

# Student nurses' experiences during clinical practice in the Limpopo Province

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## **Abstract: Curationis 31(1): 19-27**

A qualitative, exploratory, descriptive and contextual study was conducted to explore student nurses' experiences during clinical practice at a nursing college in the Limpopo Province. Purposive sampling was used and phenomenological interviews were held with eleven (11) student nurses who were in their final year of the four year basic nursing programme. The interviews were analysed by using Tesch's method of data analysis for qualitative research.

The findings indicate that there are aspects which impact negatively on student nurses' clinical learning experiences, such as lack of teaching and learning support, lack of opportunities for learning, poor theory-practice integration, and poor interpersonal relationships between the students, college tutors and ward staff. Recommendations to enhance the clinical learning experiences of student nurses were outlined.

## **Introduction**

Clinical teaching is the means by which student nurses learn to apply the theory of nursing, facilitating integration of theoretical knowledge and practical skills in the clinical setting which becomes the art and science of nursing. This correlation of theory and practice, and the building of meaningful experience, take place during clinical practice in the health care services. According to Reilly and Oermann (1992:133), it is through experience in the clinical setting that student nurses acquire the knowledge, skills, and values essential to professional practice and become socialised into the nursing profession. This is where students encounter the human side of nursing (Mellish, Brink & Paton 1998:207).

(SANC 1992:9) minimum requirements and guidelines relating to clinical learning states: *the overall objective of clinical practice is to provide student nurses with meaningful learning opportunities in every area of placement according to the level of training, to ensure that on completion of the program the student nurses is able to nurse efficiently.* This implies that student nurse should be able to demonstrate the ability to solve problems effectively and apply a scientific approach to nursing from the initial assessment to the rehabilitation of the patient or client.

A conducive and supportive learning environment for student nurses depends on the availability of placement support systems, such as supervision, mentorship, preceptorship and relationships between the faculty, student nurses and clinical staff. Learning

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The South African Nursing Council's

in practice placement requires an environment which is conducive to learning, and provides the appropriate support from skilled practitioners and educators. A clinical setting rich in learning experiences, but lacking a supportive environment, discourages the learners in seeking experience and results in the loss of learning and growth opportunities. On the other hand, a setting with limited experiences but rich in support, may provide opportunities 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 (Reilly & Oermann 1992:117; Quinn 2000:425).

Student nurses from one of the nursing campuses of the Limpopo College of Nursing are placed in four hospitals for their clinical learning experience, as well as a number of clinics within one of the districts of the Limpopo Province. During this placement, they are expected to learn and become professionally mature and competent practitioners of nursing. According to Masarweh (1999:44), clinical learning is regarded as an integral part of nursing education. It provides opportunities to apply the theory to practice, and fosters problem-solving and decision-making skills, collaboration with others and development of legal and ethical morals.

## Background and Problem statement

Despite the many references to the importance of effective student learning during clinical practice, many nurse researchers repeatedly report on the negative experiences of student nurses in the clinical setting. Lipinge and Venter (2003:10) found in their study that (a) expectations of the student nurses were not met, as the staff are sometimes not aware of the student nurses' learning objectives; (b) frustrations were experienced during daily practice due to poor integration of theory and practice; and (c) there was a lack of tutorial support and guidance by tutors.

Lita, Alberts, Van Dyk and Small (2000:30) reported that workload and shortage of personnel limited the opportunities for properly teaching and guiding student nurses allocated to the wards. These

findings are supported by Quinn (1995:187) who cites Fish and Purr (1991), who found that supervisors had heavy workloads and that their roles were not properly defined. In a study of perceptions of the clinical competencies of newly registered nurses in the North West Province done by Moeti, Van Niekerk and Van Velden (2004:72), it was found that a shortage of staff, equipment and supplies affected the competency of newly registered nurses negatively.

The findings of Mhlongo (1996:30) and Netshandama (1997:105), revealed that a shortage of staff and equipment affects the conduciveness of clinical learning environments. Moeti et al (2004:82) share similar views, in that financial constraints on healthcare, high bed occupancy, and shortage of staff and equipment, exacerbate the situation, as staff become frustrated and depressed by the lack of resources, leaving them with little energy and time to effectively attend to the needs of student nurses. It therefore appears that there are a variety of factors which have a negative influence on student nurses' learning during clinical practice.

The researcher, in his capacity as a nurse educator, observed and often heard student nurses expressing concern and dissatisfaction with their clinical learning experiences. This concern generated an interest to formally investigate the experiences of student nurses during their placement in clinical learning environments - the clinical learning environment includes hospital wards and units, the community and health clinics. Access to these experiences could only be obtained through the people who lived them, i.e. the student nurses. Against this background, the researcher found it necessary to explore the experiences of student nurses to come to a better understanding, so that student nurses can be assisted in achieving their educational goals during clinical practice. No similar study has been done at the particular nursing campus under study in the Limpopo Province, on the clinical practice experiences of student nurses registered for the four-year diploma programme leading to registration as a nurse (general, psychiatry, community) and midwife (SANC Regulation 425, 22 February 1985, as amended). This study will therefore seek to answer the following question:

- *How do student nurses experience clinical practice*

*during their training?*

## Purpose and Objectives of the study

The purpose of this study was to explore how student nurses experience clinical practice during their training.

The objectives of the research were to:

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

## Research design

A qualitative, exploratory, descriptive and contextual design was followed using the phenomenological method to explore the lived experiences of student nurses during clinical practice. The richness and depth of the description gained from a qualitative approach, provides a unique appreciation of the reality of the experience (Munhall 2001:106; Streubert & Carpenter 1999:18).

## Setting

The study focused on the clinical practice experiences of student nurses on one of the nursing campuses of the Limpopo College of Nursing and its clinical facilities. The study was restricted to one of three nursing campuses and the clinical facilities included general-, community- and psychiatric nursing, and midwifery.

## Population

Student nurses who were registered for the four-year diploma programme for education and training as a nurse in general-, community- and psychiatric nursing and midwifery, on one of the three nursing campuses of the Limpopo College of Nursing, formed the target population. Students who were in their fourth year of study were targeted for participation as they had already been exposed to different clinical settings, ie both in hospitals, clinics and the community. At this level they have also covered almost all study disciplines for the four-year programme (SANC 1985). They would therefore be able to reflect on their various experiences during clinical practice.

## Sample

A purposive sampling method was used. The participants were selected based on their particular knowledge of the phenomenon, for the purpose of sharing their knowledge and experiences with the researcher (Brink 1996:141; Streubert & Carpenter 1999:58). The researcher personally recruited participants. The purpose of the study and voluntary participation were explained to the fourth-year students. Not every one of the forty seven final year students were willing to participate but consent was obtained from those who were willing to participate. The inclusion criteria were: being a final (fourth) year student in the basic nursing programme; willingness to participate in the study; and having been exposed to the clinical learning environment in the hospitals, clinics and community covering all four disciplines (general-, community-, psychiatric nursing and midwifery). The performance of students in the clinical learning environment (whether good or poor) was not included as a criterion as it was not relevant to the purpose of the study. A total of eleven participants were interviewed, and at that stage, data saturation appeared to have been reached by means of repeating themes. Those interviewed were four males and seven females, with the age range of 23-30 years. Participants were requested to give written consent for the interviews to be audio-taped. All participants conformed to the sampling criteria.

## Data collection

Phenomenological interviews were used to collect the data because it provides participants with the opportunity to fully describe their experiences (Munhall 2001:156; Streubert & Carpenter 1999:59). The researcher made use of bracketing to enter into the interviews without any bias. The interviews were tape recorded, and verbatim transcriptions were made. The following question was asked:

*"Describe your clinical learning experiences during placement in a clinical learning environment?"*

The interviews were conducted at a venue in the nurses' hostel where privacy could be ensured. The researcher used communication skills such as reflection, nodding, questioning, clarification, and maintaining eye contact, to facilitate and encourage participants to talk, until there were no new themes or issues emerging from the participants. Field notes were

taken during the interviews. A follow-up interview was done with five of the participants, after first listening to the tapes. This was done to verify and allow the participants to expand on inadequate descriptions, or add descriptions to the phenomenon.

## Data analysis

Data was analysed using Tesch's method of analysis for qualitative data (Tesch 1992:117). Utilizing this method the researcher listened to and transcribed the audiotapes, and read and re-read the verbatim transcripts, to get a global understanding of the interviews and to familiarize himself with the data. Thereafter, the researcher randomly picked each verbatim transcript, and started analysing them one by one. An independent co-coder, a colleague of the researcher, assisted with the coding process of a few interviews and after a consensus discussion between the researcher and co-coder, the researcher continued with coding. Similar topics were grouped together into categories. From each category, a number of themes emerged. The researcher went back to five of the participants to validate the analysed data.

## Measures for trustworthiness

The method of establishing trustworthiness was adopted from that of Lincoln and Guba (1985:290-294), also cited in Krefting (1991:24) and Mouton (2001:227). To ensure credibility, dependability, confirmability and transferability, the following procedures were followed:

To ensure *credibility*, the researcher employed the following measures.

All participants were taken through the same main question, debriefing with informants, and any additional information was taken into consideration during analysis (member checks). The participants were interviewed to the point at which there was data saturation (prolonged engagement) and the interviews were tape-recorded and transcriptions were made of each interview (referral adequacy). The researcher went back to some of the participants, to ascertain whether the transcribed data was a truthful version of their experiences.

*Dependability* was achieved through a

dense description of the methodology used to conduct the study, and a dense description of the data. The data was organised in categories and subcategories. All interview materials, transcriptions, documents, findings, interpretations, and recommendations, were kept, to be available and accessible to the supervisor and any other researcher, for the purpose of conducting an audit trail.

*Confirmability* was ensured by audit trail of the verbatim descriptions, categories and subcategories (Krefting 1991:215-222). The researcher provided a dense description of the research methodology, the participants' background, and the research context to enable someone interested in making a transfer, to reach a conclusion about whether transfer could be possible or not. Purposive sampling was also used (Krefting 1991:214; Lincoln & Guba 1985:316; Mouton 2001:277).

*Transferability* was ensured by a literature control after the collection of the data where similar findings of other research studies were reported. The research methodology and context of the research were described thoroughly.

## Ethical considerations

As the research was involving human participants, it was necessary to follow strict ethical principles. The participants were asked to give their consent, and they were assured that participation or information provided would not be used against them. They were also assured of their right to confidentiality and anonymity. Anonymity was maintained by numbering the participants and by destroying the names attached to the numbers after the researcher went back to a few participants to validate the transcriptions. Confidentiality was ensured by guiding against unauthorized access to the data, the data was locked in a cupboard and the types destroyed after completion of the research. Participants were informed of their rights to withdraw from the study at any stage (Burns and Grove (2001:196-201).

## Discussion of the findings and literature control

Four main categories concerning the experiences of the student nurses in the clinical learning environment emerged from the data analysis. The categories and sub categories are displayed in table 1. The findings are discussed together

**Table 1 Categories and subcategories**

CATEGORIES	SUBCATEGORIES
1. Teaching and learning support	<ul style="list-style-type: none"> <li>• Accompaniment by college tutors</li> <li>• Clinical teaching by ward staff</li> <li>• Mentors and role modeling in the clinical setting</li> <li>• Clinical preceptors</li> <li>• Feedback to student nurses</li> <li>• Clinical supervision</li> </ul>
2. Opportunities for learning	<ul style="list-style-type: none"> <li>• Clinical allocation and rotation of student nurses</li> <li>• Practical opportunities</li> <li>• Delegation</li> <li>• Involvement of students in teaching and learning activities</li> </ul>
3. Integration of theory and practice	<ul style="list-style-type: none"> <li>• Curriculum arrangement versus clinical allocation</li> <li>• Discrepancies between what is taught at the college by tutors, and clinical staff practices</li> <li>• Recognition of student nurses' learning needs</li> </ul>
4. Interpersonal relationships between the college tutors, students and the ward staff	<ul style="list-style-type: none"> <li>• Attitudes of ward staff</li> <li>• Emotions of student nurses:               <ul style="list-style-type: none"> <li>i Embarrassment</li> <li>ii Unhappiness</li> <li>iii Fear</li> <li>iv Frustration</li> <li>v Anger</li> </ul> </li> <li>• Labeling of student nurses</li> <li>• Communication problems</li> </ul>

with a literature control which was done after data collection.

**Category 1: Clinical teaching and learning support**

Several categories with reference to clinical teaching and learning support emerged which were subcategorized (see table 1).

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, they were left to rely on ward sisters, who also could not offer the necessary guidance, clinical teaching and supervision, due to heavy workloads and shortage of staff. A participant made the following remark: *Accompaniment is the biggest problem, we do not have it. They only do accompaniment when they are*

*coming to evaluate you.. Davhana-Maselesele (2000:126), in her study on problems with integrating theory and practice in selected clinical nursing settings, found that tutors were not fully involved in the accompaniment of student nurses due to lack of time and lack of knowledge and confidence with regard to practical skills. Mochaki (2001:86) also reported that tutors were not accompanying students in the clinical learning environment*

Ward staff (registered nurses) were not teaching student nurses, apparently because they did not have the education qualification, were not paid to teach student nurses and did not have time due to heavy work loads:... *the other thing is we were asking something from one sister and she said that they are not getting paid to teach students;... other nursing staff end up telling us they do not have nursing education bar and they are not paid for teaching so they won't*

*find any time allocated for teaching the student nurses;...she was not having time to teach us and she was worried that she wanted to teach us but she has also to consider patient care as she was the only professional nurse in Antenatal ward.*

These findings are consistent with those of Bezuidenhout, Koch and Netshandama (1999:48) and Mhlongo (1996:30), who reported that ward staff did not do any clinical teaching because of shortage of equipment and staff and therefore the effectiveness of the clinical learning environment is being curdled.

A reluctance to act as role models and mentors were observed among ward sisters and staff nurses which is very alarming as apart form role modeling being a fundamental principle of learning in the clinical setting (Kosowski 1995:239), student nurses need mentors especially because nursing is a practice

discipline compelling a high level of responsibility and accountability. Participants reported: *...she did not want company of the student nurses, she said just go out I do not need anybody here because we were there to just observe and assist with vital signs;...when I was doing 2<sup>nd</sup> year there was a call out and I was required to go out alone without the registered midwife and when you ask the registered midwife to go with you they will tell you if you do not go we will no longer teach you, you will have to come with your teacher.* According to Quinn (2000:417) qualified staff should provide a conducive environment for clinical learning by teaching and acting as mentors, supervisors, preceptors and assessors for student nurses.

With regard to clinical preceptors, feedback to students and clinical supervision, it was found that there were no clinical preceptors in the wards and that in their absence learning in the wards was difficult and at times non-existent as students then had to rely on ward sisters who were also too busy to supervise and guide them. Students had to carry out procedures alone without any supervision by registered nurses and they stated that tutors demonstrated procedures using dolls at the Nursing College, but never did follow-ups in real patient care settings. These factors affected student nurses' learning experiences negatively: *...they expect us to be taught by preceptors who are not there, and when you do something during evaluations they will ask you who taught you;... they usually come prior to evaluations all along you will just be in the wards, there is no demonstration back they demonstrate to us and we go and work in the wards;... when doing such procedures like PV, I will have my findings but I need the sister to witness and confirm my findings but when I call the sister you will hear her starting to insult you and complain that she is tired, this hinders clinical learning.* Several authors including Faller, Dowell and Jackson (1995:346), Lita, Alberts, van Dyk and Small (2002:33) and Mongwe (2001:108), reported that financial constraints and shortage of staff and equipment left staff frustrated and depressed, leaving them with inefficient energy and time to attend to the learning needs of students. Shin (2000:259) and Chun-Heung and French (1997:457) found that student nurses felt abandoned when they were not

supervised and taught during clinical practice.

## Category 2: Opportunities for learning

Four subcategories were identified (see table 1).

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 experience. *The allocation was not good enough as one would be allocated for a week say in paediatric ward and the following week in medical this has really affected our learning experiences above all clinic allocation was good and I enjoyed working at the clinic.* According to Nolan (1998:625) briefness of allocation in a particular clinical area limits students' membership of the team resulting in superficial learning. Gallagher, Bomba and Anderson (1999:6-7), reported an increase in consistency of evaluation of written work and clinical performance with more consistent clinical allocation as opposed to frequent rotations.

Overcrowded clinical facilities by large numbers of students in certain disciplines was also cited as hampering effective clinical learning.

*And the bad thing that I experienced is that at maternity we do not have much time to practice because you find that we are many there you find that there is college and hospital nurses allocated there at the same time so there is no much time to practice there.*

Mhlongo (1996:30) found that too many student nurses in a clinical setting has a negative impact on clinical teaching and learning opportunities. Gibbon and Kendrick (1996:52) concur and emphasise that the number of student nurses allocated to a clinical area should be controlled.

Student nurses spent most of their time in clinical practice doing routine and menial tasks, as the registered nurses do 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: *so we*

*end up being in the ward to patch shortage rather than being taught and actually learning; ..I do not know how to say this but those non-nursing duties...mmm...* Chun-Heung and French (1997:457) studied the ward learning climate in hospitals in Hong Kong and found that students were given routine and menial tasks which left little opportunity for learning essential nursing tasks.

Student nurses were motivated by a few unit managers who assigned them challenging activities during their clinical practice such as administrative duties, and by the use of teaching strategies such as assignments, case presentations and post-clinical conferences. Students indicated their enjoyment of such activities: *...we are given opportunities to run the unit, this makes me feel very great, this makes us to be more responsible and accountable; ...I learned a lot in the general wards because the sister in charge used to allocate topics to student nurses to present and this makes us to learn a lot in female medical.* Khoza (1996:84) and Netshandama (1997:108) maintain that the involvement of students in administrative tasks, peer group teaching and as members of the health team, facilitates effective clinical learning.

## Category 3: Integration of theory and practice

Three subcategories emerged from this main category (see table 1).

Students indicated that some aspects of the curriculum were only taught after they had been exposed to the clinical setting. They were allocated to the maternity ward in their 1<sup>st</sup> year of midwifery in which case the theory of abnormal labour was not yet given to them and yet most of the deliveries in the hospital were the abnormal ones as normal deliveries were done at the clinics. They therefore lacked the theoretical background: *...we were allocated in maternity it was for the first time and we were blank as we were not having theoretical background.* Lita et al (2002:31) found a lack of guidance and correlation of theory and practice in a study done in the primary health care setting.

There were discrepancies between theory taught at the college and the actual practices in the clinical setting. This confused the student nurses, as they saw helplessly the differences between what

they had been taught in the college, and what was practiced in actual patient care settings: *though at times you find that what you were taught in the class is not exactly as you find in practice, in the wards they have their own way of doing things quite different from the books and procedures as taught by the tutors at the college.* Since college tutors were not 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. Davhana-Maselesele (2000:126), found that student nurses were having difficulty in applying theory to practice, mainly because the theoretical content of the curriculum is too idealistic and academic, and bears little relationship to the real needs of clinical practice. According to Rolfe (1996:1), student nurses experience a “theory-practice gap” when they find themselves caught between the demands of their tutors to implement what they have learned in theory, and pressure from practicing nurses to conform to the constraints of the real clinical environment.

Students’ level of training or scope of practice was not considered when delegation of tasks 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 nurse status and learning needs: *...for instance as fourth year students they will allocate us to do vital signs instead of taking blood or doing doctors’ rounds, I know that vital signs can be done by every nurse but I must be allowed to do things in our scope of practice as a fourth year student;...you will find that non-nursing duties are done by student nurses, like dusting...* Chabeli (1999:27) in her study confirmed that students nurses were used as a pair of hands or working force in the wards.

#### **Category 4: Interpersonal relationships between college tutors, student nurses, and clinical staff**

Four subcategories were identified (see table 1).

Interpersonal relationships were a problem. 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. However, the student nurses had good interpersonal relationships with the clinic managers, most of whom had qualified from the same programme (four year diploma) 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. 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.

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 community settings: *the attitude of staff particularly if you are still at the lower level is horrible. They will call you names, I was called septic (dangerous) junior nurse.* Reuter, Field, Campbell and Day (1997:152) conducted a study where they found that some registered nurses did not value the students or their programme and student nurses received explicit negative feedback from staff about the Bachelor of Nursing programme.

Students’ negative experiences were characterised by negative emotions such as embarrassment, unhappiness, fear, frustration and anger, while in the clinical learning environment, mainly because they were harassed and not supported by the ward sisters. They were often harassed or scolded in front of patients and colleagues: *...because she has shouted at me the Cidex spilled on the floor and she again shouted at me and that day was very bad;...they were harsh, most of us were not happy to come to maternity because of staff attitude;...this was a very scarring moment to me as I*

*have never done that before, though it was demonstrated to me at the college with a doll, I felt like resigning as it was my first experience to see a dead person, having to stretch arms, close eyes and send the corpse to the mortuary;...you will report something to somebody they will tell you report to the other one and it frustrate the student nurses;...in the morning they were giving lesson and asked a lot of questions not concerning the lesson, it was not asked in good spirit, I was never angry like that day in my clinical situation.* According to Taylor (2000:173) students undergo ambiguities when they go to new clinical settings and therefore need support. Nolan (1998:625) found that student nurses experienced anxiety and fear during clinical placement and that it in turn affected their responses to the clinical learning environment. Naudé and Mokoena (1998:18) indicates that the student nurses should be supported in addressing fear and anger within a caring environment, to enable them to provide quality nursing care. Dana and Gwele (1998:63) found that student nurses’ satisfaction with their nursing career was due to the fact that there was a delay in introducing them to traumatic experiences by exposing them to healthy people in the community during the initial years of training.

Student nurses were labeled by the ward sisters as difficult and hazardous to patients, this compromised open and honest interaction between students and staff which impacted negatively on student learning: *...when you are doing second year the person will force you to take medicine trolley and if you don’t it simply means that you are stubborn and you are not taking the medicine trolley because you know you are not competent;...they just let you do something knowing very well that you do not know, and when you make mistake they tell you, you are a hazard.* Quinn (2000:16) maintains that qualified staff should treat students with kindness and understanding. Netshandama (1997:84) affirms that establishing caring relationships is the key to creating caring learning environments which is conducive to student learning.

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 hospital settings. As the college tutors were not communicating effectively with the

clinical facilities' staff, 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: *when we tell the college tutors they say: just cooperate*. Mhlongo (1996:30) found in a study done in a KwaZulu Natal hospital that although registered nurses were involved in implementing and planning clinical teaching, they encountered problems such as non-involvement of college tutors and poor communication between college and nursing units. Ewan and White (1996:16) state that adequate preparation and planning should be done cooperatively between student nurses, tutors and registered nurses in the clinical area.

## Recommendations

The recommendations are based on the findings and could if implemented, enhance student learning in the clinical environment.

- College tutors should design a programme for accompaniment, and avail themselves in clinical settings on a continuous basis to guide student nurses. They should regularly update their knowledge and skills on the latest trends in clinical practice, to enable them to teach procedures which are relevant to the current practices and technological developments in the clinical setting.
- College tutors could participate in in-service training in the clinical field, and attend workshops on best clinical practices.
- Registered nurses must be encouraged to view clinical teaching and supervision of student nurses as part of their teaching function and quality improvement strategy in the wards. Nurse managers should ensure that there is sufficient equipment and personnel within the clinical facilities to enable clinical teaching and learning to take place.
- College tutors and registered nurses working in the hospital wards and clinics should realise the importance of acting as role

models and mentors for students to facilitate professional attitudes and behaviour.

- Nurse managers can assist the college tutors by identifying ward sisters who are interested in clinical teaching, and allocating them as clinical preceptors to facilitate clinical teaching and learning for student nurses.
- Student nurses must 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. 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 has to 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. Overcrowding has to be avoided.
- There should be cooperation between college tutors, preceptors, ward sisters, unit managers and students in the selection of learning opportunities and formulation of clinical learning outcomes.
- Nurse managers should organize in-service training for ward staff and college tutors on interpersonal relationships and other topics relating to student teaching as required by ward staff, as the poor relations between ward staff and students contribute to the creation of a non-conducive clinical learning environment.
- 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.

## 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, the findings could therefore 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), requiring them to reflect on their past experiences.

## Conclusion

The use of a qualitative design and the phenomenological method of data collection provided rich descriptions of student nurses' lived experiences during the clinical practice. It presented a clear picture of the limitations and particular needs of students in the clinical learning environment. The study revealed that student nurses valued accompaniment and supervision by college tutors as an essential component of effective clinical teaching and learning. Student nurses' dependence on registered nurses' support, guidance, supervision and caring in the clinical learning environment for developing into confident and capable practitioners, were evident in the findings.

The findings indicated the importance of clinical learning as an integral part of nursing education and nursing practice, therefore nurse educators and registered nurses in the health services should strive to create and provide an environment that is conducive to learning in order to maximise and enhance the learning experiences of student nurses during their placement in clinical learning environments.

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