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Formalising a Structured Clinical Support as part of Student Support Services in an Undergraduate Nursing Higher Education Institution programme, South Africa.

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Abstract
Background: *Formalising a Structured Clinical Support as part of Student Support Services in an undergraduate Nursing Higher Education Institution (NHEI), is critical for student nurse clinical competency development, clinical practise readiness and clinical competency. Formalising a structured clinical support at NHEIs will allow for collaboration and linkage amongst the Clinical Peer Mentor, Clinical Facilitator and Academic Development Officer which this study revealed as part of Student Support Services to student nurses for course success, clinical practise readiness and clinical competency to be in clinical practise as student nurses and towards being competent graduate professional nurses. The Clinical Facilitator's role is to develop, support and strengthen student nurse's clinical competencies and practises. This role contributes largely to whether the student nurse copes, develops and continues well within a nursing program and in the actual clinical settings where placed. A Clinical Peer Mentor in a Nursing Higher Education Institution (NHEI) is a senior student nurse or a competent same year level student nurse who is able to provide clinical support to their peers in the university simulated clinical laboratory and the hospital clinical placement setting. An Academic Development Officer (ADO) is a part of Student Support Services structure. The role of an ADO is to help monitor a student's academic progress throughout the academic year and to develop a plan of action to support a student. Responsive and relevant student nurse support by a NHEI is critical to student nurse's academic and course success and clinical competency towards timely course completion. Currently, as literature reveals there needs to be a formalised structure of clinical support as part of Student Support Services in an undergraduate NHEI for responsive and relevant student nurse clinical support. Essentially, in nursing, not only academic support but if clinical support is inadequate, may results in the student nurse not coping and understanding clinical practise and probably dropping out of the course prematurely. Or, clinically incompetent student nurses who lack confidence and motivation to function as independent practitioners upon graduation. Formalising a structured clinical support as part of Student Support Services at the NHEI for student nurses clinical support emerged as collaboration and linkage amongst the Clinical Facilitator, ADO and Clinical Peer Mentor. This, will allow for consistent and comprehensive identification, tracking, monitoring and evaluation for development of student nurse clinical practise development and competency. This article contributes to evidence to help support the decision by a university's Executive Leadership to make decisions contributing to policy formulation and funding to implement a formalised structured clinical support as part of Student Support Services in an undergraduate NHEI for responsive and relevant student nurse clinical support.*
Materials and Methods: *An ethnographic design and Strauss and Corbin's Grounded theory data-analysis approach were used in this study. Individual and focus group interviews from 40 key informants and through observations, natural conversations and document analysis formed part of data collection. The researcher secured ethical clearance from the research ethics board, and ethics principles were observed through the study.*
Results: *Data findings revealed that there needs to be a formalised structured clinical support service as part of Student Support Services at a selected NHEI that encompasses the collaboration and linkage amongst the Clinical Facilitator, Clinical Peer Mentor and ADO for responsive and relevant clinical support to student nurses.*
Conclusion: *The Clinical facilitator, Clinical Peer Mentor and ADO in the NHEI needed to form part of structured Student Support Services in NHEI for responsive and relevant clinical support to student nurses. This will enhance the clinical competency practise in the university simulated clinical laboratory and the hospital clinical setting. The collaboration and linkage amongst the Clinical Facilitator, Clinical Peer and ADO will allow for intensive, consistent and constant clinical support and a reporting mechanism on student nurse clinical progress and competency. This would ensure no student nurse is left without clinical support either in the university simulated clinical laboratory or the hospital clinical placement setting. This will allow a student nurse to prepare for clinical work practise enabling them to pass each academic year and being clinically competent and as competent graduated nurses.*

Key Words: *Clinical Facilitator, Clinical Peer Mentor, ADO, collaboration, linkage, access, clinical practise, structure.*

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I. Introduction

Many student nurses admitted into Higher Education are previously disadvantaged students and who also hail from rural areas. The mandate is that upon qualification and graduation, the professional nurse graduates will serve in rural areas [1,2,3]. Also, globally, the demand for baccalaureate nurse graduates have increased in order to meet the health facilities demand [4]. Access of student nurses correlates with the need for ample student nurse support. [5] Globally and nationally the need for student nurses to enter HEI in large numbers but with an absence of relevant and responsive student nurse support, access without support is futile. Without the relevant and responsive student nurse support are at a risk of failure and premature dropout from the Nursing Higher Education Institution (NHEI) [4].

Nurses form the largest component of the healthcare sector and contribute to healthcare support and reform. As such, the education and support of the nurse workforce is critical towards effecting change and reform of the healthcare system [6]. In South Africa, increasing professionalisation and a shift to university education have been important features of the reform of nursing education [7,8]. In light of South Africa's health care reforms to achieve universal coverage [9] it is imperative in nursing education support to prepare nurses for their roles in leading and implementing these reforms. However, despite education reform and access into HEI there are high student nurse failure rates. First year student nurses are more prone to failing and dropping out of the nursing program. Atleast 22% of students leave dropout of the NHEI [10]. This leads to a dire nursing shortage in the country and defeats the purpose of access into Higher Education with less influence on the pass rate [11].

Analysing the failure rates, leads one to look at the nursing curriculum. The nursing programme contains both academic coursework and a clinical practise component which is practised at the university simulated clinical laboratory and at the hospital clinical placement setting. This is overwhelming for student nurses as they must cope with both requirements. This may become overwhelming and stressful regarding a student's ability to cope with examinations [12]. Moreover, clinical competency and clinical practise is a major component in a nursing course [13]. Literature dominantly cites a structured clinical support to student nurses to ensure they are prepared for the course integration whilst in clinical practise and upon graduation. The clinically supportive atmosphere for student nurses will ensure their constant clinical support towards clinical competency [14]. Being provided with the clinical support is critical to retain a student nurse in the course, ensure clinical competency and passing as competent in a course. The clinical support moreover affects a student nurse's learning outcomes, clinical experience and their ability to practise competently both as student nurses and as graduate nurses upon course completion.

The nursing shortages is dire worldwide. Not providing optimal a structured clinical support will inevitably lead to student nurses not coping with the clinical practica, not adjusting the clinical requirements in the university simulation clinical laboratory and/or the hospital clinical placement setting and not enjoying the clinical component of the course. This will lead to premature dropout form the course from the inability to cope and clinical failure of clinical assessments [15].

Literature shows that there is clinical support to student nurses in the university simulation clinical laboratory by a clinical facilitator which follows into the clinical placement setting. At the hospital clinical placement settings, there is support sporadically by the professional nurses. However, this in inadequate for student nurses' thirst and dire need for enhanced clinical support given the complex realistic clinical situations as compared to the university simulation clinical laboratory. The hospital clinical placement setting demands is also much for the student nurse to cope with as they practise as part of the ward acuity, with little support The increasing number of student nurses into nursing programs has grown, however, the clinical support has not.

In addition to the lack of clinical placement support can be attributed to the overcrowding of student nurses in some clinical placements making it difficult or professional nurses to help all student nurses. Clinical teaching and support is next to impossible given the shortage of nurses, shortage of clinical educators and less teaching and learning resources. Given that student nurses need clinical support for enhanced clinical performance and esteem to remain in a course, the need for adequate and relevant student nurse support is critical at the university and hospital clinical placement setting [16]. Literature [14] supports that not having a formalized and structured clinical support in NHEIs, showed itself by the lack of coordination between faculties and hospital staff. There is little collaboration and linkage amongst the university clinical teaching staff and nursing educators. Furthermore, the weak to no clinical support presence by the clinical facilitators, professional nurses, nurse educators leave the student nurse to their own peril. To increase the clinical learning experience and competency of student nurses, there needs to be a formal structured clinical support system in place at the university simulated

laboratory and the hospital clinical placement. This ensures consistency and continuation of support and a student nurse not having a missed clinical support moment [14].

The only avenue to save the healthcare system from crippling due to nurse shortages and prevent incompetent clinical practise, is by reducing the high student nurse failure rates and dropout from a course prematurely, and this would be by the NHEIs consisting of a formalised structured clinical support as part of Student Support Services. Additional clinical support is needed by experienced instructors and students had a more supportive role than others [16]. Primarily, employed in the university and hospital facilities are Clinical Facilitators. The Clinical Facilitator helps support the student nurse with clinical practise development and competencies. The Clinical Facilitator is defined as a Registered Nurse with a nursing education qualification who assists the student to develop the knowledge, attitudes and skills necessary for practice within the clinical environment [17].

Literature reveals that in order for student nurses to cope with clinical competencies, practise and development , they need a Clinical Peer Mentor to provide clinical support at the university simulated clinical laboratory and the hospital clinical placement setting. The Clinical Peer Mentor [18] emerged as part of Student Support Services at a selected NHEI. The Clinical Peer Mentor is senior student nurse or a clinically competent same year level nurse. Furthermore, currently Student Support Services offers the NHEI programme a generic student support program which entails life skills support, counselling and academic support by the Academic Development (ADO), supplemental instructors and peer mentors who provide academic support to student nurses [19]. There is currently no clinical support as part of Student Support Services at the NHEIs as literature cumulatively reveals [18]. The only clinical support is by the Clinical Facilitator and the self-appointed peer mentors which is not part of a formalised structured support system by the university.

Helping to be channelled to the correct Student Support Service as literature reveals is the ADO. The ADO is a Student Support Service personnel and is positioned in the respective Schools to provide academic support, academically monitor, track and develop students [20].

As much as there is a support of a Clinical Facilitator [21], the Clinical Facilitator works as a standalone support either in the university simulation laboratory and/pr the hospital clinical placement. As many studies reveal and this study's findings confirmed, formalising a structured clinical support as part of Student Support Services will make it responsive and relevant to student nurses at the NHEI. This study revealed that collaboration amongst the Clinical Facilitator, ADO and Clinical Peer Mentor was needed for student nurse clinical support. This will allow for intensive, consistent, responsive and continuous clinical support in the university simulated clinical laboratory and the hospital clinical placement setting amongst the support and professional personal with the involvement of the clinical facilitator. That is to say, the Clinical Facilitator support should not be a standalone support to student nurses. In order to be effective, the Clinical Facilitator must collaborate with the Clinical Peer Mentor and ADO. This linkage and collaboration must also extend to the hospital clinical placement setting where the professional nurses must continuously identify, track, monitor and evaluate student nurse clinical practise. This is suggestive of Collaborative Placement models [22]. The collaboration amongst personnel to upscale the nursing education opportunities [22]

Hence, [23] refer to an educational model as an example of collaboration in clinical support to student nurses, the Dedicated Education Unit (DEU). The DEU - established in Australia and employed internationally, see's a clinical facilitator works with ward-based Registered Nurse to develop their ability to facilitate learning of student nurses. The collaboration of the clinical Facilitator and the ward placement Registered Nurse helps support the student nurse in the placement setting whilst feedback is given to the Clinical Facilitator by the RN. Engaging such a model benefits the student nurse as they are the recipients of support in the actual clinical placement setting by the professional nurse who is clinical expert and the Clinical Facilitator knowing educational best practice.

At current, the university employs a generic Student Support Services model [19] and does not encompass the clinical support needs of student nurses. Nursing is a practice-based discipline [24] and need relevant clinical support. There are gaps in literature and studies on formalising and structuring and structuring clinical support in student support services for NHEIs. This leaves student nurse support weak, irrelevant and non-responsive if the clinical support is not formalised and structured in the NHEI's.

This paper therefore aims to underpin and outline the need for Formalising a Structured Clinical Support as part of Student Support Services in an undergraduate Nursing Higher Education Institution for by collaboration and linkage amongst the Clinical Facilitator, Clinical Peer Mentor and ADO. Outlining the study findings will help decision makers at the university Executive Leadership policy formulate and fund the clinical support competent for responsive and relevant clinical support.

II. Methodology

This ethnographic study approach was carried out in a NHEI- School of Nursing and Public Health (SNPH) and a selected government hospital setting. Utilising this approach allowed the researcher the opportunity to be immersed in the culture of the informants clinical and NEHI experiences. A total of 40 informants were included in the study.

Study Design: Ethnographic study approach

Study Location: The study locations included Hospital X is situated in Umlazi on the east coast of eThekwini municipality, KwaZulu-Natal. This hospital was chosen as the study setting as student nurses are allocated to this hospital as part of their clinical training and an easy to access facility in terms of travel distance to the researcher. The hospital serves at least two million people of which constitutes largely the Black population. The hospital has a bed space of 1,200 beds ("Hospital X (name undisclosed for anonymity). The SNPH selected as this study setting is situated centrally in the eThekwini district of KwaZulu-Natal [25]. The SNPH consists of a four-year undergraduate nursing programme which offers the basic four year nursing degree. The limited, but adequate, research settings entail intensive field-work, producing robust data evident in thick descriptions in ethnographic research [26].

Study Duration: January -December 2016.

Sample size: 40 study informants.

Sample size calculation: Informants were purposively selected and later theoretically sampled as determined by their involvement in and experience of AMS. A total of 40 informants participated in this study. They included 24 Bachelor of Nursing students, four peer mentors, four academic mentors (student tutors), four nurse educators, an AMS coordinator, a student counsellor and two Academic Development Officers. Sampling of primary and secondary documents also formed part of the purposive sampling, which led to the understanding of the cultural phenomenon under study during the study process. The sample description of primary documents included student nurse consultation notes undergraduate degree cohort and student academic and clinical competencies student support surveys. Secondary documents emerged for analysis from the primary document analysis and included policies, reports, minutes from official AMS meetings, established pillars of AMS in the cultural context, government-gazetted documents and other government policies on social transformation especially in the context of AMS in the selected HEI.

Subjects and selection method: Informants were purposively selected and later theoretically sampled as determined by their involvement in and experience of academic monitoring and support (AMS). Informants' insight, experience and involvement in nursing and AMS, as student nurses and as staff were therefore purposefully and theoretically sampled until data saturation was reached.

Inclusion criteria:

1. Student nurses
2. Executive leadership from the College of Health Sciences
3. Teaching Staff from the SNPH
4. Support students and staff at the SNPH
5. AMS staff from the College of Health Sciences.

Exclusion criteria:

1. Non- student nurses
2. Executive Leadership other than the College of Health Sciences
3. Hospital Staff
4. Administrative staff from the SNPH and hospital.

Procedure Methodology: Once ethical clearance was obtained from the University Research Ethics Board, gatekeeper permission was obtained from the Registrar to have access to the students and permission was obtained from the Nursing Department and Hospital X to collect data from the students. Ethical principles were observed throughout the study.

After having obtained permission and ethics to conduct the study, the researcher began with 1) ethnographic host observation in the hospital and the SNPH clinical skills laboratory cultural placement setting; and oscillated between 2) interviews and FGDs and (3) primary and secondary document analysis.

Interview and FGD schedules were designed around the research cultural phenomena. For document analysis a document analysis template was adapted and modified to the purpose of this study from the [27]. The document was edited and modified for the purposes of this study. The items consisted of the date of observation; observer; student consultation date with any of the AMS and academic personnel; purpose of the learning document; school groups of students; mark review and learning gaps; statement of learner problems; clinical problems in the clinical and HEI setting; clinical support provided; theoretical problems; theoretical support

provided; concise, complete and purpose of information of the document. The researcher (myself) was responsible for identifying documents for analysis and utilized the tool for document analysis.
The participant observation access into the hospital and university SNPH cultural settings allowed the researcher (myself) to adopt an "insider" approach. Student nurse ethnographic hosts were given a study information sheet and a student card which reassured them of the researcher's study purposes and the confidentiality clause. All observable behaviour was noted down on ethnographic field notes.
Ethnographic host's observatory notes were documented away from the ethnographic hosts. This ensured that they behaved naturally [28]. However, as ethnographic hosts began to interact freely without hesitation, passive observation would occur [29]. Interacting by behaving the same as cultural hosts allows the researcher to blend in and observe the cultural phenomenon as thy experience it [30].
In the hospital cultural placement setting, the researcher (myself) conducted observations at least four times a week from 6 a.m. to 4 p.m. As a result, the work-shift change of the student nurses, ethnographic hosts and the cultural setting dynamics at large. One year was spent by the researcher in the cultural settings.

Statistical Analysis:

Data was analysed using [31] grounded theory framework which is regarded as useful in concept analysis. Grounded theory data analysis [31] was utilised to analyse data which occurred in phases of open-coding, axial coding and selective coding. Once data was analysed, it was placed, according to [31] paradigm framework, which consists of six elements which includes conceptualisation, contextual conditions, antecedent conditions, action and interaction strategies, intervening conditions and consequences.

Data analysis in the open-coding phase firstly entailed the accumulation of open-codes which then led to condense data leading to emergent categories, properties and dimensions of a property [31]. Axial coding involves analysis of the larger textual body in order to uncover the development of relationships amongst axial categories for its sequential and spatial relationships, cause and effect and end-result relationships. Axial coding assists to put back relevant data into incomplete data. Selective coding was done by placing the refined categories and subcategories under the antecedent conditions, contextual conditions, action and interaction strategies. Intervening and consequences conditions were drafted on a large map. These findings were placed together. This simultaneously allowed the common link of the core phenomenon to develop and emerge. The refined and selected codes under the conditions revealed the core phenomenon and the attributed characteristics emanating from it. This was achieved by reiterative data analysis until data saturation was reached, leading to the emergent conceptual framework.

Aiding data analysis was selected elements of Walker and Avant's [32] model of concept analysis which was utilized for in-depth interrogation of the concept in terms of attributes, antecedents and consequences of this concept. By selecting a concept interrogation of the concept for meaning, eschewing the attributes or characteristics associated with the concept allows for broad insight into the concept.

III. Results

In order for the formalised and structured clinical support to be in NHEI there needs to be a context. The emergent findings revealed that in the SNPH at the selected NHEI, the Clinical Facilitator, Clinical Peer Mentor and ADO need to have a collaborative linkage amongst themselves. This will serve as a context for clinical mentoring and support. Data findings revealed that study participants needed the Clinical Facilitator, Clinical Peer Mentor and ADO clinical support as part of the student support service's in the undergraduate nursing degree programme. This includes consistency of clinical support within the SNPH and the hospital clinical placement setting.

> *"…Students only supported academically…school of nursing coming to meet the hospital matron and management. And then we can talk how to support the student, who does what and…against the outcomes of a student. Then we can tell the school of nursing or support people which student is struggling and areas they need support so school of nursing can follow up with student. It's eh, relationship we need with university to support the students". [KI 1]*

One of the primary reasons as data findings revealed there were no clinical support services for student nurses as part of the Student Support Services, is that there is a generic support service to all students alike in the HEI.

> *"There is….Academic Development Officers, academic development coordinators, counsellors, mentors etc…" [Document analysis, KII 19]*

> *"….we have the academic…and then we have student support services, student support we have the psychologist, we have the social worker and the person who is in skills development….but we do*

not have the clinical support specific for nursing students" [KII 17]

At current, study findings reveal that there was no formalised and structured clinical support by student support services, rather a generic student support service was offered to the School of Nursing. The need for a formalised structured clinical support as part of Student Support Services for nursing is a dire need, which study participants revealed is a major gap in student nurse support. As a result, clinical support was offered by friends and other peers who are at times, senior student nurses. And the Clinical Facilitator which study participants found insufficient.

"The university lecturer, hospital matron and ADO, peer mentor and academic mentor must be able to provide us with continuous support. They must meet and talk about we can we be provided support in campus and in the hospital" [KI1]

"They need to plan who providers clinical support and inform us (students) and then do their jobs…" [KI2]

"…. friends help us in the clinical setting with clinical skills… [FGD 1]
"… As senior students we volunteer to support our students in the clinical settings … [KI 19]
"… Having like peer mentors like at campus may help…someone senior to consult with".
[Natural conversational interview Method]

To rely solely on the Clinical Facilitator for clinical support in the absence of a formalised structured clinical support, did not help the student nurse cope clinically. Even if there was a Clinical Facilitator support was sporadic and limited.

"In terms of practical support there was little to none…in my third year I probably saw my supervisor four times or five times the whole year in the clinical setting…it was not a teaching lesson…" [KII 8]

To compensate for clinical support, student nurse ethnographic hosts accessed clinical support from peers of the same class or the academic mentors. The natural conversational interview method in the hospital cultural setting with a student nurse cultural informant highlights the voluntary role undertaken for clinical peer mentor support by himself (student nurse) to fellow student nurses:

"I knew how hard I had it when I was in 1st year…I took it upon myself to be a peer mentor to other student nurses from the university coming to the hospital" [Natural conversational interview method]

In order to provide a formalised and structured clinical support to NHEI, there needs to be a mandate from the structures within the university executive directorate. This will provide additional funds to employ clinical support personnel to assist as part of student support services, the clinical support.

"…The next phase we have some funding to now those whose are assisting the students in the clinical setting using that guide as well as the clinical preceptors" [KII 17]

The Clinical Peer Mentor was a peer but in the clinical sense, where active engagement between student to student allowed for further feedback and mastery of skill. Having such a formalised and structured clinical support structure will allow for collaboration and linkage amongst the Clinical Facilitator. Clinical Peer Mentor and ADO. This support can arch over from the SNPH to partner with the hospital clinical placement setting, matrons and professional nurses who oversee student nurses in their placement.

Clinical competency arising from an agreement between the hospital and university (SNPH) for a clinical peer mentorship programme ensures there will always be a structured, consistent and guided clinical support presence in these cultural settings. In addition, the hospital placement setting and SNPH partnership for developing a clinical peer mentorship is envisioned to contributing to student nurse clinical development, ongoing clinical support and hospital integration, as highlighted in the interview excerpt below:

"…Well it's just a dream we have a peer mentoring programme for all the students, it mustn't just be for university students or (hospital) students but we must have a peer mentoring programme which is situated within the hospital when the students come in the senior student mentor the young ones…" [KII 17]

"...we are thinking of a peer mentor programme which is based at a hospital level, we need funding to support those activities at present we pay the peer mentors at the university in the clinical settings how will we fund them?" [KII 17]

Once the university Executive Leadership policy formulates and funds the clinical support component of Student Support Services, this will allow for placement of a Clinical Facilitator, Clinical Peer Mentor and ADO collaboration and linkage in the university SNPH and is overarching to the hospital clinical placement setting where continuity of clinical support will ensue with the ADO, Clinical Facilitator and Clinical Peer Mentor along with the matron and professional nurses overseeing the student nurses. A natural conversational interview method in the clinical setting by a hospital nurse ethnographic host to the researcher, reveals this further below:

"*...the matron of the hospital, campus college principle at the hospital and the university can negotiate some sort of agreement with the university... the support of the hospital wards with the registered nurses providing clinical team teaching to the students in groups". [Natural conversational interview method]*

The formalised structure of clinical support would allow for support in the university simulated clinical laboratory and the hospital clinical placement setting. The on-site clinical support interaction would involve the one-on-one teaching, reflection, enquiry and questions by the student nurse ethnographic host to the clinical peer mentor, towards clinical knowledge and skills development. This is highlighted in the cultural informant interview excerpt below:

"...we must have a peer mentoring programme which is situated within the hospital when the students come in the senior student mentor the young ones..." [KII 17]

Involving collaboration amongst the Clinical Facilitator, Clinical Peer Mentor and ADO, was a structured collaboration where a student nurse as identified, tracked, supported, monitored and developed through relevant support. This was found by an ADO who identified at risk clinical student nurses and referred to the Clinical Facilitator and Clinical Peer Mentor for additional support. The ADO was aware through student nurse consultation what are their main problems and refer them for support and follow up to ensure the student nurse is coping after the necessary support. This support should also include collaboration and linkage amongst the Clinical Facilitator, Clinical Peer Mentor and ADO, the hospital matron and the professional nurses overseeing student nurses, at the hospital clinical placement setting. This ensures consistency of clinical support that a student nurse is not missed or does not miss out on clinical support and is followed up, as shown below:

"ADOs compile monthly and end of the Semester reports. Monthly reports give figures of students who accessed ADO services, the nature of issues or problems, interventions, referrals and follow up on referred cases..." [Document analysis, KI 2]

"...we need an agreement which explains how, when and by whom a student should be supported by. If there are support guidelines then a student will never be left alone. If it is clinical support at hospital, the hospital allocated person can support the student and then follow up with ADO or lecturer. If the problem is personal at the hospital, then hospital personnel should be aware they can contact ADO to report problem". [KI2]

"...the rule of the ADO is that when the student presents, we take them through the crisis management ...in the student support services...but ideally it would be good if ADO could also talk to the clinical facilitator or the peers of a student who needs clinical support" [KII 17]

In this instance, risk screening assessments and student nurse consultations with the ADO will allow for the ADO to collaborate with the Clinical Facilitator who is also a part of overseeing a student nurse's clinical development and support. The Clinical Facilitator should also follow up on the same student nurses in the hospital clinical placement setting and then liaise with the matron or the professional nurses overseeing the student nurse, on clinical progress of the student nurse. In return, the same feedback should be sent to the ADO and the Clinical Peer Mentor. Following through with the clinical support, the Clinical Peer Mentor who should be apart of student support services, as literature reveals, follows up on the student nurse's clinical progress and gives feedback to the ADO and the Clinical Facilitator, as revealed below:

"...they (clinical facilitator) must come and speak to the hospital matron and see how

a student nurse can be supported and what more can be done …and then give feedback to ADO to follow up on student [Natural conversational interview method]

"…the Clinical Facilitator can indicate and talk with the peer mentor on how to support a student nurse and check up after how the student is doing in the skills lab… university coming to the hospital" [Natural conversational interview method]

Whilst the clinical support could be ensured and consistently provided to student nurses by the ADO and the Clinical Facilitator by ongoing identification, tracking and monitoring at the hospital clinical placement setting and the university setting, at the simulated clinical laboratory or to ADO consultations, the Clinical Peer Mentor intervenes to cement further clinical support. The impact of Clinical Peer Mentor support in this instance is highlighted in the natural conversational method between myself, the researcher and student nurse ethnographic host:

"To be honest with you…I could not put drip up; give injection and not even allocated to qualified staff to these procedures…I feel having like clinical peer mentors like at campus may help. Then students would have someone senior to consult with". [Natural conversational interview method]

Having a Clinical Peer Mentor to be always with student nurses in the university simulated clinical laboratory and the clinical placement setting was a constant clinical support to student nurses. This was observed in the cultural setting where a student nurse peer mentor ethnographic host was teaching a first year student nurse ethnographic host on taking body temperature on a mannequin. First the student nurse peer mentor ethnographic host read through the English written clinical procedure sheet loudly. Thereafter, by code switching he communicated in isiZulu first and then in English language to the student nurse ethnographic host, as highlighted in the observation recorded in the SONPH CSL in the excerpt below:

"eh…first yabo (see) ukubingelela isiguli….then your name…yabo (see)…then…um…(student nurse ethnographic peer mentor host re-looks at the sheet and reads again to then look at student nurse ethnographic host who is waiting for his next advice)…say you have to take his temperature but ekhwapheni lakhe umzuzu 1 (isiZulu translation in English: under his armpit for 1 minute). [Study host observation: SONPH CSL, CI, 2014]

The clinical support when and as needed by a student nurse will allow for clinical understanding and understanding. As data findings revealed, the clinical support will cement the feedback from a student nurse by the Clinical Peer Mentor and to the Clinical Facilitator and ADO and vice versa to ensure the student nurse was amply supported.

"...at the college level we have a co-ordinator then the practitioners as sitting with in schools and we have different categories…we have ado academic development officers, so each school has and ado...then working with the peer mentors that are allocated to support the first year students…. We need same support clinical mentor to work with a student and provide feedback to the ADO". [KI17]

"I want to also if it's possible we have this peer mentoring system in the clinical settings because we have for the university based programme but we don't have it for the clinical support…" [KI17]

The need for clinical support by a Clinical Peer Mentor agreement is further highlighted data findings below:

"I want to also if it's possible we have this peer mentoring system in the clinical settings because we have for the university based programme but we don't have it for the clinical support…" [KI17]

IV. Discussion

This study found by formalising and structuring clinical support in student support services for NHEIs by linkage and collaboration amongst the Clinical Facilitator, Clinical Peer Mentor and ADO would enable relevant and responsive student nurse clinical support. This will prevent premature student nurse dropout, clinical incompetency, failure and prevent the student nurse from being without support in the NHEI's - SNPH simulation clinical laboratory and the hospital clinical placement setting. A study [33] revealed that clinical support needs to be provided by many role models and mentors in clinical placements to ensure student nurse clinical learning, competency and knowledge for practise. The clinical support by nurse educators, preceptors, mentors and peers and professional nurses needed to collaborate and support student nurses to ensure competent and safe nursing care. Initiating the formalising and structuring of clinical support in student support services in the NHEI's, needs early awareness of such support programs available to student nurses. The Student Support Services inclusion for clinical and academic support is supported by the Nursing and Midwifery Board of Ireland (NMBI) for approval of Higher-Level Institutions (HEIs), associated health care providers (AHCPs) and educational programmes leading to registration by NMBI outlines this support structure [34]

Formalising and structuring the clinical support in Student Support Services for NHEI's would allow for definitive pathway for identifying, tracking, monitoring and developing a student nurse's clinical progress, problems towards clinical competency and understanding. Clinical support by the nursing faculty, Clinical Facilitators and professional nurses are expert and covers all aspects of a clinical procedure [34].

The formalised and structured clinical support amongst the Clinical Facilitator, Clinical Peer Mentor and ADO allows for each personnel identifying an at-risk student nurse for clinical practise, providing clinical support and monitoring the progress. This collaboration and linkage amongst the three personnel within the clinical support framework would enable them to closely monitor a student nurse to then do date evidence-based knowledge assessment with a student nurse, set joint goals with the student nurse, which lend to a supportive positive learning environment [35]. Having a formalised structured collaborative model in the Student Support Services of the NHEI will further offer at each point of support, a reporting mechanism amongst each support personnel for official Student Support Services documentation. This level of accountability and reporting will ensure constant reporting a student nurse clinical problem identified, support provided and monitoring and evaluation post support. [36] bring forth the process of collaboration in learning and deeper reflection in this process of the student nurse.

The formalising of the structure amongst the Clinical Facilitator in this structure of Student Support Service, aside from the Clinical Facilitator's core duties of student supervision, would entail the monitoring and evaluation of a student nurses clinical progress upon the advice of the ADO. By virtue of the Clinical Facilitator role, [37] to support a student learning in the academic environment with clinical facilitation, further contributes to paving the theoretical-practise knowledge and application. In scaffolding the clinical support by linkage and collaboration with other clinical and academic support personnel, allowed for communication about a student nurses clinical knowledge. Engaging the Clinical Facilitator's role to Student Support Services, allowed for insight on the course expectation for clinical practise, the clinical curriculum support and learner outcomes and clinical best practise support [38].

Collaboration amongst the ADO, Clinical Facilitator and Clinical Peer mentor will allow for consistent monitoring and updates on a student nurse's clinical progress. The ADO is a student support service personnel in the HEIs and is allocated to the NHEIs as part of the student support initiative [19]. Should the student nurse prefer to communicate on personal problems affecting the clinical competency and progress, the ADO is able to communicate with the Clinical Facilitator about measures to support the student nurse. Meeting the student nurse's clinical needs either in the university simulation clinical laboratory and/or the hospital clinical placement setting, would ensure a follow up on the ADO referral to the clinical support needed. Cementing clinical learning by the Clinical Peer Mentor which was another student support personnel that emerged in [18] study. The Clinical Peer Mentor is with a student nurse in the university simulation clinical laboratory and in the hospital clinical placement setting. Providing onsite clinical support would enable the Clinical Peer Mentor to provide feedback to the ADO and Clinical Facilitator on a student nurses clinical progress and any other measures needed to ensure deeper clinical learning and competency. Amongst the Clinical Facilitator, Clinical Peer Mentor and hospital placement setting's professional nurses, would ensure additional follow up on the student nurses clinical progress [21].

In order to initiate the formalised and structured clinical support in Student Support Services in NHEIs, there needs to policy formulation and funding by the university's Executive Leadership structures [18] [19]. Providing the rationale for the collaboration and linkage for clinical support by the Clinical Facilitator, ADO and Clinical Peer Mentor is the clinical support framework as emergent from this study, needed for relevant and responsive student nurse clinical support in NHEI's.

V. Conclusion

This study found by formalising and structuring clinical support in Student Support Services for NHEIs by linkage and collaboration amongst the Clinical Facilitator, Clinical Peer Mentor and ADO would enable relevant and responsive student nurse clinical support. This will prevent premature dropout, clinical incompetency and failure and prevent the student nurse from being without support in the Nursing Higher Education Institution's SNPH simulation clinical laboratory and the hospital clinical placement setting. This form of formalised and structured clinical support will be systematic, comprehensive, coordinated and intentional student support service for student nurses. The university Executive Leadership has to be the main decision maker for policy making and funding for this clinical support by the Clinical Peer Mentor. In addition, to allow a formalised and structured pathway of clinical support by the Clinical Facilitator, Clinical Peer Mentor and ADO by Student Support Services.

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