

# Clinical Supervisors' Preparedness for Clinical Teaching of Undergraduate Nurses at a University in the Western Cape

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## Abstract

Clinical supervision is crucial for the development of nursing students' clinical competence; therefore, clinical supervisors need to be clinical experts. Inadequately prepared clinical supervisors can negatively affect clinical teaching, consequently resulting in poor clinical teaching and inadequate integration of theory and practice. This ultimately impacts patients' health outcomes. The perceptions of clinical supervisors' preparedness for clinical teaching were explored using a qualitative exploratory design. Semi-structured interviews were conducted with 12 clinical supervisors in an undergraduate programme. An inductive approach to data analysis generated four themes: 1) concrete experience centred on clinical supervisors' positive experiences and challenges; 2) clinical supervisors' application of the prescribed Skills Laboratory Methodology; 3) challenges that clinical supervisors face during clinical teaching; and 4) learning needs of clinical supervisors. The key findings highlight that although they are orientated, clinical supervisors need time to adapt and improve their knowledge and skills. The Skills Laboratory Methodology is appropriately followed. However, inadequate resources stifle the clinical teaching and learning process. Availability during teachable moments and attending to students' clinical learning needs were regarded as important. It was highlighted that clinical supervisors require updates through attendance of workshops and in-service training. Recommendations include the need for induction and orientation programmes focusing on job expectations, roles and workload. Training sessions are required to ensure the standardisation of clinical teaching methods. There is also a need for regular meetings with



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stakeholders. Research is recommended to explore the coping mechanisms used to manage challenges in clinical teaching.

**Keywords:** clinical accompaniment; clinical supervision; clinical supervisor; clinical teaching; preparedness

## Introduction and Background

Clinical supervision or clinical accompaniment is a fundamental component of nursing education and is vital for the development of nursing students' clinical competence. Clinical competence is a minimum standard for providing healthcare based on sound knowledge, critical thinking, clinical judgement and professional values (Bruce and Klopper 2017, 318). A clinical supervisor is required to support students with developing their cognitive, psychomotor and affective skills as well as offer emotional support during work-integrated learning. They perform clinical teaching at the patient's bedside as well as develop students' skills in the skills laboratory (Fakude et al. 2014, 9). Needham (2015, 104) opines that the role of clinical supervisors requires excellent communication and interaction skills. At the university where the study was conducted the core functions of clinical supervisors are summarised as performing supervision, accompaniment and clinical teaching of students, and conducting of clinical assessments.

Some studies about clinical supervision report that clinical supervisors express frustration due to the lack of research into their role, considering that it is often referred to as an important role. They believe that their role is undervalued by both their educational and clinical partners. According to Needham (2015, 117), the barriers to best practice by clinical supervisors include professional isolation, lack of educational foundations, lack of clear policies and guidelines, and balancing professional loyalty. However, clinical supervisors are required to conduct supervision in a competent manner where ethical standards, legal prescriptions, and professional practices are used to promote and protect the welfare of the client, the profession, and society at large (Falender 2014, 8). In a study by Dale, Leland, and Dale (2013, 3), students, as consumers of the supervision process, expressed concerns regarding the preparedness and expectations of clinical supervisors. In this regard, clinical supervisors were perceived as being ill-informed and lacking preparedness to engage in clinical teaching. Some clinical supervisors were perceived as lacking sufficient knowledge about the curriculum or the offering thereof.

Inadequately prepared clinical supervisors can have a detrimental effect on the delivery of nursing programmes. Consequently, inadequate clinical teaching can result in inadequate integration of theory and clinical competencies, which negatively impacts patient care and patient health outcomes.

Clinical supervisors are expected to have a high level of clinical expertise to efficiently supervise students through the clinical nursing programme. Danhlke et al. (2012, 1)

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suggest that clinical supervisors tend to believe they should be good educators and clinical nurses, while straddling the context of clinical and university settings. This causes them to doubt their abilities to meet the multiple expectations of the role.

The university where the study was conducted has several processes in place to prepare new clinical supervisor appointees for their role. These processes include orientation to the clinical programme and clinical teaching methodology used; a period of job shadowing with experienced clinical supervisors; and the attendance of clinical meetings, seminars and workshops. However, no research has been conducted at the university to glean the perceptions of clinical supervisors regarding their preparedness for clinical teaching, and their learning needs to enhance their clinical teaching and supervision skills. The effectiveness of the preparation of new clinical supervisors was, therefore, not yet known.

This article reports on the perceptions of clinical supervisors regarding their preparedness for their role in clinical teaching, and their self-reported learning needs to enhance their competence in clinical teaching. The objectives were to describe the perceptions of clinical supervisors regarding their preparedness for clinical teaching; describe the practice of clinical supervisors in relation to the clinical teaching method used; and describe their learning needs in relation to clinical teaching.

Kolb's theory of experiential learning was used as the theoretical framework. Kolb (1984, 127) distinguishes four learning styles in which each person uniquely perceives information and changes or transforms that information into learning. According to Kolb, effective learning occurs when knowledge is created through the transformation of experience, which occurs through an ongoing cycle of four stages. His theory treats learning as a holistic process where one continuously creates and implements ideas for improvement (Kolb 1984, 291). In this study, learning refers to clinical supervisors learning how to facilitate clinical teaching. This means that in this study, the clinical supervisor was regarded as the learner. The study further explored how the clinical supervisor moves through the stages of experiential learning as described by Kolb, who argues that effective learning can only take place when an individual completes a cycle of the following four stages: concrete experience; reflective observation; abstract conceptualisation; and active experimentation (Kolb 1984, 300). Within the context of this study, the five phases of the Skills Laboratory Methodology were used in conjunction with Kolb's Learning Cycle as depicted in table 1.

**Table 1:** Application of Kolb's Learning Cycle to the Skills Laboratory Methodology

| <b>Skills Laboratory Methodology</b>                  | <b>Kolb's Learning Cycle</b> |
|---|------------------------------|
| Orientation and visualisation                         | Concrete experience          |
|   | Reflective observation       |
|   | Abstract conceptualisation   |
| Guided practice, independent practice, and assessment | Active experimentation       |

## Methodology

### Research Approach and Design

A qualitative research approach and an exploratory descriptive design were used. The study was conducted at a School of Nursing at a university in the Western Cape. This nursing school, one of the largest in South Africa, offers a four-year undergraduate nursing programme which has an extended curricula programme option of five-years (ECP). The first two years of the ECP programme are equivalent to the first year of the four-year mainstream programme. The study population included all clinical supervisors employed at the School of Nursing for clinical teaching of undergraduate nursing students. Non-probability purposive sampling was used to sample 12 clinical supervisors—two from each of the six-year levels: years one and two of the ECP programme and years one to four of the mainstream programme. Use of this sampling technique was based on the judgement of the researcher regarding participants, namely the clinical supervisors who are especially knowledgeable about the study phenomenon and who met the inclusion criteria.

A researcher-developed, semi-structured interview guide, with five open-ended questions was used to guide the interviews with clinical supervisors. Probes were used to gain the necessary depth in the discussion.

### Ethical Considerations

Ethics approval and clearance were obtained from the Research Ethics Committee at the relevant university in the Western Cape with reference number HS17/10/22. Permission to conduct the study was obtained from the head of the School of Nursing. Participants could exercise their free will in deciding whether to participate in the research study or not. They were assured of anonymity and that the information shared during the study would be kept confidential.

### Data Collection Process

Detailed information about the study was given to the participants before written consent was obtained for participation and use of an audio-recorder during the interviews. The recording of the interviews allowed the researcher to concentrate on the

facilitation of the interview and to guide the direction of the discussion. Each recording was assigned a code to maintain anonymity. Interviews were conducted at the School of Nursing in a non-threatening, private and quiet environment. During the interviews, the researcher clarified issues that arose in order to obtain relevant and detailed information from participants. The interviews were conducted between February and April 2018. Each interview took approximately 30 to 45 minutes to complete. Data saturation was achieved after nine interviews had been conducted, however the interviewer continued to conduct a total of 12 interviews to ensure that the input of clinical supervisors across the undergraduate programme was represented.

### **Data Analysis**

An inductive approach to data analysis was used which enabled the researcher to make sense of raw data without the restraints imposed by structured methodologies. The researcher first listened to the interview recordings to become familiar with the content before they were transcribed. The transcriptions were read through thoroughly before commencing with further analysis using the ATLAS.ti 8 research software program. The data were coded into categories and themes (Burns and Grove 2011, 88). Data analysis was done in consultation with the researcher's supervisor to enhance the trustworthiness of the study.

### **Trustworthiness of the Study**

Rigorousness was ensured by employing the principles of credibility, transferability, dependability and confirmability (Lincoln and Guba 2013, 104). To enhance credibility the researcher conducted a test interview to ensure that the interviewing process and technique were effective; the interviews were audio-taped and member checking was done to gauge the accuracy of the interpretation of data. The research setting, the participants and data collection method and analysis were described in detail to ensure transferability. Documents, data and coding were verified by the research supervisor; an audit trail was kept and thick descriptions of the findings were provided to enhance dependability. Researcher reflexivity was maintained by focusing on the aim and objectives of the study by maintaining a professional relationship with the participants, being aware of and avoiding any biases, values and experiences to influence the research study. Reflexivity and continuous engagement with the research supervisor about the research enhanced confirmability.

### **Research Findings and Discussion**

The findings of the study are presented against Kolb's Experiential Learning Cycle (Kolb 1984, 300). Four themes were generated, namely: 1) positive experiences and challenges related to orientation, time to adapt to administration, knowledge and skills, and interpersonal relations; 2) application of the five phases in the Skills Laboratory Methodology employed by the School of Nursing; 3) challenges faced during clinical teaching; and 4) the learning needs of clinical supervisors.

## **First Theme**

The first theme, linked to concrete experience, centred on clinical supervisors' positive experiences and challenges related to orientation, time to adapt to administration, knowledge and skills, and interpersonal relations. The concrete experience occurs when the clinical supervisor encounters a new experience or situation or an opportunity exists for the reinterpretation of the clinical supervisor's existing experience.

### *Category 1: Experiences of Clinical Supervisors' Orientation to their Role*

Clinical supervisors indicated that they required time to adapt to their role and improve their knowledge and skills, despite having a positive experience of the orientation. Participants reported that they began their new role with orientation conducted by the clinical supervisor coordinator. They were of the opinion that the orientation was good and helped them to align their planning around the learning outcomes related to the programme that students are required to meet. This ensured that they were well prepared for their role as clinical supervisors. One participant remarked:

... my orientation at the university was good because there were no students and we could go through quite a few of the things.

Orientation is beneficial to clinical supervisors to develop skills and an understanding around the programme learning outcomes which students are required to meet. This will assist them in performing their clinical teaching role in the clinical learning environment. This is supported by Xaba (2015, 192), who asserts that induction and orientation of staff are crucial in all organisations for the best staff performance.

### *Category 2: Adjustment to the New Role Took Time*

Participants were divided in their responses to their adjustment to their new role. Some felt unprepared for their role as clinical supervisors, while others felt they were well prepared. A participant who felt unprepared said:

... I would say I was not prepared at all. I first had to find myself, be comfortable in the new environment that I am currently in.

This confirms the importance of role orientation and the need for time to adjust to the new role. However, on the contrary, clinical supervisors often draw on their individual, personal and professional experiences to guide their teaching, to meet the demands of both the clinical and academic contexts in which they work. This sometimes makes the adjustment easier, as expressed by one of the participants:

I was ready and when I got into the environment ... I was ready, and with the experience that I have gained over the years and what I have learnt, as well over the years ... yes I found myself that I was ready.

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Being qualified as a professional nurse does not necessarily equate with being adept in performing clinical teaching. When clinical supervisors initially step into their new role, they tend to experience anxiety and tension, and may believe that they are not prepared to be clinical supervisors. They have to overcome their fear of public speaking and being shy, as expressed by one participant:

It was challenging a bit at first, was standing in front of a crowd ... teaching them, and at the same time there are certain things that I must be prepared for as well.

These feelings have been highlighted in many studies and are viewed as an international phenomenon (Fulvio, Stichler, and Gallo 2015, 67; Magerman 2016, 48).

### *Category 3: High Administrative Workload*

For some participants, the completion of administrative tasks came as a surprise, but they recognised its importance, as one participant stated:

No-one told me there was such admin. You know you get it and you realise that it is a lot of writing that needs to happen but I can't do without this writing. It is important.

According to the South African Nursing Council (Act 33 of 2005), students registered in the R425 four-year nursing programme must complete a total of 4 000 clinical learning hours and must meet specific clinical learning outcomes (Regulation No. R425 of 22 February 1985, as amended). This requires close monitoring and record-keeping by clinical supervisors and administrators working in the programme. It is also expected of clinical supervisors to monitor and report absenteeism of students in simulation and clinical practice. Monitoring and record-keeping assist in tracking students at risk of not meeting the requirements of the South African Nursing Council and facilitate the timeous implementation of remedial action.

### *Category 4: Interpersonal Relations*

Clinical supervisors valued interpersonal relations. Bruce and Klopper (2017, 419) emphasise that appropriate interpersonal skills such as communication, trust-building and conflict resolution enhance cohesion and productivity. Initial preparation and support from fellow colleagues could result in positive working relationships between the participants, as stated by one participant:

I think I learnt a lot during that process because the support was good; the guidance was good. And I was buddied with somebody in the skills lab.

Work satisfaction was found to influence effective clinical teaching, which is in line with the results of a study which found that teaching efficacy is influenced by a peer support system, sufficient educational resources, and the type of educational institution (Kim and Shin 2017, 4).

*Category 5: Lack of Updated Knowledge*

The results revealed that it is important for clinical supervisors to keep their knowledge up-to-date with the latest developments and clinical practice, since a lack of up-to-date knowledge and skills could negatively impact student learning. The finding was supported by Dale, Leland, and Dale (2013, 3) who reported the view of students regarding the preparedness and expectations of clinical supervisors. Students reported that some clinical supervisors exhibited a lack of information and preparedness before starting clinical teaching, while others were hampered by not being up to date about the curriculum or relevant documentation. In addition, students expressed feelings of frustrations about clinical supervisors' motivation and attitudes and their lack of interest in updating their own knowledge and how they became defensive if their skills were challenged. One participant was concerned about teaching outdated information to students and the potential danger for the patient, as alluded to in the following statement:

Then we teach outdated information. So, the student goes out with the wrong information and it can be a hazard to the patient.

Clinical learning, in real-life situations, is crucial to develop students' competence and confidence. Clinical supervisors are, therefore, required to be well-informed and committed to continuing education in order to incorporate relevant and up-to-date theory into practice, using the latest developments and equipment similar to that used at health facilities. Nursing education cannot overemphasise the need for the integration of theory and clinical practice.

Bruce and Klopper (2017, 316) maintain that the demonstration of clinical competence is integral to clinical learning and is a vital component in the training of nursing students, who must meet significant clinical requirements. Therefore, the clinical learning environment and efficient clinical facilitation are essential elements in clinical teaching and have a considerable impact on students' learning. One participant reported that failure to supervise students, as required, affected students' learning and stated:

... say for instance they have a cut-off date ... they haven't been prepared for assessments. Now they are in a rush and they become very tense.

Papathanasiou, Tsaras, and Sarafis (2014, 2) are of the opinion that when supervision is consistent but gradual, students develop confidence and independence with regard to clinical skills. Inadequately prepared clinical supervisors can have a detrimental effect on the delivery of the nursing programme, including non-supervision of students, poor clinical teaching and inadequate integration of theory and clinical competencies, which ultimately lead to poorly trained nursing students.

**Second Theme**

The second theme related to the clinical supervisors' application of the five phases in the Skills Laboratory Methodology employed by the School of Nursing. One participant

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stated that she prepares students by explaining the rationale for each clinical skill and gradually introduces additional information needed regarding the new skills.

*Category 1: Students are Orientated to the Rationale of the Clinical Skill*

This is aligned to the first phase of the methodology referred to as orientation. Jansen (2014, 82) highlights that a detailed introduction during orientation could significantly prevent problems from occurring in the learning environment. The importance of a successful orientation is emphasised in the literature, highlighting that facilitators should communicate expectations clearly to ensure that learners understand and are familiar with procedures and practices related to their clinical learning (Jansen 2014, 82; Jeggels, Traut, and Kwast 2010, 53).

*Category 2: Students Visualise the Clinical Skill*

The majority of participants stated that they allow students to visualise a new skill through observation of the skill on available mannequins or simulated patients. This relates to phase two of the methodology. One participant stated:

... then I show them practically also on the mannequin what they need to look for if the mother must lie on the side—in what position, practically I show them what to assess for.

Literature suggests that the visualisation of skills allows students to see the bigger picture of the skills without being distracted by additional theoretical information (Jeggels et al. 2010, 53). According to Gosselin (2013, 26), the effectiveness of simulation practices increases with lower levels of anxiety. In light of this, it is evident that clinical supervisors believe that continuous guided practice will decrease student anxiety and improve clinical performance.

*Category 3 and 4: Students Practise under Guidance and Independently*

With regards to guided and independent practice, which are the third and fourth phases of the methodology, participants indicated that they encourage self-directed learning to enhance students' confidence, and reduce feelings of anxiety and pressure. One participant stated:

We encourage self-directed learning because sometimes ... students ... feel less pressurised when they're doing it alone or with someone that's guiding them.

During self-directed learning students have a variety of options to practise independently. They are encouraged to do self-assessment during these practice sessions which can either be with peers, a scheduled encounter with a simulated patient, or the viewing of a videotape (Jeggels et al. 2010, 56). Self-directed learning provides students with a relatively unlimited amount of practice opportunities. One participant mentioned that students are assessed to establish whether learning was successful and if the desired learning outcomes had been achieved.

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When it comes to the assessment I need to see what the student understands and it is all the students' effort.

### *Category 5: Students are Assessed on the Application of Newly Gained Knowledge*

In this final phase of the methodology, the clinical supervisor's role is to assess the nursing student's knowledge and skills required for nursing care. Conducting a formative assessment of clinical skills allows for the identification of students' further learning needs, which could be addressed during the remaining placement period (Baumgartner 2017, 117).

### **Third Theme**

The third theme highlighted the challenges that clinical supervisors face during clinical teaching and are derived from human relationships, student-related issues and equipment in the skills laboratory, and clinical placement.

### *Category 1: Equipment Used at Skills Laboratory versus Clinical Setting*

Clinical supervisors raised a concern that the clinical teaching model or framework and equipment used by the education institution are often not aligned to clinical practice activities and vice versa. This is challenging for students when the expectations of the clinical supervisors and that of professional nurses in practice differ. One participant stated:

... when new equipment is used in the hospital but the skills lab at the university doesn't have the new equipment so that you can teach them the new equipment procedures.

Another participant suggested:

I think if we can have regular meetings for all the clinical supervisors to be on the same page when it comes to assessments and skills that we teach the students.

This in fact should be extended to include all stakeholders in clinical teaching. The findings have shown that lack of availability and up-to-date resources in the clinical skills laboratory stifles the clinical teaching and learning process, because clinical supervisors are unable to teach students on the latest equipment used in the clinical facilities. This potentially affects the students' performance when in clinical practice. This is confirmed by a study conducted in Malawi which reported that a shortage of materials could influence the ability to acquire clinical skills (Mwale and Kalawa 2016, 3).

### *Category 2: Student Absenteeism*

Absenteeism of students, when booked for supervision and assessments of clinical skills, is seen as a challenge. One participant said:

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My challenges would be when students do not communicate when they would not be at a facility when a procedure ... or an assessment has been booked.

This challenge seems universal. Desalegn, Berhan, and Berhan (2013, 2) state that absenteeism has been shown to be an indicator of low levels of motivation for learning. Singh (2015, 52) suggests that poor relationships with clinical supervisors could be one of the causes of absenteeism. While this may be true, the reasons for student absenteeism were not explored in the current study.

### *Category 3: Deadlines can Hinder Quality Clinical Teaching*

Another challenge relates to student assessment deadlines and projected assessment due dates, which can have a negative effect on students' engagement in clinical learning. However, to maximise learning, clinical supervisors are expected to be flexible and available when "teachable moments" arise during the accompaniment of students. However, one participant stated:

... you don't have time to spend at the bedside of a patient with a student because you need to get guided practices done and you need to get assessments done.

### *Category 4: Challenges with Large Student Numbers*

The large number of students assigned to clinical supervisors is identified as another challenge that can negatively impact the quality and competence of graduates, as revealed by Fakude et al. (2014, 3). One participant voiced dissatisfaction with the large number of students in the skills laboratory and in clinical placement:

In the skills laboratory you will have three or four. In the clinical setting I would have 24 students at the same time.

## **Fourth Theme**

Theme four focused on the learning needs of clinical supervisors. Participants identified the need for training workshops which all clinical supervisors should attend for the development of clinical supervision skills. One participant said:

If they could ... send you to a workshop where you can gain some skills to do clinical supervision it would be much better.

Literature suggests that informal learning, which occurs at work, is the best approach to learning and fills the gap of knowledge and skills which formal learning cannot do (Puteh, Kaliannan, and Alam 2015, 89). Nurses are required to engage in life-long learning and it is the responsibility of organisations to create an environment for life-long learning at work (Davis, Taylor, and Reyes 2014, 7). Some participants were also of the opinion that continuous in-service training would be advantageous for them, as was reported:

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It is the responsibility of the university to give us the necessary education and updates so that we can ensure that the student gets the best quality of education.

This gap was identified by Magerman (2016, 69), who reports that while participants acknowledge the importance of continuous professional development for successful clinical teaching, their own needs for development are not met.

## Recommendations

This study has identified the need for a detailed, structured induction and orientation programme to alleviate possible discrepancies between job expectations, roles and the actual workload; regular updates through training sessions to ensure standardisation of clinical teaching methods and maintenance of quality in clinical teaching; as well as regular meetings with stakeholders to ensure that clinical teaching remains current. Avenues for reporting challenges experienced by the clinical supervisors and registered nurses, with reference to clinical teaching, must be formalised in the School of Nursing. We recommend negotiations with the university to increase the number of clinical supervisor posts to reduce the student-clinical supervisor ratio. Further research should be done on coping mechanisms used by clinical supervisors to manage challenges in clinical teaching.

## Limitations

The population of interest comprised 12 out of 33 clinical supervisors at one institution, and as such, the results of the study do not represent the perceptions of clinical supervisors at other institutions offering a Bachelor of Nursing programme. Therefore, the findings cannot be generalised beyond the study context.

## Conclusions

The study revealed that clinical supervisors require time to adapt to their role, despite them having had a positive experience during orientation. The administrative workload was high, but regarded as important. Not all fellow colleagues were supportive, which in some instances had a negative impact on interpersonal relationships. Student-related issues impacted negatively on clinical supervision and student learning. Lack of availability and up-to-date resources in the clinical skills laboratory stifles the clinical teaching and learning process. Learning is maximised when clinical supervisors are flexible and available when “teachable moments” arise. The findings indicate that participants apply all five phases in the Skills Laboratory Methodology in their clinical teaching. Continuing education for clinical supervisors is crucial for remaining up to date and consistent in their practice in clinical education.

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## References

- Baumgartner, R. 2017. "Assessment of Nursing Students in Clinical Practice: An Intervention Study of a Modified Process." *Journal of Nursing Education and Practice* 7 (11). <https://doi.org/10.5430/jnep.v7n11p111>.
- Bruce, J. C., and H. C. Klopper. 2017. *Teaching and Learning the Practice of Nursing*, 6th edition. Cape Town: Heinemann.
- Burns, N., and S. K. Grove. 2011. *Understanding Nursing Research*, 5th edition. Philadelphia: Saunders.
- Dale, B., A. Leland, and J. G. Dale. 2013. "What Factors Facilitate Good Learning Experiences in Clinical Studies in Nursing: Bachelor Students' Perceptions." *ISRN Nursing*. Accessed March 11, 2020. <https://doi.org/10.1155/2013/628679>.
- Danhlke, S., J. Baumbusch, F. Affleck, and J. Kwon. 2012. "The Clinical Instructor Role in Nursing Education: A Structured Literature Review." *Journal of Nursing Education* 15 (1): 1–5.
- Davis, L., H. Taylor, and H. Reyes. 2014. "Lifelong Learning in Nursing: A Delphi Study." *Nurse Education Today* 34: 441–445. <https://doi.org/10.1016/j.nedt.2013.04.014>.
- Desalegn, A. A., A. Berhan, and Y. Berhan. 2013. "Absenteeism among Medical and Health Science Undergraduate Students at Hawassa University, Ethiopia." *BMC Health Services Research* 13 (7): 1–6. <https://doi.org/10.1186/1472-6920-14-81>.
- Fakude, L. P., L. le Roux, F. Daniels, and N. Scheepers. 2014. "Reflections of Nursing Students, Lecturers and Clinical Supervisors in the Western Cape on Large Classes." *South African Journal of Higher Education* 28 (6): 1762–1775. <https://doi.org/10.20853/28-6-424>.
- Falender, C. A. 2014. "Clinical Supervision in a Competency-based Era." *Sage Journals* 44 (1): 6–17. Accessed April 9, 2019. <https://journals.sagepub.com>. <https://doi.org/10.1177/0081246313516260>.
- Fulvio, D. B., J. F. Stichler, and A. M. Gallo. 2015. "Teaching Future Nurses in the Clinical Setting: The Clinical Nurses' Perspective." *Journal of Nursing Adm.* 45 (1): 21–27. Accessed April 9, 2019. [https://journals.lww.com/jonajournal/Abstract/2015/01000/Teaching\\_Future\\_Nurses\\_in\\_the\\_Clinical\\_Setting\\_.6.aspx](https://journals.lww.com/jonajournal/Abstract/2015/01000/Teaching_Future_Nurses_in_the_Clinical_Setting_.6.aspx). <https://doi.org/10.1097/NNA.0000000000000156>.
- Gosselin, A. M. 2013. "Nursing Simulation Experience: Self-Efficacy, State Anxiety, Locus of Control, and Simulation Effectiveness." Undergraduate Honours Thesis, University of New Hampshire.

## Hoffman, Daniels

- Jansen, N. 2014. "Guidelines for Facilitators to Implement the Skills Laboratory Method at an Undergraduate Institution in the Western Cape." Thesis, Magister Nursing, School of Nursing, Faculty of Community and Health Sciences, University of the Western Cape.
- Jeggels, J. D., A. Traut, and M. Kwast. 2010. "Revitalization of Clinical Skills Training at the University of the Western Cape." *Curationis* 33 (2): 51–59. <https://doi.org/10.4102/curationis.v33i2.1096>.
- Kim, E. K., and S. Shin. 2017. "Teaching Efficacy of Nurses in Clinical Practice Education: A Cross-sectional Study." *Nurse Education Today* 54 (March): 64–68. <https://doi.org/10.1016/j.nedt.2017.04.017>.
- Kolb, D. A. 1984. *Experiential Learning: Experience as the Source of Learning and Development*. NJ Englewood Cliffs: Prentice Hall.
- Lincoln, Y. S., and E. G. Guba. 2013. *The Constructivist Credo*. Walnut Creek, CA: Left Coast Press.
- Magerman, J. 2016. "Clinical Supervisors' Experience of Supervising Nursing Students from a Higher Education Institution in the Western Cape." Accessed June 12, 2018. <http://etd.uwc.ac.za/handle/11394/4905>.
- Mwale, O. G., and R. Kalawa. 2016. "Factors Affecting Acquisition of Psychomotor Clinical Skills by Student Nurses and Midwives in CHAM Nursing Colleges in Malawi: A Qualitative Exploratory Study." *BMC Nursing*: 15–30. <https://doi.org/10.1186/s12912-016-0153-7>.
- Needham, J. A. 2015. "Best Practice in Clinical Facilitation of Undergraduate Nursing Students : The Perspectives of Clinical Facilitators." Unpublished document.
- Papathanasiou, I. V., K. Tsaras, and P. Sarafis. 2014. "Views and Perceptions of Nursing Students on their Clinical Learning Environment: Teaching and Learning." *Nurse Education Today* 34 (1): 57–60. <https://doi.org/10.1016/j.nedt.2013.02.007>.
- Puteh, F., M. Kaliannan, and N. Alam. 2015. "Learning for Professional Development via Peers: A System Theory Approach." *Procedia: Social and Behavioral Sciences*: 172:88–95. <https://doi.org/10.1016/j.sbspro.2015.01.340>.
- Singh, P. 2015. "Causes and Effect of Student Nurses Absenteeism at the KwaZulu-Natal College of Nursing." *DUT Open Scholar*. Accessed May 11, 2020.
- South African Nursing Council (SANC). Regulations relating to the Approval and the Minimum Requirements for the Education and Training of a Nurse (General , Psychiatric and Community) and Midwife Leading to Registraton R425, in terms of the Nursing Act, 1978 (Act no. 50, 1978, as amended). Accessed April 9, 2019. [www.sanc.co.za](http://www.sanc.co.za). Pretoria: SANC.

Hoffman, Daniels

South African Nursing Council. Nursing Act No. 33 of 2005. Accessed April 9, 2019.  
<http://sanc.co.za/pdf/Nursing%20Act%202005.pdf>.

Xaba, N. P. 2015. "The Assessment of the Facilitation of the Clinical Training Component of an Undergraduate Nursing Programme at a University of Technology." DUT Open Scholar. *Ir.dut.ac.za/handle/10321/1319*.