

## **Reflections of Student Nurses on Clinical Learning Experiences in Selected Health Settings in Windhoek, Namibia**

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### **ABSTRACT**

*Nursing lecturers and registered nurses have been charged to teach nursing students during theoretical and clinical sessions. However, the manner in which these lecturers implement these responsibilities with specific reference to clinical sessions and how students experience this remains uncertain. The purpose of the study was to determine how students experience their teaching and learning experiences during clinical sessions per se. The design used to investigate this challenge was qualitative, exploratory, descriptive and contextual. The population and sample were the same because it included all first year students of 2014 and they were forty in total.*

*Data was collected through narratives that the students wrote on a monthly basis. Open coding was used to analyze the data. Trustworthiness was maintained through the following principles; credibility, dependability, confirmability and transferability and ethical considerations were adhered to. Research findings revealed that students experienced positive and negative experiences during clinical sessions concerning the learning environment, supervision and involvement in opportunities for learning.*

*The results gave an indication on how to proceed to make clinical learning and teaching more effective for students to learn in conducive environments. The nurse guiding and teaching nursing students in clinical settings will always be a very important teacher. It is recommended that nurses in the clinical settings should receive in-service training in better understanding their role as nurse educators and being better communicators.*

***Keywords: Student nurse, selected health settings, clinical learning experiences***

### **INTRODUCTION AND BACKGROUND**

Nursing students studying the Bachelor of Nursing Honours Degree are directed towards preparation for professional and competent nurses who could apply their knowledge and skills throughout their work process. The curriculum of a degree consists of clinical and theoretical courses, which complement each other (Khater, Akhu-Zaheya & Shaban, 2014). Nursing is a professional discipline and through competency in clinical practice, the nurse demonstrates, among others, the ability of critical thinking, problem-solving abilities and psychomotor and technological skills.

Learning is an active, personal process and students are the ones who experience the learning. During clinical education, opportunities for real-life experience and transfer of knowledge to practical situations are provided. Practice in clinical settings expose nursing students to

realities of professional practice that cannot be conveyed by a textbook or a simulation (Gaberson, Oermann & Shellenbarger, 2014). Clinical practice provides nursing students with the opportunity to gain the applied knowledge as well as psychomotor skills that are imperative for their professional development (Khater et al., 2014). Nursing education thus places a high premium on information and skills acquired in the clinical setting with actual patients, viewing it far more beneficial than structure scenarios in the simulation or class room. Through the clinical experiences, students are supposed to be on the ground and develop the required knowledge, skills and values of their profession, and put them together and manage the world of nursing practice.

However, in the clinical learning environment, there are varieties of influences that can significantly promote and hinder the clinical learning among novice students at entry level. It is therefore, vital that valuable clinical time be utilized effectively and productively as planned by nurse educators while considering the experiences nursing students have during clinical placements (D'Souza, Venkatesopermal, Radhakrishon & Balachandram, 2013).

Engaging students in the teaching learning process has been shown to improve the development of critical thinking skills, enhance openness to diversity and facilitate openness to challenge. Therefore, Sundler, Bjork, Bisholt, Ohlson, Egstrom and Gustafsson (2014) believe that nurse educators should incorporate student's engagement strategies in clinical courses, implement and evaluate them for their effectiveness. In addition, involving students in learning programs help to build their confidence to engage with clinical practice. Previous studies highlight the importance of interpersonal relationships on the effectiveness of the clinical experience and student satisfaction.

Students are supervised by lecturers and registered nurses in clinical nursing education sessions. The dynamics of the relationship between a student and a supervisor is an important aspect in student's learning (Bos, Alinaghizadeh, Saarikoski & Kaila, 2015). Efforts at producing a high quality clinical learning experience have recently been focused on creating an atmosphere conducive for learning and strengthening the connection between theory and practice by means of proper supervision models (Saarikoski, Kaila, Lambrinou, Perez, Canaveras, Tichelaar, Tomietto & Warne, 2013).

Nursing students should also learn to reflect on their experiences, think of it intensively and write it down. Al-Kofahy and James (2017) believe that reflective writing has become a significant part of nursing practice and important to the learning experience. Through reflective writing the nursing student is required to interpret and learn from both positive and negative clinical experiences while viewing their own role as nurse within the realities of practice (Paliadelis & Wood, 2016).

### **PROBLEM STATEMENT**

The curriculum of the Bachelor of Nursing Honours Degree consists of clinical and theoretical courses, which complement each other and Khater et al., (2014) is of the opinion that through competency in clinical practice, the nurse demonstrates, among others, the ability of critical thinking, problem-solving abilities and psychomotor and technological skills. At

the same time, students' clinical experiences are a complete and multifunctional issue and Papathanasion. Tsarak and Sarafis (2014) revealed positive links between students' satisfaction and quality of nursing care, the ward atmosphere and leadership style, the sense of belonging, peer support and motivational level.

Although clinical education forms a vital component of nursing education, a study by Sharif and Masoumi (2005) confirmed that the initial clinical experiences of nursing students were the most anxiety producing part of their clinical experience. Nursing student's first experiences are usually unforgettable, they feel vulnerable during these valuable learning experience and the effects last longer irrespective of whether experiences are positive or negative (Ofiaz, Arslan, Segman, Uzum & Ustunsoz, 2010). For nursing students these 'real life' situations are stressful and they are well aware that patients can be affected negatively or positively by their actions and decisions. The idea of causing harm, even death to a patient, is a real fear for nursing students and nurses as described in a study by Bayoumi, Elbasuny, Mofereh, Assiri and Alfesal (2012).

Clinical education of nursing students at the International University of Management inter alia takes place in clinical health settings in Windhoek. No written evidence is currently available on reflections about clinical learning experiences of first year nursing students.

The main question is how do students experience their clinical learning experiences?

### **PURPOSE OF THE STUDY**

The purpose of this study was to explore and describe reflections on clinical learning experiences in selected health setting in Windhoek.

### **METHODOLOGY AND DESIGN**

A qualitative research approach was used to explore and describe nursing student's experiences during clinical nursing education sessions in the hospitals and clinics. This design was selected because it could provide an in depth description and understanding of the student nurses' experiences in all its complexity during clinical sessions.

An exploratory design was used because a qualitative research method was followed to determine the experiences of student nurses. This approach was followed because little was known about the phenomenon and such an approach could therefore assist in understanding the phenomenon.

The study was also descriptive because the intention was to give an in depth clarification of student's experiences during clinical sessions. In this study it was not only to understand but also to describe how students experience their clinical sessions.

The study was contextual because it captures the experiences of student nurses during clinical sessions and was identified as being suitable for the study. (Botma, Greeff, Mulaudzi & Write, 2010).

### **POPULATION AND SAMPLE**

The target population was first year nursing students at an educational institution for higher learning. A total number of 40 nursing students registered for their first year in 2014, and all were included in the study.

### **SAMPLE AND SAMPLING**

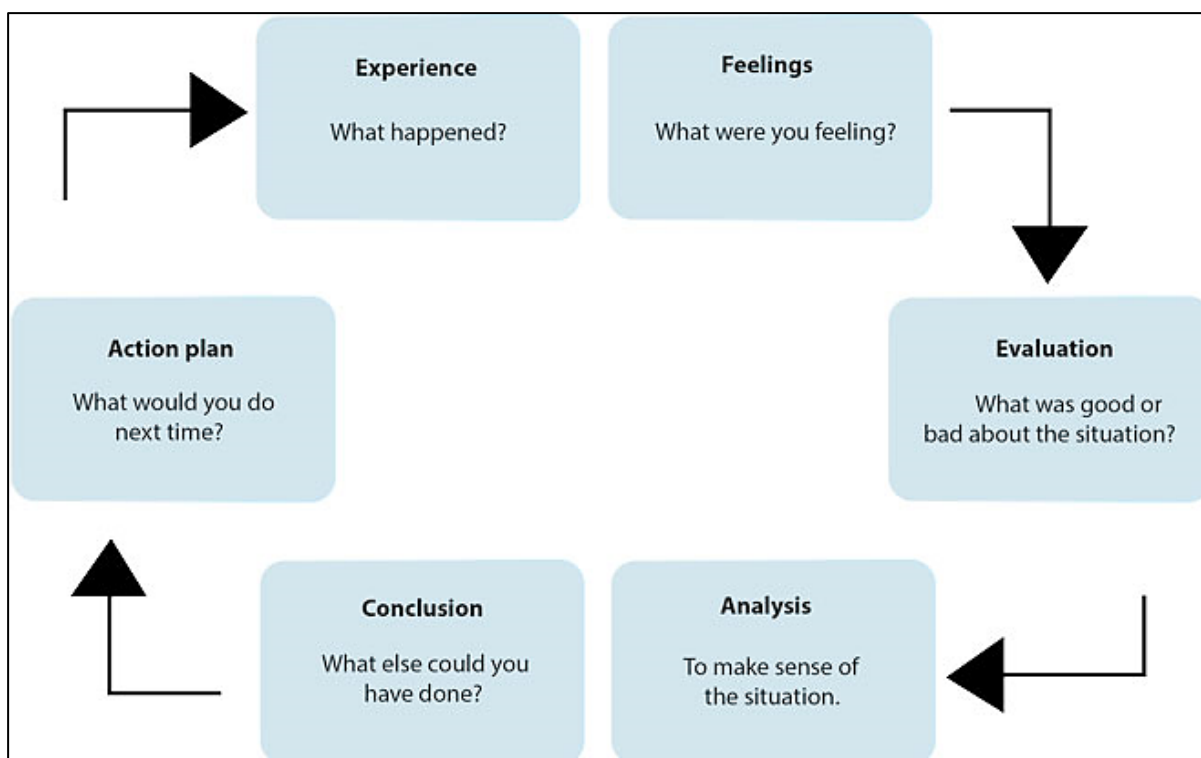
For the purpose of the study the population and sample were the same. All the students in their first year who were registered as a nursing student were invited to take part in the study. They were all willing to participate.

### **DATA COLLECTION AND INSTRUMENTS**

The narrative approach was used for data collection because this approach is based on the assumption that the life world of a student can best be understood from his or her own account and perspective (Schwandt, 2007). The study wanted to highlight the individual experiences of the students during the clinical sessions and therefore students were asked to write monthly narratives on their experiences during clinical sessions. The reason for monthly narratives was that students were rotated between different hospital wards and clinics and could have experienced different aspects of clinical sessions. After each month's rotation, they were asked to submit their narratives and this process was repeated over a year.

Students were guided to write the narratives according to Gibbs reflective cycle. They were asked to elaborate on their experiences (what happened in the clinical setting) and how they felt after that. It was emphasized that they had to identify what was good and bad about the situation and consider what they could have done and would do in future when the same experience occurred. During this process they could reflect on their personal feelings that influenced the different situations.

Graham Gibbs developed his reflective cycle (Gibbs, 1988) based upon each stage of David A. Kolb's experiential cycle (Kolb, 1984). Gibbs' Reflective Cycle (1988) is viewed as straightforward and provides a cyclical framework to help guide reflective practice. This model acknowledges that personal feelings influence the situation.



Gibbs' reflective cycle (Adapted from Dye, 2011)

The focus of reflection should be on the effect the experience had on the student, the learning that has occurred and the future learning needs.

Jasper (2003) further clarifies Gibb's cycle into simple stages.

<p><b>Stage one: Description of the event</b> - Describe in detail the event you are reflecting on. Include for example where you were; who else was there ; why were you there ; what were you doing ; what were other people doing ; what was the context of the event; what happened; what was your part in this; what part/s did other people play; what was the result?</p>	<p><b>Stage two: Feelings</b> - At this stage try to recall and explore the things that were going on inside your head, i.e. why does this event stick in your mind? Include e.g. how you were feeling when the event started; what you were thinking about at the time; how did it make you feel; how did other people make you feel; how did you feel about the outcome of the event; what do you think about it now?</p>	<p><b>Stage three: Evaluation</b> – Try to evaluate or make a judgment about what has happened. Consider what was good about the experience and what was bad about the experience or didn't go so well.</p>
<p><b>Stage four: Analysis</b> – Break the event down into its component parts, so they can be explored separately; what went well; what did you do well; what did others do well; what went wrong or did not turn out as it should have</p>	<p><b>Stage five: Conclusion</b> - You now have a lot of information on which to base your judgment. It is here that you are likely to develop insight into your own and other people's behaviour in terms of how they contributed to</p>	<p><b>Stage six: Action plan</b> Plan what you would do if you encountered the event again. Would you act differently or would you be likely to do the same? How will this incident affect your future practice? What</p>

done; in what way did you or others contribute to this?	the outcome of the event. <b><i>Remember the purpose of reflection is to learn from an experience.</i></b> During this stage you should ask yourself what you could have done differently.	additional knowledge and skills do you need to develop?
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### **ANALYSIS OF DATA**

During the data analysis process, the researchers tried to reorganize the stories into a new framework by using Creswell's Open coding (1998) process. Analysis was done according to these stages:

- The researchers became immersed with the data by reading the scripts (narratives) and spend time on reflecting on possible meanings and relationships of the data.
- During the reading sessions reflective and marginal remarks were made in order to understand better on what happened.
- Analysis was done concurrently with data collection.
- Coding was done through finding patterns and produce explanations using both inductive and deductive reasoning.
- Data was then categorized into segments.
- Then themes and sub-themes were formulated

(Creswell, 2009, Brink, Van der Walt & Van Rensburg, 2018)

### **TRUSTWORTHINESS**

The following measures were applied to ensure trustworthiness

- Credibility: the researchers have established confidence in the truth of the findings with the participants and the context in which the research was undertaken (Polit & Beck, 2008).
- Prolonged engagement: this was done through engagement and spending time with the students to build trust and report.
- Peer examination: findings were discussed with peers.
- Authority of researchers: the researchers have more than five years' experiences as nursing lecturers.
- Structural coherence: the study focused on students experiences.
- Transferability: this was supported by description of verbatim quotes of participants showing that this study's findings are applicable to other similar contexts, circumstances and situations.
- Dependability: the research process and data analysis ensure findings are consistent and can be repeated as confirmed by a peer. The research design and methods used were acceptable and all the students were given the same instructions.

- Conformability: every step of data analysis made was supported by a rationale for the decisions taken in other words a chain of evidence was created in the research process.

### **ETHICAL MEASURES**

Ethical measures that were adhered to were the following:

- Principle of respect- students were not forced to write the narratives. Only those who were willing, took part in the study. They were also allowed to withdraw from the study if they wished to do so.
- Informed consent- student's consents were obtained to take part in the study.
- Justice – all students had the opportunity to take part in the study if they were willing to do so. The narratives were not identified (anonymous) and students were not identified either.
- Confidentiality was ensured in that patients/incidents and nurse educators/registered nurses were not linked to incidents that happened in different wards.

### **ANALYSIS OF DATA AND LITERATURE CONTROL**

The different themes and sub-themes that were arrived at from the study are presented and discussed with a literature control. There is also reference to direct quotations of the participants. The research question that had to be answered was:

“What are the experiences of nursing students during their clinical placements in hospitals and health centers”?

### **THEMES**

In essence participants (students) had diverse experiences of care and support during learning and teaching in the clinical setup that range between positive and negative. The experiences of the participants were captured in two main themes and subthemes. The themes with the relevant sub-themes are presented in Table 1.

<b>Main Themes</b>	<b>Sub-Themes</b>
1. Students experienced different aspects that relate to the clinical setting	1.1 Conducive and unconducive teaching and learning environment 1.2 Adequate and lack of supervision during clinical sessions 1.3 Negative and positive experiences regarding involvement of students in learning activities
2. Students experienced mix emotions	2.1 Negative emotional experience: professional conflict and emotional demands

	of caring 2.2 Positive emotional experience: involved in nursing activities
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Table 1: Themes and sub-themes of experiences

### **1. Main Theme: Students experienced different aspects that relate to the clinical setting**

The clinical setting is a significant learning environment for undergraduate nursing students. However, the learning that occurs in this environment presents challenges that may cause students to experience stress and anxiety or joy and fulfillment. Never the less the clinical nursing education has been and will continue to be a large part of nursing education. (Moscaritolo, 2009).

Clinical nursing education (clinical teaching) is the means by which student nurses learn to apply the theory of nursing. Facilitating integration of theoretical skills becomes the art and science of nursing. This correlation of theory and practice, and building of meaningful experiences take place during clinical nursing education sessions.

Thus, clinical nursing education takes place in the clinical settings and is a very important component of the education and training of student nurses. Therefore, the quality of nurse education depends largely on the quality of clinical experiences that student nurses are exposed to in the clinical environment. (Henderson, Cooke, Creedy & Walker, 2012).

#### ***1.1 Conducive and unconducive teaching and learning environment***

The learning environment for student nurses consists mainly of the classroom where theory is taught and the clinical settings where practice is done. By implication it means that there should be a close relationship between theory and practice because nursing cannot be learned through either theory or practice alone. However, teaching in the classroom takes place in a controlled situation while clinical nursing education takes place in a complex social context. (Papastavrou, Lambrinou, Tsangari, Saarikoski & Leino-Kilpi, 2010).

In spite of the fact that the clinical environment is complex the provision of a good learning environment is crucial for students to learn because a major part of their education and training take place in that context (Dale, Leland & Dale, 2013). Thus, an ideal learning environment is seen as one in which educational needs of students are met. In this study, student experienced positive and negative feelings and situations concerning the learning and teaching environment.

The following statements are evident of this;



*“Hospital staff welcomed us and were happy that we were allocated to their institutions for certain times”*

*“The condition in the wards was not as bad as I thought”*

*“I really enjoyed my stay in this ward especially the last two days the staff looked after us”*

*“I got a compliment that is, that I am going to be a good nurse and that I am having the will to learn”*

*“I felt grateful to observe nursing care and to be given an opportunity to learn”*

*“I don’t have any complaints the nurses were all helpful and the environment is conducive for learning”*

According to Henderson et al., (2012) and Rhee (2013) students feel confident and motivated to learn in an environment where they are respected, recognized, supported and regarded as part of the team. The feeling of being seen heard and valued as individuals and as students is described as an important pre-requisite for experiencing a conducive learning environment.

An environment that positively influences learning has been reported as where staff are happy, friendly with good morale and attitude, cooperative and willing to teach and guide students to provide quality patient care (Chuan & Barnett, 2012).

Thus, a conducive learning environment is characterized by the following; approachability of staff members, solidarity among nursing staff and encouragement of students to participate in discussions and actions. Furthermore, it also includes the nature of care delivery, the ward’s philosophy, flow of information related to patient care and the documentation of nursing care (Saarikoski & Leino-Kilpi, 2002).

There will also be negative comments on the learning environment; the following statements are evident of this:

*“We were treated badly, we were accused of not knowing anything and were ask what were you taught in class”*

*“I did not feel free. I was afraid of doing something wrong”*

*“Not all nurses are role models to us.”*

*“Some staff members were making fun of us and criticising our school uniform”*

*“The atmosphere in some clinical sites were not always student friendly.....a feeling of not welcome was experienced”*

A non-conducive learning environment may lead to frustration and demotivation thus, negatively affecting students learning in acquisition of knowledge and skills to become competent practitioners (Frankel, 2009). A study by Cheraghi, Salasi and Ahmadi (2008)

reported on relationship problems in the clinical environment which included staff being unfriendly, staff having a bad attitude, are hostile and deny the students opportunities to learn.

### *1.2 Adequate and lack of supervision during clinical sessions*

What does supervision of student nurses mean with specific reference to clinical nursing education? There are many definitions but for purposes of this study the following definition was adopted. Clinical supervision is the process of professional support and learning in which student nurses are assisted in developing their practice through regular discussions, practice with experienced and knowledgeable colleagues. This involves direct and indirect observation by a registered nurse/lecturer who guides the student during clinical placements (Fowler as cited in Brunero & Stein-Parbury, 2012).

Supervisors have to find a balance between patient care and students' learning. Supervision should be performed through different activities allowing students to be independent but also being there for the students while applying patient-centeredness. Although there are various views on the supervising of student nurses are available in literature (Lambert & Glacken, 2005; Manninen, Henriksson, Scheja, & Silén, 2015), the general view is that supervising students is about enhancing learning through provision of opportunities for learning, supporting, guiding and conducting timely and fairly evaluations.

From the results it was evident that some supervisors understand their role and are committed to the supervision of students, while others did not do so. The following quotes by students in this regard are evident;

*"I don't want to be allocated to the baby room without strict supervision they must not expect that from me"*

*"We are sometimes left alone and we did not know what to do with patients"*

*"I undressed a patient without covering him and it was very cold he started to shiver- the registered nurse shouted at me because of that and I felt that as if I had committed a crime"*

*"I felt afraid when doing something under supervision by someone who judge me and not guide me"*

*"They don't know much about us because they don't really know how much we know or how much they can expect of us"*

Experiences of students being ignored and misused as merely a pair of hands is shown to cause a great deal of emotional labour for students during clinical nursing education sessions (Rhee 2013). Students need adequate support and supervision during clinical nursing education sessions because the clinical setting is the most valuable educational resource for students as they nurse real patients.

Literature suggests that to provide effective student support, supervisors/mentors must be positive role models, knowledgeable, and able to develop good working relationships. On the other hand students need to perceive themselves as empowered and supported when in clinical practice (Emanuel, 2013).

Appreciation was mentioned by participants on the way they were supervised. The following statements are evident of that;

*“The lecturer showed me how to do the procedure that made it easy for me to do it”*

*“We are well supervised the registered nurse show and guide us on nursing care and procedures”*

*“I missed something and the lecturer talked to me and guided me in a good way”*

*“Procedure was very nice and clearly explained”*

*“I was happy during the month I worked in this unit because the supervision was good”*

### ***1.3 Negative and positive experiences regarding involvement of students in learning activities***

In order to provide high-quality nursing care to patients, student nurses need to learn theoretical knowledge as well as practical skills. Cope and Kalantzis (2000) emphasizes the importance of student nurses being taught to link the theory learnt in university to the realities of nursing practice.

According to Henderson et al., (2011), learning in practice setting is invaluable for pre-registration student nurses, which is why placement accounts for 50% of the nursing curriculum. Students undertake various placements and have to adjust as they move from one environment to the next. Having to fit into the social and professional environment of the clinical area and be accepted as part of the team can be challenging and can increase the pressure a student has to face. It is imperative that an effort is made to improve student learning and satisfaction within the clinical setting and that student nurses are trained to deliver high-quality patient care. To be able to meet these challenges, students need to perceive themselves as empowered and supported when in clinical practice.

According to Dale et al., (2013), students' own preparedness and expectations regarding focus and learning outcomes in the actual practice period is important for having optimal learning benefits during the clinical sessions. Maximizing student engagement is critical to achieving clinical learning outcomes.

This study showed that students were involved during the learning activities (e.g. the administration of oxygen in a patient with dyspnea) in the health facilities. Some of the positive experiences are reflected in the quotes below:

*“I was allowed to first observe how the registered nurse insert a suppository and when the next patient had to get a suppository, I asked the sister to do it, she agreed and she supervised me and also gave me positive feedback after the procedure”*

*“I learned to observe and ask while in the clinical practice setting, because this shapes you to be a good nurse”*

*“I was busy with observations when I realized the patient’s saturation was low. I immediately reported it to the registered nurse and then she administered oxygen to the patient. The saturation immediately improved. I was so impressed to see that the patient gets better, after I reported the incident and the registered nurse acted immediately”*

Unfortunately, not all staff members in the clinical setting are willing to support the students and not all learning activities were satisfactory as can be seen in the quotes below;

*“The registered nurse put up a drip, but did not wear gloves”.*

*“The nurse put up a drip, but did not indicate the type of vacoliter she puts on. She did not even disinfect her hands. I wanted to tell her, but because of fear, I did not”.*

*“The staff speaks Afrikaans and I did not understand them” The language barrier causes that the student felt excluded and it causes anxiety”*

*“The patient arrived at Casualty due to a car that ran him over, the sister asked the questions, but the patient could not understand, because he only understands his vernacular. The sister then decided to fill in the form, even the allergies, on what she decided and not asking the patient”*

In the statements above it is clear that the learning experiences of students in the clinical setting is highly influenced by the kind of feedback they receive on their work, hands on practice with the guidance of the registered nurse and the relationship between the student and the registered nurse. Muleya, Marshall and Ashwin (2015) believed that nursing education has the mandate to prepare students to practice safely, accurately and compassionately in a myriad of health settings. The clinical setting is considered as one of the most valuable educational resources for students as it helps them to gain practical knowledge and skills to practice their discipline.

The acquisition of quality clinical experience with a supportive and pedagogically adjusted clinical learning environment is a significant concern for educational institutions. The assessment of the clinical settings as learning environment is a significant concern within contemporary nursing education. (Papastavrou, Dimitriadou, Tsangari & Andreou. 2016). Clinical placements are essential for teaching students new skills and to link theory to practice.

The quality of nursing education depends largely on the quality of the clinical experience planned in the nursing curriculum. In the clinical learning environment, there are varieties of influences that can significantly promote or hinder the clinical learning among novice student

nurses. A supportive clinical learning environment is vital to the success of the teaching learning process. Many nursing students perceive their clinical nursing environment as anxiety and stress provoking. Clinical learning experience requires difficult adjustments for students as they come from different socio-economic and cultural backgrounds (Campbell, 1994).

## **2. Main Theme: Students experienced mix emotions**

### ***2.1 Negative emotional experience: Professional conflict and emotional demands of caring***

A negative emotion usually goes with stress and stress in the nursing profession is an ongoing worldwide problem. Factors leading to stress in nurses include, a highly demanding job with sometimes poor support, workload of patient care, rapidly changing circumstances, shortage of resources, professional conflict and emotional demands of caring for patients including dealing with death (Williams 2014).

The environment is unpredictable, if unstructured and overwhelming, students can be left with feelings of vulnerability and anxiety as can be seen in the quotations below:

*“I felt bad by leaving a patient unattended suffering from pain, due to clots in the uterus, the registered nurse told us to leave the patient alone, after she slapped the patient”*

*“A male patient at the clinic pointed a finger at me and shouted at me “*

*“I told the sister that there is a lot of pus in the child’s wound, she ignored me and later said she knows, the child’s mother begged me to tell the sister again because it makes the child uncomfortable – I regret telling the nurse, but felt sorry for the child”*

*“A patient passed on and I was asked to go and prepare the body, I have never done this before and felt very scared”*

*“I sometimes felt very lonely”*

A study by Kim, (2011) provides information on clinical fieldwork by nursing students and continues to report, that being deprived of belongingness, will affect learning and influence practical ability and the motivation to learn.

### ***2.2 Positive emotional experience: Involved in nursing activities***

One of the aims and roles of clinical supervision is the prevention of undue stress as indicated by Williams, (2014). Another very important function to be added is communication, without which the environment will become confused and chaotic. On the other hand, if the communication is good between the student and the nurse and the environment is safe, a therapeutic environment is established in which the student can learn and gain the necessary

skills to become a safe practitioner. It is evident in the feedback provided by the students that the positive experiences in the clinical setting contributed towards a positive attitude and acquiring of skills, since they could practice with more confidence. Below are some of the positive emotional experiences students' experienced during interaction with health staff and how it enhanced learning opportunities:

*"I was invited to be part of the hand over and I listened carefully when the registered nurse do the hand over to the other staff. I felt good to be involved and to see how the registered nurse did a proper hand over; it helped me to identify the important things to mention during the giving of a report".*

*"I was feeling amazing because it was my first day working in family planning and there was a good relationship between me and the permanent staff in the clinic. The enrolled nurse assisted me during the counselling session and explained in a very gently way what I should do and not do during such a session".*

*"Me and my fellow colleague were taken by a registered and she demonstrated to us how to admit a patient properly. We were so happy, because we struggled with this since admissions are done in several ways in the different wards in the hospital".*

*"I was very anxious to do a baby bath, but the registered nurse stood next to me and explained and supported me. I was so delighted when I successfully completed the procedure, without harming the baby. As a student, I realised I always need to accept that I am learning ... and that I may not need the guidance of the registered nurse, but I was really grateful for her guidance".*

*"I was taken by the hand of an enrolled nurse to do a wound dressing. I was so scared and the nurse realised it. She said to me not to worry because she will not leave me alone to do this. Her words and actions gave me the strength to proceed with the procedure".*

From the above statements and evidence provided in the literature, it is of utmost importance that students need to have a dedicated person during the clinical setting to guide and mentor them. The constructive feedback helps them to realize their weaknesses and it helps them to improve. It also contributes towards your progress in the profession.

## **CONCLUSION AND RECOMMENDATIONS**

From a global perspective, undergraduate nurse education has changed significantly in the last decade with more emphasis being placed on student learning and teaching in the clinical setting. The nurse guiding and teaching nursing students in clinical settings will always be a very important teacher. It is recommended that nurses in the clinical settings should receive in-service training in better understanding their role as nurse educators and being better communicators.

Maximizing student engagement is critical to active learning outcomes considered central to the clinical curriculum in undergraduate nursing education. The role and function of the nurse

educator in this regard cannot be over emphasized. Nurse educators are encouraged to engage students in all activities in the clinical setting and provide the necessary support as required by the students.

Students had positive and negative experiences and therefore the nurse educator needs to encourage the positive experiences by providing positive feedback to the staff in the clinical setting. The challenges should be highlighted to the students and staff and a common agreement should be found to manage these challenges.

Another recommendation will be that the nursing lecturing staff and relevant stakeholders have annual seminars to keep abreast of the latest professional technical developments.

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