

Chapter 3

Literature review

3.1 INTRODUCTION

A literature review identifies and compares earlier studies, and also helps to avoid duplication and unnecessary repetition (Mouton 2001:87). In this study, literature which is relevant to the study will be reviewed. The literature review revealed that most studies on the experiences of student nurses in the clinical learning environment have been conducted overseas, whereas only a few were done in the South African context. The limited research information available with regard to the situation in South Africa, and the complaints by student nurses about clinical practice, stimulated this research. Literature relevant to the topic was searched, with the assistance of the librarians of the University of South Africa (Unisa).

The content of this chapter is organised using the framework from Quinn (2000:417), who states that a good clinical learning environment is characterised by teaching and learning support, wherein an opportunity is given to student nurses to ask questions, attend medical staff rounds, observe new procedures, and have access to patient records, and where the qualified staff are prepared to serve as clinical teachers, mentors, preceptors, assessors and supervisors, have a humanistic approach to student nurses, and foster team spirit. These characteristics are discussed in detail below.

3.2 ASPECTS IN PRACTICE SETTINGS WHICH IMPACT POSITIVELY ON STUDENT NURSES' CLINICAL LEARNING EXPERIENCES

3.2.1 A humanistic approach to student nurses

According to Quinn (2000:16), qualified staff should treat student nurses with kindness and understanding, and should try to show interest in them as people. They should be approachable, helpful, provide student nurses with necessary support, and try to foster

student nurses' self esteem. Qualified staff need to be sensitive to the study needs of the student nurses.

Schmitz and Schaffer (1995:43) studied student nurses' and faculty's perceptions of the ethical problems encountered in the teaching of nursing. The findings revealed that relationships between the educators and student nurses were found to benefit from a greater emphasis on the caring perspective, in the consideration of what ought to be done in problematic educational situations. Caring was identified as an important element for maintaining positive relationships by both the student nurses and faculty, and was perceived as an important aspect of the student nurses' learning experiences.

Atack, Comacu, Kenny, Lebelle and Muller (2000:389) studied student nurses-staff relationships in the clinical practice model, and found that the relationship between nursing staff and student nurses is the key component in clinical practice. Both student nurses and staff described role perceptions, staff characteristics, and work- place environment as important factors influencing this relationship, and the student nurses' learning. Collegial relationships with the staff were found to be an important element in student nurses' learning and socialisation.

It is apparent that the nature of the relationship between the learners and the staff in practice settings, has an influence on the learning experiences of student nurses, as nursing is a practice discipline where student nurses have to learn through observation of role models, and have to be socialised into the norms and values of the profession.

The above findings are consistent with the triad model developed by Ahern (1999:80) of the ideal teaching relationship, where the teacher plays a supportive role and provides learning opportunities for student nurses, as a facilitator of learning. This relationship is vital if student nurses' clinical learning experiences are to be maximised. Such a teacher must be willing to be less of an advice-giver and rescuer than one who facilitates the student nurses' exploration of nursing practice. The teacher's interactions with student nurses should provide the necessary learning experiences and support, without subsuming the student nurse's role of caregiver and member of the profession. In this model, primary relationships with student nurses can be eroded by clinical teachers who are autocratic and play a dominance role over student nurses, by providing instruction or feedback inappropriately in front of clients or other student nurses. According to this

model, clinical teachers are expected to keep a professional distance and friendship, to enable the student nurses to develop independence, which facilitates the learning process. Ahern (1999:81) cites Paterson and Groening (1996), saying that a lack of separation of roles results in the development of an inappropriately balanced relationship, wherein the teacher fosters student nurses' dependence, which adversely affects the student nurses' learning experience. Another negative aspect in this model is where the teacher consistently and inappropriately takes over the responsibility for client care from the student nurses, and by so doing, depriving the student nurses of the opportunity of practice and clinical decision-making.

It can therefore be concluded that the role of clinical teachers is of fundamental importance in shaping the student nurses' clinical learning experiences. By providing student nurses with the environment in which to experiment and experience all aspects of nursing practice, the student nurses gain confidence, autonomy, professional and clinical skills.

Naude (1995:92) maintains that the accompanist for student nurses should develop strategies to build trust and create a caring environment. Such an environment enhances clinical learning for the student nurses. In the same vein, a study by Naude and Mokoena (1998:16), on the guidelines and strategies for effective student nurses support in caring for AIDS patients and HIV-positive individuals, strategies were developed. These strategies include: developing a therapeutic relationship with the student nurses, trust, and empowerment of student nurses, developing self-awareness, respect, and supporting student nurses to develop and maintain a committed and compassionate attitude to clients (Naude & Mokoena 1998:16). They further stated that student nurses should be supported in addressing and overcoming fear and anger, so as to provide quality nursing care. Support should also be given to student nurses to enable them to identify and handle conflict associated with caring for patients.

Kusowski (1995:238) conducted a study on clinical learning experiences and professional nurse care. The purpose of this study was to discover, describe and analyse how student nurses learn professional nurse care in the clinical context of nursing education. Eighteen Baccalaureate student nurses were interviewed using unstructured face-to-face interviews. The student nurses reported their experiences regarding the learning of caring in the clinical environment, as being influenced by

learning modes such as role modelling, reversing, imaging, sensing and constructing. The student nurses in this study identified role modelling as the most frequent care learning mode. Contrary to the findings by Lipinge and Venter (2003:10), where student nurses reported negative experiences due to staff being uncaring, and frustrations in daily practices, student nurses in the study by Kosowski (1995:239) learned a way out of these frustrations through reversing. For instance, participants in the study observed the other health professionals interacting with patients in a way labelled as unprofessional and uncaring. After observing the uncaring and negative staff behaviours with patients, participants reflected on these behaviours at length, and after prolonged reflection, participants reported “reversing” the negative behaviours in order to learn positively about caring. They remembered making a firm commitment never to behave in the same uncaring manner towards patients in future.

It is therefore important that student nurses be provided with appropriate role models, to enable them to learn by observing qualified staff’s caring or uncaring practices during their interaction with clients, patients or patients’ families.

On the other hand, the student nurses in a study by Redmond and Sorrel (1996:25) also identified caring behaviours as good teacher-student nurses relationships, characterised by mutual trust, open and authentic communication, and interest in student nurses’ personal and academic needs. Student nurses also identified active listening as characteristic of caring, and that the teachers have to maintain caring relationships with student nurses by using strategies that provide student nurses with ongoing support and opportunities to give and receive feedback. These findings by Redmond and Sorrel (1996:25) were also consistent with the findings in a study by Netshandama (1997:84), who found that establishing caring relationships is the key to creating a caring learning environment, which is conducive to student nurses’ learning experiences. In a study by Nolan (1998:625), student nurses stated that it is not the hospital or patients but usually the staff that make their placement good or bad. This is also supported by Dunn and Hansford (1997:1301), who found that ward staff can do much to reduce the feelings of inadequacy, by accepting student nurses as learners who will make mistakes, and as learners with a legitimate role on the team, as well as by concentrating on their positive achievements. Student nurses also indicated that they need staff who show an interest in them, are supportive, and are willing to engage in a teaching relationship.

According to Atack et al (2000:389), student nurses-staff relationships are critical in creating a positive learning experience for student nurses in the clinical practice. Positive relationships with ward staff, in particular the registered nurses, have an important role in creating a conducive staff are those in which staff treat student nurses as junior colleagues. This relationship is characterised by open communication, mutual trust and respect.

From the above discussion, it is apparent that the caring learning environment is necessary for student nurses' learning experiences.

3.2.2 Teamwork

According to Quinn (2000:418), qualified staff should strive to work as a team and strive to make student nurses feel part of the team. A good relationship with a team creates a good learning environment for student nurses. Student nurses should be exposed to a multi-disciplinary team, e.g. doctors, physiotherapists, dieticians, etc. Qualified staff should create an environment which allows student nurses to develop critical thinking and judgement, i.e. student nurses should be able to ask questions without feeling guilty or disloyal. It can therefore be concluded that student nurses must be accepted in clinical practice as team members, to facilitate their integration with the ward staff, therefore enhancing their learning experience.

Netshandama (1997:105) and Mhlongo (1996:30) identified the following activities as constituting a conducive clinical learning environment for student nurses: good communication with the patients, promoting team spirit amongst the staff members, involvement of student nurses as members of the team, collective planning to improve performance, involvement of unit sisters in management of the unit to enhance clinical teaching and involvement in the clinical teaching process.

According to Taylor (2000:173), student nurses encounter ambiguities when they go to new wards, clinical settings in communities, homes or wards. This happens even when they change the focus of study, e.g. switch from general to psychiatric or midwife nursing, so they need the faculty to support them in dealing with these ambiguities. These ambiguities affect student nurses' learning experiences in the clinical setting. Taylor (2000:173) also suggests strategies to assist student nurses in dealing with

ambiguities in clinical practice, such as having student nurses discuss specific ambiguous situations together, pre-conferences, structured care plans and case studies, clarity in written and verbal communication between all members of the interdisciplinary health team, and use of policy and procedure manuals.

In support of the above views, student nurses in a study by Robertson, Anderko and Uscian (2000:51) were satisfied with their clinical experiences, because they were given the necessary support by the ward staff, and felt that they were treated as equals, respected, and were part of the team.

From the above discussion, it can be deduced that, where student nurses are treated with respect, trust, and as members of the team, their practice experiences are maximised.

Atack et al (2000:389) maintain that nurses' actions have a large impact on student nurses gaining a sense of belonging in the unit and in the profession. Student nurses remarked that being part of the team was another important part of their experience. Student nurses valued a setting where they felt welcomed and wanted.

The findings by Hart and Rotem (1995:8) on nurses' perceptions of professional development in a clinical setting, suggest that there is a need for a collaborative approach between administration and education, in the planning and evaluation of clinical learning experiences. The findings also indicate a need to develop effective strategies to improve the quality of supervision and foster a cooperative approach to performance appraisal, which is directly linked to improving the quality of nursing practice. There is also a need to support formal and informal opportunities for staff to develop a collegial work environment, in order to develop effective strategies and enhance learning opportunities within the workplace, by utilising experienced nurses more effectively as role models and preceptors, and encouraging active participation within in-service sessions.

The researcher concurs with the above findings in that, when student nurses feel accepted as members of the team, they will be able to ask questions, as well as ask for advice, guidance and support, without feeling guilty or frightened. And this can contribute to the creation of a conducive learning environment for student nurses.

3.2.3 Management style

According to Quinn (2000:418), the management style should be efficient and flexible, in order to produce good quality care. There should be time for teaching student nurses, and nursing staff should be properly organised, to enable student nurses to be guided and supervised during clinical practice. Nursing practice should be compatible with that taught in the college or university. Troskie, Guwa and Booyens (1998:47) assessed the extent of involvement of unit managers in the clinical teaching of student nurses in the unit. The findings were that 95% of unit managers indicated that they gave support to student nurses when the latter experienced problems, which facilitated student nurses' clinical learning. Unit managers were also found to be organising and attending in-service education programs, and also attending symposia to keep themselves updated on the latest developments in nursing education, therefore preparing themselves for their teaching function. This was also enhanced by the fact that there were regular meetings between the college and the unit managers, to update the unit managers on the student nurses' training programmes and on new developments related to student nurses training.

The unit manager therefore has a significant role in ensuring that her unit is organised in a way that also provides teaching and learning opportunities for student nurses. Since the unit manager is in charge of both patient care and unit administration activities, she is at a better advantage in knowing when the best learning opportunities in her unit arise, which can be utilised for student nurses' learning.

A conducive clinical learning environment is an integral part of student nurses' clinical experience. Bezuidenhout, Koch and Netshandama (1999:48) conducted a study on the role of the ward manager in creating a conducive clinical learning environment for student nurses. The findings revealed that the following activities were significant in order for the learning environment to be conducive:

- Guidance and support offered by staff
- Feedback about performance at regular intervals
- Observation of role models, for example, competent, professional nurses performing skills

- Nurses rendering quality care
- Being allowed to ask questions
- Availability of learning opportunities and learning aids

A study by Hart and Rotem (1995:8) on nurses' perceptions of professional development in the clinical setting, found that the clinical learning environment has a significant impact on nurses' perceptions of their professional development. The findings suggest a significant and positive correlation between personnel development and six independent variables within the clinical setting, which are also linked to management style.

- *Autonomy and recognition.* The extent to which staff are valued, acknowledged, and encouraged to take responsibility for their own actions.
- *Role clarity.* The extent to which staff understands and accepts their roles and responsibilities.
- *Job satisfaction.* The extent to which nurses enjoy their work and intend to pursue a career in nursing.
- *Quality of supervision.* The extent to which staff interaction facilitates or impedes improved practice.
- *Peer support.* The extent to which staff are friendly, caring, and supportive towards each other.
- *Opportunities for learning.* The extent to which learning opportunities are restricted or unavailable.

The findings of the researchers cited above, shows a significant relationship between support, clinical supervision, autonomy given to student nurses by ward staff, and a positive perception of learning experiences by student nurses during clinical practice.

Massarweh (1999:44) explores specific actions aimed at promoting a positive clinical experience. She recommends the use of motivational principles, critical thinking, and total quality management principles, to serve as a framework for clinical teaching and learning for student nurses. The use of motivational principles helps to stimulate the student nurses' interest, the use of questioning and concept mapping encourages them to think critically, whereas total quality management provides a structure to encourage student nurses to work together.

Ewan and White (1996:16) state that adequate planning and preparation should be done with student nurses, tutors and registered nurses, because when the registered nurses know the objectives and expectations of the program, they will be able to guide and support the student nurses and vice versa. On the other hand, Grealish (2000:31) maintains that goal setting with student nurses is a central activity in coaching student nurses in a clinical setting. Student nurses know at what level they want their performance to be. They are guided in personal performance assessment by unit outlines, and observation of peers and professionals. Short-term goals serve the purpose of providing immediate incentives to perform at optimal levels. Long-term goals allow the student nurses to evaluate personal performance against the goals of the profession, such as competency for the newly qualified registered nurse. The role of the unit manager in contributing towards an optimum clinical learning environment appears to be crucial.

3.2.4 Teaching and learning support

Qualified staff should be willing to teach, as well as to act as supervisors, mentors and preceptors for student nurses.

3.2.4.1 Clinical supervision

Quinn (2000:429) cites the Department of Health (DoH) (1993), which defines clinical supervision as a formal process of professional support and learning, which enables the individual practitioner to develop knowledge and competence, assume responsibility for his or her own practice, and enhance consumer protection. Supervision is defined by Mellish and Brink (1996:176) as a means by which an expert practitioner in the art and science of nursing guides and directs the work of someone who is less experienced. The aim of supervision is to help the one who is less experienced to improve her performance and obtain job satisfaction, so that the ultimate goal of maintaining quality patient care is achieved.

According to MacGregor (1999:13), clinical supervision is a major role of a preceptor in the unit, which involves verifying the student nurses' competence in selected clinical procedures, validating physical assessment findings, medication, administration, etc. Bond and Holland (1997:12) also concur with this idea, in that the aim of clinical

supervision is to achieve and creatively develop a high quality of practice through means of focused support and development.

The registered nurses have the important responsibility of supervising the student nurses, in order to ensure that they gain the desired competency that will facilitate safe clinical practice and a high standard of professionalism.

3.2.4.2 Preceptorship

Quinn (2000:427) defines preceptorship as an experienced nurse, midwife or health visitor within practice placement, who acts as a role model and resource for a student nurses who is attached to him or her for a specific time-span or experience. In the preceptorship model, the student nurses is attached to the preceptor for quite a long period of time, ranging from days, weeks, or even months. The student nurses shadows the preceptor throughout, observing various interactions and decisions that the preceptor is involved in, in the course of his or her duties, and at a later stage, a time is made for the student nurses and preceptor to sit down and reflect on the events which have occurred. During such discussions, the student nurses have the opportunity to ask questions, and the preceptor gives clarification on the causes of certain actions.

A study by Nehls, Rather and Guyette (1997:223) found that student nurses learn more and enjoy their clinical learning experiences more, when given opportunities to learn alongside the practising nurse, in the form of preceptors. Student nurses in this study indicated that a preceptor model of instruction provided them with more time to learn. Student nurses also contrasted the time they had with preceptors, and the time they had with tutors, and conceded that preceptors were always there for them.

The use of preceptors is emphasised as an important element for enriching and enhancing student nurses' practice experiences. Students will therefore learn more in an environment where there are clinical preceptors to facilitate learning.

3.2.4.3 Role modelling and mentorship

Quinn (2000:427) defines a mentor as a qualified and experienced member of the practice placement staff, who enters into a formal arrangement to provide educational and personal support to a student nurses throughout the period of placement.

According to Kosowski (1995:238), student nurses identified role modelling as the most frequent care learning mode. Student nurses learned about caring through role modelling, when they observed and imitated clinical nursing instructors and staff nurses engaging in caring interactions with the patients. Jaconono and Jaconono (1995:22) also claim that role modelling is a way of facilitating professional attitudes and behaviours. Therefore, student nurses need professional role models in clinical practice, as nursing is a practice discipline. According to Khoza (1996:69), senior registered nurses should realise that they are role models for teaching caring in clinical practice, because when professional nurses understand their teaching role, they will be able to facilitate learning for student nurses through their caring practices.

Fothergill-Bourbonnas and Higuchi (1995:7) state that one of the ways student nurses learn the nursing role, is through observation of their teacher providing nursing care in specific patient care situations. Therefore, teachers must have nursing experiences relevant to the clinical learning environment selected, in order to serve as professional role models. Teachers are required, for example, to articulate the thinking processes involved in assessing patients. Chabeli (1999:25) concurs with the views above, by stating that role modelling displays the educational, professional, academic, and social roles needed to promote effective clinical teaching.

Nursing can only be learned in an environment where nursing activities are being executed by competent staff, and this can only happen in practice settings. Student nurses observe the nursing activities, together with the technical or interpersonal nursing skills, as the experienced professional nurses are executing their duties, hence role modelling becomes an important aspect in student nurses' clinical learning experiences.

3.2.4.4 Peer support

According to Quinn (2000:418), allocating two student nurses on different levels, and planning for them to work together, encourages peer support and learning. Taylor (2000: 173) concurs with Quinn (2000:418), by suggesting strategies to assist student nurses in dealing with ambiguities in clinical settings, such as pairing truly novice student nurses with student nurses who have previous experience, to decrease the anxiety and discomfort of the novice, and provide the more experienced student nurses with the opportunity to compare and contrast the current clinical setting with previous settings. A study by Dana and Gwele (1998:63) found that student nurses perceived their peers as sources of support during their learning in the community, which also supported the findings by Chun-Heung and French (1997:458), that student nurses provide emotional and practical support to one another in clinical settings. Senior student nurses were also providing clinical supervision to the novice student nurses, and were more approachable than the clinical staff.

The importance of coaching in enhancing clinical learning and the acquiring of leadership skills, has also been equally noted in the research by Aviram, Ophir, Raviv and Shiloah (1998:229). They studied the experiential learning of clinical skills by novice student nurses. Fourth-year student nurses interns served as coaches and sources of support and knowledge, assisting in problem- solving for new student nurses. Both senior and novice student nurses reported positive learning experiences.

The student nurses experienced positive learning in an environment where they also received support from their peers, therefore, attempts should be made to ensure that student nurses on different levels who are in the same clinical area, do not miss the opportunity for peer support. The discussion above has shown how student nurses value the support from their peers, and the positive impact this has on enhancing the learning experiences for novice student nurses.

3.2.4.5 Learner independence

Lipinge and Venter (2003:8) studied student nurses' experiences during a rural community placement program in Namibia. Positive experiences were reported, which were related to: work satisfaction, exposure to working independently, being trusted and

accepted as members of the health team, involvement in administrative and managerial tasks, and opportunities to assess and manage the health problems of patients independently, as a professional and collaboratively as a team member.

Rolf and Fulbrook (1998:231) maintain that student nurses must feel free to make mistakes and to voice their misconceptions, and must be able to explore and try out new techniques. This will enable student nurses to develop enquiring minds and independent thinking, which is an essential factor in preparing student nurses for their future role as registered nurses.

According to Reutter, Field, Campbell and Day (1997:154), student nurses on the second- and third-year level, need to engage in active learning, whilst the fourth- year student nurses require independence from their instructors, in order to develop the confidence needed to take on the graduate nurse role. On the other hand, the first-year level student nurses needs direct supervision and guidance from the ward staff in performing tasks (i.e. student nurses move from a dependent role to an independent one as the student nurses' grades increase).

The above findings are in contrast to the findings by Lofmark, Carlsson and Wikblad (2001:91), who found that student nurses perceived themselves to be able to complete many tasks independently of supervision, very early in their educational programme. The researcher concurs with the findings by Reutter et al (1997:154), that first-year level student nurses are dependent on the ward staff for performing ward activities, and that this improves as their grades increase .The researcher's view in this regard is that it is only when student nurses have mastered the basic nursing skills learned in the first and second year, that they may start functioning with minimal supervision when executing the skills learned.

Atack et al (2000:390) state that the staff and student nurses have to be clear about each other's roles, including the scope of practice. They maintain that if the staff are not clear about the student nurses' role, they may have difficulty in letting the student nurses work independently, and will spend time following and checking on the student nurses.

Dana and Gwele (1998:63) found that student nurses have positive perceptions about their independence in learning, as facilitated by the community as a clinical learning environment. Quinn (2000:418) further supports the above idea, in that an effective clinical learning environment should encourage the student nurses to take responsibility for their own learning, and to actively seek out opportunities for this. Such an environment fosters critical thinking and judgement, and student nurses can ask questions without fear, guilt or feeling disloyal. DeMarco (1998:133) states that student nurses should be guided towards independent learning and creative thinking. Student nurses should be given the opportunity to explore, question, and try out various strategies for learning.

It can therefore be deduced that learner independence is a critical element in enhancing student nurses practice experience. Ward staff have to allow student nurses some degree of autonomy, to enable student nurses to explore and try out new techniques, without the ward staff always keeping an eye on them. The degree of clinical supervision has to be adapted to the needs and the grades of student nurses, if their practice experiences are to be enhanced.

3.3 ASPECTS IN PRACTICE SETTINGS WHICH IMPACT NEGATIVELY ON STUDENT NURSES' CLINICAL LEARNING EXPERIENCES

3.3.1 Uncaring attitudes of ward staff and college tutors

Redmond and Sorrel (1996:23) conducted a study on creating a caring learning environment for the undergraduate student nurses. The results were that student nurses described uncaring behaviours of instructors as: a lack of interest in student nurses; being unapproachable; refusing to give clarification on student nurses' questions; openly criticising student nurses in front of others; and being rigid. The student nurses' uncaring stories left them feeling powerless, intimidated, and angry. The instructors' lack of care interfered with student nurses' learning.

On the same note, Reutter et al (1997:152) conducted a study on "student nurses as learners". The findings of this study revealed that student nurses-staff relationships were bad, as student nurses perceived that some nurses did not value them or their nursing programme. Almost all of them commented that one of the difficult aspects of

being a student nurses is coping with the implicit and explicit negative feedback received from the staff nurses about the Bachelor of Nursing Science programme. Staff expected them to know everything. As one student nurses put it: "As soon as they find out that you are in the BScN programme, you can feel the walls going up - when you ask questions, it is like, how come you do not know ... you guys know everything over there". This situation stresses the student nurses, as they are not receiving the necessary support from the trained staff.

It appears from these findings that ward staff that show uncaring behaviours towards student nurses impacts negatively on the learning experiences of student nurses. The negative behaviours by the ward staff also affect the interpersonal relationships between the student nurses and the ward staff which is the key to nursing practice and that might also affect the selection and utilisation of appropriate teaching and learning opportunities for student nurses.

Chun-Heung and French (1997:457) studied the ward-learning climate in Hong Kong. The findings of this study showed that the learning climate was not conducive to student nurses learning, because

- (a) the relationship was bad, as it was found that student nurses and qualified staff were involved in autocratic relationships, which influenced the learning atmosphere
- (b) little opportunity was given for student nurses learning, as most of the time was spent doing routine and menial tasks
- (c) patients were both a source of satisfaction and a source of stress for student nurses, particularly where student nurses lacked skills to assist the patient
- (d) practical expenses were rooted in a medical model than personalised nursing care, which the student nurses referred to as a menial task
- (e) patient care was organised in a rigid routine, rather than individualised patient care
- (f) student nurses found ward-based examinations to be a great source of stress, as they lacked practice opportunities prior to evaluation, and the practices in the wards differed greatly from what they were expected to do in clinical evaluations

Student nurses in the study by Bezuidenhout et al (1999:48) were particularly dissatisfied with the lack of feedback they received in the ward, the lack of opportunities to practise a particular skill, and insufficient exposure to learning opportunities. Student nurses also identified those factors that negatively affected the conduciveness and effectiveness of the learning environment. These were:

- being reprimanded in front of others
- mismanagement of time by staff
- lack of involvement as part of the nursing team
- lack of demonstration and teaching by professional nurses in the ward
- lack of teaching and learning facilities such as books and posters
- poor interpersonal relationships among staff members

Lack of feedback to student nurses about their performance in clinical practice, and poor interpersonal relationships with ward staff, negatively affect the student nurses' learning climate, hence impacting on their clinical learning experiences.

A phenomenological study by Shin (2000:259) was conducted, with the purpose of understanding the meaning of the clinical experiences of Korean student nurses. The findings revealed that student nurses felt confused, abandoned and ostracised when encountering various role models in nursing, and they perceived a loss of human dignity within the hospital system. The feeling of abandonment was high amongst the Korean student nurses in this study, because the head nurses or preceptors also had other duties to do, despite being with the student nurses, thus leaving them alone, unobserved and without correction. Student nurses reported that when they went to the clinical setting and no longer had continuous supervision, they felt abandoned. Student nurses also identified bad role models as those who would not give them an opportunity to practise or finish their work by themselves and nurses who were authoritative.

Similarly, Polifroni, Packard and Shah (1995:169), in their study on activities and interactions of baccalaureate student nurses in clinical practice, found that 75% of student nurses' time in clinical practicum is unsupervised, showing that time is not equivalent to quality education in a clinical practicum course. Student nurses provide a service to the clinical agency, but receive scanty input from the staff in return, and the

agency staff do not view the education of the baccalaureate student nurses as an integral part of their role.

A study by Lita et al (2002:31) found that poor interpersonal relations and poor communication between student nurses, registered nurses and lecturers, creates stumbling blocks in the guidance of student nurses. Other findings were communication problems, lack of guidance and correlation of theory and practice, and a lack of knowledge of tutors and ward sisters on how to implement or integrate the primary healthcare approach in the subjects that were taught during clinical sessions. Poor communication was found to be a stumbling block to effective guidance of student nurses. This seriously compromised learning opportunities for student nurses, as effective communication is central to effective management of the unit. Without it, none of the steps in the management process can be effectively implemented.

On the same note, Naude, Meyer and Van Niekerk (1999:192) also found that, due to communication problems, student nurses were also not receiving feedback on their performance. Lecturers were also found to be unsupportive of both student nurses and registered nurses in the wards, and ward staff were not always informed about the curriculum issues, making it difficult for ward sisters to support student nurses. The attitudes of ward sisters were bad, as they harassed and shouted at student nurses in front of patients. This clearly contradicts the characteristics of a good clinical learning environment, as stated in Quinn (2000:418), who indicated that student nurses should be treated with kindness and understanding by qualified personnel.

The above studies, revealed that poor interpersonal relationships, negative feedback given to student nurses by ward staff, lack of clinical supervision, lack of support to student nurses, and uncaring behaviours towards student nurses, all impact negatively on the student nurses clinical learning experiences.

3.3.2 Shortage of resources

A study by Bezuidenhout et al (1999:48) identified factors such as a shortage of staff, as negatively affecting the conduciveness of the clinical learning environment. This is further supported by Mhlongo (1996:30), who studied the role of the unit sisters in teaching student nurses in a KwaZulu hospital. The unit sisters identified the lack of resources and shortage of staff as some of the problems they were encountering

regarding clinical teaching. A study by Mongwe (2001:108) found that a shortage of equipment and staff were identified as obstacles to the facilitation of student nurses' learning in clinical areas. Lita et al (2002:33) support these findings, by stating that the gap between theory and practice is accelerated by the lack of equipment in clinical practice, making it difficult for the registered nurses to teach student nurses. Faller, Dowell and Jackson (1995:346) also asserted that financial constraints on healthcare exacerbate the situation, as the staff become frustrated and depressed by the lack of resources, leaving them with little energy and time to efficiently attend to the needs of the student nurses. Manzini (1998:177) and Mochaki (2001:86) found that both ward sisters and college tutors were unable to teach and supervise student nurses effectively in clinical practice, because of a shortage of staff and increased workloads. As a result of a shortage of staff, registered nurses in the wards had no other option but to direct their energies to the needs of patients rather than student nurses.

Moeti et al (2004:82) concur with the above findings, stating that due to a shortage of staff and high bed occupancy, it was difficult for the experienced professional nurses to guide and supervise the newly registered ones sufficiently. The situation became more frustrating when equipment, which was supposed to be used for patient care, was not available.

The researcher fully concurs with the above findings, in that as a nurse manager working in one of the hospitals providing a clinical facility for the four-year integrated diploma integrated programme student nurses in the Limpopo Province, he is also confronted with a similar situation, in which registered nurses indicated to him during meetings that they do not have time to teach student nurses, mainly because of a shortage of resources, particularly nursing personnel. This affects the ability of available registered nurses to conduct effective teaching for student nurses. In most cases, the teaching programmes would have been drawn up, but due to a shortage of staff and increased workloads, registered nurses became overworked and had little time to either supervise or teach the student nurses. If any clinical teaching took place, it was more likely to be on-the-spot teaching, with no time for formal teaching. This negatively affects the learning experiences of student nurses.

3.3.3 Clinical allocation of student nurses

According to the SANC's philosophy and policy on clinical practica (SANC 1992:5), the student nurses should function as a member of the health team, with certain responsibilities as from the commencement of the educational programme. This function forms part of the clinical practica, with accompaniment, and should be arranged in meaningful conservative units, avoiding unnecessary fragmentation. In this function, the student nurse is accountable for his or her own acts and omissions, in accordance with the stage and terminal objectives of the programme.

Student nurses should be socialised to work within the context of a multidisciplinary team. This will enable the student nurses to learn and appreciate the inputs the other team members have on improving the quality of care, and also prepare student nurses for their future role as registered nurses, who will be expected to coordinate patient care and assume the responsibilities for their actions. Student nurses should therefore be allocated to different units for a period that will allow them to learn and attain the course objectives, for instance, student nurses could be allocated to medical wards for a month, before moving on to another unit.

3.3.4 Inadequate clinical time

According to Gallagher, Bomba and Anderson (1999:6-7), frequent rotation of student nurses is a source of anxiety for student nurses during clinical practice. The study also revealed that student nurses, who had consistent clinical instruction, reported an increase in consistency of evaluation of their written work and clinical performance. It was also found that consistent instruction and increased student nurses-faculty contact contribute to more confident and less anxious student nurses. Hospital nurses, who are key in mentoring and supporting student nurses in their clinical experiences, also noted that the constant rotation of student nurses put more demands on the staff. Inadequate clinical time was also raised in a study by Robertson et al (2000:48), where the student nurses in the study complained that they were not getting enough clinical time.

On the same note, Nolan (1998:625) claims that shortness of allocation in particular clinical areas, limits the student nurses' membership of the team, resulting in superficial learning (i.e. I don't belong). Furthermore, Nolan (1998:625) cites Knuteson and Wielchowski (1994), who claimed that short clinical rotations left little time for student nurses reflection, and less time for exploration of new practice behaviours.

It appears that frequent rotation of student nurses hampers effective clinical learning for student nurses.

3.3.5 Overcrowded clinical facilities

According to Gibbon and Kendrick (1996:52), the number of student nurses allocated to a clinical area should be controlled, in order to avoid overcrowding, as this makes learning and teaching ineffective. If many student nurses are allocated to one clinical area at the same time, it hampers effective learning and integration of theory and practice, because teaching, coaching and supervision will be impossible. On the same note, Mhlongo (1996:30) also found that one of the problems hampering clinical teaching by the unit sisters was too many student nurses being allocated to the unit at the same time. According to Quinn (2000:425), the clinical learning environment should provide teaching and learning opportunities, space, equipment, and health and safety requirements, for appropriate placement of student nurses. It can therefore be deducted that when student nurses are allocated to the same clinical area in large numbers, it affects teaching and learning negatively, as the registered nurses won't be able to give them the necessary support. Therefore, the number of student nurses allocated to a unit at any given time should be controlled, if effective teaching and learning is to be achieved.

3.4 THEORY-PRACTICE GAP

Davhana-Maselesele (2000) studied the problem of integrating theory and practice in selected clinical nursing situations. The aim of the research was to identify problems which student nurses encountered when integrating theory and practice, and to draw guidelines for effective integration of theory and practice in community health nursing, with special reference to the rendering of comprehensive family planning services. Fourth-year student nurses were targeted for the study, and convenience sampling was used. Data was collected through observation schedules when student nurses were in the Community Nursing Science discipline. The findings revealed that what is taught in the classroom is not fully applied to the clinical situations, and that only preceptors are committed to clinical teaching (100%), while tutors and professional nurses had a 65% response rate on clinical teaching, and junior staff members a 45% response rate. On

accompaniment, preceptors were mostly involved, and rated 100%, while tutors only rated as 67,5% of their time. Thus, tutors were not fully involved in accompaniment, due to a lack of time and knowledge of practical skills, as well as a lack of confidence in executing skills in clinical areas. This affected the ability of student nurses to successfully integrate theory and practice (Davhana-Maselesele 2000:126).

Rolf (1996:1) states that the “theory- practice gap” is felt by the student nurses, who often find themselves caught between the demands of their tutors to implement what they have learned in theory, and pressure from practising nurses to conform to the constraints of the real clinical or ward environment.

Reutter et al (1997:152) also found that several dimensions of real versus ideal dichotomy emerged, when student nurses became aware of the need to adapt their classroom learning to take into account a variety of factors related to both the patient and the unit environment. Student nurses also observed that staff nurses did not always practise nursing in the way that the student nurses had been taught. Student nurses perceived that the primary ideas inculcated through their nursing education i.e. holistic caring and scientific knowledge, are not always reflected in nursing practice.

Furthermore, the student nurses in the study by Shin (2000:261) experienced confusion in the clinical learning setting, when they realised how different the worlds were between their university education and the reality of the clinical learning setting. They perceived differences between theory and practice. For example, the student nurses found that the theory they had learnt about medication and aseptic techniques was not practised in the clinical setting by the nurses and other clinical staff. When they themselves tried to apply the theory in practice, they found that they were unable to. The nurses who were responsible for their clinical practice did not support them, and as such they felt ostracised. They were given little support by the clinic nurses when they tried to practise what they had been taught at university. The following is a comment from one of the student nurses: “Nurses in the clinic laughed at me, saying: how can you do all of these things according to principles? There is no time to do it”. Student nurses watched defencelessly when wrong actions were being done by the trained staff, as they had no chance of correcting them because they were their seniors.

Hallet, Williams and Butterworth (1996:580) conducted a phenomenological study on Project 2000 student nurses enrolled for a diploma in nursing (Project 2000). Project 2000 was initiated in Great Britain. The results of this study were that all student nurses indicated that there were discrepancies between the theory they were taught at nursing college, and the actual practice in both the hospital and the community. As one student nurses put it: “tutors are in a different situation, they will go in there and tell you something, but when you go out and do it in a ward or community, it is going to be different because you’ve got to do it to a patient”.

In the same vein, a study by Fulbrook et al (2000:355) was conducted with the purpose of comparing student nurses views on how the Project 2000 curriculum had prepared them for their first clinical placement. The findings of this study revealed that the student nurses of the new curriculum (Project 2000) indicated that they were less able to apply theory learnt in the school to clinical practice. These findings supported the findings of an earlier study on Project 2000 student nurses by Hallet et al (1996:580).

From the above studies, it becomes clear that there is a serious challenge in terms of integration of theory and practice. Sadly, this problem seems to persist, despite numerous research studies and recommendations on this issue. Nursing as a science requires that there should be the application of scientific principles to the practice situation, so student nurses have to apply the theory learnt at college in the real ward environment while executing actual patient care. In any situation where such an application is not possible, the learning experiences of student nurses are adversely affected, hence the student nurses become frustrated and confused.

3.5 CONCLUSION

The influence of the clinical environment in shaping the development of nursing and nursing professionals has been discussed, with particular reference to student nurses’ experiences. The literature reviewed has shown that it is only in the practice setting that student nurses learn nursing and become socialised into the profession. Unlike in the simulation laboratory, the student nurses learn to cope with the real demands of real patients and the ward environment.

Factors in practice settings which impact positively on student nurses' learning experiences were discussed. These included, amongst others, a humanistic approach to student nurses, organisational support, teamwork, teaching and learning support, role modelling, preceptorship clinical supervision by the unit sisters, peer support, and opportunities being made available for self-directed learning or learner independence.

Various studies have outlined factors in clinical practice which impact negatively on student nurses' experiences, which are: uncaring attitudes of ward staff and college tutors, inadequate clinical time due to frequent rotation of student nurses, and overcrowded clinical facilities due to a large number of student nurses making the group unmanageable and difficult to supervise, in view of a shortage of personnel in clinical facilities. Shortage of equipment and overworked personnel also make facilitation of learning of student nurses impossible. Variables which negate or promote student nurses' learning experiences within the clinical learning environment were discussed, as reviewed in the relevant literature.