University of KwaZulu-Natal

Exploring student nurses' perceptions of ethical issues in clinical practice at a selected college in the Free State

By

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Exploring student nurses' perceptions of ethical issues in clinical practice at a selected college in the Free State

A dissertation submitted to the School of Nursing and Public Health, College of Health Sciences, University of KwaZulu-Natal in fulfilment of the requirement for the Degree of Coursework Masters of Nursing

By

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Declaration

I, Disebo Joyce Mofokeng, declare that this dissertation titled **"Exploring student nurses' perceptions of ethical issues in clinical practice at a selected college in the Free State"**, is my original work. It has never been submitted before for any other purpose or at any other University than the University of KwaZulu-Natal, South Africa, for partial fulfilment of a Master's Degree in Nursing Education. I further declare that all sources cited have been acknowledged by means of referencing.

Student's name **Mofokeng Disebo Joyce**

Signature…… Date…….

Supervisor's name **Mrs Makhosi Dube**

Signature……. Date…….

Dedication

I dedicate this work to God Almighty for His countless mercies upon me, Ebenezer. To the memory of my late parents, especially my mother, who worked so hard that I could have a brighter future. Her support and encouragement of my studies can never be forgotten. My husband, Elliot Mofokeng for his support and for taking care of our home and children while I pursued my studies; and my children Poello and Thlolohelo, and my grandson, Lesedi. To God be the Glory.

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My sincere gratitude goes to my family; my sisters and my nieces for their support and prayers during my studies. To my supervisor, for her selfless support and encouragement. To Jill Marlene Sinclair, Elaine Papps and Professor Bob Marshall for allowing me to adapt their questionnaire. To the management of the college where I am employed, for the excellent opportunity they offered me to further my studies and my editor, Pauline Fogg. May the Almighty God bless them abundantly. To all my colleagues and staff members for their support. My humble gratitude goes to my sponsor and to all student nurses who participated in this study.

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Abstract

Background: Ethics, according to the South African Nursing Council Code of Ethics, plays a vital role in the nursing profession by setting the standards for professional conduct and ethical values. As such, nursing tasks need to be carried out ethically in a manner that demonstrates quality patient care and professional obligation. Violation of this Code of Ethics may lead to sanction by the South African Nursing Council which may include caution or a reprimand or both, suspension for a specific period from practising or removal of individual's name from the register, depending on the type of the transgression. Statistics showed an escalation in cases of misconduct reported by SANC of which newly qualified professional nurses are mostly affected. Moreover, there is increasing incidents of academic dishonesty reported among student nurses which may suggest a poor understanding of ethical issues. Although the existence of these ethical issues and their implications for the nursing profession have been expressed, the perceptions of student nurses who are expected to ultimately engage with patients regarding ethical issues in clinical practice are not known.

Purpose: The purpose of this study was to explore and describe the ethical issues that student nurses report as frequently occurring in clinical practice.

Methodology: Positivist and quantitative approach were adopted using a structured questionnaire adapted from a study conducted by Jill Sinclair on New Zealand nursing students' experiences of ethical issues in clinical practice. A descriptive study. Permission to adapt the questionnaire was sought and granted by Professor Marshall. Moreover, an exploratory descriptive design was used in this study. This study targeted student nurses from the second year to fourth year levels, who were registered for Diploma in Nursing (General, Community and Psychiatry) and Midwifery at the college under study. The total population was 194 student nurses (N=194) with a sample size of (n=114). The content and the construct

validity of the instrument was tested by examining the items in questionnaire against the objectives of the study and concepts in the conceptual framework to establish whether all elements to be investigated were fully measured. Test-retest reliability was also conducted and yield the score of .851. The study commenced after obtaining approval from the University of KwaZulu-Natal's Research Ethics Committee, the Free State Department of Health, the Principal of the school, the Dean of the college where the study was conducted and the Management of the clinical practice where some of the students were placed during the data collection process. Data were collected and analysed using the Statistical Package for Social Sciences version 24.0.

Findings:

The main findings of this study were that the majority of the respondents, 46.5% very often encountered working conditions that were considered unsafe i.e. low staffing levels, lack of resources or equipment and a lack of staff training. This was followed by the provision of care for patients that have put the nursing students' own safety at risk, which was reported by 40.4% of the respondents as occurring very often in the clinical practice under study. The third ethical issue reported as often occurring was an unhealthy dialogue between healthcare providers in the presence of patients, reported by 27.2% of the respondents

Recommendations

Nursing Education: Student nurses should be empowered on how to deal with ethical issues reported in clinical practice. This can be achieved through the use of innovative teaching strategies like case-based, problem-based learning and the use of reflective diaries. This will inturn help in the clinical practice areas and the nursing profession as a whole will be enhanced. Nurse educators, nursing management should work together to ensure the safety of students during clinical placement.

Keywords: Ethical issue, Student nurses, clinical practi

List of Abbreviations

ANA:	American Nurses Association
CBL:	Case-Based Learning
CTD:	Clinical Teaching Department
DoH:	Department of Health
FSSoN:	Free State School of Nursing
ICN:	International Council of Nurses
NEI:	Nursing Education Institution
PBL:	Problem-based Learning
SANC:	South African Nursing Council
SPSS:	Statistical Package for Social Sciences
UKZN:	University of KwaZulu-Natal
WHO:	World Health Organisation

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CHAPTER ONE

INTRODUCTION

1.1 Introduction and Background of the Study

Ethics, according to the South African Nursing Council (SANC), plays a vital role in the nursing profession (South African Nursing Council, 2013). The SANC Code of Ethics acts as a binding document which sets the standards for professional conduct and ethical values, in addition, the ethical principles form the basis for ethical decision making for nurses (South African Nursing Council, 2013).

Ethics is viewed as the moral principles or rules of behaviour, based on ideas about what is morally good or bad (Turnbull, Lea, Parkinson and Phillips, 2010). In the Republic of South Africa, the Nursing Council assists nurses to maintain their professional reputations, hence the nurses apply ethical principles when confronted with challenging situations during their professional practice.

The International Council of Nurses (ICN) highlights that it adopted the Code of Ethics for Nurses in 1953 and its purpose is to ensure that nurses conduct themselves and practice according to expected standards (International Council of Nurses, 2012; Erdil and Korkmaz, 2009). This Code also guarantees that nursing tasks are carried out ethically in a manner that demonstrates quality patient care and professional obligation (Winland-Brown, Lachman and Swanson, 2015).

Historically, however, Florence Nightingale's pledge composed by Gretter from the Hippocratic Oath is still regarded as the first Code of Ethics, provided to nurses in 1893 (Mathibe-Neke, 2015). The (ICN)'s latest revision of the Code has four elements that provide guidance for acceptable standards of conduct and practice for nurses (International Council of Nurses 2012).

Included in these elements are the four fundamental responsibilities of nurses that comprise of health promotion, illness prevention, health restoration and the alleviation of suffering.

As indicated by the International Council of Nurses, nurses are trusted with the creation of an environment that promotes the safety of the client/patient. This includes patients' advocacy, respect for the person, dignity, confidentiality, privacy, truth-telling and to practice with up-to-date knowledge (International Council of Nurses, 2012). Likewise, in the United States of America, the new revised American Nurses' Association Code, together with the International Council of Nurses Code, provides assurance to the public that nurses are committed to the provision of the best patient care, state (Winland-Brown et al., 2015).

In contrast to the ICN's Code, the American Nurses Association's Code has nine provisions that explain the responsibilities of a registered nurse, with its application guided by an interpretive statement (Winland-Brown et al., 2015). The revised Code is appropriate to address ethical issues arising from the complexities of the modern healthcare environment.

According to Winland-Brown et al. (2015), the interpretive statement in the new Code provides guidance on how to act in complex situations. Its position statement reports that nurses should not practice euthanasia with the intention of alleviating the suffering of a dying patient, but should rather relieve their pain and discomfort through appropriate actions. This position statement was reported by (Trossman, 2014).

In addition, the American Nurses Association (2015) Code states that nurses are expected to show respect to their patients, with total disregard to the status that the person held in the society, character traits or the nature of their health problems (Winland-Brown et al., 2015). It further states that nurses need to demonstrate compassion and a respect for the dignity and the uniqueness of every patient. This involves building relationships of trust with the patients, (Winland-Brown et al., 2015).

The International Council of Nurses Code further directs nurses to commit to their patients, families and groups in the community, keeping in mind that they have authority, accountability and responsibility for nursing practice (International Council of Nurses, 2012). The decisions they make and the actions they take thus need to be focused on health promotion and the provision of optimal care (International Council of Nurses, 2012).

Similarly, in Canada, the Canada Nurses' Association sets the standards for professional practice and regulates the standards of the nursing education programs (Canadian Nurses' Association, 2008). It requires nurses to provide patients with accurate information so that informed decisions can be made. Moreover, Canadian nurses are expected to show respect for any informed decisions made by a capable person, even if their choices of lifestyle and treatment are not conducive to good health (Canadian Nurses' Association, 2008).

As stipulated in the International Council of Nurses' Code, nurse educators are assigned to provide opportunities for teaching student nurses ethical issues and decision-making skills International Council of Nurses (2012), and likewise, the Code expects nurses to demonstrate an understanding of and commitment to ethics through appropriate behaviour in nursing practice. Moreover, in order to advance the nursing profession, the Code also expects nurse educators to conduct research, disseminate findings and use evidence-based practice.

A recent study conducted by Arslan and Dinç (2016) highlights the aim of education as empowering students with the skills necessary to cultivate professionals who are able to demonstrate ethical conduct in their attitude and values. The same study suggests that nurse educators should display honesty, fairness, and develop a relationship of trust and openness with the students. This is to show respect to the uniqueness, dignity and confidentiality of students' information (Arslan and Dinç, 2016).

A study conducted in Finland discovered that nursing students are found to be influenced by different social factors, including the people around the development of ethical awareness in them at home and at school, the church, media and experience gained in the clinical area, as well as the way they perceive their role as nurses (Numminen and Leino-Kilpi, 2007).

In Botswana, a study conducted by Barchi, Kasimatis Singleton, Magama and Shaibu (2014), states that the Nursing and Midwifery Council of Botswana, with the inclusion of the ICN Code and other legislation of the country, is the driver in guiding the standard of conduct and practice for nurses. This study highlights that the Universities of Botswana adopted problem- based learning as their teaching strategies, as this improves the critical thinking and ethical competence of nursing students (Barchi et al., 2014).

In South Africa, the National Strategic Plan for Nurse Education and Training 2012/2013-2016/2017 reveals that South Africa is the first country in the world to achieve state registration for nurses (Department of Health, 2013). It also recognises the establishment of the South African Nursing Council in 1944 as a "significant milestone in the governance and regulation of the nursing profession" (Department of Health, 2013: 25).

The South African Nursing Council is the governing body for all South African nurses. Its Code of Ethics, in comparison to the American Nurses' Association Code, has eight ethical principles which guide the practice and conduct of nurses (South African Nursing Council, 2013). These include social justice, beneficence, non-maleficence, veracity, fidelity, autonomy, caring and altruism. Moreover, the legal framework that forms part of the guidance for professional conduct and practice includes but is not limited to the following:

The SANC Code of Ethics, the Nursing Act 33 of 2005, the Scope of Practice for Professional Nurses (R2598), and the Acts and Omissions of Professional Nurses (South African Nursing

Council, 2013). The Constitution of the country's Bill of Rights, the Patient's Rights Charter, together with the National Health Act and the ICN Code forms part of the legislation that guides the nursing profession (South African Nursing Council, 2013).

Any violation of the Code of Ethics or failure to comply with the related policies, rules, regulations and Acts that guide the practice of a professional nurse may lead to sanction (disciplinary action) of the nurse by the South African Nursing Council which may range from caution or a reprimand or both, suspension for a specific period from practicing or removal of individual's name from the register, depending on the type of the transgression. (South African Nursing Council, 2013).

A study conducted on Military Nursing in South Africa reveals that military nurses and student nurses are required to observe military laws, together with nursing laws, that are imposed by the hierarchical structure of the military and not the nursing ranks (Caka and Lekalakala-Mokgele, 2013). This study reveals that military training precedes nursing training. In their first year prior to the commencement of their two-year nursing program, the students undergo training that is conducted by military instructors who are not nurses (Caka and Lekalakala-Mokgele, 2013). This is to introduce them to military life, however, they still have to observe all legal frameworks guiding the nursing profession.

The South African Nursing Council also tasks nurses with the responsibility of promoting a safe and ethically friendly environment (South African Nursing Council, 2013). This is to provide protection to the healthcare user from any harm by nurses. Similarly, nurses are directed by the International Code of Nurses to honour respect for a person, their human rights and their cultural beliefs. Patients must be treated with respect and dignity, which is essential for quality patient care (International Council of Nurses, 2012).

The Code expects nurses to gain public confidence by conducting themselves in a manner that promotes a good professional image. President Jacob Zuma, in his speech at the National Nursing Summit (2011), urged nurses to work hard in restoring pride and dignity to the nursing profession in the country (Department of Health, 2013). In order to pass this reputation and pride to the next generation of nurses, nurse educators are tasked with the responsibility to prepare the graduates with the necessary knowledge regarding ethical issues (South African Nursing Council, 2013).

Concomitantly, Health Education Institutions are mandated to produce graduates who will be able to meet the changing needs of the diverse cultural population, in order to improve clinical practice and patient outcomes (Hain and Haras, 2015). Student nurses are thus allocated to different clinical practice areas to be guided by competent professional nurses as part of their training (South African Nursing Council, 2013). During this period, they are expected to develop the essential skills necessary for professional growth, assert (Mabuda, Potgieter and Alberts, 2008).

The International Council of Nurses urges Nursing Education Institutions (NEI) to include ethical issues in their curriculum (International Council of Nurses, 2012). This empowers student nurses with knowledge of ethical issues in clinical practice, using current effective innovative teaching strategies that foster lifelong learning and active involvement of the students towards their learning (Cannaerts, Gastmans and de Casterlé, 2014).

In his speech at the National Nursing Summit (2011) the Minister of Health, Mr A. Motsoaledi, urged Nursing Education Institutions to ensure that they select student nurses who are suitable candidates for the profession (Department of Health, 2013). In addition, the Minister of Health insisted that Clinical Education and Training be strengthened by the re-establishment of a Clinical Teaching Department (CTD) at all Nursing Education Institutions or hospitals

Department of Health (2013), and this needs to be coordinated by clinical preceptors and clinical supervision. The Minister further stipulated that professionalism and ethics be compulsory modules at all levels of nursing and midwifery training (Department of Health, 2013).

According to the International Council of Nurses, nurse educators are also expected to participate in research, so as to familiarise themselves with current evidence-based practice, disseminate research findings and to utilise research to advance the nursing profession (International Council of Nurses, 2012). As a result, nurse educators are continually seeking new and inventive ways of teaching through research that can provide guidance on the empowerment of students regarding ethical decision making (Department of Health, 2013). This is to assist students at all levels of education to have cognisance of ethical situations during the course of their training.

Stagg (2010) and research findings showed that clinical practice is regarded as a learning environment where students learn knowledge, skills and values needed for practice (Mabuda et al., 2008). Nurse educators are also urged to promote a culture that fosters ethical behaviour as well as providing opportunities for teaching students ethical decision making. Moe, (2015) adds that they are compelled to prepare nursing students who are capable of demonstrating patient advocacy amidst challenging ethical issues.

Mabuda et al. (2008) agree, asserting that during preparation for professional independence in clinical practice student nurses, as well as being provided with knowledge regarding academic theory and clinical skills, must also acquire knowledge regarding ethical issues and professional conduct.

Training institutions must work together with the clinical faculties in the process of building student nurses' ethical development and the clinical faculties should be included regularly in

the development program of ethics-based curricula (Iacobucci, Daly, Lindell and Griffin, 2013). This will create an opportunity for the clinical faculties to highlight their insight regarding the knowledge and skills deficits demonstrated by student nurses and their attitudes during conflict resolution in clinical practice (Iacobucci et al., 2013).

Though ethical dilemmas are part of nursing practice, Iacobucci et al. (2013) report that sometimes even experienced people demonstrate uncertainty in making the right choice of decision. With inexperienced student nurses the situation is even worse, hence it is crucial that nurses make decisions that are based on the rights of patients and the worth of the profession, advise (Solum, Maluwa and Severinsson, 2012).

Student nurses are also expected to identify and acknowledge decision making that is based on their own ethical values, according to the (South African Nursing Council, 2013). This is vital provided their own values are not in conflict with the ethical values and principles of the profession. Ethical competence is therefore necessary during this situation and is the ability of the nurse to recognise and implement appropriate actions to meet the needs of patients (Iacobucci et al., 2013). For graduates entering the world of practice the situation can be overwhelming, therefore decisions about patient care must be based on different factors which require experience and efficacy to provide the best intervention for patients (Iacobucci et al., 2013).

A study conducted in New Zealand by Sinclair, Papps and Marshall (2016) exposes that the way in which nursing students experience ethical problems varies significantly from the way in which professional nurses or experienced nurses do. Available literature suggests the need for research that can explore the perceptions of nursing students regarding the knowledge and skills required to improve their self-esteem and self-efficacy Iacobucci et al. (2013), as this will help prepare them for ethical decision making in their future role as professional nurses who

can manage ethical decisions without any experience of physical or emotional distress.

According to Stagg (2010), nursing is regarded as a therapeutic, compassionate profession, ideally guided by ethics on decisions which can be referred to as doing what is best for the patients/clients. The clinical environment is seen as a platform where student nurses learn the art and science of caring through observing those who have been in the profession before Tshabalala (2011) and according to the South African Nursing Council, any situation that arises when the conduct of a nurse affects the patient negatively is regarded as an ethical problem (South African Nursing Council, 2013).

1.2 Problem Statement

The perceptions that student nurses have of clinical practice regarding ethical issues remain unclear. Moreover, the practices that can be viewed as normal to other nurses are interpreted differently by student nurses, according to (Sinclair et al., 2016). Ethical issues and dilemmas perceived by student nurses also present in different ways from place to place assert (Sinclair et al., 2016; Park, 2011).

Literature highlighted that student nurses' perceptions of ethical issues and the ethical behaviour demonstrated by nurses and other multidisciplinary teams are increasing (Park, Jeon, Hong and Cho, 2014; Wojtowicz, Hagen and Van Daalen-Smith, 2014, Ramos, de Pires, Brehmer, Gelbcke, Schmoeller and Lorenzetti, 2013; Erdil and Korkmaz, 2009). The perceived ethical issues are mostly related to their day-to-day contact with the patients and occur frequently, leading to increased levels of distress among student nurses (Sinclair et al., 2016). The situation has become so distressing for some of the student nurses that it has forced them to change their decisions about pursuing nursing as a profession (Wojtowicz et al., 2014; Mabuda et al., 2008).

A study conducted in South Africa by Mathibe-Neke (2015) highlights that the country is burdened with cases of misconduct by nurses, and the sum of R1.7 billion has been paid over the past few years by different provincial Departments of Health for lawsuits. Moreover, the South African Nursing Council's report of professional misconduct for the period 2003-2008 shows an increase in the number of reported cases against professional nurses and nurses in clinical practice (Department of Health, 2013).

According to this report, 843 cases of misconduct were reported to the South African Nursing Council, and the reported cases include cases related to patients' rights and patient care.

The report exposes negative attitudes of nurses that lead to acts and omissions misconduct, human rights violations and poor patient care. About 629 of the cases of misconduct were committed by professional nurses. Statistics showed an escalation in cases of misconduct reported by SANC of which newly qualified professional nurses are mostly affected. Moreover, there is increasing incidents of academic dishonesty reported among student nurses which may suggest a poor understanding of ethical issues.

Although the existence of these ethical issues and their implications for the nursing profession have been expressed, the perceptions of student nurses who are expected to ultimately engage with patients regarding ethical issues in clinical practice are not known. Moreover, studies on ethical issues in clinical practice are limited in the Free State, hence the researcher's interest is to explore the student nurses' perceptions of ethical issues in clinical practice at a selected college in the Free State.

1.3 Purpose of the study

The purpose of this study is to explore and describe the ethical issues that student nurses report as frequently occurring in clinical practice at a selected college in the Free State, South Africa.

1.4 Research Questions

1. What are the ethical issues that student nurses report as frequently occurring in clinical practice?
2. What ethical issues cause the highest level of distress among student nurses

1.5 Research Objectives

The objectives of this study are:

To explore the ethical issues that student nurses report as frequently occurring in clinical practice. To describe the ethical issues that cause the highest level of distress among students.

1.6 Significance of the Study

The complex modern health care environment characterised by advanced medical technology and changes in societal expectations about nursing care has impacted on nursing practice (Park et al., 2014). As a result, the number of reported ethical issues and dilemmas in clinical practice are escalating. Health Education Institutions are therefore required to produce graduates who are abreast with the knowledge regarding changes in societal needs, explain (Hain and Haras, 2015). Stagg (2010) asserts that in an effort to accomplish this, educators are continually seeking new and inventive ways to provide guidance in ethical decision making that will assist student nurses at all levels of education to have cognisance of various ethical situations during the course of their training. One of the ways to achieve this is through the use of research.

According to the International Council of Nurses, nurses are mandated to pursue gaining public confidence by conducting themselves in a manner that promotes a good professional image (International Council of Nurses, 2012). President Jacob Zuma alluded to this at the National Nursing Summit (2011), emphasizing that nurses must find ways of restoring the pride and

dignity of the profession in the country (Department of Health, 2013). Passing Florence Nightingale's legacy on to the new generation of nurses, nurse educators today are tasked with the responsibility of equipping graduates with the necessary knowledge and skills regarding ethical issues (South African Nursing Council, 2013).

Literature, however, reveals an inconsistency between the knowledge of ethics and the ethical reasoning demonstrated by nursing students as they are being taught differently in various programs in the country (Moe, 2015). A study by Yeh, Wu and Che (2010) also highlights a deficit in the sense of autonomy displayed by student nurses in decision making. It is therefore hoped that the findings of this study will influence nursing education, clinical practice and student nurses in the following ways:

1.6.1 Nursing Education

The findings have the potential to influence undergraduate curriculum developers to consider including the frequently occurring ethical issues reported in clinical practice in the curriculum to prepare students for clinical practice. The findings of the study have the potential to sensitise nurse educators in the various nursing colleges to search for teaching strategies that will promote the students' autonomy in decision making, critical thinking and problem-solving skills when dealing with ethical issues.

1.6.2 Clinical Practice

This study may encourage clinical practice to look for different alternatives that can be adopted to improve the current clinical situations. This study's findings have the potential to improve the image and status of the nursing profession in the community by reducing the number of cases of misconduct.

1.6.3 Students Nurses

The findings have the potential to stimulate the students' awareness and enhance their

knowledge of the ethical issues that are frequently reported in clinical practice. This might then assist the students to be proactive in leaning ethical ways of acting when confronted with ethical situations in the clinical environment.

1.1. Conceptual Framework

The purpose of this study is to explore and describe ethical issues that student nurses report as frequently occurring in clinical practice. This will be done to develop guidelines on how students' moral reasoning can be enhanced when preparing them for clinical practice. Two frameworks will be used to guide the study: Kohlberg's Theory of Moral Development (1981) and the South African Nursing Council's Code of Ethics (South African Nursing Council, 2013).

1.1.1. Kohlberg's Theory of Moral Development

Kohlberg's Theory of Moral Development (1981) is used to describe how the moral development of student nurses can be enhanced with regard to the ethical issues in clinical practice. Three levels of development, with six stages of development, are evident, which are: Pre-conventional Morality (Stages 1-2), Conventional Morality (Stages 3-4) and Post-conventional Morality (Stages 5-6) (Kohlberg, 1981). Refer to Figure 1.1.

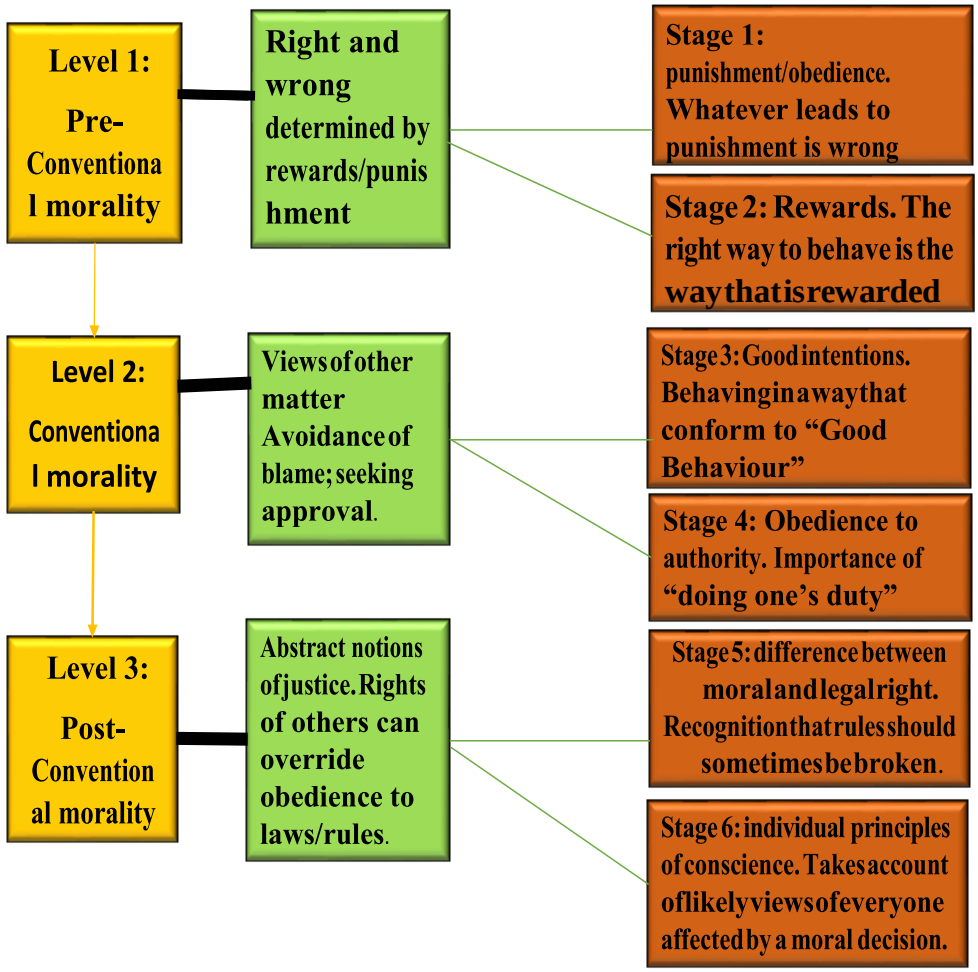

Figure 1.1: Kohlberg's Theory of Moral Development (1981)

1.7.1.1 Pre-conventional Morality (Stages 1-2)

According to Kohlberg's Theory of Moral Development, people use conventions to deal with complex situations they encounter (Kohlberg, 1981). Conventions, according to Casterlé, Dierckx, Izumi, Godfrey and Denhaerynck (2008), refers to a generally accepted set of norms, laws and expectations in the society or group e.g. the hospital or nursing profession. These authors further explain that people in Stages 1-2 of moral development still lack an understanding of the conventions, therefore cannot reflect on their values when caring for the patients (Casterlé et al., 2008).

Studies highlight that student nurses, though at their lower level of training, do perceive ethical

issues, but perceive them differently from other more senior nurses (Sinclair et al., 2016; Park et al., 2014). This is thought to be due to the fact that they are still developing ethically, their moral reasoning is still poor and because they are new to the profession; they use personal values of what is good/bad or right/wrong (Sinclair et al., 2016). The perceived ethical issues include violating the confidentiality of patient's information, lack of respect for the person and his/her dignity, and conflict between nurses and doctors (Park et al., 2014).

At the Pre-convention Stages, students lack autonomy and do whatever they are told to do because they fear punishment, explain (Yeh et al., 2010). They believe that the right way to behave is by avoiding punishment, with the hope of getting rewarded (Casterlé et al., 2008). The study conducted by Sinclair et al. (2016) highlights that the nursing students experience a high level of distress due to lack of knowledge, experience and feelings of powerlessness in clinical practice, and Park et al. (2014) assert that their moral reasoning is influenced by their length of exposure to clinical practice and by their level of training.

1.7.1.2 Conventional Morality (Stages 3-4)

According to Kohlberg's Theory, conventional morality is characterised by an abidance of the rules, norms, expectations and laws of society. People in stages 3-4 respect the views of others and accept instructions from those in authority just to avoid blame (Casterlé et al., 2008). This level and its stages of development are very critical to student nurses as they seek approval of their decision making by the professional nurses in the clinical setting.

According to Erdil and Korkmaz (2009), most students do not have confidence in decision making because they lack knowledge, self-confidence and autonomy in resolving conflicts. During these stages, a decision is made based on seeking favour from the professional nurse, with total disregard of the wellbeing of the patient or client (Casterlé et al., 2008). Yeh et al.

(2010), is of the opinion that good role modelling is very crucial here to guide them. They learn by observing those who have been in the profession for some time already (Tshabalala, 2011).

Additionally, student nurses' perceptions of ethical issues and their behaviour in clinical practice is guided by acts of loyalty and conformity to those in senior positions (Sinclair et al., 2016). Though they have developed an awareness of doing their duty, Mathibe-Neke (2015) states that most of them remain silent when they find themselves working under conditions that are characterised by a shortage of resources, poor supervision, the conflict between nurses and doctors and when observing violations of patients' right. These situations increase their levels of distress as they fail to stand for what they believe is unethical due to their lack of confidence (Erdil and Korkmaz, 2009).

1.7.1.3 Post-conventional Morality (Stages 5-6)

People in these stages accept the conventions of the society or group because they know and understand those conventions (Casterlé et al., 2008). They are autonomously able to define ethical values and are able to differentiate between the societal expectations, rules and laws, add (Casterlé et al., 2008). They are also able to formulate general ethical principles underlying the practice. According to Casterlé et al. (2008), they have developed ethical maturity which is marked by autonomy in ethical decision making. As highlighted by Park et al. (2014) moral reasoning improves with a higher level of training, therefore, during their final year of training students are expected to demonstrate their perception of ethical issues differently from the beginners.

According to Stagg (2010), decision making at this stage is based on the value of the situation, taking into consideration the impact of the decision and not necessarily on following instructions from a senior person; however, research argues that a high level of training is not

enough to improve ethical reasoning. Rather, it also depends on the clinical experience of ethical issues and the type of curriculum the student is in (Park et al., 2014). This statement is supported by Stagg (2010), who adds that ethical practice is a process that develops through ethical experience and by making meaningful reflection out of those experiences, and that long exposure to ethical experiences increases ethical knowledge. The level of distress among student nurses, therefore, depends on the type of ethical issue the student is experiencing, their ethical maturity based on their length of exposure to various experiences and their own ethical values on that issue, conclude (Sinclair et al., 2016).

1.7.2 South African Nursing Council Code of Ethics

The South African Nursing Council's Code of Ethics is used as it serves as a declaration by nurses to provide quality care to all health care users at all times, and advocates for patients' rights. It is used to highlight and explain the ethical principles that guide the conduct and practice of nursing and that need to be observed by both qualified nurses and student nurses during their training (South African Nursing Council, 2013). Furthermore, student nurses are expected to apply these principles during their interaction with health care users while still in training, as this helps prepare them for their future role as professional nurses.

The SANC's Code of Ethics is also used to generate insight that violation of this Code or failure to comply with it may lead to sanction of the nurse by the SANC (South African Nursing Council, 2013). The SANC Code of Ethics includes the principles of social justice, beneficence, non- maleficence, veracity, fidelity, autonomy, caring and altruism (South African Nursing Council, 2013).

1.7.2.1 Principle of Autonomy

This principle embraces the notion that patients have the right to self-determination, freedom of choice and respect for the person (South African Nursing Council, 2013). Respect for

person maintains that the patient must be given information so that an informed decision can be made (International Council of Nurses, 2012). As indicated in the ICN Code, nurses are responsible for creating an environment that provides safety for the client/patient and to respect the rights of patients e.g. the right to accurate information that is given in time (International Council of Nurses, 2012).

The principle of autonomy guides nurses that every person deserves respect, with total disregard for their social background, economic status and educational level (International Council of Nurses, 2012). Student nurses are expected to know and understand the principle of autonomy so that they can observe it during their daily contact with patients and advocate for the patients during a violation of this principle (South African Nursing Council, 2013).

1.7.2.2 Principle of Beneficence

As stated in the SANC Code of Ethics, nurses are expected to bring about good at all times and their actions need to be of good purpose. Nurses are expected to act in a way that prevents harm to the patient (South African Nursing Council, 2013). Harm can be physical or emotional, and nurses are expected to follow the appropriate steps for preventing harm to the patient. Likewise, students need to learn of the different ways in which the patient can be exposed to physical or emotional harm and learn how harm can be avoided.

1.7.2.3 Principle of Non-maleficence/ Not to Harm

The principle of beneficence can be confused with non-maleficence in the sense that they both focus on prevention of harm to the patient. The principle of non-maleficence guides nurses to consistently refrain from doing harm to the patient and to prevent and correct any harmful situations for the patient (South African Nursing Council, 2013). The nurse's intention is to do no wrong to the patient however there is a situation where harm cannot be avoided e.g. where a patient is to be restrained in order to prevent him or her from harming himself/herself. The risk/benefit

ratio should be considered (South African Nursing Council, 2013).

1.7.2.4 Principle of Justice

This principle advocates that patients should be treated with fairness; nurses must not be biased by the status of a patient. Every patient can expect quality care and all health care users should get equal and fair treatment from nurses (South African Nursing Council, 2013).

1.7.2.5 Veracity/Truth Telling

The principle of veracity is very important in the nurse/patient relationship as patients need to be well informed about actions to be taken on them. According to the ICN Code, this principle advocate for the patient that informed consent should first be obtained from a patient before commencing with any treatment (International Council of Nurses, 2012). Patients should be made aware of the risks/benefits related to the treatment that is to be provided.

1.7.2.6 Altruism

This principle guides nurses that they must show interest in caring for their patients. It is based on the belief that the moral values of an individual's actions depend on the impact of other individuals (South African Nursing Council, 2013). Altruism holds the belief that actions are morally right if the consequences of those actions are more favourable than unfavourable to the client. Patient advocacy should be maintained through acts of unselfishness. Any violation of these eight principles or failure to abide by them is regarded as misconduct (South African Nursing Council, 2013).

1.8 Definition of Key Concepts

Ethics, according to Mathibe-Neke (2015), is a branch of philosophy that addresses human

behaviour and an ideal way of being. It is also viewed as moral principles or rules of behaviour, based on ideas about what is morally good or bad (Turnbull et al., 2010). For the purpose of this study, ethics shall mean rules of behaviours that are morally regarded as good or bad, right or wrong.

The ethical issue is defined by Numminen and Leino-Kilpi (2007) as a situation in which values are in conflict and require the selection of alternatives that can be evaluated as right. For the purpose of this study, ethical issues shall mean behaviours, attitudes, actions or situations that are evaluated by student nurses as ethical or unethical.

Perceptions refer to an idea, belief or image that one has of something, based on how one interprets or understands it (Turnbull et al., 2010). For the purpose of this study, perceptions shall mean the ability of student nurses to understand and interpret the actions of other multidisciplinary team members regarding ethical issues in clinical practice.

Student nurse refers to a person undergoing education and training at an approved nursing school, and who has been acknowledged and registered by the South African Nursing Council as a student (South African Nursing Council, 2013). For the purpose of this study, a student nurse shall mean a second to fourth year student nurse who is registered for a Diploma in Nursing (General, Community and Psychiatry) and Midwifery according to (R425) at the college under study.

Clinical Practice is referred to as a learning environment where students learn knowledge, skills and values needed for practice (Mabuda et al., 2008). For the purpose of this study, clinical practice shall mean the hospitals and clinics where students are allocated for learning practical skills.

1.9 Overview of Dissertation Chapters

Chapter one provides the orientation to the whole research study. The introduction and background of the study are presented, together with the problem statement, research questions, purpose and objectives. The significance of the study, conceptual framework and the operational definitions of terms related to the study are presented.

Chapter two presents information from reviewed literature related to the research topic. Different material with information relevant to the research study is analysed and organised to cover the objectives of the study.

Chapter three presents the research methodology used in this study, with a clear discussion of the following: The research paradigm followed in this study, the research approach and research design, study setting, study population, sampling and the sampling technique. An explanation of the research instrument, the validity and reliability of the instrument, the data collection method, data analysis, data management, ethical considerations and the dissemination of the findings are presented.

Chapter four presents the analysis and interpretation of the study findings, from the demographic data up to the dissemination of the findings. This will be achieved through the use of the Statistical Package for Social Sciences (SPSS) version 24.00.

Chapter five presents a detailed discussion of the research findings. It also provides a conclusion, limitations of the study, as well as the recommendations.

1.10 Conclusion

In this chapter, the introduction and background of the study have been presented, together with the problem statement, purpose, research objectives, and research questions. The significance of the study, conceptual framework and an operational definition of terms related to the study are also presented. The next chapter presents the literature review relevant to the research topic.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

Literature refers to all written sources relevant to the topic of interest, which includes newspapers, conference papers, theses, dissertations, books, reports developed by governments and professional organisations, agencies, websites, scientific and clinical journals (Polit and Beck, 2012). This study further describes a literature review as an organised, written presentation of what has been searched and published by scholars regarding the topic of interest; aimed at synthesising and evaluating all published material to convey to the readers what is currently known about the topic under study (Polit and Beck, 2012). According to Botma, Greeff, Mulaudzi and Wright (2010), literature is reviewed to assist the researcher in identifying the gap in what is already known about the topic, so that the new study can be designed to address the identified gap (Botma et al., 2010).

In this literature review, primary and secondary sources including theses, both local and international, were reviewed to provide background to the research problem. A systemic search of information was based on the topic of exploring student nurses' perceptions of ethical issues in clinical practice. The keywords used during the search included 'ethics in nursing, code of ethics, ethical principles, ethical issues, ethical dilemma, ethics education, ethical competence, ethics in nursing education, ethical development, moral development, distress, clinical placement, clinical practice, clinical supervision, perceptions, experiences, student nurses, nursing students and unethical behaviour'. Different databases were searched which included, Google Scholar, EBSCOhost, Science Direct, Sage Publication, World Cat and Research

Space. Research papers searched were from 2006 to 2016, and a few obsolete sources were also used because they contained relevant and important information.

2.2 The Concept 'Ethical Issue'

An ethical issue is defined by Numminen and Leino-Kilpi (2007) as a situation in which values are in conflict and which requires the selection of alternatives that can be evaluated as right. On the other hand, Pauly, Varcoe, Storch and Newton (2009) view an ethical issue as a situation faced by nurses during their daily contact with patients, that emerges when the loyalty of the nurse is in conflict with his/her responsibilities, hindering their decision-making process. They further state that ethical issues expose nurses and student nurses to moral distress, which is a situation that prevents them from practising ethically and they feel compelled to compromise the standards and values of the profession (Pauly et al., 2009).

Literature highlights that ethical issues differ from one clinical practice to another and from unit to unit (Park et al., 2014; Ramos, de Farias Brehmer, Vargas, Trombetta, Silveira and Drago, 2014; Aitamaa, Leino-Kilpi, Puukka and Suhonen, 2010).This implies that although student nurses experience common ethical issues, there are ethical issues occurring in medical wards that differ from those occurring in maternity wards, intensive care units, operating rooms and metal health units. Therefore, learning about specific ethical issues that frequently occur in nursing practice can enhance a student nurse's decision-making skills (Park et al., 2014).

Knowledge of ethical issues that are reported as frequently occurring in clinical practice can encourage nurse educators to search for innovative teaching strategies that promote the critical thinking and problem-solving skills of their students (Numminen and Leino-Kilpi, 2007). Furthermore, this information can assist nurse educators to consider ethics and professionalism

as essential subjects in the curriculum for different programs, with greater emphasis placed on the ethical issues frequently reported in clinical practice (Moe, 2015; Department of Health, 2013; Yeh et al., 2010).

As student nurses practice under the supervision of professional nurses in clinical practice they frequently encounter ethical problems that require them to implement their own personal and professional judgement (Sinclair et al., 2016). Their decision making should be based on the value of the situation, taking into consideration the impact of the decision and not necessarily following instructions from a senior person (Stagg, 2010).

Their professional judgement, however, needs to be guided by the ethical principles stated in the South African Nursing Council's Code of Ethics, which includes social justice, beneficence, non-maleficence, veracity, fidelity, autonomy, caring and altruism (South African Nursing Council, 2013). The student nurses are expected to understand these ethical principles as they provide guidance on how to act in the best interest of the patients' care and advocate for the patients' rights.

As literature indicates that ethical issues and dilemmas are part of clinical practice, it is imperative for student nurses to learn about those issues, in order to solve them as they occur (Sinclair et al., 2016; Park et al., 2014; Pauly et al., 2009). Despite awareness of these ethical principles, however, literatures have reported on situations where student nurses have failed or been afraid to stand up for the rights of their patients in the clinical practice setting (Yeh et al., 2010; Callister, Luthy, Thompson and Memmott, 2009; Erdil and Korkmaz, 2009). This is believed to be caused by lack of ethical maturity among student nurses that is manifested by high degree of autonomy in decision making Casterlé et al. (2008), which suggests that they still practice under conventional morality; where their behaviour and actions are guided by loyalty and conformity (Casterlé et al., 2008).

Ethical maturity encourages creativity and critical thinking when faced with ethical issues in clinical practice (Casterlé et al., 2008). Studies suggest that the perceptions of student nurses regarding ethical issues, including their response to them, are influenced by their attitudes towards issues they perceive as ethically important, including factors in the organisations as well as their decision-making skills in dealing with ethical issues (Rikhotso, Williams and De Wet, 2014; Mabuda et al., 2008; Numminen and Leino-Kilpi (2007). Park et al. (2014) are therefore of the opinion that the first step suitable for ethical decision making depends on their full understanding of the ethical issues involved in patient care and their ability to diagnose them as they occur.

Sinclair et al. (2016) further argue that it is also imperative for nurse educators to have knowledge of the ethical issues occurring frequently in clinical practice, so that ethics education can be directed appropriately towards the current issues. Contrary to this, Iacobucci et al. (2013) argue that ethical practice is not about knowledge and understanding of the events in the clinical situation, but concur with the aforementioned authors that ethical practice lies in the ability of the nurses to recognise and implement the appropriate actions to meet the needs of patients. Stagg (2010) is of the opinion that ethical knowledge improves with an increase in ethical experience while similarly, Trobec and Starcic (2015) report that ethical values that are supported by ethical knowledge are a prerequisite for making decisions about what is ethical and morally healthy.

2.3 Factors Contributing to the Occurrence of Ethical Issues

2.3.1 Complexity of the Current Clinical Practice and Ethical Issues

According to the Canadian Nursing Association, the practice environment should be equipped with organisational structures and the necessary resources to ensure safety for both healthcare users and health care providers (Canadian Nurses' Association, 2008). This same Association argues that changing the social context in which nurse's work has a great influence on their practice. A study conducted by Moe, (2015) in South Africa report on complex clinical care environments that are characterised by shortages of staff and equipment and unsafe working conditions, all of which contribute to a decline in the standard of care and the professional image of nurses.

Moreover, the South African Department of Health, in The National Strategic Plan for Nursing Education Training and Practice 2012/2013-2016-2017, acknowledges that the country is faced with a high shortage of health human resources and equipment needed for the provision and improvement of health outcomes (Department of Health, 2013).

The above findings are supported by studies conducted by (Rikhotso et al., 2014; Mabuda et al., 2008), which highlight the shortage of staff, increased numbers of patients, a lack of resources and high student ratios as sources of work overload experienced by professional nurses. The above situations are perceived by student nurses as contributing to the ethical issues encountered in clinical practice, add (Rikhotso et al., 2014; Mabuda et al., 2008).

Adding to this, a study conducted by Klopper, Coetzee, Pretorius and Bester (2012) reveals an unsafe working environment that is characterised by inadequate staff, inadequate material resources and a lack of opportunities for the advancement of nurses; all of which lead to a high levels of staff burnout. Callister et al. (2009) concur with the above statement and add that the complexity of the clinical environment regarding patient care and the theory-practice gap

creates an environment that is not-conductive to student nurses applying ethical theory learnt in class. Sinclair et al. (2016) findings coincide with those of Rikhotso et al., (2014); Callister et al., (2009), where clinical practice in Taiwan, coupled with the Taiwanese culture, prevents nurses and students from making autonomous decisions for their patients, adding to the escalating numbers of ethical issues in clinical practice. Sinclair et al. (2016) expand further to state that this is because family members collaborate with medical powers and together they play an important role in the decision making regarding the patients' care; which hinders the nurses' autonomy in decision making.

A studyconducted in Korea by Yeh et al. (2010) similarly found that nurses lack opportunities to exercise professional autonomy and make decisions regarding patient care. In this instance, it is because they are overwhelmed and undermined by the dominant authority of the doctors and administrators. Nurses in this setting are regarded as being low in status and as such cannot be trusted to decide what is best for the patient; rather they are expected to act dependently on administrators and doctors. The prevailing situation in clinical practice is, therefore, that encourages nurses to be silent when observing unethical behaviour from multidisciplinary team members (Yeh et al., 2010). Numminen, Leino-Kilpi, Isoaho and Meretoja, 2015; Park et al., (2014) add that this is to protect their image to the public.

In the same way, a study conducted in South Africa by Mathibe-Neke (2015) highlights that the same feelings of oppression are experienced by nurses and student nurses in clinical practice, and that this contributes to their silence when exposed to critical ethical events or situations in the clinical practice. This silence is due to the way in which the decision making hierarchy is structured, where doctors and senior managers have power over nurses, thus compromising their autonomy in decision making (Mathibe-Neke, 2015).

Mooney and Nolan (2006) explain that a feeling of oppression occurs where there is an

imbalance of power. According to these authors, nursing has for many years been regarded as low in status and been subordinated by the medicine and biomedical models which deny nurses their own characteristics (Mooney and Nolan, 2006). Ultimately, the situation leads to poor self-esteem and loss of autonomy by nurses (Mooney and Nolan, 2006).

In South Africa, however, the South African Nursing Council has developed a scope of practice for professional nurses which highlights their independent functions that can be performed autonomously (South African Nursing Council, 1984). This scope includes the assessment of patients' needs and the clinical environment so that decisions can be based on these assessed situations.

Nursing students convey that they experience anxiety during their initial encounter with a patient, which is caused by their lack of skills, inexperience, the new environment and the fact that they are being evaluated by their educators at that time (Pulido-Martos, Augusto-Landa and Lopez-Zafra, 2012). This situation is highlighted by student nurses as contributing to their high levels of distress felt in clinical practice. Contrary to this, Woith, Jenkins and Kerber (2012) are of the opinion that these feelings of distress are instead associated with the workload that the faculties expect the students to master in four years, which results in inadequate preparation for the course requirements.

Additionally, students perceive professional nurses as lacking respect for and trust in them, especially when they are at the lowest level of their training Rikhotso et al. (2014), and this can result in unethical behaviour by student nurses and other staff members. Similarly, a study conducted by Arslan and Dinç (2016) reveals that student nurses experience verbal abuse and humiliation from nurse educators in front of patients and other staff, whereas Tshabalala (2011) stresses the need for active role modelling by the clinical preceptors to advance the moral development of the students.

2.3.2 Lack of Role Models in Clinical Practice and Ethical Issues

Role model refers to a person whose attributes are able to inspire other people (Turnbull et al., 2010). In the nursing profession, role models are people who have been in the profession for a long time, who have developed clinical experience and are able to inspire others through their behaviours and actions (Tshabalala, 2011). A study conducted in Taiwan by Yeh et al. (2010), however, reveals that professional nurses acting as role models are not demonstrating compassionate and therapeutic care that is guided by ethics when making decisions.

Similarly, a study conducted in Belgium by Cannaerts et al. (2014), reveals that student nurses lack the necessary clinical competence needed for engagement in ethical decision making and ethical behaviour. This is thought to be caused by a lack of role models in clinical practice who can guide and support the student nurses.

In South Africa, the lack of good clinical role models and supervision of student nurses has been influenced by the abolishment of the Clinical Training Departments (CTDs) in most nursing colleges (Department of Health, 2013). It is feared that this has generated a disconnection between the skills and competencies of the nurse educators and nurses in clinical practice, as well as creating a theory-practice gap (Department of Health, 2013).

Research on the ability of newly qualified nurses to practice independently in different settings highlights that student nurses lack positive role models, struggle with the application of certain theory in clinical situations, suffer high-stress levels and have inadequate skills to fulfil their roles (Park et al., 2014).

Sinclair et al. (2016) study in New Zealand proposes that a lack of positive role models and unsafe working conditions in clinical practice contribute to the distressing ethical issues among student nurses and that this situation produces unhappiness regarding the clinical learning

environment. Park et al. (2014), however, feel that extensive experience in clinical practice increases decision-making skills in comparison to nurses with fewer years of clinical experience and that clinical placement is, therefore, the most suitable period to offer students the opportunities to learn practical skills as part of their professional training.

The Canadian Nursing Association argues that ethical practice and decision making skills are strongly influenced by policymakers at regional, provincial and national levels Canadian Nurses' Association (2008) and nursing leadership as policymakers need to undergo a paradigm shift and develop awareness of the current situation in clinical practice, so as to provide the appropriate support to nurses, as per the assertion by (Fairchild, 2010). This includes the necessity to develop national and international strategies, as well as to standardise policies to deal with different ethical issues in clinical practice (Kulmala, 2016).

Mooney and Nolan (2006) state that nurse educators are expected to equip student nurses with the skills to enhance their ability to review national and international health policies relating to their practice, as this will thus better prepare them for practice in the clinical setting.

2.3.3 Student Nurses' Lack of Confidence in Decision Making

According to Erdil and Korkmaz (2009), most student nurses lack confidence in decision making because they lack knowledge and feel powerless in resolving conflicts. Callister et al. (2009) report an incident where a student lacks the confidence to speak up when a patient is disrespected by nurses as they fear punishment. In this incident, the nurses make inappropriate comments about the patient's obesity. In the same study, another student reports failing to challenge nurses who were discussing a patient's information in the nursing station.

In the study conducted by Callister et al. (2009) the student nurses argue that their lack of confidence impacts negatively on their ethical decision making and patients suffer in their

presence as they do not take any action due to their fear of punishment. Pulido-Martos et al. (2012) assert that feelings of incompetence and unease at being in an unfamiliar clinical environment cause anxiety and stress among student nurses, and this will also undermine their confidence.

Literature by Yeh et al., (2010); Erdil and Korkmaz, (2009) confirms that nursing students lack knowledge, skills and confidence regarding ethical decision making during their placement in the clinical practice. According to Aktaş and Karabulut (2016), the majority of student nurses at the nursing colleges and universities graduate with insufficient clinical experience and consequently lack the confidence to face their new roles of professional nurses, and while Kim, Park and Han (2007) recognise that the students initially lack confidence, they assert that their competency increases when they take up their professional roles.

Comrie (2012), on the other hand, concludes that the development of moral sensitivity and ethical reasoning in student nurses remains unclear, and this is supported by the escalating incidents of academic dishonesty among nursing students (Woith et al., 2012). Comrie (2012), suggests the need for understanding and describing the moral development of student nurses, and this may alleviate some of the academic dishonesty. Similar to Kohlberg's Theory of Moral development, a study conducted by Ranjbar, Joolaee, Vedadhir, Abbaszadeh and Bernstein (2016) describes three stages of moral and professional development of student nurses:

Stage 1: Moral Transition (Getting to Know the Identity of Nursing). According to this model, students in their first year of training have little knowledge about nursing and familiarise themselves with their nursing identity through interaction with nurse educators whom they see as having knowledge (Ranjbar et al., 2016). At this stage, they understand little about ethical decision making but gain knowledge through experience in

clinical practice, as recognition of self as student nurses start to develop and impacts on their decision making and actions (Ranjbar et al., 2016). As knowledge at this stage is still minimal, decision making is centred on self.

Stage 2: Moral Reconstruction (Accepting Nursing Identity). This stage is characterised by student nurses accepting the identity of the profession and adopting its moral values while constructing the actual meaning of nursing (Ranjbar et al., 2016). Through clinical exposure, student nurses are exposed to ethical issues which enhance their decision-making skills. Reflecting with peers about the clinical environment speeds up their moral development, and their self-centred decision making evolves into professional values that focus on the benefits of other people (Ranjbar et al., 2016).

Stage 3: Moral Internalisation (Professional Identity Internalised). In this stage, professional identity is internalised. Long exposure to the clinical environment improves professional identity traits and enhances moral reasoning skills. Ethical competence in decision making is manifested through critical thinking skills (Ranjbar et al., 2016).

2.4 Ethical Issues and Student Nurses in Clinical Practices

According to the literature searched, student nurses from different countries report common ethical issues in clinical practice (Sinclair et al., 2016; Park et al., 2014; Ramos et al., 2014; Rikhotso et al., 2014; Solum et al., 2012). The reported ethical issues are mostly related to patients' rights and patient care, while others are related to the cultural beliefs of the communities (Sinclair et al., 2016; Rikhotso et al., 2014; Ramos et al., 2013; Solum et al., 2012). In several of the studies, students report having experienced a lack of confidence and competence in dealing with the ethical issues encountered in clinical practice (Sinclair et al., 2016; Ramos et al., 2014; Erdil and Korkmaz, 2009; Callister et al., 2009). The ethical issues

reported are as follows:

2.4.1 Ethical Issues Related to Patient Care

Caring, according to Lachman (2012), involves the ability to develop a deep connection to one's inner person and to that of the patient. Nurses are expected to demonstrate the art of caring, apply professional competence and display the ability to reveal positive emotions for their benefit and that of their patients or clients (South African Nursing Council, 2013). Furthermore, nurses are expected to conduct themselves in a manner that displays a positive image of the profession (Department of Health, 2013).

Despite this, the literature reveals that patients are getting compromised care from nurses and other multidisciplinary team members, evidenced by the increasing number of incidents of conflict between nurses and doctors in clinical practice (Sinclair et al., 2016; Park et al., 2014; Ramos et al., 2013). This may be due to the continuing traditional paradigm of doctors dominating nurses on issues relating to patient care (Park et al., 2014).

According to (Kulmala, 2016), the conflict between health professionals results from a disagreement between nurses and doctors on decision making regarding patient care; where doctors demonstrate a lack of respect for the decisions and evaluations made by nurses regarding patients. Doctors tend to ignore the fact that nurses are always closer to the patients than they are and this study highlights that situations that cause conflict between nurses and doctors include a lack of feedback or open discussion regarding perceived ethical issues (Kulmala, 2016). The study also exposes that this situation is the cause of high levels of distress among nurses and students.

To alleviate this, the World Health Organisation (WHO) recommends that health education institutions should consider implementing inter-professional education at both undergraduate

and postgraduate levels (World Health Organization, 2013). Coster, Norman, Murrells, Kitchen, Meerabeau, Sooboodoo et al. (2008) attest that inter-professional education has the ability to improve attitudes, increase understanding of other professional roles, and increase the knowledge of the skills and duties of other professions.

Coster et al., (2008) state that close interaction with one another in the clinical practice setting increases harmony and appreciation of each other, and can improve the relationships between professionals and prevent conflicts from developing into ethical problems. Despite these obvious benefits, it is not clear though when and how to introduce this inter-professional education to undergraduate students (Coster et al., 2008). Following a study conducted by Park et al. (2014) which reports increasing incidents of conflict between nurses and doctors on issues related to patient care, both Sinclair et al., (2016); Park et al., (2014) suggest that effective communication between nurses and physicians may reduce conflict in their professional relationships and prevent conflicts from developing into ethical problems.

The work overload experienced by professional nurses due to the shortage of staff, high bed occupancy, high student ratios and the lack of clinical resources increases the number of ethical issues in clinical practice, according to (Rikhotso et al., 2014; Mabuda et al., 2008).

Mathibe- Neke (2015) report that nurses are of the opinion that the complex situation in clinical practice is characterised by increased technology and shortages of staff and equipment, which hinders the provision of quality patient care and ultimately leads to the physical and emotional ill-treatment of patients by both nurses and doctors.

2.5 Distress Level among Nursing Students and Ethical Issues

The Canadian Nurses' Association's Code of Ethics defines moral distress as a situation

prohibiting nurses from fulfilling their ethical obligations or failure to advocate for the expectations of ethical practice (Canadian Nurses' Association, 2008). A study conducted by Silén (2011), identifies two forms of moral distress which are initial and reactive distress. The same study describes initial distress as being associated with feelings of anger, frustration and anxiety when confronted with issues in clinical practice that hinder professional autonomy. Silén (2011) then describes reactive distress as being associated with the failure to deal effectively with initial distress.

Sinclair et al., (2016); Park et al., (2014) propose that the high distress levels experienced by student nurses are related to their lack of ethical knowledge, ethical experience and feelings of powerlessness in clinical practice. These authors add that the levels of distress depend on the type of ethical issues the students' experience, their level of maturity towards that situation, and their own ethical values on those issues. Erdil and Korkmaz (2009) feel that these situations then, in turn, increase their levels of distress when they fail to stand for what they believe is unethical due to their lack of confidence.

Kulmala (2016) has determined that conflict between nurses and doctors causes high moral distress levels among nurses, while Wojtowicz et al. (2014), when researching mental health care, point out that nurses and student nurses experience heightened levels of distress when they are prevented by circumstances from making decisions that they regard as ethical. Mbangula (2015) adds to this, stating that high distress levels among student nurses are caused when their values and integrity are compromised while rendering patient care.

In a study conducted by Willassen, Blomberg, von Post and Lindwall (2015), students report a high level of distress due to the humiliation of patients' dignity and the subjection of patients to unnecessary suffering in operating rooms. Literature by Silén (2011) exposes unsafe working conditions, a shortage of staff and a lack of competence in clinical practice as causing the

highest levels of distress experienced by nurses and student nurses, however, this same study less frequently reported issues in clinical practice that also cause high levels of distress when they occur (Silén, 2011).

2.6 Measures to Improve the Ethical Competence of Student Nurses in Clinical Practices

2.5.1 Ethical Issues Related to Patient' Rights

The International Council of Nurses' Code of Ethics mandates nurses to ensure a caring environment that is characterised by respect for the person, human dignity, informed consent and advocacy (International Council of Nurses, 2012). The South African Nursing Council's Code of Ethics incorporates eight ethical principles that must be observed by all nurses when rendering care (South African Nursing Council, 2013).

The SANC further specifies that violation of any of the eight principles may lead to the sanction of the nurses (South African Nursing Council, 2013) and studies show that despite this information, nurses are reported to be violating these principles during their day-to-day contact with patients. As a result of this, they find themselves having to account to the SANC for their acts and omissions (Mathibe-Neke, 2015). The violation of patients' rights is a serious concern in clinical practice in various countries, according to (Sinclair et al., 2016; Park et al., 2014; Ramos et al., 2013; Solum et al., 2012). This type of situation causes confusion for student nurses when they observe their role models acting in a manner they believe to be unethical (Solum et al., 2012).

A study by Solum et al., (2012), report on nurses and doctors demonstrating a lack of patient privacy, a lack of veracity, denying patients information about their progress and discriminating against patients because of their educational and socio-economic status. Several researchers reported the same ethical issues of nurses not demonstrating privacy and respecting

the confidentiality of patients' information (Erdil and Korkmaz, 2009).

Literatures highlight the poor decision making skills of nurses and an increase in the reporting of cases of the violation of human dignity (including failure to obtain informed consent) in clinical practice (Sinclair et al., 2016; Park et al., 2014; Ramos et al., 2013; Solum et al., 2012). A lack of respect for their autonomy and for their persons experienced by the student nurses adds to the ethical issues indicated above. Violation of the principles of beneficence, justice and veracity are reported as commonly occurring in clinical practice in studies by (Sinclair et al., 2016; Park et al., 2014; Ramos et al., 2013; Solum et al., 2012).

In Botswana Barchi et al. (2014) report that the ethical principles violated by nurses include truth-telling, respect for person, dignity, equality, justice and paternalism. In addition, a lack of respect for the person, rights and dignity, a disregard of the necessity for informed consent and failure to implement care policies are also reported to threaten the quality of patient care, according to (Park et al., 2014).

2.6.1 Ethics Education and Ethical Issues

Research reveals that different countries have introduced an ethics education course in their nursing education institutions to empower student nurses regarding ethics (Vynckier, Gastmans, Cannaerts and de Casterlé, 2015; Yeh et al., 2010; Callister et al., 2009). Yeh et al. (2010) advocate that ethics education is essential for medical and nursing education and should be regarded as the basis for the ethical competence that needs to be learned in class and in clinical practice. This education will improve the students' ability to deal with ethical issues, as it should focus on producing reflective professionals who are able to meet societal expectations in terms of ethics.

Some researchers, Numminen et al., (2015); Park et al., (2014), however, are of the opinion that the ethics education introduced in different institutions is plagued by confusion and

differences in the manner of approach. The ethics education introduced into the nursing curriculum in Taiwan to improve the nurses' clinical competence in terms of their ethical knowledge and ethical reasoning, is also lacking (Yeh et al., 2010). The education in this instance did not take cognisance of and address the reality of the country's cultural influence that limits their autonomy as professional nurses.

In the United States of America, the inclusion of ethics education in the undergraduate curriculum for a baccalaureate education in nursing is advocated as crucial by the American Association of Colleges of Nursing (Callister et al., 2009). With this in mind, nurse educators are directed by the National League for Nursing to foster self-reflection of ethics by student nurses during clinical practice Callister et al. (2009), however, some students argue that the ethics education course does not prepare them for the competencies needed to develop ethical reasoning and ethical decision making.

Overall though, Callister et al. (2009) find that ethics education is able to improve the ethical sensitivity, ethical reasoning and moral reckoning which is needed for the development and empowerment of student nurses; thus equipping them with the necessary skills regarding ethical competence in clinical practice. This education empowers them to deal with dilemmas that they can encounter as students and later as professional nurses and enhances their ability to identify them so that they can take the appropriate action (Callister et al., 2009).

Similarly, studies conducted in four countries; Korea, Britain, Greece and America, on nursing students' ethical reasoning determine that regardless of their exposure to the theory of ethics, nursing students may still lack the confidence to apply it in clinical practice (Callister et al., 2009). This is thought to be due to a perceived lack of connection between ethical theory and its application in clinical practice reported by nurses, causing the inconsistency in ethical decision making demonstrated by nurses (Callister et al., 2009). Lack of confidence and

experience in the integration of ethical decision making into clinical practice is feared to retard their ability in providing quality patient care (Callister et al., 2009).

According to Erdil and Korkmaz (2009), most students do not have confidence in decision making because they lack knowledge and confidence and because their status is very low; thus they feel powerless in resolving conflict. Mathibe-Neke (2015) argues that the existing inconsistency in the moral reasoning of nurses and student nurses may be due to variations in the curriculum guidelines for ethical practice in different nursing programs in South Africa.

Mathibe-Neke (2015) adds that although the curriculum guidelines for ethical practice for the four-year nursing diploma are only superficially dealt with in comparison to the guidelines for the baccalaureate degree, all professional nurses have the same ethical obligations and as such are subject to the same disciplinary actions.

Moe (2015) also deduces that the inconsistency in the knowledge of ethics and ethical reasoning demonstrated by nursing students is because they are being taught differently in various programs in the country. Callister et al. (2009) study on the ethical reasoning of baccalaureate nursing students in clinical practice identified an encounter in the clinical practice that was perceived as an ethical issue by student nurses:

A student reported lacking the confidence to advocate for a patient's right to medication when witnessing a situation where the nurse who was giving the medication put the patient's medication next to them and recorded administering the medication, without ensuring that the medication was actually ingested (Callister et al., 2009). The medication was later found in the same location. Kulmala (2016) suggests pre and post-graduation ethics education for nurses as a solution. In this post-graduation training, other multidisciplinary team members are included to create an understanding of the roles played by each of them during ethical decision making.

The same study highlights that teaching strategies that are student-centred have a greater impact on the moral reasoning of student nurses Numminen et al. (2015) and that the nursing education institutions that are still using traditional methods of teaching are the ones producing the poor clinical judgement demonstrated by students regarding ethical practice. This is because traditional methods promote passiveness in the student nurses.

Numminen, van der Arend and Leino-Kilpi (2009) have determined that students perceive their lecture method as not having the capacity to enhance their critical thinking because it does not allow for active participation of the students. This was also reported by (Numminen et al., 2009; Numminen and Leino-Kilpi, 2007). Cannaerts et al. (2014) report that students show an interest in ethics education when it is presented using a learner-centred strategy, where students are actively involved.

This promotes their ability to reflect on their experiences in small group discussions, the availability of role models to support the students and the availability of a safe environment. This study adds that effective ethics education can be achieved through the use of problem scenarios and self- directed learning Cannaerts et al. (2014) as it is able to improve analytic and problem-solving abilities, cooperative learning and communication skills.

Yeh et al. (2010) assert that some of the nursing schools in Taiwan have changed to new innovative teaching strategies that include Problem Based Learning (PBL), Case-Based Learning (CBL) and group discussion when teaching ethics. This has been adopted in order to update the ethics education in the country so that it can address the existing social beliefs that are against nursing philosophy.

Findings from the study conducted by Aktaş and Karabulut (2016) reveal that the teaching strategies preferred by student nurses are those that promote their active participation. These include case presentations, group discussions and observation. Moreover, this study highlights

the need for incorporating ethical scenarios into daily nursing care so that students can be given opportunities to observe the application of ethical principles in practice.

Barchi et al. (2014) study in Botswana discloses that higher education institutions there emphasise Problem Based Learning and courses that use case studies, as these have been shown to enhance critical reasoning, ethical reasoning skills, ethical decision making and moral courage. Mthembu, Mtshali and Frantz (2014) highlight that innovative teaching strategies improve critical thinking, promote teamwork and problem-solving skills.

According to Debout, Chevallier-Darchen, Petit dit Dariel and Rothan-Tondeur (2012), the use of innovative teaching strategies that foster active participation and a sense of independence in students are advocated by many researchers. Problem Based Learning encourages student nurses to work and seek solutions to problems collaboratively, add Debout et al. (2012), and students themselves assert that the greatest contributors to their ethical development are case studies, Problem Based Learning and self-reflection, according to (Vynckier et al., 2015).

The International Council of Nurses also encourages student nurses to work in groups, reflect on clinical experiences, clarify ethical decision making and reach consensus on the standard of ethical conduct (International Council of Nurses, 2012). Callister et al. (2009) report that reflective writing or reflective diaries encourage students to share their experiences and reflections are seen as both a developmental process and a learning activity that provides students with an opportunity to share their reflections with their classmates.This process also makes them aware that human responses differ and cannot be anticipated (Callister et al., 2009). Fakude and Ticha (2015) also discuss this reflective practice, stating that it has been advocated to bridge the theory-practice gap and to encourage students to reflect on previous experience when making clinical decisions.

Simulation is one of the teaching methods recommended by the (WHO) to assist students in

acquiring practical skills (World Health Organization, 2013). This method has therefore been implemented in many universities to assist undergraduate students and has been used in some nursing colleges (Thurling, 2016). According to Thurling (2016), simulations assist students to practice patient scenarios that have been discussed in class; and Chauke et al. (2015) are of the opinion that the use of innovative teaching strategies can change the negative image of nursing among student nurses and restore the positive image of the nursing profession.

2.6.2 Re-establishment of a Clinical Teaching Department

The Minister of Health in South Africa has advocated for the re-establishment of a Clinical Teaching Department (CTD) and preceptorship as the best strategies to empower student nurses and improve their clinical competence and decision-making skills (Department of Health, 2013). Yeh et al. (2010) agree and view these as having the ability to bridge the theory-practice gap reported in clinical practice.

Studies conducted by (Mampunge and Seekoe, 2014; Tshabalala, 2011) concur with the above study that most student nurses demonstrate a lack of confidence in meeting clinical expectations, therefore clinical preceptors and a Clinical Teaching Department have the potential to improve the current status of the nursing profession. Mampunge and Seekoe (2014) moreover, add that clinical preceptors and the re-establishment of a Clinical Teaching Department can promote the smooth integration of education and practice. A Clinical Teaching Department has been shown to have a positive impact on the grooming of student nurses in the past, maintaining the positive image of the profession and improving ethical maturity (Department of Health, 2013).

2.7 Conclusion

This chapter presented information from reviewed literature related to student nurses' perceptions of ethical issues in clinical practice. Different materials with the information relevant to the research study were analysed and organised to cover the objectives of the study. Various sub-topics emerged during the literature search, and these were discussed to get a clear understanding of the concepts of 'ethical issues, the factors contributing to their occurrence, distress levels among student nurses during the occurrence of ethical issues and the measures to improve the ethical competence of the student nurses in clinical practice.

Researchers from different countries reported on lack of ethical and clinical competence of student nurses. From searched literature, it is evident that there is a close relationship between the current study and previous research on the clinical environment. However, South African student nurses who were socialized in African ethics (Ubuntu), are challenged with integrating new values into their own moral framework e.g. where they are been taught to apply the principle of autonomy whereas, in many South African communities, decisions are still made within the context of the family. This becomes a challenge to them on deciding what is right or wrong for the patients.The next chapter will present the methodology followed in this study.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

Burns and Grove (2009) describe research methodology as the set of actions followed when conducting the study. This chapter provides the sequence of steps followed in this study to respond to the research questions and research objectives, as well as insight into the research paradigm, approach and design followed in the study. It describes the research setting, population and sample selected the research instrument and the data collection method, analysis of the data and data management, as well as the ethical considerations related to this study and the dissemination of the research findings.

3.2 Research Paradigm

According to Weaver and Olson (2006), paradigms refer to beliefs and practice patterns that control knowledge gathering within a discipline like nursing. They further explain that paradigms provide lenses into the processes guiding the accomplishment of investigations. Blanche, Durrheim and Painter (2006) view a research paradigm as a system whose practice and thinking are interrelated with each other and through which three dimensions of research; ontology, epistemology and axiology are used to explain the nature of the enquiry. The paradigms used mostly in nursing research include positivism, post-positivism, critical social theory and interpretive paradigm.

In this study, a positivist paradigm was followed. Positivist philosophy believes in the objectivity of the researcher and that scientific knowledge is generated through a number of facts that can be proven (Polit and Beck, 2012). Furthermore, positivists believe that reality is

out there to be collected but that the right instrument is needed to measure it (Burns and Grove, 2009). A positivist belief also holds that countable things are the ones that count.

According to Polit and Beck (2012), there are a series of axioms that specify paradigm perspectives on the nature of reality (ontology), a relationship between the knower and what is known (epistemology) and the role of value in the inquiry (axiology). To answer the ontological question: What is the nature of the reality? The reality is that ethical issues exist in clinical practice that can be studied and become known by exploring the student nurses' perceptions on ethical issues in clinical practice at a selected college in the Free State. To answer the epistemological question on how the researcher relates to those being researched, the researcher chooses to detach herself from those being researched (objective) to avoid bias ((Polit and Beck, 2012). To answer the axiological question on the value of this inquiry, a positivist researchers put aside their personal views, values and feelings in order to find the truth (Polit and Beck, 2012).

This paradigm was selected because it related to the quantitative approach that was followed. It also demonstrated the philosophy of the researcher in terms of answering the questions of interest in the study; in relation to how the research was designed, how the data was collected and analysed, and the manner in which the study findings were presented.

3.3 Research Approach

The approach is defined as a way of dealing with something (Turnbull et al., 2010). This study followed a quantitative approach. The quantitative approach emerged from logic positivism which is a branch of philosophy operating on rigid rules of logic and laws (Burns and Grove, 2009). It is a formal, objective, systemic process which utilises numerical data to obtain

information about the world (Polit and Beck, 2012). Hence the researcher in this study maintained objectivity, progressed logically and followed a series of steps according to the pre-identified plan of action, and used a structured instrument to obtain the information.

The investigator used deductive reasoning which involves breaking of the whole into parts that can be studied (Polit and Beck, 2012). According to the quantitative approach, subjectivity of the researcher is believed to bias or control the study to the values and views of the researcher. This approach was selected because it supports the objectivity of the researcher, avoids bias Polit and Beck, (2012) and is the most appropriate for this study that explores student nurses' perceptions of the ethical issues in clinical practice.

3.4 Research Design

A research design is viewed as a plan or a blueprint for conducting the study (Botma et al., 2010; Burns and Grove, 2009). It is characterised by the logic of steps followed to answer the research question, guides the data collection process, data analysis and the interpretation of results and is appropriate where the researcher is not intending to explain or understand the causes of the interesting variables (Botma et al., 2010).

In this study, an exploratory descriptive design was used to explain the variables as they naturally occurred because it provided a clear picture where little was known about the phenomena. Therefore, to explore student nurses' perceptions on the ethical issues in clinical practice at a selected college in the Free State, a descriptive design was coupled with an exploratory design because of its ability to provide a detailed and accurate picture of the phenomena under study.

3.5 Research Setting

Botma et al. (2010) state that the research setting is the environment in which research is carried out which can be a classroom, a ward, a clinic, a community centre, a home or a controlled laboratory. This study was conducted at a selected college in the Free State. The college is situated in Thabo-Mofutsanyane district therefore, the students from this college are allocated to the clinical practices around this district. These include two regional hospitals, three district hospitals and twelve clinics. The college currently offers the following programs: A Diploma in Nursing (General, Community and Psychiatry) and Midwifery (R425) and a Bridging Course for Enrolled Nurses Leading to Registration as a General Nurse (R683). For mental health practice, fourth-year students are allocated to the Psychiatric Complex in Bloemfontein for ten weeks.

3.6 Target Population

Population refers to the entire group of interest, whether persons or objects, that meet the criteria for inclusion in a study, according to (Botma et al., 2010; Brink, Van der Walt and Van Rensburg, 2006). This study targeted student nurses from the second year to fourth year levels, who were registered for a Diploma in Nursing (General, Community and Psychiatry) and Midwifery at the college under study. Participants included both male and female student nurses, with no age restriction. The total population was 194 student nurses (N=194).

3.7 Sampling and Sampling Technique

Burns and Grove (2009) refer to sample as a subgroup of the population that is selected for a particular study; a portion of the population selected to represent the entire population. They further refer to sampling as the process of selecting a sample from the entire population (Burns and Grove, 2009). A sample is selected to obtain descriptions that accurately portray the

characteristics of the total population, add (Polit and Beck, 2012). In this study, the convenient sampling method was used based on the credibility that the researcher was able to choose the elements of the study because of their availability and readiness at the right time and right place during the period of the study.

The study sample for the academic year 2016 included student nurses from the first year to the fourth year levels who registered for the Diploma in Nursing (General, Community and Psychiatry) and Midwifery at the selected college in the Free State. Due to an unintended delay in ethics approval, however, data was not collected in 2016; therefore the sample for the academic year 2017 is 130 student nurses. First-year student nurses did not meet the inclusion criteria at the time of data collection and were removed from the study sample. Humanities and Social Sciences Ethics Committee of the University of KwaZulu-Natal were informed in writing about the changes made in sampling.

The sample thus comprised of the second year to fourth-year student nurses who registered for a Diploma in Nursing (General, Community and Psychiatry) and Midwifery at the selected college in the Free State, with a sample size of 130 student nurses (n=130). Rao soft sample calculator was used to calculate sample employing the following parameters to ensure representativeness: Margin error of 5%, the confidence of 95%, and response rate of 50% and a population of 194. The recommended sample was 130 student nurses.

3.7.1 Inclusion Criteria

Polit and Beck (2012) describe inclusion criteria as the characteristics that qualify the participants for inclusion in the study. This study used the following inclusion criteria:

Student nurses from the second year to the fourth year level of study, who were registered for the Diploma in Nursing (General, Community and Psychiatry) and Midwifery at the selected

college in the Free State for the academic year 2017.

Participants included both male and female student nurses from 18 years of age and above. Participants had at least eight weeks or more of exposure to clinical practice before they could be included in the study. Student nurses who were willing to participate in the study.

3.7.2 Exclusion Criteria

Exclusion criteria, according to Polit and Beck (2012), refers to those characteristics that eliminate a person from participating in the study: Bridging Course students were excluded from participating as the only second year group was going to exit the course in May 2016, before the intended data collection period, and there were no applications for the next intake. First year student nurses registered for the Diploma in Nursing (General, Community and Psychiatry) and Midwifery for the academic year 2017 at the selected college in the Free State were excluded from the study as they did not have any clinical exposure during the time of data collection. All student nurses who declined to participate in the study. Those who were absent during data collection for various reasons.

3.8 Research Instrument

A structured questionnaire was used to collect the data for this study. This type of instrument has the ability to obtain data from a large number of participants in a very short period of time compared to other instruments. Furthermore, a questionnaire was a convenient instrument in this study as it was cost effective and easy to test for validity and reliability.

The research instrument used was a questionnaire adapted from a study conducted by Jill Sinclair on New Zealand nursing students' experiences of ethical issues in clinical practice. A descriptive study.The instrument was selected because it related well to the research topic and objectives. The questionnaire was in the public domain, however, permission to adapt it

was sought from the author Jill Marlene Sinclair and from Professor B. Marshall, as the professor appeared as a reference for questions regarding the study. Permission to adapt the questionnaire was granted by Professor Marshall on condition that the researcher acknowledged and referenced their journal article in the study.

The questionnaire was written in simple and clear English, which was easy for the participants from the different levels to complete. Most items on the original questionnaire were used, however, a few amendments were made. The Free State province was used instead of New Zealand; only quantitative questions were used and the frequency scale used on ethical issues frequently occurring in clinical practice were rated from 'never, rarely, and sometimes, often and very often'. The frequency scale of the level of distress perceived during the occurrence of identified ethical issues rated from 'no distress, some distress, moderate distress, high distress and very high distress.

The questionnaire comprised of 34 questions which were distributed in the following manner: Questions 1-3 (Section A) was about demographic information that included age, gender and year of nursing diploma e.g. a second year or fourth year. Questions 4-18 (Section B) were on the ethical issues that students report as frequently occurring related to patients' rights and patient care. Questions 19-34 (Section C) were on the level of distress related to patients' rights and patient care.

3.8.1 Validity

The validity of an instrument refers to the accuracy of the instrument in measuring what it is supposed to measure (Botma et al., 2010; Brink et al., 2006). The content and the construct validity of the instrument was tested by examining the items in questionnaire against the objectives of the study and concepts in the conceptual framework to establish whether all elements to be investigated were fully measured. Moreover, the instrument was presented to

the supervisor and experts in nursing education at the University of KwaZulu-Natal for critique, and thereafter the instrument was structured and modified according to the experts' inputs. Validity was also ensured by the appropriate selection of the sample. Convenient sampling was used by the researcher solely because the participants were available and ready during the time of data collection.

3.8.2 Reliability

Reliability of an instrument refers to its dependability to yield consistent results, if used repeatedly over time on the same person or if used by two different researchers (Polit and Beck, 2012). Elements of the instrument are said to be reliable when they convey the same meaning every time they are read by respondents and are interpreted in the same way. Polit and Beck (2012) believe that validity in quantitative research depends on the reliability of the study instrument. In this study, Cronbach's Alpha coefficient was used to test the reliability of the instrument and according to Polit and Beck (2012), the reliability coefficient requires a score of at least .70, but should preferably be above .80 for the instrument to be considered reliable

In this study test/re-test reliability was conducted on the data collection instrument; it was administered twice over a period of two weeks to a group of five student nurses at different levels of study, who were not part of the study. The findings from both rounds were analysed and compared. In this study, the Cronbach's Alpha score was .851 which suggest high internal consistency.

3.9 Data Collection Method

Data collection refers to the precise, systematic collection of information relevant to the purpose of the study, explain Burns and Grove (2009), and a questionnaire was used to collect the data in this study. Ethical clearance was obtained from the Humanities and Social Sciences

Ethics Committee of the University of KwaZulu-Natal and permission to access the students were granted by the Principal of the school and the Dean of the college under study, the Free State Department of Health and the Management of the clinical practices where some of the students were placed during the period of data collection.

The purpose of the study was thoroughly explained to the potential participants and information sheets that explained the purpose of the study and the rights of the participants regarding the study were also given to them. Those who were willing to participate in the study were given consent forms to sign and these were collected and locked in a safe place before students were given the questionnaires.

The questionnaires were presented by the researcher to the students in their classroom during their tea and lunch breaks. Student nurses who were in clinical practice at that time were also given their questionnaires during their tea and lunch breaks. Participants were given clear instructions on how to complete the questionnaire; those who needed clarity regarding the completion of the questionnaire were assisted as the researcher was around. This was done to prevent spoilt questionnaires. A minimum of 15-30 minutes was allocated to students to answer 34 questions on the questionnaire. The completed questionnaires were collected into a lockable box and kept in a safe place for security.

3.10 Data Analysis

In this study, data were analysed using quantitative data analysis methods for analyzing statistical data. The SPSS package, Version 24.0, was used to organise the data, with the help of the statistician consultation at the University of KwaZulu-Natal. Descriptive statistics that described one variable at a time were prepared using frequency tables, pie charts, bar diagrams as well as percentage table for the accurate and clear presentation of data.

3.11 Ethical Considerations

According to Polit and Beck (2012), ethical consideration is very crucial in research. The aim is to protect the participants from any harm by the researcher and to ensure that the rights of the participants are protected. In this study, the ethical principles underpinning the study which include respect for the person, justice and beneficence were observed.

The study commenced after obtaining approval from the University of KwaZulu-Natal's Research Ethics Committee, the Free State Department of Health, the Principal of the school, the Dean of the college where the study was conducted and the Management of the clinical practice where some of the students were placed during the data collection process. The following ethical principles were adhered to:

3.11.1 Respect for Person

The principle of autonomy was maintained by ensuring that participation in the study was voluntary. Participants were given the freedom to choose whether to participate in the study or not and were assured that they would not be penalised for choosing not to participate or to withdraw from participation at any stage of the data collection. The participants were assured that their responses will be used solely for the purpose of this study.

Anonymity and confidentiality were maintained throughout the processes of this research. To ensure confidentiality, the respondents who voluntarily agreed to participate in this research were given a written assurance of confidentiality which was coupled with the anonymity principle. The questionnaire did not have a section for personal identification included on it. The signed consent forms were collected first and kept in a safe place, and were not attached to the questionnaires to maintain anonymity.

3.11.2 Principle of Justice

The principle of justice emphasises the fair treatment of participants (Botma et al., 2010). The selection of the participants was fairly done according to the predetermined inclusion criteria. All participants had a fair chance to participate in the study, with the same information given to each potential participant in the research and allocated equal time to complete the questionnaires. No participant was prohibited from participating in any way.

3.11.3 Principle of Beneficence

The principle of beneficence is underpinned by the premises that protect research participants from any harm and discomfort that can be caused by participation in the study (Botma et al., 2010). Emotional harm or anxiety was reduced by a thorough explanation of the purpose of the research and by providing the participants with an information leaflet clarifying the purpose of the study. The researcher never intended to expose the participants to any physical, psychological or emotional harm. No psychological or emotional harm related to the questions was identified during the process of data collection**.**

3.12 Data Management

The completed questionnaires were collected from the respondents into a lockable box and the

box was placed in a locked cupboard that is only accessible to the researcher and the supervisor. Other electronic information was stored on the researcher's computer which can only be accessed using a password. The backup system for the University was also used to ensure the safety of the information by storing the information on it as well. The data sheets, questionnaires and signed consent forms are being kept safe under lock and key for five years and will then be destroyed by the researcher by means of shredding. The data stored on the computers will be erased from both the program files and the recycle bins.

3.13 Data Dissemination

The final results of the study will be communicated to the supervisor, presented to the Head of Nursing and Public Health and the School at the University of KwaZulu-Natal in the form of hard copies. Another two copies will be handed to the Management of the college where the study was conducted and to the Free State Department of Health. Findings will also be disseminated to the Managers of the clinical practice through conferences, workshops and through the publication of the study in an accredited nursing journal. A suitable date and time will be arranged to communicate the research findings to the respondents. Confidentiality of the research respondents and the research setting will still be maintained.

3.14 Conclusion

This chapter covered the research methodology followed in this study. It highlighted the research paradigm, approach and design followed in the study. It also described the research setting, population and sample selected. Furthermore, this chapter provided insight into the research instrument used, the data collection method, the data analysis and the data management. Finally, the ethical considerations related to this study and the dissemination of the research findings were presented.

CHAPTER FOUR

RESEARCH FINDINGS AND ANALYSIS

4.1 Introduction

This chapter discusses the findings in relation to the objectives and questions of the study. Descriptive statistics were prepared using frequency tables, pie charts, bar diagrams as well as percentage table for the accurate and clear presentation of data that can be easily understood. The chapter has three sections; Section A consists of the respondents' demographic data; Section B contains the ethical issues that the student nurses frequently encountered and the ranking of the frequency of these ethical issues has been presented based on the ethical issues' means. Section C narrates the level of distress that the student nurses perceived in relation to these ethical issues. The ranking of levels of distress pertaining to the experiences of the ethical issues have been displayed, and the mean of the ethical issue determined which one should be ranked first.

4.2 Sample Realisation

In this study, 130 students met the study criteria, the questionnaires were distributed to 114 student nurses who were available during data collection process. Total of 114 student nurses completed the survey, with a response rate of 87.6%. This has been depicted in Table 4.1. The study findings have been presented in figures and tables and the researcher has narrated on each and every finding.

Table 4.1: Number of Questionnaires Distributed and Returned (n=114)

Respondents	Questionnaires distributed	Questionnaires returned	Questionnaires used	Response rate
Student nurses	130	114	114	87.6%
Total	130	114	114	87.6%

4.3 Section A: Demographic Data of the Respondents

The respondents in this study were both females and males from the second-year level to fourth-year level aged from 18 years to 30 years and above. **Table 4.1** below narrates distribution of respondents according to their gender, age and year of study.

4.3.1 Gender Distribution of the Respondents

In this study the majority of the respondents, 68.4 % (n=78), were females and 31.6 % (n=36) were males. The researcher observed the disproportion in the number of female respondents compared to the number of male respondents, which reflects the perception that nursing is a profession that is female dominated. (See Figure 4.1)

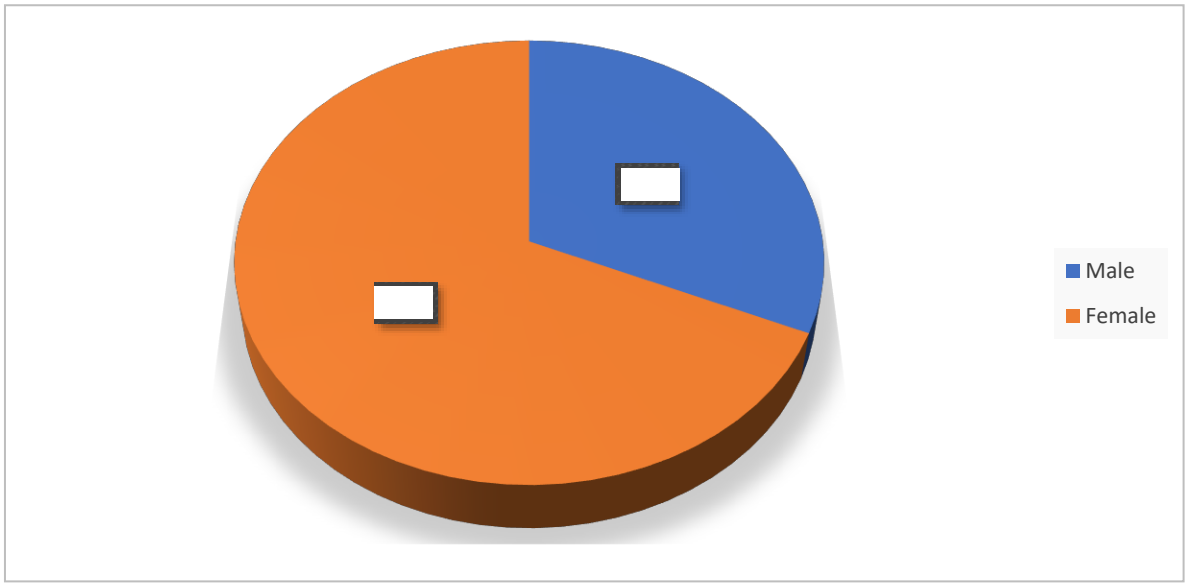

Figure: 4.1: Gender Distribution of the Respondents

4.3.2 Age Distribution of the Respondents

All the respondents who participated in this study were aged 18 years and older. Out of 114 respondents, the majority of the respondents, 73.7% (n=84), were aged between 22-29 years, which demonstrates the predominantly adult population of the school. Of the respondents, 15.8% (n=18) were age 30 years and above and a minority group of 10.5% (n=12) were aged between 18-21 years. No participants were below 18 years of age. (See Figure 4.2

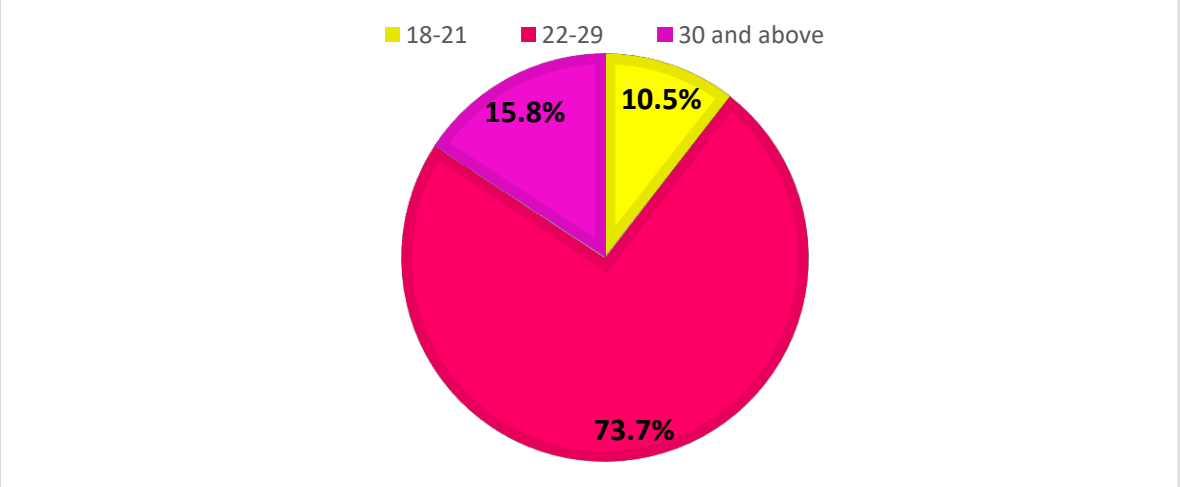

Figure 4.2: Age Distribution of the Respon

4.4 Distribution of Respondents' Year of Study

The majority of the respondents, 36.8% (n=42), were in their second year of study. A further 35.1% (n=40) of the respondents were in their third year and the minority group, 28.1% (n=32), were in their fourth year of study. The three levels of Diploma nursing students in the college under study were thus fairly represented. (See Figure 4.3)

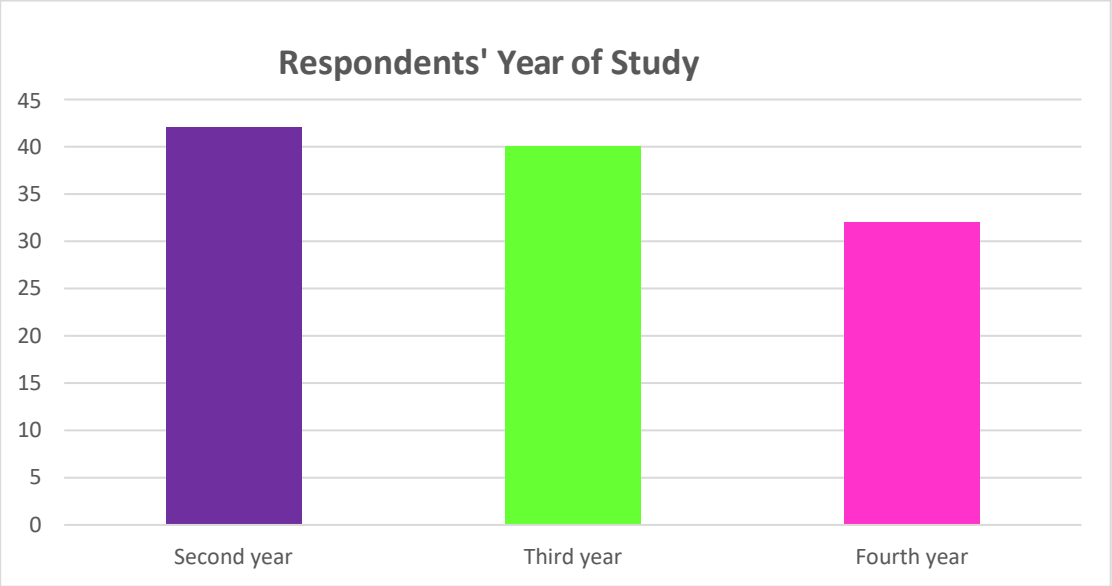

Figure 4.3: Respondents' Year of Study

4.5 Section B: Ethical Issues that Student Nurses Report as Frequently Occurring in Clinical Practice

This section illustrates the ethical issues related to patients' rights and patient care that the student nurses report as frequently occurring in clinical practice. The frequencies with which these issues are encountered are presented using a five-point Likert scale with, never=1, rarely=2, sometimes=3, often=4 and very often=5. This section further discusses the findings on the rankings of the frequency with which the various ethical issues investigated occur in

clinical practice.

4.5.1 Ethical Issues Related to Patients' Rights

This section narrates the occurrence of eight ethical issues related to patients' rights in clinical practice at the college under study. These ethical issues include breaches of a patient's right to confidentiality and/or privacy, information withheld from the patient regarding diagnosis, treatment or prognosis, medical or nursing care being provided where consent given was not informed consent according to student's opinion, discriminatory treatment of the patient, use of chemical or physical restraints to control a patient's behaviour that in your opinion was not in the patient's best interest, health care personnel making a derogatory or disrespectful statement about the patient, medical or nursing treatment given against the patien's wishes and health care personnel not responding to patient dignity. The scores on each ethical issue depend on the frequency of occurrence of that ethical issue as reported by the respondents.

Table 4.2: Frequencies of Ethical Issues Related to Patients' Rights (n=114)

Ethical Issue: Patients' Rights	Very Often	Often	Sometimes	Rarely	Never	Total
Breaches of a patient's right to confidentiality and/or privacy.	8% (n=9)	18.4% (n=21)	25.4% (n=29)	28.1% (n=32)	20.1% (n=23)	100% (n=114)
Information withheld from the patient regarding diagnosis, treatment or prognosis.	7% (n=8)	21.1% (n=24)	21.9% (n=25)	22.8% (n=26)	27.2% (n=31)	100% (n=114)
Medical or nursing care being provided where consent given was not informed consent according to your opinion.	3.5% (n=4)	8.7% (n=10)	26.3% (n=30)	37% (n=42)	24.5% (n=28)	100% (n=114)
Discriminatory treatment of the patient.	7.0% (n=8)	15.0% (n=17)	20.2% (n=23)	18.4% (n=21)	39.4% (n=45)	100% (n=114)
Use of chemical or physical restraints to control a patient's behaviour that in your opinion was not in the patient's best interest.	4.3% (n=5)	3.5% (n=4)	23% (n=26)	25.4% (n=29)	43.8% (n=50)	100% (n=114)
Health care personnel making a derogatory or disrespectful statement about a patient.	7.9% (n=9)	25.4% (n=29)	38.6% (n=44)	14.9% (n=17)	13.2% (n=15)	100% (n=114)
Medical or nursing treatment given against the patient's wishes.	6.1% (n=7)	7.0% (n=8)	19.2% (n=22)	30.0% (n=34)	38.0% (n=43)	100% (n=114)
Health care professionals not responding to a patient's dignity.	7.9% (n=9)	17.5% (n=20)	33.0% (n=38)	25.8% (n=29)	15.8% (n=18)	100% (n=114)

Out of 114 respondents the majority, 28.1% (n=32), indicated that they *rarely* experienced a breach of patients' right to confidentiality and/or privacy; 25.4% (n=29) *sometimes* encountered it, 20.1% (n=23) *never* experienced it; 18.4% (n=21) indicated that they *often* came across it in clinical practice and only a minority of respondents, 8% (n=9) *very often* experienced a breach of patients' rights in this respect. The findings suggest that breach of patients' right to confidentiality and/or privacy rarely occurred in clinical practice studied.

Regarding information being withheld from the patient regarding their diagnosis, treatment or prognosis; the majority of the respondents 27.2% (n=31) had *never* experienced this. The rest of the respondents' experiences regarding the withholding of patients' information were

follows; *rarely* 22.8% (n=26), *sometimes* 21.9% (n=25) and *often* 21.1% (n=24); except a minority of 7% (n=8) indicated that this *very often* occurred in clinical practice. The findings suggest that information being withheld from the patient regarding their diagnosis, treatment or prognosis never occurred in the clinical practice.

In regard to medical or nursing care being provided where consent given was not informed consent, in the opinion of the respondents; 37% (n=42) reported *rarely* experiencing such an ethical breach prior to the provision of medical or nursing care. The rest of the respondents reported their experiences of failure to obtain informed consent prior to treatment as follows: *sometimes* 26.3% (n=30), *never* 24.5% (n=28) and *often* 8.75% (n=10); and the least number of respondents, 3.5% (n=4), reported experiencing it *very often*. The findings suggest that the issue of medical or nursing care being provided where consent given was not informed consent rarely occurred in clinical practice.

As for discriminatory treatment towards the patients; the majority, 40% (n=45) of the responses, showed that they had *never* witnessed the discriminatory treatment of patients. The percentages of the rest of the respondents in relation to the discriminatory treatment of the patients were as follows: 20.2% (n=23) reported *sometimes* seeing it, 18% (n=21) *rarely* saw it and 15% (n=17) *often* experienced it; although a minority of 7% (n=8) reported having *very often* witnessed such discrimination. The findigs suggests that discriminatory treatment towards the patients never occuured in clinical practice.

The majority, 43.8% (n=50) of the respondents, *never* experienced patients unnecessarily being physically or chemically restrained. The rest of the respondents responded as follows pertaining to the use of chemical or physical restraints to control patients' behaviour when they were of the opinion that the restraint was not in the patients' best interests: *rarely* 25.4% (n=29); *sometimes* 23% (n=26) and *very often* 4.3% (n=5); however 3.5% (n=4) reported that they *often*

witnessed the restriction of patients' freedom. The results suggests that the use of chemical or physical restraints to control patients' behaviour when they were of the opinion that the restraint was not in the patients' best interests, never occurred in clinical practice studied.

There were a higher number of responses, 38.6% (n=44), indicating that patients were *sometimes* disrespected. The response recorded second highest to this statement was *often* 25.4% (n=29), which was followed by *rarely* at 14.9% (n=17) and *never* at 13.2% (n=15), and 7.9% (n=9) (least) of the responses re-enforced the higher response by the indicating that respondents witnessed patients being disrespected *very often.* The results suggests that patients were sometimes disrespected by health care personnel in the clinical practice studied.

In relation to medical or nursing treatment being given against a patient's wishes; most of the respondents 37.7% (n=43) *never* witnessed patients being treated against their will. The second highest recorded response to this statement was *rarely* at 29.8% (n=34), followed by *sometimes* at 19.3% (n=22), *often* at 7% (n=8) and 6.1% (n=7) of the respondents indicated that they had *very often* witnessed patients being treated against their wishes. The results suggests that medical or nursing treatment being given against a patient's wishes never occurred in clinical practice.

Responses in relation to health care professionals not responding to patients' dignity were captured as follows: The majority of the respondents 33.0% (n=38) indicated that they *sometimes* witnessed health care professionals violating the patients' dignity. The second high recorded response to this statement *rarely* at 25.8% (n=29); followed by *often* at 17.5% (n=20); *never* at 15.8% (n=18); *then* the minority 7.9% (n=9) of the respondents claimed that they *very often* noted patients' dignity being violated. The results showed that this ethical issue occurred sometimes in clinical practice.

4.5.2 Ethical Issues Related to Patient Care

This section discusses the occurrence of eight ethical issues related to patient care as reported by the respondents. This ethical issues include unsafe health care practices that place the patient at risk, working conditions that the respondents consider unsafe i.e low staffing levels, lack of resources or equipments and lack of staff training, asked to provide care without supervision that the respondents did not feel comfortable to provide, provide care to a patient that has put your own safety at risk, medical or treatment errors that were not reported, experiencing a Do Not Resuscitate Order been implemented by medical staff without consulting with the patient or their family, discharge of a patient from hospital when not fit for discharge according to the respondents opinion and unhealthy dialogue between the health care providers in the presence of the patient. The scores on each ethical issue depend on the frequency of occurrence of that ethical issue as reported by the respondents.

Table 4.3: Frequencies of Ethical Issues Related to Patient Care (n= 114)

Ethical Issue: Patient Care	Very often	Often	Sometimes	Rarely	Never	Total
Unsafe health care practices that place patients at risk.	2.6% (n=3)	12.3% (n=14)	29.8% (n=34)	24.6% (n=28)	30.7% (n=35)	100% (n=114)
Working conditions that you consider unsafe i.e. low staffing levels, lack of resources or equipment and lack of staff training.	46.5% (n=53)	21.9% (n=25)	22.8% (n=26)	7.0% (n=8)	1.8% (n=2)	100% (n=114)
Asked to provide care without supervision that you did not feel competent to provide.	15.8% (n=18)	24.6% (n=28)	26.3% (n=30)	19.3% (n=22)	14.0% (n=16)	100% (n=114)
Provide care to a patient that has put your own safety at risk.	40.4% (n=46)	17.5% (n=20)	12.3% (n=14)	14.9% (n=17)	14.9% (n=17)	100% (n=114)
Medical or treatment errors that were not reported	10.5% (n=12)	14.9% (n=17)	30.7% (n=35)	24.6% (n=28)	19.3% (n=22)	100% (n=114)
Experienced a 'Do Not Resuscitate Order' being implemented by medical staff without consulting with the patient or their family.	7.9% (n=9)	7.0% (n=8)	15.8% (n=18)	13.2% (n=15)	56.1% (n=64)	100% (n=114)
Discharge of a patient from hospital when, in your opinion, you felt that patient was not fit for discharge.	13.2% (n=15)	21.1% (n=24)	25.4% (n=29)	22.8% (n=26)	17.5% (n=20)	100% (n=114)
Unhealthy dialogue between health care providers in the presence of a patient.	19.3% (n=22)	27.2% (n=31)	17.5% (n=20)	21.1% (n=24)	14.9% (n=17)	100% (n=114)

In response to unsafe health care practices that place patients at risk; out of 114 respondents the majority, 30.7% (n=35), of the responses showed that they *never* encountered these practices. The second highest recorded response to this statement was *sometimes* at 29.8% (n=34), followed by *rarely* at 24.6% (n=28), often at 12.3% (n=14), while the lowest recorded 2.6% (n=3) of the respondents indicated that such unethical practices had a *very high* occurrence. The findings suggest that unsafe health care practices that place patients at risk, never happened in clinical practice.

The ethical issue related to working conditions that students considered unsafe i.e. low staffing levels, a lack of resources or equipment and a lack of staff training received the following responses: The majority, 46.5% (n=53), responded to having *very often* worked in unsafe conditions. The rest of the respondents had experienced unsafe working conditions as follows;

sometimes 22.8% (n=26), *often* 21.9% (n=25), *rarely* 7% (n=8) while the lowest response of 1.87% (n=2) indicated students who had *never* experienced an unsafe working condition. The findings suggest that working conditions that students considered unsafe i.e. low staffing levels, a lack of resources or equipment and a lack of staff training occurred very often in the clinical practice studied.

In response to the situations where students were asked to provide care without supervision that they did not feel competent to provide: 26.3% (n=30) of the respondents indicated that they *sometimes* had to do this, 24.6% (n=28) of the respondents *often found* themselves in this type of situation, 19.3% (n=22) *rarely* encountered such situations and 15.8% (n=18) of the respondents reported that they *very often* had to do this. In contrast, 14% (n=16) had never been placed in this position. The findings suggest that sometimes the respondents encountered the situations where they were asked to provide care without supervision that they did not feel competent to provide.

In relation to the provision of care for patients that have put the nursing students' own safety at risk, the majority of the respondents, 40.4% (n=46), indicated that this occurred *very often.* The rest of the respondents responded as follows: 17.5% (n=20) *often* had to do this, while 14.9% (n=17) *rarely* experienced having to provide care for patients who had threatened their safety, 12.3% (n=14) indicated that they *sometime*s experienced this ethical issue. Of the respondents, 14.9% (n=17) indicated that they had *never* been required to provide care under these circumstances. The results suggest that provision of care for patients who had put the nursing students' own safety at risk occurred very often in clinical practice studied.

The majority, 30.75% (n=35), of the respondents *sometimes* experienced instances where

medical or treatment errors were not reported. The rest of the responses were as follows: 24.6% (n=28) *rarely* encountered this, 19.3% (n=22) *never* encountered this and 14.9% (n=17) reported that this happened *often*, and the lowest number of respondents, 10.5% (n=12), reported that they *very often* experienced instances of unreported medical or treatment errors. The findings showed that this ethical issue was sometimes occurring.

When responding to the ethical issue of a 'Do Not Resuscitate Order' being implemented by medical staff without first consulting with the patient or their family, the student nurses responded as follows: The majority 56.1% (n=64) responded with *never*. The rest of the responses were as follows; *sometimes* 15.8% (n=18), *rarely* 13.2% (n=15) and *very often* 7.9% (n=15) and the minority 7% (n=8) responded with *often.* The results suggest that a 'Do Not Resuscitate Order' being implemented by medical staff without first consulting with the patient or their family never occurred

The students were asked to respond to the statement regarding patients being discharged when the students were of the opinion that they were not actually fit to go home. The majority 25.4% (n=29) of the respondents reported that they *sometimes* experienced this, 22.8% (n=26) *rarely* had this occur. A further 21.1% (n=24) were *often* dissatisfied in this manner, and 7.5% (n=20) had *never* had this happen, while 13.2% (n=15) indicated that they were *very often* dissatisfied with the discharge of the patients not fit for discharge. The findings of this study suggests that patients were sometimes discharged when the students were of the opinion that they were not actually fit to go home.

Regarding unhealthy dialogue between healthcare providers in the presence of patients, *often* was the most common response 27.2% (n=31). The rest of the respondents responded with: *rarely* 21.1% (n=24), *very often* 9.3% (n=22) and *sometimes* 17.5% (n=20), while *never* was

the least common with a 15.0 % (n=17) response rate in relation to this ethical issue. The results suggest that unhealthy dialogue between healthcare providers in the presence of patients, *often* occurred in the clinical practice under study.

The findings showed that ethical issues related to patient care were the ones reported as frequently occurring in the clinical practice studied. The main findings of this study were that the majority of the respondents, 46.5% very often encountered working conditions that were considered unsafe i.e. low staffing levels, a lack of resources or equipment and a lack of staff training. This was followed by the provision of care for patients that have put the nursing students' own safety at risk, being reported by 40.4% of the respondents as occurring very often in the clinical practice under study. The third ethical issue reported as often occurring was an unhealthy dialogue between healthcare providers in the presence of patients reported by 27.2% of the respondents.

Other ethical issues that include the provision of care without supervision, unreported medical errors and discharge of the patient from the hospital being unfit for discharged were reported as occurring sometimes while, unsafe health care practices that place patients at risk, and a situation where a 'Do Not Resuscitate Order' is being implemented by medical staff without consulting with the patient or their family, never happened in the clinical practice under study. Regarding ethical issues related to patients'rights that were reported as sometimes occurring include, health care personnel making disrespectful statements about the patients and health care professionals not responding to a patient's dignity. The rest of ethical issues never occurred in the clinical practice under study.

4.6 Ranking of the Frequency of Ethical Issues Related to Patient care and Patients'rights

Table 4.4 below shows the ranking of the frequency of occurrence at the ethical issues as reported by the respondents in clinical practice. The highest ranked is the ethical issues related to patient care and patients' rights that the respondents frequently encountered in the clinical practice and the lowest ranked is the least reported ethical issue and those that never occurred. The ranking has been presented in an ascending order of 1-16; 1 being the highest with the mean score of 4.04 and 16 being the lowest with the mean score of 1.97.

Table 4.4: Ranking of the Frequency of Ethical Issues (n=114)

Ethical Issue - Frequency	Mean	Rank
Working conditions that you consider unsafe i.e. low staffing levels, lack resources or equipment and lack of staff training.	4.04	1
Provision of care for patients that have put the nursing students' own safety at risk	3.56	2
The unhealthy dialogue between healthcare providers in the presence of patients.	3.15	3
Asked to provide care without supervision that you did not feel competent to provide.	3.09	4
Health care personnel making derogatory or disrespectful statements about a patient.	3.00	5
Discharge of a patient from the hospital when, in your opinion, you felt that patient was not fit for discharge.	2.89	6
Healthcare professionals not responding to a patient's dignity.	2.76	7
Medical or treatment errors that were not reported.	2.73	8
Breaches of a patient's right to confidentiality and/or privacy.	2.66	9
Information withheld from the patient regarding their diagnosis, treatment or prognosis.	2.58	10
Discriminatory treatment of the patient.	2.32	11
Unsafe health care practices that placed patients at risk.	2.32	12
Medical or nursing care being provided where consent was given was not informed consent, according to your opinion.	2.30	13
Medical or nursing treatment given against the patient's wishes.	2.14	14
Use of chemical or physical restrains to control patient behaviour that in your opinion was not in the patients' best interest.	1.99	15
Experienced a 'Do Not Resuscitate Order' being implemented by medical staff without consulting with the patient or the family.	1.97	16

	Patient right
	Patient care

N.B Above ranking of ethical issues was done based on the frequency of their occurrence in clinical practice under study.

4.7 Section C: Level of Distress among Student Nurses in Relation to Ethical Issue

This section indicates the level of distress perceived in relation to the ethical issues narrated in this chapter. The level of distress is presented as follows; no distress=1, some distress=2, moderate distress=3, high distress=4 and very high distress=5. This section further shows the ranking of the levels of distress that the student nurses experienced.

4.7.1 Level of Distress: Patient Rights

This section narrates the level of distress perceived by the respondents in relation to eight ethical issues related to patients' rights in clinical practice at the college under study. This ethical issues include breaches of a patient's right to confidentiality and/or privacy, information withheld from the patient regarding diagnosis, treatment or prognosis, medical or nursing care being provided where consent given was not informed consent according to student's opinion, discriminatory treatment of the patient, use of chemical or physical restraints to control a patient's behaviour that in your opinion was not in the patient's best interest, health care personnel making a derogatory or disrespectful statement about the patient, medical or nursing treatment given against the patien's wishes and health care personnel not responding to patient dignity.

The scores on each ethical issue depend on the level of distress perceived by the respondents during the occurrence of that ethical issue. Some ethical issues were frequently reported in clinical practice and had caused high distress to the respondents while others were less frequently occurring but caused respondents high levels of distress. On the contrary, other ethical issues never occurred in clinical practice but caused the respondents under study high distress level.

Table 4.5: Level of Distress Related to the Patient's Rights (n=114)

Ethical Issue: Distress Level	Very High Distress	High Distress	Moderate Distress	Some Distress	No Distress	Total
Breaches of a patient's right to confidentiality and/or privacy.	13.2% (n=15)	22.8% (n=26)	19.3% (n=22)	30.7% (n=35)	14.0% (n=16)	100% (n=114)
Information withheld from the patient regarding diagnosis, treatment or prognosis.	21.0% (n=24)	25.4% (n=29)	12.3% (n=14)	20.2% (n=23)	21.1% (n=24)	100% (n=114)
Medical or nursing care being provided where consent given was not informed consent, in your opinion.	15.8% (n=18)	15.8% (n=18)	24.5% (n=28)	23.7% (n=27)	20.2% (n=23)	100% (n=114)
Discriminatory treatment of the patient.	28.9% (n=33)	21.1% (n=24)	13.2% (n=15)	12.3% (n=14)	24.6% (n=28)	100% (n=114)
Use of chemical or physical restraints to control patient behaviour that in your opinion was not in the patient's best interest.	14.9% (n=17)	21.9% (n=25)	19.3% (n=22)	9.6% (n=11)	34.2% (n=39)	100% (n=114)
Health care personnel making derogatory or disrespectful statements about a patient.	20.2% (n=23)	33.3% (n=38)	20.2% (n=23)	16.7% (n=19)	9.6% (n=11)	100% (n=114)
Medical or nursing treatment given against the patient's wishes.	11.4% (n=13)	14.9% (n=17)	26.3% (n=30)	28.1% (n=32)	19.3% (n=22)	100% (n=114)
Health care professionals not responding to the patient's dignity.	23.7% (n=27)	21.1% (n=24)	22.8% (n=26)	14.0% (n=16)	18.4% (n=21)	100% (n=114)

Table 4.5 shows that out of 114 respondents, the majority of the responses 30.7% (n=35) indicated *some* distress resulting from the experience of a breach of the patient's right to confidentiality and/or privacy. The second most responses 22.8% (n=26) were to *high* levels of distress, followed by *moderate* distress at 19.3% (n=22) and then *no distress* at 14% (n=16). A further 13.2% (n=15) indicated a *very high* level of distress. The findings suggest that a breach of the patient's right to confidentiality and/or privacy caused some distress to the respondents.

The majority 25.4% (n=29) of the respondents experienced *high distress* with regards to the withholding of a patient's information in relation to their diagnosis, treatment or prognosis. The rest of the respondents reported the following levels of distress: 21.1% (n=24) had *no distress*, 21.1% (n=24) had *very high distress*, 20.2% (n=23) had *some distress while* 12.3% (n=14) experienced *moderate distress*. The findings of the study suggest that withholding of

a patient's information in relation to their diagnosis, treatment or prognosis caused the respondents high distress.

On the ethical issue of medical or nursing care being provided where consent was given for the treatment but the student nurses were of the opinion that the patients had not been adequately informed prior to giving their consent, the student nurses responded as follows; the most common response 24.6% (n=28) was an experience of *moderate distress*. The rest of the respondents experienced the following levels of distress: 23.7% (n=27) felt *some distress* and 20.2% (n=23) felt *no distress and* there were two identical numbers of responses 15.8% (n=18) to *high distress* and *very high distress* levels. The findings suggest that this ethical issue caused moderate distress to the respondents during its occurrence.

The majority, 28.9% (n=33), of the respondents experienced levels of *very high distress* at the discriminatory treatment of patients. The rest of the respondents had differing levels of distress when encountering discriminatory treatment of patients; 24.6% (n=28) experienced *no distress*, 21.1% (n=24) experienced *high distress,* 12.3% (n=14) experienced *some distress and* 13.2% (n=5) felt *moderate distress*. The findings showed that experience of discriminatory treatment of patients caused the respondents high distress.

34.2% (n=39) of the respondents indicated that they experienced *no distress* when using chemical or physical measures to control a patient's behaviour, even when they thought it was not in the patient's best interest. The rest of the respondents had varying levels of distress: 21.9% (n=25) indicated *high distress,* 19.3% (n=22) indicated *moderate distress* and 14.9% (n=17) reported experiencing *very high distress*. A further 9.6% (n=11) indicated that they experienced *some distress* in this course of action. The findings suggest that respondents did not experience any distress on this ethical issue.

The experience of *high distress* by 33.3% (n=38) of the student nurses was the commonest

response pertaining to derogatory or disrespectful statements made about patients by the healthcare personnel. The rest of the respondents experienced the following levels of distress: 20.2% (n=23) had *very high distress,* 20.2% (n=23) had *moderate distress* and 16.7% (n=19) reported *some distress*. The least common response 9.6% (n=11) to this statement was an experience of *no distress* at such behaviour. The findings suggest that the experience of derogatory or disrespectful statements made about patients by the healthcare personnel caused respondents very high distress.

The majority, 28.1% (n=32), experienced *some distress* when medical or nursing treatment was given against a patient's wishes, 19.3% (n=22) experienced *no distress,* 26.3% (n=30) experienced *moderate distress* and 14.9% (n=17) had a *high distress* level and the lowest number, 14.4% (n=13), experienced *very high distress* when this occurred. The findings suggest that medical or nursing treatment that was given against a patient's wishes caused some distress to the respondents.

The commonest response at 23.7% (n=27) was a feeling of *very high distress* due to the non-responsiveness of health care professionals to a patient's dignity. The rest of the respondents reacted as follows when this occurred: 22.8% (n=26) felt *moderate distress*, 21.1% (n=24) experienced *high distress* and 18.4% (n=21) felt *no distress* at all and the least common response 14% (n=16) was an experience of *some distress*. The findings suggest that non-responsiveness of health care professionals to a patient's dignity exposed the respondents to very high distress.

4.7.2 Level of Distress: Patient Care

This section narrates the level of distress perceived by the respondents in relation to eight

ethical issues related to patient care in clinical practice at the college under study. The scores on each ethical issue depend on the level of distress perceived by the respondents during the occurrence of that ethical issue. Some ethical issues were frequently reported in clinical practice and had caused high distress to the respondents while others were less frequently occurring but caused respondents high levels of distress. On the contrary, other ethical issues never occurred in clinical practice but caused the respondents under study high distress level.

Table 4.6: Level of Distress Related to Patient Care (n=114)

Ethical Issue	Very High Distress	High Distress	Moderate Distress	Some Distress	No Distress	Total
Unsafe health care practices that places patients at risk.	29.8% (n=34)	23.7% (n=27)	12.3% (n=14)	12.3% (n=14)	21.9% (n=25)	100% (n=114)
Working conditions that you consider unsafe i.e. low staffing levels, a lack of resources or equipment and lack of staff training.	45.6% (n=52)	26.3% (n=30)	14.0% (n=16)	11.4% (n=13)	2.6% (n=3)	100% (n=114)
Asked to provide care without supervision that you did not feel competent to provide.	33.3% (n=38)	23.7% (n=27)	15.8% (n=18)	15.8% (n=18)	11.4% (n=13)	100% (n=114)
Provide care for a patient that has put your own safety at risk.	40.4% (n=46)	17.5% (n=20)	12.3% (n=14)	14.9% (n=17)	14.9% (n=17)	100% (n=114)
Medical or treatment errors that were not reported.	30.7% (n=35)	19.3% (n=22)	16.7% (n=19)	20.2% (n=23)	13.2% (n=15)	100% (n=114)
Experienced a 'Do Not Resuscitate Order' being implemented by medical staff without consulting with the patient or their family.	21.1% (n=24)	22.8% (n=26)	15.8% (n=18)	9.6% (n=11)	30.7% (n=35)	100% (n=114)
Discharge of patient from hospital where in your opinion you feel that patient was not fit for discharge.	25.4% (n=29)	23.7% (n=27)	24.5% (n=28)	15.8% (n=18)	10.5% (n=12)	100% (n=114)
Unhealthy dialogue between health care providers in the presence of the patient.	26.3% (n=30)	26.3% (n=30)	14.9% (n=17)	19.3% (n=22)	13.2% (n=15)	100% (n=114)

Table 4.6 narrates the level of distress pertaining to eight ethical issues related to patient care. Out of 114 respondents, the majority 29.8% (n=34) of the respondents experienced *very high distress* due to unsafe health care practices that placed patients at risk, the rest of the respondents had distress levels as follows; 23.7% (n=27) experienced *high distress*, 21.9% (n=25) felt *no distress* at all, and 12.3% (n=14) experienced *moderate distress* and *some distress* related to the same. The results suggest that unsafe health care practices that placed patients at risk exposed the respondents to high distress.

The commonest response at 45.6% (n=52) was the feeling of *very high distress* when encountering unsafe working conditions that respondents considered unsafe i.e. low staffing levels, a lack of resources or equipment and a lack of staff training. The rest of the respondents had the following responses to unsafe working conditions: 26.3% (n=30) indicated *high distress*, 4% (n=16) reported feeling *moderate distress* and 11.4% (n=13) felt only *some distress*. The lowest number of respondents 2.6% (n=3), experienced *no distress* at this. The results suggest that the respondents experienced very high distress when encountering unsafe working conditions that respondents considered unsafe i.e. low staffing levels, a lack of resources or equipment and a lack of staff training.

The majority 33.3% (n=38) of the respondents felt *very high distress* at having to provide care without supervision when they did not feel competent enough to work unsupervised. The rest of the respondents had the following levels of distress regarding the same ethical issue: 23.7% (n=27) *high distress*, 15.8% (n=18) *moderate distress* and 15.8% (n=18) experienced only *some distress*, however a minority of 11.4% (n=13) felt *no distress* at this. The results suggest that this ethical issue caused most respondents very high distress.

The majority 40.6% (n=46) of the respondents reported to have experienced very high distress on providing care for a patient that has put the respondents' safety at risk, 17.5% (n=20)

reported *high distress* levels at having to do this, 14.9% (n=17) reported *some distress*, 14.9% (n=17) reported having *no distress* when required to do this and 12.3% (n=14) felt *moderate distress* when dealing with this ethical issue. The results showed that the respondents experienced a high level of distress to this ethical issue.

The majority, 30.7% (n=35), of the respondents had experienced *very high distress* levels as a result of unreported medical or treatment errors. The rest of the respondents were distressed at such an occurrence to the following degree: 20.2% (n=23) experienced *some distress*, 19.3% (n=22) *high distress*, 16.7% (n=19) experienced *moderate distress* and 13.2% (n=15) of the respondents expressed *no distress* at such an ethical breach. The results suggest that unreported medical or treatment errors caused the respondents very high distress.

The majority 30.7% (n=35) felt *no distress* when medical staff implemented a 'Do Not Resuscitate Order' without consulting with the patient or their family. The rest of the respondents experienced varying levels of distress at such action; 22.8% (n=26) experienced *high distress* and 21.1% (n=24) had a *very high distress* level, 15.8% (n=18) felt *moderate distress* and only 9.6% (n=11) recorded feeling *some distress* when this occurred. The results suggest that implementing a 'Do Not Resuscitate Order' without consulting with the patient or their family did not cause the respondents any distress.

Most of the respondents, 25.4% (n=29), had feelings of *very high distress* when patients were discharged from the hospital and the respondents felt that these patients were not well enough to be discharged. The rest of the respondents, however, had the following distress levels when dealing with the same ethical issue: 24.6% (n=28) felt *moderate distress* and 23.7% (n=27) *high distress and* 15.8% (n=18) had *some distress.* Only 10.5% (n=12) indicated that they felt *no distress* when this happened. The results suggest that respondents felt very high distress on the discharge of patients from the hospital when they were not fit for discharge.

The most common responses tallied at 26.3% (n=30) for experiencing high distress and very high distress due to unhealthy dialogue between healthcare providers in the presence of patients, The rest of the respondents experienced some distress 19.3% (n=22) and moderate distress 14.9% (n=17), while the experience of no distress was the lowest at 13.2% (n=15).

The findings of this study showed that some respondents experienced high distress while others very high distress on the same ethical issue.

The findings further showed that ethical issues related to patient care also caused the respondents very high distress as compared to those related to patients'rights. The main findings of this study were that majority 45.6% of the respondents indicated that working conditions that respondents considered unsafe i.e. low staffing levels, a lack of resources or equipment and a lack of staff training exposed them to very high distress. The second ethical issues that caused most of the respondents very high distress 40.6% was providing care for a patient that had put the respondent's own safety at risk and 33.3% of the respondents reported instances where the respondents were asked to provide care without supervision that they did not feel competent to provide, caused them high levels of distress.

Ethical issues related to patients'rights that have caused majority 33.3% of the respondent's high distress include health care personnel making disrespectful statements about the patient, followed by discriminatory treatment of the patients by healthcare personnel. However, students reported to have experienced high distress to ethical issues they reported to have never occurred in their clinical practice.

4.7.3 Ranking of Levels of Distress

This section shows the ranking of the distress levels related to patient's rights and patient care.

Table 4.7 shows the ranking of ethical issues that caused the highest level of distress among student nurses. The first ranked was the ethical issue that caused the highest levels of distress for student nurses and the last ranked was the ethical issue that caused the least distress. The ranking of the causes of the distress ranged from 1-16.

Table 4.7: Ranking of Levels of Distress at Ethical Issues

Ethical Issue	***Distress Mean***	***Rank***
Working conditions that you consider unsafe i.e. low staffing levels, a lack of resources or equipment and lack of staff training.	4.01	1
Provided care to a patient that has put your own safety at risk.	3.54	2
Asked to provide care without supervision that you did not feel competent to provide.	3.52	3
Health care personnel making a derogatory or disrespectful statement about a patient.	3.38	4
Discharge of patients from the hospital where in your opinion you feel that patient was not fit for discharge.	3.38	5
Medical or treatment errors that were not reported.	3.34	6
The unhealthy dialogue between healthcare providers in the presence of patients.	3.33	7
Unsafe health care practices that place a patient at risk.	3.27	8
Discriminatory treatment of the patient.	3.18	9
Healthcare professionals not responding to a patient's dignity.	3.18	10
Information withheld from the patient regarding their diagnosis, treatment or prognosis.	3.05	11
Experienced a 'Do Not Resuscitate Order' being implemented by medical staff without consulting with the patient or their family.	2.94	12
Breaches of a patient's right to confidentiality and/or privacy.	2.90	13
Medical or nursing care being provided where consent given, according to your opinion, was not informed consent.	2.83	14
Use of chemical or physical restrains to control patient behaviour that in your opinion was not in the patient's best interest.	2.74	15
Medical or nursing treatment given against the patient's wishes.	2.71	16

	Patient right
	Patient care

N.B the Above ranking of distress levels on ethical issues was done based on the severity of distress experienced by respondents during the ocurrence of different ethical issues in clinical practice under study.

4.8 Conclusion

The data was descriptively analysed using SPSS version 24 and the results have been presented using illustrations of figures and tables. The results were discussed and from the findings, it was evident that students did witness ethical issues in clinical practice. Some of these ethical issues were related to patients' rights, while some were related to patient care. However, the reported ethical issues differed according to the frequency of occurrence and the level of distress it caused to the respondent who witnessed it. The main findings of this study showed that ethical issues related to patient care were most frequently occurring in clinical practice under study as compared to ethical issues related patient's rights and have caused the respondents high distress level. However, students reported to have experienced high distress to ethical issues they reported to have never occurred in their clinical practice.

Chapter Five will include the discussion of the study findings, recommendations and the conclusion of the study.

CHAPTER FIVE

DISCUSSION OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents a detailed discussion of the major findings in relation to the literature reviewed, the study objectives and the conceptual framework. The purpose of this study was to explore and describe ethical issues that student nurses reported as frequently occurring in clinical practice at a selected college in the Free State. This was done in order to determine the student nurses' understanding of ethical issues and their implications so that they can get adequate preparation for their future role as professional nurses. The chapter also presents the limitations, recommendations as well as the conclusion drawn from this study.

5.2 Discussion of Findings

5.2.1 Ethical Issues Related to Patient's Right and Patient Care

In an attempt at gaining more insight into the ethical issues that were reported by respondents as frequently occurring in clinical practice, ethical issues identified were explored and described according to their frequency of occurrence in clinical practice.

The findings of this study showed that the highest response of 28.1% reported to have rarely witnessed a violation or breach of a patient's right to confidentiality and/or privacy, as opposed to 8% who reported to have witnessed this ethical issue very often in clinical practice. However, the findings of the study conducted by Erdil and Korkmaz (2009) differ from the findings of the current study as a breach of a patient's right to confidentiality and/or privacy was one of the most common practices in clinical environments in their study. This study further exposed an incident where the patients in one room were forced to undress in

preparation for examination by many medical students. Similarly, the same ethical breach was reported as frequently occurring by Ramos et al. (2014) Brazilian study, exposing that nurses frequently discussed patients' private information at the nursing station where other patients could overhear them. Not only was this practice an ethical breach; it also demonstrated poor decision-making skills.

The principle of fidelity in the South African Nursing Council's Code of Ethics guides nurses to keep patients' information confidential and to perform nursing activities in privacy to maintain the patients' dignity (South African Nursing Council, 2013). Similarly, Callister et al. (2009) concurred with the above findings, as the participants in their study reported having often witnessed disrespectful conversations about patient information at the nursing station. These findings suggest that professional nurses at clinical practices studied displayed good character as role models to the respondents.

In relation to the ethical issue of withholding information from the patient regarding their diagnosis, treatment or prognosis; 27.2% of the respondents indicated that they never witnessed this ethical issue, while 7% of the respondents stated that patients were very often denied information by the nurses and/or doctors. The findings from this study are similar to the findings of the study conducted by Sinclair et al. (2016) in New Zealand where 54.6% of their study respondents reported that they had never witnessed this happening in the clinical practice. The findings of this study also showed that professional nurses in clinical practices under study aligned themselves with the principle of autonomy.

This principle embraces the notion that patients have the right to self-determination, freedom of choice and respect for the person South African Nursing Council, (2013), as well as respect for a person which maintains that patient must be given information so that an informed

decision can be made (International Council of Nurses, 2012). Differing from this study findings, Wojtowicz et al (2014) reported an incident where their study participants were instructed by senior personnel not to tell patients of the side effects related to the drugs they were taking, with fear of being manipulated by patients in the Mental Health Institution where they worked. Moreover, Erdil and Korkmaz (2009), also indicated that health care personnel refused patients their right to information regarding their treatment by not telling them the truth. Willassen, Blomberg, von Post and Lindwall (2015) endorsed the findings above, adding that patients were treated as objects and not shown much respect, and that professional nurses had moved from their position as role models responsible for guiding student nurses in the right direction.

Regarding medical or nursing care provided where, in the respondents' opinion, the consent given by the patients was not informed consent, 37% of the respondents reported that this rarely took place, while only 3.5% reported witnessing this ethical breach very often. The findings, therefore, showed that this was a rare occurrence in clinical practice, suggesting that health care professionals aligned themselves with the principle of veracity, which advocates that patients should be given information so that their decisions can be based on information that they have (South African Nursing Council, 2013). Differing from these findings, a study conducted by Park et al. (2014) indicated that patients were denied information about their progress, and the lack of informed consent for treatment was ranked third and fourth highest in the frequency of occurrence in the clinical practice of their study.

With regards to the discriminatory treatment of patients, the findings showed that 39.4% of the respondents had never been exposed to this breach of ethics, as opposed to 7% who very often witnessed the discriminatory treatment of patients in clinical practice. The findings thus showed that discriminatory treatment of patients was less common in the clinical practice under

study. This was in accordance with the principle of justice and the nurse's pledge of practice; advocating that patients should be treated with fairness and not be discriminated against because of their social background, educational status and cultural beliefs. Contrary to these findings and this principle, Solum et al. (2012) found that patients in their study area had indeed suffered discrimination and maltreatment by health care professionals because of their educational and socio-economic status and were denied information about their progress.

In response to the question regarding the use of physical or chemical restraints to control patients' behaviour, 43.8% of the respondents reported never having witnessed patients being restrained, while a minority of 7.% reported that this ethical issue arose very often. The findings, therefore, suggested that this ethical issue did not occur in the clinical practice studied, which was in accordance with the principle of non-maleficence advocating that nurses' intention is not to do wrong but to prevent and correct any harmful situations for the patient. The principle further states that where a patient is to be restrained in order to prevent them from harming themselves, the risk/benefit ratio should first be considered (South African Nursing Council, 2013).

The respondents were asked if they had observed health care personnel making derogatory or disrespectful statements about patients, and 38.6% reported that they sometimes observed this ethical issue in clinical practice, while 7.9% reported that they very often encountered situations where health care personnel made disrespectful statements about patients. The findings of this study were supported by the study findings of Willassen et al. (2015) that health care personnel were making disrespectful statements about patients' bodies and about the factors that caused these patients' illnesses. (Sinclair et al. (2016) had a surprising 87% response rate indicating that this ethical issue occurred with high frequency in a clinical practice studied. At the Nursing Summit in 2011, a media report highlighted the lack of

professionalism and the unethical conduct demonstrated by health care professionals, including poor nurse-patient relationships and communication (Department of Health, 2013). Another ethical issue dealt with in this study was that of whether or not the students had observed medical or nursing treatment being given against a patient's wishes. Of the respondents, 38% indicated that they had never witnessed this happening; while a mere 6.1% reported very often encountering this ethical issue. The findings of this study are supported by the principle of autonomy which embraces the notion that patients have the right to self-determination and freedom of choice (South African Nursing Council, 2013). The findings thus suggest that the patients are granted a high degree of autonomy in decision making in the clinical practice studied.

The respondents in this study were also asked about health care professionals not responding to/respecting patients' dignity. 33% of them reported that they sometimes witnessed health care professionals violating a patient's dignity, and 7.9% of them had witnessed this ethical issue very often. The findings thus showed that patients' dignity was not always respected in clinical practice and Willassen et al. (2015) concurred with these findings by exposing that their study participants had observed an undignified caring environment where patients were treated as objects by nurses. There were, however, still nurses who were able to protect their patient's dignity amidst all clinical challenges (Blomberg, Willassen, von Post and Lindwall, 2015). These authors reported on their study participants having witnessed the positive attitude of nurses in perioperative care that was characterised by compassion and dignified patient care.

The issue of unsafe health care practices that placed patients at risk was also addressed; 30.7% responded as never having encountered this breach of ethics while 2.6% responded as very often having witnessed it. The findings of this study, therefore, suggested that this ethical

issue never occurred in clinical practice under study. Contrary to these findings, unsafe health care practices that placed patients at risk were reported as the most frequently occurring ethical issues in clinical practice (Kulmala, 2016; Park, 2011). Moreover, Pauly et al. (2009) had previously highlighted that incidents of conflict between nurses and physicians, together with working with incompetent persons, put patients at risk.

The study participants were asked to respond to the question of working conditions that were considered unsafe i.e. low staffing levels, a lack of resources or equipment and a lack of staff training. 68.4% of the respondents indicated that this ethical issue was encountered very often in their clinical practice, while a very small minority (1.8%) responded with 'never'. This results showed that this ethical issue has a very high frequency of occurrence reported by respondents. Moreover, this result echoed the discussion at the nursing summit in 2011 that the country was burdened by a shortage of health professionals, as well as a shortage of the necessary equipment needed for quality patient care (Department of Health, 2013; Mathibe-Neke, 2015). Training of nurses was regarded as an issue that needed urgent attention to improve skills and health care access (Department of Health, 2013). A study conducted by Park (2011) in Korea, highlighted that staffing patterns were ranked as the third highest issue affecting ethical practice in health care.

When asked if the students were requested to provide care without supervision, 26.3% of the respondents indicated that they sometimes had to provide care without supervision when they did not feel competent enough to provide such care and act independently. 14% of the respondents reported never having provided care without supervision when they did not feel competent to do so. The findings of this study support the findings by Mabuda et al. (2008) where respondents indicated that they were forced to administer medicines by professional nurses who did not first check to see if they were competent enough to give medicine without

supervision.

On the refusal of the instruction, they were labelled as stubborn by these professional nurses. These combined findings thus emphasise the need for the re-establishment of a Clinical Teaching Department and preceptorship to guide student nurses to professional maturity (Department of Health, 2013). In support of preceptorship, student nurses participating in the study conducted by Brynildsen, Bjørk, Berntsen and Hestetun (2014) acknowledged the support they got from preceptors in the ward, which made their clinical placement a learning platform as the preceptors were always there to mentor them.

In relation to the provision of care to a patient that had put the respondents' own safety at risk, the majority of the respondents 40.4% acknowledged that they very often faced this ethical problem. A further 12.3% reported that they sometimes had to provide care when their own safety was at risk. These findings thus showed that the situation where the respondents' own safety was compromised when providing nursing had a very high frequency of occurrence in their clinical practice. The findings of this study are supported by a previous study conducted by Mbangula (2015) revealing that an acute shortage of equipment forced respondents in that study to render services without proper equipment and protective clothing, thus exposing them to infection. These findings went back to the issue of resource allocation impacting negatively on quality patient care and risking the safety of health care providers (Mbangula, 2015).

When asked about a 'Do Not Resuscitate order' being implemented by medical staff without first consulting with the patient or their family; 56.1% of the respondents had never experienced this ethical issue and 7.0 % reported that this often occurred. The imposition of this order was therefore an infrequent practice at the college under study, and (Sinclair et al., 2016) also reported a very low incidence of (7%) to the occurrence of this ethical issue. These results

suggested that the unethical implementation of a 'Do Not Resuscitate order' was uncommon in clinical practice. A 'Do Not Resuscitate order' directs nurses to be passive when a patient needs resuscitation, but need to ensure that the patient dies with dignity (Mbangula, 2015).

The participants were also asked of their experiences of medical or treatment errors that were not reported; 56.1% of the respondents indicated that they never witnessed such occurrences, while 7.0% reported often having seen this happen. The findings, therefore, suggested that this ethical issue was an uncommon practice in their clinical practice. However, a study conducted by Numminen and Leino-Kilpi (2007) indicated that lack of truth telling was among the ethical issues frequently witnessed by student nurses. According to the SANC, this is a violation of the veracity principle (South African Nursing Council, 2013).

Regarding the experience of patients being discharged when the respondents were of the opinion that they were not fit to go home; 22.8% responded that they rarely witnessed this ethical issue while 13.2% of them reported that very often they encountered this ethical issue. The findings of this study, therefore, suggested that this ethical issue occurred rarely in the clinical practice studied. In support of this findings, Waring, Marshall, Bishop, Sahota, Walker, Currie et al. (2014) clarified that the discharge of a patient is a process that involved various stakeholders; and where necessary the decision to discharge a patient involved a multidisciplinary team to protect him/her from a hospital acquired infection if they thought that it was best for the patient to be treated as an outpatient. Therefore this study exposed that there are rare situations where a patient can be discharged from the hospital been not fit for discharged based on the fact that discharge will benefit the patient more to avoid nosocomial infection (Waring et al., 2014)

In relation to the question of unhealthy dialogue between healthcare providers in the presence of patients; the findings of this study showed that 27.2% of the respondents indicated that they often witnessed this occurrence, while 14.9% responded never to such situation. The findings, therefore, suggested that this ethical issue had a high frequency of occurrence in the clinical practice studied. These findings are similar to the findings of the study conducted by Pauly et al. (2009), who indicated that conflict between nurses and physicians and conflict between nurses in front of patients had become a common practice reported by their study respondents.

5.2.2 Level of Distress Among Student Nurses in Relation to Ethical Issues

In describing the ethical issues that caused distress among student nurses, the findings of this study regarding the breach of patients' rights to confidentiality and/privacy showed that 30.7% of the respondents experienced some distress when this occurred, while 13.2% of the respondents reported very high distress. These results differ from the findings of the study conducted by Erdil and Korkmaz (2009), where a breach of patient's right to confidentiality and/privacy was highly distressing to student nurses when they demonstrated lack of confidence to stand up for what they believed was unethical.

Likewise, it was echoed at the Nursing Summit in 2011, that the majority of nurses experienced moral distress if situations prevented them from doing what they thought was right (Department of Health, 2013). Based on this study findings, the respondents might have experienced some distress because they rarely witnessed such practice in the clinical practice under study. 45.6% of the respondents reported high distress levels while 12.3% reported moderate distress in response to the question of withholding information from the patients regarding their diagnosis, treatment or prognosis. These findings are supported by Wojtowicz et al., (2014); Erdil and Korkmaz (2009) who stated that the participants in their study

experienced high levels of distress when information was withheld from patients regarding their diagnosis, treatment and prognosis. On the contrary, Sinclair et al. (2016) reported slightly lower levels of distress (32.5%) at the same ethical breach. The respondents in this study indicated that withholding information from the patients regarding their diagnosis, treatment or prognosis never happened in the clinical practice studied. However, the same respondents reported to have experienced high distress level on this ethical issue. According to Kohlberg theory, the findings of this study may suggest that the respondents still operates under pre-conventional morality. They lack understanding of the conventions, therefore they failed to reflect on their values when caring for the patients as indicated by (Casterlé et al., 2008).

Regarding medical or nursing care being provided where, in the respondents' opinion, the consent given by the patients was not informed consent, the findings of this study indicated that 24.5% of the respondents reported having experienced moderate distress as compared to 15.5% of the respondents who claimed to have experienced high to very high distress when this occurred. Though this ethical issue was rare in the clinical practice studied, it did cause high level of distress among the respondents who took part in this study. According to Sinclair et al. (2016) the level of distress among student nurses depended on the type of ethical issue the student was experiencing, their ethical maturity based on the exposure to the experience and their own ethical values on that issue.

In response to the discriminatory treatment of patients, 28.9% respondents reported to have experienced very high distress levels, as opposed to 12.3% who reported some distress when this ethical breach occurred. The findings of this study showed that patients never got discriminatory treatment in clinical practice studied. However, respondents experienced very high level of distress to this ethical issue despite that they never witnessed it happening. The findings suggest that the respondents in this study lack knowledge and understanding of ethical

issues hence Minister of Health suggested that ethos and professional practise should be introduced from the first year to increase ethical awareness of the student nurses. The above statement is supported by Erdil and Korkmaz (2009) who highlighted that the students' levels of distress varied and were aggravated by the degree to which they lacked the autonomy to stand for what they knew to be right or wrong.

The use of physical or chemical restraints to control patients' behaviour also caused the respondents distress: 34.2% reported no distress during the occurrence of this ethical issue, while 9.6% reported some distress. Though this ethical issue occurred less frequently in comparison to the other ethical issues discussed in this study, it still caused the respondents much distress. Sinclair et al. (2016) concluded that the level of distress experienced depended on the type of ethical issue, the student's ethical maturity and their ethical values on the issues at hand, the higher level of distress reported in this study could have been as a result of the low incidence of this ethical issue in their clinical practice setting.

When asked to express their level of distress at seeing healthcare personnel making disrespectful statements about patients, 33.3% of the respondents reported high distress at this ethical issue, while 9.6% of the respondents indicated feeling no distress. The findings of this study are supported by Willassen et al. (2015) who revealed that respondents in their study suffered inner conflict related to disrespectful statements and undignified caring of patients in perioperative care, which caused high levels of distress among those students nurses. Participants in Willassen et al. (2015) further indicated that seeing patients treated like objects caused them high distress as they did not have the confidence to confront seniors.

In response to the issue of health care professionals not responding to a patient's dignity, the findings showed that 23.7% experienced very high distress levels, while 14.0% reported only some distress at this occurrence. The findings of this study are supported by Willassen,

Blomberg, von Post and Lindwall (2014) who revealed that high distress level among the respondents in their study was caused by the experienced of undignified perioperative care where health professionals acted as if they were not prepared to protect their patients' dignity. Regarding unsafe health care practices that placed patients at risk, the findings showed that 29.8% of the respondents reported very high levels of distress while 12.3% reported some to moderate distress with this ethical issue. The findings here were similar to findings by Pauly et al. (2009) that conflict between nurses and physicians, and working with incompetent personnel were viewed as unsafe health care practices that placed patients at risk and caused high levels of distress among the respondents. Mathibe-Neke (2015) stated that most student nurses remained silent when they found themselves working under conditions that were characterised by shortages of resources, poor supervision, and conflict between nurses and doctors risking the safety of patients.

In terms of working conditions that were considered unsafe with low staffing levels, a lack of resources and equipment and lack of staff training, 45.6% of the respondents reported experiencing very high levels of distress while an uncommon 2.6% reported no distress on this ethical issue. Similar to this study, Sinclair et al. (2016) also reported that unsafe working conditions caused the nursing students who participated in their study high levels of distress, while Kulmala (2016) is of the opinion that sources of high moral distress among nurses included a shortage of staff that led to inadequate patient care. High level of distress experienced by the respondents can be due to lack of supervision caused by a shortage of staff and situations where students are expected to function as employees while they expected clinical placement to be their learning environment.

33.3% of the respondents reported very high distress levels on providing unsupervised care for patients when they did not feel competent enough to do so, while 11.4% of them

experienced some distressed. In support of this findings, Mabuda et al. (2008) reported that the participants in their study experienced high distress when they were forced by professional nurses to administer medication to patients when they were not competent enough to give medicine without supervision. Contrary to this finding, student participants in the study conducted by Brynildsen et al. (2014) acknowledged and appreciated the support provided by preceptors in the ward, which provided them with a continuous distress free learning environment and mentorship. The findings of this study suggest that shortage of staff retard students growth to professional maturity but on the other hand encourages independence. Learning from senior peers can enhance confidence and ethical maturity to students who still lack clinical experience.

In relation to the provision of care that has put the respondents' safety at risk, 40.4% reported a feeling of very high distress at the occurrence of this ethical issue and a further 12.3% felt moderate distress. This ethical issue was reported as occurring often in the clinical practice and was found to have caused the respondents very high level of distress when they were forced to provide care in situations when their own safety was at risk. Mbangula (2015) supported these findings by stating that high distress among the respondents in this study was associated with lack of safety equipment that would protect them from being infected by diseases during patient care.

In relation to a 'Do Not Resuscitate orders' being implemented by medical staff without consultation with a patient or their family; 30.7% of the respondents experienced very high distress levels when faced with this ethical issue, while 13.2% reported having experienced no distress. The respondents in this study reported that they never witnessed this ethical issue being implemented in the clinical practice, however majority of them claimed to have experienced very high distress level on this issue. Mbangula (2015) is of the opinion that high distress among the

respondents was associated with the implementation of this order was it created a feeling of failure to preserve life when this order was requested and signed for by the doctors.

The failure to report medical or treatment errors caused 30.7% of the respondents no distressed, while only 9.6% reported some distress when such incidents occurred. This ethical issue was reported by the respondents as occurring sometimes in their clinical area but does not cause any feeling of distress among the respondents who witnessed it. As highlighted by Sinclair et al. (2016), the level of distress among student nurses depended on the type of ethical issue the student was experiencing, their ethical maturity based on the exposure to the experience and their own ethical values on that issue.

However, the study conducted by Numminen and Leino-Kilpi (2007) revealed opposite results indicating that a lack of truth-telling was among the ethical issues frequently witnessed by student nurses; exposing them to high distress. According to SANC, failure to report treatment errors is regarded as a violation of the principle of veracity (South African Nursing Council, 2013).

Regarding the discharge of patients who were unfit to go home, the findings indicated that 25.4% of the respondents reported being very highly distressed in these situations, while only 10.5% reported not being distressed by this. Waring et al. (2014) clarified that the discharge of a patient who is still unwell was a process undertaken by a multidisciplinary team for the benefit of the patient, with the intention to protect him/her from hospital-acquired infections, as prolonged stays in the hospital are characterised by complications. According to Waring et al. (2014), the reasons behind the discharges in these instances were far more complex than the respondents understood, and were only done when the multidisciplinary team deemed it best for the patient to be treated as an outpatient.

5.3 Recommendations

Recommendations are made with regard to Nursing Education, Nursing Practice and Nursing research.

5.3.1 Nursing Education

Findings from this study recommend that student nurses need to be empowered on how to deal with ethical issues reported in clinical practice. This can be achieved through the use of innovative teaching strategies like case-based, problem-based learning and the use of reflective diaries, where students can be given opportunities for critical reflections so that they can be empowered on how to act in such situations in the future. These would improve students' critical thinking and assertiveness in clinical practice. Moreover, the college as the service provider should organise in-service education in the clinical placement areas regarding ethical practice

5.3.2 Nursing Practice

Clinical practice areas together with the college should work together to ensure the safety of students during clinical placement. Furthermore, peer mentoring need to be emphasised to address the issue of professional nurses and equipment shortage facing the student nurses in clinical practice. Senior students can support the novice students by acting as their role models. Shortage of staff and equipment showed to impacted negatively on patient care, therefore the current reporting system in different clinical practice areas need to be reviewed for its effectiveness in reducing the current status of clinical practice.

5.3.3 Nursing Research

From this study, the participant's responses regarding ethical issues in clinical practice were limited to the information guided by the data collection instrument, therefore there is a need

for further research to include qualitative and quantitative. Also to investigate student nurses, educators and clinical facilitators and explore their perceptions on ethical issues in clinical practice.This would give all the concerned parties, an opportunity to express their feeling regarding the phenomenon. In addition, there is a need for further study on the impact of the shortage of staff and equipment on students' training in the nursing education institutions.

5.4 Limitation of the Study

This study was conducted in one of the three public colleges in the Free State, South Africa, with a sample of 130 student nurses and only 114 student nurses participated. Moreover, not all of the student population at the college under study were represented as the first years and bridging course students were excluded from the study. Therefore the findings of this study could not be generalised to all student nurses in the college.

5.5 Conclusion of the Study

The participants in this study were male and female student nurses from the second year to the fourth year level of study, aged from 18 years to above 30 years. No significant relationship was observed between these three variables regarding the frequency in the occurrence of the ethical issues as well as the level of distress perceived by the student nurses. All 16 ethical issues specified in the data collection instrument were found to be occurring at different frequencies at the various clinical practices around the Thabo Mofutsanyane District in the Free State. However, ethical issues related to patient care occurred more frequently in clinical practice in comparison to the ethical issues related to patients' rights.

The main findings of this study were that the majority of the respondents, 46.5% very often

encountered working conditions that were considered unsafe i.e. low staffing levels, lack of resources or equipment and lack of staff training. This was followed by the provision of care for patients that have put the nursing students' own safety at risk, being reported by 40.4% of the respondents as occurring very often in the clinical practice under study. The third ethical issue reported as often occurring was an unhealthy dialogue between healthcare providers in the presence of patients reported by 27.2% of the respondents.

Other ethical issues that include provision of care without supervision, unreported medical errors and discharge of patient from the hospital being unfit for discharged were reported as occurring sometimes. The very same ethical issues caused the respondents very high distress leves.

The findings of this study showed that some ethical breaches never occurred in clinical practice but caused the respondents very high distress. The level of distress among these student nurses depended on the type of ethical issue experienced, their own ethical values on that issue and their ethical maturity. The present complexity in clinical environments requires professional nurses who can think critically, act ethically, solve clinical problems and improve the quality of care in the midst of all the clinical challenges encountered.

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Annexure A: Information Given to Respondents

Dear Nursing Students,

I, Mrs D.J Mofokeng, a Master's student in Nursing Education at the University of KwaZulu- Natal, is conducting a study on **Exploring Student Nurses' Perceptions of Ethical Issues in Clinical Practice at a Selected College in the Free State.**

I am requesting your participation in this study as you meet the criteria of the people who are eligible to participate in the study. The purpose of the study is to explore and describe the ethical issues that student nurses report as frequently occurring in clinical practice at a selected college in the Free State. The study findings might help to improve the nursing body of knowledge, and might also have the potential to influence policy makers and curriculum developers in matters related to ethical issues and creating a baseline for making policies.

Please note that there are no incentives for participation. If you agree to participate, you will be provided with a structured questionnaire and be requested to complete it upon your voluntary agreement to participate in the study. The researcher will liaise with your academic director to complete the questionnaire during tea time and lunch time. Completion of the questionnaire will take 15-30 minutes and your information will be treated with the utmost confidentiality. No personal information will be disclosed unless required by law. Your name will not appear anywhere on the questionnaire or in the study findings, and you are requested not to put your name on the questionnaire provided. There are no expenses involved because the study will be conducted on the usual school days and within the usual timeframe.

Please feel free to ask questions you may have so that you are clear about what is expected of you. You are free to participate or not to participate in this study. You are free to withdraw from the study at any stage without repercussions and there are no risks attached to your participation. The results of the study will be made available to you on completion of this study.

Thank you for your time and cooperation

Yours sincerely Mrs D.J. Mofokeng Date:

Contact details of the researcher for more information Contact number: 0734694261

Email: mofokengdj659n@gmail.com Supervisor's contact details

Mrs Makhosi Dube Howard College Campus

School of Nursing and Public Health 4th Floor Desmond Clarence Building 4041, Durban, South Africa

Email: dudeb@ukzn.ac.za Contact number: 031 260 2494

HSSREC Research Office: Mariette Snyman Contact number: 031- 2608350

Email: **snymanm@ukzn.ac.za**

Annexure B: Questionnaire

Protocol Reference No: HSS/1482/016M

Ethical Issues in Clinical Practice
General Information, Consent, Confidentiality and Autonomy
You are invited to participate in a research project that is conducted by D.J. Mofokeng, a Master's nursing student at the University of KwaZulu-Natal. The title of the study is**: Exploring Student Nurses' Perceptions of Ethical Issues in Clinical Practice at a Selected College in the Free State.** The purpose of the study is to explore and describe the ethical issues that student nurses report as frequently occurring in clinical practice at a selected college in the Free State. Anonymity will be maintained by not putting your personal identification on the questionnaire. Autonomy will be maintained by ensuring that your participation is voluntary; you are given freedom of choice to participate in the study or not and you will not be penalised for choosing not to participate or to withdraw from participation at any stage of the data collection. Signing of a consent form will indicate your voluntary agreement to participate in the study.
Demographic Information (Section A)

1. What is your gender?

☐ Male

☐ Female

2. Which category below includes your age?

☐ 18-21

☐ 22-29

☐ 30 and above

3. What year of the Nursing Diploma are you currently in?

☐ First Year

☐ Second Year

☐ Third Year

☐ Fourth Year

About the Questionnaire

The following questions outline pre-determined ethical issues that relate to the patients' rights and patient care.

This questionnaire is divided into three sections:

Section A includes demographic information.

In section B you are asked to indicate how frequently you may have perceived these ethical issues.

In Section C you are asked to indicate the level of distress perceived in relation to these ethical issues.

Your perceptions of these ethical issues may mean that you have observed them or been involved in them, either directly or indirectly. It is important that you recall situations or events that happened
during your placement in the clinical practice. Please do not include situations that may have occurred

in your personal or working life, for instance if you were employed as an enrolled nurse or auxiliary nurse.

It is expected that this questionnaire will take approximately 15-30 minutes to complete. Please take your time recalling the information as it is important that I learn about your perceptions of ethical issues in the clinical practice.

Ethical Issues: Section B					
Related to: Patients' Rights					
Ethical issues that students report as frequently occurring	**Never**	**Rarely**	**Sometimes**	**Often**	**Very often**
4.Breaches of a patient's right to confidentiality and/or privacy.					
5.Information withheld from the patient regarding their diagnosis, treatment or prognosis.					
6. Medical or nursing care being provided where consent given, according to your opinion, was not informed consent.					
7. Discriminatory treatment of the patient.					
8. Use of chemical or physical restraints to control patient behaviour that in your opinion was not in the patient's best interest.					
9. Health care personnel making a derogatory or disrespectful statement about a patient.					

10. Medical or nursing treatment given against the patient‘s wishes.					
11. Health care professionals not responding to a patient’s dignity					
Related to: Patient Care					
12. Unsafe health care practices that place patients at risk.					
13. Working conditions that you consider unsafe i.e. low staffing levels, a lack of resources or equipment and a lack of staff training.					
14. Asked to provide care without supervision that you did not feel competent to provide.					
15. Medical or treatment errors that was not reported.					
16. Experienced a ‘Do Not Resuscitate Order’ being implemented by medical staff without consulting with the patient or their family.					
17. Discharge of a patient from the hospital when in your opinion you felt that patient was not fit for discharge.					
18. Unhealthy dialogue between health care providers in the presence of patients.					
Level of Distress: Section C					
Related to: Patients’ Rights					
Indicate the level of distress perceived in relation to these ethical issues.	**No Distress**	**Some Distress**	**Moderate Distress**	**High Distress**	**Very High Distress**

19.Breaches of a patient's right to confidentiality and/or privacy					
20. Information withheld from the patient regarding their diagnosis, treatment or prognosis					
21. Medical or nursing care being provided where consent given, according to your opinion, was not informed consent.					
22. Discriminatory treatment of the patient.					
23. Use of chemical or physical restraints to control patient behaviour that in your opinion was not in the patient's best interest.					
24. Health care personnel making a derogatory or disrespectful statement about a patient.					
25. Medical or nursing treatment given against the patient's wishes.					
26. Health care professionals not responding to a patient's dignity.					
Related to: Patient Care					
27. Unsafe health care practices that place patients at risk					
28. Working conditions that you consider unsafe i.e. low staffing levels, a lack of resources or equipment and a lack of staff training.					
29. Asked to provide care without supervision that you did not feel competent to provide.					

30. Provided care for a patient that has put your own safety at risk.					
31. Medical or treatment errors that were not reported.					
32. Experienced a 'Do Not Resuscitate Order' being implemented by medical staff without consulting with the patient or their family.					
33. Discharge of a patient from the hospital where, in your opinion, you felt that patient was not fit for discharge.					
34. Unhealthy dialogue between health care providers in the presence of patients.					

Thank you

Annexure C: Letter Requesting Permission from the Principal of the School

659n Bluegumbosch Phuthaditjhaba 9866

07 February 2017

The Principal

Free State School of Nursing South Campus

Bloemfontein

Dear Madam

Re: Request to conduct research study

I hereby request permission to conduct a research study at one of your campuses. I am a Master's Degree student at the University of KwaZulu-Natal School of Nursing. The title of my study is: **Exploring Student Nurses' Perceptions of Ethical Issues in Clinical Practice at a Selected College in the Free State.** I got full approval for the study from the University of KwaZulu-Natal and from the Free State Department of Health, and the approval letters are attached. I would like to commence data collection once permission has been granted. Arrangement has been made with the clinical area where some students are allocated, as requested by (HoD), and the data will be collected at convenient times during tea breaks and lunch times. The target group for my study includes students from the 2nd year to 4th year level, who are registered for a Diploma in Nursing (General, Psychiatry, Community) and Midwifery at the Eastern campus.

The data collection process will observe confidentiality, anonymity, informed consent and freedom of choice.

I trust my request will meet your favourable consideration. Yours faithfully,

Disebo Joyce Mofokeng Student number: 216075467

Cell number: 0734694261

Email: mofokengdj659n@gmail.com

Annexure D: Permission letter from the principal of the school of Nursing

health
Department of Health
FREE STATE PROVINCE

DATE	30 November 2016		
TO:	**Me D.J. MOFOKENG** Lecturer : Eastern Campus Student No 216075467 Free State School of Nursing Bloemfontein	**FROM**	**Me N.M.M. RALIKONYANA** Acting Principal Free State School of Nursing BLOEMFONTEIN

Re: PERMISSION TO CONDUCT RESEARCH

Permission is hereby granted for you to conduct research on "Exploring Student Nurses perceptions of ethical issues in Clinical Practice at a selected College in Free State". This permission is subject to approval and conditions of Head of Free State Department of Health. You will also be expected to provide the College with ethical clearance from the University of Kwazulu Natal

Wishing you all the best with your studies.

Warm regards

N.M.M. Ralikonyana
Acting Principal
Free State School of Nursing
051 403 9831

FREE STATE SCHOOL OF NURSING
30 NOV 2016
DEAN SOUTHERN CAMPUS

Me N.M.M. Ralikonyana: Head of Campus, Free State School of Nursing, Private Bag X20520, Bloemfontein, 9300. Tel 051 403 9831 Fax 051 430 6469, e-mail ralikonynmm@fshealth.gov.za

Annexure E: Approval Letter from the UKZN Ethics Committee

UNIVERSITY OF KWAZULU-NATAL
INYUVESI YAKWAZULU-NATALI

31 January 2017

Mrs Diseba J Mofokeng 216075467
School of Nursing & Public Health
Howard College Campus

Dear Mrs Mofokeng

Protocol reference number: HSS/1482/016M
Project title: Exploring Student Nurses perceptions of ethical issues in Clinical Practice at a selected College in Free State.

Full Approval – Full Committee Reviewed Protocol

In response to your application received 6 September 2016, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol has been granted **FULL APPROVAL**.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment /modification prior to its implementation. In case you have further queries, please quote the above reference number.

PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

Dr Shenuka Singh (Chair)
Humanities & Social Sciences Research Ethics Committee

/pm

cc Supervisor: Makhosi Dube
cc Academic Leader Research: Prof B Sartorius
cc School Administrators: Mrs C Dharmraj

Humanities & Social Sciences Research Ethics Committee
Dr Shenuka Singh (Chair)
Westville Campus, Govan Mbeki Building
Postal Address: Private Bag X54001, Durban 4000
Telephone: +27 (0) 31 260 3587/8350/4557 Facsimile: +27 (0) 31 260 4609 Email: [illegible]
Website: www.ukzn.ac.za

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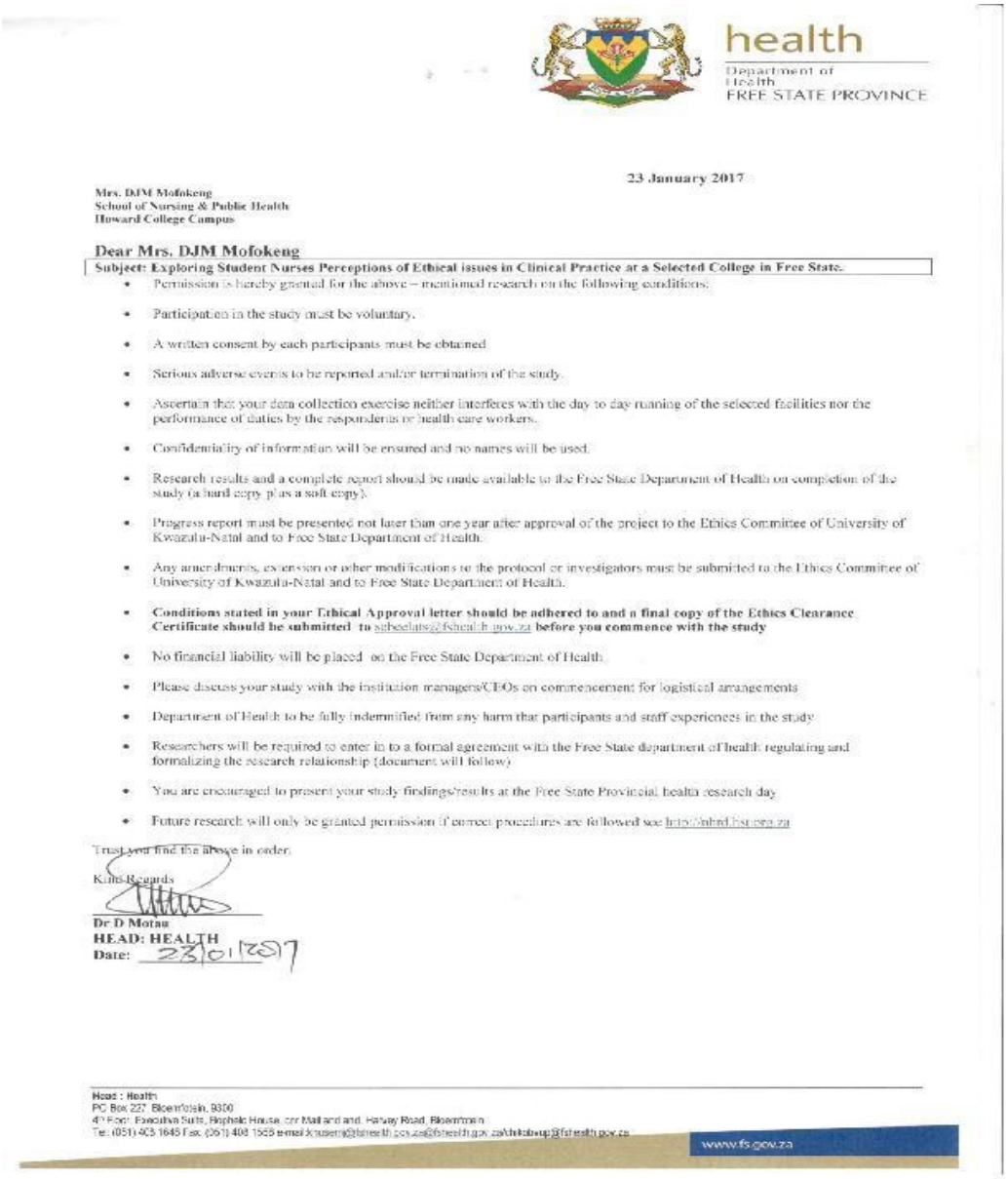
Annexure F: Permission Letter from the Department of Health (Free State)



health
Department of Health
FREE STATE PROVINCE

23 January 2017

Mrs. DJM Mofokeng
School of Nursing & Public Health
Howard College Campus

Dear Mrs. DJM Mofokeng

Subject: Exploring Student Nurses Perceptions of Ethical issues in Clinical Practice at a Selected College in Free State.

- Permission is hereby granted for the above – mentioned research on the following conditions:
- Participation in the study must be voluntary.
- A written consent by each participants must be obtained
- Serious adverse events to be reported and/or termination of the study.
- Ascertain that your data collection exercise neither interferes with the day to day running of the selected facilities nor the performance of duties by the respondents or health care workers.
- Confidentiality of information will be ensured and no names will be used.
- Research results and a complete report should be made available to the Free State Department of Health on completion of the study (a hard copy plus a soft copy).
- Progress report must be presented not later than one year after approval of the project to the Ethics Committee of University of Kwazulu-Natal and to Free State Department of Health.
- Any amendments, extension or other modifications to the protocol or investigators must be submitted to the Ethics Committee of University of Kwazulu-Natal and to Free State Department of Health.
- **Conditions stated in your Ethical Approval letter should be adhered to and a final copy of the Ethics Clearance Certificate should be submitted to** nzbeelaw@fshealth.gov.za **before you commence with the study**
- No financial liability will be placed on the Free State Department of Health.
- Please discuss your study with the institution managers/CEOs on commencement for logistical arrangements
- Department of Health to be fully indemnified from any harm that participants and staff experiences in the study
- Researchers will be required to enter in to a formal agreement with the Free State department of health regulating and formalizing the research relationship (document will follow)
- You are encouraged to present your study findings/results at the Free State Provincial health research day
- Future research will only be granted permission if correct procedures are followed see http://nhrd.hst.org.za

Trust you find the above in order.

Kind Regards

Dr D Motau
HEAD: HEALTH
Date: 23/01/2017

Head : Health
PO Box 227 Bloemfontein, 9300
4th Floor Executive Suite, Biophelo House, cor Maitland and Harvey Road, Bloemfontein
Tel.: (051) 403 1648 Fax: (051) 408 1568 e-mail:khauseni@fshealth.gov.za/shikabwup@fshealth.gov.za

www.fs.gov.za

Annexure G: Permission Letter from Dean of the Campus

health
Department of Health
FREE STATE PROVINCE

INTERNAL MEMO

DATE:	**10.02.2017**	**FILE NO:**	
TO:	Mrs Mofokeng D J Lecturer: Eastern Campus Student number: 216075467 Free State School OF Nursing Witsieshioek, 9870	**FROM:**	Me M M Mokoena-Mvandaba: Head of Campus Free State School of Nursing: Eastern Campus, Witsieshoek, 9870

SUBJECT: PERMISSION TO CONDUCT RESEARCH

Your letter dated 09.02.2017 regarding the matter above is hereby acknowledged and refers.

Permission is hereby granted for you to conduct research on **"Exploring Student Nurses Perceptions of Ethical Issues in Clinical Practice at a selected college in Free State".**

Wishing you all the success with your studies

Regards

Me M M Mokoena-Mvandaba (Head of Campus)

FREE STATE SCHOOL OF NURSING
PRIVATE BAG X833
WITSIESHOEK 9870
2017 -02- 10
DEAN
EASTERN CAMPUS

Annexure H: Permission Letter from Clinical Practice

health
Department of Health
FREE STATE PROVINCE

INTERNAL MEMEO

DATE:	**10.02.2017**	**FILE NO:**	
TO:	Mrs Mofokeng D J Lecturer: Eastern Campus Student number: 216075467 Free State School of Nursing Witsieshoeh, 9870	**FROM:**	Me P J Ntene: Local Area Manager : PHC Thabo mofutsanyana Health District: MAP sub district Witsieshoek, 9870

SUBJECT: PERMISSION TO CONDUCT A RESEARCH

Your letter dated 09.02.2017 regarding the matter above is hereby acknowledged and refers.

Permission is hereby granted for you to conduct research on **"Exploring Student Nurses Perceptions of Ethical Issues in Clinical Practice at a selected college in Free State"**

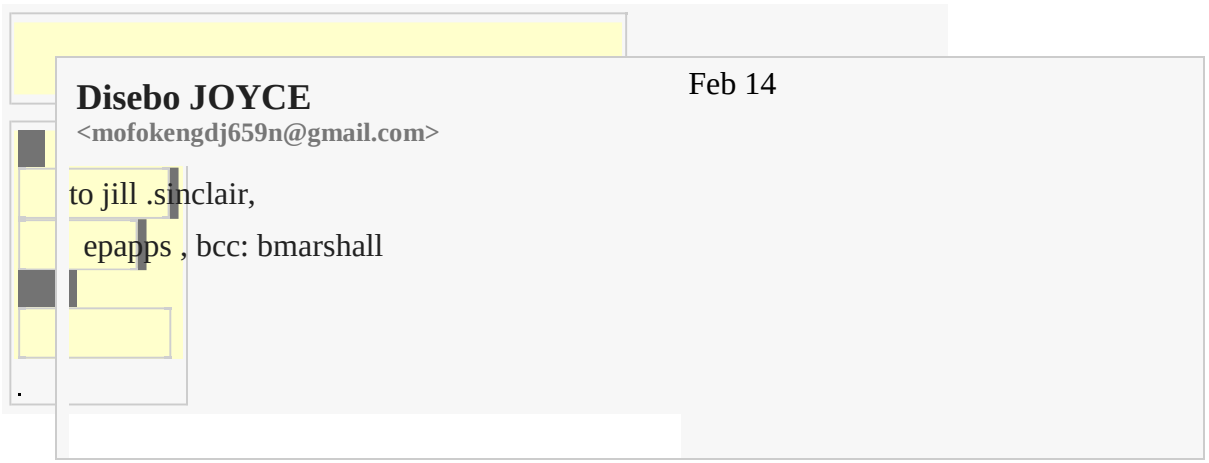
Wishing you all the success in your studies

Regards

Me P J Ntene (Local area manager)

Office Stamp
Free State Department of Health
Thabo Mofutsanyana Health District
MAP Primary Health Care
2017 -02- 0 9
Name Print: Ntene PEJ
Signature:
Tel: 058 713 0515

Annexure I: Letter Requesting Permission to Duplicate the Study



Disebo JOYCE Feb 14
<mofokengdj659n@gmail.com>

to jill .simclair,
epapps , bcc: bmarshall

.

Dear Researchers/Authors

My name is Joyce, a Master's Degree student in Nursing Education at the University of Kwa Zulu Natal (South Africa). I am doing (course work), which runs for one year. The title of my study is: Exploring Student Nurses perceptions of ethical issues in clinical practice at a selected college in Free State. I saw your study and developed interest in using your questionnaire as my topic is more like yours. I humbly request your permission to adapt your questionnaire. I promised to update you with the findings of my study.

Hope my request will meet your favourable consideration

Kind Regards

Mofokeng Disebo Joyce
Student no: 216075467
email: mofokengdj659n@gmail.com

Annexure J: Permission from the Author to Duplicate the Study

Bob Marshall <BMarshall@eit.ac.nz> Feb 20

to me, jill.sinclair, Elaine

Dear Disebo Joyce,
Yes, we are happy for you to adapt our questionnaire, providing that you acknowledge and reference our journal article in your report.
Best wishes for your project,
Bob Marshall

Bob Marshall PhD
Professor
Health Sciences

Note: I do not work at EIT on Wednesdays

P: 06 974 8000 x5422
F: 06 974 8976
E: bmarshall@eit.ac.nz

Eastern Institute of Technology
PB 1201
Napier 4142
New Zealand

From: Disebo JOYCE [mailto:mofokengdj659n@gmail.com]
Sent: Tuesday, 14 February 2017 6:22 p.m.
To: jill.sinclair@sit.ac.nz
Cc: Elaine Papps <EPapps@eit.ac.nz>
Subject: Re: Request for permission to duplicate your study

Annexure K: Proof of Editing Document

Pauline Fogg

54 Grundel Road Carrington Heights
Durban 4001
074 782 5234
27 July 2017

Letter of Editing

This report serves to state that the dissertation submitted by Disebo Joyce Mofokeng, in fulfilment of the requirements for the degree Masters of Nursing (Nursing Education) has been edited.

The dissertation was edited for errors in syntax, grammar, punctuation and the referencing system used.

The edit will be regarded as complete once the necessary changes have been effected and all of the comments addressed.

Thank-you for your business.

Pauline Fogg

Annexure L: Consent Form

Dear respondents
I, D J Mofokeng, a student at the University of Kwazulu Natal, is conducting a study through the College of Health Sciences and School of Nursing and Public Health at University of KwaZulu Natal. I am requesting your participation in the study titled: **Exploring Student Nurses Perceptions of Ethical Issues in Clinical Practice at a Selected College in Free State.** The purpose of the study is to explore and describe ethical issues that student nurses report as frequently occurring in clinical practice at a selected college in Free State.

You have been informed about the study by: DJ Mofokeng- contact 0734694261, Email: mofokengdj659n@gmail.com , you may contact me at any time if you have any question about the research.

You may conduct the researcher's supervisor- Mrs Makhosi Dube- contact number 07312602497, Email: dubeb@ukzn.ac.za

You may also contact HSSREC Research office- Ms Mariette Snyman contact number 031-2608350, Email: snymanm@ukzn.ac.za

Your participation in this research is voluntary and you will not be penalised if you refuse to participate or decide to withdraw at any time. If you agree to participate, you will be given a consent form to sign and the participant information sheet, which is written summary of the research.

DECLARATION

I……

(Full names of participant) hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to participate in the research project. I have been given the opportunity to ask questions that I might have, for my participation in the study.

I understand that I am at liberty to withdraw from the project at any time, should I so desire.
Signature of Participant: ……..Date:……