

CHAPTER ONE

BACKGROUND TO THE STUDY

1.1 INTRODUCTION

Traditionally, hospitals have provided restorative care to the ill and injured. Although hospitals are chiefly viewed as institutions that provide care to patients/clients, they also have other functions such as providing resources for health-related research and teaching. Furthermore hospitals are venues where students from various health disciplines acquire and practice their knowledge and skills (Chan, 2001). Student nurses are required to practice in a range of hospitals during their training so that the knowledge acquired in the classroom can be put into practice and that after they have graduated, they may be able to practice safely. An Bord Altranis (2003) argues that clinical practice is important because it provides student nurses with:

- the opportunity and privilege of direct access to patients
- the opportunity to experience the world of nursing and to reflect on and to speak to others about what is experienced
- the reference system to critically evaluate practice, to predict future actions and through reflection , reveal the thinking that underpins the nursing actions.
- the motivation essential to acquire the skills critical to the delivery of quality patient care
- the environment that enables them to understand the integrated nature of practice and to identify their learning needs
- opportunities to take responsibility, work independently and receive feedback on their practice.

There are two main determinants of quality of nursing graduates a college can produce in terms of professional skills. These are: the quality of their clinical learning environment in hospitals and the quality of supervision they receive from the hospitals. Edwards, Smith, Courtney, Finlayson and Chapman (2004) affirm that challenges confronting nurses in today's rapidly changing health care environments have highlighted the necessity for graduating students to feel both competent and prepared for practice. This view is supported by Adams (2002) who states that the necessity for competent graduates has in turn highlighted the increasing significance of the nature and quality of students' clinical experience. Zhang, Luk, Arthur and Wong (2001) add that it is during their clinical placement that students are expected to develop the relevant knowledge, skills and competence. Edwards et al. (2004:249) in their study about the impact of clinical placement allocation on nursing students' competence and preparedness for practice, found that nursing students and health care staff both desire clinical placements that provide students with quality learning experiences that meet the growing demands placed on graduates upon completion of their studies. In addition, graduates are expected to demonstrate all attributes of caring considered essential by the relevant nursing authority.

An Bord Altranais (2003) states that the quality of the clinical learning environment can be influenced by: the dynamic and democratic structures and processes of the wards; a ward area where staff are valued, highly motivated and deliver quality patient care, supportive relationships, good staff morale and a team spirit, good communication and interpersonal relations between nursing staff and students, and acceptance of the student as a learner who can contribute to the delivery of quality patient care. Boxer and Kluge (2000) argue that these experiences cannot be successfully acquired in the laboratory setting. This is because nursing is essentially a practice based profession and as such, clinical field placement is a

vital and integral component in the curriculum of pre-registration nursing courses (Chan, 2002).

With reference to the quality of supervision as a determinant of the quality of a nursing graduate, Wilson-Barnett, Butterworth, White, Twinn, Davies and Riley (1995) describe clinical supervision as an umbrella term, which embraces both the student learning experiences and the requirement of professionals to sustain and develop their skills throughout their working life. Burn and Paterson (2004) assert that supporting students in clinical practice which includes supervision is essential to ensure that courses are fit for purpose and deliver competent professionals who are able to function in the ever-changing environment. Additionally, the Quality Assurance Agency (QAA) (2001) states that practical experience should take place in a supportive environment. Supportive environment means that students in the clinical placements receive adequate supervision. However, various studies have identified a number of factors which tend to reduce the benefit that student nurses are supposed to obtain from the clinical practice. Addis and Karadag (2003) highlight the difficulties include; nurses who lack clinical teaching training and therefore not comfortable to supervise, insufficient co-operation between nursing schools and hospitals, the paucity of the clinical nurse specialists and nurse lecturers being insufficiently qualified to supervise clinical learning properly. Raisler, O'Grady, and Lori (2003) also add that large numbers of students make supervision difficult, they crowd the wards, decrease the number of procedures performed by a student and reduce learning opportunities. They further state that the atmosphere in the health facility may be chaotic and stressful, as hospitals and practices merge, dissolve and change to survive. These can have a negative impact on student learning and therefore the quality of the learning environment and clinical supervision that students receive may be compromised. As a result student nurses may graduate with inadequate clinical skills.

1.2 RATIONALE FOR THE STUDY.

In Malawi most of the mission hospitals are teaching hospitals. They are collectively known as Christian Hospitals Associations of Malawi (CHAM). They are nine in total and are spread throughout the country. They serve the nursing schools close to them and those around them. These hospitals also cater for students from other professions e.g. clinical officers, medical assistants and medical doctors. Malamulo hospital is one such facility where students from Malamulo College of Health Sciences and some from Malawi College of Medicine obtain their clinical experiences. Anecdotal evidence suggests that students do not get adequate clinical supervision when they are in their clinical respective placements. They are sometimes left to work on their own, which could be detrimental to the health of the patients, their learning process and also to the profession. Thus a question is posed: Does Malamulo Hospital provide a suitable ward atmosphere, learning and caring premises and a suitable supervisory relationship for the production of clinically competent nurses? The answer to this question may help the nurse teachers and the nursing staff to identify practices which need to be enforced or improved to ensure that students benefit from their clinical learning experiences.

1.3 SIGNIFICANCE OF STUDY

The results of this study may help to raise awareness on the part of the nursing staff and nurse educators to understand the expectations of students when they are allocated to the wards for clinical experience. The results may inform nurse educators of better ways to supervise students. The results may also provide baseline information for future research in the same area.

1.4 PROBLEM STATEMENT

At Malamulo Hospital students are allocated to different wards and departments and are supervised by different people including nurses, doctors, clinical officers and nurse teachers. Registered and enrolled nurses are the ones that mostly supervise the students than the other professions. The researcher observed that the student nurses face problems in the clinical environment. Some of these problems are: unsupportive nursing staff, work overload for nurses and therefore not having enough time to attend to students' learning needs, nurses who think that clinical teaching is not their role as such ignore the students and nurse teachers who leave the responsibility of clinical supervision to the nursing staff. This study therefore will attempt to answer the following questions:

- What are the student nurses' opinions regarding their clinical learning environment at Malamulo Hospital?
- What is the nature of the supervisory relationship between the nursing staff and the student nurses?
- What supervision methods are in use at Malamulo hospital?

1.5 PURPOSE OF STUDY

The purpose of this study was to describe student nurses' opinions of their clinical learning environment and clinical supervision at Malamulo Hospital in Malawi.

1.6 OBJECTIVES OF THE STUDY

The objectives for the study were to:

1.6.1 Determine student nurses' opinions about the clinical learning

environment with reference to:

- The ward atmosphere

- Leadership style of the ward manager
- Premises of learning in the ward
- Premises of caring in the ward

1.6.2 Determine and describe the nature of supervision prevailing at Malamulo Hospital

1.6.3 Determine the supervisory relationship between the supervisor/nursing staff and the student nurses.

1.7 RESEARCH DESIGN

A quantitative descriptive design was utilized. The study population (n=84) comprised student nurses from Malamulo College of Health Sciences. A self-administered questionnaire was used to obtain data. Only those who returned the questionnaires were included in the study. The response rate was 87%. The sample was predominantly female (71.23%) and the mean age was 24.43 years. Descriptive statistics were used to analyze data and the relationship between variables was tested using Fishers' exact test and t-test. Statistical significance was set at the p value ≤ 0.05 .

1.8 OPERATIONAL DEFINITIONS

- Student nurse

This is a pupil nursing technician who is following a two or three year certificate in the Nursing and Midwifery program at Malamulo College of Health Sciences (Malawi).

- Clinical learning environment

This refers to hospital wards where students perform skills related to the needs of patients and provide physical, psychological, spiritual and social support to patients in order to promote and maintain safe, effective patient care. In this study the clinical learning environment refers to the hospital wards at Malamulo Hospital.

- Clinical supervision

A formal process of professional support and learning which enables individual student nurses to develop knowledge and competence in the care of patients. It is the pedagogical help that qualified nurses provide to the student nurses with regard to the nursing profession.

- Clinical supervisor

It refers to the staff nurses, the registered nurses and nurse teachers who supervise students in the clinical placement areas.

1.9 CONCLUSION

In this chapter, an overview of the study was provided. The problem and research questions, significance of the study, purpose and objectives of the study were stated, and study concepts were defined. In the next chapter, the literature that was reviewed concerning clinical learning environment and supervision will be described.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

Nursing education focuses on the development of student nurses' independence and self-directedness because these qualities are important in the rapidly changing health care environment. Clinical practice is one way to increase students' professional competence, growth and independence (Papp, Markkanen, & von Bonsdorff, 2003). Clinical practice takes place in the clinical environment because that is where the students meet real situations. Chapman and Orb (2000) emphasize that it is not possible to simulate completely real clients who are sick, distressed, afraid and anxious in a laboratory setting. That is why Peyrovi, Yadavar-Nikraves, Oskouie and Bertero (2005) point out that nursing as a practice-based profession, requires students to learn how to become professionals in the clinical environment.

In this chapter, literature concerning the clinical learning environment and clinical supervision was reviewed. The main concepts of the study were framed according to the Clinical Learning Environment Scale and included:

- Clinical environment as a learning environment
- Clinical supervision which include;
 - Method of supervision
 - The role of the supervisor
 - The role of the nurse teacher
- Quality of clinical learning environment and supervision in terms of;
 - Ward atmosphere
 - Leadership style of the ward manager

- Premises of nursing care on the ward
- Premises of learning on the ward and
- Supervisory relationship.

2.2 THE CLINICAL ENVIRONMENT AS A LEARNING ENVIRONMENT

2.2.1 Description

The clinical learning environment has been described in different ways by different researchers. Dunn and Hansford (1997) define the clinical learning environment as an interactive network of forces within the clinical setting, which influence the student's clinical learning outcomes. Similarly, Hart and Rotem (1995) define clinical learning environment as the attributes of the clinical work setting, which nurses perceive to influence their professional development. Papp et al. (2003) state that a clinical environment encompasses all that surround the student. These include; the clinical setting, equipment, staff, patients, nurse mentors and nurse teachers. Chan (2002) adds that the clinical practice period is a period of transition, which allows students to consolidate the knowledge and skills acquired during classroom learning into a working situation. In other words the clinical learning environment is a complex phenomenon covering many factors such as equipment, the nursing and other members of staff, different activities of the wards and the atmosphere that contribute to students' learning .

2.2.2 Differences between classroom learning and learning in the clinical environment

Clinical learning is different from classroom learning and the literature highlights the differences between them. For example Papp et al. (2003) state that while the academic environment encompasses only the nurse teacher and fellow students and is controlled by

the nurse teacher, the clinical learning environment on the other hand is not easy to control because there are many stimuli which make it difficult for the students to discern what is essential. Chan (2002) also adds that clinical learning takes place in a different and complex context. He outlines the following as factors, which contribute to the differences between the classroom and the clinical environment:

- The environmental conditions of the wards are unpredictable, therefore one may have limited or no control over whatever may happen while classroom activities can be carefully planned.
- In the classroom students respond theoretically to the demands of their learning activities and may only use their mental abilities to solve problems while in the clinical environment they are required to combine the use of cognitive, psychomotor and affective skills to respond to individual clients' needs. This can be confusing especially to beginning students.
- Nurse educators monitor the needs of both the client as well as the needs of the students as opposed to classroom situation where nurse educators monitor the needs of students only.

Massarweh (1999) and Chan (2003) agree that in contrast to classroom teaching clinical education takes place in a complex, social context where a teacher monitors the needs of clients and students. They further state that unlike classroom learning in which student activities are structured, students in clinical placements are frequently thrown into unplanned activities with patients and other health care providers. Chan (2001) also adds that learning in the clinical area presents a bigger threat to students than classroom learning. Students perceive clinical experience as anxiety-provoking and they frequently feel anxious and vulnerable. He further states that the nervousness could be as a result of learning and

providing care, and at the same time, being concerned about the reaction of nursing staff to their efforts. These factors make the clinical learning environment complex and different from the classroom learning.

2.2.3 Purposes of the clinical learning environment

The clinical learning environment serves a number of purposes for nursing students. An Bord Altranais (2003) states that the aim of clinical learning practice is to enable the development of domains of competence in nursing students so that they can become safe, caring, competent decision-makers willing to accept personal and professional accountability in nursing care. Edwards et al. (2004) and Peyrovi et al. (2005) emphasize that the purpose of planned clinical experience is to enable students to develop clinical skills, integrate theory and practice, apply problem solving skills, develop interpersonal skills and become socialized into the formal and informal norms, protocols and expectations of nursing profession and the health care system.

When clinical placements are well planned all concerned (nurse teachers, clinical instructors and the nursing staff etc) are aware of what is expected of them and therefore ready to assist the students accordingly. Similarly, Chung-Hueng and French (1997) add that clinical learning is very influential in the development of nursing skills, knowledge and professional socialization for nursing students. Thorell-Ekstrand and Bjorvellm (1995) add that clinical placement provides the students with optimal opportunities to observe role models, practice by oneself and to reflect upon what is seen, heard, sensed and done. This view has been supported by Chapman and Orb (2000) who state that clinical practice allows students to have direct experience with the real world of nursing to practice the clinical skills required for the job, to learn about the general nursing routines and to learn about the

responsibilities of the nurse, develop interpersonal relationships with others and become aware of political aspects of healthcare. Saarikoski (2003) points out that contact with patients is an important element of learning nursing in clinical practice. Students are exposed to authentic life stories e.g. people with serious illnesses and these experiences can arouse strong emotions and yet they also offer meaningful learning experiences. Chan (2003), Dunn & Hansford (1997), Li (1997) and Lopez (2003) agree that the clinical placement areas provide the students with the opportunity to make the links between theory and practice and adapt their skills and knowledge accordingly.

The clinical placement helps students to come in contact with real situations. Therefore, clinical experiences provide student nurses with the opportunity to develop competences and combine cognitive, psychomotor and affective skills and problem solving abilities.

Clinical learning is very important in the nursing profession because it helps the nursing students to put theory into practice thereby reducing the theory –practice gap. It helps students to integrate the cognitive, psychomotor and affective abilities into practice as they provide nursing care to patients with diverse and complex problems. However, being students in the clinical learning environment, they need to be guided, supported and supervised so that they can learn correct practices and at the same time, achieve their clinical objectives.

2.3 CLINICAL SUPERVISION

Clinical supervision is defined by Quinn (2000:429) as a formal process of professional support and learning, which enables individual practitioners to develop knowledge and competence, assume responsibility for their own actions and enhance consumer protection

and safety of care in complex clinical situations. Kilminster and Folly (2000) define clinical learning as the provision of monitoring, guidance and feedback on matters of personal and professional development in the context of patient care. Clinical supervision ensures patient/ client safety and promote professional growth.

2.3.1 Purposes of clinical supervision

Butterworth and Faugier (1994) describe clinical supervision as having three core functions namely: an educative or 'formative' function, which enables the development of skills, understanding and abilities by reflecting on and exploring the person's work experience; a supportive or 'restorative' function providing support to enable the person to deal with what has happened and move on; and a managerial or 'normative' function, which includes the provision of quality control. All three functions can also be applied in student nurse supervision. The educative function can help the students acquire the necessary knowledge and clinical skill. The restorative function ensures that the students are supported throughout their clinical practice as they meet different situations in the wards. The managerial function will ensure that quality supervision is provided to the students and at the same time ensuring that the quality care provided to patients is not compromised. This study investigated the relationship between students and the nursing staff and how willing were the nursing staff to teach students in the wards.

Lewis (1998) states that clinical supervision helps to increase standards of care, efficiency and knowledge of patient care. This view has been supported by Kilminster and Folly (2000) who state that student supervision helps to maintain or improve standards of patient care because the students learn the correct practices. Wosley and Leach (1997) add that with supervision, students' levels of responsibility, self-knowledge and understanding of client

and family are enhanced; stress is reduced and healthy professional and personal behaviors are promoted through good working relationships. Newton & Smith (1998) also add that supervision helps to develop confidence and give encouragement that promotes happy and meaningful experiences to the nursing students, they further state that good clinical supervision for student nurses is essential because it ensures creation of competent practitioners. Good clinical supervision and meaningful learning experiences among other factors help in development of self-confidence as a result, the students become satisfied with their placement as was found in this study.

2.3.2 Problems with clinical student supervision

The literature has recorded several problems that student nurses meet with regard to clinical supervision. Carlson, Kotze, & van Rooyen (2003:30) reported in their study “accompaniment needs of first year nursing students” the following as some of the problems students face in their clinical placements;

- shortage and/or absence of equipment to fulfill nursing duties and meet the needs of the patients
- conflict in the expectations of nursing colleges and the hospital administrative personnel
- lack of awareness among senior professionals of the needs and problems of first year nursing students in the clinical health care environment. It was also reported that guidance and support by nursing personnel in the clinical learning environment was lacking.

Spouse (2001) adds that busy ward settings combined with inadequate staffing levels lead to inadequate and irregular supervision. He further states that students are left alone in practice to find their way around and learn through trial and error. When students are not receiving

good supervision they feel hurt, frustrated and humiliated and this negatively affects their learning (Nylund & Lindholm, 1999). This finding has been supported by Haskvitz and Koop (2004) who assert that students trust that they will be provided with the information and opportunities to practice what they have learned in the classroom. They further state that when students are not meeting the established objectives in the clinical environment, the possibility for error increases, frustration and the students' stress levels escalate and patients' safety is jeopardized. Some of the problems are ineffective supervisory behaviors, which include rigidity by the supervising member. Therefore student supervision is very important because it enhances and ensures meaningful learning.

2.4 METHODS OF SUPERVISION

Student supervision can be done on a one-to-one basis where a student has a specific supervisor or by group supervision where one supervisor may have a number of students which he/she must supervise at the same time. The Quality Assurance Agency (2001), states that students should have a named supervisor. This statement suggests that individual supervision is better than team supervision. On the other hand with team or group supervision, students may also learn from their peers. But the disadvantage is that, the supervisor may not adequately supervise and attend to the specific needs of every student in the team. As a result some of the students may not gain from the experiences. However, Bennett (2003) suggests that a team approach to clinical supervision is the answer to solving some problems in clinical placements since most of the clinical placements are short of staff who can supervise student nurses on individual basis. According to this study, team supervision was the common method of supervision at Malamulo hospital.

2.5 ROLE OF THE CLINICAL SUPERVISOR

The clinical supervisor in this study refers to ward nurses, which include staff/enrolled nurses and registered nurses and the nurse educators/teachers.

2.5.1 The ward nurses

Students are supervised by different professionals with different qualifications. Butterworth and Faugier (1994) state that the role of the supervisor is to facilitate personal and professional growth, provide support and help with the development of autonomy in the students. Quinn (2000) describes the supervisor as an appropriately qualified and experienced first level nurse/midwife or health visitor who has received preparation for ensuring that relevant experience is provided for students to enable learning outcomes to be achieved and for facilitating the students' developing competence in the practice of nursing. In student supervision the qualifications of the supervisor are important because they determine the quality of supervision rendered; however, sometimes students are supervised by the personnel who lack the training of clinical supervision. For example, Addis and Karadag (2003) found in their study that students were supervised by nursing staff who lacked clinical teaching skill and it was observed that they were reluctant to take on the responsibility of student supervision. In the same study it was also observed that some nurse lecturers were not adequately trained to supervise students in the clinical environment. All these factors can compromise the quality of supervision that students may receive in the clinical placement.

2.5.2 The nurse teacher

The presence of the nurse teacher who is the person in-charge of teaching and learning in clinical practice has been found to be of great importance to students' learning. Quinn

(2000) explains that the role of the nurse teacher includes supporting students, directing and motivating them and advocating for them. He states that students feel abandoned when they move from the college to the clinical placements without their nurse lecturers following them, therefore they appreciate the presence of the nurse lecturer even for a short time. He further states that it is sometimes advantageous for the nurse lecturer to be present because their presence also makes the nursing staff in the ward to do something for the students. Sometimes students feel out of place when they go to the hospitals, but if the nurse lecture is present, she/he may help to clarify what they need to do and explain to the nursing staff about the expectations of the students. He/she may also set the pace so that students learn comfortably and give feedback about students' progress. The nurse lecturer can act as an advocate because students find it easy to turn to their teachers when facing problems, even personal problems. So the role of the nurse teacher in clinical placement is very important.

2.6 QUALITY OF THE CLINICAL LEARNING ENVIRONMENT AND SUPERVISION

Quinn (2000) describes a good learning environment as the one in which there is a humanistic approach to students and where the nursing staff show interest in students as people, the nursing staff are approachable and helpful and fostering self-esteem. He also states that it is an environment where staff work together as a team and strive to make the students part of the team and the relationship within the team creates good atmosphere. He describes the management style in a good learning environment as the one ,which is efficient and flexible to provide good quality care, encourage students to use initiatives and where nursing care is consistent with what is taught in the college. A good learning environment should have qualified personnel who will work as supervisors and be able to attend to students' needs. The atmosphere should allow students to attend ward rounds even medical

rounds and allow them to observe new procedures. In this section quality of the clinical learning environment with regard to; the ward atmosphere, the leadership style of the ward manager, the premises of caring and learning on the ward and supervisory relationship will be discussed.

2.6.1 The ward atmosphere

The ward atmosphere includes the nature of people's interactions in the ward, the type of spirit prevailing in the ward and how the nursing staff deal with the students. Dunn and Hansford (1997) suggest that student satisfaction with the clinical environment can be both as a result of and influence in creative learning environment that emphasizes the importance of physical, human, interpersonal and organizational properties, mutual respect and trust among teachers and students. A positive atmosphere and a good team spirit are the most important features of a good clinical environment. Wilson-Bernett et al. (1995) explain that if the ward staff work together and are motivated, the students may feel both supported and well supervised, while Saarikoski (2002) suggests that the nursing staff should be approachable and this will make students feel comfortable within the working environment. Chan (2001) affirms that a highly structured ward with rigid task allocation and wards in which a strict hierarchical system exists are unlikely to meet the learning needs of the students. Therefore a positive and democratic ward atmosphere is vital for students' learning in the clinical environment.

2.6.2 The leadership style of the ward manager

The leadership style of the ward manager is very important because it affects the way he/she relates with the nursing staff and students. In turn leadership style can affect the quality of patient care as well as the quality of student supervision. Dunn and Hansford (1997) state

that the nurse manager is important in providing individual teaching opportunities and promoting an environment suitable for teaching and learning. They further state that the nurse manager is a key player in determining the clinical environment in which students learn. Saarikoski and Leino-Kilpi (2002) add that good learning environments are characterized by a management style which is democratic and in which the ward manager is aware of the physical and emotional needs of the nursing staff and the students and that the ward manager is able to stimulate and strengthen the participation and commitment of nurses to a wide range of learning experiences of student nurses. Chan (2001) also found that the ward manager is the key for the organization and attitudes of the ward and not only for the learning environment and patient care environment. He further states that the ward manager occupies a key role in creating and controlling the ward learning environment and that his/her commitment to teaching and organization of ward work, and his/her leadership style and patterns of interaction contribute to a favorable learning environment.

2.6.3 Premises of nursing care on the ward

The context of nursing care is an important issue in clinical learning as it provides an environment for the students' experiences. Contact with patients is an important element in learning nursing in clinical placements (Saarikoski, 2003). He further states that high quality nursing care is the best context for successful learning experience. Kosowski (1995) adds that through the caring experiences with patients, students' self confidence and self-esteem in their own nursing care can be enhanced. The methods of patient care may differ in different wards or hospitals. Chan (2001) emphasizes that total patient care promotes learning and that task allocation leads to automatic functioning and inhibition of discovery learning. In this study the participants gave their opinions about the nature and quality of

care that patients received in the various wards since this may determine the quality of learning environment and experiences the students were involved in.

2.6.4 Premises of learning on the ward

A good clinical environment is composed of many practical components e.g. well organized familiarization which make the students feel welcome and accepted in the ward by the nursing staff. The ward should have members of staff who are interested in student supervision. The environment should provide meaningful and multi-dimensional learning situations and feedback which is constructive and enhances student learning to students. This offers opportunity for professional development (Saarikoski & Leino-Kilpi, 2002). Dibert and Goldenberg (1995) also add that open communication relationships and solidarity between staff and students are essential conditions for meaningful learning. Students associate freely with the members of staff and thereby reducing their fears and increasing their confidence in their learning process. Chan (2001) found that students welcomed and prefer hospital environments that recognize their individuality, provided them with adequate support and allowed them some degree of flexibility within sensible limits. So in this study the participants were requested to evaluate and give their opinions about the learning situations in their wards. This was very important because it gave an insight of the learning situations that the students experienced.

2.6.5 The supervisory relationship

The aim of supervision is to enable a close relationship between supervisor and student, which will facilitate the student learning and provide individual support and guidance. The attitude of the supervisor is very important in determining the supervisory relationship

which in turn influences the learning experiences of the students. Saarikoski, Leino-Kilpi and Warne (2004) suggest that if the supervisor shows a positive attitude towards supervision, if student nurses can be provided with, and continuously being, giving feedback to the student, if there can be mutual trust and respect between supervisor and student, students' clinical learning would be promoted. Therefore a positive relationship between the supervisor and the students is very crucial for the learning process of the students.

2.7 CONCLUSION

In this chapter, the clinical learning environment has been described. Clinical supervision including the method of supervision, role of the supervisor and role of the nurse teacher has been discussed. Quality of clinical learning environment and supervision which includes ward atmosphere, leadership style of the ward manager premises of nursing care on the ward premises of learning on the ward and supervisory relationship were also discussed. In the next chapter the research methodology and design are discussed.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

In this chapter the research design and methodology will be discussed. This includes the research setting, study population, pilot study, data collection, the instrument including its validity and reliability and the ethical issues considered during this study.

3.2. RESEARCH DESIGN

Research design is the structural framework or blueprint of a study. It guides the researcher in the planning and implementation of the study while optimal control is achieved over factors that could influence the study (Burns & Grove, 2001). The design was based on the purpose of this study, which was to describe nursing students' opinion of their clinical learning environment and supervision. To accomplish this, a quantitative, descriptive and contextual design was utilized. A quantitative design is a formal, objective and systematic process to describe and test relationships and to examine cause and effect interactions among variables (Burns & Grove, 2001). Descriptive research are studies which have as their main objective the accurate portrayal of the characteristics of persons, situations or groups and /or the frequency with which certain phenomenon occur (Polit & Beck 2004). In this study, this approach was used to describe the opinions of students of their clinical learning environment and supervision in a given hospital learning environment. It included only nursing students pursuing a two-three year certificate course in nursing and midwifery at the Malamulo Nursing College; the students therefore gave their opinions about Malamulo Hospital only.

3.3 RESEARCH METHODOLOGY

Research methodology refers to the steps, procedures and strategies for gathering and analyzing the data in research investigation (Polit, Beck & Hungler, 2001).

3.3.1 Study population

Study participants were recruited from the Malamulo College of Health Sciences, Nursing Department; all the students comprised the study population (N=84). Only those who gave their written consent and returned completed questionnaire were enrolled as study participants (n=73).

3.3.2 Research setting

The study participants comprised nursing students from Malamulo College of Health Sciences (Nursing Department). These students gain most of their clinical experiences at Malamulo hospital. Malamulo is a private mission hospital, operating under the auspices of the Malawi Union of the Seventh- Day Adventist church and Christian Hospitals Association of Malawi (CHAM). It offers services in pediatric, reproductive health, surgery, medicine, community health including community visiting. It is a 300-bedded hospital with 80-90% occupancy most of the time. It has three surgical and medical wards, two pediatric wards, one maternity unit (labor ward, postnatal and gynecology wards), out patient departments and community and outreach (health visiting departments). In certain seasons e.g. the rainy season some of the wards are overflowing with patients because of increased prevalence of malaria and diarrheal diseases.

3.3.3 Data collection procedure

A structured questionnaire: Clinical Learning Environment Scale (CLES) by Saarikoski (2002) (annexure 1) was distributed to all study participants. Since the researcher was at a distance at the time of data collection, a research colleague distributed and collected the questionnaires. An information sheet was given to the participants and consent forms were attached to the questionnaires. The participants were required to read the information sheet, sign a consent form and complete the questionnaires which took about 15-20 minutes. During the month of May the students were on a theory block and were assembled in classroom and the questionnaires were distributed. The completed questionnaires were collected and mailed to the researcher via DHL express services.

3.3.4 The data collection instrument

A structured questionnaire: Clinical Learning Environment and Supervision (CLES) evaluation scale (annexure 1) developed by Saarikoski, and Leino-Kilpi in 2002, was used to collect data from study participants.

3.3.4.1 Sections of the questionnaire

The questionnaire comprises two sections. The first section contains items that elicit participants' demographic data i.e. age, gender and year of study at the time of the research. It also elicits information about the type of the wards in which students were allocated, average patient stay in the wards, physical and mental stress experienced by nursing staff, period of student allocation, number of times the students met their course teacher during the latest placement, and how satisfied the students were with their latest placement.

The second section elicits information on the clinical environment and supervision during students' latest clinical placement. This section contains five items on ward atmosphere, four items on leadership style of the ward manager, four items on premises of nursing care on the ward, six items on premises of learning on the ward and eight items on the supervisory relationship. These items are rated against a five –point Likert-type scale. The alternatives of the Likert scale are: (1) fully disagree; (2) disagree to some extent (3) neither agree nor disagree (4) agree to some extent (5) fully agree. There are three other questions on the role (occupational title) of supervisor, method of supervision and number of private supervision sessions the students had with the nursing staff. At the end of the questionnaire there is one open-ended question where respondents may give supplementary explanations.

3.3.4.2 Pilot testing of the instrument

The instrument was piloted on 10 students from St. Joseph's Nursing College St. which is one of the nursing colleges run by the church and is also under the Christian Hospitals Association of Malawi (CHAM). The pilot study was done at St. Joseph's Nursing College because it has a similar profile as the main setting for the study. Both colleges train certificate nurses and midwives in a two to three year program and both colleges are primarily run by churches and are in the outskirts of the city of Blantyre. The pilot study tested for clarity of the questions and instructions, completeness of the responses and the time taken to complete filling the questionnaire. The students did not have problems in filling the questionnaire and it took them 15-20 minutes to complete.

The following amendments were indicated by the pilot study:

- Item 5 (have you completed professional qualifications previously?) was removed because all the participants were from high school

- Item 8 (the ward comes under the administration of) was removed because the study intended to study only one hospital therefore there were no variations
- Item 34 (occupational title of the supervisor: nurse, nurse specialist, assistant ward manager, sister/ward manager/other what....?) was replaced by the titles: enrolled nurse, registered nurse, ward manager/in-charge and nurse teacher to suit the nomenclature of the study setting.

3.3.4.3 Validity of the instrument.

Since the instrument was used by permission of the designers (Saarikoski & Leino-Kilpi 2002) and administered without any substantial changes, this section reports on the original work on validity of instrument. Validity refers to the ability of the instrument to measure accurately what it is supposed to measure (Burns & Grove, 2001).

- **Content validity**

It is the extent to which an instrument has an appropriate sample of items for the construct being measured (Polit & Beck, 2004). Content validity was obtained through extensive literature review in the field of clinical learning environment and supervision. The literature that Saarikoski studied included: Shailer 1990, Reed and Price 1991, English National Board 1993, Coombes 1994 and Orton et al. 1994.

- **Face validity**

Face validity refers to whether the instrument looks as though it is measuring the appropriate construct (Polit & Beck, 2004). It was reported that nine experienced nurse teachers from the University of Turku, Finland who had ongoing relationship with clinical teaching formed the expert panel. The level of consensus was about 80-90% (Saarikoski, 2002).

- **Concurrent validity**

In concurrent validity the researcher compares the results which have been obtained through a new instrument with those of a similar existing instrument which has already been validated. If a high correlation is found, the new instrument possesses concurrent validity (Uys & Basson 2000). Concurrent validity of CLES was evaluated using correlation tests between CLES and Clinical Learning Environment Inventory (CLEI) evaluation scales. CLEI was developed by Dunn & Burnet in 1997. Pearson's correlation coefficient was used in the analysis of inter-correlation between sub-dimensions of the instruments. The canonical correlation which is a measure of the overall linear relationship between a set of dependent and independent variables was 0.9. This supports the interpretation that concurrent validity of CLES was very high (Saarikoski, 2002).

- **Construct validity**

Construct validity is the degree to which an instrument measures the construct under investigation. Exploratory factor analysis was used in identifying the key factors of CLES. Exploratory factor analysis examines interrelationships among large numbers of variables and disentangles those relating to identify cluster of variables that are closely linked (Burns & Grove, 2001).

3.3.4.4 Reliability of the instrument

Reliability refers to the consistence and stability of an instrument over time and conditions (Polit & Beck 2004). Reliability is expressed as a form of correlation coefficient with 1.00 indicating perfect reliability and 0.00 indicating no reliability. A reliability of 0.80 is considered lowest acceptable coefficient for a well-developed measurement tool. However for a newly developed instrument, a reliability of 0.70 is considered acceptable (Burns &

Grove, 2001). Stability reliability and internal consistency will be reported in this section. Both of them had a coefficient of above 0.80 and therefore, acceptable.

- **Stability reliability.**

Stability reliability also known as test-retest reliability is the assessment of an instrument by correlating the scores obtained on repeated administrations (Polit & Beck, 2004). Stability reliability was evaluated after the revisions made by expert panel. Test-retest reliability was done on 38 students who had just ended their clinical placement and were asked to evaluate the learning environment and supervision of their last clinical ward placement. After four weeks the students were asked to evaluate the same clinical placement they had evaluated previously. The total instrument test-retest reliability was 0.81 (Saarikoski, 2002).

- **Internal consistency.**

Internal consistence is the degree to which the sub-parts of an instrument all measure the same attribute or dimension as a measure of an instrument's reliability (Polit & Beck, 2004). Internal consistency of CLES was done twice by its designers; in the pilot study and in the main sample. The total Cronbach's alpha was 0.86 (Saarikoski, 2002).

3.4 RESEARCH ETHICS

Polit, Beck & Hungler (2004) describe ethics as a system of moral values that is concerned with the degree to which research procedures adhere to professional, legal and social obligations to the study participants. In order to meet the criteria for an ethical scientific study the following were complied with:

- The protocol was submitted to the Human Research Ethics Committee and the postgraduate committee of the University of the Witwatersrand for approval, annexures 2 and 3 respectively
- A written permission from the Principal and the Administrative council of Malamulo College of health Sciences and Malamulo Hospital were obtained, annexures 4&5 respectively.
- Verbal permission from the Principal Tutor of Nguludi Nursing College was granted to conduct pilot study.
- Anonymity was ensured by using code numbers instead of participants' names.
- An information letter accompanied the tool to inform the participant about the purpose of the study, annexure 6.
- Participants signed a consent form to show that they were willing to participate, annexure 7.
- The researcher was aware of the possibility that students could feel obliged to participate in the study since the researcher is a tutor in the same college. But there has not been any direct contact between the researcher and the students. The researcher has neither been involved in the teaching of students who were requested to participate, nor involved in assessing their work. This helped to ensure confidentiality for the researcher does not personally know the group.
- For the use of the research instrument, permission was obtained from the author annexure 8. A copy shall be sent to the authors of the instrument upon completion of the study as per the agreement form.
- Results will be shared with the nursing staff from the hospital and nurse teachers in the

- College and copy of the results shall be made available to the college library for students and college staff to have access.

3.5 CONCLUSION

In this chapter, the research design has been explained and the research methods have been described. These included the study population, the research setting, the pilot study and the data collection procedure. The instrument which was used in this study was also discussed including its validity and reliability. Furthermore, ethical issues which were considered for the study were outlined. In the next chapter, analysis of findings will be discussed.

CHAPTER FOUR

DATA ANALYSIS

4.1 INTRODUCTION

This chapter reports on the analysis of data. Data were analyzed to describe the opinions of student nurses regarding the clinical learning environment and supervision. A self-administered questionnaire was used to elicit their opinions. The response rate, results of biographical data, data from recent clinical placement, ward atmosphere, leadership style of the ward manager, premises of caring on the ward, the premises of learning on the ward and the supervisory relationship were analyzed. Data collected on the role of the supervisor, the method of supervision and the number of private supervision sessions was also analyzed within the context of the clinical learning environment.

4.2 APPROACH TO DATA ANALYSIS

A quantitative approach was applied to analyze the data. The Clinical Learning Environment Scale questionnaire which included Likert-type questions was used. Data were entered on Microsoft excel spread sheet and analyzed using STATA version 8. Descriptive statistics were applied and the frequency, percentages and means of responses were reflected. Tables and graphs were used to enhance interpretation. Composite scores were computed for the main concepts of the questionnaire i.e. the ward atmosphere, the leadership style of the ward manager premises of learning and caring on the ward and supervisory relationship. The results were correlated with student satisfaction using inferential statistical methods i.e. Fishers exact test and t-test. Fisher's exact test is a statistical procedure used to test the significance of differences in proportions. It is used when the sample size is small or cells in the contingency table have no observations (Polit & Beck, 2004). In this study Fisher's exact test was used to test the significance in the relationship between demographic data, the role

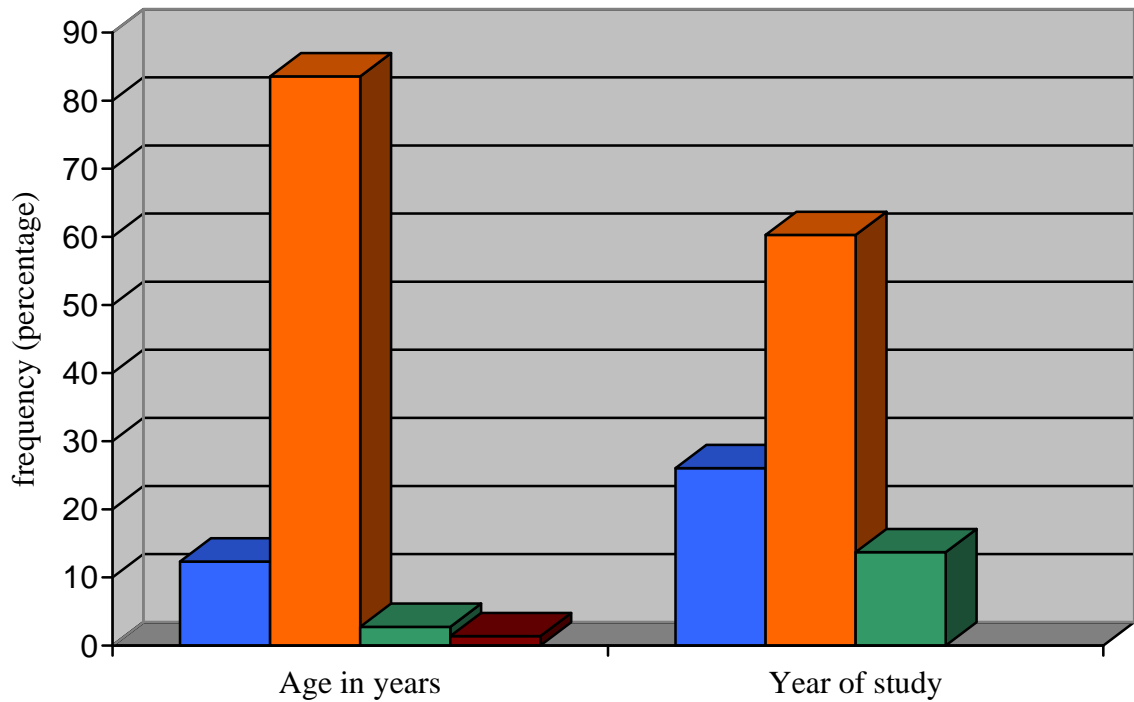
of the supervisor, method of supervision and private supervision sessions and the level of satisfaction, e.g. year of study and level of satisfaction. The t-test is a parametric statistical test for analyzing the difference between two means (Polit & Beck, 2004). In this study the t-test was used to test the difference between the satisfied group with regard to various areas of clinical learning and supervision e.g. ward atmosphere. Statistical testing was done at the ≤ 0.05 level of significance.

4.3. RESULTS

The accessible population which was also the total population was N= 84. Out of these 73 questionnaires were returned. This gave a response rate of 87% (n=73). All 73 respondents completed all items on the questionnaire. Only 9.58% (n=7) of the participants gave their comments on the open ended questions.

4.3.1 Biographical data

The results showed that 28.77% (n=21) of the participants were male and 71.23% (n=52) were female. The age groups ranged from younger than 20 years, 20-29 years, 30-39 years and 40 years and older. The findings showed that 12.33 % (n=9) of the population was within the age group of 20 years; 83.56% (n=61) were within 20-29 age group; 2.74 % (n=2) within 30-39 age group and 1.37% (n=1) were within the 40 years and older age group. The mean age was 24.43 years. The results also showed that 26.03% (n=19) of the population were in year one, 60.27% (n=44) were in year two and 13.70% (n=10) were in year three of study. Figure 4.1 illustrates the results.



Key

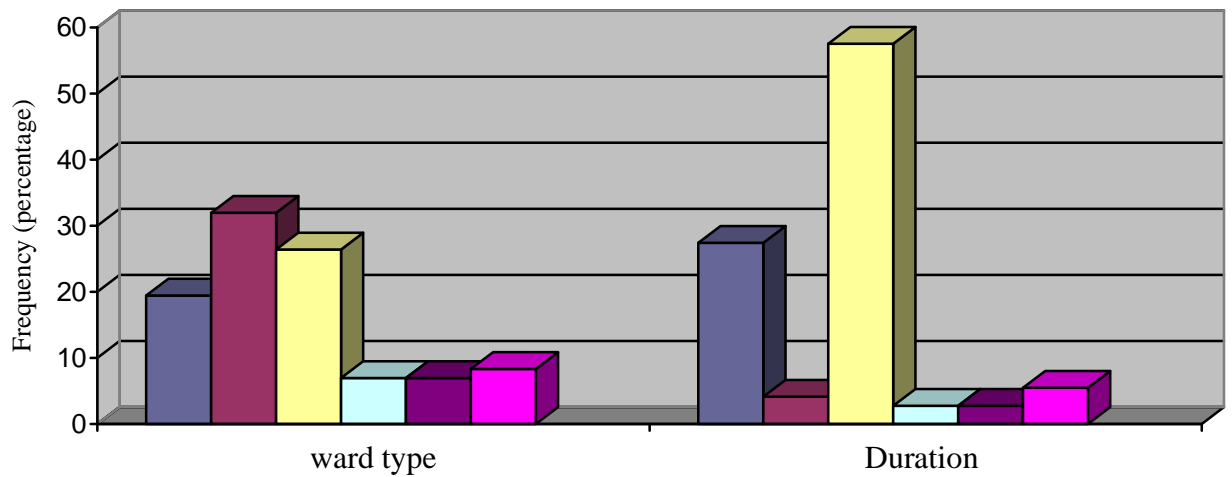
Age in years	<20	20-29	30-39	≥ 40
Year of study	Year 1	Year 2	Year 3	

Figure 4.1 Age distribution and year of study of participants

4.3.2 Data on latest clinical placement

- **Latest placement and duration of placement**

The participants indicated the type of ward they were allocated to during the last placement and how long they stayed in that ward. Figure 4.2 illustrates the results.



KEY

Ward type	Surgical	Medical	Pediatric	Maternity	Community	other
Duration	2 weeks	3 weeks	4 weeks	6 weeks	7 weeks	8 weeks

Figure 4.2 Ward type and duration of placement

The results show that 19.44% (n=14) were in surgical wards during their latest clinical placement; 31.94% (n=23) were in medical wards; 26.39% (n=19) were in pediatric ward; 6.94% (n=5) were in the maternity ward another 6.94% (n=5) were in community department and 8.33% (n=6) were in other departments. The study results also showed that 27.40% (n=20) of the population was allocated for two weeks; 4.11% (n=3) for three weeks; 57.53% (n=42) for four weeks; 2.74% (n=2) for six weeks and another 2.74% (n=2) for seven weeks, 5.48% (n=4) was allocated for eight weeks. The mean duration in the last placement was 3.76 weeks.

- **Period of patients' stay in the ward**

The period of patients' stay in the ward according to the condition of a particular patient. In this study 16.44% (n=12) of the participants indicated that patients stay for few days in the ward; 58.90% (n=43) showed that patients stay for 1-2 weeks; 15.07% (n=11) indicated that patients stay for 3-4 weeks and 9.59% (n=7) showed that patients stay for few months. The average period of patient stay in the ward was 2.12 weeks. Figure 4.3 illustrates the results.

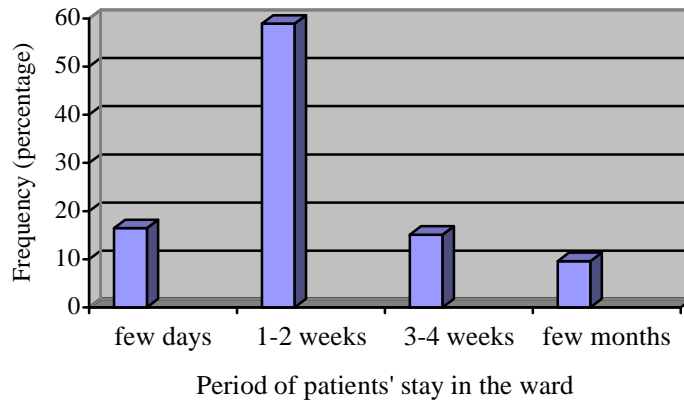


Figure 4.3. Period of patients' stay in the ward

- **Physical and mental stress on the nursing staff**

Physical stress can affect the manner in which the nursing staff attends to patients as well as to students. In this study 47.95% (n=35) the participants indicated that the nurses in their wards showed no signs of physical stress, while 38.36% (n=28) indicated that the nurses showed low physical stress, 10.96% (n=8) of the participants observed high physical stress and 2.74% (n=2) of the participants observed very high physical stress. Similar to physical stress, the amount of mental stress can also affect the attention of the nursing staff towards patients or students. The majority of the participants 61.64% (n=45) indicated that the nurses

in their wards showed no signs of mental stress, 27.40% (n=20) reported that they observed low levels of mental stress on the nursing staff; 8.22% (n=6) of the participants observed high mental stress and 2.74% (n=2) of the participants observed that the nurses had very high mental stress. Figure 4.4 illustrates the results.

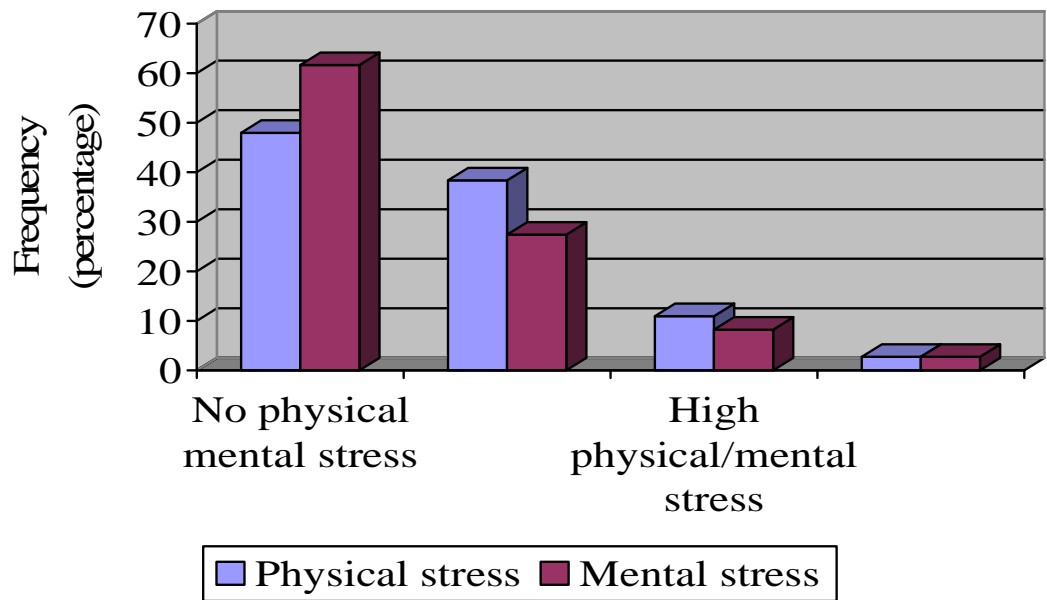


Figure 4.4 Physical and mental stress load on the nursing staff

- **Nurse teacher's visits to the clinical placement area**

The participants indicated the number of times they met the nurse teacher during their most recent placement. Figure 4.5 illustrates the results.

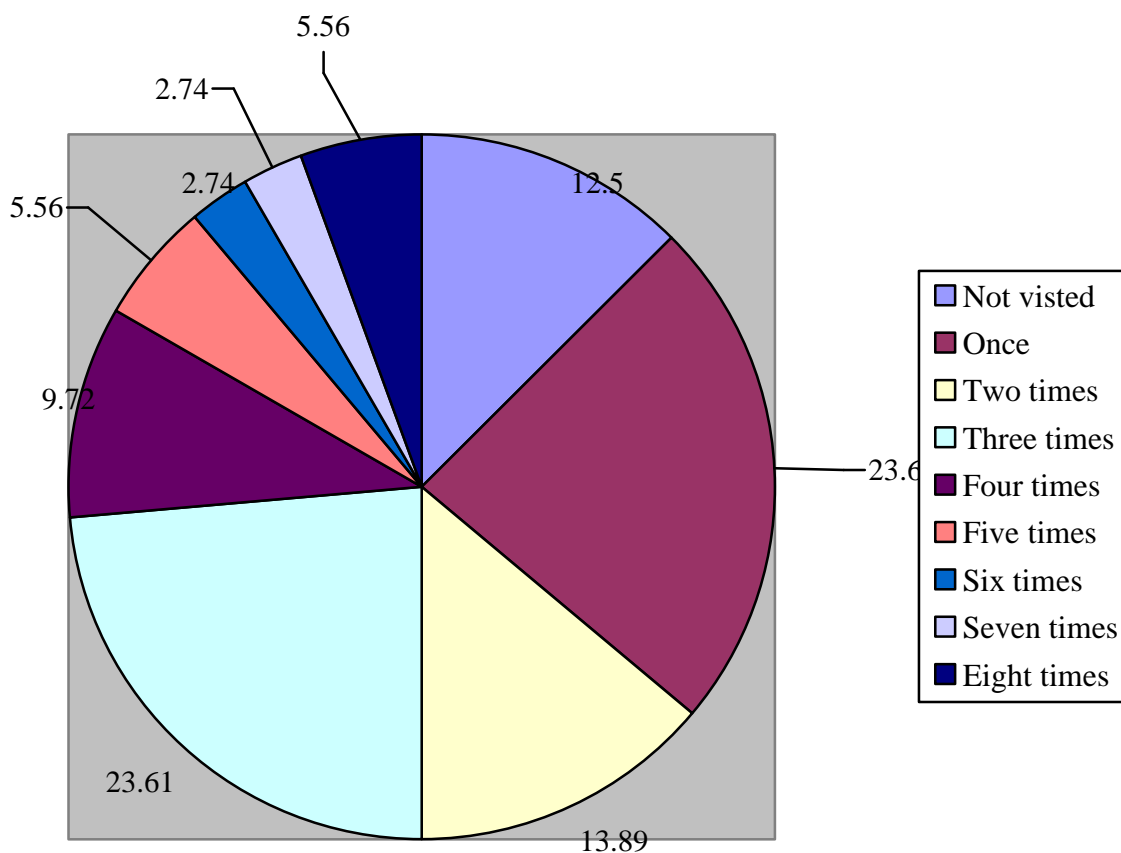


Figure 4. 5 Number of visits by the nurse teacher

The results showed that 12.5% (n=9) of the students were not visited by the nurse teacher during the course of their allocation; 23.61% (n=17) were visited once; 13.89% (n=10) were visited twice; 23.61% (n=17) were visited three times; 9.72% (n=7) were visited four times; 5.56% (n=4) were visited five times 2.74% (n=2) were visited six times; 2.74% (n=2) were visited seven times and 5.56% (n=4) were visited eight times. The mean number of visits by the nurse teacher were 2.63.

- **Student satisfaction with the most recent placement**

The participants rated how satisfied they were with their latest clinical placement. The figure below illustrates the results.

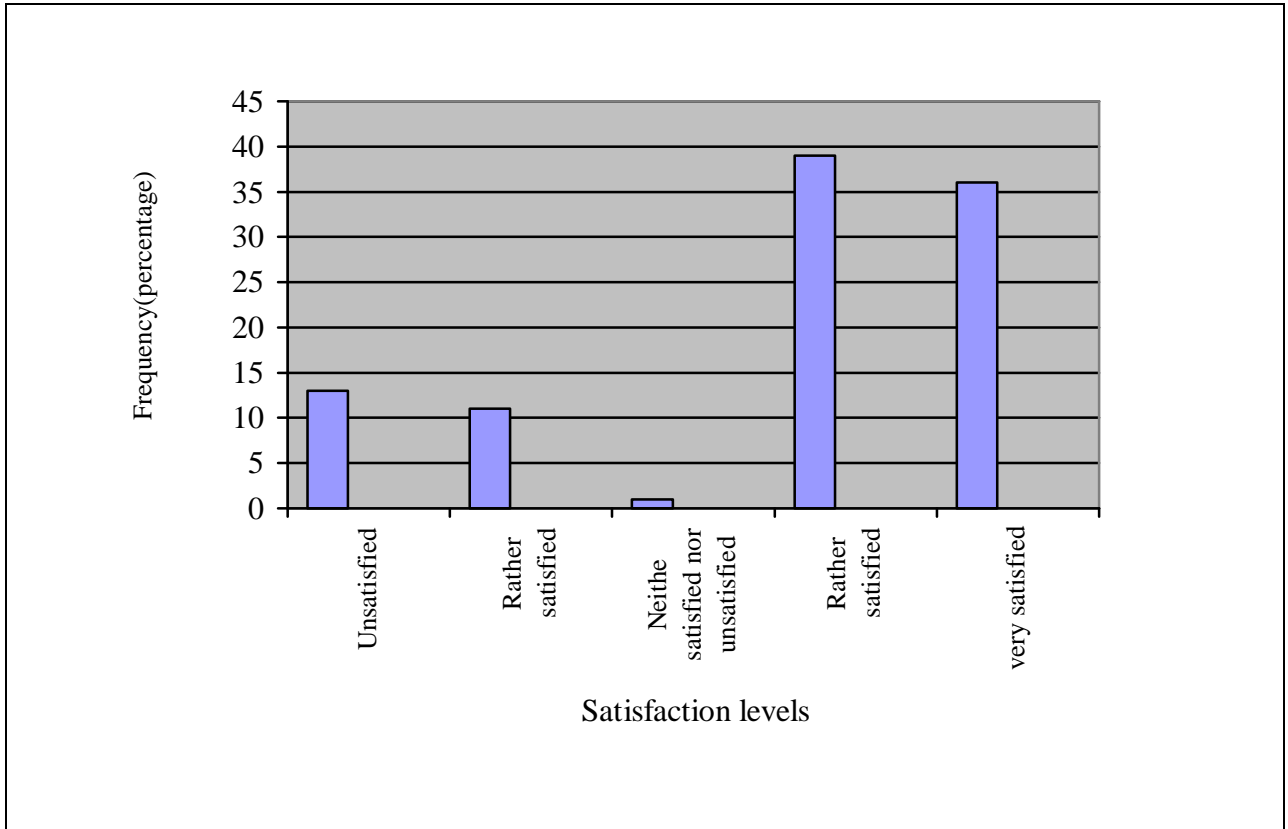


Figure 4. 6 Student satisfaction levels with the most recent placement

The results showed that 12.33 % (n=9) were very unsatisfied with their clinical experience; 10.96% (n=8) were rather unsatisfied; 1.37% (n=1) neither satisfied nor unsatisfied, 39.73% (n=29) were rather satisfied and 35.62% (n=26) were very satisfied. These results show that 75.35% (n=55) were satisfied and 24.65% (n=18) were unsatisfied with their latest placements. Fisher's exact test was done to determine if there was any significant

relationship between student's level of satisfaction and their age, sex or year of study. Table 4.1 illustrates the results.

Table 4. 1. Comparison of student satisfaction with age, sex and year of study

Age	Satisfied		Unsatisfied		Total	
	Frequency	percentage	Frequency	percentage	Frequency	percentage
< 20 years	7	12.73	2	11.11	9	12.33
20-29 years	46	83.63	15	83.33	61	83.56
30-39 years	2	3.64	0	00	2	2.74
40 and above	0	00	1	5.56	1	1.37
Total	55	100	18	100	73	100
Fisher's exact test P value =0.393.						
Sex						
Male	16	29.09	5	27.78	21	28.77
Females	39	70.91	13	72.22	52	71.23
Total	55	100	18	100	73	100
Fisher's exact test p value=1.000						
Year of study						
1	15	27.27	4	22.22	19	26.03
2	31	56.36	13	72.22	44	60.27
3	9	16.36	1	5.56	10	13.70
Total	55	100	18	100	73	100
Fisher's exact test p value=0.430						

The results showed that there was no significant relationship between students' level of satisfaction and age (p value =0.393), sex (p value=1.000) and year of study (p value=0.430).

Fisher's exact test was also done to determine if there was significant relationship between students' satisfaction and the type of ward, the role of the supervisor, the method of supervision and the number of private (separate) supervision sessions students had with the nursing staff. Table 4.2 illustrates the results.

Table 4.2 Comparison of student satisfaction level with the type of ward, role of the supervisor, method of supervision and private supervision sessions.

Type of ward	Satisfied		Unsatisfied		Total	
	Frequency	percentage	Frequency	percentage	Frequency	percentage
Surgical	12	22.22	2	11.11	14	19.44
Medical	19	35.19	4	22.22	23	31.94
Pediatric	11	20.37	8	44.44	19	26.36
Maternity	4	7.41	1	5.56	5	6.94
Community	5	9.26	0	00	5	6.94
Other	3	5.56	3	16.67	6	8.33
Total	55	100	18	100	73	100
Fisher's exact test p value= 0.152						
Role of supervisor						
E. Nurse	10	18.18	5	27.78	15	20.55
R. Nurse	17	30.91	4	22.22	21	28.77
W. Manager	12	21.82	7	38.89	19	26.03
Nurse teacher	16	29.09	2	11.22	18	24.66
Total	55	100	18	100	73	100
Fisher's exact test p value = 0.239						
Method of supervision						
Unsuccessful	15	27.23	9	50	24	32.87
Team supervision	40	72.72	8	44.45	48	65.76
Individual supervision	0	00	1	5.56	1	1.37
Total	55	100	18	100	73	100
Fisher's exact test p value= 0.06						
Private supervision sessions						
Not at all	28	50.91	10	55.56	38	52.05
Once or twice	8	14.55	4	22.22	12	16.44
Less than once a week	2	3.64	3	16.67	5	6.85
About once a week	8	14.55	0	00	8	10.96
More often	9	16.37	1	5.56	10	13.70
Total	55	100	18	100	73	100
Fisher's exact test p value = 0.160.						

The results showed that there was no significant relationship between the students level of satisfaction and the ward type (p value= 0.152), the role of the supervisor (p value = 0.239), the number of separate supervision sessions (p value= 0.160) However the results showed that there might be some relationship between students' satisfaction and the method of supervision (Fisher's exact test p = 0.06).

4.3.3 Quality of the clinical learning environment and supervision

4.3.3.1 The ward atmosphere

The ward atmosphere included information on approachability of the nursing staff, team spirit, student participation during clinical meetings and whether the ward atmosphere was positive for learning or not. Table 4.3 illustrates the results.

Table 4.3 The ward atmosphere

Item	Scale	Frequency	Percentage
The staff were easy to approach	Fully agree/ agree to some extent	55	75.34
	Neither agree nor disagree	2	2.74
	Disagree to some extent/ fully disagree	16	21.92
There was a good spirit of solidarity (unity) in the ward	Fully agree/ agree to some extent	57	78.08
	Neither agree nor disagree	3	4.11
	disagree to some extent/ fully disagree	13	17.18
During staff meetings e.g. before shifts I felt comfortable taking part in the discussions	Fully agree/ agree to some extent	49	66.33
	Neither agree nor disagree	10	13.70
	Disagree to some extent/ fully disagree	14	19.18
I felt comfortable going to the wards at the start of my shift	Fully agree/ agree to some extent	65	89.05
	Neither agree nor disagree	1	1.37
	Disagree to some extent/ fully disagree	7	9.59
There was a positive atmosphere in the ward	Fully agree/ agree to some extent	56	76.76
	Neither agree nor disagree	6	8.22
	Disagree to some extent/ fully disagree	11	15.07

The participants, 75.34% (n=55) reported that the nursing staff were easy to approach; 78.08% (n=57) reported that there was a spirit of unity among the team members; 89.05% (n=65) reported that they were comfortable in the wards and a further 76.72% (n=56) indicated that the ward had a positive atmosphere for their learning; 66.33% (49) reported that they felt comfortable to participate in the clinical meetings while 33.67% (n=24) indicated that they did not feel comfortable to participate in the ward discussions.

4.3.3.2 Leadership style of the ward manager

The leadership style of the ward manager can influence the learning experience of the students in the ward. Here students indicated their opinions about how the ward manager treated nursing staff in the ward, whether the ward manager was also part of the nursing team, whether the ward manager gave feedback to the students and whether the feedback was constructive or not. The table below gives the results.

Table 4. 4 Leadership style of the ward manager

Item	Scale	Frequency	Percentage
The ward manager regarded the staff on the ward as key resources	Fully agree/ agree to some extent	51	69.67
	Neither agree nor disagree	7	9.59
	Disagree to some extent/ fully disagree	15	20.55
The ward manager was team member	Fully agree/ agree to some extent	58	79.46
	Neither agree nor disagree	6	8.22
	Disagree to some extent/ fully disagree	9	12.33
Feedback from the ward manager was constructive and enhanced my learning	Fully agree/ agree to some extent	54	73.98
	Neither agree nor disagree	9	12.33
	Disagree to some extent/ fully disagree	10	13.70
The effort of individual employee was appreciated	Fully agree/ agree to some extent	54	73.98
	Neither agree nor disagree	10	13.70
	Disagree to some extent/ fully disagree	9	12.33

The results show that 69.67% (n=51) of the participants felt that the ward manager regarded the staff on the ward as key resources. It was also indicated by 79.45% (n=58) that the ward manager was part of the team; 73.98% (n=54) reported that the feedback they received from

the ward manager was constructive and enhanced their learning, and a further 73.98 % (n=54) indicated that the efforts of individual employees were appreciated.

4.3.3.3 Premises of nursing care on the ward.

The students expressed their experience in the ward regarding nursing care given to patients. They rated whether the nursing philosophy was clearly defined, patients received individual care or not and whether flow of information and documentation were up to date. Table 4.5 gives the results.

Table 4. 5 Premises of nursing care on the ward

Item	Scale	Frequency	Percentage
The ward philosophy was clearly defined	Fully agree/ agree to some extent	47	64.39
	Neither agree nor disagree	7	9.59
	Disagree to some extent/ fully disagree	19	26.03
Patients received individual nursing care	Fully agree/ agree to some extent	53	72.61
	Neither agree nor disagree	4	5.48
	Disagree to some extent/ fully disagree	16	21.92
There was no problem in the information flow related to patient care	Fully agree/ agree to some extent	52	71.24
	Neither agree nor disagree	12	16.44
	Disagree to some extent/ fully disagree	9	12.33
Documentation of nursing e.g. nursing plans, daily recording of nursing procedures was clear	Fully agree/ agree to some extent	58	79.46
	Neither agree nor disagree	5	6.87
	Disagree to some extent/ fully disagree	10	13.70

Table 4.5 shows that 35.61% (n=26) indicated that the nursing philosophy was not clearly defined. With reference to quality of nursing care on the ward, 72.61% (n=53) reported that patients in the ward received individual care, 71.24% (n=52) reported that there was no problem with information flow and a further 79.46% (n=58) reported that documentation of nursing care was clear

4.3.3.4 Premises of learning on the ward.

Students rated their learning environment with regard to organization of orientation processes, interest of staff to supervise and to know students personally, availability of learning opportunities and whether they were meaningful. The table below illustrates the results.

Table 4.6 Premises of learning on the ward

Item	Scale	Frequency	Percentage
Basic familiarization (orientation) was well organized	Fully agree/ agree to some extent	50	68.50
	Neither agree nor disagree	5	6.85
	Disagree to some extent/ fully disagree	18	24.66
The staff were generally interested in student supervision	Fully agree/ agree to some extent	49	67.13
	Neither agree nor disagree	8	10.96
	Disagree to some extent/ fully disagree	16	21.92
The staff learned to know the student by personal names	Fully agree/ agree to some extent	54	73.98
	Neither agree nor disagree	5	6.85
	Disagree to some extent/ fully disagree	14	19.18
There was sufficient meaningful learning in the ward	Fully agree/ agree to some extent	48	65.76
	Neither agree nor disagree	5	6.85
	Disagree to some extent/ fully disagree	20	27.40
The learning situations were comprehensive in terms of content	Fully agree/ agree to some extent	56	76.71
	Neither agree nor disagree	8	10.96
	Disagree to some extent/ fully disagree	9	12.3
The ward can be regarded as a good learning environment	Fully agree/ agree to some extent	63	86.31
	Neither agree nor disagree	2	2.74
	Disagree to some extent/ fully disagree	8	10.96

Table 4.6 shows that more than half (68.50%) of the participants were satisfied with orientation to the ward, 67% indicated that the staff were interested in student supervision while 73% indicated that members of staff knew students by their personal names. More than half also indicated that there was sufficient, meaningful learning in the ward. The majority 86% indicated that the wards can be regarded as good learning environment.

4.3.3.5 The role of the supervisor and method of supervision

Students were supervised by nurses with different qualifications. The results showed that 20.55% (n=15) were supervised by the enrolled nurses; 28.77 % (n=21) was supervised by registered nurses; 26.03% (n=19) was supervised by the ward managers and 24.56% (n=18) was supervised by nurse teachers. The results also showed that there were different methods that were used to supervise the students. The table below illustrates the results on method of supervision used.

Table 4.7 Methods of supervision

Item	Frequency	Percentage
1. Student did not have a named supervisor	19	26.03
2.A personal supervisor was named, but the relationship did not work	4	5.85
3.The named supervisor changed during the course of training even though no replacement had been made	1	1.37
4.Supervisor varied according to shift of place of work	32	43.84
5.Same supervisor had several students (team supervision)	16	21.92
6.Named supervisor was called mentor and the relationship worked in practice	1	1.3

Items 1, 2 and 3 were grouped together because they reflect unsuccessful supervision experiences. The results showed that 32.95% (n=24) experienced unsuccessful supervision. Items 4 and 5 reflect team supervision and the results showed that 65% (n=48) experienced team supervision while 1.37% (n=1) experienced individual supervision.

4.3.3.6 Separate (private) supervision sessions with nursing staff

Students indicated whether or not they had separate supervision sessions with the nursing staff in the wards without the involvement of the nurse teacher. Figure 4.6 illustrates the results.

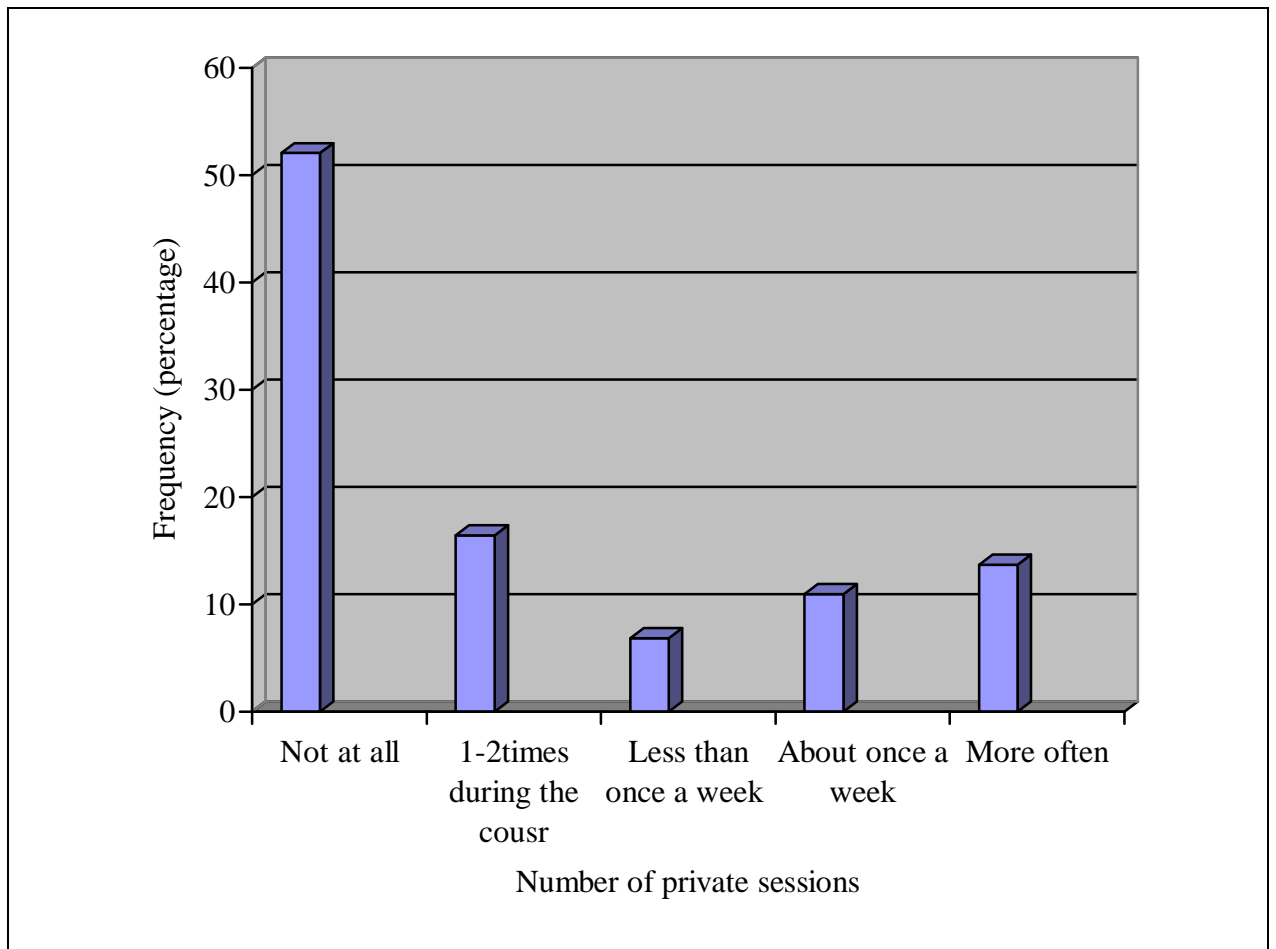


Figure 4.7 Private (separate) supervision sessions with the nursing staff

Figure 4. 7 shows that 52.05% (n=38) did not have any separate supervision sessions at all; 16.44% (n=12) had the sessions once or twice during the course of the placement, 6.85% (n=5) had the sessions less than once a week, 10.96% (n=8) had the sessions about once a week and 13.70% (n=10) has the sessions more often.

4.3.3.7 Supervisory relationship

Students evaluated their relationship with the supervisor with regard to attitude of nurses towards supervising them, quality of feedback, and the general student-staff relationship.

Table 4. 8 illustrates the results.

Table 4. 8 Supervisory relationship

Item	Scale	frequency	percentage
The mentor/supervisor showed a positive attitude towards supervision	Fully agree/ agree to some extent	53	72.60
	Neither agree nor disagree	3	4.11
	Disagree to some extent/ fully disagree	17	23.29
I felt that I had received individual supervision	Fully agree/ agree to some extent	39	53.43
	Neither agree nor disagree	7	7.56
	Disagree to some extent/ fully disagree	27	36.99
I continually received feedback from my mentor	Fully agree/ agree to some extent	35	47.95
	Neither agree nor disagree	8	10.96
	Disagree to some extent/ fully disagree	29	41.10
Overall I am satisfied with the supervision I received	Fully agree/ agree to some extent	49	57.13
	Neither agree nor disagree	2	2.74
	Disagree to some extent/ fully disagree	22	30.14
The supervision was based on a relationship of equality and promoted my learning	Fully agree/ agree to some extent	53	72.61
	Neither agree nor disagree	5	6.85
	Disagree to some extent/ fully disagree	15	20.55
There was a mutual interaction in the supervisory relationship	Fully agree/ agree to some extent	49	57.13
	Neither agree nor disagree	9	12.33
	Disagree to some extent/ fully disagree	15	20.55
Mutual relationship and approval prevailed in the supervisory relationship	Fully agree/ agree to some extent	43	58.91
	Neither agree nor disagree	18	24.66
	Disagree to some extent/ fully disagree	12	16.44
Supervisory relationship was characterized by a sense of trust	Fully agree/ agree to some extent	47	64.39
	Neither agree nor disagree	12	6.44
	Disagree to some extent/ fully disagree	14	19.08

The majority of the (72.60%, n=53) participants indicated that the supervision was based on a relationship of equality and promoted their learning and that the mentor showed positive attitude towards supervision (72.61% n=53). However, more than half (52.05%, n=38) reported that they did not continually receive feedback form their mentors/supervisors.

4.3.3.8 Results of t-test of main concepts

T-test was done to determine if there was significant difference between the satisfaction levels of students and the ward atmosphere, the leadership style of the ward manager, the premises of learning and premises of caring in the wards and the supervisory relationship with the supervisor. The table below illustrates the results

Table 4. 9 T-test of the main concepts

Concept	Group mean		P value ≤ 0.05
	Satisfied	Dissatisfied	
Ward atmosphere	74.36	56.66	0.0011*
Leadership style of the ward manager	70.45	68.75	0.76
Premises of learning on the ward	69.88	66.67	0.005*
Premises of caring on the ward	73.87	57.87	0.540
Supervisory relationship	63.29	50.86	0.06

* Statistically significant

These results showed that there was a significant difference between the satisfied group and the unsatisfied group with respect to the mean ward atmosphere score. The satisfied group scored significantly higher than the dissatisfied group (p value=0.0011; 74.36 vs. 56.67).

There was also a significant difference between the satisfied group and the unsatisfied group with respect to premises of learning on the ward. The satisfied group scored significantly higher than the unsatisfied group (p value= 0.05; 73.87 vs. 57.87). The results showed that there was a marginal significant difference between the satisfied group and unsatisfied group with respect to supervisory relationship score. The satisfied group scored slightly higher than the unsatisfied group (p value=0.06; 63.29 vs. 50.86). The table also shows that there was no significant difference between the satisfied group and the unsatisfied group with respect to leadership style of the ward manager and the premises of caring.

4.4 CONCLUSION

This chapter reported on the results of data analysis. Frequencies were done, means and percentages were reflected. Graphs and tables were used to enhance illustration and interpretation. Fishers' exact test was done and revealed that there was no significant relationship between students' level of satisfaction and age, gender and year of study. There was also no significant relationship between students' level of satisfaction and the type of ward, the role of the supervisor, the method of supervision and number of private supervision sessions.

T-test was done and it revealed that there was a statistically significant difference between the satisfied group and unsatisfied group pertaining to the ward atmosphere and premises of caring on the ward.

In the next chapter these results will be discussed.

CHAPTER FIVE

DISCUSSION OF RESULTS

5.1 INTRODUCTION

In this chapter the results are discussed. These include results of biographical data, information on the recent clinical placement, the ward atmosphere, leadership style of the ward manager, the premises of caring and learning on the ward, the role of the supervisor, the method of supervision and the supervisory relationship between the supervisor and the student.

5.2 BIOGRAPHICAL DATA

The results showed that the majority of the participants (83.56%; n=61) were between 20-29 years old with a mean age of 24.43 years.

There was a predominance of females (71.23%) and 28.77% were male. This is a common trend that most men view nursing as a female profession as a result few males enrol for nursing profession. Kelly, Shoemaker and Steele (1996) report that few males enrol to do nursing. The reasons for not joining nursing among others were that the males received no or little career guidance concerning nursing in high schools and that males feared that they will be seen as not being manly by their peers and clients.

Eighteen participants (24.65%) were not satisfied with their recent clinical placement. The results showed that the majority of the unsatisfied group (72.22%, n=13) were in year two. Studies have shown that as student nurses progress in years of study, they become acquainted with the clinical environment and have in-depth knowledge of skills in nursing practice. The senior students adjust to the notion of clinical practice and better adapt to the

clinical learning environment (Ip & Chan, 2005). Therefore it can be concluded that students in year two are still in the process of becoming acquainted with the clinical learning environment and therefore not in a better position to understand the environment as would the senior students. It can also be concluded that since the students in year two have had experience in the clinical environment than those in first year, it is possible for supervisors to give more attention to the first year students. This may be because year one students have just begun their clinical experience. More attention can be given to third year students too because they will be graduating soon and therefore, those in second year do not receive adequate supervision because they still have a year to practice. Whatever the reason may be, all students need adequate supervision in order to meet their learning needs.

Fisher's exact test showed that there was no significant relationship between students' level of satisfaction and their age, sex and year of study. This means that their satisfaction levels are not affected by these factors.

5.3. THE LATEST CLINICAL PLACEMENT

The participants were allocated to medical, surgical, pediatrics, maternity and community departments. In these wards the mean period of patient stay was 2.12 weeks. Studies have highlighted how the patient's stay in the ward can affect students' learning in the clinical placement area. For example Pearcey and Elliot (2004) state that the time that patients spend in the wards do make a difference to the ward culture. It was reported in the same study that qualified nurses preferred the patients who stayed for a short time in the wards to those who stayed longer. Students need to learn to care for patients regardless of the time they spend in the ward. Therefore if the nursing staff show a positive attitude towards all patients, the

students can also develop positive attitude towards patients without considering how long the patient has stayed in the ward.

During the latest clinical placement the majority of the participants (86.31%) reported that the nursing staff in their wards experienced low levels of physical stress or no stress at all while 89.04% of the participants indicated that the nursing staff experience low or no mental stress at all. High or low physical or mental stress can affect the nurse's attention towards patients as well as students. It can be concluded that either the wards were not so busy or that nurses manage their time and tasks very well and therefore they do not appear stressed as it was reported by the participants. At Malamulo Hospital, being a teaching hospital it is expected that part of the tasks of the nursing staff is to supervise nursing students. Therefore if it can be concluded that the nurses managed their tasks and time well it can also be assumed that student supervision was part of the activities and was well managed too. Part of the activities of nursing staff in student supervision include holding separate (private) supervision sessions with the students which may also help the nurses to check the learning process of students in the wards. However, in this study more than half of the participants (52.05%) indicated that they never experienced any separate supervision sessions with the nursing staff, while 16.44% experienced it once only. This shows that although there seemed to be low physical and mental stress on the nursing staff, and that they managed their time well, students were left out and therefore students may not have gained maximum benefit from their clinical experiences. Ip and Chan (2005) state that the period that students have in the clinical placements is limited therefore it must be utilized optimally.

Regarding the duration of clinical placements, the majority of the participants (57.53%) indicated that they were allocated for four weeks and the mean period of allocation was 3.8

weeks. These results give a true picture of how long the student nurses are allocated at Malamulo Hospital. Mostly, students are allocated for four weeks. However, depending on the objectives which the students need to achieve, they may be allocated for more or less than four weeks.

The results also revealed that the mean number of visits in clinical placements by the nurse teacher was 2.6 times with 12.50% indicating that they were not visited at all, 23.61% were visited once, 13.89% were visited twice and another 23.61% was visited three times. The rest, a total of 26.32% were visited more than four times. These results are almost similar to the findings by Saarikoski et al. (2002) especially with the Finish sample. In a comparative study of Finish and UK nursing students, it was reported that Finish students were allocated for a mean period of 4.5 weeks. During this period the students were visited by their nurse teachers for 3.9 times while the UK students were allocated for a mean period of 9.7 weeks and during this period they were visited by the nurse teacher 1.7 times. It was also reported that in the Finish sample, all the students had regular contacts with the nurse teacher but in the UK sample, more than one third of the sample were not visited by their nurse teacher. It may be expected that the longer the period students spend in the clinical placements, the more the visits the nurse teachers would make to the wards. But this was not the case with the UK sample. Probably there are other factors which can explain such a situation

Mellish, Brink and Paton (1998) state that nurse educators need to be physically present in the clinical areas in order to be able to teach and supervise students. The nurse educator's role extends beyond the classroom and demonstration areas. Koh (2002) points out that the learning experience of students in the wards is enhanced simply by the presence of the educator. Humphreys, Gidman, and Andrews (2000) also found that the nature of contact

between the nurse teachers and students was less important than the regularity and frequency of visits in the ward. Therefore nurse teachers need to carefully plan the clinical placements of students and make sure that they regularly visit and assist students in the wards. Papp et al. (2003) affirm that nurse teachers must be in charge of the clinical practice because they are the ones ultimately responsible for learning in clinical practice. This means that although the nursing staff in the wards may assist with student supervision, it is the responsibility of the nurse teachers to make sure students learn what they are supposed to learn and therefore their presence in the clinical placements is very essential. Brown, Herd, Humphries and Paton (2004) state that students feel abandoned by their nurse teachers when they go to the clinical areas because they meet people whom they are not used to, therefore they appreciate the presence of the nurse teacher in the wards. They also report that the nurse teacher is capable of giving on-going guidance to clinical staff, with respect to what students could participate in according to the level of individual progress and the expected level of performance at a particular stage of learning and the pace at which they should be learning and also giving feedback on students learning. Quinn (2000) also agrees that it is sometimes advantageous for the nurse lecturer to be present because their presence also makes the nursing staff do something for the students.

In this study only 24.56% were supervised by the nurse teacher. Nurse teachers are ultimately responsible for clinical teaching and learning (Papp et al. 2003) and it is expected that the nurse teachers will meet or supervise the majority if not all of the students in the clinical placement at one point or another. However one of the students expressed;

“I wish that the clinical instructor (tutor) could be doing follow-ups because sometimes I feel as if the supervision done by the nurse on duty ends there in the ward without our tutors knowing what we do.”

Another student commented;

I suggest that after the supervision we have had in the wards, it should also involve regular visits of the nurse teacher/ tutor in the way that they should at times be up dated with some of the conditions we meet in the wards for example, we do not do according to theory.”

These comments mean that the students are not sure of whether the supervision they receive from the nursing staff is appropriate and therefore need assurance from their nurse teachers.

In a similar study by Carlson et al. (2003) it was reported that students experienced confusion in the wards because of the discrepancies between what is taught to them in the classroom and what is actually being implemented in the clinical environment.

Chung-Hueng and French (1997) also report that the students found that the practice experience was not integrated with the theoretical content presented in the school blocks of study. What had been learnt in the school was different from what was being practiced in the wards.

If the nurse teachers could work regularly with the students and nursing staff in the wards, students would build trust in the nursing staff and the nurse teachers would set an example so that the nursing staff follow in supervising students.

It can be concluded therefore that the presence of the nurse teacher in the clinical environment can help to check whether the students are doing the correct things or find out if some of the practices have changed and therefore different from what is in the curriculum. This can be helpful because adjustments can be made which can ensure that students are learning and practicing the right material and are able to achieve their learning objectives.

5.4 QUALITY OF THE CLINICAL LEARNING ENVIRONMENT AND SUPERVISION

5.4.1 Ward atmosphere

The ward atmosphere includes the nature of interactions between the nursing staff and other members of staff, patients and students. In this study 75.34% reported that the nursing staff were easy to approach; 78.08 % reported that there was unity among the team members, 89.05% reported that they were comfortable in the wards and a further 76.76% felt that the ward created a positive atmosphere for their learning. All three attributes; approachability, team spirit and positive learning atmosphere are very important for students' learning in the clinical environments. It creates a good atmosphere for student learning and students may feel free to interact with members of staff without fear thereby enhancing their learning. Ip and Chan (2005) state that student nurses see human relationships in the clinical learning environment as their top priority while on clinical placement. Papp et al. (2003) add that it is important to have a good ward atmosphere because it helps people to get along with one another, there is humor in every thing one does and although there may be tremendous work load, everybody works for the good of the whole ward, patients are respected and students are not excluded from the caring teams. If the nursing staff cannot be approached by students, students turn to peers for help. Chung-Hueng and French (1997) reported that junior students found senior students to be more approachable and friendlier than the clinical

nursing staff. In addition peers were found to be students' source of emotional and practical support. While it is not bad for students to help one other, it is imperative that a qualified member of the nursing staff in the wards or the nurse teachers check with them to make sure that the nursing care provided by the students is appropriate.

An important observation was that 33.67% indicated that they did not feel comfortable to participate in the ward discussions. Students need to feel part of the team and by participating in the clinical meetings they can learn more. The clinical meetings can help the students to be up-to date about everything that is going on in the ward and they can also learn how to care for special cases. Nolan (1998) states that until the student feels accepted in the ward, learning can never take place because a lot of energy is spent for the fitting-in process. Chan (2002) states that students become less anxious in the clinical environment soon after they have been involved or occupied in ward activities. Therefore it is also important that while the nurses in the ward are friendly, they should also involve students in other activities such as ward meetings which help in the running of the ward.

Statistically, the results showed that there is a significant difference between the group that was satisfied and the group that was not satisfied with regard to ward atmosphere (p value = 0.0011). It can be concluded therefore that the quality of staff-student relationship, the prevailing spirit and positive atmosphere in the wards play a very important role in the learning of students in the clinical environment.

5.4.2 Leadership style of the ward manager

The leadership style of the ward manager can affect the way nursing staff operate in the ward. It can affect how the students experience the ward as a learning environment not only

for patient care, but interpersonal relationships as well. In this study 79.45% indicated that the ward manager was part of the team, 73.98% reported that the feedback they received from the ward manager was constructive and enhanced their learning, and a further 73.98% indicated that the efforts of individual employees were appreciated. However, 30.14% indicated that the ward manager did not regard the nursing staff as key resources. The leadership style should enhance team work and cohesiveness in the ward. Members of staff need to work together. This helps with coordination of the activities of the ward. This can also have an impact on the students who are learning how to manage their environment as well as leadership skills. Pearcey and Elliot (2004) reported on the influence of ward culture on students' learning experiences. They argued that students' experiences and consequently their impressions of nursing are greatly influenced by the ward culture. Chan (2002) points out that the ward sister's management style and interpersonal skills including approachability are of prime importance and that the provision of learning opportunities is more important than formal teaching. This also ensures an atmosphere which can promote students' learning.

There was no significant difference between the satisfied group and the unsatisfied group with respect to leadership style of the ward manager. This means that the learning process of the students was not affected by how the ward manager led the ward. The leadership activities did not affect the satisfaction levels of the students.

5.4.3 Premises of nursing care on the ward.

More than one third (35%) of the participants reported that the nursing philosophy for the ward was not clearly defined. The nursing philosophy is defined by Mellish et al. (1998: 9) as a statement of beliefs about nursing and expressions of value in nursing that are used as

bases for thinking and acting in nursing practice. It provides reasons for engaging in nursing interventions and gives meaning thereto. In other words, the nursing philosophy brings a common understanding of the care and all the activities that the ward engages in. If the nursing philosophy is understood by all the members of staff including students, the nursing care can be well coordinated. This means that if the students do not understand the philosophy they may not perform to the expectations of the ward thereby compromising the quality of care.

With reference to the quality of nursing care on the ward, 72.61% reported that patients in the ward received individual care. This is important because students are exposed to the right practices concerning patient care. This finding is contrary to what Chung-Hueng and French (1997) found in their study. It was reported that patient care was organized according to the rigid routine of the ward instead of individualized patient care. Sometimes patient care was undermined in favor of getting work done. If nursing care to patients is compromised students may learn wrong practices. Kosowski (1995) emphasizes that, through caring experiences with patients, students' self-confidence and self-esteem in their own nursing care can be enhanced.

With regard to communication in the wards, 71.24% reported that there was no problem with information flow regarding patients while 79.46% reported that documentation of nursing care was clear. Communication among health workers is very important. It can be verbal e.g. hand over or ward rounds or it can be written e.g. patients' progress notes. Patients are cared for by different people even in the same ward. If procedures and any care given to the patients are not documented, there will be no continuity of care.

It can be concluded that the quality of patient care was good except that the nursing philosophy needs to be well articulated so that both nursing staff and students understand the expectations and the nature of care they are supposed to render to patients.

Statistically there was no significant difference between the satisfied and the unsatisfied groups with respect to the quality of nursing care in the wards. This implies that students' levels of satisfaction were not influenced by the quality of care in the wards.

5.4.4 Premises of learning on the ward.

Premises of learning include orientation arrangements, nurses' interest to supervise students and know them by their names and availability of learning opportunities. More than two thirds (32.50%) of the participants reported that the orientation processes to the ward were not properly planned. It is important to know where to find equipment, who to turn to for help in the wards and know the type of patients that are admitted in the ward and the common procedures that are performed in the ward. This can enhance efficiency in the provision of care. Chan (2002) states that the clinical staff need to provide clear and detailed instructions on safe practice to novice students. This is important because the students are involved in activities which might have a direct impact on the welfare of clients. It is during the orientation period when the students can receive such instructions so that as they engage in patient care they are already aware of what is expected of them and how to go about doing procedures. Carlson et al. (2003) state that the main function of orientation program is to reduce fears and uncertainties. Therefore, proper orientation is essential as it helps students to start learning as early as possible and with no or less fears and being certain about what they are expected to do.

With reference to whether or not the nursing staff in the wards were interested in student supervision, 67.13% of the participants indicated that the nurses were interested. This is very important because students spend most of their time in the clinical area with the nursing staff.

Addis and Karadag (2003) point out that insufficiently qualified and inexperienced nursing staff may refrain from supervising students. In Malawi 75% of the nursing population comprise enrolled nurse-midwives and in this study 20.55% of students indicated that they were supervised by enrolled nurses. Although these nurses are under-qualified their employers require them to perform the activities that require the skills of registered nurses including student supervision (Wasili, 2002). One student commented;

“There are other nurses who are eager to share their skills with students but are reluctant to help because they are afraid of the questions that students might ask”

This comment means that some of the nursing staff who supervise students may be having problems to handle students in their learning process. This can have a negative impact on students' learning.

It was reported by more than a third (34.25%) of the participants that the learning situations were not meaningful. Meaningful learning situations mean that the students are able to practice on a variety of activities and procedures thereby being able to meet their objectives. Some students expressed their opinions as follows;

“It seems like the nursing staff did not know that we have specific objectives to achieve at the end of our nursing practical which resulted into us being assigned the same kind of work everyday which resulted into us not doing some procedures.”

Another student commented

“I think the nursing staff should have time to teach and supervise us in certain procedures when we ask for help and not just leave us alone”

“Some nurses regarded us as people who know everything which need to be done which resulted into us being assigned work without adequate supervision”

These comments suggest that some of the activities students are involved in are not helpful for their learning. Chung-Hueng and French (1997) reported in their study that much of students' time was being taken up in the completion of routine and menial tasks, which offered little learning opportunity for student nurses. In the same study it was also reported that student nurses' learning needs were sometimes forfeited during clinical practice and the service needs of the hospital took priority over the educational needs of the students.

Similar findings were obtained by Carlson et al. (2003) where it was reported that students were left to work on their own with nobody to check whether they are doing the right thing or not. This raises concern in the students because they are conscious of the fact that they are dealing with human beings and yet they are not sure if what they are doing is appropriate for the patients. It was also reported in the same study that students spent a lot of time doing non-nursing activities which prohibit them from developing adequate nursing skills.

It can be concluded therefore basing on the findings and these comments that some of the students do not perform according to their expectations because they keep repeating the same kind of work every day and that they sometimes work on their own. This may mean that the nursing staff do not understand the expectations of the students. It also means that there is not proper communication between the nursing staff and the nursing teachers on what the students are expected to achieve according to their objectives. This may further reflect that nurse teachers do not follow students once in the clinical placement as a result students perform according to the routines of the ward. This can be supported by the comments made by some students that nurse tutors should follow students in the wards and it should be regular. It can also be concluded that the premises of learning; orientation, supervisors' attitude to wards students, meaningful and comprehensive learning situations and a good learning environment are very essential for students' learning in the clinical placement.

Statistical testing revealed that there was a significant difference between the satisfied group and the unsatisfied group in relation to premises of learning in the wards (p value = 0.05). This means that the quality of learning premises is very essential in increasing the satisfactory levels of students in the clinical learning environment.

5.4.5 Methods of supervision

Student supervision can be on a one-to-one basis or group supervision where one supervisor may have a number of students which he/she must supervise at the same time. In this study common method of supervision was team supervision as indicated by the majority of the participants (65.76%). These results reflect a true picture of how student nurses are

supervised at Malamulo hospital. Students are mostly supervised by the nurse who will be on duty during that shift. Some students commented as follows;

“The supervisor had to supervise several students which was a contributing factor to inefficient supervision”

“I think on supervision, we need to have a specific supervisor so that he/she can take note of what we are doing in the wards”

These comments suggest that the students would prefer individual supervision to team supervision. In a similar study by Saarikoski and Leini-Kilpi (2002) it was reported that the majority of the participants experienced individual supervision.

Studies support the view that adequately qualified individuals should be involved in the supervision of students on a one-to-one basis. The Quality Assurance Agency (2001) recommends that students should have a named mentor/supervisor. Jones, Walters and Akerhurst (2000) state that mentorship ensures that students are supported in the practice with a clinical staff whose educational remit is to facilitate learning and ensure preparation for practice. In their study on clinical practice and placement support, Burns and Paterson (2004) found that mentors are a key component of effective preparation for clinical practice. They not only provide direct support in terms of the development of the clinical skills but also engage in students in critical thinking, reflection on practice and exploration of alternative strategies to care. Therefore it can be suggested that the nursing college need to ensure that there are adequate and qualified personnel to supervise the students in the clinical placements.

5.4.6 Supervisory relationship

The supervisory relationship include: the supervisor's attitude toward students and supervision, nature of interactions between students and the nursing staff and feedback from the mentor. An important observation was that the majority (52.05%) of the participants indicated that they did not receive feedback continuously. One student commented;

“It can be appreciated if the supervisors can be giving us feedback at the end of supervision.”

This finding is similar to the findings of a study by Saarikoski and Leino-Kilpi (2002) where participants indicated they did not receive feedback continuously from their supervisor.

It was also found in the present study that 73.98% of the students reported that the feedback they received was constructive and enhance their learning. Both constructive and continuous feedback are important because they help one to know where he/she has done well and which areas need improvement and these leads to meaningful learning. Raisler et al. (2003) and Quinn (2000) state that giving feedback to students about their performance is critical for their clinical learning. The purpose of feedback is to help the student by providing concrete observations and suggestions about how to improve clinical performance. The most effective feedback is specific, objective and timely, it is clearly communicated, it stimulates reflection and change and it is followed by a plan of action. Feedback provides a window into the student's view of his/her clinical performance and her readiness to change. Lofmark and Wikblad (2001) also at when students receive feedback, it gives them an occasion to reflect on their own development and this contributes to self-confidence while as if they are not given feedback, they are unaware of their strengths and weaknesses. More importantly is when the feedback is constructive. Whether an individual has performed well or not,

constructive feedback will promote learning. If feedback is constructive, one will be willing to listen and improve if needs be, while if it is not constructive, the student may become discouraged and may not learn from such situations.

5.5 CONCLUSION

In this chapter the study results were discussed. The ward atmosphere which includes, student-staff relationship, the prevailing spirit in the ward and positive ward atmosphere and the premises of learning including; orientation to the wards on first allocation, staff interest to supervise, learning opportunities to the students were found to be significantly important for student learning in the clinical environment.

CHAPTER SIX

SUMMARY, MAIN FINDINGS, LIMITATIONS, RECOMMENDATIONS AND CONCLUSION

6.1 INTRODUCTION

This chapter presents a summary of the study, the main findings which emerged from the study, limitations and implications for nursing practice, nursing education and nursing research and the conclusions drawn from the study.

6.2 SUMMARY

Nursing education consists of theoretical as well as clinical practice components. While theoretical knowledge takes place in classroom situations, clinical practice takes place in the clinical environment. The clinical environment includes patients, nursing staff, doctors, peers, nurse teachers and a range of resources among others. All these affect student learning processes in the clinical placement area in one way or another. The quality of the clinical learning environment includes the ward atmosphere, how the ward manager manages the ward, the quality of caring for patients and learning for students, the type of supervisory relationship between the student nurse and the nursing staff including the type of supervisory methods. Clinical supervision is another component of clinical learning. It helps student nurses to learn correct practices and at the same time ensuring that quality care is being provided to patients. However, students meet challenges in terms of clinical learning environment and supervision and therefore the nurse teachers and all involved in the learning of students need to consider this when they plan to send students for clinical practice.

The purpose of this study was to describe student nurses' opinions of their clinical learning environment and clinical supervision at Malamulo Hospital in Malawi. The objectives of the study were to:

- Determine student nurses' opinions about the clinical learning environment with reference to the ward atmosphere, leadership style of the ward manager, premises of nursing care in the ward and premises of learning in the ward.
- Determine and describe the nature of supervision that prevails at Malamulo hospital and
- Determine the supervisory relationship between the nursing staff and the students nurses.

A quantitative descriptive design was utilized. This design was used to describe the opinions of student nurses pertaining to clinical learning environment and clinical supervision. The study population (n=84) comprised student nurses from Malamulo College of Health Sciences. A self-administered questionnaire was used to obtain data. Only those who returned the questionnaires were included in the study. The response rate was 87%. The sample was predominantly female (71.23%) and the mean age was 24.43 years. Descriptive statistics were used to analyze data and the relationship between variables was tested using Fishers' exact test and t-test. Statistical significance was set at the p value ≤ 0.05 .

6.3 MAIN FINDINGS

The main findings will be presented according to objectives of the study.

6.3.1 The ward atmosphere

Staff-student relationship, unity and positive learning atmosphere are important for student learning in the clinical environment. The majority of the participants 75.34% indicated that the nursing staff were easy to approach. This is important because it enhances student-nursing staff relationship, and this in turn enhances learning.

Regarding the spirit that prevailed in the ward, 78.08% reported that there was a good spirit of unity in the ward. This is also important because it helps to create an atmosphere that promotes learning for students.

With reference to taking part in staff meetings, one third of the participants (33.66%) indicated that they did not feel comfortable to participate in the meetings. Quinn (2000.) states that some of the reasons why students do not feel comfortable are: feeling that they have not been accepted in the wards and feeling that they are not part of the team. Consequently these feelings may have a negative impact on students' learning as Nolan (1998) states that students can never learn in the clinical environment if they do not feel accepted. Therefore the nursing staff need to involve students in the meetings concerning the ward since it is part of learning and this can make them feel part of the team.

With regard to the atmosphere of the ward, participants (76.76%) indicated that there was a positive ward atmosphere. This is important because a positive ward atmosphere and team spirit are the most important features of a good clinical environment.

Regarding how busy the wards were, as determined by physical and mental stress observed in the nursing staff, the participants indicated that the nursing staff experienced no or low physical 86.36 % and mental 89.04% mental stress. It can be concluded that the nurses manage their time and tasks well and therefore do not appear stressed. The advantage of a quiet atmosphere as well as good time management is that the nursing staff can plan and supervise students adequately without major disturbances.

T-test results showed that there was a significant relationship between the group that was satisfied and that which was not satisfied ($p=0.0011$). The satisfied group scored higher than the unsatisfied group. It may be concluded that the atmosphere of the ward is important for student learning and enhancing their satisfaction with the clinical learning environment.

6.3.2 Leadership style of the ward manager

The leading abilities of the ward manager can influence students learning in the clinical environment. In this study 79.46% reported that the ward manager was also part of the caring team in the ward, 73.98% reported that the ward manager provided feedback which was constructive and enhanced students' learning and 73.98% indicated that the ward manager appreciated the efforts of the other nurses in the ward. These attributes of a ward manager are very important as Chan (2001) points out that the organization and attitude of the ward are mainly influenced by the ward manager. It can be concluded therefore that if the ward manager can be part of the team and appreciating the efforts of junior staff in his/her ward and showing positive attitude toward the work in the ward and supervision of students, there can be a conducive learning atmosphere and the rest of employees can enjoy working in that particular ward. This can be to the benefit of students too.

With regard to levels of students' satisfaction with the recent placement, t-test revealed that there was no significant relationship between the satisfied and unsatisfied group ($p=0.76$). This means that the leadership style in the wards did not affect the satisfactory levels of students.

6.3.3 Premises of nursing care on the ward

Student nurses regard qualified nursing staff as their role models. As such the nursing staff need to practice according to the standards of the profession so that the students can learn correct practices. In this study, the majority of the participants reported that patients received individual care, there was no problem with information flow related to the patients and documentation of nursing care plans and daily nursing procedures were clear. This is essential because it shows that students are exposed to the right practices and premises regarding patient care.

The nursing philosophy was not clear to over one third (35.62%) of the participants. This is a problem because it means that some of the students do not understand the expectations of the ward and consequently not providing nursing care to the expected standards of the ward.

Statistically, there was no significant relationship between the satisfied group and the unsatisfied group regarding premises of caring on the ward. It can be concluded that the activities with respect to caring did not affect students learning and consequently satisfaction levels in the ward.

6.3.4 Premises of learning on the ward.

Quality of clinical learning which includes meaningful learning opportunities in the wards is essential to ensure maximum benefit for the students. The majority of the participants in this study reported that the learning environment was good, the learning situations were comprehensive and multi-dimensional and the nursing staff learned to know the students by personal names. This implies that the learning atmosphere was positive and enhanced student learning.

With regard to basic familiarization, 32.50% indicated that familiarization (orientation) was not well organized. This implies that some students continued struggling to find their way in the ward while others have already started learning. This puts the students who are unfamiliar with the ward at a disadvantage since it difficult to work in an environment one is not used to.

There was a significant relationship between the satisfied and the unsatisfied groups ($P=0.05$). This means that the quality of learning situations in the ward are important for students learning in the clinical placements.

6.3.5 Nature of supervision at the hospital

The participants indicated that they were supervised by enrolled nurses 20.55% registered nurses 28.77 %, ward managers 26.03% and nurse teachers 24.56%. The participants were allocated to medical, surgical, pediatric, maternity and community department. The average period of patients stay was 2.12weeks. The participants were allocated to these wards from 2-8 weeks per allocation with an average period of 3.7 weeks. During this period, 26.11% of the participants met the nurse teacher once or not at all, while 37.51% were visited twice to

three times. It can be concluded that that the students were not regularly visited by their nurse teachers to supervise them.

Regarding separate supervision sessions with the nursing staff, more than half (52.05%) of the participants indicated that they did not experience separate supervisory sessions at all. More than one third (34.25%) had supervisory sessions less than once in the course during clinical placement. Ip and Chan (2005) state that time allocation for the clinical component of nursing education is limited therefore it is important the scarce but valuable clinical time be utilized effectively.

Team supervision was experienced by almost two thirds (67.76%). However, the students commented that they would like to have a specific person to supervise them so that they can follow their progress in the clinical placement.

6.3.6 Supervisory relationship

The majority of the participants (72.60%) indicated that the mentor/supervisor showed a positive attitude towards supervision. They also indicated that the relationship was based on equality and mutual trusting and therefore it promoted their learning. More than half (53.49%) of the participants reported that they had received individual supervision; 57.13% were satisfied with the supervision they received from their mentor. When students are being supervised, their learning progress is being assessed therefore they need to be given feedback on their performance. Feedback motivates students and it helps to improve performance and this helps them to gain skills more rapidly.

More than half of the participants (52.05%) indicated that they did not receive feedback continuously from their supervisors. Lofmark and Wikblad (2001) state that when supervisors fail to discuss students' development and progress during clinical practice, students are uncertain about their development. Feedback helps students to realize their strengths and weaknesses.

6.4 LIMITATIONS OF THE STUDY

The study had the following limitations

- The quantitative nature of the study made restrictions in terms of the responses the participants made since they had to respond to a close ended questionnaire. Parahoo (1997) states that the main disadvantage of a self administered tool is that there is no opportunity to ask respondents to elaborate, expand and clarify their answers. A qualitative study would yield more elaborative views and more opinions could have been obtained.
- The questionnaire contained a five point likert scale. This type encourages fence sitting as stated by Polit and Beck (2004). If they were four probably the results would have been different because every participant would have made a decision about each item.
- The study was contextual; it only involved one nursing college and one hospital. If it involved more nursing colleges and more hospitals, the results could have been compared and probably there could be varying opinions. Therefore the results can

not be generalized however; they may be generalized to CHAM hospitals and nursing schools in Malawi only.

6.5 RECOMMENDATIONS

6.5.1 Nursing education

- It has been determined in this study that nurse teachers do not visit or supervise students often or regularly. Only 24.56% reported that they were supervised by nurse teachers and the mean number of visits to the wards by nurse teachers was 2.6 times in an average period of four weeks. Therefore it is recommended that nurse teachers increase the frequency of visits to the wards when students are in clinical placement so that each student can have a chance of being supervised by them.
- The nursing college may need to have specific clinical instructors who are trained in clinical supervision and will be available for students in the clinical placements regularly as it was commented by some students. Since nurse teachers have other responsibilities such as classroom instruction, the presence of trained clinical instructors may ease the work load of the nurse teachers at the same time making sure that qualified personnel are available for students regularly.
- It was found in this study that the commonest method of supervision was team supervision. It is recommended that the college find more personnel who can supervise a reasonable number of students so that all students can adequately be supervised.

- Over half of the participants indicated that they did not receive feedback continuously. It is therefore recommended that both the nursing staff and the nurse teachers or any personnel who is supervising students give them feedback immediately to enhance their learning.

6.5.2 Nursing research

- It was reported that some nursing staff are hesitant to supervise students and most of them do not hold private supervision sessions with the students, the nursing college may need to conduct a survey to elicit the opinions and feelings of the nursing staff with regard to student supervision.
- It was observed in this study that nursing staff experience low levels of physical and mental stress. Since this was an observation by students and not based on the experiences of the nurses in the wards, a study can be conducted to determine the stress levels of these nurses and how stress influences their work including student supervision.

6.5.3 Nursing practice

- Over one third (35.62%) of the participants were not sure of the nursing philosophy of the wards. Therefore, there is need for the ward managers and the nursing staff to clarify their nursing philosophy for their wards which, must also be clearly displayed in the wards so that both nurses and students can have a common understanding and common goal in provision of care to patients.

- The nursing education program and the nursing staff need to plan the orientation processes so that students get acquainted to the ward early enough.

6.6 CONCLUSION

This study investigated the opinions of student nurses regarding the clinical learning environment and supervision at Malamulo Hospital in Malawi. The results show that generally the students are satisfied with their clinical learning environment and supervision they receive from the nursing staff in the wards. In this study the most important factors in clinical learning environment and supervision were the ward atmosphere and the premises of learning in the wards.

The nursing staff in the wards were approachable and the prevailing spirit among the nursing staff and the learning environment for students was positive. But there is need that the students be involved more in the activities of the ward to make them feel part of the team and make their learning complete. The leadership style of the ward manager was appreciated by the majority of the participants however, there is need for the manager to regard the nursing staff in the ward as equally important in both provision of patient care and student supervision. The quality of nursing care to patients was deemed appropriate but there is need for the ward managers and the nursing staff to clarify their philosophy so that both nurses and students can have a common understanding and common goal in provision of care. The premises of learning were comprehensive. However orientation especially during first placement and provision of learning opportunities need to be improved to maximize student learning in the wards.

The common method of supervision was team supervision. While this method may be convenient taking into consideration of the fact of shortage of staff, there is need for the nurse teachers to make sure that there are adequate student supervisors apart from the nursing staff in the ward. This will make the clinical learning effective. The supervisory relationship was based on trust and mutual understanding between the supervisor and the students however, the nursing staff/supervisors need to provide constructive feedback continuously to promote learning.

Although these results are limited, they can act as a starting point for the nurse teachers at Malamulo College of Health Sciences and the nursing management at the hospital to promote students learning in the clinical placement.

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ANNEXURE 1

CLINICAL LEARNING ENVIRONMENT AND SUPERVISION (CLES) EVALUATION SCALE

STUDY CODE.....

BIOGRAPHICAL DATA

Please tick in the box corresponding to your choice or write your answer in the spaces provided

1. Age in years

1).<20years	2).20-29	3).30-39	4).> 40 years
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2. Sex

1).Male	2).Female
---------	-----------

3. Year of study at the moment

1). Year 1	2).Year 2	3). Year 3
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4. In which ward were you in the last clinical placement

1). Surgical ward	2). Medical ward	3). pediatric ward	4). maternity ward	5). Community department
6). Other				

5. Patients average stay in the ward

1). Few days	2). 1-2 weeks	3). 3-4 weeks	4). over a month
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6. Physical stress on nursing staff in the Ward

1). No physical stress	2). low physical stress	3). High physical stress	4). Very high physical stress
------------------------	-------------------------	--------------------------	-------------------------------

7. Mental stress load on nursing staff in the ward

1). No mental stress	2). Low mental stress	3). High mental stress	4) very high mental stress
----------------------	-----------------------	------------------------	----------------------------

8. Duration of placement in weeks

.....weeks

9. How many times did you meet the Nurse teacher/tutor for the course during the latest clinical placement

..... Times

10. How satisfied were you in the last clinical placement

1). Very unsatisfied	2). Rather unsatisfied	3). Neither unsatisfied nor satisfied	4). Rather satisfied	5). Very satisfied
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PART B.

THE CLINICAL ENVIRONMENT AND SUPERVISION DURING
LATEST PLACEMENT

For each statement please tick the column which best describes your response

WARD ATMOSPHERE	<i>Fully disagree</i>	<i>Disagree to some extent</i>	<i>Neither agree nor disagree</i>	<i>Agree to some extent</i>	<i>Fully agree</i>
11. The staff were easy to approach					
12. There was a good spirit of unity among the nursing staff in the ward					
13. During staff meetings e.g. before shifts I felt comfortable taking part in the discussions					
14. I felt comfortable going to the ward at the start of my shift					
15. There was a positive atmosphere in the ward					
LEADERSHIP STYLE OF THE WARD MANAGER (WM)					
16. The WM regarded the staff on his/her ward as key Resource persons					
17. The WM was a team member					
18. Feedback from the ward manager was constructive and enhanced my learning.					
19. The effort of individual employee was Appreciated					
PREMISES OF NURSING CARE ON THE WARD					
20. The ward nursing philosophy was clearly defined					
21. Patients received individual nursing care					
22. There was no problem in the information flow related to patients' care					
23. Documentation of nursing e.g. nursing plans, daily recording of nursing procedures etc was clear					
PREMISES OF LEARNING ON THE WARD					
24. Basic familiarization (orientation) was well organized					
25. The staff were generally interested in student supervision					
26. The staff learned to know the student by personal names					
27. There was sufficient meaningful learning in the ward					
28. The learning situations were comprehensive in terms of Content (covered different areas).					
29. The ward can be regarded as a good learning environment					

THE ROLE OF THE SUPERVISOR

30. Occupational title of the supervisor:

1). Enrolled nurse	2). Registered nurse	3). Ward manager/in-charge	4). Nurse teacher
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31. METHOD OF SUPERVISION: (please tick one alternative only)

1. The student did not have a named supervisor
2. A personal supervisor was named, but the relationship did not work
3. The named supervisor changed during the course of training even though no replacement had been made
4. Supervisor varied according to shift of place of work
5. Same supervisor had several students (team supervision)
6. Named supervisor was called mentor and the relationship worked in practice
7. Other method of supervision specify.....

1)
2)
3)
4)
5)
6)

.....

32. Separate (private) supervision sessions with the supervisor which was not organized by the nurse teacher were held

1). Not at all	2). Once or twice during the course	3). Less than once a week	4). About once a week	5). More often
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SUPERVISORY RELATIONSHIP	<i>Fully disagree</i>	<i>Disagree to some extent</i>	<i>Neither agree nor disagree</i>	<i>Agree to some extent</i>	<i>Fully agree</i>
33. The mentor/ supervisor showed a positive attitude towards Supervision					
34. I felt that I received individual supervision					
35. I continually received feedback from my mentor					
36. Overall I am satisfied with the supervision I received					
37. The supervision was based on a relationship of equality and promoted my learning					
38. There was a mutual interaction in the supervisory Relationship					
39. Mutual relationship and approval prevailed in the supervisory relationship					
40. The supervisory relationship was characterized by a sense of trust					

If you feel that the questions did not cover all aspects of supervision provided by the nursing staff, please write down your thoughts in the space below.

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THANK YOU FOR YOUR TIME AND CO-OPERATION!!!!

Division of the Deputy Registrar (Research)

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)

R14/49 Kachiwala

CLEARANCE CERTIFICATE

PROTOCOL NUMBER M050452

PROJECT

Student Nurses' Regarding Clinical
Learning Environment and Supervision
Malamulo Hospital

INVESTIGATORS

AY Kachiwala

DEPARTMENT

Nursing Education

DATE CONSIDERED

05.04.29

DECISION OF THE COMMITTEE*

Approved unconditionally

Unless otherwise specified this ethical clearance is valid for 5 years and may be renewed upon application.

DATE 05.05.10

CHAIRPERSON


(Professor PE Cleaton-Jones)

*Guidelines for written 'informed consent' attached where applicable

cc: Supervisor : L Fakude

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and ONE COPY returned to the Secretary at Room 10005, 10th Floor, Senate House, University.

I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. I agree to a completion of a yearly progress report.

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES



ANNEXURE 3

Faculty of Health Sciences

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

7 York Road PARKTOWN Johannesburg 2193 Telegrams WITSMED Telex 4-24635 SA
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MRS AY KACHIWALA
ROOM 309, WEST CAMPUS VILL
PO WITS 2050
1 JAN SMUTS AVENUE
2050

APPLICATION NUMBER 0317159E
STATUS (DEG 13) (MM033) PZZ

2005-06-23

Dear Mrs Kachiwala

Approval of protocol entitled Student nurses' opinions regarding clinical learning environment and supervision at Makumbulo Hospital

I should like to advise you that the protocol and title that you have submitted for the degree of Master Of Science In Nursing (Full-Time) (Coursework) have been approved by the Postgraduate Committee at its recent meeting. Please remember that any amendment to this title has to be endorsed by your Head of Department and formally approved by the Postgraduate Committee.

Mrs. LP Fakade, Prof JC Bruce has/have been appointed as your supervisor/s. Please maintain regular contact with your supervisor who must be kept advised of your progress.

Please note that approval by the Postgraduate Committee is always given subject to permission from the relevant Ethics Committee, and a copy of your clearance certificate should be lodged with the Faculty Office as soon as possible, if this has not already been done.

Yours sincerely

S Benn (Mrs)
Faculty Registrar
Faculty of Health Sciences

Telephone 717-2075/2076

Copies - Head of Department _____ Supervisor/s