

Nursing Students' Perception of Clinical Learning Experiences

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ABSTRACT The purpose of this paper was to obtain the nursing students' perceptions of clinical learning experiences. Nursing students following the course leading to registration as a nurse general, psychiatric and community) and midwife at the University of Venda constituted the target population. The paper used a qualitative descriptive design. A non-probability purposive sampling was employed to sample 45 participants variably from each level of study. Data were collected through focus group interviews. Participation was voluntary. Findings indicate that nursing students are aware of the value of the contribution that clinical learning experiences make to their development of professional socialisation. Nursing students regard a patient as the central focus of their clinical learning experiences. However, proper guidance and support from their superiors appears to fall short. There is a need to assist both students and supervisors to increase their understanding with regard to their roles and mutual expectations in the clinical field.

INTRODUCTION

Clinical learning experience, as an integral component of nursing education programmes, is widely valued by the nursing profession both internationally and nationally. Nursing starts its course from the acquisition of basic scientific knowledge and it is not complete if these scientific principles are not put into actual practice in a real situation (Lowane 1990; Kelly 2007; Papastavrou et al. 2010). Learning in clinical practice provides up to a half of the educational experiences for students undertaking nurse education programmes (Warne et al. 2010). Kaphagawani and Useh (2013) state that learning experience in the clinical practice is an important component of nursing education considering that nursing is a practice-based profession. Nursing students need a positive practice environment which enhances the application of knowledge and skills (Karrabul et al. 2015). The quality of nurse education depends largely on the quality of the clinical experience that student nurses receive in the clinical environment (Henderson et al. 2006). In the clinical settings apart from learning the skills, student nurses are able to experience the real world of nursing, able to interact with real patients and develop interpersonal relationship with other members of the health team (Lowane 1990; Benner et al. 2009; Bisholt et al. (2015) state that students describe a good clinical learning environment as a clinical setting where there is co-operation among staff.

McCabe (1985) describes clinical learning experience as the "heart" of professional education as it provides students with opportunity for consolidating knowledge, socializing into the professional role and acquiring professional values. Reilly and Oermann (1985) give a similar view regarding the clinical learning by indicating that in the clinical field a student learns to apply theories of action to real clinical problems, learns how to learn, develops skills in handling ambiguity and becomes socialized into the profession. This view is also described by South African Nursing Council in their guidelines regarding the course leading to registration as a nurse (general, psychiatric and community) and midwife. It stipulates that the nursing student can learn only if an effective variety of learning opportunities are provided in respect of each skill and that proper introduction and orientation of the student with regard to the learning objectives are essential, hence it needs the assurance that the students consider practice an essential learning opportunity from the beginning. In practice discipline such as nursing, too much of the students' valuable clinical time should not be spent in observing nursing procedures. Observing is passive learning and inferior to active learning. Therefore, during clinical time students should be giving patient care and actively learning.

Ideally, a one-to-one relationship is of prime importance to the students learning and professional development in clinical practice (Crawford et al. 2000). It is of importance to ensure

that confidential supervision sessions are considered, because they enable the student to talk about their own experiences and feelings (Saarikoski 2003; Andrew et al. 2006).

Naturally, clinical learning experiences should be well planned and closely supervised so as to best accomplish course objectives, students should know what is expected of them and ward staff should know what to expect of students. That is, clearly defined, attainable objectives should be set according to the level of student training. Students' exposure to clinical learning experiences must tally with the basic theoretical background and the ideals and values must be found operational in the clinical field (Lowane 1990; Lambert and Glecken 2005).

The clinical practice takes place in a dynamic social complex environment where patient care is provided (Ip and Chan 2005). The skills acquisition is therefore a complex process in which students have to incorporate psychomotor development with knowledge and critical thinking (Haraldseid et al. 2015). The experiences in a clinical learning environment may have profound impact on students learning, whether positively or negatively (Kaphagawani and Useh 2013). Experiences such as application of theory to practice, effective mentoring and constructive feedback positively influence learning. Whereas poor relationships with clinical staff, lack of support from educators and lack of challenging learning opportunities are regarded as negative experiences that may affect students learning (Ip and Chan 2005). These experiences may differ from one clinical learning environment to another as organization of clinical education differs from country to country (Kaphagawani and Useh 2013).

In a clinical practice apart from learning the skills, student nurses are able to experience the real world of nursing in addition to the responsibilities of the nurse and develop interpersonal relationship with others (Benner et al. 2009). Clinical practice provides students nurses with an opportunity to become socialized into the culture and norms of the nursing profession. Hence learning in the clinical practice should be effectively facilitated in order to adequately prepare nursing students for the work they do after qualifying (Bergland 2001; Kaphagawani and Useh 2013).

Karimollahi (2012) indicates that the foremost challenge for instructors and staff working in a

clinical setting is to improve an undergraduate's capability in identifying issues and in appropriately responding to the issues in the clinical surroundings. Hence a nurse educator communication with a nurse student can be an invaluable experience, which provides knowledge of nurse student attitudes, values and performance (Karimollahi 2012).

From the view point of students, the most important feature of a good learning environment is their sense of ontological security. Such is achieved in an environment, in which the atmosphere is fair and students learn to solve problems in a culture that tolerates faults and mistakes as part of the learning process (Papp et al. 2003; Warne and McAndrew 2008). In such ontologically secure working environments the student can also influence and improve the professional development of qualified nurses as a new learning opportunities are developed (Saarikoski 2002).

In nursing practice it has been however identified that there is a gap in integrating theory to practice which has been of concern for a long time in nursing education which have had an impact on students nurse learning in clinical skills (Ip and Chan 2005). Sharif and Masoumi (2005) and Bisholt et al. (2015) indicate that students may become anxious and confused if they practice something different from what they have learnt in the classroom. Such emotions and frustrations on students may negatively affect their performance in the clinical practice.

There is considerable evidence in the literature that clinical experiences are stress provoking to a number of students and this produces emotional states such as fear, anger, self-pity, withdrawal, irritability and adoption of defense tactics (Anderson 1973; Birch 1978; Hinchliff 1979; Chilcott 1982; Reilly and Oermann 1985; Ip and Chan 2005; Elcigil and Sari 2007; Kaphagawani and Useh 2013; Bisholt et al. 2015). The traumatic experiences may even lead to a high turnover rate. It has been indicated by Fry et al. (1982) and Henderson et al. (2006) that students abandoned training as a result of traumatic ward experiences such as poor interpersonal relationships, unduly critical attitudes of ward nursing staff, degradation in the presence of patients and other situational demands such as cancer or death. Flagler et al. (1988) raise a similar view by pointing out that the character of the students' experiences may well contribute to the problem of student retention.

Emotional reactions in patient relationship are also important aspects of the learning experience. As the student begins to develop a sense of their professional self the relationship between this and their understanding of their personal self reflects the relationships they can develop with their patients (Suikkal 2008; Warne and Mc Andrew 2008). It is, therefore, imperative that clinical nurse practitioners develop interest of facilitating theoretical and clinical learning in the wards. They make a significant contribution to the educational process within practice settings, including coordinating student assessments and learning (Warne et al. 2010).

It is, however, possible that the real clinical milieu falls short of the ideal, and the nature of the clinical setting in nursing and the nature of guidance may not create an atmosphere conducive to student learning. The outlined challenges and demands may be traumatic if not properly handled. Contemporary nursing is not static and solutions to the identified clinical demands are being sought and implemented, hence the researcher finds it essential to investigate the problems further to increase understanding of the clinical experience from the nursing students' point of view.

Purpose

The purpose of this paper was to increase understanding of the clinical learning experience from the nursing students' point of view. The research question was, 'How do nursing students perceive their clinical learning experiences?' The following questions provided direction to the study:

- ♦ What do nursing students say promotes or enhances their learning in the clinical setting?
- ♦ What do nursing students say hinders their learning in the clinical setting?
- ♦ What makes the clinical day good or interesting for student learning?

METHODOLOGY

The paper used a qualitative, descriptive design. The accessible population was all students studying at the University of Venda and following the four- year degree in nursing science. The University of Venda (Univen) is found in Vhembe district, one of the five districts on

the north-east of Limpopo Province in South Africa. A purposive non-probability sampling was employed to sample 45 out of 210 students as follows: 12 level 1; 13 level 2; and 10 levels 3 and 4 respectively. Data was collected from the students through focus group interviews.

Data gained from written words and audiotapes were analysed. In this paper the researcher was guided by Techs' steps (Creswell 2003) in analysing data. Transcriptions were made from the audiotapes in the form of written words. The researcher reflected on the possible meaning of the relationships of what had been recorded. Data were analysed as soon as they were collected. Coding and categorisation were generally initiated as soon as data collection had begun. Coding was used to recognise the data collected in the interviews. Themes were derived from the questions asked. The researcher adopted Lincoln and Guba's contracts described in Creswell (2003) to ensure validity and trustworthiness of the paper (that is credibility, transferability, dependability and confirm ability. The researcher applied ethical principles to protect the rights of the students who participated in the paper. English was used to interview all the participants, because it is a medium of instruction in the institution.

RESULTS AND DISCUSSION

For the sake of simplicity, the four student groups were categorised as 1 and 2 levels and 3 and 4 levels denoting junior and senior levels respectively. The descriptions of findings were organised around the questions posed during interview.

The tables provide descriptions of the findings that were repeatedly voiced and supported by the majority of the participants. The researcher also took into account the non-verbal cues responses such as nodding or shaking of heads and other awful expressions.

What Do Nursing Students Say Promotes or Enhances Their Learning in the Clinical Setting?

The results yielded various perceptions regarding the aspects promoting student learning in the clinical settings. Both the groups were engaging freely, supporting and embarking in debate on the statements described in Table 1.

Table 1: What do nursing students say promotes or enhances their learning in the clinical setting?

<i>Junior group (Levels 1 and 2) n = 25</i>	<i>Senior group (Levels 3 and 4) n = 20</i>
Working very hard to learn diagnosis	Taking ward rounds with doctors
Kind and good supervisors	Supervisors who know the course programme
Demonstrating procedures on models	Teaching of junior nursing students
Receive daily lessons to integrate theory and practice	Playing advocacy role during ward rounds
Being supervised closely	Independence and supervising others
Teaching by tutors and preceptors	Learning by presenting case studies
Developing learning interest in the wards	Adequate facilities
Continuous assessment	Assessing junior students on procedures
Close supervision by clinical sisters	Responsibility and accountability

Both the junior and senior students seem to be aware that they should strive for their own becoming into nursing profession and embracing the value of being supported and guided by responsible superior in their clinical learning experiences. Junior students emphasised the need to develop interest in the wards and being closely supervised by clinical nurses. The junior group felt the need to be reinforced and strengthened by their supervisors, as this may help them gain confidence in nursing patients. A similar finding was stated by Salamonson et al. (2015) that students regarded clinical facilitators being supportive and accessible for student learning. Whereas, senior group felt the need to develop sense of autonomy, self-control and self-confidence by wanting to do more and more on their own. Hood et al. (2015) found that senior students in a health service in Melbourne, Australia reported increased autonomy and responsibility for planning patient care and making decisions in the clinical settings. These nurses described their understanding of their own role and the value of their profession including caring, compassionate and good therapeutic relationship with patients (Hood et al. 2015). The authors also found that senior students emphasised the development of professional identity through experiencing responsibility, practicing teamwork and collaboration along with other health professionals in the ward (Hood et al. 2015).

Davis (1983) states that during the process of becoming a nurse, nurses present a great deal of self-doubt and uncertainty and therefore they start looking for people to whom they feel they could take their problems and their views of themselves as people and as nurses. The junior group felt that the use of models in the ward would help students to practice psychomotor skills repeatedly without ethical constraints regarding

the use of patients for practice. Haraldseid et al. (2015) revealed that students in Sweden pointed out the difficulty of understanding what was expected of them in the clinical settings and how much knowledge on anatomy was required when executing nursing care to patients. They believed that some of their frustrations could have been avoided had their instructors clearly their expectations and provided support when needed (Haraldseid et al. 2015). Acquisition of clinical skills involves repetitive practice through mistakes and trial and error (Lowane 1990). Kaphagawani and Useh (2013) emphasise that in order for students to be competent nurse practitioners, students should be guided and supervised. The authors further indicate that lack of supervision may lead to students learning incorrect procedures and perceived to be incompetent by others (Kaphagawani and Useh 2013).

The following expressions were said by the junior group:

"We need superiors who show genuine interest in the teaching of the students."

We need to be supervised and learn through positive examples from our supervisors.

We should not be scared to ask questions if one does not understand what is expected of her. Keep asking but some sisters are impatient and ignore us."

Is difficult to approach some superiors because they puff up!! So we end up asking each other yet we are all juniors. I don't know with you guys, nurse auxiliaries are willing to teach us".

Whereas, senior group expressed themselves as follows:

"I know that I should develop a sense of responsibility and accountability when taking charge of the ward."

"A sound good morale among staff is important to promote learning in the ward. This

encourages us to conduct teaching to junior staff, including nursing assistants. Staff nurses think they know better, I have since taught them how to follow procedure manuals and protocols. They now respect me and calling me "Sister to be."

"I enjoy taking rounds with Dr X because he teaches us the pathophysiology of diseases. Dr X is a real scientist. Some of his lessons were never mentioned in the classroom, we appeared very dull when we were asked questions."

Lowane (1990) states that inclusion of both the junior and senior group of students in doctor's rounds should be found invaluable in their educational development. Doctors and supervisors have a teaching component in their functions, hence they should make a point of conducting ward rounds with students. Bisholt et al. (2015) explain that nursing students appreciate a clinical setting where there is co-operation among staff and a good atmosphere where they feel appreciated and given opportunity to practice clinical skills.

Few aspects hindering student learning in the clinical setting were identified when compared with those promoting learning (Table 2). Despite this, aspects hindering their learning outweigh those promoting learning as they are not merely ideas but situations which students experienced in reality. Students clearly recognise that sisters' incompetency in teaching students and lack of a supporting milieu is a dominating factor contributing to the following aspects such as insufficient orientation in the units; students' needs and requests not considered; misunderstanding of the training programme; passing sarcastic comments and being interrupted in work to do something else not benefiting learning. The study conducted by Orton (1981) also revealed similar findings related to the existence of ward learning climate. The author found

that in high orientation wards there was a combination of teamwork, consultations and the supervisors' awareness of the physical and emotional needs of students, whereas a direct contrast was experienced in low orientation wards. Effective supervision by clinical teachers and ward superiors is vital in student learning (Lambert and Glecken 2005; Ramage 2007). Salamonson et al. (2015) described the feelings raised by students at four Australian universities that they felt like they were unwanted and nobody who worked there was notified that they were coming in the ward. The participants indicated that the "nursing clinicians" displayed lack of interest in teaching or the lack of time to teach nursing students (Salamonson et al. 2015). Contrary to Bisholt et al. (2015) who indicated that in Sweden during clinical practice, the students received supervision from staff nurses in the ward. The supervisors' role was to teach practical skills, serve as role model and assess students' clinical performance. Students with clinical placement in psychiatric unit agreed more strongly that their ward manager provided support and gave useful feedback consistently (Bisholt et al. 2015). Identity development in a profession may be grossly affected by what the students perceive as lack of sufficient clinical experience (Elcigil and Sari 2007). The study by Lowane (1990) stated that the students' perceptions of their incompetence in skills often generated too low levels of self-esteem and self-confidence. Another studies emphasised the supervisors' behavior that promote clinical learning such as, demonstrating willingness to answer questions and offer explanations; being interested in students and being respectful to them; giving students encouragement and due praise; informing students of their progress and having pleasant voice and sense of humour (Wong 1978; Lowane 1990; Suikkal 2008; Warne and Mc Andrew

Table 2: What do nursing students say hinders their learning in the clinical setting?

<i>Junior group (Levels 1 and 2)</i>	<i>Senior group (Levels 1 and 2)</i>
Students' needs and requests not considered by supervisors	Misunderstanding of our programme by unit supervisors
Insufficient orientation in the units	Being used to patch shortage
Being sent to deliver specimens at the laboratory etc. working like a porter	Clinical supervisors' incompetence
Lack of time to practice skills as student groups	Not given a chance to practice management skills
Being interrupted in work to do something else	Passing sarcastic comments that students think to know much
Not being praised for good performance	Calling us names "university students" troublesome!!

2008; Karimollahi 2012; Kaphagawani and Useh 2013; Hickey 2007). The ward manager has the responsibilities for promoting a particular approach to the supervision of students learning. Such as how the ward culture is experienced (positively or negatively) will reflect on the leadership style of the ward manager (Ramage 2007; Warne et al. 2010).

Saarikoski (2002) expresses the students' point of view that the most important feature of a good learning environment is their sense of ontological security. Such is achieved in an environment, in which the atmosphere is fair and students learn to solve problems in a culture that tolerates faults and mistakes as part of the learning process (Warne and Mc Andrew 2008). In such ontologically secure working environments the student can also influence and improve the professional development of qualified nurses as a new learning opportunities are developed (Saarikoski 2002; Lavett-Jones et al. 2008). Caring as reflected by students being "seeing the patients recovering and discharged home" appears to be very important to show students' satisfaction with and enjoyment of interacting with patients. The finding reveals that junior staff appreciates to be taught and being supervised in the clinical settings.

Learning is facilitated when students are interested in the practice experience and have a desire to learn (Table 3). If students perceive that they have completed prior tasks successfully, they are likely to approach the next similar learning situation with a positive affect (Reilly and Oermann 1995; Papastavrou et al. 2010). The junior group expressed concern to seeing patients recovering and discharged home and providing patients with good nursing care. Salamonson et al. (2015) described similar feelings raised by junior students at four Australian uni-

versities that their first clinical placement in hospitals provided them with the opportunity to communicate and assist patients in need of care. Lukewich et al. (2015) also indicated that between year 1 and year 2 students demonstrated learning about patient safety in the clinical setting however, declined as they progressed through their academic programme. An interesting aspect of personal and professional development is shown in senior students' responses on the above question. The senior group provides realisation that the origin of professional socialization is based on their active involvement in professional activities such as managing the ward, writing delegation and creating a conducive milieu in the ward. The fact that senior students wished to progress well shows some level of professional maturity development. Nursing students benefit through meeting their learning outcomes and the development of appropriate competencies (Gardner et al. 2004; Barrett 2007). Mikkonen (2005) indicates that clinical learning should be perceived as a ground for the personal, professional growth and development towards expertise which is a learning process that starts during education and continues throughout the professional career of the individual. The supportive atmosphere based on psychological and precepting aspects provides meaningful learning opportunities for students' professional growth (Saarikoski et al. 2002; Ip and Chan 2005; Skaalvik et al. 2011).

Proficiency in nursing and professional development presumes versatile knowledge and skills. In order for students to learn to be self-directive, to have good meta-cognitive and reflective skills and to be ready to grow as experts who are able to make judgments autonomously in their field (Mikkonen 2005).

Table 3: What makes the clinical day good or interesting for student learning?

<i>Junior group (Levels 1 and 2)</i>	<i>Senior group (Levels 1 and 2)</i>
Seeing patients recovering and discharged home	Seeing patients recovering and discharged home
Being regarded as a learner and given time to practice procedures	Taking charge of the unit and delegating duties to others
Being assessed and praised by supervisors	Creating good morale
Not having duties disrupted by being sent somewhere else – laboratory, buying seniors food etc.	Given suitable off duties
Being taught a new skill and avoiding doing wrong	Seeing myself progressing well
No death in the ward	Transferring of major patients to bigger hospitals
	Leading doctors round

CONCLUSION

Findings in this study indicate that student nurses are aware of the value of the contribution that clinical learning experiences make in their development of professional socialization and regard the patient as the central focus of clinical learning experiences. Student nurses are able to identify those factors which could promote or enhance as well as those which could hinder and be detrimental to their learning in the clinical setting. In conclusion, clinical learning experiences are directly influenced by the effectiveness of clinical teaching. It is through clinical teaching that nursing students learn how to apply abstract concepts in specific and concrete situations and that student acquire the characteristics of professional roles and values. It is therefore, imperative that the clinical teachers and supervisors strive to improve students' capabilities in identifying learning opportunities in the clinical surroundings.

RECOMMENDATIONS

This study, therefore, recommends that the role of clinical supervisors in fulfillment of the clinical teaching component needs to be clearly defined by nurse educators. It is further essential to create periodic workshops or courses offering clinical teaching to clinical nurse practitioners. Nursing education institutions should provide opportunities for in-service training of clinical supervisors responsible for student supervision.

LIMITATIONS OF THE STUDY

The purpose of this study was solely to increase understanding of the clinical learning experience from the nursing students' point of view; therefore, the views of clinical supervisors and clinical nurse educators' point of view were not sought. Future research should explore the perceptions of these other stakeholders regarding how clinical learning experience could be improved.

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