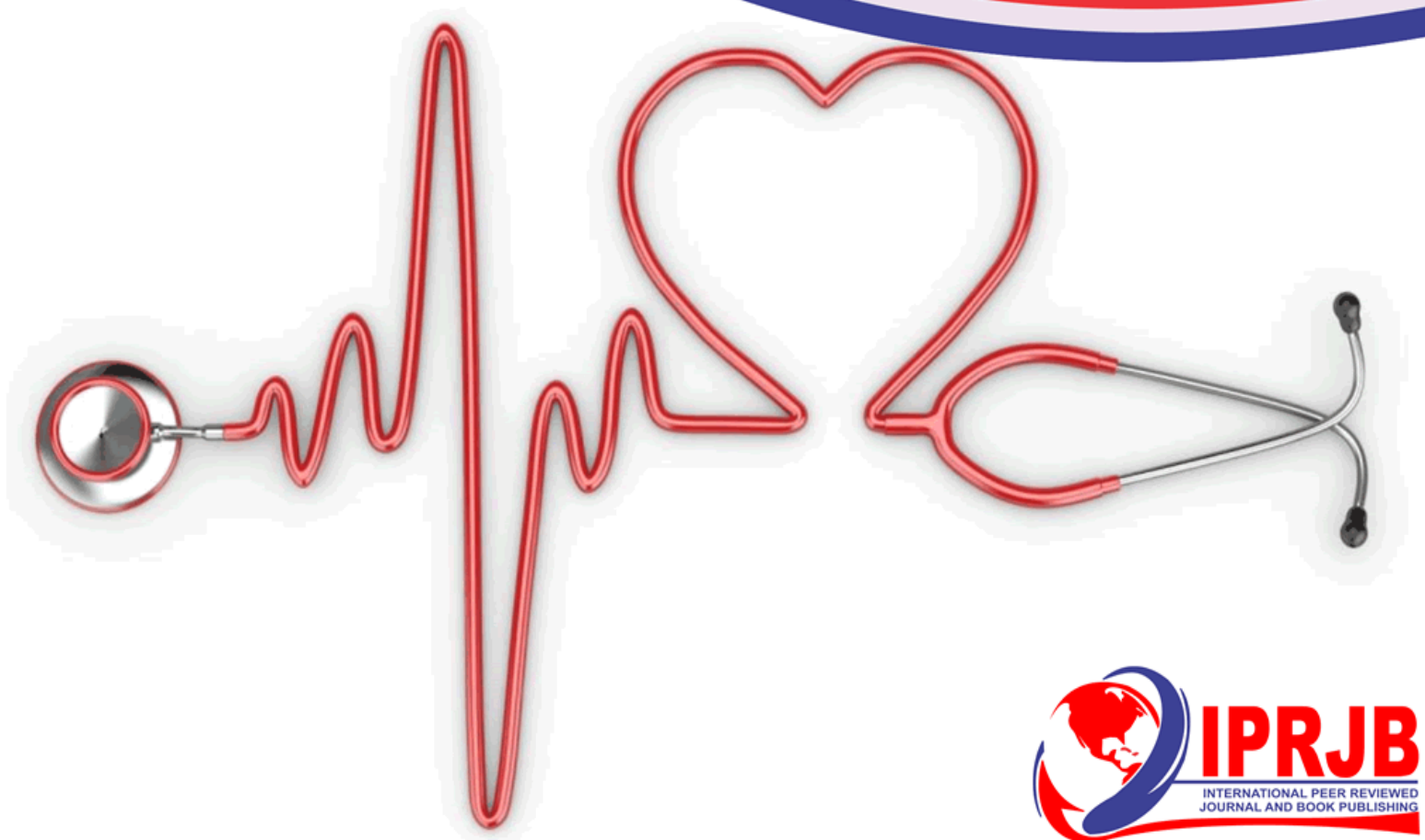


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**NURSING STUDENTS' PERCEPTION ON CLINICAL TEACHING AND LEARNING
AT KENYA METHODIST UNIVERSITY, KENYA**

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Abstract

Purpose: To explore RN-BSN students' perception on clinical placements, mentorship and supervision in clinical teaching and learning.

Methodology: The study adopted a descriptive cross-sectional survey design among RN-BSN students studying at Kenya Methodist University. The sample size was determined by Fisher et al., formula and the participants were selected through simple random sampling, those who met the eligibility criteria were included in the study. Data was collected through a self-administered questionnaire and data was analysed by use of SPSS version 26, where descriptive data was presented by the use of tables and figures.

Findings: This study revealed that 61.7% of the students were satisfied with the clinical placements as it provided a positive learning environment, while 84% reported they had the opportunity to transfer theory into practice. In addition, 59.1% were satisfied with the hands-on experience they had in the clinical area however, 58.3% were dissatisfied with the use of Evidence-based practice and 54.8% were dissatisfied with the involvement of lecturers in clinical training.

Unique Contribution to Theory, Practice and Policy: This study tested the Kolb Experiential model where for learning to take place the students need to go through concrete experience, reflective observation, abstract conceptualization and active experimentation. This study is in support of this model that for effective learning to take place the student has to undergo all the learning cycle. In policy, this study recommends the need to equip health facilities and employ more nurses in the hospitals who will also act as mentors to students and improve these facilities into teaching and referral centres. In practice, hospitals should identify clinical mentors who will oversee the implementation of Evidence-Based Practice and critical thinking into the nursing practice, while, institutions should employ more clinical instructors, and identify clinical mentors and preceptors in the clinical learning environments.

Keywords: *Clinical training, Placements, Mentorship, Supervision*

INTRODUCTION

Nursing training involves a combination of theoretical and clinical practical training. Clinical training is considered an essential component in nursing training and practice, this not only helps nursing students build professional competence by applying their theoretical knowledge to practice, but it also helps in mastering the fundamental clinical skills, and socialization in the nursing profession (Alshahrani *et al.*, 2018; Rafiee *et al.*, 2014). To achieve its intended objective, clinical training occurs within a complex and dynamic learning environment, which has an interactive network of forces within the clinical setting that influences clinical learning by students, these environments involve approved clinical institutions such as teaching hospitals, private hospitals, clinics, community health centres and specialist areas, (Baraz *et al.*, 2015; Health Careers, 2017).

Globally, countries have an accreditation body that regulates their nursing programs, in America, each state has a state nursing board that regulates nursing, this is not only in America but in most countries such as Britain and Australia. In Africa, countries like Nigeria and South Africa have regulatory bodies that help to standardize and regulate nursing training, (Favour, 2022). Furthermore, there has been a growing commitment to nursing education, as a result, nursing schools in South Africa, Zambia, Lesotho Malawi and Congo have been supported with curricula reviews, infrastructure improvements in in-service training and faculty development, growth in nursing education, (Baker *et al.*, 2021). In Kenya, nursing training is regulated by the Nursing Council of Kenya. The upgrading RN-BScN is a 3-year program whose curriculum has both theoretical and clinical practicum. The level and standards of nursing education continue to vary significantly within and within nations, (Baker *et al.*, 2021). The World Health Organization (WHO) and its partners' most recent guidelines state that nations must modernize regulatory laws by harmonizing educational requirements and standardizing nurses' credentials internationally, (WHO, 2020).

Problem Statement

A global phenomenon debated within nursing is the consistent evidence of existing theory-practice gap, (Farrzi & Shahriari, 2018). The theory-practice gap is defined as a lack of ability to relate and apply knowledge gained via academic and research work to practice, whose effects render nurses vulnerable, hurting the health care system of any country in general (Greenway, 2018). Cheng-Joo & Hsiang –ChuPai, (2014) found that undergraduate nursing students had textbook knowledge but lacked clinical competence, thus many graduates found themselves unfit to practice in a clinical setting within one year of their completion of studies, (Atakro *et al.*, 2019). Furthermore, the literature suggests that there is underutilization of the theory learned in class as nurses do not always provide the care taught in class, consequently, they cannot perform competently in the clinical setting as they do not systematically utilize the research findings in their daily nursing care, lacked clinical reasoning skills to deliver safe, effective care. (Curtis *et al.*, 2017). To bridge this gap, there is a need for further study in clinical training thus, this study sought to determine nursing students' perceptions on clinical training among RN-BSc. Nursing students. The feedback

among RN-BScN students is crucial to nursing training as this study group has passed through an effective system in clinical teaching (diploma program), and are now recipients of undergraduate clinical placements. Their previous experience as clinical mentors and educators will give an expert opinion thus giving feedback on clinical learning. Furthermore, this study will help generate information on how to improve clinical teaching not only to nursing students but also the clinical nursing educators.

Specific Objective

To assess RN - BSc.N students' opinion towards clinical placement, supervision and mentorship in the clinical learning environment at Kenya Methodist University.

Research question

What are the RN –BScN students' opinions towards clinical placement, supervision and mentorship in clinical training?

LITERATURE REVIEW

Clinical placement forms an integral aspect in the nursing teaching-learning process as it helps build knowledge skills and attitudes, (Nahid, 2016), and provides a venue where skills, knowledge and attitudes gained are developed, applied, and integrated, it is also critical in transforming nursing students into professionals and training them to work as nurses thus, transfer knowledge gained in the classroom to real clinical situations, (Wan & Gim, 2014; Kalyani et al., 2019; Allari et al., 2017). The clinical placement provides a venue for preceptors to perceive students as potential recruits to the field of nursing (Bjork et al., 2014). Moreover, clinical education helps nurses attain many of their educational goals, including critical thinking, communication skills, acquiring nursing cares, and applying ethical concepts, (Beiranvand et al., 2021). Due to this importance, clinical placements are an irreplaceable component in nursing education which ensures fitness to practice as a nurse, (Bjork et al., 2014).

Despite the critical role of clinical practice in nursing training, it is the most complex and difficult part of a student's professional growth, as it forms an integral aspect of nursing students' professional development and socialization. Furthermore, it helps nurses attain many of their educational goals, including critical thinking, communication skills, learning nursing care, and applying ethical concepts, (Beiranvand et al., 2021). Moreover, to students, the clinical placement does not only help students develop the required skills and competence - practice clinical skills in real life setting and observe the delivery of health care by others, but it also provides socialization to the profession by providing a real-world context and stimulation for the students to use their critical thinking skills in problem-solving situations provided in the clinical environment, learn technical and interpersonal skills, make appropriate clinical judgements to become oriented to the profession in terms of values and ethics, (Wan & Gim, 2014 ; Rafiee et al., 2014). Furthermore, it helps students to develop clinical reasoning which is essential for clinical decision-making and diagnostic thinking skills and develops the students' high-level thinking skills such as critical thinking, creative thinking, reflective thinking and problem-solving skills, (Sezer, 2018).

Quality nursing practice can be promoted during clinical training by identifying and eliminating weaknesses in the nursing education curriculum, and evaluating the utilization of resources by determining program performance, (Nyangena et al., 2011). The purpose of clinical education and assessment is to describe students' nursing ability in the performance of the required skill by ensuring the student meets the standards of quality and safety in the care of patients, other health care workers and the environment (Helminen et al., 2016). To identify whether a student has met the clinical placement objectives, clinical evaluation is done - the ability to judge a student's skills to a pre-established standard of patient care which not only focuses on competency but also behaviour, knowledge and attitudes, (Sezer 2018). This plays an important role in developing a novice nurse into an expert nurse (Eslamian et al., 2015). The clinical learning environment has four feature qualities that affect student learning experiences: physical space; psychosocial and interaction variables; organizational culture; and teaching and learning components, (Mahasneh et al., 2021). However, it is only beneficial when clinical experiences are well-structured and coordinated, the number of clinical hours in the clinical placement, the type and location of placement required for the experiences, student demonstration of competence, and clinical supervisory and assessment criteria are all met, (Spence et al., 2019; Nyangena et al., 2011).

Clinical Placements

Nursing education requires a positive clinical learning environment with adequate opportunities for student learning and a focus on student learning requirements, (Ekstedt et al., 2019). According to Benner, individual nurses begin as novices and progress to become specialists through a process of skill acquisition. While theoretical knowledge is acquired in the classroom, skills are acquired in a skills laboratory or clinical learning environment or setting, depending on the student's level of study, (Benner, 1982). Nursing educators should also note that a successful clinical experience does not only rely on the clinical instructor and students but also the clinical learning environment. The settings of clinical placement require effective clinical placements to allow the application of theory to practice, (Allari et al., 2017). It should also influence the development of nursing skills, knowledge and professional socialization, (Koontz et al., 2010). An effective clinical setting contributes to the student's awareness of the future nursing role and will help them to view the learning area as a stimulating and interesting environment to provide a positive learning situation to influence their overall perception and ability to have a meaningful clinical practice, (Allari et al., 2017), thus, the nurse educator's responsibility of defining the required criteria for an optimum clinical learning environment should be prioritised to identify beneficial placements, (Kamphinda & Chilemba, 2019). A good clinical environment is established through good cooperation between the institution and the clinical staff in the clinical placement. The responsibility of facilitating a good clinical learning environment that enables students to meet their objectives relies not only on the practice field but also on the education institution, (Struksnes et al., 2016). Furthermore, to identify a good clinical learning environment, the placement site should have a meaningful learning situation and should be assessed to determine whether the learning objectives can be met (Bisholt et al., 2014).

Clinical Supervision and Mentorship

Clinical supervision is widely acknowledged as a critical building block for producing systematic mentoring of excellent practice in order to promote patient safety and high-quality patient care, (WHO 2002; WHO 2017). It is a procedure aided by a professional expert that aims to establish an environment in which participants can analyse, reflect on, and grow their own clinical practice while also serving as guidance, feedback and a support system for one another in the clinical learning, (King et al., 2020; Kaphagawani & Useh, 2013). Furthermore, it is a structured process of reflection and review that usually takes place between a more experienced nurse and a less experienced nurse, used as a measure to increase compassionate patient care (McCutcheon et al., 2018). Clinical supervision, according to some authors, improves theory-practice integration, and personal and professional growth gives support, and decreases errors, assuring patient safety, (Kaphagawani & Useh, 2018). Moreover, it fosters young clinicians' professional values, identity, and competency while simultaneously providing professional development opportunities for veteran clinicians and stress and burnout reductions, (King et al., 2020). This is supported by the World Health Organization, among others, as it recognises the necessity for clinical supervision education to be included in health professional education as a key strategy for improving patient safety and care, (McCutcheon et al., 2018). It is important to note that clinical learning for students is a complex endeavor that necessitates close clinical supervision and support, and it is linked to degrees of cohesiveness, contentment, and task orientation in the clinical context, moreover, it should be multidimensional and should assist the student to meet the learning objective, (Kamphinda & Chilemba, 2019).

Mentor activities in the clinical environment majorly help students link theory to practice, (Brynildsen et al., 2014). The most valued qualities of a mentor include: teaching and explaining, support and supervision and encouragement, which can be enhanced by strengthening the link between mentors and lecturers thus supporting them, (Foster et al., 2014). The mentor qualities should be valued on: personal attributes, knowledge and experience for effective learning, which should match with students' qualities as responsible, accountable, professional and should always care for patients, (Gidman et al., 2011). It is essential to extensively utilise as a formal method of professional assistance for undergraduate nursing students during clinical supervision. It aids in the development of professional competence and confidence in nursing students, resulting in better patient care, (Muthathi et al., 2017), which, therefore, assists students in connecting their theoretical classroom knowledge with patient care in the clinical setting, (Donough & Van der Heever, 2018). Moreover, clinical supervision, enhances student well-being, favourable attitudes toward professional development, and the urge for lifelong learning and to be appropriately prepared for practice, (Kaphagawani & Useh, 2018)

For clinical teaching to be effective, the clinical teacher is expected to have qualities that promote learning as they have a major impact on the students' clinical training outcomes, moreover, the clinical teacher should have: good interpersonal skills, give appropriate feedback and interpretations and should possess clinical capabilities and proficiency in teaching, (Eslamian et al., 2015). This finding has been supported by other researchers such as Stevenson et al., (2010)

who mentioned that for clinical training to be important, clinical instructors should have the following skills good communication, should be organized, should be able to motivate students, consistent and support students, while research done by Reising et al., (2018) who stated that clinical instructors' knowledge abilities include understanding various learning styles, preparing for the role, and possessing specialised theoretical clinical knowledge, they further state that clinical teachers' skills include giving appropriate feedback, interpersonal skills, evaluation, management, and technology skills, as well as being a role model and a source of support, furthermore, nursing instructors' personality attributes, such as patience, trustworthiness, kindness, and a positive professional attitude, are among clinical instructors' competences in the subject of attitude.

METHODOLOGY

Study Design

A descriptive cross-sectional survey design was adopted seeking to determine the perceptions of the RN-BSN upgrade students on clinical placements at Kenya Methodist University, Nairobi campus, (KeMU). This research was conducted at Kenya Methodist University, Nairobi campus. The university is a chartered Christian university since 2006, with the main campus situated in Meru and satellite campuses in Nairobi and Mombasa. Nairobi is the capital city and the largest city in Kenya, which is a metropolitan city located in the southern region of the country and occupies 684 square kilometres of land, with a population of approximately 6.54 million people, (World Population Review, 2019). Kenya Methodist University, Nairobi campus is located within Nairobi Central Business District (CBD) situated at KeMU towers, Koinange/Monrovia Street and University Way. The target population was all students taking RN-BSN upgrade training at Kenya Methodist University, Nairobi campus. The accessible population was all RN-BScN students who have registered for the semester during the time of study. The estimate of the accessible population was students who registered for September – December trimester, 144 students, (Kemu registry, Nairobi campus). The students who met the eligibility criteria were included in the study, the inclusion criteria were: All RN-BScN students undertaking their training at KeMU, who had registered for the semester during the September – December 2021/2022 academic year, the RN-BScN students should have completed at least one clinical placement and a clinical assessment, the RN-BScN students who gave consent to participate in the study were included in the study. Whereas, the exclusion criteria were the RN-BScN students who had not registered for the September – December 2021/2022 academic year. The sample size was determined using Fisher et al., formula (1998) as recommended by Mugenda and Mugenda (2003), that research done in the field of social science, and a sample size of 115 students was obtained. The researcher employed simple random sampling in selecting the study population of 115 students, those who meet the eligibility criteria were selected to participate in the study. The list of students who registered for the September – December trimester for the 2021/2022 academic year during the time of the study was obtained from the registry office. Quantitative data was analysed using the Statistical Package for Social Sciences (SPSS) version 26. The results were presented in descriptive form by percentages, tables and figures for descriptive data.

FINDINGS

Data was collected through a self-administered questionnaire among the 115, which contained a 5-point Likert scale and whose range were as follows: 1 – very dissatisfied, 2 – Dissatisfied, 3 – Neither satisfied or dissatisfied, 4 – Satisfied, 5 – very satisfied. To identify the scale for interpretation of the results, data were categorised into three categories: 1 – dissatisfied, for the very dissatisfied and dissatisfied, 2 – neither satisfied nor dissatisfied and 3 – satisfied, for the very satisfied and satisfied.

Socio-Demographic Characteristics of the Respondents

Table 1: Socio-Demographic Characteristics of the Respondents

Socio-demographic	Variables	Frequency (N=115)	Percentage (%)
Age of respondents	10 - 19	0	0.0%
	20 - 29	54	47.0%
	30 - 39	48	41.7%
	40 - 49	11	9.6%
	50 - 59	2	1.7%
Gender	Male	28	24%
	Female	87	76%
Marital status	Single	31	27.0%
	Married	73	63.5%
	Divorced/separated	2	1.7%
	Widowed	9	7.8%
Religion	Christian	100	87.0%
	Muslim	9	7.8%
	Pagan	6	5.2%
Years of experience	0 - <2 years	4	3.5%
	2 - <5 years	42	36.5%
	5 - <10 years	35	30.4%
	Above 10 years	34	29.6%
Additional training	Yes	45	39.1%
	No	70	60.9%

A total of 115 study participants between the age of 20 – 59, were recruited to participate in the study, among them only 24% (28) were male compared to females who were 76% (87). Among all the subjects reviewed, 54 (47%) participants were aged (20 – 29), 48 (41.7%) were aged (30 - 39), 11 (9.6%) were aged (40 – 49) whilst the least were 2 (1.7%) who were aged (50 – 59). Majority of the study participants were married, 73 (63.5%) whilst only 2 were divorced or separated. Christianity dominated the religion at 100 (87%) compared to other religions. 42 (36.5%) students reported to have had 2 - <5 years-experience whilst 69 students (60%) reported

to have had above 5 years-experience in the nursing practice. Table 1 indicates the socio-demographic data of the respondents.

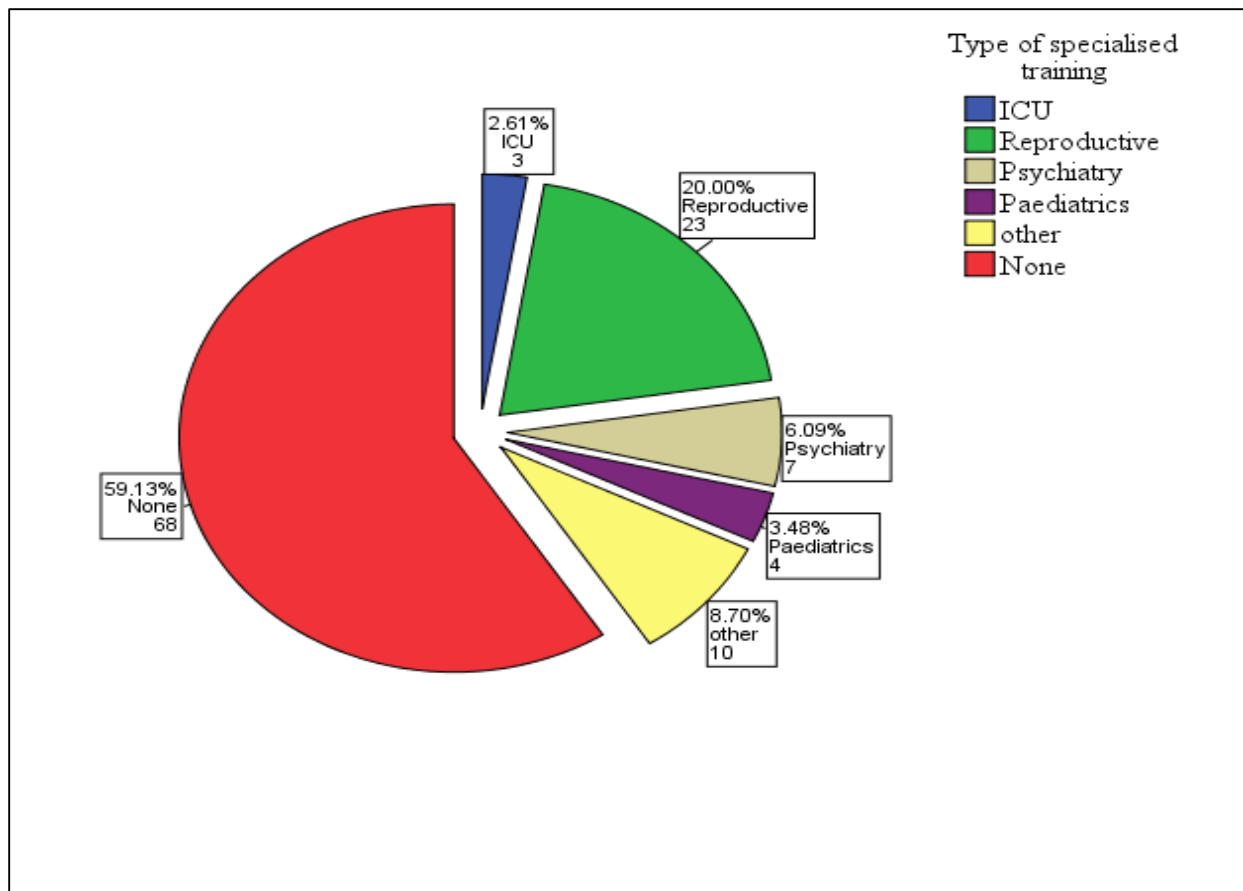


Figure 1: Types of Specialized Training of the Study Participants

Despite the upgrading training students are undergoing at KeMU, 45 (41%) of students reported to have had additional training in different specialties, the specialties mentioned by the study participants as shown in figure 1 include 3 (2.6%) in the Intensive Care Unit (ICU), 23 (20%) Reproductive health, 4 (3.5%) Paediatrics and 7 (6%) in Psychiatry. 10 (8.7%) students reported having had additional training in another specialty but did not specify the specialty, as depicted in figure 1.

Nursing Students' Opinions towards Clinical Placements

Table 2: Likert-Scale Response on Students' Opinion towards Clinical Placements

Statement	Opinion	Frequency	Percentage
Every Clinical placement provided a positive learning environment	Dissatisfied	19	16.5
	Neither satisfied nor dissatisfied	25	21.7
	Satisfied	71	61.7
Clinical settings developed new knowledge, skills and practice	Dissatisfied	55	47.8
	Neither satisfied nor dissatisfied	26	22.6
	Satisfied	34	29.6
Clinical placement provided opportunity to meet clinical objectives	Dissatisfied	16	13.9
	Neither satisfied nor dissatisfied	67	58.3
	Satisfied	32	27.8
Skills Learned were relevant to current nursing practice	Dissatisfied	15	13
	Neither satisfied nor dissatisfied	31	27
	Satisfied	69	60
Clinical placement provided opportunity to transfer theory into practice	Dissatisfied	17	14.8
	Neither satisfied nor dissatisfied	29	25.2
	Satisfied	69	60
Clinical placement provided opportunity to apply critical thinking skills in problem solving	Dissatisfied	14	12.2
	Neither satisfied nor dissatisfied	17	14.8
	Satisfied	84	73

Of the 115 study participants, 71 (61.7%) of them were satisfied with the clinical placements, as the majority of respondents, 60 (69%), reported that it enabled them to transfer theory into practice. In addition, 60 (69%), were satisfied with clinical placements as they helped them develop skills relevant to current nursing practice, moreover, 84 (73%) were satisfied with the placements as it provided them the opportunity to apply critical thinking skills in problem-solving. However, 55 (47.8%) were dissatisfied with the clinical setting in developing new knowledge, skills and practice, whereas, 67 (58.3%), were neither satisfied nor dissatisfied with meeting their objectives in clinical placements, as indicated in table 2.

Nursing Students' Opinions towards Mentorship

Table 3: Likert-Scale Response on Students' Opinion towards Clinical Mentors

Statement	Opinion	Frequency	Percentage
Support by hospital staff	Dissatisfied	69	60
	Neither satisfied nor dissatisfied	24	20.9
	Satisfied	22	19.1
Appropriate feedback by hospital staff	Dissatisfied	31	27
	Neither satisfied nor dissatisfied	49	42.6
	Satisfied	35	30.4
Opportunities for hands-on experience in clinical placement site	Dissatisfied	23	20
	Neither satisfied nor dissatisfied	24	20.9
	Satisfied	68	59.1
Use of Evidence-based practice in clinical placement site	Dissatisfied	67	58.3
	Neither satisfied nor dissatisfied	14	12.2
	Satisfied	34	29.5
Research culture encouraged by mentors in the hospital	Dissatisfied	7	6.1
	Neither satisfied nor dissatisfied	65	56.5
	Satisfied	43	37.4

Of the 115 study respondents' opinions towards mentorship, the majority 68 (59.1%) were satisfied with the opportunities for hands-on experience in the clinical placement site. However, 49 (42.6%) were neither satisfied nor dissatisfied with feedback from the hospital staff and research culture by mentors 65 (56.5%). Furthermore, 67 (58.3%) were dissatisfied with the use of the evidence-based practice in the clinical placement site while 69 (60%) were dissatisfied with support from the hospital staff. The findings are displayed in table 3.

Nursing Students' opinions towards clinical supervision**Table 4: Likert-Scale Response on Students' Opinion towards Clinical Supervision**

Statement	Opinion	Frequency	Percentage
Emphasis on clinical skills was similar to knowledge in class	Dissatisfied	17	14.8
	Satisfied	98	85.2
Provision of clinical objectives prior to clinical placement	Dissatisfied	15	13
	Neither satisfied nor dissatisfied	8	7
	Satisfied	92	80
Lecturers' interpersonal skills	Dissatisfied	11	9.6
	Neither satisfied nor dissatisfied	28	24.3
	Satisfied	76	66.1
Clinical instructors' interpersonal skills	Dissatisfied	17	14.8
	Neither satisfied nor dissatisfied	17	14.8
	Satisfied	81	70.1
Clinical instructors displayed adequate professional experience and competency in demonstrating procedures	Dissatisfied	7	6.1
	Neither satisfied nor dissatisfied	34	29.6
	Satisfied	74	64.3
Clinical evaluation was always objective	Dissatisfied	16	13.9
	Neither satisfied nor dissatisfied	19	16.5
	Satisfied	80	69.6
Clinical evaluation feedback was immediate	Dissatisfied	19	16.5
	Neither satisfied nor dissatisfied	15	13
	Satisfied	81	70.5
Involvement of lecturers in clinical teaching	Dissatisfied	83	72.2
	Neither satisfied nor dissatisfied	12	10.4
	Satisfied	20	17.4
Adequate supervision in clinical placement	Dissatisfied	63	54.8
	Neither satisfied nor dissatisfied	28	24.3
	Satisfied	24	20.9
Clinical instructors' involvement in clinical teaching	Dissatisfied	15	13
	Neither satisfied nor dissatisfied	60	52.2
	Satisfied	40	34.8
Appropriate feedback by clinical educators	Dissatisfied	6	5.2
	Neither satisfied nor dissatisfied	64	55.7
	Satisfied	45	39.1

In the students' opinion towards clinical supervision, the majority of the respondents, 98 (85.2%) were satisfied with the emphasis placed on the clinical area as it was similar to knowledge gained in class, in addition, 92 (80%) of respondents were satisfied with the provision of clinical objectives before their placements. Moreover, the majority of respondents were satisfied with the lecturers and clinical instructors' interpersonal skills (76 (66.1%); 81 (70.1%) respectively) and 74 (64.3%) were satisfied with the clinical instructor's professional experience and competence while demonstrating procedures. Furthermore, the majority of 80 (69.6%) of the respondents were satisfied with clinical assessment and evaluation, as they stated that it was always objective and the feedback was always immediate 81 (70.5%). However, 83 (72.2%) of respondents were dissatisfied with the involvement of lecturers in clinical supervision and 63 (54.8%) were also dissatisfied with general supervision in the clinical area. Furthermore, the majority of the respondents were neither satisfied nor dissatisfied with clinical instructors' involvement in clinical teaching and the appropriateness of feedback given by clinical educators, at (60, (52.2%); 64 (55.7%)) respectively, this is as displayed in table 4.

DISCUSSION

The study participants in this study were 115 students between the age of 20 -59, where the majority of the study participants were females at 76% (87) compared to males who were at 24% (28), this finding concurs with research done by Kabanya et al., 2017, who reported that 62.8% who enrolled to the nursing program were ladies whereas 37.3% were men. The respondents' age was as follows: those aged 20 -29 years of age were 54 (47%) whilst the least were aged 50 – 59 years of age were only 2 (1.7%). This finding concurs with research done by Okanga, (2017) who found out that students who enroll in Bachelor of Science training majority are aged 20-29 years of age with the least being those above 50 years at 8.2%

Nursing Students' Opinions towards Clinical Placements

Ford et al., (2016), demonstrate that high-quality clinical placements for nursing students exemplify their clinical training and performance. This study noted that the majority of students were satisfied with clinical placement sites, this finding is in tandem with several studies among them are studies done in Malawi and Australia, which indicated that students demonstrated satisfaction with the clinical learning environment, (Mbakaya et al., 2020; Lamont et al., 2015). Furthermore, Ulenaers et al., (2021), found out that clinical locations, according to students, supplied the required information about (changing) measures, created a supportive environment, and valued their assistance. However, this study contradicts findings by Kalyani et al., (2019), who found out that nursing students recognised that the clinical training environment lacked the necessary efficiency; this inefficient educational context included incompetent educators, unfavourable instructional methodologies, and an unsuitable clinical setting, furthermore, nurse teachers and nurses lacked the efficiency, expertise, and abilities needed to train students. Moreover, Wongtongkam & Brewster, (2017) noted that if students want to achieve learning

outcomes in clinical placements, they must have a supportive environment and excellent student-preceptor relationship.

Nursing Students' Opinions towards Mentorship

To build personal and professional growth, students require assistance and advice from individuals who are professional experts in the clinical setting. This study found that the majority 68 (59.1%) of the respondents were satisfied with the opportunities for hands-on experience in the clinical placement site, but lacked support from the hospital staff 69 (60%). These findings are similar to King et al., (2020) findings, who noted that there was more hands-on experience but students needed more guidance from supervisors, moreover, a study done in Jordan on first-year experience in clinical practice, reported that the clinical placements provided students with hands-on experience as they were able to transfer the skills learned on the mannequins to real patients, however, the nursing staff were reluctant to support them in the transfer of learning, (Mahasneh et al., 2021). One of the reasons attributed to lack of mentorship in hospitals has been highlighted by a study done in low- and middle-income countries, they noted that the majority of the nurses were diploma and certificate registered general nurses who believe they lack the necessary training to educate undergraduate nursing students, (Atakro et al., 2019). Furthermore, despite teachers and ward personnel being seen as a major influence on learning, a study in Iran indicated the insufficiencies in trained clinical professors and poor application of theory in practice by practicing nurses, thus, the undergraduate students did not gain the necessary abilities during clinical placements, (Baraz et al., 2015).

In health care, evidence-based practice (EBP) has become critical for patient safety, thus, students' capacity to apply clinical practice improvement strategies is most positively influenced by EBP knowledge and skills, therefore, the relevance of EBP knowledge must be sustained through its integration in clinical practice, which is taught as decontextualized knowledge, (Fiset et al., 2017; Blackman & Giles, 2017). Blackman & Giles, (2017), identified the value of nursing students experiencing EBP practices in the clinical setting as it influences their confidence in using EBP in the future. However, this study found that the majority of students 67 (58.3%), were dissatisfied with the use of the EBP in the clinical placement site. This finding is in tandem with other research studies that alluded to the lack of its practice to lack of time, resources, knowledge, abilities for fieldwork educators to practice EBP, less support for evidence-based practice in clinical education than in academic education negative attitudes toward EBP, students' lack of influence in the clinical context and a dearth of EBP culture and role models in their clinical practice, were highlighted as major impediments, (Fiset et al., 2017; Blackman & Giles, 2017; Olsen et al., 2013; Stronge & Cahill, 2012). Despite the fact that instructional tactics to improve EBP knowledge and skills have been advised, new research suggests that nurses may be underprepared to use EBP, (Horntvedt et al., 2018).

Nursing Students' Opinions towards Clinical Supervision

Clinical supervision is a crucial part of training, and there is a need for a close supervisory relationship since it is more gratifying for learners during placements because it reduces the uncertainty caused by a lack of procedural standardization, (Gemuhay et al., 2019). However, this study found that there was inadequate supervision by the lecturers, instructors, and mentors, the majority of the respondents, 83 (72.2%) were dissatisfied with the involvement of lecturers in clinical supervision and were also dissatisfied with general supervision in the clinical area 63 (54.8%). This finding is similar to other study findings that noted that nurse educators rarely attended clinical placements to supervise students which warranted students completing their placements without their presence or spending less time with them in the clinical area, (Kaphagawani & Useh 2018). Furthermore, other nurse educators reported having only attended orientations in new allocations and for clinical assessments, (Gemuhay et al., 2019).

Establishing effective relationships with students and supporting them in clinical settings aids the learning process and it also promotes professional socialisation, (Ramsbotham et al., 2019). An effective supervisor needs to have some personal qualities that lead to excellence in supervision, literature depicts some of the attributes such as confidence, organization, and good interpersonal skills, this finding is also similar to Sweet & Broadbent, (2017), whose results indicated that nursing students perceive availability, approachability and feedback from the clinical facilitator to be highly influential to their learning in the clinical setting, (King et al., 2020). Additionally, professionalism encompasses a wide range of abilities, competencies, and behaviours such as demonstrations of accountability and responsibilities (Donough & Van der Heever, 2018). The findings are similar to this study noted that the majority of students were satisfied with the lecturer's and clinical instructors' interpersonal skills (76 (66.1%) and 81 (70.1% respectively)) and a majority of students 74 (64.3%) were also satisfied with clinical instructors' professional experience and their competence while demonstrating procedures. Contrary to our study findings, Donough & Van der Heever, (2018) findings indicated that clinical supervisors demonstrated unprofessional behaviour, as well as a lack of role modeling. Moreover, findings of Nakagawa & Sasai, (2021) and Cooper et al., (2020), found that during the clinical rotations, students witnessed unethical behaviour of the hospital staff and supervisors and were unsatisfied with bad staff attitudes in the working environment. Furthermore, Mbakaya et al., (2020) noted that students hoped that the healthcare personnel would communicate with them more effectively, but that was not the case, since they were yelled at for not following procedures correctly.

Hardavella et al., (2017) noted that by highlighting areas for development and reinforcing positive performance, feedback not only helps students gain confidence but is also intended to serve as a mentor to track clinical and educational development and to ensure that students receive appropriate career direction and planning. This study found out that the majority of the respondents 80 (69.6%) were satisfied with clinical assessment and evaluation, as they stated that it was always objective and the feedback was always immediate 81 (70.5%). This finding is contrary to a study done by Mbakaya et al., (2020) whose findings indicate that students were dissatisfied with how

clinical assessments and feedback from lecturers and competent professionals were done during clinical practice.

CONCLUSION AND RECOMMENDATIONS

Conclusion

This study derived the following conclusions from the study findings. On clinical placements, students reported that the clinical sites were beneficial to the RN – BSc N students as they provided a positive learning environment that helped transfer theory learned in class into practice thus, developed their clinical skills and application of critical thinking skills. In addition, despite having had hands-on experience, students lacked support from the hospital staff, and there was no use of evidence-based practice by the hospital staff. Furthermore, despite the respondents appreciating the supervisors' interpersonal skills, professional experience and competencies, they were dissatisfied with general clinical supervision where there were limited visits by the nursing educators.

Recommendations

This study recommends the following: Learning institutions there need to employ more clinical instructors to aid in clinical supervision of students in clinical areas and increase clinical visits of nursing educators for effective clinical supervision and also, they need to identify and recruit mentors/ preceptors in the clinical placements, who should be trained on clinical mentorship and preceptorship. Whereas the clinical placement sites should incorporate evidence-based research findings and critical thinking skills in nursing practice.

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