

NURSING STUDENTS' PERCEPTION OF CLINICAL LEARNING EXPERIENCES AS PROVIDED BY THE NURSING STAFF IN THE WARDS

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INTRODUCTION

Concern about the problem of inadequacy in clinical teaching/learning seems to exist as this has been expressed by several researchers and the South African Nursing Council (SANC) during college and hospital inspections. Arising from inspections and discussions during S.A.N.C committee meetings, the S.A.N.C sent out a document in 1990 which stated that the registered nurse frequently does not apply her theoretical knowledge of nursing in practice, and that student learning in the wards is not adequate. As quoted by Uys (1991), lack of clinical teaching by ward sisters and lack or inadequacy of accompaniment of students by tutors have been identified by various workers including Muller (1981). In a study of stress identification and coping patterns in first year nursing students, Tlakula (1990) identified that most nursing students mentioned lack of clinical learning/teaching as the major factor causing stress.

Considerations such as these have served as the basis for the present study. Nursing students spend sixty percent (60%) of their education and learning time in the clinical environment and as such, it is important to identify factors perceived as positive and which tend to enhance learning as well as those that are perceived as negating and hindering to learning from the point of view of the nursing student.

PROBLEM STATEMENT

It is currently not clear how the ward staff interact with nursing students in clinical areas, what teaching takes place in the clinical area or if there are differences in interaction and clinical teaching in the ward units of different colleges in South Africa.

Abstract

A descriptive survey was carried out, using convenience and systematic sampling in order to better understand the manner in which student nurses perceive their clinical experience in the hospital. Data were collected from 80 subjects in 4 nursing colleges using a critical incident technique. Positive and negative experiences are described.

Opsomming

'n Beskrywende opname is uitgevoer deur gebruik te maak van 'n sistematiese gerieflikheidssteekproef-trekking ten einde die wyse waarop student verpleegkundiges hul kliniese ondervinding in die hospitaalopset ervaar, beter te verstaan. Data is ingesamel van 80 subjekte in 4 verpleegkolleges deur gebruik te maak van die kritiese insident tegniek. Positiewe en negatiewe ondervindinge word beskryf.

LITERATURE REVIEW

In South Africa nursing students are allocated to wards as part of the nursing team in order to gain clinical learning experience. They gain experience through interaction with the ward staff and the patients/clients, which is consistent with the South African Nursing Council (S.A.N.C.) policy with regard to clinical practice. "The student shall function as a member of the health team with certain responsibilities for patient care from commencement of her training." (S.A.N.C. 1985).

Clinical learning experience is described by McCabe (1985) as the heart of professional education as it provides students with the opportunity of consolidating knowledge, socializing into professional roles and acquiring professional values.

Clinical learning fits well into social learning theory (Bandura in Quinn, 1989) which describes how people learn to fit into norms of society by role modelling. In social learning, new behaviour is learnt, undesirable behaviour is modified or changed through the process of imitation or role taking.

It therefore is important that learners such as nursing students have models from which to learn desirable nursing behaviour.

For the provision of safe and caring service, nursing students need a positive clinical learning experience. Bell (1982) supported this by stating that the overall objective of nurse training is to prepare and enable nursing students to provide a safe and caring service for patients and relatives. Bell further states that the only realistic way this can be achieved is to focus all teaching resources on clinical experience which is a core of nursing;

RESEARCH QUESTIONS

More specifically:-

- How do student nurses perceive their clinical teaching by ward staff?
- What are the patterns of clinical teaching/learning in the wards where students are placed?
- Are the patterns different in rural and urban settings?
- Are there differences in patterns in the different colleges?

Uys (1988) states that psychomotor and interpersonal skills can be taught away from the patient to a certain extent but the "art" of nursing, and the application of theory in situations of high stress, can be done only in the clinical situation. Uys also indicates that clinical teaching is in no way easier or less important than classroom teaching and that the people involved in it should be as well prepared as those doing classroom teaching. The clinical situation is not only crucial for the development of the student, but also for the survival of the profession.

Windsor (1987) interviewed nine baccalaureate nursing students about their perceptions of clinical experiences. The students each had to mention what facilitated and what was detrimental to their learning in the clinical setting. Things identified as facilitating their learning included the students' preparation for clinical practice, for example, studying patients' health needs and preparation of instructors who provide emotional support in a "non threatening atmosphere conducive to learning". Humour, respect and enthusiasm of the instructor were identified as important factors by the nursing students.

Students learn through precept and example of the ward staff. Schumann (1983) in her survey of the work of Faure-Bulk and Kegal-Flom remarked that:

"It would appear that the students are looking for instructors who are assertive, self assured, empathetic, accepting of students, non judgmental, trustworthy, sincere, sensitive, competent, knowledgeable, honest, democratic, supportive and resourceful."

A study by Wong (1978) indicated that student learning is facilitated by teachers' behaviour. Behaviours identified as helpful to student's learning were:-

- Demonstrating willingness to answer questions and offer explanations.
- Being interested in students and being respectful to them.
- Giving students encouragement and due praise.
- Informing students of their progress. Having a pleasant voice and a sense of humour, approachability.

Nursing students often have complained that there were hindering experiences to their learning in the clinical situation. Fry, Karani and Tuckell (1982) focused

on a survey of abandonment by nursing students at Grey's Hospital. A sample was drawn from nursing students who had withdrawn from training and who had commenced training in the period January 1976 to December 1979. Ward experiences were significant among contributory factors resulting in abandonment with 40% of the "abandon group" indicating that experiences in the ward were directly responsible for their abandonment. Specific factors mentioned were poor interpersonal relationships, unduly critical attitudes of ward nursing staff, mistakes corrected in the presence of patients, situational demands such as cancer or death and other stresses beyond their personal coping mechanisms.

Wong (1978) further identified students' perceptions of teacher behaviours in the clinical field which facilitated or hindered their learning. A descriptive survey was employed and the critical incident technique was used to collect data. Incidents were noted within five divisions, namely:- professional competency, relationships, personal attributes, teaching methods and evaluation practices. Findings revealed the following teacher behaviours as hindering learning - posing a threat, for example "You will be reported to the matron," acting in a superior manner, belittling students, correcting students in the presence of others, supervising the students too closely and a tendency to emphasize the students' mistakes or weaknesses. Such incidents when analysed can have negative outcomes on interpersonal relationships and learning.

Birch (1977) in a study of anxiety and conflict in nurse education identified that 39% of withdrawing learners mentioned poor training on the wards and 98% of the learners complained of poor staff relations.

This clearly is an area which needs further research in order to clarify process and problems.

RESEARCH DESIGN

A descriptive survey was carried out using students' descriptions of ward teaching/learning. Data were collected from subjects using a critical incident technique. This method of investigation involves either face to face interviews or paper and pen. The critical incident technique, as the name suggests, "Focuses on incidents which may be defined as observable and integral episodes of human behaviour. The word "critical" means that the incident must have a discernible impact on some outcome,

must make either a positive or a negative contribution to the accomplishment of some activity of interest" (Polit and Hungler, 1978, 348).

The instrument asked the student to:-

"Describe in detail the most positive (helpful) clinical placement you have had in your training. Please describe the incidents that made such a positive experience. Please give details such as the year it happened, who was involved, what happened, what you felt and learned and why you found this a positive experience."

"Describe in detail the most negative (hindering) clinical placement you have had in the clinical area in the same way".

The population was all nursing students registered for the diploma course (General, Psychiatric and Community nursing and Midwifery) in South Africa including the independent states. There are thirty colleges of nursing education in association with universities where nursing students receive their tertiary education.

Sampling was done in two stages. Firstly, four colleges were selected and then twenty students were selected from each college. Sample colleges for the study were selected using convenience and purposive sampling in order to avoid long distances in travelling and to reduce costs and time. This sample provided a relatively homogenous group which was easily accessible.

Among the thirty South African nursing colleges, four in which black students receive their nursing education were selected. The colleges in which white students are trained were excluded because a more homogeneous sample was aimed at for the study. Two rural colleges selected were in the Transvaal homelands and two urban colleges were from Natal.

Five subjects were selected systematically from each year of study, that is, 1st, 2nd 3rd and 4th year, in each of the four selected colleges. The researcher listed the students alphabetically in each year of study and they were selected until the target number of subjects was reached ie five in each group at each college. At each college twenty students were selected and in all, eighty students were included in the sample.

Out of a sample of 80 nursing students, 3 students abstained from participating and they did not give reasons. Two of the responses collected were too vague or not

specific to the clinical area and those were discarded.

Permission for the study was obtained from the appropriate authorities. Selected students were approached by the researcher with the request to participate in the study but assuring them that participation was not compulsory.

PROCESS OF DATA ANALYSIS

Content analysis was used for data analysis. From the data collected, a classification system of categories and sub-categories was developed.

After categories and sub-categories which emerged from data were listed, rules for analysis of the questionnaire were written out, the categories and sub-categories were defined and examples given.

An external coder was asked to code five completed questionnaires against the category list following the given rules. The researcher coded the same questionnaires. This was done to assess the inter-rater reliability. The results revealed some differences in coding between coders and therefore rearrangement and redefinition of concepts in the category list was carried out.

After combining some categories and clarifying the definition of others, the two coders coded another five completed questionnaires and uniformity was established between the coders.

Validity of categories was tested by involving a panel of five nurse-educators. The researcher shared the description of the study and all necessary information, but limited information on sites and informants. Informants' essays were given to the panel to read through. Thereafter the researcher gave the panelists the categories and concept definitions that had been derived from data and asked the panelists to evaluate whether the categories fitted the data and whether they would suggest different categories or sub-categories. This was to assess validity of the categories or interpreted meaning of the data. The panelists largely agreed with the categories and felt that they described data adequately. Panelists were requested to review all the items and to place them according to relationships. The linkages were compared with those of the researcher and agreement was ultimately reached that they were fitting, interesting, relevant to the study, explained the study and that they seemed to be useful.

The broad categories used were:-

- Anticipatory emotions;
- Trigger event;
- Content of teaching/learning;
- Reason for teaching;
- People involved in incident;
- Perceptions about ward staff involved;
- Outcomes.

FINDINGS

Progressive decrease in amount of teaching

Most nursing students from both rural and urban areas have had their most positive clinical experience during the first year of their training. Negative clinical experiences also were reported to have occurred to most nursing students from both rural and urban groups during the first year of their study. During the fourth year of study none of the nursing students from urban colleges reported having had positive or negative experiences and only a few fourth year students from rural colleges had such experiences.

Since most incidents described occurred in the first year of training, it would appear that most of the clinical teaching takes place during this year of study. For the nursing students in the four colleges active teaching decreased as the nursing student became more senior.

The above may be related to the focus being mostly on procedures in clinical teaching. This might create the mind set in student and ward staff than once the psychomotor skills have been mastered, no more needs to be learnt and no more teaching is necessary. The reason why most of the procedures have to be mastered in first year level may be attributed to shortage of staff. Students in first year are expected to carry out most of the procedures in the ward so that first year nursing students may perform third year procedures.

This apparent decrease in teaching should receive some attention if the full four years of training is to be used positively for education.

Psycho-Motor Skills Focus

The incident was most often triggered by a new situation the student was facing, or a patient problem that she had to deal

with. The content of teaching was one or more procedures in the vast majority of cases.

Typical remarks included:-

"Sister showed me the procedure step by step and she supervised me the next day".

General orientation, the teaching of interpersonal skills or attitudes made up just about a third of the incidents, as exemplified by:-

"The patient told us that she signed the consent for operation because the sister explained everything to her".

"I was glad to learn that a nurse is not supposed to consider the status of the patient, whether educated or not, but the nurse must render equal and total nursing care".

It seems that less emphasis is placed on interpersonal skills and attitudes.

Nursing students are constantly in contact with patients, their relatives, the ward staff and the community. Interpersonal skills are involved during the relationships with these people thus the interpersonal skills cannot be overlooked as they form the core of every communication taking place in the clinical situation. Travelbee (1972) defines nursing as an interpersonal process whereby the professional nurse practitioner assists an individual family, or community to prevent or cope with the experience of illness and suffering and, if necessary, to find meaning in these experiences.

Styles (1982) defines attitudes as organismic states of readiness to respond in a characteristic way to a stimulus, as an object, concept, or situation. Styles (1982) also identifies three fundamental attitudes:

"Social significance - certainty about the nature and importance of our work, sense of mission and social sanction.

Ultimacy of performance - Commitment to doing our most and our best in our work.

Collegiality and collectivity - Conviction that responsibility and authority are shared and that the wholeness of the profession must be preserved".

I was ... I became

Nursing students come to clinical experience with great apprehension and with good reason, as shown by the

negative incidents. The person who comes into the unit feeling inadequate, afraid and incompetent, is formed by subsequent experiences in the ward which may be either positive or negative.

It is interesting that the positive experiences are the more potent ones as they contribute to personal and professional growth. Positive experiences are more varied when compared with the negative experiences, which seem to be confined to discouragements and disappointments.

Nursing students had much more to say about their positive than their negative experiences. For professional growth they mentioned that they felt confident, gained theoretical knowledge and or skill and gained interpersonal skills. Personal growth factors mentioned positively by nursing students were that they were excited, happy and enjoyed nursing. Since students had more to say with regards to positive experiences, it seems that these kind of incidents have more impact than the negative ones. This strengthens the view that clinical placements can be an empowering, enhancing and growing experience for the student, as illustrated in the following typical comments:-

"When she saw that I was scared and anxious she reassured me that I should take things one day at a time. And for the first time I felt a real member of the health team".

"I was taught to do blood pressures, take blood, nebulized patient, do haemoglobin levels and glucometer reading. Seeing that I coped well, the sister acknowledged this. It gave me confidence".

"So during our stay I happened to scrub when the doctor was performing a caesarean section. I was happy with the way that sister was teaching me and even the doctor who was performing the operation was so friendly that I even wished to work there for the rest of my life".

In contrast, the negative results are described in a limited way because it diminishes the person. The impact of positive experience is probably what keeps nurses in nursing. The following two comments exemplify negative experiences:-

"I decided to leave the nursing profession because junior nurses are not taken as human beings and there is no respect".

"She was shouting at me in front of patients. I started to cry. There were many remarks she was passing".

Urban and rural differences

Rural students express more feeling in their description of clinical experiences. They describe their initial feelings more extensively and complain of harshness and oppression.

Differences between colleges

There were clear differences between colleges. In one rural college harshness and oppression from ward staff was mentioned more often than in all the others. In another rural college the involvement of all categories of ward staff in teaching was marked.

CONCLUSION

As the students were considered eye-witnesses, it was possible to use "eye witness" data to identify some patterns of clinical teaching by ward staff in selected colleges. Since there are clear differences between colleges, the findings cannot be generalized to all colleges in South Africa. However, the patterns of diminishing teaching, a psycho-motor skills focus and the very powerful impact of positive experiences, seem to hold true across all colleges. These findings may be used for in-depth discussion by curriculum committees of colleges, which should include college and ward staff.

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