



Research Article

Volume-03|Issue-05|2022

Experience of Third Year Student Nurses Regarding Clinical Learning at State Health Facility in Oshana Region, Namibia

Hilda Twiisheni Sheetekela*¹, Kristofina Sipa², & Lukas Matati Josua³¹Department of Primary Health Care, Ministry of Health and Social Services, Ongwediva, Namibia²Department of General Nursing Science, University of Namibia, Oshakati, Namibia³Department of Higher Education and Lifelong Learning, University of Namibia, Oshakati, Namibia

Article History

Received: 28.04.2022

Accepted: 10.05.2022

Published: 30.05.2022

Citation

Sheetekela, H. T., Sipa, K., & Josua, L.M. (2022). Experience of Third Year Student Nurses Regarding Clinical Learning at State Health Facility in Oshana Region, Namibia. *Indiana Journal of Humanities and Social Sciences*, 3(5), 1-6.

Abstract: Background: Clinical learning experience is an important component of nursing education, which is a practice-based profession. Clinical learning involves a group of nursing practice staffs and lecturers who collaborate to contribute to support epistemological access to students within a designated clinical area. **Purpose:** The study explores and describes the experience of third-year student nurses regarding clinical learning at a university campus. **Objectives:** To establish the impediments to clinical learning among third year student nurses at a university campus and devise strategies to address the factors affecting clinical learning among third year student nurses. **Method:** A qualitative research design was employed and face-to-face individual interviews were used to gather data from six conveniently sampled third-year student nurses. The data was analysed using Tesch's method. **Results:** The findings from the participants indicated that third year student nurses experienced difficulties with clinical learning. There were factors hindering clinical learning opportunities for student nurses, inadequate teaching support and guidance from registered nurses due to shortage of staffs and heavy workload, lack of resources and negative interpersonal relations between some registered nurses and student nurses. **Conclusion:** The study concluded that there are impediments to clinical learning among third-year student nurses. Therefore, based on the findings recommendations to enhance the clinical learning experiences of third-year student nurses were outlined.

Keywords: Clinical Learning, Simulation, Practice, Instructors, Impediments.

Copyright © 2022 The Author(s): This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CC BY-NC 4.0).

INTRODUCTION

Contemporary nursing training was established by the Germans missionary around 1840s in Windhoek in central Namibia. Northern Namibia followed later in 1908 when the Finish Missionary Society introduced nursing training. It was offered by the government at teaching hospitals in Onandjokwe and Oshakati State Hospitals (Pretorius, 2014).

After the country obtained independence on March 21, 1990, a University was established in 1992 by an Act of Parliament, Act 18 of 1992. Part of its mandate is to ensure the provision of quality education including nursing education (University of Namibia, 1995). To execute the said mandate, the nursing training was taken away from hospitals to university. This was for specific reasons to ensure that professional nursing education was recognised as post-secondary education, to make nursing education comprehensive and train nursing specialist. A four year Bachelor in Nursing Science was introduced in January 2008 (Pretorius, 2014). In order for student nurses to learn the art of nursing part of their curriculum requires clinical learning practice in order to integrate theory into practice. The quality of nurse education depends largely on the quality of the clinical learning experience that student receive in the clinical environment (Henderson *et al.*, 2012).

“Clinical Learning experience is an important component of nursing education considering that nursing is a practice-based profession (Kaphagawani & Useh, 2013)”. According to Chapple & Aston (2004) cited in (Quinn & Hughes, 2007), clinical learning “involves a group of nursing practice staffs and lecturers who work collaboratively to make a significant contribution to supporting student learning and assessment within a designated clinical area or group of clinical area”.

Effective clinical learning is critical for student's learning in the clinical setting. This is because clinical learning helps to prepare students nurses to acquire graduate attributes and competence that would enhance their quality of nursing skill after graduation. Therefore, learning in the clinical practice should be effectively facilitated in order to adequately prepare the student nurses (Kaphagawani & Useh, 2013).

Statement of the Problem

The nursing training requires student nurses to acquire both theoretical and practical skills from their training. Thus, it is embarked upon to ensure that student nurses go through clinical practice in clinics, health centers, and training hospitals. The purpose of clinical allocation is done in order to gain the student nurses the practical experience in a real-life setting. The

clinical practice is done by students from year one to year four of training. The problem of nurses lacking practical knowledge that is important in providing care to patients is shown in the study by (Papathanassiou *et al.*, 2014) who stressed that “there is a noticeable gap between the expectations and reality of the clinical learning environment for the student nurses”. Therefore, the study intended to assess the understanding of the experience of third-year student nurses regarding clinical learning during clinical practice and establish whether there are hindering factors that may impede successful clinical learning.

The study addressed the following research objectives:

- Establish the impediments to clinical learning among third-year student nurses at the university campus.
- Devise strategies to address the factors affecting clinical learning among third-year student nurses at the university campus.

METHODOLOGY

A research design is an overall plan for obtaining answers to the questions being studied and a way of handling some difficulties faced during the entire research process (Christensen *et al.*, 2011). In this study, the qualitative qualitative design was used to describe the the experience of third year student nurses regarding clinical learning at a university campus in Namibia (De Vos *et al.*, 2011). The qualitative research design is the systematic, interactive and subjective approach that describes the experience of the participants and the meaning they ascribe to their experience in the context of the research objectives (Ballenger, 2004). In this study, the use of qualitative study enables the researcher to understand the lived experiences of third-year student nurses regarding clinical learning at a university campus. Furthermore, the researchers explored the experience of third year student nurses regarding clinical learning at university campus. The studies were used where more information required in a particular field through the provision of a picture of the phenomenon as it occurs naturally (Brink *et al.*, 2012). For this study, the authors described the experience of third-years student nurses regarding clinical learning.

Sampling and Sample Procedure

Sampling is the “process of selecting the sample from a population in order to obtain information regarding a phenomenon in a way that represents the population of interest” (Brink *et al.*, 2012). In this study, the researcher used a convenience sampling technique. According to Brink *et al.* (2012), this is a non-probability sampling technique and involves the choice of readily available subjects or objects for the study. A sample is “a number of individuals, items, or events selected from a population for a study, preferably

in such a way that they represent the larger group from which they were selected” (Gay *et al.*, 2009). A sample size of six (6) third-year student nurses were chosen from a population of 84 third-year student nurses at that campus by convenience sampling technique to participate in the research study. Subjects for this study were selected because of their convenient accessibility and proximity to the researcher (Brink *et al.*, 2012). The clinical allocation list of student nurses from university campus was used to obtain the required sample of participants who were at a time allocated at Eluwa Clinic and Ongwediva Health centre during March 2018 clinical allocation list.

The inclusion criteria include: having been completed third year academic 2017 as a student nurse for Undergraduate Bachelor of Nursing Science, being at clinical practice on the date of conducting a study; willingness to participate in the study; no gender factor and having been exposed to clinical learning environment in the hospitals, health centres and clinics.

Exclusion criteria include: not willing to participate in the study and not readily available on the date of data collection. Research participants were one male and five females in the age range of 21- 23 years and 35 years.

Research Instrument

According to Brink *et al.* (2012), research instruments are tools used to generate data in research studies. For this study, individual face-to-face interview using semi-structured interview guide was used as research instrument. The semi-structured interview guide helped the researcher to collect data and to capture information that is useful in developing an accurate and credible report. Brink *et al.* (2012) argues that with a semi-structured interview guide, the interviewer asks a certain number of specific questions and can pose additional probes. The guide consisted of four sections. The first section required biographical data of the participants. The second part identified the factors influencing clinical learning among third-year student nurses. The third section sought to state how factors affecting clinical learning can be addressed among third-year student nurses. Finally, the fourth part required suggestions on how best the clinical practice can be improved. The interview lasted for approximately 30 minutes. The instrument was designed by the researcher with guidance from the supervisors. The instruments was piloted out on two third year student nurses who were allocated at Eluwa Clinic for clinical practice and did not take part in the actual study.

Data Analysis

According to Brink *et al.* (2012), data analysis means “categorizing, ordering, manipulating and summarising the data, and describing them in meaningful terms”. Analysis of data in qualitative

studies is non-numerical, and usually in the form of written words or videotapes (Brink *et al.*, 2012). In this study, the researcher analyzed data using Tesch's method. This process involves separating, examining, comparing and categorizing raw data with the purpose of amalgamating it in a new way (De Vos *et al.*, 2011). This method was chosen as it enables the researcher to apply the list of themes or topic to the data and cluster similar themes or topic together (De Vos *et al.*, 2011). The researcher listened to the recorded interviews, transcribed the data and coded the data. Therefore themes and sub-themes were formed (Creswell, 2014). The information is presented in the report form. Direct quotes were used to support some interpretations.

Trustworthiness of Data

Trustworthiness is "a way of ensuring data quality or rigour in qualitative research, based on the model of Lincoln & Guba (1985) cited in Brink, *et al.* (2012). This model proposes four criteria for developing trustworthiness of a qualitative study: credibility, dependability, confirmability, and transferability (Polit & Beck, 2008) cited in Brink *et al.* (2012).

Credibility

According to Brink *et al.* (2012), "credibility alludes to confidence in the truth of the data and the interpretation thereof". In this study, prolonged engagement was invested in during data collection in order to gain an in-depth understanding of the participants. According to Creswell (2014), spending prolonged periods of time in the field enables the researcher to develop an in-depth understanding of the phenomenon under study, and can convey detail about the people that leads to greater credibility for a narrative account. Therefore, the more experience a researcher has with participants in the setting, the more accurate or valid the findings.

Dependability

Dependability is described as the provision of evidence such as that if it were to be repeated with the same or similar participants in the same context, its findings would be similar (Brink *et al.*, 2012). In this study, the researchers' moderated the data collection methods and analysis.

Confirmability

The potential for congruency of data in terms of accuracy, relevance or mean. Concerned with establishing whether the data represents the information provided by the participants and the interpretation of the data are not fueled by the researcher's imagination (Brink *et al.*, 2012). Interviews were recorded and field

notes were taken during interviews to maintain confirmability.

Transferability

Transferability is the ability to apply the findings in other contexts or to other participants (Brink *et al.*, 2012). The thick, rich and layered information, methodology strategies followed by the researcher guaranteed transferability. A dense description allows readers to make decisions regarding transferability because the reader describes in detail the participants in the study. With such a detailed description, the researcher enables readers to transfer information to other settings and determine whether the findings can be transferred because of the shared characteristics (Creswell, 2014).

DISCUSSION

Biographical information of participants

Six third-years student nurses from a university campus participated in the study. They are in the age range of 21 to 23 years and 35 years. Five female student nurses and one male participated in the study. Among the participant, one participant has worked as an enrolled nurse/midwifery for six years and others have no prior experience in nursing. The results of participants' biographical information show that most of the participants were female. This is an indication that more females were conveniently sampled for the study.

RESULTS

Four main themes emerged. According to Creswell (2014) theme is defined as similar codes aggregated together to form a major idea in a database. Tesch's eight steps were used by the researcher to analyse the results. Therefore, the data was transcribed into themes and subthemes. Sub-themes are minor themes secondary idea in a database (Creswell, 2014). Several codes were identified from different participants.

According to Graziano & Raulin (2004), the aim of the literature review is to critically examine previous research, abstract and integrate findings and ideas from many studies and draw conclusions about the state of the phenomenon being investigated. In this study, literature review was also critically examined to provide theoretical context, identify gaps and find ways to address these gaps. Research objectives were used to guide the layout of literature reviewed.

The four themes and five sub-themes emerged from data analysis. Themes and sub-themes are illustrated in Table 1.

Table 1: Themes and Sub-Themes

Themes	Sub-themes
1. Factors associated with Clinical learning opportunities	1.1 Inappropriate Delegation 1.2 Inadequate teaching support and guidance 1.3 Clinical allocation period for student nurses
2. Lack of Resources	2.1 Insufficient equipments at simulation and at clinical setting
3. Interpersonal relationship between nurses and student nurses	3.1 Attitudes of some registered nurses
4. Strategies to address improvement on clinical practice	1.1 In-service training

Theme 1: Factors Associated with Clinical Learning Opportunities

Factor is a circumstance, fact, or influence that contributes to a result (Waite, 2012). Two sub-themes were identified (see Table 1).

Subtheme: Inappropriate Delegation

Delegation 'refers to the devolution of duties, tasks and responsibilities by a supervisor to a subordinate in the nursing unit (Muller, 2009). Third year student nurses experienced difficulties with their delegation/allocation of the task at clinical practice. Participants expressed that third year student nurse's level of training or clinical learning requirements was not considered when a delegation of tasks was done and this compromised the integration of theory and practice. The participants indicated that most of the time they spent it doing routine tasks as registered nurses do not delegate them accordingly to the level of their clinical requirements. The reason might be that registered nurses are not well oriented to student nurses clinical log books. The participants made the following remarks:

Participant 1 said:

"As a student, you are allocated to do parameters for 3days, yes I can learn a lot from taking parameters but as a third-year student nurse, this is not what I need most. I am expecting to be more at screening area so I do history taking and do physical examinations of patients".[p1]

Participant 2 said:

"Student compromise with the delegation of the task, as a result, you end up doing routine work rather than your clinical learning requirement, in the end, you will end up rushing to do a lot of clinical requirement procedure to one nurse."[p2]

Participant 4 said:

"As a student, you are left with no option but to work according to the delegation, as sometimes there is no nurse to do what you are delegated to do. Student compromise".[p4]

Mabuda *et al.* (2008) confirmed that student nurses were used as a pair of hands or working force in the wards and were not delegated to their level of training or scope of practice, which compromised the integration of theory and practice. Muller (2009) urge that delegation should not only be seen as a way in which to get the work done, but also as an opportunity for the personal and professional development of the subordinates.

Subtheme: Inadequate Teaching Support and Guidance

During the interviews, participants reported that there was inadequate teaching support and guidance from the registered nurses due to shortage of staffs and heavy workload. The participants made the following remarks:

Participant 1 said:

"There is a time you want to be taught but if there is a lot of patient's nurses are occupied with patient care".[p1]

Participant 4 said:

"Registered nurses are willing to teach and guide us but due to the workload they end up not paying attention to student nurses and concentrate on patient care".[p4]

Participant 5 said:

"The nurses are too busy with the workload, sometimes understaffed and postpone teaching students". [p5]

Participant 2 said:

"Our clinical instructors should follow us at clinical site to teach and demonstrate some procedures to us, rather than to put everything on shoulders of registered nurses". [p2]

Participants revealed that students in clinical settings rely on registered nurses for teaching and guidance. However, registered nurses could not offer the necessary clinical teaching and guidance due to a shortage of staffs and heavy workloads. When there is a shortage of nurses and heavy workload, registered nurses concentrate on patient care though they are willing to teach student nurses there is no room to

accommodate teaching. Kaphagawani & Useh (2013) emphasise that in order for student nurses to be competent nurse practitioners, student nurses should be taught, guided and supervised.

Mabuda *et al.* (2008) concur that teaching and learning support and lack of teaching opportunity due to high workload and a shortage of staff to teach and guide student nurses allocated at clinical settings lead to the poor integration of theory and practice and thus hindered clinical learning experience of student nurses.

Mabuda *et al.* (2008) conducted a study aimed at finding the student nurse's experience during clinical practice in the Limpopo Province of South Africa. They made the following findings. Namely; clinical learning experience is hindered by lack of teaching and learning support, lack of learning opportunity due to high workload and a shortage of staff to teach and guide student-nurses allocated to wards, poor integration of theory and practice and poor relationship between students, clinic staff, and academics. This study used qualitative, exploratory, descriptive and contextual design. This study was conducted in the three clinics and the Limpopo College of Nursing. The participant was purposively selected, and the data was collected through interviews. The analysis was done through a Tesch's method of analyzing qualitative research studies.

Kaphagawani & Useh (2013) revealed that clinical learning opportunities were compromised if there is an increased workload. This suggests that learning at clinical practice for student nurses to be competent dependent on the availability of challenging opportunities. The authors further indicate that inadequate guidance may lead to students learning incorrect procedures and perceived to be incompetent by others. In a study aimed at exploring the student's perception of their learning environment in a clinical skills laboratory and increase based on proper CVL learning conditions in the most important environmental factor (Heraldseid *et al.*, 2015). Using an explanatory qualitative method on second-year full-time and distance education students in Norway the study made many categories of findings. These are such as physical, psychology and organisational factors that influence clinical skills development. The study used the semi-structured interview guide to get the data.

Subtheme: Clinical allocation period for student nurses

The fewer participant was hindered by student clinical allocation period, this is outweighed by participants promoting the current clinical allocation time. Some participants indicated that the time students were allocated for clinical practice was for a short period of time before going back to the campus for theory. The participant indicated that although they have two weeks of clinical allocation per month and

two weeks at the Campus for theory, it seems clinical allocation time is not enough to equip their different practical modules. Participants indicated that there is a certain department which they felt need a lot of time especially at the Intensive Care Unit (ICU) and at Operation Theatre (OP). Majority of participant indicated that the time spent in a clinical setting is enough as they need both theory and practice. The participant indicated that they need to know the theoretical part of nursing to be able to do clinical practice. The participants indicated that they also need to be evaluated on theory and write test. Participant 6 remarked:

"Time of students being allocated at clinical setting is short since it's just two weeks which are less for a student to be taught and give feedback on things in her/his log book".[p6]

Participant 4 said:

"Allocation time is not enough and we have a lot of practical modules with different clinical requirements".[p4]

Participant 1 said:

"Clinical allocation time is adequate, it helps us to integrate theory and practice".[p1]

Participant 3 said:

"Allocation time is enough because we have two weeks at practice and two weeks at theory.[p3]

Participant 5 said:

"Allocation time is sufficient as we have theory part to cover at Campus and be evaluated on as well as writing our tests, we need both theory and practice".[p5]

Mellish *et al.* (2009) concur that clinical teaching is based on sound knowledge and practiced skills. The literature reviewed argues that clinical teaching must be based on theory and applied in practice. Meyer & Van Niekerk (2008) suggests that clinical learning takes place in the clinical setting whereby student nurses are in contact with patients and healthcare workers.

The authors believe that although an extension of the clinical period in clinical settings is extended if the student is not willing to use the time allocated for clinical practice there will be no improvement in student clinical learning. Hence the majority of student nurses are supporting the current clinical allocation period.

Theme 2: Lack of Resources

Subtheme: Insufficient of Equipment

Participants indicated that a shortage of equipment's at simulation room and at clinical area impede their clinical learning experience. Participant

revealed that at the simulation room at the campus there is not enough equipment's for every student to practice after the lecturer/clinical instructor demonstrated a procedure to them and most of the time student nurses share equipment. Participant also revealed that when the demonstration is done in simulation room with a huge number of students, if a student sits or stand far behind others the student will end up not seeing everything which is being done. Participants indicated that they are also struggling to do the certain procedure at clinical setting due to insufficient equipment at clinical settings. The participant indicated that they experienced difficulties with the manual hemoglobin machine as it's rarely used in clinical settings; nurses are making use of the digital hemoglobin machine. Participants made the following remarks:

Participant 1 said:

"There is no enough equipment's for every student in the simulation room for every student to practice, and most of the time integration of theory into practice is compromised at clinical settings". [p1]

Participant 2 said:

"With insufficient equipment's students sometimes end up practicing on one thing while they are a lot". [p2]

Participant 3 said:

"We struggled with the procedure for the manual hemoglobin machine. This manual hemoglobin machine is rarely available in clinical settings nurses are currently using the digital hemoglobin machine". [p3]

The participant indicated that simulation room/clinical setting is helpful to them as nursing is a practice-based profession, one cannot be able to perform the process of nursing accordingly to his/her scope of practice without practicing in simulation room and at the clinical area. This is supported by Kaphagawani & Useh (2013) who argue that learning takes place when student nurses apply what they have learned in a simulation laboratory into the reality of nursing.

Theme 3: Interpersonal Relationship between Registered Nurses and Student Nurses

Subtheme: Attitudes of some registered nurses

According to Waite (2012) attitude is a settled way of thinking or feeling about something. There was a negative attitude experienced between some of the registered nurses and third-year student nurses in clinical practices. The participants reported:

"You are a third-year student nurse but you don't know this and that, on top of that you are doing a degree...".

"Booking before procedure seems not to be effective sometime, as some registered nurses

refuse to sign saying they are not sure of what we did".

The participant indicated that some registered nurses are not approachable and shout at students. The negative attitude experienced by the student nurses make student feel less effective at clinical settings. Participant also indicated that they practice with anxiety if shouted on and feel less confident. However, third-year student nurses indicated that they felt good if they are working with registered nurses who were approachable, kind and friendly. Because of the negative attitude of some registered nurses towards the student, the third year student nurses had a negative clinical learning experience while at hospital settings compared to clinics and health centers. Participants indicated that although there are also some students who present with bad manners there is a need for registered nurses to be kind and friendly to student nurses. This is supported by Quinn & Hughes (2007), who concur that qualified staffs should treat students with kindness and understanding.

Kaphagawani & Useh (2013) confirm that unfriendly nurses, with a bad attitude and hostile, frustrate and demotivate student nurses and thus negatively affects student learning in the acquisition of knowledge and skills to become competent practitioners. Tang *et al.* (2005) in their study aimed at understanding the categories of important qualities possessed by clinical nursing faculty they made this crucial finding. They have used the Likert scale to collect data from a nursing student from two nursing institutions. Their qualitative study found that teacher's attitude towards students and not professional ability has the effectiveness of teaching in a clinical setting. The study made this recommendation to teaching staff to work on improving their attitudes towards students. This may improve the effectiveness of teaching. If there was no improvement, then teaching is likely to be ineffective. The clinical hours required for third-year student nurses are not known to the researcher.

Theme 4: Strategies to Address Improvement on Clinical Learning

According to Waite (2012), strategies means a plan designed to achieve a particular long-term aim. One of the strategies to address the shortcoming is through in-service training.

In-Service Training

Participants made the following suggestions on improving clinical practice with regard to in-service training:

"Lecturers need to train registered nurses on student clinical log books for clinical learning just for the nurses to be familiar with our logs books when it comes to signing" [p1]

'Lecturers/clinical instructors must evaluate student at clinical setting and after allocation

to clinical practice and evaluate if they meet their expected clinical learning requirements.”[p4]

“Lecturers/clinical instructors to update registered nurses on clinical learning requirements of student nurses before student are placed at clinical settings”.[p3]

Participant indicated that in-service training is needed to registered nurses in order to foster clinical learning; this may be done by lecturers/clinical instructors through visits to clinical settings and by registered nurses within their clinical settings.

ADDRESSING FACTORS AFFECTING CLINICAL LEARNING

Inappropriate Delegation of Third-Year Student Nurses

Participants indicated there is a need for registered nurses to change the way they delegate the third year student nurses to execute tasks. Delegation should be done according to student clinical requirement. Participants indicated that they are learning a lot of nursing care duties in a clinical setting and this increased their competencies in executing the task. Participants also indicate that lecturer needs to brief registered nurses on student clinical requirements so that the registered nurses may delegate them according to learning need. Participants made the following remarks:

“Registered nurses need to incorporate student when doing delegation so that student can work on areas that meet their clinical learning needs”.

“Lecturer/Clinical instructor needs to update registered nurses on student clinical log book for clinical learning”.

Attitudes of some Registered Nurses

Participants indicated that nurses need to change their attitude towards student nurses, accommodate student nurses and help to shape students so that they can be good nurses in the future. Participant’s remarks:

“Student nurses need nurses for clinical teaching and support, nurses must be kind, approachable and friendly”.

“Registered nurses to be kind and approachable to the student, as a student feels at ease when working with kind nurses”.

Insufficient Equipment’s At Simulation Room and at Clinical Settings

Participants indicated that the simulation room needs to be updated on equipment. Participants indicated that to address insufficient equipment’s at simulation room the university need to buy enough equipment’s, for the student to be able to demonstrate well at simulation room and become competent in clinical settings. These will help student nurses to avoid

shortcuts in clinical settings. Participants are also of the view that the number of students to be taught in the simulation to be minimised so that they can be divided into groups and get attention. Participants indicated the shortage of equipment at clinical settings depends on the increased number of patients and has no control over it. Participant remark:

“University should buy more equipment’s for the simulation room so that student can have enough time to demonstrate and practice”.

“The number of students for demonstration should be divided into groups in order to minimise overcrowding in simulation and for every student to get attention”.

Inadequate Teaching Support and Guidance from Registered Nurses

Participants indicated that lecturer/clinical instructors need to visit clinical setting in order to teach and demonstrate to students. In-service training on how best the registered nurses may help teach students. Participants indicate that these may be done by lecturer/clinical instructors through visits at clinical setting and by registered nurses. Participant also requests more clinical instructor to be employed to follow the student in clinical settings. Participants made the following remarks:

“University should employ more clinical instructor to follow student nurses at clinical practice so that we can do a demonstration with them and give feedback”.

“At least if registered nurses can make teaching and guiding of student part of their delegation student won’t suffer much. There is a time you want to be taught but if there are a lot of patients, nurses are occupied with patient care”.

Kaphagawani & Useh (2013) emphasise that in order for student nurses to be competent nurse practitioners, student nurses should be taught, guided and supervised.

Clinical Allocation Time for Learning

Majority of the participants indicated that the allocation time for clinical learning is well sufficient as nursing profession part of its curriculum is theoretically based and one need theory in order to do practice. One is able to do practice when he/she has the theoretical background. Some participants indicated that third-year student nurses need a longer time to practice more than two (2) weeks that they currently stay in clinical settings in a month. Participants indicated that there is some department that they need more time especially at Intensive Care Unit and at Operating Theatre. Participant’s remarks:

“I advise one month at a department especially ICU and Theatre”.

“The allocation period needs to be extended up to at least four weeks in one department”.

The clinical hours required for third-year student nurses are not known. Thus addressing the clinical period of stay at clinical settings will depend on the clinical unit to decide if there is a need to change the clinical allocation period of student nurses. The authors believe that although an extension of the clinical period in clinical settings is extended if the student is not willing to use the time allocated for clinical practice there will be no improvement in student clinical learning. Hence the majority of student nurses are supporting the current clinical allocation period.

CONCLUSION, RECOMMENDATIONS AND LIMITATIONS

Conclusion

This qualitative research study sought to explore and describe the experience of third year student nurses regarding clinical learning factors at the campus for the purpose of establishing the hindering factors that may impede successful clinical learning. The study findings met the objectives of study. The findings of the study indicated that there were impediments to third-year student nurses on clinical learning. The findings gave an understanding of the factors faced and subsequent impeding clinical learning among third-year student nurses. These led to make recommendations on how the situation could be improved as well as suggestions for further research.

Recommendations

The recommendations are based on the findings of the study and if implemented, they could enhance student nurses learning in the clinical settings. Clinical instructors/lecturers should update registered nurses on clinical learning requirements in order to enhance clinical learning. The registered nurses are thought to be resourceful persons in student clinical epistemological access. The study also recommends that the university should buy more equipment for the simulation room to be used by student nurses. Student nurses are recommended to make use of available equipments in a clinical setting to gain competence in practical knowledge. It is further recommended that the university should employ more lecturers/clinical instructors to teach and guide student nurses in clinical practice. The study, also, recommends the clinical unit at the university should consider changing the duration of clinical practice for students nurses in clinical settings, if there is a need, in order to maximise the clinical learning opportunity for student nurses.

In view of addressing impediments to clinical learning, the study indicated that students should be delegated according to the level of training clinical requirements needs and be able to meet their clinical needs on time. Thus, the study has recommended registered nurses to be kind, friendly and approachable

by student nurses. Registered nurses should act as role models and mentors for student nurses to facilitate professional attitudes and behaviors. Nurse supervisors should ensure that there are sufficient equipments and personnel within the clinical settings to enable clinical teaching and learning to take place. Registered nurses should be encouraged to teach and support student nurses as well as make the teaching of student nurses part of their delegation of tasks. The study, also, recommends registered nurses to avail their time to teach third-year student nurses at a reasonable stipend.

There is a need for a quantitative study to explore and describe the experience of student nurses in order to make effective comparisons. To undertake a study that will aim to identify the perceptions and understanding of registered nurses towards their role in guiding clinical learning and guidance of student nurses.

Limitations

The study focused only on third-year student nurses from one campus, the findings could therefore not be generalised to all student nurses from other university campuses. Data was only collected from third-year student nurses requiring them to reflect on their past experiences. As a mitigation measure, the purpose of the study was explained to the participants that the study is purely academic.

Conflict of Interest

Authors have no conflict of interest in publishing this paper

Authors' Contributions

HTS wrote a research project in fulfilment of a Postgraduate Diploma in Nursing Science (Nursing Education), under the supervision of Dr Regina M.T. Shikongo (retiree) while KS came in with expertise from clinical discipline and LMJ brought the higher education analysis. All authors contributed to and finalised the paper.

REFERENCES

1. Ballenger, B. (2004). *The Curious Researcher, A Guide to write Research Proposal* (4th Ed). New York: Pearson Education
2. Brink, H., Van der Walt, C., & Van Rensburg, G. (2012). *Fundamentals of Research Methodology for Health Care Professionals* (3rd Ed.). Cape Town: Juta.
3. Christensen, L. B., Johnson, B. R., & Turner, A. L. (2011). *Research methods designs and analysis* (11th Ed.). Boston. USA: Courier Companies.
4. Creswell, J.W. (2014). *Research Design: Qualitative, Quantitative and Mixed Methods Approaches* (4th Ed.). Thousand Oaks, CA: Sage.
5. De Vos, A. S., Strydom, H., Fouche, C. E., & Delpert, C. S. (2011). *Research at Grassroots: For*

- the Social Sciences and Human Service Professions* (4th Ed.). Pretoria: Van Schaik Publishers.
6. Gay, L., Mills, G., & Airasian, P. (2009). *Educational research: Competencies for Analysis and Applications* (9th Ed.). London: Pearson Education.
 7. Graziano, A., & Raulin, M. (2004). *Research Methods: A Process of Inquiry* (5th Ed.).
 8. Henderson, A., Cooke, M., Creedy, D., & Walker, R. (2012). Nursing Students' Perceptions of Learning in Practice Environments: A Review. *Nurse Education Today*, 32, 299-302.
 9. Heraldseid, C., Friberg, F., & Aase, K. (2015). Nursing students' perceptions of factors influencing their learning environment in a clinical skills laboratory: A qualitative study. *Nurse Education Today*, 35(9), e1–e6.
 10. Kaphagawani, N., & Useh, U. (2013). Analysis of Nursing Students Learning Experience in Clinical Practice: Literature Review. *Ethno Med*, 7(3), 181-185.
 11. Mabuda, B., Potgieter, E., & Alberts, U. (2008). Student nurses' experiences during clinical practice in the Limpopo Province. *Crationis*.
 12. Mellish, J., Brink, H., & Paton, F. (2009). *Teaching and Learning the practice of Nursing*. Cape Town: Heinemann.
 13. Meyer, S., & Van Niekerk, S. (2008). *Nurse Educator in Practice*. Cape Town: Juta.
 14. Papathanassiou, I. V., Tsaras, K., & Sarafis, P. (2014). Views and Perceptions of Nursing Students on their Clinical Learning Environment: Teaching and Learning. *Nurse Education Today*, 34(1), 57-60.
 15. Pretorius, L. (2014). *Contemporary Issues in Nurse Education*. Windhoek: University of Namibia.
 16. Quinn, F. M., & Hughes, S. J. (2007). *Quinn's Principles and Practice of Nurse Education* (5th Ed.). United Kingdom: Nelson Thornes.
 17. Tang, F., Chou, S., & Chiang, H. (2005). Students' Perceptions of Effective and Ineffective Clinical Instructors. *Research Brief*, 44(4), 187.
 18. University of Namibia. (1995). *University of Namibia First Five Year Development Plan (1995-1999)*. Windhoek: University of Namibia.
 19. Waite, M. (2012). *Paperback Oxford English Dictionary* (7th Ed.). United Kingdom: Oxford University Press.