Student nurses' perceptions of the development of interpersonal relationships

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Abstract

This survey attempted to investigate

- whether significant differences existed between the first and fourth year students' perceptions about the espousal of positive interpersonal relationships
- student nurses' perceived role of tutors, preceptors and professional nurses in fostering the development of students nurses' positive interpersonal relationships
- student nurses' espousal of positive interpersonal relationships with colleagues, patients, friends and relatives of patients.

First and fourth year student nurses in the Eastern Cape participated in this survey. Although more first than fourth year respondents contended that tutors, preceptors and professional nurses facilitated the development of student nurses' interpersonal relationships with colleagues, patients, friends and relatives of patients, no significant statistical difference could be established to support such a difference. On the espousal of positive interpersonal relationships vis-à-vis patients, friends and relatives of patients and amongst themselves as colleagues, both groups of respondents provided similar response profiles. A posteriori comparisons revealed no statistically significant differences in the response profiles between the first and fourth year respondents in their espousal of positive interpersonal relationships with colleagues, patients, friends and relatives of patients. The major inference drawn from this exploratory descriptive survey was that greater emphasis should be placed on student nurses' development of positive interpersonal relationships in the Eastern Cape.

Keywords

affective learning, interpersonal relationships, nursing care, Peplau's theory.

Opsomming

Hierdie opname het gepoog om die volgende aspekte na te vors

- of beduidende verskille tussen die eerste en die vierde jaar studente se waarnemings ten opsigte van die handhawing van postiewe interpersoonlike verhoudings bestaan
- studentverpleegkundiges se waargenome rol van dosente, preseptore en professionele verpleegkundiges ter bevordering van die ontwikkeling van positiewe interpersoonlike verhoudings
- studentverpleegkundiges se uitlewing van positiewe interpersoonlike verhoudings met kollegas, pasiënte, asook met vriende en familielede van pasiënte.

Eerste en vierde jaar studentverpleegkundiges in die Oos-Kaap het deelgeneem aan die opname. Alhoewel meer eerste as vierde jaar respondente van mening was dat dosente, preseptore en professionele verpleegkundiges die ontwikkeling van postiewe interpersoonlike verhoudings onder studentverpleegkundiges bevorder, kon geen beduidende statistiese verskil gevind word nie. Ten opsigte van die uitbouing van positiewe interpersoonlike verhoudings teenoor kollegas, pasiënte, vriende en familielede van pasiënte, asook onder mekaar as kollegas, het beide groepe respondente eenderse responsprofiele verskaf. A posteriori vergelykings het geen statistiese beduidende verskille in responsprofiele tussen die eerste en die vierde jaar respondente met betrekking tot die handhawing van positiewe interpersoonlike verhoudings met kollegas, pasiënte, asook met vriende en familielede pasiënte aangetoon nie. Die hoofgevolgtrekking waartoe die verkennende beskrywende opname gekom het, is dat die ontwikkeling van studentverpleegkundiges se positiewe interpersoonlike verhoudinge in die Oos-Kaap meer beklemtoon moet word.

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Introduction

Henderson (1978:111) considers the unique functions of a nurse as being able to: Aassist the individual sick or well in the performance of those activities contributing to health, recovery or to a peaceful death. The nurse assists the patient to carry out those functions of his/her life which he/she could

perform unaided if he/she had the necessary strength, will or knowledge.

Watson (in Boykin and Schoenhofer 1990:149), describes caring as the moral idea of nursing as it involves protection, enhancement and preservation of human dignity. Nursing is described by Roach (in Boykin & Schoenhofer 1990:150) as the professionalisation of caring. Roach further states that the affirmation of caring, as the human mode of being is a pre-supposition for all the activities designed to develop the capacity to care professionally. Caring teaches the student nurses how to be human in their interactions with other people, and how to identify with them. According to Roach, a caring nurse is the one who is a co-participant in the process and who engages fully in the relationship process. Nurses need to establish and maintain positive interpersonal relationships with their patients/clients as well as their relatives and friends in order to perceive the patient as a wholistic human being, and to identify the patient's health care needs in collaboration with the patient, whenever possible. If caring is accepted as the central concept of nursing, then interpersonal relationships between nurses and patients could be regarded as one of the essential preconditions for actualising the caring process. "Nursing activity is focused on intersubjective human-to-human contact, which is the medium for transpersonal caring. The nurse uses self to engage in a genuine, unique transpersonal relationship with another experiencing human being" (Morris 1996:289).

The importance of interpersonal relationships in nursing

To Henderson (1978:111) a positive interpersonal relationship conveys a sense of understanding of the body, mind and spirit, and addresses the transcendent nature of a human being. Thus, effective nursing care requires interpersonal transactions to take place. Furthermore, nurses should be developed to understand patients' humanness and interpersonal relationships. Competence entails that the nurse develops sufficient knowledge, skills, energy, motivation and judgment by identifying with others. Through positive inter-personal relations, human care transactions can allow for unique and authentic quality of presence in the world of the others. Togetherness in caring facilitates spiritual growth, through being with another person, interpersonal relationships occur, and moments of joy are experienced by both the one caring and the one being cared for.

Peplau (in Belcher & Fish 1990:43), considers nursing as a major interpersonal process. To Peplau, nursing is an educational instrument and a nurturing force that promotes progressive movement of personality in the direction of creative, constructive, productive, personal and communal living.

Referring to Peplau's theory, Belcher and Fish (1990:44) view nursing as a healing art concerned with assisting individuals who are sick, as well as those needing health care. In this regard, nursing is seen as therapeutic and as an interpersonal process involving interaction between two or more individuals with a common goal. Indeed, Peplau (In Belcher & Fish 1990:44), further contends that: In nursing, this common goal provides the incentive for the therapeutic process in which the nurse and patient. respect each other as individu-

als, both of them learning and growing as a result of the interaction ... As the relationship of the nurse to the patient develops in these therapeutic patterns, there is flexibility in the way in which the nurse functions in practice by making judgments, by using skills founded in scientific knowledge, by using technical abilities, and by assuming roles.

Interpersonal relationships and processes are vital to the success of nursing interventions, because Peplau (in Reed 1996:56-57) describes nursing as a significant therapeutic interpersonal process which functions cooperatively with other human processes that make health possible for individuals... Through the interpersonal process, clinical judgment then is used to integrate scientific and artistic aspects to define and intervene in the patient's problems.

Peplau's theory of interpersonal relationships contends that each individual is a unique individual who will not react the same as any other (Belcher & Fish 1990:44). As such, Peplau regards nurse-patient relationships as being interpersonal processes, requiring nurses to contribute an understanding of developmental theories to the interaction. Peplau contends that nurses need to recognise that all persons are influenced by what they have learned from the environment within which they grew up, as well as by the customs and beliefs of specific cultures (Belcher & Fish 1990:44). Hence, Peplau further envisages that in the nurse-patient interaction, both the nurse and patient work together (through the four phases of orientation, identification, exploration and resolution), resulting in both of them becoming more knowledgeable and mature in the process. "Clear and supportive communication is a key tool in nursing... Language is attributed major importance in Peplau's theory as it influences the person's thinking, which influences actions... Communication with others helps one attend to and clarify one's perception of reality, and to achieve a sense of understanding with another (Reed 1996:57).

Kagan, Evans and Kay (1990:20) also regard nursing as being an interpersonal activity in so far as most of the things that nurses do involve at least one other person. They further observe that to do their job nurses need to bring the interpersonal skills that work for them in their everyday lives and apply them at work... According to Bendile (1991:9) nursing in the Republic of South Africa (RSA) could be described as being a scientific, interpersonal and client-centred profession.

Boykin and Schoenhofer (1990:149) view caring in nursing as a mutual interpersonal relationship which facilitates the mutual human process in which a nurse responds with authentic presence to a call from another. Leininger (in Boykin & Schoenhofer 1990:151) states that the relationship between the caregiver and the recipient of care appears to be the heart of a positive interpersonal helping relationship. Caring enacts confidence and fosters a trusting relationship without dependence. It communicates truth without violence and respect without paternalism. According to Cameron and Luna (1996:190) Leininger stresses the importance of regarding individuals, families and communities within their cultural, ethnohistorical, and social structure so that holistic, cultural congruent nursing care can be given. Roach (in Boykin and

Schoenhofer 1990:149) sees a caring nurse as one who is able to enter into a positive interpersonal relationship with other people, implying that nurses establish a sense of stability in taking care of other persons. For nurses, this helps them to acquire openness, accessibility, belonging, living, as well as congruence between their beliefs, behaviours values. cording to Roach (in Boykin & Schoenhofer 1990:151), caring has certain attributes which include compassion, competence, confidence, conscience and commitment. In displaying compassion, the nurses should be able to attend to the dignity of persons as an important experience, necessary to respond appropriately and responsibly during their interpersonal interactions with patients, relatives and friends of patients, as well as with other members of the health team. All the quoted authors emphasise the need for educational programmes which should equip the student nurses with communication and linguistic skills in order to bolster their interpersonal skills.

The importance of positive interpersonal relationships between student nurses and patients/clients

The question of interpersonal relationships is crucial for the effective provision of nursing care. In the practice of their profession, nurses should see patients within the context of the organic physiological, as well as the social and/or psychological problems that have brought them into the sphere of nursing care. Accordingly, the standards of nursing care should be both patient-centred and relevant to nursing practice. Interpersonal relationships and caring emphasise mutual, reciprocal and interactive experiences directed towards the preservation of humanity (Lombard 1990:45). The patients' goals are paramount and nursing care and relationships aim at meeting these goals. Competent nursing practice demonstrates the belief that persons' total health needs must be met in a manner that shows concern for their uniqueness - which is achieved largely through effective interpersonal relationships (Lombard 1990:45).

Nurses are part of the communities they serve... Survival of nursing as a profession is dependent upon the positive impact it has on consumers in the past, present and the future (Kunene, Nzimande & Ntuli 2001:35). In order to maintain positive community attitudes towards nursing, every nurse needs to be committed to rendering quality nursing care to each patient, to be available and accessible, to communicate effectively and to respect each patient.

The importance of positive interpersonal relationships between student nurses and patients' relatives and friends

During hospitalisation, the patients are virtually isolated from the warm and intimate group relationships of their families and friends, and have a great need for such relationships during the period of physical and psychological crisis. For this reason visitors are a most important feature in the lives of patients. Furthermore, the public, relatives and friends - for their role in encouraging the processes of healing and recovery, need to be treated with courtesy. To maintain a relationship of worth and dignity with patients' relatives and families, nurses should observe the social courtesies that indicate respect. Searle and Pera (1992:136) support the opinion that competency in communication is essential. This applies to interpersonal relationships such as:

- _ careful listening
- _ meticulous explanation to patients
- _ consultation with patients
- _ meaningful touch
- _ consideration and courtesy
- _ oral, written, mechanical means of communication
- _ assisting patients to communicate their needs to others
- communication with relatives and friends.

The importance of positive interpersonal relationships between student nurses and their colleagues

Another important variable influencing the student nurses' process of socialisation into the profession is the peer group factor, which plays a major role in the socialisation process of student nurses. Within their peer groups student nurses could be assisted to develop greater self awareness. "Developing a strong sense of the real or true self gives the person a greater security of being. Such security allows autonomy of thought and action. An increased self-awareness enables the individual to use him/herself as a therapeutic instrument and to select appropriate methods to do this" (Gmeiner & Van Wyk 2000:40). Peer groups should constitute the interpersonal milieu within which student nurses should be able to explore the impact of different types of communication on interpersonal relations. This exploration could be facilitated by using teaching strategies such as role play, case studies, projects, values clarification, small group discussions and reports about experiential learning which occurred in clinical settings.

The role of professional nurses in the development of interpersonal relationships amongst student nurses

According to Dannenfeldt (1991:6-7) nursing in the RSA is perceived to be a service orientated discipline, yet students do not feel confident to render the basic nursing care during their clinical learning experience. Professional nurses are role models to student nurses in the clinical situation, expected to demonstrate their clinical expertise in clinical procedures as well as during their interactions with patients and their families/friends, as well as with other members of the health care team and with their nursing colleagues (English 1993:390). However, Chabeli (1999:25-26) warns that negative learning in the clinical situation is "expensive with regard to time and is also difficult to reverse". This implies that student nurses might imitate negative aspects of professional nurses' conduct and perpetuate such actions in their own professional conduct until the negative behaviours have been addressed and substituted with positive actions. Professional nurses play a significant role in maintaining effective communication channels in the clinical situation, enhancing student nurses' communication skills and learning opportunities. The communication climate in any clinical situation could either enhance or impede students' learning (Gillies 1994:183).

Professional nurses play a significant role in the development of student nurses' clinical expertise through supervising and assessing the student nurses' performance in the clinical situation and by providing written evaluations of each student's performance in the clinical situation, usually on a monthly basis in the RSA. The climate in which the clinical evaluation takes place is a critical determinant of the way the learner perceives the process. A supportive climate with mutual trust and respect between teacher and learner is essential for evaluation to be viewed as a means for growth and to be valued by the learner (Reilly & Oermann 1999:379). Student nurses in the RSA reported that they perceived ... supervision provided by professional nurses as nagging and policing and evaluation as punishment to students. The implication is that supervision, assessment and evluation are not effectively executed by professional nurses. This hampers learning in the clinical practice (Chabeli 1999:26).

The role played by tutors and preceptors in the development of interpersonal relationships amongst student nurses Interpersonal teaching and learning form part of almost every nursing intervention in a clinical situation (Grisby & Megel 1995:44). "Learning is more than receiving information, as it also depends on the nurse's ability to accurately scan, assess, formulate, appraise, plan, implement, evaluate and to make a decision" (Minnaar 2002:38).

Student nurses in the RSA are expected to learn, and at the same time to work in specific clinical areas, in order to acquire clinical experience. Student nurses might find it difficult to integrate theory and practice, since within the clinical situation, the emphasis is placed more on work demands than on learning, per se. Proper professional orientation, including the integration of theory and practice, can only happen when the tutors maintain a well integrated approach to the training of student nurses. The tutors should not merely foster good interpersonal relationships with their students but also assist students in promoting and developing their own interpersonal skills in order to render appropriate nursing care to specific patients. According to Sherwood (in Van der Wal 1999:69-70) nurse educators should strive to maintain a caring concern among their students by instilling the following principles in them:

- being knowledgeable
- valuing the other as a human presence
- being accountable for one's actions
- being open to and creative with new ideas
- connecting with others
- taking pride in onself
- liking what one does
- recognising moments of joy
- recognising one's limitations
- resting and starting afresh; essential for maintaining personal boundaries and personal spirituality.

Research conducted in the United Kingdom (UK) confirmed that ... the positive influence of the education programmes and the practice environment as well as high quality role

models from both education and practice establishments are critical to the professional socialisation of student nurses (Fitzpatrick, Wahl & Roberts 1996:506). However, the effect of all these socialising agents depends on the quality of interpersonal relationships and the effectiveness of communication between different cadres of nurses, especially the nurse educators (including preceptors). Research conducted in the UK reported that the main influences on the theory-practice relationship were the mentor's knowledge of the curriculum and mentoring system, the short amount of time spent in each placement and relationships between teachers, mentors and students (Brereton 1995:314).

Positive interpersonal relationships

Roach, as quoted by Boykin and Schoenhofer (1990:152), contends that student nurses must have confidence and competence to establish and maintain positive interpersonal relationships in nursing in a meaningful way. This implies that student nurses must have a commitment which will show willingness, devotion and conscious positive actions. For nursing practice to be humanistic, caring relationships, implying awareness of self and others, are essential. Knowing oneself helps one to know others and enhances the therapeutic use of self. The one who cares is willing to learn more about self and others. The establishment of trust is essential in an interpersonal relationship and requires courage. Self trust implies confidence and activates trust in others (Boykin & Schoenhofer 1990:152).

"In a rapidly changing health care environment, nursing must continually transform itself... nursing leaders must be willing to commit to a vision of relationship-centered care that includes the behaviors of team building, participatory decision making, trustuworthiness, positive self-esteem, low control needs, trust in self and others, and openness to explore new programs and gain new knowledge... A clear goal of relationship-centered care is to promote positive encounters and to diminish negative interactions among health care providers and recipients" (Kowalski, Burton & Rehwaldt 1997:220).

Negative interpersonal relationships

Student nurses do encounter stressful situations which may result in negative interpersonal relationships. For example, student nurses interacting with dying patients could experience feelings of guilt concerning these patients' deaths, resulting in feelings of insecurity about their competence and difficulty in interacting with more experienced nurses and other health care professionals. Students who experience high levels of anxiety could be expected to find less pleasure in nursing than those who experience lower levels of anxiety. It is, therefore, unlikely that student nurses who are under stress can foster positive interpersonal relationships with patients, this situation could be aggravated by staff shortages, necessitating student nurses to spend the shortest possible period of time with each patient in order to complete a number of specific tasks within an allotted period of time. Under these circumstances, nurses are unlikely to communicate with patients and even more unlikely to give effective health education to patients. This situation may lead to destructive consequences portrayed in negative social relationships.

Purpose of the study

This study attempted to explore the development of positive interpersonal relationships of student nurses, with patients, colleagues as well as relatives and friends of patients. Interpersonal relationships play a vital role in the nurses' performance of their duties in the clinical setting. The role played by tutors, preceptors and professional nurses in promoting the development of these attributes among student nurses was examined. A comparison was also made between first and fourth year students in order to ascertain to which extent these student nurses developed interpersonal relationships as they progressed through the programme from first to fourth year. Student nurses' perceptions were also investigated about the contributions of tutors, preceptors and professional nurses towards the development of positive interpersonal relationships with patients, colleagues as well as friends and relatives of patients.

Scope and limitations of the research

This survey focused on the development of interpersonal relationships, as perceived and espoused by first and fourth year Eastern Cape student nurses following the programme leading to registration as a nurse (general, psychiatric and community) and midwife in terms of Regulation 425 of February 1985, as amended (henceforth referred to as the R425 programme).

Only first and fourth year student nurses from the participating nursing colleges in the Eastern Cape comprised the sample. Thus the research results might not be generalisable to the rest of the RSA, nor to other countries. Furthermore, no gaurantees could be provided that the experiences of the first and fourth year student nurses would be similar to or different from those of second and third year students who were excluded from the study due to financial and time constraints.

This survey was delimited by gathering information about first and fourth year students' perceptions by means of completed questionnaires without any direct observations of the role players, including the students themselves, their tutors, preceptors and professional nurses.

Research questions

In order to achieve the above, the following specific research questions directed the survey:

- Do student nurses perceive tutors, preceptors and pro fessional nurses to promote the development of inter personal relationships of student nurses following the R425 programme?
- _ Do student nurses espouse positive interpersonal relationships with:
- patients
- relatives and friends of patients
- colleagues?

- Are there any significant differences between first and fourth year student nurses of the R425 programme in their perceived interpersonal relationships with:
- patients
- relatives and friends of patients
- colleagues?

Definitions of key concepts

Development: In this article the term "development" refers specifically to the acquisition and enhancement of interpersonal skills and competencies by student nurses as they progress from first to fourth year students..

Interpersonal Relationships: Social interactions of a person with another person (or other persons), involving some aspects of communication and social skills. In the case of nurses, these include social skills required to lead ordinary lives as well as interactions with patients, relatives of patients and colleagues (Kagan, Evans & Kay 1990: 2).

Nursing: Nursing as human phenomenon is a specific type of behaviour among human beings. It is interpersonal in nature, for it exists only through interactions between human beings. Nursing does not occur in isolation, there must be human beings, patients who have human needs which are met by other human beings, the nurses, in human ways (Mellish 1992: 28). Interpersonal relationships thus form the foundation on which nursing care is built.

Patient: A patient is regarded as any person requiring nursing and/or medical care. For the purpose of this research, the term patient refers to persons admitted to hospitals in the Eastern Cape. (For the purpose of the literture review, the terms "patient" and "client" are used interchangeably).

Preceptor: The Oxford Handy Dictionary (1991) defines a preceptor to be a teacher or an instructor. In this article the term "preceptors" refers to professional nurses who have been appointed to teach student nurses in the clinical settings in the Eastern Cape, irrespective of whether or not these persons were registered with the SANC as nurse tutors.

Professional nurse: In this report the term professional nurse refers to a person who is registered with the SANC as a nurse; irrespective whether this registration is only for general nursing or for other additional qualifications as well, and irrespective of the type of programme completed to become registered with the SANC.

Student nurses: The term 'student nurses' refers to persons following the programme leading to registration as a nurse (general, psychiatric and community) and midwife in terms of Regulation R425 of Februry 1985, as amended.

Therapeutic Relationship: Mutual willingness, acceptance and understanding of the individuality of another person forms the basis of an interpersonal relationship. The nurses use their knowledge and skills, including observation of the persons' condition, to plan, commence and supervise patients' care. The nurses play active roles in the regimen plans, supporting the patients as well as their relatives and special friends (Mellish 1992: 4).

Tutors: The term "tutors" refers to nurse educators who teach nursing theory and/or practice to the student nurses following the R425 programme.

Unit supervisors: In this report unit supervisors imply registered professional nurses who are in charge of any hospital unit, ward, department or any clinic.

Research design

This survey emloyed a quantitative exploratory descriptive design (Polit & Hungler 1991:145), involving the construction of a questionnaire to ascertain whether or not, during training, student nurses develop interpersonal relationships. Within this context a survey is appropriate for an exploratory study such as this one, where: the investigator gathers data from a portion of a population for the purpose of examining the characteristics, opinions or intentions of that population. Surveys also collect information about people's knowledge, opinions, attitudes and values (Polit & Hungler 1991:156). This design enabled the researcher to explore and describe opinions of the respondents. Hence, the design was chosen for its appropriateness in confirming information relevant to the development of interpersonal relationships of student nurses.

Research population and sample

The target population of this study were all student nurses enrolled in the four year comprehensive nursing education programme, across the nursing colleges in the RSA. The accessible population consisted of all student nurses registered at six nursing colleges, across the Eastern Cape. Although it was envisaged to include one nursing college from each of the four regions of the Eastern Cape, Region B had

no registered first year student nurses, and was thus excluded from the survey. In order to curtail expenses and to impelement a feasible study, only the first and fourth year student nurses were included in the research sample, in an attempt to establish whether significant differences existed between these two groups' espousal of interpersonal relationships. It was envisaged that the maximum difference should exist between first and fourth year student nurses' maintenance of interpersonal relationships if this ability developed during the students' four years of training.

The research sample for this study comprised first and fourth year students of the four-year comprehensive course (R425) in the Eastern Cape. The total numbers of students egistered at the six participating nursing colleges amounted to:

- _ 196 first year students and
- _ 207 fourth year students.

Not all first nor all fourth year students completed and/or returned the questionnaires they received. Only 117 first and 140 fourth year students submitted their completed questionnaires, amounting to 257 questionnaires which were used in the analysis of the data. Thus 257 student nurses (n = 257) comprised the sample of this survey. However, the responses to all items do not necessarily add up to 257, because any number of respondents might have failed to answer a specific question. During the analysis of the data it became apparent that a category of Ano reponse (NR) needed to be added to render the reported results more meaningful.

Research instrument

A questionnaire was designed and used to collect the data required to answer the research questions.

Ouestionnaire Construction

The questionnaire, based on an in-depth literature review, comprised the following sections:

Section A: Covering biographical information of the respondents including age, gender, marital status, and year of study. It was envisaged that this background information would be

Table 1: Participating students by region: Eastern Cape

REGION	COLLEGES	1ST YR STUDENTS	4TH YR STUDENTS
A	Livingstone/S Cribb	45	47
В	no 1st year students	-	
С	C Makiwane/ Frere	40	47
D	All Saints/Umtata	32	46
	TOTAL	117	140

useful in contextualising the research findings. However, in the final analysis only year of study was used to compare and contrast the respondents' perceptions about student nurses' development of interpersonal relationships.

Section B: Comprised items eliciting answers relevant to the research question concerning student nurses' perceptions about the role played by tutors, preceptors and professional nurses in the development of interpersonal relationships of student nurses. In this regard, this section comprised three parts:

Part I - dealt with the perceived role of tutors in the development of student nurses' interpersonal relationships, comprising 18 items

Part II - focussed on the role of preceptors in the development of student nurses' interpersonal relationships, comprising 10 items

Part III - comprised 19 items focusing on the role of professional nurses in fostering the development of interpersonal relationships amongst student nurses.

Section C: Consisted of statements attempting to find out whether or not student nurses espoused positive interpersonal relationships with patients, relatives of patients and colleagues, as specified in the three Parts comprising this section. Parts I (13 items), II (13 items) and III (10 items) focussed on the student nurses' espousal of interpersonal relationships with patients, relatives and friends of patients and colleagues, respectively.

The other research question (that is, determining whether or not there were any significant differences between first and fourth year nursing students of the four-year (425) comprehensive nursing course in their espoused interpersonal relationships with patients, relatives and friends of patients as well as colleagues) was addressed by comparing the responses of first and fourth year students on the items in Sections B and C of the questionnaire.

During the construction of the questionnaire a four-point Likert type scale was provided, namely strongly agree (SA), agree (AG), disagree (DA) and strongly disagree (SD). During the analyses of the data, another category of no response (NR) had to be added so that the total number for each response could add up to 100%. The SAS software programme was used to analyse the data into these five categories, contrasting the first year students responses with those of the fourth years. At the recommendation of the statistician, the results were reported both in five categories as well as in three categories, where the positive (SA and AG) responses were totalled as were the negative responses (DA and SD). In this article only the three point analyses will be utilised to identify the major findings of the research.

Validity and reliability of the questionnaire

Instrument validity refers to the extent to which a research

instrument measures what it purports to measure (LeCompte & Preissle 1993:341). The instrument's face validity as well as its suitability for computerised analyses were evaluated by two nurse researchers and one statistician from Unisa, as well as by a senior researcher from the Human Sciences Research Council (HSRC). Discussions with these four persons led to the re-organisation and rephrasing of some items. No major discrepancies were detected among these four persons' recommendations/evaluations.

During the pre-testing phase the questionnaire was administered to 19 second and 19 fourth year student nurses who did not participate in the actual survey. This phase of the instrument development was aimed at improving and refining the instrument before the main study was undertaken. Some of the items were rephrased for clarity, resubmitted to the four consultants as well as to the student nurses in an effort to refine the instrument. Eight items, perceived to be ambiguous by the student nurses, were eliminated, as recommended by both the student nurses and the consultants.

Administration of the questionnaires

The right of the participants to express themselves freely, without any danger of retribution or reprisal, was guaranteed as a fundamental human right. Sealed envelopes were used by the respondents after completing the questionnaires. Respondents were given as much time as they needed to complete the questionnaires, requiring on average fifty minutes to do so. Hence, all members of the target population were requested to participate, but were given the option of withdrawing from the study should they feel that they did not wish to continue participating any further - 257 completed questionnaires were returned, as reflected in Table 1 - amounting to a response rate of 64%.

Data analysis

The data collected were coded and analysed using the Statistical Analysis System (SAS) computer package (University of Transkei's mainframe computer system), with the assistance of a statistician from UNITRA.

Research results

The research results pertain to the data obtained from the questionnaires completed by 117 first year and by 140 fourth year student nurses in the Eastern Cape.

Biographic information

The only biographic results utilised in the analysis of the data was the year of study - either first or fourth year - in an attempt to determine whether any significant difference could be tablished between the first and fourth year students' espousal of interpersonal relationships. However, for enabling researchers to contextualise the research results the following biographic data are included with the first percentage referring to first year students and the second percentage referring to fourth year student nurses. The research findings indicated that the majority of the student nurses were

• female (84%; 88%)

questions

Responses to specific research

Respondents' perceptions regarding the respective roles played by tutors, preceptors and professional nurses in promoting the development of student nurses' interpersonal relationships as well as student nurses' espousal of positive relationships with their patients, and with their patients' friends and relatives, were categorised and analysed. The responses to each research question were divided into two sections, on the basis of the two research samples used in this study, namely, first and fourth year students. The postive categories (strongly agree and agree) were be combined as well as the negative categories (disagree and strongly disagree). The number of no response (NR) answers were also indicated. In this report the percentages relevant to the first year students are indicated followed by those relevant to the fourth year students.

The importance of nurse educators and facilitators for the development of student nurses' interpersonal relationships.

The first year students perceived their tutors to be more successful in developing student nurses' interpersonal relationships than the fourth year students (79%; 62%). The tutors' roles were awarded high positive rankings with regard to the transmission of knowledge (88%; 77%) and integrating the theory and practice of nursing (89%; 75%). Beukes (1991:4) envisaged that the provision of knowledgeable, responsible, creative nursing praticitioners should be the focus of nurse educators to enable student nurses to meet the health needs of the RSA.

Preceptors are facilitators for the development of student nurses' interpersonal relationships. Preceptors are resource persons able to teach by precept and example. According to Mellish (1992:142) nurse preceptors could be regarded as mirrors reflecting the role models of professional nurses to student nurses. Both first and fourth year student nurses perceived their preceptors to be

- strong links between the education and clinical settings (83%; 78%)
- encouraging student nurses to participate in interactive processes (88%; 72%)
- guiding students to gain insight into the development of positive interpersonal relationships (82%; 56%).

Overall, more first than fourth year students agreed that facilitators enhanced student nurses' development of positive interpersonal relationships. Reasons for this apparent discrepancy could not be deduced from the available data. However, it should be kept in mind that fourth year students should be more knowledgeable and might not be dependent on facilitators to the same extent that the first year students would need guidance for developing interpersonal relation-

ships.

Professional nurses as facilitators for the development of student nurses' interpersonal relationships

According to Mellish and Brink (1990:219) the unit sister is responsible for enabling a student who has been assigned to her unit, for experience in that specific area of nursing, to encounter and cope with such situations which will facilitate her growth and development into an independent practitioner. Professional nurses need to act as role models and to engage in both formal and informal teaching to facilitate students' learning - much of which might be acquired by means of imitation (Quinn 1995:39). The first year student nurses rated professional nurses higher (than the fourth years) in exercising control over students enabling them to develop interpersonal skills (83%; 65%), and in helping student nurses to assume responsibility for their own decisions (74%; 70%).

The importance of professional nurses' portrayal of positive role images cannot be overemphasised for the successful professionalisation of student nurses - an aspect apparently not met by the professional nurses encountered by many fourth year student nurses who participated in this study.

Student nurses' espousal of positive interpersonal relationships with their patients

The majority (81%; 82%)) of the students indicated that patients who are critically ill, as a result of self-inflicted injuries, such as suicide attempts, deserved priority attention. However, the fact that 19% and 18% did not hold this opinion, should be explored as it might imply that almost 20% of the student nurses in the Eastern Cape would not provide priority treatment to critically ill patients with self-inflicted injuries.

In a busy ward students indicated that they would NOT estimate patients' temperatures in order to save time for other patients (81%; 74%). From these findings it could be deduced that more fourth than first year student nurses were willing to estimate patients' temperatures - with potential hazardous consequences for patients who might be developing post-operative septicaemia, or full blown malaria or typhoid.

The active participation of patients in planning and implementing their care seemed to be lacking (40%; 41%). Good interpersonal relationships between patients and nurses require active participation of patients in the planning and implementing their care. Positive interpersonal relationships maintained by effective communication, are vital for obtaining and maintaining patients' active participation in their care.

Some student nurses indicated that

- drunk patients do NOT deserve the same care and attention as sober patients do (22%; 15%)
- nurses are justified in shouting at patients who do not obey hospital rules and regulations (27%; 14%)
- students may display prejudice towards their patients (26%; 22%).

Although these three examples of students' behaviour would not promote interpersonal relationships with patients, at least the fourth years reported lower incidences of these behaviours indicating that their interpersonal relationships might have developed further over the four year training period. However, no statistically significant difference could be identified to support this observation - possibly indicating that although the fourth year students reported more positive interpersonal relationships with their patients than the first years, this difference remained statistically insignificant (so small that it could be ignored) between first and fourth year students.

Student nurses' espousal of positive interpersonal relationships with their patients' relatives and friends

Attention should be paid to the role of the nurse towards the family and friends of deceased patients. At least 24 % of the first year respondents did not regard it to be a nurse's duty to spend time with relatives and friends of deceased patients, whilst 12% of the fourth year students also maintained this perception. On the other hand nurses' approval of patients' relatives bringing medicines to the hospital to supplement the medical treatment (20%; 13%) could have serious consequences for the patients' prognoses - especially where the medical and home prescriptions might result in incompatible, or even potentially fatal interactions.

Explanations could not be provided as to why a number of student nurses (21%; 10%) regarded it NOT to be advisable to request relatives to come to a hospital when the patient's condition deteriorates rapidly; nor why they (17%; 9%) considered it to be the nurses' right to shout at patients' relatives who do not obey hospital rules and regulations.

Family and friends of patients are concerned about the patient's well-being and are prepared to motivate the patient to achieve the maximum state of health. The healing process can be enhanced by friendly receptions of the patients' family and friends, contributing to the peace of mind of both the patients and their family/friends. Through positive interpersonal relations human care transactions occur as unique and authentic aspects of the presence of the nurse in the world of the patient and his family/friends.

Student nurses' espousal of positive interpersonal relationships with their peers

This section related to whether or not the student nurses espoused positive interpersonal relationships amongst themselves. The largest number of no response (NR) were recorded for this section of the questionnaire, which might have indicated uncertainty on the part of the students as to what they perceived; or that the development of interpersonal relationship with peers might have been underdeveloped. Some unexpected perceptions of student nurses included:

_ it is justifiable to leave the ward if one's colleagues do

- not arrive on time to receive the hand-over report (51%; 52%); and
- in order to avoid conflict, a nurse should absent herself from work if there is irritation, boredom and in difference amongst fellow nursing colleagues (42%; 59%).

The well-being of patients could be compromised if nurses leave the ward prior to the arrival of the next shift's nurses. If proper patient reports are not handed over between shifts patient care could be compromised. If approximately 50% of both first and fourth year students maintained this attitude, patient care might definitely be compromised in this area. Surprisingly more fourth than first year students considered staying away from work to be an option in cases where conflict existed among nurses. This attitude and its concomitant absence from the job situation, would not only compromise the quality of patient care, but also escalate health care costs, if additional nurses need to be employed to fulfil the tasks of those who are absent.

According to Mellish (1992:197), a team spirit and cooperation among colleagues, are prerequisties for a therapeutic environment. This requires that students work as a team and recognise the basic dimensions of caring and the ability to combine them into new individual entities. Mellish and Brink (1990:194-195) state that the peer group helps students to learn to accept constructive criticism and to evaluate their own performance and that of others. Should students fail to develop positive interpersonal relationships with their peers, their socialisation and education processes are likely to be impaired.

Espousal of positive interpersonal relationships: A comparison between first and fourth year students

No statistically significant differences could be established between first and fourth year students in their espousal of positive interpersonal relationships with patients, friends and relatives of patients and amongst themselves as professional colleagues. This absence of a statistically significant difference in the espousal of positive interpersonal relationships between first and fourth year students might suggest that the development of interpersonal relationships could be a neglected aspect of the implementation of the R425 curriculum - at least among student nurses in the participating nursing colleges in the Eastern Cape.

Of particular concern is the finding that more fourth (59%) than first (42%) year student nurses perceived it to be acceptable to be absent from clinical situations if they experience boredom, irritation or indifference among fellow nurses. If 52% of the fourth and 51% of the first year student nurses perceived it to be justifiable to leave a ward if their colleagues should arrive late for the hand-over reports, then the patients might be left alone, and the nurses on the next shift might be ignorant about crises patients encountered or about urgent treatments that need to be administered. Another scenario could be that the nurses might leave the ward if their colleagues turn up late for the hand-over session; but these col-

leagues might have decided it would be justifiable to remain absent from the ward situation - leaving the patients to their devices. Nursing practice requires not only knowledge and technical competence, but also a high degree of insight, empathy and good human relationships, geared towards total patient care.

It was envisaged that student nurses at the point of entry into the R425 programme (first year) should maintain different perceptions of their espoused interpersonal relationships than those students who are at the exit point (fourth year). Such a change, as student nurses progress through the educational programme, should come about as part of deliberate interventions by all people responsible for the education and preparation of the students, including tutors, preceptors, registered nurses and peers.

Conclusion

First year respondents rated both tutors and preceptors higher than fourth years, in terms of the their role in promoting student nurses' development of positive interpersonal relationships; and to the role played by professional nurses in promoting student nurses' development of positive interpersonal relationships.

The findings revealed no statistically significant differences between first year and fourth year respondents in their espousal of positive interpersonal relationships with patients' relatives and friends of the patients, nor with their colleagues. Thus student nurses did not seem to develop interpersonal relationships with patients, patients' family and friends, nor with their colleagues from the first till the fourth year of their training. Consequently the following recommendations might succeed in addressing some of the apparent shortcomings in student nurses' development of interpersonal relationships identified by this survey.

Recommendations

Nurse educators in the Eastern Province should organise workshops to identify means and ways in which student nurses are taught about interpersonal relationships, and about ethics as some of the student nurses' self reported behaviours could be regarded as being unethical. In the programmes where ethics is integrated in other courses, it is more likely that it is not taught at all, or the teaching may be inconsistent or it may not be explored deep enough, if the teachers have inadequate preparation in nursing ethics... (Mtshali & Khanyle 2001:28).

Patients

Due regard to the development of interpersonal relationships with patients, as student nurses progress throughout the curriculum, should receive greater emphasis. Student nurses are expected to perform their duties towards patients diligently, efficiently and effectively throughout their careers. Too often the affective domain of learning is not addressed in today's busy cognitive and critical thinking era. Yet, affective learning is needed for our nursing students now more than ever before because of the scientific/medical technology explo-

sion, the instant communication access the world wide web provides and the brief exposure patients may have to health care providers in the health care system (Zimmerman 2000:425). Accurate records should be kept of student nurses who arrive late or who remain absent from clinical situations. These records need to be reviewed and the student nurses concerned should be addressed weekly by the unit supervisors and monthly by the nurse managers and/or nurse educators.

Relatives and Friends of Patients

Another area where proper implementation of the nursing education curriculum appeared to be lacking related to the findings which revealed no major differences between first and fourth year respondents. Student nurses should develop positive interpersonal relationships to respect all, including patients and their relatives and friends. Nurses should never shout at relatives and friends, nor humiliate them in any way. An issue which needs to be addressed is the perception that student nurses approve that patients receive and use medications from relatives and friends in addition to the medications supplied to patients in the hospitals.

Colleagues

More time should be devoted to team discussions and conflict resolutions among nursing team members. The lack of development of positive interpersonal relationships could impact negatively on the quality of nursing care rendered to patients and should be addressed as a matter of urgency by nurse educators in the Eastern Cape. More effective conflict resolution strategies among nurses contribute towards reducing absenteeism, avoiding conflicts, shouting at patients, relatives and friends of patients. The most effective way to improve student nurses' development of interpersonal relations, would be to enhance these capacities among all categories of registered nurses in the Eastern Cape so that they could become more positive role models and provide effective guidance and assistance to student nurses in this respect.

The overall aim of nurse education must be to help student nurses to become capable of functioning in a complex world through establishing and maintaining positive interpersonal relationships.

With the country's emphasis on primary health care, the need for nursing graduates with positive interpersonal relationships cannot be over-emphasised. Without establishing and maintaining positive interpersonal relationships nurses cannot succeed in helping their patients/clients to change their life styles, to follow prescriptions or enhance their general quality of life.

Care is the moral core of nursing. It is the human dimension of nursing which serves to preserve the human dignity of each individual. Research in caring within the practice of nursing denotes its contextual and relational nature, its essence is in the nurse-patient relationship (Reilly & Oermann 1999:332).

References

BELCHER JR & FISH LJB 1990: Hildegard E Peplau. (in George, JB Ed. 1990. Nursing theories: the base for professional practice. 3rd edition. New Jersey, Prentice Hall:44-51.

BENDILE, TM 1991: Educational relevance as a factor in clinical excellence. Cntenary Conference. Bloemfontein, 19-20 September 1991. Pretoria: South African Nursing Association.

BEUKES, M 1991: How to teach towards excellence in clinical nursing and academic perceptions, Centenary Conference. Bloemfontein, 19-20 September 1991. Pretoria: South African Nursing Association.

BOYKIN, A & SCHOENHOFER, S 1990: Caring in Nursing: analysis of extant theory. <u>Nursing Science Quarterly</u>: 149- 155.

BRERETON, ML 1995: Communication in nursing: the theory-practice relationship. <u>Journal of Advanced Nursing</u>. 21:314-324.

CAMERON, D & LUNA, L 1996: Leininger's transcultural nursing model. (in Fitzpatrick, JJ & Wahl, AL Eds 1996. Conceptual models of nursing: analysis and application. Stamford: Appleton & Lange. pp183-198).

CHABELI, M 1999: Student nurses' learning needs & expectations in the clinical learning unit. <u>Curationis</u>, 22(4):24-28.

DANNENFELDT, G 1991: Teaching for clinical excellence. Conference Proceedings. Centenary Conference. Bloemfontein, 19-20 September 1991. Pretoria: South African Nursing Association.

ENGLISH, I 1999: Intuition as a function of the expert nurse: a critique of Benner's novice to expert model. <u>Journal of Advanced Nursing</u>. 18:387-393.

FITZPATRICK, JJ & WAHL, AL <u>Eds</u> 1996: Conceptual models of nursing: analysis and application. Stamford: Appleton & Lange.

FITZPATRICK, JJ; WAHL, AL & ROBERTS, JD 1996: Key influences on the professional socialisation and practice of students undertaking different pre-registration nurse education programmes in the United Kingdom. <u>International Journal of Nursing Studies</u>. 33(5):506-517.

GEORGE, JB Ed 1990: Nursing theories: the base for professional practice. 3rd edition. New Jersey: Prentice-Hall.

GILLIES, AD 1994: Nursing management. A system approach. London: WB Saunders.

GMEINER, AC & VAN WYK, S 2000: Interpersonal skills as reflective self-learning. <u>Africa Journal of Nursing and Midwifery</u>. 2(2):39-46.

GRISBY, KA & MEGEL, ME 1995: Caring experiences of nurse educators. <u>Journal of Nursing Education</u>, 9:411-418.

HENDERSON, V 1978: The concept of nursing. <u>Journal of Advanced Nursing.</u> 3:111-130.

HENDERSON, V 1982: Nursing Education. New York: Churchill Livingstone.

KAGAN,C; EVANS, J & KAY, B 1990: A manual of interpersonal skills for nurses: An experiential approach. London: Harper & Row.

KOWALSKI, K; BURTON, L & REHWALDT, M 1997: Revisioning, re-educating, regenerating, and recommitting nursing for the twenty-first century. <u>Nursing Outlook</u>. 45(5):220-223.

KUNENE, PJ; NZIMANDE, PN & NTULI, PA 2001: The image of the nursing profession as perceived by the community members of three adjacent residential areas of Empangeni in Kwazulu-Natal. <u>Curationis</u>. 24(2):35-41.

LECOMPTE, MD & PREISSLE, J 1993: Ethnography and qualitative design in educational research. 2nd edition. San Diego: Academic Press.

LOMBARD, SA 1990: Nursing Roles: Use it or Lose it. Curationis. 6(2): 45-46.

MELLISH, JM & BRINK, H 1990: Teaching the practice of nursing.. 3rd edition. Durban: Butterworths.

MELLISH, JM 1992: Introduction to the ethos of nursing. 3rd ed. Durban: Butterworths.

MINNAAR, A 2002: A framework for caring in the human resource management process of nurses. <u>Curationis</u>, 25(1):35-40.

MORRIS, DL 1996: Watson's theory of caring (in Fitzpatrick, JJ & Wahl, AL Eds. 1996. Conceptual models of nursing: analysis and application. Stamford: Appleton & Lange. pp289-304).

MTSHALI, NG & KHANYILE, T 2001: A comparative analysis of ethical development of student nurses registered for a basic degree and basic diploma programme in KwaZulu Natal. Curationis. 24(1):22-29.

OXFORD HANDY DICTIONARY 1991: London: Chancellor Press.

POLIT, DF & HUNGLER, BP 1991: Nursing research: principles and methods. 4th edition. Philadelphia: JB Lippincott.

QUIN, FM 1995: The principles of nursing education. 3rd edition. London: Chapman & Hall.

R425 - see South African Nursing Council

REED, PG 1996: Peplau's interpersonal relations model. (in Fitzpatrick, JJ & Wahl, AL Eds 1996. Conceptual models of nursing: analysis and application. Stamford: Appleton &

Lange. pp55-76).

REILLY, DE & OERMANN, MH 1999: Clinical teaching in nursing education. 2nd edition. Boston: Jones & Bartlett.

SANC - see South African Nursing Council

SEARLE, C & PERA, S 1992: Professional practice: a South African perspective. 2nd edition. Durban: Butterworths.

SOUTH AFRICAN NURSING COUNCIL 1985: Minimum requirement for the education and guide concerning the teaching of students in the programme leading to registration as a nurses (general, psychiatric and community) and midwife. Regulation R425, as emended. Pretoria:SANC.

VAN DER WAL, DM 1999: Furthering caring through nursing education. <u>Curationis</u>, 22(2):62-71.

ZIMMERMAN, BJ 2000: Affective learning: stimulus to critical thinking and caring practice. <u>Journal</u> of Nursing Education. 39(9):422-425.

