

# Challenges of Bachelor Level Nursing Students in Clinical Learning Environment

\*Nisha Bhandari<sup>1</sup>, Bishnu Guurng<sup>2</sup>

<sup>1</sup>Maharajgunj Nursing Campus, Institute of Medicine, Tribhuvan University

<sup>2</sup>Pokhara Nursing Campus, Institute of Medicine, Tribhuvan University

## ABSTRACT

**Introduction:** Students' exposure to clinical learning environment is one of the most important factors affecting the teaching-learning process in clinical settings. Identifying challenges of nursing students in the clinical learning environment could improve guidance in clinical setting and enhance the quality of its planning and promotion of the students. The study aims to assess nursing students' challenges in the clinical learning environment.

**Methods:** Mixed method was used to collect the data among bachelor level nursing students of Pokhara Nursing Campus. Self-administered structured questionnaire for quantitative analysis and focus group discussion was done for qualitative data using FGD guideline. Complete enumeration was done quantitative data and sample was selected purposively from different academic years for FGD.

**Results:** About 92% of students reported shortage of staff, 91.0% said content of theory classes is not fully applicable to the clinical situation, 86.4% reported clinical surrounding is not helpful for instruction, 82.0% expressed deficit of required resources, facilities, materials and equipment necessary for clinical practice, 73.8% reported insufficient numbers of clinical supervisors. Likewise students expressed that teachers were competent in students' evaluation (80.3%), provide feedback and reflection timely (86.1%), effective role model (78.7%), monitor and evaluate student's development (84.4%), provide encouragement to students and detects students' interest and motivation (82.0%) and considers students' feelings (86.1%). Insufficient number of clinical supervisors in the ward, inadequate guidelines for paperwork, no feedback for submitted paperwork was the major challenges identified in qualitative data.

**Conclusions:** Insufficient number of staffs in the ward makes them to perform ward activities, theory-practice gap, inadequate learning resources to perform ward activities and facilities in the ward, unreadiness for clinical training, insufficient number of clinical supervisors were the major challenges recognized.

**Keywords:** Challenges, clinical learning environment, nursing students, Nepal

\***Correspondance:** Nisha Bhandari, Lecturer, Maharajgunj Nursing Campus, Institute of Medicine, Tribhuvan University, Email: bhandarinisa@gmail.com, Mobile: +9779851163267

## INTRODUCTION

Clinical education provides essential and irreplaceable learning opportunities for nursing students that contributes to their valuable learning experiences facilitating the integration and translation of nursing students' theoretical knowledge to practice.<sup>1-4</sup> Also, clinical education enables nursing students to gain exposure to the reality and demands of the job responsibilities of a nurse and the

wider healthcare environment.<sup>5-7</sup> Learning opportunities should be maximized for nursing students to develop their confidence and competency in clinical performance.<sup>3,8</sup> It also enables them to actively engage and interact with real-life healthcare professionals to achieve behavioural changes in preparing them for future professional practice.<sup>9,10</sup>

Some studies have revealed nursing students' tendency to view their clinical environments

to be both stressful and challenging<sup>11,12</sup> while others have found their experiences to be rewarding and satisfying.<sup>13,14</sup> The environment is influenced by the complex dynamics with other healthcare professionals, clinical teachers, patients and families.<sup>15</sup> Such dynamics contribute to their perceptions of the environment as either positive or negative.<sup>16</sup> Positive learning experiences were experienced from opportunities to participate in ward activities; clinical staffs' and teachers' commitment to maximize learning opportunities; their open communication and cooperation with students<sup>8,14,17-18</sup> and good clinical supervision.<sup>19</sup> Conversely, negative experiences have originated from under-appreciation; negative feedback; pressure from high expectations; being embarrassed by clinical staffs during clinical placements even for slight mistakes<sup>20</sup>; and poor clinical supervision.<sup>21</sup> Identifying problems and challenges can help concerned authority to solve these problems and contribute to them becoming professional<sup>22</sup> and students' non-effective exposure to the clinical learning environment has increased dropout rates.<sup>23</sup>

To the best of researcher's knowledge, such studies have been lacking in Nepal, the study can aid both nursing faculties and healthcare institutions in promoting a conducive clinical learning environment that considers their learning and socializing needs. So, the researcher aims to assess the challenges of bachelor level nursing students in Pokhara Academy of Health Sciences a clinical area of Pokhara Nursing Campus.

## METHODS

Mixed Method was used to conduct this study. Descriptive cross-sectional design was used to collect the quantitative data from bachelor level students using Self-administered questionnaire; whereas focus group discussion was used to collect the qualitative data. This study was conducted in Pokhara Nursing Campus which is located in Ramghat-12,

Pokhara, Kaski. Complete enumeration was done to get the sample for collection of quantitative data. Structured self-administered questionnaire developed by researcher herself was used to collect the quantitative data for the study. The content validity of the tool was maintained by extensive literature search and opinion from the experts for each item was taken. The questionnaire for quantitative data consists of 2 main parts including socio demographic variables and challenges about clinical posting among Bachelor level students. The questionnaire was distributed in each class by arranging time with the coordinator and time took to fill the questionnaire ranged from 30-45 minutes. Two focus group discussions were done using FGD guideline to further explore the challenges in depth. Two focus group discussions were arranged, one for BNS and one for B.Sc. Nursing. Purposively 8 students of 2<sup>nd</sup> and 3<sup>rd</sup> year from BNS and 10 students of 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> year of B.Sc. Nursing were involved in the study.

The students were selected purposively from different academic years based on their ability to participate in FGD as per the judgment of the researcher. The participants were informed 2-3 days before the session. For FGD, all the students were gathered in a classroom, make them seated in round table approach, explained about the objectives of the study and consented to participate explaining the objective of the study. All the safety measures related to Covid-19 was taken throughout the session. All the students were explained about the ground rules of the session. The permission to record the discussion and to note down the points was taken from the students. They were allowed to discuss and encouraged to give their views freely. The expected time of the discussion was 1-1½ hour. For focus group discussion one moderator and recorder was appointed from the students those not involved in the FGD. For note taking of the FGD help was taken from the co-facilitator and the questions were asked according to the FGD guideline.

The equal participation of all the students was encouraged. At the end of the session, all the students were thanked for their participation and the session was adjourned. Immediately after the discussion the tape recorder was verified, ensure note taking pages were numbered and fill the notes that don't make senses.

Data entry and processing was done on Statistical Package for Social Science (SPSS) version 16. Data analysis was done using descriptive statistics. For qualitative data, the discussion was transcribed verbatim and qualitative content analysis was used for exploring and interpreting the content of the FGD. Method triangulation was done to validate the data in which the findings of quantitative data and qualitative data were triangulated. The transcripts were analyzed by applying inductive approach from the responses recorded. In order to obtain one general sense about the data, the focus group transcripts were reread several times, meaningful units were extracted. Line by line, the recoding and transcript of the FGD was read and encoded and grouped into subsets in terms of similarities and differences and the conclusion was drawn. The ethical approval was obtained from Institutional Review Committee of Institute of Medicine.

## RESULTS

The quantitative study showed 91% of students agreed that theory is not fully applicable in practical; similarly the FGD also identified poor linking of theory into practice. About 4/5th of the students reported that there is deficit in required resources necessary for clinical practice, likely qualitative study also

revealed inadequate availability of articles to perform different procedures in the ward. About 62% said that they were not ready for clinical posting which is alike with the finding of FGD. The number of faculties is not sufficient for clinical guidance was found in both the methods. Lack of procedure manuals and guidelines for preparing and submitting assignment was found in quantitative data (45.1%) and also in FGD.

**Table 1 Background Information of the Students n=122**

Characteristics	Number	Percent
<b>Age</b>		
19-24	71	58.2
25-35	51	41.8
Mean $\pm$ SD=24.2 $\pm$ 3.127		
Range: 19-35		
<b>Sex</b>		
Female	122	100.0
<b>Marital status</b>		
Unmarried	97	79.5
Married	24	19.7
Divorced/Separated	1	0.8
<b>Religion</b>		
Hindu	118	96.7
Christian	2	1.6
Muslim	2	1.6
<b>Program involved in</b>		
BNS	69	56.6
B.Sc.	53	43.4
<b>If BNS</b>		
2 <sup>nd</sup> year	33	48.5
3 <sup>rd</sup> year	35	51.5
<b>If B.Sc.</b>		
2 <sup>nd</sup> year	20	38.5
3 <sup>rd</sup> year	13	25.0
4 <sup>th</sup> year	19	36.5

**Table 2 General challenges of Nursing Students**

SN	Statements	Agree n(%)	Disagree n(%)
1.	Insufficient number of staffs in the ward compels students to focus on fulfilling ward activities instead of addressing their educational objective	112 (91.8)	10 (8.2)
2.	The staffs are interested in student supervision	44 (36.1)	78 (63.9)
3.	There is problem with the information flow related to patients' care	92 (75.4)	30 (24.6)
4.	Problem with nursing documentation like nursing plans, daily procedures etc	81(66.4)	41(33.6)
5.	What is taught in the theory classes is not fully applicable to the clinical situation	111 (91.0)	11(9.0)
6.	Lack of congruence or continuity with the curriculum	83 (68.0)	39 (32.0)
7.	Lack of chance for enough practice of skill in clinical area	80 (65.6)	42 (34.4)
8.	Blamed for anything bad done in the clinical area	80 (65.6)	42 (34.4)
9.	Students are allowed to provide patient care under supervision	103 (84.4)	19 (15.6)
10.	Have a chance to attend doctors rounds in ward	116 (95.1)	6 (4.9)
11.	Procedure manuals are accessible to students	67(54.9)	55(45.1)
12.	Can use patients' files to collect required data for their practical	119(97.5)	3(2.5)
13.	Large number of students in the ward don't give enough chance to do practical	86(70.5)	36(29.5)
14.	Clinical surrounding is not helpful for instruction and training	41(33.6)	81(86.4)
15.	Deficit of required resources, facilities, materials and equipment necessary for clinical practice	100(82.0)	22(18.0)
16.	Provision of health safety measures for student is good	49(40.2)	73(59.8)
17.	The increased use of technology makes difficult to perform the ward activities	30(24.6)	92(75.4)
18.	Issues that concerned with ethical sides and patients' rights, which reduce in students practical	49(40.2)	73(59.8)
19.	Students are generally allowed to work at their own pace	45(36.9)	77(63.1)

SN	Statements	Agree n(%)	Disagree n(%)
20.	Workload allocations in the ward are carefully planned	46(37.7)	76 (62.3)
21.	Students are given opportunities to practice and access clinical knowledge	98(80.3)	24(19.7)
22.	Students have little opportunity to be involved with the process of handing over to staff in the ward for the next shift.	64(52.5)	58(47.5)

**Table 3 Challenges in terms of Students**

SN	Statements	Agree n(%)	Disagree n(%)
23.	Inadequate clinical skills in the clinical setting make me difficult to perform clinical activities	86(70.5)	36(29.5)
24.	I don't think clinical learning or developing skill is important	2 (1.6)	120(98.4)
25.	Readiness for clinical training is not enough	75(61.5)	47(38.5)
26.	Students' differences and unequal contributions in the clinical setting make me frustrated.	87(71.3)	35(28.7)
27.	Unfamiliar with the objectives of clinical setting	29(23.8)	93(76.2)
28.	Bothered and confused in dealing with new capabilities within the clinical environment	68(55.7)	54(44.3)
29.	Feeling of inferiority complex among students	42(34.4)	80(65.6)
30.	Have not developed enough communication skills to deal with the patient and other ward staffs	24(19.7)	98(80.3)
31.	I feel free to ask questions in the clinical area	98(80.3)	24(19.7)

**Table 4 Challenges regarding Clinical Supervisor**

SN	Statement	Agree n(%)	Disagree n(%)
32.	Insufficient number of clinical supervisors in clinical setting	90(73.8)	32(26.2)
33.	Clinical supervisor behaves towards students in unfriendly and inconsiderate way	28(23.0)	94(77.0)
34.	Clinical supervisor are concerned with the issues that students raised.	86(70.5)	36(29.5)
35.	Clinical supervisors are unfamiliar of clinical objectives	18(14.8)	104(85.2)
36.	Clinical supervisor lacks clear objectives and expectations	25(20.5)	97(79.5)

SN	Statement	Agree n(%)	Disagree n(%)
37.	Not updated with skill and knowledge required in clinical setting	28(23.0)	94(77.0)
38.	Don't conduct orientation program before clinical training	6(4.9)	116(95.1)
39.	Incompetent in students' evaluation regarding clinical procedure	24(19.7)	98(80.3)
40.	Lack of assistance to student while performing procedures by clinical supervisor	54(44.3)	68(55.7)
41.	Do not involve students in planning care for the patient	30(24.6)	92(75.4)
42.	Deficit cooperation among clinical supervisors and clinical settings	56(45.9)	66(54.1)
43.	Provide feedback and reflection timely	105(86.1)	17(13.9)
44.	Have a positive thought and are effective role model	96(78.7)	26(21.3)
45.	Find and secure suitable placements for students	90(73.8)	32(26.2)
46.	Monitor and evaluate student's development	103 (84.4)	19 (15.6)
47.	Solve students' problems in the clinical site	89(73.0)	33(27.0)
48.	Provide encouragement to students	100(82.0)	22(18.0)
49.	Detects students' interest and motivation	100(82.0)	22(18.0)
50.	Enforce students for involvement in practice	74(60.7)	48(39.3)
51.	Considers students' feelings	105(86.1)	17(13.9)
52.	Helps the student who is having trouble with the work	65(53.5)	57(46.7)
53.	Talks or lecture more rather than listens to students	42 (34.4)	80 (65.6)

## QUALITATIVE FINDINGS

### Poor linking of theory into practice

Students think they do not have sufficient theoretical knowledge to care at the bedside when dealing with the patient and find it difficult and challenging in providing care to the patients. Also, they cannot care the patients with variety of diseases. They said, "We study many diseases, procedures in our course but we cannot observe all the cases in practical, also we are unable to apply theory into practice."

### Insufficient articles in clinical areas

Inadequate number of articles in the ward was

the problem faced by many students which made them to complete the procedure timely and following proper steps and principle. One of the student said, "To perform different procedures, the articles in the ward are not sufficient so we are unable to perform procedure. When we had posting in gynecological ward we have to go to other ward to get the articles which used to be time consuming."

### Inadequate readiness

Many students did not have sufficient prior knowledge while performing the procedure in some situations due to lack of necessary skill as students are posted to the ward before

completion of the course. The student reported that, *“Not all the contents that are related to practical are not completed before posting in clinical area so occasionally it creates problem while carrying out the ward activities as staff tell us to do the procedure. Sometimes we are also unaware of objectives, don't read out the curriculum and all evaluation tool as well.”*

### **Inadequate faculties**

The number of faculties is not sufficient<sup>8</sup> so sometimes students do not get proper guidance in the clinical area. Also in some academic years student have posting in many wards and one faculty can give much time in one area so faculty have to make round in all the wards. The student said that, *“Due to less number of faculties we are unable to get full guidance of faculties in ward so we have to perform our procedure on our own without knowing right and wrong way of performing it.”*

### **Inclined towards ward activities rather than learning objectives**

Because of insufficient number of staffs in the ward, students are busy carrying out all the ward activities and hence sometimes they are not able to fulfill their course objective on time.

*“After we reach ward we are compelled to perform all the activities of ward rather than fulfilling our teaching objectives, Because of shortage of staff, we are busy taking vital signs, performing medication and other ward activities.”*

## **DISCUSSION**

About 92% of students reported that shortage of staff in the ward compelled them to fulfill ward activities rather than focusing in their learning objective, likewise, other study also stated that workload is high and workforce is low, nurses gave their work to the students.<sup>24</sup> Present study documented 63.9% of students don't

find staff to be interested in supervising students likely the other study portrayed that clinical environment is un-conducive and has un-cooperative staffs, unsupportive and unprofessional staff behaviors, like disrespect to student, lack of cooperation, and lack of competence.<sup>25</sup> Furthermore, other study stated staff's disrespect for students leading loss of motivation to communicate and learn from others.<sup>24</sup> This study revealed 91.0% of students uncovered theory is not fully applicable to the clinical situation, similarly other study stated there is huge difference between actual clinical practice and theory learnt in class.<sup>25</sup> Nearly, 66% said there is lack of chance for enough practice of skill in clinical area and they are blamed for anything bad done in the clinical area likely other study found that staffs put their own mistakes on students.<sup>24</sup> Around 55% students said procedure manuals are accessible to students in contrary other study revealed 77% students can access procedure manual.<sup>26</sup> Most of the students i.e. 97.5% can use patients' files to collect required data for their practical in contrast availability of patients' files to collect required data for their training was reported as 79.4%.<sup>26</sup>

### **Challenges in terms of students**

About 71% of student believed that they have adequate clinical skills and the finding is different with other study which showed 85.2% had no clinical skill required in clinical setting.<sup>26</sup> Another study reported deficiency in practical skills in caring for patients was a concern of many students in the clinical setting.<sup>27</sup> Approximately, 62% documented readiness for clinical training is not enough similarly other study documented un-readiness resulting from the lack of interest, motivation, respect to the profession, and ineffective communication.<sup>25</sup> Another study reflected, about 80% were not ready for clinical training.<sup>26</sup> Roughly, 66% do not have feeling of inferiority complex among students, likely one study identified students in lower

semester experienced greater inferiority than in higher semesters.<sup>27</sup>Nearly 80% reported that they have developed enough communication skills to deal with the patient and other ward staffs but in other study it was revealed that insufficiently developed communication skills sometimes cause disruption in providing care for patient.<sup>27</sup>This study found 80.3% students felt free to ask questions in the clinical area, the findings found about 79% feel free to ask questions.<sup>26</sup>

### Regarding clinical supervisor

Insufficient numbers of clinical supervisors in clinical setting was reported by 73.8% and the study stated that insufficient presence of instructor in clinical wards made them difficult to perform ward activities, also other study stated insufficient presence of instructor in clinical settings that reduce learning opportunities.<sup>28</sup>Clinical supervisor's behaviour towards students is unfriendly and inconsiderate way was disagreed by 77.0% whereas other study reported harsh morality of the instructor with the students resulted in fear in the students due to which they did not dare to ask their questions.<sup>28</sup> Less than three fourth (70.5%) are concerned with the issues that students raised, 77.0% reported that they were updated with skill and knowledge required in clinical setting whereas other study revealed that clinical supervisors had no adequate clinical experience, theoretical and practical knowledge, and capabilities.<sup>28</sup>Majority of the students (73.0%) solve students' problems in the clinical site which is in line with the other study that stated 78.2% of clinical instructors solve students' problems in clinical.<sup>26</sup>

### CONCLUSIONS

The study concluded that several factors such as insufficient staffs make them to perform ward activities, theory- practice gap, deficit learning resources and facilities in the ward, un-readiness for clinical training, insufficient number of clinical supervisors in the ward

are the challenges that students faced during clinical practicum. The study might be helpful in formulating practical initiatives to meet their learning needs to improve clinical skills. Necessary guideline and procedure manual should be formulated and modified accordingly which will ease in performing the procedure. The resources needed in the ward should be listed and allocated accordingly. Feedback for the submitted paperwork should be given to the students for further improvement.

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