

**THE EXPERIENCES OF LEARNER NURSES REGARDING CLINICAL  
PLACEMENT DURING THE CORONAVIRUS DISEASE 2019 PANDEMIC AT THE  
UNIVERSITY OF LIMPOPO**

by

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## **DEDICATION**

This study is dedicated to my beloved late father Lucas Mengwai, my mother Matilda Makobe, my siblings Kgahliso and Temosho Nchabeleng, for their unwavering support.

## DECLARATION

I, Linda Nchabeleng, declare that the study entitled “The experiences of learner nurses regarding clinical placement during the Coronavirus Disease 2019 pandemic at the University of Limpopo”, is my own work, and all the sources that I have used or quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted before for any other degree at any other institution.



Nchabeleng L.

February 2024

Full names

Date

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## **ABSTRACT**

Academic nursing programme during the COVID-19 pandemic has been affected, as students had to be withdrawn from clinical experiential learning. This led to learner nurses having challenges in completing their clinical hours required by the South African Nursing Council training requirements. The study aimed to explore and describe the challenges experienced by learner nurses regarding clinical placement during the COVID-19 pandemic at the University of Limpopo.

**Method:** A qualitative, descriptive, and explorative research method was used to explore the experiences of learner nurses regarding clinical placement during the COVID-19 pandemic at the University of Limpopo. A non-probability purposive sampling method was used to select participants. The population included 204 undergraduate learner nurses enrolled at the University of Limpopo to study Bachelor of Nursing degree for the academic year 2021. Data was collected through focus group interviews which consisted of eight to twelve learner nurses in each group. Six focus group interviews were conducted to collect data. Data were analyzed following Tesch's open coding method. The measures to ensure trustworthiness namely credibility, transferability, confirmability, and dependability were followed.

**Results:** The following themes emerged during data analysis; The impact of COVID-19 on the clinical placement of learner nurses, restricted exposure to the clinical area during a hard lockdown, the effects of COVID-19 on the mental well-being of learner nurses and the learner nurses' support, and recommendations. Additionally, the following sub-themes also emerged during data analysis; Incompetence in the performance of some skills, compromised integration of theory to practice, Inadequate clinical hours as required by SANC, lack of personal protective clothing at the clinical areas, exposure to COVID-19 risk, fear of COVID-19 Infection, fear of patients, Inadequate support from preceptors, Inadequate supervision by the senior personnel at the clinical area, difficulties to cope, personal and social coping strategies, educational institution support for learner nurses, management of clinical learning and clinical hours, preparation, protection, and support during clinical practice and the provision of resources and compensation.

**Conclusion:** Nursing education institutions should ensure that learner nurses get clinical exposure even during a pandemic. The study further recommends that nursing

education institutions procure good quality and sufficient personal protective equipment for the learner nurses and that professional nurses at the accredited clinical facilities should assist the learner nurses in correlating theory with practice during the COVID-19 pandemic by supervising them during their clinical training.

**Key concepts:** Clinical placement, Covid-19, Experience, Learner nurses, Pandemic

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## **DEFINITION OF CONCEPTS**

### **Clinical placement**

According to the South African Nursing Council (2013), Clinical placement refers to the time a learner nurse spends in clinical and other experiential learning settings to assure that the program's goals are met. In this study, clinical placement will remain the period spent by the learner nurses at the identified public hospital and clinics where the undergraduate learner nurses are allocated for their clinical learning experience.

### **COVID-19**

According to World Health Organization (2020), Coronavirus Disease 2019 (COVID-19) is a newly discovered coronavirus that causes an infectious disease, several of which cause respiratory disorders in humans, ranging from the common cold to more unusual and serious conditions such as Severe Acute Respiratory Syndrome (SARS) and Middle East respiratory syndrome (MERS). For this study, COVID-19 will refer to the disease that has caused the clinical placement of learner nurses to be disrupted.

### **Experience**

The information you receive about life and the world because of being in various situations and meeting various individuals (Longman Dictionary, 2014). For this study, the experience will mean the different situations that learner nurses go through while in the clinical areas during the COVID-19 pandemic.

### **Learner nurses**

According to the SANC (2013), learner nurse means a trainee nurse or learner midwife who is registered with the Council in terms of section 32; of the Nursing Act, 2005. In this study, learner nurses shall mean the 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> year nursing students enrolled for Bachelor of Nursing degree at the University of Limpopo during the 2021 academic year.

### **Pandemic**

A pandemic is a disease that spreads across a broad area, or even the entire globe (Longman Dictionary, 2014). For this study, pandemic will emphasise how the coronavirus disease 2019 pandemic has affected the clinical placement of learner

nurses at the University of Limpopo and the workload at large towards the healthcare practitioners.

## **LIST OF ABBREVIATIONS**

**COVID-19:** Coronavirus Disease 2019

**NEIs:** Nursing Education Institutions

**SANC:** South African Nursing Council

**SARS:** Severe Acute Respiratory Syndrome

**WHO:** World Health Organization

**PPE:** Personal Protective Equipment

## **CHAPTER ONE**

### **ORIENTATION TO THE STUDY**

#### **1.1. INTRODUCTION AND BACKGROUND**

The Coronavirus Disease 2019 is a contagious respiratory disease caused by the Severe Acute Respiratory Syndrome Coronavirus 2. The SARS-COV-2 virus can disseminate through respiratory droplets from an infected person to other people, either when a person coughs, sneezes, breathes, or sings (WHO,2020). Subsequently, the first cases of COVID-19 were discovered on the 31 December 2019 in Wuhan, China (WHO, 2020). Ojong and Agbe (2023) postulated that the virus then spread to over 100 nations, including South Africa. On 11 March 2020, the WHO declared COVID-19 a pandemic, citing more than 118,000 cases of the coronavirus illness and 4291 deaths in 114 countries and territories around the world (WHO, 2020). Globally as of 16 June 2021, the number of confirmed COVID -19 cases was 176,156,662 and 3,815,486 deaths reported (WHO, 2021). In South Africa, as of 16 June 2021, there were 1,761,066 confirmed cases of COVID-19 and 58,087 deaths (South African Corona Virus Institute, 2021).

According to international studies, the COVID-19 pandemic elevated stress levels of learner nurses including nursing professionals (Godbold, Whiting, Adams, Naidu & Pattison, 2021). This notion was also supported by Aslan and Pekince (2020), who confirmed that COVID 19 infections in Turkey increased stress levels of healthcare professionals, more especially the younger learner nurses. Additionally, Jackson, Bradbury-Jones, Baptiste, Gelling, Morin, Neville and Smith (2020) indicated that COVID-19 pandemic influenced every industry including nursing education. Considering the alarming levels of spread and severity of the COVID-19, several governments shut down schools, colleges, and universities. Globally, Face-to-face lectures, clinical skills laboratories, and student clinical placements have all been eliminated or severely reduced (Jackson et al., 2020).

COVID-19 pandemic had a significant impact on the society, especially in the healthcare sector (Ulenaers, Groesemans, Schoonten & Bergs, 2021). Ulenaers et al.

(2021) further indicate that this extraordinary circumstance provides learner nurses with unrivalled learning opportunities and can jeopardize the learning trajectory of learner nurses. COVID-19 pandemic affected academic nursing programme because learner nurses were withdrawn from the clinical experiential learning (Dewart, Corcoran, Thirsk & Petrovic, 2020; Ulenaers et al., 2021). This led to learner nurses not completing their clinical hours required by South African Nursing Council training requirements.

In Africa, higher education institutions were unable to adapt their planned academic activities due to disruptions caused by the COVID-19 pandemic (Nyoni, 2020). In addition, student's periods of clinical placement in Zambia were disrupted and shortened due to the pandemic (Mwila, Kalolo, Mudenda & Hikaambo, 2020). Furthermore, learner nurses were unable to learn and flourish due to lack of an adequate clinical learning exposure.

One of the prerequisites during training of learner nurses is clinical exposure as indicated by the South African Nursing Council and the Nursing Act No. 33 of 2005. It is therefore critical that learner nurses are exposed to clinical learning opportunities to meet the set SANC training requirements. Due to COVID-19 pandemic, SANC released circular 11 of 2020, which stated that clinical placement for students should be limited as a precautionary measure to stop the spread of corona virus. Furthermore, SANC prescribed that Nursing education institutions should consider extending the length of training to ensure that all clinical requirements for various nursing programmes are met (SANC, 2020). In South Africa, learner nurses at the University of Limpopo were equally affected by the COVID-19 pandemic which resulted in a prolonged training period of three months. Therefore, the aim of this study was to have an in depth understanding of the experiences of learner nurses regarding clinical placement during the COVID-19 pandemic at the University of Limpopo in South Africa.

## **1.2. PROBLEM STATEMENT**

Learner nurses are expected to go to the clinical areas where they practice what they have learned during theoretical sessions for correlation purposes. When COVID-19 pandemic began, the clinical areas indicated that they can only accommodate few



learner nurses to avoid the spread of the disease. The department of nursing had to come up with a plan to rotate the learner nurses throughout all the accredited clinical areas to avoid overcrowding. Despite these plans and strategies in place, learner nurses still had less clinical exposure which resulted in less clinical hours as required by SANC.

The researcher has observed that the COVID-19 pandemic had an impact on learner nurse clinical placement. According to the SANC (SANC 1992), the minimum requirements and guidelines relating to clinical learning, the overall goal of clinical practice is to provide student nurses with meaningful learning opportunities in every area of placement according to their level of training, so that they can provide nursing care to patients efficiently upon completion of the program. Clinical placement of learner nurses is very important and according to the SANC, a learner nurse must complete 4000 hours to obtain their Bachelor of Nursing degree. However, due to COVID-19 pandemic, it was difficult for learner nurse to complete 4000 hours on time.

Based on the foregoing information, the researcher was motivated to explore the experiences of learner nurses regarding clinical placement during the COVID-19 pandemic at the University of Limpopo.

### **1.3. LITERATURE REVIEW**

The literature review is an analysis of published studies done before, it identifies gaps in the research and indicates potential directions for future studies (Paul, Justin, Criado & Alex, 2020). The main purpose of the literature review is to avoid replicating research and to compare already published studies by other authors (Mohammed & Ahmed, 2019).

In this study, a narrative literature review method was used to generate and construct literature for the study. The literature review deliberated on the effects of COVID-19 on clinical placement, the impact of COVID-19 on learner nurses' education, the influence of COVID-19 on the psychological status of learner nurses and clinical accompaniment during the COVID-19 pandemic. The literature review is discussed in detail in chapter two.

## **1.4. THEORETICAL FRAMEWORK**

To guide a study, researchers design theoretical frameworks, which are logically constructed collections of concepts and theories (Batt & Brydges,2022). In this study, Roy's adaptation theory was used to guide the study on experiences of learner nurses regarding clinical placement during the COVID-19 pandemic.

Roy's adaptation theory was used to explain and describe the experiences of learner nurses regarding clinical placement during the COVID-19 pandemic at the University of Limpopo. Roy's adaptation model explains adaptation as how individual structures respond to inputs and interactions within the environment (Candan, Doğan, Güler and Carroll, 2022). The theory is guided by three factors namely input, interrelated subsystems and the output. According to Roy, the input is divided into three focal stimuli, contextual stimuli, and residual stimuli. Under the control processes or interrelated subsystems, there is the primary subsystem consisting of the regulator and cognator. The effector, which is another component of the Roy's adaptation theory, has four adaptive modes, the physiological mode, the self-concept, the role function mode, and the interdependence mode which produces the output. The output has two responses, adaptive responses, and ineffective responses. In this study, the contextual stimuli were the insufficiency of clinical practice due to the COVID-19 pandemic and its regulations. The theoretical framework is discussed in detail in chapter two.

## **1.5. PURPOSE OF THE STUDY**

### **1.5.1. Aims of the study**

To have an in depth understanding of the experiences of learner nurses regarding clinical placement during the COVID-19 pandemic at the University of Limpopo.

### **1.5.2. Objectives of the study**

- To explore the experiences of learner nurses regarding the clinical placement during the COVID-19 pandemic at the University of Limpopo.
- To describe the experiences of learner nurses regarding the clinical placement during the COVID-19 pandemic at the University of Limpopo.

## **1.6. RESEARCH QUESTIONS**

The research questions that guide the study are as follows:

- What are the experiences of learner nurses regarding clinical placement during the COVID-19 pandemic at the University of Limpopo?

## **1.7. OVERVIEW OF THE RESEARCH METHODOLOGY**

A qualitative research method was used to explore and describe the experiences of learner nurses regarding clinical placement during the COVID-19 pandemic at the University of Limpopo. Explorative and descriptive research designs were used to explore and describe the experiences of learner nurses regarding clinical placement during the COVID-19 pandemic at the University of Limpopo. The population was all the undergraduate students enrolled at the University of Limpopo to study Bachelor of Nursing degree for the academic year 2021. Purposive sampling was used to select learner nurses in the study. Six focus group interviews were used to collect data from learner nurses. Ethical standards and principles were ensured before commencement of the study. A more detailed research methodology is discussed in chapter three.

## **1.8. BIAS**

Bias is a factor that causes a misinterpretation in an inference or estimate (Polit & Beck, 2017). Brink, Van der Walt and Rensburg (2018) state that at any time in the research process, bias can occur, and it includes researcher subjectivity. Researcher subjectivity is when the researcher's experiences, expectations, or theories may slant information in a particular direction, either purposefully or accidentally (Brink et al.,2018). The researcher avoided this by not communicating her expectations to the participants but ensured that the views and experiences of the participants were the ones that reflected. The researcher used purposive sampling as a sampling method, and this can ultimately cause bias. However, the researcher paid more attention to the method used to guarantee the study's validity.

The researcher's perspectives and beliefs were put aside to allow the experiences of the learner nurses to emerge, and this was done to avoid bias. The researcher also used the participants' preferred language to avoid bias and ensure that participants understood the posed questions. During the focus group interviews, the researcher also avoided leading questions. The findings were reviewed with the independent

coder in addition to relying on trustworthiness to guarantee the authenticity of the study.

### **1.9. ETHICAL CONSIDERATIONS**

To shield the rights and dignity of study participants, ethical considerations are fundamental in the research study (Hasan, Rana, Chowdhury, Dola & Rony, 2021). In this study, the researcher obtained ethical clearance and gatekeeper permission to conduct the study. The ethical principles which included informed consent, confidentiality, anonymity, principle of justice and principle of beneficence were all complied with during the study. A more detailed explanation of the ethical considerations is outlined in chapter three.

### **1.10. SIGNIFICANCE OF THE STUDY**

The significance of this study is to unravel the experiences of learner nurses regarding clinical placement during the COVID-19 pandemic. Uncovering these experiences will help clinical facilitators and the Department of Nursing to come up with strategies to assist learner nurses when they are in the clinical areas during a pandemic. This study will also serve as a reference for future research. Because clinical placement is such an important and crucial topic of study, the outcomes of this study will add to nursing research. The findings of this study can be used to develop suggestions and guidelines for future learner nurses. Nurse educators may be able to improve or develop their experiential teaching and learning tactics for learner nurses because of this research.

### **1.11. OUTLINE OF CHAPTERS**

In this study, the outline of the proposed chapters is as follows:

- **Chapter One Overview of the Study**

This chapter introduces the study and provides a brief overview of the background about the study of experiences of learner nurses regarding clinical placement during the COVID-19 pandemic. The problem statement, theoretical framework, aim of the study, objectives of the study, research questions, overview of the research methodology, bias, ethical considerations, and the significance of the study.

- **Chapter Two Literature Review**

This chapter discusses the literature review of the experiences of learner nurses during the COVID-19 pandemic. It focuses on what is already known about the topic globally, sub-Saharan, and nationally about the experiences of learner nurses during the COVID-19 pandemic. This chapter also explains the theoretical framework in detail.

- **Chapter Three Research Methodology**

This chapter entails the research designs, the research setting, the population and sampling, data collection method, pilot study, data analysis, measures to ensure trustworthiness, the ethical considerations and harm.

- **Chapter Four Presentation of findings, Interpretation and Literature Control**

This chapter presents the study findings, the description of the findings and the literature control. It discusses the data that was collected during the focus group interviews and analysed using Tech's open coding method.

- **Chapter Five Summary, Limitations, Recommendations and Conclusion**

This chapter discusses the summary, limitations, recommendations, and conclusion of the study. The recommendations were based on the study findings.

## **1.12. SUMMARY**

This chapter has discussed the overview of the study which included the introduction and background to the study, problem statement, theoretical framework, aims of the study, objectives of the study, overview of the research methodology, and significance. Chapter two will deliberate on the literature reviewed in this study

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1. INTRODUCTION**

In chapter 1 the overview of the study was described, this chapter discusses the literature reviewed in this study. This chapter deliberated on the experiences of learner nurses during the COVID-19 pandemic. A critical assessment of current information on a topic that is commonly offered to contextualize the research challenge is referred to as a literature review (Polit & Beck, 2017). In this study the researcher used the narrative literature review, which is also referred to as the traditional literature review. The main goal of literature review is to produce a critical thorough examination of the research in any field (Chigbu, Atiku, and Du Plessis, 2023).

#### **2.2. THE PURPOSE OF THE LITERATURE**

The purpose of the literature review was to carry out a critical analysis of contemporary scholarly work on the experiences of learner nurses during the COVID-19 pandemic so that the researcher can gain a thorough picture of the state of knowledge by determining what is already known about the issue (Brink et al, 2018). The goal of this literature review is to aid the researcher in locating further material based on the findings of other researchers. It described a summary of what was researched globally, internationally, and nationally.

The scope of the literature review will cover all relevant literature referring to the experiences of learner Nurses regarding clinical placement during the Coronavirus disease 2019 pandemic.

#### **2.3. METHODOLOGY**

The methodology will be discussed under the following headings: search strategy for peer-reviewed journals, the inclusion and exclusion criteria and data extraction.

##### **2.3.1. Search strategy for peer-reviewed journals**

In the study, literature was gathered from online publications such as SABINET, J-STOR, Google Scholar, South African National EDT portal as well as books from the University of Limpopo's library. The researcher searched for publications from the year 2019 to 2023 and used the English language to search relevant articles.

### **2.3.2. The inclusion and exclusion criteria**

In this study, the literature was included and excluded based on relevance (Snyder, 2019). The journals that were not peer reviewed were excluded.

### **2.3.3. Key search items for data extraction**

The researcher used the following key search terms to search the databases, experiences, learner nurses, clinical placement, COVID-19 pandemic, and synonyms of the main key search terms (Chigbu, Atiku, and Du Plessis, 2023).

## **2.4. DISCUSSION OF FINDINGS FROM LITERATURE REVIEW**

This chapter deliberated on effects of COVID-19 on clinical placement, impact of COVID-19 on learner nurses' education, the influence of COVID-19 on the psychological status of learner nurses and clinical accompaniment during COVID-19.

### **2.4.1. Effects of COVID-19 on clinical placement**

Clinical placement is defined as an experience that a learner nurse has in a clinical setting to learn practical skills, apply nursing knowledge, and gain professional behaviours that are necessary to develop the fundamental competencies of new nurses (Simpson & Sawatzky, 2020). The institution must collaborate with an accredited health facility that provides clinical placement for learner nurses (SANC,2021). During the COVID-19 pandemic Higher Education institutions had to shut down due to lockdown restrictions (Motala & Menon, 2020). The closure of the Higher Educations institutions meant that learner nurses had to go home and therefore could not go to the clinical areas. During the time that the universities were closed and still planning on how to safely continue the academic year, the learner nurses were losing their time to go to clinical areas.

Therefore globally, it was found that learner nurses had difficulties in their clinical placement during the COVID-19 pandemic, including cancellation or reduced duration of clinical placement and replacement of face-to-face classes, practicals, and labs with online learning environment (Short & Giles, 2021). In addition, the pandemic regulations affected (increased) the time it takes to complete their training and clinical objectives, which are essential for registration with the SANC (Mpasa, Baluwa, Lungu, Chipeta, Munthali, Mhango, Chimbe & Konyani, 2021; Rohde, Johannessen, Maaseide, Flateland, Skisland, Moi & Haraldstad, 2022). Furthermore, Shehata,

Abouzeid, Wasfy, Abdelaziz, Wells and Ahmed (2020), reiterated that due to a lack of clinical placements students experienced challenges in acquiring the minimum required clinical hours of 3000.

In addition to the above, the study by Susmarini, Sumarwati, Handayani and Iskandar (2022) also deducted that the learner nurses experienced the following inconvenience in their clinical learning, the lack of clinical competency and lack of clinical hours. Moreover, in another study conducted in South Africa, it was found that the learner nurses had missed practical hours due to the lockdown restrictions (Makhado, Musekwa, Luvhengo, Murwira, Lebese, Mulaudzi & Chueng, 2022).

#### **2.4.2. Impact of COVID-19 on learner nurses' education**

According to Ilankoon, Kisokanth and Warnakulasuriya (2020), the COVID-19 epidemic has had a significant influence on students' academic studies, including: learning disruptions, assessment disruptions and with the impact being exacerbated for students from underprivileged backgrounds. Moreover, in a study done in Zambia due to the widespread shutdown of educational institutions such as schools, colleges, and universities because of COVID-19, it was revealed that over 60% of the world's student population has been badly impacted (Mwila et al,2020).

The transition to online platforms for all programs had created a new problem: unequal access to education. While students can access information through their mobile phones, the type and capacity of the device was a concern owing to a lack of memory space to download the learning platforms. These devices' battery life was also a drawback (Honey, 2017). British Columbia College of Nursing Professionals (2020) further stated that another concern that had arisen because of the switch to online distribution and the suspension of clinical teaching was the lengthening of the curriculum. Learner nurses in the United Kingdom had originally signed up for a four-year program, however, it was expected that the curriculum would be extended for at least another semester to provide the much-needed clinical experience and hours.

In a study conducted in South Africa, Venda, by Makhado, Musekwa, Luvhengo, Murwira, Lebese, Mulaudzi and Chueng (2022), it was alluded that the Pandemic had a significant impact on nursing education, as well as restricted contact between learner nurses and facilitators. A study done in Malawi by Mpsa et al. (2021) also collaborated that learner nurses had concerns that their learning will be affected due



to a lack of support from clinical and college staff, as well as learning opportunities in hospitals.

#### **2.4.3. The influence of COVID-19 on the psychological status of learner nurses**

Chandasiri (2020) stated that students' emotional health and academic growth may suffer because of the delay in reopening educational establishments due to the lockdown. Students' study habits and work performance were disturbed and degraded because of the long-term home quarantine, which finally led to a rise in stress and poor learning behaviour.

Furthermore, students and the public had reported psychological difficulties because of COVID-19, which may have had an impact on their academic performance (VelaUsing Slack, 2018). The clinical placement had also been known to cause some form of anxiety in learner nurses called the clinical placement anxiety. It is defined as stressors that provide a vague threat to a student's clinical practice goals or expectations, causing psychological, physiological, and behavioural responses that may have a negative impact on the learner nurse's clinical outcomes (Simpson & Sawatzky, 2020).

According to Shanafelt, Ripp and Trockel (2020), during the COVID-19 pandemic, research on sources of anxiety among health professionals demonstrated the need of being heard, prepared, and supported. In addition to the above authors, Jarvis, Martin, Williams, Walters, Baloyi, Hoffman and Chipps (2021) at Western Cape and Kwazulu-Natal also reflected that learner nurses indicated their concerns about PPE and safety for themselves and their family, as well as emotions of tension, worry, and anxiety.

#### **2.4.4. Clinical accompaniment during COVID-19 pandemic**

According to the Nursing Act, Act No.33 of 2005, clinical accompaniment is a planned method used by a nursing education institution to guarantee that the learner receives assistance and support from the nurse educator at the clinical facility to meet the program's objectives (SANC, 2013).

As stated by Ulenaers et al. (2021), because of the additional workload caused by the COVID-19 pandemic, hospital staff may be unable to oversee student nurses. Furthermore, clinical placement supervisors from the nursing school were frequently refused access to clinical settings, making face-to-face supervision and coaching

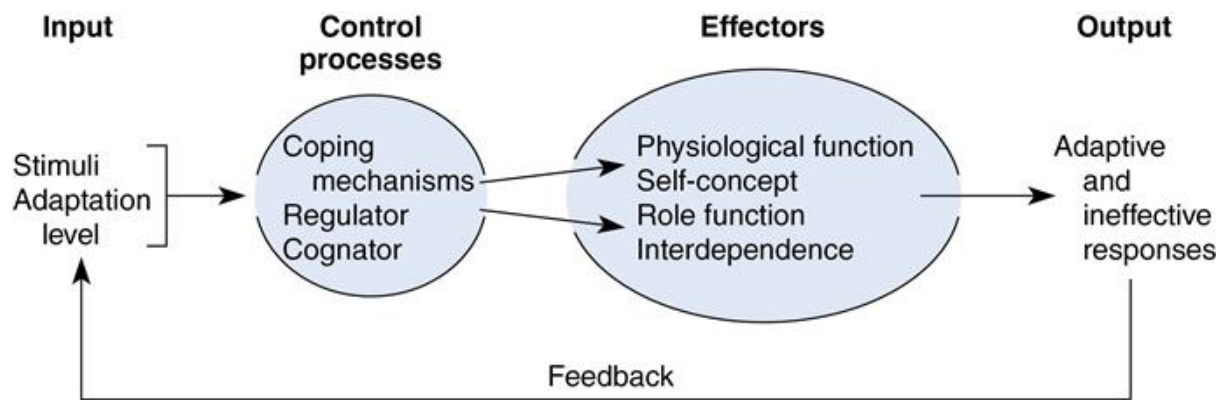
impossible. The combination of an unclear and stressful workplace with a lack of student assistance is a formula for disaster for students.

In addition, nursing in-person clinical instruction was cancelled across the United States, as nursing schools and health-care organizations were unprepared to collaborate during a national health emergency (Michael, Ryan, Matthaeus, Abuelezam, Stamb, Branson, Hekel & Fontenot, 2021). Nursing education barriers, such as limiting and removing nursing students from clinical placements, worked against any efforts to address the present nursing shortage (Bogossian, Mckenna & Levett-Jones, 2020). A study conducted in Malawi also alluded that students were unsure of who would help them while they were in the clinical setting, since the faculty members and clinical staff's ability to oversee and instruct them was altered due to the COVID-19 pandemic forcing hospital administration to lower staffing levels due to some employees being assigned to COVID-19 isolation centres and unclear faculty member visits (Mpasa et. al., 2021).

## **2. THEORETICAL FRAMEWORK**

The theoretical framework is built on propositional claims derived from a prior theory (Brink et. al., 2018). Nursing theories clarify the role of nursing in health care by providing concepts and designs. Nurses are given views for relating to professionals from other disciplines who collaborate with nurses to provide human services through theories (Parker & Smith, 2010). Roy's adaptation theory was used in this study, to explore the experiences of learner nurses regarding clinical placement during COVID-19.

Roy's paradigm relies on the concept of individual adaptation. Nursing, personhood, health, and the environment are all intertwined with this basic theme. Environmental stimuli are constantly present in the person's life (Parker et al, 2010).



**Figure 1.1: Roy's Adaptation Theory adopted from Parker et al. (2010)**

### **Input**

According to Alligood (2014), both the environment and the self-provide inputs or stimuli to the person as an open living system. The combined effect of focused, contextual, and residual stimuli in depth understandings the level of adaptation. When a person responds positively to environmental changes, this is referred to as adaptation. The focal stimulus is the most intense inner or external stimulation that the human system is exposed to right away. The focal stimuli were the effect of the COVID-19 pandemic on the clinical placement of learner nurses in this study.

Contextual stimuli are other stimuli in the surroundings that contribute to the effect of the main stimulus (Alligood, 2014). In this research, the contextual stimuli were the insufficiency of clinical practice due to the COVID-19 pandemic and its regulations. Environmental influences within or outside the human system that have unknown consequences in the current situation are known as residual stimuli. The environment, according to Roy's adaptation theory, encompasses all conditions, situations, and influences that surround and influence the growth and behaviour of people or groups. In the study, the changing environment was the adaptation of the learner nurses to the clinical areas during the COVID-19 pandemic (Alligood, 2014).

### **Control processes**

Control processes are a means of interacting with a changing environment that can be innate or learned (Alligood, 2014). In Roy's adaptation model, control processes are the most important functional subsystems. There are two types of coping mechanisms; automatic processes that are genetically determined are referred to as innate coping mechanisms 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. Using physiological adaptive modes, the regulator coping subsystem allows learner nurses to respond automatically to stimuli via neurological, chemical, and endocrine coping mechanisms (Alligood, 2014). Perception is the interpretation of inputs that connects the regulator and cognator. The regulator translates input into perception, which is the cognator's process (Alligood, 2014). In relation to this study, control processes were the impact that COVID-19 had on the learner nurse's education and clinical learning.

### **Effectors**

Adaptive modes that provide manifestations of the regulator and cognator are known as effectors. Adaptive modes are used to respond to stimuli, and there are four of them:

- The physiological mode is described as follows: "it is associated with the physical and chemical processes involved in the function and activities of living organisms". Five needs are underlined in the physiological mode in relation to the basic need of physiological integrity, as follows: (1) oxygenation, (2) feeding, (3) elimination, (4) activity and relaxation, and (5) protection are the five basic functions of the human body (Alligood, 2014). In relation to this study, the physiological mode was concerned with how the learner nurses interacted with the environment and if all their basic needs were met during the COVID-19 pandemic.
- The concept of oneself and the views or ideas that learner nurses have about themselves during their clinical placement throughout the COVID-19 pandemic were referred to as adaptive mode. The self-concept is defined as a collection of thoughts and sentiments about oneself at any one time, derived from internal perceptions as well as impressions of other people's reactions (Alligood, 2014).
- One of two social modes, the role function mode focuses on the roles that people play in society (Alligood, 2014). The role function adaptive mode in this research, is the role that learner nurses played in the society during COVID-19 and how the pandemic has affected their clinical placements.

- The interdependence mode is concerned with the learner nurses' close relationships with their significant others, such as their spouses, children, friends, or God. In the study, the interdependence mode was the relationships that learner nurses had with their clinical instructors when going to the practical areas during COVID-19 pandemic (Alligood, 2014).

## **Output**

The learner nurses' response to stimuli is the output. Adaptive or inefficient responses are possible. Adaptive responses help learner nurses maintain their integrity. Ineffective responses do not help learner nurses maintain their integrity and can even cause it to be disrupted (Alligood, 2014). Learner nurses can achieve their goals and objectives with adaptive responses when going to clinical placements during the COVID-19 pandemic and how their integrity will be affected when going to the clinical placements during the COVID-19 pandemic.

In this study, Roy's theory of adaptation assisted the researcher in understanding the experiences of the learner nurses. The application of the theory assisted in guiding and understanding how the COVID-19 pandemic affected the learner nurses and their adaptation in the clinical areas.

## **2.5. SUMMARY**

In conclusion, this literature review provided some perception into how the COVID-19 pandemic played a big role in the clinical placement of learner nurses, the education of learner nurses, the psychological status of learner nurses and the clinical accompaniment of learner nurses. The chapter also discussed the theoretical framework used in the study. Chapter three will discuss the research methodology, validity, reliability, ethical considerations, and bias.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 INTRODUCTION**

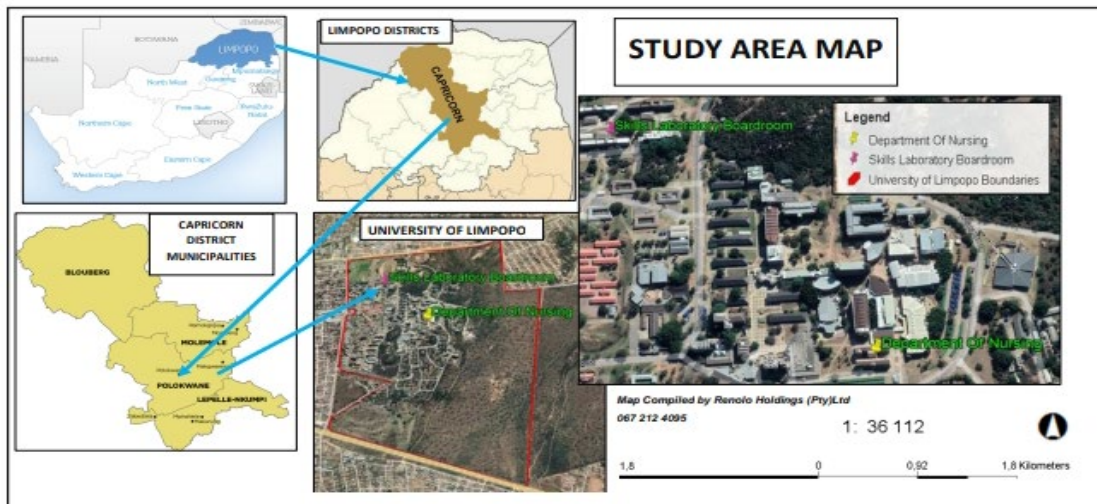
The previous chapter deliberated on the literature review of the study and the theoretical framework that guided the study. This chapter explained the research methodology employed in the study. A research approach, study setting, research designs, population, and the process of selecting the participants are discussed in the chapter. The chapter also discussed data collection method, data analysis, measures to ensure the trustworthiness of the data and the ethical standards and principles adhered to in the study.

#### **3.2 RESEARCH APPROACH**

Qualitative research method is a method used to explore, describe, and promote an in-depth understanding of human experience (Brink et. al., 2018). The qualitative research approach includes a wide range of procedures and methods for researching phenomena, with a focus on the qualitative elements of meaning, experience, and comprehension (Brink et. al., 2018). In this study, a qualitative research design was used to promote an in-depth understanding of the experiences of learner nurses when they were in the clinical areas during the COVID-19 pandemic. A qualitative research approach was used in this study to explore and describe the experiences of learner nurses regarding clinical placement during the COVID-19 pandemic at the University of Limpopo.

#### **3.3 RESEARCH SETTING**

The study was conducted at the University of Limpopo, which is approximately thirty kilometers east of Polokwane. The University of Limpopo is a tertiary institution located in the Limpopo province, South Africa. The University of Limpopo consists of four faculties, twelve schools, and thirty-five departments. The study was conducted in the Faculty of Health Science, School of Health Science at the Department of Nursing Sciences. The Department of Nursing Sciences offers the following programs, a four-year Bachelor of Nursing undergraduate degree and the following postgraduate degrees, a Master of Nursing (MNurs) for two years, and a doctoral (Ph.D.) for three years.



**Figure 2.3: The geographical location of the University of Limpopo.**

The number of learner nurses enrolled for the year 2021 was 284 learner nurses. The clinical training and learning of learner nurses take place at the following clinical institutions: Mokopane hospital, Seshego hospital, Mankweng hospital, Thabamooop hospital, Lebowakgomo hospital, Makanye clinic, Nobody clinic, Sebayeng clinic, Dikgale clinic, Makotopong clinic, Mamotswa clinic, J Mamabolo clinic, Evelin Lekganyane clinic, Phuti clinic and Molepo clinic. The average kilometers that the learner nurses must travel to the mentioned clinical institutions is twenty-six comma twelve. The learner nurses are expected to complete 4000 hours as indicated by the SANC in the clinical area for them to complete the four-year Bachelor of Nursing undergraduate degree.

### **3.4. RESEARCH DESIGNS**

The research design is the researcher's choice of the best method for answering a research question, considering a variety of aspects such as the number of subject groups, data collecting scheduling, and, if necessary, researcher intervention (Gray, Grove & Sutherland, 2017). The researcher used the following research designs in the study:

#### **3.3.1 Explorative Design**

An exploratory design is a design that is built to provide information and insight into clinical or practice difficulties (Pilot & Beck, 2022). The explorative design was used to solve a problem or issue that requires a solution (Grove, Burns & Gray, 2017). The study explored the experiences of learner nurses regarding clinical placement during

the COVID-19 pandemic through focus group interviews. A central question asked in the same way was posed to all the participants followed by probing questions to gain more insight into the experiences of learner nurses related to clinical placement during the COVID-19 pandemic. During the focus group interviews, the researcher used reflective skills by reverting the participant's responses to gain a better understanding of their experiences. The researcher asked the participants their responses to clarify unclear points that emerged during the interview.

### **3.4.2 Descriptive Design**

The descriptive design is created to learn more about the distinctiveness of a specific subject of research (Grove et al, 2017). The lived experience, or our perceptions of the world, is the focus of the descriptive approach (Sundler, Lindberg, Nilsson & Palmér, 2019). Furthermore, to get the participants' viewpoints, descriptive design was used to produce data that describe the who, what and where of events or experiences (Doyle, McCabe, Keogh, Brady, and McCann, 2020). The researcher, in this study, wanted to answer the following question "What are the experiences of learner nurses regarding clinical placement during the COVID-19 pandemic at the University of Limpopo? The descriptive design assisted the researcher to learn more about the lived experiences of the learner nurses. Furthermore, this design aided the researcher to obtain insight and understanding of the diverse experiences of the learner nurses regarding clinical placement during the Covid-19 pandemic at the University of Limpopo.

## **3.5 POPULATION AND SAMPLING**

### **3.5.1 Population**

A population is a group of individuals or objects with some common characteristics that the researcher is interested in (Brink et al., 2018). The population included all the 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup>-year undergraduate learner nurses enrolled at the University of Limpopo to study Bachelor of Nursing degree for the academic year 2021, they were 284 learner nurses.

### **3.5.2 Sampling**

Sampling is the process of selecting a group of people, events, behaviours, or other items to investigate (Burns & Grove, 2017). A non-probability Purposive sampling method was used in the study. Purposive sampling is the conscious choice of certain



individuals or elements for inclusion in a study by the researcher (Burns & Grove, 2017). Polit and Beck (2017) furthermore explained purposive sampling as a method in which participants are selected because they possess the characteristics that will contribute the most to the study. In this study, purposive sampling was used to select learner nurses because they are familiar with the issue under investigation. The learner nurses can share their experiences with the researcher until data saturation was reached during the focus group interview sessions. The researcher was able to obtain a sample of six groups of learner nurses consisting of eight to twelve participants in each focus group interview, who were suitable for the study. Data saturation means that there is no new relevant information that can be collected from the participants of the study (Mwita, 2022). In this study, the researcher reached saturation after conducting six focus group interviews.

- Inclusion criteria

All the 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup>-year learner nurses registered for the year 2021 at the University of Limpopo were included because they had more exposure to the clinical area.

- Exclusion criteria

The first-year learner nurses were excluded from the study because they have little exposure to the clinical area.

### **3.6. RECRUITMENT OF PARTICIPANTS**

The researcher was first granted permission from the Turfloop Research and Ethics Committee, the registrar, as well as the Department of Nursing Sciences at the University of Limpopo to conduct her study. The researcher recruited potential participants two weeks before the focus group interviews by initiating contact by requesting the contact details of the class representatives of second, third, and fourth-year learner nurses so that she could invite the learner nurses to the focus group interviews.

The researcher explained the study's purpose, aims, and benefits to the learner nurses. The learner nurses were given time to consider their options and were asked to inform the researcher of their willingness to participate in the study when they are ready. A follow-up reminder through phone calls and text messages was done two

days before the scheduled focus group interviews to remind potential participants of the time, venue, purpose, and importance of the focus group interviews.

### **3.7. DATA COLLECTION**

According to Burns et al. (2017), the systematic gathering of information relevant to the study's research purpose, objectives, questions, and hypotheses is referred to as data collection. In this study, the researcher used focus group interviews to collect data from 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> -year learner nurses. A focus group interview is an interview consisting of a group of individuals gathered to answer questions on a given topic (Polit & Beck, 2017). Focus group interviews were chosen to help the researcher to better understand the experiences of the learner nurses regarding clinical placement during the COVID-19 pandemic. Focus group interviews further assisted the researcher to gain a variety of perspectives from the participants. In this study, the researcher directed the focus group discussions by asking the central question, "Can you please describe your experiences regarding clinical placement during the COVID-19 pandemic" and let the discussion continue. The researcher asked the question in the same manner and how the participants answered the central question led to the probing question. The researcher tactfully guided the participants back to the topic in case the participants wandered off the topic. In this study, the researcher conducted the focus group interviews for three months (October 2022, November 2022, and January 2023) until data saturation was reached.

The focus group interviews were conducted in the following manner:

#### **3.7.1. The preparation of the focus group interviews.**

In the preparation phase, the researcher prepared all the materials that were needed during the focus group interviews such as a voice recorder, a notebook for field notes, an interview guide, participants information leaflet as well as a consent form written in English for the participants. The researcher then set an appointment telephonically with the learner nurses to inform them about the venue and date to do the focus group interviews as recommended by Gray, Grove, and Sutherland (2017).

The researcher organised the skills laboratory boardroom and the sitting arrangement was made in a way that can accommodate all the participants and the researcher. The sitting arrangements were made in a way as to ensure that social distancing and eye

contact are maintained, although during data collection the COVID-19 regulation were relaxed.

### **3.7.2. Conducting the focus group interviews.**

The researcher collected data at the University of Limpopo in the Department of Nursing Science skills laboratory boardroom. The meeting place was free from noise and disturbance to ensure privacy and comfort (McGrath, Palmgren & Liljedahl, 2019).

According to Gray et. al., (2017), the researcher can be the facilitator/moderator of the group or train another person to do it, in this study the researcher was the moderator of the focus group interviews. Facilitating the focus group interviews also gave the researcher the opportunity to learn.

The participants were informed that masks and sanitizes are available in case they need them. The researcher informed the participants that the sessions are recorded with a voice recorder and requested consent from them to turn it on (Lauri, 2019). The researcher welcomed the participants and introduced herself and her role to the participants. The participants also introduced themselves to establish rapport. The researcher then read the information leaflet using English as the preferred language of the participants and explained it to the participants (McGrath et. al., 2019). The researcher set ground rules before commencing with the interviews to ensure that disturbances are avoided.

The participants were informed that they are not coerced to take part in the study, but rather, it is voluntary and that they could always withdraw at any time, if they happen to feel uncomfortable in the process. After obtaining the verbal and written consent the interview process then commenced.

The participants were informed about the benefits of participating in the study and the participants were informed that the study will not cause harm to them and if any of the participants needs psychological help, they can be referred to a psychologist.

The participants were informed that they should not make inappropriate remarks at each other, for example laughing at each other, and that there is no right or wrong experience.

The researcher asked the participants the question “Can you please describe your experiences regarding clinical placement during the COVID-19 pandemic?”, the participants were encouraged to speak freely and share their experiences. Probing questions were asked to get more information and clarity from the participants.

To facilitate the focus group interviews, the researcher asked follow-up questions, clarified, paraphrased, and reverted what the participants mentioned to enable in-depth information. Field notes were taken during the interview to ensure record keeping and to assist with recording the thoughts and reactions of the participants as well as noting areas of concern that will need further questioning and clarification from participants.

The researcher asked an exit question “is there anything that you would like to share with us?” to ensure that all the participants are given a chance to share their experiences and if no one had anything to share the researcher then thanked the participants for their time. The focus group interviews lasted for 30-40 minutes, and all the participants were available throughout the focus group interviews. Refreshments were served to participants as a token of appreciation.

### **3.8. PILOT INTERVIEW**

A pilot study is a small-scale study conducted prior to a larger study on a small group of people from the community in question, with the goal of determining the feasibility of the intended research and uncovering any methodological flaws (Brink et al., 2018). In the study, pilot interview was done with the first three groups of learner nurses from University of Limpopo to see if the interview guide is effective and to see if it poses any challenges to the participants. Three focus group interviews were conducted to pilot the interview guide before proper data collection was undertaken. Through the pilot interview, the researcher was able to refine some of her probing questions so that the participants can understand them better. The three groups of learner nurses were not part of the main study.

### **3.9. DATA ANALYSIS**

According to Burns et al. (2017), data analysis is used to simplify, organize, and make sense of information. The researcher listened to the voice recordings to understand the data collected before transcribing it verbatim. The recorded data was transcribed

verbatim in preparation for data analysis. The field notes collected during the focus group interview were integrated and analyzed to enrich the data.

To uncover patterns and generate explanations to organize data into segments, inductive and deductive reasoning (coding) was applied. An independent coder who is an expert in qualitative research was given the transcripts to analyse the data independently after data collection. A meeting was held between the independent coder and the researcher to reach a consensus about the categories identified independently and consensus was reached between the researcher and the independent coder on the themes and sub-themes.

The data was analyzed following Tesch`s open coding method (Creswell, 2017). Tesch`s eight steps that were used are as follows:

- All recorded interviews were transcribed verbatim. The researchers went over all the transcriptions attentively and took notes of any ideas that arise.
- The researchers picked one interview to read and try to make sense of the content by jotting down any thoughts that come to mind.
- Following their review of the transcripts, the researchers arranged related subjects into columns labelled topics, unique topics, and leftovers.
- The researcher then abbreviated the topics as coded and wrote codes next to the appropriate segment of the text. The researchers then observed the organization of data to check if new categories or codes emerged.
- The most descriptive language for the themes was found and converted into categories by the researchers.
- The abbreviation of each category was decided at the end, and the codes were placed alphabetically.
- Each category's data were collected in one location, and a preliminary analysis was carried out. Before being presented, analysed, and interpreted, the data was extensively reviewed for inaccurate entries and errors.
- The researcher recoded existing material if necessary.

### **3.10. TRUSTWORTHINESS**

According to Polit and Beck (2017), trustworthiness is a process to establish confidence in a study by using the four components namely, credibility, transferability, confirmability, and dependability.

#### **3.10.1. Credibility**

Credibility refers to trust in the accuracy of data and interpretations, credibility involves two aspects: first, carrying out the study in a way that enhances the believability of the findings and secondly taking steps to demonstrate credibility to external readers (Polit & Beck, 2017). In this study, to ensure credibility, the data collected was cross-checked with the participants after the focus group interview sessions to ensure that what was reported represented the participants' views. During the focus group interview process, the researcher frequently summarized the information and then questioned the participants to determine the accuracy of the information.

Triangulation, a method of determining what constitutes the truth, was used to ensure credibility. Triangulation is a technique used by asking different questions, seeking different sources, and using different methods (Brink et al., 2018). In this study to ensure triangulation, the researcher used different sources including field notes and voice recordings to capture all the focus group interview sessions. The field notes assisted in capturing the non-verbal reactions not captured by the voice recorder (Natow, 2020). In this study, the researcher ensured credibility by using prolonged engagement while conducting the focus group interviews for three months (October 2022, November 2022, and January 2023) until data saturation was reached, during this period the learner nurses were allowed to describe their experiences regarding clinical placement during the COVID-19 pandemic at the University of Limpopo.

#### **3.10.2. Dependability**

The providing of evidence that would generate the same conclusions if repeated with the same individuals in the same situation is referred to as dependability; the term thus refers to the consistency of the data throughout time (Brink et al, 2018). In this study, data quality checks were done during data analysis. All interview materials, transcriptions, documents, conclusions, interpretations, and suggestions were submitted to the supervisors for the purpose of establishing an audit trail. The use of voice recordings and written field notes from the focus group interviews were used as

a means of cross-reference (Stahl & King, 2020). The independent coder was sent the recorded interview sessions and field notes to validate the results. Furthermore, the findings of this study were the result of scientific investigation and not the bias of the researcher.

### **3.10.3. Transferability**

Stenfors, Kajamaa and Bennett (2020) described transferability as the ability to apply the results to another situation, context, or group of people. In this study to maintain transferability, the researcher used thick description. A thick description offers a rich enough explanation of the circumstance for use in applying to other people's situations by other researchers (Stahl & King, 2020).

### **3.10.4. Confirmability**

According to Brink et al. (2018), the capacity of data to be congruent in terms of correctness, relevance, or significance is referred to as confirmability. It is concerned with determining if data accurately reflects the information provided by participants and whether the researcher's findings are not based on speculation. Furthermore, the findings must reflect the experiences of the participants and not the researcher's bias or perceptions (Renjith, Yesodharan, Noronha, Ladd & George, 2021). In this study, the researcher ensured confirmability by using the exact words of the participants during data analysis of the focus group interviews to maintain confirmability of the study findings and to avoid perceptions of the researcher. The materials that were used during the data collection, which included the voice recordings and transcripts, were sent to the supervisor and independent coder to examine whether there was an internal consensus between the researcher's interpretation and the actual findings.

## **3.11. ETHICAL CONSIDERATIONS**

Ethics deals with matters associated with right or wrong. According to Barbie (2013), anyone involved in health research needs to take into consideration the proper or improper conduct of health research including informed consent, voluntary participation protection from harm, and confidentiality. The following provides an outline of how the principles of ethics were adhered to.

The research proposal was presented in the Department of Nursing Science and approved. The proposal was then sent to the School of Health Care Sciences Research Committee (SHCSREC) for review. The research proposal was then sent to

the Faculty of Higher Degrees Committee (FHDC). Ethical clearance was obtained from Turfloop Research and Ethics Committee (TREC) before conducting the study, see APPENDIX F. A letter requesting permission to interview learner nurses was sent to the registrar and another letter was sent to the Director of the School of Health Care Sciences and the Head of the Department of Nursing Science. Permission to collect data was granted before the commencement of data collection.

### **3.11.1. Informed consent**

According to Polit and Beck (2017), a researcher should give participants adequate information regarding the study so that they can give their informed consent to participate. Giving adequate information about the study will ensure that participation is voluntary and is based on an informed decision. Before participating in the study, the researcher gave participants adequate information so that they can give informed consent by signing a consent form, see APPENDIX C. The researcher explained to the participants the purpose of the study and the reasons and benefits before the interviews were executed. Each participant was given an information leaflet see APPENDIX D, which was available in English, and thereafter given an opportunity to ask questions. The researcher made participants aware that they have the right not to participate in the study or to leave the study at any moment and without explanation. Participation in the study was therefore voluntary.

### **3.11.2. Confidentiality**

Confidentiality refers to how data provided by a subject is managed so that it is not shared with others without the subject's permission (Burns et al, 2017). In this study, the researcher ensured confidentiality by reassuring participants that any personal information shared will be protected and not be made available to anyone other than the researcher without their permission. The maintaining of confidentiality made it easy for the participants to freely share their experiences during the focus group interview without feeling that their sensitive information will be shared with other people that should not have access to it (Kamanzi & Romania,2019).

Confidentiality was maintained by ensuring that the participants' confidential information is kept in secure areas such as a password-protected computer that only the researcher has access to. Furthermore, confidentiality was maintained by making sure that all materials used to collect data are in a safe place that only a researcher can locate.



### **3.11.3. Anonymity**

Anonymity means namelessness. The researcher's act of keeping the participants' names disguised about their participation in the research study is referred to as the process of ensuring anonymity; In essence, the participant should not be linked with data provided (Brink et al, 2018). The participants' names or any other identifiers that would make anyone other than the researcher recognize them must be avoided to protect their anonymity (Muzari, Shava & Shonhiwa, 2022). To ensure anonymity in the study, the researcher did not use the real names of the participant during data collection but assigned each participant a code name.

### **3.11.4. Principle of justice**

In the context of healthcare research, justice is defined as treating everyone equally and fairly (Correin, 2023). Furthermore, Grove et al. (2017) stated that participants should be chosen for reasons in relation to the topic being studied and not because the researcher has easy access to them. In this study, the participants were chosen for reasons that are directly connected to the study, such as experience, rather than because they are readily influenced or well-known by the researcher. The learner nurses were treated equally and fairly during the study.

### **3.11.5. Principle of beneficence**

Researchers are obligated by the beneficence principle to enhance advantages and reduce dangers for research participants (Mick, 2019). Beneficence means performing in a way which assists others while ensuring their welfare and safety (Barrow, Brannan & Khandhar, 2022). This study assisted in describing and exploring the experiences of learner nurses during clinical placement during the COVID-19 pandemic and will benefit them in coming up with recommendations for future pandemics.

## **3.12. HARM**

The researcher avoided asking sensitive questions that could pose harm to the participants during the study. During data collection the COVID-19 prevention measures were relaxed although the researcher ensured that the participants were made aware that they must:

- Always wear a mask.
- Maintain a 1.5-2-meter social distance.

- To sanitize their hands

### **3.13. SUMMARY**

This chapter discussed how the qualitative research method, explorative research design, and descriptive research design were used in the study. The study setting where the study took place was explained and the steps taken during data collection. Focus group interviews as the tool used to collect data were also discussed. Field notes were taken during data collection and a voice recorder was used to collect data. Data were analyzed using Tech's method of data collection. This chapter also discussed the elements used to ensure trustworthiness and the ethical standards followed while doing the study. Chapter four will discuss the study findings and literature control.

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## CHAPTER FOUR

### PRESENTATION OF FINDINGS, INTERPRETATION AND LITERATURE CONTROL

#### 4.1. INTRODUCTION

Chapter three discussed the research methodology, the setting, the data collection and analysis methods, measures of ensure trustworthiness and ethical principles employed in the study. This chapter presented the study findings which emerged during qualitative data analysis using Tesch's open coding technique. The chapter further presents the data collected from 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup>-year undergraduate students enrolled at the University of Limpopo to study Bachelor of Nursing degree. Roy's theory of adaptation served as a guide in this study. The study findings are supported with literature from previous research studies and existing relevant sources.

#### 4.2. PRESENTATION OF STUDY FINDINGS

The study findings were analysed to provide the background of the participants by first presenting their demographic data from the focus group interviews, followed by the themes and sub-themes.

#### 4.3. DEMOGRAPHIC DATA OF LEARNER NURSES

In the study a total of fifty-five (55) learner nurses participated. Two (2) males and seventeen (17) female second year learner nurses, sixteen (16) female third year learner nurses, seven (7) males and thirteen (13) female fourth year learner nurses were interviewed. Two focus group interviews from each level were conducted until data saturation was reached. In relation to Roy's adaptation theory, in this study the person are all the learner nurses that took part in the study and were placed at the clinical placements during the COVID-19 pandemic.

The table below summarises the demographic data of the learner nurses who participated in the study.

**Table 1.4: The demographic data of learner nurses (N=55)**

Learner Nurses	Second Year	Third Year		Fourth Year
<b>Gender</b>				
Male	02	0		7
Female	17	16		13

#### 4.4. PRESENTATION OF THEMES AND SUBTHEMES

Six (6) themes and twenty-two (22) subthemes emerged during data analysis using Tech’s open coding technique. The themes and subthemes are supported by direct quotes from the participants written in italic. The findings were further supported by applicable literature.

The themes and sub-themes reflecting the experiences of learner nurses regarding clinical placement during the COVID-19 pandemic at the University of Limpopo are summarized in Table 4.2 below:

**Table 2.4: Themes and Sub-Themes**

THEMES	SUB-THEMES
1. Impact of COVID-19 on the clinical placement of learner nurses.	1.1. Incompetence in the performance of some skills. 1.2. Compromised integration of theory to Practice. 1.3. Inadequate clinical hours as required by SANC. 1.4. Unfair and inappropriate utilization of learner nurses during clinical placement. 1.5. Restricted exposure to the clinical area during a hard lockdown.
2. Risk of becoming infected.	2.1. Lack of personal protective clothing at the clinical areas. 2.2. Exposure to COVID-19 risk.
3. Effects of COVID-19 on the mental well-being of learner nurses.	3.1. Fear of COVID-19 Infection. 3.2. Fear of Patients. 3.3. Fear of Death. 3.4. Feeling depressed and desperate.
4. Learner nurses’ experiences of support during the COVID-19 pandemic.	4.1. Inadequate support from preceptors.

	4.2. Inadequate supervision by the senior personnel at the clinical area.
5. Learner nurses' coping strategies during clinical placement during the COVID-19 pandemic.	5.1. Difficulties to cope. 5.2. Personal coping strategies. 5.3. Social coping strategies.
6. Learner nurses' recommendations regarding clinical placement during the COVID-19 pandemic	6.1. Educational institution support for learner nurses. 6.2. Management of clinical learning. 6.3. Management of clinical hours. 6.4. Preparation, protection, and Support during clinical practice. 6.5. Provision of resources and compensation.

#### **4.5. INTERPRETATION OF THEMES, SUB-THEMES AND LITERATURE CONTROL**

The focus groups were numbered alphabetically as D, E, F, G, H, and I for this chapter. The participants were identified using numbers 1, 2, 3, 4, 5, 6, 7, 8, 9 during the focus group interviews. The discussion that follows reflects the themes and sub-themes that developed from the experiences of the learner nurses. The findings are supported by quotations of the participants which were indicated in italics. The findings are also compared to and supported with literature.

##### **4.5.1. Theme 1: Impact of COVID-19 on clinical placement of learner nurses**

The findings indicated that COVID-19 had a massive impact on the clinical placement of learner nurses which was discovered during the focus group interview sessions. The following sub-themes emerged: incompetence in the performance of some skills, compromised integration of theory to practice, inadequate clinical hours as required by SANC, unfair and inappropriate utilization of learner nurses during clinical placement and restricted exposure to the clinical area during hard lockdown. The focal stimulus is the most intense inner or external stimulation that the human system is

exposed to right away (Alligood, 2014). In relation to Roy's adaptation theory, the focal stimuli were the COVID-19 pandemic that had an impact on the clinical placement of the learner nurses.

#### **4.5.1.1. Sub-theme 1.1. Incompetence in the performance of some skills**

The findings indicated that learner nurses find it difficult to perform some of the skills in the clinical areas because of various reasons related to lockdown regulations which included being expected to perform some skills that they did not do, being taught some of the skills online and lack of knowledge of the equipment being used. These findings were supported by the following statement of the participant:

**Participant 9E:** *"as for me, I was not okay thought out, we came back around end of year after the lockdown, and we had to go to practicals. The nurses were putting pressure on us expected us to know some of the skills that we did not do because of the lockdown. it was too much, they expect you to know that if you took vitals and this one is what, what are you supposed to implement as a learner nurse and at that time you don't know..."*

Another participant added that:

**Participant 5I:** *"uhm it was a little bit bad but we, we had to ask the sisters at the hospital what is the equipment used for and what is certain procedure? How is it done so."*

Another participant also alluded that:

**Participant 2I:** *" uhm for me it had a very negative impact on my practical experience or competency because I was taught uhh basic skills like CPR online and it was during my first year and I lost 6 months of clinical exposure because of COVID-19 then coming to with the second year of my studies being a second year student and being expected to be competent in most of the basic practices of nursing whereas I have never had a chance to practice them properly in the skills lab or in the hospital, that was difficult to transition to work."*

In support of the above findings the same experiences were observed in a study by Dziurka, Machul, Ozdoba, Obuchowska, Kotowski, Grzegorzcyk, Pydy's and Dobrowolska (2022) and Salmani, Bagheri and Dadgari (2022), where learner nurses

indicated that due to COVID-19 they learned clinical skills online, therefore, they were incompetent and could not perform some of the clinical procedures properly. Additionally, Molefe and Mbunda (2022) also reiterated that learner nurses who learn and get taught clinical skills online are not exposed to actual clinical settings where they can practice treating actual patients.

Furthermore, a study by Suliman, Abu-Moghli, Khalaf, Zumot, and Nabolsi (2021), indicated that learner nurses found it difficult to learn clinical skills online during the COVID-19 pandemic, which would have a negative impact on their clinical competency after completion.

The failure to adapt to the change in the clinical learning of learner nurses, which included, being taught some of the skills online and expected to perform skills on a live patient will make it difficult for them to adapt (Alligood, 2014). Therefore, this will also affect the ability of learner nurses to be competent Professional Nurses in future.

#### **4.5.1.2. Sub-theme 1.2. Compromised integration of theory to practice**

The learner nurses find it difficult to put theory into practice as they would learn the clinical skills online during the hard lockdown regulations and this led to the learner nurses not being competent in performance of their clinical skills and not meeting their learning outcomes. These findings were confirmed by the following statement of the participant.:

**Participant 1F:** *“For theory we were learning online but for clinicals we were not going anywhere, so for theory like we had information but for clinicals some skills like we were taught uhm online like the CPR, we uhm it was taught online, but doing it in the hospital it was hectic.”*

Another participant attested that:

**Participant 6F:** *“as for my learning, during uhm so that I mean we used to learn online so those things that we were learning because we couldn’t apply practically and see them at the hospital so it seems like uhh you forgot easily because you couldn’t see them for me it was like I was able to learn online but the problem is that I couldn’t apply the theory part on the practical and be able to see the conditions...”*

Another participant also added that:

**Participant 7E:** *” uhh about learning, learning was a bit difficult, we had to learn some skills if we are talking about theory. We had to learn some skills online, imagine learning how to check vitals online, it was very much difficult, we couldn't ehh comprehend some of the skills because they were being done online and we are not familiar with the system of learning online compared to what we were doing before the pandemic which was contact learning...”*

To obtain both theoretical and clinical objectives, a learner nurse must be able to integrate theory into practice education throughout the program (SANC,2013). Subsequently, Zulu, Du Plessis and Koen (2021) indicated that learner nurses are placed in the clinical areas to apply the clinical skills that they learned in theory.

In concord with the above findings, Rood, Tanzillo, and Madsen (2022) discovered that the use of a virtual, simulated clinical setting exclusively caused concern among the learner nurses. Some learner nurses believed that the virtual simulation environment was not a useful tool for giving them the experience they needed to care for patients during the COVID-19 pandemic as they could not correlate the theory to practice.

According to Mpsa et al. (2021), the learner nurses had fears that they might not be able to apply the skills that they learnt in theory practically and would fail to meet their required learning objectives during the COVID-19 pandemic.

The change in the integration of theory to practice of the learner nurses affected their ability to adapt to the environment. A failure to adapt to the change in the integration of theory to practice will give out an ineffective response, according to Roy's theory of adaptation (Alligood, 2014).

From these findings, it is thus important for learner nurses to get clinical exposure even during a pandemic for them to be able to achieve their clinical learning objectives.

#### **4.5.1.3. Sub-theme 1.3. Inadequate clinical hours as required by SANC.**

The learner nurses indicated that due to COVID-19 regulations they were not able to go to the clinical areas during the hard lockdown and this led to them owing clinical hours. The learner nurses further indicated that the clinical facilities informed them that they should not come to the clinical areas without being vaccinated first. Even, after the learner nurses were allowed to go back to the clinical areas only, a small number



of learner nurses were allowed at the clinical facilities, forcing the university to divide them into groups. This sub-theme is affirmed by the following statement from one of the participants:

**Participant 8F:** *“...then my main problem was that when we go to the clinical area, we were divided into groups, so they will be like this week this group will go and then another week, you find that we are busy maybe at the skills lab learning other skills or being evaluated so that were uh my problem started, that okay I am gonna miss hours because maybe I missed this two days.”*

Another participant added that they could not go to the hospital without being vaccinated for COVID-19 first:

**Participant 7G:** *“ehh regarding the clinical placement it was hard for us because we didn't get vaccination because we didn't have uhh SANC number so sometimes at the hospital they would tell us we shouldn't come to the hospital without vaccination.”*

Another participant also alluded that:

**Participant 11I:** *“at some point we felt bad because we were like it's not our fault that we lost the hours, it's not like we didn't want to go to a hospital, we were forced to stay at home due to the pandemic.”*

Similar to the above findings, Molefe and Mabunda (2022), also alluded that because the learner nurses were not permitted to physically interact with patients during lockdown, they did not obtain clinical exposure. As a result, they failed to complete the required number of clinical hours as specified by SANC. Furthermore, Makhado et. al., (2022) also identified that one of the negative effects included delayed clinical work due to the lockdown regulations, particularly in courses where accreditation authorities (SANC) require the learner nurse to complete a certain number of hours of clinical work.

Additionally in a study by Susmarini, Sumarwati, Handayani and Iskandar (2022) also identified that due to the regulations of the clinical institutions, clinical duration was shortened, and this resulted in inadequate clinical hours for the learner nurses. Besides, a study by Rohde et. al., (2022) also found that the learner nurses were concerned that they wouldn't be able to complete the necessary required clinical hours and that they might not be able to become registered nurses.

#### **4.5.1.4. Sub-theme 1.4. Unfair and inappropriate utilization of learner nurses during clinical placement**

Unfair and inappropriate utilization of learner nurses whereby learner nurses reported that they engaged in non-nursing duties that were not related to their learning outcomes, and which were outside their scope of practice when they were at the clinical areas during the COVID-19 pandemic. This was affirmed by the following statement of one of the participants:

**Participant 7E:** “...because we were being send on errands, on personal errands which are not in our scope and that was exposing us to contacting the ehh the COVID-19 disease more because we were going around the hospital...”

Another participant also expressed that:

**Participant 1I:** “... the sisters would just send us around ehh I can say we were porters like you take a patient from orthopaedic to x-ray then when you come back they say, the patient is at, go and get the patient and you go to x-ray, you take the patient to orthopaedic from there they say, go and take medication from pharmacy, you go to pharmacy and from there you go to the mortuary then at the end of the day you didn't learn anything and then you were just being a messenger for the day.”

These findings are supported by a study done by Dziurka et al. (2022), who discovered that during the COVID-19 pandemic at the clinical areas the learner nurses expressed their eagerness to help the nurses with their duties. Sadly, they would be forced to work basic, minimal nursing activities for example write a long guide. Furthermore, in another study, learner nurses complained that instead of doing their nursing duties during the COVID-19 pandemic, they were doing non-nursing duties for example: opening emergency files and transferring laundry and equipment's (Sperling, 2021).

In a previous study done by Gemuhay, Kalolo, Mirisho, Chipwaza and Nyangena (2019), prior the COVID-19 pandemic they have also identified that the learning objective of the students was hindered as the learner nurses had to cover the shortage of staff and this created an unfair and inappropriate utilisation of learner nurses. The unfair and inappropriate utilization of the learner nurses negatively affected their role function adaptive mode leading to them taking on non-nursing roles or doing other roles outside their scope as they indicated during the interviews (Alligood, 2014).

The researcher noted that the roles of learner nurses were hindered during their clinical placement during the pandemic which increases the need for nursing institutions and clinical learning institutions to clearly define the roles of learner nurses in the clinical areas. The clinical learning environment should be conducive for learner nurses to be able to achieve their clinical learning objectives and outcomes.

#### **4.5.1.5. Sub-theme 1.5. Restricted exposure to the clinical area during hard lockdown**

The study findings indicated that the learner nurses had restricted exposure to the clinical areas during hard lockdown because they were forced to stay home due to lockdown regulations and their lack of knowledge about COVID-19 when the pandemic started. This was affirmed by the following statement of one of the participants:

**Participant 11:** *"... during COVID-19, at the hospitals that we were allocated they didn't allow students to go because they said that we don't know anything about covid and if we ever contracted COVID-19 it was gonna be a problem so I cannot say uhh I have a working experience at the hospital during COVID-19 because I wasn't placed, that's all."*

Another participant added that:

**Participant 11I:** *"... it's not like we didn't want to go to a hospital, we were forced to stay at home due to the pandemic."*

For learner nurses, getting clinical experience is crucial, as it helps learner nurses become skilled in providing patient care (Kalyani, Jamshidi, Molazem, Torabizadeh & Sharif, 2019). The above findings are consistent with the study done by Singaram, Naidoo and Singh (2022), who also found that learner nurses centred clinical teaching and learning are made more challenging by the requirement for social distance and the reduction in access to patient care brought on by stricter infection control procedures (quarantine and isolation) during the COVID-19 pandemic. Correspondingly, Molefe and Mabunda (2022) also found that due to not being permitted to have physical contact with patients during lockdown, the learner nurses stated that they were not able to obtain clinical exposure.

In a study conducted by Tolyat, Abolfazyl, Vayharseyyedin and Nakhaei (2022) it was found that at the beginning of the COVID-19 pandemic, the educational centres had

to be shut down and the face-to-face educational process which also included the clinical learning of the learner nurses also stopped. The restricted exposure of the learner nurses to the clinical area during the hard lockdown affected their adaptation (Alligood,2014).

It was noted that the hard lockdown regulations during the COVID-19 pandemic precipitated the lack of exposure for learner nurses and thus making it difficult for learner nurses to gain clinical exposure which is a vital element to assist them in gaining clinical knowledge. The lack of clinical exposure for a learner nurse had a negative effect as it does not promote a learner nurse's competency. Therefore, the nursing institutions should ensure that learner nurses get clinical exposure even during a pandemic.

#### **4.5.2. Theme 2. Risk of becoming infected.**

The findings indicated that learner nurses were at risk of being infected with COVID-19 while at the clinical areas. The following sub-themes emerged: Lack of personal protective clothing at the clinical areas and exposure to COVID-19 risk. The lack of personal protective clothing in the clinical areas and the risk of contracting COVID-19 also challenged the learner nurses' physiological mode, further resulting in difficulty in adapting to the clinical placements.

##### **4.5.2.1. Sub-theme 2.1. Lack of personal protective clothing at the clinical areas**

The learner nurses indicated that the lack of personal protective clothing was exposing them to be at risk of contracting COVID-19 and the nurses were also frustrated when they had nothing to offer them. Most participants stated that the shortage of personal protective clothing led them to repeating personal protective clothing. This finding was affirmed by one of the participants saying:

**Participant 4F:** *"...because we would uhm get allocated to the clinical uhm areas with a certain group of number of students so sometimes we would be so many in like one institution and with the lack of the PPE's the sisters sometimes would just you know screaming that why are you so, screaming that why are you so overwhelming them uhm given that they have lack of PPE's yes."*

Another participant added that:

**Participant 5G:** *"We go there sometimes there are not enough PPEs, we just go there and just touch the patient and later on you just find that the patient is infected or is suspected so it wasn't good at all as some of our uhm class members were uhm infected by COVID-19."*

Another participant also alluded that:

**Participant 3F:** *"...so uhm about the PPE, where I was allocated mostly, we were supposed to wear the PPE if we are going for 3 days or a week, we are supposed to wear the PPE for that period and sometimes you nurse uhm COVID-19 patient with it but we are expected to wear it tomorrow."*

The above findings are consistent with the results of the study done by Baluwa, Konyani, Chipeta, Muthali, Mhango, Chimbe, Lunga and Mpasa (2021), who also found that because of a lack of personal protective equipment and supplies learner nurses had fears to resume clinical practice during the COVID-19 pandemic. Furthermore, Ulenaers et. al. (2021) also found that the shortage of personal protective equipment in several clinical areas prompted learner nurses to use the same surgical mask for an entire shift or even during several days. In addition, due to the lack of personal protective equipment's healthcare professionals were afraid of getting infected with the COVID-19 pandemic (O'Neal, Heisler, Mishori & Haar, 2021). Studies done prior to the COVID-19 pandemic by Muthelo, Ntho, Mbombi, Phukhubje, Bopape and Mothiba (2022) also found that there was a lack of personal protective clothing for learner nurses in the clinical areas, making them prone to get infected with infectious diseases.

The lack of personal protective clothing not only puts learner nurses at risk of being exposed to the COVID-19 virus and other infectious conditions, but it also impedes their clinical learning experience. The ideal clinical learning environment should adequately supply enough personal protective clothing for the learner nurses.

#### **4.5.2.2. Sub-theme 2.2. Exposure to COVID-19 risk.**

The findings pointed out that the learner nurses were more at risk of contracting COVID-19 as they were the ones providing care to patients suspected of having COVID-19 and those who tested positive for COVID-19. Furthermore, some of the patients they cared for did not want to adhere to the COVID-19 regulations which put

them more at risk of being infected with the virus. This finding was affirmed by the following statement of one of the participants:

**Participant 4F:** *"...because some of the patients their status was unknown so uhm it was kind of scary because you would interact with the patient and later the sisters tell you because when we knock off, we knock off early the sisters will tell you that patient in room whichever uhh he/she has tested positive for COVID-19."*

Another participant added that:

**Participant 2F:** *"so practical's were quiet challenging for me during the COVID-19 pandemic because we had patients in the clinical areas who didn't want to adhere to the COVID-19 regulations, you would find that you repeatedly telling one person to wear masks and you are being exposed to that same person whereas they do not want to wear their mask all the time so you could be at more risk of contracting COVID-19 because the person doesn't want to adhere to the regulations."*

Another participant also alluded that:

**Participant 2I:** *"...and also some of the nurses gave me a bad experience because they used to when there is a patient that demised due to respiratory distress and the patient is a covid suspect they used to make us students who are placed at that ward to pack that particular patient, only to find out later that the patient tested positive for covid which then raised a lot of anxiety."*

In support of the above findings Jarvis, Martin, Williams, Walters, Baloyi, Hoffman and Chipps (2021) stated that learner nurses were afraid and had anxiety of going to the clinical settings during the pandemic as they were concerned about contracting the COVID-19 infection and viewed the clinical area as being unsafe for them. In addition, Ulenaers et al. (2021) also found that there was some degree of infection concern, which increased if learner nurses were involved in the care of COVID-19 positive patients. In line with the previous authors Mpasa et al. (2021), also found that learner nurses feared taking care of patients whom they were uncertain of their COVID-19 status as this put them at risk of contracting the COVID-19 virus and even infecting others. As it was scary for everyone to be infected with COVID 19, it was even more on the learner nurses because of the proximity to patients they were not certain of their statuses.

The unknown COVID-19 status of the patients and the unwillingness of the patients to adhere to the COVID-19 regulations resulted in the learner nurses viewing the clinical area as an unsafe environment. The clinical areas managers should support the fulfilment of the learner nurses learning objectives, including their protection from exposure to the COVID-19 risk.

#### **4.5.3. Theme 3. Effects of COVID-19 on the mental well-being of learner nurses**

The learner nurses shed a light on how COVID-19 pandemic affected their mental well-being. The challenges that the learner nurses encountered at the clinical areas namely, the lack of Personal Protective clothing, the risk of exposure to COVID-19 and the inadequate support from their preceptors and the senior personnels in the clinical areas affected the learner nurse's mental well-being and resulted in the following responses: Fear of COVID-19 infection, fear of patients, fear of death and feeling depressed and desperate (Alligood, 2014).

##### **4.5.3.1. Sub-theme 3.1. Fear of COVID-19 infection**

The learner nurses were anxious and feeling scared of contracting COVID-19 while at the clinical areas. Sometimes they even felt like they have symptoms. This finding was affirmed by the following statement of one of the participants:

**Participant 3F:** *"...so we became scared because we think that we gonna get covid and sometimes you became delusional and think like we have those symptoms for a little, so it was scary for me."*

Another participant also added that:

**Participant 2G:** *"uh my experience during COVID-19 at the hospital was very scary because this other time I was forced to wear PPEs and get inside the cubicle were there were covid positive patients and I couldn't say no and it was very scary, so even when I went home, I thought, I would be sick."*

Another participant also alluded that:

**Participant 5E:** *"... it was just too much especially working in clinical units like casualty where you have most patients who present with uhm covid symptoms then you come back being anxious that you might have contacted the disease at, yea."*

The study findings are in concord with other studies that found that the learner nurses experienced fear of getting the virus and spreading it on to their families and the patients (Dziurka et al., 2022; Susmarini et al., 2022); Zhu, Wang & Wang, 2021)). Furthermore, it was indicated that the fear caused anxiety and despair after healthcare facilities reopened for educational purposes (Dziurka et al., 2022). It was, therefore, necessary that the learner nurses be assured when they are in the clinical areas during a pandemic by providing them with adequate personal protective equipment and support from their preceptors.

#### **4.5.3.2. Sub-theme 3.2. Fear of patients**

The participants were feeling scared of being in contact with the patients and providing patient care to the patients at the clinical placements during the COVID-19 pandemic. This finding was affirmed by the following statement of one of the participants:

**Participant 2D:** *” ehh my experience was quite scary, uncomfortable because we would go there and we would even fear to touch the patients, I remember this other time this other patient asked me to put em put him his shoes and then I thought of covid because his file said that he is COVID positive so I was afraid to put him his shoes but I ended up doing it and then after that I had to sanitize and all that and it showed now that we are now afraid of patients.”*

Another participant added that:

**Participant 4E:** *” ...honestly coming back to practical’s it was difficult, I was anxious, and I was always like I didn’t want to treat any patient because you don’t know which one has COVID-19. Based on the symptoms, so I was just thinking maybe everyone has COVID and I don’t really know how to treat those patients like what to do...”*

Another participant also alluded that:

**Participant 5H:** *”... when we got called back to go to the clinical area, we saw that the nurses were wearing protective clothing or the time, sometimes you would see patients with COVID so at that time having to uhm work closely with the patients it’s something that I personally was trying to avoid so instead I would do work that doesn’t involve me having to uhm maybe be close to the patient because of the fear that this person might have COVID...”*



In agreement with the above findings, Kwon, Han, and Park (2022) found that the new learner nurses were afraid of caring for isolated patients without adequate nursing experience and most concerned about how they would interact with them. Furthermore, in another study by Moradi, Baghaei, Hosseingholipo and Mollazadea (2021), the nurses also alluded that they were afraid of also getting the disease because of working with COVID-19 patients. In addition to the above authors Nabavian, Rahmani and Alipour (2021) also found that most learner nurses feared being near the COVID-19 patients because of their concerned to contract the virus.

It is concerning that the learner nurses feared to provide nursing care to patients because they were afraid of being infected with the virus. This means that learner nurses were unable to learn and acquire the required skills for their level of training due to fear of being infected with COVID-19. It was important to provide the learner nurses with enough information about the COVID-19 virus before they are sent to the clinical areas.

#### **4.5.3.3. Sub-theme 3.3. Fear of death**

The learner nurses feared dying due to the COVID-19 virus after providing nursing care to COVID-19 positive patients. This finding was affirmed by the following statement of one of the participants:

**Participant 3D:** *“...and sometimes we would go inside the cubicle and after leaving the cubicle you will find out that, that patient you were helping is covid positive and that will affect you psychologically, you will be stressed and because you have that fear that you might die, because the rate of death was very high...”*

Another participant alluded that:

**Participant 3E:** *“so, during the COVID-19 pandemic, to be truly speaking, I was very scared because at that time like most health care providers were dying at that time so when we were going to the practical’s we were getting scared, I was getting scared that I might contract the disease and also die from the pandemic.”*

Another participant also reiterated that:

**Participant 6H:** *“my experience was also bad and especially ehh when we were, when we were being informed about ehh the death toll in our country especially like when*

*we were told like maybe a nurses died, a doctor died. So, I was always scared that ehh I might be next because at that time It was very bad, yah.”*

In accordance with the above findings, Kealeboga, Ntsayagae and Tsima (2022) also found that the nurses’ fear of dying during the COVID-19 pandemic was exacerbated by the deaths of patients and other nursing staff members. As COVID-19 positive patients passed away, they also worried about their survival. Concurrently another study by Galehdar, Kamran, Toulabi and Heydari (2020) also found that the learner nurses in their study indicated that as nurses are the first to interact with the patients, they had anxiety and fear that they would contract the COVID-19 virus and die. The learner nurses fear of dying due COVID-19 virus while at the clinical areas hindered their clinical learning.

#### **4.5.3.4. Sub-theme 3.4. Feeling depressed and desperate**

The study findings revealed that some of the participants experienced feelings of depression and would even feel desperate during the COVID-19 pandemic. This finding was affirmed by the following statement of one of the participants:

**Participant 6G:** *“...I think at some time I might have experienced depression symptoms due to the fact that it was covid and also I lost my grandmother due to covid and by that time it was scary for me to even attempt to go to the hospital for hours because I had just lost a parent and now I have to go and be exposed to this same disease that killed my parent so that was difficult for me to even start with but I had no choice, I had to go even if uhm whatever uhm symptoms I was experiencing due to depression and sadness and confusion.”*

Another participant added that:

**Participant 8H:** *“...my mental status at some point was like fluctuating, at times you are depressed, at times the depression is alleviated, anxiety, panic attacks because having to go to clinicals during that era it was not easy because everyone is dying.”*

Another participant also alluded that:

**Participant 2I:** *“ uhh for me psychologically it was sad and depressing because having to when I come back from practical’s every time I come across any news headlines, having to see the number of rising stats and thinking that tomorrow it might be me.”*

In previous studies done before the COVID-19 pandemic it was noted that learner nurses' prevalence of depression was 34% (Tung, Long, Ho & Tam, 2018). In concord with the above findings, studies done during the COVID-19 pandemic have found that learner nurses reported higher levels of stress, anxiety, and depression (Kim, Sloan, Montejano & Quiban, 2021). Furthermore, according to Kealeboga et al. (2022), the nurses in their study stated that they were frightened by their ongoing worry of getting COVID-19; one of them developed depression and was on antidepressants. In addition, Mulyadi, Topana, Luneto, Lin and Lee (2021) also found that during the COVID-19 pandemic, roughly half (50.4 %) of learner nurses developed depression and this negatively affected their clinical learning. It is noted that the COVID-19 pandemic played an enormous role on the mental health of learner nurses and even affected their clinical learning. The mental health of learner nurses should be given priority as it affects their ability of being competent and well skilled future professional nurses.

#### **4.5.4. Theme 4. Learner nurses' experiences of support during COVID-19 pandemic**

The study findings revealed that the learner nurses had inadequate support from their lecturers and inadequate supervision by the senior personnel at the clinical area during the COVID-19 pandemic. The following sub-themes emerged: Inadequate support from the preceptors, inadequate supervision by the senior personnel at the clinical placements.

##### **4.5.4.1. Sub-theme 4.1. Inadequate support from the preceptors**

The study findings indicated that the participants reported lack of support from their preceptors, and they had no one to support them when challenges arise at the clinical placement during the COVID-19 pandemic. This finding was affirmed by the following statement of one of the participants:

**Participant 1D:** *" uhm I remember this other time uhm we even contacted our lecturers, our lecturers and told them that we have been in contact with corona, uhm with patients who have corona and uhm they did nothing about that."*

Another participant also added that:

**Participant 4D:** *" ...because I also remember that I was once quarantined, I was once quarantined, but I did not mention that to my lectures because they will not do anything,*

*they will even force me to replace hours, while I was not the one who just went outside and say I want covid.”*

In concord with the above statements previous studies have revealed that clinical supervision at the clinical placement during the COVID-19 pandemic is crucial, and that some learner nurses felt neglected and lacked interaction with their clinical mentors (Rohde et al., 2022; Dziurka et al., 2022). In addition, another study by Hugo-Van Dyk, Nyoni, Williams and Botha (2022) found that because of the fear of contracting the COVID-19 virus, the role of preceptors in supporting the learner nurses at the clinical areas during the COVID-19 pandemic was laboured as the preceptors would fear going to the clinical learning environment and would even conduct classes outside the wards. Furthermore, Dziurka et al. (2022) recommend that there should be refinement of clinical mentoring arrangements and introduction of clinical training control actions for the learner nurses during the COVID-19 pandemic.

The lack of support of the learner nurse by their preceptors at the clinical areas during the COVID-19 pandemic made it difficult to cope with the challenges experienced (Alligood, 2014). It is concerning that the preceptors did not provide support to the learner nurses during COVID 19 pandemic. Because getting direct assistance and support from preceptors may assists learner nurses to cope at the clinical areas. Therefore, it is important for the nursing institutions to ensure that the learner nurses are physically and mentally supported and accompanied by preceptors at the clinical placements during the COVID-19 pandemic.

#### **4.5.4.2. Sub-theme 4.2. Inadequate supervision by the senior personnel at the clinical area**

According to the SANC Nursing Act (Act No. 33 of 2005), clinical supervision means the guidance and support provided to the learner nurse by a professional nurse or midwife in a clinical setting with the goal of creating a capable, independent practitioner. The learner nurses in the study indicated that they had inadequate supervision from the senior personnel, who were also afraid of the COVID-19 virus and would just send them to perform the clinical skills alone at the clinical placement during the COVID-19 pandemic. This finding was supported by the following statement of one of the participants:

**Participant 4D:** *” uhm my experience was very scary, you would find sometimes ehh the sisters at the hospital, we were all scared so instead of them going ehh with us, supervising us during the skills they will just send us alone there...”*

Another participant also alluded that:

**Participant 8D:** *“okay, my clinical placement was very scary since we were first years and we did not know anything and the uhm when we needed the nurses the, the in charges, the matrons, the professional nurses they were also scared so they mostly send us to do stuff like, especially when they saw that the patient is showing certain signs of COVID-19 they would send us and leave us alone with those patients.”*

A study done by Mathevula (2019), prior to the COVID-19 pandemic, noted that learner nurses had insufficient supervision at the clinical areas. In addition, another study done prior to the COVID-19 pandemic by Manamela (2019), also found that the learner nurses had inadequate supervision from the senior personnel at the clinical area and they would perform some of the nursing duties alone. Furthermore, most learner nurses in the study by Masutha (2019), indicated that there was inadequate supervision by the professional nurses in the clinical area.

The above findings are in line with studies done during the COVID-19 pandemic, where the learner nurses were not being treated fairly, and that the chief nurse frequently left the learner nurses unattended and unsupervised (Dziurka et. Al., 2022). Furthermore, in the study done by Ulenaers et al. (2021), it was indicated that it was hard for the nurses to supervise the learner nurses at the hospital due to their own insecurities, the effect of the COVID-19 pandemic and their work schedule. Furthermore, Ulenaers et al. (2021), recommended that support from learner nurses' preceptors and supervisors are essential to prevent a negative impact on learner nurses learning outcomes. The inadequate supervision of the learner nurses by their senior personnel in the clinical area during the COVID-19 pandemic affected their ability to adapt. The failure to adapt to the changes in the supervision of the learner nurses by their senior personnel at the clinical areas made it difficult for them to cope (Alligood,2014). The lack of supervision and guidance by the senior personnel in the clinical area will lead to the learner nurses' clinical outcomes not being accomplished. To prepare for learner nurses to become qualified professional nurses in the future, it

is essential that they get guidance and assistance from senior staff members while working in clinical settings, especially during the COVID-19 epidemic.

#### **4.5.5. Theme 5. Learner nurses' coping strategies during clinical placement during the COVID-19 pandemic.**

A response to a stressful or unpleasant event, whether it be a single or a series of actions, or a thinking process, or a way to change one's response to it is defined as a coping strategy (American Psychological Association, 2015). The study findings revealed that the learner nurses had to come up with coping strategies to be able to cope during clinical placement during the COVID-19 pandemic. The following sub-themes emerged: Difficulties to cope, personal coping strategies and social coping strategies.

##### **4.5.5.1. Sub-theme 5.1. Difficulties to cope**

The study findings indicated that the learner nurses experienced some sleeping difficulties, and some started using alcohol and smoking as a coping mechanism during the COVID-19 pandemic. This finding was affirmed by the following statement of one of the participants:

**Participant 1F:** *" uhm psychologically uhm like psychologically as a student who was allocated nightshift I had like, like I had difficulty going back to my normal sleeping patterns."*

Another participant also expressed that:

**Participant 7E:** *" ... When I came into university, I was not smoking, I was not drinking but upon arrival pandemic happened when we come back we are under academic stress and everything we had to cope so what I usually did is that, after studying so much going through a lot and patching and going to practical's if I pass, I felt like I had to award myself by drinking and smoking so that I can be fine and proper so my coping mechanism after studying pass, pass or fail, drink and relax, thank you."*

Another participant also added that:

**Participant 4H:** *" ...but as I mentioned we are young people, the problem of substance abuse became a problem because now we are trying to cope with this problem that we are having and even me included we ended up abusing ehh the likes of alcohol*

*and others so we can sleep and forget that we have covid, those were one of the problems that we had that affected our mental health.”*

In concord with the above findings Savitsky, Findling, Erel and Hendel (2020) and Gritsenko, Skugarevsky, Konstantinov, Khamenka, Marinova, Reznik and Isralowitz (2020) indicated that learner nurses found it difficult to cope during the COVID-19 pandemic and therefore resorted to substance abuse and those that had moderate to severe anxiety used alcohol drinking as a kind of mental detachment coping method. In addition, another study by Masha'Al, Shahrour, Aldalaykeh (2022) also found that as a means of coping the male learner nurses used drugs and alcohol to cope during the COVID-19 pandemic. Furthermore, another study also found that during COVID-19, over a quarter (27%) of learner nurses experienced sleep problems which affected their clinical learning (Mulyadi et al., 2021).

The physiological adaptive mode (Inability to sleep) of the learner nurses was affected resulting in difficulty to cope during the COVID-19 pandemic. It is concerning because the failure to adapt led learner nurses to use substances including alcohol, cigarettes and various drugs to cope during the COVID-19 pandemic. This is serious and saddening because this will have a negative impact of their learning.

#### **4.5.5.2. Sub-theme 5.2. Personal coping strategies**

The study findings revealed that the learner nurses had to adopt different personal coping strategies and one of the coping strategies included using their religion to cope during the COVID-19 pandemic while at the clinical placements. This finding was affirmed by the following statement of one of the participants:

**Participant 4F:** *“It was just, I trust in you God. There was nothing else because we had to do what we have to do given that we were falling behind with the hours and the schoolwork, but we had to push through the pandemic and accrue the hours that were required even if we didn't accrue them all, we just had to do what we had to do, yes.”*

Another participant also alluded that:

**Participant 1H:** *“yes, uhm first coping mechanism was spiritual, like I used to pray, yah. That God must intervene because at that time I think the delta variant that was strong and killing people so yah I was asking God for protection and for him to help me overcome this disease and also talking to my parents helped me because they*

*would say, this is flu it will pass, so that gave me strength that yes I am going to be okay.”*

In support of the above findings’ learner nurses have utilised religion as a coping mechanism for fears associated with contracting the COVID-19 virus at the clinical facilities (Baluwa et. al., 2021). This is consistent with the findings of Savisky et. al. (2020) who also found that using spiritual support helped learner nurses compact the fears they experienced during the COVID-19 pandemic. Concurring with the above authors, Roca, Canet-Vélez, Cemeli, Lavedán, Masot, and Botigué (2021), also found that consistent prayer during the pandemic, according to one of the learner nurses was helpful.

The coping strategies that learner nurses used during the COVID-19 pandemic is the innate coping mechanisms and thus assisted them to adapt to the environment. Using religion as a coping strategy at the clinical placement during the COVID-19 pandemic assisted the learner nurses to adapt and cope with the situation. It is important for the nursing education institutions to assist the learner nurses to adopt effective coping strategies especially during a pandemic.

#### **4.5.5.3. Sub-theme 5.3. Social coping strategies.**

The findings revealed that learner nurses also deployed social coping strategies to be able to cope at the clinical placements such as communicating with their parents to make themselves feel better during the COVID-19 pandemic. This finding was affirmed by the following statement of one of the participants:

**Participant 2F:** *” And that to tell the truth traumatised me and I would rely on my parents to make me feel better so I would call home tell them about it and they would talk to me, and I would feel better.”*

Another participant also added that:

**Participant 6H:** *”yah, the only coping mechanism that I was using was to talk to my family ehh my mother was supportive at that time because she was also scared of this disease so she would call me ehh more often when I was at the clinical area to check if I am okay, so I was feeling much better when someone was talking to me like.”*

Another participant further expressed that:



**Participant 2I:** *“uhm my coping mechanism was talking to my mother each and every day during that time.”*

In concord with the above findings Ojilong, Kanyike, Nakawuki, Lutwana, Nakanwagi and Nekaka (2022) found that during the COVID-19 epidemic, the learner nurses acknowledged seeking out family and social support. Similarly, Kealeboga et. al. (2022) also found that the nurses in the study stated that they found support in their family and friends although they feared the COVID-19 pandemic. In addition to the other authors, Ross (2022) indicated the significance of medical students in keeping in touch with friends and family to help them cope during the COVID-19 pandemic. It was important for learner nurses to constantly interact with families and friends during the COVID-19 pandemic because their support assisted them to adapt and cope (Alligood, 2014).

The literature and the findings of this study have highlighted the importance of the psychosocial well-being of learner nurses and that despite the COVID-19 pandemic being challenging, the learner nurses recognized the need to look after their mental health and came up with social coping strategies. The researcher noted that considering the psychosocial well-being of learner nurses will ensure that the learner nurses are clinically competent and have increased confidence at the clinical areas.

#### **4.5.6. Theme 6. Learner nurses’ recommendations regarding clinical placement during the COVID-19 pandemic**

The study findings revealed that the learner nurses came up with recommendations regarding clinical placement during the COVID-19 pandemic. According to Roy’s theory of adaptation, in response to the stimuli, the learner nurses were able to have an adaptive response output and proposed recommendations regarding clinical placement during the COVID-19 pandemic that included: educational institution support for learner nurses, management of clinical learning, management of clinical hours, preparation, protection, and support during clinical practice and the provision of resources and compensation (Alligood, 2014).

##### **4.5.6.1. Sub-theme 6.1. Educational institutions support for learner nurses.**

The findings indicated that learner nurses recommended that the Nursing department should offer psychological support to them and some even stated that they were not

mentally well during the COVID-19 pandemic. This finding was affirmed by the following statement of one of the participants:

**Participant 8F:** *“so, I think that maybe the lectures they were the ones who were supposed to uhm to bring psychologists at the end of each week whereby we had placement at the clinical area so that uhh those psychologists they talk to us individually so whether we were traumatised or not in order to make sure that we are not psychologically affected...”*

Another participant added that:

**Participant 6G:** *“I really think the university should start focusing more on giving students therapy like it’s what they should, it’s the biggest concept that they should uhm engaging in because at that time, I was not mentally well and what I needed was therapy...”*

Another participant also alluded that:

**Participant 2I:** *“...our department have to be closely involved and monitor how students are coping by also creating maybe twice per week sessions with the ehh centre for counselling and uhm student development D-block precisely to at least alleviate anxiety and pressure from students...”*

In support of the above findings, Roca et. al., (2021) found that for the learner nurses to cope during the COVID-19 pandemic, the learner nurses made use of the psychological helpline's services to their advantage. Correspondingly, Hamadehkerbage, Garvey, Willets and Olasoji (2021) also found that learner nurses utilized counselling services as a coping strategy during the COVID-19 pandemic. Furthermore, Zhu et al. (2021) recommend that to reduce the learner nurse’s mental health symptoms during the COVID-19 pandemic and even after the pandemic, psychological interventions should be considered and the psychological consultation services can take place through the phone, chat software, websites, etc.

It is thus deducted from the recommendations of the learner nurses and the literature that it is indeed important for the nursing institution to ensure that learner nurses get psychological support during a pandemic to support their mental health.

#### **4.5.6.2. Sub-theme 6.2. Management of clinical learning**

The study findings revealed that the learner nurses felt that they should be able to have contact clinical classes and a skills laboratory during the COVID-19 pandemic. This finding was affirmed by the following statement of one of the participants:

**Participant 4G:** *“ehh they should teach us ehh in the class like contact so that we may be able to practice and be competent so that we may go to the hospital, hospital, yeah.”*

Another participant further highlighted that:

**Participant 8H:** *“I recommend that the department should ehh build ehh a skills lab that is going to be uhm accommodative and be conducive in such times so that we are not compelled to go back home, and we remain here because we have to patch hours and our skills lab should serve as a mini hospital for us to work there when uhh the situation is at its peak. We work there and we attend those hours so that when we come back, we don’t have to uhm work under pressure, thank you.”*

In concord with the above findings Farsi, Sajadi, Afaghi, Fournier, Aliyari, Ahmadi and Hazrati (2021) found that the learner nurses in their study made note of the necessity for minimal interruptions to clinical education, ongoing theoretical education, and combined education during a pandemic. Furthermore, Makhado et al. (2022) also found that for the learner nurses to be able to acquire the required clinical skills at the clinical areas during a pandemic their preceptors must come up with inventive teaching methods. Dziurka et al. (2022) also recommend that preceptors must ensure that they come up with strategies to make sure that learner nurses still get clinical exposure during the COVID-19 pandemic by using current medical knowledge and technologies for example medical simulation, telemedicine, and virtual reality.

The literature and the findings indicated that learner nurses recommend utilizing skills laboratory to simulate their clinical learning to avoid losing time for their clinical learning during the COVID-19 pandemic. The researcher further noted that learner nurses need to practice clinical skills before being placed in the clinical areas, and a skills laboratory will assist them in attaining such clinical skills.

#### **4.5.6.3. Sub-theme 6.3. Management of clinical hours**

The study findings revealed that the learner nurses recommended that the clinical hours can be reduced during the COVID-19 pandemic. This finding was supported by the following statement of one of the participants:

**Participant 6G:** *” also I think in future if for that year we are experiencing a pandemic, I think they should reduce the hours for going uhm to practical’s because we are still adapting to that certain pandemic, its gonna obviously affect this so if they reduce the hours and they plan their things adequately like uhm like there is a time for practical’s, there is a time for tests...”*

Another participant also alluded that:

**Participant 4I:** *”in short in supporting with regards to the practical ehh hours uhm the completing year of a degree is still four years but then we are expected to replace 6 months of hours which is a big problem since we still have a big syllabus that is set for that year so the difficulty in replacing those hours of covid that we missed I don’t think it should be included as part of the programme...”*

In support of the above statements to guarantee that healthcare facilities can accommodate learner nurses for their clinical placement, policymakers and universities must forge a partnership through which they can work together (Basso, Gonella, Londa, Airoidi, Chilin, Follenzi, Molin & Dimonte ,2022). Other approaches of achieving learning objectives may be investigated if clinical placement is not an option. Another recommendation was that, to salvage the clinical hours of learner nurses is to use simulation, simulation can serve as a legitimate substitute for up to half of the clinical placement hours necessary for undergraduate nursing education (Basso et. al. ,2022; Seah, Ang, Liaw, Lau, Wang ,2021; Hayden, Smiley, Alexander, Kardong, Edgren & Jeffries, 2014).

It is noted that to salvage the learner nurses’ clinical hours, the nursing institutions should ensure that the learner nurses get clinical exposure and that their clinical hours are not affected by the pandemic. Subsequently, the SANC also advised NEIs to think about extending the length of time learner nurses spend in training to ensure that all clinical standards are met (SANC, 2020).

#### 4.5.6.4. *Sub-theme 6.4. Preparation, protection, and support during clinical practice*

The study findings revealed that the learner nurses recommended that there should be preceptors support, have workshops and be orientated at the clinical areas during

the COVID-19 pandemic. This finding was affirmed by the following statement of one of the participants:

**Participant 4D:** *“In future I think they should at least try to, I don’t know if this will work but the student doctors when they go to practical’s they go with their lectures and all that so in future if something like this have to come back they should go with us so that they can see, their our experience so that when we report they should take actions fast.”*

Another participant also stated that:

**Participant 2F:** *“so I feel that we as students didn’t have much knowledge about this COVID-19 because we only heard about it on TVs, radios by word of mouth etc. I feel like that we should have been taken to workshops as well because we are involved in taking care of patients in the clinical institutions so had we been workshopped about this vaccine and the COVID-19 virus in general, I feel that we would have more information about it...”*

Another participant added that:

**Participant 5G:** *“I think that every time when we get inside a ward, they should orientate us before we do anything, and they should make sure that we are aware of the environment. That in this cubicle there is this kind of patient who is suspected or who have COVID-19 and then they give us enough PPEs so that we are protected to go there...”*

The above findings are consistent with the assertions of the nurses in the study done by Engelbrecht, Heunis and Kigozi (2021), who requested for current COVID-19 information and additional training during the COVID-19 pandemic. Furthermore Ulenaers et al. (2021) discovered that the learner nurses expressed a strong need for interaction with their preceptors and indicated a greater need to be heard, prepared, and supported during the COVID-19 pandemic and to get in touch regularly with their preceptors. In addition, Mpsa et al. (2021) also recommended that to improve the clinical learning of learner nurses during the COVID-19 pandemic before the learner nurses are allocated at the clinical areas; material, physical and psychological assistance is vital.

Based on the findings and literature, the learner nurses must be given information about the virus by their preceptors before placement at the training institutions. Furthermore, to foster an encouraging clinical learning environment, the learner

nurses must be supported by their preceptors and appropriately oriented in a new learning unit in the clinical areas.

#### **4.5.6.5. Sub-theme 6.5. Provision of resources and compensation**

The study findings have indicated that learner nurses recommended that there should be provision of sufficient PPEs at the clinical areas and be compensated for working during the COVID-19 pandemic. This finding was affirmed by the following statement of one of the participants:

**Participant 3F:** *“so about the PPE issue, I think that they should have let the nurse manager know that they have students coming in that hospital and that when they give each ward PPEs, they should include students so that we can be able to have PPEs like they do.”*

Another participant added that:

**Participant 2I:** *“for me I think it’s also important for our department of health to try and compensate learner nurses with regard to their practical’s because such experiences a student as much as we have signed up to be student nurses, to some point it feels like we are risking more than we can afford to lose so I think its best that there be some form of motivation uhm monetary motivation...”*

Another participant also recommended that:

**Participant 3E:** *“ehh I think in future if a pandemic like covid comes they should be prepared and have enough PPEs because at the hospital the sisters were complaining that they don’t give them PPEs for the students, so sometimes we have to work wearing a mask only or repeat a gown for the whole practical.”*

In accord with the above finding’s studies have shown that when learner nurses are sent to the clinical areas during a pandemic they should be provided with enough personal protective equipment’s, and they should be remunerated for their time in the clinical areas (Mpasa et. al., 2021). Concurring with these findings, nurses who were working in COVID-19 wards during the pandemic requested risk allowance or COVID-19 bonuses as they were putting their lives at risk of contracting COVID-19 (Engelbrecht et. al., 2021). Recommendation in Triemstra, Haas, Bhavsar-Burke, Gottlieb-Smith, Wolff, Shelgikar, Samala, Ruff, Kuo, Tam and Gupta, (2021) ‘study also indicated that that there should be availability and reliability of personal protective equipment in the clinical areas for learner nurses during a pandemic.

The clinical learning institution can also accommodate the learner nurses and offer PPEs for the learner nurses to ensure that learner nurses are always protected at the clinical areas. Furthermore, the learner nurses should be recognized for their resilience during the COVID-19 pandemic as this can encourage them to actively participate in their clinical learning.

#### **4.6. SUMMARY**

In this chapter, the researcher outlined the main findings that were found from the focus group interviews conducted to answer the research questions. The researcher outlined main themes and their sub-themes that had emerged during data analysis and integrated Roy's adaptation theory into the study findings. The literature control for the current study findings was identified and affirmed existing literature results. Chapter five will discuss the summary of the study, the recommendations, and the conclusion.

## CHAPTER FIVE

### SUMMARY, LIMITATIONS, RECOMMENDATIONS AND CONCLUSION

#### 5.1. INTRODUCTION

Chapter four deliberated on the research finding, the themes and sub-themes that emanated, integration of Roy's theory in the findings and literature control. This chapter focuses on the summary, limitations, recommendations emanating from this study and conclusion. The recommendations for the department of health and the nursing department at the University of Limpopo. This chapter deliberates on the objectives of the study achieved and the recommendations as based on the research findings.

#### 5.2. SUMMARY

**The aim of the study was.**

To have an in depth understanding of the experiences of learner nurses regarding clinical placement during the COVID-19 pandemic at the University of Limpopo.

**The objectives of the study were to:**

- Explore the experiences of learner nurses regarding the clinical placement during the COVID-19 pandemic at the University of Limpopo.
- Describe the experiences of learner nurses regarding the clinical placement during the COVID-19 pandemic at the University of Limpopo.

#### **Research questions**

The research question posed to the participants was:

- Can you please describe your experiences regarding clinical placement during the COVID-19 pandemic at the University of Limpopo?

#### **Research method and design**

A qualitative, explorative, and descriptive research design approach was used in this study to explore and describe the experiences of learner nurses regarding clinical placement during the COVID-19 pandemic at the University of Limpopo. The population for this study encompassed all the 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> year undergraduate students enrolled at the University of Limpopo to study Bachelor of Nursing degree.



The researcher used focus group interviews, guided by an interview guide, to have an in depth understanding the experiences of learner nurses regarding clinical placement during the COVID-19 pandemic. The steps of data analysis were followed as described by Tesch's open coding system in Cresswell (2013). An independent coder was given verbatim transcripts and analysed the data independently. After which a meeting was arranged between the independent coder and the researcher to discuss the themes. At this meeting the independent coder and researcher reached consensus on the themes and sub-themes reached independently of each other. The following measures to ensure trustworthiness were followed as outlined by Polit and Beck (2017): credibility, dependability, transferability, and confirmability. The following ethical considerations were adhered to, including permission to conduct the study, the informed consent, confidentiality, anonymity, principle of justice, beneficence, and bias.

### **5.3. FINDINGS OF THE STUDY**

The findings of the study revealed the following themes and sub-themes, as deliberated in the previous chapter:

**Theme 1:** Impact of COVID-19 on the clinical placement of learner nurses.

This theme highlighted the impact that COVID-19 had on the clinical placement of learner nurses. Most of the learner nurses indicated how the COVID-19 pandemic affected their clinical placement causing them not to meet their clinical learning objectives and further causing them to have inadequate clinical hours. The COVID-19 pandemic made it difficult for the learner nurses to attend clinical placement during the hard lockdown resulting in them having to attend classes online and learn clinical skills online which caused them to be incompetent when it was time for them to perform some of the skills.

**Theme 2:** Risk of becoming infected.

Inadequate personal protective clothing at the clinical areas emerged as a challenge for the learner nurses. Most of the learner nurses indicated that they were at risk of contracting the COVID-19 virus because of the inadequate personal protective clothing. Lack of personal protective clothing is a barrier to the learner nurses clinical training and as such they cannot provide quality patient care.

**Theme 3:** Effects of COVID-19 on the mental well-being of learner nurses.

The findings of the study revealed that the COVID-19 pandemic had an impact on the mental well-being of learner nurses. Most of the participants indicated how they were afraid of contracting the COVID-19 virus at the clinical areas and they were afraid of providing nursing care to patients at the clinical areas. The COVID-19 also precipitated their fear of death and feelings of depression and being desperate. The impact of the COVID-19 pandemic on the learner nurse's mental well-being also negatively affected their clinical learning.

**Theme 4:** Learner nurses' experiences of support during the COVID-19 pandemic.

The findings of the study revealed the experiences that learner nurses support during the COVID-19 pandemic. The learner nurses indicated that the other challenge that emanated was the inadequate support from their preceptors while at the clinical areas during the COVID-19 pandemic. The learner nurses felt unsupported by their preceptors whenever challenges emerged at the clinical areas during the COVID-19 pandemic. Another challenge was the inadequate supervision of the learner nurses by the senior personnel at the clinical area, the learner nurses felt unsupervised because the senior personnels would not accompany them inside the cubicles to do the nursing duties during the COVID-19 pandemic.

**Theme 5:** Learner nurses' coping strategies during clinical placement during the COVID-19 pandemic.

In this theme the learner nurses shared the coping difficulties that they experienced and the coping strategies that they utilized during the COVID-19 pandemic at the clinical areas. Some of the learner nurses shared that they relied on their religion to cope while others used to communicate with their families as a coping strategy.

**Theme 6:** Learner nurses' recommendations regarding clinical placement during the COVID-19 pandemic.

In this theme the learner nurses shared their recommendations regarding clinical placement during the COVID-19 pandemic, which included the following: educational institution support for learner nurses, management of clinical learning and clinical hours, preparation, protection and support during clinical practice and the provision of resources and compensation.

#### **5.4. RECOMMENDATIONS**

The following recommendations are based on the themes and sub-themes that emerged during the study. The recommendations are aimed at addressing the challenges experienced by learner nurses at the clinical placements during COVID-19 pandemic. The researcher proposes the following recommendations for nursing education, nursing practice and future research:

##### **Nursing Education**

- The Nursing education institutions should build infrastructures needed to support learner nurses during a COVID-19 pandemic e.g., a clinical simulation skills laboratory that can accommodate all the learner nurses.
- The SANC in collaboration with relevant stakeholders such as the nursing education institutions and Clinical Education and Teaching Unit should come up with a contingency plan to re-adjust the expected clinical hours accordingly for the learner nurses during a COVID-19 pandemic.
- The Nursing education institutions should procure good quality and sufficient personal protective equipment's for the learner nurses in accord with infection control standards.
- The Nursing institutions should design a COVID-19 information hub for the learner nurses on how to address the COVID-19 pandemic during an outbreak.
- The Nursing education institutions should provide learner nurses with up-to date information on the COVID-19 virus e.g., the type of COVID-19 variant, prevention measures, vaccinations, and management.
- The Nursing education institutions should conduct lectures and teach the learner nurses how to use PPEs properly (donning and doffing).
- The Nursing education institutions should provide voluntary vaccination against the COVID-19 virus prior to the placement of learner nurses at the clinical areas.
- The Nursing education institutions should provide an inhouse psychologist to offer free psychological support and ways to cope with stress and anxiety (debriefing sessions).
- The Nursing education institutions should ensure that there are sufficient preceptors/clinical accompanists to accompany the learner nurses and to support them at the clinical areas. These can also be supplemented by the program of undergraduate peer clinical mentors.

- Policymakers should develop strategies that ensure that learner nurses continue with their clinical placements during the COVID-19 pandemic, these can include having a contingency plan in place.

### **Nursing Practice**

- Accredited clinical learning institutions should ensure that learner nurses clinical objectives are achieved and in line with their scope of practice.
- Accredited clinical learning institutions management should ensure that learner nurses are supported and have enough resources to provide quality patient care during the COVID-19 pandemic.
- Professional nurses should assist the learner nurses to correlate theory with practice during the COVID-19 pandemic by supervising them during their clinical training.
- Accredited clinical learning institutions should have an organized orientation for the learner nurses of each new ward that have COVID-19 suspects or positive patients.

### **Future research**

- To develop guidelines to mitigate the challenges that learner nurses experience at the clinical placements during COVID-19 pandemic.
- To have more Universities and Colleges of Nursing conduct the study to generalize the study.
- Other researchers can conduct more research on the experiences of learner nurses on the theoretical aspect of teaching and learning during the COVID-19 pandemic.

## **5.5 LIMITATIONS**

The study took place at the University of Limpopo in the Limpopo province, South Africa. Data was collected from 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> year undergraduate students enrolled at the University of Limpopo to study Bachelor of Nursing degree, therefore the results cannot be generalised to other nursing institutions in the republic of South Africa. Furthermore, future research should be conducted at other nursing institutions in

South Africa to explore their clinical placement challenges during the COVID-19 pandemic.

## **5.6. CONCLUSION**

In conclusion, clinical placement is essential to nursing education as it introduces learner nurses to experiential learning opportunities to acquire clinical skills. There are various reasons that learner nurses get placed in accredited clinical facilities, including integrating theory into practice, learning and developing clinical skills, achieving clinical learning outcomes, and acquiring the stipulated clinical hours. However, there are challenges that learner nurses encountered in the clinical areas during the COVID-19 pandemic. These challenges included incompetence in the performance of clinical skills, compromised integration of theory to practice, and inadequate personal protective clothing in the clinical setting.

Furthermore, the learner nurse's experience of inadequate support from their preceptors and the lack of supervision by the senior personnel in the clinical area during the COVID-19 pandemic compromises the standard of learner nurses attaining clinical competency. Hence, the following is recommended, nursing education institutions should ensure sufficient preceptors to accompany and support learner nurses in the clinical areas. In addition, it is paramount that accredited clinical learning institutions ensure that learner nurses' clinical objectives are achieved and, thus, ultimately equipped with clinical proficiency.

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## **Appendix A: Research interview guide**

**TITLE:** The experiences of learner nurses regarding clinical placement during the Coronavirus Disease 2019 pandemic at the University of Limpopo.

**Aim:** To explore the experiences of learner nurses regarding clinical placement during the COVID-19 pandemic.

### **Central question**

Can you please describe your experiences regarding clinical placement during the COVID-19 pandemic?

### **Probing questions**

1. Explain how the COVID-19 pandemic has affected your clinical placement.
2. Describe how the COVID-19 pandemic has challenged your learning
3. How has the COVID-19 pandemic affected you psychologically?
4. How best do you think such experiences can be addressed in future?

## Appendix B: Letter seeking permission

P.O BOX 95

APEL

0739

16 June 2021

University of Limpopo

Office of the registrar

Private Bag x 1106

Sovenga

0727

RE: Application to conduct research

Dear Sir/Madam

This letter serves to inform you that I Nchabeleng L, a student currently registered for a Master's degree in Nursing, hereby humbly request permission to conduct a study at the University of Limpopo. The study is titled: *The experiences of learner nurses with regard clinical placement during the Coronavirus Disease 2019 pandemic at University of Limpopo*. The aim of the study is to explore the experiences of learner nurses regarding clinical placement during the COVID-19 pandemic.

All information received from respondents will be treated confidentially and will be used solely for purpose of the research.

Attached is the research proposal. For more information or queries please contact me at 072 772 9183 or my supervisor Prof. MA Bopape at 0827610247

Anticipating your positive respond.

Kind regards

Ms. Nchabeleng Linda

## Appendix C: Consent form

Consent form- English

Statement concerning participation in a Research Project:

**Title of Project:** Experiences of learner nurses regarding clinical placement during the COVID-19 pandemic.

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. Furthermore, there will be no reimbursement or payment in the form of monetary however refreshments will be served as a token of appreciation.

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 participant Signature of Participant

\_\_\_\_\_

### Statement by the Researcher:

I confirm that I have provided every information concerning this research and I agree to answer any information required by the participant. I will adhere to the approved protocol.

Researcher

Signature of

Researcher

---

Witness

---

---

Signature of Witness

---

## **Appendix D: Participant information leaflet**

**Title of the study:** Experiences of learner nurses regarding clinical placement during the Coronavirus Disease 2019 pandemic.

Dear student

I invite you to participate in a research study. This information leaflet will help you to decide if you want to participate. Before you agree to take part, you should fully understand what is involved. If you have any questions that this leaflet does not fully explain, please do not hesitate to ask the researcher.

### **What this study is about**

8. The aim of this study is to explore the experiences of learner nurses regarding clinical placement during the COVID-19 pandemic. Your participation as a student will be very valuable in this study.

### **How information will be collected**

9. This study involves a focus group interview process where the interviewer will ask each group of nursing students' questions. A voice recorder will be utilized to capture all interview sessions and field notes will be written to capture what couldn't be captured through a recorder. The interview is scheduled to last for approximately 30 minutes -60 minutes with each group. The interview sessions will be conducted in accordance with the lockdown regulations for example, social distancing, wearing of masks and sanitising.

### **Benefits of taking part in this study**

10. The study may assist in addressing challenges that the nursing students are experiencing during clinical placement during the COVID-19 pandemic, bearing in mind that student nurses are future health care providers and need to acquire necessary skills and competency required for the nursing profession at the end of their training.

### **Right to Ask Questions and Report Concerns**

11. You have the right to ask questions about this research study and to have those questions answered by the researchers before, during or after the research. If you

have any further questions about the study. If you like, a summary of the results of the study will be sent to you.

### **Your right as a participant**

12. Your participation in this study is entirely voluntary. You can refuse to participate or stop at any time during the interview without giving any reason.

### **Compensation**

13. Your participation in this study is voluntary. There will be no payment for participating in this study.

### **How participant's information will be kept private:**

14. In order to disclose participants private Information will be kept between the researcher and the participant only, to ensure that, every researcher will have to sign a consent form declaring to keep private information only between them and the participant, Participants will be using research identities instead of using participant's identities, no personal information will be recorded in a research report.

### **Contact person.**

For further information or any questions regarding the study please contact Nchabeleng L, Cell phone number 072 7729 183 and my supervisor Prof. M.A Bopape 0827610247

## Appendix E: Faculty approval letter



**University of Limpopo**

**Faculty of Health Sciences**

**Executive Dean**

Private Bag X1106, Sovenga, 0727, South Africa

Tel: (015) 268 2149, Fax: (015) 268 2685, Email:tebogo.mothiba@ul.ac.za

**DATE: 22 JUNE 2022**

**NAME OF STUDENT:** L NCHABEENG  
**STUDENT NUMBER:** 201517240  
**DEPARTMENT:** NURSING  
**SCHOOL:** HEALTH CARE SCIENCES  
**QUALIFICATION:** MNURS

Dear Student

### **FACULTY APPROVAL OF PROPOSAL (PROPOSAL NO. FHDC2022/3)**

I have pleasure in informing you that your MNURS proposal served at the Faculty Higher Degrees Meeting on 22 JUNE 2022 and your title was approved as follows:

**Approved Title: "The Experiences of Learner Nurses Regarding Clinical Placement during the Coronavirus Disease 2019 Pandemic at the University Of Limpopo"**

Note the following:

<b>Ethical Clearance</b>	<b>Tick One</b>
Requires no ethical clearance Proceed with the study	
Requires ethical clearance (TREC) (apply online) Proceed with the study only after receipt of ethical clearance certificate	√

Yours faithfully

**Prof T.M Mothiba**

**Chairperson**

**Supervisor: Prof MA Bopape**

**Co-Supervisor: Ms L.E Manamela**

## Appendix F: Ethical clearance certificate



**University of Limpopo**  
Department of Research Administration and Development  
Private Bag X1106, Sovenga, 0727, South Africa  
Tel: (015) 268 3935, Fax: (015) 268 2306, Email: anastasia.ngobe@ul.ac.za

**TURFLOOP RESEARCH ETHICS COMMITTEE**  
**ETHICS CLEARANCE CERTIFICATE**

**MEETING:** 22 August 2022

**PROJECT NUMBER:** TREC/358/2022: IR

**PROJECT:**

**Title:** The Experiences of Learner Nurses Regarding Clinical Placement during the Coronavirus Disease Pandemic at the University of Limpopo.  
**Researcher:** L Nchabeleng  
**Supervisor:** Prof MA Bopape  
**Co-Supervisor/s:** Ms LE Manamela  
**School:** Health Care Sciences  
**Degree:** Master of Nursing Science

**PROF D MAPOSA**  
**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) This Ethics Clearance Certificate will be valid for one (1) year, as from the abovementioned date. Application for annual renewal (or annual review) need to be received by TREC one month before lapse of this period.
- ii) Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee, together with the Application for Amendment form.
- iii) PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.



## Appendix G: Gate keepers permission



**University of Limpopo  
Office of the Registrar**

Private Bag X1106, Sovenga, 0727, South Africa

Tel: (015) 268 2407, Fax: (015) 268 3048, Email: [Kwena.Masha@ul.ac.za](mailto:Kwena.Masha@ul.ac.za)/[Retha.Balie@ul.ac.za](mailto:Retha.Balie@ul.ac.za)

22 September 2022

Ms. L Nchabeleng

**Email:** [201517240@keyaka.ul.ac.za](mailto:201517240@keyaka.ul.ac.za)

Dear Ms. Nchabeleng,

### **GATEKEEPER PERMISSION TO CONDUCT RESEARCH**

**TITLE: THE EXPERIENCES OF LEARNER NURSES REGARDING CLINICAL PLACEMENT DURING THE CORONAVIRUS DISEASE PANDEMIC AT THE UNIVERSITY OF LIMPOPO**

<b>RESEARCHER:</b>	Ms. L Nchabeleng
<b>SUPERVISOR:</b>	Prof. MA Bopape
<b>CO-SUPERVISOR/S:</b>	Ms LE Manamela
<b>SCHOOL:</b>	Health Care Sciences
<b>DEGREE:</b>	Master of Nursing Science

Kindly be informed that Gatekeeper permission is granted to you to conduct research at the University of Limpopo entitled: **“The experiences of Learner Nurses regarding Clinical Placement during the Coronavirus Disease Pandemic at the University of Limpopo”**.

Kind regards,

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**PROF. JK MASHA  
UNIVERSITY REGISTRAR**

Cc. Prof. RJ Singh: Deputy Vice-Chancellor; Research, Innovation and Partnerships  
Prof. RN Madadzhe: Deputy Vice-Chancellor: Teaching and Learning  
Dr. T Mabila, Director: Research Development and Administration  
Prof. D Maposa – Chairperson: Research and Ethics Committee  
Ms M Hutamo – Assistant: Ethics Secretariat  
Ms A Ngobe – TREC Secretariat

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## Appendix H: Co-coder certificate

Dr Annatjie van der Wath (M Cur, PhD) [annavdw@mweb.co.za](mailto:annavdw@mweb.co.za)

### **CODING CERTIFICATE** **Qualitative Data Analysis**

This serves to confirm that Annatjie van der Wath has co-coded the following qualitative data: six focus groups for the study:

#### **THE EXPERIENCES OF LEARNER NURSES REGARDING CLINICAL PLACEMENT DURING THE CORONAVIRUS DISEASE 2019 PANDEMIC AT THE UNIVERSITY OF LIMPOPO**

I declare that the candidate, Linda Nchabeleng, and I have reached consensus on the major themes and categories as reflected in the findings during a consensus discussion.



Annatjie van der Wath (M Cur, Ph D) [annavdw@mweb.co.za](mailto:annavdw@mweb.co.za)

**Appendix I: Editing confirmation**

**LEBOMA INVESTMENTS (PTY) LTD**

REGISTRATION NUMBER: 2018 / 299676 / 07

**TO WHOM IT MAY CONCERN**

This letter serves to confirm that I, **Prof T.W Molotja**, have proofread and edited the research report for

**Nchabeleng Linda**

student number

**201517240**

entitled

**THE EXPERIENCES OF LEARNER NURSES REGARDING CLINICAL  
PLACEMENT DURING THE CORONAVIRUS DISEASE 2019 PANDEMIC AT THE  
UNIVERSITY OF LIMPOPO**

The report is edited focusing on the following:

- Coherent writing.
- Eliminating spelling errors.
- Fluency in reading.
- Academic writing.

I therefore recommend for its submission.

Yours Sincerely

Date: 12/07/2023



## **Appendix J: Focus group interview transcript**

### **Focus group F Discussion (3<sup>rd</sup> years) 16/11/2022**

#### **Number of participants 9**

**Researcher:** Okay, let me first start by introducing myself, my name is Nchabeleng Linda, I am doing master's in nursing and my research topic is the experiences of learner nurses regarding clinical placement during COVID-19 pandemic at the University of Limpopo. And then the aim is to explore the experiences of learner regarding clinical placement during COVID-19 pandemic at the University of Limpopo. If you want to speak, please raise your hands, if you also want to use the toilet, please raise your hands and before I can continue, I would like to ask for consent. Okay, the consent form uhm, has the title of the project- the experiences of learner nurses regarding clinical placement during the COVID-19 pandemic then it says that 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 and this will have no influence on my academic marks, and I know that this Study / Project has been approved by the 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. Okay, and then the benefits of you participating in this study or taking part in it is that it's going to assist okay, in addressing challenges that the nursing students are experiencing during clinical placement during the COVID-19 pandemic and that no harm will be inflicted and if anybody experiences distress, we can uhm I can refer you to a psychologist. And then we are going to use pseudo names, for example participant A, B, C just like that and when you answer please don't say the name of the lecture, the university or the hospital or the clinic where you were doing your practical's. You can say at the clinic or at the university or my lecture instead of saying their names and no laughing at each other, there is no right or wrong answer. And you don't need to feel like you

want to get marks for answering. Can you please describe your experiences regarding clinical placement during the COVID-19 pandemic. Remember if you wanna talk you raise your hand and say participant number.

**Participant 4:** uhm the experience during COVID-19 was kind of scary because some clinical institutions they were like off protective clothing so it was kind of like we are more exposed to the risk of contracting covid because some of the patients their status were unknown so uhm it was kind of scary because you would interact with the patient and later the sisters tell you because when we knock off we knock off early the sisters will tell you that patient in room whichever uhh he/she has tested positive for COVID-19 and another thing it was uhm the sisters sometimes because we would uhm get allocated to the clinical uhm areas with a certain group of number of students so sometimes we would be so many in like one institution and with the lack of the PPE's the sisters sometimes would just you know screaming gore why are you so, screaming that why are you so overwhelming them uhm given that they have lack of PPE's yes.

**Researcher:** So how did the experience uhm make you feel or how did you best deal with it?

**Participant 4:** Okay, with regards to how it was making me feel, I felt like I was susceptible to contacting COVID-19, given like I am just a student I am still young, I don't have any Como sorry, I don't have any comorbid diseases but like it was scary because covid didn't pick who it was uhm anyone who was contacting the disease it didn't pick and anybody was susceptible and given uhm we were so exposed with those patients with covid 19 it was so scary and overwhelming and with how I was dealing with it. It was just, I trust in you God. There was nothing else because we had to do what we have to do given that we were falling behind with the hours and the schoolwork, but we had to push through the pandemic and also accrue the hours that were required even if we didn't accrue them all, we just had to do what we had to do, yes.

**Researcher: Okay**

**Participant 5:** So, I am going to talk about the uhm, my experience so I was doing first level and I was allocated in a certain ward so we were allocated and also there were other senior students that were also working so what happened was like in the morning the sisters told us that there is no PPE and the only PPE was for there was

only for them they didn't know that they were students so because we didn't know anything and we wanted to work but the senior students were like no you are not going to work if there are no protective clothing they were like we are not going to work we are calling our lecture and we should also call our lecture since we are like on the first level and they are on the fourth level. So, they called their lecture and their lecture was like am coming to bring PPE's, so we were also told to call our lecture and then our lecture said give the sister the phone and the sister said just wear plastic aprons because there is no PPE. So what happened was we were given plastic aprons and they were wearing PPE's we were the ones who were in contact with the patient you know and yhaa so we felt, we felt like violated because honestly when you come to nursing you are thinking like okay I don't have to be guarded the nurses and the lectures are your parents they are going to advocate for you, if there is any danger they are going, because we don't even know our rights we don't know that you know, you have a right not to touch a patient without PPE and yah.

**Researcher:** Okay

**Participant 9:** Firstly, uhm during the COVID-19 pandemic we were sent home, so we were not allocated for some months so when we came back, we had to replace those hours and some of us are still struggling to replace them and also some hospitals tried to make space for, tried to make space for people who were affected so uhm they would take people from a certain ward and move them into another ward to make space for people who are affected and this meant that people those wards were people are moved to the workload increased.

**Researcher:** Sow how did you deal with that?

**Participant 9:** uhm we shared the work amongst ourselves.

**Researcher:** Okay, so how did the COVID-19 challenge your learning? In terms of the theory part and also the practical part

**Participant 9:** uhm I think I have already touched on the theory part because I said that we were not allocated for uhm months we were send home so we lost hours which we are now trying to replace and then as for, that was practical. As for theory we had to move to online learning which many of us try, which many of us struggle to adapt to.

**Researcher:** So, how best do you think such challenges can be addressed in future? Should COVID-19 occur again, what can you, would you recommend for it to be addressed in terms of you going to the practical's and in terms of in the part of your theory?

**Participant 9:** Uhm if there is a need that we, we should be send home, I think that the hours that we will be losing should not be, should be just scratched out. It should not be required.

**Researcher:** Okay

**Participant 1:** So uhm during covid like some students we were treated, we were treated unfairly some were uhm treated unfairly by being allocated for nightshift, the sisters were complaining that we are many so to reduce uh like population like the number of staff and students we were co allocated for nightshift and imagine a second year student going for nightshift, we should start going for nightshift when we are doing at least 3<sup>rd</sup> year and 4<sup>th</sup> levels.

**Researcher:** So, in terms of your, the theory part how did it challenge your learning?

**Participant 1:** For theory we were learning online but for clinicals we were not going anywhere, so for theory like we had information but for clinicals some skills like we were taught uhm online like the CPR, we uhm it was taught online, but doing it in the hospital it was hectic.

**Researcher:** So, how did this affect you psychologically, how did the COVID-19 pandemic affect you psychologically?

**Participant 1:** uhm psychologically uhm like psychologically as a student who was allocated nightshift I had like, like I had difficulty going back to my normal sleeping patterns.

**Participant 2:** So when I was allocated in a certain institution during COVID-19 the sisters wouldn't even tell us who is a COVID-19 suspect so we would go into the cubicle not knowing that person was a suspect and we would not be wearing the correct PPE's so we would nurse those patients and sometimes the patients ended up losing their lives and they would make us perform last offices on those patients knowing that they are covid positive and knowing how covid can take one's life so I

feel that the sisters did violate us during that period. And that to tell the truth traumatised me and I would rely on my parents to make me feel better so I would call home tell them about it and they would talk to me and I would feel better.

**Researcher:** So how did the COVID-19 challenge your learning?

**Participant 2:** Well, when it comes to learning everything went online and I honestly struggled to adapt to online learning, considering the fact that at first, we didn't have Pc's or laptops so until we were given laptops then yah it got better then because we had uhm laptops to attend classes online because with the phone sometimes it would be challenging.

**Researcher:** So, how best do you think such challenges can be addressed in future, what would you recommend?

**Participant 2:** well, I think that our lectures need to communicate clearly with the sisters in the hospitals and advocate for us, talk on our behalf and tell them how to treat us when we are there. Or visit the clinicals more often so that they can see how we are being treated and correct where it's wrong.

**Participant 6:** uhm as for my experience I remember working at this specific hospital uhh I had to do last office on a covid patient, and the next day they were expecting me to wear the very same PPE that I was wearing yesterday because we didn't have PPE's so at that point I was lucky but on another case working at another hospital I contracted the COVID-19 ,I had to be isolated and stay at quarantine others were working at the hospital as well and that means for me I didn't have to patch, I didn't go to for the clinicals and also have the very same hours as other students so I was left behind unlike other students who didn't have the covid.

**Researcher:** so, I heard you mention that you contracted COVID-19, so how did that affect you psychologically?

**Participant 6:** I usually cried in my room because I was isolated, I was alone and at that time others had, It was almost the end of the year they had to go home so I was alone and eish it was so tough for me I couldn't cope.

**Researcher:** so, what do you think should have been done to help you psychologically?



**Participant 6:** at least uhh someone to talk to because they just used to come and say do you have any symptoms ehh are you fine and they used to ask me about my symptoms, and we will see you the next day, so I was just alone. I just had to talk to my parents, and they said yah I just had to stay there.

**Researcher:** so how did the COVID-19 challenge your learning?

**Participant 6:** as for my learning, during uhm so that I mean we used to learn online so those things that we were learning because we couldn't apply practically and see them at the hospital so it seems like uhh you forgot easily because you couldn't see them for me it was mara I was able to learn online but the problem is that I couldn't apply the theory part on the practical and be able to see the conditions there at the hospitals because we were not going for few months during first year.

**Researcher:** so how best do you think such challenges should be addressed in future? What would you recommend.

**Participant 7:** I think such those issues can be addressed like this way, if you did something during covid hours, during covid era and then now we come back and things went back to normal, I think they should go back and try to touch them again like we did this during covid, do you still remember? Like practically, because now we did CPR during covid, if you can tell me that can you please do CPR I don't even know how I am gonna do it like practically because I was never there emotionally, I was just there online just like I like a video or something.

**Researcher:** so, what would you recommend they do?

**Participant 7:** I think that they can go back and try to rewind something that we did online during COVID-19, our lessons during COVID-19, during COVID-19 we did this do you still remember and then we do it again.

**Participant 4:** uhm with regard to how COVID-19 affected me, my online and practical learning experience for me honestly it was bad, with doing online learning and everything shifting to online, I was resting a lot, honestly with online learning there is no uhm that pressure that is pressurizing you to push to study and you get so relaxed and that as much as it was online but my grades dropped because I was just resting a lot, I didn't get the pressure of you know what girl, you have to do this, you have to get this done, I was just relaxing, I would when studying I would just like okay, so that

I would know which page to refer. So honestly its not conducive for learning, for my side it wasn't conducive for learning and also with the practical side, it was that thing of learning skills online, even now we have to compensate for the time and all the skills that we were doing online right now and when you go there at the clinical areas the sisters are like asking you this, you have to know this thing, and mind you we were home all along for like 5 months, we were home during our first year so we didn't get the practical exposure that we needed, even now it's that thing were like you have to know this thing, when they ask you a question and you don't know even know how to answer that question and they will be like are you doing third level, you know they don't take us serious they just belittle us because we are online students and also uhm without uhm I think in the future even when we face the future pandemics that we don't know of I think as much as safety comes first uhm but we have to know that nursing is practical and I think we should get more time and being exposed in the clinical areas but we should be given more time to learn and acquire those skills that we required to because now you are just working under pressure, you are doing 3<sup>rd</sup> level and there is still like a lot of things that you have to learn that you missed during first year and now you are doing third level and you have to learn all the things that you are doing in third level and all those that you missed during the pandemic.

**Researcher:** so, in terms of the online learning, because I heard you talking about it, how best do you think that should have been handled or should have been done?

**Participant 4:** as I have said safety matters, safety comes first I think it was on me, it was on me, I was the one who was supposed to realise that like I am not supposed to rest even if like its online, I shouldn't have to continue with the procrastination and leave things undone, I feel like it was on me to continue pushing despite uhm if it's online or venue based and also as much as I said with the practical's, the skills nursing is practical, you cannot learn CPR online how are you going to apply that on a human being. You cannot learn that online, so we should also be aware of the risks that are still to come with the upcoming pandemics that are, we should allow ourselves to be exposed to the risks, that's what I think, we should uhm go out there if we are willing to learn this things but the pressure uh shouldn't be that much because we do that in such a short period of time so we should be given more time even if its like extending, I think that would be much better because we wouldn't be working under pressure.

**Participant 8:** uhm for me I can't say that I was really scared during covid pandemic because it was uhm, when I did research it was uhm six hundred and forty nine pandemic in the world so I was like okay this too shall pass then my main problem was that when we go to the clinical area, we were divided into groups, so they will be like this week this group will go and then another week, you find that we are busy maybe at the skills lab learning other skills or being evaluated so that were uh my problem started, that okay I am gonna miss hours because maybe I missed this two days and also the issue with the PPE part . uhm In a certain ward that I was allocated we were told to, because we were going for 2 days during first year they were like okay use this PPE today and tomorrow and we were not given mask bona they had uhm those masks the K- for the one that covers everything and for us we just had the simple one's so for me I was like it was not fair and then for my learning. uhm the online thing I was excited I don't want to lie because I still had the anxiety to face the lectures during the lessons, so during my first year I think I got used to them and how the varsity operates so during second year that's where the online started affecting me, the connectivity part like it usually affected me like I would miss some parts of the lesson so I had to ask my friends what did they say and some they didn't listen attentively so obviously they would give you wrong information and the uhm another thing if you didn't understand uhm you feel the pressure that uhm how will I ask the lecturer and stuff like that.

**Researcher:** so, how best do you think in terms of those connectivity issues and not being able to talk to the lecturer, what do you think should have been done in terms of that?

**Participant 8:** uhm in terms of that I can say that, if maybe I feel like it depends on a person if you really want to learn you should ask the lecturer for an email and then you send him/her if he doesn't reply you can tell the lecturer during the class and then the lecturer will tell you a specific time were he/she is free to attend to you.

**Researcher:** so how best to you think such experiences ca be addressed in future? What can you recommend or suggest?

**Participant 8:** uhm I can recommend that okay, if maybe in future covid were to happen again or maybe another kind of a disease of a disease we can just learn to

adapt to that kind a disease and then we continue with the uhm face to face learning following the protocols.

**Participant 3:** about the online thing it was very difficult for me because some of us we are slow in typing and so the time was not enough for us we not able to finish writing tests or exams so uhm about the PPE, were I was allocated mostly we were supposed to wear the PPE if we are going for 3 days or a week we are supposed to wear the PPE for that period and sometimes you nurse uhm COVID-19 patient with it but we are expected to wear it tomorrow so we became scared because we think that we gonna get covid and sometimes you became delusional and think like we have those symptoms for a little so it was scary for me.

**Researcher:** so, how best do you think they should have handled the PPE issue?

**Participant 3:** so about the PPE issue, I think that they should have let the nurse manager know that they have students coming in that hospital, they should let the nurse manager know that when they give each ward PPEs they should include students so that we can be able to have PPEs like they do.

**Participant 4:** Adding on to what she was saying about uh how they what they could have done about meeting us halfway about the PPE, as much as I think SANC is not advocating for us and the university is not advocating for us nursing students because they are sending us there saying go do practical's. with regarding to how we could have been helped with the issue of PPEs uhm, I think the university should have organised PPEs for students because they can't be sending us there without PPEs without even contacting the managers in the institutions of uh the availability of PPEs because the issue of uhm of lack of PPEs it was happening everywhere and the university as much as they wanted us to acquire the hours but they were not there for us. As they did give us once or twice, but it wasn't enough in a pack you find only 2 gowns, was it 2 gowns? And you have to go there for the whole week you cannot be wearing the same gown for 3 days but that is what we were doing and that placed us at high risk of contracting the disease and some of us we are just lucky that we never contracted the disease even though some did and it's so sad that they got to watch other students going to the institutional areas to acquire uhm accumulate their hours, you are just isolated in your room, it was just it was heart-breaking honestly.

**Participant 9:** so before the COVID-19 we were allocated at a nearer hospital were we would get there in time and be able to take report and all that and then after the, during the COVID-19 pandemic we had to be divided to different hospitals to avoid overcrowding and some of this hospitals are about one hour away from our university so this means that we get there late and we are not able to take uhm report meaning that we nurse patients that we don't know much about.

**Researcher:** so how best do you think uhm that should be addressed in future?

**Participant 9:** I think right now we should be allocated at the hospitals that we were allocated at before the COVID-19 because I believe it's no longer there, it's there but it's not there.

**Researcher:** okay

**Participant 5:** I think also the lecturer has to create a safe space for us as students like there is a lot of things that we experience at the clinicals, there is a lot of abuse that we experience but because they are not like creating a safe space, we can't even report also the nurses they are aware that you know we don't have a relationship with our lecture to the point that if they do something we can report we don't have, like they don't even come and when they come like they don't even show that like they are advocates for us, it's like they are against us, you know like, the nurses are against us and also the lectures are against us. You know they can tell them anything without even proof, without anything they will take whatever that they are being told, so they are definitely not creating a safe space if another pandemic comes definitely we are going to be thrown, we are going to be the first ones to contract those diseases and there is nothing we can do about it as students it's like we don't have rights.

**Researcher:** so, I heard you mention that the lectures should be the one to maintain a safe space for you, how should they do it?

**Participant 5:** like for instance maybe uhm we can be asked or we can be told especially if its first year we can be told that you know what if you experience something you can talk to me because we don't even know first year that the nurses can even be reported we don't even know, we don't even know that we just know that they are always right whatever they say we should do or otherwise we will be in trouble and also when they come to the hospitals you know uhm they have to uhm hold the

nurses accountable, you know I heard a student saying you did one two three, is it true? They should know that you know what our lectures are our parents, you know, if we do something wrong yes they will call us to order, but also they will advocate for our rights, yes.

**Participant 7:** uhm during covid hours I think the lectures should always be with us in the clinical areas for instance like maybe a few hours and show us how we should do things, how to work, how to handle things because we don't know, we are also scared because this is a pandemic as much as we say we are students we want to learn also I think uhm if they are there in person they are able to handle this issue of PPE very fast so that it does not continue because when they are solving it over the phone, tomorrow they will just say our lecture is not there and we will continue wearing the same PPE over and over again and even though we would tell them this is what's happening, they will be like we will talk to them and then they would talk to them the first day it happens the following time we continue wearing the same PPE over and over again.

**Researcher:** okay

**Participant 2:** so practical's were quiet challenging for me during the COVID-19 pandemic because we had patients in the clinical areas who didn't want to adhere to the COVID-19 regulations, you would find that you repeatedly telling one person to wear masks and you are being exposed to that same person whereas they do not want to wear their mask all the time so you could be at more risk of contracting COVID-19 because the person doesn't want to adhere to the regulations.

**Participant 4:** I also want to add on what participant 2 is saying, that us as students we stay here on campus and also here on campus it's not everyone that was adhering to the COVID-19 regulations so us as students here we are also taking, because when we are here honestly we were not adhering to the COVID-19 regulations you are just interacting with your friends who are in the department of uhm humanities they don't even care about COVID-19, they don't even care about the regulations and us we contract the disease we take it to the institutional areas the hospitals and even in the hospitals some sisters honestly when they are at the nursing station when they are eating they take off their masks and now the disease is spreading and also that places the patients at high risk of contracting the disease from us those who were supposed

to be protecting the patients from the covid but instead it's just vice versa we are the ones just bringing the covid in the hospital so we also students should be of accountable for the spreading of the virus during the pandemic.

**Researcher:** so how best do you think this should be addressed in future; how will you be able to make sure that people wear masks as you were saying that they were not adhering to the wearing of masks?

**Participants 4:** okay, well people are different we uh political, political activists who are against the term science, they just believe that everything is created and with the issue of covid it wasn't even created, it was a real thing. so having those kind of people in our societies and communities, it's just a matter of trying to raise the health awareness in our communities, constantly educating them that even if this thing is created the whole thing is that its there and its killing people its killing our brothers, sisters and uncles and aunts and everybody around the world so I think its just a matter of raising the awareness even us as students here to our fellow uhm students who are not under the department of health. We should raise the awareness that lets adhere to the covid regulations uhm because the disease its really existing, its out there, yes.

**Participant 1:** during uhm covid, during COVID-19 students were forced to vaccinate, its either you vaccinate or you don't come to the hospital, imagine the rumours about eh the vaccine uhm can kill you, the side effects so its either you choose your degree or you choose your life like, imagine like having to choose your degree even, you don't know whether you are going to leave or not so and the sisters were forcing us, it's either you come and vaccinate or you don't come to the hospital. Imagine my hours are, am already behind with the schoolwork, then if I don't come to the hospital because I don't want to vaccinate like I am already remaining behind.

**Researcher:** so how best do you think that should be addressed in future?

**Participant 1:** in future?

**Researcher:** Yes, in terms of the vaccinations, what should be done?

**Participant 1:** okay, I am going to like first discuss on the vaccine, ehh the vaccine it was like created in a short period it was not like that proven gore it can cure this disease, so I think like they should create a vaccine that can cure the disease itself and by then we can vaccinate unlike ehh you know the side effects of the COVID-19

vaccine, you know you might die so, yes. I think they should, they should not force us to vaccinate and like and tell us to ehh its either you vaccinate, or you don't come to practical they should give us a choice like at least like they say, ehh eish.

**Researcher:** so how has the COVID-19 affected you psychologically?

**Participant 7:** COVID-19 affected me psychologically, very bad ehh because ehh during those allocations my mind was all over, I was so scared and the parents are always checking up on me gore like are you okay, if anything happens and so they were scaring me at the other hand but then I was tryna gather myself so that I can push those hours because they were telling us gore nursing is all about hours and if you don't go to the practical's you will remain and you would have to repeat a year because of those hours, so ehh it was so bad and it was so traumatic and being exposed as a first year student, not knowing how varsity works ehh what nursing requires, like it was so bad.

**Researcher:** okay, I heard you say that the experience was traumatic, so how best do you think that should have been handled, what should have been done to help you cope with the traumatic experience?

**Participant 7:** ehh I think because I was still a first year student I didn't know much about the whole campus, it think only the only thing that I know it was my lectures during classes, I think they were supposed to emphasise the fact that we here in the institution we have like ehh psychologists were we can go and talk to them free of charge and anytime you feel like you need someone to talk to.

**Participant 8:** so I think that maybe the lectures they were the ones who were supposed to uhm to bring psychologists at the end of each week whereby we had placement at the clinical area so that uhh those psychologists they talk to us individually so whether we were traumatised or not in order to make that we are not psychologically affected or to be able to deal with the trauma that we are experiencing.

**Participant 4:** also adding to how uhm we could have helped our psychological state I think also uhm just creating groups amongst ourselves. Hanging out with your friends is very therapeutic uhh talking about the experiences that you encountered throughout the week not just sharing about your experiences in uhm the clinical areas it's not you don't have to go to a psychologist but like you start from within your inner cycle, within



the people that you are close to, the people that are like encountering the same thing even those different but like talking amongst your selves of uhh friend this week it was so exhausting I encountered this and this and that you know it's very uhm reliving that like you can have those people that you can count on and the same people that you are going through the same thing and you share amongst yourselves about the experiences that you encounter.

**Researcher:** is there any other thing that you would like to share with us?

**Participant 8:** uhm am asking about what?

**Researcher:** about the experiences that you experienced during the COVID-19 pandemic

**Participant 4:** to see uhh the death rate that was uhm going on during covid, all those number of people who were dying, people who were losing their beloved ones uhm I was just grateful because like there was nobody close that I lost but honestly like my heart was just pouring out to those who were losing their parents, losing their closed ones it was heart-breaking honestly and at that time there was nothing that you can really do but it was just out there and also it was said that the people that lost their lives it was those who were like taking this covid thing seriously but having someone who is just so ignorant about the fact that covid exists, he is the one who brings the disease at home, even during isolation we were all at home but then you would have that one person that is going out and not adhering to the covid regulations and it will be the same person that brings the disease at home and at home you would find that you have your grannies with chronic diseases those with uhm immunocompromised diseases and those with HIV and they would bring the disease at home and you are out there trying to protect yourself but the person that you love the person that you sleep with is not even taking you serious so honestly it was so sad and I think as I said I don't know how we can avoid this in the coming future because people are different as I have said we don't take things seriously as they are and I think also we have the government also have to take accountability as much as they were trying to raise awareness, I think it wasn't enough, I think further explanation has to be done just like she was saying we that we didn't want to vaccinate because we had no idea if the vaccine was for curative person or for just preventive purposes so I think they should put more emphasis on when they say let's vaccinate the people, they should

emphasise on what the vaccine is doing and also the side effects put more emphasis because as much as one person has ehh a stigma of you know what the vaccine kills people out there don't take the vaccine, the vaccine that's stigma it's like COVID-19, its gonna spread to other people and those people will just say you know what we are not taking the vaccine its gonna kill us and it's because we lack knowledge about what the vaccine is doing to the body, so I think we should really raise this awareness out there, educate the people constantly educate this people about this issues that are happening, even some of us we are health workers but we are ignorant to this thing don't know what this vaccine is doing, so I think raising awareness out there those people who really know about this thing use the opportunity to educate us constantly so because we need, to be reminded that this thing kills, thank you.

**Researcher:** okay, just for clarity uhm you are saying that we should raise more awareness on COVID-19, and also educate people on COVID-19, in terms of educating which aspects when you are at the clinical areas would you teach them about?

**Participant 4:** pardon, can you please repeat our question?

**Researcher:** you were saying that we should educate people about COVID-19 pandemic, am asking when you are at the clinical areas during that COVID-19 pandemic should it happen in future which aspects would you want to educate them about?

**Participant 4:** Okay, firstly I think we have to have the overall knowledge of the disease first of all, know where the disease is coming from, have that base knowledge about the disease before you can tell people to go take the vaccine because you, why can I take a thing that I don't even know where its coming from, I don't know what it's doing to other people because I never experienced that so I think as much as we do have health educations in the morning amongst the sisters we can also assemble patients, involve patients in those health educations that we have COVID-19, what is COVID-19? And from there what are the symptoms, I think we should start from the lower level and building on to that knowledge unlike just from jumping from this COVID-19 and then we go take the vaccine. I think we should lay that base knowledge of what the pandemic covid disease uhm is, the preventive measures and then go to all those uhm checking the vaccine on why we taking the vaccine and what the vaccine those

to the body before we can just uhm I think it's an ambushment honestly there is a pandemic as she was saying and there is a vaccine all of the sudden for it, it's scary because all of a sudden the vaccine is created out of the blue you don't even know where its coming from. First thing first you don't even know what the disease is and what the disease is coming from, you just hearing like people are dying out there, you don't know which uhm certain group its affecting, uhh you don't even know about your status because you find gore it finds me, I don't even know if my immune system is stable at that point and all of a sudden there is a pandemic and I don't know where I stand with regards to my safety towards the disease.

**Researcher:** okay, is there anybody who would like to add or share their experiences?

**Participant 2:** so, I feel that we as students didn't have much knowledge about this COVID-19 because we only heard about it on TVs, radios by word of mouth etc. I feel like that we should have been taken to workshops as well because we are involved in taking care of patients in the clinical institutions so had we been workshopped about this vaccine and the COVID-19 virus in general, I feel that we would have more information about it and we would have been able to share that with our peers in this institutions as well as our families and they spread knowledge that is true to other people as well in our communities.

**Participant 7:** uhh I think this uhm COVID-19 pandemic was very educational, we learned a whole lot of things because ever since I was born, I had never experienced a pandemic, so I got a chance to learn as a student for also to prepare myself for the upcoming pandemics. uhm Also to be out there emotionally and physically and see if ever I can cope or what's gonna happen and what is required.