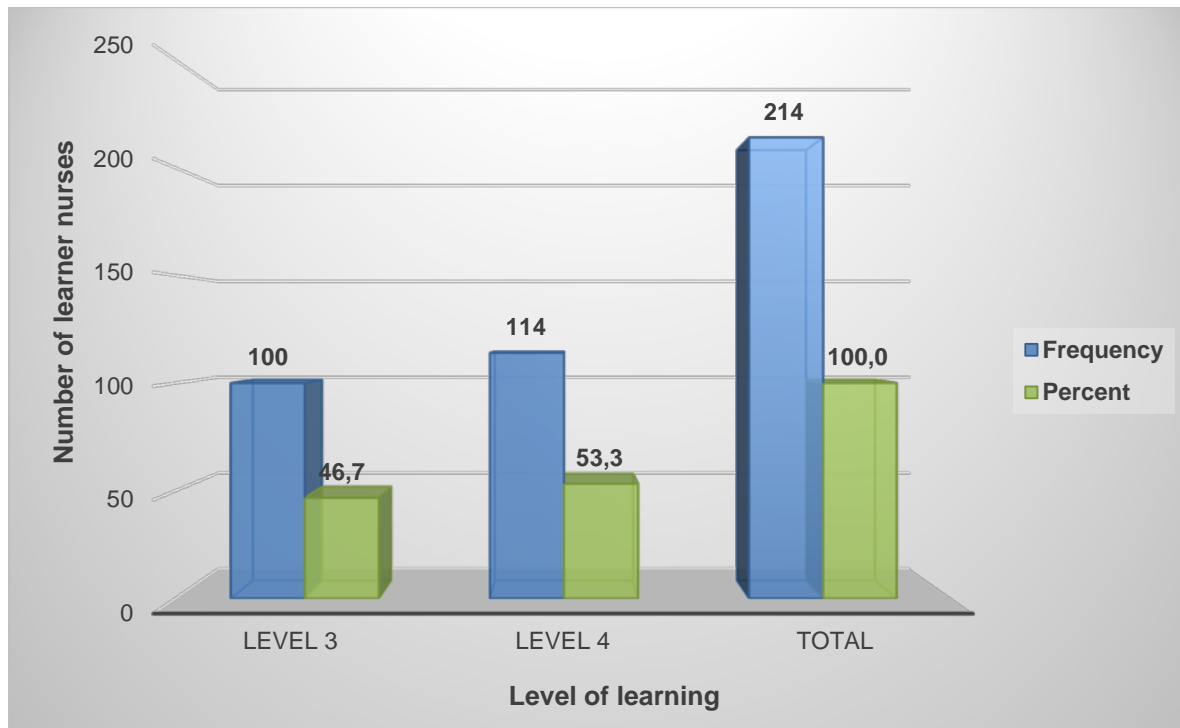


Figure 4.5: Respondents' level of learning (n=214).

Figure 4.6 shows that 46.7% (n=100) of the respondents were in their third level of learning and 53.3% (n=114) of the respondents were in their fourth level of study.

Both level 3 and level 4 learner nurses had been exposed to both midwifery theory and experiential learning as a result the learner nurses have been able to respond to the questions in the questionnaire with insight (Nxumalo, 2011). In relation to Roy's adaption theory the respondents' level of learning is the focal stimuli that negatively affects affect the role-function of learner nurses in the clinical settings. The third and fourth level learner nurses do not behave the same in the clinical settings. The third level learner nurses have higher anxiety levels that the fourth level learner nurses that are doing their second year in midwifery. Anxiety levels that are extremely high lead to

maladaptation of the learner nurses to midwifery experiential learning. Learner nurses that do not have anxiety will have positive adaptive responses to midwifery experiential learning (Alligood, 2014; Kaur, 2013)

4.2.2 Section B: Orientation of learner nurses to the maternity units.

In this section the experiences of learner nurse regarding orientation in maternity units. This section comprised of seven (7) items regarding orientation.

During data analysis of sections B, C and D the four parameters of the responses in the questionnaire, the results of two parameters were combined to form one composite result. Strongly agree and agree responses were summed up and presented as agree responses and strongly disagree and disagree were summed up and presented as disagree (Boone & Boone, 2012).

Table 4.2: Orientation of learner nurses to the maternity units

Orientation	SA	A	D	SD
	f(%)	f(%)	f(%)	f(%)
1. Learner nurses are orientated by midwives in antenatal unit (n=214).	80(37.4)	108(50.5)	16(7.5)	10(4.7)
2. Learner nurses are orientated in labour unit (n=214).	99(46.3)	91(42.5)	16(7.5)	8(3.7)
3. Learner nurses are orientated in postnatal unit (n=214).	87(40.7)	105(49.1)	17(7.9)	5(2.3)
4. The orientation programmes in all the units included midwifery protocols (n=213).	36(16.9)	103(48.4)	60(28.2)	14(6.6)
5. Orientation is an ongoing process in maternity units (n=214).	41(19.2)	94(43.9)	57(26.6)	22(10.3)
6. Learner nurses are viewed as part of the unit staff (n=214).	49(22.9)	93(43.5)	46(21.5)	26(12.1)
7. Learner nurses are encouraged and inspired to be part of a team (n=214).	49(22.9)	92(43.0)	55(25.7)	18(8.4)

Learner nurses are orientated by midwives in antenatal unit

The results in Table 4.2 reflect that orientation of learner nurses in antenatal unit is done as the majority, 87.9% (n=188) of the respondents agreed that learner nurses are orientated by midwives in antenatal unit. Only 12.2% (n=26) of the respondents disagreed that learner nurses are orientated by midwives in antenatal unit.

According to Setumo (2013) orientation is the core of an effective and efficient working relationship. Orientation of student nurses is essential as it gives direction to execution of nursing activities and set pace for proper accompaniment and must be done with creativity, innovation and patience (Redding & Graham, 2006).

Lack of orientation causes anxiety and stress and make learner nurses vulnerable to committing many mistakes which can be avoided (Letswalo & Peu, 2015). Orientation of learner nurses in the antenatal unit is the contextual stimuli in relation to Roy's adaptation theory. Orientation of learner nurses in antenatal units is the contextual stimuli that affect the adaptation of learner nurses regarding midwifery experiential learning positively and leads to adaptive responses (Alligood, 2014; Kaur, 2013).

Learner nurses are orientated in labour unit

Table 4.2 shows that 88.8% (n=190) of the respondents agreed that learner nurses are orientated by midwives in labour unit. Only 11.2% (n=22) of the respondents disagreed that learner nurses are orientated by midwives in labour unit.

According to Setumo (2013) orientation is the core of an effective and efficient working relationship. Orientation of learner nurses in the labour unit is the contextual stimuli in relation to Roy's adaptation theory. Orientation of learner nurses in labour units is the contextual stimuli that affect the adaptation of learner nurses regarding midwifery experiential learning positively and leads to adaptive responses (Alligood, 2014; Kaur, 2013).

Learner nurses are orientated in postnatal unit

Table 4.2 reflects that 89.8% (n=192) of the respondents agreed that learner nurses are orientated by midwives in postnatal unit. Only 10.2% (n=22) of the respondents disagreed that learner nurses are orientated by midwives in postnatal unit.

According to Setumo (2013) orientation is the core of an effective and efficient working relationship. Orientation of learner nurses in the postnatal unit is the contextual stimuli in relation to Roy's adaptation theory. Orientation of learner nurses in postnatal units is the contextual stimuli that affect the adaptation of learner nurses regarding midwifery experiential learning positively and leads to adaptive responses (Alligood, 2014).

The orientation programmes in all the units included midwifery protocols

The results in Table 4.2 show that learner nurses are engaged with midwifery protocols as 65.3% (n=139) respondents agreed that the orientation programmes in all the units included midwifery protocol. Only 34.8% (n=74) of the respondents disagreed that the orientation programmes in all the units included midwifery protocol.

It is crucial that learner nurses are orientated to midwifery protocols because most of the routine care activities in maternity units are based on programmes and protocols for saving mothers and babies (Department of Health, 2007).

Orientation is an ongoing process in maternity units

Table 4.2 shows that 63.1% (n=134) of the respondents agreed that orientation of learner nurses is an ongoing process in maternity units. Only 36.9% (n=79) of the respondents disagreed that orientation of learner nurses is an ongoing process in maternity units.

According to Motsilanyane (2015) orientation in the experiential learning environment is an ongoing process which can be used as a strategy to create a clinical learning environment that is conducive for learner nurse. If it is done properly, specific learning outcomes can be achieved.

Ongoing orientation enhances skills and knowledge of learner nurses, facilitates the integration of theory and experiential learning and it helps the learner nurses ease the learner nurses' transition from university/college life to the clinical settings (Charleton, Haymen-White, Ryan & Happell, 2016). The midwifery lecturer should also ensure that learner nurses are adequately orientated to the experiential learning environment in order to facilitate the fulfillment of clinical requirements. Orientation to the clinical environment should commence right from the start of the learner nurses' experiential learning placement (Meyer, 2012).

Learner nurses are viewed as part of the unit staff

Table 4.2 shows that 66.4% (n= 142) of the respondents agreed that learner nurses are viewed as a part of the unit staff. Only 33.6% (n=72) of the respondents disagreed that learner nurses are viewed as part of the unit staff. It can be concluded from the results that learner nurses are viewed as part of the unit staff.

According to Mabuda (2006), when learner nurses feel accepted as members of the team, they will be able to ask questions, as well as ask for advice, guidance and support, without feeling guilty or frightened. This can contribute to the creation of a conducive learning environment for learner nurses. According to SANC (1992), the learner nurses should function as members of the health team, with certain responsibilities as from the commencement of the educational programme.

Learner nurses are encouraged and inspired to be part of a team

The results in table 4.2 show that 65.9% (n=141) of the respondents agreed that learner nurses are encouraged and inspired to be part of a team and 34.1% (n=73) of the respondents disagreed. Therefore this indicates that learner nurses are encouraged and inspired to be part of a team.

Orientation of students forms a good foundation of clinical facilitation. This strategy makes student nurses feel welcome and part of the nursing team (Twentyman & Eaton, 2006).

Arries (2009) reported that clinical staff that treated learner nurses with dignity and respect enhanced the students' perceptions of being valued members of the healthcare team.

4.2.3 Section C: The reaction of learner nurses when witnessing the first delivery and assisting a woman to deliver.

Table 4.3: The reaction of learner nurses when witnessing the first delivery and assisting a woman to deliver

Reaction	SA	A	D	SD
	f(%)	f(%)	f(%)	f(%)
1. I was anxious when I witnessed the first delivery (n=214).	120(56.1)	41(19.2)	31(14.5)	22(10.3)
2. I was traumatised when I witnessed the first delivery (n=214).	43(20.1)	47(22.0)	87(40.7)	37(17.3)
3. I was excited when I witnessed the first delivery (n=214).	68(31.8)	68(31.8)	56(26.2)	22(10.3)
4. The midwife explained the procedure thoroughly (n=214).	78(36.4)	92(43.0)	33(15.4)	11(5.1)
5. Immediately after witnessing the required amount of deliveries I was able to assist a woman in a delivery (n=213).	80(37.6)	94(44.1)	30(14.1)	9(4.2)
6. I was confident the first time I assisted a woman deliver on my own (n=214).	46(21.5)	90(42.1)	60(28.0)	18(8.4)
7. I was anxious the first time I assisted a woman in a delivery (n=213).	51(23.9)	87(40.8)	55(25.8)	20(9.4)
8. I was uncertain of what I was doing the first time I assisted a woman in a delivery (n=213).	33(15.5)	82(38.5)	72(33.8)	26(12.2)

I was anxious when I witnessed the first delivery

Table 4.3 shows that 75.3% (n= 161) of the respondents agreed that they were anxious when they witnessed their first delivery and 24.8% (n=53) of the respondents disagreed that they were anxious when they witnessed the first delivery.

According to Timmins and Kaliszer (2002), Initial learning experiences in the unit were identified as one of the stress-related factors that are present in the experiential learning environment. Experiential experiences have been identified by learner nurses as one of the most anxiety-producing components of the nursing programme (Sharif & Armitage, 2004). Carlson et al. (2003) and Sharif and Masoumi (2005) add that clinical experience becomes a stressful part of nursing for student nurses and is attributed to a lack of orientation about ward activities and unfamiliar places. Becker and Neuwirth (2002) also stated that anxiety is the major obstacle to learning in the clinical setting. This may result in learner nurses being unable to perform procedures on patients (Schmeiser & Yehle, 2001).

While a moderate level of anxiety is needed for learning to occur, a high level of anxiety results in decreased learning (Awuah-Peasah, Sarfo, Asamoah, 2013). Therefore, it is important that the anxiety of learner nurses be reduced so that experiential learning is optimized. In relation to the Roy's adaptation theory, the anxiety of learner nurses when witnessing the first delivery is the ineffective response that the learner nurses give to the focal stimuli they receive when witnessing a delivery (Alligood, 2014; Kaur, 2013). The anxiety experienced by learner nurses is produced by the innate, cognator coping system (Alligood, 2014). Anxiety of learner nurses when witnessing the first delivery negatively affects the adaptation of learner nurses regarding midwifery experiential learning in the clinical settings of Limpopo province.

The Pearson's correlation test was used to test whether there is any relationship between the number of children learner nurses have and learner nurses being anxious when they witnessed the first delivery (Mukaka, 2012). The Pearson's (p) value was 0.043 which is less than the required p value of 0.05.

Therefore this shows that there is a relationship between the number of children learner nurses have and learner nurses being anxious when they witnessed the first delivery.

Table 4.4: The relationship between the number of children learner nurses have and learner nurses being anxious when they witnessed the first delivery (n=213)

NUMBER OF CHILDREN	I was anxious when I witnessed the first delivery			
	Strongly agree	Agree	Disagree	Strongly disagree
	f(%)	f(%)	f(%)	f(%)
0	95 (44.6%)	31 (14.6%)	21 (9.9%)	17 (8.0%)
1-3	24 (11.3%)	10 (4.7%)	9 (4.2%)	4 (1.9%)
>3	1 (0.5%)	0	1 (0.5%)	0

Table 4.4 shows that 59.2% (n=126) of the respondents who have no children agreed that they were anxious when they witnessed the first delivery. Of the respondents that have 1 to 3 children 16% (n=34) agreed that they were anxious when they witnessed the first delivery and of the respondents that have more than 3 children 0.5% (n=1) agreed that they were anxious when they witnessed the first delivery. The results show that learner nurses that have no children were more anxious than those who have more than three children. The more children the learner nurses have the less anxious they become when witnessing the first delivery.

The Chi-Square test was used to test whether there is any relationship between the age of learner nurses and learner nurses being anxious when they witnessed the first delivery (Sharpe, 2015). The p value was 0.350 which is greater than the required p value of 0.05. Therefore there is no relationship between age of learner nurses have and learner nurses being anxious when they witnessed the first delivery.

I was traumatised when I witnessed the first delivery

The results in table 4.3 show that 58.0% (n=124) of the respondents disagreed that they were traumatised when they witnessed the first delivery. This result is contradictory to the 75.3% (n= 161) of the respondents that agreed that they were anxious when they witnessed their first delivery as unresolved anxiety can result in traumatic experiences. 42.1% (n=90) of the respondents agreed that they were traumatised when they witnessed the first delivery and this is in par with the 75.3% that agreed that they were anxious when they witnessed the first delivery.

Stress and trauma of learner nurses can be seen as the result of unresolved fear and anxiety (Higginson, 2006). Learner nurses suffer from a great deal of anxiety; which sometimes interferes with both classroom and clinical performance. Symptoms of anxiety that appear in learner nurses could include tremors, sweating, increased heart rate, and increased blood pressure (Moscaritolo, 2009).

I was excited when I witnessed the first delivery

Table 4.4 shows that 63.6% (n=136) of the respondents agreed that they were excited when they witnessed the first delivery. This supports the results in 4.2.3.2 that 42.1% (n=90) of the respondents disagreed that they were traumatised when they witnessed the first delivery. The chi-square test was done to test whether there is a relationship between the age of learner nurses and learner nurses being excited when they witnessed the first delivery and the p value was 0.047 which is less than the required p value of 0.05. This shows that there is a relationship between the age of learner nurses and learner nurses being excited when they witnessed the first delivery.

Table 4.5: The relationship between age and learner nurses being excited when they witnessed the first delivery (n=210)

AGE	I was excited when I witnessed the first delivery			
	Strongly agree	Agree	Disagree	Strongly disagree
	f(%)	f(%)	f(%)	f(%)
20.00	2 (1%)	6 (2.9%)	1 (0.5%)	1 (0.5%)
21.00	13 (6.2%)	11 (5.2%)	13 (6.2%)	3 (1.4%)
22.00	20 (9.5%)	22 (10.5%)	20 (9.5%)	7 (3.3%)
23.00	16 (7.6%)	11 (5.2%)	12 (5.7%)	4 (1.4%)
24.00	8 (3.8%)	4 (1.9%)	3 (1.4%)	1 (0.5%)
25.00	6 (2.9%)	5 (2.4)	1 (0.5%)	2 (1%)
26.00	1 (0.5%)	4 (1.9%)	2 (1%)	0 (0%)
27.00	0 (0%)	3 (1.4%)	0 (0%)	0 (0%)
28.00	1 (0.5%)	1 (0.5%)	2 (1%)	0 (0%)
29.00	0 (0%)	0 (0%)	0 (0%)	1 (0.5%)
30.00	1 (0.5%)	0 (0%)	0 (0%)	0 (0%)
31.00	0 (0%)	0 (0%)	0 (0%)	1 (0.5%)
33.00	0 (0%)	0 (0%)	0 (0%)	1 (0.5%)

Table 4.5 shows that of the 210 learner nurses who responded with their age, 3.9% (n=8) of the respondents that are 20 years old agreed that they were excited when they witnessed the first delivery and 1% (n=2) of the respondents disagreed that they were excited when they witnessed the first delivery. Of the 21 years old respondents 11.4% (n=24) agreed that they were excited when they witnessed the first delivery and 7.6% (n=16) of the respondents disagreed that they were excited when they witnessed the first delivery.

Of the 22 years old respondents 20% (n=44) agreed that they were excited when they witnessed the first delivery and 12.8% (n=27) disagreed that they were excited when they witnessed the first delivery. Of the 23 years old respondents 12.8% (n=27) agreed that they were excited when they witnessed the first delivery and 7.1% (n=16) of the respondents disagreed that they were excited when they witnessed the first delivery.

Of the 24 years old respondents 5.7% (n=12) agreed that they were excited when they witnessed the first delivery and 1.9% (n=4) of the learner nurses disagreed that agreed that they were excited when they witnessed the first delivery. Table 4.5 shows that of the respondents who are 25 years old 5.3% (n=11) agreed that they were excited when they witnessed the first delivery and 1.5% (n=3) of the learner nurses disagreed that they were excited when they witnessed the first delivery.

Of the 26 years old respondents 2.4% (n=5) agreed that they were excited when they witnessed the first delivery and 1% (n=2) of the learner nurses disagreed that agreed that they were excited when they witnessed the first delivery. Of the 27 years old respondents 1.4% (n=3) agreed that they were excited when they witnessed the first delivery and none of the respondents disagreed that they were excited when they witnessed the first delivery. Of the 28 years old respondents 1% (n=2) agreed that they were excited when they witnessed the first delivery and 1% (n=2) of the learner nurses disagreed that they were excited when they witnessed the first delivery.

Table 4.5 shows that of the 29 years old respondents 0.5% (n=1) disagreed that they were excited when they witnessed the first delivery and none of the respondents agreed they were excited when they witnessed the first delivery. Of the 30 years old respondents 0.5% (n=1) agreed that they were excited when they witnessed the first delivery and none of the respondents disagreed that they were excited when they witnessed the first delivery. Of the 31 years old respondents 0.5% (n=1) disagreed that they were excited when they witnessed the first delivery and none of the respondents agreed that they were excited when they witnessed the first delivery. Of the 33 years old respondents 0.5% (n=1) disagreed that they were excited when they witnessed the first delivery and none of the respondents agreed that they were excited when they witnessed the first delivery. The results in Table 4.5 show that the older the learner nurses get the less excited they are to witness a delivery for the first time.

The midwife explained the procedure thoroughly

The results in Table 4.3 show that 80.4% (n=171) respondents agreed that the midwives explain the procedures thoroughly to the learner nurses and 20.5% (n=44) of the respondents disagreed that the midwives explain the procedures thoroughly to the learner nurses. The results indicate that the midwives do explain procedures to the learner nurses thoroughly. This is reinforced by Mogale (2011), who states that the registered midwives in the maternity units have a responsibility to ensure that patients receive the best healthcare and the learner nurses are taught the appropriate nursing care skills. A midwife explaining the procedure thoroughly is a focal stimulus that stimulates the learner nurses' cognator coping subsystem to respond through learning. This positively affects the adaptation of learner nurses as it leads to adaptive responses to midwifery experiential learning. (Alligood, 2014; Kaur, 2013)

Immediately after witnessing the required amount of deliveries I was able to assist a woman in a delivery

Table 4.3 show that 81.7% (n=174) of the respondents agreed that immediately after witnessing the required amount of deliveries they were able to assist a woman in a delivery and 18.3% (n=39) of the respondents disagreed that immediately after witnessing the required amount of deliveries they were able to assist a woman in a delivery.

The results in table 4.3 indicates that the five (5) cases that the learner nurses witness under instruction as stipulated by SANC R.254 (1975), gives the learner nurses enough time to observe carefully and see what is required for them to can assist a woman in a delivery.

I was confident the first time I assisted a woman deliver on my own

Table 4.3 show that 63.6% (n=136) respondents agreed that they were confident the first time they assisted a woman deliver on their own and 36.4% (n=78) of the respondents disagreed that they were confident the first time they assisted a woman deliver on their own.

Lack of confidence in performing clinical skills is a result of anxiety that the learner nurses experience when they are in the clinical settings for experiential learning. This is supported by Sharif and Armitage (2004), who state that the anxiety that when learner nurses suffer a great deal of anxiety this can have interference in the learner nurses classroom and clinical performance. Those learner nurses who suffer from severe anxiety may experience impaired academic performance, low grades, and in some cases high dropout rates (Sharif & Armitage, 2004).

I was anxious the first time I assisted a woman in a delivery

The results in Table 4.3 show that 64.7 % (n=138) respondents agreed that they were anxious the first time they assisted a woman in a delivery and 35.2% (n=75) respondents disagreed that they were anxious the first time they assisted a woman in a delivery. This results correlates with the result that 75.3% (n= 161) of the learner nurses agreed that they were anxious when they witnessed their first delivery.

According to a study conducted by Brunstad, Giske and Hjalnhult (2016), participants stated that the feelings of joy, embarrassment, excitement, fear and satisfaction were related to their relationship with the midwives. In relation to Roy's adaptation theory this is the focal stimuli that immediately affect the learner nurses which will affect the adaptation of learner nurses (Alligood, 2014; Kaur, 2013). The anxiety of the learner nurses affects the self-concept adaptive mode of the learner nurses, which are the ideas that the learner nurses hold about themselves during their midwifery experiential learning. This leads to maladaptation of learner nurses to midwifery experiential learning (Alligood, 2014; Kaur, 2013).

Using the Chi-Square test to test whether there is any relationship between the age of learner nurses and learner nurses being anxious the first time they assisted a woman in a delivery, the p value was 0.345, this is greater than the required p value of 0.05. Therefore there is no relationship between age of learner nurses and learner nurses being anxious the first time they assisted a woman in a delivery.

The Pearson's correlation test was used to test whether there is any relationship between the gender of learner nurses and learner nurses being anxious the first time they assisted a woman in a delivery. The p value was 0.068 which is greater than the required p value of 0.05. Therefore there is no relationship between gender of learner nurses and learner nurses being anxious the first time they assisted a woman in a delivery.

The Pearson's correlation test was used to test whether there is any relationship between the number of children learner nurses have and learner nurses being anxious the first time they assisted a woman in a delivery. The p value was 0.071 which is greater than the required p value of 0.05. Therefore there is no relationship between the number of children learner nurses have and learner nurses being anxious the first time they assisted a woman in a delivery.

I was uncertain of what I was doing the first time I assisted a woman in a delivery

Table 4.3 shows that 54% (n=115) of the respondents agreed that they were uncertain of what they were doing the first time they assisted a woman in a delivery and 46% (n=98) of the respondents agreed that they were uncertain of what they were doing the first time they assisted a woman in a delivery.

This result is due to the learner nurses being anxious the first time they witnessed a woman delivery. According to Carlson et al., (2003) learner nurses often experience anxiety and uncertainty in the clinical setting due to unavailability of and inaccessibility of unit staff, clinical preceptor and lecturers. (Moscaritolo, 2009) states that high levels of anxiety can affect the learner's experiential performance which can present a clear threat to success in clinical practice.

4.2.4 Section D: The role of midwives in the experiential learning of learner nurses.

Table 4.6: The role of midwives in the experiential learning of learner nurses

Role of midwives	SA	A	D	SD
	f(%)	f%	f%	f%
1. The midwives show an interest in the learner nurses' learning objectives (n=214).	40(18.7)	86(40.2)	63(29.4)	25(11.7)
2. Midwifery learning objectives for third level learner nurses are available in the units (n=214).	61(28.5)	103(48.1)	35(16.4)	15(7.0)
3. Midwifery learning objectives for fourth level learner nurses are available in the units (n=207).	54(26.1)	102(49.3)	36(17.4)	15(7.2)
4. Midwives delegate duties to learner nurses according to their midwifery learning objectives (n=214).	53(24.8)	79(36.9)	59(27.6)	23(10.7)
5. Midwives encourage learner nurses to participate in unit rounds (n=214).	63(29.4)	97(45.3)	42(19.6)	12(5.6)
6. Midwives are hostile towards learner nurses (n=211).	34(16.1)	81(38.4)	76(36.0)	20(9.5)
7. Midwives teach and demonstrate procedures to learner nurses (n=213).	52(24.4)	112(52.6)	38(17.8)	11(5.2)
8. Midwives encourage learner nurses to ask questions freely (n=213).	66(31.0)	97(45.5)	35(16.4)	15(7.0)
9. Midwives answer questions asked by learner nurses fairly (211).	43(20.4)	118(56.0)	42(19.9)	8(3.8)
10. Midwives directly supervise the learner nurses when they perform procedures in the unit (n=214).	64(29.9)	91(42.5)	44(20.6)	15(7.0)
11. Midwives involve learner nurses in decision making processes in the units (n=213)	19(8.9)	56(26.3)	98(46.0)	40(18.8)

12.Learner nurses perceive midwives as their role models (n=214).	40(18.7)	87(40.7)	61(28.5)	26(13.1)
13.The staff in the units provides support to learner nurses in the units (n=213).	29(13.6)	97(45.5)	66(31)	21(9.9)

The midwives show an interest in the learner nurses’ learning objectives

Table 4.6 shows that 58.9% (n=126) of the respondents agreed that midwives show interest in learner nurses’ learning objectives and 41.1% (n=88) of the respondents disagreed that midwives show interest in learner nurses’ learning objectives.

SANC (1992) states that the overall objective of experiential learning is to provide learner nurses with meaningful learning opportunities in every area of their placement according to their level of learning to ensure that on completion of their experiential learning they are competent and efficient nurses.

Midwifery learning objectives for third level learner nurses are available in the units

Table 4.6 shows that 76.6% (n=126) of the respondents agreed that midwifery learning objectives for third level learner nurses are available in the units and 41.1% (n=88) of the respondents disagreed that midwifery learning objectives for third level learner nurses are available in the units.

The availability of midwifery learning objectives enables the midwives to delegate duties learner nurses according to their level of learning and their objectives. This is in accordance with SANC (1992, as amended) that states that the learner nurses should be provided with learning opportunities in every area of placement according to their level of learning to ensure that on completion of their experiential learning they are competent and efficient nurses.

Midwifery learning objectives for fourth level learner nurses are available in the units

Table 4.6 shows that 75.4% (n=156) of the respondents agreed that midwifery learning objectives for fourth level learner nurses are available in the units and 24.6% (n=51) of the respondents disagreed that midwifery learning objectives for fourth level learner nurses are available in the units.

The availability of midwifery learning objectives enables the midwives to allocate learner nurses duties according to their level of learning and their objectives. This is in accordance with SANC (1992, as amended) that states that the learner nurses should be provided with learning opportunities in every area of placement according to their level of learning to ensure that on completion of their experiential learning they are competent and efficient nurses.

Midwives delegate duties to learner nurses according to their midwifery learning objectives

Table 4.6 shows that 61.7% (n=132) of the respondents agreed that midwives delegate duties to learner nurses according to the learner nurses' learning objectives and only 38.3% (n=74) of the respondents agreed that midwives delegate duties to learner nurses according to the learner nurses' learning objectives.

The availability of third and fourth level midwifery objectives enable the midwives to delegate the duties to learner nurses according to their midwifery learning objectives. De Villiers, Joubert and Bester (2004), state that adequate planning and preparation should be done with learner nurses, clinical preceptors and registered nurses, because when the registered nurses know the objectives and expectations of the program, they will be able to guide and support the student nurses and vice versa.

Meyer and van Niekerk (2008) recommend that learner nurses should be allocated to the experiential learning environment where there are professional nurses to guide them, and on that note learning opportunities should be should be provided for them.

In addition to the above statement, Bruce et al. (2011), point that the professional nurse may make use of the “teachable moment” or either formal or informal way of guiding and teaching pre-graduate students.

Muller (2011) further encourages learner nurses to prove that they are ready to learn by displaying the necessary interest, motivation and sense of responsibility. Delegating duties to learner nurses according to their midwifery learning objectives is a contextual stimulus that positively affects the learner nurses in the experiential learning environment by stimulating the cognator coping subsystem that responds through learning. This leads to effective adaptive responses from the learner nurses to midwifery experiential learning in the clinical settings of Limpopo province (Alligood, 2014; Kaur, 2013).

Midwives encourage learner nurses to participate in unit rounds

Table 4.6 shows that a majority of 74.7% (n=160) respondents agreed that midwives encourage learner nurses to participate in unit rounds. Table .6 also shows that 25.2% (n=54) of the respondents disagreed that registered midwives in the maternity units are actively involved in the learning of learner nurses.

Table 4.6 shows that registered midwives in the maternity units are actively involved in the teaching and learning of learner nurses. Mellish and Brink (2001) stress that it is important that registered midwives in training hospitals should be active members of the training team and that the staff establishment should provide for optimal guidance of learner nurses. Vittrup and Davey (2009), states that learner nurses should be guided towards independent learning and creative thinking. Learner nurses should be given the opportunity to explore, question, and try out various strategies for learning.

It is imperative that learning opportunities for learner nurses are created by professional nurses who are the key players in improving learning opportunities for learner nurses (Midgley, 2006). In a study conducted by Jonas (2010), learner nurses stated that it is helpful to them when registered nurses find learning opportunities for the learner nurses or simply ask the learner nurses to observe a new procedure.

Midwives are hostile towards learner nurses

Table 4.6 shows that 54.5% (n=115) of the respondents agreed that midwives are hostile towards learner nurses. Although the more than half of the respondents agreed that midwives are hostile towards the learner nurses, 45.5% (n=96) of the respondents disagreed that the midwives were hostile towards learner nurses.

The results of this study show that midwives are unkind and bitter towards learner nurses. Lofmark and Wikblad (2001) revealed that the negative attitudes displayed by the clinical supervisors were increasing, including making condescending remarks, being irritated and not giving feedback. Begley (2002), states that the hostility of qualified staff towards learners influences the ward culture and learning. A study conducted by Cassimjee and Bhengu (2006) revealed that poor relationship between the learner nurses and their supervisors resulted in insufficient supervision and lack of feedback and this affects the competency that is to be acquired by the learner nurses. A study by Lita, Alberts, Van Dyk and Small (2002) also revealed that poor interpersonal relations and poor communication between learner nurses, registered nurses and lecturers, creates stumbling blocks in the guidance of learner nurses. Hauer, ten Cate Boscardin, Irby, Iobst, and O`Sullivan (2014) as well as Muller (2011) emphasises that mutual respect and trust is vital in the relationship between the learner nurses and the clinical facilitators which are the registered midwives. Caka and Lekalakala-Mokgele (2013) as well as Levett-Jones and Lathlean (2009) stated that learner nurses are often exposed to traumatic and hostile clinical environment where clinical staff strongly judge and criticize students.

The hostility of midwives towards learner nurses is the contextual stimuli according to Roy's adaptation model. This is the environmental factor that affects the adaptation of learner nurses (Alligood, 2014; Kaur, 2013). The interdependence mode through which response to stimuli is carried through in this instance is negatively affected as the relationship between the midwives and learner nurses is not a positive relationship. This leads to ineffective response to stimuli which further leads to maladaptation of learner nurses to midwifery experiential learning in the clinical settings of Limpopo Province (Alligood, 2014; Kaur, 2013).

The hostility of midwives towards learner nurses also negatively affect the role function adaptive mode of the learner nurses further leading to maladaptation of learner nurses to midwifery experiential learning in the clinical settings of Limpopo Province (Allgood, 2014; Kaur, 2013)

Midwives teach and demonstrate procedures to learner nurses

Table 4.6 shows that 76.8% (n=164) of the respondents agreed that midwives teach and demonstrate procedures to learner nurses. Although more than half of the respondents agreed that midwives teach and demonstrate procedures to learner nurses 23.0% (n=49) of the respondents disagreed that midwives teach and demonstrate procedures to learner nurses.

The results are supported by Mogale (2011), who states that unit manager and the registered midwives in the maternity units have a responsibility to ensure that patients receive the best healthcare and the learner nurses are taught the appropriate nursing care skills. It is essential that clinical teaching must be facilitated by professional nurses in charge of units, whom in the context of this study will be registered midwives (Midgley, 2006; Papp, Markkanen & von Bonsdorff, 2003; Levette-Jones & Lathlean, 2009).

Registered midwives are expected to provide high quality nursing care by focusing on areas such as client care, administration, research and teaching. They have the responsibility of teaching learner nurses to provide health care of the highest possible standard. Education is recognized as an integral part of nursing and health care in general. The educational role of the registered midwives has been formally acknowledged in South Africa and is regarded as one of the competencies of the registered midwives (SANC, 1984).

Midwives encourage learner nurses to ask questions freely

Table 4.6 shows that 75.3% (n=163) of the respondents agreed that midwives encourage learner nurses to ask questions freely and 23.4% (n=50) of the respondents disagreed that midwives encourage learner nurses to ask questions freely.

Beauvais, Brady, O'Shea and Griffin (2011) stated that qualified staff should create an environment which allows student nurses to develop critical thinking and judgement, for example: learner nurses should be able to ask questions without feeling guilty or disloyal. It can therefore be concluded that learner nurses must be accepted in clinical practice as team members, to facilitate their integration with the unit staff, therefore enhancing their experiential learning experience.

Midwives answer questions asked by learner nurses fairly

The results in table 4.6 shows that 76.4% (n=161) respondents agreed that midwives answer questions asked by learner nurses fairly and 43.7% (n=50) of the respondents disagreed that midwives answer questions asked by learner nurses fairly.

Quinn and Hughes (2007) advocate that professional nurses should be approachable and helpful to learner nurses. They further advocate that the professional nurses should provide learner nurses with support in the clinical settings. This is reinforced by Sundler, Björk, Bisholt, Ohlsson, Engström and Gustafsson (2014) who support the importance of a preceptor in the experiential learning environment on a daily basis.

Midwives directly supervise the learner nurses when they perform procedures in the unit

The results in table 4.6 show that midwives directly supervise the learner nurses when they perform procedures in the unit as a majority of 72.4% (n=155) agreed and only 27.6% (n=59) of the respondents disagreed.

Searle (2000), states that a registered midwives' role is to teach other personnel, subordinates and learner nurses as an integral part of supervision. Different models for supervision within experiential learning environment have been proposed (Budgen & Gamroth, 2008). The supervision of learner nurses by registered nurses is one of the commonly used models (Budgen & Gamroth, 2008; Croxon & Maginnis, 2009; Callaghan Watts, McCullough, Moreau, Little, Gamroth & Durnford, 2009).

It is essential that learner nurses are supervised and accompanied adequately to prevent negligence of patients and malpractice (Luhanga, Yonge & Myrick , 2008).

The Supervision of learner nurses is the focal stimuli in relation to Roy's adaptation theory that positively affects the adaptation of learner nurses to midwifery experiential learning. When learner nurses are supervised in the clinical settings they are able to learn closely from their supervisors through asking questions and interacting with the supervisor (Alligood, 2014; Kaur, 2013).

Midwives involve learner nurses in decision making processes in the units

Table 4.6 shows that 64.5% (n=138) of the respondents disagreed that midwives involve learner nurses in decision making processes in the units. Although more than half of the respondents disagreed that midwives involve learner nurses in decision making processes in the units, 35.1% (n=75) of the respondents agreed that midwives involve learner nurses in decision making processes in the units. The 64.5% showed that learner nurses were not allowed to use their critical thinking skills. This affects the adaptation of learner nurses to midwifery experiential learning negatively. Muller (2009), stresses that a conducive learning environment which is free from prejudice and threats will encourage independence, control and critical thinking.

A study by Luhanga et al. (2010) found that learner nurses learn more and enjoy their clinical learning experiences more, when given opportunities to learn alongside registered nurses who are the midwives in this study. Learner nurses not being involved in decision making processes in the units is a contextual stimuli that negatively affect the adaption of learner nurses regarding midwifery experiential learning in the clinical settings of Limpopo Province (Alligood, 200; Kaur, 20134).

Learner nurses perceive midwives as their role models

Table 4.5 shows that 59.5% (n=157) of the respondents agreed that learner nurses perceive midwives as their role models and 41.6% (n=87) of the respondents disagreed.

Role modeling is widely acknowledged as a way of facilitating professional attitudes and behaviors (Speers, Strzyzewski & Ziolkowski, 2004).

According to McCallum (2007) learner nurses learn quickly and become more confident from observing the role models practising skills in clinical areas rather than in the classroom, which can in turn facilitate the integration of theory and practice.

The staff in the units provides support to learner nurses in the units

The results in table 4.5 show that 58.9% (n=123) respondents agreed that the staff in the unit provides support to learner nurses in the units and 40.6% (n=87) of the respondents disagreed.

Beauvais et al. (2011) stated that qualified staff should create an environment which allows student nurses to develop critical thinking and judgement. According to Andrews, Brodie, Andrews, Wong and Thomas (2005), positive interpersonal relationships between learner nurses and ward staff is critical since the learner nurses' desire for support, respect and acceptance.

The staff providing support to the learner nurses in the units positively affects the interdependence adaptive move of the learner nurses leading to adaptive responses (Alligood, 2014; Kaur, 2013).

4.2.5 Section E: Experiential teaching and learning

Table 4.7: Experiential teaching and learning

Experiential teaching and learning	SA	A	D	SD
	f(%)	f(%)	f(%)	f(%)
1. What is learnt in class relates to what is learnt in the units (n=214).	105(49.1)	83(38.8)	19(8.9)	7(3.3)
2. What is learnt in class prepares the learner nurses on what to expect in the units (n=214).	123(57.5)	97(36.9)	9(4.2)	3(1.4)
3. Procedures are demonstrated first in the simulation laboratory before learner nurses go to the units (n=214).	75(35.0)	70(32.7)	41(19.2)	28(13.1)

4. Learner nurses are accompanied by a clinical preceptor to the units daily (n=214).	18(8.4)	38(17.8)	70(32.7)	88(41.1)
5. Clinical accompaniment is helpful in experiential learning (n=213).	75(35.2)	103(48.4)	22(10.3)	13(6.1)
6. Clinical preceptors contribute to the learning of learner nurses in the units (n=213).	52(24.4)	98(46.0)	31(14.5)	32(15.0)
7. Lecturers visit the learner nurses in the units (n=213).	94(44.1)	97(45.5)	17(8.0)	5(2.3)
8. Lecturers are involved in the learner nurses' experiential learning (n=213).	62(29.1)	109(51.1)	32(15.0)	9(4.2)
9. Lecturers conduct clinical assessment of the learner nurses (n=214).	98(45.8)	107(50.0)	7(3.3)	2(0.9)
10. Learner nurses are given feedback after an assessment to monitor their progress (n=214).	82(38.3)	90(42.1)	25(11.7)	17(7.9)

What is learnt in class relates to what is learnt in the units

Table 4.7 shows that 87.9% (n=188) of the respondents agreed that what is learnt in class relates to what is learnt in the units and 12.2% (n=26) of the respondents disagreed.

Papastavrou, Lambrinou, Tsangari, Saarikoski and Leiono-Kilpi (2010) maintain that nursing education is characterized by a close relationship between theory and practice, meaning that nursing cannot be learnt through either theory or practice alone. Nursing experiential learning should be compatible with what is taught in the college or university. Chan (2004) stipulates that clinical teaching provides opportunities for learner nurses to integrate theory and experiential learning. For the learner nurses to acquire the skills necessary for their profession they have to be allocated to clinical areas so as to apply what they have learnt and they have to work whilst doing this.

Beukes, Nolte and Arries (2010) support the idea that theory and experiential practice encapsulates the facilitation and development of professionalism in learner nurse as future health care professionals.

What is learnt in class prepares the learner nurses on what to expect in the units

Table 4.7 shows that 94.9% (n=220) respondents agreed that what is learnt in class prepares the learner nurses on what to expect in the units and 5.6% (n=26) of the respondents disagreed.

Burns and Paterson (2005), state that facilities used for placement of learner nurses play a bigger role in providing learner nurses with the opportunity to engage in practice and make links between theory and practice. According to Peter (2008), clinical teaching and learning is the means by which learner nurses learn to apply the theory of nursing so that integration of theoretical knowledge and practical skills in the clinical situation becomes the art and science of nursing. This supports the fact that learner nurses need to be exposed to theory and experiential learning to facilitate this integration.

Procedures are demonstrated first in the simulation laboratory before learner nurses go to the units

The results in table 4.7 shows that 67.7% (n=145) of the respondents agreed that procedures are demonstrated first in the simulation laboratory before learner nurses go to the units.

Demonstration clinical skills to learner nurses in the simulation laboratory before placement of learner nurses helps the learner nurses develop psychomotor, cognitive and affective skills as well as confidence (Morgan, 2006). The fact that learner nurses need to practice their clinical skills is supported by Baxter (2007), who stated that the key component in nursing education is clinical practice.

Demonstration of clinical skills to the learner nurses first in the simulation laboratory is a contextual stimulus that affects the cognator coping mechanism that enable the learner nurses to respond to the stimuli through learning leading to adaptive responses of

learner nurses to midwifery experiential learning. Demonstration of procedures to learner nurses in the simulation laboratory leads to positive adaptation of learner nurses to midwifery experiential learning (Alligood, 2014; Kaur, 2013).

Learner nurses are accompanied by a clinical preceptor to the units daily

Table 4.7 shows that 26.2% (n=56) of the respondents agreed that learner nurses are accompanied by a clinical preceptor to the units daily. More than half of the respondents 73.8% (n=158) of the respondents disagreed that learner nurses are accompanied by a clinical preceptor to the units daily.

The results in Table 4.7 show that clinical accompaniment of learner nurses in Limpopo Province is not adequately done as more than half of the respondents disagreed that learner nurses are accompanied by a clinical preceptor to the units daily. Kotzé (2008) indicates that clinical accompaniment of learner nurses plays a fundamental role in promoting self-empowerment. Clinical accompaniment of learner nurses provides the learners with support and guidance so that learner nurses are able to achieve their learning objectives (Du Plessis, 2004).

Nurse educators must be present in the clinical learning environment to provide their learners with support and to assist with learning experiences (Kotzé, 2008; Sundler et al., 2014). Clinical accompaniment in the education and training of learner nurses provides the experiential foundation for the knowledge, skills, and values to be consolidated and applied in practice (Moleki, 2008).

Kotzé (2008) emphasises the presence of nurse educators in the experiential learning environment in order to provide their students with support and to assist with the learning experience. The support from the nurse educator during clinical accompaniment cannot be overemphasized (Sundler et al., 2014). In relation to Roy's adaptation theory, lack of accompaniment of learner nurses by a clinical preceptor to the maternity units is a contextual stimuli that negatively affect the interdependence adaptive mode of the learner nurses and negatively affect the cognator coping subsystem. This leads to maladaptation of learner nurses to midwifery experiential learning in the clinical settings of Limpopo province (Alligood, 2014; Kaur, 2013).

Using the Chi-Square test whether there is any relationship between the programme learner nurses are registered for and learner nurses being accompanied by a clinical preceptor to the units daily, the p value was 0.002, this is less than the required p value of 0.05. Therefore there is a relationship between the programme learner nurses are registered for and learner nurses being accompanied by a clinical preceptor to the units daily.

Table 4.8: The relationship between the programme learner nurses are registered for and learner nurses being accompanied by a clinical preceptor to the units daily (n=214)

PROGRAMME REGISTERED FOR	Learner nurses are accompanied by a clinical preceptor to the units daily	
	Accompanied	Not accompanied
	f(%)	f(%)
4- years Diploma	23 (10.8%)	32 (15.0%)
4-years Degree	33 (15.4%)	126 (58.9%)

Table 4.8 shows that 58.9%(n=126) of the respondents who are registered for a 4-year Diploma at Sovenga, Thohoyandou and Giyani campuses of Limpopo College of Nursing stated that they were not accompanied by a clinical preceptor to the units daily and 15.4% (n=33) of the respondents stated that they were accompanied by a clinical preceptor to the units daily. From the University of Limpopo 15.0% (n=32) of the respondents stated they were not accompanied by a clinical preceptor to the units daily and 10.8% (n=23) of the respondents stated they were accompanied by a clinical preceptor to the units daily. This shows that clinical accompaniment of learner nurses at Sovenga, Thohoyandou and Giyani campuses of Limpopo College of Nursing is not done appropriately as compared to clinical accompaniment of learner nurses at the University of Limpopo.

Although in both institutions the majority of responses were the learner nurses stating they were not accompanied by a clinical preceptor. This is contradictory to the results that 70.1% (n=150) of the respondents agreeing that clinical preceptors contribute to the learning of learner nurses in the units. This may be due to learner nurses not understanding the word “preceptor” when answering the question.

WHO (2010) states that Nursing and Midwifery Education Institutions are expected to provide quality education and must develop mechanism to ensure quality in education and training. Quality education will produce qualified graduates who will meet the needs and expectations of the society (WHO, 2010 & NDoH, 2006). The relationship between clinical accompaniment and clinical competent nurse practitioners was emphasized during the national Nursing Summit held by the NDoH in April 2011 (NDoH, 2011).

Clinical accompaniment is helpful in experiential learning

Table 4.7 shows that 83.6% (n=178) of the respondents agreed that clinical accompaniment is helpful in experiential learning and 16.4% (n=35) of the respondents disagreed. The results show that the majority of learner nurses agreed that clinical accompaniment is helpful in experiential learning. This is contradicting with the 73.8% (n=158) of the respondents that disagreed that learner nurses are accompanied by a clinical preceptor to the units daily.

According to Zorga (2002) supervision that is provided during accompaniment of learner nurses enhances the process of life-long learning and development. Learner nurses are able to acquire new professional and personal insights through their own experiences and are further able to integrate theory and experiential knowledge. In order for clinical accompaniment to be effective it should be continuous and regular. SANC (2006) requires that each student should be accompanied to the clinical area for a minimum of 30 minutes twice a month.

Lack of clinical accompaniment of learner nurses by a clinical preceptor on a daily basis is the focal stimuli as it negatively affects the learner nurses adaptation leading to maladaptation of learner nurses to midwifery experiential learning (Alligood, 2014; Kaur, 2013).

Clinical preceptors contribute to the learning of learner nurses in the units

Table 4.7 shows that 70.4% (n=150) of the respondents agreed that clinical preceptors contribute to the learning of learner nurses in the units and 29.5% (n=63) of the respondents disagreed that clinical preceptors contribute to the learning of learner nurses in the units.

Effective accompaniment of learner nurses in experiential learning settings contribute positively to the development of experiential abilities (Mellish & Brink, 2001). Hayden-Miles (2002) indicated that clinical instructors must build a positive relationship with the learner nurses in order to establish a caring environment whereby constructive criticism and values can be expressed without destroying the learners' self-image.

Lecturers visit the learner nurses in the units

Table 4.7 shows that 89.6% (n=191) of the respondents agreed that lecturers are involved in learner nurses' experiential learning and 10.3% (n=22) of the respondents disagreed that lecturers are involved in learner nurses' experiential learning.

The SANC (2006) stipulates the direct and physical involvement of the nurse educator/lecturers in the accompaniment of learner nurses. It is therefore important that the role of the nurse educator/lecturer must extend from the classroom to the clinical area (SANC, 2006).

A lecturer's presence in the clinical environment is crucial and important as they offer educational support by accompanying learner nurses and increases their knowledge base and heighten their interest in continuing education (Gillepsie & McFetridge, 2006; Meskell, Murphy & Shaw, 2009; McSharry, McGloin, Frizzell & Winters-O'Donnell, 2010). Lecturers should visit the students periodically in the clinical settings (Auwah-Peasah et al., 2013).

Lecturers are involved in the learner nurses' experiential learning

Table 4.7 shows that 80.2% (n=171) of the respondents agreed that lecturers are involved in the learner nurses' experiential learning. The results indicate that lecturers are involved in the learner nurses' experiential learning because only a minority 19.2% (n=41) of respondents disagreed that lecturers are involved in the learner nurses' experiential learning.

Brown, Herd, Humphries and Paton (2005) in their study focused on the role of the lecturer as perceived and experienced by learner nurses. As the lecturer took the role of a preceptor in the clinical units, every learner nurse in the unit of placement could be contacted regularly; as such the lecturer- preceptor played a very crucial role of supporting the learner nurses.

The involvement of lecturers in the experiential learning of learner nurses is a focal stimulus that positively affects the cognator coping subsystem leading to adaptive responses of learner nurses to midwifery experiential learning (Alligood, 2014; Kaur, 2013).

Lecturers conduct clinical assessment of the learner nurses

The results in table 4.7 show that lecturers conduct clinical assessment of the learner nurses as 95.8% (n=205) respondents agreed to the statement and 4.2% (n=9) of the respondents disagreed.

For learner nurses to adapt to midwifery experiential learning assessment of learner nurses on clinical skills and procedures should be done by the lecturers/nursing educators to monitor the progress of learner nurses (Cele, Gumede and Kubheka, 2002).

Assessment in nursing training plays an important role because it is central in ensuring that the educational programmes are monitored. These results indicate that lecturers promoted the integration of theory and experiential learning.

According to Moeti, van Niekerk and van Velden (2004) the correlation of theory and experiential learning is an important variable in the education of Learner nurses and may have an influence in the learner nurses' learning, competence and professional conduct.

There are a number of reasons why assessment is done for learner nurses: It is done as a feedback mechanism to academic staff about the learner nurses' learning, for measuring accountability for educational quality and to ensure that learner nurses have acquired necessary knowledge and skills needed to qualify to be promoted to the next level of learning (Wellard, Bethune & Heggen, 2007).

Assessment is also used to measure the expected level of performance and achievement of learning objectives in line with the level of study (Oermann & Gaberson, 2009). This statement is supported by Armstrong (2008) when she asserts lecturers need not only evaluate whether the learner nurses have reached the desired competencies and learning outcomes, but also to evaluate the effectiveness of the programme.

Learner nurses are given feedback after an assessment to monitor their progress.

Table 4.6 shows that 80.4% (n=172) of the respondents agreed that learner nurses are given feedback after an assessment to monitor their progress and 19.6% (n=42) of the respondents disagreed.

Mochaki (2001), revealed that lack of feedback to learner nurses about their performance in clinical practice, and poor interpersonal relationships with unit staff, negatively affect the learner nurses' learning climate, hence impacting on their experiential learning experiences. Assessment methods can have an impact on learning approaches. The way the learner nurses approach their learning can be influenced by their experiences with regard to assessment (Leung, Mork & Wong, 2008).

This furthermore was supported by Garrow and Tawse (2009) who said assessment must be reliable and valid if it is to produce safe and knowledgeable nursing practitioners of the future. Mellish and Paton (2005), state that an effective educator motivates learner nurses and communicates clearly what is expected of them.

4.3 Factors that hinder the adaptation of learner nurses regarding midwifery experiential learning in the clinical settings of Limpopo Province

- The learner nurses' high levels of anxiety on their initial witnessing of a delivery and when they assisted a woman in a delivery the first time. This makes the learner nurses have an unpleasant experience with midwifery experiential learning which in turn hinders the adaptation of learner nurses regarding midwifery experiential learning.
- The hostility of midwives towards learner nurses in the maternity units leads to increased feelings of fear and anxiety to the learner nurses which will affect their academic performance and ultimately hinder their adaptation to midwifery experiential learning.
- Learner nurses not being involved in decision making processes in the units also has an impact on their adaptation to experiential learning as the learner nurse are not given a chance to can use their critical thinking which in turn prepares them to be independent, competent and efficient midwives once they qualify.
- Lack of accompaniment of learner nurses hinders the adaptation of learner nurses as the learners are deprived of a chance to have a qualified preceptor who is able to assist the learner nurses with any challenge they may come across in the units.

4.4 The relations among the factors that hinder the adaptation of learner nurses regarding midwifery experiential learning in the clinical settings of Limpopo Province

- **Anxiety of learner nurses when witnessing the first delivery and the lack of accompaniment of learner nurses by a clinical preceptor to the units daily.**

The Pearson's correlation test was used to test the relation between the anxiety of learner nurses when witnessing the first delivery and the lack of accompaniment of learner nurses by a clinical preceptor to the units daily (Mukaka, 2012). The Pearson's (p) value was -0.028 which is less than the required p value of 0.05. Therefore this shows that there is a relationship between the anxiety of learner nurses when witnessing the first delivery and the lack of accompaniment of learner nurses by a clinical preceptor to the units daily.

Table 4.9: The relation between the anxiety of learner nurses when witnessing the first delivery and the lack of accompaniment of learner nurses by a clinical preceptor to the units daily (n=214)

I was anxious when I witnessed the first delivery	Learner nurses are accompanied by a clinical preceptor to the units daily	
	Accompanied	Not accompanied
	f(%)	f(%)
Anxious	41(19.2%)	120(56.1%)
Not anxious	15(7.0%)	38(17.8%)

Table 4.9 shows that 56.1% (n=120) learner nurses agreed that they were anxious when they witnessed the first deliver agreed that they were not accompanied by a clinical preceptor to the units daily. The learner nurses that agreed that they were anxious when they witnessed the first delivery and were accompanied to the units daily were 19.2% (n=41).

Of the learner nurses that disagreed that they were anxious 7.0% (n=15) agreed that they were accompanied to the units daily and 17.8% (n=38) disagreed that they were accompanied to the units daily.

The results show that learner nurses that lack of accompaniment of learner nurses by a clinical preceptor to the units daily leads to learner nurses' increased anxiety in the experiential learning environment. Anxiety of learner nurses further hinders the adaptation of learner nurses regarding midwifery experiential learning in the clinical settings. Becker and Neuwirth (2002) stated that anxiety is the major obstacle to learning in the clinical setting. This may result in learner nurses being unable to perform procedures on patients (Schmeiser & Yehle, 2001). While a moderate level of anxiety is needed for learning to occur, a high level of anxiety results in decreased learning (Awuah-Peasah, Sarfo, Asamoah, 2013). Therefore it is important that the anxiety of learner nurses be reduced so that experiential learning is optimized.

Lack of accompaniment of learner nurses to the maternity units deprives the learner nurses of the opportunity to have a qualified preceptor that encourages learner nurses to use their critical thinking to solve problems in the units. Clinical accompaniment of learner nurses by a clinical preceptor is therefore important in reducing the anxiety of learner nurses. McSherry, Kell and Pearce (2002) stated that clinical accompaniment, supervision and guidance of learner nurses in the clinical area forms an integral part of the learner nurses' personal and professional development. It is important for nurse educators to be aware of how vulnerable their learners are to developing anxiety, be attentive to learner nurses observing them for signs and symptoms of anxiety and intervene when learner nurses need help (Masterman, 2012).

- **Hostility of midwives towards learner nurses and midwives not involving the learner nurses in decision making processes in the units**

The Pearson’s correlation test was used to test the relation between the hostility of midwives towards learner nurses and midwives not involving the learner nurses in decision making processes in the units (Mukaka, 2012). The Pearson’s (p) value was 0.024 which is less than the required p value of 0.05.

Therefore this shows that there is a relationship between the hostility of midwives towards learner nurses and midwives not involving the learner nurses in decision making processes in the units.

Table 4.10: The relation between the hostility of midwives towards learner nurses and midwives not involving the learner nurses in decision making processes in the units (n=210)

Midwives are hostile towards learner nurses	Midwives involve learner nurses in decision making processes in the units	
	Agree	Disagree
	f(%)	f(%)
Hostile	43(20.5%)	71(33.8%)
Not hostile	32(15.2%)	64(30.5%)

Table 4.9 shows that 20.5% (n=43) learner nurse agreed that midwives are hostile towards the learner nurses and involve the learner nurses in decision making processes in the units. Of the learner nurses that agreed that the midwives are hostile towards learner nurses, 33.8% (n=71) of the learner nurses disagreed that midwives involve the learner nurses in decision making processes in the units. Table 4.9 also shows that 30.5% (n=64) learner nurses disagreed that midwives are hostile towards the learner nurses and involve the learner nurses in decision making processes in the units.

Of the learner nurses that disagreed that the midwives are hostile towards learner nurses, 15.2% (n=32) of the learner nurses agreed that midwives involve the learner nurses in decision making processes in the units.

The results show that the hostile midwives do not involve the learner nurses in decision making processes in the units which therefore hinders adaptation of learner nurses to midwifery experiential learning. Hostility of midwives towards learner nurses does not promote learning. The study conducted by Hayden-Miles (2002) revealed fear of being ridiculed by learner nurses as negatively affecting their competence due to negative relationship with the ward staff. Levett-Jone and Lathlean (2007) found that learner nurses described how difficult it was to be motivated and enthusiastic when their placement experiences had been overshadowed by alienation from the nursing team. Chuan and Barnett (2012) found that learning was enhanced by learner nurses' and staff nurses' positive attitude towards learner nurses' learning.

- **The anxiety of learner nurses when witnessing the first delivery and midwives not involving the learner nurses in decision making processes in the units**

The Pearson's correlation test was used to test the relation between anxiety of learner nurses when witnessing the first delivery and midwives not involving the learner nurses in decision making processes in the units (Mukaka, 2012). The Pearson's (p) value was -0.007 which is less than the required p value of 0.05. Therefore this shows that there is a relationship between the anxiety of learner nurses when witnessing the first delivery and midwives not involving the learner nurses in decision making processes in the units.

Table 4.11: The relation between the anxiety of learner nurses when witnessing the first delivery and midwives not involving the learner nurses in decision making processes in the units (n=213)

I was anxious when I witnessed the first delivery	Midwives involve learner nurses in decision making processes in the units	
	Agree	Disagree
	f(%)	f(%)
Anxious	56(26.3%)	104(48.8%)
Not anxious	19(8.9%)	34(16.0%)

Table 4.10 shows that 26.3% (n=56) learner nurses that agreed they were anxious when witnessing the first delivery and the learner nurses agreed that they were involved in decision making processes in the units. Of the learner nurses that agreed they were anxious, 48% (n=104) disagreed that they were involved in decision making processes in the units. The results also show that 8.9% (n=19) learner nurses disagreed that they were anxious when witnessing the first delivery and agreed that they were involved in decision making processes in the units. Of the learner nurses that disagreed that they were anxious when witnessing the first delivery, 16.0% (n=34) disagreed that they were involved in decision making processes in the units.

The results show those learner nurses that are not involved in decision making processes in the units by the midwives are the learner nurses that are anxious in the experiential learning environment. Anxiety of the learner nurses further hinders the adaptation of learner nurses regarding midwifery experiential learning in the clinical settings.

4.5 STRATEGIES TO ENHANCE THE ADAPTATION OF LEARNER NURSES REGARDING MIDWIFERY EXPERIENTIAL LEARNING

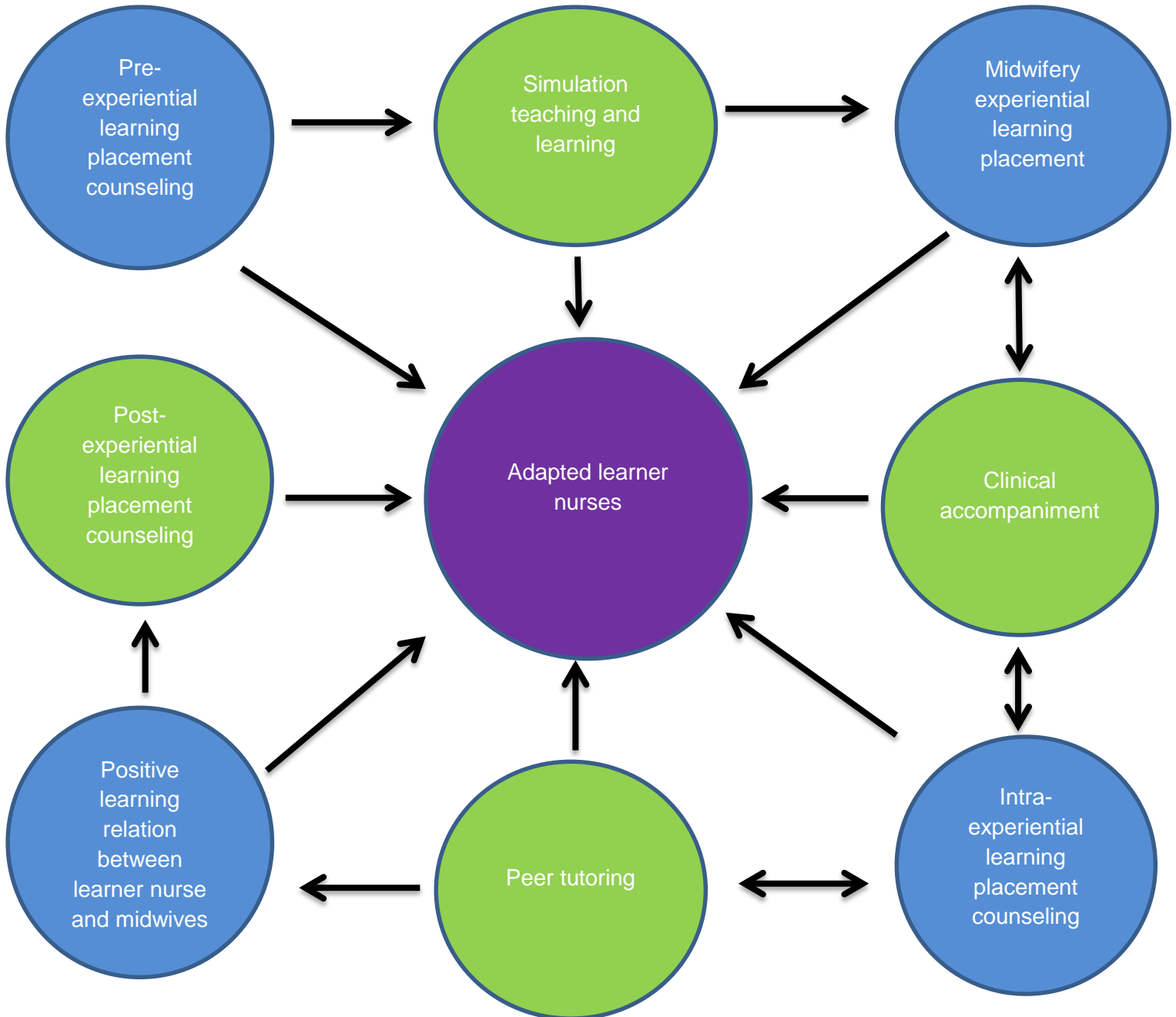


Figure 4.6: Strategies to enhance the adaptation of learner nurses regarding midwifery experiential learning

Figure 4.6 shows the strategies to enhance the adaptation of learner nurses regarding midwifery experiential learning. The strategies to enhance the adaptation of learner nurses regarding midwifery experiential learning in the clinical settings of Limpopo Province were developed based on the factors identified to hinder the adaptation of learner nurses regarding midwifery experiential learning in the clinical settings of Limpopo Province. The blue arrows connect the strategies to show that the strategies are designed to work in a sequence and without one the strategies the final goal of adapted learner nurses cannot be achieved. The black arrows from each strategy show that each strategy lead to adapted learner nurses. The colours of the shapes have no significance in the strategies. The strategies designed to enhance the adaptation of learner nurses regarding midwifery experiential learning are as follows:

4.5.1 Pre-experiential learning placement counseling

The objective of pre-experiential learning placement counseling is to allay pre-existing anxiety that the learner nurses may have prior to their placement to the clinical setting for midwifery experiential learning. The learner nurses should be counselled on what to expect in the maternity units in order to alleviate any fears and anxiety the learner nurses might be having.

4.5.2 Simulation teaching and learning

The objective of simulation teaching and learning is to give learner nurses the platform to learn and practice midwifery clinical skills prior to placement of learner nurses to the clinical settings. Before learner nurses are allocated for midwifery experiential learning, simulation teaching should take place in the simulation laboratories. Simulation learning can decrease the anxiety and fear learner nurses experience in the maternity units. Simulation will provide the learner nurses with the opportunity to perform hands on clinical skills and patient care in an environment where they can ask questions freely as they will be facilitated by their clinical preceptor. The learner nurses are also provided with a chance to practice and perfect the midwifery clinical skills. This gives learner nurses the opportunity to build their confidence when performing midwifery skills.

4.5.3 Midwifery experiential learning placement

The objective for midwifery experiential learning placement is to enable learner nurses to develop clinical skills and integrate theory and practice. Learner nurses should be allocated to the clinical settings according to their level of learning and midwifery learning objectives. Midwifery experiential learning placement provides the learner nurses with a chance to learn clinical skills from the midwives in the clinical settings so that they become safe, competent midwives once they qualify. The placement of learner nurses to midwifery experiential learning should be consistent so as to allow the learner nurses to adapt to the clinical settings.

4.5.4 Clinical accompaniment

The objective of clinical accompaniment is to decrease the amount of anxiety experienced by learner nurses further enhancing the adaptation of learner nurses regarding midwifery experiential learning through teaching and providing the learner nurses with support and guidance in the clinical settings.

Learner nurses should be accompanied to the maternity units by qualified clinical preceptors who, together with the midwives will be responsible to supervise the learner nurse in the maternity units. The clinical preceptor should have good communication skills and be approachable and supportive to the learner nurses.

The roles of the clinical preceptors are to encourage learner nurses when they experience any difficulties with their experiential learning, support learner nurses in their experiential learning, liaise with the registered midwives on helping teaching and supervising learner nurses in the units, monitoring the learner nurses in the maternity units to ensure they receive the suitable supervision and teaching from the registered midwives, coaching the learner nurses on how to go about, counseling the learner nurses regarding any stress or anxiety experienced during experiential learning. Accompaniment of learner nurses to the clinical area affords the learner nurses an opportunity to be guided towards professionalism.

4.5.5 Intra-experiential learning placement counseling

The objective of Intra-experiential learning placement counseling is to allay any fears or anxiety that the learner nurses may have during their midwifery experiential learning.

The anxiety of learner nurses should be reduced or allayed to optimize midwifery experiential learning. Relaxation techniques can be used by the counsellors to help learner nurses relax and focus on their experiential learning. It is important for nurse educators and clinical preceptors to be aware of how vulnerable their learners are to developing anxiety, be attentive to learner nurses observing them for signs and symptoms of anxiety and intervene when learner nurses need help.

4.5.6 Peer tutoring

The objective of peer tutoring is to help the learner nurses learn clinical skills from other peers preferably their seniors. This will alleviate any anxiety because the learner nurses will be tutored by people whom they are familiar with and comfortable around.

The benefit of peer tutoring is that the senior learner nurses will gain experience and skills in evaluating the junior learner nurses' practice and junior learner nurses will be more skilled by the time they enter the experiential learning environment. Peer teaching fosters professional development and boosts learner nurses' morale and self-confidence.

4.5.7 Positive learning relationships between learner nurses and midwives

The objective of a positive learning relationship between learner nurses is to promote a positive experiential teaching and learning environment for the learner nurses.

These relationships are important to experiential learning of learner nurses because when the learner nurses feel deprived of feeling of belonging they are more likely to experience a low self-esteem, increased stress and anxiety and depression. Midwives hostility and resentment can make the learner nurses feel uncomfortable leading to fear and anxiety.

When midwives are welcoming, learner nurses will have a better experiential learning experience and they would feel valued. Positive relationships between learner nurses and registered midwives promote and enhance experiential learning learning.

4.5.8 Post-experiential learning placement counseling

The objective of post-experiential learning placement counselling is to allay any fears and anxiety that learner nurses may have on completion of their midwifery experiential learning period.

The counsellor will be able to identify if the fears and anxiety of learner nurses is reduced or getting worse. This will also help allay fears and anxiety that the learner nurses may still have before their next midwifery experiential learning placement. Relaxation techniques can be used by the counselors to help learner nurses relax and focus on their experiential learning.

4.5.9 Adapted learner nurses

Adaptive response by learner nurses is the ultimate goal of the strategies. It is the output that the learner nurses give in response to the stimuli that the learner nurses were exposed to. An adapted learner nurse is a learner nurses that is able to reach their goals and objectives of experiential learning. An adapted learner nurse is a learner nurse that is able to apply the theory of nursing to the clinical context so that integration of theoretical knowledge and practical skills in the clinical setting is possible.

4.6 Conclusion

In this chapter the study results were presented and a discussed and the strategies designed to enhance the adaptation of learner nurses regarding midwifery experiential learning in the clinical settings of Limpopo Province were presented and discussed. The data were presented using figures, graphs and frequency tables. The literature is presented in order to support or refute these study findings in existing literature. Chapter 5 will discuss the summary, limitations and recommendations of the study.

CHAPTER 5

SUMMARY, LIMITATIONS, RECOMMENDATIONS AND CONCLUSION

5.1 Introduction

This chapter presents the summary of the study results, limitations, recommendations and conclusion of the study. The summary is discussed in line with objectives and their achievement based on the results.

5.2 Summary of the study results

5.2.1 *The aim of the study*

The aim of the study was to design strategies to enhance the adaptation of learner nurses regarding midwifery experiential learning in the clinical settings of Limpopo Province.

5.2.2 *The objectives of the study*

The objectives of the study were to:

5.2.2.1 *Identify the factors that hinder the adaptation of learner nurses regarding midwifery experiential learning in the clinical settings of Limpopo Province.*

Based on the results of the study this objective was achieved as follows:

- The learner nurses' high levels of anxiety on their initial witnessing of a delivery and when they assisted a woman in a delivery the first time. This makes the learner nurses have an unpleasant experience with midwifery experiential learning which in turn hinders the adaptation of learner nurses regarding midwifery experiential learning.

- The hostility of midwives towards learner nurses in the maternity units leads to increased feelings of fear and anxiety to the learner nurses which will affect their academic performance and ultimately hinder their adaptation to midwifery experiential learning.
- Learner nurses not being involved in decision making processes in the units also has an impact on their adaptation to experiential learning as the learner nurse are not given a chance to can use their critical thinking which in turn prepares them to be independent, competent and efficient midwives once they qualify.
- Lack of accompaniment of learner nurses hinders the adaptation of learner nurses as the learners are deprived of a chance to have a qualified preceptor who is able to assist the learner nurses with any challenge they may come across in the units.

5.2.2.2 Describe the relations amongst the factors that hinder the adaptation of learner nurses regarding midwifery experiential learning in the clinical settings of Limpopo Province.

This objective was achieved as follows:

- The lack of accompaniment of learner nurses by a clinical preceptor to the units daily leads to learner nurses' increased anxiety in the experiential learning environment. Anxiety of learner nurses further hinders the adaptation of learner nurses regarding midwifery experiential learning in the clinical settings.
- The hostility of midwives do not involve the learner nurses in decision making processes in the units which therefore hinders adaptation of learner nurses to midwifery experiential learning.
- The learner nurses that are not involved in decision making processes in the units by the midwives are the learner nurses that are anxious in the experiential learning environment. Anxiety of the learner nurses further hinders the adaptation of learner nurses regarding midwifery experiential learning in the clinical settings.

5.2.2.3 *To develop strategies that can enhance adaptation of nursing students in regarding midwifery experiential learning in the clinical settings of Limpopo Province.*

This objective was achieved as follows:

The strategies to enhance the adaptation of learner nurses regarding midwifery experiential learning in the clinical settings of Limpopo province were developed. The strategies are as follows:

- Pre-experiential learning placement counselling which involves counseling of learner nurses before midwifery experiential learning placement in order to allay any anxiety and fear learner nurses might have at the time and also to let the learner nurses know what to expect at the maternity units.
- Simulation teaching and learning before placement of learner nurses to maternity units can enhance the adaptation of learner nurses as the learner nurses will have time to practice the skills they learnt in class. As soon as simulation learning and teaching is done learner nurses have to be placed at the maternity units for midwifery experiential learning.
- Midwifery experiential learning placement should be consistent to allow the learners enough time to learn skills in a specific unit. As soon as the learner nurses are placed, clinical accompaniment should take place.
- Clinical accompaniment of learner nurses by qualified clinical preceptors and by midwives will reduce anxiety and fears of learner nurses in the maternity units as the preceptors will be coaching the learner nurses, counseling the learner nurses regarding any stress or anxiety experienced during experiential learning.
- Intra-experiential learning placement counselling of learner nurses should take place when the learner nurses are placed at the maternity units. This will help allay any fears and anxiety the learner nurses might have during midwifery experiential learning placement.

- Peer tutoring is also another strategy to enhance the adaptation of learner nurses as the learners will be tutored by their own peers whom they are familiar with and comfortable around and it will strengthen the competency of learner nurses regarding practical skills.
- Positive learning relationships between learner nurses and midwives will enhance the adaptation of learner nurses as these relationships will make the learner nurses feel accepted, valued and included and reduce anxiety the learner nurses might have.
- Post-experiential learning placement counselling takes place when the learner nurses have completed their experiential learning. This will help the learner nurses and the lecturers identify whether the anxiety and fears of learner nurses are reduced or getting worse.

5.3 Limitations

The study was limited to third and fourth year learner nurses in Limpopo Province who were following the 4-year degree and 4-year diploma registered under the SANC regulation No. R.425 of February 1985. Therefore, the results cannot be generalized to the other provinces in the Republic of South Africa. However, the research methodology can be used by other researchers on midwifery experiential learning.

5.4 Recommendations

Based on the results of the study the researcher has the following recommendations:

5.4.1 Nursing education

The results show that clinical accompaniment of learner nurses is lacking as a result this impacts the adaptation of learner nurses. Learner nurses feel free around qualified people who they know and who shows interest in their experiential learning. Therefore the researcher recommends that:

- Nursing institutions should employ qualified clinical preceptors who are allocated to accompany learner nurses to the midwifery units to ensure that learner nurses achieve their objectives in the units.
- Nursing education institutions should have counselors that are there to give counseling to learner nurses regarding their fears and traumatic experiences in maternity units in order to allay fear and anxiety and help learner nurses adapt to the experiential learning environment.

5.4.2 Midwives

Hostility of the midwives in the maternity units hinders the adaptation of learner nurses regarding midwifery experiential learning.

- The midwives should to be given in-service education in order to remind them about one of their role as professional nurses, which is the teaching role.
- Midwives should include learner nurses in making decisions in the units as a path towards professional maturity and independence. Nurse Managers should on a daily basis allocate one or two midwives, depending on the number of learner nurses, who is competent and willing to supervise learner nurses for that day.

5.4.3 Further research

The study found that there are aspects that affect the experiential learning of learner nurses that need to be further researched, such as:

- The significance of clinical preceptors in maternity units.
- Perceptions/views learner nurses towards clinical accompaniment by a clinical preceptor.
- Factors that lead to hostility of midwives towards learner nurses.
- Factors that affect the relationship between midwives and learner nurses in the maternity units.

5.5 Conclusion

This chapter focused on the summary of the study results, limitations and recommendations of the study. The findings of the study were that the adaptation of learner nurses regarding midwifery experiential learning is hindered by the hostility of midwives towards learner nurses and this leads to continued fear and anxiety of learner nurses which also has a negative impact on the adaptation of learner nurses. Midwives need to portray a welcoming and warm attitude towards learner nurses in order to facilitate the adaptation of learner nurses to the environment and their learning. Lack of clinical accompaniment also hinders the adaptation of learner nurses regarding midwifery experiential learning as the learner nurses are deprived of the support and guidance that should be offered by a clinical preceptor.

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APPENDICES

APPENDIX 1

Questionnaire

INSTRUCTIONS TO THE LEARNER NURSE

Please follow the following instructions

- Do not write your name or student number on the questionnaire.
- Do not write the name of your institution on the questionnaire.
- Answer the following questions by marking an (X) in the relevant block.
- Use a black/blue pen to fill in the questionnaire.

SECTION A: DEMOGRAPHIC DATA

1. Gender

Male	1
Female	2

2. Age in years

.....years old

3. Marital status

Single	1
Married	2
Divorced	3
Widowed	4

4. Number of children

0	1
1 – 3	2
>3	3

5. Programme registered for

4 years Degree	1
4 years Diploma	2

6. Level of learning

Level 3	1
Level 4	2

SECTION B: ORIENTATION OF LEARNER NURSES TO THE MATERNITY UNITS

For each of the following statements please indicate the extent to which you agree or disagree. Mark (X) the relevant response using the key provided.

SA – Strongly Agree A – Agree D – Disagree SD – Strongly Disagree.

SA = 1 A = 2 D = 3 SD = 4

Orientation	SA	A	D	SD
7. Learner nurses are orientated by midwives in antenatal unit.	1	2	3	4
8. Learner nurses are orientated in labour unit.	1	2	3	4
9. Learner nurses are orientated in postnatal unit.	1	2	3	4
10. The orientation programmes in all the units included midwifery protocols.	1	2	3	4
11. Orientation is an ongoing process in maternity units.	1	2	3	4
12. Learner nurses are viewed as part of the unit staff.	1	2	3	4

13. Learner nurses are encouraged and inspired to be part of a team.	1	2	3	4
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SECTION C: THE REACTION OF LEARNER NURSES WHEN WITNESSING THE FIRST DELIVERY AND ASSISTING A WOMAN TO DELIVER.

Reaction	SA	A	D	SD
14. I was anxious when I witnessed the first delivery.	1	2	3	4
15. I was traumatised when I witnessed the first delivery.	1	2	3	4
16. I was excited when I witnessed the first delivery.	1	2	3	4
17. The midwife explained the procedure thoroughly.	1	2	3	4
18. Immediately after witnessing the required amount of deliveries I was able to assist a woman in a delivery.	1	2	3	4
19. I was confident the first time I assisted a woman deliver on my own	1	2	3	4
20. I was anxious the first time I assisted a woman in a delivery.	1	2	3	4
21. I was uncertain of what I was doing the first time I assisted a woman in a delivery.	1	2	3	4

SECTION D: THE ROLE OF MIDWIVES IN THE EXPERIENTIAL LEARNING OF LEARNER NURSES

Role of midwives	SA	A	D	SD
22. The midwives show an interest in the learner nurses' learning objectives.	1	2	3	4
23. Midwifery learning objectives for third level learner nurses are available in the units.	1	2	3	4
24. Midwifery learning objectives for fourth level learner nurses are available in the units.	1	2	3	4
25. Midwives delegate duties to learner nurses according to their midwifery learning objectives.	1	2	3	4
26. Midwives encourage learner nurses to participate in unit rounds.	1	2	3	4
27. Midwives are hostile towards learner nurses.	1	2	3	4
28. Midwives teach and demonstrate procedures to learner nurses.	1	2	3	4
29. Midwives encourage learner nurses to ask questions freely.	1	2	3	4
30. Midwives answer questions asked by learner nurses fairly.	1	2	3	4
31. Midwives directly supervise the learner nurses when they perform procedures in the unit.	1	2	3	4
32. Midwives involve learner nurses in decision making processes in the units.	1	2	3	4
33. Learner nurses perceive midwives as their role models.	1	2	3	4

34. The staff in the units provides support to learner nurses in the units.	1	2	3	4
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SECTION E: EXPERIENTIAL TEACHING AND LEARNING.

Experiential teaching and learning	SA	A	D	SD
35. What is learnt in class relates to what is learnt in the units.	1	2	3	4
36. What is learnt in class prepares the learner nurses on what to expect in the units.	1	2	3	4
37. Procedures are demonstrated first in the simulation laboratory before learner nurses go to the units.	1	2	3	4
38. Learner nurses are accompanied by a clinical preceptor to units daily.	1	2	3	4
39. Clinical accompaniment is helpful in experiential learning.	1	2	3	4
40. Clinical preceptors contribute to the learning of learner nurses in the units.	1	2	3	4
41. Lecturers visit the students in the units.	1	2	3	4
42. Lecturers are involved in the learner nurses' experiential learning.				
43. Lecturers conduct clinical assessment of the learner nurses.	1	2	3	4
44. Learner nurses are given feedback after an assessment to monitor their progress.	1	2	3	4

APPENDIX 2
Consent form

UNIVERSITY OF LIMPOPO ENGLISH CONSENT FORM
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Statement concerning participation in a Research Project*.

Name of Project / Study:

Strategies to enhance the adaptation of learner nurses regarding midwifery experiential learning in the clinical settings of Limpopo Province.

I have read the information and heard the aims and objectives of the proposed study and was provided the opportunity to ask questions and given adequate time to rethink the issue. The aim and objectives of the study are sufficiently clear to me. I have not been pressurized to participate in any way.

I am aware that the results of this project may be used in scientific publications which will be electronically available throughout the world. I consent to this provided that my name and student number are not revealed.

I understand that participation in this Study / Project is completely voluntary and that I may withdraw from it at any time and without supplying reasons. This will have no influence on my academic marks.

I know that this Study / Project has been approved by the Turfloop Research Ethics Committee (TREC). I am fully aware that the results of this Study / Project* will be used for scientific purposes and may be published. I agree to this, provided my privacy is guaranteed.

I hereby give consent to participate in this Study / Project.

.....

Name of learner nurse/volunteer

.....

Signature of learner nurse

.....

Place

.....

Date

.....

Witness

Statement by the Researcher

APPENDIX 3

Morgan and krejcie's table for determining sample size

Appendix 3: Morgan and Krejcie table for determining sample size

<i>N</i>	<i>S</i>	<i>N</i>	<i>S</i>	<i>N</i>	<i>S</i>
10	10	220	140	1200	291
15	14	230	144	1300	297
20	19	240	148	1400	302
25	24	250	152	1500	306
30	28	260	155	1600	310
35	32	270	159	1700	313
40	36	280	162	1800	317
45	40	290	165	1900	320
50	44	300	169	2000	322
55	48	320	175	2200	327
60	52	340	181	2400	331
65	56	360	186	2600	335
70	59	380	191	2800	338
75	63	400	196	3000	341
80	66	420	201	3500	346
85	70	440	205	4000	351
90	73	460	210	4500	354
95	76	480	214	5000	357
100	80	500	217	6000	361
110	86	550	226	7000	364
120	92	600	234	8000	367
130	97	650	242	9000	368
140	103	700	248	10000	370
150	108	750	254	15000	375
160	113	800	260	20000	377
170	118	850	265	30000	379
180	123	900	269	40000	380
190	127	950	274	50000	381
200	132	1000	278	75000	382
210	136	1100	285	100000	384

Note.—*N* is population size.

S is sample size.

APPENDIX 4

Approval letter from Turfloop Research Ethics Committee



University of Limpopo
Department of Research Administration and Development
Private Bag X1106, Sovenga, 0727, South Africa
Tel: (015) 268 2212, Fax: (015) 268 2306, Email:noko.monene@ul.ac.za

TURFLOOP RESEARCH ETHICS COMMITTEE CLEARANCE CERTIFICATE

MEETING: 05 May 2016

PROJECT NUMBER: TREC/35/2016: PG

PROJECT:

Title: Strategies to enhance the adaptation of learner nurses regarding midwifery experiential learning in clinical settings of Limpopo Province

Researcher: Ms SS Maaka

Supervisor: Prof ME Lekhuleni

Co-Supervisor: Ms MK Thopola

Department: Nursing Science

Faculty: Health Sciences

Degree: Masters in Nursing


PROF. TAB MASHEGO
CHAIRPERSON: TURFLOOP RESEARCH ETHICS COMMITTEE

The Turfloop Research Ethics Committee (TREC) is registered with the National Health Research Ethics Council, Registration Number: REC-0310111-031

Note:

- i) Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee.
- ii) The budget for the research will be considered separately from the protocol. PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.

APPENDIX 5

Letter granting permission to conduct research from Limpopo Provincial Department of Health



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH

Enquiries: Latif Shamila (015 2936650)

Ref:4/2/2

Maaka SS
University of Limpopo
Private Bag X1106
Sovenga
0727

Greetings,

RE: Strategies to enhance the adaptation of learner nurses regarding midwifery experimental learning in clinical settings of Limpopo Province

The above matter refers.

1. Permission to conduct the above mentioned study is hereby granted.
2. Kindly be informed that:-
 - Research must be loaded on the NHRD site (<http://nhrd.hst.org.za>) by the researcher.
 - Further arrangement should be made with the targeted institutions, after consultation with the District Executive Manager.
 - In the course of your study there should be no action that disrupts the services.
 - After completion of the study, it is mandatory that the findings should be submitted to the Department to serve as a resource.
 - The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.
 - The above approval is valid for a 3 year period.
 - If the proposal has been amended, a new approval should be sought from the Department of Health.
 - Kindly note, that the Department can withdraw the approval at any time.

Your cooperation will be highly appreciated.

Head of Department

01/07/2016
Date

APPENDIX 6

Letter granting permission to conduct research from the University of Limpopo School of Health Care Sciences



University of Limpopo
School of Health Care Sciences
Private Bag X1106, Sovenga, 0727, South Africa
Tel: (015) 268 3222, Fax: (015) 268 2705, Email: Kgagabi.letsoalo@ul.ac.za

TO : MAAKA S S (201113439)

FM : MR KJ LETSOALO
ACTING DIRECTOR: SCHOOL OF HEALTH CARE SCIENCES

DD : 25 May 2016

SUBJECT : PERMISSION TO COLLECT RESEARCH DATA

Permission is hereby granted to Maaka SS to collect research data from all learner nurses who are registered as per the SANC regulation No. R425 of 22 February 1985.

The topic of research is: "Strategies to enhance the adaptation of learner nurses regarding Midwifery Experiential Learning in clinical settings of Limpopo Province".

Regards,


Mr KJ Letsoalo

Acting Director: School of Health Care Sciences

APPENDIX 7

Letter granting permission to conduct research from the University of Limpopo, Department of Nursing Science



University of Limpopo
Faculty of Health Sciences
School of Health Care Science
Private Bag X1106, Sovenga, 0727, South Africa
Tel: (015) 268 3173, Fax: (015) 268 3080, Email: tebogo.mothiba@ul.ac.za

To: Ms SS Maaka

CC: Prof ME Lekhuleni

From: Prof TM Mothiba

Date: 2016/06/09

Re: Permission to collect data in the Department of Nursing Science based on your request

The above matter bears reference.

This memo serves to acknowledge receipt of letter dated 30th May 2016 of request to collect data from learners registered under SANC Regulation 425 of 22 February 1985. The permission to collect data in the Department of Nursing Science based on your study titled "Strategies to enhance the adaptation of learner nurses regarding midwifery experiential learning in clinical settings of Limpopo Province" is granted.

Kindly contact ULSNA leadership who will assist you in securing appointments with students.

Kind Regards

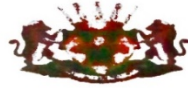
Prof TM Mothiba

Acting HOD (Department of Nursing Science)



APPENDIX 8

Letter granting permission to conduct research from Limpopo College of Nursing, Sovenga Campus



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA



DEPARTMENT OF HEALTH

LIMPOPO COLLEGE OF NURSING:
SOVENGA CAMPUS

To: Maaka S.S
From: The Acting Vice Principal
Date: 15/07/2016

RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH

The above matter has reference:

Permission to conduct a research study on **Strategies to enhance the adaptation of learner nurses regarding Midwifery experiential learning in the clinical settings of Limpopo Province** is hereby granted.

Sovenga campus as a targeted institution to conduct the study has no objection, provided your presence does not disrupt or compromise students learning activities.

Your cooperation in this regard would be appreciated

TJ Gwangwa

Acting Vice Principal

Private Bag X1122, SOVENGA, 0727
Houtbosdorp Road behind Mankweng Hospital, Sovenga, 0727 Tel: 015 267 1114 Fax: 015 267
9372

Website: <http://www.dhhd.limpopo.gov>

The heartland of Southern Africa – Development is about people!

APPENDIX 9

Letter from the statistician



DEPARTMENT OF RESEARCH ADMINISTRATION AND DEVELOPMENT

STATISTICIAN'S CONFIRMATION LETTER

TO WHOM IT MAY CONCERN

I hereby state that I have analysed data for the document titled:
**STRATEGIES TO ENHANCE THE ADAPTATION OF LEARNERS NURSES
REGARDING MIDWIFERY EXPERIENTIAL LEARNING IN CLINICAL SETTINGS OF
LIMPOPO PROVINCE**

by

Seshwatlha Salome Maaka (201113439)

Dissertation

Submitted in partial fulfilment of the requirements for the degree of

MASTER OF NURSING

In the

Faculty of Health Sciences

UNIVERSITY OF LIMPOPO

Supervisors: Professor M.E Lekhuleni

Disclaimer

At time of submission to student, language editing and technical care was attended to as requested by student and supervisor. Any corrections and technical care required after submission is the sole responsibility of the student.

Kind Regards

Netshid

Mr MV Netshidzivhani,

Date

23/11/2016

RESEARCH DEVELOPMENT UNIVERSITY OF LIMPOPO	
2016 -11- 23	
PIF	BAG X1106 SOVENGA 0727 NR. (015) 268 2401

APPENDIX 10:

Letter from the language editor

Fax: 01526828683174
Tel. 0152862684
Cell: 0822198060
Rammalaj@ul.ac.za

Dr J R Rammala
440B Mankweng
Box 4019
Sovenga
0727

To whom it may concern

24 January 2017

Confirmation letter: SESHWATLHA SALOME MAAKA

This memo serves to confirm that I edited a mini-dissertation by the above-mentioned candidate entitled: **Strategies to enhance the adaptation of learner nurses regarding midwifery experiential learning in clinical settings of Limpopo Province**

Editing was done on language, typesetting and technical appearance. There were not so many language errors but a few on agreement and tense. Technically the document was well written and not much was done in this area except rearranging headings and subheading in accordance with rules for the University of Limpopo Research Administration and Development. The bibliography is well written and only a few were corrected for spacing and alignment.

I confirm that the document is now readable and clean with regard to language issues and recommend that it can be submitted for assessment.

Thanks

Signed:

Dr J R Rammala