

Clinical Accompaniment:

The Critical Care Nursing Students' Experiences in a Private Hospital

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“A formalised system of clinical accompaniment is therefore necessary as part of the educational/learning programme.”

Research Article

Abstract

The quality of clinical accompaniment of the student enrolled for the post-basic diploma in Medical and Surgical Nursing Science: Critical Care Nursing (General) is an important dimension of the educational/learning programme. The clinical accompanist/mentor is responsible for ensuring the student's compliance with the clinical outcomes of the programme in accordance with the requirements laid down by the Nursing Education Institution and the South African Nursing Council. The purpose of this study was to explore and describe the experiences of the students enrolled for a post-basic diploma in Medical and Surgical Nursing Science: Critical Care Nursing (General), in relation to the clinical accompaniment in a private hospital in Gauteng. An exploratory, descriptive and phenomenological research design was utilised and individual interviews were conducted with the ten students in the research hospital. A content analysis was conducted and the results revealed both positive and negative experiences by the students in the internal and external worlds. The recommendations include the formulation of standards for clinical accompaniment of students, the evaluation of the quality of clinical accompaniment of students and empowerment of the organisation, clinical accompanists/mentors and clinicians.

Introduction

Clinical accompaniment of the critical care nursing student is a very important dimension of the formal post-basic educational/learning programme. The Nursing Education Institution offering the programme is responsible and accountable for ensuring quality clinical accompaniment of the nursing students to facilitate optimal achievement of the learning outcomes of the post-basic Medical and Surgical Nursing Science: Critical Care Nursing programme. These learning outcomes relate to both the theoretical and clinical components of the programme in an integrated manner. The clinical outcomes have to be achieved in the clinical health care facilities - in this

case the critical care units. A formalised system of clinical accompaniment is therefore necessary as part of the educational/learning programme. The post-basic Medical and Surgical Nursing Science: Critical Care Nursing is offered by a Nursing Education Institution in collaboration with the private hospital, based on the approval of both the educational programme and the clinical facilities by the South African Nursing Council as the regulatory body for nursing education/learning in South Africa (Government Notice R2118, 1983). This research focuses on the clinical accompaniment of critical care nursing students in a private hospital in Gauteng. The following research question is relevant: how do the critical care nursing students in the private hospital experience the clinical accompaniment? The purpose of the research is to explore and describe the experiences of the critical care nursing students in relation to the clinical accompaniment in a private hospital in Gauteng. These experiences could provide a better understanding regarding the problems experienced by students and the type of accompaniment required. These results could then be utilised for the improvement of the quality of clinical accompaniment of the critical care nursing student in the private hospital.

Terminology And Assumptions

Experience

The lived experience of the critical care nursing student in relation to clinical accompaniment during the educational/learning programme in a specific private hospital in Gauteng.

Critical care nursing student

The critical care nursing student is a registered nurse and/or midwife enrolled for the Diploma in Medical and Surgical Nursing Science: Critical Care Nursing (General) at the particular Nursing Education Institution in Gauteng.

Clinical accompaniment

Clinical accompaniment is a formal proc-

ess of guidance and facilitation by a registered critical care nurse in the clinical units to facilitate and ensure achievement of the clinical outcomes of the educational/learning programme.

Assumptions

The following assumptions are applicable:

- The critical care nursing student is a spiritual being (body, mind and spirit) functioning in an integrated biopsychosocial manner.
- The experience of clinical accompaniment by the critical care nursing student is influenced by external and internal environmental factors.
- The critical care nursing student is exposed to different clinical units in three different hospitals within the private group in Gauteng during their year of education and learning.

Research Design

A qualitative, explorative and descriptive research design was followed to capture the experience of critical care nursing students in relation to clinical accompaniment in a private hospital in Gauteng during their formal educational/learning programme. A phenomenological data collection method by means of individual interviews, as described by Cormack (1996:118) Mouton and Marais (1993:43), was used. The interviews were conducted by an expert interviewer with ten critical care nursing students from the private hospital. The following principles were applied:

- focusing on the phenomenon under study: how did you experience clinical accompaniment during the course?;
- a non-structured approach was followed with appropriate probing;
- the facilitation of direct interaction between the researcher (interviewer) and the critical care nursing student (interviewee);
- expert interviewing with the establishment of rapport between the interviewer and the interviewee, active listening by the interviewer, with appropriate paraphrasing of responses.

Field notes were taken by the researcher during the interviews to capture the external factors influencing the results. The population consisted of the critical care nursing students (N=10) in the hospital who were registered for the Diploma in Medical and Surgical Nursing Sci-

ence: Critical Care Nursing (General) in 1996 at a particular Nursing Education Institution in Gauteng. Purposive sampling (Thomas, 1990:93) was done to include all the nursing students due to their small number. The interviews were conducted one month after completion of their studies to ensure retention of their lived experience, but to avoid withholding of information due to fear of victimisation during the clinical examination period. Although these students were employees of one particular hospital, they were exposed to critical care units in three other hospitals, resulting also in three different clinical accompanists during the period of learning and education. The interviews were tape-recorded, validated (sections thereof) with the interviewee on completion of the interview and transcribed thereafter. Data-analysis was performed in accordance with the principles of content analysis as described by Tesch (in Creswell, 1994:153). An experienced independent coder (with a doctorate in Nursing Science) was also used. Although the principles of open coding were applied during the data-analysis, the results were classified under external and internal world/environmental experiences. Trustworthiness of the study was ensured by applying the principles as described by Guba (Lincoln & Guba, 1985:300) as follows:

- the researcher is a registered critical care nurse with experience as a clinical accompanist of critical care nursing students in the research hospital;
- an independent coder was used to ensure objectivity of data-analysis;
- the results were discussed with the participants to ensure member checking;
- the results were exposed to a literature control;
- an audit trail on the research method, raw data and final results are available.

Ethical considerations included the obtaining of informed consent from the hospital authority as well as from the interviewees. General research-related human rights were also adhered to in relation to the following: privacy, anonymity and confidentiality of participants (South African Nursing Association, 1991).

Results

A total of ten individual phenomenological interviews were conducted. The results are grouped into two main themes: internal and external environmental experiences (see table one). These expe-

riences were both positive and negative.

Internal environmental experiences

The internal environmental experiences relate to the physical, mental and spiritual dimensions of which there were both positive and negative experiences. The students (N=10) experienced physical tiredness as a major stumbling block due to increased workload and the demands of both the theoretical and clinical programmes simultaneously. The following direct quotations underpin this experience by the students: "It was extremely tiring with immense physical strain throughout the year"; "The physical demands were very exhausting"; "I was very tired throughout the year."

The mental experiences focused mainly on satisfaction with the clinical accompaniment, intrapersonal conflict due to contradicting theoretical principles and expectations by the Nursing Education Institution and clinical realities in the units (N=10). They were of the opinion that the theory and clinical realities were in conflict and that many of the clinical registered critical care nursing practitioners were outdated in both knowledge and skills. They therefore experienced (N=8) inadequate clinical accompaniment by the majority of the rolemodels, unit managers, multi-disciplinary team members and even by the clinical accompanists themselves: "The theory and practice are too far apart and different"; "The rolemodels are just absent - many of the sisters are too outdated and even unwilling to teach us"; "The clinical tutor couldn't be everywhere at the same time"; "The university expects too much in too little time". The students expressed an urgent desire to be assisted with this conflict between the theory and reality and that the group (students, clinical practitioners, unit managers and clinical accompanist) should have the opportunity to reflect on certain clinical practices and theoretical education: "We need to bridge the gap between theory and practice"; "The academic expectations by the university and clinical realities need to be matched"; "The doctors are good - very good, but the sisters don't know what and how to teach us - they need to help us to understand why are we doing what."

Most of the students (N=8) were satisfied with the quality of clinical accompaniment offered by the clinical tutor of their base hospital: "She was excellent - always ready to challenge you"; "She was always there for us"; "She went out of her way to assist us and to make you feel comfortable"; "She can drill information out of you until you get it right";

"I enjoyed most of the clinical accompaniment - it was great"; "On a bad day - just seeing her made you feel better - it calms you down"; "She was always supportive"; "She made you feel safe - I trusted her knowledge and ability"; "She made me gain confidence."

Whilst the students were very motivated when they commenced the course, they experienced a sense of demotivation and neglect during the course due to reality shock and the level of stress in the units and a general lack of caring (N=10). Another reason for demotivation was due to the fact that they were not also treated as adults during clinical education (N=5) as confirmed by some of the direct quotations: "They treated us as children - I had many years of experience which was just ignored"; "I was very motivated when I started - but gradually became demotivated because of the shock I experienced in the units"; "You really felt not cared for"; "People are just too busy - no one cares about you"; "I only saw the clinical tutor twice a month which wasn't enough"; "You need to initiate your own learning - be self-driven"; "You must ask what you don't know"; "It depends how willing you are to learn"; "You need to be self-driven; have inner motivation"; "You need to also rely on yourself - it is up to you to find your way"; "You have to be able to stand on your own feet."

All the students experienced immense emotional stress during the programme emanating from a lack of knowledge, inability to meet the mental, emotional and physical demands in the units, and the great responsibility delegated to them to nurse very seriously and compromised patients. They were of the opinion (N=6) that the stress levels have a negative influence on their ability to acquire the necessary clinical abilities (knowledge, skills and attitudes). The pace was also too fast, resulting in impatience and intolerance by the nursing unit managers and other professional practitioners. They were therefore frustrated with the whole setup and lack of an adequate educational structure as substantiated by the following direct quotations: "There are times that you really felt frustrated nursing very sick patients"; "In the beginning it was nerve racking"; "I initially experienced the course as very traumatic"; "Very stressful with inadequate guidance by the clinical tutor"; "You felt the pressure all the time"; "One clinical tutor is not enough - there must be more than one, especially in the beginning of the course"; "Often you felt intimidated by the sisters - rather than being able to ask them to help you, you just don't"; "I would like

to be accompanied more frequently"; "I would have liked to be accompanied more often"; "Students must be accompanied all the time."

Insecurity was therefore experienced by all the students and the clinical accompanist couldn't meet their demands in this regard - she just couldn't be everywhere at the same time. This also resulted in experiences of being very scared whilst nursing the seriously ill patient. They therefore experienced the clinical situation as awful in the beginning with a feeling of being neglected by the clinical accompanist and the lack of an allocated clinical mentor in each unit for each student to give the necessary on-the-spot guidance/accompaniment and emotional support. "I felt very scared - not knowing what to expect and what to do"; "These equipment - very scary"; "It was frightening to work there"; "I felt very neglected at times"; "Patients are very sick and you feel very incapable"; "You are thrown into the deep - very scary"; "I felt awful not knowing what to do."

The clinical accompaniment was also experienced as a happy and joyful occasion when they were assisted in achieving the objectives/outcomes resulting in a sense of tremendous achievement and excitement. "It was very exciting to know you can now do it"; "It was nice to tick off the items on the register"; "There is a lot of art that she can get across to you that you'll never learn theoretically - she has a lot to offer and you must just tap that"; "She is the person to help you to put theory and practice together."

As they progressed in the acquiring of skills, they experienced more confidence (N=6) and could enjoy the challenges - both intellectual and clinical skills. "I felt that sense of achievement and it was great"; "I had more confidence and enjoyed being challenged by her"; "They started giving me a chance to nurse more complicated and the very sick patients."

Some of the students (N=2) experienced interpersonal conflict with the clinical accompanist that was overall in charge of their clinical accompaniment. These students were therefore of the opinion that there should be more than one accompanist/mentor with the option of self selection by the students. "She and I had a personality clash - we just couldn't fit"; "I had the feeling that she didn't like me"; "You should be able to choose your own clinical tutor to match your personality"; "She didn't want to take responsibility for the clinical teaching."

Although a positive trust relationship between the students and the accompanist was initially absent, they were of the opinion (N=5) that this trust relationship gradually increased and they felt trusted and motivated to do their best. "I experienced more trust and was allocated to the very sick and complicated patients"; "The clinical tutor challenged me - I could trust her on this."

External environmental experiences

The workload was seen as the most negative external environmental experience (N=10) with a high ratio of patient allocation and the fact that the student does not have supernumary status in the units - s/he is part of the normal workforce and this inhibits optimal clinical learning. The critical care units also have an unpredictable bed occupancy resulting in too high working demands at times or inadequate learning opportunities and boredom when there is too little to do. The following direct quotations are applicable: "There is just too much work to do"; "Patients allocated to you were uninteresting for learning purposes"; "Allocation did not meet learning needs"; "Wrong allocation of patients, not meeting my learning needs - very boring at times"; "They allocated the demanding and unpopular patients to us - not meeting our learning needs"; "Too busy - no time for learning."

Time constraint was also experienced as a major limitation by all the students, to such an extent that some were of the opinion that the duration of this course/programme should be extended to a two year diploma. The specified time to acquire a particular clinical skill was inadequate, resulting in consistent pressure by the clinical accompanist and thus not allowing for self pace by the student. "There was too little time to meet all the learning demands by the university"; "The time is too little - should be done over two years maybe"; "Too much pressure and too little time for all of it."

There is also a lack of adequate orientation by the unit managers in relation to the physical layout of the units, the general policies and procedures applicable to that particular unit, as well as to the equipment used. This was especially experienced by the students (N=10) when they commence duty in a new unit where they have never worked before - this unit could also be in another hospital within the group, depending on the available clinical learning opportunities in their "own" hospital, necessitating a rotation system in different hospitals within the private group in Gauteng. There was also a lack of role clarifica-

tion between that of the student, the clinical accompanist and the unit managers, resulting in frustration experienced by the students. "It would be nice to be introduced into the new units by your tutor on the first day"; "The equipment is complicated - you need someone to guide you on how they work"; "They need to show you the geography of the unit"; "I was not orientated - no one showed me around - it is a new unit and you definitely need someone to show you around."

The students (N=6) expressed a high level of gratitude for being able to do this course in a private hospital setup. They also expressed positive feelings towards the high standard of critical care practice in their hospitals in comparison to other units where they had to spend some time on certain learning opportunities. This experience made them realise to appreciate their own working circumstances. "I feel very grateful to management for allowing me to do this course"; "After having seen other units in ... I am happy and grateful to work here"; "We have the best - both in equipment and doctors"; "I feel privileged to work here and to do the course."

Some students (N=4) expressed frustration with the lack of correlation between theory and practice. When a specific system was dealt with in theory, they were placed in another type of unit due to the logistics of student allocation. "It would have been nice to work in the unit when you were doing the theory"; "I sometimes did the theory but worked in another unit and lacked the knowledge for that unit."

It is not unusual for the nursing student to experience stress during a formal post-basic educational/learning programme (Bailey & Clarke, 1989:73). Mahne (1987) also confirmed the intensity of stress experienced by the critical care nursing practitioner in South Africa. Negative emotions, such as frustration and fear/insecurity are regularly experienced by critical care practitioners (White & Ewan, 1991:144). They also stress the presence of interpersonal and intrapersonal stress and conflict experienced by critical nurse practitioners when theory and practice don't correlate. The educators need to be supportive, facilitative and empathetic in their educational relationship with students (Knowles, 1980; Klopper, 1994a/b). Mahne (1987:77) confirmed the need for coping mechanisms by the critical care nurse practitioner and the need for support systems and stress management programmes. The importance of continual professional development (clinical, educational and research abili-

ties) was confirmed by Dannenfeldt (1988). The post-basic nursing student requires a support system in relation to the management of a clinical education/accompaniment programme with a formalised approach to the planning, organisation, implementation and evaluation of such programmes (Mellish, Brink & Paton, 1998:77; Muller, 1998:336-341). The clinical accompaniment of post-basic Medical and Surgical Nursing Science students therefore requires a formalised approach: the organisational structure, delineating all the roleplayers - from the nursing service manager, the nursing unit manager, the clinical accompanist, the clinical nurse practitioners and the multi-disciplinary team members - need to be described. A role clarification by means of written job descriptions for each roleplayer is necessary. A formal clinical education programme, developed in consultation with the Nursing Education Institution, should be placed. The students need to be supported physically, mentally and spiritually. The commitment of the health care organisation and nursing service towards formal education is reflected in this support programme.

Conclusions and Recommendations

The following conclusions are made:

- there were both internal and external environmental experiences by the students;
- the internal environmental experiences relate to satisfaction with the clinical accompaniment; physical tiredness; intrapersonal conflict due to inconsistencies in theory and practice; initial motivation which progressed towards demotivation; emotional stress, frustration and insecurity; gaining of confidence and a sense of achievement;
- the external environmental experiences focused on high workload, too little time and too much pressure, interpersonal conflict and positive trust relationships;
- most of the students (N=8) were satisfied with the quality of clinical accompaniment received by the appointed clinical accompanist/mentor, but they were dissatisfied with the quality of clinical accompaniment received by the other critical care nursing practitioners in the units;
- the students (N=6) expressed gratitude towards their management for being able to do the course;
- The students had both positive and negative experiences in relation to clinical accompaniment during their clinical learning/educational programme. The following recommendations are

made:

- the formulation of standards on clinical accompaniment on least the following: the pre-requisites of clinical accompaniment, the management of clinical accompaniment in a health care organisation, responsibilities of the different roleplayers and the process of clinical accompaniment in relation to Medical and Surgical Nursing Science;
- a role clarification of the different roleplayers in clinical accompaniment with written job descriptions for each;
- a formal programme on continual clinical empowerment of all the clinical roleplayers concerned to enable quality clinical accompaniment;
- inservice education to the unit managers, clinical practitioners and clinical accompanists/mentors on their role of clinical accompaniment of students and the general principles of adult education;
- inservice education to the clinical accompanists/mentors on contingency leadership and the relationship thereof in clinical education/accompaniment;
- active involvement of the medical practitioners/intensivists in the clinical education programme;
- the development and implementation of a formal orientation programme for post-basic Medical and Surgical Nursing Science students in each clinical unit;
- the establishment of a formal communication system between the Nursing Education Institution and the clinical accompanists to address the theoretical and clinical inconsistencies;
- the development, implementation and evaluation of a support and stress management programme for post-basic Medical and Surgical Nursing Science students;
- research to determine the relationship between internal motivation of the student and the external motivating factors;
- revision of the staff establishment of critical care units and policy formulation to allow for supernumary status of post-basic students;
- the evaluation of the quality of clinical accompaniment of students enrolled for Medical and Surgical Nursing Science post-basic courses/programmes.

Concluding Remarks

Quality education is necessary to facilitate the achievement of the outcomes of the educational/learning programme in Nursing Education. This implies that both the theoretical and clinical components of the educational/learning programme need to be of a high standard. An integrated theoretical and clinical

educational approach is necessary to facilitate critical/analytical reflective thinking/reasoning by the post-basic student in Medical and Surgical Nursing Science: Critical Care Nursing (General).

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Table 1 Distribution of results: internal and external world experiences by critical care nursing students on clinical accompaniment during the educational / learning programme (N=10)

Internal world experiences	External world experiences
Physical tiredness	Conflict between theoretical and clinical
Satisfaction with accompaniment/happiness	Inadequate clinical accompaniment
Initial motivation with progressive demotivation	High workload and non-supernumary status
Emotional stress and frustration	Time constraint
Insecurity	Inadequate orientation in the units
Interpersonal conflict with accompanist	Inadequate role clarification
Positive trust relationship	Inadequate correlation: theory and practice
Gratitude towards management of hospital	

