

Chapter 5

Findings, recommendations, limitations and conclusion

5.1 INTRODUCTION

Findings, recommendations, limitations and the conclusion drawn from the study, will be discussed. The researcher investigated the clinical learning experiences of student nurses during their placement in a clinical learning environment. The study was conducted in the Limpopo Province of South Africa. The participants were fourth-year integrated diploma programme student nurses from one of the three campuses of the Limpopo College of Nursing and its clinical facilities.

According to Reilly and Oermann (1992:117) and Quinn (2000:425), learning in practice placement requires an environment, which is conducive to learning and appropriate support from skilled practitioners and educationalists. A clinical setting rich in learning experiences, but lacking a supportive environment, discourages the learners from seeking experiences, and results in a loss of many learning opportunities and growth. On the other hand, a setting with limited experiences, but rich in a supportive environment, may provide the opportunity for student nurses to examine new health needs and ways of addressing them. Thus, regardless of where clinical practice is taking place, the learning climate influences student nurses achievement and satisfaction with the learning experience. These views are supported by Dawn and Harnsford (1997:1301); Nolan (1998:625); Netshandama (1997:84) and Redmond and Sorrel (1996:25), who maintain that establishing caring relationships is the key to creating a caring learning environment, which is conducive to student nurses' learning experiences.

The purpose of the study was to explore student nurses' experiences during clinical practice in the health services, in order to generate guidelines to facilitate optimal learning.

5.2 OBJECTIVES OF THE STUDY

Objectives of the study were:

- To explore the experiences of student nurses during clinical practice.
- To recommend guidelines for improvement or enhancement of learning during clinical practice.

5.3 RESEARCH METHODOLOGY

A qualitative, exploratory, descriptive and contextual design was followed. The phenomenological method was chosen, to enable the researcher to explore the lived experiences of student nurses during clinical practice (Streubert & Carpenter 1999:18). The researcher used unstructured interviews as a tool for data collection. The central question asked to all participants was as follows:

- Describe your clinical learning experiences during placement in a clinical learning environment.

This provided the participants with the opportunity to fully describe their own unique experiences. The sample consisted of 11 participants, all being student nurses in their fourth year of study on one of the three nursing campuses at the Limpopo College of Nursing. Data analysis was conducted using Tesch's method of analysis for qualitative data, which encompasses reading and re-reading verbatim transcriptions of all interviews done, listing all topics, and coding, categorising or classifying themes. Commonalities, differences, patterns and meanings were identified. Data was analysed and systematically explored to generate meanings, and existing data was recorded, while participants were asked to validate analysed data, and recoding was done where necessary (Coffey & Atkinson 1996:46; Creswell,2003:192; Tesch 1992:141). A detailed discussion on Tesch's method of data analysis has been presented in chapter 2.

This study has revealed how student nurses experienced clinical learning during their placement in clinical learning settings. The objective of the study was achieved, as the student nurses were able to describe their lived clinical learning experiences to the

researcher, as documented in chapter 4 of this study. Such experiences were characterised by a lack of clinical teaching and learning support, poor integration of theory and practice, and poor interpersonal relationships between ward staff, college tutors and student nurses. The conduciveness of the clinical learning environment, as cited by Quinn (1995:182), was found to be an integral component of student nurses' clinical learning experiences.

5.4 FINDINGS

The participants were asked to describe their clinical learning experiences during placement in a clinical setting. Data was analysed, and four main categories emerged which characterised the clinical learning experiences of student nurses in the study.

5.4.1 Findings with reference to clinical teaching and learning support

- College tutors were not accompanying the student nurses during clinical practice. Student nurses reported that the college tutors were only seen in the clinical area when they came to evaluate the student nurses. While the student nurses regarded college tutors as a source of support and guidance, college tutors were not accompanying them in the clinical learning environment, leaving them to rely on ward sisters, who also could not offer the necessary guidance, clinical teaching and supervision, due to perceived workloads and shortage of staff (see 4.3.1.1).
- Registered nurses were not prepared to teach student nurses, mainly because of a shortage of staff and increased workloads. Although student nurses indicated that their clinical learning experiences were good when they were doing their first year, as they had ward preceptors, the situation suddenly changed when the ward preceptors were withdrawn and allocated other tasks in the unit, leaving student nurses feeling abandoned with neither a college tutor, clinical preceptor or ward sister available to provide guidance, mentorship, role modelling and clinical supervision (see 4.3.1.2).
- As registered nurses are not involved in drawing up of the teaching and learning objectives for the student nurses, their interest and motivation in identifying

suitable learning opportunities for student nurses is also affected. This is worsened by the fact that college tutors, who are expected to provide support to both the registered nurses and student nurses, were neither accompanying the student nurses nor providing guidance to registered nurses, because there was poor communication between the college and the clinical facilities (see 4.3.1.1& 4.3.4.4).

- The increase in the number of student nurses in clinical practice brings additional strain and workload to the already short-staffed and overworked registered nurses, with the result that opportunities for learning, such as role modelling, clinical supervision, ward rounds, teachable moments and others, are compromised when the registered nurses focus their energies on patient care rather than their teaching function (see 4.3.1.6).
- Lack of clinical preceptors in the unit who are specially assigned to student nurses, negatively affects the learning experiences of student nurses, as they have to then rely on ward sisters, who in most instances are overworked and too busy with patient care, with little time and energy to give feedback and attend to other student nurses' needs (see 4.3.1.4 and 4.3.1.5).

These findings are supported by Davhana Maselesele (2001:140); Manzini (1998:177) and Mochaki (2001:86), who also found that college tutors were not doing accompaniment of student nurses, while on the other hand, registered nurses in the ward were faced with staff shortages and increased workloads, and were therefore too busy with patient care to teach and supervise the student nurses effectively.

5.4.2 Findings with reference to opportunities for learning

- Overcrowded clinical facilities, due to a large number of student nurses allocated to a specific clinical discipline at the same time, without also considering the other student nurses from different nursing schools, makes the student nurses to compete for limited learning opportunities (see 4.3.2.2).
- The findings revealed that student nurses were allocated to a specific discipline for a short period of time, i.e. about one to two weeks, before being rotated to

another discipline. This interruption negatively affects the learning opportunities for student nurses and hence their clinical learning experiences (see 4.3.2.2).

- The duration of allocation of student nurses to clinical practice has an impact on the learning experiences. In this study, student nurses were satisfied with clinic allocations, which were for a period of one month per allocation (see 4.3.2.1).
- Student nurses spent most of their time in clinical practice doing routine and menial tasks, as the registered nurses did not delegate them according to their level of training or scope of practice. The reason for this might be that registered nurses are not well acquainted with the learning objectives of the student nurses, since the study has revealed that there is poor communication between the college and the clinical facilities. This has negatively affected the learning opportunities for student nurses (see 4.3.2.3).
- Student nurses were challenged by unit managers who assigned them challenging activities during their clinical practice such as administrative duties and through the use of teaching strategies such as assignments, case presentations and post-clinical conferences (see 4.3.2.4).

5.4.3 Findings with reference to the integration of theory and practice

- The study revealed that there were discrepancies between theory taught at college and the actual practices in the clinical setting. This confused the student nurses, as they saw helplessly how different what they had been taught at college, and what was practised in actual patient care settings, were (see 4.3.3.2).
- Since college tutors were not even accompanying student nurses to reinforce what they had taught, in actual practical settings, student nurses were left with no option but to obey what the ward sisters/unit managers were telling them to do, or they would become ostracised. This hindered integration of theory and practice (see 4.3.3.2).

- Another issue of concern was that student nurses were delegated to do non-nursing duties, and their level of training or scope of practice was not considered when such delegations were done, which compromised the integration of theory and practice. This might be due to the fact that student nurses were merely seen as a pair of hands, without recognition of their student nurses status and learning needs (see 4.3.3.3).
- Failure to integrate theoretical content with practical content was also influenced by the way in which the content was taught to student nurses', for example, abnormal midwifery. The curriculum only allowed such theoretical content to be taught when student nurses were doing their second-year of midwifery. This poses a serious challenge for both the student nurses and registered nurses in the wards, since the registered nurses expected students to know the management of abnormal conditions in the wards, whereas they only had a theoretical background of normal labour or midwifery at that stage(see 4.3.3.1).

5.4.4 Findings with reference to interpersonal relationships between college tutors, student nurses, and clinical staff

- Interpersonal relationships were a problem. The findings of this study show that there were poor interpersonal relationships between the ward staff and the student nurses. Student nurses were called names, harassed, and were in most instances used as scapegoats for any wrong- doings in the wards (see 4.3.4.1).
- It was, however, found that the student nurses had good interpersonal relationships with the clinic managers, most of whom had qualified from the same programme (integrated course) that the student nurses were following, as compared to the single qualified professional nurses who were mostly in the hospital wards. There might be an element of an inferiority complex amongst the unit manager/ward sisters who were single qualified, which might have influenced the nature of their relationships with the student nurses (see 4.3.4.1).
- It is also noted that student nurses reported that the professional nurses in the clinics showed a positive attitude towards them. They related this to the fact that

most of the clinic sisters had done the integrated course, and therefore understood the student nurses better. This needs further research (see 4.3.4.1).

- Because of the negative attitude of the ward sisters towards student nurses, they had negative clinical learning experiences while in hospital settings, as compared to clinical settings. The negative experiences were characterised by negative emotional feelings such as anger, frustration, unhappiness, embarrassment and fear while in nursing units as a clinical learning environment, mainly because they were harassed and not supported by the ward sisters (see 4.3.4.2).
- Poor interpersonal relationships amongst the ward sisters themselves was a cause of concern to student nurses, as they found themselves not knowing who to report to or side with, and when they had problems, they were tossed from one supervisor to another. Lack of communication amongst ward sisters frustrated student nurses and impacted negatively on their practical experiences, since communication is a fundamental component of nursing practice. However, student nurses indicated that they felt good if the ward sisters were approachable, helpful and friendly (see 4.3.4.2).
- As the student nurses were labelled as difficult and uncooperative by the ward sisters, open and honest interaction was also compromised, hence the teaching and learning activities. This situation also has the potential to spark negative attitudes of student nurses towards clinical learning and the entire clinical environment (see 4.3.4.3).
- Lack of effective communication between the college tutors and the ward sisters also contributed to the negative experiences of the student nurses, particularly during placement in hospitals settings. As the college tutors were not communicating effectively with the clinical facilities, the unit managers could not understand the learning objectives of student nurses, and the necessary support from the college staff at that point was missing. Student nurses were left with no one to rely on, which further caused frustration and confusion for them (see 4.3.4.4).

5.5 RECOMMENDATIONS

5.5.1 Nursing education

The findings of this study revealed that student nurses valued accompaniment and supervision by college tutors, as an integral component of effective clinical teaching and learning, hence their clinical learning experiences. Therefore, college tutors should design the programme for accompaniment, and avail themselves in clinical settings, if the clinical learning experience of student nurses is to be enhanced. The aim of clinical supervision is to enable the student nurses nurse to achieve, sustain and creatively develop high-quality practice, through means of focused support and development (Bond & Holland 1997:12).

College tutors, unit managers, ward sisters, clinical preceptors and student nurses should be involved in planning learning objectives and opportunities for student nurses. Learning experiences in the clinical area should meet SANC requirements, as stipulated in the guidelines.

College tutors should be encouraged to participate in in-service training conducted in the clinical practice, either as facilitators or attendants. This will assist in improving their skills, and also improve their relationship with ward staff, which will also enhance their communication with both student nurses and the ward staff.

The nursing college should review the possibility of reappointing the preceptors stationed in the clinical facilities, to facilitate clinical teaching and learning for student nurses.

Registered nurses should also be encouraged to view clinical teaching and supervision as part of their teaching function and quality improvement strategy in their wards/units, because competent student nurses will be able to provide quality patient care, therefore also reducing the workloads of registered nurses.

Nurse educators should also realise that accompaniment can provide valuable opportunities for them to reinforce the skills demonstrated in simulation laboratories, in real patient care settings, and utilise other clinical teaching strategies.

Regular meetings should be conducted between the clinical facilities, college tutors and student nurses, where problems in clinical settings such as poor interpersonal relationships and lack of supervision, are addressed by all participants.

Lack of motivation and interest in student nurses and clinical teaching by the unit managers/ ward sisters, needs to be explored, as this compromises the learning opportunities needed for student nurses' clinical learning experiences.

Reflection on poor interpersonal relationships amongst ward sisters, and between college tutors, unit managers and student nurses in in-service training, should be conducted for both these groups, as the poor interpersonal relationships contribute to the creation of a non-conducive clinical learning environment.

College tutors have to be regularly updated on the latest trends in clinical practice, so that they can teach practices that are relevant to the actual practices and technological developments in the clinical setting. This could be achieved by allowing tutors to participate in the drawing up of in-service training programmes within the clinical facilities, and to attend such programmes with unit managers, as well as attending workshops on best clinical practices within the clinical facilities.

College tutors should involve the unit managers, ward sisters, clinical preceptors and student nurses in the selection of learning opportunities and drawing up of clinical learning objectives.

Student nurses should be allocated to a specific discipline for a reasonable period of time, i.e. unnecessarily frequent rotations should be avoided, in order to maximise the learning opportunities for student nurses

There is a difference in learning opportunities between institutions and clinics, therefore consideration should also be given when allocating student nurses to all these facilities, and where necessary, student nurses should be rotated between different clinical facilities, e.g. regional hospitals and community hospitals.

The number of student nurses allocated to each clinical area should be controlled, if learning experiences of the student nurses are to be enhanced, as the number of

student nurses in clinical facilities has an influence on clinical teaching, availability of learning opportunities, and clinical supervision, therefore overcrowding has to be avoided. Gibbon and Kendrick (1996:20) share the same view, i.e. that the number of student nurses allocated to a clinical area should be controlled so that overcrowding can be avoided, thereby making the teaching and learning environment more effective.

Both college tutors and registered nurses in the hospital wards or the clinic should act as role models for student nurses. Jacono and Jacono (1995:22) state that role modelling is widely acknowledged as a way of facilitating professional attitudes and behaviours. This is corroborated by Nicol Glen (1999:1), in that student nurses learn quickly and become more confident from observing the role models practising skills in clinical areas rather than in the classroom, which can in turn facilitate the integration of theory and practice.

5.5.2 Nursing administration

Nurse managers should assist the college and student nurses by identifying ward sisters who are interested in clinical teaching, and allocating them as clinical preceptors.

Both the nurse managers and college tutors should support the ward preceptors. Clinical preceptors should also be given incentives, such as allowing them to work during office hours and to take their rest days during weekends and holidays. Where possible, their vacation leave should be during the period when their student nurses are also on holiday.

Incentives should be considered for the registered nurses who are interested in teaching student nurses.

Nurse managers/ward sisters should participate in curriculum development and drawing up of clinical learning objectives for student nurses.

Nurse managers should ensure that there is sufficient equipment and personnel within clinical facilities, to enable effective clinical teaching and learning to take place.

5.5.3 Nursing research

Further studies in the area of student nurses' clinical learning experiences during placement in clinical settings are required. These studies could perhaps focus on clinical learning experiences of student nurses registered on all campuses of the Limpopo College of Nursing, since such studies might yield new knowledge that could assist nurse tutors and nurse managers in planning effective clinical teaching and learning for student nurses.

As the current study only focused on the experiences of fourth-year integrated diploma programme student nurses, similar studies could focus on the fourth-year student nurses following the basic nursing degree programme.

A comparative study between these groups might yield valuable insights and knowledge on clinical learning experiences of student nurses in these programmes, as in most instances, student nurses from these programmes compete for clinical learning opportunities within the same clinical settings, as has been the case in the context of this study.

Another study could also focus on the experiences of the students following the two-year bridging programme, in comparison with the four-year nursing diploma programme in a similar clinical setting.

5.6 LIMITATIONS OF THE STUDY

The study focused only on student nurses from one of the three nursing campuses of the Limpopo College of Nursing and its clinical facilities, therefore the findings could not be generalised to all campuses and their clinical facilities within the Limpopo Province.

Data was only collected from the student nurses who were in the final year of study (fourth year), therefore they had to reflect back on their past experiences.

5.7 CONCLUSION

This study has assisted the researcher in understanding the views of student nurses with regard to their clinical learning experiences during placement in clinical learning environments. The use of a qualitative design and phenomenological method with unstructured interviews during data collection, has enabled the researcher to obtain rich descriptions of student nurses' lived experiences, which form the basis on which the researcher synthesised the findings, conclusions and recommendations.

The findings of this research have suggested that clinical learning is an integral part of nursing education and nursing practice, therefore both the nurse educators and the ward sisters should strive to create and provide an environment that is conducive to clinical learning and teaching, in order to maximise and enhance the learning experiences of student nurses during their placement in clinical learning environments. Student nurses need the support and guidance of ward staff, college tutors and their peers, in order to assist them in integrating theory and nursing skills necessary for clinical practice and the profession of nursing.